Bundle Trust Board (Open Session) 23 November 2023

Agenda attachments

ITEM 0 Trust Board Open Agenda 23 November 2023
ITEM 0 Trust Board Open Agenda 23 November 2023 (w)

0 09:30 - OPENING ITEMS

1 Chair's welcome, apologies, and confirmation of quorum

2 Declarations of Interest
Declarations of Interest

3 Minutes of Previous Meeting: 28 September 2023
ITEM 3 Trust Board Minutes Open 28 September 2023

4 Action Log and Matters Arising
ITEM 4 Trust Board (Public) Action and Decisions Log

5 09:35 - Chair's Report

6 09:45 - Chief Executive's Report
ITEM 6 CEO REPORT TO TRUST BOARD NOVEMBER 2023 FINAL

7 10:00 - Questions from Members of the Public

8 10:10 - Patient Story: Steven's Story

8.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

9 10:40 - Winter Planning and Progress on Actions to Mitigate Avoidable Patient Harm
ITEM 9 Realtime Mitigations20231113 (02) (002) file replaced
ITEM 9.1 Reducing Patient Harm Action Plan hb 20231113(1)

10 11:00 - Risk Management and Board Assurance Framework
ITEM 10 Executive Summary Risk Management Report Trust Board 231123

10.1 11:10 - COMFORT BREAK - 15 Minutes

11 11:25 - Integrated Medium-Term Plan 2023-2026 - Confirmed end of Q1/Q2 Delivery & Assurance Position & Q3 interim Update
ITEM 11 Executive Summary - IMTP Q1_Q2 Delivery Assurance position Board

12 11:40 - Financial Performance Month 7
12.1 Monitoring report
12.2 Worksheet (Sent by e mail)
ITEM 12 Finance Report Month M7 23-24 TB FINAL
ITEM 12.1 Monotoring report

13 11:50 - Monthly Integrated Quality and Performance Report
ITEM 13 MIQPR SBAR TB September October 2023 FINAL
ITEM 13.1 Annex 1 MIQPR TB September October 2023 FINAL

14 12:05 - Amendment to Standing Orders & Scheme of Reservation and Delegation
ITEM 14 Amendments to Standing Orders & Scheme of Reservation and Delegation
ITEM 14.1 Annex 1 - WAST Standing Orders - Schedule 1 Scheme of Reservation & D'gation v.7 approved 231123

15 12:10 - Board Committee Reports
15.1. Academic Partnerships Committee
15.2. Quality, Patient Experience and Safety Committee
- Mental Health and Dementia Annual Report
- Infection Prevention & Control 2022/23 Annual Report
15.3. Finance and Performance Committee
- Business Continuity Annual report
15.4. People and Culture Committee
- Health and Safety Policy (For ratification)
- Speaking Up safely Framework (For ratification)
ITEM 15.1 Academic Partnership Committee report October 2023
ITEM 15.2 Quest Committee Highlight Report October 2023
ITEM 15.2a Mental Health and Dementia Annual Report Annex 1
ITEM 15.2b Infection Prevention and Control Annual Report Annex 2
ITEM 15.3 Finance and Performance Committee Highlight Report November 2023
ITEM 15.3a Business Continuity Annual Report

ITEM 15.4 People and Culture Committee Highlight Report November 2023 - Policy Version
ITEM 15.4a Health and Safety Policy V10.3 310823
ITEM 15.4b Appendix B - Framework

15.1 CONSENT ITEMS
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.

16 Minutes of Board Committees:
16.1 Quest Committee: 10 August 2023
16.2 Academic Partnerships Committee: 15 August 2023
16.3 People and Culture Committee: 17 August 2023
16.4 Finance and Performance Committee: 18 September 2023
ITEM 16.1 2023-08-10-Minutes-QuEST Committee
ITEM 16.2 APC MINUTES 15 AUGUST 2023
ITEM 16.3 OPEN PCCmins 17 August 2023
ITEM 16.4 2023-09-18-Minutes-Finance and Performance Committee

17 NHS Wales Joint Committee Update Reports:
17.1 WHSSC Joint Committee Meeting dated 19 September 2023
17.2 NHS Wales Shared Services Partnership Committee Assurance report dated 21 September 2023
ITEM 17.1 JC Briefing (Public) 19 September 2023 vFinal
ITEM 17.2 SSPC Assurance Report 21 September 2023

17.1 12:30 - CLOSING ITEMS

18 Any Other Business

19 Date and time of next meeting -Thursday 25 January 2024 at 09:30 in Cardiff MRD

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

21 Acronyms
ITEM 21 Acronyms

MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 23 November 2023 from 09.30 to 12:35

Meeting held in Cardiff MRD, Merton House, Croescadarn Close, Pontprennau, Cardiff, CF23 8HF and Via Zoom

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Colin Dennis	Verbal	5 mins
2.	Declarations of Interest	Information	Colin Dennis	Verbal	
3.	Minutes of Previous Meeting: 28 September 2023	Approval	Colin Dennis	Paper	
4.	Action Log and Matters Arising	Review	Colin Dennis	Verbal	
5.	Chair's Report	Information	Colin Dennis	Verbal	10 mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 mins
7.	Questions from Members of the Public	Information	Estelle Hitchon	Verbal	10 mins
STAFF/PATIENT EXPERIENCE					
8.	Patient Story: Steven's Story	Discussion	Liam Williams	Verbal	30 mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
9.	Winter Planning and Progress on Actions to Mitigate Avoidable Patient Harm	Assurance	Jason Killens	Paper	20 mins
10.	Risk Management and Board Assurance Framework	Assurance	Trish Mills	Paper	10 mins
COMFORT BREAK – 15 Minutes					
11.	Integrated Medium-Term Plan 2023-2026 – Confirmed end of Q1/Q2 Delivery & Assurance Position & Q3 interim Update	Assurance	Rachel Marsh	Paper	15 mins

No.	Agenda Item	Purpose	Lead	Format	Time
12.	Financial Performance Month 7	Assurance	Chris Turley	Paper	10 mins
13.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 mins
14.	Amendment to Standing Orders & Scheme of Reservation and Delegation	Approval	Trish Mills	Paper	5 mins
15.	Board Committee Reports				
	15.1. Academic Partnerships Committee	Assurance	Hannah Rowan	Paper	10 mins
	15.2. Quality, Patient Experience and Safety Committee - Mental Health and Dementia Annual Report [For Info] - Infection Prevention & Control 2022/23 Annual Report [For Info]	Assurance	Bethan Evans	Paper	5 mins
	15.3. Finance and Performance Committee - Business Continuity Annual Report [For Info]	Assurance	Joga Singh	Paper	5 mins
	15.4. People and Culture Committee - Health and Safety Policy (For ratification) - Speaking Up Safely Framework (For ratification)	Assurance	Paul Hollard	Paper	5 mins

CONSENT ITEMS
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.

No.	Agenda Item	Purpose	Lead	Format	Time
16.	Minutes of Board Committees:	Information	Colin Dennis	Paper	-
	16.1 Quest Committee: 10 August 2023 16.2 Academic Partnerships Committee: 15 August 2023 16.3 People and Culture Committee: 17 August 2023 16.4 Finance and Performance Committee: 18 September 2023				
17.	NHS Wales Joint Committee Update Reports: 17.1 WHSSC Joint Committee Meeting dated 19 September 2023 17.2 NHS Wales Shared Services Partnership Committee Assurance report dated 21 September 2023	Information	Colin Dennis	Paper	
CLOSING ITEMS					
18.	Any Other Business	Discussion	Colin Dennis	Verbal	5 Mins
19.	Date and time of next meeting – Thursday 25 January 2024 at 09:30 in Cardiff MRD	Information	Colin Dennis	Verbal	
20.	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Colin Dennis	Verbal	
21.	Acronyms	Information	Colin Dennis	Paper	

Lead Presenters

Name of Lead	Position of Lead
Colin Dennis	Chair of the Board
Bethan Evans	Non-Executive Director; Chair of Quality, Patient Experience and Safety Committee
Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Ceri Jackson	Non-Executive Director, Chair of Charity Committee
Jason Killens	Chief Executive Officer
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hannah Rowan	Non-Executive Director; Chair of the Academic Partnerships Committee
Joga Singh	Non-Executive Director; Chair of Finance and Performance Committee
Chris Turley	Executive Director of Finance and Corporate Resources
Martin Turner	Non-Executive Director; Chair of Audit Committee
Liam Williams	Executive Director of Quality and Nursing

CYFARFOD BWRDD YR YMDDIRIEDOLAETH

Cynhaliwyd mewn sesiwn agored ddydd Iau 23 Tachwedd 2023 o 9.30am tan 12.35pm

Cynhaliwyd y cyfarfod yn MRD Caerdydd, Tŷ Merton, Clos Croescadarn, Pontprennau, Caerdydd, CF23 8HF a thrwy Zoom

AGENDA

Rhif.	Eitem yr Agenda	Diben	Yn arwain	Fformat	Amser
EITEMAU AGORIADOL					
1.	Croeso gan y Cadeirydd, ymddiheuriadau a chadarnhau cworwm	Gwybodaeth	Colin Dennis	Llafar	5 mun
2.	Datganiadau o fuddiant	Gwybodaeth	Colin Dennis	Llafar	
3.	Cofnodion o'r cyfarfod blaenorol: 28 Medi 2023	Cymeradwyaeth	Colin Dennis	Papur	
4.	Log Gweithredu a Materion sy'n Codi	Adolygu	Colin Dennis	Llafar	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Colin Dennis	Llafar	10 mun
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	15 mun
7.	Cwestiynau gan aelodau'r cyhoedd	Gwybodaeth	Estelle Hitchon	Llafar	10 mun
PROFIAD STAFF/CLEIFION					
8.	Stori cleifion: Stori Steven	Trafodaeth	Liam Williams	Llafar	30 mun
EITEMAU AR GYFER CYMERADWYAETH, SICRWYDD A THRAFOD					
9.	Cynllunio ar gyfer y gaeaf a chynnydd ar gamau gweithredu i liniaru niwed i gleifion y gellir ei osgoi	Sicrwydd	Jason Killens	Papur	20 mun
10.	Fframwaith Rheoli Risg a Sicrwydd y Bwrdd	Sicrwydd	Trish Mills	Papur	10 mun
SEIBIANT – 15 Munud					
11.	Cynllun Tymor Canolig Integredig 2023-2026 – Diweddariad	Sicrwydd	Rachel Marsh	Papur	15 mun

Rhif.	Eitem yr Agenda	Diben	Yn arwain	Fformat	Amser
12.	Perfformiad Ariannol Mis 7	Sicrwydd	Chris Turley	Papur	10 mun
13.	Adroddiad Ansawdd a Pherfformiad Integredig Misol	Sicrwydd	Rachel Marsh	Papur	15 mun
14.	Diwygiadau i Reolau Sefydlog a Chyfarwyddiadau Ariannol Sefydlog	Cymreadwyaeth	Trish Mills	Papur	5 mun
15.	Adroddiadau Pwyllgor y Bwrdd				
	15.1. Pwyllgor Partneriaethau Academaidd	Sicrwydd	Hannah Rowan	Papur	10 mun
	15.2. Pwyllgor Ansawdd, Profiad y Claf a Diogelwch - Adroddiad Blynyddol Iechyd Meddwl a Dementia [Er gwybodaeth] - Adroddiad Blynyddol Atal a Rheoli Heintiau 2022/23 [Er gwybodaeth]	Sicrwydd	Bethan Evans	Papur	5 mun
	15.3. Pwyllgor Cyllid a Pherfformiad - Adroddiad Blynyddol Parhad Busnes [Er gwybodaeth]	Sicrwydd	Joga Singh	Papur	5 mun
	15.4. Pwyllgor Pobl a Diwylliant	Sicrwydd	Paul Hollard	Llafar	5 mun
EITEMAU CYDSYNIAD **Mae'r eitemau canlynol er gwybodaeth yn unig. Os bydd aelod yn dymuno trafod unrhyw un o'r eitemau hyn, gofynnir iddynt roi gwybod i'r Cadeirydd fel y gellir dyrannu amser i wneud hynny.**					
16.	Cofnodion Pwyllgorau'r Bwrdd:	Gwybodaeth	Colin Dennis	Papur	-
	16.1 Pwyllgor Archwilio: 10 Awst 2023 16.2 Pwyllgor Partneriaethau Academaidd: 15 Awst 2023 16.3 Pwyllgor Pobl a Diwylliant: 17 Awst 2023 16.4 Pwyllgor Cyllid a Pherfformiad: 18 Medi 2023				

Rhif.	Eitem yr Agenda	Diben	Yn arwain	Fformat	Amser
17.	Adroddiadau Diweddariad Cyd-bwyllgor GIG Cymru: 17.1 Cyfarfod Cyd-bwyllgor PGIAC dyddiedig 19 Medi 2023 17.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru dyddiedig 21 Medi 2023	Gwybodaeth	Colin Dennis	Papur	
EITEMAU CAU					
18.	Unrhyw fater arall	Trafodaeth	Colin Dennis	Llafar	5 Mun
19.	Dyddiad ac amser y cyfarfod nesaf – Dydd Iau 25 Ionawr 2024 am 9:30am yn MRD Caerdydd	Gwybodaeth	Colin Dennis	Llafar	
20.	Eithrio'r wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960)	Resolution	Colin Dennis	Llafar	
21.	Acronymau	Gwybodaeth	Colin Dennis	Papur	

Prif Gyflwynwyr

Enw'r arweinydd	Swydd yr arweinydd
Colin Dennis	Cadeirydd y Bwrdd
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad y Claf a Diogelwch
Paul Hollard	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Pobl a Diwylliant
Ceri Jackson	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Elusen
Jason Killens	Prif Swyddog Gweithredol
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Ysgrifennydd y Bwrdd
Hannah Rowan	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Partneriaethau Academaidd
Joga Singh	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol
Martin Turner	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Archwilio
Liam Williams	Cyfarwyddwr Gweithredol Ansawdd a Nyrsio

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 28 SEPTEMBER 2023 MEETING HELD IN CARDIFF AMBULANCE STATION, and VIA ZOOM

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director
Angela Lewis	Director of People and Culture
Dr Brendan Lloyd	Executive Director of Medical and Clinical Services
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director (Via Zoom)
Jonny Sammut	Director of Digital
Joga Singh	Non-Executive Director
Leanne Smith	Assistant Director of Digital Services: Data and Analytics Director of Paramedicine
Andy Swinburn	Trade Union Partner
Sharon Thorpe	Executive Director of Finance and Corporate Resources
Chris Turley	Non-Executive Director
Martin Turner	Executive Director of Quality and Nursing
Liam Williams	

Attendees

Melfyn Hughes	Welsh Language Officer (Via Zoom)
Bethan Jones	Midwife (Item 81/23 only)
Steve Magee	Interim Regional Clinical lead consultant Paramedic,
Steve Owen	Central and West. (Item 81/23 only)
Alex Payne	Corporate Governance Officer (Via Zoom) Corporate Governance Manager

Apologies

Professor Kevin Davies	Non-Executive Director and Vice Chair of the Board
Damon Turner	Trade Union Partner

76/23 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting, particularly Jonny Sammut the newly appointed Director of Digital Services, and noted there were apologies received from Professor Kevin Davies and Damon Turner.

Declarations of interest

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

RESOLVED: That the declarations of interest on the register were formally recorded and the apologies from Damon Turner were formally recorded.

77/23 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 27 July 2023 were presented and confirmed as a correct record.

Action Log: The Board received the action log:

Action Number 61/23: To provide an update report on the use of analgesia by volunteers. The Board were referred to Item 4.1 on the agenda which contained a comprehensive update. Action Closed.

Action Number 63/23: A letter of thanks be sent to Theresa, whose experience was shared at the last meeting, to include the fact the Board were fully engaged and noted the clear benefits of Reminiscence Therapy Interactive Activities (RITA). Action Closed.

RESOLVED: That

(1) the Minutes of the meeting held on 27 July 2023 were confirmed as a correct record; and

(2) the update on the action log was noted.

78/23 CHAIR'S REPORT AND UPDATE

The Chair updated the Board on a recent meeting of Non-Executive Directors and the Executive Leadership Team as part of the Insights programme, and shared each other's knowledge and understanding of working collaboratively as a unitary Board.

RESOLVED: The update was noted.

79/23 CHIEF EXECUTIVE'S UPDATE

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

He referred to a video he had recently released in which viewers were given the opportunity to look back at the last five years of progress in WAST and a look forward to the next five years, which outlined his perspective and the key challenges.

The recently 'Who Cares Wins' awards were held in London and the Trust was very pleased to see that the Wish ambulance team were awarded with the best team award. Further, the Board were advised of two other awards presented at the Navigator conference yesterday; Emergency Medical Despatcher of the year awarded to Kelly, and Tom from the Emergency Communications Nurse System (ECNS) for leading on the Implementation Team. Additionally, the Trust's Macmillan and End of Life Care Project Team, led by Clinical Lead, End of Life Care Ed O'Brian, and Project Manager, Andeep Chohan, have been shortlisted for the final of their category at the Health Service Journal Awards. Also, alongside Swansea Bay University Health Board, the team were finalists in the Provider Collaboration of the Year Award for the excellent and innovative work that has been done with the Rotational Palliative Care Paramedics model.

The Trust had completed its requirement and due diligence to the Academy for (ECNS) Accreditation and was anticipating accreditation by the end of September 2023.

RAPID2 was a randomised controlled trial involving four UK ambulance services and partner hospitals. The aim of the study was to test the safety, clinical and cost effectiveness of paramedics providing a fascia iliaca compartment block (FICB) as pain relief to patients with suspected hip fracture in the prehospital environment.
To date the Trust has recruited 25 paramedics who have completed training Stages 1 & 2 with 16 booked onto Stage 3 (Theatre Placements).

As part of the commitment to enhance the experience of all staff, two National Volunteer Conferences were scheduled for September and October to recognise the

important contribution that volunteers made to the organisation. A key focus of this will be an offer of support to our existing volunteers to help with their health and wellbeing. Members of the People and Culture Team will attend both events to engage with attendees and to facilitate workshops and deliver sessions throughout the day.

A 'Moving on Interview' Process has been developed by the People and Culture Directorate, designed to replace the Exit Interview Policy and to provide in more granular detail why colleagues were leaving the Trust. It will also enable the Trust to respond to any themes emerging and articulate retention plans appropriately.

Comments:

In terms of the Trust's estate, Members sought an update on the decommissioning plans for Blackweir and the cost issues surrounding Monmouth. Chris Turley advised the Board the move from Blackweir had been slightly delayed and was expected to be returned to the landlord next week. In terms of Monmouth, the Trust continues to explore further options with South Wales Fire and Rescue Service and Gwent Police. Early indications were that costs would be more than if the Trust opted for an independent project.

In respect of the financial pressures cross NHS Wales, Members wished to understand the impact this was having on the Trust's partnership and collaboration with Health Boards. Jason Killens commented there was a risk that the current financial pressures will impact on the collaborative work; however, there was positive dialogue with some Health Boards in terms of how patients can be managed differently. There was also excellent engagement with some Health Boards on the provision of dedicated mental health response. Liam Williams added that further lessons would be learned at a national level with the completion and sharing of Quality Impact Assessments (QIA). Furthermore, he stressed the importance of effective value-based healthcare analysis and the sharing across health services in Wales.

With regards to the Bevan Commission currently consulting with the public on the future of health and social care services across Wales, Members queried whether the Trust had any opportunity to influence those discussions. Estelle Hitchon explained that the Trust had met with colleagues from the Bevan Commission and provided an input from the Trust's perspective; it should also be recognised the Trust's Patient Experience and Community Involvement (PECI) team will be monitoring updates on involvement from the public.

The Board sought an update on the 'Test of Change' days, Andy Swinburn gave an overview of those that had already taken place, one which was carried out on 22 August as a Plan-Do-Study-Act (PDSA) exercise, with Advanced Paramedic Practitioners (APP) supporting in the Clinical Support Desk, responding to filtered patient calls aligned to their skill set. The third Test of Change Day was being

planned for 5 October with evaluation and lessons learned from the previous cycles being incorporated. The Chair commented this was an excellent way to demonstrate this evidence which was supportive of a change of culture within the Trust.

Members received an update from Andy Swinburn on the improvements in the Return of Spontaneous Circulation (ROSC) rates. The Board discussed this further noting that the Trust was reaching a greater volume of patients more promptly.

RESOLVED: That the update was noted.

80/23 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Board were advised that at this time no questions had been received. Estelle Hitchon informed the Board that the Communications Team were actively monitoring for any live questions during the meeting.

81/23 STAFF STORY

Liam Williams introduced the story which was an experience being shared by Bethan Jones, Midwife and Local Safety Champion in the Trust and Steve Magee, Interim Regional Clinical Lead, on their work carried out on pre-hospital maternity care. Liam Williams added that this work was part of a national programme of improvement. Bethan Jones gave a presentation to the Board and drew their attention to the following points:

The Maternity and Neonatal Safety Support Programme Wales has been set up to ensure there was a clear and consistent improved approach to maternity and neonatal safety in Wales.

Within a 12-month period, approximately eight women out of 100 make a call to the 999 service during their pregnancy; with approximately 20 women out of 100 making a call to the NHS 111 service. There were many workstreams and improvement projects ongoing in the Trust which were listed below;

1. Mandatory training on the maternity model to build on existing strengths of the committed and enthusiastic workforce within WAST. The Trust was the first ambulance service in the UK to introduce this into mandatory training.
2. Working closely with Practical Obstetric Multi Professional Training (PROMPT) Cymru. This focuses on effective management of emergency situations which may arise in pregnancy and childbirth.
3. National Transfer document for Wales. This will ensure a national standardised approach to patient transfers and also to avoid any unnecessary emergency transfers.
4. Maternity specific learning sessions for non-visual medicine.

5. Supporting continual professional development for clinicians.
6. WAST representation on a national working group for the maternity early warning score chart. The Trust was already considering how this will be implemented into its own digital system.
7. Supporting with expert opinion on patient safety incidents – providing debriefs for staff on maternity and neonatal incidents. Feedback from staff has been very positive.
8. Monthly meetings with UK maternity leads in ambulance services to share themes and trends.
9. Improving pre-alerts to obstetric units with the installation of a red-phone.
10. Working closely with digital maternity Cymru.
11. Scoping for 24/7 labour and triage line.
12. GREATix. A system designed to capture positive events and sharing excellence and experiences to improve processes.
13. Out of Hospital NEWBORN Life Support accreditation. This course will be conducted in Bangor.

Steve Magee, Interim Regional Clinical lead consultant Paramedic, Central and West, provided the Board with further work the Trust was undertaking in more detail, particularly around thermoregulation for newborn and premature babies.

As well as purpose made heat loss suits which maintained the correct temperature environment, staff had access to detailed thermoregulation guidance. The comprehensive guidance included a checklist for staff which ensured all actions were undertaken when dealing with newborn babies.

Comments:

The Board thanked Bethan and Steve for sharing their story and acknowledged their work and the proactive approach which was having a positive impact on the quality of service delivery.

Members were keen to understand if there was anything further the Board could do help to drive forward this work. Bethan Jones thanked the Trust for the support that had already been given and was content that it was sufficient. It was agreed following a request from the Chair of the Quality, Patient Safety and Experience (Quest) Committee that an update on progress be given to Quest in the future.

Liam Williams asked the Board to recognise how this story had shown that the Trust was able to deliver excellence in a particular area of healthcare. It was important to note that this work has been driven through the Safer Care Collaborative and the Maternity and Neonatal programme which has ensured a consistent improvement practice across Wales. Furthermore, he added that this had been an excellent example of 'Population Health' and the Trust was involved in the first few minutes of a baby's life which will set out their life journey.

RESOLVED: That the staff story was noted.

82/23 PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

The Chair explained that this report was received by the Board for them to be updated on the progress the Trust was making in completing the actions to mitigate real-time avoidable patient harm. Jason Killens presented the report as read and drew the Board's attention to the following key points:

Of the 32 identified 14 were completed, six were on target to be completed, eight are off target, three were substantially off target and one has been stopped in terms of its progress. Of the three substantially off target actions, all were actions for the wider system (minutes per handover reduction, four hour back stop and Same Day Emergency Care).

In August 2023, over 19,000 hours were lost to hospital handover equivalent to 23% of the Trust's conveying capacity. This was a reduction from the 37% in December 2022, but was still extreme.

The Trust continued to identify ways to improve performance and all Health Boards were required to develop handover reduction action plans which were being monitored by Welsh Government.

Of note he referred to the Association of Ambulance Chief Executive's (AACE) paper published on 14 September 2023: "Taking Stock: assessing patient handover delays a decade after "zero tolerance". The paper had identified the "staggering" rise in handover delays over the last decade.

Comments:

From the Quest Committee perspective, the Chair, Bethan Evans, assured the Board that the impact of the handover delays on patients and staff was consistently discussed. The Committee acknowledged it was a system wide issue and recognised more commitment was required across the whole system to address the challenges.

Joga Singh, Chair of the Finance and Performance Committee (FPC) reiterated the points made above adding that there were areas of improvement being shown, particularly in the Cardiff and Vale University Health Board area where lessons were being learned. He added that the Committee were very conscious of the harm to patients as a result of the handover delays and were assured the Trust was doing everything possible within its gift to improve the situation.

The Board expressed their concern with handover delays noting that the current position was likely to deteriorate going forward and reiterated that pressure, through

collaboration, must be applied to Health Boards for them to manage the situation more effectively.

Rachel Marsh advised the Board that the next report would be a complete refresh and would include any additional initiatives the Trust would be doing to improve the situation moving into the winter period. It will also include modelling that has been undertaken on certain scenarios looking at the Trust's ability to respond.

In terms of Same Day Emergency Care (SDEC) the Board queried why referral levels were so low and expressed a level of concern that investment had been made into this initiative with minimal progress. Jason Killens advised that SDEC referrals accounted for less than 1% of the Trust's verified demand, adding that the Trust followed a nationally agreed protocol. Andy Swinburn added that going forward it was likely that improvements would be seen. Brendan Lloyd advised the Board that one of the reasons for the poor performance was capacity issues in Heath Boards. Liam Williams added that Emergency Department were experiencing similar issues in transferring from Emergency Departments (ED) to SDEC. There were several factors involved included staffing levels, which affected the Trust's and the wider emergency care's ability to use SDEC. It was agreed that the next report would include further information on SDEC.

In terms of the Immediate Release Direction (IRD) for Amber one, it was questioned whether the escalation process was sufficient or whether the Trust do more. Jason Killens commented there was stable improvement in red Immediate Releases Direction but for Amber, reporting required improvement. Lee Brooks explained there was variation across Health Board in terms of Amber one releases. There was real time escalation through the Operation Delivery Unit, with 10% of the Amber ones were not agreed by the IRD were investigated.

With respect to the financial challenges and constraints currently being faced the Board sought to understand whether the situation could have a worsening impact on performance. Jason Killens advised there was an expectation that all NHS organisations deliver on the savings planned identified at the beginning of the year. Given the scale of the cost reduction for the next two quarters, this will impact on staff and capacity and would inevitably lead to a risk of disrupted flow in emergency care. Lee Brooks commented he was not expecting to see an improvement in handover delays for the foreseeable future, particularly given the uncertainty of the financial situation. He stressed that the enormity of the patient flow problem was extremely difficult to mitigate.

RESOLVED: The Trust Board:

(1) NOTED the report and the progress the Trust was making on "WAST Actions"; and

(2) CONSIDERED whether there are any further actions available to the Trust to mitigate patient harm.

83/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Trish Mills presented the report indicating there were 15 principal risks listed on the Corporate Risk Register (CRR); all of which had been reviewed by the relevant Committee.

The Trust's highest scoring risks, 223 (the Trust's inability to reach patients in the community causing patient harm and death) and 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) both continue to be rated at a score of 25. Both these risks were reviewed constantly.

In terms of the other higher rated risks both scoring 20, risk 160 (High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service), there were several updated actions specifically around the Speaking Up Safely programme. Angela Lewis assured the Board that this area remained an area of challenge and stressed that managers were managing attendance effectively.

Risk 201 (Damage to Trust reputation following a loss of stakeholder confidence) A specific partnership and engagement report was being presented at the next People and Culture Committee (PCC) meeting which will review the risk in more detail. Estelle Hitchon explained this risk had remained static for some time and was a consequence of the environment the Trust was currently working in; it was anticipated that in 2024/25 the risk score could be deescalated.

Trish Mills referred the Board to the update on the Risk Management Transformation Programme contained in the report. The area of focus for this programme during 2023 is to deliver a risk management framework as key enabler of our long-term strategy and decision-making. This will include transitioning to a strategic Board Assurance Framework (BAF) that reflects the Trust's organisational strategy Delivering Excellence: Vision 2030.

RESOLVED: The Board: considered and discussed the contents of the report and:

(1) Received assurance on the review and attention to the principal risks, their review at Executive Leadership Team and at relevant Committees,

(2) Noted the ratings and mitigating actions for each principal risk.

(3) Noted that there have been no material changes to the risks or scores during this period; and

(4) Noted the update on the Risk Management Transformation Programme.

84/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 – 2026 UPDATE ON Q1/Q2 2023/24

Rachel Marsh presented the report as read which demonstrated that the Trust was making good progress which also highlighted the position on each of the major deliverables. It was noted the report had been discussed in detail at the last FPC meeting held in September.

RESOLVED: That the Board noted the overall delivery of the IMTP for 2023-2026.

85/23 FINANCIAL PERFORMANCE MONTH 5

Chris Turley presented the report noting it had been presented to the FPC earlier in the month. In terms of highlights, he drew the Board's attention to the following:

Funding for the c£5.7m 100 front line Whole Time Equivalents (WTE) appointed to in 2022/23 was now fully assumed. £2.485m reserve, representing funding that was received by the Trust from EASC in 2022/23 but only committed non recurringly, will now be required to be offset against the costs of the 100 WTEs; the additional £1m will be available non recurrently from EASC in 2023/24, and the remaining element was a further £2m which continued to be sought from the 6 Goals programme. It was anticipated this final element will be confirmed before the next Trust Board meeting.

In terms of the annual savings requirement, and that delivered to date, the Board noted the update. Chris Turley added that more detailed monitoring and updates of the full savings programme will be provided to Strategic Transformation Board (via the Financial Sustainability Programme (FSP) updates), Finance & Performance Committee and Board.

In terms of a capital programme update the Board were advised that ELT had approved the final business case for a new ambulance station in Dolgellau, noting that a suitable agreed site had been sourced. It was anticipated this would be completed by May/June 2024.

Comments:

The Board recognised the challenges involved with the final decision being delayed on income for the 100 WT as this would leave the Trust with a c£2.5m overspend after five months into the current financial year,.

RESOLVED: The Board;

(1) Noted and gained assurance in relation to the Month 5 revenue financial position and performance of the Trust as at 31st August 2023;

(2) Noted the capital programme update for 2023/24, and;

(3) Noted the Month 4 and Month 5 Welsh Government (WG) monitoring return submissions included within Appendices 1 – 4 (as required by WG).

86/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

Rachel Marsh presented the report as read and in terms of highlights from the report, the following was brought to the Board's attention:

111 call answering was improving, with the call abandonment target of 5% being achieved in August (3.2%) and 65.9% of calls being answered within 60 seconds, although this still remains significantly off target (95%). Negotiations with commissioners have indicated that funding was available for 198 call handlers and recruitment has been underway to secure this number.

Good progress had been made through the year in increasing consult and close rates after 999 calls; and the Trust achieved 12.9% in August 2023, a drop from the 14% seen in July 2023 and below the Trust's 2023/24 IMTP ambition of 17%.

Comments:

Members were concerned that staff sickness levels appeared to be moving in the wrong direction and sought assurance that work was continuing to improve sickness rates. Angela Lewis assured the Board that ELT were focused on improving the sickness levels and continued to implement a wide range of measures, which included: managers taking early action when staff were becoming potentially unwell, quick referrals to Occupational Health and working with TU colleagues to manage sickness absence cases proactively.

Lee Brooks added there was a continuous focus on attendance through regular feedback from the Senior Leadership and Senior Operations Teams. Jason Killens explained that comparatively, against other UK ambulance services, the Trust was not an outlier in overall abstraction rates. Paul Hollard, Chair of the People and

Culture Committee (PCC) assured the Board that the PCC regularly monitored and scrutinised sickness levels. The Chair of the Trust Board commented on the challenges in managing a workforce during times of high stress.

Lee Brooks asked the Board to recognise the improvements in the 111 call answering delivery and to note that work was ongoing to improve the system when callers wished to converse in Welsh.

RESOLVED: The considered the July/August 2023 Integrated Quality and Performance Report and actions being taken and determined it provided sufficient assurance.

87/23 AMENDMENTS TO STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS

Trish Mills presented the report advising that the Trust's Standing Orders require an annual review to ensure they remain accurate and current. The Standing Orders (SOs) includes the Scheme of Reservation and Delegation of Powers (SoRD), and the Standing Financial Instructions (SFIs).

All of the proposed changes to the Standing Orders are clearly marked and been reviewed and endorsed by the Audit Committee at their meeting on the 14 September 2023.

The changes broadly speaking were minor and include changes to reflect the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 including the introduction of the duty of quality and duty of candour, and the change from the Community Health Councils to the Citizens Voice Body (Llais).

The changes also now include the formal introduction of the Vice Chair position and the additional voting director, reflecting the Board membership as 'the Chair, Vice Chair, six non-executive directors and six executive directors'.

A helpful addition for the Trust is detailed in paragraph 7.4.3 which has been amended to provide that Board members shall be sent an agenda and a complete set of supporting papers at least seven calendar days before a formal Board meeting (this was previously ten days).

RESOLVED: The Trust Board approved the amendments to the Standing Orders, Scheme of Reservation and Delegation of Powers and Standing Financial Instructions.

88/23 BOARD COMMITTEE REPORTS

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

Quest Committee – August 2023

Bethan Evans updated the Board on several points from the report as below:

Policies

Following the Trust's revised policy process being implemented in 2017, there was a significant improvement in the number of policies within their review date.
In terms of the Staff story, the Committee heard from Beth Hews, Palliative Care Paramedic about her experience attending a patient with metastatic bowel cancer who had been referred to Specialist Palliative Care Team (SPCT) for pain management.

Annual Reports

The Infection Prevention and Control (IPC) Annual Report for 2022/23 was presented to the Committee and it was noted the incorrect report for the Board was attached to the AAA for the Committee. The correct IPC Annual Report document will be circulated separately for the Board's information presented to the Board at its next meeting for the formal record.

The Safeguarding Annual Report for 2022/23 was presented to the Committee and was attached for the Board's attention.

Concerns Backlog

The Committee raised an alert following their last meeting as to the effect of the backlog and volume of concerns on the teams dealing with them. The Executive Management Team were considering a proposed organisational change process to support these teams before the next Committee meeting and will update members thereafter.

Clinical Indicators

A focus on clinical indicators was agreed at the last effectiveness review and the first report was presented at this meeting. One of the improvements highlighted was ROSC rates which were previously discussed during this Board meeting.

Information Security and Information Governance

The Committee reviewed the position, plans and proposed reporting for Information Security and Information Governance which was an area that was expanded in its remit in 2022 and agreed a set of reporting metrics going forward.

Comments

Trish Mils apologised to the Board for the incorrect IPC Annual report being attached and confirmedthe correct IPC Annual Report document will be circulated separately for the Board's information presented to the Board at its next meeting for the formal record.

Liam Williams asked the Board to acknowledge the work undertaken by Louise Colson and Nikki Harvey on the completion of the IPC annual report the annual safeguarding report respectively.

People and Culture Committee – August 2023

Paul Hollard updated the Board on the points below:

Welsh Language Standards Annual Report 2022/23

Melfyn Hughes introduced the Welsh Language Standards Annual Report 2022-23 bilingually for the Board's approval, drawing attention to several points within it which included;

The Operations Directorate were reviewing the calls answered in Welsh to the 111 and NEPTS services at their weekly performance meeting and this metric will be monitored in the Committee metrics in the MIQPR.

During the reporting period five complaints were received which related to dealing with external correspondence, NEPTS call messaging and information on the website relating to 111 call directory service.

The Committee and subsequently the Board commended Melfyn for the extensive amount of work to promote and advance Welsh Language at the Trust in response to the Welsh Government's More than Just Words Action Plan.

Policies

The Committee noted there were a considerable number of policies past their review date and that this issue had been escalated to the Audit Committee and the Board.

Sexual Safety and Misogyny

Following the recent BBC Wales story on sexual safety and misogyny, feedback as a whole has been relatively positive with our people welcoming the proactive and sensitive approach to this difficult issue.

Partnership Working

There were some challenges with partnership working currently that management and Trade Union Representatives were working through as they get back into a rhythm following industrial action.

People and Culture Plan - Metrics

The metrics proposed to measure the impact of the People and Culture Plan were presented and approved under the Plan's headings of Culture, Capacity and Capability.

Volunteers

There was a welcomed focus on volunteers at this meeting including celebrating progress over the first two years of the Volunteer Strategy, and an understanding the ways the Trust supported volunteers.

Finance and Performance Committee – September 2023

Joga Singh updated the Board on the following areas:

Finance Update

During the finance and the operational updates, the key assumption within the Trust financial and current financial reporting of funding of £5.7m for the additional 100 WTEs (whole time equivalents) it was now noted and pleasing that Commissioners had provided a route through to £3.7m of this funding however the remaining balance of £2m still needed confirmation from Commissioners.

Reinforced Autoclaved Aerated Concrete (RAAC)
The Committee was assured that, in line with other NHS Wales organisations, the Trust has conducted a detailed independent inspection of all sites within scope, which detailed a nil return in relation to the presence of RAAC in all buildings up to the year 2000.

