

Bundle Trust Board (Open Session) 30 January 2025

Agenda attachments

- ITEM 0 Open Trust Board Agenda 30 January 2025-en-cy-C
ITEM 00 Open Agenda 30 January 2025
- 0 10:00 – OPENING ITEMS
- 1 Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
 - ITEM 02 Board Member register of Interests 8 January 2025
- 3 Minutes of the Last Meeting: 29 November 2024
 - ITEM 03 2024-11-29 Trust Board Minutes DRAFT
- 4 Action Log & Matters Arising
- 5 10:05 – Chair and Vice Chair's Report
 - ITEM 05 Chair's and Vice-Chair's Report to Board – January 2025
- 6 10:15 – Chief Executive's Report
 - ITEM 06 CEO Report to Trust Board
- 7 10:35 – Questions from Members of the Public
- 8 10:45 – Patient Story
A short film about a staff/patient experience story of the Volunteer Car Service Oncology patient service trial.
8.1 Update on Previous Story:
Staff Story – Sian Jones, Education and Training Support Officer – Verbal Update
- 8.1 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 9 11:05 – Actions to Mitigate Avoidable Patient Harm
 - ITEM 09 Patient Harm Realtime Mitigations 20241121 (1)
ITEM 09.1 Patient Harm Scorecard 20250120 MOC (03)
- 9.1 11:25 – COMFORT BREAK
- 10 11:40 – Monthly Integrated Quality and Performance Report (MIQPR)
 - ITEM 10 MIQPR SBAR TB Nov Dec 24
ITEM 10.1 MIQPR TB Nov Dec 24
- 11 11:55 – Risk Management and Board Assurance Framework
 - ITEM 11 Executive Summary Risk Management Report Trust Board 300125
- 12 12:05 – Financial Performance Month 9
Item 12.2 – Circulated separately
 - ITEM 12 Finance Report Month 9 24-25 Final
ITEM 12.1 Month 09 2024-25 – Welsh Ambulance Services NHS Trust – Monitoring Return – Final
- 13 12:15 – Integrated Medium-Term Plan (IMTP) 2024-2025 – Update
 - ITEM 13 Executive Summary – IMTP Delivery & Assurance Report_v0.1
- 14 12:25 – Integrated Medium-Term Plan (IMTP) 2025-2028
 - ITEM 14 Executive Summary – IMTP Planning Progress Jan 25 v0.2
- 15 12:45 – Governance Report
15.1 Annual Board and Committees Calendar 25/26
 - ITEM 15 Governance Report – January 2025
ITEM 15.1 Board and Committee Calendar 2025-26 – Annex to Governance Report
ITEM 15.1a Board and Committee Calendar 2025-26 – Annex 1b to Governance Report
- 16 12:50 – Board Committee Reports
 - 16.1 – 5 December 2024 – Remuneration Committee*
 - 16.2 – 16 January 2025 – Finance and Performance Committee*
 - 16.3 – 23 January 2025 – Academic Partnership Committee*
 - ITEM 16.1 Remuneration Committee AAA Report 05 December 2024
 - ITEM 16.2 Finance and Performance Committee Highlight Report January 2025
 - ITEM 16.3 Academic Partnership Committee report January 2025
- 16.1 CONSENT ITEMS
- 17 Minutes of Board Committees

17.1 Academic Partnership Committee – 18 November 2024

17.2 Finance and Performance Committee – 19 November 2024

ITEM 17.1 2024-11-18 Academic Partnership Committee Minutes

ITEM 17.2 2024-11-19 OPEN Finance and Performance Minutes

18 NHS Shared Services Partnership Committee

18.1 Shared Services Partnership Committee Assurance report dated 21 November 2024

ITEM 17.2 2024-11-19 OPEN Finance and Performance Minutes

18.1 13:00 – CLOSING ITEMS

19 Reflections and Summary of Decisions/Actions

20 Any Other Business

21 Exclusion of the press and members of the public

22 Date & Time of the Next Meeting: 27 March 2025, 09:30

23 Acronyms

ITEM 23 Acronyms 2024

Hyd y cyfarfod: 03:05		Statws yr agenda: CYTUNWYD ARNI		BWRDD ADORED YR YMDDIRIEDOLAETH - 30 IONAWR 2025					Dyddiad cau ar gyfer papurau: 21 Ionawr 2025		
Amser	Munudau a neilltuwyd	Agendum	Wedi'i dderbyn?	Teitl	Eitem ar gyfer	Cais am eitem gan	Fformat	Papur a baratowyd gan	Eitem wedi'i chyflwyno gan	Cydweithwyr i'w cynnwys	
EITEMAU AGORIADOL											
10:00	00:05	1	Ddim yn berthnasol	Croeso gan y Cadeirydd, Ymddiheuriadau a Chworwm	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd		
		2	Ddim yn berthnasol	Datganiadau o Fuddiant	I ddatgan gwrthdaro	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd		
		3	Ddim yn berthnasol	Cofnodion y Cyfarfod Diwethaf: 29 Tachwedd 2024	Cymeradwyaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd		
		4	Ddim yn berthnasol	Cofnodion Gweithredu a Materion sy'n Codi	Trafodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd		
10:05	00:10	5		Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd, Is-gadeirydd	Alex Payne	
10:15	00:20	6		Adroddiad y Prif Swyddog Gweithredol	Gwybodaeth	Sefydlog	Papur	Swyddfa'r Prif Swyddog Gweithredol	Prif Swyddog Gweithredol	Keith Ellingham	
10:35	00:10	7	Ddim yn berthnasol	Cwestiynau gan Aelodau'r Cyhoedd	Gwybodaeth	Sefydlog	Ar lafar	Partneriaethau	Estelle Hitchon		
				Stori claf Ffilm fer am stori profiad staff/claf o'r gwasanaeth oncoleg gwirfoddol.	Trafodaeth	Sefydlog	Cyflwyniad	Ddim yn berthnasol	Liam Williams	Leanne Hawker	
10:45	00:20	8		8.1 Diweddariad ar y Stori Flaenrol: Stori Staff - Sian Jones, Swyddog Cefnogi Addysg a Hyfforddiant					Carl Kneeshaw	Sarah Davies	
EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH											
11:05	00:20	9		Cynnydd ar Gamau i Liniaru Niwed Cleffion y Gellir ei Osgoi (Adrodd diwygiedig)	Sicrwydd	Sefydlog	Papur	SPP	Jason Killens	Rachel Marsh, Hugh Bennett	
11:25	00:15	EGWYL									
11:40	00:15	10		Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR)	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Melanie O'Connor	
11:55	00:10	11		Rheoli Risg a Fframwaith Sicrwydd y Bwrdd	Sicrwydd	Sefydlog	Papur	CorGov	Trish Mills	Julie Boalch	
12:05	00:10	12		Mis Perfformiad Ariannol 9	Sicrwydd	Sefydlog	Papur	FinCor	Chris Turley	Edward Roberts	
12:15	00:10	13		Diweddariad am y Cynllun Tymor Canolig Integredig 2024-2025	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Alex Crawford	
12:25	00:20	14		Cynllun Tymor Canolig Integredig 2025-2028 Strwythur/pennawd datblygu'r Cynllun Tymor Canolig Integredig cyn ei gymeradwyo ym mis Mawrth	Sicrwydd	Sefydlog	Cyflwyniad	SPP	Rachel Marsh	Alex Crawford	
12:45	00:05	15		Adroddiad Llywodraethu 15.1 Calendr Bwrdd a Phwyllgorau Blynnyddol 25/26	Cymeradwyaeth	Yn ôl y gofyn.	Papur	CorGov	Trish Mills	Alex Payne	
				Adroddiadau Pwyllgorau'r Bwrdd:	Sicrwydd	Sefydlog	Papur	CorGov			
12:50	00:10	16.1		5 Rhagfyr 2024 - Y Pwyllgor Tâl Cydnabyddiaeth	Sicrwydd	Sefydlog	Papur	CorGov	Colin Dennis		
				16.2	16 Tachwedd 2025 - Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Sefydlog	Papur	CorGov	Jayne Beeslee	
				16.3	23 Ionawr 2025 - Y Pwyllgor Partneriaeth Academaidd	Sicrwydd	Sefydlog	Papur	CorGov	Hannah Rowan	
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.											
13:00	00:00	17	Ddim yn berthnasol	Cofnodion Pwyllgorau'r Bwrdd: Y Pwyllgor Partneriaeth Academaidd - 22 Hydref 2024 Y Pwyllgor Cyllid a Pherfformiad - 19 Tachwedd 2024	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd		
EITEMAU CAU											
		18	Ddim yn berthnasol	Myfyrdodau a Chrynodeb o Benderfyniadau/Camau Gweithredu	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd		
		19	Ddim yn berthnasol	Unrhyw Fater Arall	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd		
13:00	00:05	20	Ddim yn berthnasol	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 Cyfrif Cyhoeddus (Mynediad i Gyfarfodydd) 1960).	Cymeradwyaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd		
				21	Ddim yn berthnasol	Dyddiad ac Amser y Cyfarfod Nesaf: 27 Mawrth 2025, 09:30	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd
		22	Ddim yn berthnasol	Acronymau	Gwybodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd		
13:05	03:05	DIWEDD Y CYFARFOD									

PRIF GYFLWYNWYR

Enw	Swydd
Jayne Beeslee	Cyfarwyddwr Anweithredol, Cadeirydd FPC
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Estelle Hitchon	Cyfarwyddwr Partneriaethau
Jason Killens	Prif Swyddog Gweithredol
Angela Lewis	Cyfarwyddwr Newid Diwylliant
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Hannah Rowan	Cyfarwyddwr Anweithredol, Cadeirydd APC
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol

Length of Meeting: 03:05		Agenda Status		OPEN TRUST BOARD - 30 JANUARY 2025					Deadline for papers: 21 January 2025
Time	Mins allotted	Agendum	Title	Item for	Item requested by	Format	Paper prepared by	Item presented by	
OPENING ITEMS									
		1	Chair's Welcome, Apologies and Quorum	Information	Standing	Verbal	n/a	Chair	
10:00	00:05	2	Declarations of Interest	To State Conflicts	Standing	Verbal	n/a	Chair	
		3	Minutes of the Last Meeting: 29 November 2024	Approval	Standing	Paper	n/a	Chair	
		4	Action Log (No Current actions) & Matters Arising	Discussion	Standing	Paper	n/a	Chair	
10:05	00:10	5	Chair and Vice Chair's Report	Information	Standing	Paper	CorGov	Chair, Vice Chair	
10:15	00:20	6	Chief Executive's Report	Information	Standing	Paper	CEO Office	CEO	
10:35	00:10	7	Questions from Members of the Public	Information	Standing	Verbal	Partnerships	Estelle Hitchon	
			Patient Story	Discussion	Standing	Presentation	n/a	Liam Williams	
10:45	00:20	8	A short film about a staff/patient experience story of the Volunteer Car Service Oncology patient service trial.						
			8.1 Update on Previous Story: Staff Story - Sian Jones, Education and Training Support Officer - Verbal Update					Carl Kneeshaw	
FOR APPROVAL, ASSURANCE AND DISCUSSION									
11:05	00:20	9	Actions to Mitigate Avoidable Patient Harm (Revised Reporting)	Assurance	Standing	Paper	SPP	Jason Killens	
COMFORT BREAK									
11:25	00:15								
11:40	00:15	10	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Rachel Marsh	
11:55	00:10	11	Risk Management and Board Assurance Framework	Assurance	Standing	Paper	CorGov	Trish Mills	
12:05	00:10	12	Financial Performance Month 9	Assurance	Standing	Paper	FinCor	Chris Turley	
12:15	00:10	13	Integrated Medium-Term Plan (IMTP) 2024-2027 - Update	Assurance	Standing	Paper	SPP	Rachel Marsh	
12:25	00:20	14	Integrated Medium-Term Plan (IMTP) 2025-2028 Structure/Headline of development of the IMTP prior to approval in March 2025	Assurance	Standing	Paper	SPP	Rachel Marsh	
12:45	00:05	15	Governance Report 15.1 Annual Board and Committees Calendar 25/26	Approval	As required.	Paper	CorGov	Trish Mills	
		16	Board Committee Reports:	Assurance	Standing	Paper	CorGov		
12:50	00:10	16.1	5 December 2024 - Remuneration Committee	Assurance	Standing	Paper	CorGov	Colin Dennis	
		16.2	16 January 2025 - Finance and Performance Committee	Assurance	Standing	Paper	CorGov	Jayne Beeslee	
		16.3	23 January 2025 - Academic Partnership Committee	Assurance	Standing	Paper	CorGov	Hannah Rowan	
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.									
13:00	00:00	17	Minutes of Board Committees: Academic Partnership Committee - 18 November 2024 Finance and Performance Committee - 19 November 2024	Information	Standing	Paper	CorGov	Chair	
13:00	00:00	18	Shared Services Partnership Committee Minutes dated 21 November 2024	Information	Standing	Paper	CorGov	Chair	
CLOSING ITEMS									
		19	Reflections and Summary of Decisions/Actions	Discussion	Standing	Verbal	n/a	Chair	
		20	Any Other Business	Discussion	Standing	Verbal	n/a	Chair	
	00:05	21	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	
		22	Date & Time of the Next Meeting: 27 March 2025, 09:30	Information	Standing	Verbal	n/a	Chair	
		23	Acronyms	Information	Standing	Paper	n/a	Chair	
13:05	03:05		CLOSE						

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Non-Executive Director, Chair of FPC
Colin Dennis	Chair of the Trust Board
Estelle Hitchon	Director of Partnerships
Jason Killens	Chief Executive Officer
Angela Lewis	Director of Culture Change
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director, Chair of APC
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		
		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		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	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		
		Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
BROOKS, Lee	Executive Director of Operations	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		
		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		
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	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		
		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		
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	Company Director - Low Carbon Living Homes Ltd (04207671)	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd (8719365)	Directorships	26 March 2024		
		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 (Barsoed) 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 - Glyncomrd 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		
		NI Declaration				
LEWIS, Angela	Director of Culture Change	NI Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	NI Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	NI Declaration				
PARRY, Hugh	Trade Union Partner	NI 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		
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
		NI Declaration				
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	NI Declaration				
TURNER, Damon	Trade Union Partner	NI 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		



GIG
CYMRU
NHS
WALES

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

**MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST BOARD, HELD on FRIDAY 29 NOVEMBER 2024
MEETING HELD IN THE CARDIFF MAKE READY DEPOT AND VIA ZOOM**

Meeting started at 09:30

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
Wendy Herbert	Assistant Director of Quality and Nursing
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
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
Hannah Rowan	Non-Executive Director
Leanne Smith	Assistant Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

ATTENDEES:

Mark Harris	Assistant Director of Operations (NEPTS) (Item 106)
Fflur Jones	Audit Wales (Item 110 only)
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager

BSL INTERPRETERS:

Anthony Evans
Alison Gilchrist

APOLOGIES:

Jonny Sammut
Liam Williams

Director of Digital Services
Executive Director of Quality and Nursing

98/24 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and Apologies:

The Chair welcomed all to the meeting and noted that it was Rhiannon Beaumont Wood, Professor Hayley Hutchings and Carl Kneeshaw's first Trust Board meeting. It was noted that Leanne Smith and Wendy Herber were deputising for Jonny Sammut and Liam Williams, respectively. Apologies from Jonny Sammut and Liam Williams were recorded.

Declarations of Interest:

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

RESOLVED: That the declarations of interest on the Trust's Register of Interests were formally recorded and the apologies of Jonny Sammut and Liam Williams were noted.

99/24 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 26 September 2024 and the Annual General Meeting held on 27 September 2024 were presented and confirmed as a correct record.

Action Log:

The Board received the action log:

Action 84/24: Actions to Mitigate Avoidable Patient Harm (Revised Reporting) - That in line with the updated position as stated in the associated paper that the metrics within the new 'patient harm mitigation dashboard' continue to be reviewed / developed. Additionally, it was asked that future updates (with the new dashboard/metrics) include a breakdown of where / how these actions will be monitored. Rachel Marsh provided a verbal update. The dashboard has now been revised and she explained at which Committee the metrics were monitored. It was agreed to close this action.

Action 90/24: Speaking Up Safely Update - September 2024: It was asked that guidance be provided to Board members regarding communication with colleagues / internal

stakeholders, to aid any conversations regarding Speaking Up Safely. This will be prepared by the Trust's Speak Up Safely Lead Guardian and disseminated. Two Spotlight pieces completed; Non-Executive Director (NED)s one to be used as the basis for the meeting scheduled to take place on 5th December. It was agreed that this action was closed.

Action 90/24a: Speaking Up Safely Update - September 2024: The Trust's Speak Up Safely Lead Guardian will engage with the non-executive directors regarding additional support which may be required, e.g. a meeting to discuss speaking up safely and how to deliver the pledge committed at the Trust Board and signpost to training the relevant training videos on speaking up safely. A meeting with Non-Executive Directors is scheduled for 5 December (earlier date of 13th November postponed due to venue issues) and an associated video has been sent. It was agreed this action was closed.

RESOLVED: That

- (1) The Minutes of the Board meeting held on 26 September 2024 and the Annual General Meeting on 27 September 2024 were confirmed as a correct record.**
- (2) The update on the action log as described was noted.**

100/24 CHAIR AND VICE CHAIR'S REPORT

The report of the Chair and Vice Chair was presented as read.

RESOLVED: The update was noted.

101/24 CHIEF EXECUTIVE'S UPDATE

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

1. In response to the Health and Social Care Committee recommendations the Cabinet Secretary for Health, Social Care and Early Years has required that a task and finish group be convened to deal with one of the recommendations with the Trust being included in the group. A subsequent conversation will be held in the private session of the Board today to consider how the Trust will support this going forward.
2. The Trust declared a Major Incident on 21 October 2024 for a train crash at Stay Little (Talerddig) Powys. The crash involved two passenger trains and initial reports indicated a high number of patients. The Trust declared a level 5 Major Incident and mobilised over 20 resources to the scene including the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Hazardous Area Response Team (HART).
3. The Project Board has now signed off plans for Monmouth Ambulance Station. The pre-planning application has been submitted to the Local Authority and the team awaits further advice on the full planning application. In the meantime, detailed

specifications were in development in line with the allocated budget, and in anticipation of a tender process.

4. The first Mental Health Response Vehicle (MHRV) went live in early November, operating across the Southeast region. In its initial weeks, the MHRV has demonstrated positive outcomes, supported multiple incidents and showcased the potential of this innovative service to address mental health emergencies effectively.
5. The Trust has recently had success at the NHS Wales Awards. Firstly, the Trust won the NHS Wales Effective Care Award with the 'Effective Introduction of Pentrox Pain Relief'. Secondly, the Trust won the NHS Wales Safe Care Award for the 'Maternity and Neonatal Safety Support Programme' which involved work centred around improving a variety of aspects of neonatal thermoregulation.
6. The introduction of the New Clinical Navigator Role has been a significant achievement for the Trust, showcasing effective collaboration between the Clinical and Operations Directorates.

The Board formally congratulated Jason Killens on his appointment as Chair of the Association of Ambulance Chief Executives and recognised the continuing impact of CEO Roadshows – the most recent of which were held in early November.

Hannah Rowan sought feedback on the recently launched Clinical Navigator Role. Andy Swinburn commented that the initial feedback from staff had been extremely positive. Lee Brooks added that the go live date throughout December will be supported by additional on duty oversight, with the intention of testing and assessing the implementation.

Angela Lewis gave an update on the 2024 NHS staff Survey and advised the Board that at present, 34.6% of our people have already completed the survey request, which was an increase from the 23% on the previous year.

RESOLVED: That the update was noted.

102/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon confirmed there were three questions from the public:

1. Jenny Rathbone MS, Senedd Member for Cardiff Central - *I would like to know how the Trust was endeavouring to improve arrivals for 999 calls?* Jason Killens initially started the response by apologising to all those patients who have not received a timely response. Jason Killens explained the initiatives over the past few years the Trust had undertaken to improve the timeliness of responses within its control. There has been an increase of around 500 clinicians, improvement with the consult and close rate, an increase the number of Cymru High Acuity Response Units (CHARU), re-rostered staff

nationally improving efficiencies, improved the staff attendance rate, continue to work with Health Board colleagues on several initiatives, introduced the Clinical Navigator Role and reduced where possible the number of vehicles sent to an incident. Despite all these actions, the extreme service pressure continued to be challenging. Lee Brooks added there were many other initiatives the Trust was promoting including using remote clinicians and video consultations in 111.

2. Catherine Fookes, MP for Monmouthshire – *Several constituents have raised with us that they were told it would be so long until an ambulance could arrive that they simply had to arrange their own transport. What steps are being taken to reduce waiting times and to ensure that ambulances are available to all when needed, especially those without the means to travel independently and those in rural areas?* Jason Killens added in addition to the above response, the challenge in rural areas was that we are more reliant on Standby Points or Priority Locations where ambulances can respond rapidly in communities being covered to deliver good response performance and that with the widespread displacement of the emergency fleet as a result of emergency department handover delays these locations were more often than not left uncovered. To mitigate this, the Trust has arrangements in place with Health Boards to release vehicles from Emergency Departments (EDs) when high acuity calls are received and no emergency ambulance is immediately available to respond to the incident. Ultimately, the ambulance provision in rural areas was impeded by the current system pressures. Lee Brooks added that further initiatives have included providing patients with an estimated time of arrival of the ambulance. Furthermore, the use of the Clinical Navigator will be able to provide the best response for the patient and to better manage that patient through the system. Additionally, there has been an adjustment in the Urgent Care Service which has created more capacity.
3. Angela Contestabile – Stroke Association. *As you know, the Stroke Association is advocating for a regular FAST/CAM NESAs campaign across Wales, which would align with similar initiatives in other UK nations and complement local targeted stroke prevention campaigns, as recommended by Healthcare Inspectorate Wales in 2023. Despite the commitment from the Minister for Health and Social Services to re-run the FAST campaign and the Welsh Labour Government's acknowledgment of ongoing discussions, we still lack a bilingual coordinated campaign. Data from the NHS Executive indicates an increase in the number of people self-presenting to A&E. Anecdotally, health professionals report that individuals are arriving at A&E aware they are unwell but unaware they have experienced a stroke. From October 2022 to September 2024, the number of stroke patients self-presenting to A&E across Wales ranged from 135 to 235 per month, with the total number of stroke cases arriving by ambulance ranging from 353 to 480 per month. Given this data, can we publicly secure the support of the Welsh Ambulance Service University Trust for a regular FAST campaign in Wales? This campaign would aim to ensure that people recognise the signs and symptoms of stroke and dial 999 if they observe these signs, thereby reducing the number of self-presentations to A&E and*

increasing survival rates. Andy Swinburn was optimistic about the role of Clinical Navigators in improving response times, especially for patients with stroke-like symptoms. In terms of the FAST campaign, the Trust recognised the impact of a FAST assessment, which was one of the metrics used in clinical indicators. The Trust was supportive of the concept of FAST as being a good means of identifying strokes. He agreed to consult with Angela following the meeting in terms of how to identify the differentiation between the number of people presenting with strokes who were having a stroke, and those where symptoms mimicked a stroke.

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

103/24 STAFF STORY - SIAN JONES

Carl Kneeshaw introduced the story which was a video by Sian Jones, the Trust's Education and Training Support Officer. The main points from the video included:

Sian was born in Caernarfon, North Wales, and is a mother of two daughters, aged 21 and 19. She was diagnosed with dyslexia at 11, and faced challenges but worked hard to pass her GCSEs. At 15, she fractured two bones in her lower back, which was a difficult time. At 17, she joined her father's funeral director business as an administrator, working there for four years.

In 2007, she joined the Locality Admin Team, where she developed valuable skills, especially in dealing with bereaved families. Over the years, she has worked with various Locality Managers, gaining new experiences and knowledge. Sian has built strong relationships within the Trust and with other Locality Managers and Service Managers. She has completed NVQ levels 2 and 3 in administration and plans to pursue level 4. During the pandemic, her workload increased which prevented her from finishing the course. She also became a station first aider and completed a three-day course.

Earlier this year, Sian took a secondment position in the Training and Education Team as a support officer and was now a Team Leader for the learning and development team. She strongly believes in showing appreciation to staff and recently nominated her team for a staff award. Looking ahead, she plans to continue her education and improve administrative processes within the Trust, championing the role of administrators. She concluded that it was never too late to change paths in life.

Angela Lewis expressed regret that Sian could not be present at the meeting, however, was glad Sian had shared her story. Angela explained that Sian came to her attention not only because she moved into her Directorate, but also because of the high praise she received during a visit to Caernarfon Ambulance Station. The Chair added this was a fitting example that the Trust offered a wide range of careers.

RESOLVED: The Staff story was received.

104/24 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 555 patients have come to severe harm outside Emergency Departments (ED) during October 2024 due to extended handover times.
2. There were 14 patient safety incidents which were referred to Health Boards under the Joint Investigation Framework.
3. There were 10,867 occasions where patients cancelled their call, or the Trust could not send a resource to them, with an estimated half of these patients turning up elsewhere in the unscheduled care system e.g. "walk ins".
4. In October 2024 2,723 Red (immediately life threatening) incidents were reached in 8 minutes, materially above the two-year average of 2,246 incidents.
5. It was recognised that 98% of EMS rosters (unit hours production) were delivered in October 2024, exceeding the 95% benchmark.
6. The Trust lost 25% of its conveying production to hospital handover lost hours.

Bethan Evans commented on the impact of the new dashboard, which provided valuable information not seen in other reports. For example, over 6,000 cases exceeded one hour, and almost 2,000 cases exceeded four hours.

Following a query on the use of the Same Day Emergency Care (SDEC), Jason Killens explained that when this was first introduced it was modelled that about 4% of the Trust's activity was going to be suitable for SDEC. This target remains a challenge; however, NHS Executive colleagues have acknowledged this and continue to seek improvements.

Damon Turner commented that in terms of the percentage of Emergency Medical Services (EMS) demand conveyance to the Emergency Department (ED) the trend was reducing, and it was assumed with the new clinical model it was expected that conveyance rates would be higher on the basis the Trust was sending the right vehicle to the right job. Andy Swinburn noted that EMS conveyance was expected to increase while overall demand would decrease.

The Chair discussed Immediate Release Direction (IRD) requests and commented that while hospitals generally responded positively to Red IRD requests, the situation with Amber requests was different. He highlighted that in October 2024 there were 438 instances where the Trust requested hospitals to release an ambulance for Amber calls, but all were refused. This issue highlights the ongoing challenges in managing ambulance availability and pressures within the system.

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.**

105/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh drew attention to the following areas:

1. The response times to 999 callers remained a key concern with red 8-minute performance at 50.40 % in October 2024 and Amber 1 median at 1 hour and 46.
2. 111 call answering performance has improved over recent weeks, and the call abandonment performance was at 5% in October, achieving the 5% target.
3. 111 Clinical response: clinical ring back times for patients with the highest priority remained above target at 100%.
4. Ambulance Care (Patient Experience): Oncology performance in October 2024 was 73.32%, therefore meeting the 70% target. Renal performance dropped below target at 68.73%. Overall demand for Non-Emergency Patient Transport Services (NEPTS) continues to increase and was now above pre-pandemic levels.
5. Clinical outcomes: The percentage of suspected stroke patients who were documented as receiving an appropriate stroke care bundle was 88.6% in October 2024, remaining below the 95% performance target. Work was ongoing to improve reporting and compliance through the electronic Patient Care record (ePCR) system and this improvement was being seen clearly in most of the clinical indicators. The return to spontaneous circulation (ROSC) compliance rate decreased to 16.8% in October 2024 compared to 19.4% in September 2024.
6. Trust sickness absence: the Trust's overall sickness percentage was 7.43% in September 2024, a decrease on the 7.52% recorded in August 2024.
7. Staff training and Personal Appraisal Development review (PADR): PADR rates did not achieve the 85% target in October 2024 but have been remaining consistent at 77.22%. Compliance for Statutory and Mandatory training decreased slightly to 83.35%, close to the 85% target.

Rhiannon Beaumont-Wood sought further details on benchmarking against other ambulance services in terms of performance. Jason Killens advised that benchmarking was

conducted across the ambulance sector in the UK as part of the Demand and Capacity Review. He added that the Trust was in the process of benchmarking against a new set of data in England.

The Chair was pleased to hear that the 111 Call Centre was almost fully staffed and commended their relentless commitment to both the 111 and 999 services.

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

106/24 NON – EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) IMPROVEMENTS

The Board were given a presentation by Mark Harris regarding the improvement activities that have been undertaken within the Non-Emergency Patient Transport Service (NEPTS) over the last few years. Mark advised that the service has been very busy, meeting significant targets despite the complexity of operations. The 2015 Ministerial Business Case aimed to provide the Trust as the sole provider for NEPTS across Wales. It was also a platform for many improvements in the service and was completed early this year.

In the last 12 months NEPTS has answered over 200k calls and facilitated over 110k online Health Care Professional bookings.

In terms of Service Delivery Improvements, these have been as follows:

1. The hours of service have been extended to meet the service needs, which from December will be 24 hours.
2. All eligible bookings were now taken, and no eligible journeys were cancelled at the booking stage.
3. Innovations in delivery have included, End of Life rapid transport, oncology volunteer scheme and the use of dementia friendly vehicles.
4. There have been improvements in the timeliness for patients, in particular with dialysis and oncology patients.
5. In terms of quality, there have been a range of Quality Assurance processes developed and a refocus on the service on conveyance for those eligible for transport. A range of methods to capture and improve the patient experience through various tools has been developed.

Going forward, the service will amongst other initiatives, continue to increase the volunteer driver base, implement an online patient access to journey booking and conduct a full review of all NEPTS rosters/production.

Members acknowledged the achievement in reducing the overall cost of the service of the service by £600k whilst noting there were still improvements to the service.

Following a query regarding future financial challenges, Mark Harris commented there were significant financial challenges ahead to meet the increasing demand for services. The biggest concern in October was a 10% increase in planned care pressure. He added that efforts were ongoing with Health Boards and Commissioners to secure funding to keep pace with the rising demand.

Lee Brooks emphasised the significant focus on delivering services within budget, especially as activity levels have increased post-pandemic. He added that the market for third-party providers was now very competitive, unlike a few years ago. Providers were now competing for activity, which was a positive development for the Trust. Furthermore, Health Boards now largely see the Trust as the commissioning for transport provision, which was a great development.

Rhiannon Beaumont-Wood highlighted safeguarding in the volunteer car drivers sector, noting the vulnerabilities of the patients being transported. She sought assurance that robust arrangements were in place to prevent safeguarding issues in this area. Mark Harris assured the Board that robust arrangements were in place to ensure the safeguarding of all patients.

Angela Lewis provided reassurance regarding safeguarding measures. She noted that regular criminal and Disclosure Barring Service (DBS) checks were conducted for volunteers. Additionally, the Volunteer team was actively involved in safety, raising concerns, and addressing any broader issues.

Hannah Rowan acknowledged past struggles with high cancellation rates and noted that various factors contributed to this issue. She queried if there had been any changes or improvements in cancellation rates. Mark Harris responded by saying that many patient journeys were cancelled due to various reasons, such as patients being too ill to travel or forgetting their appointments. Efforts were being made to reduce cancellation rates by improving communication, such as sending text messages that allow easy cancellation. Work was ongoing to integrate systems so that cancellations made in one system were automatically reflected in another, improving efficiency.

Professor Hayley Hutchings raised a key point about digital access for patients who were less digitally active. Mark Harris explained that the Trust was looking to improve digital access for those less accomplished in this field.

Bethan Evans was interested in understanding how staff have progressed on the improvement journey, anticipating a positive morale boost among them. Mark Harris explained there was a strong emphasis on taking time to reflect on the positive

achievements and the demanding work of the team. Despite the challenges, there was a sense of pride and commitment among the staff to deliver the best service possible.

Mark Harris highlighted the WISH service, which evolved from the end-of-life transport service. Initially, this service focused on taking patients to their preferred place of death, such as home or a hospice. However, a request led to the creation of the WISH service, which fulfils meaningful last journey experiences for patients. The service is entirely run by volunteers who coordinate and deliver the wishes with the Trust providing the vehicles. Referrals for this service come from Palliative Care teams and Healthcare Professionals which are designed to help patients have a meaningful final journey.

The Board thanked Mark Harris for the presentation and recorded a note of thanks for him and his team in providing this extremely valuable service.

RESOLVED: The presentation on the NEPTS Improvement was received.

107/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report which illustrated the latest version of the Trust's principal risks and noted that the Audit, Risk and Assurance Committee (ARAC) had reviewed these at its last meeting on 21 November 2024.

The principal risks have been reviewed this quarter, with changes highlighted in blue on the Board Assurance Framework (BAF). The high-rated risks, 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) 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*) and 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) were the highest rated and are reviewed monthly, with updates provided through the quarterly governance process. These principal risks drive the agendas of the Committees of the Board and are actively considered during agenda setting to ensure comprehensive coverage. In terms of further updates, Trish Mills outlined the following for the Board's attention:

1. 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*) This risk has reduced in score from 20 (4x5) to 15 (3x5) reflecting mitigations and actions that have been implemented. This included the revised agreement of the Immediate Release Protocol and assurance from Chief Operating Officers that the agreement will be honoured to release ambulances in the event of a major incident.
2. Risk 163 (*Maintaining Effective & Strong Trade Union Partnerships*) The score has reduced from 16 (4x4) to 12 (3x4) in this review period which reflects good

relationships with Trade Union partners and that engagement and partnership working is operating well.

Peter Curran referred to the Board Development sessions which had focused on risk appetite and emphasised the importance of this to the Trust.

Rhiannon Beaumont-Wood questioned the appropriateness of a score of 15 for the cyber threat risk. Leanne Smith explained that the time this particular risk was reviewed, the decision was made not to change the score. The risk was reviewed regularly, and the Digital Directorate has recommended reviewing the risk score, which will be updated in the next cycle. The risk score for cyber threats was likely to increase due to the global and political landscape.

Trish Mills noted that the Information Governance Steering Group regularly reviews cyber risks and escalates issues as needed. Additionally, the Finance Performance Committee also reviews cyber risks in private sessions, providing added focus and oversight.

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.**

108/24 FINANCIAL POSITION FOR MONTH 7, 2024/25

Chris Turley provided key highlights from the report which included:

1. The Trust was reporting a small revenue surplus (£42k) for month 7 2024/25.
2. In line with the financial plans that support the IMTP, gross savings of £4.575m have been achieved in month 7 against a target of £4.124m.
3. Forecast year end position was an overachievement of £0.380m, this was comprised of planned underachievement of non recurrent savings of £0.201m and a planned overachievement in year on recurrent savings of £0.581m.
4. Discussions continue with commissioners over the support required for the impact of the EMT3 / Band 5 implementation costs, including the now more significant recurring impact of future years funding required.

5. At Month 7, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 was £20.449m. This included £14.994m of All Wales Approved schemes and £5.455m for Discretionary schemes.

Jayne Beeslee added the Finance and Performance Committee (FPC) had discussed the capital spend, and noted there had been thorough contingency planning from the start of the financial year. Early alerts about potential spending slippage had given FPC confidence in the Trust utilising the capital effectively.

Peter Curran stressed the significant effort required to achieve a balanced budget and highlighted two key points for future years: Costs were expected to increase, potentially due to incremental drift and successfully managing costs this year did not guarantee the capacity to absorb them in future years.

The Chair added it was impressive to see how the team has managed to maintain a balanced budget despite the increasing challenges and unexpected costs, such as those related to the EMT Band 5.

RESOLVED: The Board:

- (1) **Noted and gains assurance in relation to the Month 7 revenue financial position and performance of the Trust as of 31st October 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 7 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

109/24 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE PROGRESS UPDATE

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.

It was noted that the Trust's 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 various 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 was maintained against the commitments within the plan, including ensuring the availability of the detail behind the plan is available if needed.

An NHS Wales Joint Executive Team Meeting was held with Welsh Government (WG) yesterday in which they considered the Trust's 6-month progress against delivery of the 2024-27 IMTP and the associated Accountability Conditions, and it was confirmed that WG were content with the current position.

The Board noted that the next iteration of the IMTP 2025-28 planning was underway, and a further update will be given to the Board in January. The Planning Team will be working with the Board at Development sessions in November and December to determine Board priorities for the plan going into 2025, as well as bringing through priorities from directorate level plans and the CMT programme. A draft of the IMTP will be circulated to the Board ahead of governance and approval through February and March.

RESOLVED: The Board Noted:

- (1) The Clinical Model Transformation programme progress update.**
- (2) The confirmed Directorate-led IMTP end of Q2 position.**
- (3) The update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**
- (4) The update on the IMTP 2025-2028 planning progress.**

110/24 STRUCTURED ASSESSMENT 2024

Prior to the update from Fflur Jones, Trish Mills explained to the Board that significant progress had been made against the 2023 Structured Assessment recommendations, with regards to the enhancements in organisational planning arrangements and matters in relation to Board effectiveness. It was noted that the key focus of the assessment was on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively and economically, with a specific focus on the corporate approach to planning; corporate systems of assurance; board transparency, cohesion and effectiveness, and the corporate approach to financial management.

Fflur Jones stated that, as cited in the Report, the Trust's corporate arrangements generally support good governance and the efficient, effective and economical use of resources. The Trust has an excellent longstanding record of developing the Integrated Medium-Term Plan (IMTP) which meets Welsh Government (WG) approval. The Trust consistently meets its financial duties and there are robust arrangements for developing other corporate plans. Also, at the time of writing, there was significant activity focused on evolving clinical model and the associated Clinical Transformation Programme. Other points of note from the report included:

1. The Board and Committee meetings operate with high levels of transparency and constructive challenge and that the Trust continues to strengthen its corporate systems of assurance. It is taking positive steps to enhance its Board Assurance Framework; however, there remain opportunities to strengthen the Trust's framework for managing organisational performance and overseeing quality and safety of services.
2. That the Trust continues to have reasonable performance management arrangements in place, with appropriate action taken to address areas of underperformance. However, the Framework for managing Trust performance requires an update.
3. That the Trust continues to have a reasonably sound corporate approach to overseeing and scrutinising the quality and safety of services, but that opportunities remain to strengthen these arrangements. Additionally, 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 savings schemes.
4. There were areas identified for strengthening arrangements with regards to tracking recommendations. The Trust continues to strengthen its corporate approach to tracking progress to address audit and review recommendations.
5. That recent changes to the Board membership have been managed well and that the Board has continued to conduct its business effectively. The Board and Committee meetings continue to be conducted appropriately and effectively with good coverage of key issues and risks. The Trust continues to demonstrate a strong commitment to public transparency and continuous improvement and to hearing stories from patients, staff and other stakeholders. However, there are opportunities to enhance these arrangements further.
6. That the Trust continues to have a generally sound approach to producing strategies and corporate plans, including the development of the ambitious Clinical Model Transformation Programme. However, there remain opportunities to strengthen Board oversight of the development and delivery of the Trust's IMTP.

Fflur Jones expressed gratitude to those who contributed to the assessment and informed the Board that next year's Structured Assessment will include an evaluation of the Trust's process for setting its well-being objectives, as required by the Well-being of Future Generations (Wales) Act 2015

Peter Curran, Chair of the Audit, Risk and Assurance Committee (ARAC) advised the Board that the Report had been received by the ARAC meeting on 21 November 2024. He acknowledged how positive the report opinion was and noted that there were only three formal recommendations. This highlighted the excellent work in the Trust, which spoke volumes about the colleagues' efforts and the quality of the work produced.

The Board acknowledged the significant assurance provided by this positive Structured Assessment. It highlights the effectiveness of the Trust's corporate governance, risk management, and financial and strategic planning/delivery arrangements. This positive feedback was a testament to the robust systems and diligent efforts in place.

RESOLVED: The Board received the 2024 Structured Assessment from Audit Wales.

111/24 GOVERNANCE REPORT

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

1. A decision was sought via Chair's Action to permit the Trust to progress estate works at the Clinical Contact Centre in Ty Elwy. The Board was asked to ratify the decision made by Chair's Action on the 18 November 2024. Following consideration, the Board ratified this decision made by Chair's Action.
2. At the closed Trust Board on the 26 September 2024 the Board received a request to approve capital spending for the Specialist Operations Response Team (SORT). Confirmation of this funding had been received from Welsh Government following submission of the Business Case to enhance the SORT capability. At this meeting the Board: Approved the revenue spending in line with the Commissioned requirements to the value provided by Welsh Government and noted that using the delegated authority available to the Chief Executive, capital spending in line with the Commissioned requirements to the value provided by Welsh Government, in a manner that satisfied procurement rules, has been secured.
3. At the closed Trust Board on the 26 September 2024 the Board received a request to approve the Vehicle Procurement Award of Contract Conversion Contract, to award the contract to the preferred contractor for vehicle conversions of both Single Responder Vehicles (SRV) and Hazardous Area Response Vehicles (HART). At this meeting the Board: APPROVED the Contract Award Recommendation Report to award the contract to the preferred contractor for vehicle conversions of both the SRV and HART vehicles, following the competitive tender exercise.
4. Following the appointment of Non-Executive Directors Jayne Beeslee on 19 August 2024 and Professor Hayley Hutchings and Rhiannon Beaumont-Wood on 11 November 2024, the Committee membership and Non-Executive Director champion roles were adjusted. These changes also reflect the appointment of Carl

Kneeshaw as Director of People and a change in portfolio within the People and Culture Directorate, with Angela Lewis now in the role of Director of Culture Change. Following consideration, the Board approved the changes presented to the membership of the Board Committees and the Board Champions.

RESOLVED: The Board:

- (1) Ratified the decision made by Chair's Action on the 18 November 2024.**
- (2) Noted the public disclosure of decisions made in closed session.**
- (3) Approved the revised membership for Committees of the Trust Board and the revised champion roles, effective quarter 4 of 2024/25**

112/24 BOARD COMMITTEE REPORTS

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

05 November 2024: Quality Patient Experience and Safety Committee (QuEST)

Bethan Evans Chair of QuEST, drew the Board's attention to the following:

1. Lost hours due to handover delays remained significant in September (20,693). Handover delays continue to present patient safety risks and extended waits in the community with a deteriorating red performance.
2. The Trust continued to work across the system with partners to influence system change. The Trust's focus is to implement a change in how it responds to patient demand through the Clinical Transformation Programme. Assurance was provided to the Committee on the progress and governance for that programme.
3. The Committee listened to the staff story which featured Sian Davies-Kumar, Palliative Care Paramedic who shared her experience as a palliative care paramedic.
4. An update was given on the initiatives in the Trust's maternity and neonatal care and the Airway Policy was approved.
5. The Committee noted the introduction of the new Clinical Indicator role, and a Clinical Advisory Group had been established to provide crucial clinical oversight and strategic support to the Clinical Model Transformation (CMT) Programme.
6. The biannual Patient Experience and Community Involvement (PECI) Report for April to September 2024 was received.

7. The Learning From Deaths (Mortality Reviews) Report was received. There were 238 referrals received by the Trust from the Medical Examiner Service in the first two quarters of 2024/25 with 44 cases requiring further review under the Putting Things Right guidance.
8. The Mental Health and Dementia Annual Report 2023/24 was presented.
9. Members received assurance on the work undertaken relating to Infection Prevention Control 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.
10. The Trust's two highest scoring risks were discussed, risk 223 risk 224 and remain unchanged at a score of 25.

14 November 2024: People and Culture Committee

Ceri Jackson, Chair of the People and Culture Committee drew the Board's attention to the following:

1. The Health and Wellbeing Plan 2025-2029 was endorsed and was recommended to the Board for approval at today's meeting. The Board considered and approved the Health and Well-Being Plan 2025-2029.
2. There was a significant amount of change taking place across the Trust and that was a primary focus for the meeting.
3. A change management session was delivered on the progress made in the Trust in building the change community, following the adoption of the Awareness, Desire, Knowledge, Ability, Reinforcement approach to change management.
4. Staff survey results at a 27.2% response rate was an improvement on last year and it was anticipated the target of 30% will be met.
5. Multiple awards and recognitions have been received over the past few months, highlighting the external acknowledgment of the Trust's work.
6. A sustained improvement in sick absence rates across the Trust was noted, attributing this to the efforts of managers, people services, Trade Union partners, and early intervention support from occupational health.
7. The Committee received the Health and Safety Report for Q1 and Q2.

8. The four risks within the remit of this Committee were reviewed acknowledging they had been discussed throughout the agenda.

18 November 2024: Academic Partnership Committee

Hannah Rowan, Chair of the Academic Partnership Committee highlighted the following:

1. The Trust's new Academic Non-Executive Director, Professor Hayley Hutchings and Carl Kneeshaw as the Trust's new Director of People, were welcomed to the meeting.
2. Members received an update on the University Trust Status (UTS) Benefits Realisation and endorsed the consolidated ideas and proposed priorities for inclusion in the 2025-28 Integrated Medium-Term Plan (IMTP).
3. An update was received on the Research Governance Framework implementation and development throughout 2024/25.
4. The Committee were updated on the work of the Health & Care Research Wales (HCRW) The HCRW will work with the Trust to conduct self-assessments against the NHS Framework. The Committee will receive updates on growing a data science capability in the future.

19 November 2024: Finance and Performance Committee

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

1. The Board was alerted in September that certain Key Performance Indicators were not populated in the Monthly Integrated Quality and Performance Report (MIQPR) for that meeting. Additionally, the Data Quality Internal Audit report reviewed by members sets out the actions being taken to address data quality issues.
2. Issues of recruitment to key positions, particularly for the Trust's digital and commercialisation ambitions were discussed. Whilst job evaluation process improvements were now in place, the Committee will continue to monitor recruitment at the next meeting.

21 November 2024: Audit, Risk and Assurance Committee

Peter Curran, Chair of the Audit, Risk and Assurance Committee highlighted the following areas for the Board's attention:

1. The Chair was conducting quarterly continual effectiveness discussions in line with the National Audit Office toolkit which will inform the annual Committee effectiveness review, as opposed to waiting until quarter four.

2. The Audit Wales Review of Cost Savings Arrangements report was received. This programme of work looked at the approaches to identifying, delivering, and monitoring sustainable cost savings opportunities at the Trust.
3. Progress against the 2024/25 Internal Audit Plan was received and it was noted that the plan remained on track. Several Internal Audit (IA) reviews had been completed during the quarter and were presented to the Committee. These were the Resourcing Policy, the Integrated Quality and Performance Management Framework, the Overtime Controls and the Data Quality.
4. Assurances were received by way of a report from the Chair of the Quality, Patient Experience and Safety (QuEST) Committee on the near miss arrangements and they will continue to monitor this maturing area through the Putting Things Right Report.
5. An update was received on the revised Audit Tracker from Q3 2024/25 reporting period. The Committee noted that 37% of internal audit actions were closed in quarter.
6. The Committee received assurance on the progress of the Risk Management Transformation Programme and noted that an external partner has been commissioned to assist with the development of a suite of Risk Appetite Statements.

Damon Turner asked for a note of thanks to be recorded for Lee Brooks in terms of providing the ability for Trade Union (TU) Partners to be more involved in the Internal Audit planning process.

RESOLVED: The Board

- (1) **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.**
- (2) **The Board approved the Health and Wellbeing Plan 2025-2029.**

113/24 MINUTES OF BOARD COMMITTEES

The minutes of the following Board Committees were received.

Academic Partnership Committee - 19 July 2024

QuEST Committee - 13 August 2024

People and Culture Committee - 30 August 2024

Audit, Risk and Assurance Committee - 12 September 2024

Financial Performance Committee - 17 September 2024

RESOLVED: That the minutes of the Academic Partnership Committee dated 19 July 2024, the QuEST Committee dated 13 August 2024, People and Culture Committee dated 30 August 2024, Audit, Risk and Assurance Committee dated 12 September 2024 and the Financial Performance Committee dated 17 September 2024 were received.

114/24 REFLECTIONS

Hannah Rowan welcomed the move to a more focused approach on the mitigations for avoidable harm report.

Trish Mills acknowledged the work of the Committee Chairs in summarising the highlights reports.

115/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 29 NOVEMBER 2024

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 29 November 2024.

Meeting closed at 12:35.

Date of next Open meeting: 30 January 2025.

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

CHAIR AND VICE-CHAIR'S REPORT

MEETING	Trust Board
DATE	30 January 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. I would like to acknowledge the extreme demand and subsequent operational pressures that the service has experienced over Christmas and New Year, as demonstrated by the declaration of a critical incident on the 30 December 2024. These pressures have had a significant impact on our staff and volunteers, and their hard work and commitment during such challenging times is hugely appreciated.
2. To go some way to expressing our gratitude, in early January Board Non-Executive Directors actively visited Emergency Departments across Wales to meet crews and thank them for their hard work. I visited Wrexham Maelor Hospital and Glan Clwyd Rhyl Emergency Departments, and the 111 Clinical Contact Centre at Ty Elwy, St Asaph on the 06 January. Other visits from Non-Executive Directors included:
 - Ceri Jackson:*
 - Emergency Departments in Swansea and Carmarthen localities:
 - Peter Curran:*
 - Emergency Departments at Prince Charles Hospital Merthyr.
 - Bethan Evans:*
 - Emergency Departments in Cardiff and Glamorgan localities.
 - Rhiannon Beaumont-Wood*
 - 111 Contact Centre, Thanet House.
 - Hannah Rowan:*
 - Emergency Department at the Grange University Hospital.

3. Additionally, the Board held a Board Development Day on the 11 December 2024 which included sessions on risk management and the development of risk appetite statements, the development of the Trust's 2025-28 Integrated Medium-Term Plan and activity regarding Remote Clinical Care in the Trust.
4. Since our last meeting I have been busy, with the following activity: -
 - Chaired a meeting of the Remuneration Committee of the Trust Board, on the 05 December 2024;
 - Regular meetings and briefings with Jason Killens, Chief Executive, and other Executives;
 - Regular meetings with Ceri Jackson, Vice-Chair;
 - Continued induction activity with Rhiannon Beaumont-Wood and Hayley Hutchings;
 - Panel membership of the WAST Live events;
 - Routine meetings with Non-Executive Director colleagues;
 - Routine meetings with Trade Union colleagues.

VICE-CHAIR'S REPORT

5. A meeting of the Charity Committee was held on the 14 January 2025 at which the Committee received the charity Annual Report and Accounts from 2023/24 for endorsement. These documents are before the Corporate Trustee (at its dedicated meeting) for approval, before certification by the Auditor General for Wales and submission to the Charity Commission.
6. Since our last meeting I have been busy with the following activity: -
 - Attended the Vice-Chair's Peer Group meetings on the 04 December and 08 January 2025, respectively;
 - Attended the Remuneration Committee on the 05 December;
 - Attended the Board Development Day on the 11 December;
 - Met with colleagues within the Trust on mental health matters (on the 02 December and the 06 January, respectively);
 - Visited the Grange University Hospital Emergency Department on the 16 December;
 - Held induction meetings with new Non-Executive Directors;
 - Visited Llangunnor Clinical Contact Centre on 04 January;
 - Visited 111, 999 and ODU colleagues at Vantage Point House on the 13 January;
 - Visited Morryston Emergency Department on the 27 January with Rhiannon Beaumont-Wood;
 - Visited other Emergency Departments in Swansea and Carmarthen localities;
 - Chaired the Charity Committee on the 14 January;
 - Routine 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: JANUARY 2025

MEETING	Trust Board
DATE	30 January 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 29th of November 2024. 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 30 January 2025.

REPORT APPENDICES

An SBAR is attached.

REPORT CHECKLIST

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

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 29th of November 2024.

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 the Emergency Service Carol Services in St Asaph and Cardiff. Both events were wonderful opportunities to connect with WAST colleagues and colleagues from other agencies and celebrate the festive season. They allowed me to engage with fellow professionals, share in the holiday spirit, and foster a sense of unity and goodwill.
- I participated in the Emergency Responders Senior Leaders Board, organised by the NPCC National Police Chief Council. This meeting was crucial for discussing collaborative efforts and strategies to enhance emergency response services. It provided a platform to share insights and best practices with senior leaders from various emergency services.
- On 30 December, WAST declared a critical incident due to unprecedented pressures on our services. In response, I undertook several media appearances to communicate the situation to the public and stakeholders. I appeared live on Sky News, BBC Breakfast, and BBC Radio Wales. During these appearances, I discussed the challenges WAST faced, the reasons behind the critical incident declaration, and the measures we took to manage the situation. These media engagements were crucial in raising

awareness about the severity of the situation and garnering support from the public and other agencies.

- I took part in the NHS Wales Leadership Board. This meeting was essential for discussing key issues and initiatives within NHS Wales. It provided a forum for leaders to collaborate and strategise on how to improve healthcare services across Wales.
- I had a meeting with Darren Millar MS, Leader of the Welsh Conservatives, with James Evans MS, Shadow Cabinet Secretary for Health and Social Care who also in attendance. This meeting provided an opportunity to discuss key issues and initiatives relevant to our service. It was a productive discussion that helped to align our efforts and priorities and ensure colleagues were informed of current service pressures ahead of comprehensive debate in The Senedd chamber relating to this
- I appeared on BBC Breakfast on behalf of AACE and the UK ambulance sector to address the issue of violence and aggression towards emergency responders. This critical topic was discussed live on air in Salford, and it was important to highlight the challenges our staff face and advocate for their safety and well-being.
- I engaged in Chief Executive's Conversations with Lleisiau Dementia. This was an insightful discussion on how we can better support individuals with dementia. It provided valuable perspectives and helped to inform our strategies for improving dementia care.
- I attended the Climb Leadership Programme and provided an educational talk on leadership and personal development, which was an excellent opportunity to share insights with future leaders. By sharing my experiences, challenges, and successes, I aimed to inspire and equip future leaders with the knowledge they need to excel in their roles.

OPERATIONS DIRECTORATE

Specialist Operations Response Team (SORT) Enhancement.

1. Following the successful award of funding from Welsh Government earlier this year on the SORT enhancement business case, work is progressing well to roll out the enhancement across Wales. A Senior Paramedic has been recruited who will join the team shortly, making a welcome addition to the HART and SORT clinical capabilities. A SORT Operations Manager has also been recruited and is due to take up the post in January. SORT awareness sessions have taken place across North and South Wales and the equipment funded as part of the business case has been procured and is therefore complete. Vehicles however could not be secured in year with the time available since the award was confirmed, and colleagues are actively engaged on rolling capital budget forward.

Mental Health Response Vehicle (MHRV)

2. Following a successful trial, the availability of the MHRV has been expanded across 3 Southeast health boards, 7 days a week between the hours of 1300-0100. A Senior WAST 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.
3. The Mental Health Response Vehicle (MHRV) has been active since the 3rd of November 2024. 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.

Welsh Improvement Plan 2024

4. The 111 Service Welsh Improvement Plan 2024 addresses the challenges and measures implemented to enhance the performance of the 111 service in handling Welsh-language calls. Performance at the start of 2024 for our call answer rate ranged from 50–58% and has increased to 75%. During the summer, a targeted plan was developed to address the issues and improve our Welsh-language call handling this is ongoing, and work will continue to improve access for our Welsh speaking callers. Integrated Care was very honoured to receive a Trust award for the work that has been completed to increase access ongoing.

December Critical Incident

5. On Monday 30 December, the Trust experienced high activity following the Christmas break, compounded by significant lost capacity due to handover delays, which severely hampered our ability to respond effectively. As the day progressed, the number of waiting incidents escalated, leading to increased community wait times. In response, the Trust initially escalated to REAP Level 4 (Extreme Pressure), prioritising all available capacity to front line services. However, this proved insufficient to meet the demand levels, necessitating the declaration of a Critical Incident. At the peak, more than 400 calls were awaiting ambulance response, and consistently over 50% of emergency ambulances were unavailable due to handover delays. The situation was further exacerbated by high rates of respiratory illness, resulting in extremely high hospital bed occupancy and reduced patient flow.

6. Command arrangements were established and remained in place until the incident was stood down in the early hours of 1 January. Activity on 31 December offered some respite, allowing the team to recover the waiting incident numbers. The evening of New Year's Eve, while busy, was fortunately uneventful and this may have been helped by the high profile and proactive media engagement.

FINANCE AND CORPORATE RESOURCES

Finance

7. 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.
8. Focus into future years financial plans (2025/26 and beyond) will now continue at pace following the 2025/26 NHS Wales (HBs) Allocation Letter and NHS Wales planning assumptions being released by Welsh Government on 20th December 2024 and the team will support the IMTP submission process up to submission on 31st March 2025.
9. Two of the agreed objectives for the finance team for the 2024/25 financial year continue to be rolled out and include
 - developing our digitalisation of WAST financial performance and monitoring for budget holders using dashboards and QlikSense tools;
 - 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.
10. The Finance Team has participated in the NHS Wales Finance Academy programme (Finance Operating Model) to review all job families to ensure future proofing of services and delivery. The first programme that commenced in October 2024 for the job family of 'Finance Business Partnering and Management Accounts' has now concluded, and the next family of Financial Accounting is planned to commence in January 2025. 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.

12. The Trust as part of the wider NHS Wales consortium, successfully migrated the Oracle system from the previous Cardiff based data centre to a cloud-based infrastructure and performance continues to be monitored.

Capital Development

13. 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. It is hoped that the two items can be expedited through January, with a view to starting works on site in February 2025 (subject to confirmation of legal timescales for signing the lease).
14. Llangunnor CCC enhancements – Phase 1 and 2 have now completed. Dyfed Powys Police are progressing relevant actions within the organisation to facilitate the enabling works, which involves DPP staff relocations on site. This project is anticipated to be complete by the end of the financial year.
15. North Wales CCC estate – The North Wales CCC Project Board continues to oversee this work. Work has commenced on site, alongside additional enabling works such as atrium roof repairs and installation of PV panels. The full programme of works is anticipated to be complete by end the of the financial year.
16. Monmouth Ambulance Station – The Project Board has now signed off plans for the station. The pre-planning application has been submitted to the Local Authority and the team awaits further advice on the full planning application. In the meantime, detailed specifications are in development, in line with the allocated budget, and in anticipation of a tender process.
17. Bangor Fleet Workshop – The project focusses on establishing a revised location for the Fleet Workshop within the Bangor area. Discussions are ongoing regarding a site in the Bangor area, with designs developed and negotiations ongoing regarding potential fit out costs. It is acknowledged that an element of the capital allocation will be for the provision of workshop equipment, and therefore the preferred solution will need to minimise the estate cost implications.
18. Bridgend Ambulance Care Hub (Bennett St) Phase 2 - this scheme was brought forward through the mid-year review of capital schemes. The programme of

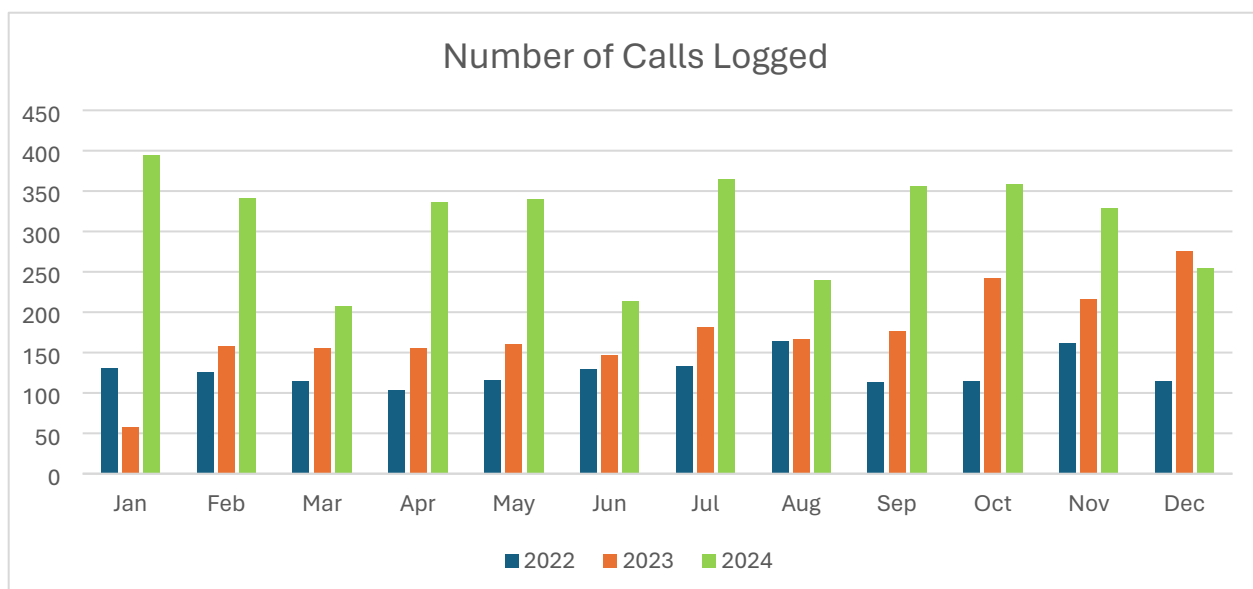
work includes improvement to the yard area to the rear of the facility including access and drainage to make a secure compound for vehicle storage. The tender has closed, and scoring is taking place. This scheme will be awarded in the coming weeks, with work programmed to be completed by the end of the financial year.

19. Decarbonisation/EFAB – the HART project has been completed, with all of the three remaining projects on track to be completed by the end of the financial year.
20. Infrastructure for placement of hybrid and full electric vehicles – work is ongoing across a number of sites to further develop the charging infrastructure requirements to support the commissioning of new HART and Single Responder Vehicles (SRV) hybrid and full electric vehicles.
21. Feedback on the recently undertaken all Wales Capital Prioritisation work with Welsh Government is imminent, following which 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 2025/26 – 2026/27 and the Trust is currently developing a small number of bids for submission by the 31st of January 2025 deadline.