Committee Papers

Members reflected that there had been a good focus on the impact of the financial challenges on our patients and our people; and the challenge of balancing volume of papers and presentation time is one that will have particular

focus at effectiveness reviews this year. Interaction with presenters who do not normally attend the meeting could be improved. Members felt that this was not in any way to indicate a lack of respect and thanked those presenters for the clarity of their papers and messages.

Annual Sustainability Report 2022/23

The Annual Sustainability Report for 2022/23 had been endorsed at the Committee for the Board's approval. Chris Turley highlighted several areas from within it for the Board's attention. The Committee noted the extensive requirements for qualitative and quantitative reporting to Welsh Government and NWSSP and the pressure this caused the small WAST team. The introduction of 67 Electric Vehicle chargers over 54 sites was commended, as was the significant amount of work underway by the small team.

Academic Partnerships Committee – August 2023

Hannah Rowan presented the report as read and drew the Board's attention to the following:

Non-Executive Director (NED) Recruitment

The Board is aware that the Trust's application for University Trust Status includes the requirement to have a Non-Executive Director (NED) from academia. This has been expanded in the recruitment pack to read 'from a strong academic, commercial or innovation background. It was anticipated the application would go live in October 2023.

Welsh Government and Health and Care Research Wales national NHS Research & Development Framework

The Committee welcomed the Welsh Government and Health and Care Research Wales national NHS Research & Development Framework. This sets out in a clear and concise way what excellence looks like. A self-assessment will now be conducted by the research and development team against this framework ahead of the Health and Care Research Wales annual review meeting in October. This Committee will monitor progress against the new framework.

The Research and Innovation (R&I) Annual Report 2022/23

The Research and Innovation (R&I) Annual Report 2022/23 was received by the Committee and was attached for the Board's review. The report included a range of policy developments, projects, and activities conducted and reported through the R&I department.

The Board discussed the challenges in finding the necessary capacity and funding to carry out research going forward.

Audit Committee – September 2023

Martin Turner presented the report as read and drew the Board's attention to the following:

Audit Committee Prescribed Attendees

A change of prescribed Audit Committee attendees was made with Judith Bryce, Assistant Director of Operations, National Operations and Support, attending in the place of the Executive Director of Operations, Lee Brooks. The Board is requested to approve the change.

Committee Papers

Members reflected that the papers for the meeting were clear and concise making it easier for members to understand the key issues and recommended actions. The Chair thanks those who wrote papers and presented items and those who attended the meeting as observers.

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, Assure framework of reporting:

(2) Approved the submission of the Welsh Language Standards Annual Report 2022/23;

(3) Approved the Annual Sustainability Report for 2022/23; and

(4) Approved the change of the Audit Committee Terms of Reference to reflect an amendment to the prescribed Audit Committee attendees list, Judith Bryce, Assistant Director of Operations, National Operations and Support, attending in the place of the Executive Director of Operations, Lee Brooks.

89/23 GOVERNANCE REPORT

The report was presented for noting:

The Trust Seal has not been used since the last meeting of the Trust Board on the 27 July 2023, however at the meeting of the Trust Board on the 27 July 2023 the Board approved the affixing of the Seal as cited below and noted the use of the Trust Seal as cited below:

Licence for alterations for Unit 3, Phoenix Park, Telford Street, Newport, NP19 0LW. The licence was between the South Wales Chamber of Commerce, Enterprise and Industry Limited (landlord) and the Trust, to enable minor works to be completed. The Board noted that it was not requested to approve the licence, just the affixing of the Trust Seal in accordance with Standing Orders.

On the 26 January 2023 the Board was notified of the use of the Trust Seal (reference 0239) for fence installation at Cardiff Make Ready Depot. The transaction was not finalised, and amendments were required to the Engrossment licence for Works and the Engrossment Deed of Covenant. These documents were re-executed as deeds with the Trust Seal (reference 0246) on the 27 July 2023.

Decisions in Private Session

27 July 2023

The private meeting of the Trust Board approved the transfer of additional non-Trust non-emergency patient transport services from the Powys Teaching University Health Board to the Welsh Ambulance Services NHS Trust. It was intended that this transfer would complete by the 01 August 2023.

10 August 2023

The Trust Board held a meeting in private session and received and approved the financial savings submission to the Welsh Government. The Board approved the recommended options up to the 10%, 20% and 30% savings proposed for submission to the Welsh Government.

RESOLVED: The Board noted the use of the Trust Seal as described and the decisions made in private session.

90/23 MINUTES OF COMMITTEES

The minutes of the following Board Committees were received.

1. Academic Partnership Committee – 25 April 2023
2. People and Culture Committee – 9 May 2023
3. Quest Committee – 11 May 2023
4. Finance and Performance Committee – 17 July 2023
5. Audit Committee – 25 July 2023

The following NHS Wales Joint Committee update reports were received:

1. Chair's EASC Summary - 18 July 2023
2. Welsh Health Specialised Services Committee Briefing - 18 July 2023
3. Shared Services Partnership Committee - 20 July 2023
4. Welsh Health Specialised Services Committee Extraordinary Briefing - 1 August 2023

RESOLVED: That the above minutes and update reports were received.

91/23 ANY OTHER BUSINESS

None

92/23 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 27 July 2023

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 28 September 2023.

Date of next Open meeting: 23 November 2023

Meeting closed at 12:55

ACTION LOG

WELSH AMBULANCE SERVICES NHS TRUST BOARD - FOLLOWING NOVEMBER MEETING

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
82/23	28 September 2023	9: Progress on Actions to Mitigate Avoidable Patient Harm	For the corresponding paper at the next meeting of the Trust Board to include further information on Same Day Emergency Care (SDEC).	Rachel Marsh	23 November 2023	Update for 23 November 2023	Open

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

CHIEF EXECUTIVE REPORT: 23 NOVEMBER 2023

MEETING	Trust Board
DATE	23 November 2023
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 28th September 2023. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

RECOMMENDATION: That Trust Board note the contents of this report.

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

The Trust Board meeting held on 23 November 2023.

REPORT APPENDICES

An SBAR is attached.

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	N/A
Environmental/Sustainability	Yes	Legal Implications	N/A
Estate	Yes	Patient Safety/Safeguarding	Yes

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

Annex 1

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 28 September 2023.

BACKGROUND

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

ASSESSMENT

CHIEF EXECUTIVE

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, AACE, EASC and senior elected representatives.
- My COVID-19 Module 3 statement has been completed and submitted to the Covid Inquiry. I await to hear if the inquiry would like further evidence to be given in person.
- Attending a number of National Commissioning Implementation Board meetings in preparation for the commissioning changes coming into force on 1 April 2024.
- Meeting the North Wales Conservative Member of Parliament Group to provide a briefing of our current performance, challenges, and future strategic ambitions.
- I was delighted that the Trust was well represented and made keynote contributions at the first Ambulance Leadership Forum Conference held in Wales on 2 and 3 October at the Celtic Manor in Newport.
- I was proud to attend the first in person WAST awards since the pandemic held on 10th October 2023 when we were able to share and celebrate fantastic examples of teamwork and contributions made by individuals that go above and beyond for the benefit of our people and patients.
- I represented the Trust at the national 'Emergency Responders Mental Health and Wellbeing Symposium' held earlier this month in Manchester.
- The latest round of 'Staff Roadshows' was held during the week beginning 6th November. It was an opportunity to meet over 450 colleagues to provide an update on our performance, challenges, cultural change and new duties of Quality and Candor, as well as hearing directly from our people about their workplace experiences.

OPERATIONS DIRECTORATE

Volunteering Conferences

4. More than 200 volunteers attended two conferences in September and October with one held in Llandudno and one in Swansea. The agenda was varied with keynote speakers including Figen Murray OBE, the mother of one of the victims of the Manchester Arena bombing who spoke candidly about the loss of her son and public site security. Other sessions included Ten Second Triage, wellbeing, safeguarding and first-hand accounts from our volunteers themselves. Our volunteers were also presented with awards aligned to our behaviours at a gala dinner in the evening of both conferences. We are grateful to all who participated, our speakers, our sponsor, and of course our volunteers who make these events worthwhile. Feedback will be requested during November.

Community Welfare Responders (CWR) Pilot

5. Twelve of our CFR teams have been piloting the Community Welfare Responder role across Wales since 16th October 2023. At the time of writing it is too early to confirm success, however, early results are promising. The ambition to upscale the pilot quickly is being explored, with a focus on capacity within CSD. The pilot tests the concept of the welfare responder through existing volunteers. It remains our intent to introduce an additional volunteer role to which we will recruit new volunteers.

Accreditation

6. The Trust was awarded reaccreditation for MPDS by the IAED at the UK Navigator Conference. The Trust is now a dual accredited organisation as it was awarded ECNS accreditation for the first time. Further, confirmation was received on 14th September that following a review by the Board of the International Academies of Emergency Dispatch (IAED) that the Welsh Ambulance Service was approved as an Emergency ECNS Dispatch Centre of Excellence.

Death of Michelle Perry, Emergency Dispatch Quality Improvement Manager

7. At the beginning of November, we announced the sad death of our colleague Michelle, who died peacefully surrounded by her family. Michelle joined the Trust in 1999 having previously worked for Mid and West Wales Fire and Rescue Service. She progressed from a 999call handler into dispatch and then into learning and development roles within EMSC before becoming an MPDS Facilitator in 2011. Michelle was much loved and respected by colleagues not only in Operations, Quality and EMS Coordination, but throughout WAST and the International Academy of Emergency Desptach (IAED) who invited Michelle to become a member of the accreditation panel, such was her expertise. We were fortunate to benefit from Michelle's character and knowledge, and she will be sadly missed.

EMS Coordination Staff Recognition

8. Members of EMS Coordination were nominated for EMD of the year at UK Navigator, with one staff member winning this prestigious award, two shortlisted and seven runners up.

EMS

9. Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 19,119 hours were lost in July, 19,241 in August, 19,610 in September, and 23,232 in October 2023; a significant increase as we approach the winter months. The detrimental impacts of the resultant pressure is regularly discussed at Committee and Trust Board.

Winter Planning

10. Winter Planning is progressing well with Christmas rotas produced and live on GRS to support staff wellbeing. Christmas welfare planning is reaching the final stages in determining numbers of staff on duty and processes. The Senior Planning Team will commence sitting during November with a remit to oversee all winter planning and implementation arrangements.

NEPTS Capacity Management Plan

11. The current Capacity Management Plan which sets out how the service applies the Welsh Government WHC 2007(005) eligibility criteria for non-emergency transport has been reviewed and the process for managing scenarios where demand for transport exceeds available capacity.

12. The revised plan, which has been through a EQIA and QIA process, modifies the approach to a position where the service will only take bookings from patients that meet the Welsh Health Circular criteria. Patients who do not meet the eligibility criteria will not be entitled to Non-Emergency Patient Transport and will be signposted to alternative transport solutions.

13. This refresh will further align the service the Welsh Health Circular, whilst also ensuring that patients that are eligible for transport, in particular those within the enhanced service category, continue to receive the best possible service.

Vehicle Development

14. The delivery and operational roll out of the new B class MAN Ambulances commenced in November following a swift and specific training package being developed and delivered by the Education Team. The vehicles will be utilised in Barry station, Bassaleg Station and the by GUH staff at Beacon House. The limited placement

of the vehicles was to gather a consistent and varied review of the vehicle in operation. Analysis of the data will inform further decision making on the future procurement of these vehicles.

CSD Police Pilot

15. Through agreement in the Joint Emergency Services Group (JESG), a second CSD Police Pilot commenced on Monday 18th September 2023. An earlier pilot had low take up, so subsequently the second pilot encompasses a greater geographical area. The trial includes South Wales Police and Gwent Police and will run for 3 months. The purpose of the trial is to broaden the Remote Clinical Support offer to Police for circumstances where Officers on scene with a patient are waiting for an ambulance response.

CSD Recruitment

16. Four clinicians joined CSD in September 2023 and a further eight are due to take up roles in November (at the time of writing). An additional two mental health clinicians and a trauma desk clinician have been recruited and the FTE is at full capacity ahead of the challenging winter months.

DIGITAL SERVICES

Mobile Data Vehicle Solution

17. The new Mobile Data Vehicle Solution (MDVS) has been successfully piloted over the past three months with a dozen vehicles responding to over 2,000 incidents. The pilot tested the usability and suitability of the new hardware and software solutions, along with the processes and facilities which will be used to install the fleet. In the four weeks since publishing the training material over 430 staff accessed and self-certified on the use of the technology.

18. The Trust is the first in the UK to utilising the new CRS solution and MDVS systems with the MDVS first vehicle hardware installations taking place from the Panasonic factory, Cardiff, on Wednesday 23rd October. North Wales began at a dedicated site in Amlwch early in November 2023. Significant progress has also been made with a solution for the Non-Emergency Patient Transport Service (NEPTS) which will be piloted early in the new year and allows some vehicles a dual operational function being able to log-on as either an EMS or NEPTs resource.

Sustaining Digital Operational Continuity

19. Outside of digital innovation and advancement, there have been two key developments across the Trust's infrastructure, which enable us to maintain strong and secure digital operational continuity. The first is a deployment of a new RDS (Remote Desktop Services) farm, replacing the old Citrix environment for CCC staff. An RDS

farm, in simple terms, is a setup that allows multiple people to use software applications or access files stored on a central server using their own computers or devices.

20. The second deployment is that of a new Nutanix environment which has been installed. This environment allows organisations to move their workloads, including enterprise applications, high-performance databases, end-user computing, applications, and analytics applications between on-premises and cloud services, although currently we have no immediate plans to move systems to cloud but are considering moving some backups to the cloud. Migration of systems from the old environment is now underway.

111 Geo-location of Mental Health Callers

21. Work has concluded with Vodafone to introduce geo-location capabilities of 111 calls, in particular mental health callers. Geo-location capabilities will support us to identify the physical geographic location of callers. This provides a valuable piece of insight in enabling us getting the right care for patients in the community.

Cyber Security Month

22. October was the National Cybersecurity Awareness Month (NCSAM), which aims to highlight the importance of cybersecurity. We have utilised this opportunity to release new cyber security courses as well as provide a stream of information bulletins to our staff, outlining top tips when it comes to cyber security and protection of information. This month also saw us introduce a cyber themed screensaver, designed as an immediate reminder to all desk devices across the Trust.

ePCR Data Sharing

23. A "minimum dataset" has been developed that transforms dozens of tables in the ePCR database into one flat table that can service approximately 80% of use cases. This development will enable quicker analysis and development of dashboards and reports. It will also form the basis of onward sharing and data linkage with the National Data Resource to enable more joined up analysis of whole system and insights into complete patient journeys through the wider NHS system in Wales. This is where the value will be added in bringing about key service changes to improve the unscheduled and emergency care service for patients in Wales.

Call To Door

24. A call to door metric has been developed and has been published for public consumption for the first time, alongside the Ambulance Service Indicators. This new indicator sits alongside the core set of Clinical Indicators and measures the time between Stroke and STEMI patients first making contact with the 999 service to when they arrive at hospital.

STRATEGY, PLANNING AND PERFORMANCE

Strategy, Planning and Transformation

25. Discussions have continued with Board Members and the Executive Leadership Team to review the Organisation's Long-Term Strategy 'Delivering Excellence', focussing on the mechanisms for delivery and influencing strategy to gather wider stakeholder support.

26. The Trust's new purpose statement 'To Support, To Serve, To Save' has been agreed and shared with our people via a Trust wide communication briefing & supporting video. To support our service transformation plans an initial month-long internal communication campaign commenced in November. This has included the release of a series of briefings and video messages from executive colleagues to articulate our strategic case for change and transformation opportunities. A more detailed internal communication plan is being developed to support a continuous flow of information and opportunities for our people to engage, be kept informed and involved with our plans. We have continued to informally engage and influence wider system partners and stakeholders. This has included presentations and facilitated workshop discussions at the Bevan Commission 'Tipping Point' event and the Ambulance Leadership Forum (ALF) held last month.

27. The WAST IMTP for 2023-26 was approved by the Minister on 12th October 2023, with accountability conditions relating to financial management and savings as well as our progress against ministerial priorities. We recently appointed our first Senior Project Manager, Gareth Taylor, who will provide valuable day to day leadership in the team as well as project management of some of our more complex projects in particular Financial Sustainability and Value projects. We have reflected on progress in delivering the IMTP over the first 6 months and some key developments include:

- Improved our 111-call answering and ring back performance.
- Implemented a new patient feedback system – Civica.
- Undertaken tests of change for our EMS transformation plan.
- Piloted new the Connected Support Cymru service moving into phase 2 and the development of a broader business case.
- Improved ROSC rates after deploying CHARU service.
- Closed all the actions from the original NEPTS Business Case to transfer work into WAST.
- Completed a review of our administrative roles across the Trust.
- Launched the WAST Voices Network.

28. The Planning Team has commenced the cycle of IMTP planning with the wider organisation, with a collaborative planning event held on 5th October in Cwmbran and a Board Development session on 26th October focussing on the external environment using 'PESTLE' analysis to understand the factors that will influence our priorities going

forward. Through November we will be engaging with our staff, volunteers and the public to understand what is important to them over the next three years, aligning this to work on the Trust's strategy development campaign running on Siren. The CEO Roadshows offered an opportunity to understand what is important to our people. Planning Business Partners are working with directorates and programme teams to refine their own local plans and feed these into the IMTP planning process. A report is on the agenda of Trust Board detailing the next steps in that process over the next few months.

29. The team continues to engage with the regionalisation agenda across Wales. The key areas of engagement are:

- Swansea Bay Acute Services Reconfiguration.
- A Healthier Mid & West Wales (AHMMW).
- Stroke reconfiguration in Swansea Bay and Hywel Dda.
- Stroke reconfiguration in Cwm Taf Morgannwg and Cardiff & Vale.
- Stroke reconfiguration in Hereford and Worcester.
- South Wales Thoracic Surgical Services Programme.
- The Spinal Network.
- South-East Wales Collaborative regional portfolio - orthopaedics, diagnostics, pathology, endoscopy and ophthalmology programmes.
- Aneurin Bevan Clinical Futures.
- Radiotherapy Satellite Centre, Neville Hall Hospital.

30. We are also monitoring progress of the following service changes and will engage as and when required:

- Regional Treatment Centre in BCU.
- Future Fit (Shrewsbury & Telford Hospitals).
- Cwm Taf Morgannwg Maternity & Obstetrics (South Powys Flows).
- Cardiff and Vale – Future Clinical Services Programme.

31. The Integrated Strategic Planning Group, chaired by the Assistant Director of Planning and Transformation has continued to maintain oversight of health board operational and strategic service changes to comprehend and coordinate implications in WAST and for us to support these plans. This group reports into Strategic Transformation Board.

Commissioning & Performance

32. The Commissioning & Performance Team continues to manage the commissioning interface and supply senior decision-makers with key performance data.

33. A new national commissioning function is due to start on 1st January 2024, with WAST engaged on ensuring it has an appropriate strategic seat at the table in these new arrangements. 111, EMS and NEPTS commissioning will all move into this new

function. An advisory internal audit on the new 111 commissioning arrangements will be concluded shortly and reported to Audit Committee on 30th November 2023. WAST has also engaged with a review of 24/7 urgent care, a review requested by the Deputy CEO NHS Wales, which has given WAST an opportunity to articulate its views on how it could provide more support to the unscheduled care system.

34. The team has made good progress on servicing the new 111 commissioning arrangements, ensuring Executives receive professional reports for these meetings. The Trust is in receipt of a review of the CSD function by our EASC commissioners which it will need to formerly respond to in due course. The team will also need to review and respond to draft commissioning intentions in Q3, with a focus on ensuring these are sufficiently transformative in nature and supportive of the Trust's strategic ambitions.

35. Our second strategic EMS demand & capacity review is well underway. This review will be a key document for the organisation for the next five years, helping WAST articulate its strategic ambition and offer to the system. The report will make its way into formal meetings in Q4. Winter modelling results were reported to November's Finance & Performance Committee and onto November's EASC. Other modelling on discharge & transfer, UCS and Falls Vehicles has also been undertaken. The team has also increased its monitoring of key metrics associated with winter e.g. levels of flu, RSV and Covid-19 in our population.

36. The Quality & Performance Management Steering Group has been refreshed with a revised terms of reference and work plan, with a progress report which will be considered by the Audit Committee on 30th November 2023. Committees and Trust Board are now receiving revised metrics via the monthly quality & performance report (MIQPR), that provides a snapshot on the "vital few" metrics that support senior decision makers in determining the level of assurance on the Trust's quality and performance. The main MIQPR is also supported by more specific ones on each part of the Trust.

FINANCE AND CORPORATE RESOURCES

Finance

37. The outturn revenue financial position for the period ending 30th September 2023 was a surplus of £77k. Year-end forecast position was reported as a balanced position but with several risks and proposed mitigations noted.

38. The 2023/24 capital programme has been agreed through the relevant governance routes and work is progressing well with scheme leads ensuring tenders are submitted and orders placed to ensure new schemes are delivered in year, along with the completion of existing schemes. Detailed work is currently taking place to review and agree expenditure plans in order to agree with Welsh Government our final CEL position as at the end of October.

39. Given the current financial climate it has been noted across several capital schemes that costs/tender prices are exceeding the original estimation. This will therefore increase the pressure on what is already a constrained capital programme.

40. The independent examination of the Trust's Charity's 2022/23 financial statement by the Audit Wales is about to commence with the aim of getting it approved by both the Charity Committee and Corporate Trustees ahead of submission to the Charities Commission on 31st January 2024.

41. The Finance Team continues to play a key part in helping the organisation to work through the significant savings plan and delivery required for the 2023/24 financial year which totals £6m. Themes and schemes to aid delivery have been fully identified and now the Trust focus is on delivery over the remaining months of the 2023/24 financial year. Current year end projection is forecast to overachieve the opening plan figure by c£0.3m.

42. Focus over the next few months will continue to build on the financial plan for next and future financial years to support the emerging IMTP cycle for 2024/25 and beyond.

43. Work is still progressing well on evaluating the use of automation along with the development of the Patient Level Information Costing system (PLICs), both the financial and activity data has been uploaded into the system, and the process of quality checking, reconciling and reviewing this data, has commenced to ensure consistency and accuracy of the data. Issues have been flagged by the supplier with the non-financial data, and further work is needed to be undertaken by the Finance Team to locate this data from other Trust systems. The team are now meeting weekly with the supplier to ensure any issues can be picked up quickly and efficiently to expedite the process. This will be a key underpinning element of the continuing progress on our Value Based Health Care agenda.

44. The Finance Team held an away day for team members in September. The event was well attended with many activities aimed at team bonding. The day was rounded off by recognising team members for going above and beyond.

Capital & Estates

45. **South East Fleet Workshop** – The new Merthyr facility is operational following the relocation of Fleet Teams from Blackwood and Blackweir in early October 2023. Decommissioning work at Blackweir is well underway with anticipated formal handover of the premises on 1st December. Decommissioning work for Blackwood is also underway alongside discussions about future operational use of the space and potential investment requirements at the site. It is anticipated that the official opening of the new workshop will take place early in the New Year.

46. **Dolgellau** – A business case was approved by the Executive Leadership Team on 27th September and discussions continue between NWSSP and the landlord about the terms of the lease. The procurement process has commenced alongside a full planning application. It is anticipated that the three processes will conclude towards the end of the calendar year, allowing work to start on site in early January 2024. As yet the programme of works is not yet known, but it is anticipated that works will conclude for staff occupation by Spring/Summer 2024.

47. **Swansea** – A potential preferred site within Fforestfach is being explored following discussion at the Project Board and heads of terms are being considered. A resource schedule is in development to quantify further resources required for the initial stages of developing the proposals needed for inclusion within any BJC to Welsh Government.

48. **Decarbonisation/Estates and Facilities Advisory Board** – The EFAB Project Team is meeting on a regular basis to manage the project through its 2-year timeframe. Tender specifications are complete for the majority of projects. Work is expected to commence on the first of the projects at Blaenau Ffestiniog in the next month. Work is also commencing on planning for 2024/25 schemes to ensure that the Team can confirm the specifications for work this financial year in advance of procurement processes.

49. **Newport Ambulance Station** – This project has been established with the development of a Project Initiation Document and Terms of Reference and site searches. Meetings have been held on the sites of 2 potential locations with operational colleagues and findings fed back to the Capital Project Team. This work has been overtaken in recent months by more urgent work required in the South East region, namely on the Bassaleg (works complete) and Cwmbran sites (outlined below).

50. **Cwmbran** – Following a small programme of minor enhancements at Beacon House, staff from Cwmbran Ambulance Station relocated in early October. This project is now complete and the Cwmbran Ambulance Station facility will be handed back to the landlord in December 2023.

51. **Llangunnor** – this project was prioritised for progression in 2023/24 with an anticipated completion date in the 2024/25 year. A meeting took place on 15th September with Dyfed Powys Police and colleagues from the Design Team to further scope the requirements and begin the design work. Basic space planning has been completed to consider layout of the space and this will be considered by the Project Board in the coming weeks.

52. **North Wales CCC Estate** – The North Wales CCC Project Board has been established, with an identified project management resource. The estates work package is a component part of the wider project and therefore a project manager and capital delivery manager resource has been allocated to oversee the estates element. Initial data regarding the number of staff and interdependencies between functions is currently being considered to allow for some initial space planning to be undertaken.

53. **Reinforced Autoclaved Aerated Concrete (RAAC) -** In line with other NHS Wales organisations, WAST conducted a detailed independent inspection of all sites within scope, which confirmed a nil return in relation to the presence of RAAC in buildings up to 1990, including those shared with the Fire and Rescue Services. All of the relevant confirmations were provided to Trust Board at a previous meeting, alongside appropriate assurances to Welsh Government.

54. Following additional communication from Welsh Government, a further review was conducted by an independent specialist based on a list of sites constructed between 1960 and 2000. The feedback received has resulted in the independent contractor confirming to NWSSP Shared Estates Services that the initial survey work undertaken by WAST was robust in its approach. Confirmation has also further been received from South Wales Fire that the site at Abercarn recently occupied by WAST staff does not have the presence of RAAC.

Fleet

55. The delivery of the Vehicle Replacement Project from 2021/22 was not straight forward owing to many global influencing factors, however, it is now complete with the 17 Renault Masters converted into a mixture of double wheelchair accessible vehicles and stretcher bearing vehicles. All the stretcher bearing vehicles have been equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads. All vehicles are now in service.

56. An update on the vehicle replacement programme for 2022/23 is provided below:

- The 50 Mercedes Sprinter Emergency Ambulances were completed on target and are in service pan Wales.
- The 5 Ambulance Care transfer vehicles based on a 3.5 tonne MAN chassis have left the commissioning centre in Merthyr Tydfill workshops are in operation.
- There were 15 Ford Transit Customs ordered in April 2022 which were subject to a delayed delivery. Five vehicles have been delivered to the nominated convertor and the remaining 10 are expected to be delivered shortly.
- 22 Renault Masters also ordered in 2022 have been built and delivered to our nominated convertor. The conversion of the first 11 to the stretcher bearing variant is complete and the vehicles have been transferred to the Renault Dealership for PDI and registration. The remaining 11 are undergoing the conversion process and will be converted into double wheelchair accessible vehicles.

57. The 2023/24 Fleet BJC which contained further potential for decarbonisation and EV initiatives was approved by the Trust Board in November 2022 and submitted to Welsh Government. The level of funding available was significantly less than required and the Trust Board have received a separate update on the impact of this.

58. The reduced funding resulted in a detailed re-prioritisation process, with a decision made to order 41 Emergency Ambulance chassis. Those 41 Mercedes chassis have been built and are being delivered to the nominated contractor ready for conversion in batches of 5 to 6 vehicles. The Trust will start to take delivery of the ambulances in January 2024.

59. The 2024/25 fleet replacement BJC is before the Board today for approval and onward submission to Welsh Government for funding consideration.

CLINICAL DIRECTORATE

RAPID2 – Randomised Trial of Clinical and Cost Effectiveness of Administration of Prehospital Fascia Lliaca Compartment Block for Emergency Hip Fracture Care Delivery

60. The RAPID2 Study aims to test the safety, clinical and cost-effectiveness of paramedics providing Fascia Lliaca Compartment Block (FICB) as pain relief to patients with suspected hip fractures in the prehospital environment. The trial is UK wide and will be conducted in the prehospital environment in the catchment areas of five receiving hospitals by paramedics from the local ambulance service which is Morriston Hospital in Swansea for Wales.

61. The study has gone through the local NHS Research and Development approvals process with Duncan Robertson, Assistant Director of Clinical Development as the Principal Investigator for WAST. A signed agreement is in place, confirmation of capacity and capability to deliver has been provided to the Sponsor, and a site initiation visit was held on the 7 August 2023. RAPID2 drug packs have been delivered and the trial went live on the 23 October 2023. Nine paramedics have been trained with a further 24 currently progressing through the three stages of training.

Kings Ambulance Medal

62. Edward O'Brian, the Trust's Clinical Lead for Palliative Care was formally presented with the prestigious King's Ambulance Medal by Princess Anne on the 3 October 2023 at Windsor Castle. He began his career in 2002 at London Ambulance Service as an EMT and joined WAST in 2009. He has been an integral part of the Clinical Directorate since 2016 and was recognised for his overall dedication and commitment to improving the quality of care for patients at the end of life as well as introducing a number of initiatives, including the Trust's rotational palliative care paramedics.

Senior Paramedics Graduation

63. The first cohorts of Senior Paramedics have graduated from the University of Wales Trinity St David (UWTSD), being awarded a Postgraduate Certificate in Professional Practice (Leadership in Emergency Services). The role of Senior Paramedic is focused

on the frontline clinical leadership of its Paramedics and Emergency Medical Technician and UWTSD devised a supportive leadership and development programme.

WISH Service Wins National Award

64. The WISH service was named the winner of the Best Team award for the Sun's Who Cares Wins Awards which celebrates members of the public and healthcare staff who continually go above and beyond. Edward O'Brian, the Clinical Directorate's Clinical Lead for Palliative Care who co-created the service commented that it was fantastic that the service has received this level of recognition and is a testament to the remarkable work that all volunteers do nationally. Since its inception, the Wish Ambulance Service has grown in size to include 180 staff across Wales and it has enabled over 50 patients and their families to experience a memorable last journey.

PEOPLE AND CULTURE DIRECTORATE

Culture

65. The month of October saw the launch of the WAST 'Freedom to Speak Up' campaign and digital platform Work in Confidence to facilitate an anonymous voice for all those staff who feel vulnerable or have concerns that cannot be addressed through other official routes. Raising awareness of barriers to speaking up and highlighting the importance of being able to speak up, is an important milestone as we continually embed 'OUR BEST' behaviours.

66. As part of this initiative, we have introduced three Freedom to Speak up Guardians, who can assist colleagues, signpost and offer advice as appropriate. The Guardians have actively engaged in communications across the organisation emphasising the significance of creating a safe environment for colleagues to voice their concerns. This comprehensive approach aims to encourage open dialogue, ensuring that employees feel secure when reporting issues, fostering a culture of transparency and accountability within Team WAST.

67. Phase 2 of our Strategic Equality Plan review is underway, with the EDI Team on the road and engaging with staff and service users on our draft objectives. This invaluable feedback will enable us to incorporate ideas and suggestions into our plans, to make WAST a more inclusive environment for all.

68. Over 100 leaders from across WAST attended a Leadership Symposium in October to explore the theme 'Towards Achieving our Vision – It Starts with Us!' Leaders worked through a series of workshops to explore their role in building and shaping the culture we need at WAST to achieve our vision of delivering excellence. The People and Culture Plan outlines our cultural aspirations, where people thrive at work and are supported by compassionate, inclusive and collaborative leaders. Leaders shared positive examples of change they were seeing across their teams, including the impact of Culture Champions in helping to translate and role model WAST behaviours.

69. In terms of our progress to amplify colleagues' voices and increase engagement across the organisation, October saw the launch of our new pulse survey tool – "Hive". Our first Hive survey will be in support of Freedom to Speak Up month with a few questions on how comfortable our people feel about being able to raise concerns. Hive will allow us to get instant responses as the survey is completed and enable us to undertake 'you said, we did' type evaluations in a timely way. A SharePoint page will be set up where we will share all things relating to Hive such as survey output and what actions we are taking based on the feedback we receive. This will form an important metric going forward.

70. Building on this theme, the NHS Staff Survey was launched in October, one of the largest workforce surveys in the world and designed to collect feedback from colleagues across the NHS to understand experiences, perspectives and insights to continually improve services. This important survey offers a snapshot in time of how our people experience their working lives and provides a rich source of data to inform understanding of staff experience locally, regionally and nationally. At WAST, survey feedback will help us to understand what it is like for our staff across different parts of our organisation and will inform the work and actions we take to make improvements. The survey closes on 27th November 2023.

71. The Ambulance Leadership Forum in October saw the launch of the Reducing Misogyny and Improving Sexual Safety in the Ambulance Sector publications and WAST continues to lead the way rolling out the recommendations from these documents. Our Sexual Safety Guiding Principles developed by our Voices advocates network have been launched throughout WAST.

Capacity

72. The Inclusive Recruitment and Retention working group is finalising the project plan to improve diversity across the workforce, with the aim of making WAST reflective of the communities we serve. Key workstreams underpinning this piece of work have been identified and processes are being put in place to ensure clear definition and clarification of scope. A key engagement event with community leaders is being planned for end Q3 or beginning of Q4.

73. Aligned with our ambition to simplify processes across the board, the Occupational Health and Wellbeing Team successfully implemented the new system, Opas – G2. Some positive feedback from Health Boards has been received, however, further work is required to streamline functionality specific to WAST; this will be undertaken over the coming weeks.

74. We are currently making positive progress with our 2023/24 Flu Campaign, delivering flu vaccinations to WAST employees and this year, including our volunteers. We're also delivering vaccinations to our external partners Public Health Wales and Welsh Health Courier Service.

Capability

75. One of our colleagues has been shortlisted for Higher Apprentice of the Year by Skills Academy Wales. Following on last years valued recognition, we have celebrated the hard work that Darren Anthony has put into his studies as an EMT1 – the awards ceremony was on the 7th November where Darren was be joined by his family, his DOM and some of the Education Team as we proudly shared in this experience.

76. The Academic Partnership Committee received a presentation about a research item that our Head of Workforce Education & Development is involved in regarding Interprofessional Simulation Based Education & Training (IPSBET). Once published, this research will take its place as the framework for effective design and delivery of effective learning experiences across Health and Social Care in Wales and wider – ensuring the benefits of interprofessional and simulation-based learning are guaranteed by documenting practice changing guidance that directly improve patient outcomes.

77. October saw our in-house eLearning platform LMS365 catalogue expand to include the co-produced Care of the Newborn and Thermoregulation eLearning course. By bringing together the expertise held within 111 and our Clinical Directorate, the Education Team have crafted a highly effective programme that introduces the topic prior to Paramedic, EMT and ACA2 colleagues taking part in follow on CPD scheduled for Q4 and the introduction of new equipment to help us care for our littlest patients. Furthermore, Corporate and Operational colleagues have benefited from the arrival of our very own Business Goose. Goosie features a number of bite size digital skills learning activities from video how-to's through to full skills courses in O365 mainstays such as Excel and PowerPoint which will support the improvement of digital literacy skills.

78. 2023/24 Mandatory In-Service Training (MIST) includes an update on 2 new Emergency Preparedness Resilience Response (EPRR) approaches that will be operational across all UK Emergency Services from March 2024. Ten Second Triage (TST) and Major Incident Triage Tool (MITT) are introduced during the MIST day with opportunity to practice the skills and understand better how roles operate during a major incident in a safe, simulated environment. Building on the success of this and the recently deployed Prevent eLearning via LMS365, further learning materials and opportunities are being developed to support delivery of this work – Late October provided opportunity for footage capture as WAST undertook a marauding terrorism attack training activity in partnership with Fire & Rescue – material which will be used in future immersive, virtual and gamified learning. New content for Infection Prevention and Control (IPC), Safeguarding, Duty of Candour, Duty of Quality and Health, Safety & Sustainability is in the pipeline.

CORPORATE GOVERNANCE

79. The eight year tenure of the Trust's Vice Chair, Professor Kevin Davies, ended on 31 December 2022. Appointments of the Chair, Vice Chair and Non-Executive Directors are made by the Welsh Government and campaigns are run and managed by the Public Appointments Unit. Following a campaign for the Vice Chair position that closed in October 2022 an appointment was not made by Welsh Government and Kevin's tenure was extended, with a recent further extension. I am pleased to say that Ceri Jackson, Non-Executive Director and Chair of our Charity Committee has been appointed as Interim Vice Chair from 1 December 2023 and Kevin has generously agreed to stay on the Board as a Non-Executive Director from that date also. A campaign for a substantive Vice Chair will commence in March 2023.

80. As part of this year's staff awards, Jason Jones, Capital Delivery Manager was the winner of the Welsh Language Award for his dedication in learning Welsh and becoming a fluent Welsh speaker. Nia Barton, Clinical Contact Centre Clinician was highly commended for her work when dealing with patients in Welsh. Diwrnod Shwmae Su'mae Day was celebrated on 15 October to promote the Welsh language with the idea of starting every conversation with an informal greeting. Welsh language phrases were promoted to staff on Siren and Yammer together with access to a free online Welsh language taster course. A managed approach is underway in introducing Trust service areas to the new internal translation service. It is expected that all service areas will be introduced to the new translation service by December 2023.

81. The annual effectiveness reviews of the Board's Committees has begun and will continue through Quarter 3.

82. The prioritisation of policies past their review date is progressing well with a number of policies being brought through Board Committees this Quarter. The Audit Committee and Executive Leadership Team will continue to monitor the policy improvement programme which includes a refresh of the Policy on Policies.

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Developing Advanced Practice in Remote Clinical Decision Making

83. The aim is to explore advanced practice in the remote clinical setting (Integrated Care) and how this could support the Trust's strategic direction of inverting the triangles. To begin this journey, funding has been secured from Health Education and Improvement Wales (HEIW) to support Integrated Care Clinicians (111/Clinical Support Desk) to undertake the MSc in Advanced Clinical Practice as an educational opportunity and this commenced in September 2023. As well as university study, this

involves face to face clinical exposure and considerations such as specific occupational health clearance, placements, allocation of clinical/medical mentors etc.

- Four clinicians from 111 Wales funded to undertake the full MSc in Advanced Clinical Assessment.
- Since 2020, 54 Integrated Care Clinicians have already received HEIW funding to undertake the Remote Clinical Decision-Making Module (Master's level) at the University of the West of England. A further 28 clinicians are being funded in 2023/24 academic year.
- This 2023/24 academic year also sees a new HEIW funding opportunity to support clinicians in Integrated Care to undertake university bridging modules. Nine clinicians from 111/Clinical Support Desk (CSD) are already enrolled on modules which include research, minor injury, minor illness, history taking and leadership & management.

Mental Health Response Vehicle

84. A Mental Health Response Vehicle (MHRV) pilot is in line with the Trust's ambition to invert the triangles and avoid Emergency Department conveyance and attendance. Mental health patients spend an average of 5 hours waiting in ED and are twice as likely to be there for over 12 hours. A MHRV service further supports the excellent work in CSD by Mental Health Practitioners (MHPs) who deliver a hear and treat function (which has almost quadrupled historic mental health patient consult and close rates). In addition, a see and treat MHRV Service has reported 77% consult and close rates.

85. The Trust is currently working in partnership with Aneurin Bevan University Health Board in developing and implementing a MHRV pilot within the Gwent area. The pilot will provide a mental health vehicle staffed with a WAST clinician and a Health Board MHP clinician who will provide peripatetic mental health crisis assessment with the aim of providing and diverting people to appropriate mental health treatments and pathways. The pilot will begin at the end of November and it will run until the end of March 2024.

Mental Health and Dementia Team

86. The Mental Health and Dementia Team is delighted to have been selected to present at the forthcoming Rural Health and Care Wales Conference 'Embracing Change - Welcoming Innovation and New Ways of Delivering Rural Health and Care Services'.

87. This provides an opportunity to promote our progress on using reminiscence therapy with dementia patients and their carers when using ambulance services in rural communities, where we have many examples of how using reminiscence therapy can occupy and distract patients who may become distressed by our environments and processes.

Nursing and Midwifery Council

88. The Trust was recently selected to host a visit from the Nursing and Midwifery Council (NMC) on 26th September 2023. The NMC usually operate from London but once a year they choose a devolved nation to visit and to hold their Council Meeting. It was highly valued that the Trust was invited given the nursing profile compared to our Health Board colleagues. The Executive Director of Quality and Nursing hosted the visit at Vantage Point House and was joined by nurses from across the Trust.

89. The visit provided an opportunity to discuss and showcase remote clinical assessment and consultations, digital opportunities and how we are developing our approach to the scope of clinical practice for both NMC and Health and Care Professions Council (HCPC) registrants. Specific points covered in the meeting included:

- An overview of Clinical Strategy and the role of Remote Clinical Assessment and digital work.
- NHS 111 Wales and 999 Clinical Support Desk Clinical Roles including a 111 Clinical Advisor call recording.
- Specialist Support to clinicians and patients (Mental Health and Neonatal/Maternity).
- Developing advanced practice in remote clinical assessment settings.
- Increased occurrence of dual registrants at pre-and post-registrant level.
- Visit to control rooms.

90. The NMC Council provided positive feedback after the visit and are keen to return.

PARTNERSHIPS AND ENGAGEMENT

91. Preparations for the busy winter period have begun, and 'in principle' agreements are in place with several major broadcasters for filming in the run-up to Christmas. Access will explore how WAST is thinking differently about the shape of the ambulance service of the future, including the role of advanced paramedic practice, as well as the technological advances being made by the organisation, including remote clinical assessment.

92. An evaluation of the With Us, Not Against Us campaign, which WAST leads on behalf of all blue light services in Wales and NHS Wales, has shown that assaults on medical workers, fire and rescue staff and prison workers have reduced in the two years since the campaign has been underway, while assaults on police colleagues have increased. We will redouble our efforts over the winter period, when assaults traditionally spike, and continue to explore new ways to shine a light on the issue and change people's behaviour.

93. There remains significant political and stakeholder interest in a broad range of issues, including performance. As part of the mitigation of reputational risk, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue.

94. The Director of Partnerships and Engagement and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.

RECOMMENDATION: That Trust Board note the contents of the report.

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

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

MEETING	Trust Board
DATE	23rd November 2023
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
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, and updates have been provided at every subsequent Board meeting. This report seeks to refresh the actions that are now being taken.
2. In September 2023 the Trust received correspondence from Welsh Government on winter resilience actions. The Trust has a strong track record of winter planning and considers the action plan for this report to be its response, which will be discussed with Welsh Government at the Integrated Quality and Performance Delivery (IQPD) meeting in December 2023.
3. The Trust has undertaken seasonal forecasting and modelling in support of this report. Unsurprisingly the modelling estimates another difficult winter, with modelled red performance estimated at 45% in December 2023 in the most likely scenario.
4. Good progress continues to be made on actions that the Trust can control both from a tactical and more strategic perspective. Additional actions are being considered and added where they are identified. However, the Trust does not control the biggest variable that is affecting patient safety, namely, the levels of handover lost hours. Despite some improvement over the summer months, lost hours are now increasing again and remain extreme. The financial pressure health boards are under is likely to further inhibit their ability to support flow and increase capacity in response to demand spikes this winter.
5. As a result, the likelihood is that the levels of avoidable harm will continue. The Trust estimates that for the 3-month period August 2023 to October 2023;

- 1,606 patients could have come to severe harm as a result of being held on an ambulance for longer than an hour outside an ED;
- 29,537 patients will not have received a response due to the operation of the Clinical Safety Plan or through the patient cancelling the ambulance; and
- There were 46 severe cases of avoidable harm, including death, referred to health boards under the Joint Investigation Framework.

6. It is also recognised that this situation leads to harm to staff and volunteers, which was clearly articulated in the recent CEO roadshows.

RECOMMENDATIONS: Trust Board is asked to:

(1) NOTE the report and the progress the Trust is making on actions within its control.

(2) CONSIDER whether there are any further actions available to the Trust to mitigate patient harm.

KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE

Date	**Meeting**
09 Nov-23	**Executive Director of Strategy, Planning & Performance & Executive Director of Operations**
23 Nov-23	**Trust Board**

REPORT APPENDICES

Appendix 1 – Action Plan Progress Update Status

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. This report provides the Board with a refreshed view on actions being taken to mitigate this patient harm.
2. This report also constitutes the Trust's response to a Welsh Government letter on winter resilience planning and updates Trust Board on tactical forecasting and modelling undertaken for winter.

BACKGROUND

3. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm. This report seeks to refresh and update those plans.

ASSESSMENT

Patient Harm & Mitigations

4. *Appendix 1* contains an updated action plan with a narrative update on each action. Many of the actions contained in the Board report from July 2022 have been completed. Of the 29 actions contained within the plan:
    - 3 are red (significantly off target) and are all health board actions;
    - 8 are amber (off target); and
    - 18 are green (on target).
5. New actions include:

Operational

- Re-engaging with health boards on the Immediate Release Protocol;
- Reviewing the Clinical Safety Plan (CSP) and Resource Escalation Action Plan (REAP); and
- Re-introducing emergency department cohorting at some sites to facilitate reduced overruns for our staff.

Tactical

- 111 winter pre-planned communications;
- Winter forecasting & modelling;
- Additional 111 winter mitigations including funding secured for agency / overtime / pharmacists on key high demand date dates;
- Additional EMS winter mitigations (additional funding for overtime); and
- Re-establishing the Operations Senior Planning Team.

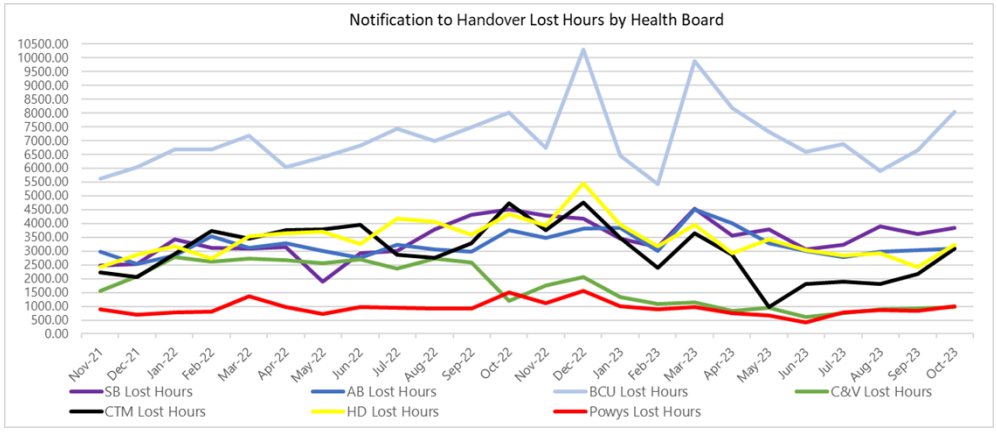
Strategic

- Continuing to expand the Trust's Advanced Paramedic Practitioner (APP) workforce;
- Continuing to pilot new service delivery options such as Falls vehicles, mental health response vehicles and Community Welfare Response etc.;

- Specific health board actions contained in Integrated Commissioning Action Plans (ICAPs) including continuous flow model and streaming hubs;
- Further tests of change to develop the future EMS service model including Remote Clinical Assessment First; and
- Undertaking a strategic EMS Demand & Capacity Review, which incorporates the above.

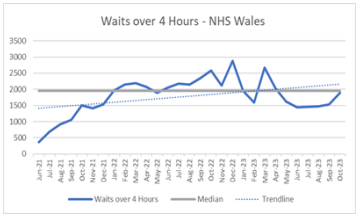
6. There are a number of actions which remain red where progress has been limited:

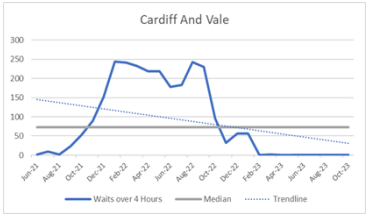
- **Reduction in emergency department handover lost hours:** EASC set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. Handover lost hour levels have started to increase again following small reductions over the summer period, with 23,232 lost in October 2023, equivalent to losing 25% of the Trust's conveying capacity. The current rosters are predicated on 6,000 lost hours and are simply not designed to cope with the current losses.

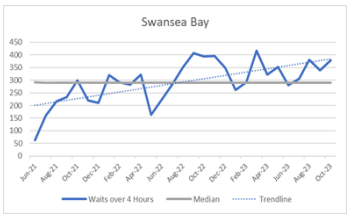


- **Eradication of handover waits of > 4 hours**: there were 1,888 patient handovers in October 2023 which were over 4 hours. The expectation is that these will be eradicated by end of 2023/24. Given the current levels of handover, the financial pressures in health boards, the potential for further industrial action and the onset of winter, it is unlikely that this will be achieved. Cardiff & Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards, but Swansea Bay is a particular concern.

.

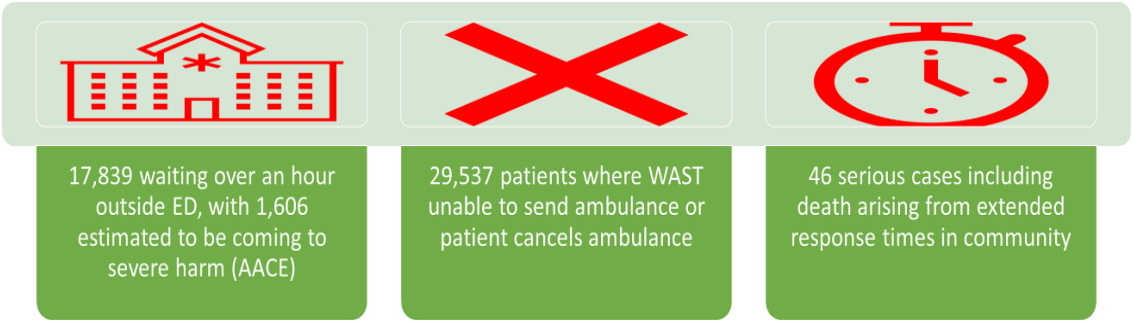




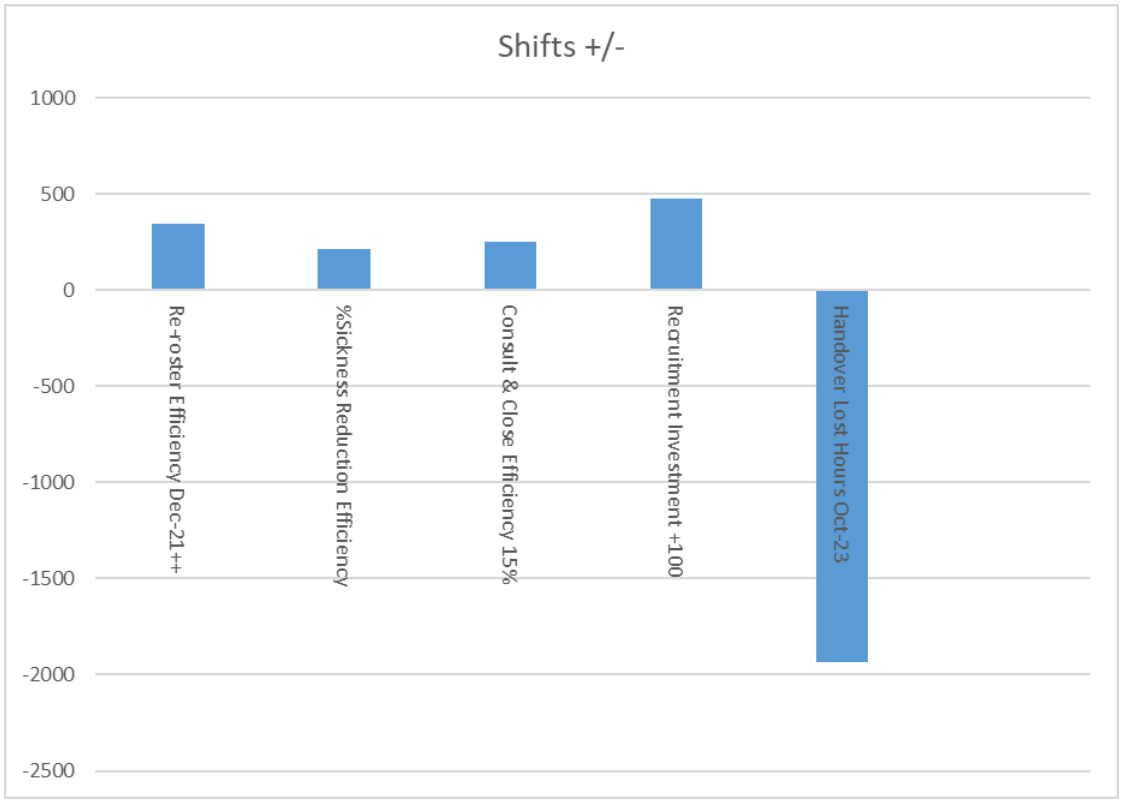


- **Implementation of Same Day Emergency Care (SDEC) services in each Health Board**: SDEC referrals currently account for less than 1% of the Trust's verified EMS demand. The modelling indicates 4% of the Trust's verified EMS demand could go into SDECs if the nationally agreed referral pathways were in place. The Deputy Medical Officer for Wales (31 October 2023) has written to health boards to remind them of the purpose of SDECs and support to the Trust.

7. The Trust continues to estimate patient harm as part of its MIQPR. The visual below attempts to show the three areas of harm, updated with data for the last three months to the end of October 2023.



8. To contextualise the impact of lost hours to handover the graph below shows the positive impact of the improvements the Trust has made compared with the effect of lost capacity at hospital.



9. The Trust will have put an equivalent of 1,282 EA/UCS 12 hour shifts back into the system in 2022/23 through efficiencies and investment: re-roster (343),

sickness reduction (214), consult & close (249) and +100 FTE recruitment (476), but the Trust lost 1,936 EA/UCS 12 hour shifts to hospital handover in October 2023, which offsets all of the investment and efficiencies.

10. The health boards have all been required to develop handover reduction action plans, which are monitored at their Integrated Quality and Delivery meetings by Welsh Government. This is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings which are held monthly between the CASC, WAST and each health board.

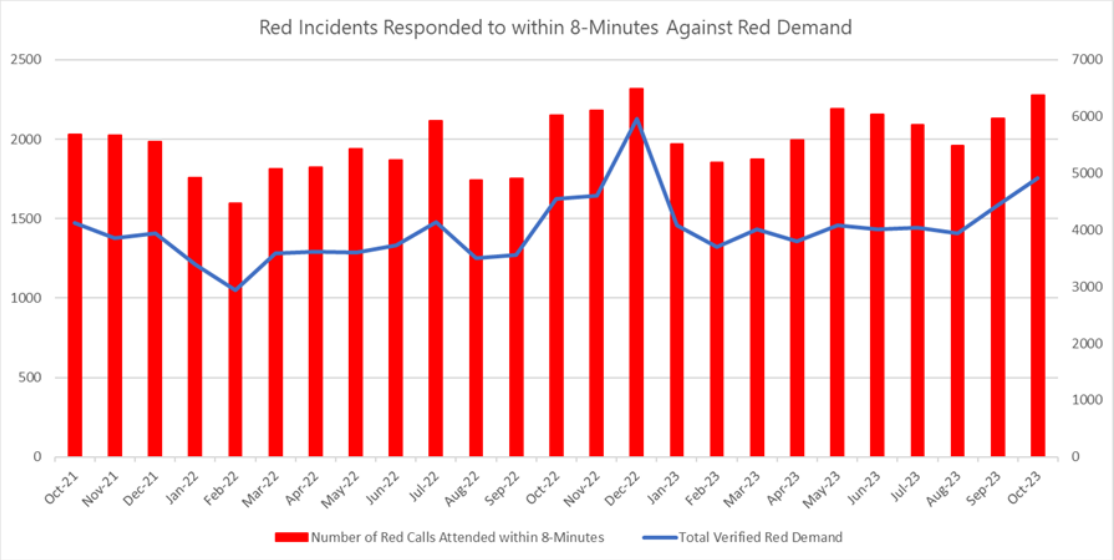
11. The Trust continues to work on actions within its own control:

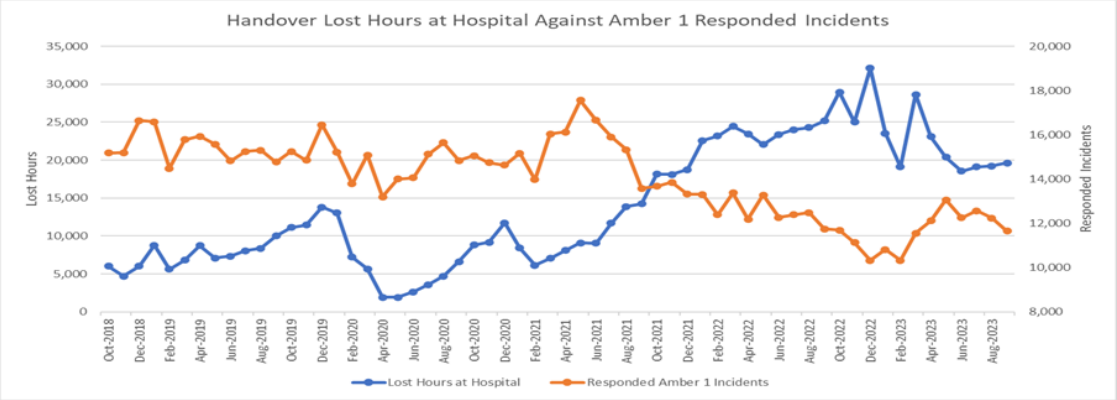
    - The Trust achieved a Consult & Close rate of 13.8% in October 2023 against an ambition of 17%, which is lower than that achieved towards the end of the last financial year, but an improvement on previous months. A corrective action plan is in place which covers improving capacity through reducing sickness absence, but also through improvements in efficiency.
    - The Community Welfare Responders pilot is utilising volunteers to give eyes-on feedback to remote clinicians, including some clinical diagnostics. The process to support recruitment to a new volunteer role is underway.
    - APP navigator pilots and tests of change for APP flooding and remote clinical assessment first (prior to dispatch) continue, with the next PDSA cycle planned for the 5th December 2023.
    - It has been confirmed that the Trust will receive non-recurring funding again in 2023/24 to match the spend against the 100 additional front line ambulance staff recruited last year.
    - The Trust has a coherent and comprehensive work programme for management attendance, with a target of 6% (March 2024). The Trust achieved 8.78% in September 2023 and an overall roster abstraction rate of 33% against a pre-pandemic benchmark of 30%.
    - A new EMS strategic demand & capacity review is underway, with final results expected by March 2024.
    - The Trust is supporting health boards with initiatives they want to progress via the Integrated Commissioning Action Plan (ICAP) process, for example a mental health response vehicle in AB.

12. As outlined in the previous report to Trust Board, in the light of the continued pressures, patient (community and ED handover) waiting times are likely to remain under significant stress. The delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed are likely to lead to a continuing number of cases of avoidable harm or death to patients. This situation will also continue to be one which is likely to have an adverse effect on our people.

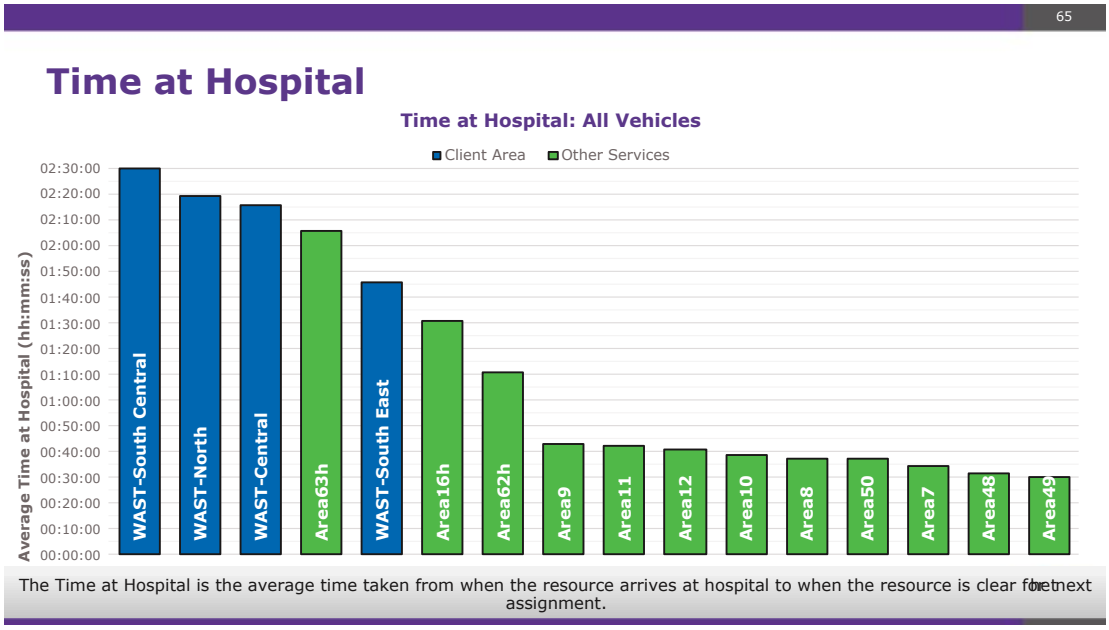
13. The Trust is receiving some degree of challenge from those health boards where handover levels have improved with a perceived view that performance is not

improving. The CASC and the Trust have collaborated on explaining the relationship between handover and performance for health board. It is noted that the Trust is responding to more Red incidents in eight minutes, but with the level of Red demand increasing, the percentage seen in 8 minutes remains lower than target. In addition, as handover hours start to decrease, what is seen is that the Trust can respond to previously unmet demand (patient cancellations decrease), so the initial change is that responded activity increases, rather than response times improving.





14. Handover continues to be discussed at the highest levels with the CASC, health board CEOs, the Director General and the Minister. The Minister has recently asked the NCCU to provide information on comparators for conveyance and handover with England. The Trust compares well on conveyance and handover in Wales is an outlier. The following graph is an extract form the on-going 2023 EMS Demand & Capacity Review (September 2022 to May 2023 data period):-



Winter Resilience Planning (including modelling)

15. The Trust received correspondence from Welsh Government in September 2023 about winter planning and system resilience. The Trust has robust processes in place for winter planning, but there is a limit to what the Trust can do when it is not in control of the biggest factor affecting patient safety i.e. handover.

16. The Trust has completed its winter forecasting and modelling. The modelling looks at 4 periods across the winter and uses demand forecasts and other variables to consider best case, most likely scenario and a reasonable worse case scenario for each period. All of the assumptions within the modelling are discussed and agreed through the Forecasting and Modelling group, including representatives from across the Trust.

17. The modelling estimates a most likely scenario (MLS) of Red 8-minute performance of 50% in Oct / Noc 2023, declining to 45% in Dec-23 and early Jan-23, before recovering somewhat in Q4. The modelling estimates that the 65% Red 8-minute target will not be achieved at any point through the winter with Amber waits being too long. The modelling takes account of planned improvements across the winter. The modelling is based on WAST's assessment of handover lost hours, not EASC ambitions, assuming a loss of 28,000 hours in December, improving somewhat in Q4.

18. The operational improvements or changes which are included in the modelling are set out below:

    - RED LOGIC: changes have been made which mean that certain RED incidents will no longer receive multiple responses, but will be handled with a single resource (Assumed achieved OctNov);
    - END OF SHIFT: previously, crews only responded to RED incidents that occurred within the last 30 minutes of their shift, and to all incidents that

occurred prior to the last 30 minutes. Changes have been made to tighten restrictions on the types of incidents that can be responded to near the conclusion of the shift, with the main aspect being that only RED occurrences can be responded to during the last 45 minutes of their shift. (Assumed achieved OctNov);

- OVERTIME: a controlled level of overtime has been introduced in line with the resources available. (Assumed achieved OctNov);
- SKILL AND RESOURCE MIX: changes are being made to skill and resource mix, including changes to the incidents that UCS respond to, increasing the number of CHARU vehicles and increasing the number of APPs (Assumed achieved OctNov apart from CHARU achieved DecJan);
- CONSULT AND CLOSE: the proportion of incidents handled by the Clinical Service Desk (CSD) (by phone and without a vehicle response) is planned to rise to 17%. (Assumed achieved JanFeb); and
- SICKNESS ABSENCE: an assumption is made that sickness absence levels will reduce to 6% (Assumed achieved March).

Period	Scenario	RED (%) < 8mins	AMBER1 Median	AMBER2 Median	Abandoned Demand * (%)
Feb-23	Baseline	51%	55min	1hr 16min	0%
OctNov	BC	53%	59min	1hr 27min	0%
OctNov	MLS	50%	1hr 37min	2hr 39min	0%
OctNov	RWC	42%	3hr 52min	5hr 48min	2%
DecJan1	BC	56%	53min	1hr 17min	0%
DecJan1	MLS	45%	3hr 29min	5hr 14min	1%
DecJan1	RWC	37%	7hr 44min	9hr 15min	5%
Jan234Feb	BC	61%	31min	40min	0%
Jan234Feb	MLS	59%	36min	46min	0%
Jan234Feb	RWC	56%	53min	1hr 16min	0%
Mar	BC	57%	43min	58min	0%
Mar	MLS	54%	59min	1hr 25min	0%
Mar	RWC	50%	1hr 55min	3hr 14min	0%

19. This modelling was shared at the Trust's Oct-23 Integrated Quality, Planning & Delivery (IQPD) meeting with Welsh Government and was also discussed at the Finance and Performance Committee meeting in November 2023. Committee members noted that some of the assumptions may be too optimistic, including the ability to achieve a 6% sickness absence rate and the handover lost hours.

20. The Trust continues to review and consider further actions which it may be able to take. The Executive team met last week to consider spending plans for the remainder of the year, based on the updated expected profile of costs and finalisation of in year income.

21. Lastly, it is important that whilst this report predominantly focuses on the harm that is coming to patients as a result of these system pressures, they also have a significant negative impact on our staff and volunteers. A number of staff expressed their feelings over the course of the recent CEO roadshows and the Trust will continue to focus on actions within its gift to improve work experience. In this years IMTP, there is a focus on reducing overruns, improving opportunities for flexible working and improving digital experience.

Appendix 1

Patient Harm Mitigations & Winter Resilience Actions

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
WAST ACTIONS – Operational				
1.	Immediate Release: Continue working with health boards to increase compliance, focusing on the validation process	Lee Brooks	• There were 694 requests made to health board EDs for immediate release of Red or Amber 1 calls in October 2023, significantly less than the 1,234 requested in December 2022. In the Red category 173 were accepted and released, five were not. In the Amber 1 category, 199 were released, but 311 were not. The Red position is relatively positive, but Amber 1 remains a concern. • There was some challenge from health boards at Oct-23's EASC Management Group meeting in relation to validation of the data. The Trust's position is that the fundamental issue is the level of handover lost hours and that there also needs to be improved health board escalation arrangements. The Trust has agreed to attend a series for workshops hosted by the NCCU to resolve this issue.	Dec 2023
2.	Clinical Safety Plan (CSP) & Resource Escalation Action Plan (REAP) annual review	Lee Brooks	• Both the CSP and the REAP are currently under review as part of business as usual review arrangements. Both are already considered robust.	On going Due Dec 23.
3.	Introduction of limited Emergency Department "cohorting" to support reduction in shift overruns	Lee Brooks	• Some further "cohorting" is being reintroduced for winter 2023/24 at sites where accommodation can be made available by health boards to alleviate shift overruns and release crews to return to base.	Dec 23
4.	Patient handover actions.	Exec team	• Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period of time e.g. WMAS and LAS. This will be reviewed by the Executive team.	Keep under review.

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
WAST ACTIONS – Tactical				
5.	Sickness absence (and abstractions): Improve internal sickness efficiency to IMTP 2023/24 target and abstractions to ORH benchmark	Lee Brooks Angie Lewis	• Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP. • In September 2023, sickness absence was 8.78%, an improvement on the previous month. • The Trust will continue its focus through the Managing Attendance Programme into 2023/24, with a wider focus on abstractions as well. Abstractions have come down, currently at 33% (September 2023), with a pre-pandemic benchmark of 30%. There are risks associated with this plan however, in the light of the continued sustained pressures on our staff.	6% by 31 March 2024
6.	National 111 awareness campaign	Estelle Hitchon	• The Director of Partnerships & Engagement has recently provided Welsh Government with planned communications through the winter period.	Ongoing 31 Mar-24
7	Winter Forecasting & Modelling		• The Trust has undertaken winter modelling which it has made available to Welsh Government. • The results will be reported to 19 Nov-23 EASC.	19 Nov-23
8.	Additional Winter 111 Mitigations	Lee Brooks	• Welsh Government have asked for mitigations around the 111 service, in particular, communications, the website and clinical support. • The Trust has sought additional winter monies from 111 commissioners and it is likely that some funds will be made available to support ongoing development of the website (not finalised yet) • The Trust will also receive some support for additional overtime / agency spend on capacity on key dates through the winter period where demand is forecast to be high	Resources currently being confirmed
9.	Winter Overtime		• The Trust has profiled overtime spend across the winter in line with resources available, and further consideration is being given to this further to an Executive Finance meeting in the last week.	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
10.	Additional Winter NEPTS Discharge Capacity		• The Trust has made an offer to the system of additional NEPTS support, but it is understood that a central allocation is unlikely, so individual health boards have been approached.	Offer made.
11.	Operations Senior Planning Team (winter)		• Will include planning for possible doctor's strike action and general Operations planning for winter e.g. peak demand days etc.	From 20 Nov-23
WAST ACTIONS – Strategic / Transformational				
12.	Maximise the opportunity from Consult & Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	• The IMTP 2023/24 ambition to move this up to 17% within existing resource constraints i.e. by delivering more efficiencies, by quarter four 2023/24. • Performance is currently at 13.8% and a corrective action plan is in place and performance has recovered to 13.8%, but the 17% ambition looks challenging currently. Consideration is being given to whether additional resource might be available to increase capacity over the winter period further to the recent Executive discussion on finances for the remainder of the year • Proceed with the EMS strategic demand & capacity review, which will develop the CSD First concept and quantify the cost/benefits of this approach.	March 24
13.	Recruit and train more Advanced Paramedic Practitioners	Andy Swinburn	• Whilst no additional funding has been secured, ELT has agreed to offer places to all APPs completing their education, funded from a reduction in technician posts (1/2s) i.e. internal movement. • The net uplift to the APP establishment (after filling vacancies) is 15.7 FTEs. The Trust expects to see the APP establishment increase to over 100 FTEs next year. • The Trust is currently undertaken the next strategic EMS demand & capacity review, which includes a future service model and expansion of APPs. The review should be available in Jan-23. • The Trust will engage with HEIW and commissioners in Dec-23 as part of developing the future education requirements for EMS and is aiming	Q4 2023/24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			to have a draft strategic workforce plan, subject to final approval, by 31 Mar-24.	
14.	Senior system influencing	Jason Killens Colin Dennis	• CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for settings. • Continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm.	Ongoing
15.	Overnight falls service extension and future modelling	Wendy Herbert	• Night Car Scheme extension agreed to 31 March 2024 (2 regional resources) • Utilization rates continue to be monitoring. Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023); Nighttime falls assistance 66% Utilisation (July – Oct 2023); Daytime utilisation sustained: July -August 58%. September- October 58% utilisation. • Optima modelling has now being completed. The modelling clearly identifies that the level two falls vehicles are the more effective resource. The modelling has identified an estimated need of 48 (38 day and 10 overnight) falls vehicle level 2 12 hours shifts. The modelling is now being built into the strategic (five year) demand & capacity review.	Live. Information being fed into EMS strategic demand & capacity review in Q3.
16.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Jason Killens	• 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.	Q1 23/24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
17.	Full roll out of CHARU	Andy Swinburn	• Current position (November 2023 EMS Operational Transformation Programme Board) is 127 FTEs (including 18 in training) against the 153 FTEs modelled requirement. Ops SLT have asked the CHARU Task & Finish Group to consider the actual levels of utilisation against the modelled levels.	Revised completion date: Q1 24/25 (recruitment into hard to reach areas)
18.	Virtual Ward now Connected Support Cymru	Liam Williams	• SJAC funded ended on 31 October 2023. • Proof of concept using WAST CFR volunteers as CWRs is underway. Grant funding is being used to put in place roles and processes to recruit and train to new volunteer role. • This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data suggesting a 35% consult & close rate for the cohort of patients covered by the pilot. • The business case has now been completed and can be made available to key stakeholders. • The CWR will be modelled as part of the options being considered by the current EMS demand & capacity review.	Apr-24 subject to funding
19.	Red screening		• Red review went live on 19 June 2023. • Red review for protocol six breathing difficulties, currently undertaken when CSD UHP is over 100%. • The Trust needs to formally model the resource required for red screening and CSD First, which is now being undertaken by the EMS demand & capacity review, which is expecting to report early in Q4.	Live
20.	Response Logic		• The change in dispatch logic for Red incidents (aimed at improving the 65% 8 minute performance and improving patient safety) went live on 19 June 2023. • Work is progressing based upon a planning assumption that the desired ratio is between 1.1 and 1.3. • The Trust's analysis is now focusing upon: ○ CHARU even if they are not the first response.	Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			○ Appropriate level of double dispatch, including if CHARU is first on scene. ○ Reviewing what is included in the double dispatch criteria e.g. ensuring exclusion of EMRTS, CFRs, UFRs, HART. ○ Evidencing that patients are receiving an appropriate response and that no harm is being incurred as a result of reduction in double dispatch.	
21.	Integrated Commissioning Action Plans (ICAPs)	Rachel Marsh	• Focus on performance, handover delays and trajectories and impact of financial situation. • NCCU written out formally to all health boards to ask how the financial savings plans will impact on delivery of handover trajectories and ICAPs. • The potential impact is on less ability to flex to demand spikes if there is reduced agency and reduced overtime. • NCCU shared potential funding in the system to support winter initiatives; ○ NEPTS DAG members alerted to additional ED discharge transport (offer not taken up currently); ○ WG particularly interested in respiratory; ○ WG appetite for Physician Response Units, up to 4 across Wales. • Key initiatives being discussed across many ICAPs: ○ MDT integrated hubs; ○ Falls & frailty; ○ High intensity service users; and ○ Mental health response vehicles • Particular progress in Aneurin Bevan on piloting mental health response vehicles and extension to falls & frailty services. • 'Menu of options' being updated and reviewed to include evidence to support initiatives and prioritisation in each health board	Live
22.	Inverting the Triangle Programme		• APP Navigator models are in place in HDUHB & SBUHB as part of a co-located multi-disciplinary team with Health Board	Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			clinicians to support admission avoidance and safely manage patients away from ED. • Three cycles of 'APP Flooding' PDSAs have been undertaken in C&VUHB area to increase the contribution of APPs to safely reduce admission. A focus of the latter trials has explored the closer integration between CSD & APPs along with testing a 'scheduling' concept for patients requiring a f-2-f clinical assessment • A PDSA is being planned for Dec to initially test a Remote Clinical Assessment First concept whereby 999 calls are initially screened to maximise CSD Consult & Close opportunities. • Discussions are continuing with a number of Health Boards inc HDUHB & C&VUHB to support their emerging 'integrated streaming hubs'.	
23.	Strategic EMS Demand & Capacity Review		• The five year strategic review of EMSC and EMS is now well advanced, with the final report expected in Jan-24.	Jan-24
SYSTEM STAKEHOLDER ACTIONS				
24.	Reduction in handover lost hours to 15,000 by Q2 and 12,000 hours in Q3	HB CEOs	• October 2023's handover lost hours were 23,232 compared to 28,937 in October 2022. • C&V UHB being a clear outlier from other health board in demonstrating sustained improvement. • The Trust lost 25% of its conveying capacity to handover in October 2023. • Production is good and the Trust is reaching more Red patients in 8 minutes (the Clinical Safety Plan protects Red), but the number of Amber responses is affected by higher handover.	Q3 / Q4 targets
25.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	HB CEOs	• There were 1,888 +4 hour patient handovers in October 2023, compared to 2,585 in October 2022. • The target was originally to have 0 by September 2022.	End of 2023/24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			• The EASC expectation now that these will be eradicated by end of 2023/24. • Given the current levels of handover and the move towards winter this is looking less likely. • The current EMS demand & capacity review is basing its modelling on a time at hospital that equates to 25,000 lost hours.	
26.	Alternative capacity equivalent to 1,000 beds	HB CEOs	• 678 additional beds delivered, a significant achievement, but short of the target of 1,000. • The current financial situation in health boards means that the ability to staff beds may be reduced this winter, as agency and overtime are cut back and vacancies held open,	Q3
28.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	• The Trust has provided Welsh Government with information which indicates that SDEC referrals account for less than 1% of the Trust's verified EMS demand. • The modelling indicates 4% of the Trust's verified EMS demand, using the acceptance criteria and opening times used in the modelling, could go into SDECs. • In October 2023 0.13% of verified demand was referred into SDECs. • The Deputy Medical Officer for Wales (31 October 2023) has written to health boards remind them of the purpose of SDECs and support to WAST. The Director of Paramedicine is also responding to the letter. • The current position of the EMS demand & capacity review is not to build in a higher impact of health boards and instead focus on what mitigations the Trust can control (if funded).	Q4 22/23
29.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	• 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	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			board by the Executive Director of Strategy, Planning & Performance. • The Trust also has a presence on all the individual goal boards.	