Estates, Environmental and Facilities

22. The annual Fire Safety Compliance Report was presented to F&PC on 16th January, in addition, it has been proposed the paper is further presented and discussed at the H&S Committee, SOT and the next meeting of the Fire Safety Group.
23. The replacement of the UPS system in Vantage Point House which supports the 999-contact centre was completed in November 2024. There were no issues during the work and no disruption to day-to-day operations. This provides greater resilience to the electrical supply which supports the contact centre.
24. NET2 Paxton System software upgrade project is currently taking place to improve cyber security, and a data cleanse is underway to improve compliance with GDPR.
25. Interviews have been completed for the role of Environment, Energy & Sustainability Manager and the position is now at the offer stage with recruitment. It is anticipated that we will have someone in position by the end of the financial year.

26. The role of Senior Contracts & Maintenance Officer is currently out to advert on TRAC with a closing date of 12th January 2025.
27. Estates Helpdesk – Below are the latest Q3 monthly stats in relation to issues reported into the helpdesk, and a snapshot of the themes of issues raised.



November 2024 Summary

Total Number of Helpdesk Calls Logged – 329

Top 4 Categories: -

- Access Cards 95
- General Building/ Maintenance 65
- Electrical Faults 31
- Plumbing & Heating 38

December 2024 Summary

Total Number of Helpdesk Calls Logged – 255

Top 4 Categories: -

- Access Cards 45
- General Building / Maintenance 45
- Electrical Faults 35
- Plumbing & Heating 29

Fleet

28. The 2024/25 Trust Board approved the Fleet replacement programme and BJC was submitted to Welsh Government on 23/11/2023 requesting funding for the replacement of 157 vehicles at a cost of £24.4M. 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.

29. The results of that prioritisation process are that the Trust will replace 72 vehicles, and orders have been placed for the entire 72 consisting of:
- 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 and they have commenced build with a sign-off meeting planned. Approval has been given in year for 5 additional replacement Emergency Ambulances and that makes the total 40.
 - 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. Several meetings have taken place with the successful converter and the specification design is underway with the prototype vehicle available to sign off shortly.
 - 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.
30. The 2 replacement support vehicles, which are BEVs are now in service and replace diesel powered vehicles.
31. As Trust Board members will be aware, a revised Fleet Procurement Strategy for 2025-30 is separately before the Board today for approval, before formal submission to Welsh Government.

CORPORATE GOVERNANCE

Risk Management Transformation Programme

32. The Board received Risk Appetite training in December that offered insights as to how this can be employed as a key strategic tool to enhance decision making in preparation for the development of a series of risk appetite statements. These statements will define the level of risk that the Trust is willing to take or accept in pursuit of its strategic objectives to ensure better outcomes for our patients, our people and communities and in working with our partners and stakeholders. A further workshop is planned for the 20th of February 2025 as an agreed session of the Board Development Programme.

UK Covid-19 Inquiry

33. The Trust provided written closing submissions to the Inquiry as part of the Module 3 public hearings which concluded on 26th November 2024; the Inquiry Report for this module is expected in the first quarter of 2025/26. Colleagues attended an external stakeholder event hosted by the Wales Covid-19 Inquiry Special Purpose Committee established by the Senedd to gather views on the Module 1 Inquiry Report and recommendations relating to the preparedness and response of the Welsh Government and other Welsh public bodies during the pandemic.

Organisational Change Process

34. The directorate's organisation change process is near completion with recruitment to the last two new roles (Risk Manager and Compliance and Assurance Administrator) in progress with the intention of these posts being filled by the end of this financial year.

Welsh Language Services

35. In January 2025, a survey is being undertaken to provide a baseline of each directorate's compliance against the Welsh Language Standards. The survey results will identify areas of good practice and opportunities for improvement within each directorate. In turn this assessment will help inform the Trust's Welsh Language work programme for 2025/26 and enable activities to improve compliance with the Welsh Language Standards to be delivered in a considered and structured way.

Policy Management

36. A revised Policy Work Plan was presented to and approved by the Audit, Risk and Assurance Committee in November 2024. This work programme builds on the significant work undertaken since the end of the Covid-19 pandemic to refresh and the bring the Trust's policies up-to-date.

STRATEGY, PLANNING AND TRANSFORMATION

37. The Commissioning & Performance Team continues to support Executives with the Welsh Government (WG) accountability mechanisms, in particular, the Joint Executive Team (28/11/24) and submission of the Trust's Winter Plan (29/11/24) and follow-up meeting with WG. Both meetings went well, with WG recognising the pace at which the Trust is implementing its clinical model transformation programme and the comprehensive nature of the Trust's winter

planning arrangements. Of course, the levels of performance and avoidable patient harm remain a key concern for both us and WG.

38. Winter planning involved the usual seasonal forecasting and modelling of performance; the team has been busy supporting a range of other forecasting and modelling projects for the Trust including the possible move of health board dental demand into 111, end of shift modelling for UCS, NEPTS re-rostering modelling (with a decision now to proceed to re-roster in Q4) and interest from other ambulance trusts and organisations in our approach to modelling, including a visit from the Hamad Corporation (Qatar ambulance service). The team also went out to tender in December for an independent review of 111 rostering practices, seeking an independent partner to help identify any further improvements that can be made.
39. The focus for commissioning has been the development of delivery options in response to "recommendation four", which is a Joint Commissioning Committee proposal to develop a bespoke emergency response service in North Powys and South Gwynedd associated with proposed changes to the EMRTS provision. The Trust has engaged with the Director of Commissioning (Ambulance & 111) on the draft 2025/26 commissioning intentions, which will be finalised in Q4.
40. The Trust's Quality & Performance Management Framework received a "reasonable assurance" rating from the internal audit, with the focus on Q4 being the delivery of the arising management actions and the three-year review for the framework. The team continues to produce the monthly integrated quality & performance report and service a range of ad-hoc analytical requests. The team has also been supporting the CMT programme with the development of metrics for new services that went live in November and December, on developing logic/benefits maps and on the decision to proceed with a rolling independent evaluation of clinical model transformation."
41. It has been another busy period for Planning and Transformation, during which we welcomed a new role into the Planning Team. Katherine Abbott has joined as a Planning Business Officer to support the work of the team in developing the IMTP, leading integrated strategic planning and supporting Health Board strategic service change.
42. Over Christmas the Planning Team supported operational and clinical colleagues working with Cwm Taf Morgannwg University Health Board in moving Stroke services from Prince Charles Hospital to the Royal Glamorgan Hospital. There continue to be several regional programmes ongoing across Wales, notably hyper acute stroke provision and the South & East Wales

regional collaborative programme, which includes the development of Llantrisant Health Park in Cwm Taf Morgannwg.

43. A key area of focus currently for the Planning and Transformation teams is the development of the 2025-28 IMTP. We have received the NHS Wales Planning Framework and Health Boards have received their financial allocation letters allowing us to move forward with planning based on what is set out in these documents. We have met with the Board in development sessions to consider the priorities for the organisation going forward and have held a senior level prioritisation workshop to align the Board's strategic steer with local directorate level planning. There continues to be a huge amount to do in delivery of our current IMTP and there is continuation of the ambition into 2025/26. The team will focus now on ensuring the plan for next year is realistic and deliverable, within both the capacity of the organisation and the financial envelope available to us. One of the areas for sharper focus in the IMTP next year is the development and publishing of our Wellbeing Objectives as a named organisation under the Wellbeing of Future Generations Act. The Planning Team is supporting the Director of Partnerships and Engagement to develop 3-4 Wellbeing Objectives through a task and finish group, working closely in that group with Trade Unions as per the Social Partnership Duty requirements.
44. The team has also been working with the executive team and Board to refine the benefits realisation of the IMTP by further considering a number of 'what good looks like' outcomes statements and associated benefits and measures. In this month's IMTP delivery Board report, there are several metrics set out linking the MIQPR performance to IMTP delivery, however, more work is ongoing to ensure there are a full range of metrics across all of our strategic objectives.
45. The first draft of the next IMTP will be written by the end of January and will be circulated to Executives and the Board by mid-February. The final draft will be developed for governance during March to meet the deadline for Board approval on 27th March and submission to Welsh Government by 31st March 2025.
46. The Clinical Model Transformation (CMT) Programme continues to make notable progress, with key updates discussed at the December programme board meeting. The endorsement of the Programme Definition Document marks an important milestone, providing a clear framework for the next phase and work continues to embed a robust approach to benefits realisation. Logic-benefits maps are currently being developed for each CMT Workstream to ensure alignment with strategic objectives and a consistent and robust approach to evaluating the impact of changes.

47. As we transition into Phase 2 of the programme, it is important to reflect on progress to date and to develop a clear roadmap for the next phase. This will be enabled through a two-day collaborative workshop in January, planned to give people the time and space to advance the design of our future Clinical Services Model, and an opportunity to refine the programme's development, implementation, and delivery approach. These sessions will provide an invaluable opportunity to reflect on the lessons learned from Phase 1, celebrate the progress achieved to date, and collaboratively shape the programme's direction. They will also help identify and prioritise the key objectives for the coming year, ensuring alignment with our overarching goals.
48. Collaboration with partners remains a priority. Executive Sponsors will begin a series of face-to-face meetings with key political and system leaders in early 2025. This proactive engagement will enhance understanding of the evolved Clinical Services Model and ensure alignment across the healthcare system. Supporting these efforts, new communication materials are being developed to empower colleagues to share consistent and impactful messaging.

CLINICAL DIRECTORATE

Maternity Improvements

49. WAST is dedicated to providing exceptional maternity care through several innovative initiatives that have been introduced since 2023. Initially, to ensure these initiatives were successful an audit was conducted using 6 months' worth of data. From this, it was decided that the introduction of a maternity dashboard would be a beneficial option as live data could be reviewed to ensure that optimum care is given to both the families and babies of Wales. The dashboard was published in November 2024 and has since evidenced many incidents of exceptional care provided.
50. Some of the other great work includes:
 - The introduction of a new style maternity response bag that incorporates both maternity and NLS equipment that aims to alleviate the issue of human factors at complex maternity cases, namely Newborn Life Support (NLS). The bag has been ergonomically designed to reduce errors at such incidents while also reducing the number of bags that need to be carried into an incident address.
 - The education package for thermoregulation was awarded silver Place at the Digital Technologies Awards.
 - Due to the success of the inaugural pre-hospital maternity conference in Birmingham, in October 2024, the College of Paramedics would like to

support the organisation of another conference again this year on the 24th of October 2025. However, this year, the conference will be held in Newport, Wales presenting an excellent opportunity to showcase Wales and some of the fantastic work that is being delivered here.

Senior APP Organisational Change Process

51. The Senior APP Organisational Change Process (OCP) has been undertaken in partnership with Workforce, Operational, TU, and Clinical colleagues. Six face-to-face engagement events were held across Wales, five virtual events, and several one-to-one meetings with staff. The proposed changes have been well received, with an implementation date of 3 February proposed for Band 8a colleagues to move across to the Clinical Directorate. They will commence their post as Senior APPs, providing clinical supervision and support to the APP and wider workforce.
52. An induction process has been arranged to develop their awareness of the role, and we are grateful to colleagues from People and Culture, Putting Things Right, the Research Team, RISC faculty, the Resource Department and Operations Directorate for their support with delivering this extensive program to staff.

DIGITAL SERVICES

Mobile Data Vehicle Solution

53. Though the MDVS project has now successfully concluded the focus for the Operational Communications Programme (OCP) must now turn to developing the Trust readiness to migrate to the new Emergency Services Network (ESN). Recently the Home Office lead programme signed two significant contracts which in turn will drive the migration off the current Airwave network expected to commence in 2027 and be concluded by late in 2029.
54. The OCP has commenced redrafting the original 2018 Outline Business Case with the intention of bringing the latest up to date version through Trust Governance early in the financial year 2025/26.

Drones

55. Flowing from tranche 1 of the recently refreshed Digital Strategy was a project that seeks to enhance situational awareness at incidents, specifically those involving the Hazardous Area Response Team (HART). A project was established in September 2024 which sought to set out the operational requirements and

develop a drone capability. The project reached a key milestone late in December where it identified a preferred bidder and the specific drone capability, it is anticipated that the contract will be awarded early in January 2025 which in turn will trigger the provision to training to an identified cohort of HART staff with the capability going live by April 2025.

ICT

56. Throughout December, WAST ICT has been actively supporting our 111 operational colleagues by delivering additional "Winter Desks" to the 111 call centres and securing extra training licences to meet the increased demand for 111 training. Alongside configuring and installing the desktop hardware for the Winter Desks, several complex configuration changes were necessary on the backend systems to ensure the required functionality.
57. The department has also been supporting Estates works relating to the relocation of North Control to Ty Elwy and extension and changes to the layout of Llangunnor CCC.
58. Other key activities include collaborating with other Health Boards on pilot programmes for Stroke Pre-Hospital Video Triage systems, with trials set to begin later in January 2025.
59. The start of 2025 will be a busy period for ICT, as we work closely with suppliers to develop a plan to replace the 999 CAD system servers, with in excess of 80 servers needing replacement.

999 Telephony

60. The 999 telephony system was successfully updated on 12th November, following an extensive period of preparation and testing to ensure a smooth implementation with minimal disruption to 999 operations.

ePCR Update

61. November 2024 saw the end of the initial 3-year contract for ePCR and the Trust triggered the optional 2-year contract extension clause which will now see the contract run until November 2026. This reflects our continued commitment to supporting this essential service and ensuring its ongoing success.
62. We are now working closely with Terrafix on a revision of the ePCR application, with a focus on making it more streamlined and user-friendly. This work will include streamlining workflows and redesigning the layout to improve ease of

use. These enhancements are designed to better align the application with the working practices of frontline users thereby improving their user experience and efficiency whilst undertaking their daily tasks.

63. A major update is scheduled for the end of January to support deployment of ePCR on iPad iOS 18 which also includes new features and enhancements to improve the overall user experience. The Trust is continuing to work with Corpuls to improve the stability of the connection between the Corpuls defib devices and the ePCR solution, with Corpuls actively conducting testing to replicate the problem and identify the root cause.

Insight & Data Services (IDS)

64. The Data & Analytics function have been supporting the Clinical Model Transformation projects with metric definitions, logic, data engineering and reporting. Across November and December, reporting was made available for managers involved in Rapid Clinical Screening, showing in real-time the volume of demand suitable for and being actioned by the Clinical Navigators, and the outcome of their decision (on to clinical assessment or for face-to-face response). Additionally, a dashboard went live to support the understanding of activity and performance of the Mental Health Response Vehicle. Further work continues to enhance this dashboard, offer more insight regarding the impact of the Clinical Navigators, and help map the interconnected benefits expected across the programme.
65. At the end of November, the Trust completed all actions on the Information Governance Improvement Plan, actions which had emerged from the Welsh IG Toolkit submission and assessment of 2023/24, but which were accelerated to ensure requirements of the UK Health Research Authority's Confidentiality Advisory Group were also met. Good progress is being made towards the March deadline for the 2024/25 IG Toolkit submission.

Recruitment

66. Two key appointments have been made to the Digital Leadership Team, with Aasha Cowey joining the Trust in January as the Assistant Director of Digital Services: Digital Transformation & Innovation while Keith Dorrington has already started in the Chief Clinical Information Officer (CCIO) role.
67. An appointment to the Insight & Data Services (IDS) Senior Management Team sees Kelly Holding appointed into the role of Data Protection Officer for the Trust, whilst recruitment activity continues across all areas of Digital to fill vacant and new roles, including new joiners in Analytics, Records Management

and Data Protection functions and offers made to successful candidates in Data Quality.

CCIO AACE Network update

68. The initial meeting of CCIO's from UK ambulance services marked a significant step forward in advancing digital transformation within our sector. The need for a clearly defined Job description to ensure maximum benefit from the role can be leveraged into each service was agreed upon. Discussions centred on defining the CCIO role to ensure it supports both national NHS digital strategies and the specific demands of the UK Ambulance Services and the challenges each faces. Key priorities included fostering collaboration with AACE to standardise best practices, enhance data sharing, and drive system interoperability. Early focus areas were identified, such as improving digital triage tools, advancing ePCR systems, and collaboration in sharing power applications to minimise creation repetition was agreed.

111 Digital Front End

69. In the short term, work on the NHS 111 Wales website will include deploying a virtual assistant capability alongside improvements to navigation, content, and aesthetic enhancements. WAST are partnering with Robotics AI who will work with us to develop the virtual assistant on the website, procurement has concluded, and work will start in the coming weeks. In the Clinical Model Transformation workstream, the Digital teams have collaboratively drafted the technical specification for the Content Management System procurement.
70. Longer term, a business case is currently in development to support more radical digital initiatives for the NHS 111 Wales website, ensuring it continues to evolve to meet the future needs of the public. Further sessions with the Welsh Government and Commissioners are scheduled for early 2025 to build on this proposition.

PARTNERSHIPS AND ENGAGEMENT

71. December's critical incident generated significant political and media interest, with coverage by every Welsh and UK national media outlet as a result of extreme pressure on the 999 system and extensive hospital handover delays. The Chief Executive and Director of Partnerships and Engagement briefed several key stakeholders on the background to the declaration, including party political leaders, ahead of a statement in the Senedd on winter pressures by the Cabinet Secretary for Health and Social Care. The Trust also facilitated a ride-

out for the Shadow Cabinet Secretary for Health and Social Care, as per a request before Christmas.

72. Work to deliver the team's annual winter plan is underway, with core messages to help manage operational demand, encourage appropriate use of NHS services and appeal to the public to protect themselves (vaccinations, etc.) being relayed on a daily basis across the Trust's platforms. The new approaches to delivering care over winter to reduce harm and improve patient experience, such as the introduction of rapid clinical screening and the dedicated mental health response vehicle, are also being highlighted at appropriate opportunities. Stakeholder engagement more broadly on the evolution of the clinical model is continuing at pace.
73. The Welsh Ambulance Service Charity is continuing to engage with staff from across directorates to increase awareness of the Charity's work and to support staff wishing to fundraise. This has included awarding nearly £12K of grants to staff and volunteer sports teams, through funding from NHS Charities Together. More than 30 colleagues have expressed their interest in running in aid of the Charity at 10Ks and half marathons across Wales. The Corporate Trustee has approved a new visual identity for the Charity, which will be rolled out by the end of March. Led by the new Head of Charity, work has been carried out to develop a strategy and fundraising plan. In the coming months, this will include consultation with directorates and the Charity Committee to better define the purpose of the Charity and identify the broad types of interventions that could provide meaningful impact above and beyond statutory services. This will then form the basis for identifying future fundraising opportunities.
74. A cross-service task and finish group convened by the Director of Partnerships and Engagement continues to meet on a fortnightly basis to develop and agree a set of wellbeing objectives as part of the Trust's duties under the Wellbeing of Future Generations Act. The group is on target to publish objectives by 31 March 2025, after which the Trust must take all reasonable steps in exercising its functions to meet those objectives, as well as publish annual reports on its progress towards them.
75. 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. Meanwhile, almost £900 was raised for charity at a tri-service carol concert in north Wales, which the directorate helped to plan and deliver.

76. The Trust's with Us, Not Against Us campaign to reduce assaults on emergency workers was given a national platform when the Chief Executive spoke to BBC Breakfast to appeal to the public to respect staff and volunteers.
77. Following on from the Senedd's Health and Social Care Committee recommendations that WAST should be represented on all Regional Partnership Boards across Wales, the Chief Executive has written to the Chair of Gwent Regional Partnership Board, which remains the last one on which the Trust is not represented, requesting that consideration be given to the organisation's inclusion. The Trust must report back to Committee in February as to whether that recommendation has been met and with a broader update on WAST's role on RPBs.

PEOPLE AND CULTURE DIRECTORATE

Culture

78. Aligned with our commitment to amplifying 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. The insights gathered will enable us to further understand reasons for leaving and provide valuable feedback on factors influencing the employee experience. This supports our aim to reduce turnover, improve retention and enhance attraction by identifying and addressing themes and trends that impact our culture at a local level.
79. The team is collaborating with ABUHB and a leading European statistician to analyse the impact of our compassionate practice initiative; this will inform wider research on avoidable employee harm and its implications for NHS Wales. The work underpins our commitment to cultural transformation, ensuring we are addressing the expected rising number of employee relations cases whilst creating the conditions for a supportive environment that prioritises the impact on all individuals associated with such processes. This work will help in terms of WAST's role in the development of avoidable harm externally and internally to support the embedding of avoidable harm and for monitoring and evaluation purposes.
80. Plans for a WAST Social Partnership Conference on 31st March 2025 are underway, with the Minister for Culture, Skills and Social Partnership delivering the Opening Address. This conference aims to raise awareness, celebrate our commitment to effective partnership working and deliver developmental insights to enhance relationships with Trade Union partners, reflecting our

commitment to amplifying colleague voices through partnership and advancing collaborative working practices.

81. EDI remains a central focus, underpinning our commitment to creating an inclusive and supportive environment for all our people. We've been establishing Terms of Reference and agreeing on priorities with our people networks, whilst also engaging with our volunteering community to ensure their voices and contributions are integral to shaping our plans.

Capacity

82. Sickness absence levels in November 2024 saw a slight increase to 8% but remain lower than the same period last year by 0.88%. The team continues to support managers with training and best practices to improve staff wellbeing, directly supporting our People and Culture Plan's focus on prioritising colleague health and wellbeing with the aim of cultivating a healthier and more resilient workforce.
83. The team is working to enhance the ESR system through process streamlining, robotics and updated competencies, alongside new safeguarding reports in Power BI. These efforts reflect our commitment to getting the basics right, improving workforce data accuracy and enhancing the digital experience for colleagues.
84. Since the launch of the new All Wales Flexible Working Policy in August, directorates have processed 225 applications, with most being accepted. Coaching sessions to develop managers' confidence and awareness of dealing with flexible working requests will commence in January 2025. This reflects our commitment to getting the basics right, enhancing colleague experience and prioritising equality, diversity and inclusion. By supporting flexible working, we aim to reduce turnover, improve retention and ensure fairness.

Capability

85. The Education & 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. This supports our aim of continuously improving services and building professional capability across the organisation.
86. In November, we welcomed a number of new recruits, including NQPs, ACAs and EMT trainees. At the same time, we launched the EAP induction program,

combining clinical learning and ILM-accredited mentoring, demonstrating our investment in education and development and the value we place on enhancing organisational capability.

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Putting Things Right

87. Our Patient Safety Team have been engaging with the Central Datix Cymru Programme Team in developing an electronic repository to facilitate collaborative investigations. It is anticipated that this will provide a shared learning repository that encourages system-wide improvements and is a new development that Board members will appreciate support the Joint Investigations Process we are committed to.

Patient Experience & Community Involvement

88. The team have continued their work in demonstrating how community involvement impacts on service improvements and are bringing forward work through QuEST demonstrating how we are evolving our support to better meet the needs of people who are profoundly deaf.
89. The abstract 'Improving the experiences and outcomes of learning disability patients when accessing emergency care', has been selected for a poster display at the International Forum on Quality and Safety in Healthcare in Utrecht, Netherlands. The conference will be held from 21-23 May 2025. This work has been influential in developing a new role we are expecting to advertise for an Advanced Learning Disability Practitioner in the next few weeks.

Diesel Emissions Exposure

90. I am pleased to report that we have seen the launch 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 UHB is the first health board to secure the additional shorelines that have enabled us to deploy *Dyson Sahara* fans in vehicles waiting under canopies. We are working with partners across the country to roll this mitigation out and are hopeful that this will be completed in the coming weeks. It is of note that alongside the capital and operation requirements, significant additional work has been undertaken to secure commitment against infection prevention and control policies, and we are working with Public Health Wales and NHS Shared Services to develop an evaluation framework that will add to the international evidence base.

Remote Integrated Care Service

91. Board members are aware of the progress that we are making in taking forward our evolving clinical model to increase our ability to support patients receive care in the most appropriate setting. As part of this, we have been developing our multi professional clinical workforce and I am pleased to report that during January, a physiotherapist joined us as an Advanced Clinical Practitioner for Respiratory Care and, a Registered Children's Nurse has joined us as an Advanced Clinical Practitioner for Paediatrics.

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



GIG
CYMRU
NHS
WALES

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

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	30 January 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 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. Integrated Medium Term Plan (IMTP) Assurance Report, Monthly Integrated Quality & Performance Report, Quality, Patient Experience and Safety (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.
5. Appendix 1 contains the patient harm mitigations one page scorecard.
6. Key headline patient harm mitigation metrics for October 2024 include:-
 - The Trust respond to 3,185 red (immediately life threatening) incidents in 8 minutes, the highest in the recording period Apr-21 onwards;
 - Produced 98% of its EMS rosters (unit hours production), exceeding the

95% benchmark;

- But lost 26% of its conveying production to hospital handover lost hours, a level of loss that cannot be offset through its own improvement actions;
- The Trust declared a critical incident on 30 December 2024.
- The levels of avoidable patient harm remain unacceptably high in the 999 emergency ambulance care pathway, making the Clinical Model Transformation programme a strategic imperative. The Trust started switching on the first parts of its planned transformation, rapid clinical screening, in December.

7. Appendix 1 contains the patient harm mitigations one page scorecard.

RECOMMENDATIONS: Trust Board is asked to:

- (1) **NOTE the continued level of avoidable patient harm in the 999-emergency care pathway.**
- (2) **NOTE the strategic imperative of delivering the Clinical Model Transformation programme.**

KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE

Date	Meeting
23 Jan-25	Assistant Director Commissioning & Performance
30 Jan-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.

ASSESSMENT

Patient Harm Metrics

7. *Appendix 1* contains a simplified patient harm mitigations dashboard. These metrics indicate continuing levels of unacceptable patient harm:
 - 585 patients were estimated to have come to severe harm outside EDs in December 2024 (higher than the two-year average) due to extended handover times;
 - 10,528 patients 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".

Patient Harm Mitigation Metrics

6. The dashboard also contains a range of patient harm mitigation metrics. These metrics indicate that the Trust is delivering good performance on the things that it can control, but that hospital handover levels are offsetting these improvements:-
 - 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;

- 98% of its EMS rosters (unit hours production) were delivered in December 2024, exceeding the 95% benchmark;
 - But the Trust lost 26% of its conveying production to hospital handover lost hours.
7. The Trust declared a critical incident on 30 December 2024. The Trust has been in dialogue with its commissioners and Welsh Government on the levels of pressure it has been experiencing and the reasons for declaring a critical incident.
 8. The continuing levels of hospital handover lost hours and avoidable patient harm make it an imperative to continue at pace with the Clinical Model Transformation Programme. The Trust started switching on the first parts of its planned transformation, rapid clinical screening (RCS), in December. A further switch on is expected in February 2024.
 9. The Trust is continuing to build the supporting architecture around the Clinical Model Transformation Programme, in particular, further metric reporting, benefits maps, and independent evaluation.

RECOMMENDATION: Trust Board is asked to: -

- (1) NOTE the continued level of avoidable patient harm in the 999-emergency care pathway.**
- (2) NOTE the strategic imperative of delivering the Clinical Model Transformation programme.**

Patient Harm Mitigation Indicators Dashboard



Top Monthly Indicators	Target 2024/25	Oct-24	Nov-24	Dec-24	2 Year Average	RAG	Top Monthly Indicators	Target 2024/25	Oct-24	Nov-24	Dec-24	2 Year Average	RAG
Our Patients							Partnerships / System Contribution						
Volume of Red Responded Incidents in 8 Minutes	↑	2,723	2,775	3,185	2,307	G	Successful Consult & Close Outcome	17.0%	N/A	N/A	N/A	13.40%	
Volume of Amber 1 Responded Incidents	↑	10,966	10,672	10,505	11,368	A	% of EMS Verified Demand Accessing SDECs	↑	0.14%	N/A	N/A	0.15%	
Can't Send & Cancelled by Patient Volumes	↓	10,867	11,154	10,528	8,799	R	Number of Handover Lost Hours	7,500	21,880	20,995	25,195	22,007	R
Our People							Number of Patient Handovers > 1 hour	0	6,168	5,570	6,506	5,976	R
Sickness Absence (all staff)	6.0%	7.76%	8.06%	8.69%	8.25%	R	Number of Patient Handovers > 4 hour	0	1,878	1,723	2,214	1,896	R
Number of Shift OVERRUNS	↓	3,646	3,534	4,190	3,855	R	Immediate Released (Red) Declined	0	8	5	14	9	R
Total EMS Resource (all types) UHP	95%	98%	99%	98%	96.04%	G	Immediate Released (Amber 1) Declined	0	438	347	551	301	R
Value							Patients Estimated to be coming to Severe Harm (from long ED wait)	0	555	519	585	539	R
% of Conveying Production Lost Due to Handover Lost Hours	7.81%	22.2%	22.0%	25.5%	22.8%	R	Joint Investigation Framework Incidents Referred to Health Boards	0	14	15	10	13	R
% of 111 Demand Referred to ED	↓	16.11%	15.83%	15.51%	13.78%	R							
% of EMS Demand Conveyed to ED	↓	33.33%	32.99%	31.06%	36.54%	G							
Average Jobs per Shift (All Vehicles)	↑	2.25	2.26	2.29	2.32	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	10
OPEN	Open
No of ANNEXES ATTACHED	1

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –
November/ December 2024**

MEETING	Trust Board
DATE	30 January 2025
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Melanie O’Connor - Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Melanie.O’Connor@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Hugh.Bennett2@wales.nhs.uk

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 **November/December 2024**.
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 47.59 % in December 2024, with performance being maintained compared to November, despite winter pressures. Amber 1 median was 3 hours, as forecasted and modelled, and much longer than the one hour/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 (95% in December, achieving the benchmark) and fully rolling out the CHARU service (89% in December, highest achieved

to date); whilst also undertaking more transformative actions through the Clinical Model Transformation (CMT) Programme.

5. The Trust lost 25,195 hours to handover in December 2024. 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. The service did not achieve the 5% abandonment rate in December 2024, although performance was just outside the upper control live (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.
8. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with oncology remaining above target, however, renal performance dropping below target for the third consecutive month since March 2020. Both the NET Centre and NEPTS transport are due to be re-rostered in 2024/25, 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 8.69% in December 2024 being above 8% for the second month since March 2024. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. EMS abstractions was slightly above the 30% benchmark in December 2024 at 31.05%.
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.

RECOMMENDATION: Trust Board is asked to: -

Consider the November/December 2024 Integrated Quality & Performance Report and actions being taken and determine whether:

a) The report provides sufficient assurance.

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

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

REPORT APPROVAL ROUTE

21.01.25 Assistant Director Commissioning & Performance
 29.01.25 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 **November/December 2024**.
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 declined in December with the 95th percentile at 1 minute 10 seconds, compared to 1 minute in November 2024. The 65th percentile and median performance remain consistently good, however data quality checks are being undertaken.
7. **111 call answering performance has declined over recent weeks**, and the call abandonment performance was at 14.5% in December, not achieving the 5% target. One of the key issues has been the temporary reduction in call handling staff in post caused by a redirection of available training capacity towards the delivery of the new 111CAS system. Recruitment has been undertaken to recover

the staff in post to establishment position and this along with bank and overtime is being used to boost production in December above the 95% unit hours production benchmark. 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 December 2024 was 1.4% higher than during December 2023, resuming the longer term upward trend. The Trust is on target to procure 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 93.4%. Response times for lower priority calls dropped just below target this month, recording 74.1% and 74.2% for P2CT and P3CT respectively.
10. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for December 2024 was 47.59%, remaining below the 65% target, but maintaining performance compared to November. The Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in December was 3 hour and the Amber 1 95th percentile was 12 hours 11 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.
11. Traditionally the main factors which affect response times are demand and capacity (recruitment and lost hours). A recruitment gap has been identified and is currently being addressed through a series of corrective actions, 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 will be implemented before 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);
 - Further investment in APPs (+32 APPs);
 - Development of the remote integrated care service (111 clinicians and CSD clinicians);
 - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connecting Support Cymru, mental health response pilot, Falls response etc.

- Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review.
12. The one area of particular focus for recruitment is CHARU: with the Trust looking to recruit up to the modelled 153 FTEs; and connected to this a focus on CHARU productivity. The Trust achieved an 89% CHARU UHP in Dec-24, the highest it has achieved and is now seeking to close the remain gap through the recruitment of fully qualified paramedics.
 13. 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. 25,195 hours were lost during December 2024. 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 in recent months, Betsi Cadwaladr health board remains significantly high and above its two-year average figure (7,757). 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.
 14. **Ambulance Care (Patient Experience):** Oncology performance in December 2024 was 77.58%, hitting the 70% target. Renal performance remained below target for the third month at 69.14%. Advanced discharge & transfer journey performance decreased compared to the previous month to 75% and remains below the 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 which will better align available capacity with changing demand patterns (on target).
 15. **National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported three NRI's to the NHS Executive in December 2024, remaining consistent with November 2024; and 10 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In December 2024 complaint response times improved to 73%, an improvement on the 71% recorded in November 2024, remaining just below the 75% target, with cases remaining complex.
 16. **Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 88.7% in December 2024, 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 increased to 22.3% in December 2024 compared to 19.1% in November 2024.

17. The Trust can report on call to door times for Stroke and STEMI patients. For December 2024, these highlight call to hospital door times of three hours and 6 minutes for stroke patients and two hours and sixteen 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.
18. In December 2024, 10,528 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to the application of the Clinical Safety Plan levels to approximately 474 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be presenting elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this. The Trust changed its Clinical Safety Plan in December, removing the "can't send" application as higher level of the olde plan, with the option remaining at the strategic commander's discretion in the new plan.

Our People (workforce resourcing, experience, and safety)

19. **Hours Produced:** 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.
20. **Response Abstractions:** EMS abstraction levels decreased to 31.05% in December 2024, fractionally above the 30% benchmark figure. Response sickness abstractions stood at 8.44% (benchmark 5.99%).
21. **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 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%.
22. **Staff training and PADRs:** PADR rates did not achieve the 85% target in December 2024 but have been remaining consistent (76.55%). Compliance for Statutory and Mandatory training increased slightly to 85.51%, achieving the 85% target for the first time since November 2022.
23. **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

24. **Financial Balance:** the reported outturn performance at Month 9 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

25. 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.
26. Same Day Emergency Care (SDEC) centres continue only see a low level of ambulance activity and handover levels remain extreme, which make the work on the updated clinical model, before next winter, a tactical imperative. Data quality checks are underway.

Summary

27. The indicators used at this high-level highlight that 111 was more resilient this December, than 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, however, hospital handover lost hours 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.

RECOMMENDATIONS: Trust Board is asked to: -

Consider the November/December 2024 Integrated Quality & Performance Report and actions being taken and determine whether:

- a) The report provides sufficient assurance.**
- b) Whether further information, scrutiny or assurance is required, or**
- c) Further remedial actions are to be undertaken through Executives.**

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

November/December 2024

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

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

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

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2024/25	Nov-24	Dec-24	2 Year Average	RAG	Top Monthly Indicators		Target 2024/25	Nov-24	Dec-24	2 Year Average	RAG
Our Patients						Health & Well-being							
Timeliness Indicators							Sickness Absence (<i>all staff</i>)		6.0%	8.06%	8.69%	7.91%	R
NHS111 Call Handling Abandonment Rates	< 5%	6.4%	14.5%	9.2%	R	Mental Health Absence Rates		Reduction Trend	2.58%	2.93%	2.27%	R	
111 Clinical Triage Call Back Time (P1)	90%	97.7%	93.4%	98.4%	G	Staff Turnover Rate		Reduction Trend	8.45%	7.95%	8.80%	G	
999 Call Answer Times 95th Percentile	00:06	01:00	01:10	00:17	R	Statutory & Mandatory Training		>85%	84.47%	85.51%	75.48%	G	
999 Red Response within 8 minutes	65%	47.6%	47.6%	49.5%	R	PADR/Medical Appraisal		>85%	76.51%	76.55%	72.59%	A	
999 Amber 1 Median	00:18	01:56	03:00	01:23	R	Number of Shift OVERRUNS		Reduction Trend	3,534	4,190	3,669	R	
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	75.2%	77.6%	72.7%	G	Inclusion & Engagement / Culture							
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	76.3%	74.7%	80.5%	R	NEPTS % of Total Calls Answered in Welsh		Increasing Trend	1.6%	1.7%	1.6%	G	
Clinical Outcomes / Quality Indicators						Value							
Return of Spontaneous Circulation (ROSC)	Increasing Trend	19.1%	22.3%	19.0%	G	Financial balance - annual expenditure YTD as % of budget expenditure YTD		100%	100.00%	100.00%	100%	G	
Stroke Patients with Appropriate Care	95%	90.5%	88.7%	80.1%	A	EMS Utilisation Metric (CHARU)		Increasing Trend	28.1%	31.3%	27%	G	
Stroke Call to Hospital Door Times	Reduction Trend	02:48	03:06	10.0%	R	Average Jobs per Shift (All Vehicles)		Increasing Trend	2.26	2.29	2.32	R	
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	70.1%	76.7%	50.1%	R	NEPTS on the Day Cancellations		Reduction Trend	13.8%	13.3%	13%	R	
National Reportable Incidents reports (NRI)		3	3	4	TBD	Partnerships / System Contribution							
Can't Send & Cancelled by Patient Volumes	Reduction Trend	11,154	10,528	8,844	R	Inverting the Triangle							
Concerns Response within 30 Days	75%	71.0%	73.0%	48.4%	A	Successful Consult & Close Outcome		17.0%	N/A	N/A	13.2%	TBD	
Enactment of the Duty of Candour Total		4	1.0%	4	TBD	% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department		Increasing Trend	11.46%	11.03%	11.3%	G	
Our People						NHS111							
Capacity						NHS111 Dental Calls		Increasing Trend	N/A	N/A	6,928	TBD	
Hours Produced for Emergency Ambulances	95-100%	95%	95%	90%	G	Consult & Close Volumes by NHS111		Increasing Trend	N/A	N/A	953	TBD	

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*)

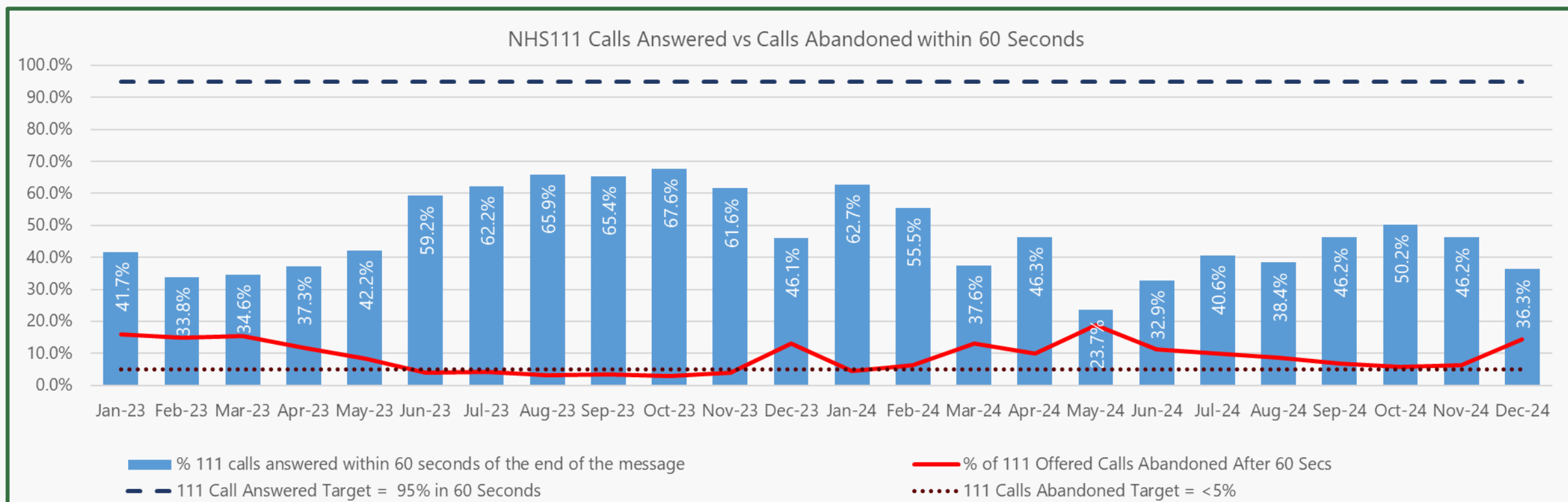
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Call Handling Hours Produced



Analysis

The 111-call abandonment rate increased to 14.5% in December from 6.4% in November 2024. The percentage of 111 calls answered within 60 seconds decreased, from 46.2% in November 2024 to 36.3% in December 2024 and continues to remain below the 95% target.

Performance declined during the middle part of the year, due mainly to the introduction of the new 111CAS system, which went live on 30th April 2024. In the run up to this implementation staff were abstracted for training, recruitment was paused and after go-live, staff were familiarising themselves with the system, all of which had an impact on efficiency. Since that time there has been a steady improvement in performance.

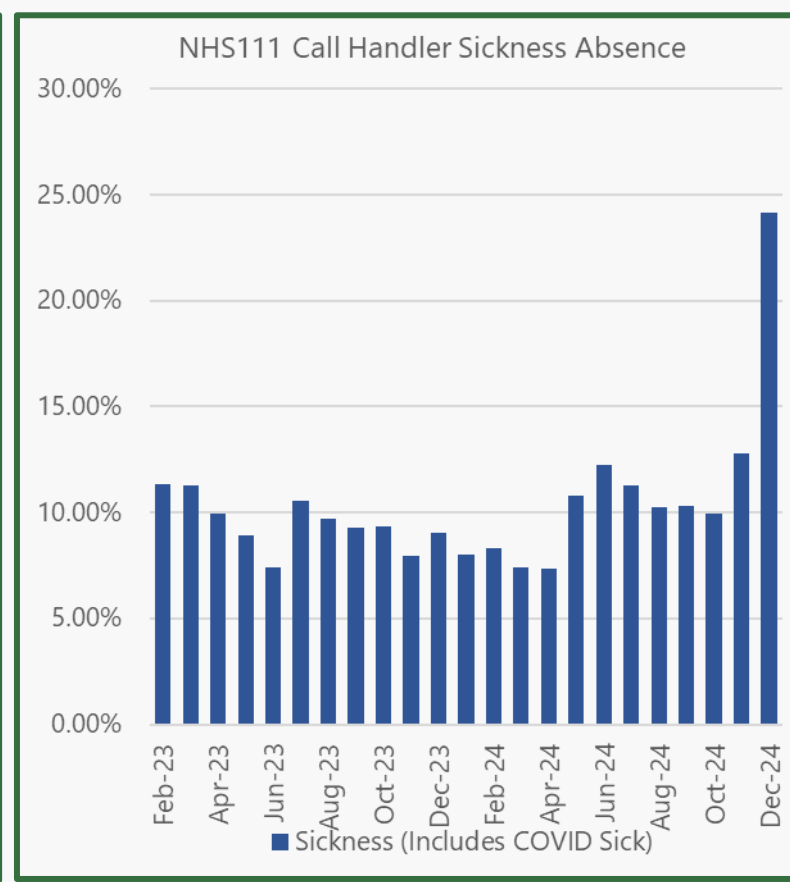
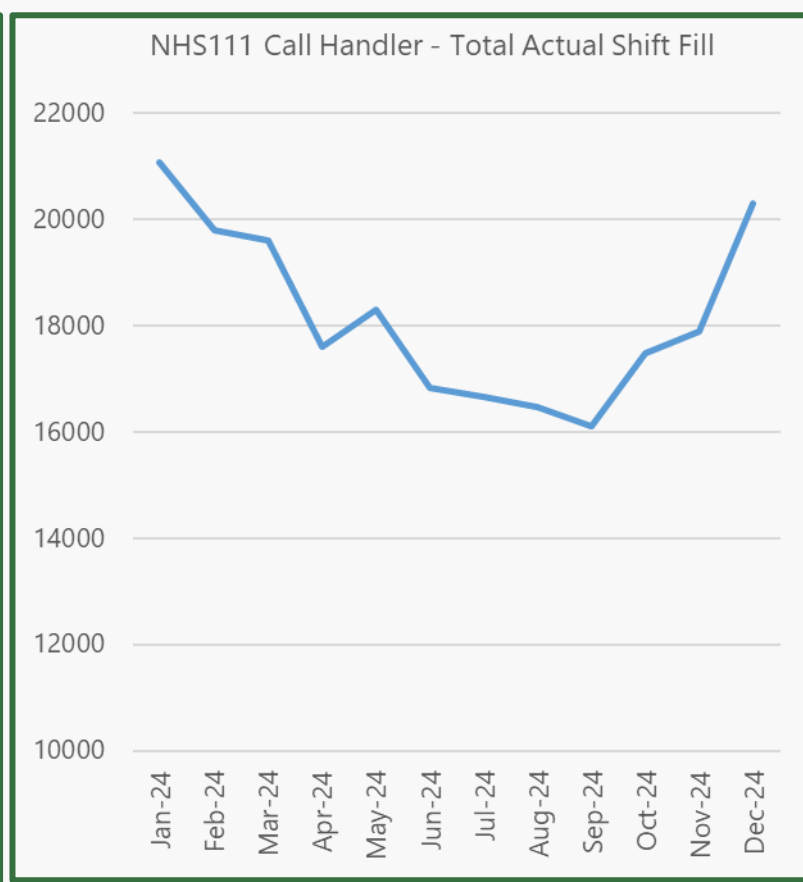
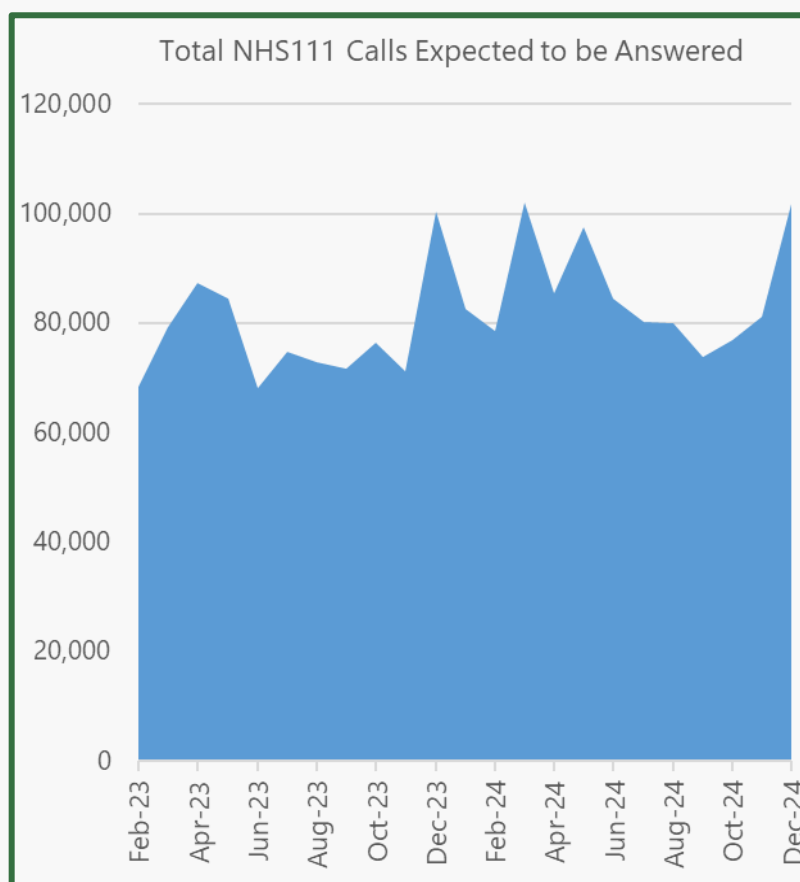
Remedial Plans and Actions

Key actions include:

- Actions have been undertaken to try and improve the call handling position across the Winter months with record levels of resourcing planned for December 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 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.

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.

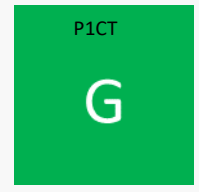


Our Patients: Quality, Safety & Patient Experience

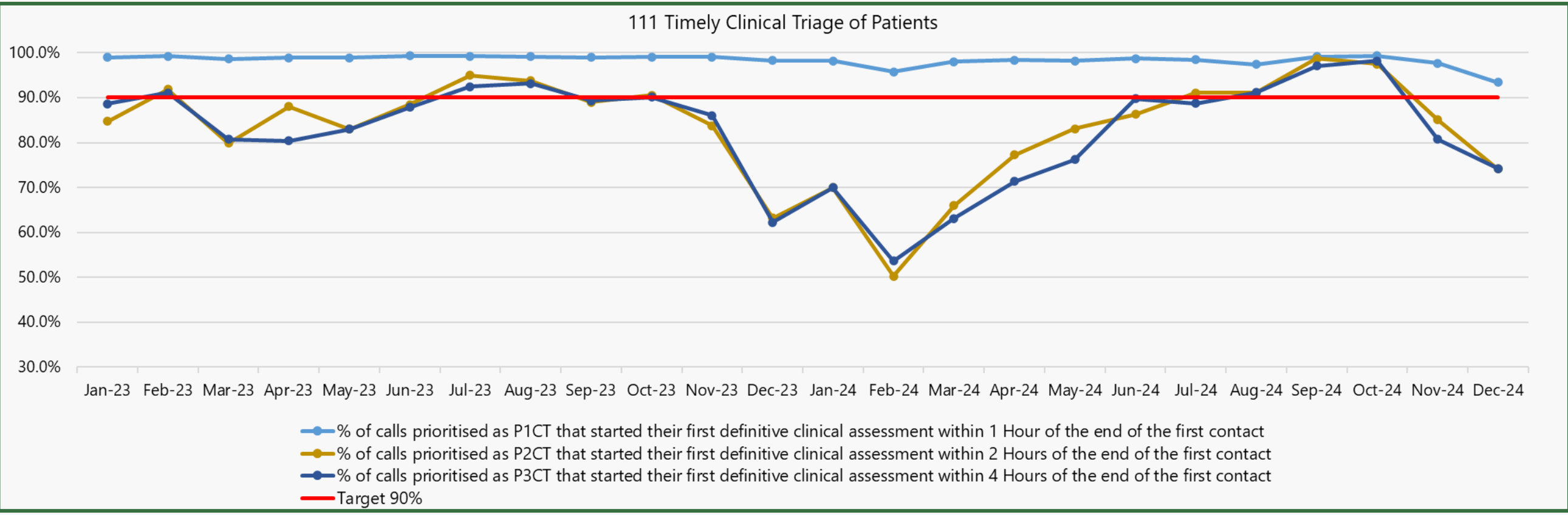
111 Clinical Assessment Start Time Performance Indicators

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.



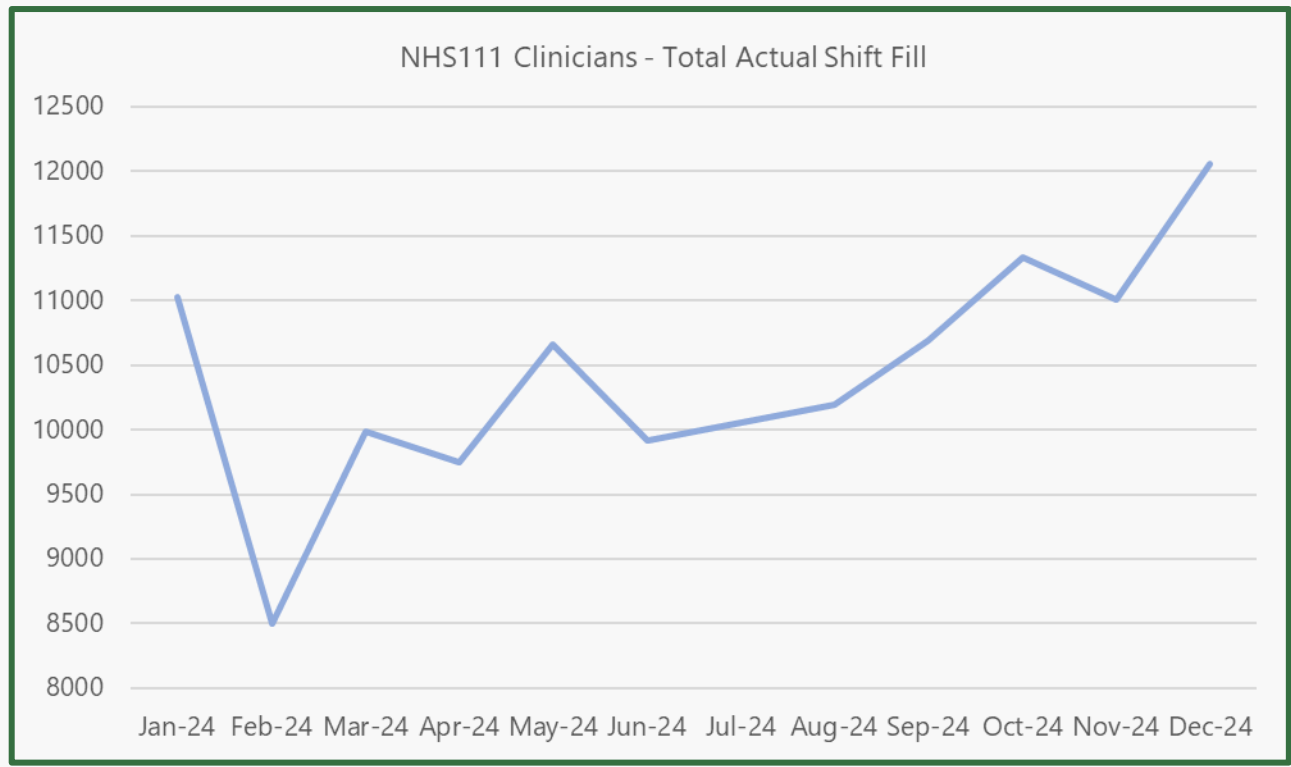
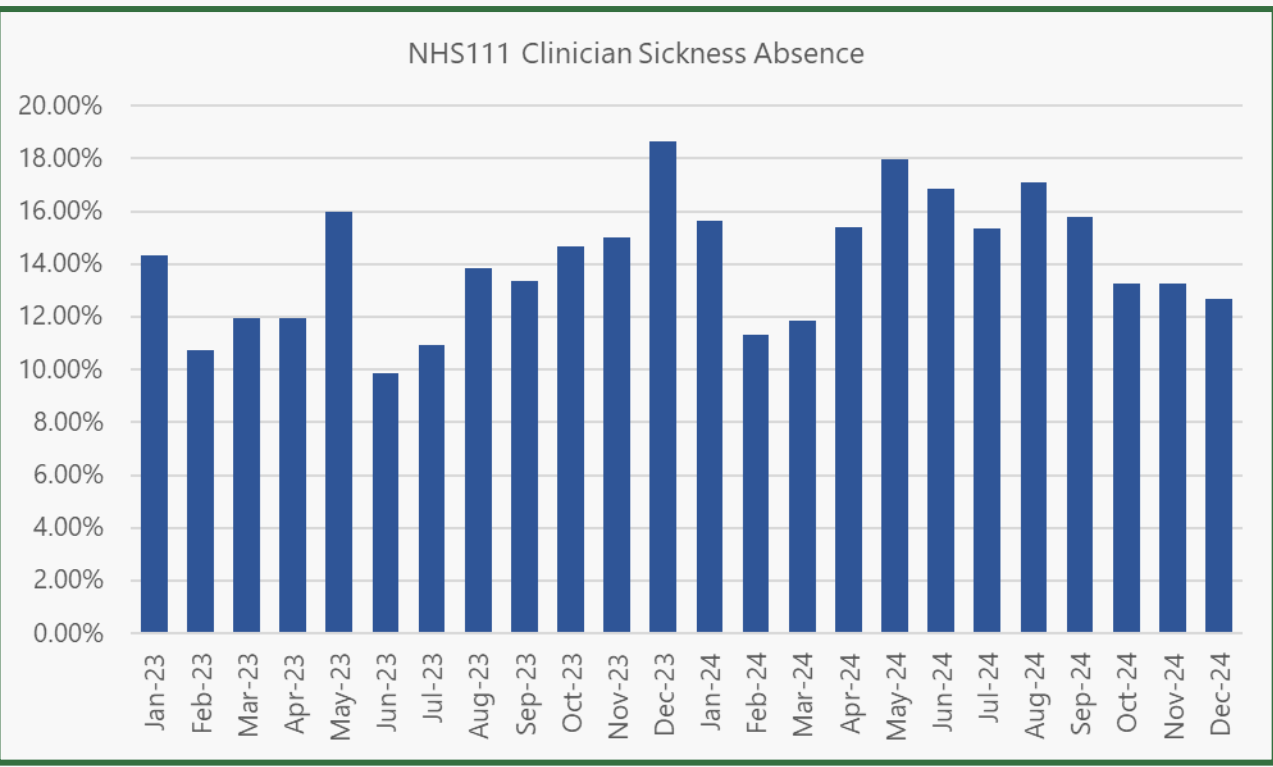
Analysis
The highest priority calls, P1CT, achieved the 90% target, recording 93.4% in December 2024.

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

Numbers of clinician hours produced increased in December 2024 to 12,052 from 11,007 in November 2024. Clinician sickness absence improved slightly during the month to 12.66%.

- 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 (this may now be delayed to enable the impact of the work on the digital front end to take effect).

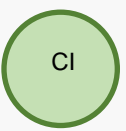
Expected Performance Trajectory
The new 111CAS will bring performance benefits. Welsh Government have asked that WAST model call handling performance through the winter. This is not the same as clinician performance but should provide useful intelligence on what the Trust may achieve for clinical triage performance.



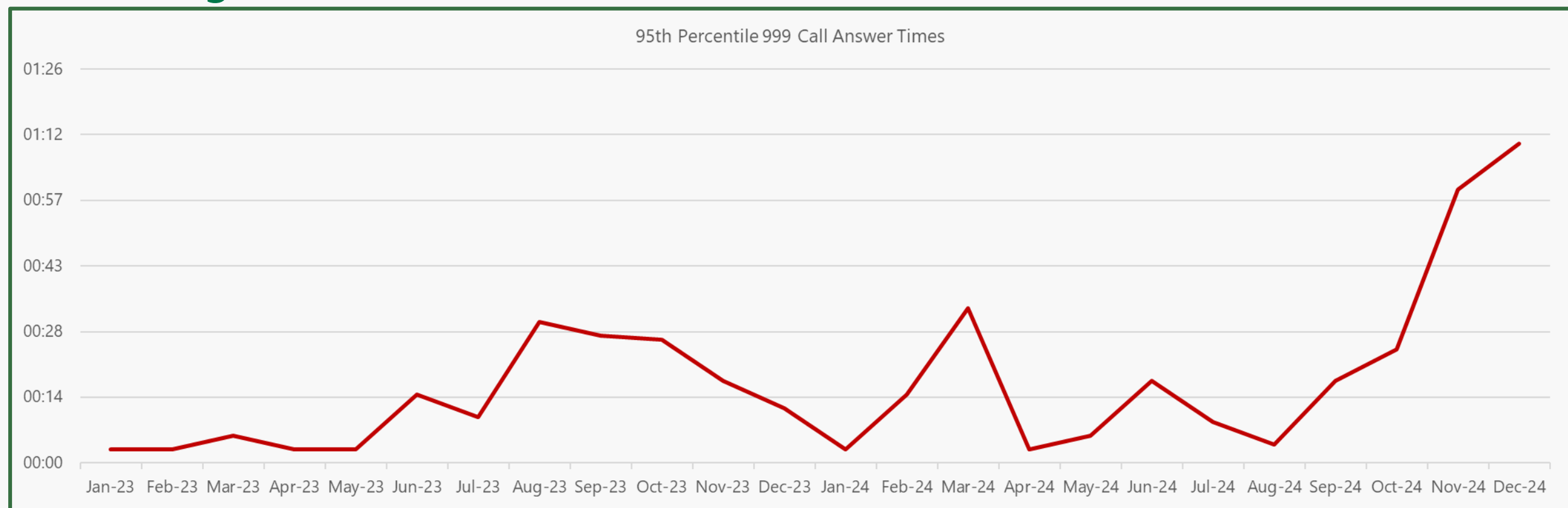
Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Hours Produced



Analysis
 The 95th percentile 999 call answering performance did not achieve the 6 second target (01:10) in December 2024; 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 an increase in demand in December 2024 to 50,944 calls from 46,074 in November 2024.

Sickness levels saw an increase from 11.86% in November 2024 to 13.99% in December 2024.