AGENDA ITEM No	**10**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	23rd November 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk, Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

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

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

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

4. The principal risks are updated as at 15th November 2023 and each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3. Focus has been given to ratings, controls, assurances, gaps and mitigating actions.

5. Updates are highlighted in blue on the BAF which show changes to actions, controls and assurances. There has been one material change made during this period, and this is in relation to the risk rating of **Risk 199** which has achieved its target risk score of 10 (2x5). This is due to the demonstrable work that has been undertaken across the Trust in relation to the Working Safely Programme and Health & Safety. This risk will be de-escalated to the directorate register and monitored by the Executive Director and team on a quarterly basis.

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

7. Notwithstanding, a detailed review, discussion and challenge takes place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on these risks monthly.

8. The focus for this forthcoming round of reviews will predominantly be in relation to the mitigating actions identified and taken to support risks to achieve their target score and it is foreshadowed that there will be reductions in scores relating to **Risks 139** and **163** during the next scheduled review and which will be reported to the January 2024 Trust Board.

9. **Risk 139** will be considered in conjunction with the level of financial risk detailed in the Trust's financial monitoring returns submitted to Welsh Government. The score will be shown to improve in year as a result, in part due to the Trust being able to resource the remaining cost of the Emergency Medical Service (EMS) staff increase itself in year, whilst further confirmation and assurance has been received from Welsh Government on any pay award funding due. In addition, a recent letter from Welsh Government confirmed that the Trust does not need to contribute anything further to the wider NHS Wales deficit reduction plan or will see any further reduction in its income to do so, providing further confidence that for this financial year, the risk has reduced. It must be noted that even though the level of risk has reduced for this year, in the current challenging financial climate for all public sector organisations the risk will remain elevated as focus turns towards financial planning for the new financial year, for example, recurrent funding will still need to be agreed with Commissioners for 2024/25 for the 100 wte EMS staff.

10. **Risk 163** - The Welsh Government's position on the financial situation across the NHS is now known and it has been confirmed that the Trust is not being asked to find additional savings on top of its original 2023/24 savings target. The Trade Unions are aware of this and have indicated that they are reassured based on this update. Additionally, The Welsh Ambulance Services Partnership Team (WASPT) members are undertaking a development session in November 2023, using the Insights Tools to help understand preferences, communication styles and will be used to continue to build relationships. This will be supplemented with dedicated face to face events between managers and local representatives over the coming months to ensure there is a shared understanding of partnership working and roles across all business areas within the Trust. The Chief Executive Officer and Director of People Services will be attending all these events to position the organisational commitment to effective partnership working. These actions support the rationale to reduce this risk score, whilst acknowledging that the relationship and partnership approach requires significant investment both in terms of time, maintaining strong healthy working relationships and professionally discussing key strategic and people related issues.

11. This executive summary draws together the broader discussions across the senior leadership teams and the Committees on the higher rated risks and signposts the

Board accordingly. The Risk Owners have an opportunity to further add to this narrative and detail of any assurances or escalations during the meeting and Committee Chairs will also contribute to this as appropriate, drawing from the Alert, Advise, Assure reports (AAA).

12. **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) both continue to be rated 25 because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death.

    10.1. As reported to the September 2023 Trust Board, that whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. As a result, the likelihood is that the levels of avoidable harm will continue. That does not mean that the Trust is not continually seeking additional actions to mitigate these risks and the actions are articulated in the avoidable harm paper that the Board receive at each meeting.
    10.2. The Quality, Patient Experience and Safety Committee (QUEST) reviewed both risks at its meeting in October 2023 with the theme of these risks arising throughout the agenda items discussed at this meeting and are escalated in the QUEST AAA report for this meeting.
    10.3. The risks were presented to the Finance & Performance Committee (FPC) and the People & Culture Committee (PCC) meetings in November 2023 to ensure all perspectives and elements of these risks are considered and reviewed.
    10.4. The Executive Director of Quality & Nursing and Executive Director of Operations continue to report to Committees on the depth of review that is undertaken on these risks during the reporting cycle.
    10.5. Whilst both risks remain static at the highest score of 25, it is anticipated that this will be the case for the foreseeable future as long as the Trust is in a position where it is highly likely to have an incidence of premature death or avoidable harm because of being unable to respond in a way that it would wish to. The score is not based on the volume of cases of catastrophic harm, it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.
    10.6. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions related to these risks.

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

    13.1. The ELT continue to review the sickness absence management programme and discussed the mitigations and rating of this risk in November 2023. The risk score

remains static; however, whilst there has been a significant reduction in sickness absence levels over the past 18 months, rates remain higher than desired. A further review of the score and mitigations will be undertaken ahead of the March 2024 Board meeting.

14. **Risk 201** (damage to the Trust's reputation following a loss of stakeholder confidence) is currently rated 20:

    14.1. The current risk score remains at 20 given that many of the mitigations are outside the Trust's control. The PCC received a partnerships and engagement bi-annual report at its meeting on 16th November 2023. This included a discussion on the engagement delivery framework and a deep dive on this risk taking account of the expanded remit with the Regional Partnership Boards.
    14.2. The reputation audit will be the subject of a future Board development discussion.

RECOMMENDATION:

(1) Members are asked to consider and discuss the contents of the report and:
(2) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees;
(3) Note the de-escalation of Risk 199 from the Corporate Risk Register to the Directorate Risk Register as this has reached its target score of 10 (2x5); and
(4) Note the ratings and mitigating actions for each principal risk.

KEY ISSUES/IMPLICATIONS
The key issues and implications are set out in the Executive Summary above.

REPORT APPROVAL ROUTE
Each of the Principal Risks have been or are due to be considered by the following Committees, as relevant to their remit, during the forthcoming reporting period: Quality, Safety & Patient Experience (31 October 2023) ELT (15 November 2023) Finance & Performance Committee (13 November 2023) People & Culture Committee (16 November 2023) Additionally, all Principal Risks will be considered by the Audit Committee at its forthcoming meeting on 30 November 2023.

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

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, an overview of the current risk management framework with particular focus on assurance to Committees and the Board, and an update regarding the risk programme within the Integrated Medium Term Plan (IMTP) 2023-26.

2. A summary of the Trust's 15 principal risks on the corporate risk register as at 15th November 2023 is detailed in Annex 1; each of these risks have been fully and formally reviewed in accordance with the review schedule.

BACKGROUND

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

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

ASSESSMENT

5. The summary of the 15 principal risks is set out in Annex 1 with the full risk detail including controls, assurances, gaps and mitigating actions contained within the Board Assurance Framework (BAF) in Annex 4.

6. The Executive Leadership Team (ELT) has approved the Principal Risk activity described in this paper and considered the full review of each risk undertaken throughout October and November 2023 by Risk Owners and the Assistant Directors Leadership Team (ADLT).

Principal Risks

7. Each of the risks have been reviewed during this reporting period in line with the agreed review schedule detailed at Annex 3. Focus has been given to each of the risk ratings and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the regular review of controls, assurances, and any gaps.

8. Specifically, The Trust's highest rated Risks 223 and 224, scoring 25, remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death. These risks continue to be closely monitored by management, Board Committees, and at the Trust Board meetings.

9. As reported to the September 2023 Trust Board, whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. As a result, the likelihood is that the levels of avoidable harm will continue. That does not mean that the Trust is not continually seeking additional actions to mitigate these risks and the actions are articulated in the avoidable harm paper that the Board receive at each meeting.

10. Several updates have been made to the controls and assurances in relation to Risk 223 and 224 during this period and these are highlighted on the BAF to address gaps in assurance.

11. A full review of Risk 199 has been undertaken during October 2023 and a reduction in score has been approved by the ELT given the demonstrable work that has been undertaken across the Trust in relation to the Working Safely Programme and Health & Safety. The Trust has moved on significantly in terms of Health & Safety and the corporate risk of failing to embed a positive Health and Safety culture has now been mitigated. This means that the risk has reached its target score of 10 (2x5) and this is due to several factors:

    a. An internal audit undertaken during quarter 1 of 2023/24 by NWSSP assessed 6 key areas and reasonable assurance was achieved on each area thus providing a reasonable assurance rating overall. The previous audit undertaken during 2018/19 returned a limited assurance rating which demonstrates the progress made by the Trust over the last 4 years.
    b. An assessment was undertaken by the Health & Safety Team including relevant stakeholders across the Trust against the Legislative Register which provided a moderate level of assurance. This score was approved by the Senior Operations Team.
    c. The Health and Safety Policy was approved by the People & Culture Committee in November 2023 and this makes reference to a culture of interdependency. The Policy is now being published and rolled out across the Trust.
    d. The Working Safely Programme has been incorporated into business-as-usual activities. There are 4 IMTP deliverables monitored by the Strategic Transformation Board and an annual improvement plan, containing 6 additional actions, which is monitored by the Health & Safety Committee.
    e. A number of Health and Safety inspections have been completed across the Trust during this year with 87% of Trust premises being assessed as 86% - 100% compliant.

f. A Hazard Register is in place and has been assessed; and is a live document which provides a RAG assurance rating against all known Trust hazards. Any Red/Amber rated hazards are likely to be reduced as further Risk Assessments of Standard Operating Procedures are developed and implemented.
g. The commitment made by the Board and ELT to undertake the IOSH training has been fulfilled and this is being rolled out to ADLT and further across the Trust.
h. The Health & Safety Team has been successfully embedded within and throughout the Trust and partakes in regular and routine discussions with all staff and at relevant business meetings on all matters pertaining to Health & Safety business.
i. A culture survey has been developed and will be rolled out in the next quarter to measure the success of the transformation of the Health & Safety culture change programme.
j. The Health & Safety Team are regular attendees at the formal and informal Operations meetings demonstrating a priority commitment to the subject on the Agendas.
k. A level of external assurance was received from the Coroner in relation to an investigation and who stated that the Health & Safety report produced by the Trust was of a high standard and that the extent of the learning recommended was evident within the paper. There was no determination to issue a Regulation 28 as a result.

12. The next step for this Principal Risk is that it will be de-escalated to the directorate level and this will be monitored by the Executive Director and team on a quarterly basis.

<u>Development of New Principal Risks</u>

13. Work continues to consider and develop potential new Risks for inclusion on the CRR in the following areas:

a. IIS, CAS, Symptom Checkers, Website, Clinical Workforce training and funding.
b. Internal Management Capacity to Delivery the IMTP
Decarbonisation Risk (overarching the programme risks)
c. Covid-19 Inquiry risks
d. Charity Risks
e. Volunteer Fundraising Risk
f. Technical Planning Risk

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

(1) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.

(2) Note the de-escalation of Risk 199 from the Corporate Risk Register to the Directorate Risk Register as this has reached its target score of 10 (2x5).

(3) Note the ratings and mitigating actions for each principal risk.

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	**IF** significant internal and external system pressures continue **THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community **RESULTING IN** patient harm and death	Director of Operations	**25 (5x5)** →
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	**IF** patients are significantly delayed in ambulances outside A&E departments **THEN** there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised **RESULTING IN** patients potentially coming to harm and a poor patient experience	Director of Quality & Nursing	**25 (5x5)** →
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	**IF** there are high levels of absence **THEN** there is a risk that there is a reduced resource capacity **RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of Workforce & Organisational Development	**20 (5x4)** →
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	**IF** the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations	Director of Partnerships & Engagement	**20 (4x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		THEN there is a risk of a loss of stakeholder confidence in the Trust **RESULTING IN** damage to reputation and increased external scrutiny		
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	**IF** the Trust does: • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458) **THEN** there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) **RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage	Director of Finance & Corporate Resources	**16 (4x4)** →
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	**IF** the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained **THEN** there is a risk that Trade Union partnership relationships	Director of Workforce & Organisational Development	**16 (4x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		increase in fragility and the ability to effectively deliver change is compromised **RESULTING IN** a negative impact on colleague experience and/or services to patients.		
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	**IF** resources are not forthcoming within the funding envelope available to WAST (link to risk 139) **THEN** there is a risk that there is insufficient capacity to deliver the IMTP **RESULTING IN** delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing	Director of Strategy Planning and Performance	**16 (4x4)** →
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	**IF** sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis **THEN** there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.	Director of Finance & Corporate Resources	**16 (4x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage.		
199 PCC **De - escalating from Corporate Risk Register to Directorate Risk Register**	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	**IF** there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance **THEN** there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments **RESULTING IN** death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation	Director of Quality & Nursing	**10 (2x5)** ↓ **Reduced from 15 (3x5)**
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	**IF** there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place **THEN** there is a risk of a significant information security incident **RESULTING IN** a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life	Director of Digital Services	**15 (3x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	**IF** there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems **THEN** there is a risk of a loss of critical IT systems **RESULTING IN** a partial or total interruption in WAST's effective ability to deliver essential services	Director of Digital Services	**15 (3x5)** →
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	**IF** significant internal and external system pressures continue **THEN** there is a risk of a significant deterioration in staff health and wellbeing within WAST **RESULTING IN** increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of Workforce & Organisational Development	**15 (3x5)** →
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	**IF** a major incident or mass casualty incident is declared **THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients **RESULTING IN** catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.	Director of Operations	**15 (3x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	**IF** WAST fails to persuade EASC/Health Boards about WAST ambitions **THEN** there is a risk of a delay or failure to receive funding and support **RESULTING IN** a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered	Director of Strategy Planning & Performance	**12 (3x4)** →
283 FPC	Failure to implement the EMS Operational Transformation Programme	**IF** there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme **THEN** there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters **RESULTING IN** potential patient harm, deterioration in staff wellbeing and reputational damage	Director of Strategy Planning & Performance	**12 (3x4)** →

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	27/10/2023	TREND	25 (5x5)
		Date of Next Review:	27/11/2023	➡	

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

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

IMTP Deliverable Numbers:

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

Risk Commentary Q2 2023/24

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 as a result of the Trust not being able to reach patients in the community.

In August 2023, over 19,000 hours were lost to hospital handover equivalent to 23% of the Trust's conveying capacity. However, Cardiff & Vale University Health Board is particularly noticeable for its handover hours improvement trend although other Health Boards continue to experience protracted delays. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.

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

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

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Regional Escalation Protocol	1. Daily conference calls to agree RE levels in conjunction with Health Boards
2. Immediate release protocol	2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)
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.
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. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans	5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
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. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	27/10/2023	TREND	25 (5x5)
		Date of Next Review:	27/11/2023		

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

	meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance). Consult and Close rate has increased from 12% to circa 15% March 2023.
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation	8. **WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.**
9. Clinical Safety Plan	9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group
10. Recruitment and deployment of CFRs	10. Volunteers are another resource for response, Volunteer
11. ETA scripting	11. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data
12. Clinical Contact Centre (CCC) emergency rule	12. CCC Emergency Rule is policy that has been signed off by Execs.
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.	14.
15. Summer/Winter initiatives	15. Monitoring through SLT and STB
16. CHARU implementation	16. Monitored via the EMS project Board
17. National Transfer & Discharge Model	17.
18. Conveyance Reduction	18. This is part of the weekly performance review and aligned to Care Closer to Home Programme
19. Access to Same Day Emergency Care (SDEC) for paramedic referrals	19. This forms part of the handover improvement plans in place with Health Boards; however assurance is limited given that the acceptance of paramedic referrals is low (less than 1%) and inconsistent.
20. Mental Health Practitioners in cars	20.
21. Roll out of ECNS	21. Reported through QuEST
22. Clinical Model and clinical review of code sets	22. Reported through QuEST
23. Remote Clinical Support Strategy	23. Strategic Transformation Board – IMTP deliverable
24. 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)	24. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)
25. Information sharing	25. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.
26. Completed EMS Roster Review	26. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner
27. Work underway to reduce the number of multiple attendances dispatched to red calls	27. This will increase vehicle availability generally across the Trust
28. Transfer of Care	28. 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

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	27/10/2023	TREND	25 (5x5)
		Date of Next Review:	27/11/2023		

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

29. New 2023 EMS Demand and Capacity (roster) review	29. To commence in order to ensure we continue to match capacity and demand to our best ability
30. 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.**	30. 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** • **Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers.**
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 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. Covid capacity streaming	
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding	
5. Local delivery units mirroring WAST ODU	
6. Handover delays link to risk 224	
7.	
8. During industrial action days, Health Boards demonstrated compliance with reducing handover delays in order to maximise WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is however a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data.	
9. 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 6 months there is a low confidence in attaining this.	
10. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration	
11.	
12. Handover Improvement Plans agreed between WAST and Health Boards	12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays
18. National Transfer & Discharge Model	18. National Transfer & Discharge model is yet to be determined. A task and finish has been established to progress this piece of work
21. Mental Health Practitioners	21. Mental Health Practitioners – not yet implemented but part of the Care Closer to Home workstream
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:	27/10/2023	TREND	25 (5x5)
		Date of Next Review:	27/11/2023	➡	

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. EMS Demand & Capacity i.e. review and implementation of new EMS rosters	Assistant Director of Operations EMS	Complete	Majority of EMS rosters complete and implemented
4. Transition arrangements post pandemic	Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]	Director of Paramedicine / Director of People & Culture	**Extended to March 2024**	**WAST as 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.**
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, Integrated Care	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]	Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc. and determine REAP level.
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]		Superseded	
11. 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.

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:	24/10/2023	TREND	25 (5x5)
		Date of Next Review:	24/11/2023	➡	

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:

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

Risk Commentary Q2 2023/24

The risk score remains constant at 25 for quarter 2 2023/24 (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. **There were 1,475 patient handovers in August 2023 which were over 4 hours. The target was originally to have zero by September 2022. In August 2023, over 19,000 hours were lost to hospital handover equivalent to 23% of the Trust's conveying capacity. However, Cardiff & Vale University Health Board is particularly noticeable for its handover hours improvement trend.** The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. The Trust received **three** Prevention of Future Death Reports (Regulation 28) **during this quarter. Two reports were issued to the Trust, Betsi Cadwaladr University Health Board and the North Wales Local Authorities due to extended community response and 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. The Joint Investigation Framework in place to review incidents across the system is now approved and included in the recently published National Policy on Patient Safety Incident Reporting & Management (May 2023). **Themes from system partners following review of incidents remains the consequences of high escalation levels in acute care and crowded emergency departments.**

Improvement actions led by Welsh Government and system partners include:

a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) ***by the end of April 2025***
b) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (LHB CEOs) ***revised to March 2023/24.***
c) 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.
d) 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)
e) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer)

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 more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work.
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.

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:	24/10/2023	TREND	25 (5x5)
		Date of Next Review:	24/11/2023	➡	

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

5. Workstreams put in place to meet requirements of *Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026.* Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWAS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.	5. Monthly Integrated Quality and Performance Report
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).	6.
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.	7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.
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 CSP 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
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.
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 (**July 2023 overall 75%** - Safeguarding and dementia **awareness remains** over 90%.
13. Clinical audit programme in place.	13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report *Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover* (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.	14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by 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. 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."	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 July 2023 and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.

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:	24/10/2023	TREND	25 (5x5)
		Date of Next Review:	24/11/2023	➡	

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

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 July 2023 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources.
	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.
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.	1.
2.	2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. A number of overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has **38** overdue nationally reportable incident investigations. Shared system learning from the Joint Investigation Framework is currently limited.
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.	3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In **August 2023**, **19,000** hours were lost with **1,475 +4 hour** delayed patient handovers.
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS*.	4. Strengthening of patient safety reports and audit processes as e PCR system embeds.
5.	5.
6. Variation pan Wales / England as position not implemented across all emergency departments*.	6.
7.	7.
8. Variation pan Wales / England as position not implemented across all emergency departments*.	8. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.	9.
10.	10.
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.	11.
12.	12.
13. Transition to ePCR impacting on data temporarily	13.
14. 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*.	14. HIW approve and sign off WAST elements of recommendations.
15.	15.
	External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators

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:	24/10/2023	TREND	25 (5x5)
		Date of Next Review:	24/11/2023	➡	

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	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	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

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project	WAST QI Team (QSPE)	• TBC - Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.	Assistant Director of Quality & Nursing	• Q4 2023/24	• 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. Work on-going with Health Informatics regarding patient safety and health board dashboards.
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Executive Director of Quality & Nursing	• Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Director of Paramedicine	• Q4 2023/24	• **WAST as 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.**
5. Overnight falls service extension	Executive Director of Quality & Nursing	• **31.03.2024**	• **Night Car Scheme extension agreed to 31 March 2024 (2 regional resources)** • **Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023)** • **Nighttime July 2023 – September (14th) 2023 utilisation further improved, currently 67%** • **Continued daytime utilisation improvement: July -August 58%.** • **September currently achieving the utilisation target of 60%.** • **Optima modelling to examine optimal resourcing level in September 2023. WAST are in ongoing negotiations with Regional Partnership Boards for several regions to secure ongoing funding.**
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.	Executive Director of Quality & Nursing	• Q3 2023/24	• Monthly updates to progress against actions following the baseline assessment and readiness returns. • RL Datix Dashboards and KPIs under development nationally. • Key policies updated and approved. • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. • Quality Management System workshop held 12 June 2023.
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	• Q3 2023/24	• **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** • **Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers. Service live.** • **SBRI Phase 2 commenced; 12 month delivery phase over 12 months (phase 2a (Sept-October) – process design & project scope; phase 2b – deliver business case development concluding (due at project board 21 September 2023). Identified cost pressures include project management, Integrated Care staffing, Clinical specialist engagement requirements, further commissioning of SJAC resources.**

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:	24/10/2023	TREND	25 (5x5)
		Date of Next Review:	24/11/2023	➡	

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

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	• Q3 2023/24	• **OCP commenced 25.09.2023.**
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.	Assistant Director Quality & Nursing	• Q4 2023/24	• **Positive meeting held in August 2023 as planned with the Chair of the TVN network. Next steps are for the Patient Safety team to attend a TVN leads meeting to discuss opportunities for collaborative working and data / information sharing.**
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	CEO	• Q4 2023/24	• 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.
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework	Executive Director of Quality & Nursing	• Q3 2023/24	• **Internal audit in progress.**
Completed Actions	**Action Owner**	**When /Milestone**	**Progress Notes:**
1. HIW Improvement Plan / Workshop – WAST inputs / influencing improvements. Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' which links to Fundamentals of Care.	Assistant Director of Quality & Nursing	Completed	
2. Representation at the Right care, right place, first time Six Goals for Urgent and Emergency Care Delivery Boards and Clinical Advisory Board.	Chief Executive Officer	Completed	• 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 will be represented on the Clinical Reference Group by Andy Swinburn with first meeting now held. • The Trust recently reported to EASC that is has further updated how it maps into six goals programmes. The programme structure nationally is being embedded and the Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board.
3. Participation in the CASC led workshop to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.	Executive Director of Quality & Nursing	Completed	• Revised joint investigation approach agreed and now formalised.
4. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Director of People & Culture	Completed	• Strong focus from Executives with detailed updates to EMT every two weeks. • Year-end position is +85 FTEs, with a vacancy factor of just 1%, rather than the often used 5%, which would produce a figure of -88 FTEs rather than the estimated - 15 FTEs. • Further non recurrent funding has been secured for 2023/24
5. Transition Plan	Chief Executive Officer	Completed	• Action complete, but the Trust will continue to undertake strategic and technical workforce planning in support of the Trust's ambition e.g. inverting the triangle etc.
6. Consideration of additional WAST schemes to support overall risk mitigation through winter	Director of Operations	Completed	• Winter ended. Focus now on forecasting and modelling for the summer, but Trust not aiming to produce specific Summer Plan (the Trust did during the pandemic linked to travel restrictions). • The Trust needs to determine whether there is value in producing a specific winter plan, particularly, within the context of the financial constraints NHS Wales is not operating in.
7. National 111 awareness campaign	Director of Partnerships and Engagement Director of Digital	Completed	• The national awareness campaign was undertaken as planned and ended in March 2023. An evaluation will be provided to the 111 Board.

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	24/10/2023	TREND	20 (5x4)
		Date of Next Review:	24/11/2023	➡	

IF there are high levels of absence e.g. sickness and alternative duties	**THEN** there is a risk that there is reduced resource capacity	**RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34

EXECUTIVE OWNER	Director of People & Culture	**ASSURANCE COMMITTEE**	People and Culture Committee

Risk Commentary

Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. As we move into winter, we also see increased absence due to respiratory illness and Covid.

The outcome of this is to maintain the risk at a score of 20 and review the level at the end of Q4 2023/24.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Managing Attendance at Work Policy/Procedures in place	1. (a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness
2. Respect and Resolution Policy- recognising issues at work may contribute to sick absence	2. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames and contribute to All Wales forum on this policy
3. Raising Concerns Policy- recognising issues at work may contribute to sick absence	3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames
4. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture	4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan
5. Operational Workforce Recruitment Plans- provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure	5. Local plans link to the wider organisational workforce plan and provide intelligence regarding any particular pinch points in terms of resources
6. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels	6. Roster Review for EMS completed. Review in 111 underway
7. Return to Work interviews are undertaken - Sharepoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required	7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly
8. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained	8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood
9. Directors receives monthly email with setting out ESR sickness data- ensures ownership and awareness	9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director
10. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness	10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support	11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.
12. WAST Keep Talking (mental health portal) additional measures to offer support	12. Quarterly reporting on numbers accessing and regular promotion of service.
13. Suicide first aiders- additional layer of support	13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have accessed.
14. TRiM- additional layer of support	14. Quarterly reporting on access to TRiM and promotion of service
15. Peer Support network- additional level of support	15. Promotion of network and support provided
16. Coaching and mentoring framework- additional level of support	16. Promotion of network and support provided
17. Staff surveys- assess levels of engagement and wellbeing	17. New HIVE survey tool will provide data on overall engagement and wellbeing
18. Stress risk assessments- identify measures that can be taken to address issues	18. Reference to the assessments during attendance management line manager training and to the TUS
19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC	19. Sickness forms part of Workforce Scorecard to People & Culture Committee
20. External agency support e.g. St John Ambulance, Fire and Rescue- if needed at times of increased pressure	20. Standard procedures in place to access additional resource capacity

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	24/10/2023	TREND	20 (5x4)
		Date of Next Review:	24/11/2023	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g. sickness and alternative duties	there is a risk that there is reduced resource capacity	an inability to deliver services which adversely impacts on quality, safety and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

21. Monthly reviews of colleagues on Alternative duties	21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings
22. Manager guidance on managing Alternative duties	22. Evidence of managers guidance in place and referenced in attendance management training
23. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee	23. Minuted meetings and action logs for EMT & People & Culture Committee
24. Sickness audits for localities- provides additional level of detail	24. Audits carried out and actions taken forward
25. Additional support for areas with higher than average absence – emphasis is on understanding reasons and developing action plans	25. Dedicated meetings taking place and support from people services for areas with absence with local plans in place to address specific issues
26. Review of top 100 cases -carried out on a monthly basis	26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.
27. Deep dives on specific issues and reasons for absence	27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management eg – mental health and causes
28 2023 10 point action plan shared with EMT for assurance and RAG rated to track progress quarter	28. Offers assurance to EMT on the activities and measures in place.
	External Management (2nd Line of Assurance)
	1a. All Wales review of All Wales Attendance at Work Policy
	Independent Assurance (3rd Line of Assurance)
	1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24)
	2. Audit Wales – Taking Care of the Carers report in October 2021 (controls 1 - 24)
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. (a) Consistency and Application in Managing Attendance at Work Policy	1. There are other factors that impact on sickness which can't be controlled
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received	9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments	
	External Gaps in Assurance None identified at the present moment

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Implementation of Improving Attendance project	Deputy Director of People & Culture	31.09.23 Completed 2022/23	Underway and ongoing, 2022/23 actions complete or embedded as BAU. May data 7.6%. Trajectory continues to be positive. 10 point plan for 2023/24 agreed by EMT and being implemented.
2. Implementation of Behaviours Refresh Plan	Assistant Director – Inclusion, Culture and Wellbeing	31.10.22 Extended to 31.05.23 CLOSED	Underway and ongoing. Captured in the IMTP for the service. Impacted by IA. New approach adopted from April 2023 to focus on a new behaviour every 6 weeks and continue conversations. Directly linked to people and culture plan. Closed
3. Long term sickness absence deep dive	Deputy Director of People & Culture	31.07.23 **Extend to 31.01.24 based on new plan for 2023/24**	Underway and ongoing. Downward trajectory in levels of long term absence- proposed that this is extended until 31/12/23 to enable more detailed work of reasons, measures being implemented and impact.
4. Develop guidance for line managers to support addressing challenging conversations and change	Deputy Director of People & Culture	31.07.22 Complete	Training produced and rolled out. Now BAU

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	24/10/2023	TREND	20 (5x4)
		Date of Next Review:	24/11/2023	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g. sickness and alternative duties	there is a risk that there is reduced resource capacity	an inability to deliver services which adversely impacts on quality, safety and patient/staff experience

	Likelihood	Consequence	Score
Inherent	**4**	**4**	**16**
Current	**5**	**4**	**20**
Target	**3**	**4**	**12**

5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)	Freedom to Speak Up Arrangements Task & Finish Group Ownership moving to DWOD	Extended from 31.07.22 to 31.03.23. Extended to 31.05.23 Extended to 31.08.23 **Completed September 2023 with platform launched and Guardians appointed.**	Extended date in terms of project plans and impact of Industrial Action. 21.3 The task and finish group has completed its work and the project is now going to be handed to DWOD as SRO for the work. 21.06 soft launch of the platform in August with official launch in September in line with Practice Ethically behaviour. 03/08/23 - Soft launch commenced 1 August 2023, full launch moved to October as it is freedom to speak up month.
6. Strengthen Freedom to Speak Up Arrangements policy and advice	Assistant Director of Inclusion, Culture and Wellbeing	31.05.23 Extended to 31/08/23 **Completed**	Deadline extended to coincide with launch of new platform, although Guardians are in place and weekly review meetings taking place. They are receiving the highly confidential Datix and concerns raised through networks and attendance at ER monthly review from July. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Behaviours reinforced via culture champions group, rotating through behaviours, currently broaden our understanding. Head of Culture and OD in post from August to further this work. 03/08/23 - Share point page published, comms plan in place. complete
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements	Assistant Director Inclusion, Culture and Wellbeing	31.05.23 extended to 30/9/23 **Complete as ongoing part of the OD workplan as BAU.**	Ongoing – extended until 30/9/23 to enable soft launch with feedback and policy and advice to be shared. Training plan will be produced with an emphasis on making the platform and use of freedom to speak up as simple and accessible as possible. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Head of Culture and OD in post from August to further this work. 03/08/23 - Training plan identified. **26/10/2023 ESR module to be available to all staff. Training video available to all for using the platform. Emphasis on creating a psychologically safe culture to encourage speaking up as the norm in teams. Culture tool developed.**

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	24/10/2023	TREND	20 (5x4)
		Date of Next Review:	24/11/2023	➡	

IF there are high levels of absence e.g. sickness and alternative duties	THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

8. Accountability meetings with senior ops managers	Deputy Director of People & Culture	30.09.22 Complete and ongoing BAU	Underway, conversations re sickness absence well established and continuing
9. Attendance Management training for managers	Deputy Director of People & Culture	31.12.22 Complete and BAU	Underway and ongoing – now BAU 1.11.22
10. PADR review including wellness questions	Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete. New PADR distributed October 22.
11. Restart the Health and Wellbeing Steering Group	Assistant Director – Inclusion, Culture and Wellbeing	Complete Aug 23 – Paused **26/10/2023 Complete and BAU**	Complete – group started 17.10.22 and will meet quarterly. 03/08/23 - Paused until key vacant posts, i.e. Head of Workplace Wellbeing and OH Manager, are filled **26/10/2023 Head of Workplace Wellbeing in post and OH Manager due to start in December 2023. Group arranged for first week of December.**
12. Review of top 100 cases by the team on a monthly basis	Deputy Director of People & Culture	Commenced and ongoing – review 30.06.23 BAU	Underway and now BAU
13. Actions identified from the Managing Attendance Audit	Deputy Director, People and Culture	Commenced and ongoing. Completion 31.12.23	Delivery of the actions underway and partially complete. All will be completed by 31.12.2023.

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence	Date of Review:	25/10/2023	TREND	20 (4x5)
		Date of Next Review:	25/11/2023	➡	

IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations	THEN there is a risk of a loss of stakeholder confidence in the Trust	RESULTING IN damage to reputation and increased external scrutiny

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

IMTP Deliverable Numbers: 2,18, 26, 34, 38

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

Risk Commentary Q4 2022/23

The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues (including the impact of extended handover delays at hospitals), the impact of recent industrial action and the levels of patient harm which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue, but are not sufficient to outweigh the impact of the core issues which affect reputation. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders	1. Agendas, minutes and documents of engagement events
2. Challenging of media reports to ensure accuracy	2. Programme of daily media engagement
3. Media liaison to ensure relationships developed with key media stakeholders	3. Programme of daily media engagement
4. Engagement Framework approved by the Board July 2022	4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.
5. Engagement Framework Delivery Plan approved by the Board January 2023	5. The Director of Partnerships and the Head of Strategy are working closely with colleagues from PWC to inform further detail regarding future engagement including stakeholder analysis, case for change etc. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.
6. Engagement governance and reporting structures are in place	6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g. EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs. Outcome of recent reputation audit to be reported through EMT in April and onward, as a minimum, to PCC.
7. Escalation procedure for issues to the Board	7. Minuted meetings, action logs and Board papers

GAPS IN CONTROLS	GAPS IN ASSURANCE
1.	1.
2.	2.
3.	3.
4.	4.
5. The delivery plan is in abeyance pending outcome of the work underway by PWC in relation to the Trust's strategic ambitions.	5.
6.	6.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Submit refreshed Board Engagement Framework to Trust Board for approval	Director of Partnerships & Engagement	26.05.22 Complete	Approved July 2022
2. Roll out of the Engagement Framework Delivery Plan	Director of Partnerships & Engagement	**Ongoing**	**Currently being revised in respect of both timelines and specifics to align with further emerging broader strategy work (the move from 'Inverting the Triangle' to transforming care more broadly). Implementation had been**

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence	Date of Review:	25/10/2023	TREND	20 (4x5)
		Date of Next Review:	25/11/2023		

IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations	THEN there is a risk of a loss of stakeholder confidence in the Trust	RESULTING IN damage to reputation and increased external scrutiny

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

			delayed by delays to completion of strategy consultancy work. Work has been undertaken to capture engagement on strategy to-date to inform future iterations. BAU stakeholder engagement continues, including with politicians, key influencers and media.
3. Board oversight, scrutiny and challenge of performance, concerns, quality	CEO / Executive Management Team	Ongoing	
4. Monitoring internal Quality and Performance of Trust and raising system issues	Executive Management Team, Finance and Performance Committee Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee	Ongoing	
5. Engaging with internal and external stakeholders to develop confidence	CEO & Director of Partnerships & Engagement	Ongoing BAU	Regular engagement continued with staff, TU partners and a range of external stakeholders such as AMs, MPs, Local Authorities etc. BAU.
6. Monitoring external factors that may affect the Trust	CEO & Director of Partnerships & Engagement	Ongoing BAU	
7. Llais (the new Citizens Voice Body attending October 2023 Board Development	Director of Partnerships & Engagement	October 2023	**Llais attending Board Development session on 26/10**
8. Reputation Audit deep dive on findings to be presented at Board Development	Director of Partnerships & Engagement	**Q1 2024/25**	**Given pressure on agenda and time elapsed, it is proposed that further audit be undertaken (it was always the plan to make this annual), which will allow for comparison of data and analysis with a view to taking through governance structures in Q1 2024/25.**

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	17/10/2023	TREND	16 (4x4)
		Date of Next Review:	17/11/2023	➡	

IF the Trust does:	**THEN** there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	**RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage
• not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458)		

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

IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38

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

Risk Commentary

Score remains the same as clarity from Commissioners has still not been provided on £2m of the 100 WTE EMS staff funding which could have a negative impact on the Trusts financial position. Other key item to note is funding for 111, WAST continues dialogue with commissioners of the service and any financial risk is mitigated by operating on a spend and cost recovery basis with commissioners.

CONTROLS	**ASSURANCES**
	Internal Management (1st Line of Assurance)
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at F&P and a report is submitted bi-monthly to Trust Board
2. Financial policies and procedures in place	2.
3. Budget management meetings	3. Diarised dates for budget management meetings
4. Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place	4. Diarised dates for EFG and FPC and monthly reports
5. Welsh government reporting	5.
6. Monthly review of savings targets	6. ADLT monthly review
7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.	7.
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.	8. Diarised dates for ICMB meetings with regular monthly report
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications	9. Regular PSPP communications (Trust wide) on Siren
10. Forecasting of revenue and capital budgets	10. (a) Monthly monitoring returns to ADLT, EFG, EMT and FPC (b) Reliance on available intelligence to inform future forecasting.
11. Business cases and benefits realisation (both revenue and capital)	11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.
	External Assurances Management (1st Line of Assurance)
	5. Monthly Monitoring Returns to Welsh Government
	7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.
	8. Bi-monthly Capital CRL meetings with Trust and WG capital leads
	9. Regular P2P meetings diarised (bi-monthly)
	10. Monthly monitoring returns into Welsh Government
	Independent Assurances (3rd Line of Assurance)
	1-10 Internal audit reviews covering
	1-10 External audit reviews

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	17/10/2023	TREND	16 (4x4)
		Date of Next Review:	17/11/2023		

IF the Trust does:	**THEN** there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	**RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage

- not achieve financial breakeven and/or
- does not meet the planning framework requirements and/or
- does not work within the EFL and/or
- fails to meet the 95% PSPP target and/or
- does not receive an agreement with commissioners on funding (linked to 458)

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

GAPS IN CONTROLS	GAPS IN ASSURANCE
• Lack of formalised service contracts between Commissioner and WAST as a commissioned body	None identified.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Continuing negotiations with Commissioners	Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/24 – Checkpoint Date	22/23 Finances have been agreed as part of year end agreement of balances. Issue currently around the 100 WTE £6m funding and negotiations continue. **In addition discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.**
2. Embed a transformative savings plan and ensure organisational buy in	ADLT and Savings subgroup	31/03/24 – Checkpoint Date	The Financial Sustainability workstreams that were launched in May 2023 have now been rebranded as the Financial Sustainability Program (FSP) and the work of the program underpins the need of the organisation to deliver transformative savings via the Achieving Efficiencies and Income Generation subgroups.
3. Embed value-based healthcare working through the organisation	Executive Management Team and Value Based Healthcare Group	31/03/24 – Checkpoint Date	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.
4. WIIN support for procurement, savings and efficiencies	WAST Improvement and Innovation Network group	31/03/24 – Checkpoint Date	WIIN ideas are regularly communicated across to the Achieving Efficiencies subgroup of the FSP.
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales	Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/24 – Checkpoint Date	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best vfm while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales.

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	18/10/2023	TREND	16 (4x4)
		Date of Next Review:	18/11/2023	→	

IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	**THEN** there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	**RESULTING IN** a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score
			Inherent	5	3	15
			Current	4	4	16
			Target	4	3	12

IMTP Deliverable Numbers: 2, 4, 6, 11, 20, 34

EXECUTIVE OWNER	Director of People & Culture	ASSURANCE COMMITTEE	People & Culture Committee

Risk Commentary

This risk is regularly reviewed. Work is underway to seek to improve partnership working and an action plan has been created to deliver this. The engagement structures below WASPT are in place and running. The Deputy Director of P&C is currently writing a workshop session with TU partners to deliver to managers are TU reps across the organisation and a second session for senior TUPs and senior managers to improve the understanding of the challenges for both groups.

There is a further prospective risk as discussions on pay commence for 2024/25 which are out of the gift of WAST but may result in further tension and industrial action if an offer made is not accepted by the trade unions. This is in the context of the current financial pressures for Welsh Government who are seeking to make significant savings. At a local level there are challenging issues to be managed such as USH payments for those off sick and EMT 2-3, demand and capacity reviews, industrial injury appeals and changes to the workforce profile by increasing APPs. When there are discussions on one area then there appears to be difficulty disengaging different issues.

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership	1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement	2. Both parties refer to the documents and are signed up/committed to it
3. IPA Workshops	3. Meetings completed with participation from TUs and senior managers. Attendance lists are available
4. Trade Union representation at Trust Board, Committees	4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned as a result of TU partner buy in
5. Monthly Informal Lead TU representatives and Chief Executive meetings	5. Diarised meetings
6. Staff representative management in Task & Finish Groups	6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference
7. WASPT re-established post stand down of cell structure post pandemic	7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team	8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings
9. Quarterly Report on TU activity to People and Culture Committee	9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes
10. Structures below WASPT **in place from** June 2023	**10. Triple A reports through to WASPT and to PCC.**
	External - Not applicable

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

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Develop an action plan from the recommendations of the ACAS report	Deputy Director of People & Culture	Completed 12/01/23	Action Plan for delivery created and shared with TU Secretary for feedback from TUPs
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing	Deputy Director of People & Culture	Completed 12/01/23	WASPT re-established. Third meeting scheduled T&F group undertaking work on the engagement model below WASPT through SLT and SOT is in progress with TU engagement. TU cell stood down.

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	18/10/2023	TREND	16 (4x4)
				Date of Next Review:	18/11/2023	→	

IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients

	Likelihood	Consequence	Score
Inherent	5	3	15
Current	4	4	16
Target	4	3	12

3. Proposed externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree	Deputy Director of People & Culture	Completed 12/01/23	Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26th Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).	Deputy Director of People & Culture	Completed 12/01/23	WASPT feeding into PCC
5. Establish formal meeting structures below WASPT	Deputy Director of People & Culture	30.06.2023 Completed	Structure agreed with TUs. Sign off at next WASPT meeting. Highlight reports to be shared at WASPT. Completed structures for Local Partnership Forums and SOT/ SLT for operations and Partnership Meeting for Corporate Services agreed, ToR for SOT /SLT and LFP agreed.
6. Refresh of engagement programme post Industrial Action and establish work	Deputy Director of People & Culture	30/08/23 **Underway and work ongoing. Plan delivery to be completed by March 2024. However, this will be subject to the national picture.**	**Plan agreed and being monitored via WASPT.** **Draft training development underway in partnership with TUPs** **Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated.**

Risk ID 424	Resource availability (revenue and capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)	Date of Review:	30/10/2023	TREND	16 (4x4)
		Date of Next Review:	30/11/2023	➡	

IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	**THEN** there is a risk that there is insufficient capacity to deliver the IMTP	**RESULTING IN** delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	4	4	16
Target	1	4	4

IMTP Deliverable Numbers:

EXECUTIVE OWNER	Director of Strategy, Planning & Performance	**ASSURANCE COMMITTEE**	Strategic Transformation Board and Finance and Performance Committee

Risk Commentary

Risk score remains currently at 16 as some outstanding gaps in controls and, linked to risk 458, some continued risk with regards to recurrent funding. There are also currently vacancies in the Transformation team resulting in gaps to support delivery of key workstreams, however these are in the recruitment process.
IMTP planning for 2024-2027 underway to refresh our priorities for the next three years, taking into account the external context in which the Trust is working.
This risk will therefore remain under review as we put further controls in place but also taking account of the new commissioning landscape, financial context and our strategic developments.

CONTROLS	**ASSURANCES**
	Internal Management (1st Line of Assurance)
1. Prioritisation of IMTP deliverables	1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board
2. Financial policy and procedures	2.
3. Governance and reporting structures e.g. Strategic Transformation Board (STB)	3. IMTP sets out delivery structures and meeting minutes are available
4. Assurance meetings with Welsh Government and Commissioners	4. Agendas, minutes and slide decks available
5. Transformation Support Office (TSO) which supports the major delivery programmes	5. Paper on TSO to Strategic Transformation Board
6. Project and programme management framework	6. PowerPoint pack detailing PPM
7. Regular engagement with key stakeholders	7. Stakeholder Engagement Framework
8. Financial Sustainability Programme – savings and income work streams	8. FSP programme highlight reports
	Independent Assurance (3rd Line of Assurance) 2. Subject to Internal Audit
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Project and programme management (PPM) framework to be reviewed	1. PPM needs to be reviewed and approved through STB
~~2.~~	2. Benefits have not been fully linked to benefits realisation
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)	

Actions to reduce risk score or address gaps in controls and assurances	**Action Owner**	**By When/Milestone**	**Progress Notes:**
1. Recruit a Head of Transformation	Assistant Director of Planning	30.09.22 complete	Recruited 02.08.22 in post on 01.11.22
2. Review the PPM	Head of Transformation	Extended from 31.03.23 – To 31.06.23 and then to 30.09.23 in line with milestone for delivery **Extend to 31.12.23 in line with timescales for sign off**	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3. Planning Framework approved by STB on 04.07.2023 which sets out the Project Path framework at a high level. **Project Path Framework presented at ISPG on 27.10.23 and is scheduled for approval at STB on 27.11.23**

Risk ID 424	Resource availability (revenue and capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)	Date of Review:	30/10/2023	TREND	16 (4x4)
		Date of Next Review:	30/11/2023	➡	

IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	4	4	16
Target	1	4	4

3. Develop Benefits Realisation plans in line with Quality and Performance Management framework	Assistant Director of Planning/Assistant Director, Commissioning & Performance	Extended from 30.09.22 – to 31.03.23. Further extend to 31.06.23 and then to 30.09.23 in line with milestone for delivery **Extend to 31.12.23 as priorities have taken precedence but there is work ongoing in this space**	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3 as part of Project Path Framework. **Work continues with the Commissioning and Performance Team to align performance metrics with programme/IMTP deliverables** **An evaluation methodology is being trialled with Swansea University to look at benefits realisation of small, agile projects and PDSA cycles.**
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)	Director of Finance	31.12.22 – checkpoint date 31.06.23 and then to 30.09.23 Extend to 31.12.23	Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner **A business case panel process has been developed and trialled as part of the development of the project path framework and is factored into the IMTP planning cycle, to give finance colleagues a more timely view of potential developments into the next 3 year cycle.**

Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services	Date of Review:	17/10/2023	TREND	16 (4x4)
		Date of Next Review:	17/11/2023	➡	

				Likelihood	Consequence	Score
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.	**THEN** there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.	**RESULTING IN** patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage	**Inherent**	3	4	12
			Current	4	4	16
			Target	2	4	8

IMTP Deliverable Numbers:

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

Risk Commentary

Score remains the same as clarity from Commissioners has still not been provided on £2m of the 100 WTE EMS staff funding which could have a negative impact on the Trusts financial position. Other key item to note is funding for 111, WAST continues dialogue with commissioners of the service and any financial risk is mitigated by operating on a spend and cost recovery basis with commissioners.

CONTROLS	**ASSURANCES**
	Internal **Management (1st Line of Assurance)**
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board
2. Financial policies and procedures in place	2.
3. Setting and agreement of recurrent resources	3.
4. Budget management meetings	4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.
5. Budget holder training	5. Diarised dates for budget holder training
6. Annual Financial Plan	6. Submission to Trust Board in March annually
7. Regular financial reporting to EFG & FPC in place	7. Diarised dates for EFG and FPC with full financial reports
8. Regular engagement with commissioners of Trust's services	**External** **Management (1st Line of Assurance)** 1. Accountability Officer letter to Welsh Government 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised. 9. Monthly monitoring returns
9. Welsh Government reporting on a monthly basis	**Independent Assurance (3rd Line of Assurance)** 2. Internal Audit reviews of financial policies & procedures as part of their audit plan
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding	1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)

Actions to reduce risk score or address gaps in controls and assurances	**Action Owner**	**By When/Milestone**	**Progress Notes:**
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.	Executive Management Team	31.12.23	Update: 22/23 Recurrent & non-recurrent Finances have been agreed as part of year end agreement of balances. Issue currently around the 100 WTE £6m funding and negotiations continue. Recent letter from Commissioners indicates funding will be forthcoming however with conditions. **In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.**
5. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.	Deputy Director of Finance	31.12.23	Update: Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	Date of Review:	03/11/2023	TREND	10 (2x5)
		Date of Next Review:	03/12/2023		

IF	THEN	RESULTING IN
there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance	there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation

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

IMTP Deliverable Numbers:

EXECUTIVE OWNER	Director of Quality and Nursing	ASSURANCE COMMITTEE	People and Culture Committee

Risk Commentary

A full review of Risk 199 has been undertaken during October 2023 and a reduction in score made given the demonstrable work that has been undertaken across the Trust in relation to the Working Safely Programme and Health & Safety. The Trust has moved on significantly in terms of Health & Safety and the corporate risk of failing to embed a positive Health and Safety culture has now been mitigated. This means that the risk has reached its target score of 10 (2x5). This is due to several factors:

14. **An internal audit undertaken during quarter 1 of 2023/24 by NWSSP assessed 6 key areas and reasonable assurance was achieved on each area thus providing a reasonable assurance rating overall. The previous audit undertaken during 2018/19 returned a limited assurance rating which demonstrates the progress made by the Trust over the last 4 years.**
15. **An assessment was undertaken by the Health & Safety Team including relevant stakeholders across the Trust against the Legislative Register which provided a moderate level of assurance. This score was approved by the Senior Operations Team.**
16. **The Health and Safety Policy was approved by the People & Culture Committee in November 2023 and this makes reference to a culture of interdependency. The Policy is now being published and rolled out across the Trust.**
17. **The Working Safely Programme has been incorporated into business-as-usual activities. There are 4 IMTP deliverables monitored by the Strategic Transformation Board and an annual improvement plan, containing 6 additional actions, which is monitored by the Health & Safety Committee.**
18. **A number of Health and Safety inspections have been completed across the Trust during this year with 87% of Trust premises being assessed as 86% - 100% compliant.**
19. **A Hazard Register is in place and has been assessed; and is a live document which provides a RAG assurance rating against all known Trust hazards. Any Red/Amber rated hazards are likely to be reduced as further Risk Assessments of Standard Operating Procedures are developed and implemented.**
20. **The commitment made by the Board and ELT to undertake the IOSH training has been fulfilled and this is being rolled out to ADLT and further across the Trust.**
21. **The Health & Safety Team has been successfully embedded within and throughout the Trust and partakes in regular and routine discussions with all staff and at relevant business meetings on all matters pertaining to Health & Safety business.**
22. **A culture survey has been developed and will be rolled out in the next quarter to measure the success of the transformation of the Health & Safety culture change programme.**
23. **The Health & Safety Team are regular attendees at the formal and informal Operations meetings demonstrating a priority commitment to the subject on the Agendas.**
24. **A level of external assurance was received from the Coroner in relation to an investigation and who stated that the Health & Safety report produced by the Trust was of a high standard and that the extent of the learning recommended was evident within the paper. There was no determination to issue a Regulation 28 as a result.**

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1 Systematic review and assessment of Health and Safety arrangements and Governance (All NHS Wales Health & Safety Management System - HSMS). **Culture Maturity Survey developed.**	1.1 Assessment criteria set for health and safety management system (HSMS) All Wales system). HSMS approved at ADLT in 2022. ADLT members sponsorship for all 11 management principles. 1.2. **H&S Climate Cultural survey developed to determine perception of Trust position against Bradley Curve to be rolled out once political pressures (IA) reduce. Expectation of roll out Q3-Q4 2023.**
2. Health & Safety Governance and reporting arrangements – National Health, Safety and Welfare Committee. Reporting into People and Culture Committee. (PCC)	2.1 Trusts Legislative Compliance Register in place and assessment approved by SOT and ADLT in April 23. Position landed as 1.98/3 providing a Moderate level of Assurance. 2.2 Quarterly H&S performance reports presented at SOT, ADLT and H&S National Health, Safety and Welfare Committee. Reports published on H&S webpage.
3. Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, - Regulation 7 'Health and Safety Assistance'.	3.1 H, **3.1 H&S workplace review fully implemented on 03.19.22. Review introduced new roles to the Trust, namely, Deputy Head of H&S, V&A Manager, H&S Advisor and DSE/MH Advisor.**
4. Health & Safety Policy and Corporate level Procedures.	4.1 H&S Policy approved in 2018. Following landing of business case, Policy review underway Q4 2022-Q1 2023. 4.2 Trust approved Hazard Register in place. Reviewed by ADLT in Q1 2023 approved by SOT and ADLT in April 23. Approved Policies and Procedures in place: Violence and Aggression Policy, Risk Assessment Procedure, Display Screen Equipment Procedure, Workplace Premise Audits Inspection Procedure, Control of Substances Hazardous to Health (COSHH), New and Expectant Mothers Risk Assessment Procedure.

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	Date of Review:	03/11/2023	TREND	10 (2x5)
		Date of Next Review:	03/12/2023	⬇	

IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance	THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation

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

	4.3 Lifting Operations Lifting Equipment (LOLER), Provision and Use of Workplace Equipment (PUWER) under development with an expectation of commencing the approval process approval during Q3-Q4 2023. 4.4 Lone Worker Procedure ongoing - expectation of second draft Q2-Q3 2023. Expectation of ratification Q4 2023.
5. Mandatory Health and Safety training for all staff on ESR. Induction training in place for all new operational staff. **Control of Substances Hazardous to Health (COSHH) training.** **Human Factors (HF) (in risk assessment) training.**	5.1 Quarterly statistics provided by ESR support team and incorporated into Health and Safety Quarterly Performance reports. Induction training compliance held on ESR. **Business as usual activity.** **5.2 H&S training needs analysis incorporated within revised H&S policy (processing through ratification process expectation of approval in November 2023).**
6. Rolling programme of scheduled H&S premise audits.	6.1 Inspections are being undertaken in line with schedule. **All premises inspected during Q3 2-22-Q2 2023. Business as usual activity.**
7. Risk assessments (including local risk assessments, Covid 19, Workplace Risk Assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments).	7.1 Workplace risk assessments schedule for Q3 2023 communicated to SOT in Sept 23 for increased focus to raise compliance. WRA are undertaken by local management teams / TUP and supported by the H&S team and are being monitored via SOT and H&S Quarterly Performance Reports. 7.2 Other Operational risk assessments and SOPs are held on their respective dedicated Share-point areas.
8. Working Safely Strategic Programme Board (STB) to provide oversight of the Working Safely Action plan. Dynamic Delivery Action Group to continue to undertake actions on the Working Safely Action Plan.	8.1 Working Safely Action Plan is being held to account by the Senior Quality Team. IMPT Deliverable Plan developed for 23/24 is being actioned through the Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are under review for 23/24. **8.2 Annual H&S Improvement Plan also in place for 23/24 in place monitored at the H&S Team meetings.**
9. Rolling programme of IOSH Managing Safely- for Managers- scheduled training programme in place.	9.1 Attendance and competency figures provided in a quarterly report to ADLT, National Health, Safety and Welfare Committee and People and Culture Committee. **Business as usual activity**.
10. IOSH Leading Safely for Directors and Senior Managers training in place.	10.1 Attendance and figures provided in monthly report to ADLT. 10.2 Personal safety commitments are to be monitored on a quarterly basis following discussions to be held with Board Secretary, Executive Director for Quality and Safety and Head of Health & Safety in Q2-3 2023.
11. Board Development Day covering Health & Safety Management and Culture Awareness training undertaken in April 2022.	11.1 Diarised meeting.
12. Health and Safety Management System recognised document approval routes for health and safety documentation.	12.1 Approved and minutes at ADLT meeting in 2022. **HSMS document approval process to be revised in Q2 2023. Expectation of approval of reviewed changes in Q3 2023.**
13. IOSH Leading Safely training delivered to majority of Board and Executive Team on 26 July 2022.	13.1 Compliance metrics held on H&S team database.
14. IOSH Leading Safely additional sessions for new Board /EMT members and ADLT to be scheduled for 2023.	
15. Leading Safely, Safety Positive conversations training to be delivered to Board and EMT to be rescheduled from June 2023.	15.1 Discussions ongoing with Board Secretary and Head of H&S in relation to alternative means of delivery.
	16.1 NWSSP Internal Audit undertaken in Q1- Q2 23/24 (controls 1– 10). Audit position landed as' Reasonable' level of assurance. (External Independent Assurance (3rd Line of Assurance)
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1.	1. Baseline audit for HSMS not to be commenced till Q3 2023 (being addressed in Action 1) **2.** H&S Climate Cultural survey to be rolled out once political pressures (IA) reduce. Expectation of roll out Q3-Q4 2023/24 (being addressed in Action 3).
2. Subgroups of National H&S and Welfare Committee currently under review. (Being addressed in Action 2)	
3.	3.
4. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q4 2022 in Q1 2024 (**being addressed in Action 4).**	1. Review of H&S Policy has been undertaken, and substantial consultation process ceased in August 23. Policy to be presented at EMT in Q2-Q3 20203 for approval before commencing to PCC for final approval. (Being addressed in Action 4) 2. **Procedures identified via IMTP Deliverable Plan**

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	Date of Review:	03/11/2023	TREND	10 (2x5)
		Date of Next Review:	03/12/2023	⬇	

IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance	THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation

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

5. **Scope of training for volunteers.**	**5.1 New Training needs analysis within revised H&S Policy (2023) includes volunteer population.**
6.	
7.	7.1 (a) Current copies of risk assessments and SOPs are not available at all stations. *(Being addressed as part of Actions 6)* (b) Lack of clarification over many SOPs are required until HSMS baseline audit has been completed. *(Being addressed as part of Actions 1)*
8. Operational pressures and Industrial Action on service impacted on Working Safely Programme delivery **during Pump and Prime Phase**.	
9. Staff availability to attend training **during periods of high levels of operational demand.**	9.1. Work ongoing to determine how many Managers require IOSH Manging Safely. *(Being addressed in Action 8).* A H&S Training needs analysis has been developed and incorporated into the H&S Policy. 9.2. **Currently, there is no structured monitoring process in place to ensure attendance on the IOSH Leading Safely course. This has been identified as an action on NWSSP's Internal Audit 2023 and is being monitored via audit tracker**
10. Effective learning from events to be documented **and communicated across the Trust.**	10.1 **Incident investigation training to developed and rolled out. Action identified as part of IMTP Deliverable Plan 2023/24. Will incorporate a LFE process.**
11.	4.
12.	5.
13.	6.
14.	7.
15.	8.
16.	9.
17.	10.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Meetings to be scheduled to undertake baseline assessment and feedback to EMT.	Head of Health and Safety	**Q3-Q4 2023**	1.1 **Discussion to be held at SOT in Q3 2023 to agree time scales to undertake baseline assessment.**
2. Meetings to be held with TU partners and AD/Head of H&S to agree arrangements for sub-groups.	Head of Health and Safety	Q1 2023	2.1 23.06.23- H&S proposed to be incorporated into WASTP sub-groups LPF. **For discussion at National H&S committee in Q3 2023 due to rescheduling of Q2 2023 H&S Committee.**
3. Assessment to be undertaken in Q1 2023 of political pressure to determine viability of conducting culture survey	Head of Health and Safety	**Q3-Q4 2023**	3.1 Political pressures likely to be still present. Survey expected to be to be **rolled out Q3 2023**.
4. Revised H&S Policy to achieve ratification	Head of Health and Safety	Q**3** 2023	4.1 Policy to be presented to ELT for approval in Q2-3 2023 and **PCC in Q3 2023**
5. IT solution being investigated to collate data from inspections to enable trending and monitoring of actions generated	Deputy Head of Health and Safety	Q**4** 2023	5.1. The audit proforma has been migrated onto MS Forms to allow for improved data collection. Meeting held with I.T. provider in Q4 2022 provide consideration for the development of utilisation of Power B.I systems. 2.Ongoing. **Meetings ongoing with Estates to determine smarter means of collation and monitoring. Will require engagement and support with Digital Directorate.**
6. H&S advisors will liaise with local management teams to identify risk assessments and SOP's in place and ensure visibility on SharePoint	Deputy Head of Health and safety	Q2-Q3 2023 **Live action.**	6.1 Ongoing live action. Business as usual activity. 6.2 Assessment against the HSMS Principle 3- Compliance Assurance will assist in determining what RA/SOPS are required.
7. **Review of number of line managers within the Trust to put in place a suitable schedule to roll out appropriate H&S training as determined within the training needs analysis within the H&S Policy.**	Deputy Head of Health and Safety	Q3-4 2023	**7.1. Interim schedule in place to address known line managers.** **7.2. Further work required with other Directorates to allow for performance metrics to be generated.**

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	Date of Review:	03/11/2023	TREND	10 (2x5)
		Date of Next Review:	03/12/2023		

IF	THEN	RESULTING IN
there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance	there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation

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

8. **WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)**	Head of Health and Safety	31.12.22	**8.1 Initially scheduled for BDD - February 2023. Rescheduled to June 2023. Discussions to be held with Board Secretary and Head of H&S in August 23 around alternative delivery style of training.**
8. **Additional legislation to be incorporated into the Legislative Register.**		**Q3-Q4 2023**	**9.1 Further legislation in relation to V&A, Road Safety Traffic Act and the and Civil Contingencies Act to be added and assessed Q3-Q4 2023.**
Completed Actions	**Action Owner**	**When /Milestone**	**Progress Notes:**
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)	Head of Health & Safety	31.09.22 **Partially completed.** Long term action.	1.1 Pump and Prime phase commenced 01.09.21. Closure report for PPP presented to EMT during Q3 2022/23. Working Safely Programme to continue being monitored by STB. Four priorities determined for 2023/24- Violence & Aggression, Culture, Manual Handling and Incident Investigation.
2. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)	Head of Health & Safety	31.12.22 **Complete**	2.1Training delivered to Board and Executive team on 26.07.22. IA and operational pressures impacted on availability to attend during Q4 2022. **2.2 Further sessions to be scheduled as new members commencer with Trust. Business as usual activity.**
3. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)	Head of Health & Safety	31.03.22 Completed	Completed- Workforce review fully implemented 03.10.22
4. Culture survey to all members of staff (forms part of WSAP)	Head of Health & Safety	30.09.22 Partially completed	4.1 Survey developed and to be presented at National H&S Committee on 02.11.22 and SOT in December for feedback. Decision made during Q3 2022/23 to postpone survey unit political pressures ease. Expectation of roll out Q4 2023-Q1 2023/24. Political unease impacted on the roll out of the survey roll out. Expectation that survey will be rolled out during Q1-Q2 2023/4
5. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)	Deputy Head of H&S	30.06.22 Completed	5.1 Compliance Register framework developed, and assessment approved as providing a moderate level of assurance Q1 2022.
6. An initial assessment will provide assurance on how we are complying with the legislation.	Deputy Head of H&S	Q4 2022 **Complete.** Assurance - 01.06.22 Rolling programme of assessments – 31.12.22	6.1 Assessments undertaken. Some outstanding estates assessments scheduled January 2023. Compliance register presented to ADLT members on 04.04.23. Further legislation in relation to V&A, Road Safety Traffic Act and the and Civil Contingencies Act to be added and assessed Q3-Q4 2023.
7. Quarterly report on training compliance to be presented to ADLT for actioning within respective Directorates	Head of Health and Safety	Q3 2022 - Complete	7.1 Report is a standard section of Quarterly H&S Performance report to ADLT
8. Priority Elements of Working Safely Action Plan to be identified and programme schedule presented to STB to ensure sufficient support from Operational Teams. Migrate into Annual Health and Safety Improvement Plan.	Head of Health and Safety	Q2 2023- Complete	Priority actions for 2023-24 identified as Culture, Manual Handling, Violence and Aggression, Incident investigation training and documented within the IMTP Deliverable Plan for 23/24 05.04.23 An additional Health and Safety Improvement Plan developed Q1 2023 and monitored via Monthly H&S team meetings.

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	Date of Review:	27/10/2023	TREND	15 (3x5)
		Date of Next Review:	27/11/2023	➡	

IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life

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

IMTP Deliverable Numbers:

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

Risk Commentary

The threat of Cyber attacks remains unchanged with activities of state actors and criminal gangs still high. Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. In an effort to raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC. There was also a specific series of campaign in October as it's cyber awareness month.

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

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	Date of Review:	27/10/2023	TREND	15 (3x5)
		Date of Next Review:	27/11/2023	➡	

IF	THEN	RESULTING IN
there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	there is a risk of a significant information security incident	a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life

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

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. Not all information security procedures are documented	1. No regular Cyber/Info Security KPIs are reported to senior management committees. 04/08/23 – Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group**. Needs to transfer to assurance – no longer gap? - Agree as also now reported through to FPC**
2. Lack of understanding and compliance with policy and procedures by all staff members	2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly**.** 04/08/23 – Latest campaign commenced 01/08/23 to raise staff awareness**. Needs to transfer to assurance – no longer gap? - Agree campaigns run regularly along with regular circulation of cyber awareness information**
3. No organisational information security management system in place	
4. IT Disaster Recovery Plan does not include a cyber response	
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Establish Cyber and Information Security KPIs	Director of Digital Services	31.03.23 complete	KPI format agreed and will be produced from Q1 2023-24 with a retrospective annual report produced for 2022-23.
2. Discuss how cyber risk is reviewed and frequency of review	Director of Digital Services	28.10.22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.
3. Suite of business continuity exercises that departments can undertake to test their plans to be provided.	North Resilience Manager	28.10.22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness
4. Exercise template report which shows recommendations to be created	North Resilience Manager	31.12.22 - **Complete**	Exercise reports being drafted.
5. Formalise Cyber Incident Response Plan	Head of ICT	30.06.23 – complete Checkpoint Date 31.12.2023	Cyber Incident Response Plan adopted, and CRU Assessment conducted during May 2023 with report expected by end June 2023. Review of CRU Cyber assessment and development of action plan in response to any recommendations.
6. Implement Meta Compliance Policy Solution	Senior ICT Security Specialist	30.06.23 – **Complete**	Additional learning modules purchased, and both will be rolled out from Q1 2023-24. 04/08/23 – Latest campaign commenced 01/08/23 to raise staff awareness.

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems	Date of Review:	27/10/2023	TREND	15 (3x5)
		Date of Next Review:	27/11/2023	➡	

IF	THEN	RESULTING IN		Likelihood	Consequence	Score
IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems	THEN there is a risk of a loss of critical IT systems	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	Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

IMTP Deliverable Numbers: TBC

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

Risk Commentary

The risk remains static as work continue to replace end of life equipment during the previous and current quarters. In addition, controlled cut over of key systems to backup sites was undertaken during this quarter. Maintenance works has been undertaken by estates on power systems supporting key ICT sites which will provide additional assurance for sites in the event of incoming mains disruption. Further desktop exercises are being considered to test both department BCP and ICT recovery plans. Internal audit are also undertaking an audit on ICT system resilience which is due to report shortly

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Trust Incident Response Plan and Department Business Continuity Plans	1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.
2. IT Disaster Recovery Plan	2. Recent ICT tabletop exercise undertaken
3. Recovery/contingency plans for critical systems	3. Reports from tabletop exercises
4. Service management processes in place	4. Documented and approved service management processes in place
5. Incident Management Policy, Procedure and Process	5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier
6. Regular data back ups	6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken
7. Resilient and high availability ICT infrastructure in place	7. **04/08/23 – New back up system ordered with the aim of implementation before the end of Nov23.**
8. Robust security architecture and protocols	8.
9. Diverse IT network (both data and voice) delivery at key operational sites	9.
10. Regular routine maintenance and patching	10. **04/08/23 – Ongoing continual update of servers and replacement of out-of-date equipment**
11. Environmental controls	11.
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements	12. Via email and webinars
	External **Independent Assurance** • 2021_16 Internal Audit review of IM&T Control Assessment – baseline exercise • 2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance • NIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)

GAPS IN CONTROLS	GAPS IN ASSURANCE
Non identified	Undertaking Cyber Essentials assessment

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.	North Resilience Manager	31.12.22 extend to 30.06.23 now complete	Suite of exercise available via BC teams channel.
2. Exercise template report which shows recommendations to be created	North Resilience Manager	31.12.22 extend to 30.06.23 now complete	Joshua and Joshua 2 reports produced and circulated.
3. Cyber Essentials assessment to be completed	Head of ICT	30.06.23 Extend to 31.12.23 - **ongoing**	Evidence submitted to assessor – further works required to meet requirement. Review of CRLL Cyber assessment and development of action plan in response to any recommendations

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	Date of Review:	18/10/2023	TREND	15 (3x5)
		Date of Next Review:	18/11/2023	→	

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

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

IMTP Deliverable Numbers: TBC

EXECUTIVE OWNER	Director of People & Culture	ASSURANCE COMMITTEE	People & Culture Committee

Risk Commentary

The ongoing system challenges remain with long handover delays which are likely to worsen again as we head into winter pressures. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Front line operations had little respite over the summer months.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Health and wellbeing strategy in place and shared across the Trust.	1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually.
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme	2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.
3. Self-referrals or managerial referrals to Occupational Health	3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.
4. Wellbeing support and training for line managers	4. Diarised meetings, webinars and workshops in place through a rolling programme.
5. Development of range of wellbeing resources for staff and line manager	5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E , CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.
6. Peer support network forum	6. Agendas and minutes of meetings produced for each meeting.
7. WAST Keep Talking (mental health portal) and Sway on the Intranet	7. Available on intranet for staff to access easily.
8. TRiM	8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.
9. Coaching and mentoring framework	9. Information on intranet on Learning launch pad available to all staff.
10. Acting on results of staff surveys relating to staff experience	10. Each Directorate has developed their own action plan to address staff surveys.
11. HSE stress risk assessments	11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity	12. Received at WOD Business Meetings monthly.
13. Wellbeing drop-in sessions for CCC and 111 staff	13. Diarised sessions in place as part of the programme.
14. Fast track physiotherapy	14. Regular review meetings with physiotherapy provider and monthly monitoring information received at WOD Business meetings.
15. Specialist trauma counselling service	15. Same as 15.
16. Regular psycho-educational sessions with managers and staff	16. Diarised sessions
17. Compassionate leadership training sessions	17. Same as 17 in place as part of the programme.
18. Chaplaincy programme	18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.
19. Occupational Health team inclusion in sickness and absence meetings	19. Diarised meetings in place.
20. Procure a pulse survey tool to benchmark how colleagues are feeling and get feedback on the employee experience	20. **HIVE went live in September 2023.**
	External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
	4. Reporting on wellbeing training take up
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety.	Lack of awareness about staff wellbeing services

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	Date of Review:	18/10/2023	TREND	15 (3x5)
		Date of Next Review:	18/11/2023		

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

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

Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Restart the Health and Wellbeing Steering Group (link to risk 160)	Assistant Director Inclusion, Culture and Wellbeing	Completed 03.08.23 Group paused due to two key vacancies. **Completed 26/10 /23**	First meeting was on 17/10/2022. This however does not yet bring down the score of the risk as the Steering Group meeting was to re-establish a way forward. Next meeting to be scheduled within 2 months. 03/08/23 - Head of workplace Wellbeing due to be in post in October and OH Manager about to go to advert. No capacity within the team to restart the group. **26/10/23 Head of Workplace Wellbeing in Post, OH Manager starting in December. Steering Group arranged for first week of December.**
2. Increase the education and communication with managers about stress risk assessments	Head of Health & Safety	Completed	This is part of the IOSH Managing Safety Training BAU. OH to undertake workshops with CCC managers – dates to be confirmed this week.
3. Deliver the employee engagement tool into WAST	Deputy Director of People and Culture	**30.09.23** **26/10/23 Complete**	Software has been procured. Planning for rollout is underway. First survey delivery **in October/ November 2023.** 03/08/23 - Working on the timing of launch based on the rollout of the Freedom to Speak up platform. **26/10/23 Questions Finalised and first survey due to be distributed in November**

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	Date of Review:	27/10/2023	TREND	15 (3x5)
		Date of Next Review:	28/11/2023	NEW	

				Likelihood	Consequence	Score
IF a major incident or mass casualty incident is declared	**THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	**RESULTING IN** catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004	**Inherent**	4	5	20
			Current	3	5	15
			Target	2	5	10

IMTP Deliverable Numbers: TBC

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Finance & Performance Committee

Risk Commentary

The challenges across the unscheduled care system continue with 19,000 hours lost to handover delays during August 2023. There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital EDs. A number of incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Immediate release protocol	1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.
2. Resource Escalation Action Plan (REAP)	2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.
3. Regional Escalation Protocol	3. Daily conference calls to agree RES levels in conjunction with Health Boards
4. Incident Response Plan	4. The Incident Response Plan has been ratified via EMT
5. Mutual Aid arrangement with NARU	5. AACE National Policy on mutual aid in place
6. Clinical Safety Plan	6. CSP adopted by EMT and operational; reviewed annually by SLT
7. Operational Delivery Unit 24/7 cover	7. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end of shift
8. In hours and Out of hours command cover	8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan
9. Notification and Escalation Procedure	9. Published procedure in operation, reviewed 3 yearly by SLT
10. Continued escalation of risk to partners and stakeholders	10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face to face COO Peer Group meeting on 14 April 2023.
	External Independent Assurance N/A
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.	The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.
	Following two incidents (Pembroke Dock Ferry fire on 11th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans	CEO/DOO	3 Jan 2023 Complete	Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in ABUHB commencing at 4 hour tolerance with a plan to

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:	27/10/2023	TREND	15 (3x5)
				Date of Next Review:	28/11/2023	NEW	

IF a major incident or mass casualty incident is declared	**THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	**RESULTING IN** catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score
			Inherent	**4**	**5**	**20**
			Current	**3**	**5**	**15**
			Target	**2**	**5**	**10**

			reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.
2. Multi Agency Exercise to be arranged	4 x LRF	Dec 2023	**This exercise has taken place although Health Boards declined to incorporate vehicle release plans**
3. Review of Manchester Arena Inquiry	EPRR Team	Dec 2023	**This work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios.**
4. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration	DOO	Feb 2023 Complete	All Health Boards responded with assurance of plans except BCU..
5 Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.	**Assistant Director Operations**	**May 2023 Complete**	**WG have confirmed that they have written to HB EPRR leads.**

Risk ID 100	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	Date of Review:	25/10/2023	TREND	12 (3x4)
		Date of Next Review:	25/01/2023		

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

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

IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34

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

Risk Commentary

The ambition is appropriate levels of patient safety and good working conditions for our staff. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels being around 20,000. EASC has an ambition to achieve 12,000 handover lost hours by the beginning of quarter four 2023/24, which looks very unlikely, but even if it was achieved, it would still be double what the EMS rosters are predicated on. The Trust is not fully funded on these rosters either. The Trust is not fully funded for the CHARU roster lines, with an identified shortfall of -89.5 FTEs. The Trust has made the decision to transfer staff from emergency ambulance roster lines to CHARU roster lines, which is almost complete, but does not add more staff. Similarly, the Trust has made the decision to recruit another intake of APPs, an additional 16 FTEs, but this is also being funded through internal movements, with a planned reduction in emergency ambulance numbers.