Remedial Plans and Actions

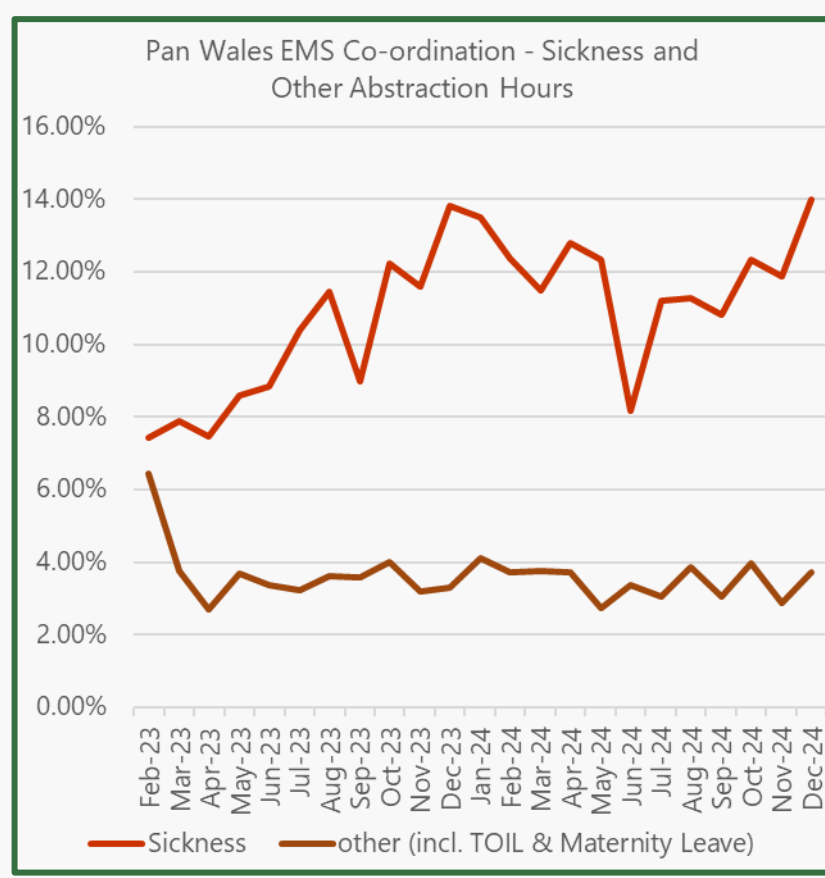
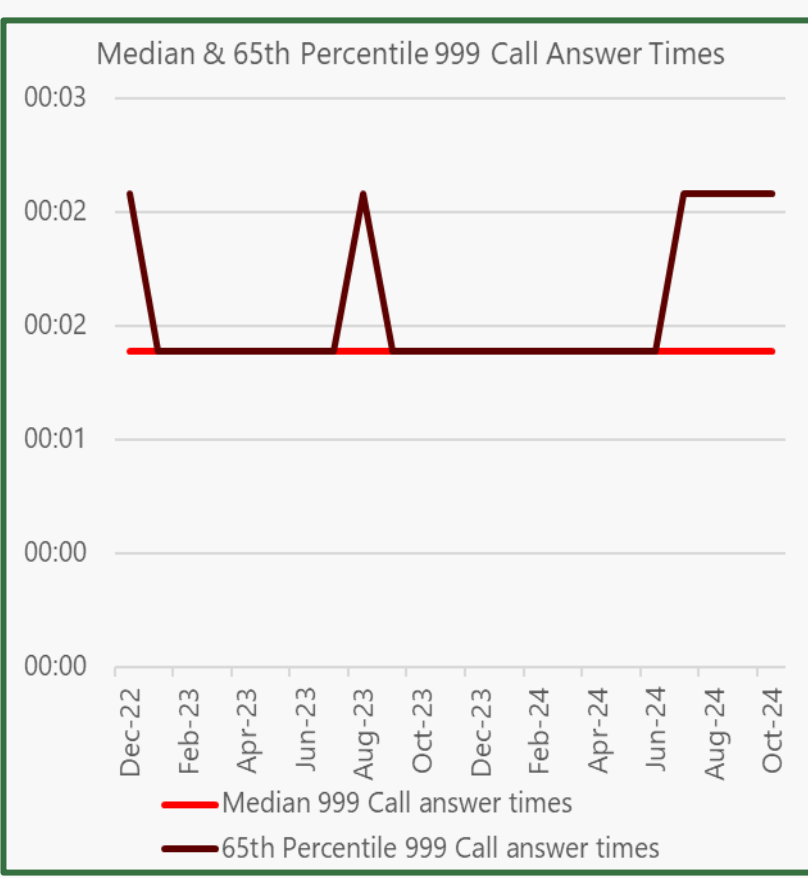
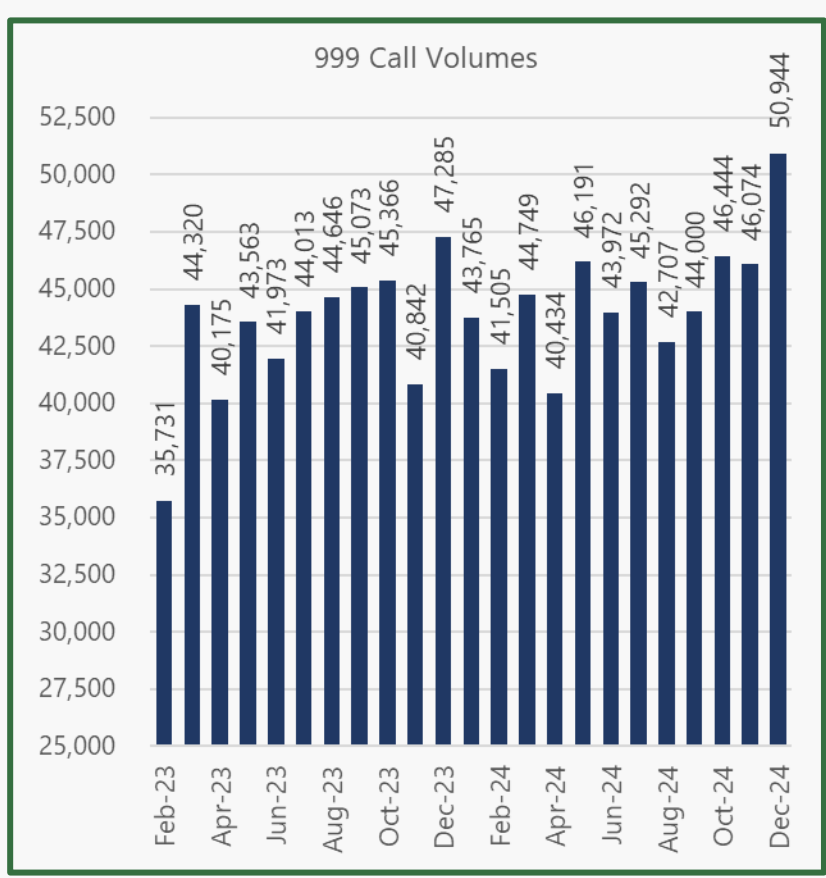
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) which will also support potential losses from the Bryn Tirion move to Ty Elwy.
- Further recruitment is underway in North, with 3 cohorts starting by the end of the fiscal year.
- Work is ongoing to identify 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.
- **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams.
- **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.

Expected Performance Trajectory

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

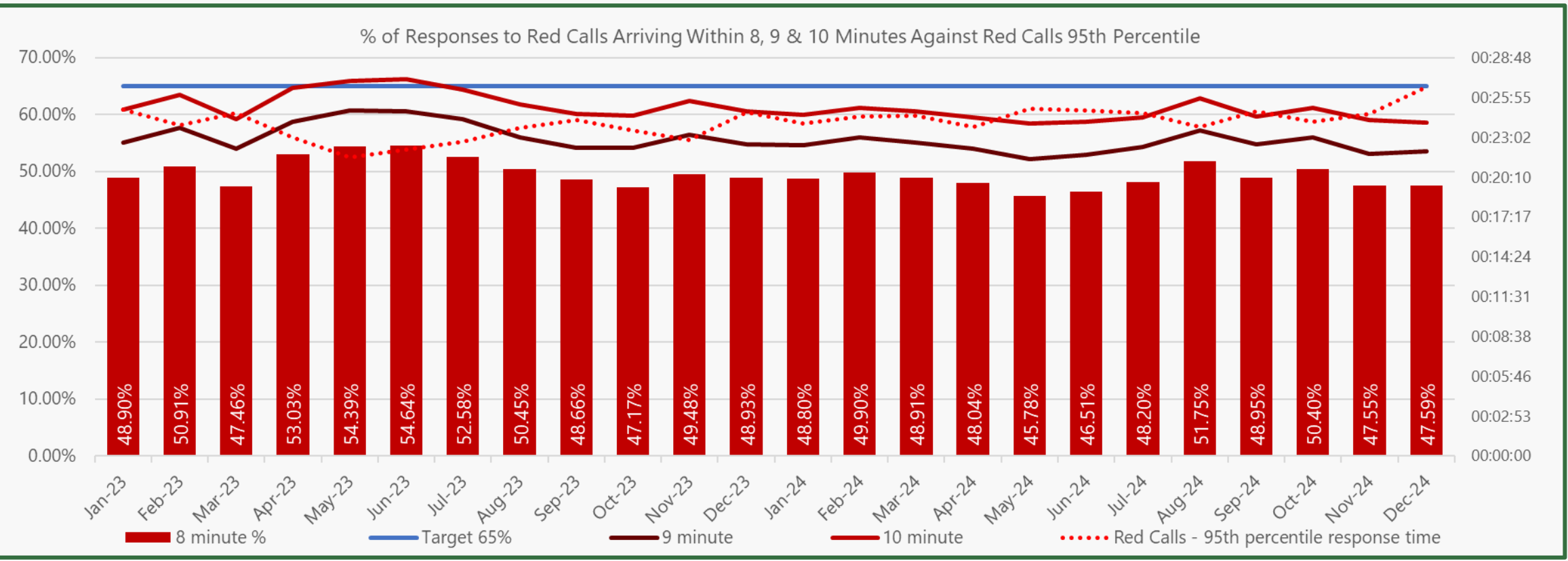
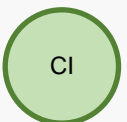


Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



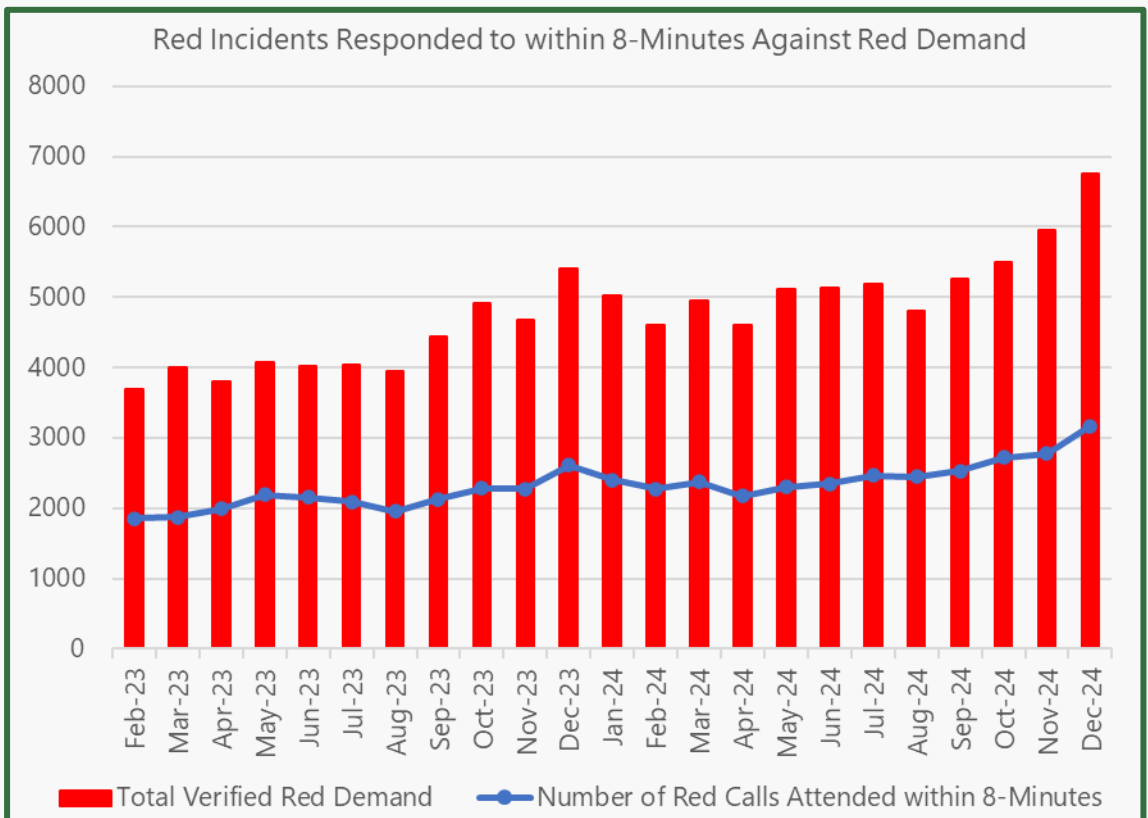
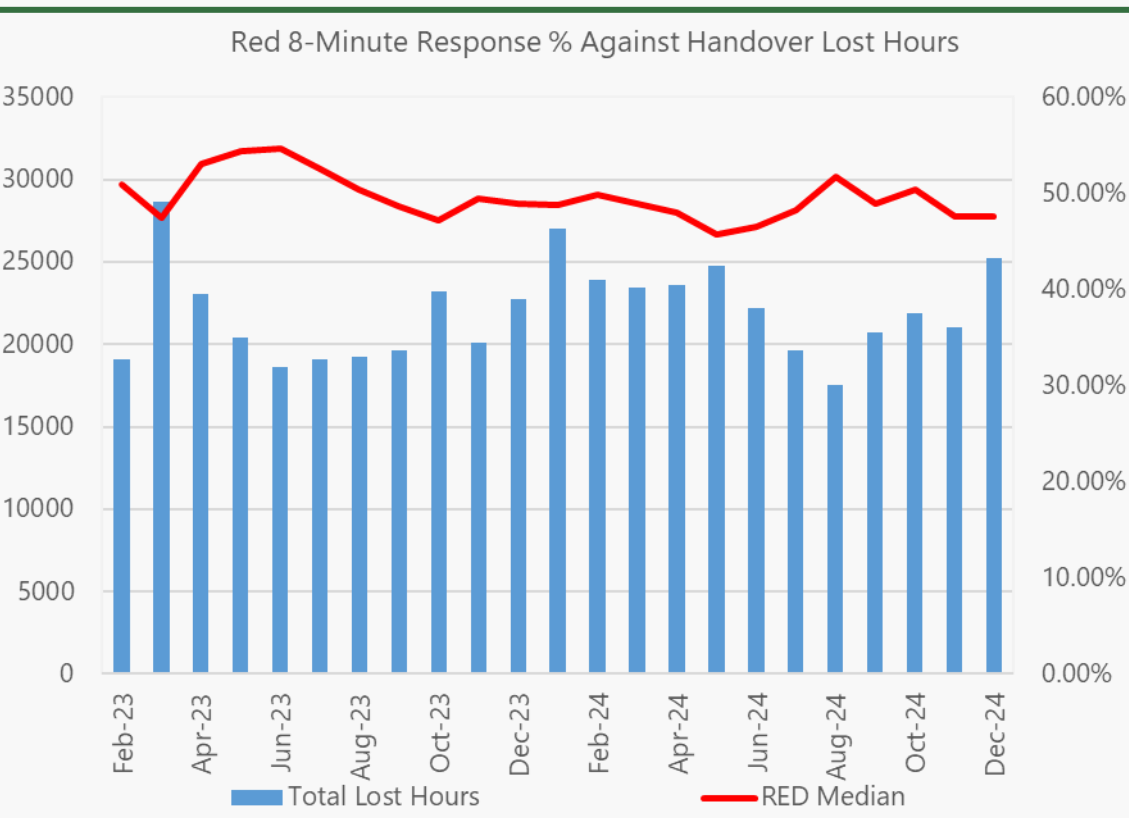
Analysis

Red 8-minute performance continues to remain below the 65% target increasing marginally during December 2024 to 47.59%.

Red 10-minute performance for December 2024 was 58.6%, which is marginally below the 2-year average (61.2%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in December 2024 being 24.75% higher than that seen in December 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for December 2024 of 3,165, being 21.03% higher than the figure for December 2023, and the highest figure yet recorded. 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 25,195 lost hours in December 2024.



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 December (all resources);
- Full roll out of the Cymru High Acuity Response Unit (CHARU): the Trust achieved its highest ever CHARU UHP in December;
- Continued focus on production and abstractions: abstractions were fractionally above benchmark in December; and
- 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.

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)

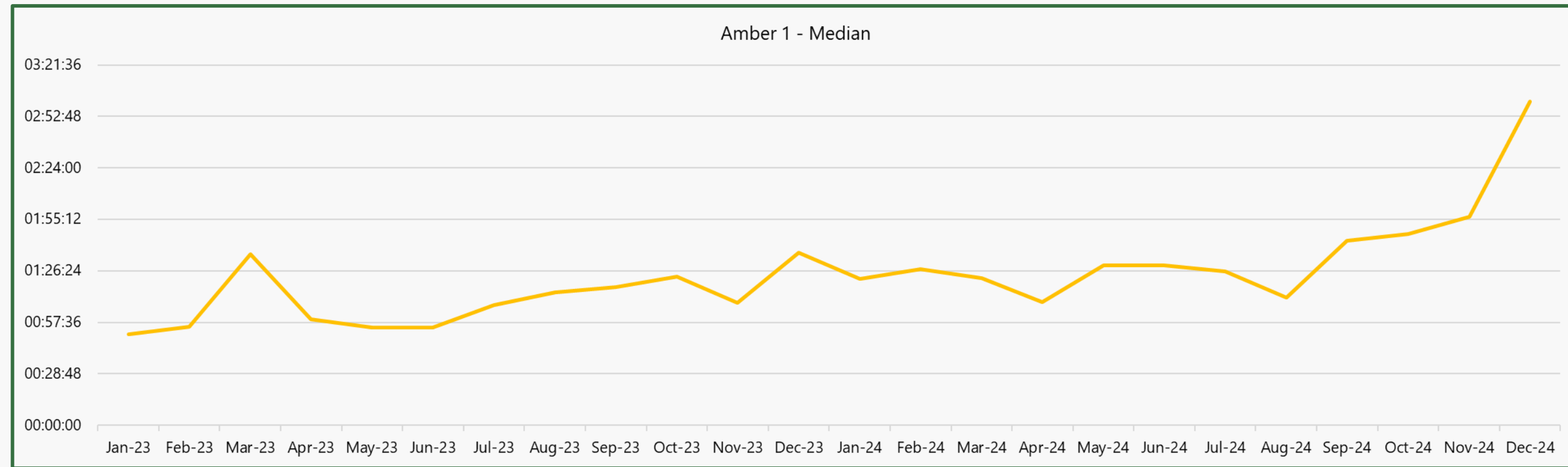
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Influencing Factors – Demand, Hours Produced and Hours Lost



Analysis

The Amber 1 median performance time increased during December 2024 to 3 hours compared to 1 hour 56 minutes in November 2024. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also increased during December 2024 to 12 hours 11 minutes, up from 8 hours 39 minutes in November 2024. This time remains far too long and remained above the 2-year average figure of 6 hours 34 minutes.

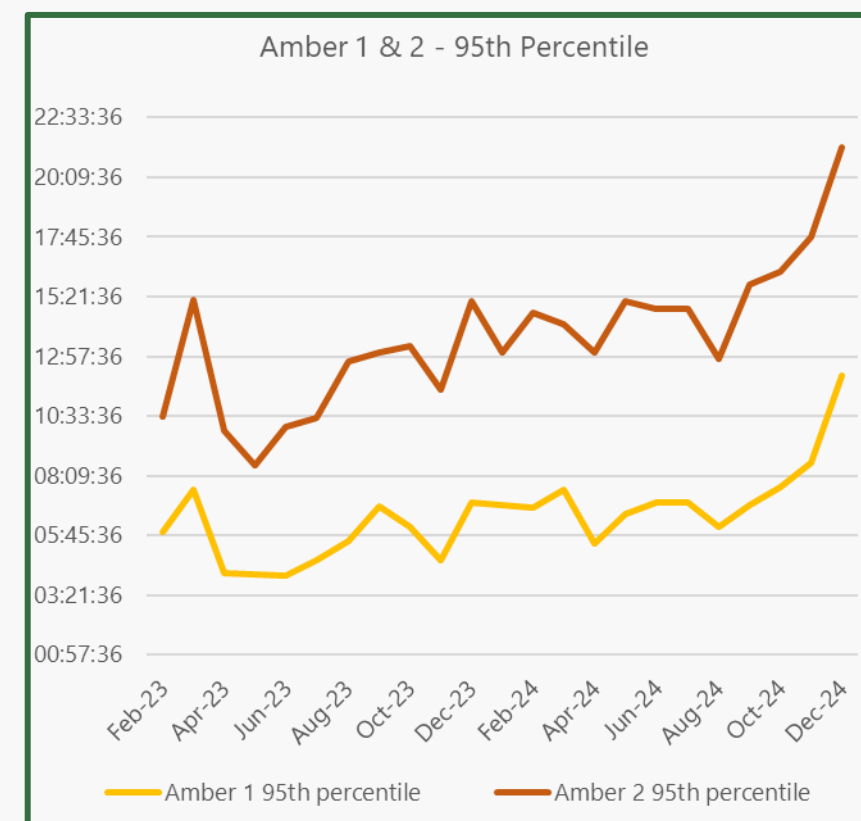
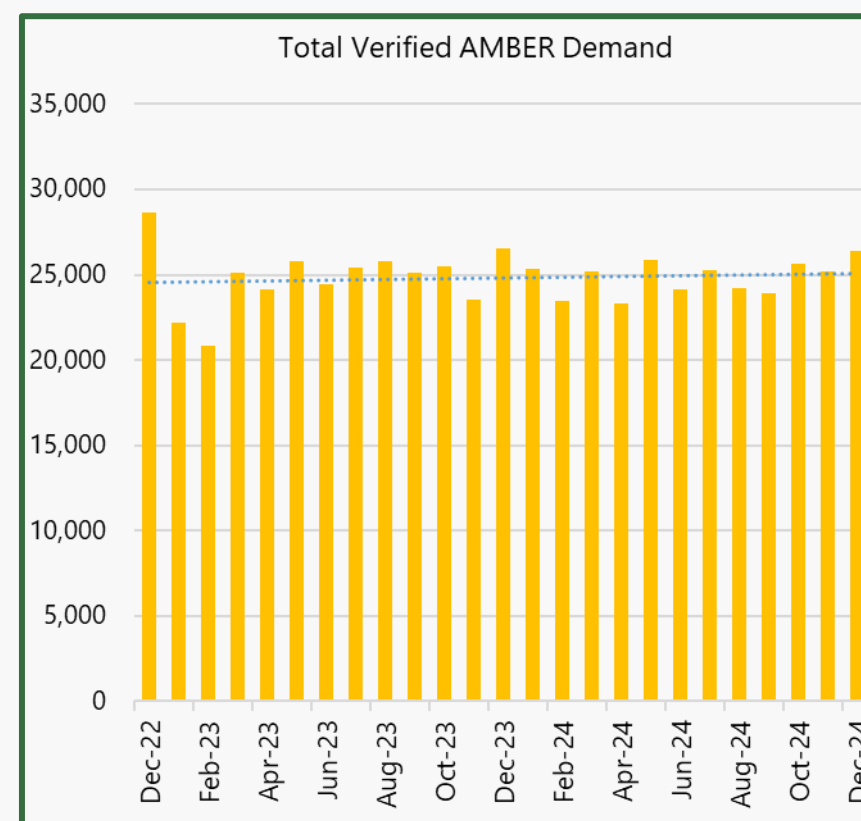
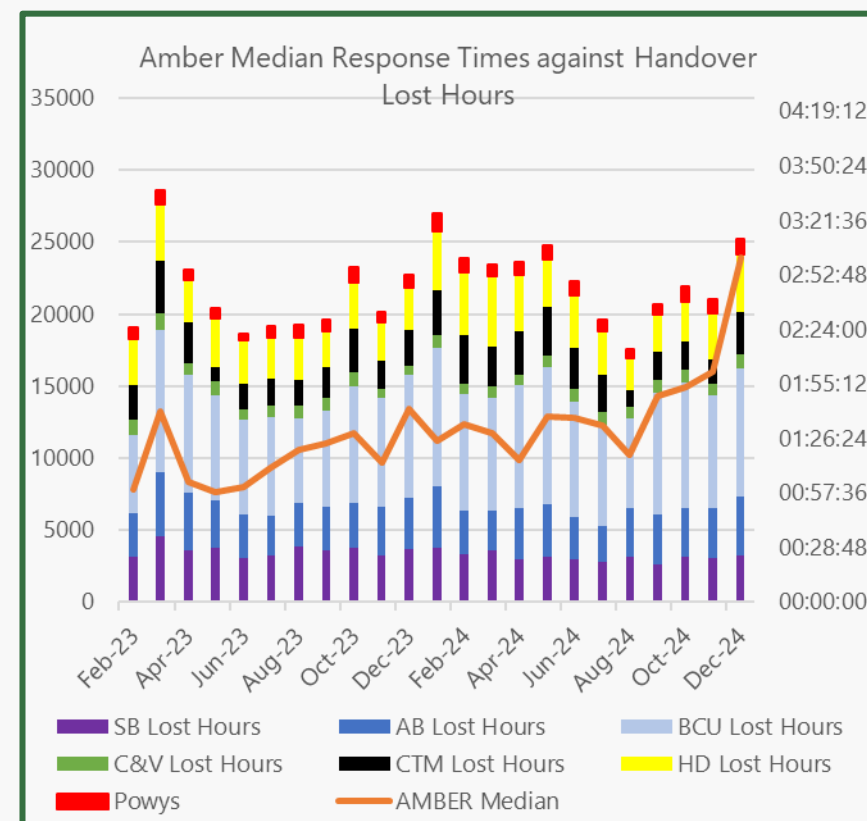
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

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.



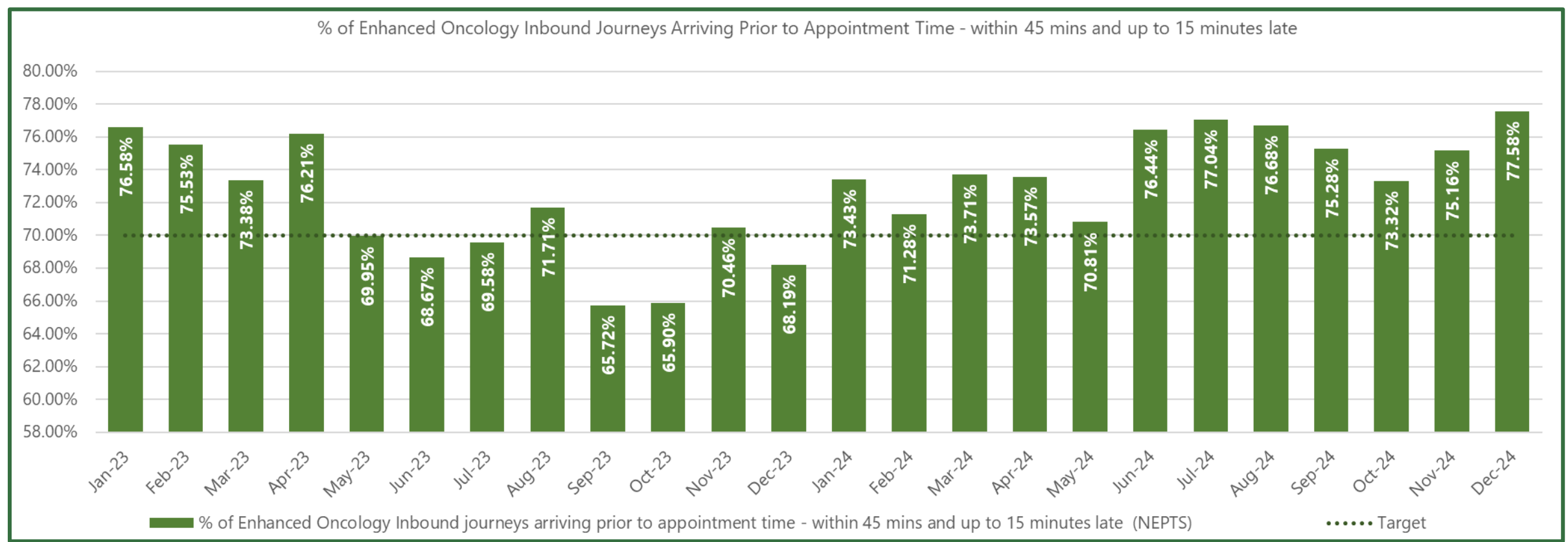
Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T: **R** Oncology: **G** Welsh Calls: **G**

FPC: **G** CI: **G**



Analysis

77.58% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time, achieving the 70% target for the twelfth month in a row. 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 remains below target (95%) at 75% in December 2024, and a slight decrease from the 76% in November 2024.

Enhanced Renal journeys, minimally increased to 69.14%, which therefore did not achieve the agreed performance standard (70%) for the third consecutive month, this has not happened since March 2020. This is due to increased demand and increased system pressures, which are now above pre-pandemic levels.

Call volumes answered decreased in December 2024 to 15,449 compared to 18,944 in November 2024; the average speed of call answering slightly decreased from 2 minutes 18 seconds in November to 2 minutes 1 second in December.

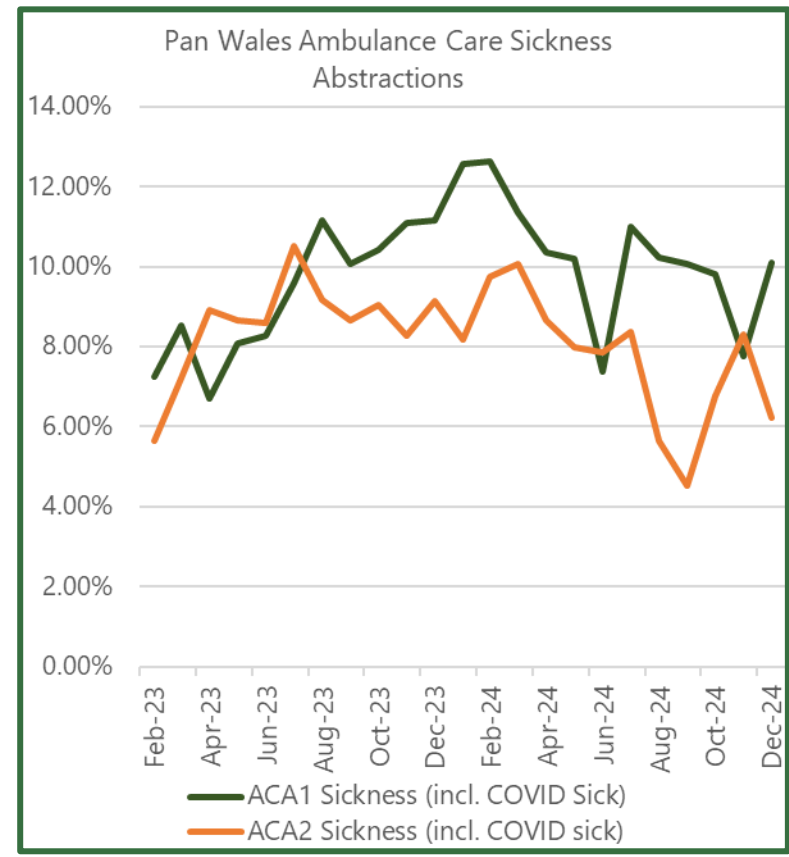
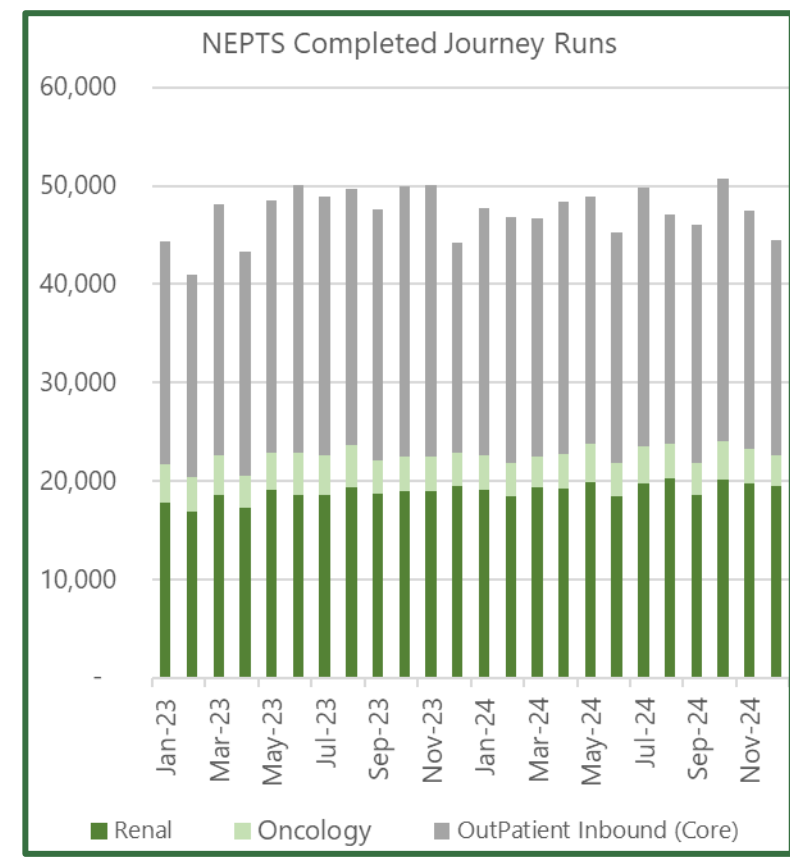
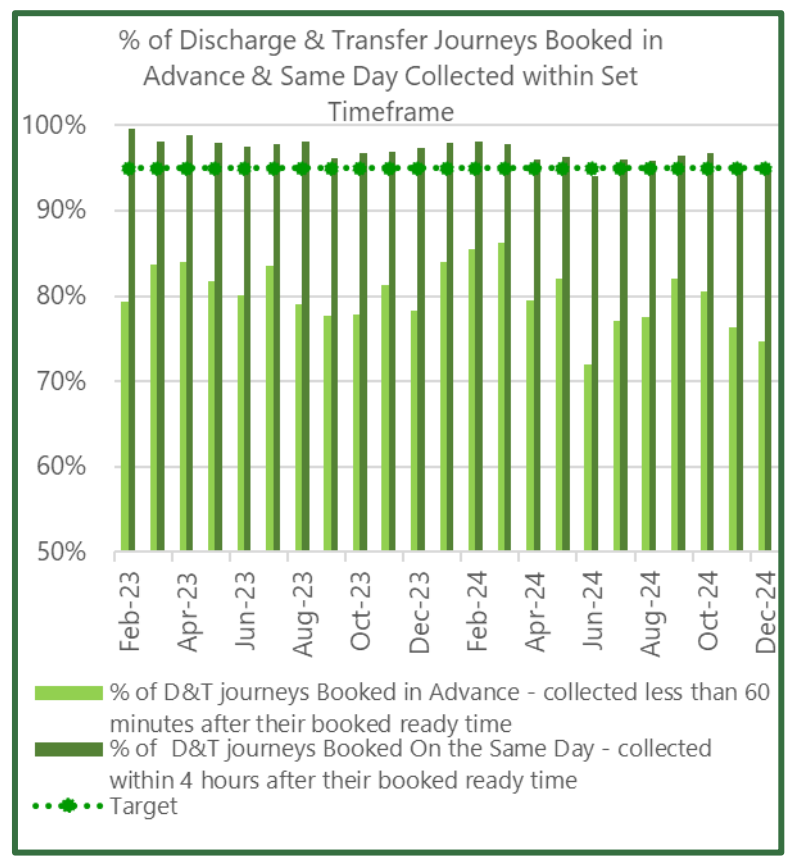
Both ACA1 And ACA2 sickness remain above the 5.99% target, attaining 10.09% and 6.23% in December 2024, respectively.

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 have been finalised based on updated demand with the roster review about to commence. 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 several months to deliver will enable the Trust to reach more patients within the current resource envelope.



Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

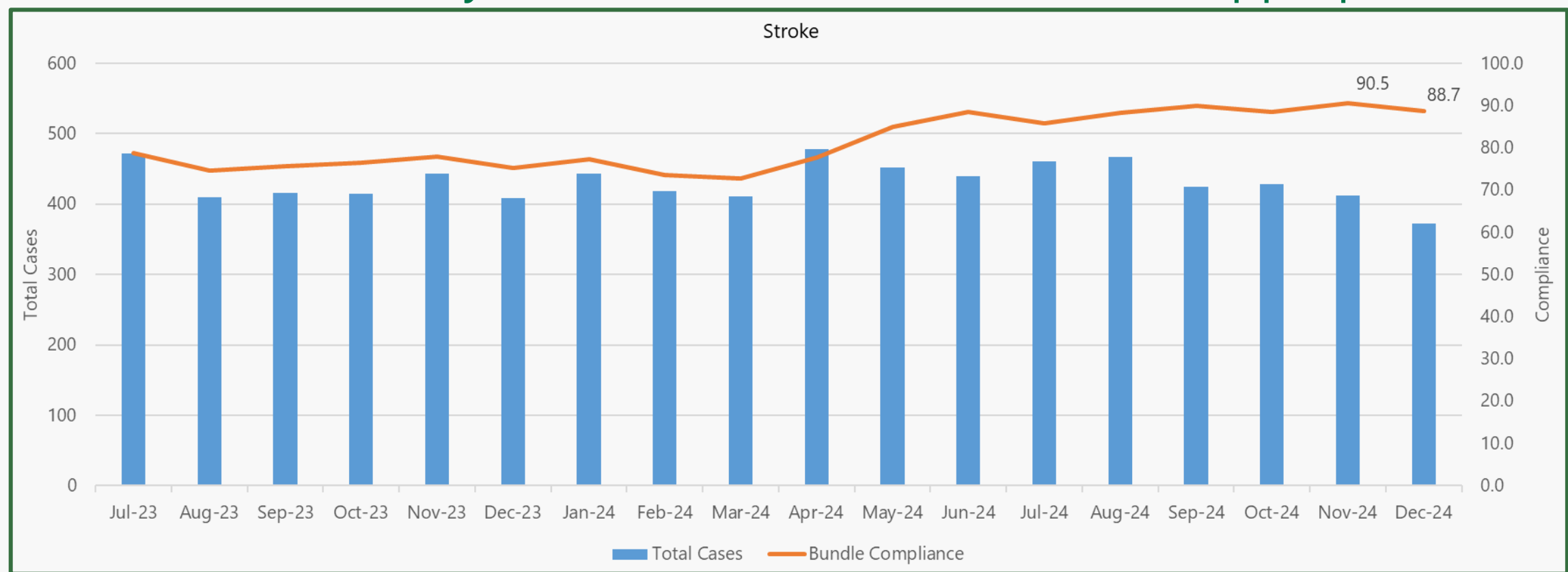
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

Stroke	ROSC	STEMI
A	G	R

Self-Assessment:
Strength of Internal
Control: Moderate

(Responsible Officer: Andy Swinburn)

QUEST



Analysis

The percentage of patients documented as receiving appropriate care bundles in December 2024 was:

Stroke – 88.7%, a slight decrease from 90.5% in November. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

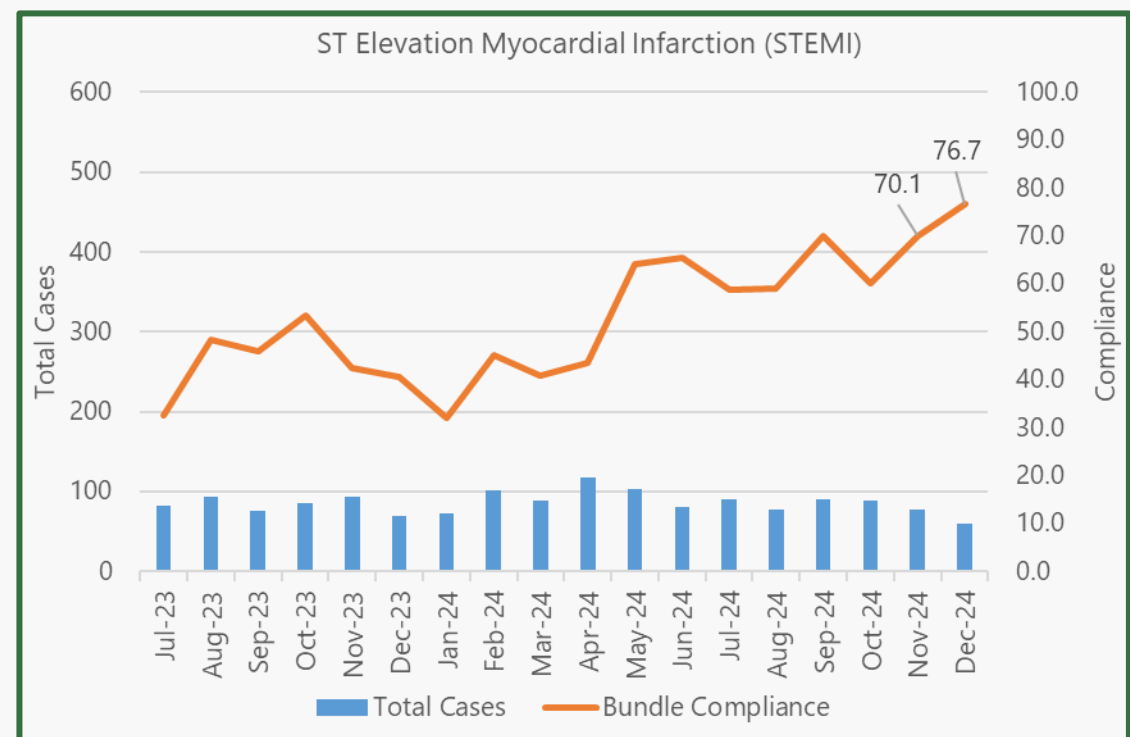
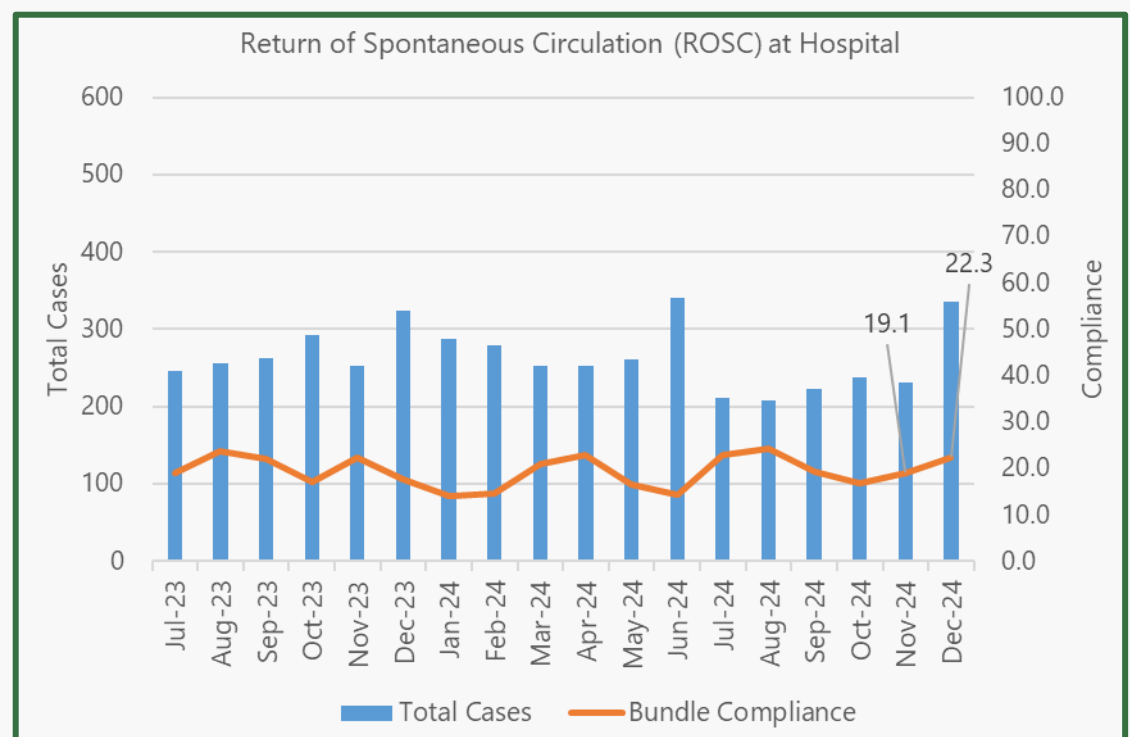
STEMI (heart attack) – 76.7%, an increase from 70.1% in November. There was a marked improvement in documenting all criteria. A 'nudge' to improve electronic Patient Clinical Record completion and compliance to Aspirin and GTN was implemented at the end of October, and User Interface changes for justified exceptions with GTN were implemented in November. These have demonstrated a contribution to the improvements for the December care bundle data.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 22.3%, an increase from 19.1% in November. 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.

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

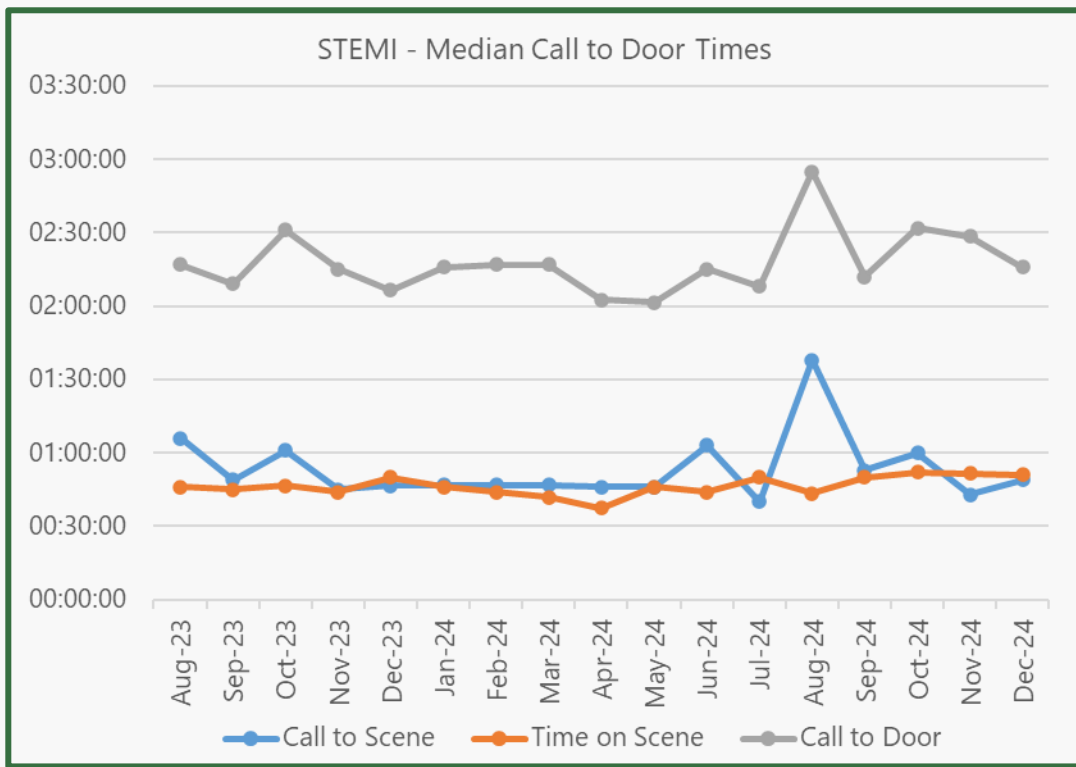
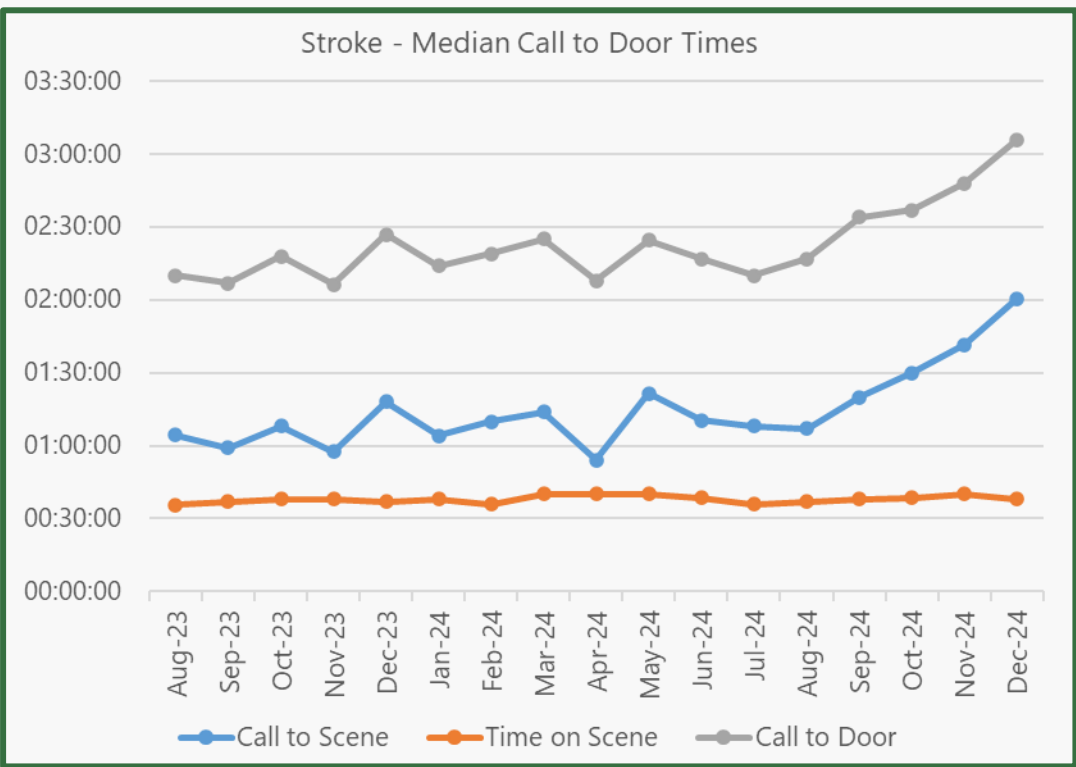
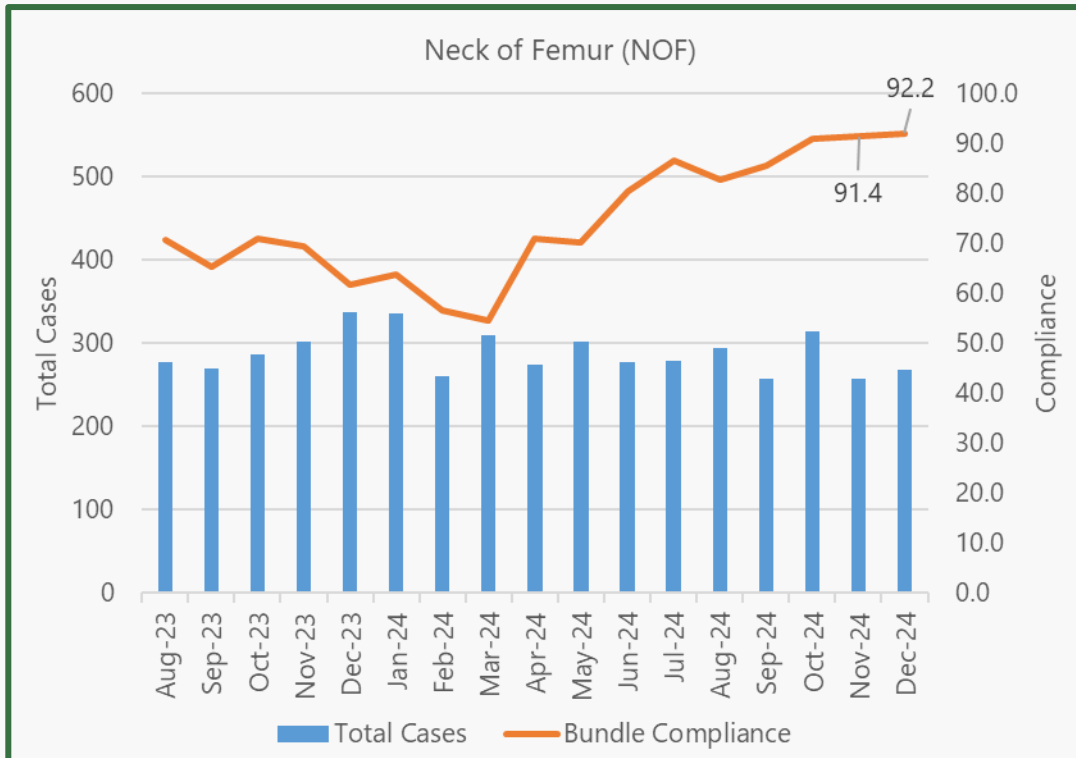
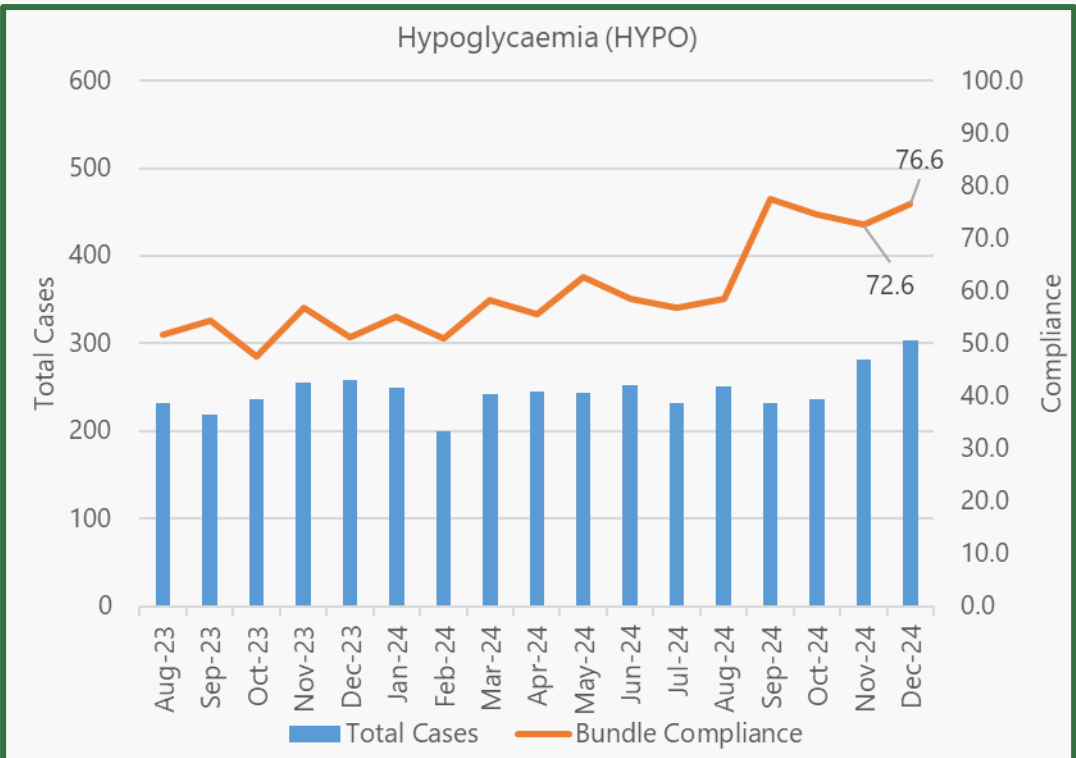
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

Call to Door
R

Self-Assessment:
Strength of Internal
Control: Moderate

(Responsible Officer: Andy Swinburn)

QUEST



Analysis

The percentage of patients documented as receiving appropriate care bundles in December 2024 was:

Hypoglycaemia (diabetic patients with low blood glucose) – 76.6%, an increase from 72.6% in November. There has been an increase in all criteria which has positively impacted on the bundle compliance. CI improvement work continues which includes electronic Patient Clinical Record User Interface changes for documenting non-diabetic patients with a low blood glucose level.

Fractured Neck of Femur (hip fracture) – 92.2%, a slight increase from 91.4% in November. The use of a 'nudge tool' for analgesia implemented in June provided a prompt when important information is not documented. This, along with an improvement in documenting pain score over the last 3 months has contributed to the improved bundle compliance.

Call to door times for Stroke and STEMI – Extended call to scene times for both stroke and STEMI during October impacted on the call to door times. Some improvement can be seen for STEMI in November and December, however for stroke, there are extended times.

Remedial Plans and Actions

- A recovery plan implemented from April – September 2024:
- Focussed 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.
- Supported a review of scripting used for reports.
- Supported further use of the 'nudge' tool with those for Aspirin & GTN with STEMI, and aspects of ROSC implemented at the end of October.

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 Responses Indicators

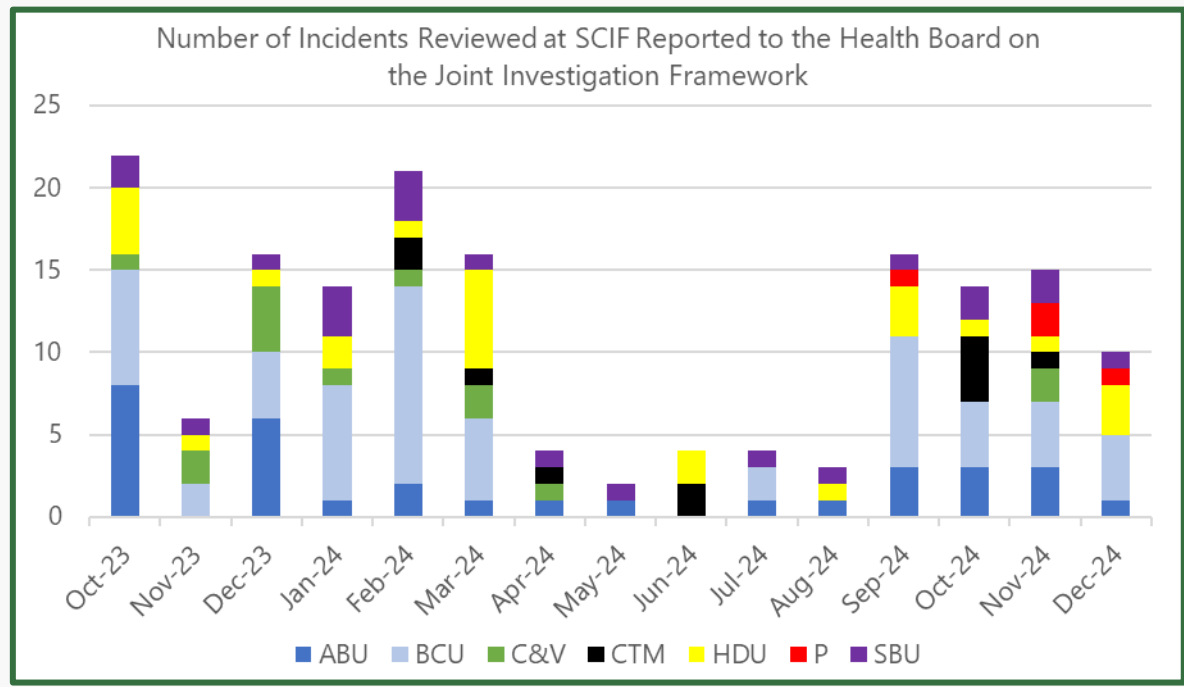
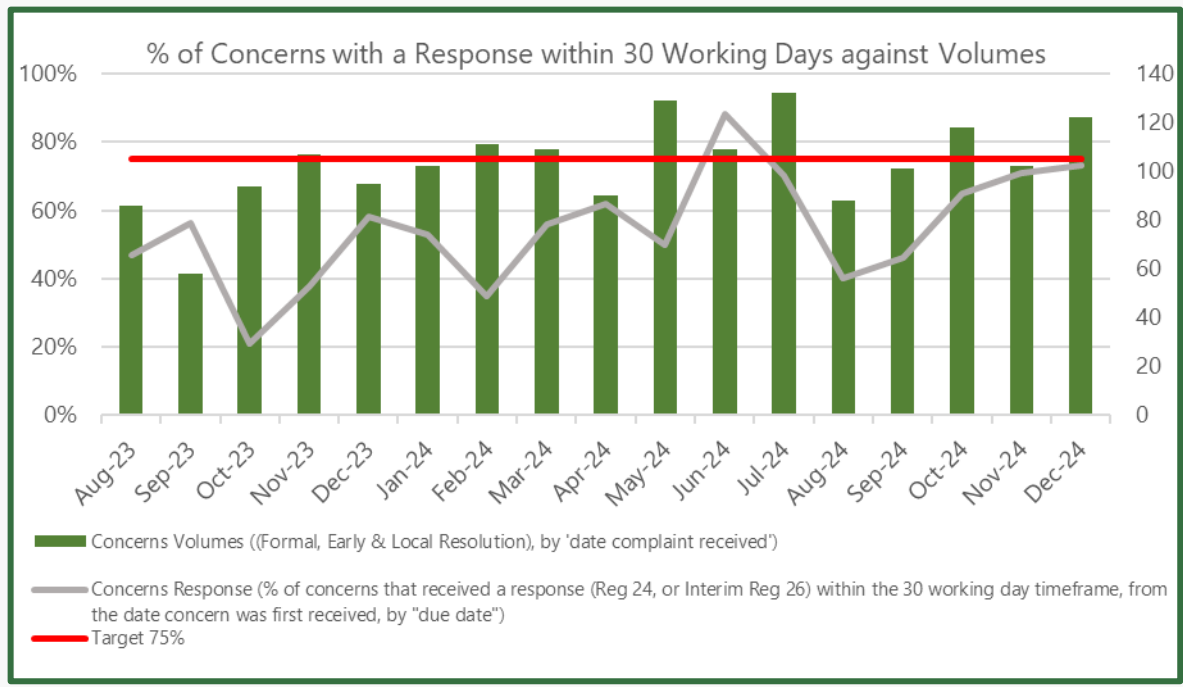
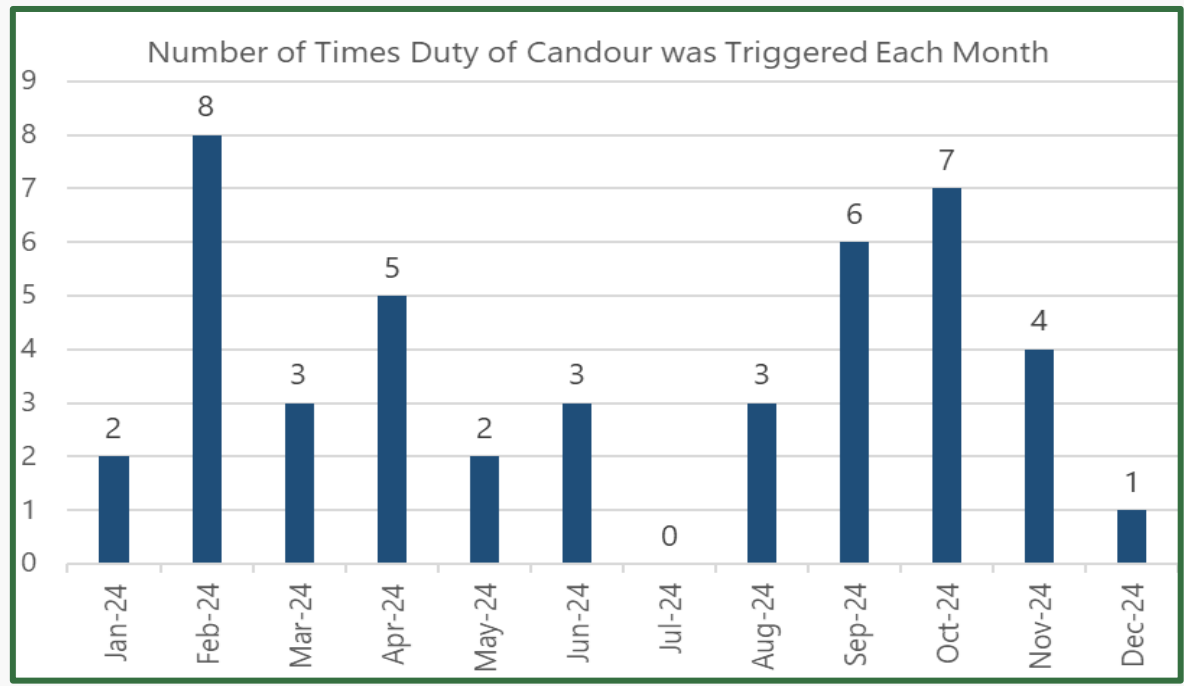
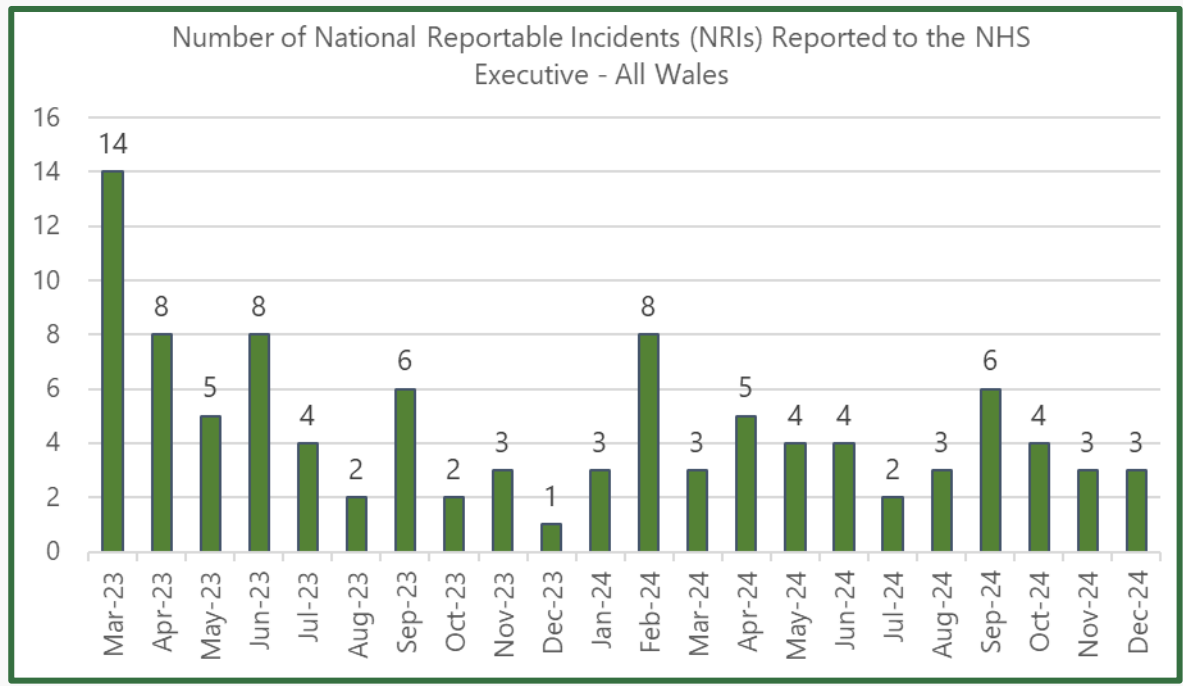
(Responsible Officer: Liam Williams)

Concerns. **A**

Self-Assessment: Strength of Internal Control: **Moderate**

QUEST

Health & Care Standard
Health - Safe Care / Timely Care



Analysis

The Trust's performance against the target of 75% responses issued within 30 working days has recovered following an exercise to reduce number of overdue open complaints. Open complaint volumes are, however, gradually increasing again, reflective of the Trust receiving more complaints than it closes each month. This will be an area of focus, however operational pressures over the winter period present a risk to maintaining progress.