The 2023 EMS Demand & Capacity Review is live with an estimated completion date of Christmas. This strategic review will enable the Trust to articulate the type and level of resource that optimises response and conveyance to deliver appropriate levels of patient safety and good working conditions for our staff i.e. the ambition. Health boards are clearly under substantial financial pressures, so whether EASC can then support the ambition as articulated by the review, remains to be seen. The Trust has largely delivered on its side of the bargain, with the focus clearly shifting to health boards and handover improvement. The one area that the Trust needs to address is abstractions (including sickness), which are materially above the benchmark of 30%.
If further funding is not forthcoming, post the 2023 EMS Demand & Capacity Review, the risk may need to be revise its score upwards.

CONTROLS	ASSURANCES
	Internal & External Management (1st Line of Assurance)
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings	1. Minutes of meetings and a standard agenda item
2. EASC and its 2 sub-committees established as a forum to discuss WAST's strategy	2. Minutes of meetings and a standard agenda item
3. Weekly catch up between CASC/CEO	3. Meetings are diarised every week
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme	4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.
5. Monthly CASC Quality and Delivery Meeting established	5. Formal meeting with agendas, minutes and action logs available.
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced	6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholders fortnightly
7. Programme structure has been established for 'inverting the triangles' including EASC	7. It exists and has had its first meeting
	External Management (1st Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. EASC meetings focus largely on EMS and cursory note of NEPTS	**1. NEPTS is covered in the WAST Provider Report to EASC.**
2. Governance coordination between NCCU and WAST to be improved.	2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface. Actioned but has lapsed due to capacity and resourcing in NCCU team. HB to reboot.
3. WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)	**3. Ministerial direction on handover reduction**
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST's control)	**4. Strategic demand and capacity review being undertaken with output due to be reported to EASC in Jan-24.**

Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST	CEO WAST	02/08/23 Checkpoint Date			30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure. **28.07.23 Funding secure for 23/24, but not recurring.**

Risk ID 100	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	Date of Review:	25/10/2023	TREND	12 (3x4)
		Date of Next Review:	25/01/2023	➡	

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

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

2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	02/08/23 Checkpoint Date	30.09.22 4-hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023. **28.07.23 There has been some reduction, but levels remain extreme.**
3. Increased understanding of NEPTS by EASC	Director of Strategy Planning and Performance	02/08/23 Checkpoint Date	30.09.22 "Focus on" session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme. **28.07.23 EASC want WAST to develop a LTS for NEPTS, which will increase the focus on it.**
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface	Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. **28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU.**
5. Utilising the engagement framework to engage with the stakeholders	Director of Partnerships & Engagement AD Planning & Transformation	02/08/23 Checkpoint Date	30.09.22 Significant engagement through roster review briefings. 12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas. 02.05.23 Continued interest from various stakeholders as the roster review concludes. **28.07.23 New engagement manager appointed linked to inverting the triangle work.**

Risk ID 283	Failure to implement the EMS Operational Transformation Programme	Date of Review:	25/10/2023	TREND	12 (3x4)
		Date of Next Review:	25/01/2023	➡	

IF	THEN	RESULTING IN
there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	potential patient harm, deterioration in staff wellbeing and reputational damage

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

IMTP Deliverable Numbers:

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

Risk Commentary

The EMS Operational Transformation Programme is the Trust's strategic delivery response to the 2019 EMS Demand & Capacity Review. The programme has now largely been delivered e.g. closure of relief gap (recruitment of +300 staff), increase consult & close above the 10.2% benchmark, re-roster EMS, ensure that there was sufficient fleet and estate to support these changes and roll out the new CHARU resource. The main area outstanding is the reconfiguration of EMSC, which was initially delayed by the pandemic and then further delayed by the need to update the data used to ensure the recommended actions were still correct. This update has just been completed, so the focus is now on finishing the EMSC project within this programme.

Whilst the programme has largely delivered on its agreed outputs, it has not delivered the required levels of patient safety and staff working conditions for two main reasons: extreme handover (20,000 lost hours v the 6,000 that the programme was predicated on) and abstractions (37% v the 30% benchmark).

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership	1. Minutes and papers of Implementation Programme Board
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place	2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board
3. Programme Manager and Programme support office in place (for delivery of the programme)	3. Same as 2
4. Programme risk register	4. Highlight reports showing key risks reported to STB every 6 weeks
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks	5. Highlight reports presented to STB every 6 weeks
6. Programme budget in place (including additional £3m funding for 22/23)	6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report	7. PID and Programme Plan Summary kept up to date**.** PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.
8. Regular engagement with the Commissioner and Trade Unions and representation	8. Commissioner and TU participation at the Implementation Programme Board
9. Management of external stakeholder and political concerns	9. Communications and Engagement Plan sets out WAST's arrangements for engagement with stakeholders
10. Secured specialist consultancy to support decision making	10. Reports and contractual compliance
	External **Management (1st Line of Assurance)**
	a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board
	b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months
	c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Current controls on workforce buy in are not sufficient due to changes in working practices	1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position. The PID has been updated for 2023/24 and reflects the budget, commissioning intentions and IMTP.

Risk ID 283	Failure to implement the EMS Operational Transformation Programme	Date of Review:	25/10/2023	TREND	12 (3x4)
		Date of Next Review:	25/01/2023		

IF	THEN	RESULTING IN
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage

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

2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)

2. No prompts from STB for programme PID or risk register updates. The SRO continues to provide the HLR, but the PID needs to be signed off by the Executive Sponsors. This can be done outside of STB.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Increase in engagement on the specifics of change through facilitation mechanisms	Assistant Director – Commissioning & Performance	**02.08.23 Checkpoint Date**	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete. 02.05.23 There remains some minor engagement as the project concludes.
2. More capacity requested (transition plan)	Assistant Director of Planning & Transformation	**02.08.23 – Checkpoint Date**	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure. 02.05.23 this has not been **forthcoming,** and handover lost hours are offsetting all of the gains that the Trust has made. **03.08.23 More capacity unlikely within current** financial pressures, but Trust has recently started the next iteration of the strategic EMS Demand & Capacity Review.
3. Engage with key stakeholders to reduce handover delays	CASC	**02.08.23 – Checkpoint Date**	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme**. 28.07.23 Increasing focus through ICAP meetings, with C&V showing notable progress and early signs of progress in some other health boards.**
4. Reduce abstractions in particular sickness absence	Deputy Director of Workforce & OD	**02.08.23 Checkpoint Date**	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.05.23 the Trust achieved 7.99% in Feb-23 but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23. **28.07.23 Abstractions, which includes sickness now less than 35% with benchmark to 30%**
5. Engage with Assistant Director of Planning and Transformation on process for PID updates	Assistant Director – Commissioning & Performance	**02.08.23 Checkpoint Date**	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but nees to be signed off by Executive Sponsors. **28.07.23 PID updated and programme aligned to new arrangements required by HoT.**

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

Integrated Medium-Term Plan (IMTP) 2023 – 2026
Confirmed end of Q1/Q2 Delivery & Assurance Position & Q3 interim update

MEETING	Trust Board
DATE	23 November 2023
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

1. The purpose of this paper is to provide the Board with confirmation of the end of Q2 position and an interim update on Q3 by exception in delivery of the IMTP 2023/26. This is an interim position by exception due to the change in timing of reporting into Strategic Transformation Board (STB), and a more detailed update on Q3 will be available to the next Committee and Board meetings as an end of quarter position.

2. A full delivery and assurance report was made available for assurance at Finance and Performance Committee on 13th November 2023. These were the final, confirmed end of Q2 positions recently reported into STB.

3. This paper will also set out the requirements of the Welsh Government Accountability conditions accompanying IMTP approval and any progress updates against those conditions.

RECOMMENDED: That the Board Notes the overall delivery of the IMTP detailed in this paper and the SBAR relating to our accountability conditions (notably the ministerial priorities).

KEY ISSUES/IMPLICATIONS

1. Following Trust Board approval on 30 March 2023, WAST submitted its last IMTP (2023-26) to Welsh Government on 31st March 2023. Welsh Government recently approved WAST's IMTP on 12th September 2023. Following approval, the Director General issued accountability conditions on which our approval is based as follows:

    - Demonstrate delivery of a robust savings plan supported by an opportunities pipeline to maximise its improvement trajectory and develop robust mitigating actions to manage financial risks.
    - Demonstrate actions are being taken to mitigate expenditure in volume and inflationary growth pressures beyond funded levels, as far as possible, throughout the financial year to ensure you maintain financial balance.
    - Demonstrate actions are being taken to mitigate any residual costs in relation to the legacy of COVID.
    - Continue to make progress with the organisations' approach to allocative value and the population health resource agenda where possible.

2. WAST is also expected by Welsh Government to deliver its commitments in its IMTP, particularly against the ministerial priorities that are relevant to WAST. Appendix 1 sets out an assessment of our current position against Q1 and Q2 milestones presented to the Minister alongside the IMTP

3. Finance and Performance Committee received a full delivery and assurance report which included a written update from each of the IMTP Delivery Programmes:

    - EMS Operations Programme
    - Ambulance Care Programme
    - Gateway to Care Programme
    - Clinical Transformation Programme
    - Financial Sustainability Workstreams

4. These programmes provide a written assurance report quarterly to STB, including progress against agreed milestones. A further update was provided to Finance and Performance Committee on the work being undertaken to further develop our strategy and the transformation programme around EMS 'Inverting the Triangle' as this work enters an evolutionary phase to further progress the narrative on transformational change and widen the scope to be a more integrated mechanism for change.

5. Finally the Finance and Performance Committee report also included updates by exception on the IMTP Enabling Programmes:

    - People and Culture
    - Digital
    - Infrastructure
    - Fundamentals (including Quality Safety & Patient Experience, and Corporate Governance)

6. The majority of enabling actions are reported through the main IMTP delivery programmes and are managed and monitored in Directorate Plans. However, where there are discrete, Directorate-led IMTP work packages, assurance is provided to STB, including progress against agreed milestones.

Quarter 3 interim position – as at 31st October 2023

7. Finance and Performance Committee was assured by the confirmed end of quarter 2 position noting those key areas of work that were off track and the mitigations or alternative plans to bring them back on track. Little has changed in terms of RAG rating against the programmes reported on 18th September 2023 to the Committee and Board (as this was close to the end of the quarter). It should also be noted that a key area of focus for the Trust moving from Q2 into Q3 was the change in the NHS Wales Financial position and the need to develop further savings proposals in August/September, along with Quality Impact Assessments to ascertain the risks associated with the proposed savings plans. This had the effect of holding some work, and accelerating other work (e.g. the NEPTS work around eligibility).

8. However, the following updates on our major programmes of work can be noted by exception:

- EMS Operations – remains Amber (in progress, off track)

The previously paused EMS Co-ordination Reconfiguration project has been restarted. The Rightsizing of EMS resources remains paused and is subject to further dialogue with trade union partners. An update will be given to next STB and Committee meetings.

- Ambulance Care – remains Amber (in progress, off track)

No significant changes. However, final ORH reports have been received on the Strategic Review of the Urgent Care Service, which is due to be presented to ELT in October / early November, and Transfer & Discharge resources, which now allow the project team to move to its next milestones and develop options to be engaged on with Health Boards.

- Clinical Transformation – remains Amber (in progress, off track)

No significant changes with regards to the project statuses in this programme, however those projects aligned to the Inverting the Triangle (EMS Transformation) workstreams are reported below.

- Gateway to Care (G2C) – remains Amber/Green (progressing well in most areas, but some key elements are off track)
    - There was a verbal update on SALUS / IIS at finance and performance committee as a solution to end of current contract for the CAS (patient administration platform) is being worked on at pace;

- There is also an intention to undertake an Integrated Care "What the Future Looks Like" collaborative event, but this cannot go ahead until the patient administration platform is Live.

9. To Note: The G2C progress report shows SALUS/IIS as Red but the milestones for Q2 as amber/green, this is because whilst the overall project is significantly off track, the milestones that were required for the IIS in this period were being delivered by WAST.

- Financial Sustainability – remains Amber (in progress, off track)

  - No major changes from the last Committee meeting to report.
  - Planning is underway for an ELT Commercial Planning Session in December, following a direction to focus on the income generation workstream in the latter part of 2023/34 and into the next IMTP.

- Strategic Development and EMS Transformation ('Inverting the Triangle') – remains Amber (in progress, off track)

  - Following discussion with Board and ELT on the next steps for this transformation programme and the updated narratives around the ambition and service models, further discussion sessions have been held with the Transformation Steering and Assurance (TSAG) & Board Development (end October 2023), with a wider workshop in November 2023 being planned.
  - A one month engagement campaign on transformation of our services has begun internally within WAST via our internal platforms (Yammer and Siren).
  - Further PDSA (number 3) was completed in October 2023 with the initial findings and evaluation now in train.

REPORT APPROVAL ROUTE
Strategic Transformation Board 16th October 2023 **Finance and Performance Committee 13th November 2023**

REPORT APPENDICES
Appendix 1 – Assessment of delivery against WG accountability conditions

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	YES	Financial Implications	YES
Environmental/Sustainability	YES	Legal Implications	N/A

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

Appendix 1

Situation

1. The purpose of Appendix 1 is to set out an assessment of delivery against the Welsh Government (WG) accountability conditions that accompanied approval of the WAST IMTP, with particular attention to delivery against Ministerial Priorities.

Background

2. WAST submitted its last IMTP (2023-26) to WG on 31st March 2023 following Board approval. Welsh Government recently approved WAST's IMTP on 12th September 2023. Following approval the Director General issued accountability conditions on which our approval is based on 2nd October 2023 as follows:

   - Demonstrate delivery of a robust savings plan supported by an opportunities pipeline to maximise its improvement trajectory and develop robust mitigating actions to manage financial risks.
   - Demonstrate actions are being taken to mitigate expenditure in volume and inflationary growth pressures beyond funded levels, as far as possible, throughout the financial year to ensure you maintain financial balance.
   - Demonstrate actions are being taken to mitigate any residual costs in relation to the legacy of COVID.
   - Continue to make progress with the organisations' approach to allocative value and the population health resource agenda where possible.

   These four financial areas will be monitored by the NHS Executive, Financial Planning and Delivery Team on a quarterly basis, and assurance on our financial position is provided to the Committee and the Board through the finance reports on these agenda. There was also a paper regarding Value Based Health Care on the Finance and Performance Committee agenda which provided assurance on our progress in this area. This paper therefore will focus on delivery against ministerial priorities.

3. Despite financial challenges for NHS Wales, WAST is expected by WG to deliver its commitments in its IMTP, particularly against the ministerial priorities that are relevant to WAST. Furthermore, it is expected that the Board scrutinises the IMTP and ensures that progress is monitored effectively over the forthcoming year, in particular against the Ministerial priority templates that were submitted (these were provided in detail to Finance and Performance Committee but summarised below in the table at paragraph 5).

4. WAST is also required to refresh its Minimum Data Set (MDS) on a quarterly basis as part of its internal review of plans. The requirements of paragraph 3 and 4 are monitored by the Health and Social Services Group Planning Team. Further risks are communicated to WG through IQPD meetings and JET.

Assessment

5. The assessment against ministerial priorities is as follows:

Priority	Milestones/actions Q1 and Q2	Progress
Primary care access to services: Improved access to dental services	• Support the NHS Wales Dental Review, and with commissioners to plan for roll-out of the 111 service to patients with urgent dental care needs • Development of urgent dental care	A dental pathway pilot has commenced with BCU and HD using a digital platform for referrals utilising a new referral criteria. A performance review using relevant data will be conducted prior to wider roll out across Wales. Further work is also required to standardise service approaches in various health boards.
Urgent & Emergency care: Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability (aligned to Goals 1, 2 &3)	• Reach and maintain call handling establishment • Local integrated commissioning action plans (ICAPs) updated with clinical delivery plans that include 111 service proposals	111 Commissioners have indicated that 198 WTE call handlers and 102 WTE clinicians can be funded this financial year. In Sep-23, 173 WTEs were in post for call handlers, with a further 8 WTE capacity being provided by bank and overtime. Call handlers numbers are projected to increase to 185 WTEs by Mar-23. There were 101 WTE clinicians in post in Sep-23 with a further capacity being provided by bank and overtime. A 111 strategic workforce plan is an identified commissioning intention. WAST is currently developing a strategic workforce plan for the whole organisation, with clear progress being made, and formal engagement expected with commissioners in Jan-24. Further work is required to develop ICAPs as a tool for capturing 111 service

Priority	Milestones/actions Q1 and Q2	Progress
		proposals, as the ICAP process matures.
	• Undertake an advice line review to incorporate the Clinical Advice Line (CAL) and Hub Advice Line (HAL) to understand its outputs, value, and opportunities for improvement • Development of clinical leadership in 111	This work was commenced but currently paused pending further work to be completed around the continuity of the CAS system in 111. Despite funding challenges and the loss of two posts due to lack of recurring funding, the NHS 111 Clinical Leadership Team has developed well over the last 12-24 months. The introduction of their 'confident and competent' strategy for NHS 111 has seen the clinical leadership team design, develop and deliver tabletop scenario exercises, clinical supervision, clinical audit redesign, introduce advanced practice education to NHS 111 Wales and contribute significantly to the NHS 111 Wales quality agenda. Members of the Clinical Leadership Team are on MSC and PhD journeys, aligned to the HEIW career framework and spend much time supporting the workforce through their own journeys. They continue to be research-active and contribute to the academic literature. Elements of the 'confident and competent' strategy continue

Priority	Milestones/actions Q1 and Q2	Progress
		to be developed and implemented alongside other key priorities.
Urgent & Emergency care: Implementation of Same Day Emergency Care services that complies with the following:	• Determine goal 2/3 programme appetite to develop pathways for 111 into SDEC to link into later ICAP discussions • Through the national SDEC action group discuss national approach to pathway development and implementation for WAST • Local implementation of the nationally agreed pathways – **agree trajectories** for increase in access from WAST clinicians on scene	Referrals to SDEC currently accounts for around 0.2% of WAST demand. Modelling at the outset of 2023 established that there is the potential for around 4% of our demand to be referred into SDEC services from EMS with a modelled gain of around 5% in red performance and 29 minutes improvement in the Amber 1 median. WAST continues to engage through the national SDEC group and locally through ICAPs on SDEC pathways. The current performance is not completely within WAST control.
Urgent & Emergency care: Health boards must honour commitments that have been made to reduce handover waits	• Evaluation of 'virtual ward' (now known as Community Support Cymru) pilots to inform business case development • Direct access pathways available (number to be determined) • Review of 'Perfect Day' to inform handover delay improvement, reporting through ICAPs • Evaluation of 'virtual ward' concept complete • Develop and implement a Midwife Advice line 24/7 as an alternative to ED/HB conveyance. • Working with health boards to optimise	CSC pilots have progressed well and a Business Case has been prepared to present to ELT during quarter 2. This has already been scrutinised by ADLT Business Case panel. This is based on a successful evaluation of the phase 1 pilots and accompanying technology projects being run with the Small Business Research Institute, and seeks to establish more testing into phase 2 and the expansion of volunteer resources to support the initiative. Direct pathways continue to be discussed at a local level through ICAP meetings,

Priority	Milestones/actions Q1 and Q2	Progress
	conveyance through development of the clinical delivery plan and through ICAP meetings. • Move into next phase of 'virtual ward' concept depending on outcome of evaluation • Develop implementation plan with commissioners for All Wales Transfer and Discharge • Scoping work on labour line Q2 and develop proposals to HBs and WG	however there is national work ongoing through the Six Goals Programme to develop 'continuous flow' to improve handover. However, handover is still extreme as set out in the MIQPR. The Optimising Care Group that reports into Clinical Transformation Programme Board continues to work on developing pathways that help to divert people away from EDs as the default. WAST has now employed a lead midwife to take forward key pieces of work to support expectant mothers and mothers in labour. Further updates will be made in future reports.
Cancer recovery: NEPTS oncology performance	• Revised oncology performance parameters • Working with health boards and providers of oncology services on our proposed establishment of an enhanced hub to improve the service for our oncology patients	A new oncology target went live from 01 April 2023 and is being regularly reported via the MIQPR. Local management teams are working closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services. The renal hub has begun the transformation from a renal only service into an enhanced service hub focused service.

Priority	Milestones/actions Q1 and Q2	Progress
		The first piece of work they will focus on will be the creation of a group of oncology focused volunteers and a buddy system for those patients that have regular transport patterns. This will improve patient experience and performance. A separate workstream has also been created focused on data management on ready and pick up times. The hypothesis is that this will improve overall performance and ensure a more robust data set.
Mental health and CAMHS	• 111 Press 2 in place	111 Press 2 for mental health is now an established service Whilst it was not included in the ministerial template, a further alternative pathway for mental health service users has been developed and funded in Aneurin Bevan where the Health Board and WAST will be piloting mental health response vehicles, which have been successfully deployed in other ambulance services.

6. This is the first assessment against the ministerial templates in 2023/24, the process to provide the templates was new in 2023. We aim to refine our approach to developing the templates this year to bring through with the IMTP when it is approved by the Board and further refine the actions and milestones that will be delivered in 2024 against the minister's priorities.

Recommendation: The Board is asked to Note the contents of this paper and the update against the ministerial priorities that are relevant to WAST

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

Financial Performance as at Month 7 – 2023/24

MEETING	Trust Board
DATE	23rd November 2023
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report for the period to Month 7 (October 2023) of the 2023/24 financial year. It builds on an initial presentation provided to the Finance & Committee on 13th November 2023. Due to meeting timings this month aligned to reporting deadlines to Welsh Government some of the usual detail has not been able to be fully presented within this report, however it is key that the Board receives the latest reported in year position, and the detailed financial monitoring returns provided to WG is provided as appendices to this report.

RECOMMENDED: The Board is asked to review, comment, note and receive assurance on the financial position and 2023/24 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 (£0.108m) for month 7 2023/24;
- 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 2023/24 financial year;
- In line with the financial plans that support the IMTP, gross savings of £4.272m have been achieved in month 7 against a target of £3.650m;
- Following receipt of further clarity over some areas of outstanding funding issues, the level of financial risk within the current and forecast reported financial position has reduced;

- Capital expenditure plans are being finalised with plans to fully achieve in year;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.1% for the number, and 98.7% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE
• F&PC – 13th November 2023 – Financial Presentation • EFG – 15th November 2023 – Financial presentation • TB – 23rd November 2023 – to note

REPORT APPENDICES
Appendices 1 – 2 *– Monitoring return submitted to Welsh Government for month 7 – as required by WG*

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

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

FINANCIAL PERFORMANCE AS AT MONTH 7 2023/24

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31st October 2023 (Month 7 2023/24), along with a brief update on the 2023/24 capital programme. It builds on that presented to the Finance & Performance Committee on 13th November 2023.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 7 2023/24** (1st April 2023 – 31st October 2023) are that:

   - The cumulative revenue financial position reported is a small **underspend against budget of £0.108m,** based on some key assumptions broadly remaining consistent with that within the IMTP financial plan and the Board approved budget for 2023/24. The underlying year-end forecast for 2023/24 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 £4.270m have been achieved against a target of £3.654m;

   - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.1% for the number, and 98.7% of the value** of non-NHS invoices paid within 30 days.

REVENUE FINANCIAL PERFORMANCE – MONTH 07 2023/24

3. The table below presents an overview of the financial position for the period 1st April 2023 to 31st October 2023.

Revenue Financial Position for the period 1st April - 31st October				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-295,152	-170,355	-170,215	140
Expenditure				
Pay	213,052	124,831	123,274	-1,557
Non-pay	53,550	30,771	32,224	1,453
Total pay & non-pay expenditure	266,601	155,603	155,498	-104
Depreciation & Impairments / interest payable & receivable	28,551	14,752	14,608	-144
Total	0	0	-108	-108

Income

4. Reported Income against the initial budget set to Month 7 shows an underachievement of **£0.140m**.

Pay Costs

5. Overall, the total pay variance at Month 7 is an underspend of **£1.557m**.

Non-pay Costs

6. The overall non-pay position at Month 7 is an overspend of **£1.309m**.

Savings

7. The 2023/24 financial plan identifies that a minimum of **£6.000m** of savings, cost avoidance and cost containment measures are required to achieve financial balance in 2023/24. This is a significant increase from that which has been able to be achieved in the recent past, and especially over the last couple of years.

8. As at Month 7 for the financial year 2023/24 the Trust achieved total savings of **£4.272m** against a target of **£3.650m**, summarised in the table below. As we continue through the financial year, more detailed monitoring and updates of the full savings programme will be provided to Strategic Transformation Board (via FSP updates), Finance & Performance Committee and Trust Board.

Savings Performance by Theme 23-24							
Reporting Month	7						

	Annual	In Month			Cumulative		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000
Digital	220	20	20	0	173	210	38
Estates	128	12	12	0	76	76	0
Fleet	142	15	0	-15	71	0	-71
Income	1,175	85	132	47	654	737	83
Local Schemes (Non Pay)	613	44	49	5	375	572	197
Management of Non Operational Vacancies	2,599	183	228	45	1,743	1,891	148
Procurement Efficiencies	500	57	21	-36	219	147	-72
Workforce Efficiencies & Transformation	623	54	108	54	340	638	298
Totals	**6,000**	**470**	**570**	**100**	**3,650**	**4,272**	**622**

9. As we know, no plan, forecast or reported delivery is risk free. The current updated risks included in the Welsh Government Monitoring Return at Month 7 are summarised later in this report, noting a significant reduction in these, which would be expected at this stage of the financial year. However, as we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and any further management plans required in place.

Treatment of Covid-19 spend

10. In light of the continuing lack of clarity around the funding methodology for this expenditure the Trust has now removed this and thusly the income assumptions from the Covid-19 costs previously included up to month 6. This approach has been agreed with WG and has been able to be done so without negatively impacting on the current forecast year end position.

RISKS AND ASSUMPTIONS

11. Following recent announcements in relation to in year funding across the NHS in Wales, significant work and progress has been made in terms of previously reported outstanding in year funding items and their associated risks. Whilst not being directly impacted by additional in year funding being made available to the NHS in Wales, this has resulted in the Trust being able to further firm up its in year funding assumptions, as follows:

- Greater confidence, as part of the overall funding being confirmed for the NHS in Wales, that the costs of the 2023/24 pay deal will be separately funded by WG in full;
- Confirmation received from WG that the Trust will not see any reduction in its funding in year, as any contribution to the overall NHS Wales deficit reduction plans;

- The previously assumed funding outstanding of £2m for the agreed employment of 100 front line WTEs has now been removed, and this income is now not continuing to be assumed by the Trust in year.

12. Much of this has therefore seen an update as part of the WG reporting of our current financial risks, and it is considered that there are currently no individual high likelihood risks, but as we continue to move through the next few months, we will continue to review these risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any remaining mitigating actions.

Savings risk

13. Given the significantly larger saving target that has been required this financial year, to cover increasing cost pressures, the Trust had previously included a number of risks around both the identified savings and the remaining non-identified savings, for example at Month 1 this stood at c£3.500m, but has been able to be reduced through the financial year. Following the Trust being able to finalise the in year savings schemes this risk has been able to be removed this month.

Outstanding funding risk

14. Given the continuing uncertainty, the risk in relation to the in year expected balance of funding outstanding of £2m for the previously agreed employment of 100 front line WTEs has now been removed, as this income is now not continuing to be assumed by the Trust in year. The associated impact on our income and expenditure assumptions over the remaining months of the financial year, adjusting the planned expenditure to reflect the reduction in funding and realigning the current gross pay and non pay variances highlighted above against budgets set that include this £2m, will be fully worked through and updated for m08 reporting. However it is not currently expected that this will affect the delivery of the financial plan or the current balanced year end forecast position, as long as all other funding is now received per existing assumptions. This is mainly due to the following:

- A number of short term vacancies materialising within the 100 / overall front line funded establishment;
- The greater volatility experienced in seeking to cover some of these through variable pay, with some of the uptake of this not being as great as may have been expected;
- The holding of a contingency reserve and a small number of other budgets later into the financial year than is usual due to the previous potential of having some element of funding reduction in year to contribute to the wider NHS Wales deficit reduction. Now it has been confirmed that this is not

required, this is available to offset elements of spend previously assumed out of the £2m outstanding funding, and

- An increasingly likelihood of over delivery against the Trust's savings target in year, in part linked to the removal of this risk above.

15. The recurring impact and requirement of the above will be picked up as part of 2024/25 financial planning and budget setting, however at this stage it is expected that the full £5.7m to fully fund this additional 100 WTEs will be required going forward.

16. A further consequence of the above however is that no further element of financial improvement or contribution to the wider NHS Wales financial position in year will now be able to be delivered by the Trust.

Other financial risks

17. There are a number of other risks that have materialised in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, this has however been reduced in month to £0.400m. Also included in line with the current financial climate is a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions, this has however also been reduced in month to £0.750m based on current intelligence.

18. Given the pressures the Trust feels every winter, the Trust has included a figure of £1.000m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

19. A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) now revised in line with the latest estimate of £0.984m. Matched funding for this highly volatile area is provided by WG on an annual basis and is therefore again expected in 2023/24.

20. In light of the updated assurances provided from WG, the previous risk in relation to the pay award funding shortfall has been removed on the assumption this will now be paid in full.

21. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has been subject to a more detailed review of this risk on the Trust's Corporate Risk Register, which will also be noted under the Risk Management and BAF agenda item of the Trust Board.

22. These updated risks and assumptions in relation to the year to date and forecast financial position of the Trust were also discussed in some detail at an Executive Finance Group meeting held on 15th November 2023, where updated spend profiles set against the revised available funding for the remainder of the financial year were confirmed.

2023-24 CAPITAL PROGRAMME

23. At Month 7, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is **£20.566m**. This includes **£16.245m** of All Wales Approved schemes and **£4.321m** for Discretionary schemes.

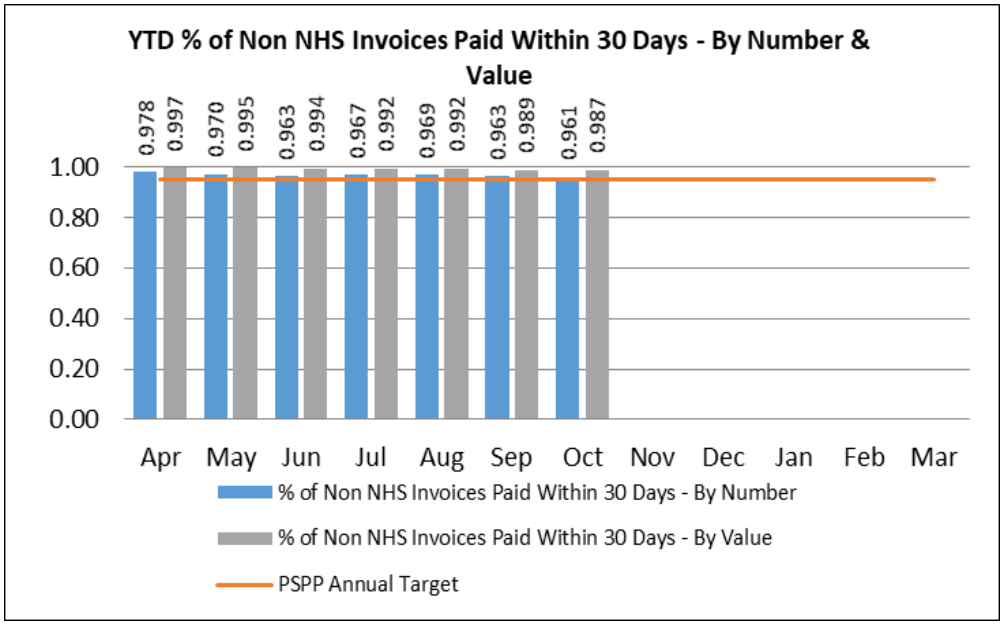
24. Whilst the above values are now fully committed, to M7, the Trust has expended **£3.233m** against the current All Wales capital scheme full year budget of **£16.245m** (as detailed below), and **£2.790m** against the discretionary budget of **£4.321m,** also as per the table below**.**

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP – Control Room Solution	399	801
111 Project Costs	217	1,570
MDVS	714	1,561
Ambulance Replacement Programme 23-24	971	8,732
Ambulance Replacement Programme 22-23	894	2,389
EFAB - Infrastructure	20	381
EFAB - Decarbonisation	13	569
Protective Equipment for Hazardous Incidents	5	242
Sub Total	**3,233**	**16,245**
Discretionary:		
I.T.	803	975
Equipment	445	915
Statutory Compliance	0	0
Estates	1,542	1,903
Other	0	180
Unallocated Discretionary Capital	0	348
Sub Total	**2,790**	**4,321**
Total	**6,023**	**20,566**
Less NBV reinvested		
Total Funding from WG	**6,023**	**20,566**

25. Expectation remains, as per previous years, the capital plan will be fully spent by the end of the financial year, subject to any adjustments to the Trust's CEL.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

26. Public Sector Payment Policy (PSPP) compliance up to Month 7 was **96.1%** against the **95%** WG target set for non-NHS invoices by number and **98.7%** by value.



RECOMMENDED that the Board:

a) **Notes** and gains **assurance** in relation to the Month 7 revenue financial position and performance of the Trust as at 31st October 2023;

b) **Notes** the capital programme update for 2023/24, and;

c) **Notes** the Month 7 Welsh Government monitoring return submissions included within Appendices 1 – 2 (as required by WG).

Appendix 1

Attached

Appendix 2

Circulated by e mail

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th November 2023

Your ref:

Dear Claire,

Re: OCTOBER 2023 (MONTH 7 2023/24) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for October 2023.

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

In line with our submitted IMTP, our opening budgets and financial plan for the year reflect the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2023.

The Trust's performance against financial targets for Month 7 2023/24 is as follows: -

1. **Actual Year to Date 23/24 (Tables A, B & B2)**

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2023/24 being that the 2022/23 funding is, where applicable, fully recurrent, and the 2023/24 funding will include: -

- The nationally made available 1.5% uplift for core cost growth, which excludes any funding to meet the 2022/23 and 2023/24 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 the previous IMTP and Annual Plan, along with funding for other nationally delivered projects.

It should be noted that as per the IMTP the income and corresponding pay cost in our opening plan did not include any allowances for the 2023/24 pay awards or any one-off allowances now agreed by WG. It is assumed that the actual costs incurred for each pay award which includes the 1.5% consolidated paid in May 2023, recovery payment

paid in June 2023 and the 5% award paid in July 2023 will be funded in full by WG and the calculated value yet to be invoiced but reflected in this return, is a further **£12.390m** - as per the plan this is the amount included within our forecast to ensure breakeven.

The resulting reported performance at Month 7 as per Table B is therefore a small under-spend against budget of **£0.108m**. The main funding and expenditure / savings assumptions within this reported position needs to be recognised, however.

The reported total pay variance against plan as at Month 7 is an underspend of £1.557m.

The non-pay position at Month 7 is a reported overspend of £1.309m.

Income at Month 7 shows an underachievement of £0.140m.

As discussed elsewhere in this letter the Trust still has a shortfall in funding in regard to the payment received for the 1.5% for 2022/23 and hence a potential shortfall for 2023/24 if based on the 2022/23 values. To be clear again though, the current and forecast financial position of the Trust assumes all actual costs associated with the various tranches of pay awards will be funded in full, as above this has been calculated internally at £12.390m. Following discussion between Navin Kalia, Jason Collins (WAST) and Matthew Denham-Jones (WG) on 10th October 2023 WG believe this matter will be resolved satisfactorily following the completion of the work by the All Wales NHS Pay Modelling Group, which we understand will be before the end of November 2023. **(WAST Action Point W4.2 for WG to resolve)**

2. Movement (Table A)

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

3. Risk (Table A2)

The financial risks reported in Table A2 continue to be assessed on a monthly basis, and these have again been reduced from the risks stated within the Month 6 return and at present it is considered that there are no individually high likelihood risks, but as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value, whilst also ensuring that the Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

As per previous monitoring returns there remains a number of risks that need to be documented within this reported financial position, some of which aligns to that fully described within the financial plan submitted as part of the IMTP.