The number of NRIs reported and number of Joint Investigations of Moderate harm or above identified remains at a reasonably consistent level, although it is anticipated that this may increase over the winter months.

Remedial Plans and Actions

- Ongoing monitoring of national incident reporting, enactment of the Duty of Candour and Complaints performance is monitored by team leads on a regular basis.
- 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

Patient and Family Relations and Patient Safety Teams will be focusing on working towards national performance targets as part of a PTR & Legal Services Department 'Recovery Plan'. The teams anticipate an increased workflow over the winter period and therefore will be focused on effective allocation of resources in order to prioritise mandatory and statutory service delivery.

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

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

Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

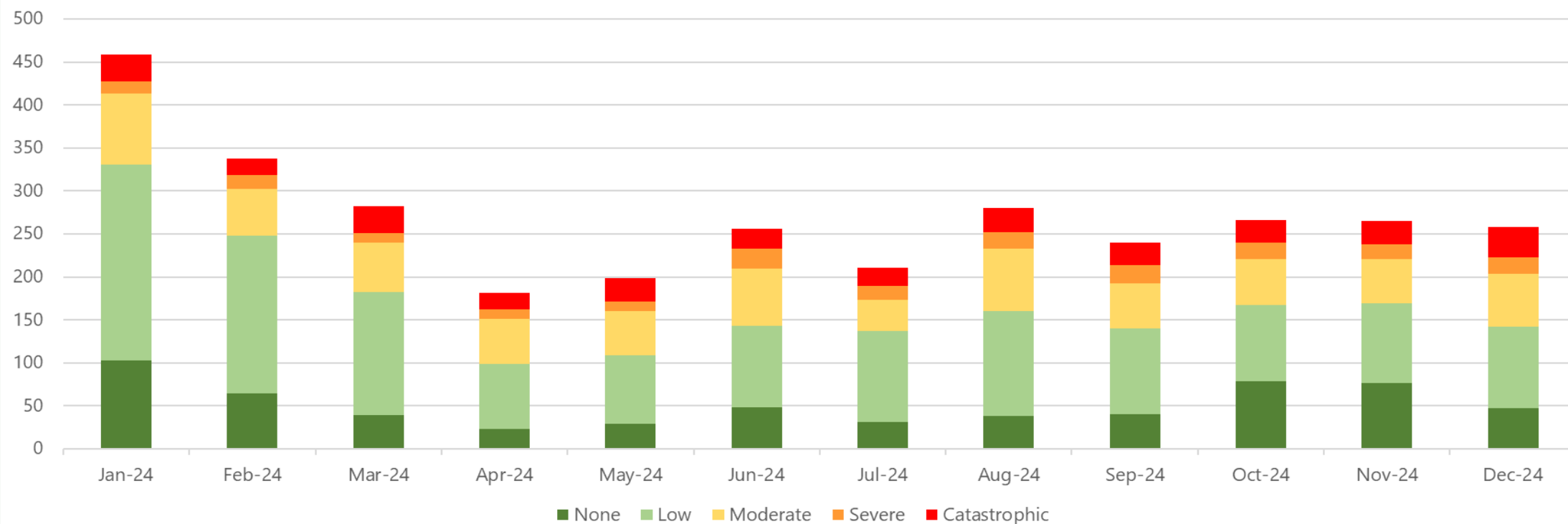
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

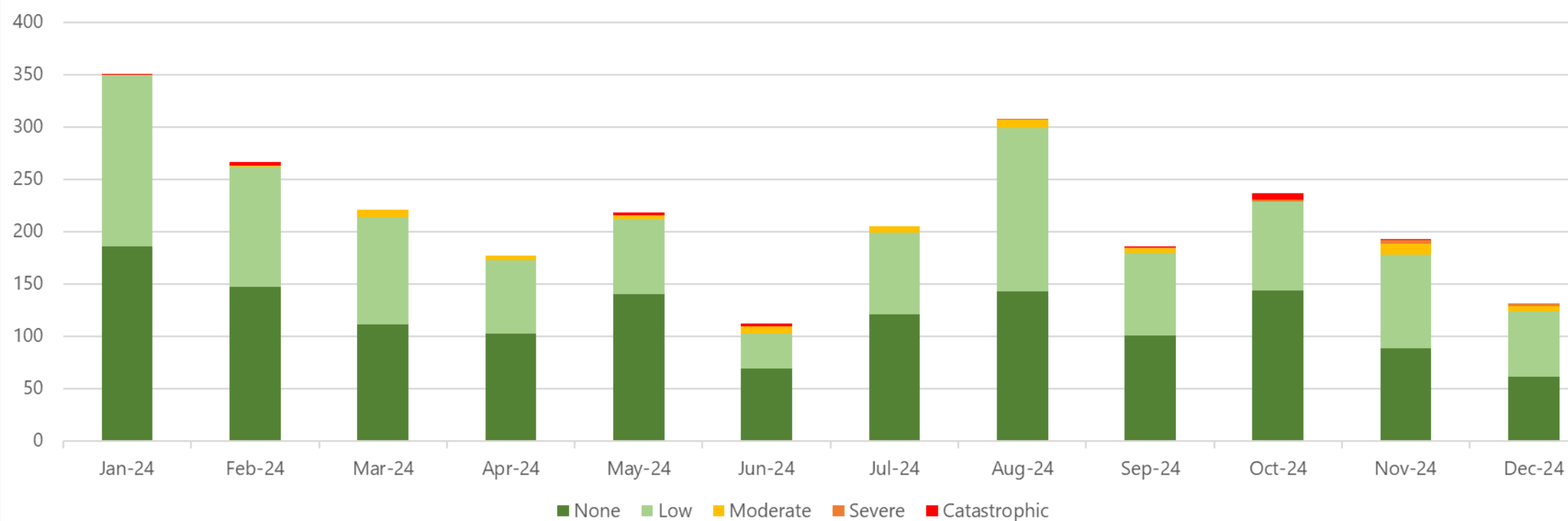
(Responsible Officer: Liam Williams)

Health & Care
Standard
Health – Safe Care

Number of Patient Safety Incidents Reported by Month by Initial Harm Assessment



Number of Patient Safety Incidents by Month Closed and by Post-investigation Harm Assessment



Analysis

There is a gradual increase in incident reporting since the beginning of the financial year across all harm gradings. This is being monitored across the months to assess the impact of seasonal system pressures. The proportional levels of harm being reported remain reasonably consistent.

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 December 2024 were: -

- No harm or hazard - 47
- Low - 95
- Moderate - 62
- Severe harm - 19
- Catastrophic/Death - 35

Remedial Plans and Actions

- Incident management culture and processes are being considered as part of an emerging Datix Recovery and Improvement Plan and monitored carefully to support the Clinical Model Transformation work.
- Temporary staffing resource within the Datix team will enable development of pivotal business intelligence products to facilitate greater awareness and analysis of our patient safety incident data.

Expected Performance Trajectory

Incident volumes are anticipated to increase further over winter and with the introduction of new service models where near-miss reporting is being encouraged. It is also predicted that a higher number of patient contacts across their wait time will result in more incidents occurring but with a gradual downwards trend in the number of Severe/Catastrophic and Death incidents occurring.

Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

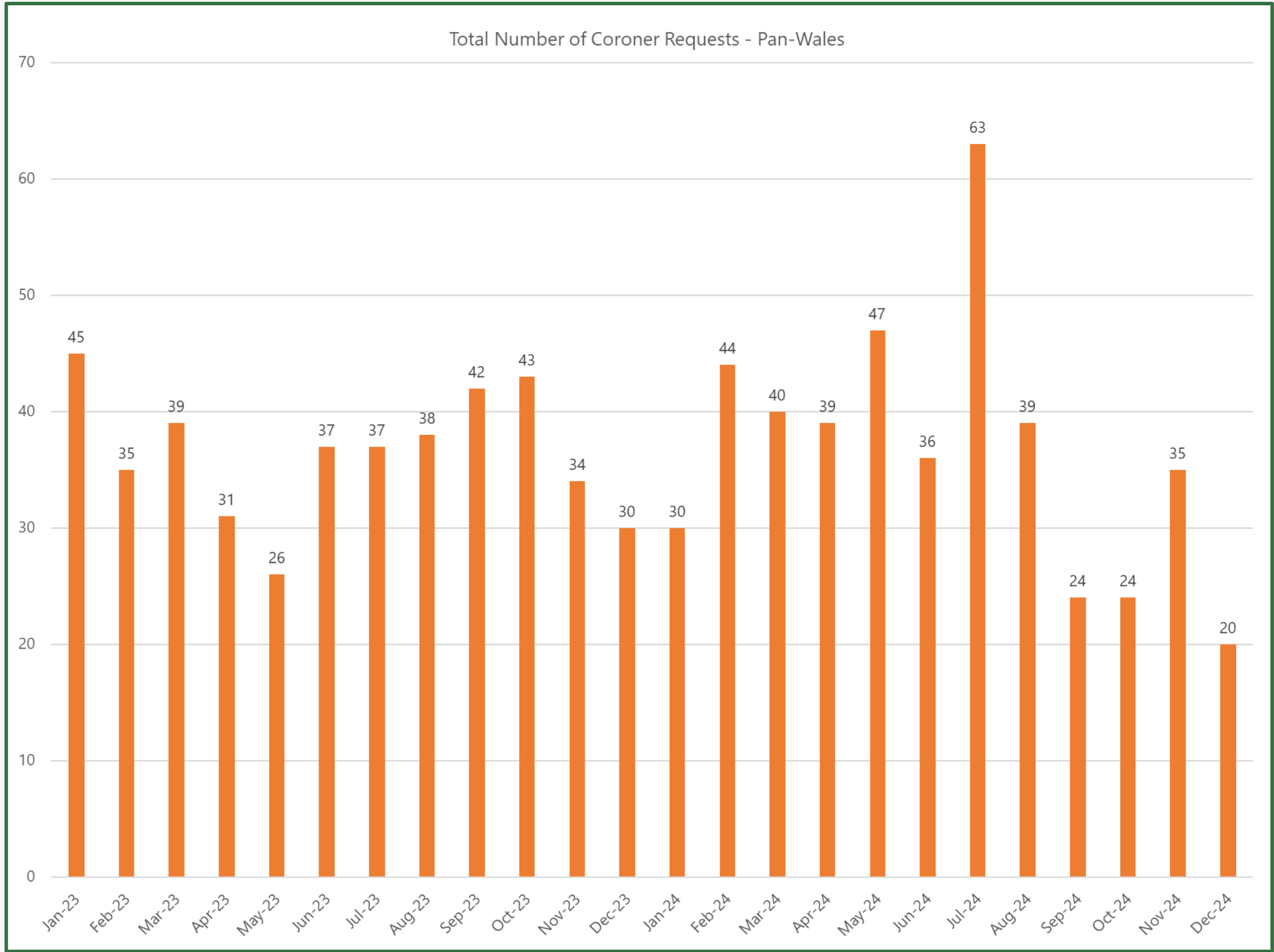
(Responsible Officer: Liam Williams)

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 remains variable and unpredictable. 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 a source of additional burden to staff involved, often revisiting events from several years past. The Trust has responded to 2 Regulation 28 Prevention of Future Death reports this month. Both were responded to within the 56-day stipulated timeframe. Themes of inquests continue to relate to delays in providing a response in the community.

Mortality - Since September 2024, the Trust has started to receive cases from the medical examiner in relation to community deaths. The patient safety team, have completed a significant number of Level 1 mortality reviews, which is achieved by triaging cases on a weekly basis. The process is now embedded within both teams.

Remedial Plans and Actions

- Additional temporary resource in the Legal Services team is supporting the management of inquest coordination and activity across the Trust.
- Operational teams are trialling a collaborative style of statement across services to ensure, as service delivery models become increasingly sophisticated, that our statements accurately represent the patient pathway of care and provide a coherent chronology and explanation of events.

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

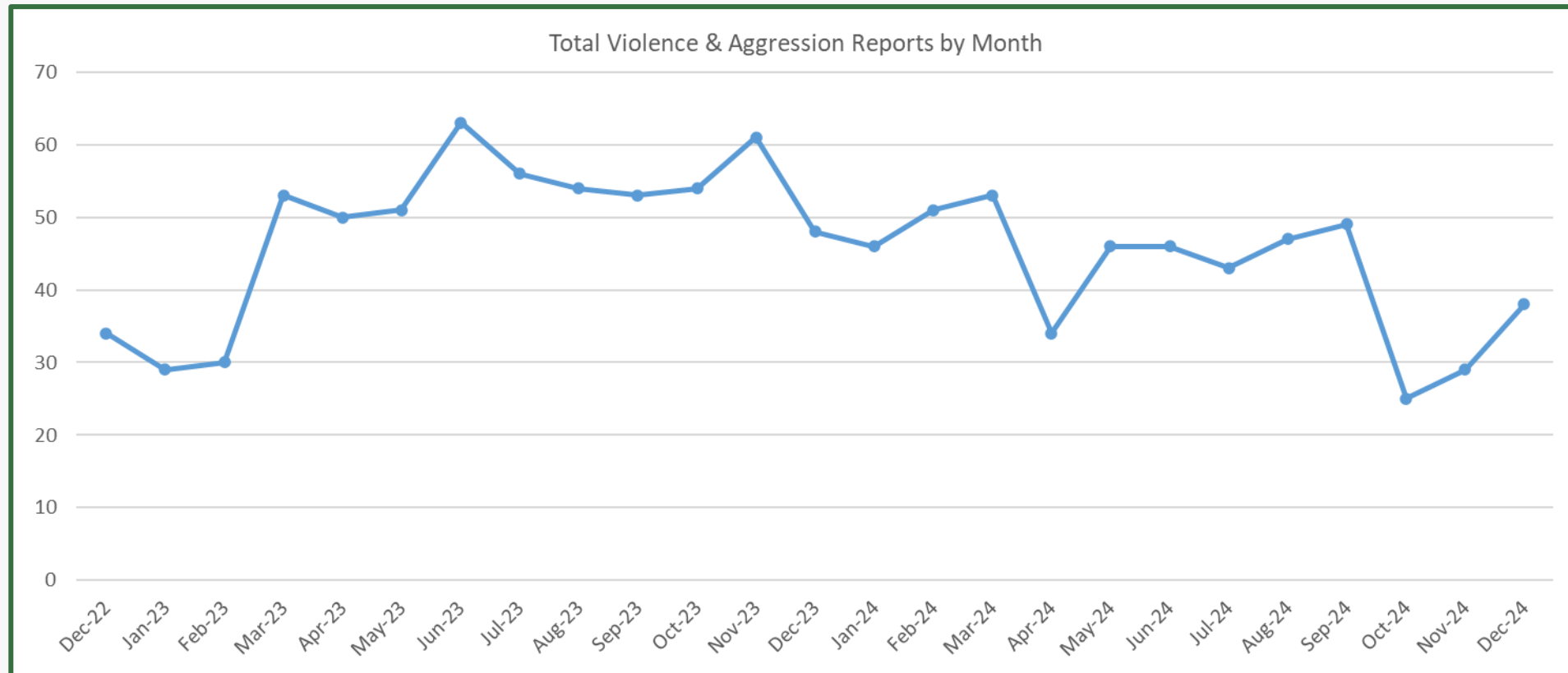
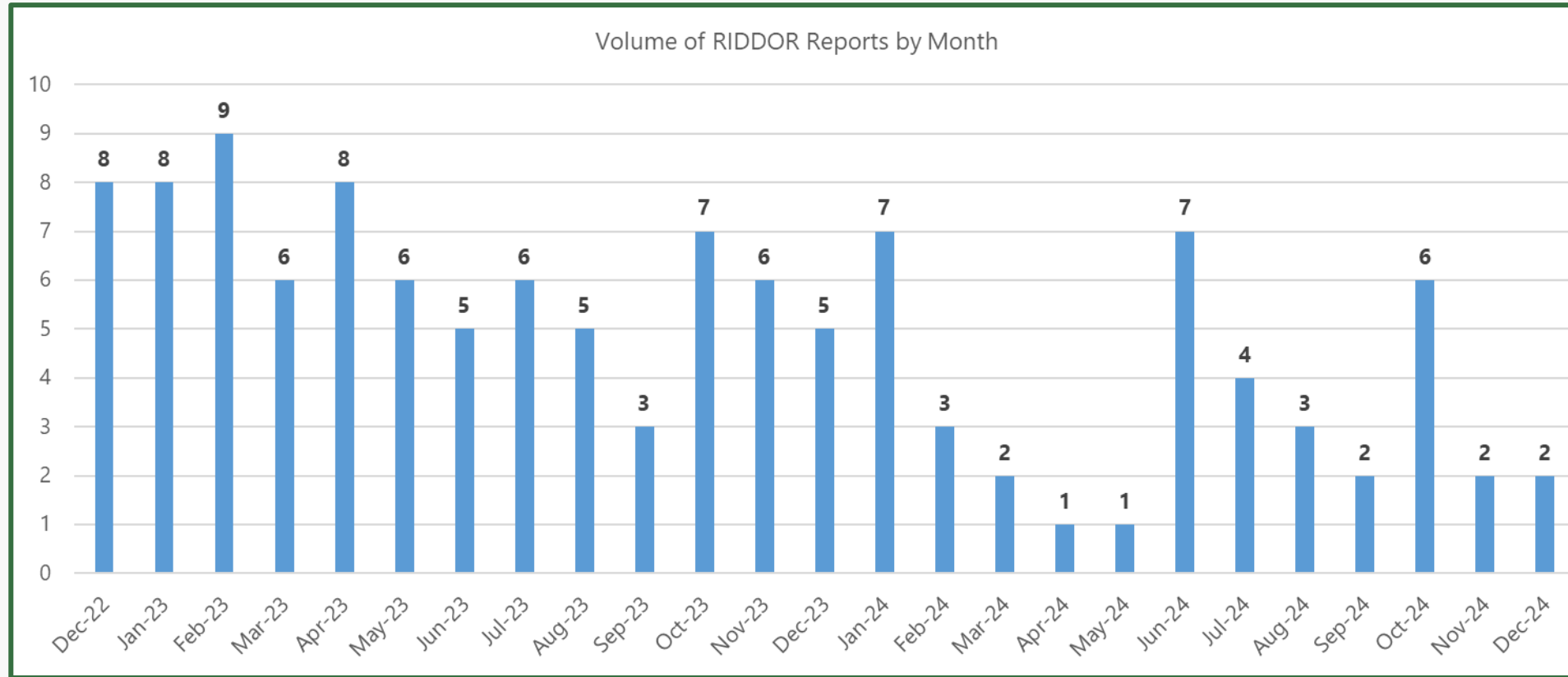
Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis

RIDDOR: There were 15 incidents requiring reporting under RIDDOR during Quarter 3 2024. 12 were Most being unable to perform their normal duties for more than 7 days and 3 were Most specified reporting injuries. 90% of the RIDDOR's were submitted within the HSE reporting timelines due to good working relationships with the H&S and Operational Teams. Manual Handling Patients (8 RIDDORS) and Slips and Trips (4 RIDDORS) continue to be the most consistent theme for RIDDOR submissions.

Violence and Aggression: A total of 91 incidents have been reported of V&A in Quarter 3 2024. 7 Physical Assaults on staff were reported during the quarter with 84 incidents of verbal abuse. 24 incidents were reported as Moderate in harm and 39 noted as low harm with 3 cases being noted as causing severe harm. The number of moderate and low harm incidents have returned to the lower levels previously seen within the Trust. Such variations can have a number of causes which are being investigated by the V&A function.

Remedial Plans and Actions

RIDDOR: Work continues to improve communication between H&S and Operations Department to ensure efficient reporting and suitable corrective actions for RIDDOR incidents. A review of manual handling provisions within the Trust has been undertaken and SBAR prepared noting areas for improvement.

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 Most 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

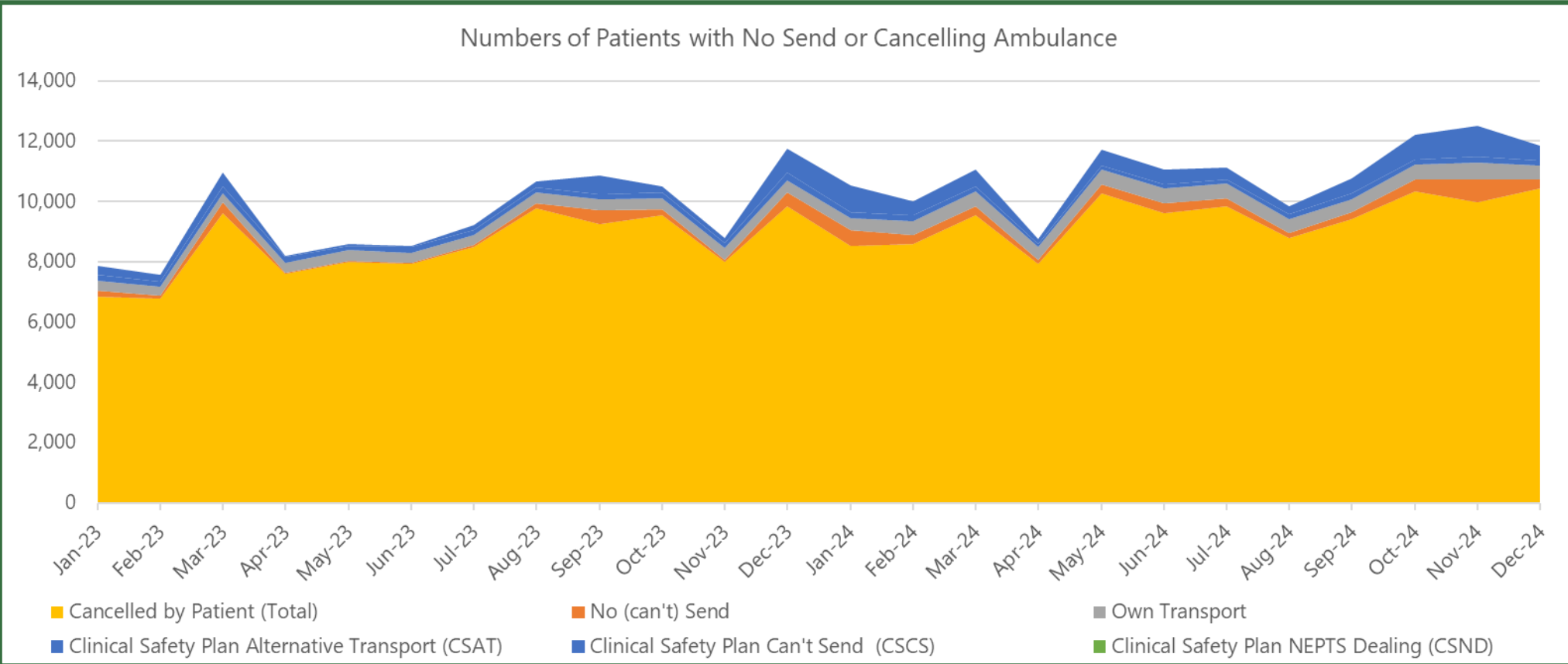
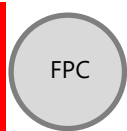
RIDDOR: The number of manual handling injuries sustained by staff continues to be main cause of RIDDOR incidents and this is expected to remain the case whilst the improvements in manual handling aides and training are being implements. The other main cause of RIDDOR incidents, slips and trips, varies inline with the prevailing weather conditions as these improve going into the spring it is expected they will reduce.

Violence and Aggression: Whilst there has been a downward trend in V&A incident numbers the current performance remains steady in terms of numbers. The majority of incidents recorded are verbal in nature arising from our call centres. Work is being undertaken to improve the reporting of incidents.

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)



Analysis

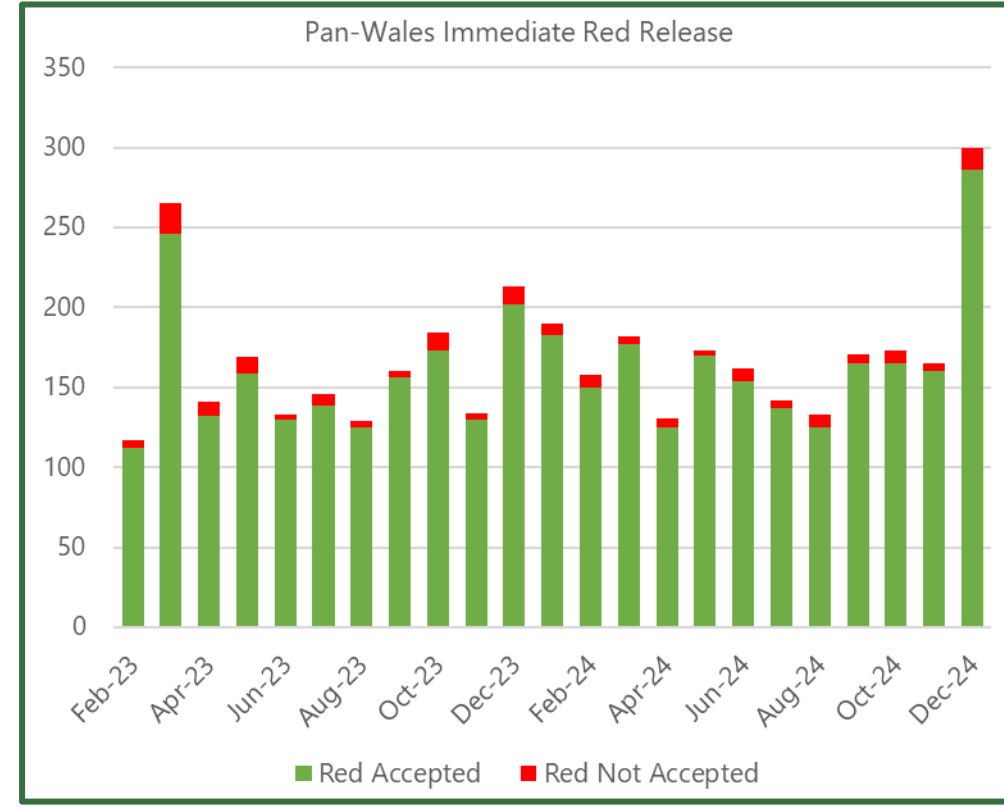
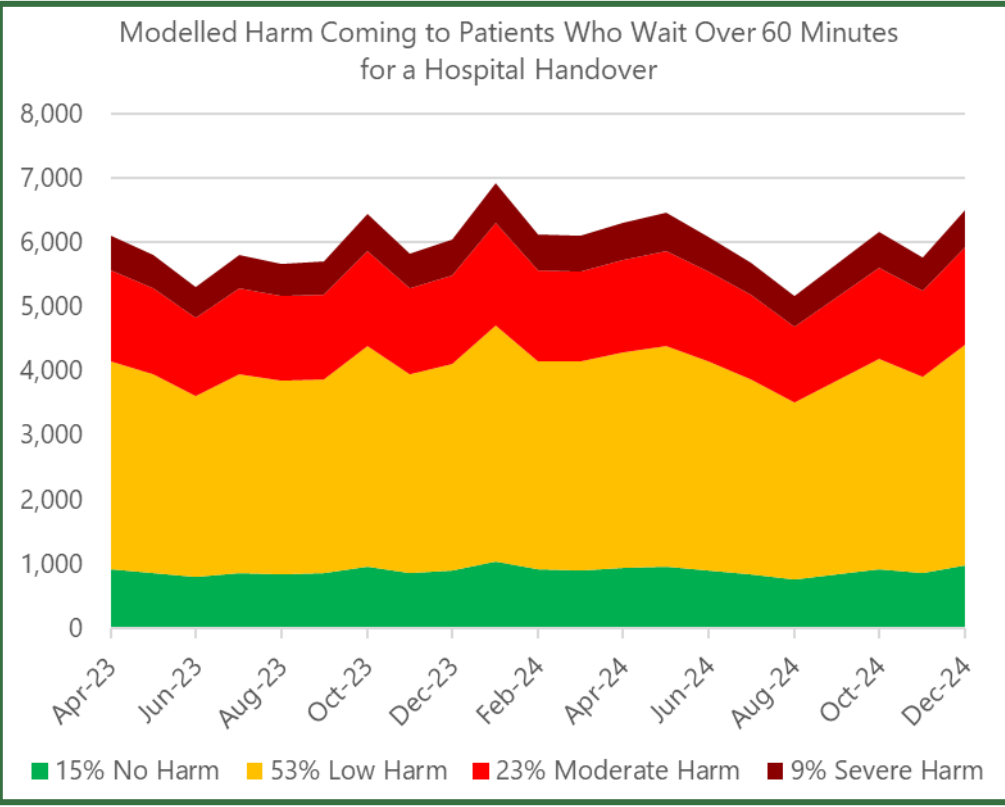
In December 2024, 160 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 474 were stopped due to CSP 'Can't Send' options. In addition, 10,528 ambulances were cancelled by patients (including patients refusing treatment at scene) a decrease from the 11,154 in November 2024.

There were 1073 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in December 2024. Of these 286 were accepted and released in the Red category, with 14 not being accepted. Further to this, 222 ambulances were released to respond to Amber 1 calls, but 551 were not.

The graph in the bottom left shows that in December 2024 of the 6,506 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% (975 patients) would experience no harm, 53% (3,448 patients) would experience low harm, 23% (1,496 patients) would experience moderate harm and 9% (585 patients) would experience severe harm.



In November 2024 CSP levels for the Trust were:



Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements but have now restarted. 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

PCC

Health & Care
Standard
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December 2024		
NEPTS (286 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	84
Were you happy with the transport you received?	85	96
999 (11 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	90
The 999-call taker who answered your call explained what was going to happen next.	85	90
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	91
The length of time I waited for an ambulance to arrive was acceptable.	85	44
111 (21 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	49
Did you follow the advice given to you by NHS 111 Wales?	85	59
Would you consider using NHS 111 Wales again?	85	62
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
• Ambulance care	92.59% Good	4.12% Poor
• Integrated Care (NHS 111 Wales Telephone line only)	60.00% Good	27.78% Poor
• EMS (including CSD)	81.82% Good	18.18% Poor
• NHS 111 Wales Online	61.29% Good	16.13% 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, responses provided show that people are satisfied with the overall service they receive. With the question 'Were you happy with the transport you received', came out above the 85-benchmark figure (n=96). However, the length of time waited for transport home following an appointment continues to be problematic and 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. Questions within the 999-section around the call handling process all reached the 85 benchmark, those being 'The 999-call taker who answered your call was reassuring' (n=90). 'You felt confident in the call taker ability to manage your call and provide appropriate advice?' (n=91), and 'The 999-call taker who answered your call explained what was going to happen next (n=90). The question 'The length of time I waited for an ambulance to arrive was acceptable?' failed to reach its benchmark (n=44). Whilst within 111 no questions reached 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 be submitted to the ICO for their consideration about use of SMS text messages to directly distribute survey requests to 999 service users is complete and is with colleagues in Information Governance before submission to the ICO. Plans to place QR codes in the back of EMS vehicles to increase patient feedback are progressing and we have spoken to IPC and Fleet colleagues about what is needed to proceed.

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'.

Expected Performance Trajectory

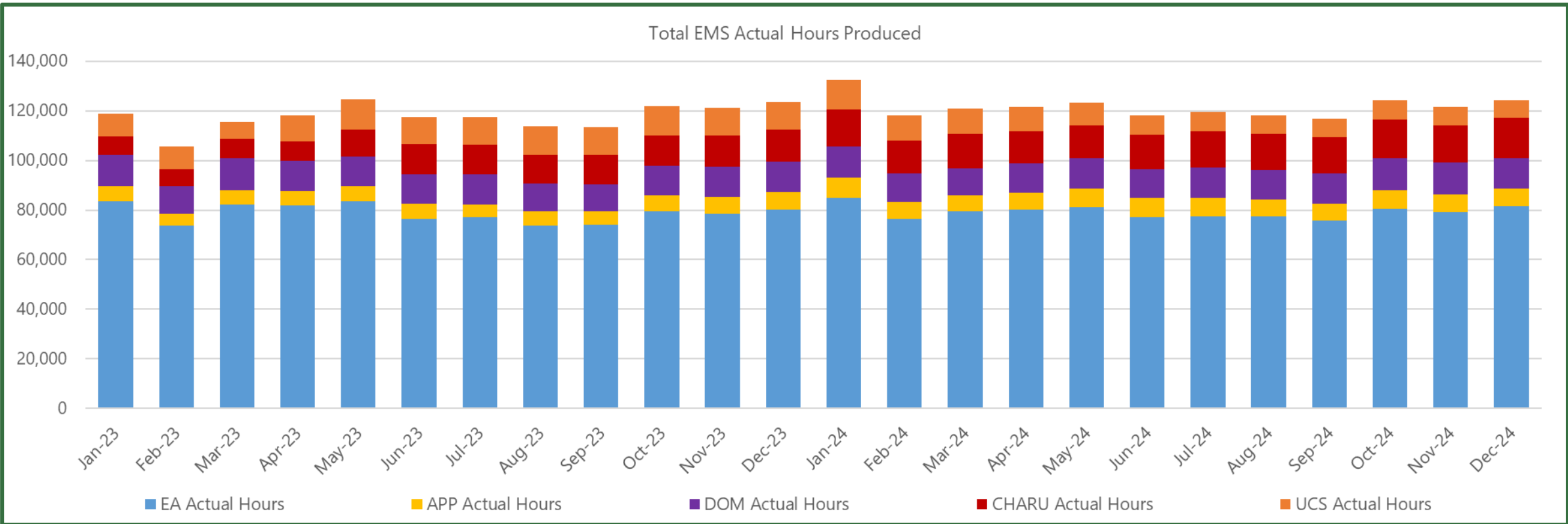
An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions	CI	PCC
G	R	CI	PCC
<div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-left: auto;">FPC</div>			



Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 124,279 hours during December 2024, an increase compared to the 123,727 hours produced during December 2023. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. December 2024, saw a total EMS abstractions (excluding Induction Training) of 31.05%. This was an increase on the 29.79% recorded in November 2024, and slightly above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 13.58% followed by sickness at 8.44%.

Emergency Ambulance Unit Hours Production (UHP) achieved 95% in December 2024 which equated to 81,268 Actual Hours.

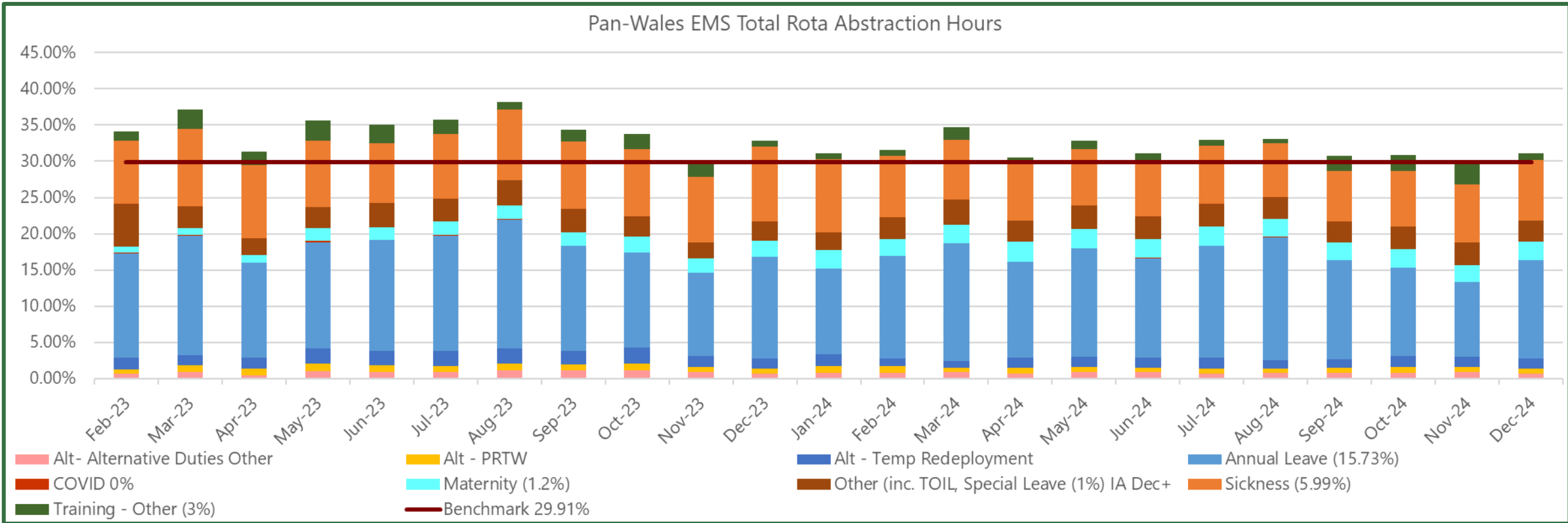
In December 2024 CHARU UHP was 89% against the full roll out requirement.

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.

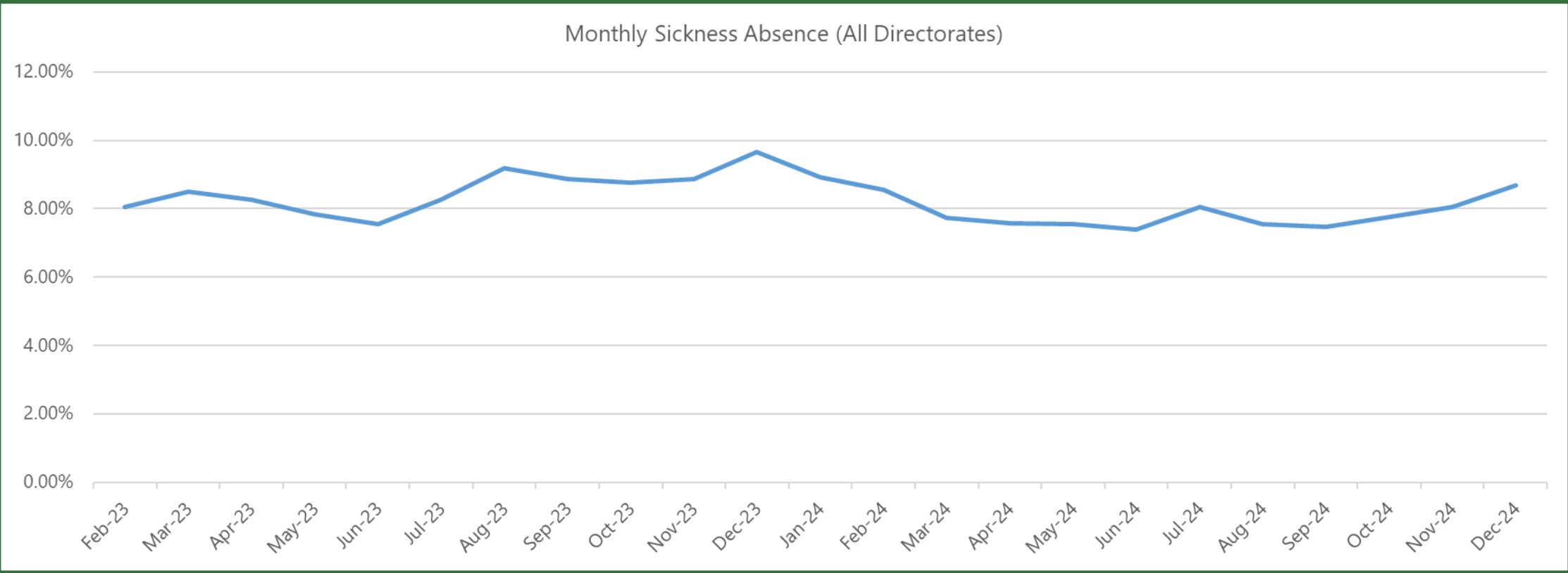
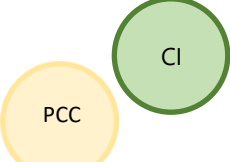
Expected Performance Trajectory

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)

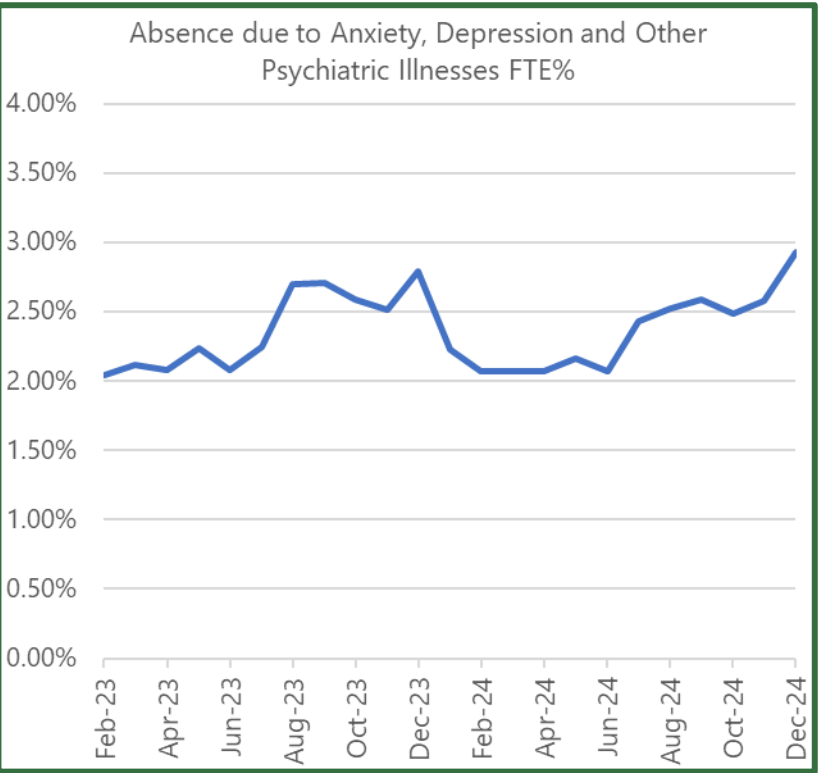


Analysis

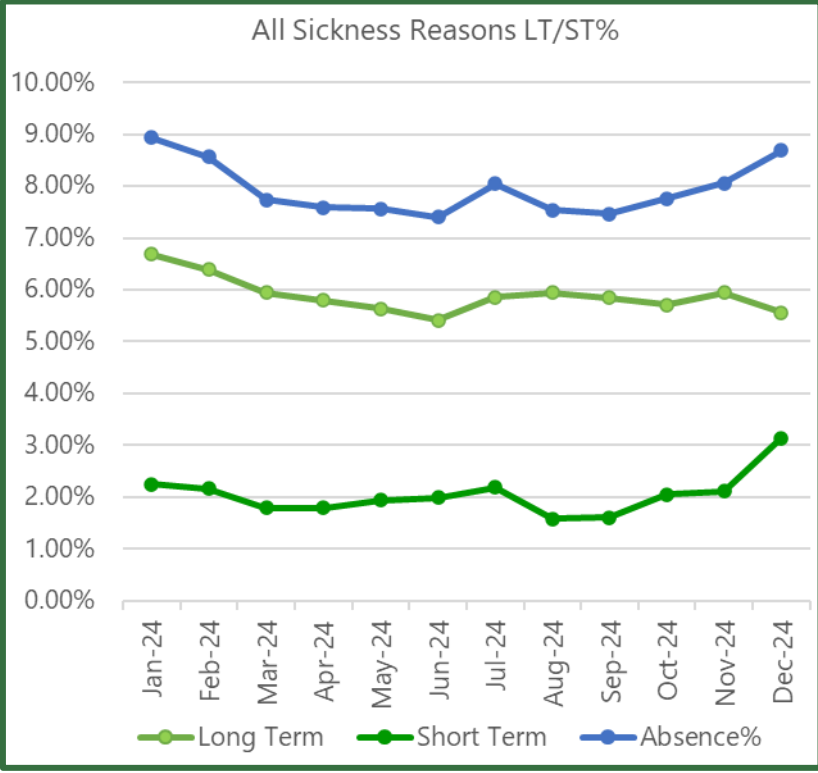
There was a slight increase in overall sickness absence rates between November 2024 and December 2024, rising from 8.06% to 8.69%. Long term absence decreased from 5.95% in November 2024 to 5.56% in December 2024, while short-term absence increased slightly to 3.14% in December from November 2024 (2.11%).

The highest reasons for absence in December 2024 were Anxiety/ Stress/ Depression, other musculoskeletal problems, cold/cough/flu/influenza, Gastrointestinal problems and injury fracture. Absence due to Mental Health increased from 2.58% in November 2024 to 2.93% in December 2024.

From the start of the flu campaign until end of mid Jan-25, 1,417 flu vaccines have now been administered by our WAST OH / Peer Vaccinators. 1,253 were given to WAST employed staff with 216 WAST staff also confirming they have received the flu vaccine elsewhere i.e. GP / Pharmacy, therefore, 28.4% of the WAST workforce has now been vaccinated. A further 238 WAST staff have completed our Microsoft Form to state they wish to opt-out from having the flu vaccine this year.



Average working days lost per FTE (Annual)	
18.12 days	
Single month Absence %	
8.69%	
Long Term	Short Term
5.56%	3.14%
Mental Health	Other MSK
2.93% <small>(S10 Stress/Anxiety)</small>	0.81% <small>(excluding Back)</small>



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. Additional clinics were held throughout November and December.
- 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.

Expected Performance Trajectory

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

December 2024

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

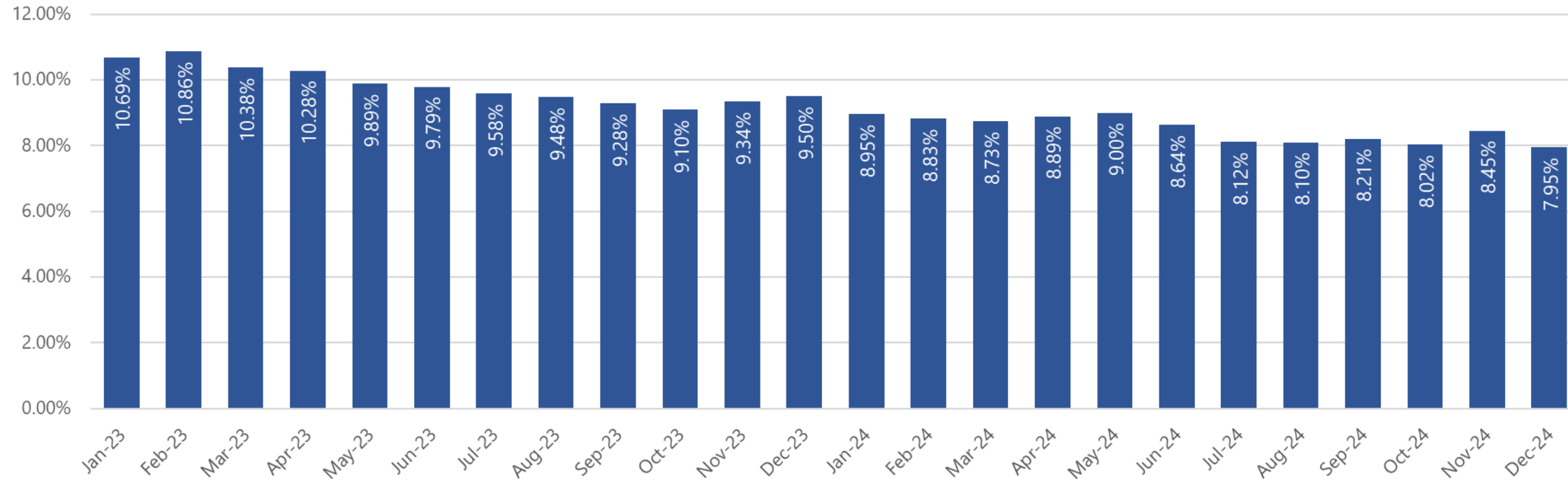
Our People Capacity - Turnover

(Responsible Officer: Angela Lewis)

G

PCC

Staff Turnover Rate FTE (% Employees leaving the Organisation) (12m)



Analysis

Staff turnover rates in December 2024 were 7.95%, a slight decrease from the 8.45% recorded in November 2024. December saw 21 leavers (28.90 FTE). Turnover in months at the end of the quarter are generally higher. This was disproportionate with 6 joiners (8.00 FTE) in December. Of those leaving, the group with the greatest number were Ambulance Care Assistants or Patient Transport Service Drivers (6 people). and Call Operators (4 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.

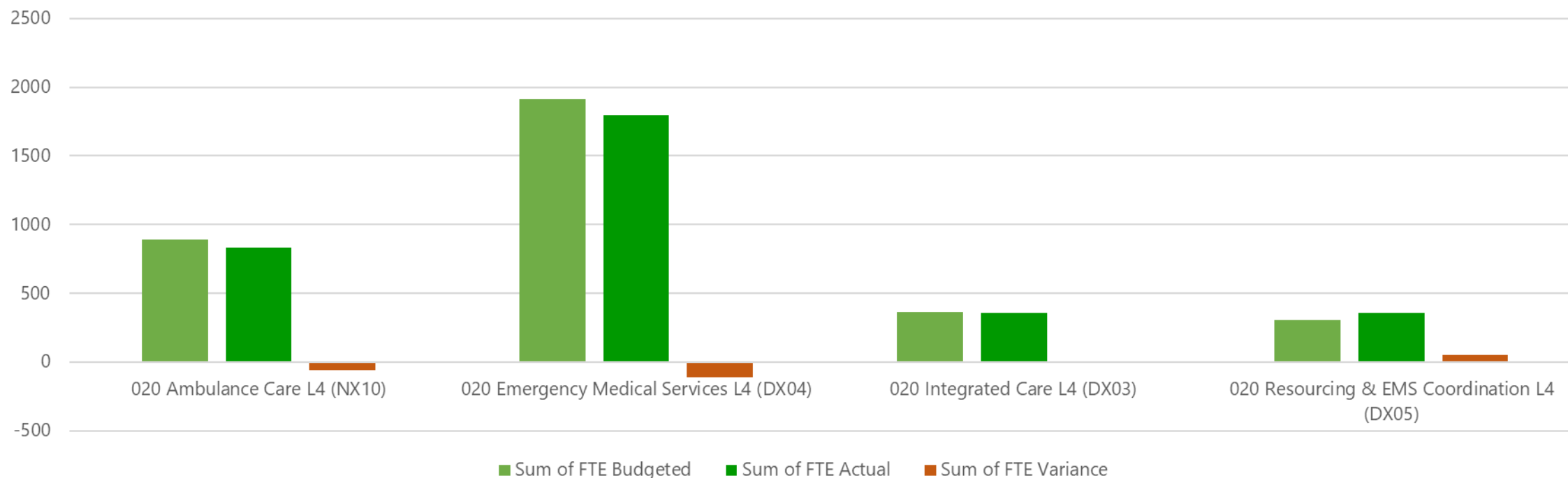
Remedial Plans and Actions

- 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.

FTE as of 31/12/2024



Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR
A

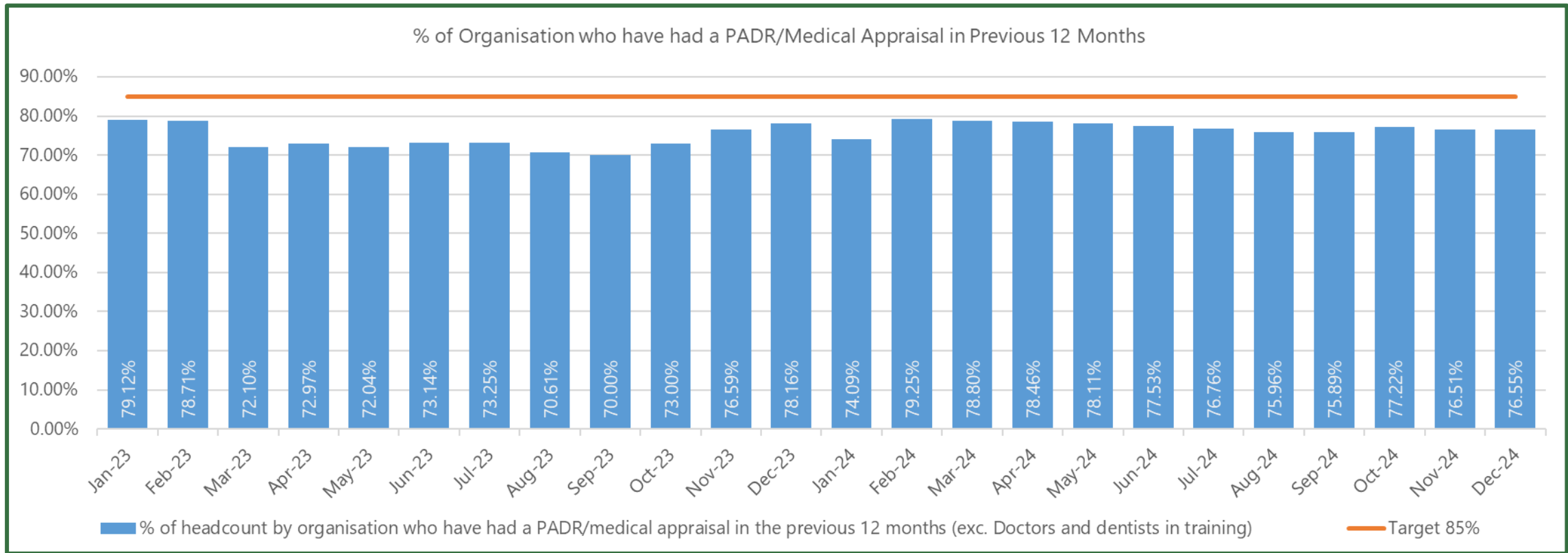
Stat & Mand
G

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Health & Care Standard
Health – Staff & Resources

Self-Assessment:
Strength of Internal Control: Strong



Analysis

PADR rates minimally increased from 76.51% in November 2024 to 76.55% in December 2024 and remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In December 2024 Statutory & Mandatory Training rates reported a combined compliance of 85.51%; which is an increase and achieving the 85% target for the first time since November 2022. However, only Dementia Awareness (96.91%), Moving & Handling (94.61%) and Safeguarding Adults (90.21%), achieved the 85% target. Equality & Diversity (82.48%), Fire Safety (78.12%), Information Governance (75.30%), Paul Ridd (73.76%), Violence Against Women, Domestic Abuse & Sexual Violence (73.01%), Fraud Awareness (71.37%) and Welsh Language Awareness (68.35%) 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:

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

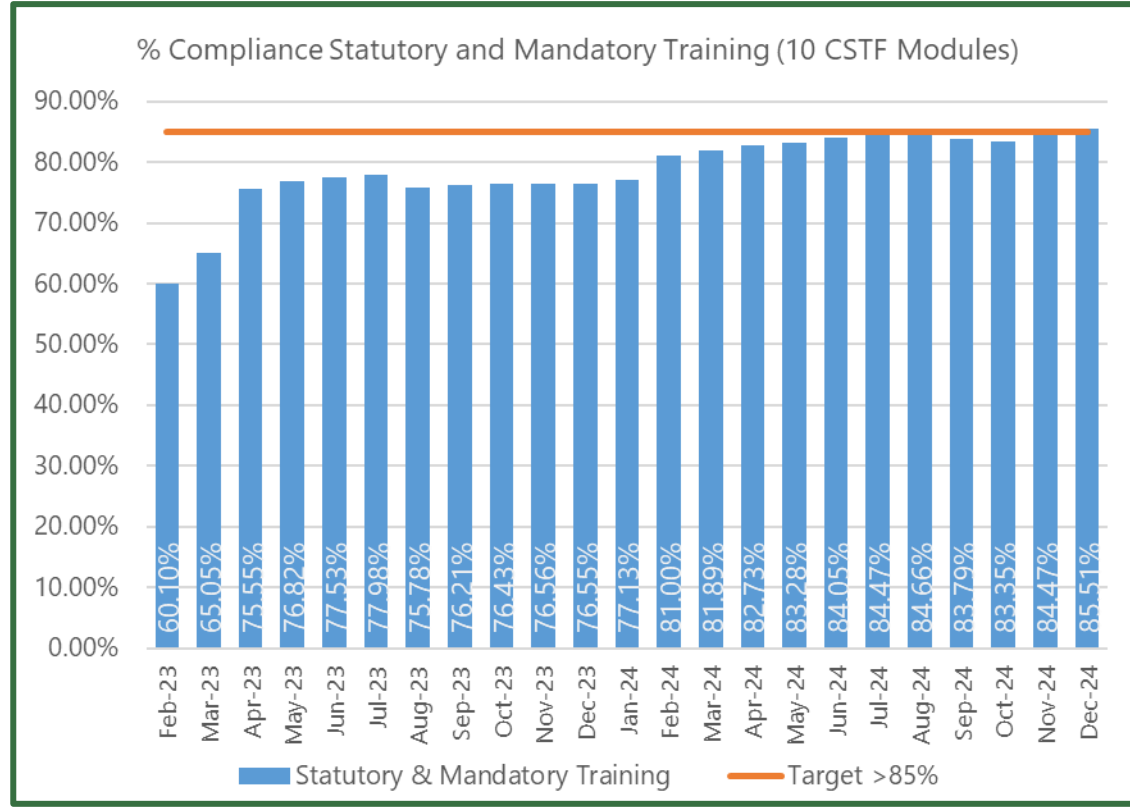
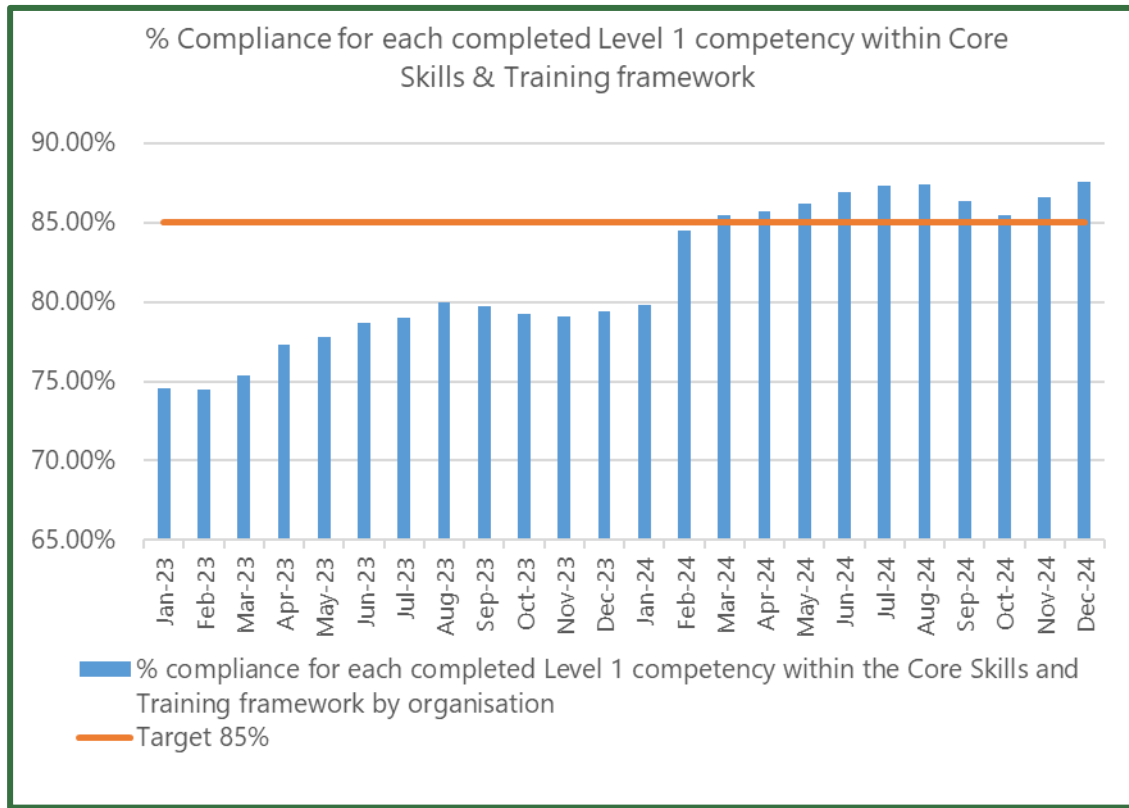
Remedial Plans and Actions

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.