The Trust is constantly monitoring these risks, looking for opportunities and ways to mitigate the risks.

Savings risk
Given the significantly larger saving target that has been required this financial year, to cover increasing cost pressures the Trust had included a number of risks around both the identified savings and the remaining non-identified savings, at Month 1 this stood at c£3.500m, but has been able to be reduced through the financial year. Following the Trust being able to finalise the in year savings schemes I am pleased to confirm that this risk has been able to be removed this month.

Outstanding funding risk
Given the continuing uncertainty, the risk in relation to the in year expected balance of funding outstanding of £2m for the previously agreed employment of 100 front line WTEs has now been removed, as this income is now not continuing to be assumed by the Trust in year. The associated impact on our income and expenditure assumptions over the remaining months of the financial year, adjusting the planned expenditure to reflect the reduction in funding and realigning the current gross pay and non pay variances against budgets set that include this £2m, will be fully worked through and updated for m08 reporting. However it is not currently expected that this will affect the delivery of the financial plan or the current balanced year end forecast position, as long as all other funding is received per existing assumptions. This is mainly due to the following:

- A number of short term vacancies materialising within the 100 / overall front line funded establishment;
- The greater volatility experienced in seeking to cover some of these through variable pay, with some of the uptake of this not being as great as may have been expected;

- The holding of a contingency reserve and a small number of other budgets later into the financial year than is usual due to the previous potential of having some element of funding reduction in year to contribute to the wider NHS Wales deficit reduction. Now it has been confirmed that this is not required, this is available to offset elements of spend previously assumed out of the £2m outstanding funding, and
- An increasingly likelihood of over delivery against the Trust's savings target in year, in part linked to the removal of this risk above.

The recurring impact and requirement of the above will need to be picked up as part of 2024/25 financial planning and budget setting, however at this stage it is expected that the full c£5.7m to fully fund this additional 100 WTEs will be required going forward.

A further consequence of the above however is that no further element of financial improvement or contribution to the wider NHS Wales financial position in year will now be able to be delivered by the Trust.

Other risks
There are a number of other risks that have materialised in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, this has however been reduced in month to £0.400m, as reported at the All Wales Energy group this remains volatile due to the ongoing geopolitical events in Ukraine and Middle-East. Also included in line with the current financial climate is a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions, this has been reduced in month to £0.750m based on current intelligence.

Given the pressures the Trust feels every winter, the Trust has included a figure of £1.000m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) now revised in line with the latest estimate of £0.984m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon.

In light of the calculated figure above of £12.390m the £0.900m risk in relation to the Pay award funding shortfall, has been removed on the assumption this amount is paid in full.

Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also been noted, alongside a more detailed review of this risk on the Trust's Corporate Risk Register.

4. Monthly Profiles (Table B)

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

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

Agency costs for Month 7 totalled £0.053m. The current percentage of agency costs against the total pay figure is 0.3%, this is to cover vacancies, in a number of areas across the Trust which the Trust is having difficulties recruiting into, however it is hoped that some of these agency staff will be replaced by permanent staff in the near future.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance and information provided in the required table. Anticipated spend and hence income assumptions were reviewed and reduced at Month 7, it is now assumed that no funding will be required from WG for the additional PPE requirements, given the uncertainty around recharge methodology.

7. Saving Plans (Table C, C1, C2, C3 & C4)

For Month 7 the Trust is reporting planned savings (including Income generation) of £3.654m and actual savings of £4.270m.

As can be seen from Table C4 the Trust is now forecasting to overachieve it's saving targets, at present this overachievement is being offset by reinvestment in frontline services phased into the latter part of the financial year.

As requested, we can confirm that all the savings are based on confirmed savings plans and these have now been updated in line with the latest internal intelligence.

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

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

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

At Month 7 there were 3 invoices over 11 weeks, and 3 invoices over 17 weeks, of which one has now been paid.

10. 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	12	15	15	17	16	12	13	15	15	15	15	15	175
Other Non NHS Income	214	231	186	64	59	227	370	200	200	200	200	200	2,351
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	164	1,078	0	397	858	322	1,039	350	350	350	350	350	5,608
Risk Pool Refund	108	0	41	0	0	0	4	0	0	0	0	0	153
Total	498	1,324	242	478	933	561	1,426	565	565	565	565	565	8,287

11. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through 2023/24.

Up to quarter 2 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 96.3% against a target of 95%. This table will again be updated for quarter 3 in the December return.

12. Capital (Tables I, J and K)

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

At month 7, works are ongoing with Programme managers to continue to monitor spend against programme, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses.

Conversations are ongoing with WG around the correct treatment of the funding associated with the Airwave extension, this hopefully will be resolved over the next month.

13. 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 7 Financial Monitoring Return will be presented to the Trust Board on 23rd November 2023.

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.

14. Other Issues

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

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

Yours sincerely

Chris Turley
Executive Director of Finance & Corporate Resources

Jason Killens
Chief Executive

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

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

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – September/October 2023

MEETING	Trust Board
DATE	23rd November 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O'Connor - Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Melanie.O'Connor@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 **September/October 2023.**

2. The indicators used at this high-level show an increase of system pressure (and warning signs for winter), in particular, with increasing handover lost hours and therefore worsening quality and performance for the Emergency Medical Service (EMS). 111 is showing continuous improvement throughout 2023 with abandonment rates and call answer times achieving their best performance since February 2022.

3. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, but with demand (with the exception of outpatients) increasing to pre-Covid levels, performance has dipped slightly over the past two months. Overall, the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there are system dependencies e.g., handover lost hours.

RECOMMENDATION: The Board is asked to: - Consider the September/October 2023 Integrated Quality and Performance Report and actions being taken and determine whether:

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

REPORT APPROVAL ROUTE

Date	Meeting
17 November-23	**Executive Director Strategy, Planning & Performance**
23 November-23	**Trust Board**

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 **September/October 2023.**

BACKGROUND

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

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

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

4. As previously agreed, the metrics which form part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (Integrated Medium-Term Plan - IMTP) and strategies. A revised set were recently agreed, which are now being built into the report on an iterative basis.

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, having been challenging at the end of last year, improved significantly, achieving the 6 second answering target during the early part of 2023, however, in the second half of the year the 95th percentile has begun to worsen; in September 2023 it was 28 seconds with a small improvement to 27 seconds in October 2023.

7. **111 call answering is improving,** with the call abandonment target of 5% being achieved again in October 2023 (2.9%), which is the lowest figure recorded and 67.6% of calls being answered within 60 seconds, although this still remains significantly below target (95%). Negotiations with commissioners have

indicated that funding is available for 198 call handlers this year and recruitment has been underway to secure this number, but there remain a number of vacancies. It has recently been agreed to recruit another cohort in November, with the aim of getting closer to the 198 level (current estimate for December is 181 FTEs, which is further boosted by bank and overtime). Significant improvement work has been undertaken on improving production and increasing productivity. There is also improved ICT in place since last winter. Whilst performance has improved and the 111 service is more resilient performance through December, in particular, on weekends remains an area of concern. A priority was a commissioning intention to re-roster 111 (including demand & capacity work). The funding for this has been withdrawn.

8. **111 Clinical response:** the Trust continues to see achievement of the clinical call back time target for the highest priority 111 calls (P1CT – 99%) , and pleasingly, other priorities of calls (P2 and P3) also achieved the 90% performance target in October 2023, with the respective figures being 90.6% and 90.1%. This improvement has been driven by more efficient working practices and the alignment of capacity to demand. The numbers of clinicians are now broadly at agreed establishment levels (recently agreed as 102 WTE).

9. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for October 2023 was 47.2%, a slight drop when compared to September 2023, below the 65% target and the fourth consecutive month to record a decrease. However, there was another monthly increase in the number of Red incidents that were actually attended within 8-minutes, rising to 2,277 in October 2023. The actual number of Red incidents attended within 8-minutes has seen a general increase over the past two years with the monthly average in 2023 being 2,024 compared to 1,921 in 2022 and 1,813 in 2021. The Amber 1 median was 1 hour 23 minutes (ideal 18 minutes) and the Amber 1 95th percentile was 6 hours 6 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

   Capacity:
   - Recruitment: The Trust currently has 97% of commissioned front line posts in place. There is no significant recruitment planned over the next few months as forecasts identify that there is good coverage until March 2023.
   - Some additional funding was made available to pilot the new Connected Support Cymru service in partnership with St John Cymru (SJA). This funding has now ended; however, the Trust is continuing with this project through the volunteer Community Welfare Responders, which is producing some positive early results.

Efficiency (rosters, abstractions/sickness absence and post-production lost hours)

- The Managing Attendance Programme continues, delivered through this year's ten-point plan. There was a reduction in overall sickness levels during the early part of 2023, and although increases have been seen over the past two months, further work is still on-going to reduce to 6% during 2023/24. There remain risks associated with delivery of this level of improvement especially in the context of winter viruses and Covid, as well as the impact of other winter pressures and handover delays.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate over the last 12 months, however, it has declined in recent months, with an upturn to 13.8% in October (IMTP ambition 17% by quarter 4). Action plans are in place within the service, but there are some risks emerging in terms of delivery.

Red Improvement Actions

- The full roll out of the Cymru High Acuity Response Units (CHARUs). Recruitment and training is being undertaken at pace with the aim to fully populate the CHARU rosters keys (153 full time equivalents), with the current estimated staff in post of 125 FTEs.
- Red review. This is being undertaken within additional resource, when possible, but ideally, as previously identified, would require additional FTEs. The resource requirement will be considered further through the 2023 EMS Strategic Demand & Capacity Review.
- A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.

10. One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 23,232 hours were lost during October 2023, the fourth monthly increase in a row. These levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Wales Immediate Release figures for October 2023 were: Red 173 accepted and 11 declined; and Amber 1, 199 accepted and 311 declined. There has been some challenge from health boards on the accuracy of requests, with the Trust engaging in a workshop organised by the NCCU. An extraordinary incident was declared on 22 October 2023. Ambulance production was good and there was no demand spike.

11. **Ambulance Care (formally NEPTS) (Patient Experience)**: Oncology performance remained close to the 70% target in October 2023 at 65.4%. Renal performance decreased in October 2023, but remained above target at 72.7%.

Advanced discharge journey performance remained consistent with the previous month (78%).. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance.

12. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported two NRIs to the NHS Executive in October 2023, a decrease of two from the four reported in September 2023; and 16 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In October 2023 complaint response times dropped to 21% and remained significantly below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust has put more capacity into the Putting Things Right (PTR) team, which has had a positive impact for the Legal Team until periods of long-term sickness absence. The Concerns Administrators responding to patients and families continue to have lengthy and repeated calls due to protracted response times in the community, compounded by an inability to always respond in a timely manner to their concerns and questions. The Trust is concerned for the welfare of the team, given the nature and volume of the PTR work across all functions and a number of supportive actions are progressing/planned for both the corporate team and EMS Coordination & Resourcing.

13. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 76.4% in October 2023, a slight increase from the 75.7% seen in September 2023, but remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate dropped to 17.1% in October 2023 compared to 22.1% in September 2023.

14. For the first time, the Trust is now able to report on call to door times for Stroke and STEMI patients. These show in October call to hospital door times of 2:20 for stroke patients and 2 hours 30 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.

Our People (workforce resourcing, experience, and safety)

15. **Hours Produced**: The Trust produced 122,050 Ambulance Response unit hours in October 2023, an increase from the 113,421 produced in September 2023. Emergency ambulance unit hours production (UHP) was 93% in October 2023, thus improving, but just short of the 95% target. CHARU UHP increased to 136% (note this is of the commissioned level, not full roll out). Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving (see below).

16. **Response Abstractions:** EMS abstraction levels decreased to 33.09% in October 2023 and is now close to the 30% benchmark. EMS Response sickness abstractions stood at 9.59% (benchmark 5.99%).

17. **Trust sickness absence:** the Trust's overall sickness percentage was 8.78% in September 2023, an improvement on the 9.22% recorded in August 2023. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan.

18. **Staff training and PADRs:** PADR rates did not achieve the 85% target in October 2023 (73%), while compliance for Statutory and Mandatory training increased slightly to 76.43%.

19. **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 have undertaken a pan-Wales round of CEO Roadshows in November 2023. Feedback from attendees identifies workloads as the main cause of stress and pressure.

Finance and Value

20. **Financial Balance**: The reported outturn performance at Month 6 is a surplus of £77k, with a forecast to the year-end of breakeven.

Partnerships/ System Contribution

21. **Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 13.8% in October 2023, an increase from the 12.6% seen in September 2023, but below the Trust's 2023/24 IMTP ambition of 17%. However, in relation to increasing the numbers conveyed to places other than a main Emergency Department, little progress has been made through the year. Work

continues with health boards on gaining access to their Same Day Emergency Centres.

22. In October 2023, 9,586 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 200 callers. A formal programme to take forward "inverting the triangle" has been established. The Trust has proceeded with growing the numbers of APPs in training. The current focus is on developing a "strategic case for change", a stakeholder engagement process and simulating the inversion through the 2023 EMS Demand & Capacity Review.

Summary

23. The indicators used at this high-level highlight an increase of system pressure, in particular, handover lost hours, and therefore worsening quality and performance for the Emergency Medical Service (EMS). 111 is continuing to show improvement with abandonment rates continuing to achieve better than target levels. Ambulance Care, in particular, NEPTS performance has been relatively stable, but with performance deteriorating over the past two months. Overall, the picture remains one in which the Trust can demonstrate clear improvement over some things it controls, but a more mixed picture where there are system dependencies e.g. handover lost hours, and these pressures are beginning to increase as the Trust heads into winter.

RECOMMENDATIONS: The Board is asked to: - Consider the September/October 2023 Integrated Quality and Performance Report and actions being taken and determine whether:

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

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

September/October 2023

Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: November 2023

by Commissioning & Performance Department

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2023/24	2 Year Average	Sep-23	Oct-23	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	15.0%	3.4%	2.9%	G
111 Clinical Triage Call Back Time (P1)	90%	96.7%	99.0%	99.0%	G
999 Call Answer Times 95th Percentile	00:06	00:45	00:28	00:27	R
999 Red Response within 8 minutes	65%	50.9%	48.6%	47.2%	R
999 Amber 1 Median	00:18	01:23	01:17	01:23	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	74.7%	65.8%	65.4%	A
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	85.9%	78.0%	78.0%	R
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	16.8%	22.1%	17.1%	A
Stroke Patients with Appropriate Care	95%	79.5%	75.7%	76.4%	R
Stroke Call to Hospital Door Times	Reduction Trend	2:11	2:08	2:20	A
Acute Coronary Syndrome Patients with Appropriate Care	95%	46.8%	46.0%	53.5%	R
National Reportable Incidents reports (NRI)	Reduction Trend	6	4	2	A
Can't Send & Cancelled by Patient Volumes	Reduction Trend	11211	10895	10535	A
Concerns Response within 30 Days	75%	40%	55%	21%	R
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	95%	89%	93%	A

Top Monthly Indicators	Target 2023/24	2 Year Average	Sep-23	Oct-23	RAG
Health & Well-being					
Sickness Absence *(all staff)*	6.0%	9.67%	8.78%	N/A	A
Mental Health Absence Rates	Reduction Trend	2.33%	2.71%	N/A	A
Staff Turnover Rate	Reduction Trend	10.45%	9.28%	9.10%	G
Statutory & Mandatory Training	>85%	80.60%	76.21%	76.43%	R
PADR/Medical Appraisal	>85%	67.99%	70.0%	73.0%	R
Number of Shift Overruns	Reduction Trend	3750	3961	3,321	A
Inclusion & Engagement / Culture					
NHS111 % of Total Calls Answered in Welsh	Increasing Trend	0.44%	0.88%	1.15%	G
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.1%	1.4%	1.4%	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	G
EMS Utilisation Metric (All Vehicles)	Increasing Trend	60%	57.5%	58.5%	A
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.44	2.41	2.36	A
NEPTS on the Day Cancellations	Reduction Trend	19.3%	20.2%	19.4%	A
Partnerships / System Contribution					
Inverting the Traingle					
Successful Consult & Close Outcome	17.0%	13.0%	12.6%	13.8%	R
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.3%	10.79%	10.72%	A
Number of Handover Lost Hours	15,000	22,807	19,610	23,232	R
NHS111					
NHS111 Dental Calls	TBD	5,877	6,750	7,107	TBD
Consult & Close Volumes by NHS111	Increasing Trend	1,135	994	952	A

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

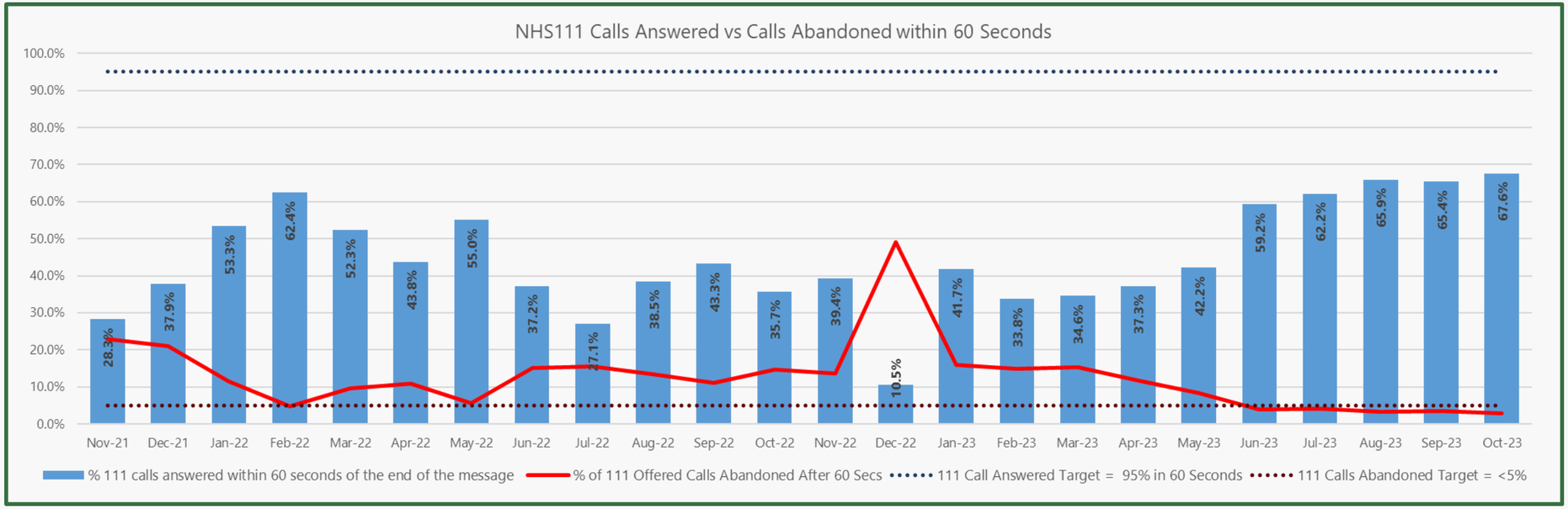
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

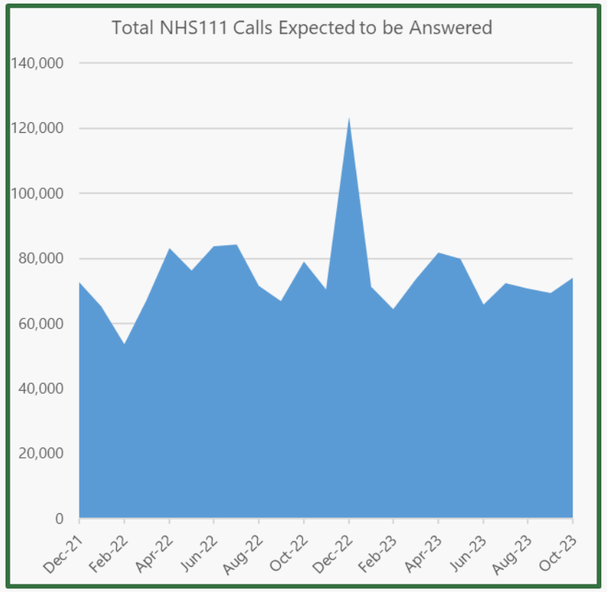
(Responsible Officer: Lee Brooks)

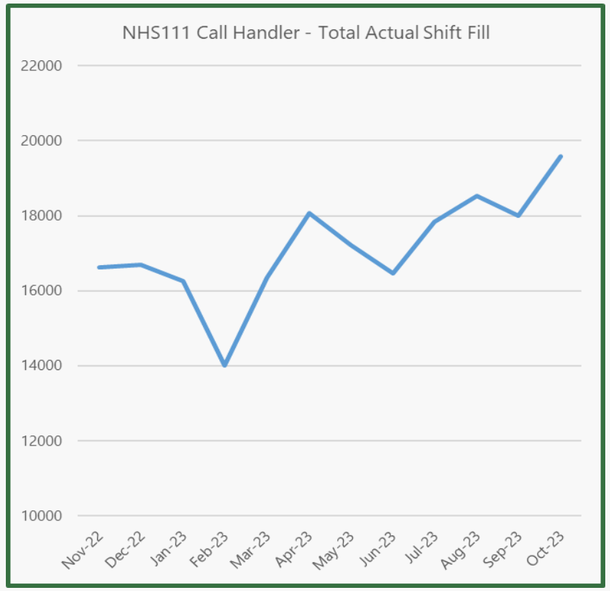
Abandonment Rate G

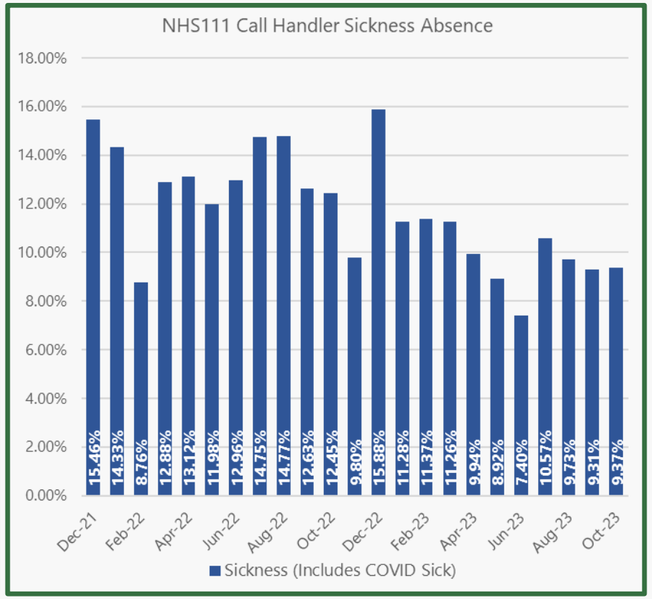
FPC

Influencing Factors – Demand and Call Handling Hours Produced









Analysis

111 call abandonment is a key patient safety indicator for the service. October 2023 saw an **abandonment rate of 2.9%,** remaining below the 5% target. It is also the lowest monthly figure recorded during the 2-year recording period.

The percentage of 111 calls answered within 60 seconds of the end of the message in October 2023 also improved to 67.6%, which although remaining below the 95% target, is the highest rate achieved in the past two years.

The percentage of 111 calls answered in Welsh increased from 0.88% in September 2023 to 1.15% in October 2023.

Abstractions due to sickness absence increased slightly, disrupting the longer-term downward trend.

Remedial Plans and Actions

The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.

- Agreement has been reached with commissioners that 198 WTE call handlers will be funded in 2023/24. The Trust is currently 21.25 FTE short of establishment. The Trust is aiming to address this in quarter three.
- Work continues on sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6%
- A roster review in three parts is due to start, in collaboration with the 111 commissioners to review rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week. Funding now an issue.
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore call times are related to clinician availability.

Expected Performance Trajectory

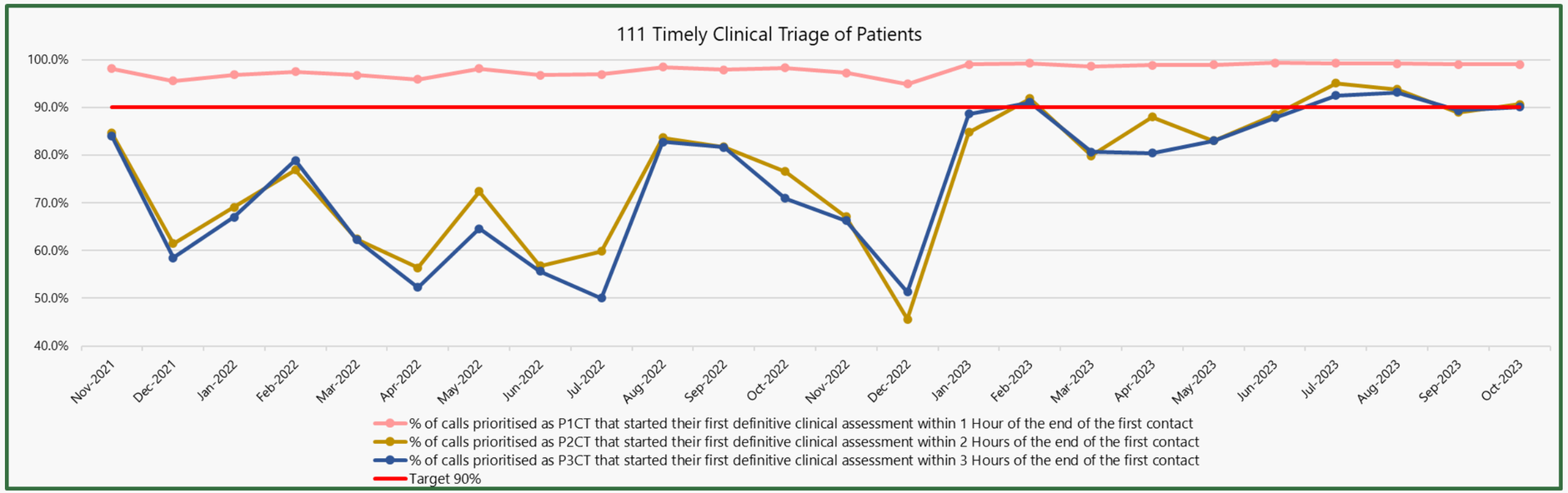
The Trust is now moving into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. In December 2022 there was a very severe spike in demand, not seen the previous winter.

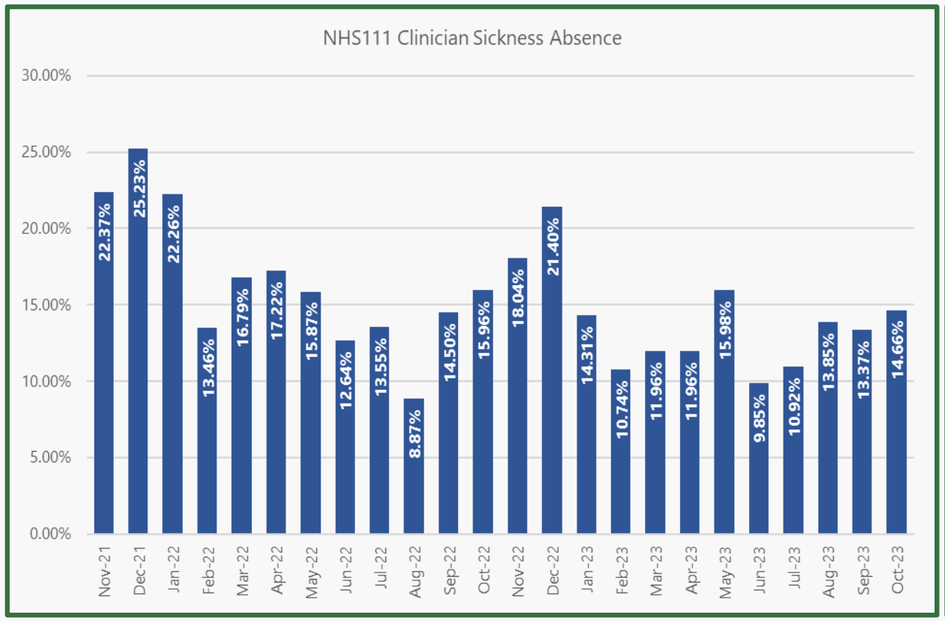
Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

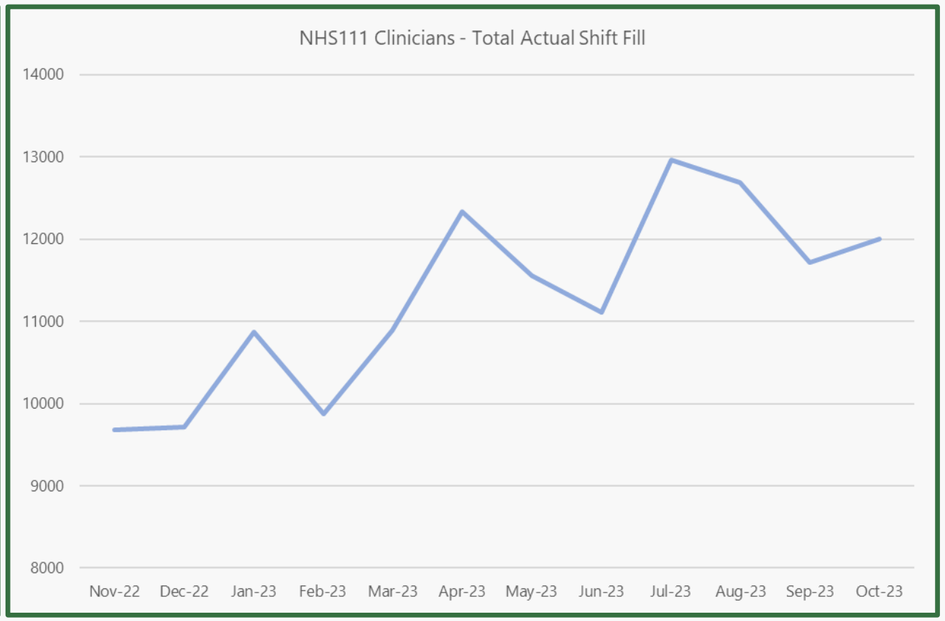
(Responsible Officer: Lee Brooks)

P1CT G FPC

Influencing Factors – Demand and Clinical Hours Produced







Analysis

The highest priority calls, P1CT, continues to achieve the 90% target (99%).

For lower category calls P2CT increased to 90.6% in October 2023 compared to 89% in September 2023, while P3CT also increased to 90.1% in October 2023 compared to 89.2% in September 2023.

Clinical staff capacity increased to 12,042 hours during October 2023, a rise of 324 hours when compared to September 2023. Clinician sickness absence increased to 14.66% in October 2023 from the 13.37% reported in September 2023.

Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. At present 100.71 FTE (Sep-23) nurses and paramedics are in post, and commissioners have indicated that they have funding available for 102 WTE., albeit this could change next year.

Expected Performance Trajectory

The Trust is now moving into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. In December 2022 there was a very severe spike in demand, not seen the previous winter. The lack of capacity to develop and maintain the 111 website, in particular, the symptom checkers is an identified risk, with Executives in discussions with 111 commissioners currently.

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

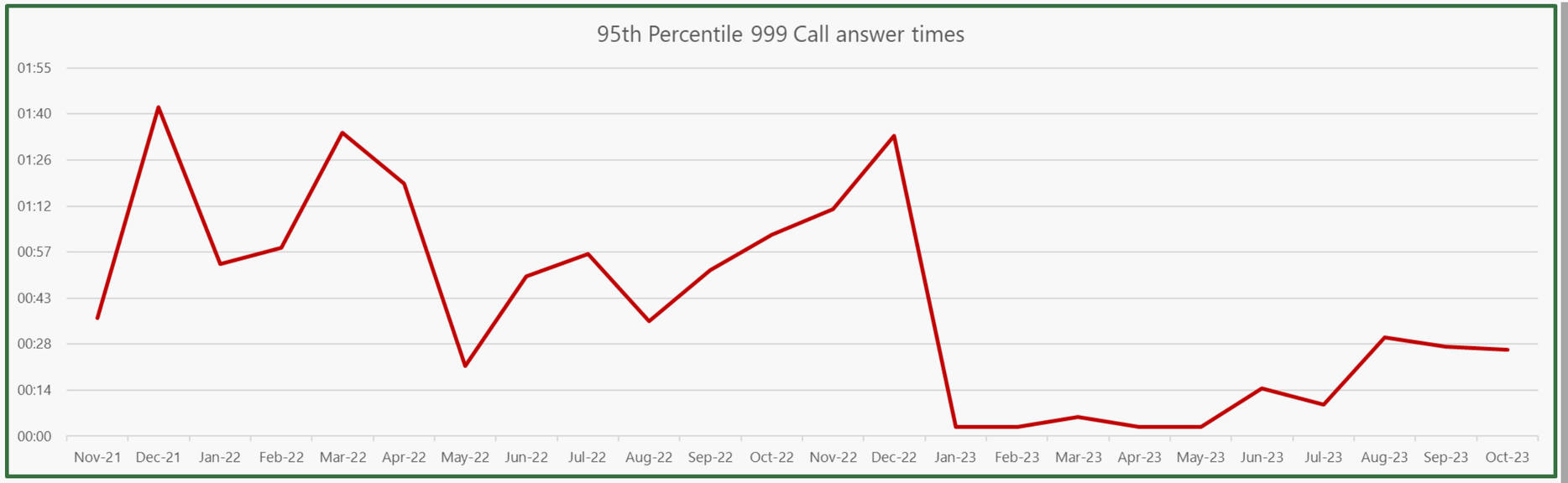
(Responsible Officer: Lee Brooks)

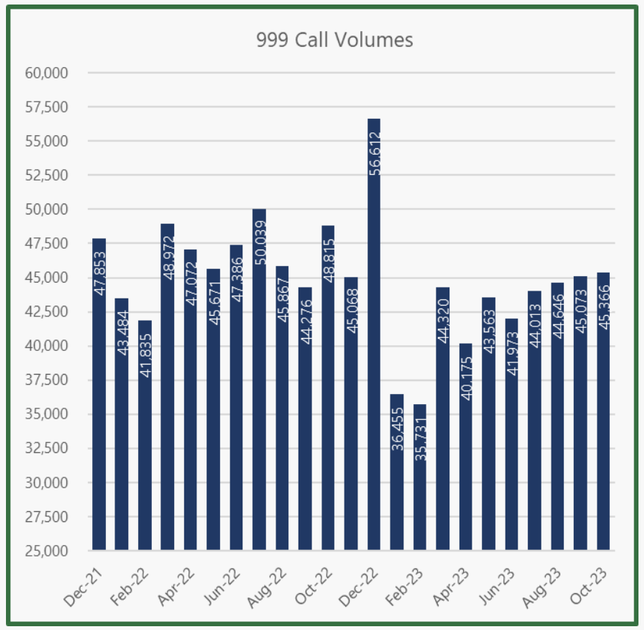
G

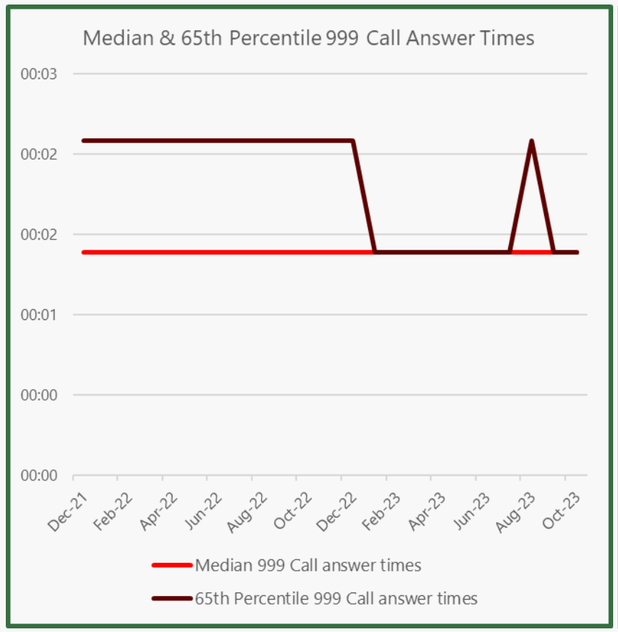
FPC

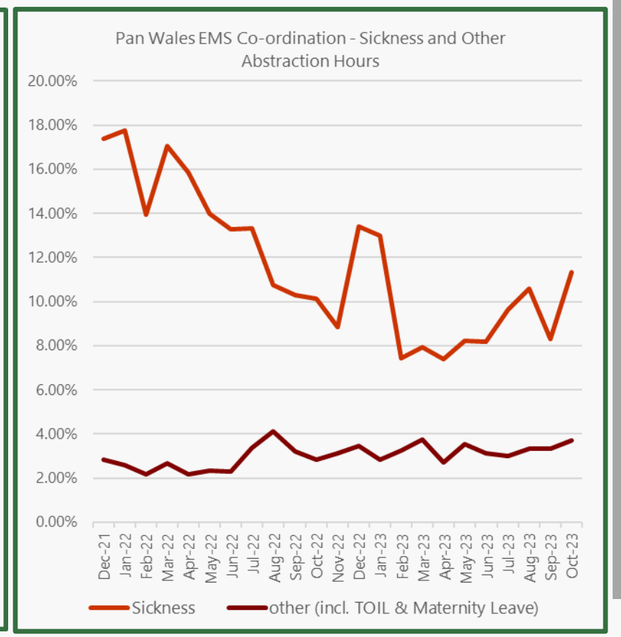
CI

Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance improved to 27 seconds in October 2023, down from 28 seconds in September 2023 but remained above the 6 second target. The median call answer time for the 999-service remained consistent at 2 seconds.