Our People

Health and Well-being – Shift Overtimes

(Responsible Officer: Angela Lewis)

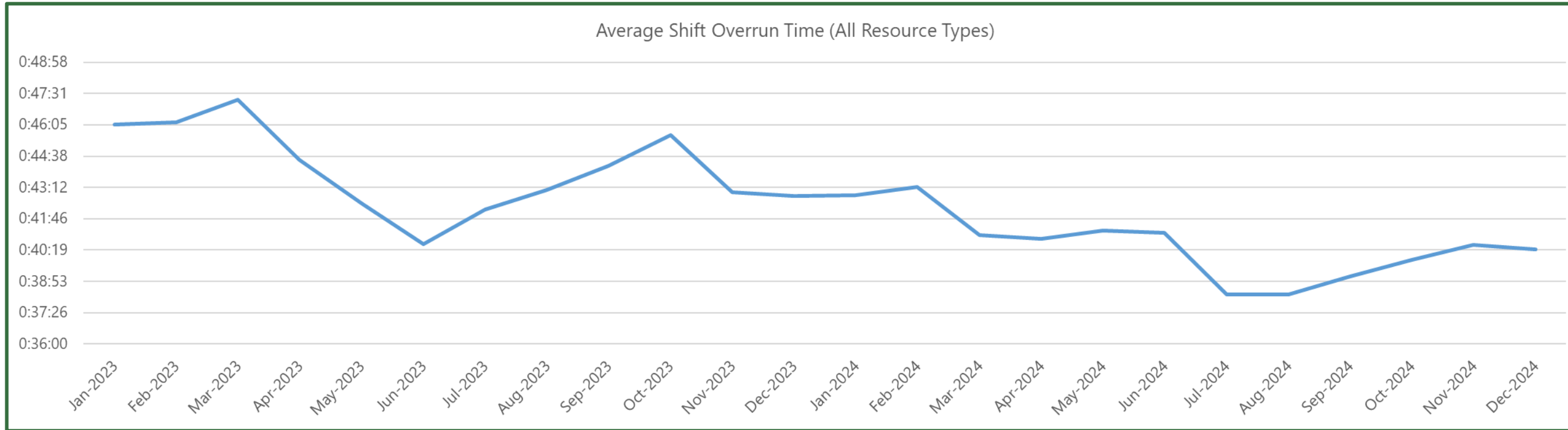
Overtimes

R

CI

FPC

PCC



Analysis

The average overrun figure for December 2024 was 40 minutes and 22 seconds, a minimal decrease from November 2024 (00:40:33). 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 75.6% of the total. 19.5% fall within the 61 to 120-minute category, 4.8% in the 121 to 180-minute category, 0.4% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

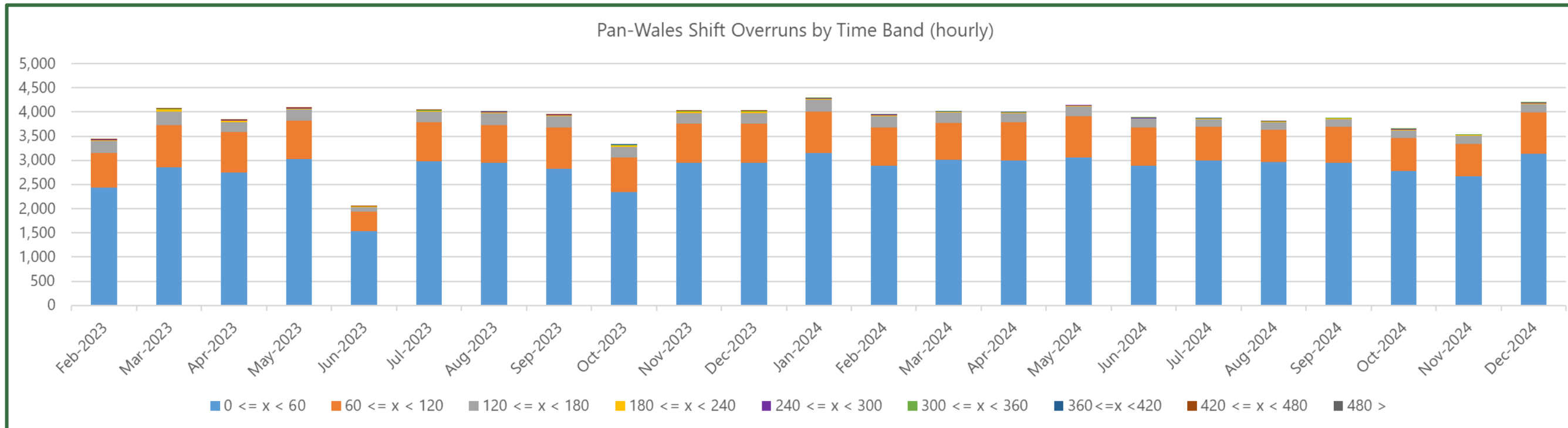
Remedial Plans and Actions

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

Overtimes correlate with handover lost hours and may increase in January.

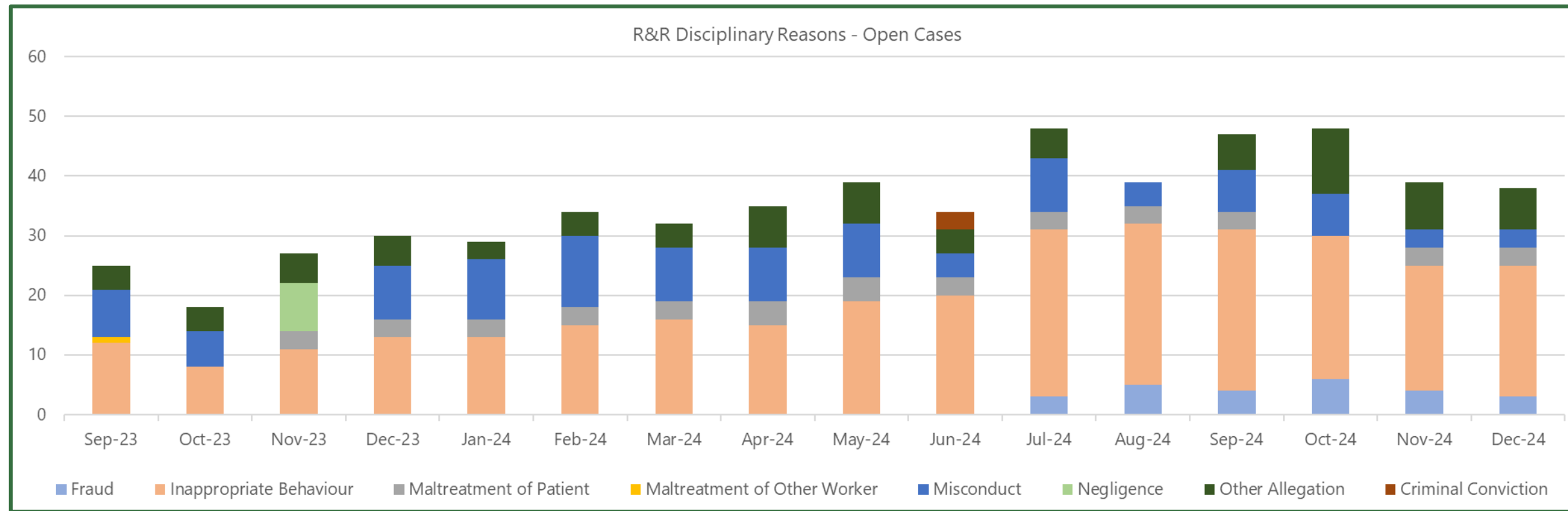


Our People

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



Analysis

There were 38 open formal disciplinary cases recorded at the end of December 2024, which is a minimal decrease compared to 39 in November 2024. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by fraud and misconduct.

There were 13 open formal Respect and Resolution cases submitted by employees in December 2024, equal with November 2024 (13). These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in December 2024, 865 job applications were processed, and 253 interviews planned.

Of the 865 applications, a total of 849 were from under-represented groups with 344 in the category of Ethnicity, 70 within Disability and 68 identifying within Sexual Orientation.

In December 2024, 20.3% (n=98) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 14.5% in November 2024.

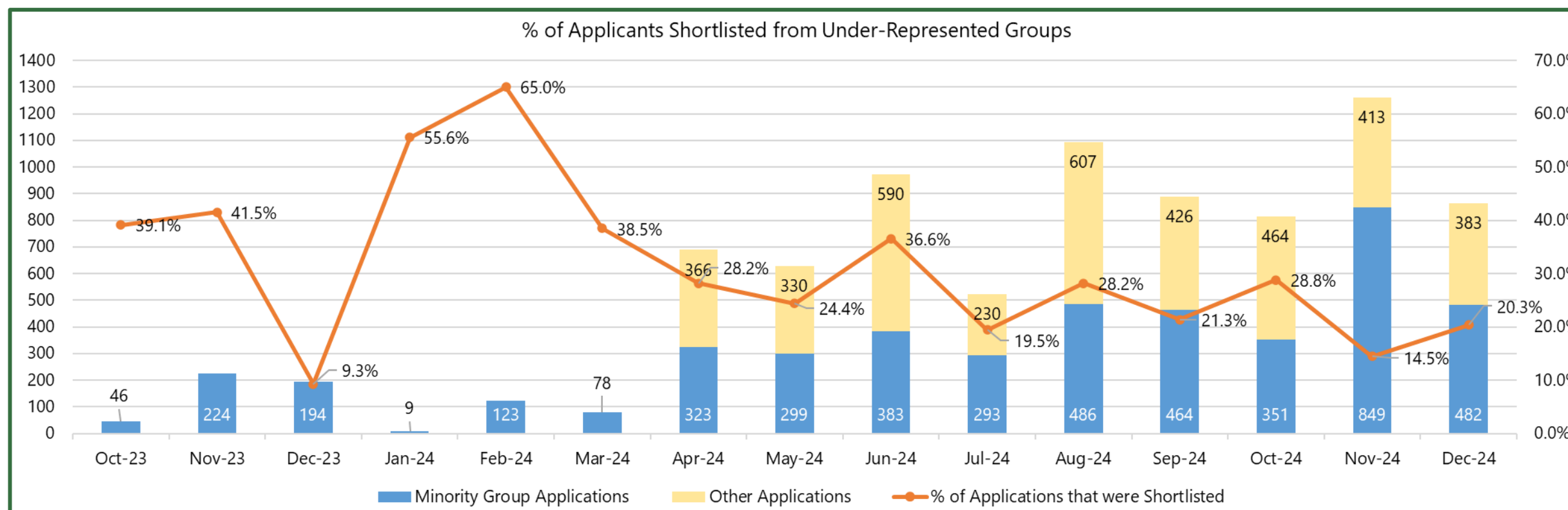
Remedial Plans and Actions

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

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

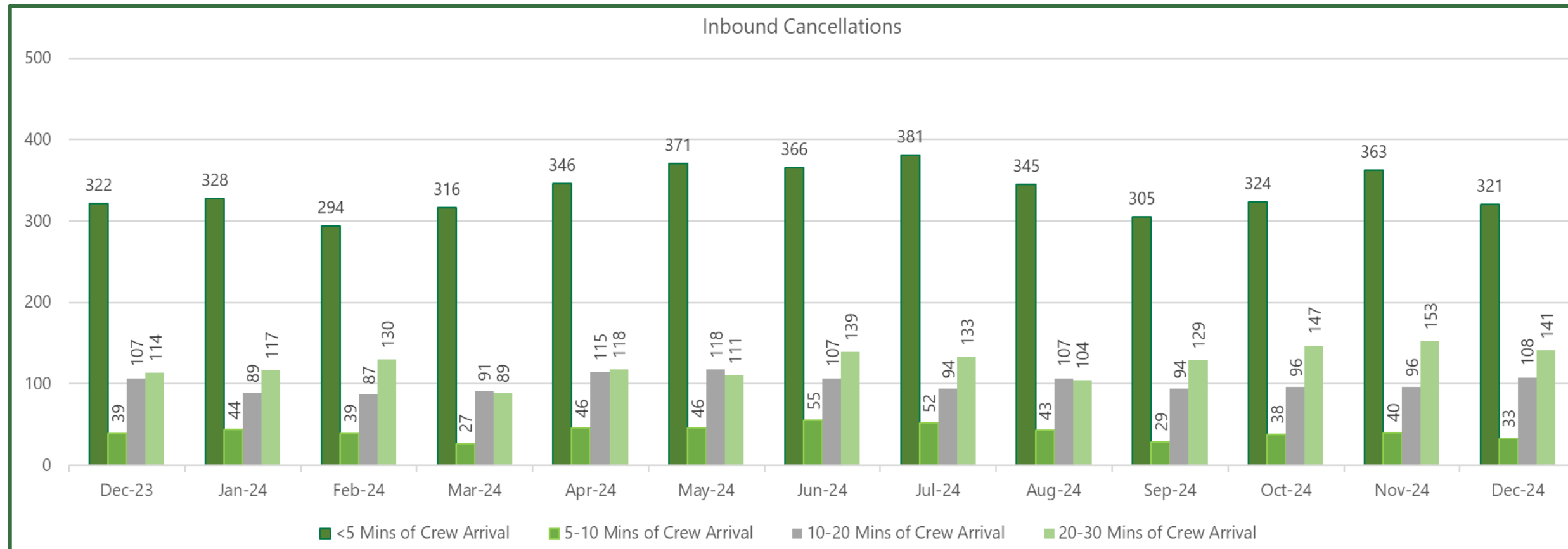
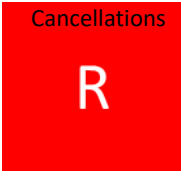
Continue to monitor levels, no trajectory for this measure.



Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in December 2024 to 321, compared to 363 in November 2024. The total number of cancellations within 30 minutes decreased from 652 in November 2024 to 603 in December 2024.

In December 2024 there were 76 travel bookings cancelled by patients, decreasing from 89 in November 2024.

The other top reasons for less than 5-minute cancellations included: 27 patients not located, 12 unwell/too ill to travel and 7 no appointment.

Same day cancellations decreased slightly in December to 13.3% from November 2024 (13.8%).

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.

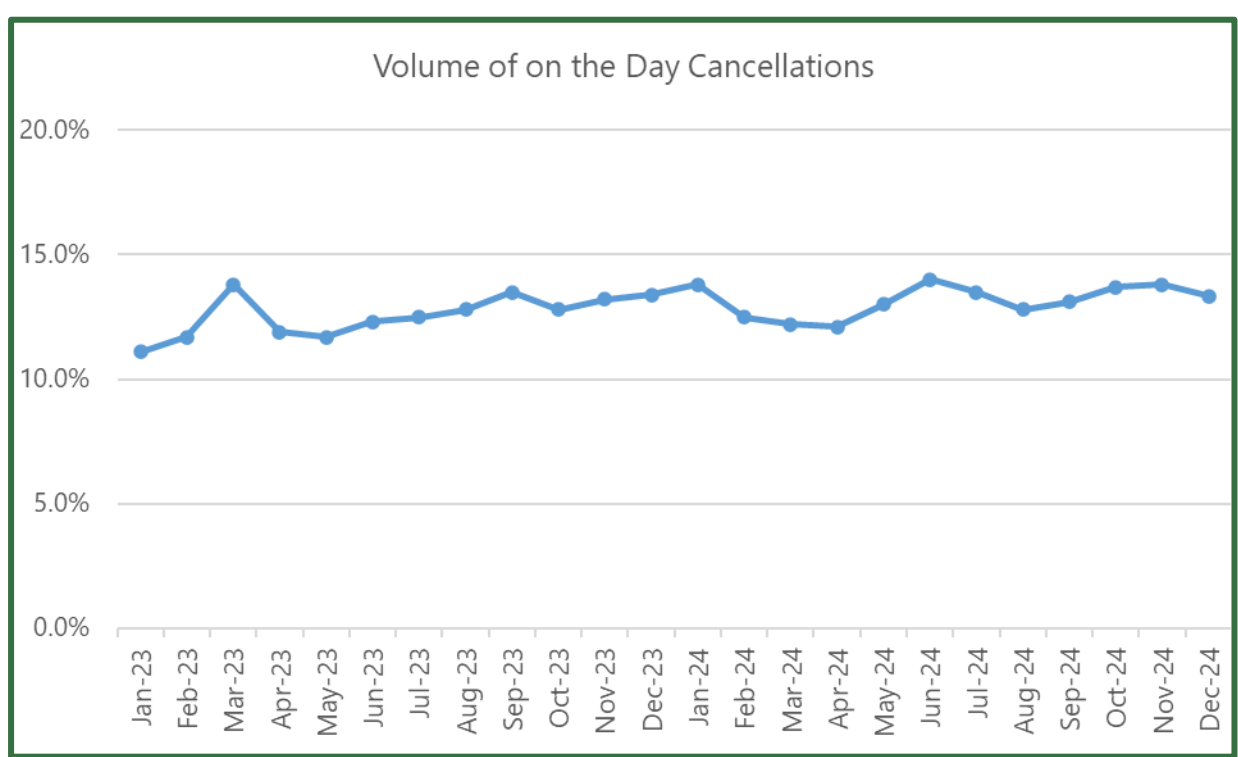
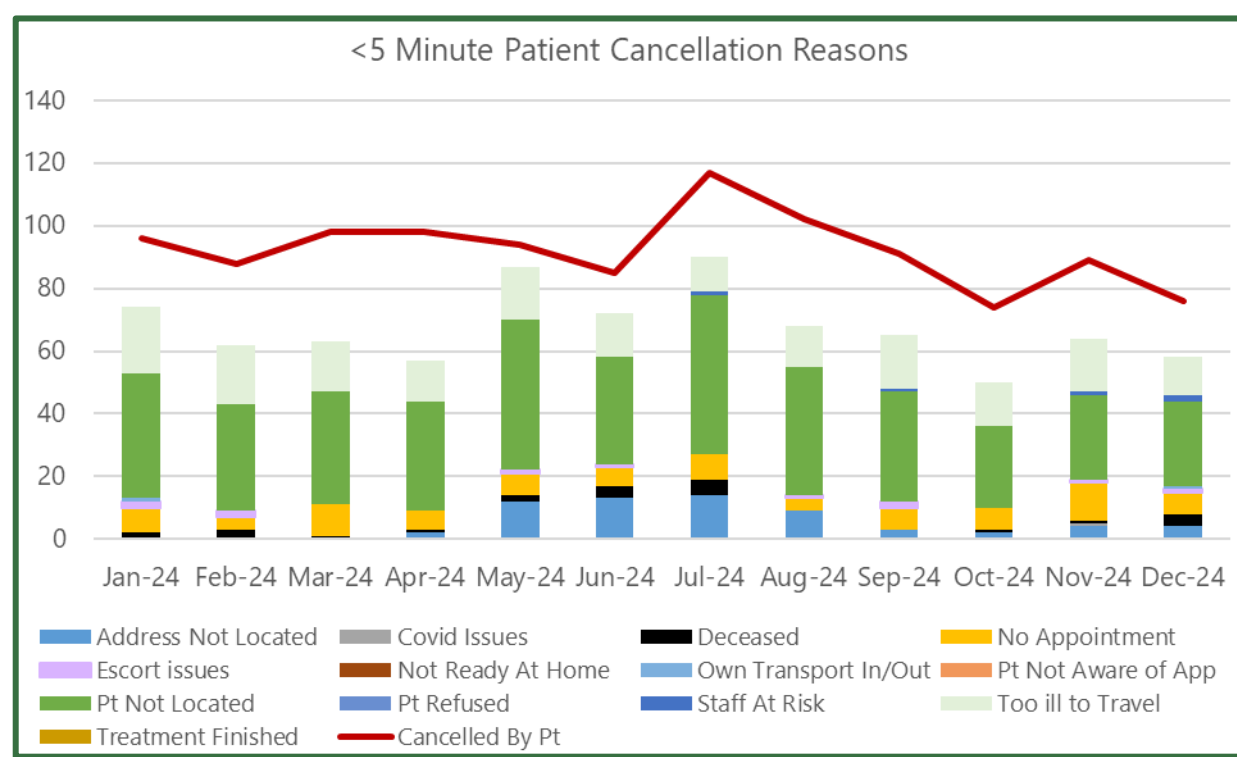
Work is also underway to enhance the service's text messaging options to improve notification to patients.

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

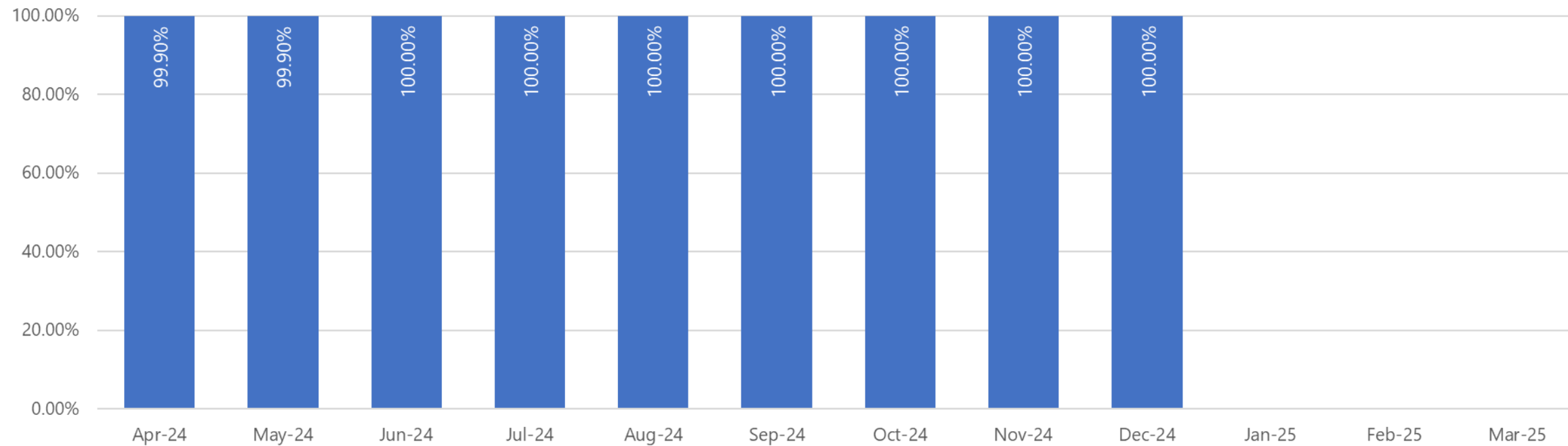
Value - Finance Indicators

(Responsible Officer: Chris Turley)

G

FPC

Financial Balance - Annual Expenditure YTD as % of Budget Expenditure YTD



Analysis

The reported outturn performance at Month 9 is a surplus of £42k, with a forecast to the yearend of breakeven

For Month 9 the Trust is reporting planned savings of £5.084m and actual savings of £5.481m (an achievement rate of 107.8%).

The Trust's cumulative performance against PSPP as at Month 9 is 97.7% against a target of 95%.

At Month 9 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Remedial Plans and Actions

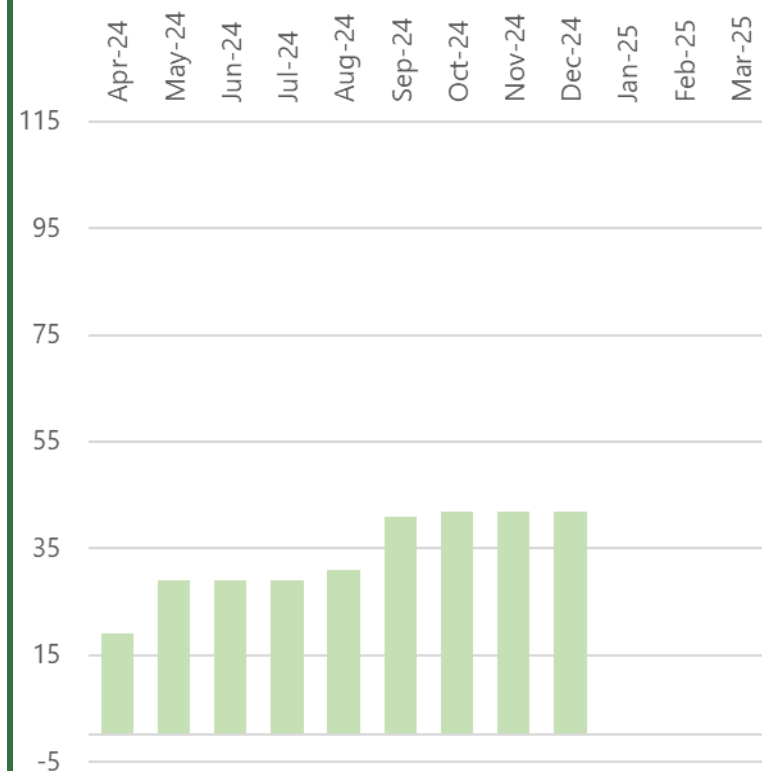
There is no remedial plan required given the Trust is forecasting to breakeven; however, key areas of focus include:-

- 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

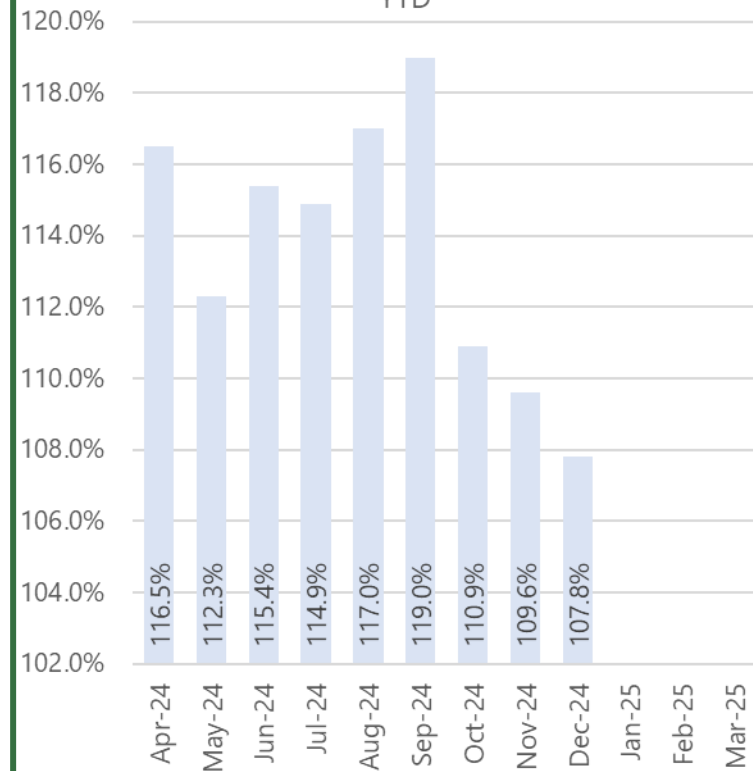
Expected Performance Trajectory

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.

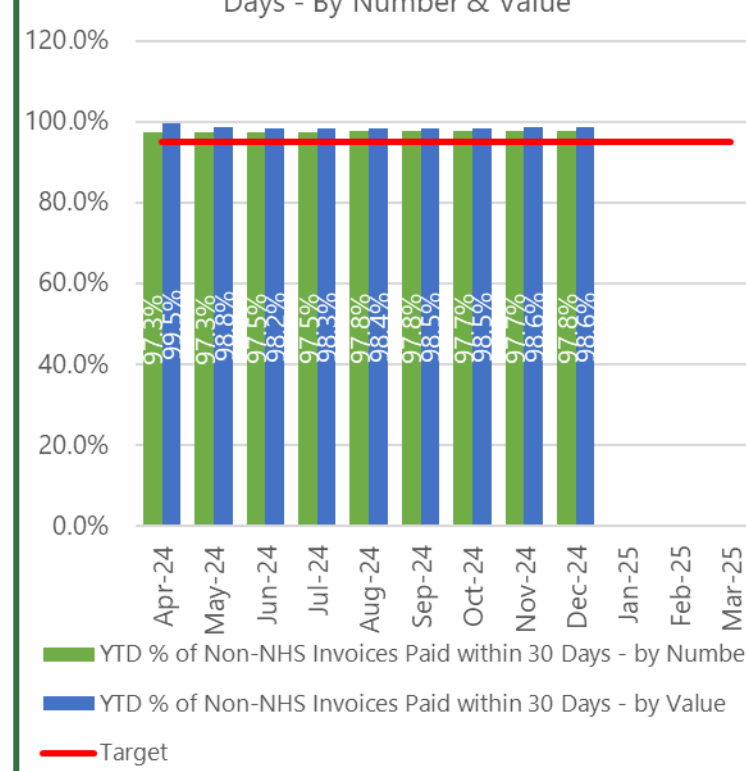
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Finance, Resources and Value

EMS Utilisation & Average Job/Shift Times

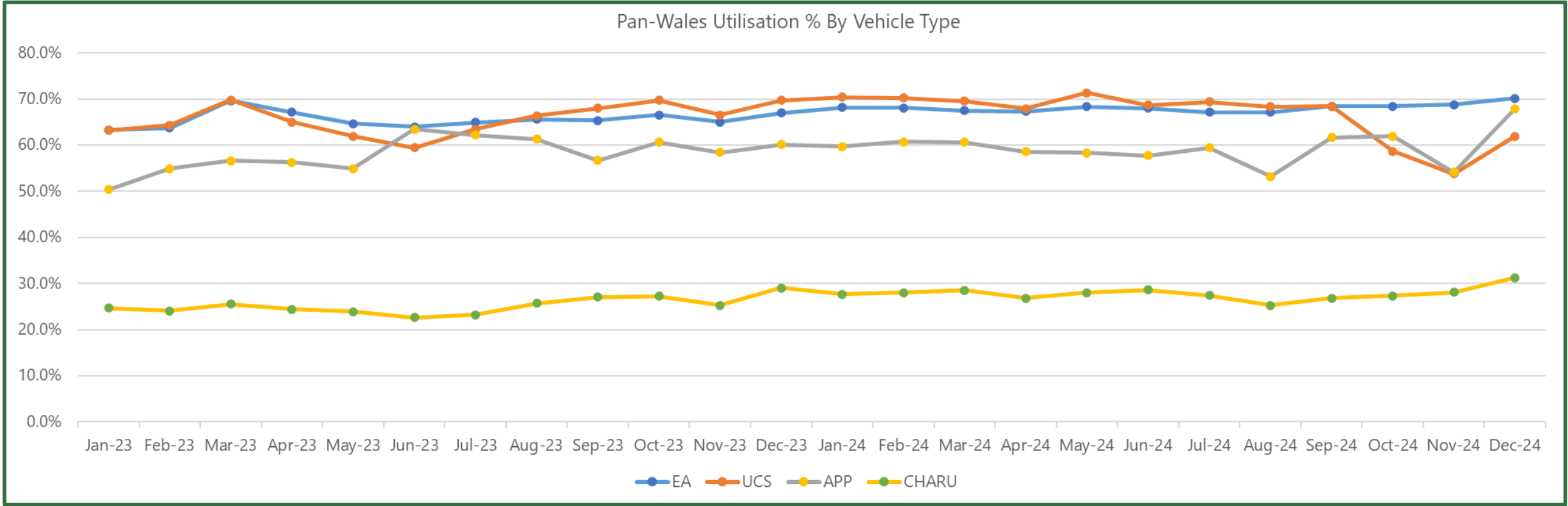
(Responsible Officer: Lee Brooks)

Jobs Per Shift
R

CHARU Utilisation
G

FPC

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



Analysis

Pan Wales Utilisation metrics in December 2024 were 59.5% for all vehicles types, decreasing slightly from 57.3% in November 2024. EA was the highest rate during the month at 70.1%, which has seen a generally stable trend over the past two years. 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 three categories in December 2024, 59 minutes for CHARU, 2 hours and 56 minutes for UCS and EAs to 2 hours 17 minutes APPS decreased to 1 hour, 19 minute.

Overall average jobs per shift was 2.29 in December 2024, indicating a slight increase from November 2024 (2.26). EAs averaged 2.37 jobs per shift and UCS crews 1.98 jobs per shift This is more than what would be ideal and a product of handover delays.

APPs attended on average 4.25 jobs per shift and CHARU's 2.11 jobs per shift. Both sets of data are under review.

Remedial Plans and Actions

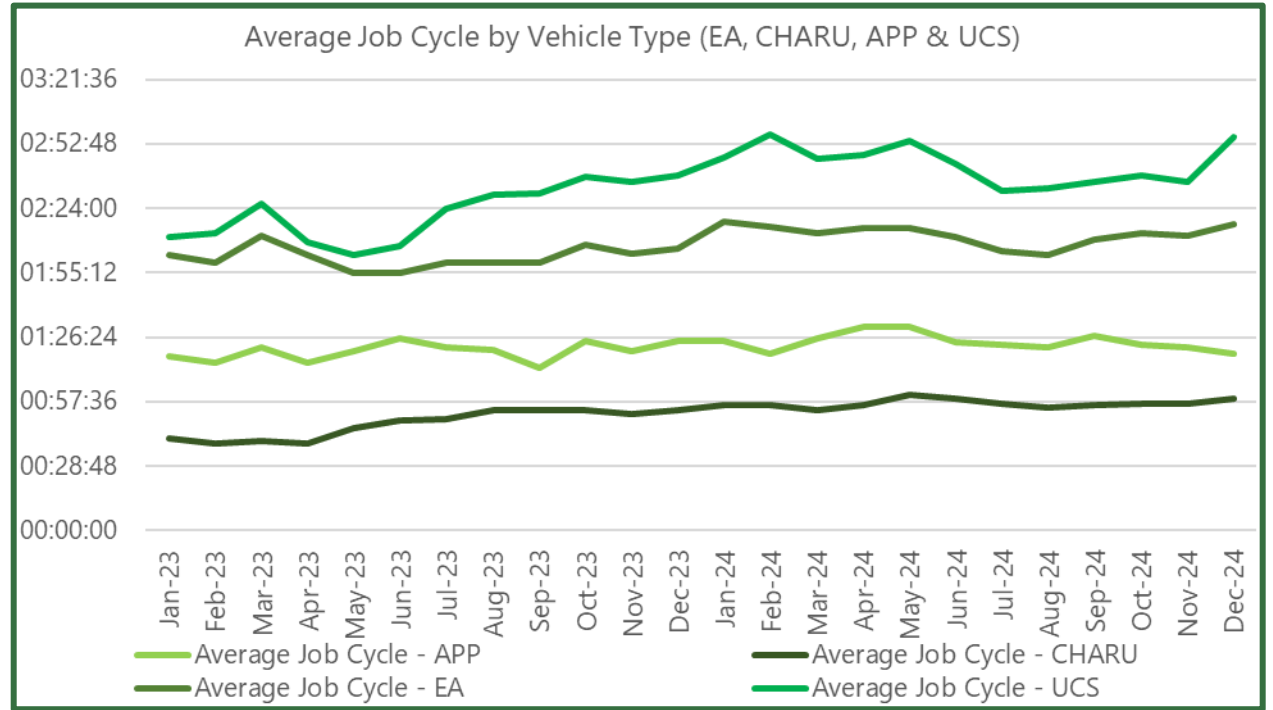
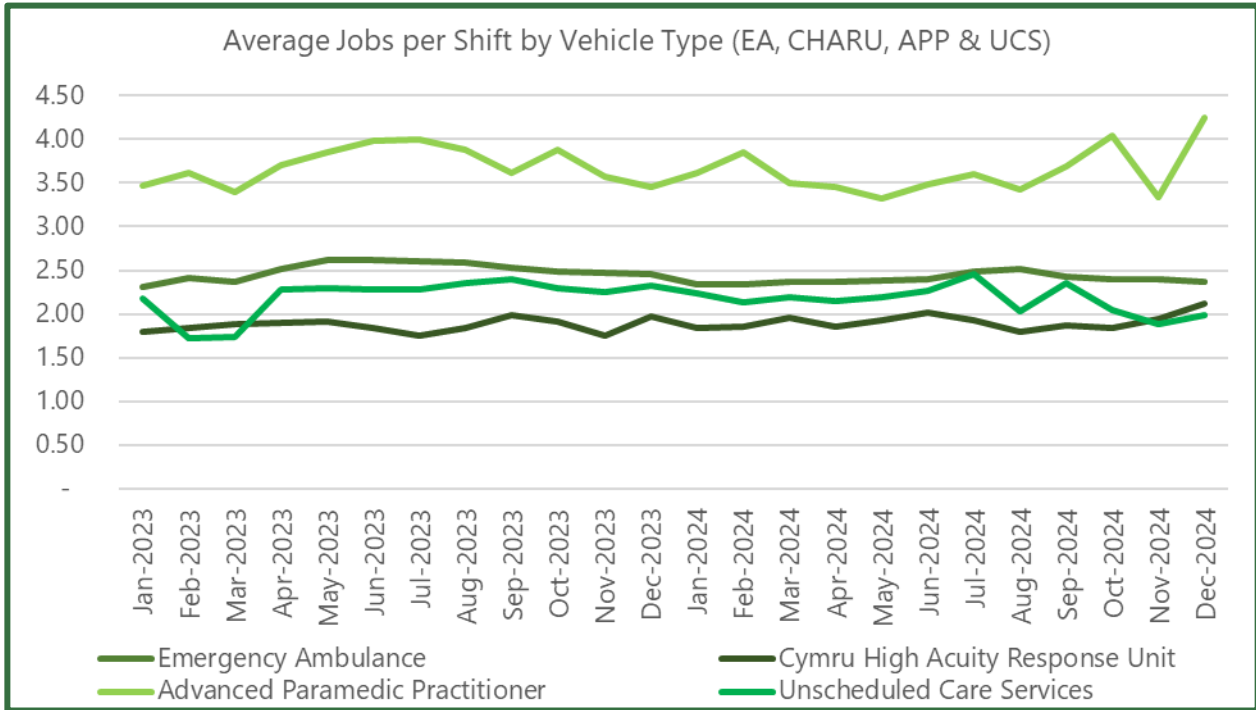
EA and UCS jobs per shift is fundamentally a product of handover delays.

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 December 2024, 65,673 calls were allocated into the 14 categories displayed in the graph opposite, an increase compared to the 61,264 seen during November 2024. However, data quality issues have been identified in 111 which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 41.01% of all calls during December 2024, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in December 2024, 6,496 calls were 'Stopped at Source', with no onward referral, an increase from the 6,496 in November 2024. 14,638 calls were referred to 999/ED in December, a decrease from the 15,619 in November 2024.

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.

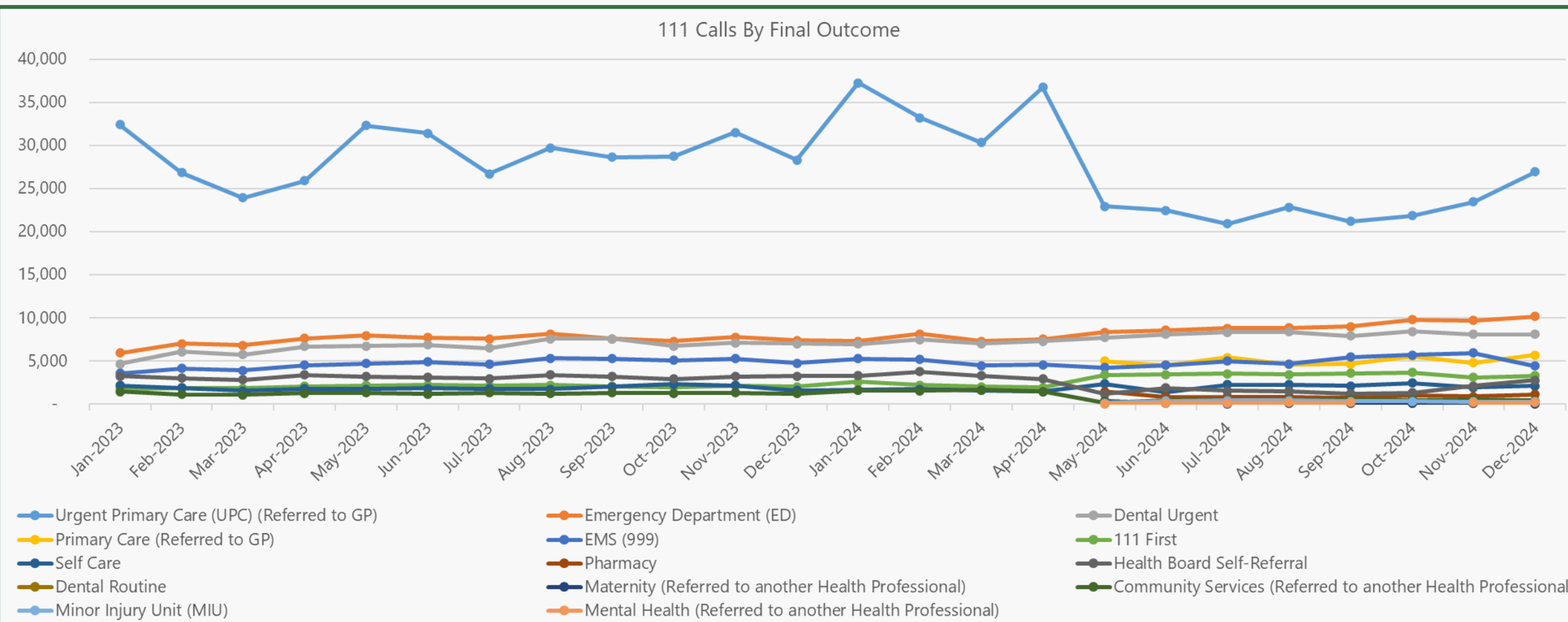
Remedial Plans and Actions

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.

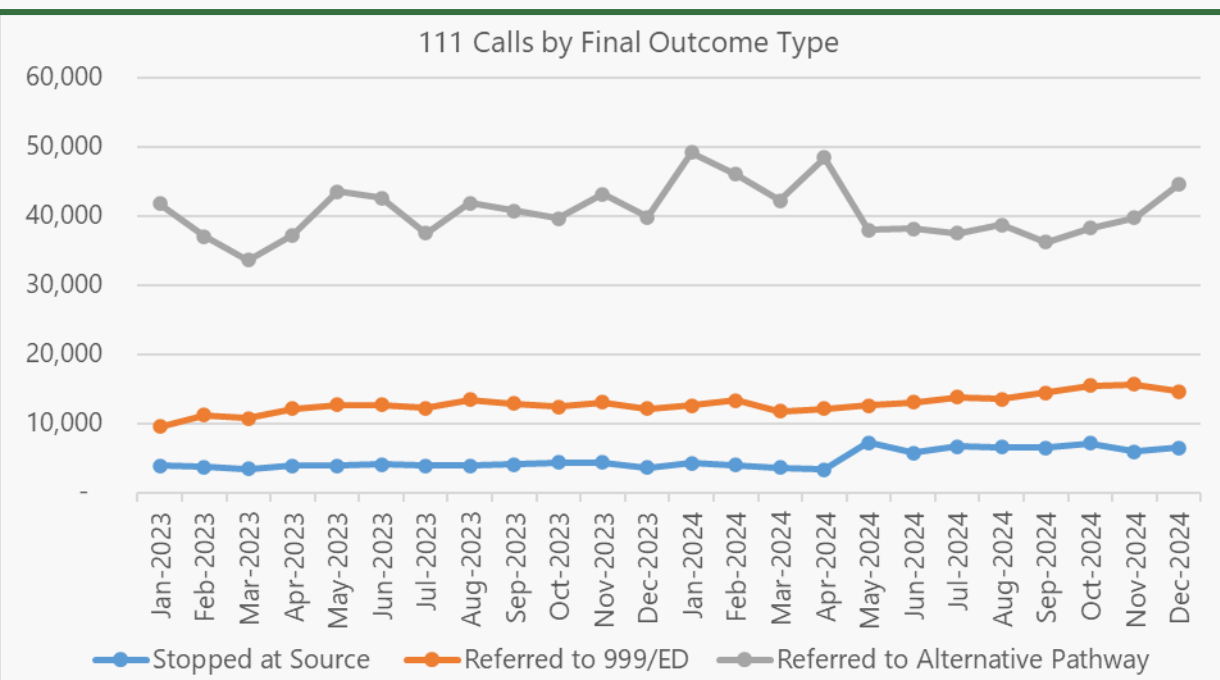
Expected Performance Trajectory

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.

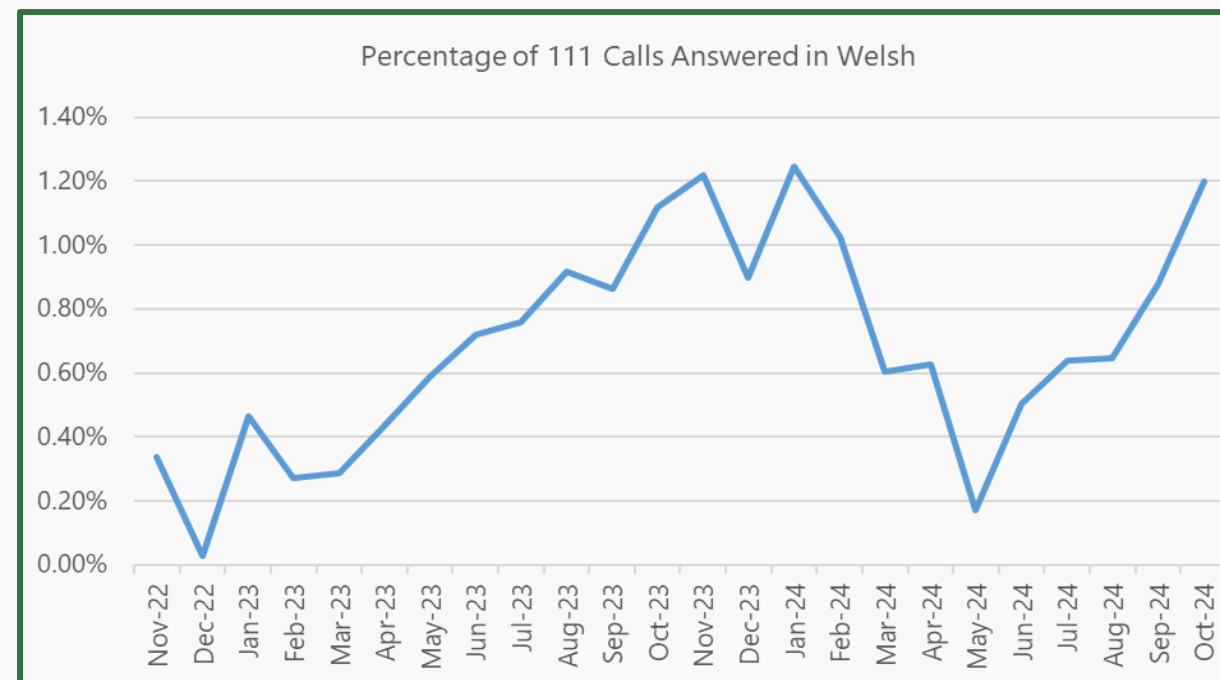
111 Calls By Final Outcome



111 Calls by Final Outcome Type



Percentage of 111 Calls Answered in Welsh



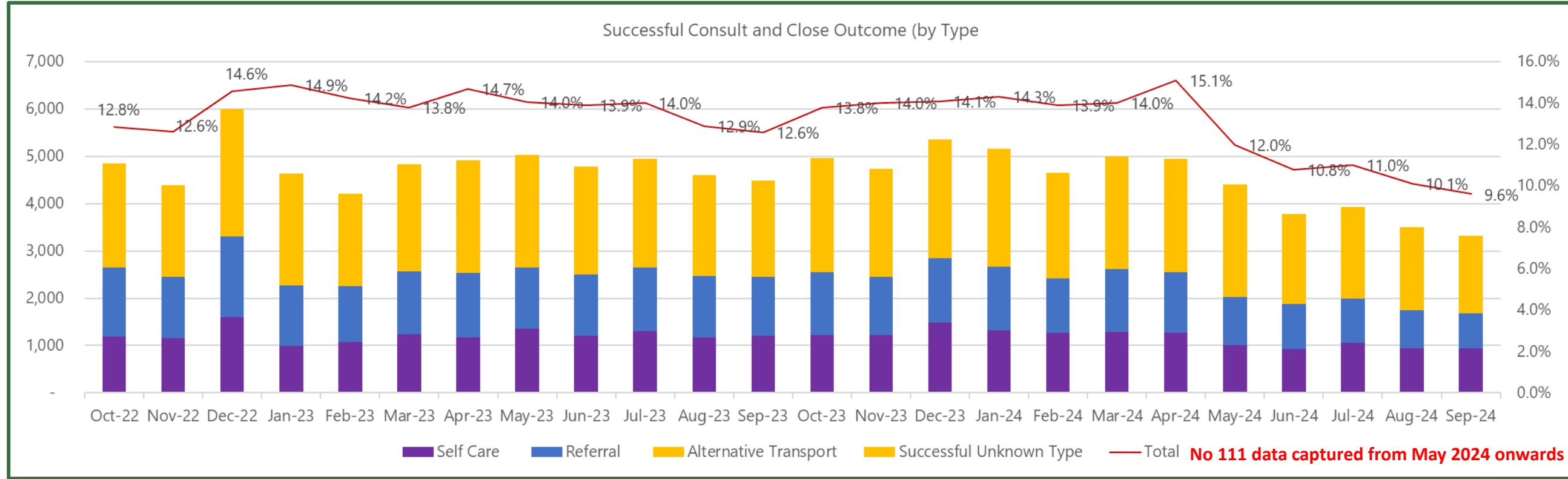
Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)

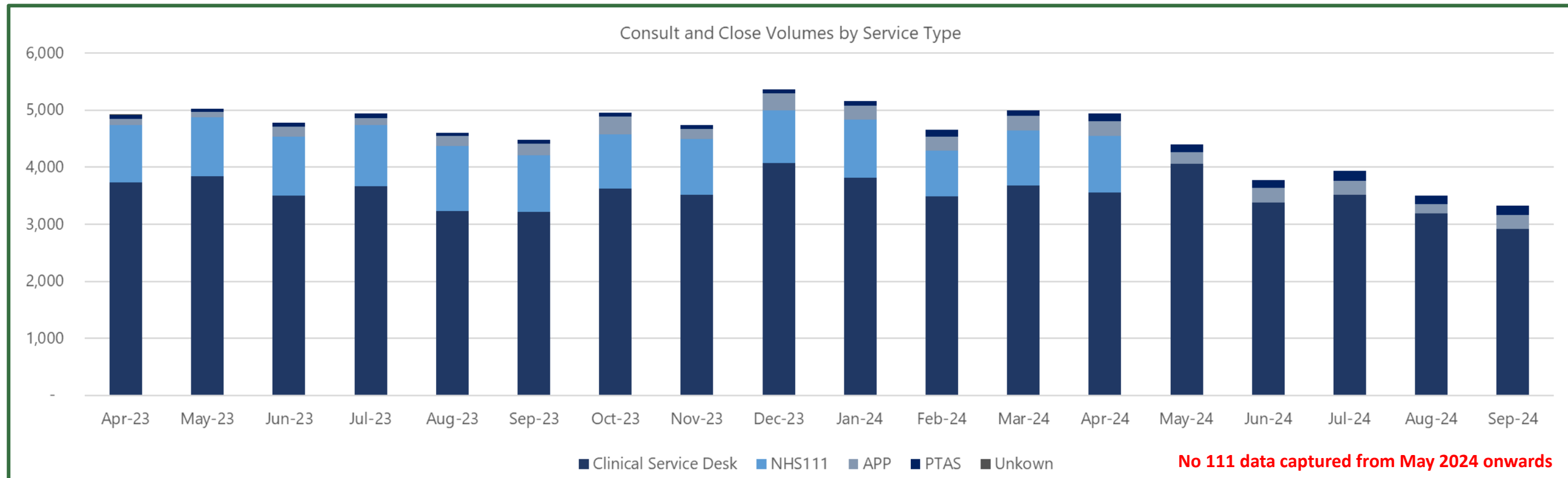
C&C
Outcomes

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.



Partnerships / System Contribution Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Conveyances

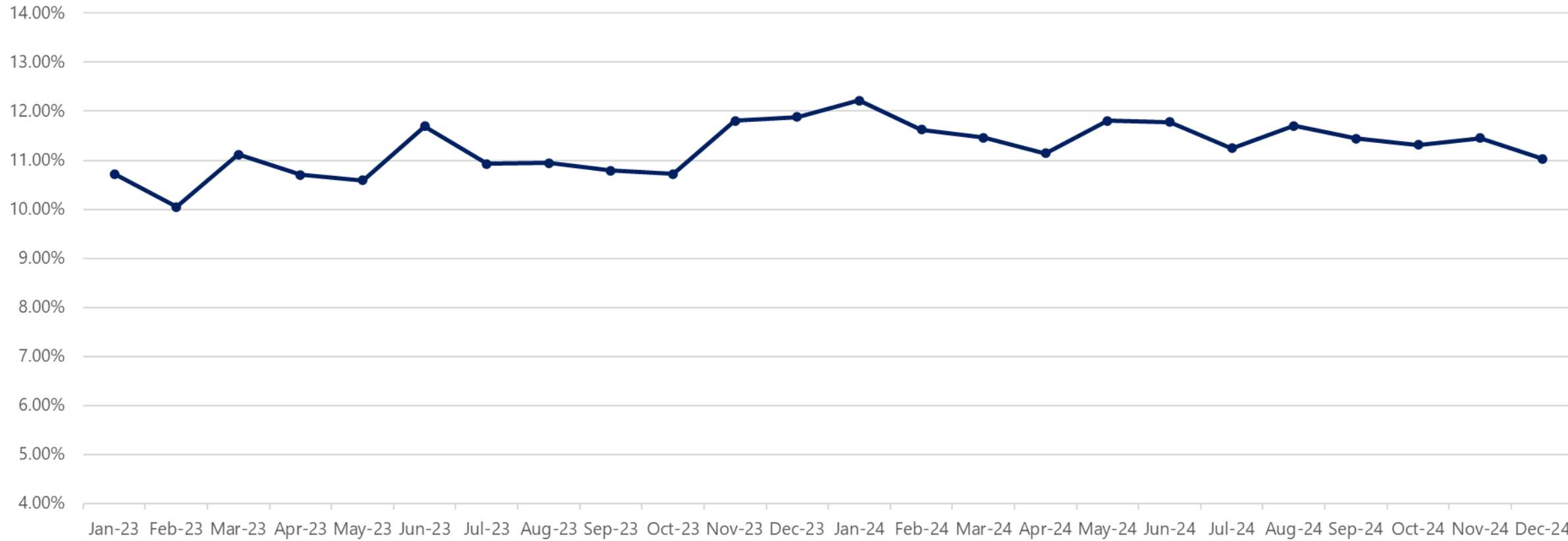
G

FPC

Ministerial Measure

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

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



Analysis

In December 2024 11.03% of patients (1,475) were conveyed to a service other than a Type One ED, while 31.06% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers increased, from 3,884 in November 2024 to 4,036 in December 2024.

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.

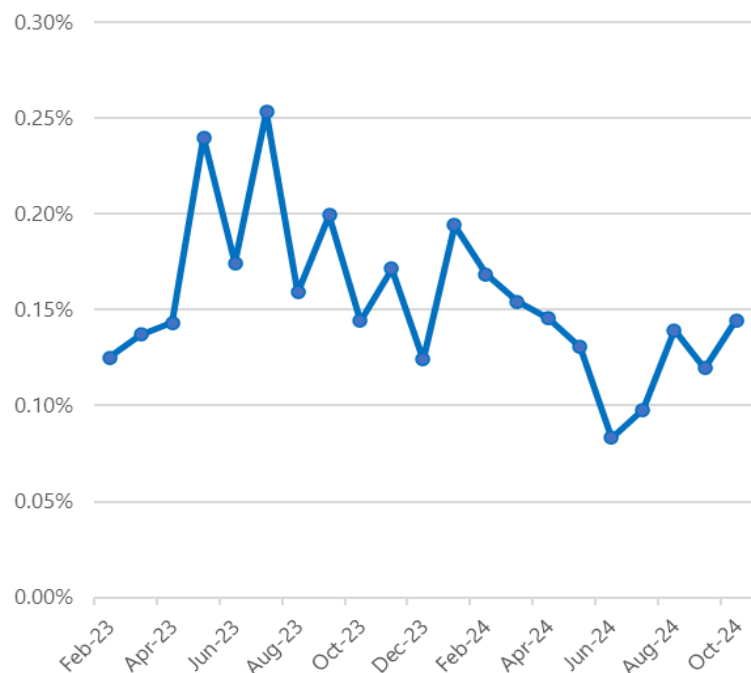
Remedial Plans and Actions

- 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.

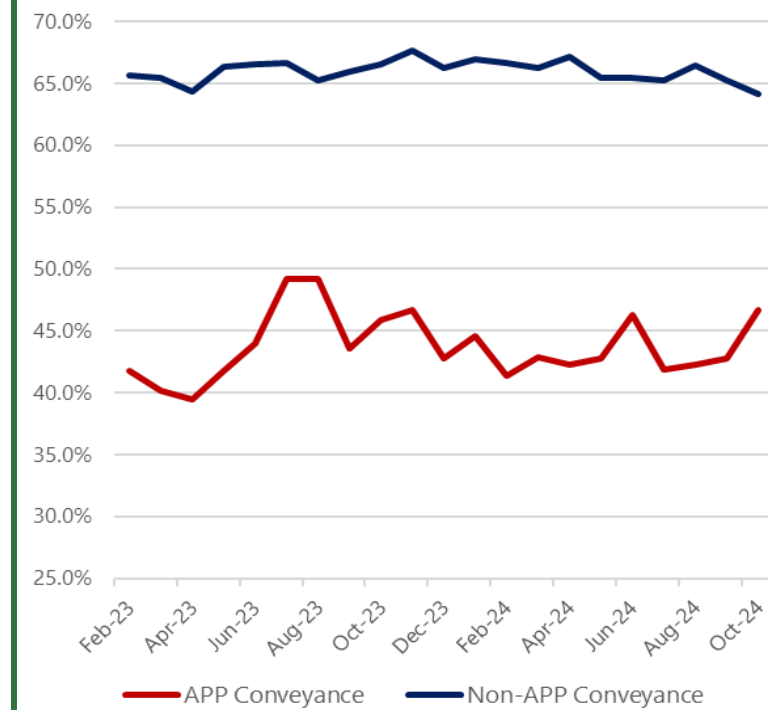
Expected Performance Trajectory

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.

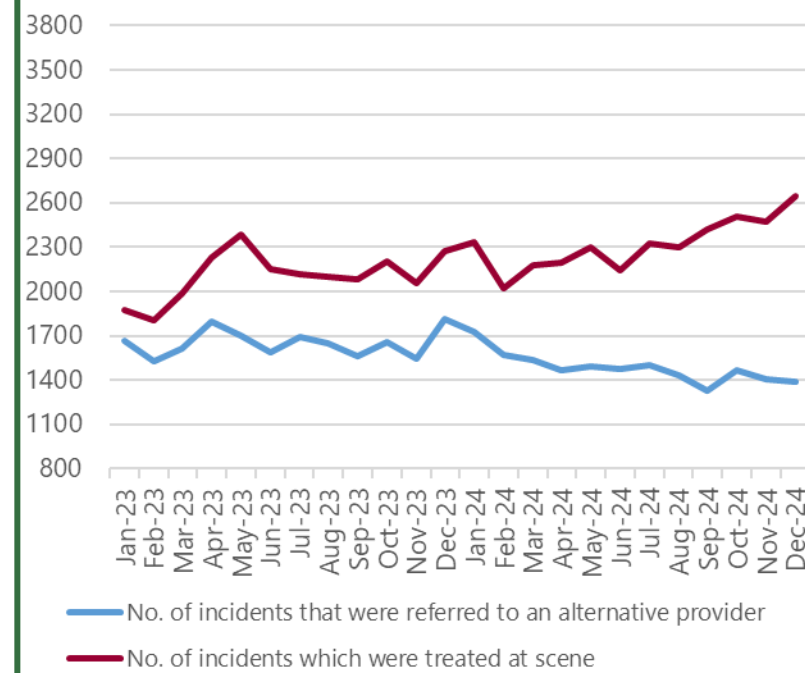
% Patients Conveyed to SDEC Units Pan-Wales



APP vs Non-APP Conveyance Rates



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



Partnerships / System Contribution

Handover Indicators

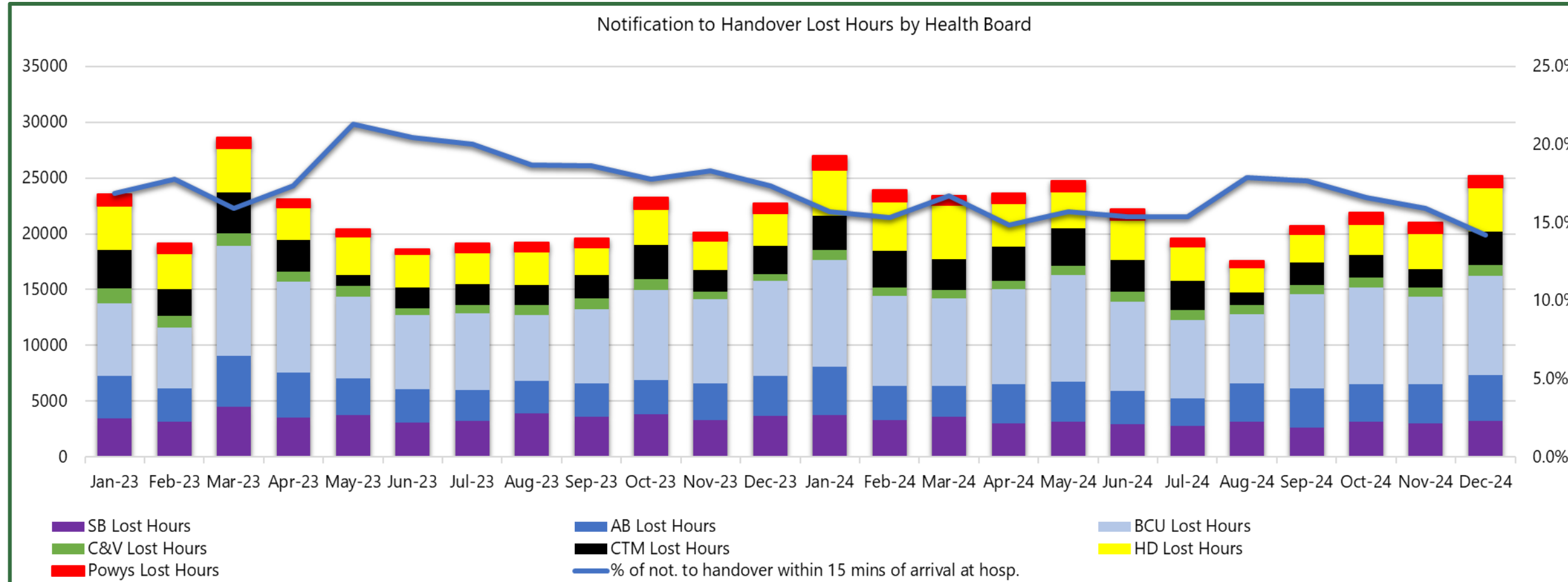
(Responsible Officer: Health Boards)

Lost Hours

R

CI

QUEST



Analysis

270,801 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Jan-24 to Dec-24), compared to 257,370 hours over the same timeframe the previous year. There were 25,195 hours lost in December 2024, which is 10.71% higher than the 22,756 hours lost during December 2023.

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

- Grange University Hospital (ABUHB) at 3,885 lost hours
- Morriston Hospital (SBUHB) at 3,096 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,911 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,860 lost hours

Notification to handover lost hours averaged 813 hours per day during December 2024 compared to 700 hours per day in November 2024.

In December 2024, the Trust could have responded to approximately 7,948 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

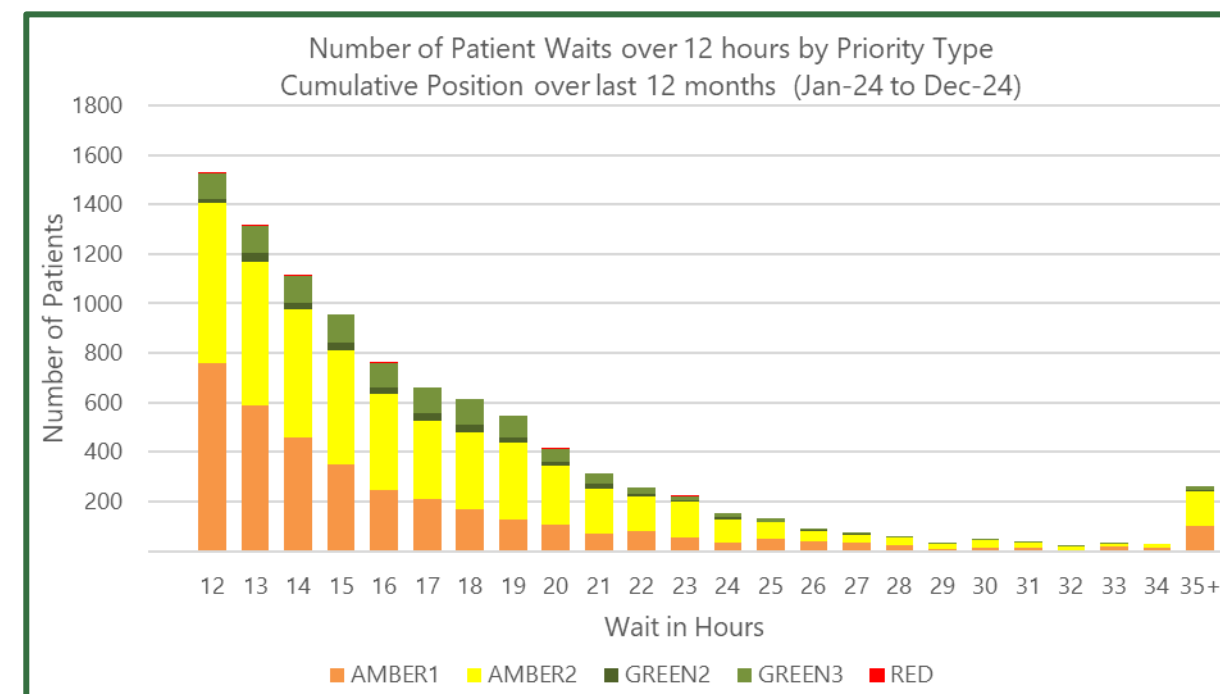
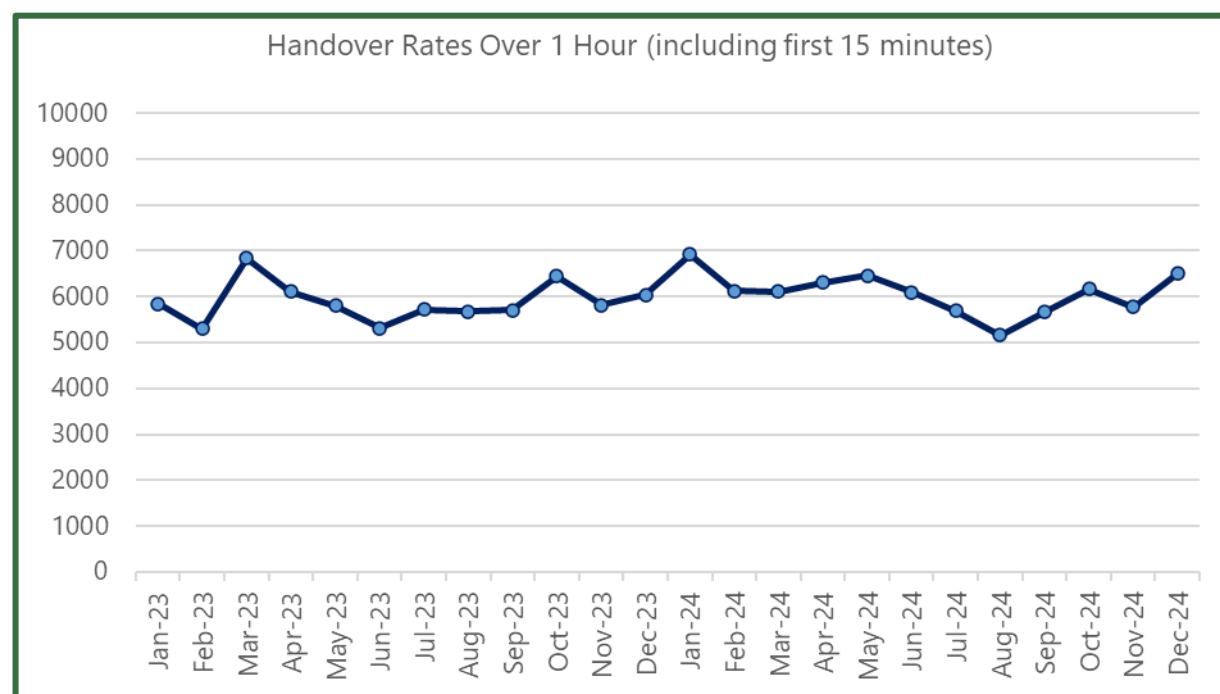
In December 2024, 1,623 patients waited over 12 hours for an ambulance response. In December 2024 34 compliments were received from patients and/or their families.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, 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.



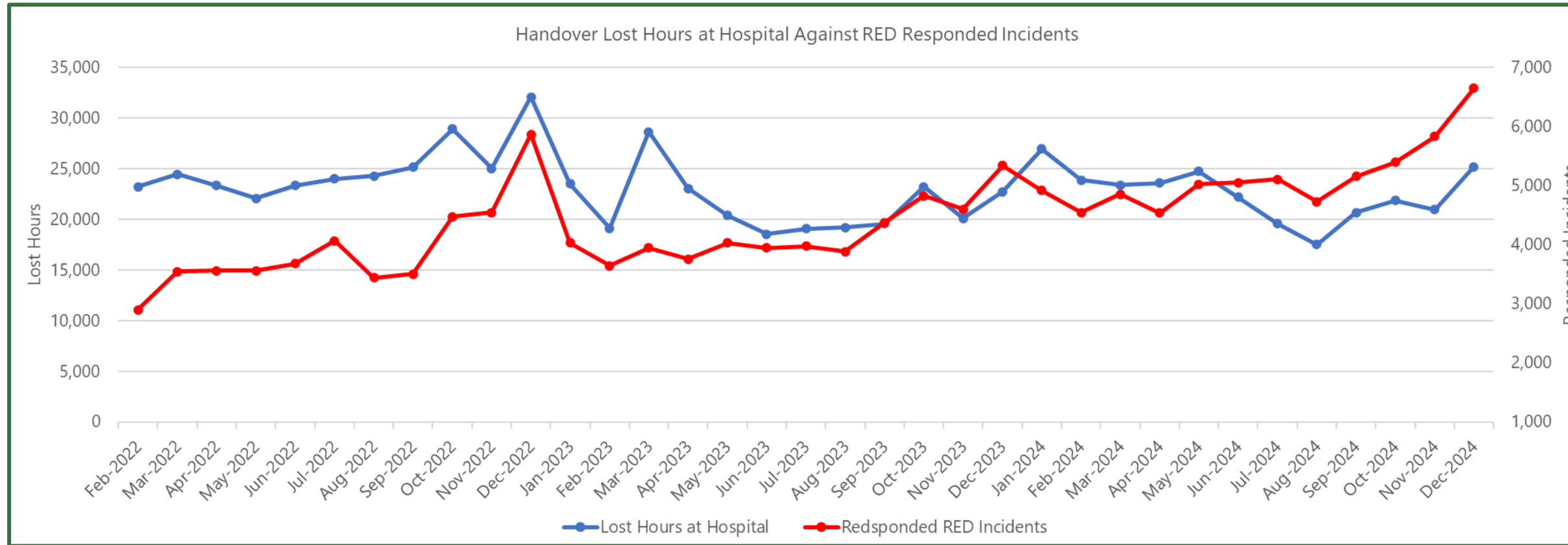
Partnerships / System Contribution

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.

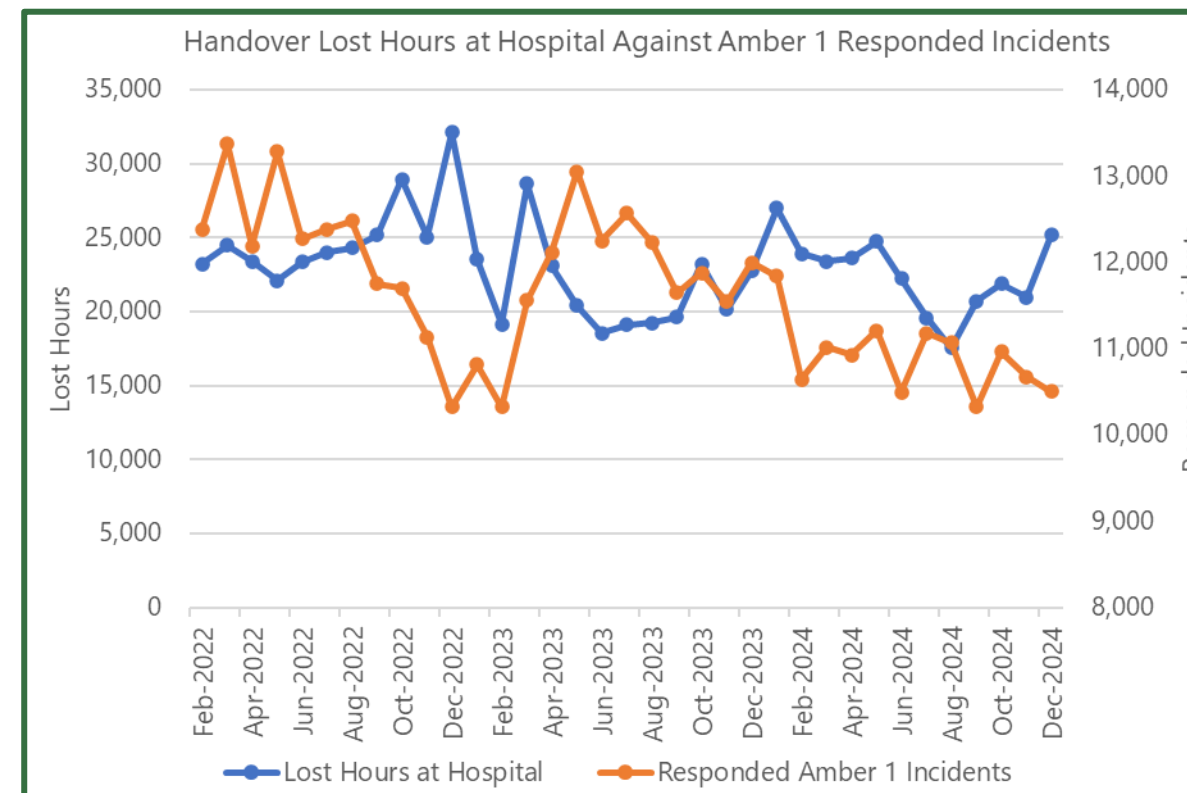
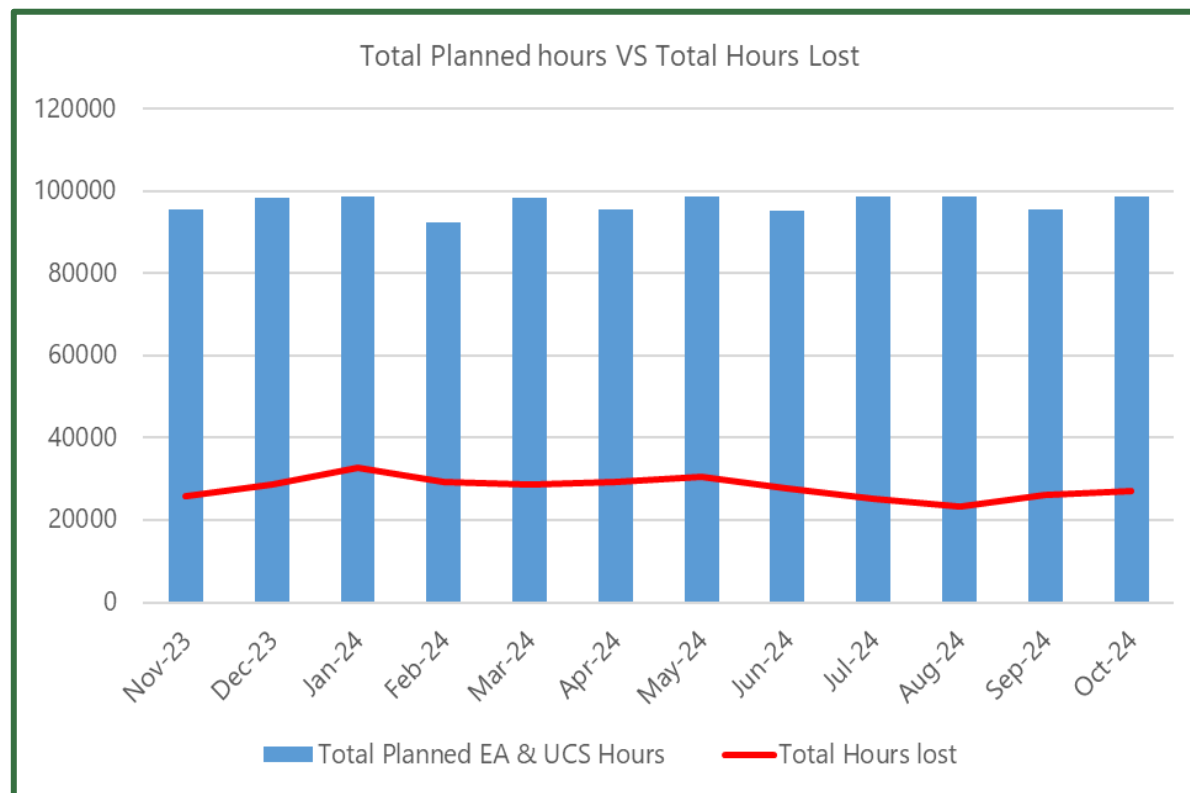
However, as the bottom right graph illustrates, there is a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the 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. Welsh Government want to see a 30% reduction by December 2024 as a move towards this target. Currently the Trust is experiencing much higher levels, with December being over 25,000 hours.



*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 care that 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	11
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	30 January 2025
EXECUTIVE	Trish Mills, Director of 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. Because of the Trust's Board and Committee meeting cycle, the third quarterly Risk and Board Assurance report is sitting slightly outside of normal reporting cycles for the principal risks. This means 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).
3. The Board can take assurance that each of the principal risks have and are being reviewed in line with the agreed reporting schedule throughout the latter part of December 2024 and early January 2025 and are navigating Trust governance processes in readiness for the next reporting cycle in March 2025. Additionally, the Audit, Risk and Assurance Committee 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.
4. Attention continues to be 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.
5. These risk updates and the full detail of each risk will be reported in the next cycle of meetings for review as normal. A summary of the risks is set out in Annex 1.
6. The more detailed description of each risk contained within the BAF has not been included given the Board has seen this in November 2024; however, given the nature of the Trust's two highest scoring risks and to support the Avoidable Harm report on the Board Agenda, the Board Assurance Framework extract (Annex 2) describes the full risk detail of **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 static at the highest score of 25. These scores reflect individual cases of avoidable harm, highlighting ongoing challenges in the unscheduled care system due to the levels of handover delays.

7. 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.
8. Most of the Trust's actions in the action plan have been completed and 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.
9. These two risks continue to be dynamically reviewed, and the scores remain unchanged despite several updates to the controls which include a review of the new 5 year strategic EMS Demand and Capacity review detailing the level of resourcing required in different handover lost hour scenarios and ways to respond to that demand.
10. By way of a short update on additional risk activity, a new risk has been developed for the Corporate Risk Register related to the Manchester Arena Inquiry and was presented to the FPC for discussion on 16 January 2025. This new **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.
11. Members will note that the gaps in controls relate to four outstanding MAI recommendations which are progressing, and twenty which have been submitted to Commissioners as requiring financial support. The outstanding recommendations are not able to be implemented independently by the Trust 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.
12. 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.
13. While the Operations Senior Leadership Team will ensure continual oversight of treatments, it would be unrealistic to anticipate progress of treatments to controls without external support. Where required, escalation will occur to the Executive Leadership Team, and onward to the FPC and closed Trust Board as required. Further, in the absence of any matters being brought forward, an update can be included within the annual EPRR bundle that is brought to the FPC.

14. Whilst, other than Risk 641, there have been no further material changes made during this period and detailed reviews, discussion and challenge continue to take place with the Executive Leadership Team and Assistant Director Leadership Team on each of the risks in support of achieving this activity and movement on the CRR and BAF.

RECOMMENDATION:

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

- a) Receive assurance that each of the Trust’s principal risks have been reviewed in line with agreed review schedules and full details will be reported in the next cycle of meetings.
- b) Note the inclusion of the new Risk 641 on the Corporate Risk Register.
- c) Note the ongoing repositioning of Risks 223 and 224.

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 (14 October 2024)
- Executive Leadership Team (23 October 2024 and 8 January 2025 (for risk 641))
- Quality, Safety & Patient Experience (05 November 2024)
- People & Culture Committee (14 November 2024)
- Finance & Performance Committee (19 November 2024)
- Audit, Risk and Assurance Committee (21 November 2024)

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 extract (Risks 223, 224 and 641)



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

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.	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	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.	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	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.	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of People & Culture	20 (5x4) ➔
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation.	<p>IF there is an inability of the Trust to deliver its core services because of system or organisational pressures</p> <p>THEN there will be a loss of stakeholder confidence in the Trust</p> <p>RESULTING IN a lack of stakeholder support for the Trust's long term</p>	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		
641 NEW 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	<p>IF the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared</p> <p>THEN there is a RISK that the Trust's Incident Response will be suboptimal</p> <p>RESULTING IN avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability</p>	Executive Director of Operations	<p style="text-align: center;">20 (4x4)</p> <p style="text-align: center;">*New*</p>
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	<p>IF there is a lack of resources and available technology and infrastructure</p> <p>THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines</p> <p>RESULTING IN negative environmental and social impacts causing and reputational damage</p>	Executive Director of Finance & Corporate Resources	<p style="text-align: center;">16 (4x4)</p> <p style="text-align: center;"></p>
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.	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p>THEN there is a risk of a significant information security incident</p>	Director of Digital Services	<p style="text-align: center;">15 (3x5)</p> <p style="text-align: center;"></p>

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		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		
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST</p> <p>RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm</p>	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.	<p>IF a major incident or mass casualty incident is declared</p> <p>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</p> <p>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.</p>	Executive Director of Operations	15 (3x5) 20 (4x5)
623 FPC	Failure to comply with Data Protection Legislation	<p>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</p> <p>THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be</p>	Director of Digital Services	15 (3x5)

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<p>compromised, lost, or inappropriately used</p> <p>RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.</p>		
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.	<p>IF WAST fails to persuade JCC/Health Boards about WAST ambitions</p> <p>THEN there is a risk of a delay or failure to receive funding and support</p> <p>RESULTING IN a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Executive Director of Strategy Planning & Performance	<p>12 (3x4)</p> <p>➔</p>
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	<p>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</p> <p>THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p>RESULTING IN a negative impact on colleague experience and/or services to patients.</p>	Director of People & Culture	<p>12 (3x4)</p> <p>↓</p> <p>16 (4x4)</p>
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation.	<p>IF the Trust does:</p> <ul style="list-style-type: none"> • not achieve financial breakeven and/or 	Executive Director of Finance &	<p>8 (2x4)</p> <p>➔</p>

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<ul style="list-style-type: none"> 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) <p>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)</p> <p>RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	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.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets. 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget. Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised; other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

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

Annex 3 - 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:	01/10/2024	TREND	25 (5x5)
			Date of Next Review:	01/11/2024	➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10
IMTP Deliverable Numbers: 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						
<p>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 June were 22,230, July were 19,599 and August were 17,540.</p> <p>The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.</p> <p>Improvement actions led by Welsh Government and system partners include: -</p> <ul style="list-style-type: none"> 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) Alternative 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 Care (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:	01/10/2024		TREND	25 (5x5)	
			Date of Next Review:	01/11/2024		→		
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death	Likelihood	4	Consequence	5	Score	20
			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	9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.							
10. Recruitment and deployment of CFRs	10. 11 new onboarding courses for June to December with projection of 110 new CFRs by 3 rd 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. • 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.							

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024		TREND	25 (5x5)
			Date of Next Review:	01/11/2024		→	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
24. ARA – - YGC, Swansea Bay and GUH		24. ARA in GUH finished 31 st 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 close F&P committee July 2024 and Trust 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 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.					
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow							
3. Local delivery units mirroring WAST ODU							
4. Handover delays link to risk 224							
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.		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.					
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							

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024		TREND	25 (5x5)
			Date of Next Review:	01/11/2024		→	
IF significant internal and external system pressures continue THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community RESULTING IN patient harm and death				Likelihood	Consequence	Score	
		Inherent		4	5	20	
		Current		5	5	25	
		Target		2	5	10	
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	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. May24 - Initial bid unsuccessful however an action within the new IMTP to grow our APP workforce by up to 40 per year for the next 3 years. Updates will progress through the IMTP within quarters. Milestone changed from March 2024 to June 2024.		
4. APP recruitment			Assistant Director of Operations	March 2025	Aug24 – 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 – implementation of new clinical model.			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.		
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 Planning & Performance	Completed	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC 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 funding¹⁴ accommodating extension arrangement.		

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024		TREND	25 (5x5)
			Date of Next Review:	01/11/2024		➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
				<ul style="list-style-type: none"> • 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 nature of this project of work aligns to the RICs workstream of the Clinical Model Transformation programme; the work will form part of the RICs workstream from September 2024. 			
9. Maximise the opportunity from Consult and Close: <ul style="list-style-type: none"> - 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	Extended to May 2024 - new date TBC	Reducing demand via APPs – 15 th January Start. 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	Q1 2024-2025	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Initial data from Qlik shows that there has been no reduction in N2H times however data received from Health Board show indication of 			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death			Date of Review:	01/10/2024	TREND	25 (5x5)
				Date of Next Review:	01/11/2024	➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
				<p>patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities.</p> <ul style="list-style-type: none"> 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:	06/09/2024	TREND	25 (5x5)
				Date of Next Review:	06/10/2024		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score	
			Inherent	5	5	25	
			Current	5	5	25	
			Target	3	2	6	
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 Q2 2024/25							
<ul style="list-style-type: none"> 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 EASC 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 April 2024 were 23,614 compared to 23,082 in April 2023. Eradication of handover waits of > 4 hours: there were 3,404 over four-hour patient handovers in April 2024, compared to 2,730 in April 2023. 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. <p>Improvement actions led by Welsh Government and system partners include:</p> <ol style="list-style-type: none"> 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 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. 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). NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) revised to March 2023/24. 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. 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) 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.			
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop			

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		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.																				
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))		3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.																				
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).		4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.																				
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership.		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 <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.		14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.																				
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government.		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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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 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 Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).				
		2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC				
		3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.				
		4. Internal Audit Report (April 2024) Serious Incidents: Joint Investigation Framework (WAST internal processes) provided 'Reasonable Assurance' with low to moderate impact on residual risk exposure until resolved. Improvement actions are monitored via the Audit Tracker.				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures – recruitment in line with Organisational Change Process is progressing with full establishment expected by July 2024.						
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.				

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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																			
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Monthly meetings continue to be held and networking through EDoNS. 																	
4. Recruit and train more Advanced Paramedic Practitioners.			Director of Paramedicine	Q4 2024/25	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 																	

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6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded. Quality Report development underway – mandatory requirement to publish 2024/25 (no fixed date for publication nationally).		Executive Director of Quality & Nursing	Q4 2024/25	<ul style="list-style-type: none"> 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. Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. 																			
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	<ul style="list-style-type: none"> Currently awaiting WG feedback on the submitted business case. 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 7 FTE CSD clinicians to provide a continuation of the Luscii solution - this would enable a proof of value pilot to further inform a business case. 																			
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	Q2 2024/25	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 refiled into 2024/25. 																			
10. Patient handover actions.		Executive Team	Under review	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 &		<ul style="list-style-type: none"> Trust to produce its own six goals plan (Goal 4 links to handover of care) 																			

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
			Date of Next Review:	16/01/2025	NEW	(4x5)
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						
<p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> - R106 Capability Report - Capability to Prepare - Capability to Respond - Capability of Specialist Assets <p>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.</p> <p><i>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.</i></p>						
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.			
2. Twenty (20) outstanding MAI Recommendations that have been submitted to Trust commissioners via the 'R106' process as requiring financial support to			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.			

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		NEW	
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	
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).							
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	<p>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.</p> <p>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).</p>			

AGENDA ITEM No	12
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

Financial Performance as at Month 9 – 2024/25

MEETING	Trust Board
DATE	30 th January 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 9 (December 2024).

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 9 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 £5.481m have been achieved in month 9 against a target of £5.084m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.8% for the number, and 98.6% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- ELT – 8th January 2025 – verbal update on initial M09 outturn
- FP&C – 16th January 2025 – via presentation
- TB – 30th January 2025 – for noting

REPORT APPENDICES

Appendices 1 – 2 – *Monitoring returns submitted to Welsh Government for month 9 – 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 9 2024/25

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31st December 2024 (Month 9 2024/25), along with an update on the 2024/25 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 9 2024/25** (1st April 2024 – 31st December 2024) 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 **£5.481m** have been achieved against a target of **£5.084m**. The future phasing of residual savings requirements as we progress through the financial year will be key to the continuing delivery of a balanced position and forecast. 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 97.8% for the number, and 98.6% of the value** of non-NHS invoices paid within 30 days.
3. 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.
4. 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. Following detailed work over the past few months and the net impact of the Trust previously holding circa 100 WTE positions and thus the reduction in potential backpay for these elements, along with mitigation associated with the roll out of the training wrap around, this risk had been reduced in stages through the financial year, including when it became clear from WG / commissioners that no additional in year funding would be made available for these additional costs. Discussions continue with commissioners around this issue, along with the more significant impact of future year's cost increases and resulting funding pressure previously highlighted through the submitted business case. As we enter Q4 of this financial year, it is pleasing to report that we have this month been able to update the residual 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. 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.

REVENUE FINANCIAL PERFORMANCE – MONTH 09 2024/25

5. The table below presents an overview of the financial position for the period 1st April 2024 to 31st December 2024.

Revenue Financial Position for the period 1st April - 31st December				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-307,742	-226,262	-226,379	-116
Expenditure				
Pay	223,301	164,169	162,768	-1,401
Non-pay	63,362	46,285	48,225	1,939
Total pay & non-pay expenditure	286,663	210,454	210,993	538
Depreciation & Impairments / interest payable & receivable	21,078	15,808	15,344	-464
Total	0	0	-42	-42

Income

6. Reported Income against the initial budget set to Month 9 shows an overachievement of **£0.116m**.

Pay Costs

7. Overall, the total pay variance at Month 9 is an underspend of **£1.401m**.

Non-pay Costs

8. The overall non-pay position at Month 9 is an overspend of **£1.475m**.

Savings

9. 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.
10. Month 9 in month performance was, plan of £0.445m and £0.395m achieved, therefore an underachievement of £0.050m (recurrent underachievement of £0.015m and non recurrent underachievement of £0.035m). Cumulative performance was plan of £5.084m and £5.481m achieved, therefore an overachievement of £0.397m* (£0.461m recurrent and -£0.064m non recurrent), as per the below table.

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	3,646	239	224	-15	2,934	3,394	461	3,646	4,133	487
Non Recurrent Schemes / Themes	2,775	206	171	-35	2,151	2,086	-64	2,775	2,565	-210
Overall Total	6,421	445	395	-50	5,084	5,481	397	6,421	6,698	277

**Please note figures are rounded to the nearest whole number*

11. Hence, 79% of the plan has been phased in for Month 9 which is slightly higher than flatline and 85% of the 2024/25 overall plan value of £6.421m has been achieved.
12. Forecast year end position is an overachievement of £0.277m, this is made up of planned underachievement of non recurrent savings of £0.210m and a planned overachievement in year on recurrent savings of £0.487m.
13. **Appendix 3** provides the overall detail for Month 9 by theme. This is now further split over recurring and non-recurring schemes.
14. Main variances by scheme in Month 9 are as follows.
- Interest receivable overachieved in M9 by £0.020m, YTD now overachieved by £0.421m. FYF is an over achievement of £0.466m based on cashflow projections.
 - Under achievement on corporate vacancies in M9 was £0.032m, YTD overachieved by £0.155m. FYF is assumed an overachievement of £0.019k 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 £0.032m for M9, YTD overachieved by £0.346m. FYF is assumed at an overachievement of £0.436m 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 then, higher than anticipated income was received in M9 which showed an overachievement of £0.007m, YTD now reports an overachievement of £0.051m. FYF is assuming an over achievement of £0.071m.
- Workforce efficiencies in M9 was an under recovery £0.017m with YTD of £0.037m and YEF reported as £0.087m.
- Non pay local schemes in Corporate and Operations under recovered in M9 by £0.047m. YTD is reporting an underachievement of £0.233m with a FYF of £0.272m.
- 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 £0.270m of this is in the M9 reported position.
- Fleet repair position continues to be challenging with current reduced capital investment in vehicles for 2024/25 so for M9, YTD and YEF this is showing a small achievement of its savings target to date of £0.037m and a shortfall for the FYF of £0.057m.

Financial Performance by Directorate

15. Whilst there is a small surplus reported at Month 9 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 @ 31st December	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	211,301	156,048	155,011	-1,037	-0.7%
Chief Executive Directorate	1,927	1,464	1,574	111	7.6%
Corporate Governance	667	469	471	2	0.4%
Partnerships & Engagement Directorate	520	384	383	-0	-0.1%
Finance and Corporate Resources Directorate	35,660	27,068	27,642	575	2.1%
Planning and Performance Directorate	2,897	2,199	2,225	26	1.2%
Quality, Safety and Patient Experience Directorate	6,490	4,727	4,818	91	1.9%
Digital Directorate	14,446	10,377	10,367	-9	-0.1%
People and Culture	5,665	4,088	3,910	-178	-4.4%
Medical & Clinical Services Directorate	3,801	2,727	2,756	29	1.1%
Trust Reserves	2,684	47	396	349	746.0%
Trust Income (mainly JCC)	-286,057	-209,597	-209,597	0	0.0%
Overall Trust Position	0	0	-42	-42	

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

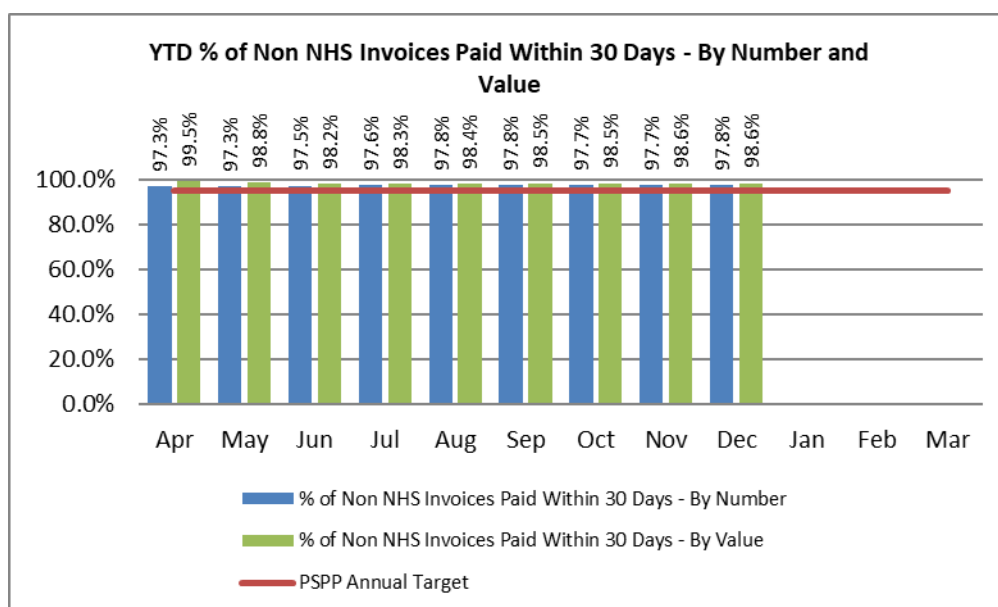
- Most directorates broadly in line with budget plan for Month 9;
- Operations (EMS Response) - Continue to develop modelling around the year end pay position considering workforce planning figures and overtime

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)

17. Public Sector Payment Policy (PSPP) compliance to Month 9 was **97.8%** against the **95%** WG target set for non-NHS invoices by number and **98.6%** by value.



2024-25 CAPITAL PROGRAMME

18. At Month 9, 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.

19. 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	257	303
Efab - Fire	43	333
Efab - Decarbonisation	0	596
MDVS	46	46
2024-25 Ambulance Vehicle Replacement Programme	5,236	12,487
Maintenance Backlog 2024-25	0	635
Special Operational Response Teams (SORT) Enhancement Equipment	0	430
Sub Total	5,640	14,994

20. 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 as expected 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.

RISKS AND ASSUMPTIONS

21. Risks continue to be reviewed on a monthly basis and in reporting through to WG it is considered that there are currently no individual high likelihood risks but, as we move through the final few months, we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.

22. However, there are a number of risks that need to continue to be documented within this reported financial position, 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 and adjust throughout the financial year when they can.

23. Given the current planned overachievement of our saving schemes the Trust had in month 7 reduced the risk around non achievement of identified savings to zero, this risk will remain under review and will be assessed each month.

24. Previously included in the table was a risk in relation to the current financial climate, this relates to the risk associated with energy and, in particular, vehicle fuel prices, whilst we have seen a decrease in these recently, they had still remain volatile therefore a low risk had been included for these, following an assessment this has been reduced down to zero in month, but as with above will be monitored monthly.

25. Given the pressures the Trust feels every winter, the Trust had included a figure of £1.000m to cover any unfunded winter pressures, however following discussions with the commissioner this risk had been reduced to zero in month 4, however this will remain under review and subject to changes as we progress through the financial year.

26. A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) of £1.000m. Matched funding for this highly volatile area is provided by WG on an annual basis.
27. As already described above, the risk in relation to costs associated with revised EMT / Technician level posts has been reduced in month to zero. 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.
28. Now included in the table is a low risk around the pay award funding of £3.223m, following month 8 the Trust has invoiced for the 75% of the modelled amount however the amount above relates to the remaining differences between the modelled amount and the amount which went through the ledger. The Trust however has been explicit with WG that this doesn't include the yet to be paid additional spinal points for Band 8A's and above, and is fully expecting to receive full funding for this in coming months.
29. Also included are two remaining unquantified risks, aligned to some of the income and funding assumptions previously highlighted, and which 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.
30. These are also 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.
31. 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 9 revenue financial position and performance of the Trust as at 31st December 2024;
- 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 brief capital programme update for 2024/25, and
- d) **Notes** the Month 9 Welsh Government monitoring returns submission included within **Appendices 1 – 2** (as required by WG);

Appendix 3

The first table is the total savings delivery, which is then broken down into that being delivered recurrently and that which is non recurrent, in the subsequent two tables

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 24-25

Reporting Month

9

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Ambulance Care Service	677	40	40	0	553	553	0	677	677	0
Emergency Medical Service	1,394	78	96	18	1,162	1,493	331	1,394	1,812	418
Integrated Care	111	0	0	0	111	87	-24	111	87	-24
Resourcing & EMS Co-ordination	235	0	0	0	235	231	-4	235	231	-4
National Operations & Support	184	15	15	0	138	138	0	184	184	0
Estates	237	28	28	0	153	153	0	237	237	0
Finance	758	48	82	34	614	985	372	758	1,184	426
Fleet	355	30	0	-30	266	23	-243	355	23	-332
Chief Executive Office	139	12	1	-10	104	26	-78	139	28	-111
Corporate Governance	36	3	3	0	27	25	-3	36	34	-3
Digital	508	42	12	-31	381	441	60	508	568	60
Medical & Clinical Services	250	21	5	-16	188	162	-25	250	177	-73
Partnerships & Engagement	46	4	4	0	35	34	-1	46	45	-1
People & Culture	589	49	65	16	442	614	172	589	760	171
Planning & Performance	83	7	8	1	62	38	-25	83	57	-26
Quality, Safety and Patient Experience	479	40	25	-15	359	274	-85	479	356	-123
Reserves	340	28	12	-17	255	205	-50	340	240	-100
Totals	6,421	445	395	-50	5,084	5,481	397	6,421	6,698	277

Savings Performance by Theme 24-25 - Recurrent

Reporting Month

9

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Ambulance Care Service	614	35	35	0	508	508	0	614	614	0
Emergency Medical Service	1,385	78	96	18	1,153	1,484	331	1,385	1,803	418
Integrated Care	71	0	0	0	71	47	-24	71	47	-24
Resourcing & EMS Co-ordination	171	0	0	0	171	167	-4	171	167	-4
National Operations & Support	85	7	7	0	66	66	0	85	85	0
Estates	138	20	20	0	78	78	0	138	138	0
Finance	325	27	47	20	244	665	421	325	791	466
Fleet	211	18	0	-18	158	23	-135	211	23	-188
Chief Executive Office	7	1	0	-1	5	2	-3	7	4	-3
Corporate Governance	5	0	0	0	4	1	-3	5	3	-3
Digital	250	21	4	-17	188	121	-66	250	184	-66
Medical & Clinical Services	6	1	0	-1	5	8	3	6	8	2
Partnerships & Engagement	2	0	0	0	2	1	-1	2	1	-1
People & Culture	22	2	2	0	17	13	-4	22	18	-4
Planning & Performance	7	1	1	0	5	1	-4	7	1	-6
Quality, Safety and Patient Experience	7	1	1	0	5	5	-1	7	6	-1
Reserves	340	28	12	-17	255	205	-50	340	240	-100
Totals	3,646	239	224	-15	2,934	3,394	461	3,646	4,133	487

Savings Performance by Theme 24-25 - Non Recurrent

Reporting Month

9

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Ambulance Care Service	63	5	5	0	45	45	0	63	63	0
Emergency Medical Service	9	0	0	0	9	9	0	9	9	0
Integrated Care	40	0	0	0	40	40	0	40	40	0
Resourcing & EMS Co-ordination	64	0	0	0	64	64	0	64	64	0
National Operations & Support	99	8	8	0	72	72	0	99	99	0
Estates	99	8	8	0	75	75	0	99	99	0
Finance	433	21	35	14	370	320	-49	433	392	-41
Fleet	144	12	0	-12	108	0	-108	144	0	-144
Chief Executive Office	132	11	1	-10	99	24	-75	132	24	-108
Corporate Governance	31	3	3	0	23	23	0	31	31	0
Digital	258	22	8	-14	194	320	126	258	384	126
Medical & Clinical Services	244	20	5	-15	183	154	-29	244	169	-75
Partnerships & Engagement	44	4	4	0	33	33	0	44	44	0
People & Culture	567	47	63	16	425	601	176	567	742	175
Planning & Performance	76	6	7	1	57	36	-21	76	55	-21
Quality, Safety and Patient Experience	472	39	24	-15	354	269	-85	472	349	-123
Reserves	0	0	0	0	0	0	0	0	0	0
Totals	2,775	206	171	-35	2,151	2,086	-64	2,775	2,565	-210

Please note figures are rounded to the nearest whole number



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans 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

14th January 2025

Your ref:

Dear Andrea,

Re: DECEMBER 2024 (MONTH 09 2024/25) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for December 2024.

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 09 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.

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwylans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

Beacon House
William Brown Close
Llantarnam
Cwmbran NP44 3AB
Ffôn/Tel
01633 626262

The resulting reported performance at Month 9 as per Table B, is a small underspend against budget / surplus of **£0.042m**

The reported total pay variance against plan as at Month 9 is an underspend of **£1.401m**, set against the budgets.

The non-pay position at Month 9 is a reported overspend of **£1.475m**.

Income at Month 9 shows an over achievement of **£0.116m**.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data.

Due to the fact that budgets are set at the outset of the financial year there will inevitably be movements between months and expenditure profiles will fluctuate on a monthly basis. Given this, this line along with the variability of the saving will move, alongside the impact of the EMT3 issue. **(Action Point 8.1)**

The underachievement of savings from Month 8 onwards relate to corporate vacancies which have now been appointed into, this is also impacted by a reduction in the number of forecasted staff leaving. In relation to non-pay savings this relates to costs associated with the increased demand on medical and surgical, also savings on travel have not materialised as more overtime shifts are covered by out of area staff **(Action Point 8.2)**

As previously documented the Trust has included in its baseline the disposal income, therefore this is not a movement, therefore not documented within the table. Disposals are not included within table I as there is no reinvestment of the NBV as can be seen from Table K, therefore this is purely a gain. **(Action Point 8.3)**

Spend on non-pay and Secondary Care drugs relate to a number of forecasted expenditures in line with expected needs of the Trust around the replacement of uniforms and equipment, digital expenditure along with the costs of replacing high value drugs such as Pentrox and Tenecteplase **(Action Point 8.4)**

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 through the final few months 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 apprised of such risks and any mitigating actions.

However, there are a number of risks that either need to be documented within this reported financial position, or updated on in relation to previously identified risks, 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 and adjust throughout the financial year when they can.

Given the current planned overachievement of our saving schemes the Trust had in month 7 reduced this risk around non achievement of identified savings to zero, this risk will however remain on the table and will be assessed each month.

Previously included in the table was a risk in relation to the current financial climate, this relates to the risk associated with energy and, in particular, vehicle fuel prices, whilst we have seen a decrease in these recently, they had still remain volatile therefore a low risk had been included for these, following an assessment this has been reduced down to zero in month, but as with above will be monitored monthly.

Given the pressures the Trust feels every winter, the Trust had included a figure of £1.000m to cover any unfunded winter pressures, however following discussions with the commissioner this risk has been reduced to zero in month 4, this will remain under review and subject to changes as we progress through the financial year.

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

Conversations continue with the commissioners around the support for the impact of the EMT3 Band 5 implementation costs, along with the more significant impact of future years funding pressure previously reported in detail through these monthly monitoring returns. Whilst the position is currently that no in year additional funding for these costs, it is also pleasing to report that we have this month been able to update the residual risk as included in prior month's returns, which has now been reduced to zero, with costs being managed in year through controlling other variable spends. 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.

As stated last month the Trust had included the full value of the pay award, as the Trust had incurred those costs but at the time of composing the letter was yet to receive confirmation that it could invoice for the 75% as had previously been discussed at numerous forums. Following the submission the Trust received agreement to invoice for 75% of the modelled amount, therefore this month the risk has been reduced to the difference between the amount invoiced and the amount the Trust has expended. **(Action Point 8.5)** As stated however this doesn't include the assumption around the 8a additional spinal points as this is yet to be paid.

Also included within the risk table are 2 remaining unquantified risks at this stage, 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 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).
- 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 returns, these are also 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.

As noted above, whilst there are therefore no current individually assessed high financial risks at present, however when this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will likely be another challenging final few months, despite the reported good financial performance in M09, based on the assumptions made in reporting this.

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.

Following last month's submission the invoice for IFRS 16 DEL baseline Depreciation wasn't raised as planned in month 9, however work has commenced to ensure it is issued during month 10. **(Action Point 7.4)**

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

Agency costs for Month 9 totalled £0.174m. The current percentage of agency costs against the total pay figure remains very small, at 0.9%. 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.

The reduction shown in Table B2 in relations to Additional Clinical Services staff relates to the assumed appointment of permanent staff into the 111 call taker staff in Swansea (**Action Point 8.6**)

7. COVID-19 (Table B3)

Table B3 has been completed (nil return).

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

For Month 9 the Trust is reporting planned savings (including Income generation) of £5.084m and actual savings of £5.481m.

As can be seen from Table C3, the Trust overachieved its savings target in month 9 and is now forecasting to overachieve the total savings target for the year by £0.277m, this is made up of planned underachievement of Non recurrent savings of £0.210m and a planned overachievement in year on recurrent savings of £0.487m.

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 9 there was 1 credit note and 1 invoice over 17 weeks, the credit note was just awaiting an invoice to come in to be able to clear this from the system, the one invoice can't be paid due to this credit sitting on their system being for a greater value, therefore to resolve this issue the Trust has transferred back to the HB via bank transfer the value of the credit to allow the invoice to be release and paid, as the HB have confirmed that this invoice is released for payment. There are 5 invoices over 11 weeks, however none of these invoices have any disputes raised and the Trust is actively chasing payment.

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	13	13	13	155
Other Non NHS Income	242	144	278	253	449	127	189	156	65	355	355	349	2,962
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	400	350	427	4,591
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	926	768	718	789	8,909

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 is ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year.

14. Committee to receive Financial Monitoring Return

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

The Month 9 Financial Monitoring Return will be presented to the Trust Board on 30th January 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.

15. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc cc:
Mr C Dennis, Chairman
Non-Executive Directors Executive Directors



GIG
CYMRU
NHS
WALES

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

AGENDA ITEM No	13
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	3

Integrated Medium Term Plan (IMTP) Delivery/Assurance Progress Update

MEETING	Trust Board
DATE	30 January 2025
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to 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 quarter 3 (Q3) position on the Directorate-led IMTP portfolio, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.

Finance and Performance Committee has reviewed the assurance reports 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, which will feature further in the next iteration of the IMTP in 2025/26.

RECOMMENDED:

That the Board

1. **Notes** the CMT programme progress update;
2. **Notes** the confirmed Directorate-led IMTP end of Q2 position
3. **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.

Clinical Model Transformation (CMT) Programme

Delivery and assurance arrangements for the CMT programme are steadily embedding, with the Board having approved the risk management and escalation approach, the benefits realisation framework, and the methodology for programme-level and workstream-level impact assessments. Planning is underway for a two-day workshop in January 2025, which will offer an opportunity to reflect on progress to date and refocus on Phase 2 priorities. This will be followed by a series of workstream-level planning sessions throughout February 2025 to develop detailed Phase 2 plans for FY25/26, including key milestones.

The Programme Definition Document (PDD) has been developed and was endorsed by the CMT Board in December. It has subsequently been approved by Strategic Transformation Board in January 2025.

From a management perspective, the overall status of the programme remains **YELLOW** (cautionary). While the programme is broadly on track, challenges persist in certain areas, particularly concerning the documentation required across the programme, given the pace and scale of the planned changes.

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).

The assurance report in Appendix 1 sets out the end of quarter 3 position (i.e. end of December position). A number of deliverables at directorate level remain **AMBER** (in progress, off track). However, there are a number of key pieces of work progressing well, including (but not limited to) the progress of the Integrated Governance Framework, Digital Plan refresh, telephony upgrades in 999 and replacement of mobile data terminals across EMS and NEPTS. (i.e. **COMPLETE**) and progress, on track (**GREEN**) in a number of areas.

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 3 sets out how we are progressing against ministerial priorities set out in the last NHS Planning Framework.

Outcomes measures

In the last update to the Board, the assurance report did not include the measures that were set out in this year's IMTP as 'what good looks like'. Whilst this report has drawn on available data from the MIQPR there remain areas where data is not available internally or across the system. At the last Board Development session, the 'what good looks like' statements and metrics were discussed and the aim is to enhance these for the next iteration of the IMTP, alongside work to develop a more visual dashboard which shows the impact of IMTP delivery and work to develop a set of key metrics demonstrating overall impact of our long term strategy. This is supported by ongoing and detailed work at programme and workstream level in the Clinical Model Transformation Programme to finalise benefits realisation plans and benefits monitoring using a logic model evaluation approach.

REPORT APPROVAL ROUTE

Strategic Transformation Board (STB) 09 October 2024 and 13 January 2025
Finance and Performance Committee 16 January 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 are steadily embedding, with the Board having approved the risk management and escalation approach, the benefits realisation framework, and the methodology for programme-level and workstream-level impact assessments. Planning is underway for a two-day workshop in January 2025, which will offer an opportunity to reflect on progress to date and refocus on Phase 2 priorities. This will be followed by a series of workstream-level planning sessions throughout February 2025 to develop detailed Phase 2 plans for FY25/26, including key milestones.
3. The Programme Definition Document (PDD) has been developed and was endorsed by the CMT Board in December. It has been approved by STB on 13 January 2025. Additionally, a series of programme leadership behaviours, aligned to 'Our Best' WAST behaviours, has been approved by the CMT Board. These behaviours will guide our leadership approach across the programme.
4. From a management perspective, the overall status of the programme remains **YELLOW** (cautionary). While the programme is broadly on track, challenges persist in certain areas, particularly concerning the documentation required across the programme, given the pace and scale of the planned changes. The programme team are working through this incrementally and will continue to update the Board on progress.

ASSESSMENT

Clinical Model Transformation (CMT) Workstream and Enabling Working Group Updates

CORE CLINICAL MODEL TRANSFORMATION (CMT) WORKSTREAMS

DIGITAL FRONT-END

↓ Amber

Amber overall: The **RoboticsAI** (Chatbot functionality) **procurement process is nearing completion**, with the supplier currently reviewing the contract for an anticipated late-December sign-off. However, the completion date is later than planned as additional time was required to review and refine contractual arrangements, which reflects the overall **Amber** status of the workstream.

A **critical supplier meeting on December 16th 2024 reviewed the Online Symptom Checker (OSC) Specification and the procurement process will now move forward**, inviting tender applications from potential suppliers. Updates to the OSC represent a critical improvement to the NHS 111.Wales website as current protocols are outdated and highly limited in terms of digital integration opportunities, reporting, and accessibility.

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.**

Finally, 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.

RAPID CLINICAL SCREENING

↔ Green

On Track: The Call Flow Implementation Group recently approved go-live for screening of Green calls on December 2nd, with the operations order promptly communicated. **On December 3rd, Green call screening was successfully launched, marking a significant milestone in the evolution of our clinical services model.** Supporting these changes, modifications to the dispatch system have been implemented for Green calls, with further enhancements aligned to Amber 2 calls go-live.

While Amber 2 Calls were initially scheduled for December 10th, after careful consideration a decision was made to defer go-live by one week to December 17th. This additional time allowed for the refinement of the Clinical Safety Plan (CSP), which has since been approved by Operations Senior Leadership Team, Clinical Quality Governance Group, and an extraordinary CMT Board convened on December 12th.

Looking ahead, **the Clinical Navigator team is preparing for a further cohort of training commencing on January 6th,** marking another critical step forward in strengthening the team.

The Welsh Government-led Task & Finish Group is still considering the validity of the existing Red category. Should any changes be agreed and approved, the preferred implementation date is 1st April 2025. Introducing any change to the current categorisation would require reconfiguration of the 999 CAD system, with an estimated lead time of up to 16 weeks. Consequently, **the Board agreed to initiate discussions with MIS, the CAD system supplier, to obtain an accurate statement of work and arrange for the required configuration to begin in early January 2025.** This decision was made with a clear directive from the Board that no changes would be implemented in the live environment without explicit approval from Welsh Government. However, proceeding with the configuration ensures no delays to the 1st April 2025 start date if a mandate is given.

URGENT COMMUNITY RESPONSE SERVICE (UCRS)

↑ Green

On Track: Significant progress has been made in advancing APP Scheduling with the **7th cycle of testing conducted on 7th November, successfully trialling scheduling processes across multiple sites**, and demonstrating the value of a dedicated Urgent Community Response Service hub for improved allocation. **The APPNAV model launched in Powys on 9th December**, including training of 7 APPs in use of the Emergency Communication Nurse (ECNS) remote consultation system. Additionally, 23 APPs have been recruited, with structured MSc training underway and further recruitment planned for March 2025. **The Mental Health Response Vehicle service has been operational since 4th November**, with positive feedback on its impact on patient outcomes. Finally, ongoing education and training initiatives, including ECN-Q (Auditor) and ECNS courses, are set to enhance clinical capabilities, with **32 ECNS-trained APPNAVs anticipated by year-end**.

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

At this stage, the timing of implementation of the actions within this plan together with external factors mean that these areas haven't yet seen the anticipated improvements across the three operational targets (red 65%, unmet demand and care at home). However, there has been some improvement in ROSC rates through clinical and operational improvements (e.g. nudges in ePCR) which support the implementation of IMTP actions.

It should also be noted in the period (and seen below) that CHARU establishment has increased to 128 FTEs (target is 153 FTEs) although whilst UHP is increasing for this specialised resource, it is still below the 95% target at 84%.

REMOTE INTEGRATED CARE SERVICE (RICS)

↓ Yellow

Yellow (cautionary status) overall: An improved call transfer process for clinicians in 111 to transfer calls to 999 went live successfully on December 5th, enabling 999 outcomes to be received in the 999 system with the appropriate prioritisation. **Access to the Welsh Demographic Service was also launched successfully in early-November**, enabling accurate and up-to-date patient demographic information to be retrieved.

While **the Care Planning Desk was initially scheduled to launch at the end of November, a decision was reached to defer go-live to week commencing December 9th** to allow additional time to increase clinician confidence. Meanwhile, **the Call Prioritisation Streaming System (CPSS) 'Winter Initiative' went live successfully week commencing December 16th**. This initiative involves the management of Green 3 calls by 111 Call Handlers and has been informed by the completion of two highly successful trials that demonstrated a high percentage of call

closure by 111 Call Handlers using pathways such as Emergency Department, Urgent Primary Care, Dental, Pharmacy, and self-care.

On December 5th, **a workshop brought together key experts to align the programme team's purpose and vision**, focusing on both immediate and long-term goals. This collaborative session produced a detailed plan for Year 1 deliverables, explored resource requirements, and considered the feasibility of timescales. The outputs of the workshop were presented to the CMT Board, including a detailed update on progress across RICS since May 2024, highlighting the significant pace and scale of delivery. It was noted that, following the implementation of Rapid Clinical Screening, there had been a 23% increase in triages completed within Integrated Care, despite a 10% reduction in Clinical Service Desk (CSD) staff in post.

The high-level plan for Phase 2 was recognised by the Board as highly ambitious, particularly regarding the planned work during Q4 FY24/25 and early FY25/26. The Integrated Medium-Term Plan (IMTP) prioritisation session in early January 2025 was identified as critical for refining the delivery plan. **The Board acknowledged that the workstream would either require significant reprioritisation of certain elements or additional investment in resources to deliver the proposed changes within the desired timescales.**

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

At this stage, the timing of implementation of the actions within the transformation programme has focussed on the Clinical Support Desk element of Integrated Care. However, there are actions within the IMTP focussed on 111 website improvement, pathways and skill mix which should start to turn some of the dials.

Call abandonment rate has seen signs of improvement going into Q3. However, patient satisfaction with the service is challenging but the sample size of respondents is small within the MIQPR metrics.

More calls are being 'stopped at source'.

Direct booking metrics not yet available.

The Board is able to scrutinise this data in more depth in the MIQPR.

HEALTH TRANSPORT

↓ Yellow

Yellow (cautionary status) overall: Work on the initial vision for Ambulance Care Services is underway and will be advanced during the overarching clinical model workshops planned for

January. However, the current **Yellow** status is reflective of the current lack of clarity on the scope and objectives of the workstream.

The latest ORH modelling report has been shared with the Transfer & Discharge project team. 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 preparing a proposal and potential service improvement plan.

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

Oncology journeys continue to meet the timeliness target where improvement has been seen, albeit this is offset by a drop in performance in Renal. The IMTP actions to implement the roster review will address the demand and capacity alignment which should impact positively on this metric

Actions to improve on the day cancellations are not yet driving the improvement required, however this remains an IMTP and operational priority.

Following the introduction of MTPS through the Transfer and Discharge project there had been some improvement in timeliness during October but this has dropped off again in November. It remains significantly below target and work will need to be undertaken to evaluate the correlation between actions within the project to date and outcome in this particular metric.

Patient satisfaction is mixed but 94% of people who responded were happy with the transport received. IMTP actions around process efficiency and roster alignment are anticipated to improve satisfaction around waiting times for transport.

The Board is able to scrutinise this data in more depth in the MIQPR.

CHANGE ENABLING WORKING GROUPS

QUALITY & PERFORMANCE METRICS

↔ **Green**

On Track: The group has been required to work at pace, prioritising development of performance dashboards for the Mental Health Response Vehicle and Rapid Clinical Screening. The CMT Board reviewed two early data sets related to these projects, while both were recognised as highly informative, challenges were noted regarding data quality and limited availability. Looking ahead, there is a commitment to producing more comprehensive data sets that incorporate qualitative measures. A **meeting will be arranged in the New Year to discuss the overall programme**

approach to quality and performance metrics, and the opportunity to improve coordination of data flows moving forward.

The Board reviewed various options for procuring a 1-3 year independent evaluation of the CMT programme and endorsed a recommendation to pursue an Open Competition. It is anticipated that a supplier will be in place by the end of FY24/25, providing an opportunity to gather data and improve data quality in readiness for the evaluation of recent changes to commence.

Progress has been made in relation to the programme's approach to Benefits Realisation and **Logic-Benefits Maps (LBMs) have now been drafted for each of the core CMT workstreams in collaboration with Senior Responsible Owners.** A small group will meet in January 2025 including, QSPE representation, to complete a holistic review of the LBMs and to agree next steps.

CHANGE MANAGEMENT

↔ Yellow

Yellow (cautionary status) overall: Good progress has been made formalising the programmes Change Management approach. **Change Leads have been identified and will be allocated to workstreams, supported by a robust induction package and comprehensive tools and resources.** However, the implementation of Rapid Clinical Screening has increased call flow into the Clinical Support Desk (CSD), placing strain on managers working extended hours to provide support. Exceptional circumstances have been acknowledged, and additional support for managers is being considered, including identifying activities to pause or deprioritise to create capacity.

To address previously highlighted risks around pace, capacity, workload, and burnout, a survey will be launched to gather feedback on programme setup, culture, psychological safety, and its impact on colleagues. This feedback will inform actions to improve support, mitigate risks, and shape the January workshops.

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: Executive Sponsors have agreed to convene a series of face-to-face meetings with key political and clinical system leads, beginning in January 2025. These sessions will offer a vital opportunity to proactively collaborate with system partners, ensuring consistency in messaging and a shared understanding of the evolved Clinical Services Model. Additionally, the a range of communication and engagement materials is being developed to provide key messaging, supporting Trust colleagues in discussing the evolved model in their day-to-day roles.

Regular engagement continues with Llais, re-confirming their supportive position that formal consultation is not required. The Programme Engagement Plan continues to be refined following feedback and has been well-received by Llais.

Directorate-led IMTP Delivery & Assurance Approach

5. 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.
6. Existing Directorate Business Meetings will be utilised, and assurance will be provided to the STB and onward to the Committee and Board.
7. This process will be facilitated by the Integrated Strategic Planning & Development Group (ISPD), formerly Integrated Strategic Planning Group (ISPG), with summary updates from Directorates to the group. 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.
8. The current update in this paper is the end of quarter 3 position, following an interim updated position provided to the Strategic Transformation Board in December.

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	<ul style="list-style-type: none"> Fully roll out CHARU 	Q3	<ul style="list-style-type: none"> 87% UHP achieved in Nov-24. Benchmark 95%. Ongoing recruitment. Currently recruiting FQ Paramedics to fill remaining gaps. 	<ul style="list-style-type: none"> Transition to core business
Immediate 999 call answering, and efficient and effective dispatch of the right resource	<ul style="list-style-type: none"> New management structure EMSC 	Q3	<ul style="list-style-type: none"> Appointed new Locality Managers including clinical navigators, & operational managers. Backfill recruitment continues 	<ul style="list-style-type: none"> Will be completed
	<ul style="list-style-type: none"> Implement single allocator model, dispatch roster review & boundary changes 	Q3	<ul style="list-style-type: none"> Go Live date w/c 25th November. Wider communications with internal/external (EMRTS) stakeholders. 	<ul style="list-style-type: none"> Will be completed
	<ul style="list-style-type: none"> Deliver targeted support around culture & change 	Q3	<ul style="list-style-type: none"> Workshops held in November, awaiting output 	<ul style="list-style-type: none"> Transition to core business
Excellent clinical leadership	<ul style="list-style-type: none"> New remote clinical assessment service clinical leadership team 	Q3	<ul style="list-style-type: none"> In process of recruiting clinical navigators and locality manager. 	<ul style="list-style-type: none"> Will roll over to 2025/26
Rapid call answering, initial triage and onward referral	<ul style="list-style-type: none"> Maintain commissioned staffing levels throughout the year 	Q3	<ul style="list-style-type: none"> Demand and capacity review, tender out November. 	<ul style="list-style-type: none"> Transition to core business
A flexible, user centred Non Emergency Patient Transport Service with the right capacity in place to meet demand	<ul style="list-style-type: none"> Complete NEPTS roster review and commence benefits realisation 	Q3	<ul style="list-style-type: none"> Significant progress but longer timescale to implement, project established 	<ul style="list-style-type: none"> Will roll over into Q1
	<ul style="list-style-type: none"> Develop and implement an enhanced oncology joint plan 	Q3	<ul style="list-style-type: none"> Significant work with cancer centre liaison to develop national checklist to maximise service delivery 	<ul style="list-style-type: none"> Will roll over into Q1
	<ul style="list-style-type: none"> Reduce cancellations through system 	Q3	<ul style="list-style-type: none"> Text messaging options developed, 	<ul style="list-style-type: none"> Will be completed. Further phases potential

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
	redesign with health boards		paper to SLT to consider funding	
	<ul style="list-style-type: none"> Increase proportion of discharge & transfers booked in advance 	Q3		<ul style="list-style-type: none"> Transition to core business
	<ul style="list-style-type: none"> Implement a revised Liaison Service Model 	Q3	<ul style="list-style-type: none"> Significant progress Engagement sessions planned Jan 25 	<ul style="list-style-type: none"> Completed
	<ul style="list-style-type: none"> Develop the Ambulance Care co-ordination function 	Q3	<ul style="list-style-type: none"> Function established 	<ul style="list-style-type: none"> Completed

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.	<ul style="list-style-type: none"> Implement plan to improve CHARU effectiveness 	Q3	<ul style="list-style-type: none"> On track 	<ul style="list-style-type: none"> To be 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	<ul style="list-style-type: none"> Ongoing work: People Development plan, People Management Essentials and PADR check ins 	Q3	<ul style="list-style-type: none"> Ongoing 	Further focus on PADRs in 25/26 plan. Continual development and implementation of people development plan, embedding into organisation
Capacity	<ul style="list-style-type: none"> Delivery of Strategic Workforce Plan (Q1 milestone) Ongoing work: Health & Wellbeing Plan, Retention work plan, eTimesheets 	Q3	<ul style="list-style-type: none"> Plan was presented at People & Culture Committee where it was endorsed 	Action plan of implementation in development – reporting structure developed in readiness for 2025 reporting
		Q3	<ul style="list-style-type: none"> Ongoing work progressing towards Q4 deadlines, albeit there may be some delay on eTimesheets due to 	Initial E-timesheets workshop taken place in Q3 – project group set up following session

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
			sickness of key staff working on delivery.	
Culture	<ul style="list-style-type: none"> No specific milestones in Q3 Ongoing work: Allyship and Bystander training, Employee offer, Culture Champions & Change Network, impact of culture toolkit 	Q3	<ul style="list-style-type: none"> Ongoing work progressing towards Q3 & Q4 deadlines 	Ongoing work

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

Sickness absence is coming down but remains above 6% and fluctuates with seasonality. Staff turnover rates are falling and at the lowest rate since 2021. The completion rate for the latest NHS Staff survey exceeded 35%, a significant increase on the 23% last year.

Metrics for regular check ins with staff have not yet been established, however PADR rates have been used as a proxy in this report. These rates are improving but still remain below the target set for the organisation of 85%.

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: <ul style="list-style-type: none"> • Everyday essentials • Security, Safety & Cyber • Digital Pioneers • Transformation • Data, Information & Insight 	Q3	Completed refresh and Board sign off.	Delivery of elements of this plan in 2024 Implement digital plan 2024-2029 as 25/2028 IMTP delivery.
Patient Access	<ul style="list-style-type: none"> • Consultant connect access 	Q3	Rollover into 2025/26	Rollover into 2025/26

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
	<ul style="list-style-type: none"> Video Triage Calls 	Q3	Two trials Cardiff & Swansea - early involvement	Planned for 2025/28
Rapid progress of technology	<ul style="list-style-type: none"> Telephony upgrade for 999 	Q3	Successfully delivered w/c 11 November	Complete
	<ul style="list-style-type: none"> MDVS project conclusion EMS and NEPTs replacement of mobile data terminals and associated hardware/software 	Q3	Completed Phase 1 complete project closure report to be tabled at next Programme Board in January 2025 (Q4 update)	Caveat - Review the MDVS Phase 2 Outline Business Case underway. OBC through governance by the end of 24/25 FY

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

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 reports and/or the MIQPR.

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IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Developing and implementing our plans for Environmental Sustainability and Adaptation*	<ul style="list-style-type: none"> No Q3 milestones Delivery of EFAB funded schemes through year 		Reported through Decarbonisation Programme Board, CMB and F&P (as summaries)	
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	<ul style="list-style-type: none"> Prioritised estates capital schemes delivered through year and across IMTP years 		Reported through Capital Management Board to ELT, timelines impacted by AWC prioritisation process.	
The right fleet in the right place, enabling our staff to provide the best	<ul style="list-style-type: none"> Prioritised fleet capital schemes delivered through year and across IMTP years 		Reported through Capital Management Board to ELT. Fleet SOP development underway	

and safest care across Wales				
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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	<ul style="list-style-type: none"> No specific Q3 milestone – delivery of wellbeing objectives published by end Q4 	Q3	<ul style="list-style-type: none"> Draft Objectives developed – to be socialised 8th Jan at Prioritisation workshop 	Wellbeing objectives drafted, socialisation and sign off to be sought in Q4
University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	<ul style="list-style-type: none"> Academic Partnership priorities updated and published 		<ul style="list-style-type: none"> Paper presented at APC in November. Generally supportive with some final work to do to finalise the priorities <p>Commitment to learning Academic and industry partnerships Establishment of a centre of excellence</p>	High confidence that priorities will be included in the IMTP 2025-28 ambulance.nhs.wales/files/committee-meetings/people-and-culture-committee-files/pcc-papers-30-august-20241/
Well-placed to influence system thinking/strategy development	<ul style="list-style-type: none"> Structured engagement commenced with stakeholders & public 	Q3	<ul style="list-style-type: none"> Partnerships & Engagement workstream established for Clinical Model Transformation Programme, and a framework for relationship management with Health Boards and key stakeholders being developed by 	Continued ongoing work being worked up alongside CMT development - working in collaboration with strategy and transformation team

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
			Assistant Director of Planning & Transformation <ul style="list-style-type: none"> RPB engagement continues with WAST on 6 out of 7 RPBs with a seat around table at GASP in Gwent 	

The Engagement Framework and CMT Engagement plan are 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

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	<ul style="list-style-type: none"> Establish a Quality Improvement Hub 	Q3	<ul style="list-style-type: none"> Life QI purchased and implemented within small number of teams including (EMSC, Quality Directorate and Remote Care). Projects are being tracked and supported. Meetings held with Transformation team to identify opportunities to utilise software for transformation tracking of PDSA test of change data. 	<ul style="list-style-type: none"> Clinical Transformation Programme (CMT) at pace / delays - individuals not had opportunities to link into platform and test.

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
A culture of quality improvement with robust quality management systems	<ul style="list-style-type: none"> WAST Quality plan Draft plan for Approval 	Q3	<ul style="list-style-type: none"> Quality engagement held by Directorate. Task & finish group established to support draft content. Governance Approval routes identified 	<ul style="list-style-type: none"> Initial draft due end Q4
Meaningful engagement and co-production with communities	<ul style="list-style-type: none"> CIVICA enhancement 	Q3	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Lower confidence for completed 24/25 delivery due to Information Governance dependency. Rollover 25/26

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

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
Developing and implementing our plans for Environmental Sustainability and Adaptation	<ul style="list-style-type: none"> Establish a cross-organisational Adaptation Planning group 	Q3	<ul style="list-style-type: none"> Delayed. National toolkit now available from WG to progress. Agreed this is a priority for next IMTP. Agreed attendance at national Adaptation 	It is likely that this will rollover into 2025/26

			Planning event in October before convening Adaptation Planning Group internally within WAST. Reset Milestone into 2025/26.	
Rapid call answering, initial triage and onward referral	<ul style="list-style-type: none"> Undertake demand & capacity review 	Q4	<ul style="list-style-type: none"> At procurement stage 	<ul style="list-style-type: none"> Completion expected in Q4
A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	<ul style="list-style-type: none"> Re-rostering across NEPTS 	Q4	<ul style="list-style-type: none"> Demand & capacity completed and roster keys Third party appointed 	<ul style="list-style-type: none"> Roster review implementation by end of Q2 25/26

S06 Delivering exceptional value – Financial Sustainability Programme

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Sustainable savings & efficiencies	<ul style="list-style-type: none"> Service Review across the Trust completed with recommendations by Q3 	Q3	<ul style="list-style-type: none"> Business area summaries have been produced for each service line and presented to ELT 	<ul style="list-style-type: none"> Further ELT discussion in February 2025 to determine priorities for 2025-28 IMTP
Generate income alongside our core commissioned functions	<ul style="list-style-type: none"> Develop commercial strategy based on outcome of market analysis exercise in Q3 	Q2	<ul style="list-style-type: none"> Decision made to recruit proposed new Head of Commercial Development to undertake development of commercial strategy 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Implementation of Strategic BAF by end of Q3 	Q3	<ul style="list-style-type: none"> Ongoing –will be finalised in Q4 for roll out in 2025/26 	<ul style="list-style-type: none"> Transition to core business
	<ul style="list-style-type: none"> Suite of risk appetite statement implemented & issued 	Q3	<ul style="list-style-type: none"> Sessions in diaries Dec & Feb Board Development Days 	<ul style="list-style-type: none"> Transition to core business
	<ul style="list-style-type: none"> Risk training rolled out & Level 1 training package on ESR 	Q3	<ul style="list-style-type: none"> Design ready to be published on LM365 	<ul style="list-style-type: none"> Transition to core business
An integrated governance Framework	<ul style="list-style-type: none"> Governance structures mapped out 	Q3	<ul style="list-style-type: none"> Completed 	<ul style="list-style-type: none"> Completed
Strengthen Welsh Language compliance	<ul style="list-style-type: none"> Toolkit for senior leaders & board developed 	Q3	<ul style="list-style-type: none"> Initial draft, to be added into Welsh Language Policy – on track, February BDD will include suite of documents 	<ul style="list-style-type: none"> To be completed

RECOMMENDATION

9. That the Board:

- **Notes** the CMT programme progress update;
- **Notes** the confirmed Directorate-led IMTP end of Q2 position.

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).

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
Primary and Community Care, with a focus on improving access and shifting resources into primary and	111 Skill Mix	<ul style="list-style-type: none">Group established to consider and develop scope for 111 MDT skill mix	<ul style="list-style-type: none">Scoping paper to commissioners	<ul style="list-style-type: none">(Subject to commissioner support) Project initiation & Business Case Developed	<ul style="list-style-type: none">Off track. The paper has not yet been presented to commissioners.
	111 Pathways	<ul style="list-style-type: none">Dental access improved in 4x health boards by end of Q4Strengthened links into primary care / Out of Hours in. Urgent Primary Care Centre access by end of Q4Medicines management pathways in place by end of Q4			<ul style="list-style-type: none">Modelling being undertaken for 3 remaining Health Boards to take on dental access pathwaysCurrently piloting in BCU and C&V direct booking into Urgent Primary Care Centres

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
community care	999 Pathways: Falls & Frailty	<ul style="list-style-type: none"> Level 1 falls - Assessment of the demand & capacity modelling undertaken Level 2 falls - Undertake evaluation of our existing services 	<ul style="list-style-type: none"> Presentation of L1 options and benefits Present evaluation and options for sustainability of L2 services going forward 	<ul style="list-style-type: none"> Implement new L1 model Develop and Implement L2 Plan 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Evaluate the effectiveness of the new digital solutions to make referrals to existing pathways and usage 	<ul style="list-style-type: none"> Develop further opportunity for digital notifications with Welsh portal 	<ul style="list-style-type: none"> Implementation and roll out 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Recruitment of key roles to support CSC delivery 	<ul style="list-style-type: none"> Engaging with key stakeholders and evaluating overall project 	<ul style="list-style-type: none"> Development of secondary business case to support 	<ul style="list-style-type: none"> No further progress on funding requirement to

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
		<p>(dependent on outcome of business case)</p> <ul style="list-style-type: none"> • Commenced recruitment of internal volunteers • Testing 'ambulance in a box' in Care Homes in AB & BCU, evaluate and conclude forward plan 	<p>data to determine resource requirements moving forward</p> <ul style="list-style-type: none"> • Commencement of recruitment and onboarding 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 	<p>sustainable implementation</p> <ul style="list-style-type: none"> • Develop business case for procurement of technology (subject to funding) 	<p>support ongoing CSC development.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Full implementation of new CAS system 30th April • Decommission old system 	<ul style="list-style-type: none"> • Realise benefits in line with business case 	<ul style="list-style-type: none"> • Formal benefits realisation report shared with commissioners 	<ul style="list-style-type: none"> • 111 metrics report being developed for JCC

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
a focus on delivery of the 6 goals programme	Goal 2: 111 website & symptom checkers	<ul style="list-style-type: none"> Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly 	<ul style="list-style-type: none"> Development of business case Review and develop requirements to improve symptom checkers, with potential requirement for procurement. 	<ul style="list-style-type: none"> Finalise business case in readiness to Seek approval through organisational BC governance process Identify approach to improvement of symptom checkers 	<ul style="list-style-type: none"> The RoboticsAI (Virtual Assistant functionality) procurement process is nearing completion, with procurement to sign-off the contract. Development for the Virtual Assistant to start early January 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 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

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
					<p>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</p>
	<p>Goal 2: 111 re-roster</p>	<ul style="list-style-type: none"> No Q1 milestone 	<ul style="list-style-type: none"> Agreement with commissioners to proceed 	<ul style="list-style-type: none"> Complete procurement process to undertake Demand and capacity review 	<ul style="list-style-type: none"> Currently out to tender with completion of work expected in Q4. Review of rostering practices. Agreement from commissioners to commence Review of rostering practices. Procurement process ongoing

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
	<p>Goal 3:</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report 	<ul style="list-style-type: none"> • Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report 	<ul style="list-style-type: none"> • Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report 	<ul style="list-style-type: none"> • These are key deliverables in the Clinical Model Transformation Programme. See assurance report in appendix 1
	SDEC Pathways	<ul style="list-style-type: none"> • Re-establish ICAPs with Health Boards (subject to JCC commissioning arrangements) • Complete data quality assurance of end destination in CAD to ensure SDEC direct referrals fully captured 	<ul style="list-style-type: none"> • Implementation of SDEC criteria across WAST 	<ul style="list-style-type: none"> • Implementation of SDEC criteria across WAST 	<ul style="list-style-type: none"> • 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	Progress
	Goal 4: CHARU	<ul style="list-style-type: none"> Complete CHARU recruitment by end Q2 Improve utilisation rate to modelled benchmark by end Q2 (work ongoing during Q1) 		<ul style="list-style-type: none"> Improved staff in post to establishment 	<ul style="list-style-type: none"> 128 of 153 FTE CHARU recruited. UHP up to 84% but below target of 95%
	Goal 4: Rural variation	<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> Continued targeted recruitment in rural areas 	<ul style="list-style-type: none"> See above for CHARU. Pan-Wales staff in post to establishment for EMS was 95% in Nov-24. It was 87% in Ceredigion and 84% in Powys at 01 Nov-24. 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	<ul style="list-style-type: none"> Ongoing continuation of managing attendance and implementation of the health and wellbeing plan throughout year 			<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Engagement on modelled options for transfer services with health boards commenced Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system designed to allocate transfer resources more effectively 	<ul style="list-style-type: none"> Development of reporting against new protocols within the CAD post MTPS implementation Agree outline service model for further engagement with Health Boards. Develop business case/principles for All Wales service. 	<ul style="list-style-type: none"> Develop implementation plans dependent on outcome of commissioning discussions. 	<ul style="list-style-type: none"> 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

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
			<ul style="list-style-type: none"> Develop business case for 24/7 Major Trauma Desk following outcome of Gateway 5 review. 		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	<ul style="list-style-type: none"> Continue with NEPTS Demand & Capacity work, in particular, undertake NEPTS transport roster review by end Q3 			<ul style="list-style-type: none"> Contract let with third party providers. Project manager being appointed to lead the work internally, timescales slipped into Q4.
	Enhanced hub for oncology patients	<ul style="list-style-type: none"> Establish expected outcomes & principles to develop enhanced oncology service 	<ul style="list-style-type: none"> Develop action plan to deliver the required change 	<ul style="list-style-type: none"> Action plan for oncology implemented 	<ul style="list-style-type: none"> Significant work with cancer centre liaison to develop national processes to maximise service delivery, continued joint working
	Quality assurance of external providers	<ul style="list-style-type: none"> No specific milestone in Q1 	<ul style="list-style-type: none"> Welsh Ambulance Quality Standard award implemented 	<ul style="list-style-type: none"> No specific milestone in Q3 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Completion of 111 CAS system implementation to aid improvement in 111 press 2 	<ul style="list-style-type: none"> New CAS system will provide resolution to Press 2 pathway 	<ul style="list-style-type: none"> No specific milestone in Q3 	<ul style="list-style-type: none"> CAS implementation complete Review with health boards effectiveness of press two and where there is opportunity to improve
	Mental Health Response Vehicles	<ul style="list-style-type: none"> Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots 	<ul style="list-style-type: none"> Undertake further pilot (pending agreement) Continuing to engage with national evidence across UK 	<ul style="list-style-type: none"> Prepare business case dependent on outcomes 	<ul style="list-style-type: none"> See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme
	Right Care Right Person	<ul style="list-style-type: none"> Engaging with Police Services in Wales, NHS partners, Local Authorities and third sector providers on changes affecting response to people in crisis 	<ul style="list-style-type: none"> Assess impact to WAST Possible update to 2023 EMS Demand & Capacity Review results. 	<ul style="list-style-type: none"> Develop Business case 	<ul style="list-style-type: none"> Modelling can be undertaken, but requires further clarity on the likely level of activity No progress on Business Case at this stage

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Progress
	Mental Health Practitioners in CSD	<ul style="list-style-type: none"> Assess demand and capacity plan outlining future needs for the team and training requirements (as part of overall demand and capacity work for the future clinical service model) 	<ul style="list-style-type: none"> Share plan with commissioners for further discussion 	<ul style="list-style-type: none"> Training implemented (subject to cost and funding) 	<ul style="list-style-type: none"> See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme

RECOMMENDATION

That the Board:

- Notes** the update against the quarter 3 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	14
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

**INTEGRATED MEDIUM-TERM PLAN (IMTP) 2025 – 2028
PROGRESS IN DEVELOPING THE PLAN**

MEETING	Trust Board
DATE	20 January 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 provide the Board with an update on the progress and actions required to develop the next Integrated Medium Term Plan for 2025-28.

Finance and Performance Committee has received this paper on 16 January 2025 and were assured by the progress in developing the next IMTP.

RECOMMENDED:

That the **Board:**

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

KEY ISSUES/IMPLICATIONS

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.



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.

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 20th December 2024. Furthermore following the 2025/26 draft budget for Welsh Government released on 10th December 2024, Health Boards have received their allocation letters for the 2025/26 financial year (also) on 20th December 2024. Whilst this does not directly confirm funding for WAST, it does provide insight as to the level of funding our commissioners will receive and what can be assumed within our plan.

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.

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 below, this does provide the potential for the Trust to work towards being able to present a balanced financial plan for 2025/26.

Planning is going well, with lots of work being undertaken in the ‘gathering intelligence’ and ‘engagement’ workstreams which will lead to discussions over the coming weeks on our key priorities, and the scope and pace of change that is possible in an operational and financial context within which WAST is working.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Appendix 1 – SBAR
Appendix 2 - Draft IMTP Contents

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



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Appendix 1

Approach to Developing the 2025-28 WAST IMTP

SITUATION

1. The purpose of this paper is to provide the Board with an update on the progress and actions required to develop the next iteration of WAST's Integrated Medium Term Plan for 2025-28.

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 20th 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 year one, quarterly milestones and indicative plans into year two with outline plans into year three. We will once again be required to complete Ministerial Templates demonstrating how we are delivering against ministerial



priorities, 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 act and publishing our Wellbeing Objectives. We must also plan for the implementation of the Provider Selection Regime Wales by 24th February 2025.
9. The governance requirement is to submit Board-approved plans alongside a short summary video to share with stakeholders by 31st March 2025. However, an Accountable Officer letter will be required (to the Director General) by 14th February 2025 if it becomes clear that we will not be able to produce a balanced IMTP.
10. 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:

10.1 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.

10.2 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.

10.3 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.

10.4 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.

10.5 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.

11. In November 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**.

12. 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 WAST can have on the system and performance standards we hope to achieve through our own plan.

13. 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.

14. An Equality Impact Assessment (EqIA) is being undertaken concurrently with the development of our priorities to ensure the plan is driven by a clear focus on priorities and, although a Quality Impact Assessment will not be needed as the IMTP itself does not constitute a strategic decision, the IMTP will take account of the Health and Care Quality Standards.

ASSESSMENT

14. The overall development of the IMTP is progressing well, with most workstreams on track or complete. The workstream to develop priorities is slightly off track although will be on track following the next two workshops on prioritisation.

IMTP Workstream	RAG	Comments
Gathering intelligence	Green	Almost complete – updating the
Engaging on the plan	Green	First phase complete but plan to be developed for engaging on priorities
Developing our 3-year priorities	Yellow	Most assessment of priorities received from directorates. Workshops in January and February.
Integrated Technical Planning	Green	Commences Q4
Writing the Plan	Green	Commenced
Governance and approval	Green	Through February and March

Gathering Intelligence

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. For the IMTP itself we will use an updated dataset to develop a 'compendium' of key challenges and opportunities as an Appendix to the IMTP.

Engagement

16. Since the last update to the Board in November we have collated the feedback from our collaborative planning events and Board development sessions where we refreshed PESTLE (political, economic, social, technical, legal, environmental) analysis and we will be holding a two prioritisation sessions in January and February to determine the priority and timeline for actions within the IMTP and aligning that to the available budget.

17. As well as some of the well understood issues such as population health and demographic change, system pressures, and policy direction in Wales the PESTLE analyses led us to understand that we have both challenges and opportunities in respect of a moving political landscape, including the change to electoral boundaries and increase in numbers of members in the Senedd at the next election in 2026.

18. As well as existing priorities which carry over into the new plan, the Executive Leadership Team gave a steer on some further areas for focus within the plan:

- How we engage with health board IMTP priorities
- Population health and health inequalities
- Commercialisation
- Focus on EDI / worker safety (Worker Protection Act)
- WBFGA – Developing and publishing our Wellbeing Objectives
- NEPTS review of the current model and our future direction of travel

19. Much feedback received from staff can be addressed at the operational level. However, the feedback we get through media such as WAST Live, pulse and NHS Surveys and our cultural metrics report highlight areas where **our people** feel we need to focus more strongly.

a. Relevant questions at WAST Live have broadly focussed on the following areas:

- Training and Career Progression;
- Staff Welfare and Working Conditions;
- Policy and Governance;



- Technology and Communication Issues;
- Workforce Engagement and Feedback;
- Patient Care and Service Delivery.

b. Cultural metrics and the staff survey provided rich feedback on how we are progressing our People & Culture plan:

- Positive feedback on our commitment to digital experience of our people;
- A focus around the cultural implications of the staff survey results;
- A focus on the retention of staff (commenced with nursing staff in line with NHS Wales).

20. We have engaged with Trade Unions to ensure they are sighted on the development of the plan as follows:

- a. TU representatives at the collaborative planning event in October 2024
- b. TU representatives on the IMTP project team
- c. There is a standing IMTP item on the Corporate Partnership forum
- d. TU representatives at the prioritisation workshop on 8th January
- e. Verbal update to WASPT in January

WASPT in March is after the date for Trust Board sign off of the plan, so we will need to agree with Trade Unions how we can engage on the final draft of the plan.

21. We continue to engage **patients and the public** notably through our PECCI team. As set out in previous reports to committees and the Board:

- a. We have a lot of data and information from patient engagement QUEST reports, as well as data from Putting Things Right (PTR), serious incident reporting and National Reportable Incidents. We will use this to inform the IMTP as we have done in previous years;
- b. Patient Stories also give us valuable and personalised information to help us develop our priorities;
- c. We have specific, targeted feedback from patients on what a quality ambulance service means to them;
- d. Continuous PECCI engagement gives us data and information on what is important to the public.

There have also been some strong messages from our continuous public engagement about the NHS system as a whole and the need for change. Specifically for this plan we need to ensure the IMTP takes account of the following feedback:



- Reduce waiting times for an emergency response and reduce length of wait outside Eds;
- People waiting for an ambulance (including notably those who need transport for outpatient appointments) want to know when it is on route to them, how far away is it etc. to ease their concerns/anxiety;
- Identify and respond to a caller with additional needs at the first point of contact;
- Factor in a patient's health and social care needs that may be compromised by a long wait for an ambulance response or call back;
- Be seen and treated in the community/at home; and
- Have staff that demonstrate compassion, empathy and kindness

Our clinical transformation programme already factors in these issues and using this information and Quality Impact Assessments to guide the planning within the programme will be a key component of workshops in January to develop the final plans for this next phase.

22. Feedback from surveys and Civica data are currently still based on small sample sizes, so whilst it is helpful feedback, it has to be viewed with caution. However performance, timeliness of access to our services and outcomes are some of the key areas of concern. Furthermore there continues to be a lot of PTR, serious incidents and coroners activity which show the need for change in our system due the high levels of harm being experienced.
23. We continue to engage with our **Commissioners** through the new JCC structures. Members of the JCC Ambulance and 111 commissioning team have attended our collaborative planning event and there is regular direct contact with the Team through finance and planning colleagues, as well as regular meetings between the WAST CEO and JCC Director of Ambulance and 111 Commissioning. Commissioning intentions for EMS, NEPTS and 111 fall under six broad themes and we understand they will be finalised and agreed by the Joint Commissioning Committee in January. These themes are:
- The operating model
 - Capacity
 - Productivity
 - Value
 - Harm and outcomes
 - The wider health system
24. As well as direct engagement with staff we maintain open engagement on the IMTP through WASPT and its Corporate Partnership Forum sub-group. **Trade Unions** (TUs) are also part of Board Development sessions and the building up of the plan through our programmes.



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25. 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.
26. One risk this year has been the standing down of Integrated Commissioning and Planning (ICAP) meetings with Health Boards. Whilst the Directors and Assistant Directors across WAST meet with their peers in Health Boards regularly, these are not supported by a co-ordinated approach to local commissioning, during the period where the JCC has been establishing its full governance arrangements. However, the IMTP will capture known strategic service change to assess resource and impact of those changes.

Developing and agreeing priorities

27. Feedback from collaborative planning this cycle is that we have to be realistic about the scale and pace of our ambition in the current financial & operating context and within the resources available to WAST. Thus it is important to prioritise our work along the full three years of the plan.
28. In order to write the first draft of the IMTP and undertake prioritisation, we now have intelligence from the clinical model transformation programme and directorates about their view of priorities for 2025 and beyond. We are also holding prioritisation workshops on 8th January, to look at the key pieces of work that require investment of time, people or money and the timeline in which they are required, and on 3rd February to align that to the emerging financial plan. The IMTP will bring together these pieces of work into an integrated view of what we need to do to achieve progress against our strategy, in line with commissioning intentions and system wide programmes over the next 3 years.
29. Health Board allocations included a 1.77% uplift which WG has confirmed will 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.
30. It will be important to combine this workstream with the plan to engage with stakeholders on the emerging priorities so that we are able to finalise and confirm priorities through January.

Integrated Technical Planning

31. The Integrated Technical Planning Group which reports into ISPD (which is responsible for overseeing IMTP development) meets regularly throughout



the year and will provide the technical planning which considers our priorities in the context of fleet, estates and digital requirements. It also informs our workforce and financial planning (both revenue and capital). This informs a key component of the WG Planning Guidance: a Minimum Data set covering forecast activity, workforce changes and finance plan.

Financial Plan and key Budget setting assumptions

32. As noted above, the NHS Wales Health Board Allocation Letter for the 2025/26 financial year was issued by the Cabinet Secretary for Health and Social Services in Wales on 20th December 2024, providing some key insights to the levels of funding our commissioners will be receiving in the coming financial year. Whilst we are not directly funded through this allocation, being a commissioned organisation our funding is then agreed via the Joint Commissioning Committee (JCC), and this year the allocation letter is specific and states that the core 1.77% is expected to unequivocally pass through from commissioners to providers. With the requirement for agreements to be signed off before HB's and Trust's can submit their final plans.
33. The main headlines within the HBs allocations were as follows:
- a. An additional £435m being allocated to HBs for 2025/26, on top of that recurrently provided part way through the 2024/25 financial year;
 - b. 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;
 - c. This all results in a residual general uplift for inflationary and other cost pressures for 2025/26 of 1.77%;
 - d. Additional Capital funding of £175m, of which £115m is routine capital and £60m for IFRS 16.
 - e. An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.
34. Whilst the settlement for health across the NHS in Wales is therefore slightly better than may have been expected, this is much lower than in 2024/25 and given the continuing levels of service demand, impact and cost pressures within the wider system, for 2025/26 this is very much being framed as an allocation for stability and inflationary pressures rather than being a budget for investment and growth. However, 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 below, this does provide the potential for the Trust to work towards being able to present a balanced financial plan for 2025/26. However, it is not clear at this stage whether any further, separate additional funding will be made available in relation to the



previously separately submitted business case for the EMT B5 development, with this currently looking unlikely. As part of the financial planning for 2025/26 and beyond therefore will need to include how the increasing costs of this will also be afforded, within revised staffing models and overall savings targets for delivery.

35. Work will now continue over the coming weeks to translate the expected impact of the HB funding allocations on that expected to be applied to our financial plan, including:
 - a. Recognition of additional funding being essential to meet inescapable demand growth, unavoidable inflationary pressure, and deliver progress on capital requirements.
 - b. Absolute requirement to deliver actions that contain costs, deliver ongoing stretching savings expectations, improve productivity, and address unwarranted variation.
 - c. NHS organisations will need to deliver a minimum of 2% savings requirement across total baseline expenditure (therefore increased in certain areas). Essentially, maintaining this year savings delivery, and a new level of savings akin to recent years delivery (min 2% total baseline).
 - d. Recurrent impact of 2024/25 pay award allocated in-year once pay mapping completed.
 - e. Funding for the 2025/26 pay award will be held centrally and allocated to employers once awards are confirmed. Similar assumption remains for impact of increased employers NI costs

36. Discussions will now continue with the JCC to confirm the above financial planning and funding assumptions for 2025/26 as soon as possible.

37. Whilst the likely settlement and funding increase for the coming financial year is therefore slightly greater than may have been expected, no financial plan is risk free and there inevitably remains a number of risks and challenges that will need to be worked through over the coming weeks in order to finalise the financial plan and budget for 2025/26. This includes the following:
 - a. As above, ensuring all of the funding expected to be confirmed to the Trust, from a variety of sources, is fully recovered;
 - b. Agreeing with commissioners any other levels of outstanding recurring funding being made available, the impact or not on this of the 2025/26 funding and management of any residual costs / gaps;
 - c. Some recurrently committed levels of spend already made in 2024/25 and ensuring these are fully recognised and managed within the 2025/26 financial plan and budget setting;
 - d. Despite the additional funding provided, 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;

- e. The need to ensure a savings plan delivery, predominately via our Financial Sustainability Programme, of at least a minimum 2% increase in 2025/26, noting that an element of our 2024/25 delivery is non recurring. As above, included in this will be a required sustainable staffing model linked to the EMT B5 development;
- f. How elements of our planned transformation journey, including that needed to mitigate service, demand and activity pressures and risks, may be able to be agreed, alongside relevant funding sources or other cost variations to balance;
- g. Whilst hopefully relatively a low risk, there is also in 2025/26 a planned increase in the Trust's baseline depreciation charge, for which funding has been allocated to HBs and for which we will similarly need to ensure the money for this flows to us via the JCC;
- h. All of that provided so far is with a 1 year financial planning horizon, 2025/26, with any elements of the Trust's 3-year financial plan having to again be presented in this context.

38. As in previous years at this stage, all of this is likely to initially be presented over the next few weeks through a range of potential scenarios, fully discussed and hopefully agreed with commissioners, so that a final plan can be presented through the final drafts of the IMTP in March. At this stage it is hoped that this will be able to present a balanced financial plan for 2025-28.

39. Further updates on how all of this develops will be provided to F&PC and Trust Board, including anything further progressed by the time of the F&PC meeting on 16th January 2025.

Writing the plan

40. It is intended that a first draft of the IMTP will be produced by the end of January and in line with recommendations from Audit Wales we aim to circulate this with Board members by mid-February. Given the timing of the planning framework and allocation letters and the work to undertake prioritisation in January (workshop on 8th January) we have made available, as an appendix to this report, the draft contents of the IMTP.

41. Areas such as People & Culture, Quality, Research & Innovation etc. may take specific development of their aspects of the IMTP into their relevant committees (i.e. People and Culture committee, QUEST, Academic Partnerships committee).

42. During this workstream we will develop the detailed appendices which will include Ministerial Templates, our MDS, detailed finance plan, and Decarbonisation Action Plan.



Governance, assurance and approval

43. As set out in paragraph 41, certain aspects of the plan go through relevant committees for guidance and endorsement. However, the key governance routes are as follows:

- **STB** (or ELT depending on timing) in 13th January 2025 - update on progress and presentation on key priorities informing the first draft of the IMTP
- **Joint Commissioning Committee (management group)** 09th January 2025 – requirement at full committee tbc
- **Finance & Performance Committee** 16th January 2025 – update on progress in developing the plan and draft contents
- **WASPT** 27th January 2025 – verbal update on emerging priorities
- **Corporate Partnership Forum** (TU engagement) 29th January 2025 – ongoing engagement with TU partners on development of the IMTP
-
- **Trust Board** 25 January 2024 - update on progress and presentation of first draft of the IMTP
- **STB** 24th February 2025 – updated draft to finalise for governance and sign off
- **ELT** 5th March 2025 – final draft for comment, amendment and endorsement
- **Joint Commissioning Committee** March 2025 tbc – final draft for endorsement
- **Finance & Performance Committee** 18th March 2025 – scrutiny and assurance of final draft and endorsement for approval at Trust Board
- **WASPT** March 2025 tbc – engagement on the final draft plan
- **Trust Board** 27th March 2025 - final version of the IMTP for sign off prior to submission to WG
- **WG Submission** – 31st March 2025

RECOMMENDATION

44. The Board is asked to:

- **Note** the overall progress in developing the IMTP, that it is on track to bring for Board approval by 27 March 2025;
- **Note** the financial and budget setting assumptions following issuing of the Health Board allocation letters;
- **Note** the approach and timelines set out in the report.



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Appendix 2 – Draft IMTP Contents

Foreword from the Chairman and Chief Executive

Executive Summary

Introduction

1. **Our Long-Term Strategy**
 - 1.1 Our Strategic Objectives
 - 1.3 Our transformation journey
2. **Our Key Achievements in 2024/5**
3. **Challenges and Opportunities shaping our plan**
 - 3.1 What do our patients say about our service?
 - 3.2 What are our colleagues' priorities?
 - 3.3 Our operating and financial context
 - 3.4 What are our legislative, strategic, financial and policy drivers?
 - 3.4.1 Wellbeing of Future Generations Act
 - 3.4.2 Duty of Quality
 - 3.5 What do our commissioners say? *(include how we incorporate Health Board IMTPs)*
 - 3.6 What are the risks that we are managing?
4. **Our patients**
 - 4.1 Clinical model transformation
 - 4.2 NHS 111 Wales
 - 4.2 Emergency Medical Services (EMS) - 999
 - 4.3 Ambulance Care
 - 4.4 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations
 - 4.5 Volunteers
 - 4.6 How will health board strategic plans affect us?
5. **Our people**
 - 5.1 Our workforce profile
 - 5.2 People and Culture plans
 - 5.3 Welsh language
6. **Infrastructure** – capital, fleet & estates
7. **Our Digital plan**
8. **Partnerships and the wider system**



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- 8.1 Partnerships and engagement
- 8.2 Social partnership
- 8.3 Wellbeing Objectives
- 8.4 Academic partnership & democratised learning

- 9. **Quality driven and clinically led**
 - 9.1 Quality driven
 - 9.1.1 Population Health
 - 9.1.2 Quality Management
 - 9.1.3 Quality Improvement
 - 9.2 Clinically led
 - 9.3 Integrated Governance

- 10. **Value and sustainability**
 - 10.1 Financial sustainability programme
 - 10.2 Service Review priorities
 - 10.3 Value Based Healthcare
 - 10.4 Environmental sustainability

- 11. **Our financial plan**

- 12. **Delivering our plan**
 - 12.1 Risks to delivery
 - 12.2 Managing IMTP delivery and transformation
 - 12.3 Measuring our plan



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AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

GOVERNANCE REPORT

MEETING	Trust Board
DATE	30 January 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.**

Chair’s Action

2. 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.
3. 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 is asked to ratify this decision by Chair’s Action.

Use of the Trust Seal

4. 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 the 11 December 2024.



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Decisions in Private Session

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

Other Governance Matters

2025/26 Board and Committees Calendar

- 6. 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.

7. RECOMMENDATIONS: The Board is asked to:

7.1 Ratify the decision made by Chair’s Action on the 10 December 2024;

7.2 Approve the schedule of dates for the 2025/26 financial year Board and Committee meetings and notes the adaptations to the cadence of meetings, in line with the documents in Annex 1.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Annex 1: SBAR and Dates for Board and Committees 2025/26

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



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AGENDA ITEM No	15.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

TRUST BOARD & COMMITTEES – 2025-26 SCHEDULE OF MEETINGS

MEETING	Trust Board
DATE	30 January 2025
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report presents the proposed calendar of Board and Committee meetings for the 2025-26 financial year based on consultation with the Chair of the Trust Board, Non-Executive Directors, and Executive Leadership Team.
2. The report explains the rationale for aligning meeting schedules, as well as the considerations, adaptations and assumptions that informed the schedule and presents the draft dates for the Board and Committee meetings for 2025-26.
3. The Board is asked to note that some of the arrangements, specifically those regarding the dates for the approval of the Annual Report and Accounts for 2024-25 and the 2025 Annual General Meeting, are to be confirmed.

RECOMMENDATION:

That the Trust Board approves the schedule of dates for the 2025-26 financial year Board and Committee meetings and notes the adaptations to the cadence of meetings.



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REPORT APPROVAL ROUTE

November 2024 Executive Leadership Team
December 2024 Emailed to Non-Executive Directors

REPORT APPENDICES

1. Annex 1a – Proposed Dates for 2025-26 Financial Year (Table)
2. Annex 2b – Proposed Dates for 2025-26 Financial Year (Calendar)

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed

EQIA (Inc. Welsh language)	N/A	Financial Implications	Yes
Environmental/Sustainability	N/A	Legal Implications	Yes
Estate	Yes	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

SITUATION

1. The Standing Orders require that the Board approves its annual plan of Board business by March each year. The plan of Board business includes meeting dates, venues, coverage of business activity (taking account that ordinary meetings will be held at regular intervals).
2. Board Committees are established to support the Board with its oversight responsibilities to hold the executive to account, provide challenge, monitor compliance, and seek assurance that strategy and performance are on track; and its stewardship role to guide and shape strategy, foster innovation, and creativity, develop the culture, values, and ethics of the Trust.
3. Therefore, the dates on which meetings of the Board Committees are set should complement Board meetings so that oversight and scrutiny, particularly of key Committees, can take place as close as possible to the Board meeting, allowing for timely assurance and escalations from the Committees.

BACKGROUND

4. Consultation for the calendar of Board and Committee meetings for 2025-26 has been undertaken with the Chair of the Trust Board, Non-Executive Directors, the Executive Leadership Team, colleagues in the Corporate Governance Team and wider Personal Assistant Team.
5. During 2024-25, the Board set scheduled meetings on a bi-monthly basis, with additional meetings of the Audit, Risk and Assurance Committee and Trust Board to receive the Annual Report and Accounts, as necessary. Whilst the Finance and Performance Committee meet ordinarily in the week before the Board, the other Committees are set to a quarterly cadence.

ASSESSMENT

6. The 2025-26 schedule of dates for the Board, its committees, and Board Development Days has been largely developed around the pattern of meetings established for 2024-25. The Board's attention is drawn to the following: -

6.1 That all of the Trust Board meetings fall on the last Thursday of the month.

There are no proposed deviations to this for 2025/26 as there are no conflicts identified at this stage that need to be accommodated, noting however that Welsh Government Joint Executive Team (JET) meeting dates have not been received for 2025/26 at this stage.

6.2 It is noted that a meeting of the Corporate Trustee has been included with the Trust Board meeting for meetings in May, July, September, November and January. This will allow for timely reporting from the Charity Committee to the Corporate Trustee.

6.3 The cadence of the Audit, Risk and Assurance Committee (ARAC) meetings has been adjusted to avoid a concentration of meetings in November as was the case recently, and to reinstate the quarterly placement of meetings. The meeting of the ARAC which has historically been held in late November has been moved to early December, therefore.

6.4 An extraordinary meeting of the ARAC has been placed on Tuesday 24 June 2025 two days ahead of the extraordinary meeting of the Trust Board (to be held on the morning of the 26 June Board Development meeting), to receive and approve the Annual Report and Accounts for 2024/25. This sequencing has been planned on the basis that the certification and submission deadline is Monday 30 June 2025, however the final dates are yet to be confirmed by Welsh Government.

6.5 On this basis a tentative date for the 2025 Annual General Meeting (AGM) has been included on the same day at the Trust Board meeting in July. This is a placeholder until Welsh Government have confirmed the filing schedule, as the AGM date is one of the outstanding matters to be confirmed. It is possible that the extended deadline will permit the Trust to hold the AGM by the end of September, as has been the case for the last two years.

6.6 The meeting of the Charity Committee in January 2026 has consciously been placed later in the month to accommodate the timelines for the anticipated independent examination of the accounts for 2024/25 by Audit Wales (considering the Christmas break). Related to this no Committees have been planned for the first week of January in 2026.

- 6.7 All other Committees retain their current frequency (with Mondays, Wednesday and Fridays having been avoided where possible). Attempts have been made to consistently place committee meetings in either the first, second or third week of the month in which they fall. This should enable directorates to better plan for the flow of assurance and other reporting through their governance structures.
- 6.8 The only diversion from this is that is proposed that the Academic Partnership Committee (APC) hold three meetings in 2025-26 as opposed to four. This is to allow the Trust management sufficient time to progress business related to the committee before its first meeting.
- 6.9 The intention is that the full Corporate Calendar will be prepared after the Board and Committee calendar has been finalised. This will be progressed by the Corporate Governance Team in the coming weeks.
- 6.10 All meetings are being planned on the basis that they will begin at 09:30 and that where required, open and closed meetings will be held on the same day as is the current arrangement; with the closed meetings immediately following the open.

RECOMMENDATION:

- 7. That the Trust Board approves the schedule of dates for the 2025-26 financial year Board and Committee meetings and notes the adaptations to the cadence of meetings.**

Annex 1a: Proposed Board and Committee Dates for 2025-26 (Table)

Meeting	Frequency	Mtg 1	Mtg 2	Mtg 3	Mtg 4	Mtg 5	Mtg 6	Mtg 7
Trust Board	Bi-monthly	29 May 2025	26 June 2025 ¹	31 July 2025	25 Sept 2025	27 Nov 2025	29 Jan 2026	26 Mar 2026
Board Development	Bi-monthly	24 April 2025	26 June 2025	30 Oct 2025	17 Dec 2025	26 Feb 2026	-	-
Corporate Trustee	Bi-annually	29 May 2025	31 July 2025	25 Sept 2025	27 Nov 2025	29 Jan 2026	-	-
Charity Committee	Quarterly	02 April 2025	03 July 2025	02 Oct 2025	13 Jan 2026	-	-	-
Academic Partnership Committee	3 per annum	08 July 2025	07 Oct 2025	15 Jan 2026	-	-	-	-
People and Culture Committee	Quarterly	15 May 2025	12 Aug 2025	13 Nov 2025	10 Feb 2026	-	-	-
Quality, Patient Experience & Safety Committee	Quarterly	09 May 2025	05 Aug 2025	04 Nov 2025	03 Feb 2026	-	-	-
Finance and Performance Committee	Bi-monthly	20 May 2025	22 July 2025	16 Sept 2025	18 Nov 2025	20 Jan 2026	17 Mar 2026	-
Remuneration Committee	4 p/a	03 June 2025	28 Aug 2025	04 Dec 2025	05 Mar 2026	-	-	-
Audit, Risk and Assurance Committee	5 p/a	01 May 2025	09 June 2025	24 June 2025 ²	02 Sep 2026	02 Dec 2025	02 Mar 2026	-
WASPT	Bi-monthly	30 May 2025	24 July 2025	23 Sept 2025	20 Nov 2025	22 Jan 2026	18 Mar 2026	-
Annual General Meeting	Annually	31 July 2025	-	-	-	-	-	-

¹ Extraordinary meeting of the Board to receive and approve the Annual Report and Accounts 2024-25

² Extraordinary meeting of the committee to receive the Annual Report and Accounts 2024-25

BOARD COMMITTEE DATES 2025/26

DATE	2025												2026		
	April	May	June	July	August	September	October	November	December	January	February	March			
1		ARAC (Effective Reviews)								New Year's Day					
2	Charity					ARAC	Charity		ARAC			ARAC			
3			RemCom (1400-1600)	Charity							QuEST				
4						ARAC		QuEST	RemCom (1400-1600)			RemCom (0930-1130)			
5		Early May Bank Holiday			QuEST					Keep Clear					
6										Keep Clear					
7	Roadshows (Confirmed)						APC			Keep Clear					
8	Roadshows (Confirmed)			APC				ELT Away-days		Keep Clear					
9	Roadshows (Confirmed)	QuEST	ARAC					ELT Away-days	Leadership Symposium	Keep Clear					
10	Roadshows (Confirmed)										PCC	ELT & SLT Away-days			
11	Roadshows (Confirmed)											ELT & SLT Away-days			
12					PCC				ELT & SLT Away-days						
13		ELT Away-day						Roadshows (Confirmed)	PCC		Charity				
14		ELT/SLT Away-day						Roadshows (Confirmed)							
15	APC	PCC						Roadshows (Confirmed)		APC					
16						FPC		Roadshows (Confirmed)							
17								Roadshows (Confirmed)		BDD		Half-term			
18	Good Friday		Leadership Symposium						FPC			Half-term			
19												Half-term			
20		FPC							WASPT		FPC	Half-term			
21	Easter Monday														
22				FPC							WASPT				
23						WASPT									
24	BDD		Extra-ord ARAC for ARA (PM)	WASPT											
25					Summer Bank Holiday	Trust Board & Corp. Trustee				Christmas Day					
26		Spring BH & Half-term week	BDD / & TB for ARA							Boxing Day					
27								Trust Board & Corp. Trustee			BDD	Trust Board			
28						RemCom (1300-1500)									
29		Trust Board & Corp. Trustee								Trust Board & Corp. Trustee					
30		WASPT						BDD							
31				Trust Board, Corp. Trustee & AGM (?)											
Total															

KEY

TB	Trust Board	Bi-monthly from May
BDD	Board Development Day	Bi-monthly from April (except for August)
	Weekend or Bank Holiday	

CC	Charity	Quarterly	April, July, Oct, Jan
APC	Academic Partnership Committee	Quarterly	April, July, Oct, Jan
PCC	People & Culture Committee	Quarterly	May, Aug, Nov, Feb
QUEST	Quality, Patient Experience & Safety Committee	Quarterly	May, Aug, Nov, Feb
FPC	Finance & Performance Committee	Bi-monthly	May, July, Sept, Nov, Jan, March (aligned to Board)
RemCom	Remuneration Committee	4 p/a	June, Oct, Dec, Mar
ARAC	Audit, Risk and Assurance Committee	5 p/a	April (inc.effect reviews), June, Sept, Dec, Mar
WASPT	Welsh Ambulance Services Partnership Team	Bi-monthly	April (inc.effect reviews), June, Sept, Dec, Mar

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	30 January 2025
Committee Meeting Date	05 December 2024
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 **Very Senior Managers (VSM) Banding Disparities** and the Independent Review which has been commissioned by the Welsh Government. The Executive/VSM pay issues have been discussed by the Committee previously. These issues include the timeliness of the JESP and pay award processes, inconsistencies in the application of salary ranges, comparability of the rates of pay across NHS Wales with similar roles in NHS England, anomalies of spinal points and the relationship between the top bands in Agenda for Change and the lower bandings of Executive/VSM pay. The Independent Review has commenced, and the Chief Executive and Director for Culture Change have contributed regarding the known issues. It is expected that the outcome of the Review will be known mid-late 2025 and it will be reported the Committee when available.

ASSURE

(Areas of assurance the Committee has received)

3. There were no matters of assurance received.

RISKS

Risks Discussed:

There were no specific risks discussed.



AGENDA

Very Senior Managers Banding Disparities

COMMITTEE ATTENDANCE

Name	21 May 2024	29 August 2024	5 December 2024	13 March 2025
Colin Dennis				
Peter Curran				
Prof. Kevin Davies				
Bethan Evans				
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.



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FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this [link](#) to the Committee page on the Trust website.

Trust Board Meeting Date	30 January 2025
Committee Meeting Date	16 January 2025
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

- Members discussed the **financial allocation for 2025/26**, noting an uplift to Health Boards of 1.77% compared to 3.67% this year. It is expected that this uplift will be passed through to providers, as has been the case in previous years. The only other funding assumed within the financial planning principles is for pay awards and the impact of the increase to employers National Insurance. The allocation letter also prescribes a savings target of at least 2%, which amounts to about £6.5 million for WAST.
- The challenges that this poses for planning as part of the 2025-28 IMTP were stressed, including the fact that the allocation does not fully cover EMT band 5 costs, and there is no indication that these will be separately funded this year. Welsh Government has made it clear that this will not be for them to fund direct, and that it needs to be discussed and negotiated with Commissioners (Health Boards) as part of the overall Resource Envelope being made available for WAST for 2025/26 and beyond.. Members were advised that currently we are unable to commit to any additionality in 2025/26 beyond that which we are currently obligated to do, without an agreed funding source, or offsetting savings delivery (over and above the c£6.5m currently required to balance committed expenditure). Accountable Officer (AO) letters are due to Welsh Government by 14 February therefore further prioritisation and costing of the IMTP is underway, following which it will need to be agreed how any such AO letter from WAST is framed. Whilst there is a route to a balanced budget for 2025-26, this does not include additionality without further stretching the savings target. The board will receive a further update at its 30 January meeting.
- The Internal Audit on **111 Digital Operations** focused on the new 111 system, provided by MIS Emergency Systems Ltd and Priority Dispatch Solutions (CAS replacement tool). **The audit returned substantial assurance** overall with no recommendations for action. Members commended the teams on this excellent result, particularly given the challenges in implementing the new system. Board members will note the following from the report:



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- The system has been successfully implemented onto a secure architecture which provides improved security and resilience.
- There are processes for monitoring performance of the system to prevent incidents and an appropriate system administration process in place.
- Training was provided to all staff prior to implementation, and enhanced support was available to staff in the early stages. Ongoing training is provided to new staff and performance of users is monitored.
- The contract sets out the required system performance and there are regular review meetings between WAST and the supplier to ensure system performance is appropriate and to discuss any identified issues.

ADVISE

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

4. An update on the progress of developing the **IMTP for 2025-28** was received detailing the planning cycle and feedback from the Collaborative Planning Workshop event held in October, the board development session held in December and the prioritisation exercise held on 8 January. The draft IMTP will be circulated to board members for review and comment in February ahead of its presentation for endorsement at the March committee meeting, and for approval at the March board meeting. The challenge of the 2025/26 financial allocation and the resulting impact on the affordability of the emerging IMPT is outlined in the alert section above.
5. Members received the **Operations Quarterly Report for Q3**. Lee Brooks provided a comprehensive update on various operational aspects, highlighting progress, challenges, and future plans. Of note:
 - Additional funding has been secured from Welsh Government for the Specialist Operations Response Team (SORT) and efforts are underway to grow the team. The capital funding for vehicles cannot be spent in year with insufficient time for procurement and so colleagues are actively discussing roll over to next financial year.
 - The Volunteer Conference in October was well-received and it is intended to provide a conference later in 2025.
 - Work on the Grenfell Fire Inquiry report is complete and provided to commissioners as supplementary to the Manchester Arena Inquiry submission, and the report will be included in the annual EPRR scrutiny papers for this committee.
 - Development of the corporate risk related to the Manchester Arena inquiry is progressing, with 18 recommendations connected to submissions (see further below).
 - News that the first workshop for E-timesheets is underway was welcomed.
 - The Emergency Medical Services Coordination (EMSC) reconfiguration, including new management structures and a single allocator model, is complete. There is recognition that there is a need to now give EMSC some respite from changes save for those associated with estate moves in North Wales, and change associated with our evolving Clinical Services Model.
 - The critical incident declared on 30th December was due to high patient queue numbers (340 at the time the incident was declared) with half of the ambulance fleet outside Emergency Departments. There will be some reflection on the broader system response to the critical incident. Whilst this was not a major incident it was felt that the system response was insufficient for WAST



to respond to the significant numbers of patients needing our help and we do already have a corporate risk associated with this challenge.

- Clinical Model Transformation (CMT) changes in December have shown benefits for patients, with positive indications in consult close rates. More evaluation is underway.
 - The Welsh language answer rate in 111 has recovered after a dip with answer rates up to 70%.
6. Members **reflected** that the hybrid meeting approach worked well with just over half of participants online. Papers were clear and well presented, however there is a desire to ensure that sufficient time is allocated to items so that the meeting runs to time (which it did). The question as to whether deep dives are needed on aspects of the MIQPR to ensure that the committee is challenging where there is poor performance was posed, and the Chair will raise this with NEDs. Members commended the assurance received from directors and noted that 2025/26 will be a more challenging year, stressing there was a need to be clear on what was in, and outside of, our control. The committee welcomed observers who commented that they felt welcomed and enjoyed the discussion.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their 30 January meeting however members may benefit from the following points of discussion from the committee:

Financial Position for Months 8 and 9 2024/25

7. Members noted that the year to date position shows a £43, 000 underspend, with forecasted breakeven by the end of the financial year. The capital spend has begun to flow as expected towards quarter four, and savings continue to be delivered as planned. The overall financial position is stable, with few variations in the delegated budgets.
8. There is an in year risk related to the EMT Band 5 development, which has reduced to zero. This is because the organisation has reached a point where it can cover the costs for the current year. The situation is not sustainable in the long-term however and will need be considered within the 2025/26 financial planning. This will therefore remain a risk going into the next financial year.
9. Additionally, members noted that there is a technical risk related to the pay awards for 2024/25. Welsh Government has requested invoices for 75% of the anticipated costs however not all costs will be received until the discrepancies between the actual and modelled figures (across NHS Wales). This is considered to be a technical risk because receipt of the remaining 25% is not at a material risk.

Monthly Integrated Quality and Performance Report (MIQPR) for October/November 2024.

10. December 2024 data was not available in the MIQPR for this committee (but will be for January board). The committee were updated on activity and performance during this crucial period, noting:
- Emergency Medical Service (EMS) capacity remained strong, aided by sustaining the lower absenteeism compared to previous years. Additional third-party provision during Christmas Eve, Christmas Day and Boxing Day helped uplift UHP by 4-6%, attending 75 incidents.



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- December data was caveated that it was not yet verified. December's red performance was 47.6%, compared to 48.9% for December last year, and consistent with November 2024 performance. Red activity continues to grow, with a significant number of red breathing problems, with noticeable uplift experienced in the 0-4 age group. Interventions in 111 streaming helped reduce unnecessary 999 demand originating from 111.
 - Amber median response time in December was three hours, up from one hour and 40 minutes last year, due to high red activity and more than 25,000 hours lost to handover delays.
 - Respiratory Syncytial Virus (RSV) cases for 0-4 year olds peaked shortly before Christmas, but flu shows a double peak (first before Christmas, and the second occurring now), adding stress to hospitals and exacerbating handover delays.
 - Mobilisation times improved for the second consecutive month for both Emergency Ambulances and CHARU in red and amber categories.
 - 999 Answer Rate dipped to 86% in six seconds in December, with 51,500 calls offered. Median answer times remained strong despite higher absenteeism in 999 call handling.
 - Positive indications of consult and close rates around 20%, pending validation. It offers some assurance that activity brought into the Trust with the removal of Can't Send from the Clinical Safety Plan, is being appropriately managed, with outcomes remaining consistently distributed across available dispositions.
 - Urgent Care Service (UCS) utilisation initially reduced following dispatch changes (to ensure staff attended only those patients within their scope or practice) but has picked up again as changes to flow and removal of Can't Send from the Clinical Safety Plan was implemented, ensuring UCS responded to appropriate calls.
 - NHS Wales 111 Service abandonment rate increased to 14.7% in December due to higher activity. Clinical ring back times for P1 remained above 90%, but P2 and P3 showed some delays. It was explained to the committee how 111 has completed more clinical assessments in December than before, and that potentially removal of Can't Send may require additional capacity. Analysis by the operational team suggests that our demand profiling for a weekend following a bank holiday may need uplifting.
 - Additional funding from JCC provided for NEPTS provision to help with flow until end of financial year.
 - Committee noted that there will be an expected dip in PADR and statutory and mandatory compliance due to operational priorities during winter pressures.
11. The **Integrated Medium Term Plan (IMTP) Delivery and Assurance Report** included the confirmed Q3 2024/25 position. The Board will receive the assurance report at its January meeting. Members discussed the risk in regular meetings with Health Boards (HBs) via the Commissioner being paused in recent months due to the establishment of the new Joint Commissioning Committee (JCC). There is a commitment to re-establish these meetings next year, potentially at a regional level rather than at the HB level, which could be beneficial. Assurance on broader engagement is provided through the Strategic Planning & Performance and Senior Operations, Clinical, and Quality teams, who are linked to HBs and attend regular meetings. This ensures that we remain connected to planning at the HB level in the absence of the paused meetings.

The following items were only presented to this committee and assurance is provided to the board as follows:

12. There were no **escalations** from the workstreams of achieving efficiency or income generation in the **financial sustainability programme** (FSP). Competing priorities with the CMT work have resulted in



slowed progress since the last reporting period, however as of M8 FY2024/25, there is a total overperformance of £446,000 (£5.086m) against the established planned M8 position (YTD) of £4.640m. Key areas of current focus for the FSP include:

Achieving Efficiency:

- Service and provision reviews, which will be further reviewed at a workshop on 11th February with senior leaders. The session aims to balance maintaining business as usual, focusing on IMTP strategic priorities, and exploring new possibilities. The outcome will be a smart program of activity and action plan, detailing next steps, priorities, additional resources needed, and alignment with IMTP priorities
- Short and long-term efficiency savings
- Process efficiencies

Income Generation:

- Scope and deliver 'small win' schemes
- Dedicated structures for delivery and oversight of commercial opportunities
- Commercial and financial mindset training and development.

13. The Head of Commercial advert closed on 13th January with 13 applications received - these are now in the process of being shortlisted. Members discussed the current scope of the **commercial programme**, which includes income generation opportunities, business development, and maximising existing profit-generating activities. There will be an oversight group ensuring the Head of Commercial will have the necessary backing and guidance within the organisation. The committee briefly explored the future strategic intent of financial sustainability and welcomed the opportunity for further deliberation on future focus and alignment with WASTs strategic objectives.

14. 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 CMT requires significant input from various digital teams. These requirements were not known at the time of writing the Digital Plan, resulting in many pre-agreed priorities and timelines for 2024/25 being paused or at risk. Further detail on the impact will come to the March meeting.
- Noting the alert to board in the November AAA, the committee were assured that recruitment into the new Digital posts following additional investment this year is progressing well.
- The procurement exercise for the drones project has concluded with an anticipated operational go-live by end of March 2025.
- The NHS Wales 111 website still receives good use, however engagement rates have seen a decreasing trend. Enhancements to the website are ongoing and further work is being progressed via the digital front end and the CMT programme. An internal audit on the 111 website has commenced.
- The average turnaround time for non-trivial requests to the IT service desk peaked in October to 47 days (40 days in the last reporting period), however that reduced to 28 days in November.
- High volume of records requests continues. Two new records officers joined in December and whilst compliance to target remains at risk, the improvement plan was recently refreshed with



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internal monitoring.

- Good system availability performance was reported, with performance still above the UK industry standard of 99.9%.
- The emergency services network outline business case is expected by the end of April, with a separate deep dive session to be planned.

15. The **Information Governance Report** (IG) for Q3 highlighting ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges. Of note for the board:

- Challenges related to lawful data sharing of patient information with the wider NHS Wales organisations via Digital Health and Care Wales (DHCW) were highlighted. This will be revisited following legal advice and further discussions with DHCW in particular related to the common law duty of confidentiality.
- Improvement actions on the IG toolkit were achieved on target with the team working on the March toolkit submission.
- IG Training compliance rate was at 78% in November, which exceeds the previous year's 75% target, however the new target is 85%, and that is required to be met by March as part of the IG toolkit.
- Members reviewed corporate risk 623 related to failure to comply with data protection legislation (rated 15) and noted the importance of meeting standards on the IG Toolkit, particularly as it relates to research.
- Freedom of Information Act (FOI) requests increased from 43% in July to 72% in August and 64% in September, however this remains under target which is 90%. Resourcing has been a factor here as well as improvements needed to process which will commence in 2025. The total number of questions received across all FOIs has increased, exacerbating the issues.

16. The **Environmental, Decarbonisation and Sustainability Update** reported as follows, with no escalations to the board:

- The majority of the red rated actions on the Trust's Decarbonisation Action Plan (DAP) require further investment or are dependent on external factors.
- The DAP risk 542 remains at a score of 16 and is regularly reviewed.
- The most recent Decarbonisation Co-ordination Reporting (DCR) to NHS Wales Shared Services Partnership in October 2024 maintains an overall Amber status.
- Various schemes are being delivered under the Welsh Government Estates and Facilities Advisory Board (EFAB) funding for 2024/25, with a significant portion of the funding awarded to the Trust. Updates on specific projects were provided to the committee with no escalations.
- There will be one common single responder vehicle across all solo response EMS service lines, with a move from a car to a van to accommodate kit and provide a more generic vehicle.
- In line with WAST's DAP commitment, the next 20 vehicles will be plug in hybrid, with a pilot of 10 full electric vehicles (cars/vans) planned for early 2025/26. Further work is being done to address operational practices, charging processes, and vehicle locations.
- The overall aim of the DAP is to reduce emissions in line with our contribution to Welsh Government being at net zero by 2030. For WAST that equates to a 33% reduction in the 2018 emissions baseline, with members noting this has been challenging to measure, not least due to



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changes to the baseline.

- The organisation has more staff, facilities, and vehicles than in 2018, impacting emissions.

17. The Annual **Fire Safety Compliance Report** for the Trust's estate was received, focusing on emergency lighting, fire alarm systems, and fire risk assessments (FRAs). The report was proving to be of additional use to operational teams managing larger sites. There are no escalations to the board, however of note:

- All emergency lighting systems have been serviced and maintained, ensuring full compliance with statutory obligations. However, monthly 'flick' tests are not being carried out at all ambulance stations.
- Bi-annual servicing and maintenance of fire alarm systems are being completed across all WAST-owned sites. Weekly fire alarm testing is being conducted at larger corporate and contact centre sites.
- All WAST sites have current FRAs, with several sites due for renewal in the new financial year. The FRAs provide an overview of each site's performance against statutory obligations and document recommendations in a remedial action plan.
- Annual fire drills have been added to the 3i Studio CAFM system, with Estates managing the annual program for fire drills across all Trust sites.
- There has been a significant increase in the number of trained fire marshals across the Trust estate.

18. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations for the board.

19. In **closed session** members received the Fleet Procurement Strategy and an update on the cyber KPIs.

RISKS

Risks Discussed:

Board Assurance Framework Risks:

Members received assurance on the risks within the Committee's remit as well as the Trust's two highest scoring risks within QuEST's remit for oversight, noting that the data is the same as that presented to Trust Board in November 2025 due to reporting cycles.

Risk 594 (civil contingency risk) has reduced in score in the latest review from 20 to 15.

A new risk was added to the corporate risk register and will be presented to the January board meeting. This is **Risk 641** related to the Manchester Arena Inquiry with a score of 20. Members noted that a significant number of Inquiry recommendations have been implemented without additional investment, which has allowed for a reduction in the initial risk score. The remaining recommendations require external support and financial investment to be fully implemented. The scale of the investment is



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significant and formal discussions with Commissioners will begin this month.

Other Risks Raised:

A risk of physical security risk related to loss and theft of equipment has been drafted with a rating of 12. This is being progressed through usual risk management cycles.

The annual fire safety report noted several actions arising from fire risk assessments. These risks are being managed and addressed through various measures, including the appointment of a dedicated facilities team, the new fire safety advisor Anolex Fire, and changes to fire marshal training.

COMMITTEE AGENDA FOR MEETING		
Operations Update Q2	Financial position Months 8 & 9 2024/25	Financial Sustainability Report
IMTP Delivery/Assurance – Progress Update 2024-27 IMTP 2025-28	Monthly Integrated Quality and Performance Report	Digital reporting Internal audit – 111 Digital Operations
Information Governance	Environment, Decarbonisation and Sustainability Update	Fire safety annual report
Risk management and board assurance framework	Committee Priorities and Cycle Monitoring Report	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		
Lee Brooks						
Liam Williams				From Item 7	Penny Durrant	
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member



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ACADEMIC PARTNERSHIPS COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	30 January 2025
Committee Meeting Date	23 January 2025
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There were no alerts from this meeting.

ADVISE

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

2. Members met in closed session to approve the minutes of the last meeting held in closed session on 18 November 2024.
3. Kerry Robertshaw, Consultant Paramedic, Ed Harry, Professional Development Lead, and Hayley Stevens, Advanced Paramedic Practitioner, attended to share her experience of undertaking the MSc in Advanced Clinical Practice and an overview of the dissertation on comparing independent prescribing to Patient Group Direction use in a general practitioner out-of-hours service: a retrospective cross-sectional service evaluation. Members commended Hayley for the significant work undertaken to translate a dissertation into a published paper, the contribution to the body of growing evidence to support advanced paramedic practice and associated prescribing in Wales and concurred with the proposal for a research group to showcase and pursue research across the Trust.
4. Observers to the meeting were welcomed, as was Jayne Beeslee, Non-Executive Director to the membership of the meeting. There were no formal reflections for this meeting as they were taken as part of the effectiveness review and will be reflected in the committee annual report; however, there was an agreement that the meeting generated excellent discussion on the committee's direction of travel and was inclusively chaired.



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ASSURE

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

Committee Annual Effectiveness Review for 2024/25

5. The Committee's annual effectiveness review was held, noting that a revised approach has been taken across all committees. A discussion was facilitated to consider the possible future remit of the Committee including areas such as innovation, digital, research, commercialisation and education and training (specifically further education, acknowledging the oversight reporting with People & Culture Committee on leadership, development and statutory & mandatory training). All of which would be driven by the alignment to the strategic objective of 'being at the forefront of innovation and technology' and the Health and Care Quality Standards, particularly the enabler of 'learning, improvement and research'. The Audit, Risk and Assurance Committee will consider the spread of work across all committees at the end of the effectiveness reviews.
6. Committee endorsed the proposal to meet three times rather than four in 2025/26 to afford time for the Executive Leadership Team to undertake the necessary work on the remit of Committee, particularly as it relates to the innovation and education and training elements. The July 2025 meeting would then serve as a continuation of the effectiveness review discussion. The board and committee calendar of dates is before the board for this meeting and this revised schedule is reflected in that calendar.
7. The draft committee Annual Report was received; however, the final report for submission to the board and the terms of reference for 2025/26 will be circulated for approval by Chair's Action after the meeting.
8. Members received an update on the **University Trust Status (UTS) Benefits Realisation**, and the priorities included in the 2025-28 Integrated Medium Term Plan (IMTP). Members considered draft proposals to measure the benefits these priorities will have on our patients and our people, balancing ambition with feasibility particularly when discussing the Centre of Excellence. Members noted the importance of external validation on this ensuring it aligns to the Trust's strategic objectives and the work on the committee's future purpose and remit.
9. The **Cycle Monitoring Report** was received with nothing to escalate. The Committee noted that the research key performance indicators will be further developed into 2025/26 as the Research Governance Framework evolves and that the Research and Innovation Annual Report has been deferred from quarter 4 and will be received in quarter 1.

RISKS

Risks Discussed: There are no formal risks on the corporate risk register for this Committee.

New Risks Identified: No risks raised.

The papers for this meeting can be found by following this [link](#) to the Committee page on our website.



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COMMITTEE AGENDA FOR MEETING

Annual Effectiveness Review	Committee Annual Report	Terms of Reference Review
Priorities for 2025/26 Including update on 24/25 priority progress	Staff Story – Hayley Stevens Advanced Paramedic Practitioner	University Trust Status Benefits Realisation update
Cycle of business and monitoring report		

COMMITTEE ATTENDANCE

Name	23 April 2024	July 2024	18 November 2024	23 January 2025
Hannah Rowan	Attended	Attended	Attended	Attended
Prof Kevin Davies	Attended	Attended	No longer member	No longer member
Ceri Jackson	No longer member	No longer member	Attended	No longer member
Prof Hayley Hutchings	No longer member	No longer member	Attended	Attended
Jayne Beeslee	No longer member	No longer member	No longer member	Attended
Estelle Hitchon	Attended	Attended	Attended	Attended
Angela Lewis	Attended	Apologies received	No longer member	No longer member
Carl Kneeshaw	Attended	Apologies received	Attended	Attended
Andy Swinburn	Attended	Attended	Attended	Attended
Jonny Sammut	Deputy attended (Aled Williams)	Deputy attended	Attended	Deputy attended (Aasha Cowey)
Jonathan Turnbull-Ross	Attended	Attended	Attended	No longer member
Duncan Robertson	Attended	Apologies received	No longer member	No longer member
Jonathan Chippendale	Attended	Apologies received	Deputy attended (Kerry Robertshaw)	Apologies received
Prof Nigel Rees	Attended	Apologies received	Apologies received	Attended
James Houston	Attended	Attended	Attended	Deputy attended (Alex Crawford)
Jo Kelso	Attended	Attended	Attended	Attended
Trish Mills	Attended	Deputy attended (Julie Boalch)	Attended	Attended
Mark Marsden	Attended	Apologies received	Apologies received	Apologies received
Keith Rogers	Apologies received	Attended	Apologies received	Apologies received

Attended
Deputy attended
Apologies received
No longer member



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WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

**CONFIRMED MINUTES OF THE OPEN MEETING OF THE
ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST HELD ON FRIDAY
18 NOVEMBER 2024 VIA TEAMS
Chair: Hannah Rowan**

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Ceri Jackson	Non-Executive Director
Hayley Hutchings	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance & Risk
Alex Crawford	Assistant Director of Planning and Transformation
Estelle Hitchon	Director of Partnerships and Engagement
James Houston	Head of Strategy Development
Caroline Jones	Corporate Governance Officer
Jo Kelso	Head of Workforce Education & Development
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Alex Payne	Corporate Governance Manager
Kerry Robertshaw	Professional Development Lead- Advanced Practice
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Jonathan Turnbull-Ross	Deputy Director of Remote Clinical Care

APOLOGIES:

Jonathan Chippendale	Assistant Director for Clinical Development
Mark Marsden	Trade Union Representative
Nigel Rees	Assistant Director of Research and Innovation
Keith Rogers	Trade Union Representative

48/24 WELCOME AND INTRODUCTION

Hannah Rowan welcomed everyone to the meeting bilingually and confirmed quorum.

She invited all members to introduce themselves for Hayley Hutchings and Carl Kneeshaw and Kerry Robertshaw attending the meeting today for the first time.

49/24 DECLARATIONS OF INTEREST

There were no additional declarations to those already recorded on the register.

RESOLVED:

There were no additional declarations raised to those recorded on the register.

50/24 MINUTES OF THE LAST MEETING

The minutes and the addendum of the meeting held on 19 July were approved as a correct record.

RESOLVED: That the minutes and addendum from the meeting held on the 19 July 2024 were approved,

51/24 ACTION LOG AND MATTERS ARISING

The Action log was discussed with all the actions being proposed and accepted by Members for closure.

RESOLVED: That the action log was reviewed, and actions closed as proposed.

52/24 RESEARCH AND INNOVATION NEXT STEPS (POSITION PAPER)

Andy Swinburn stated that the Research and Innovation (R&I) team was starting from a low base in terms of resilience with Nigel Rees leading most research activities, supported by individual researchers focused on specific trials.

The set up currently lacked organisational resilience with funding and time primarily dedicated to specific research projects, limiting broader R&I across the Trust. The aim was to embed R&I activities throughout the Trust, not just within specific trials, with a focus on building resilience.

Andy Swinburn recognised the significant innovation across the Trust with an end goal of developing an evidence base for these innovations, ensuring they were grounded in research and could be further developed.

Estelle Hitchon emphasised the importance of making research accessible and supporting innovation at all stages to build confidence and capability within the team. She noted that research could be off-putting due to its perceived complexity and required skills and stressed the importance of supporting people with good ideas to help them translate these into actions.

Ceri Jackson supported the foundational approach and suggested a timeline, highlighted the significant potential of broader charity sector collaboration for funding opportunities, and questioned the effective use of current resources to inform the strategic direction.

Hannah Rowan confirmed the need for better alignment between the Trust's stated commitment to research and the actual investment, suggesting a more proactive approach to securing and prioritising funding with a conversation needed at Board level. The push for research funding aligned with the new clinical model.

Andy Swinburn confirmed that financial support to build resilience in the research team outlined the dependency to proceed with plans, recognising there were always more demands for funding than available resources.

Jonathan Turnbull-Ross appreciated the clarity within the report for brokering the right conversation and noted the need for clear direction, specific goals and Board level support to empower innovation and manage resources effectively. He mentioned the success of Craig Brown's journey to studying a PhD due to having strong support.

Hayley Hutchings stressed the importance of changing perceptions about research and encouraging participation and utilising existing projects for additional research opportunities. She also highlighted that impactful research could be achieved with limited resources and suggested providing online resources and ideas for engaging in research without a higher degree.

Hannah Rowan proposed an action for Andy Swinburn Nigel Rees and Haley Hutchings to meet before the next meeting to explore avenues for resource allocation and come back with a practical next steps update regarding the required resources. This would help present a tangible proposal to the Board for funding.

Trish Mills underscored the importance of Board level support and engagement to address resourcing challenges efficiently and suggested including this issue in the alert section of the highlight report for Board. She also mentioned a key takeaway from the NHS confederation breakout session was the importance of Board level buy in for the research and developing governance framework.

Jo Kelso noted the importance of changing perceptions, encouraging incidental research engagement and leveraging shared resources to foster internal interest and attract funding.

RESOLVED: That

- 1) the Committee had a full discussion on the Research and Innovation next steps, recognising the need to prioritise the foundation building process; and**
- 2) a paper on practical next steps and required resources would be presented to the next meeting.**

For the benefit of the new members Hannah Rowan updated on the Trust having been awarded University Trust Status (UTS) in April 2024, with the task now of articulating what the benefits are to the Trust of UTS and what the next steps should be. Estelle Hitchon spoke of the broad ranging discussion at the last meeting that needed to be translated into organisational objectives.

Estelle Hitchon accentuated the importance of accessible learning at all levels, broadening strategic partnerships and setting ambitious, yet achievable goals for the Trust. She talked of a proposal to establish a Centre of Excellence by 2028, potentially in remote clinical triage, in partnership with academic and commercial entities.

Hannah Rowan expressed her gratitude for the thoughtful and strategic approach taken in summarising and aligning the discussion with organisational goals and took the opportunity to congratulate some of the recent award winners at the Committee today. Jo Kelso noted her appreciation of the effort in distilling broad thoughts into actionable and measurable objectives, highlighting the importance of inclusive learning, promoting excellence, and supporting staff development.

Ceri Jackson agreed with the broader approach to the Centre of Excellence and stressed the importance of clearly communicating the benefits to staff and patients to foster cultural change and recognition. She suggested an adjustment to the paper to ensure the points were clear in the next iteration of the Integrated Medium-Term Plan (IMTP).

James Houston suggested considering how the Strategic Transformation Board (STB) links into the Academic Partnership Committee to ensure its role in horizon scanning is taken into the right forums.

Trish Mills spoke of the importance of aligning R&I with the Duty of Quality, reconsidering the placement of learning and development from People and Culture Committee to this Committee to better allow for alignment and focus at this Committee, and maintaining a proactive approach to setting priorities.

Alex Crawford noted the value of connecting the strategic roles, reviewing and updating priorities, and aligning metrics to demonstrate benefits to people and patients.

Members indicated their approval for the paper to move forward with the discussed additions. Hannah Rowan thanked everyone for their engagement and contributions.

RESOLVED: That the UTS benefits realisation paper was considered, and the priorities identified reflected a consensus position prior to wider consultation and inclusion as part of the IMTP 2025-28 development process.

54/24 PROPOSED REVISED COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

Hannah Rowan opened the item by saying the priorities were consistently revisited to ensure they were manageable and that a small revision have been discussed at the last meeting.

Last year's priorities:

- Achieving University Trust Status (UTS) (successfully managed).
- Implementing the research governance framework (ongoing refinement).

Julie Boalch confirmed the discussion on UTS benefits realisation lead into the Committee's priorities for 2024/25 which had been slightly reframed to better reflect the current business needs. The revised priorities:

- Clarity on the purpose and focus of the Committee to be communicated to the wider organisation.
- Articulating the benefits realisation of University Trust Status (UTS).

RESOLVED: That the Committee noted the update regarding the Cycle of Business and associated Monitoring Report and agreed the revised priorities for the Committee for 2024/25.

55/24 RESEARCH GOVERNANCE FRAMEWORK UPDATE

Andy Swinburn confirmed that some content had already been covered, and with the report being self-explanatory did not go into detail. Members noted the frequency of the reports with a fuller report annually to align with Health and Care Research Wales (HCRW) reviews. A visit from HCRW is scheduled for March 2025 to assess the Trust against the Research Governance Framework. It was noted the Trust is still refining its approach to research governance and the HCRW feedback will be valuable.

The Research Governance Framework is an opportunity to showcase strengths and identify gaps in the Trust's Research Governance, with a focus on challenges, opportunities and timeframes.

Hannah Rowan confirmed that she holds the Research Champion Role and maintains an ongoing relationship with HCRW to support and challenge the Trust on its research governance arrangements. She also shared her insights from the HCRW conference which had engaging content:

1. **Collaboration Pyramid:** Dr. Paul Hull discussed a model for impactful collaboration, emphasising quality communication, definition of excellence, and supportive environments.
2. **Grease and Glue:** Another talk highlighted the importance of roles that facilitate and smooth the way for effective collaboration.
3. **Using Existing Data:** A discussion on leveraging existing data for research and innovation, with an example of early diabetes identification in children using historical data.
4. **Information Governance:** Emphasis on the importance of information governance in using existing data for research.

Hannah Rowan agreed to share insights from future conferences and encouraged Members to attend if they were able as the content was valuable.

Hannah also wanted to ensure that directorates provide input for reviews related to the Research Governance Framework and would encourage colleagues to respond to requests for input ahead of each update.

Jonny Sammut explained how the Trust was data rich but information poor. He spoke of ongoing efforts to improve data utilisation, integrate data sets and develop advanced data capabilities.

Jonny Sammut highlighted a couple of key areas:

1. Data Science Initiative: Leanne Smith was looking at organically growing a data science capability next year to move beyond just accessing data to predictive modelling and using information to drive decision-making. A business case for data science will be developed and go through governance routes next year. A substantive agenda item was expected by mid-next financial year, with a briefing to the committee on plans and progress.
2. National Data Repository: An update on the national data repository and related health system work is anticipated around March next year.
3. Data Quality and Recruitment: Data quality work and recruitment efforts will be discussed at the FPC meeting tomorrow. These efforts are crucial as they will support ongoing data conversations within the committee.

Hannah Rowan concluded by saying the evolution of data science work is a promising area that could significantly benefit this Committee. Whilst the initiatives may not always receive the attention they deserve, they have the potential to be major enablers of improved practices and real quality of care.

Hannah Rowan asked Jonny Sammut if there was anything to be actioned in the digital space.

RESOLVED: That

- 1) **The Committee discussed and noted the content of the report; and**
- 2) **The Committee continue to review self-assessments against the framework.**

56/24 ANY OTHER BUSINESS

No business raised.

57/24 KEY MESSAGES FOR BOARD DECISIONS / ACTIONS

The Highlight report would be a high-level update to provide the Board with a summary of the meeting for information.

58/24 DATE OF NEXT MEETING:

The date of the next Committee meeting is 23 January 2025.



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MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 19 NOVEMBER 2024 IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 09:30

PRESENT:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation (Joined for Items 87/24 and 88/24 only)
Fflur Jones	Audit Wales (Joined at Item 86/24)
Carl Kneeshaw	Director of People
Osian Lloyd	Head of Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing (Joined at Item 86/24)

OBSERVER:

Lisa Trounce	Head of Compliance and Assurance
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APOLOGIES:

Rachel Marsh	Executive Director of Strategy, Planning and Performance
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82/24 PROCEDURAL MATTERS

Jayne Beeslee welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests.

Minutes

The minutes of the open session held on 17 September 2024 were considered by the Committee and confirmed as a correct record.

Action Log

75/24: Waste Management Update and Estates Condition and Backlog Maintenance: *To consider with the Chair of FPC how best to present any further updates to the Committee and to consider any Committee development that may be required on this subject matter.* Chris Turley explained that going forward the annual reporting mechanism in terms of waste management and estates would be the most suitable method to update the Committee, adding that the level of detail in these reports would be considered. In the meantime, any interim issues if escalated will be reported to Committee as and when. Trish Mills advised this would be detailed on the Forward planner to consider whether it was a committee specific development or wider. It was agreed for these actions to be closed.

78/24: Risk Management and Board Assurance Framework: *To share the Risk paper and BDO presentation at the ARAC meeting on 12 September with Bethan Evans, Hannah Rowan and Jayne Beeslee (as NEDS who did not attend the Audit, Risk and Assurance Committee (ARAC) meeting: The information (the risk paper and BBO presentation given to ARAC in September 2024) has been shared with the NEDs as described. The Action was completed and agreed for closure.*

RESOLVED: The

- (1) **Minutes of the meeting held on 17 September 2024 were confirmed as a correct record; and**
- (2) **The Action log was considered and updated as described above.**

83/24 OPERATIONAL UPDATE QUARTER 2

Lee Brooks presented the report and drew the Committee's attention to the following areas:

Manchester Arena Inquiry: Progress has been made, with 23 recommendations from the Grenfell report cross-referenced to the Manchester Arena inquiry work. A report supplementing the evidence has been submitted to the Commissioners.

Major Incidents: The updates on the recent major incidents in Cardiff and Powys, with debriefs and learning opportunities which were being processed through the regular reporting channels.

Quality and Support Days: There has been a focus on performance, including multiple attendance ratios and compliance with diesel mitigation concerning vehicles outside hospitals.

Medical Emergency Response Incident Team (MERIT): The skill set within the ambulance service now exceeds that of nurses trained for MERIT, and this position has been shared with Welsh Government.

Medical Priority Despatch System (MPDS) Accredited Centre of Excellence: The remedial status has been lifted, indicating a sustained improvement.

Estates and Infrastructure: Progress continued on the control room work in Carmarthen and the planned work at Ty Elwy, with staff managing to accommodate any disruptions.

Electronic Timesheets: An initial scoping meeting has been held with representatives and Trade Union partners.

Medical Transfer Protocol Suite (MTPS): Initial non-compliance has reduced from 23% to 17%, with ongoing monitoring.

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RESOLVED: The Q2 operations update was noted.

84/24 FINANCIAL POSITION FOR MONTH SIX AND MONTH SEVEN 2024/25

Chris Turley gave a presentation on the financial position of the Trust as at month seven and drew attention to the following areas:

Revenue Position: The cumulative position was a small underspend of £42K, and the Trust was continuing to forecast a break-even revenue position.

Savings Delivery: The Trust was overachieving on some savings delivery, which was important for managing and mitigating potential risks. The Trust was overachieving more in recurring schemes, which will be beneficial for next year's financial planning.

Cash Flow: There were no cash flow issues, and the Trust continued to pay bills in line with the public sector payment policy.

In terms of risks Chris Turley advised the Committee of the following:

Band 5 Technician Implementation: The initial risk was £4m, but it has been reduced to £0.5m due to managing vacancies, slippage in other spending, and overachieving savings. The recurring impact will need to be addressed in next year's financial plan. Several other risks have been managed down to zero as the year has progressed, including the non-achievement of savings, which was no longer a risk due to overachievement.

There was an assumption that the government would fully cover the impact of the pay award funding for this year. However, there was emerging modelling work from Welsh Government (WG) suggesting it might not cover 100% of the actual costs incurred. This was still being worked through, and the Finance Director from NHS Wales has indicated that WG would be sympathetic if the modelling showed consistent shortfalls across all NHS organisations.

In terms of the Capital programme Chris advised that considerable progress had been made on several projects and explained that a fuller update would be given later in the private meeting.

Peter Curran commended Chris Turley and his team for the tight financial control, evidenced by the minimal change between months six and seven. He emphasised the importance of communicating to Commissioners and Welsh Government that the costs for

the EMT Band 5 funding will increase in the coming years and that the current year's absorption of costs was not sustainable. He inquired about the implications of the recent increase in employers' National Insurance contributions from the recent budget.

Chris Turley commented that the increase in employers' National Insurance contributions will not have an immediate impact for this year, as the changes will take effect next year. He further mentioned that the impact on public sector organisations was still being worked through at the UK Treasury level, but the assumption was that it will be covered as had been confirmed by the Finance Director from NHS Wales at a recent meeting.

RESOLVED: That the Finance & Performance Committee noted the Month six and Month seven updates.

85/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Hugh Bennett updated the Committee on the main points from the report: It should be noted there were still some data issues being worked through, and these had been flagged where applicable within the report.

1. In terms of the specific performance metrics for the 999 call answering, the 95th percentile was 25 seconds, which was longer than previously reported but still compared well with English counterparts. The 65th percentile and median performance were above target.
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Trish Mills mentioned that the MIQPR report has also been recently reviewed by the Quality, Patient Experience and Safety (QuEST) and People and Culture Committees.

RESOLVED: The Committee received the September/October 2024 Integrated Quality and Performance Report and noted that it provided sufficient assurance for the Committee against progress against the performance indicators.

86/24 DIGITAL REPORTING

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

1. The average turnaround time for non-trivial requests had spiked to 40 days, which was higher than seen in recent times. Recruitment was underway to address this, with four end-user support roles due to be advertised soon.
2. Records requests continued to be high and offers have been made to two new records officers who will join in December and January to help manage the demand.
3. System availability has been good, with performance above the UK industry standard of 99.9%, despite a minor issue with LifeX in September.
4. The Infection Prevention Control (IPC) audit tool was being scoped to devise a more automated tool for conducting IPC audits.
5. The procurement for surveillance drones with the Hazardous Area Response Team (HART) team was underway, and training for pilots was planned in the coming months.
6. The Short Messaging Service (SMS) cancellation functionality for Ambulance Care and EMS was underway. Following the Southeast Coast Ambulance Service deployment, technical requirements have been provided to the Trust's Computer Aided Despatch (CAD) supplier, with work scheduled to commence in early 2025.
7. The Power BI migration was nearly complete, with the final Commissioner dashboard being developed to support the Joint Commissioning Committee (JCC).
8. Recruitment progress included the appointment of a new Chief Clinical Information Officer (CCIO), an Assistant Director of Digital Transformation joining in January, and several other roles being filled or advertised.

Following a query in terms of the impact of the Clinical Transformation Programme on the digital plan, Jonny Sammut mentioned that the programme was running at a fast pace, and it was challenging to keep up with the technical requirements. He added his team have a regular monthly planning cycle involving senior management and planning team members to ensure synergy across all functions. The transformation work will take priority, and he assured the Committee his team could scale up or down other programmes as needed.

Bethan Evans asked Jonny Sammut about the recruitment process in general, highlighting the progress and the importance of finding the right skill set and experience for various initiatives. Jonny Sammut responded positively about the recruitment process, mentioning there had been a good uptake of talented people and the positive impact of diversity and inclusion activities. He added that technical roles might be harder to recruit due to salary competition within the private sector.

Peter Curran inquired about the potential for the Trust to explore collaboration with industry partners, particularly around Drones. Jonny Sammut added that collaboration with the Welsh Blood Service and other system partners to develop a Drone highway network across Wales was progressing well. Trish Mills mentioned there was a short presentation in the closed Academic Partnership Committee papers in Ibabs, which covered this detail further.

RESOLVED: The Committee noted the contents of the Digital Report and the trends in metrics presented.

87/24 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE - PROGRESS UPDATE

Alex Crawford drew the following key points for the Committee's attention:

The Trust was meeting the Accountability Conditions set by Welsh Government at the approval of the IMTP.

1. Clinical Model Transformation Programme: The programme was progressing well, with a cautionary status due to the pace and the need to catch up on governance. The core flow and core categorisation group has completed its part of the work and moved to the next phase.
2. Urgent Community Response: There were some legacy issues with advanced practice work, including supervisory arrangements for advanced practitioners and ongoing work around independent prescribing.
3. Directorate-Led IMTP Priorities: Significant work continued outside the clinical model transformation programme, with many priorities on track in operations.
4. People Section: Progress on timesheets and other ongoing work was noted, with detailed updates having been provided to the People and Culture Committee.
5. Digital Plan: The current year's action was to implement the plan, with more detailed priorities expected next year.
6. Quality and Clinical Plan: Most areas were on track, with some work needed on training around putting things right and safeguarding, as well as engagement with communities through Civica.

RESOLVED: The Committee:

- (1) **Noted the CMT 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.**

88/24 INTEGRATED MEDIUM TERM PLAN 2025/2028

Alex Crawford gave the Committee a presentation which explained that the planning cycle for the next Trust IMTP, the work for which began in June and started with gathering intelligence and engagement to identify priorities for the upcoming year. He stressed the importance of balancing the Clinical Model Transformation Programme with the ongoing daily operations and other work within the Directorates.

The Committee noted that the focus included maintaining the pace of transformation while considering the operational context and associated risks. He highlighted the need for integrated technical planning, which involved aligning digital, workforce, and finance plans, including capital investments.

In terms of next steps, this would involve refining the priorities and ensuring they were well-balanced between transformation and operational needs; with further discussions with the Trust Board planned for upcoming Board Development sessions.

Chris Turley added that the draft Welsh Government budget was expected to be published on 10 December 2024. Furthermore, there was a Finance Directors meeting scheduled for 20 December 2024, which could involve detailed technical discussions about the NHS Wales allocation letter, dependent on the progress of the budget.

Bethan Evans drew attention to a potential contradiction between the need for consolidation and embedding of changes, and the ambitious nature of the Transformational programmes.

Alex Crawford acknowledged this was a deliberate contradiction, emphasising the need for a discussion on balancing consolidation with the Trust's ambitions. He highlighted the importance of understanding what was meant by embedding and consolidating changes while maintaining the Trust's drive for improvement and transformation. He suggested that this discussion would be further explored in the upcoming Board Development session.

RESOLVED: The update on the Integrated Medium Term Plan 2025/28 was noted.

89/24 INFORMATION GOVERNANCE REPORT

Jonny Sammut highlighted the following areas for the Committee's attention:

In terms of the Information Governance (IG) Toolkit the Trust was at a "standards not met" status, however the Committee was assured there was an improvement plan in place.

The IG Training compliance rate was 76.5%, an improvement from the previous year's 75% target. The new target was 85%, and there was ongoing debate nationally about whether this was an appropriate target.

In August, 21 Freedom of Information (Fol) requests were received, with 72.2% compliance within the 20 working day timeframe. Further improvements were expected following an Organisational Change Policy and process review.

Although some progress has been made with actions in the Records Improvement Plan (e.g. Review of the Records Management Policy), timelines have been impacted by long-term sickness in the Corporate Governance Team. . To provide assurance and visibility, a check against the original audit actions will be carried out in readiness for the November meeting of the Information Governance Steering Group (IGSG) to check for any potential risks emerging from delays in progress.

next recruitment was under way for the Data Protection Officers, with two new Data Protection Managers joining this November.

The Data Quality Internal Audit report was received with reasonable assurance, and two high-priority recommendations identified: 1) reviewing the information asset register, and 2) improving data quality reporting. These recommendations aligned with existing plans to set up an information asset owners' group as agreed by IGSG. The small Data Quality function already has plans to develop data quality metrics for IGSG, coinciding with the audit recommendations. It has been agreed that IGSG will monitor progress of the actions for this audit via an extract of the Trust's audit tracker and will be a standard agenda item going forward. The Committee were advised that the report would be presented at the next Audit, Risk and Assurance Committee (ARAC) meeting.

Trish Mills commented that the previous alert around data quality issues sent to the Board after the September meeting should be updated. She suggested adding that while there were still some highlighted data quality issues, the internal audit on data quality has provided assurance on the actions to address these issues. Osian Lloyd acknowledged the positive assurance from the report and highlighted the focus on the EMS Computer Aided Despatch (CAD) system. He also noted the need to strengthen data quality processes across other data sets and systems.

There was a question regarding recruitment which asked Jonny Sammut if he envisaged or was already seeing challenges with recruiting for some key posts, given the importance of getting the right skill set and experience, especially in the context of the digital function. Jonny explained there were challenges but assured the Committee this was a focus for him. Having said that two posts have recently been advertised, a Data Quality Manager and a Data Quality Analyst. Furthermore, two new Data Protection Managers have recently joined the Trust.

RESOLVED: The Committee noted the update.

Julie Boalch provided an update on the risks under the Committee's remit and noted that the data presented was the same as that shown to the Trust Board in September. She assured the Committee that each risk had been reviewed according to its schedule and navigated through the appropriate governance.

The next round of risk data would be presented to the Audit, Risk Assurance Committee (ARAC) and Trust Board at their respective meetings in November. Julie Boalch also highlighted that 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) had reduced in score and this would be reflected in upcoming reports.

Julie Boalch informed the Committee of the next phase of the Risk Transformation Programme, overseen by the ARAC, and noted that an initial workshop was planned for December 2024 on developing risk appetite statements followed by a Board Development session in February 2025.

RESOLVED: The Committee noted the contents of the report.

91/24 AUDIT TRACKER 2.0 – JUNE 2024 (Q2)

Trish Mills provided an update on the audit tracker, highlighting the following points: There has been good engagement this quarter, with approximately 67% of intended items closed.

There was one open action on its third revised date which was yet to be complete - action 567 (Hazardous Area response Team (HART) internal audit). This action was discussed by the Committee and the ARAC at their respective meetings in September 2024.

Trish Mills noted the Real Asset Management (RAM) system internal audit from 2021/22 (action reference 470) is an example of historical audit actions that have been difficult to close off. It has been mutually agreed in consultation with Internal Audit colleagues that it is acceptable to close the action on the basis that this work has been accounted for within the Trust's current Digital Plan and subject to the following actions:

1. That the position be clearly articulated on the Tracker and be brought to the attention of the ARAC and FPC in the next reporting period.
2. That this position clearly state that the work is subject to funding of the relevant Tranche 2 of the Digital Plan.
3. That the associated risks be held in the Digital Directorate Risk Register, in lieu of the action's inclusion on the Tracker.
4. That the Corporate Governance Team ensure that the action is scheduled for review by the FPC and ARAC in September 2025 (which is the date of completion on the Tracker).

There were no open external audit actions assigned to the Committee. 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 March 2025.

Overtime Controls Internal Audit (Reasonable Assurance) – Lee Brooks commented that the audit had provided good assurance on the approach being continually deployed within the Operations Directorate. He added that the audit had identified the benefits that electronic timesheets would provide, although achieving this would take some time.

Following a query on the cost and funding of the electronic time sheet, Chris Turkey advised there was some resource to cover it in the plan for this year.

Integrated Quality and Performance Management Framework Internal Audit (Reasonable Assurance) – Hugh Bennett reflected that the Trust might have set a high bar by asking about the extent to which the Quality Performance Management Framework (QPMF) was embedded, rather than the quality of the framework itself.

It was noted that the audit provided reasonable assurance but only limited assurance on the embedding arrangements, primarily due to the small size of the team, which impacted on their ability to do developmental work.

He mentioned that the team has overhauled the work programme and established a Quality and Performance Management Steering Group, which meets monthly and reviews the work programme.

Hugh Bennett acknowledged that the reporting of Alert Assure Advise (AAA) reports into the Executive Leadership Team (ELT) has been intermittent due to time pressures but were now more consistent.

Hugh Bennet stressed the need to be more precise on governance and acknowledged that development work often loses out to mandatory reporting due to the sheer volume of tasks.

Trish Mills reminded Members that the Committee's remit was to review the effectiveness and monitor the outcomes of the QPMF. She expressed hope that the ARAC would be assured of the implementation of the QPMF during their upcoming meeting, as they had received reports in the last meeting, and would receive another report in the current meeting.

Trish advised that the Committee would need to consider how best to report on the effectiveness of the QPMF and the value of the outcomes. This can be addressed during the 2024/25 overall Committee effectiveness review discussions.

Review of Cost Savings – All Wales Audit - Chris Turley explained that the report was positive and identified a small number of recommendations. He stated that one of the recommendations had already been completed. He confirmed that all recommendations were on track to be completed by the assigned dates.

Fflur Jones supported Chris Turley's comments and noted that it was a positive report. She acknowledged that the management responses had been accepted and that they met the recommendations set out in the audit.

Peter Curran queried about the recruitment process for the Head of Commercial and the development of the commercial team, expressing concern about the importance of getting the right person in place. Carl Kneeshaw acknowledged there were delays in the recruitment process and mentioned that additional resources had been put in place to mitigate risks, such as having jobs evaluated faster. He stressed the importance of looking at the end-to-end recruitment process to reduce time and improve the overall time to hire. He also highlighted the need to ensure the Trust was an attractive place to work by advertising in the right places, using networks, and having a strong employee value proposition.

Trish Mills suggested that the Committee might wish to flag the data quality audit actions for closer attention. She proposed that this could be a good way to see how the importance of the discussion around recruitment and data quality might be addressed. It was agreed that the Committee would proactively monitor the actions generated from the Data Quality Internal Audit (24/25) over the coming year, via the future Audit Tracker reports. This will allow the Committee to monitor the discussions / progress on recruitment in Digital and how issues of data quality might be addressed. The Corporate Governance Team (CGT) will ensure that the Audit Tracker is annotated to reflect this focus, and the Committee's CoB/Planner will be updated to reflect this agreed focus.

RESOLVED: The Committee received and took assurance from the Audit Tracker June 2024 (quarter 2 2024/25) update report.

92/24 MOBILE DATA AND VEHICLE SOLUTION FEEDBACK INITIATIVE

Jonny Sammut provided an update on the Mobile Data Vehicle Solution (MDVS). He noted that after implementing the technology, a staff survey was conducted to gather feedback on how the system was progressing. The Trust received over 100 responses, which were generally positive, with some constructive feedback. The project team tested the feedback with operational crews to identify core issues, which included routing, graphical user interface (GUI) design, mapping, incident management, and voice notifications.

Jonny Sammut also highlighted that the Ambulance Radio Programme (ARP) which sat under the auspices of the Association of Ambulance Chief Executives (AACE), had engaged with operational teams across 14 locations in Wales during CEO roadshow events, gathering 154 feedback items that aligned with staff survey findings, all of which were documented and reviewed.

The next steps involved working with ARP to determine the top ten issues and developing an action plan for future improvements. Additionally, it was planned to enhance communication and training, including video guides to support colleagues.

Bethan Evans asked if the type of feedback received on the MDVS project was as expected. She also inquired about the level of confidence in being able to address the issues raised to improve the overall perception of the staff. Jonny Sammut explained that receiving only 100 responses was seen as positive because it indicated there was not a large volume of negative feedback. Jonny Sammut added that many of the issues raised were already on the long-term development plan and that the feedback allowed his team to prioritise and address these issues.

The Chair acknowledged the importance of addressing the feedback and demonstrating effective responses to staff concerns. She stressed the need to communicate effectively to ensure staff understood the limitations and improvements being made.

Hugh Parry mentioned that Trade Unions have been involved in the MDVS project from the beginning. He acknowledged that it was expected to be controversial among staff due to the nature of change. He indicated a preference to discuss further details with Jonny Sammut offline rather than in the open session.

RESOLVED: The Committee acknowledged that the valid issues that operational crews have raised were being addressed but accept that to comply with the Road Traffic Act, some changes to practice, perception and colleague satisfaction cannot be met within the constraints of the Act.

93/24 POLICIES FOR COMMITTEE ATTENTION

The following policies were received by the Committee:
Records Management Policy. This was received for noting.

NHS Wales Procedure for the Recovery of Overpayments – Salary & Expenses (September 2024). This was received for adoption.

RESOLVED: The Records Management Policy was noted and the NHS Wales Procedure for the Recovery of Overpayments – Salary & Expenses (September 2024) was adopted.

94/24 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

The report was presented for information. No matters from the Cycle of Business Monitoring Report were escalated for the Committee's attention. The updates regarding the Committee Priorities were noted.

RESOLVED: The Committee noted the Committee Priorities and Cycle Monitoring Report update.

95/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Members noted that the room configuration and the chairing of the meeting worked well, especially for hybrid meetings. They appreciated the restricted use of the chat and commended the Chair for moving the meeting along at a great pace.

Meeting concluded at 12:00

Date of Next Meeting: 16 January 2025.



GIG
CYMRU
NHS
WALES

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

**MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE
(OPEN SESSION) HELD ON 19 NOVEMBER 2024 IN THE CARDIFF MAKE READY DEPOT
AND VIA TEAMS**

Meeting started at 09:30

PRESENT:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation (Joined for Items 87/24 and 88/24 only)
Fflur Jones	Audit Wales (Joined at Item 86/24)
Carl Kneeshaw	Director of People
Osian Lloyd	Head of Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing (Joined at Item 86/24)

OBSERVER:

Lisa Trounce	Head of Compliance and Assurance
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APOLOGIES:

Rachel Marsh	Executive Director of Strategy, Planning and Performance
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82/24 PROCEDURAL MATTERS

Jayne Beeslee welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests.

Minutes

The minutes of the open session held on 17 September 2024 were considered by the Committee and confirmed as a correct record.

Action Log

75/24: Waste Management Update and Estates Condition and Backlog Maintenance: *To consider with the Chair of FPC how best to present any further updates to the Committee and to consider any Committee development that may be required on this subject matter.* Chris Turley explained that going forward the annual reporting mechanism in terms of waste management and estates would be the most suitable method to update the Committee, adding that the level of detail in these reports would be considered. In the meantime, any interim issues if escalated will be reported to Committee as and when. Trish Mills advised this would be detailed on the Forward planner to consider whether it was a committee specific development or wider. It was agreed for these actions to be closed.

78/24: Risk Management and Board Assurance Framework: *To share the Risk paper and BDO presentation at the ARAC meeting on 12 September with Bethan Evans, Hannah Rowan and Jayne Beeslee (as NEDS who did not attend the Audit, Risk and Assurance Committee (ARAC) meeting: The information (the risk paper and BBO presentation given to ARAC in September 2024) has been shared with the NEDs as described. The Action was completed and agreed for closure.*

RESOLVED: The

- (1) **Minutes of the meeting held on 17 September 2024 were confirmed as a correct record; and**
- (2) **The Action log was considered and updated as described above.**

83/24 OPERATIONAL UPDATE QUARTER 2

Lee Brooks presented the report and drew the Committee's attention to the following areas:

Manchester Arena Inquiry: Progress has been made, with 23 recommendations from the Grenfell report cross-referenced to the Manchester Arena inquiry work. A report supplementing the evidence has been submitted to the Commissioners.

Major Incidents: The updates on the recent major incidents in Cardiff and Powys, with debriefs and learning opportunities which were being processed through the regular reporting channels.

Quality and Support Days: There has been a focus on performance, including multiple attendance ratios and compliance with diesel mitigation concerning vehicles outside hospitals.

Medical Emergency Response Incident Team (MERIT): The skill set within the ambulance service now exceeds that of nurses trained for MERIT, and this position has been shared with Welsh Government.

Medical Priority Despatch System (MPDS) Accredited Centre of Excellence: The remedial status has been lifted, indicating a sustained improvement.

Estates and Infrastructure: Progress continued on the control room work in Carmarthen and the planned work at Ty Elwy, with staff managing to accommodate any disruptions.

Electronic Timesheets: An initial scoping meeting has been held with representatives and Trade Union partners.

Medical Transfer Protocol Suite (MTPS): Initial non-compliance has reduced from 23% to 17%, with ongoing monitoring.

Emergency Medical Service Lost Hours: This continued to be a significant challenge, impacting on red and amber performance.

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the EMT Band 5 funding will increase in the coming years and that the current year's absorption of costs was not sustainable. He inquired about the implications of the recent increase in employers' National Insurance contributions from the recent budget.

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RESOLVED: That the Finance & Performance Committee noted the Month six and Month seven updates.

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2. Records requests continued to be high and offers have been made to two new records officers who will join in December and January to help manage the demand.
3. System availability has been good, with performance above the UK industry standard of 99.9%, despite a minor issue with LifeX in September.
4. The Infection Prevention Control (IPC) audit tool was being scoped to devise a more automated tool for conducting IPC audits.
5. The procurement for surveillance drones with the Hazardous Area Response Team (HART) team was underway, and training for pilots was planned in the coming months.
6. The Short Messaging Service (SMS) cancellation functionality for Ambulance Care and EMS was underway. Following the Southeast Coast Ambulance Service deployment, technical requirements have been provided to the Trust's Computer Aided Despatch (CAD) supplier, with work scheduled to commence in early 2025.
7. The Power BI migration was nearly complete, with the final Commissioner dashboard being developed to support the Joint Commissioning Committee (JCC).
8. Recruitment progress included the appointment of a new Chief Clinical Information Officer (CCIO), an Assistant Director of Digital Transformation joining in January, and several other roles being filled or advertised.

Following a query in terms of the impact of the Clinical Transformation Programme on the digital plan, Jonny Sammut mentioned that the programme was running at a fast pace, and it was challenging to keep up with the technical requirements. He added his team have a regular monthly planning cycle involving senior management and planning team members to ensure synergy across all functions. The transformation work will take priority, and he assured the Committee his team could scale up or down other programmes as needed.

Bethan Evans asked Jonny Sammut about the recruitment process in general, highlighting the progress and the importance of finding the right skill set and experience for various initiatives. Jonny Sammut responded positively about the recruitment process, mentioning there had been a good uptake of talented people and the positive impact of diversity and inclusion activities. He added that technical roles might be harder to recruit due to salary competition within the private sector.

Peter Curran inquired about the potential for the Trust to explore collaboration with industry partners, particularly around Drones. Jonny Sammut added that collaboration with the Welsh Blood Service and other system partners to develop a Drone highway network across Wales was progressing well. Trish Mills mentioned there was a short presentation in the closed Academic Partnership Committee papers in Ibabs, which covered this detail further.

RESOLVED: The Committee noted the contents of the Digital Report and the trends in metrics presented.

87/24 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE - PROGRESS UPDATE

Alex Crawford drew the following key points for the Committee's attention:

The Trust was meeting the Accountability Conditions set by Welsh Government at the approval of the IMTP.

1. Clinical Model Transformation Programme: The programme was progressing well, with a cautionary status due to the pace and the need to catch up on governance. The core flow and core categorisation group has completed its part of the work and moved to the next phase.
2. Urgent Community Response: There were some legacy issues with advanced practice work, including supervisory arrangements for advanced practitioners and ongoing work around independent prescribing.
3. Directorate-Led IMTP Priorities: Significant work continued outside the clinical model transformation programme, with many priorities on track in operations.
4. People Section: Progress on timesheets and other ongoing work was noted, with detailed updates having been provided to the People and Culture Committee.
5. Digital Plan: The current year's action was to implement the plan, with more detailed priorities expected next year.
6. Quality and Clinical Plan: Most areas were on track, with some work needed on training around putting things right and safeguarding, as well as engagement with communities through Civica.

RESOLVED: The Committee:

- (1) **Noted the CMT 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.**

88/24 INTEGRATED MEDIUM TERM PLAN 2025/2028

Alex Crawford gave the Committee a presentation which explained that the planning cycle for the next Trust IMTP, the work for which began in June and started with gathering intelligence and engagement to identify priorities for the upcoming year. He stressed the importance of balancing the Clinical Model Transformation Programme with the ongoing daily operations and other work within the Directorates.

The Committee noted that the focus included maintaining the pace of transformation while considering the operational context and associated risks. He highlighted the need for integrated technical planning, which involved aligning digital, workforce, and finance plans, including capital investments.

In terms of next steps, this would involve refining the priorities and ensuring they were well-balanced between transformation and operational needs; with further discussions with the Trust Board planned for upcoming Board Development sessions.

Chris Turley added that the draft Welsh Government budget was expected to be published on 10 December 2024. Furthermore, there was a Finance Directors meeting scheduled for 20 December 2024, which could involve detailed technical discussions about the NHS Wales allocation letter, dependent on the progress of the budget.

Bethan Evans drew attention to a potential contradiction between the need for consolidation and embedding of changes, and the ambitious nature of the Transformational programmes.

Alex Crawford acknowledged this was a deliberate contradiction, emphasising the need for a discussion on balancing consolidation with the Trust's ambitions. He highlighted the importance of understanding what was meant by embedding and consolidating changes while maintaining the Trust's drive for improvement and transformation. He suggested that this discussion would be further explored in the upcoming Board Development session.

RESOLVED: The update on the Integrated Medium Term Plan 2025/28 was noted.

89/24 INFORMATION GOVERNANCE REPORT

Jonny Sammut highlighted the following areas for the Committee's attention:

In terms of the Information Governance (IG) Toolkit the Trust was at a "standards not met" status, however the Committee was assured there was an improvement plan in place.

The IG Training compliance rate was 76.5%, an improvement from the previous year's 75% target. The new target was 85%, and there was ongoing debate nationally about whether this was an appropriate target.

In August, 21 Freedom of Information (Fol) requests were received, with 72.2% compliance within the 20 working day timeframe. Further improvements were expected following an Organisational Change Policy and process review.

Although some progress has been made with actions in the Records Improvement Plan (e.g. Review of the Records Management Policy), timelines have been impacted by long-term sickness in the Corporate Governance Team. . To provide assurance and visibility, a check against the original audit actions will be carried out in readiness for the November meeting of the Information Governance Steering Group (IGSG) to check for any potential risks emerging from delays in progress.

next recruitment was under way for the Data Protection Officers, with two new Data Protection Managers joining this November.

The Data Quality Internal Audit report was received with reasonable assurance, and two high-priority recommendations identified: 1) reviewing the information asset register, and 2) improving data quality reporting. These recommendations aligned with existing plans to set up an information asset owners' group as agreed by IGSG. The small Data Quality function already has plans to develop data quality metrics for IGSG, coinciding with the audit recommendations. It has been agreed that IGSG will monitor progress of the actions for this audit via an extract of the Trust's audit tracker and will be a standard agenda item going forward. The Committee were advised that the report would be presented at the next Audit, Risk and Assurance Committee (ARAC) meeting.

Trish Mills commented that the previous alert around data quality issues sent to the Board after the September meeting should be updated. She suggested adding that while there were still some highlighted data quality issues, the internal audit on data quality has provided assurance on the actions to address these issues. Osian Lloyd acknowledged the positive assurance from the report and highlighted the focus on the EMS Computer Aided Despatch (CAD) system. He also noted the need to strengthen data quality processes across other data sets and systems.

There was a question regarding recruitment which asked Jonny Sammut if he envisaged or was already seeing challenges with recruiting for some key posts, given the importance of getting the right skill set and experience, especially in the context of the digital function. Jonny explained there were challenges but assured the Committee this was a focus for him. Having said that two posts have recently been advertised, a Data Quality Manager and a Data Quality Analyst. Furthermore, two new Data Protection Managers have recently joined the Trust.

RESOLVED: The Committee noted the update.

Julie Boalch provided an update on the risks under the Committee's remit and noted that the data presented was the same as that shown to the Trust Board in September. She assured the Committee that each risk had been reviewed according to its schedule and navigated through the appropriate governance.

The next round of risk data would be presented to the Audit, Risk Assurance Committee (ARAC) and Trust Board at their respective meetings in November. Julie Boalch also highlighted that 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) had reduced in score and this would be reflected in upcoming reports.

Julie Boalch informed the Committee of the next phase of the Risk Transformation Programme, overseen by the ARAC, and noted that an initial workshop was planned for December 2024 on developing risk appetite statements followed by a Board Development session in February 2025.

RESOLVED: The Committee noted the contents of the report.

91/24 AUDIT TRACKER 2.0 – JUNE 2024 (Q2)

Trish Mills provided an update on the audit tracker, highlighting the following points: There has been good engagement this quarter, with approximately 67% of intended items closed.

There was one open action on its third revised date which was yet to be complete - action 567 (Hazardous Area response Team (HART) internal audit). This action was discussed by the Committee and the ARAC at their respective meetings in September 2024.

Trish Mills noted the Real Asset Management (RAM) system internal audit from 2021/22 (action reference 470) is an example of historical audit actions that have been difficult to close off. It has been mutually agreed in consultation with Internal Audit colleagues that it is acceptable to close the action on the basis that this work has been accounted for within the Trust's current Digital Plan and subject to the following actions:

1. That the position be clearly articulated on the Tracker and be brought to the attention of the ARAC and FPC in the next reporting period.
2. That this position clearly state that the work is subject to funding of the relevant Tranche 2 of the Digital Plan.
3. That the associated risks be held in the Digital Directorate Risk Register, in lieu of the action's inclusion on the Tracker.
4. That the Corporate Governance Team ensure that the action is scheduled for review by the FPC and ARAC in September 2025 (which is the date of completion on the Tracker).

There were no open external audit actions assigned to the Committee. 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 March 2025.

Overtime Controls Internal Audit (Reasonable Assurance) – Lee Brooks commented that the audit had provided good assurance on the approach being continually deployed within the Operations Directorate. He added that the audit had identified the benefits that electronic timesheets would provide, although achieving this would take some time.

Following a query on the cost and funding of the electronic time sheet, Chris Turkey advised there was some resource to cover it in the plan for this year.

Integrated Quality and Performance Management Framework Internal Audit (Reasonable Assurance) – Hugh Bennett reflected that the Trust might have set a high bar by asking about the extent to which the Quality Performance Management Framework (QPMF) was embedded, rather than the quality of the framework itself.

It was noted that the audit provided reasonable assurance but only limited assurance on the embedding arrangements, primarily due to the small size of the team, which impacted on their ability to do developmental work.

He mentioned that the team has overhauled the work programme and established a Quality and Performance Management Steering Group, which meets monthly and reviews the work programme.

Hugh Bennett acknowledged that the reporting of Alert Assure Advise (AAA) reports into the Executive Leadership Team (ELT) has been intermittent due to time pressures but were now more consistent.

Hugh Bennet stressed the need to be more precise on governance and acknowledged that development work often loses out to mandatory reporting due to the sheer volume of tasks.

Trish Mills reminded Members that the Committee's remit was to review the effectiveness and monitor the outcomes of the QPMF. She expressed hope that the ARAC would be assured of the implementation of the QPMF during their upcoming meeting, as they had received reports in the last meeting, and would receive another report in the current meeting.

Trish advised that the Committee would need to consider how best to report on the effectiveness of the QPMF and the value of the outcomes. This can be addressed during the 2024/25 overall Committee effectiveness review discussions.

Review of Cost Savings – All Wales Audit - Chris Turley explained that the report was positive and identified a small number of recommendations. He stated that one of the recommendations had already been completed. He confirmed that all recommendations were on track to be completed by the assigned dates.

Fflur Jones supported Chris Turley's comments and noted that it was a positive report. She acknowledged that the management responses had been accepted and that they met the recommendations set out in the audit.

Peter Curran queried about the recruitment process for the Head of Commercial and the development of the commercial team, expressing concern about the importance of getting the right person in place. Carl Kneeshaw acknowledged there were delays in the recruitment process and mentioned that additional resources had been put in place to mitigate risks, such as having jobs evaluated faster. He stressed the importance of looking at the end-to-end recruitment process to reduce time and improve the overall time to hire. He also highlighted the need to ensure the Trust was an attractive place to work by advertising in the right places, using networks, and having a strong employee value proposition.

Trish Mills suggested that the Committee might wish to flag the data quality audit actions for closer attention. She proposed that this could be a good way to see how the importance of the discussion around recruitment and data quality might be addressed. It was agreed that the Committee would proactively monitor the actions generated from the Data Quality Internal Audit (24/25) over the coming year, via the future Audit Tracker reports. This will allow the Committee to monitor the discussions / progress on recruitment in Digital and how issues of data quality might be addressed. The Corporate Governance Team (CGT) will ensure that the Audit Tracker is annotated to reflect this focus, and the Committee's CoB/Planner will be updated to reflect this agreed focus.

RESOLVED: The Committee received and took assurance from the Audit Tracker June 2024 (quarter 2 2024/25) update report.

92/24 MOBILE DATA AND VEHICLE SOLUTION FEEDBACK INITIATIVE

Jonny Sammut provided an update on the Mobile Data Vehicle Solution (MDVS). He noted that after implementing the technology, a staff survey was conducted to gather feedback on how the system was progressing. The Trust received over 100 responses, which were generally positive, with some constructive feedback. The project team tested the feedback with operational crews to identify core issues, which included routing, graphical user interface (GUI) design, mapping, incident management, and voice notifications.

Jonny Sammut also highlighted that the Ambulance Radio Programme (ARP) which sat under the auspices of the Association of Ambulance Chief Executives (AACE), had engaged with operational teams across 14 locations in Wales during CEO roadshow events, gathering 154 feedback items that aligned with staff survey findings, all of which were documented and reviewed.

The next steps involved working with ARP to determine the top ten issues and developing an action plan for future improvements. Additionally, it was planned to enhance communication and training, including video guides to support colleagues.

Bethan Evans asked if the type of feedback received on the MDVS project was as expected. She also inquired about the level of confidence in being able to address the issues raised to improve the overall perception of the staff. Jonny Sammut explained that receiving only 100 responses was seen as positive because it indicated there was not a large volume of negative feedback. Jonny Sammut added that many of the issues raised were already on the long-term development plan and that the feedback allowed his team to prioritise and address these issues.

The Chair acknowledged the importance of addressing the feedback and demonstrating effective responses to staff concerns. She stressed the need to communicate effectively to ensure staff understood the limitations and improvements being made.

Hugh Parry mentioned that Trade Unions have been involved in the MDVS project from the beginning. He acknowledged that it was expected to be controversial among staff due to the nature of change. He indicated a preference to discuss further details with Jonny Sammut offline rather than in the open session.

RESOLVED: The Committee acknowledged that the valid issues that operational crews have raised were being addressed but accept that to comply with the Road Traffic Act, some changes to practice, perception and colleague satisfaction cannot be met within the constraints of the Act.

93/24 POLICIES FOR COMMITTEE ATTENTION

The following policies were received by the Committee:
Records Management Policy. This was received for noting.

NHS Wales Procedure for the Recovery of Overpayments – Salary & Expenses (September 2024). This was received for adoption.

RESOLVED: The Records Management Policy was noted and the NHS Wales Procedure for the Recovery of Overpayments – Salary & Expenses (September 2024) was adopted.

94/24 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

The report was presented for information. No matters from the Cycle of Business Monitoring Report were escalated for the Committee's attention. The updates regarding the Committee Priorities were noted.

RESOLVED: The Committee noted the Committee Priorities and Cycle Monitoring Report update.

95/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Members noted that the room configuration and the chairing of the meeting worked well, especially for hybrid meetings. They appreciated the restricted use of the chat and commended the Chair for moving the meeting along at a great pace.

Meeting concluded at 12:00

Date of Next Meeting: 16 January 2025.

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
EASC	Emergency Ambulance Services Committee
EDs	Emergency Departments
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ELT	Executive Leadership Team

ACRONYMS BUSTER

ABBREVIATION	TERM
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
NRI s	National Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
PADRs	Performance and Development Reviews
PCC	People and Culture Committee
PECI	Patient Experience and Community Involvement

ACRONYMS BUSTER

ABBREVIATION	TERM
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