The Trust received 45,366 emergency 999 calls in October 2023, a slight increase from the 45,073 calls received during September 2023 and the fourth consecutive month that demand has increased.

Overall sickness abstractions within the EMS Coordination have risen over the past three months, after being on a downward trajectory till April 2023, rising to 11.32% in October 2023.

Remedial Plans and Actions

- EMD FTE is currently 119.89 against a funded establishment of 111.76; however, this includes new starters still in the sign off period. Once qualified, experienced staff will be re-aligned to vacant dispatcher posts.
- Intelligent Routing Platform is now in operation following configuration changes.
- A cohort of 12 went live the end of September with a further cohort of 9 commencing in North at the end of October go live end of November, and a further course of 12 arranged for November with go live 25 December; however, the teams are still experiencing attrition.
- Three workstreams are being progressed through the EMS Reconfiguration project (the complete reconfiguration has not commenced due to cost pressures required to fund the agreed model approved by ELT). This is on hold currently but will re commence in the next few weeks pending outcome and approval of a proposed new Structure for EMSC. This will require consultation.

Roster Review. Having successfully implemented an EMD roster review in February 23 the project has now progressed to commencing a dispatch roster review for Allocators and Dispatchers, however, this is currently on hold due to reviewing a potential for a new structure for EMSC as per 4th bullet point above

Boundary changes. EMS Coordination intend to realign dispatch boundaries to balance workload and pressures for individual dispatch teams. Currently on hold, as above.

Broader Ways of Working. This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and lack of variation across centres. Currently on hold, as above.

Expected Performance Trajectory

Performance is expected to remain on track, subject to continued good work around capacity management.

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

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

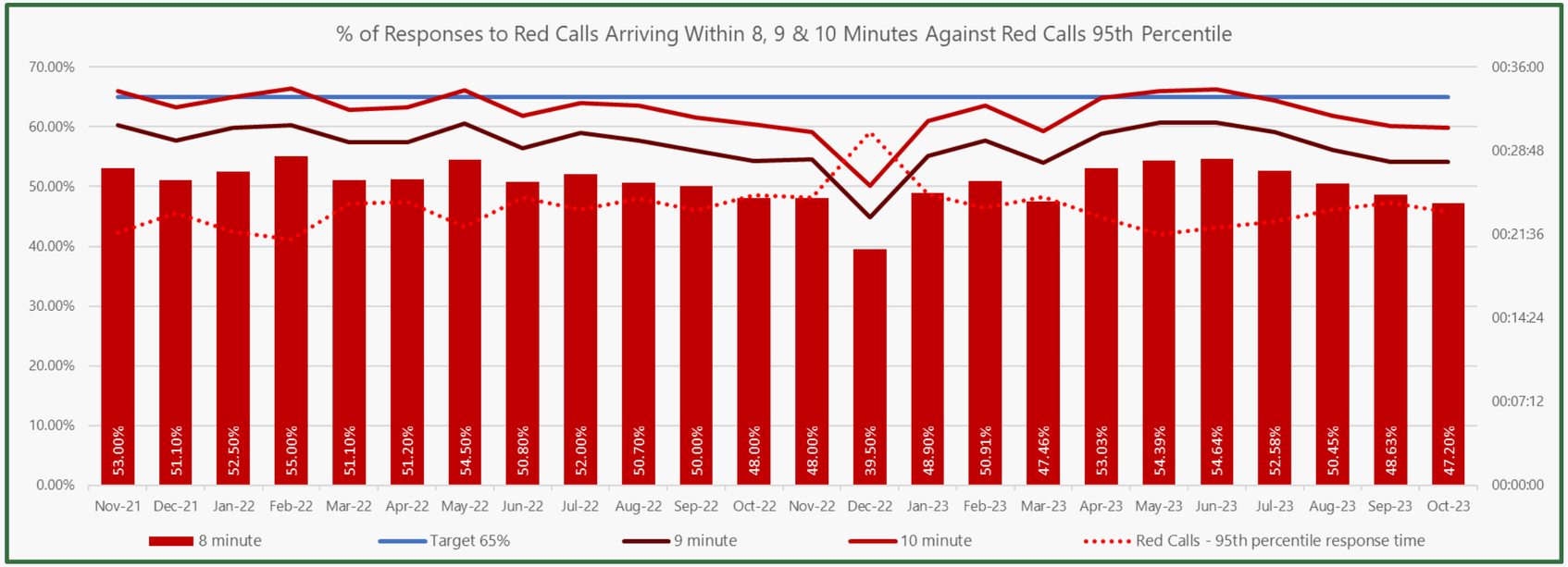
65% R

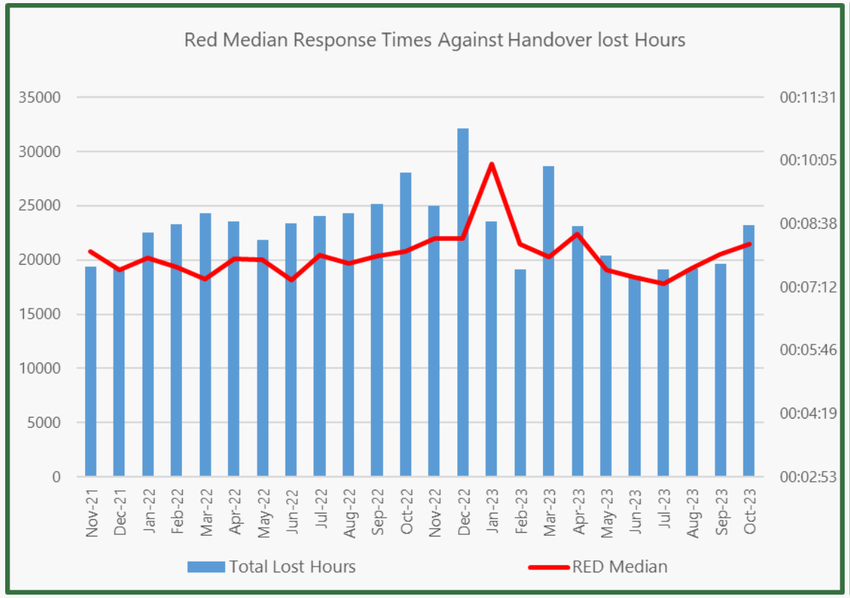
95% R

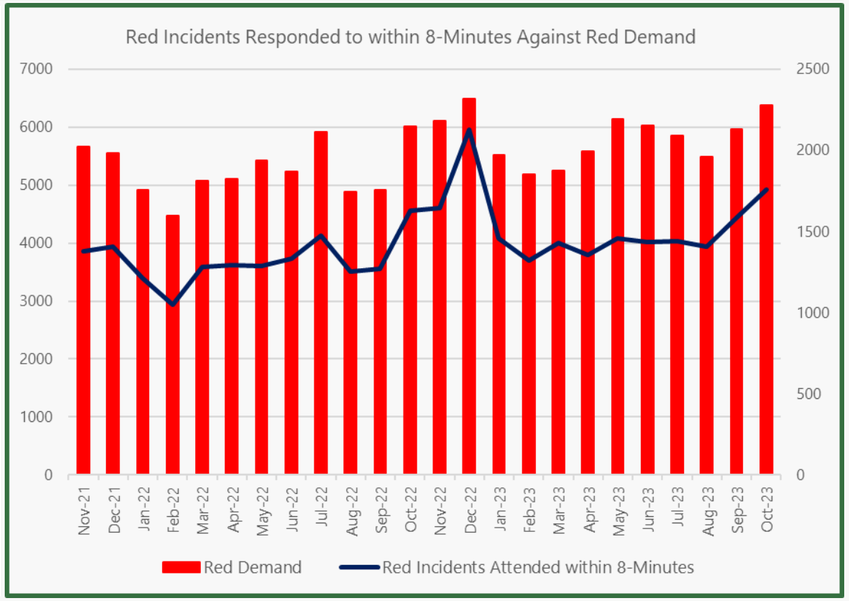
QUEST

FPC

CI







Analysis

Red performance declined slightly in October 2023 to 47.2% and continues to remain below the 65% target. None of the seven health boards achieved this target. Red 10-minute performance was 59.8% for October 2023, down from 60.1% in September 2023 and the 4th consecutive month to see a decline in percentage terms.

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

The bottom right graph shows that even though Red 8-Minute performance, based on percentage is falling, as demand increases the number of Red incidents the service is responding to inside 8-minutes has increased. In August 2023, the Trust responded to 1,958 Red incidents inside 8-minutes. This increased to 2,131 incidents in September and 2,277 in October 2023.

The lower left graph demonstrates the correlation between overall Red performance and hospital handover lost hours. Lost hours currently remain lower than their peak in December 2022, but October 2023 saw a significant increase to 23,232 lost hours compared to a figure of 19,610 in September 2023. This was the fourth month in a row that has seen an increase, meaning these levels continue to remain significantly above where they need to be. However, rates remain lower than during the same period in 2022.

Remedial Plans and Actions

The main improvement actions are:

- To maintain commissioned establishment levels overall. WG have confirmed funding for the additional 100 will remain in place for this financial year
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (127 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas. Further actions to address;
- Changes to the response logic and clinical screening of red calls, which are now live (19 June 2023);
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of the IMTP (6% Mar-24);
- Working closely with Health Boards to support reduction in lost hours and a reduction in conveyances to ED. This is undertaken within local Integrated Commissioning Action Plan meetings and will include work on improvements in referrals to Same Day Emergency Care Units (SDECs).

Expected Performance Trajectory

Winter modelling estimates Red 8 minute (most likely scenario) of 50% in October and November, declining to 45% in December, before recovering somewhat in Q4. The modelling has been shared with Welsh Government and EASC..

*NB: Data correct at time of abstraction

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

(Responsible Officer: Lee Brooks)

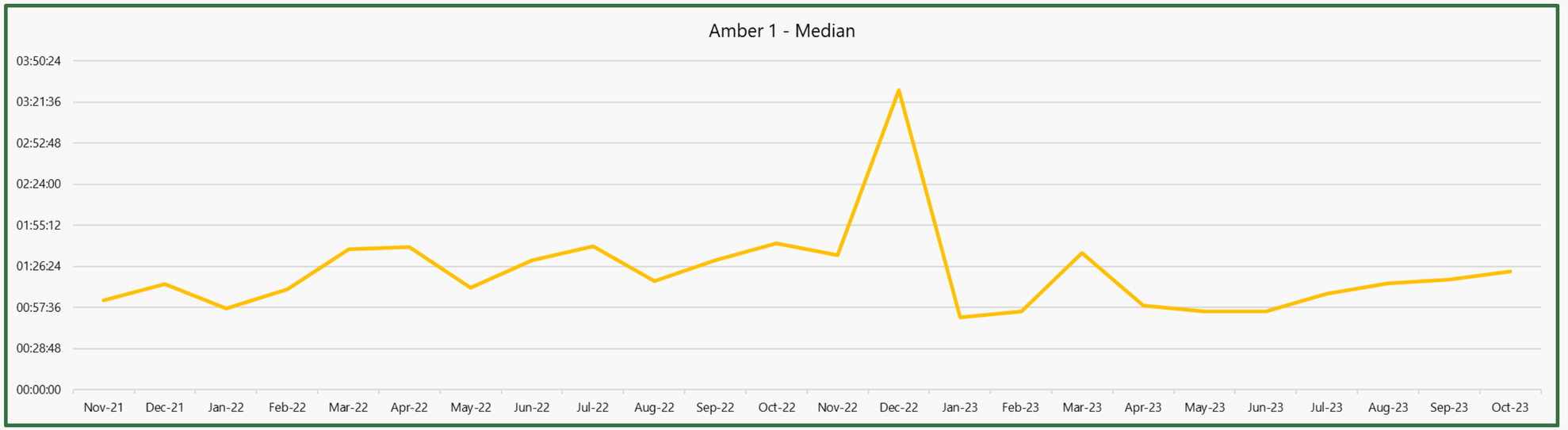
R

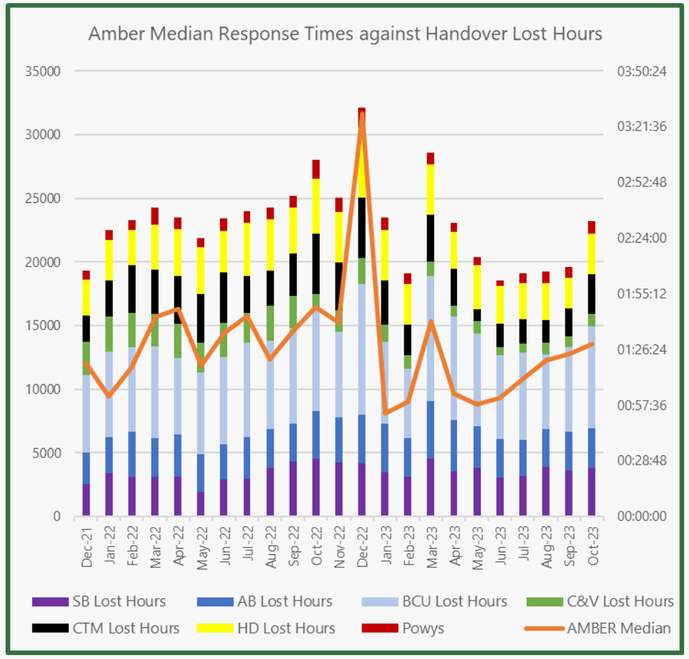
FPC

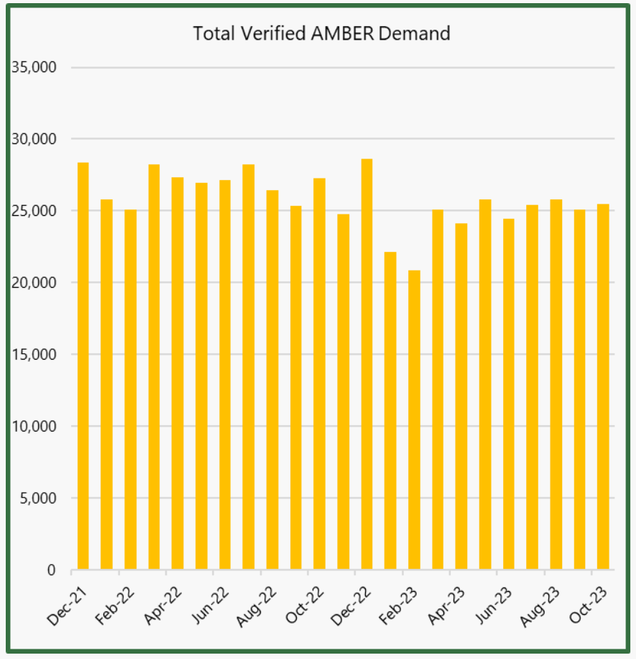
CI

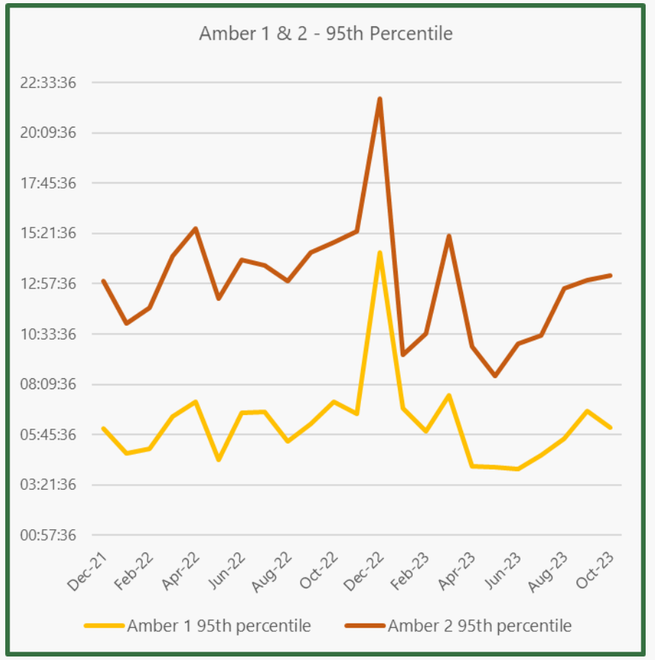
QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

Amber 1 median performance declined during October 2023 to 1 hour 23 minutes, from the 1 hour 17 minutes recorded in September 2023. The ideal Amber 1 median response time is 18 minutes. However, the 95th percentile declined to 6 hours and 6 minutes from 6 hours 54 minutes in September 2023.

There were some long patient waits in October 2023, with 1,888 patients (all categories, not just Amber) waiting over 4 hours, although this was an improvement on the 2,362 waiting over four hours in September 2023.

Amber demand increased slightly in October 2023 to 25,507 verified incidents, although this remains 7% lower than demand levels seen in October 2022.

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

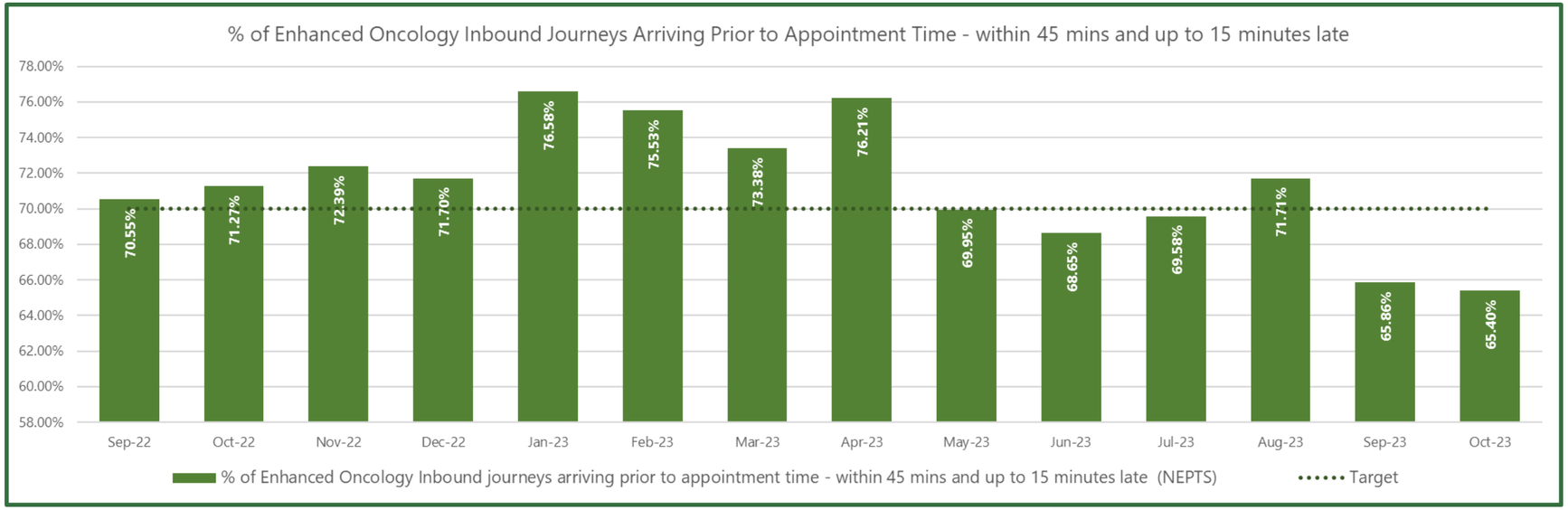
The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments and system efficiencies, not all of which are within the Trust's control.

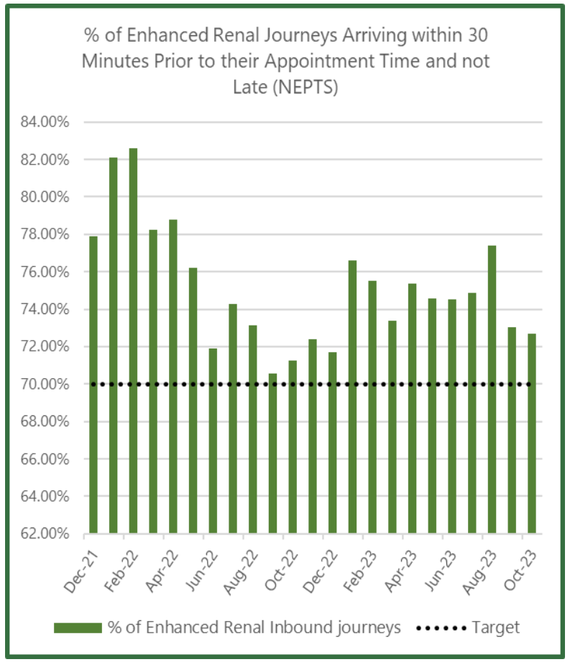
Our Patients: Quality, Safety & Patient Experience

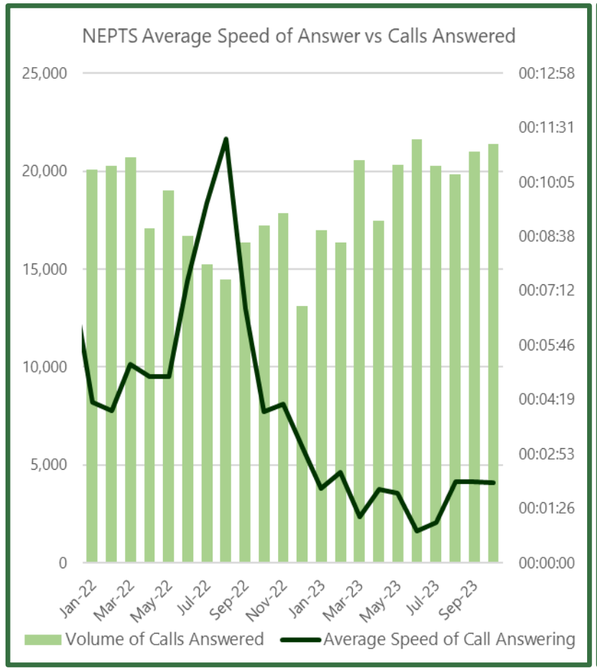
Patient Experience – Influencing Ambulance Care Indicators

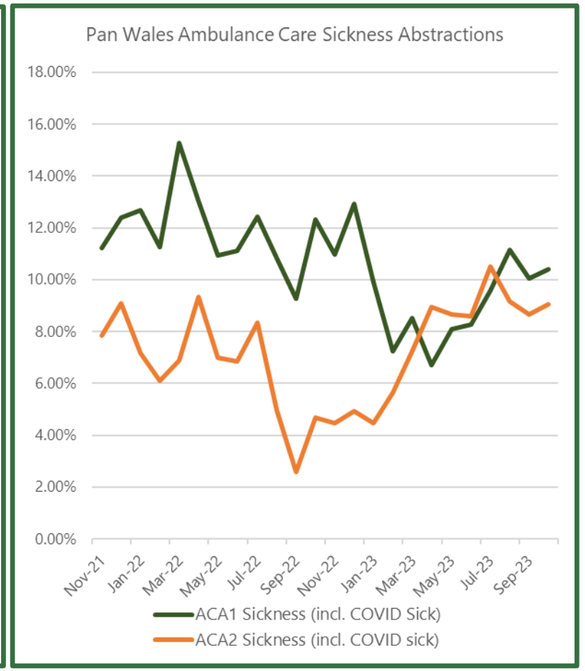
(Responsible Officer: Lee Brooks)

Oncology G | D&T R | FPC | CI









Analysis

Ambulance Care (NEPTS element) performance reduced slightly during October 2023. 65.4% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, down from 65.86% in September 2023, and not achieving the 70% target. Enhanced Renal journeys also saw a reduction, from 73.1% in September 2023 to 72.7% in October 2023.

Overall demand has continued to increase as the planned care system continues to reset. In particular:-

- Completed journeys for Patients requiring Ambulance Transport – Non T1 & C3 mobility (exc. Discharge & Transfer) are at or in excess of levels seen prior to the pandemic.
- Oncology journeys in particular have increased significantly since April 2023 and in June 2023 were at levels not seen since 2019.
- There has been a notable increase in requests for discharges from the ED. This correlates with EMS no longer facilitating these requests.

Call volumes answered increased in October 2023 (21,374) compared to September 2023 (20,972). Average speed of call answering also increased slightly in October2023 (00:02:08) compared to September 2023 (00:02:09). The overall percentage of calls answered within 60 seconds also improved in October 2023 to 60.9%, compared to September 2023 (57.7%).

ACA1 (NEPTS) sickness increased in October 2023 to 10.41% compared to September 2023 (10.06%). ACA2 (UCS) sickness also increased to 9.03% in October 2023 compared to September 2023 (8.66%).

Remedial Plans and Actions

- Local management teams are working closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.
- The renal hub has begun the transformation from a renal only service into an enhanced service hub focused. The first piece of work they will focus on will be the creation of a group of oncology focused volunteers and a buddy system for those patients that have regular transport patterns. This will improve patient experience and performance.
- A separate workstream has also been created focused on data management on ready and pick up times. I tis believed that this will improve overall performance and ensure a more robust data set.
- All of the above actions will be contained within an improvement plan to be presented to SLT on the 9th November.

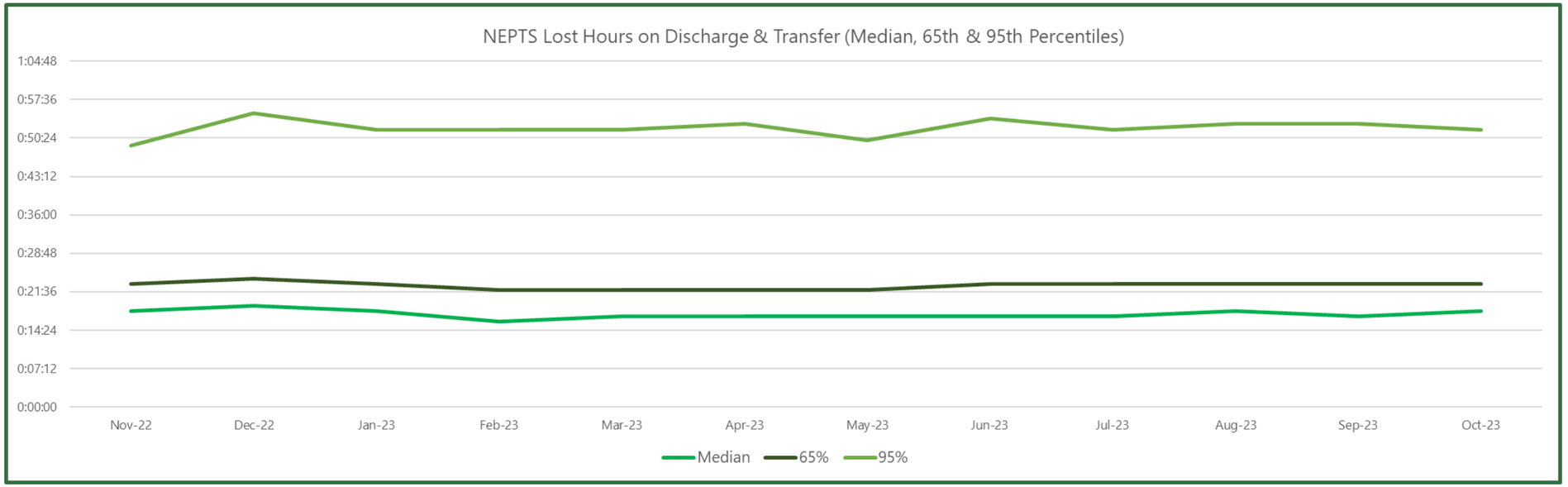
Expected Performance Trajectory

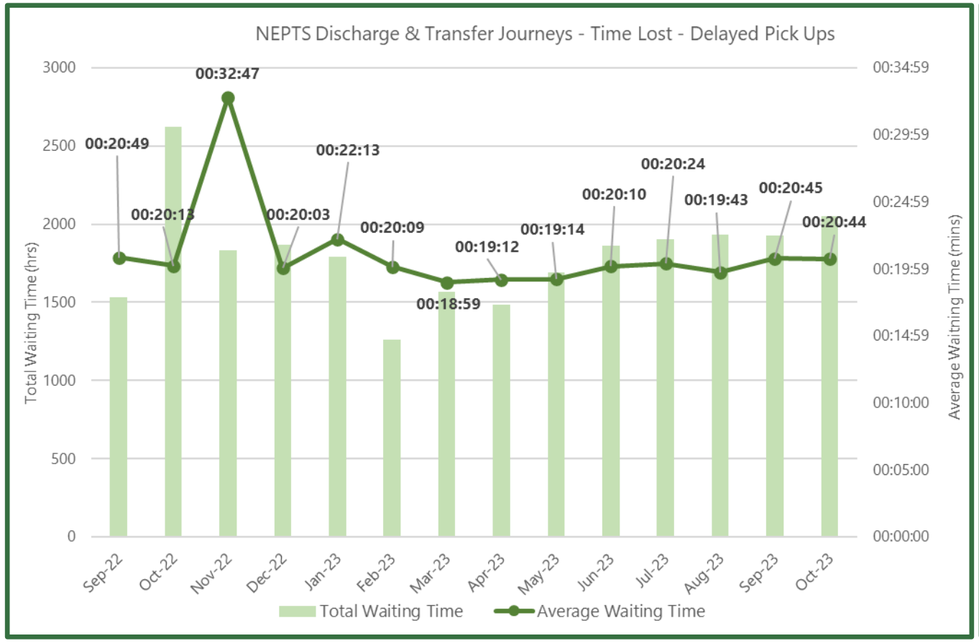
With the implementation of the above actions, it is anticipated that Oncology performance will improve over Q3. Initial improvement trends have already been seen after just a few of the actions have been partly implemented.

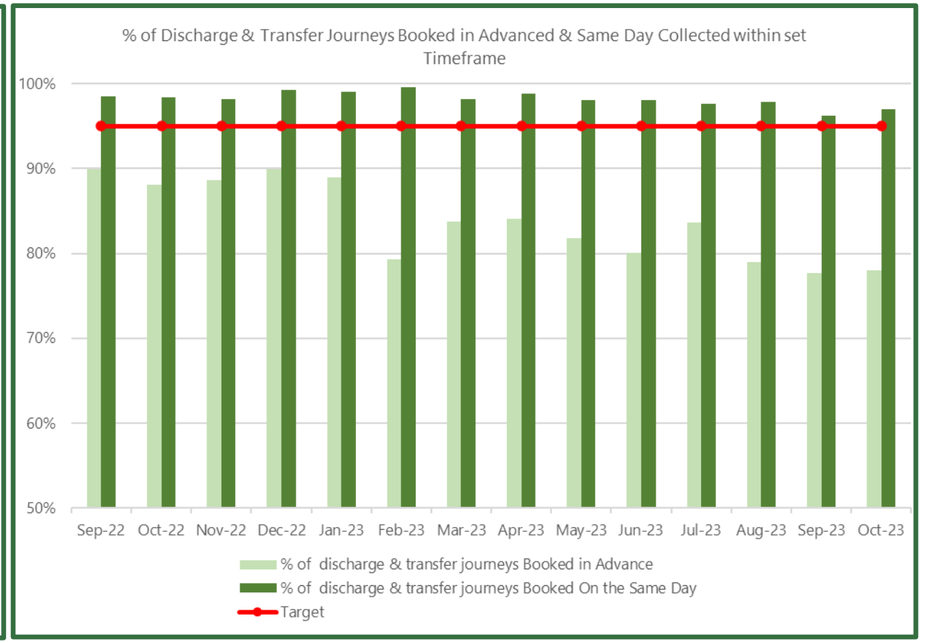
Our Patients: Quality, Safety & Patient Experience
Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Patient Experience – Hospital>Hospital Transfer Waiting Times







Analysis
Time lost on discharge and transfer pickup has remained consistent for some time now with minimal variation experienced.

The data shows that the average time lost over the past 12 months is 17 minutes, which includes time from arrival at site to when the patient is loaded on the vehicle. The hope is that over time this can be reduced to 15 minutes.

Where sites have discharge lounges, it may be possible to reduce current performance and within some sites this occurs regularly.

The main area of concern are those sites where no discharge lounge exists or where the discharge lounge is poorly located in addition to sites that have no robust process to make sure that a patient and their accompanying requirements are ready when crews arrive.

78% of discharge & transfer journeys booked in advance were collected within 60 minutes of their booked ready time, consistent when compared to September 2023 (78%), but below the 95% target. 97% of discharge & transfer journeys booked on the same day were collected within 4 hours of their booked ready time, an increase compared to September 2023 (96%), and above the 95% target.

Remedial Plans and Actions
We have started work with BCU at YGC and CTM to develop an optimal discharge model to minimise this figure as close to the 15 minutes as is possible.
This model can then be rolled out across all areas of Wales.

In addition, our teams are refining our processes including making it clear to crews when to input to their MDT, the rollout of MDVS will assist with this.

Expected Performance Trajectory
Until the model is developed and rolled out, we do not anticipate any significant variation in this data. However, we continue to work with sites and the teams to identify opportunities to reduce.

Our Patients: Quality, Safety & Patient Experience
Clinical Outcomes Indicators

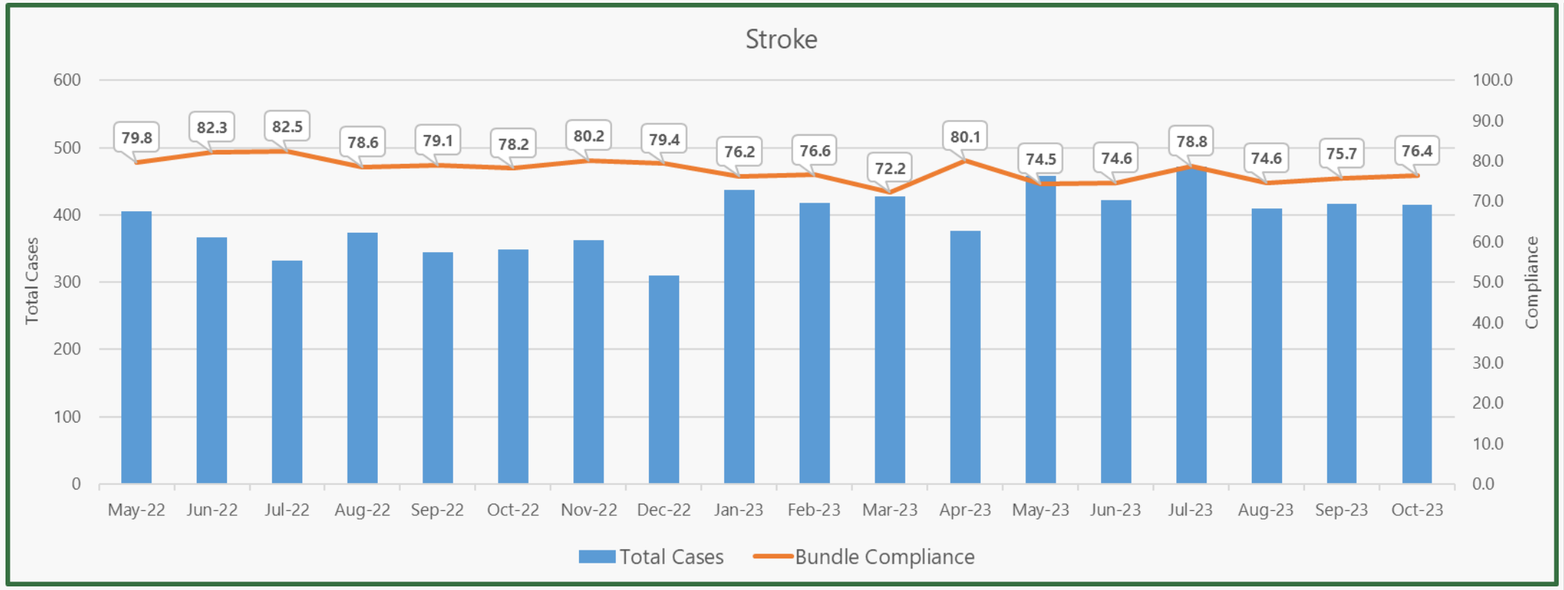
(Responsible Officer: Andy Swinburn)

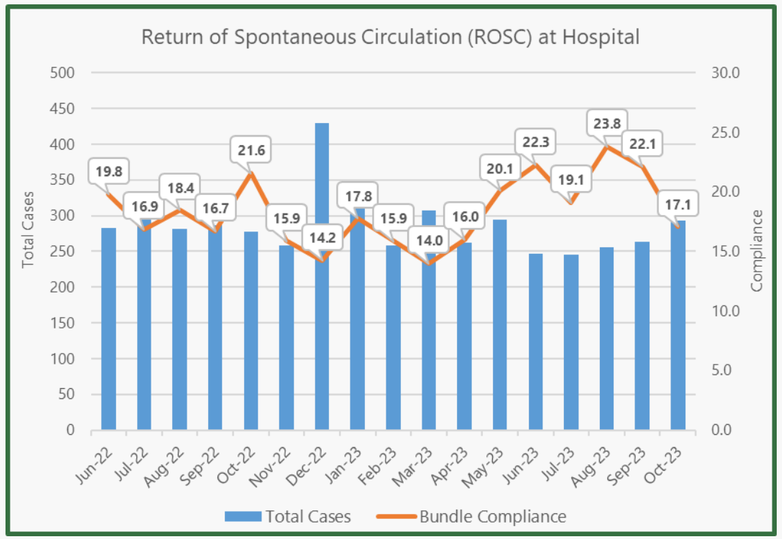
Stroke/Hip Fracture/Hypoglycaemic
R

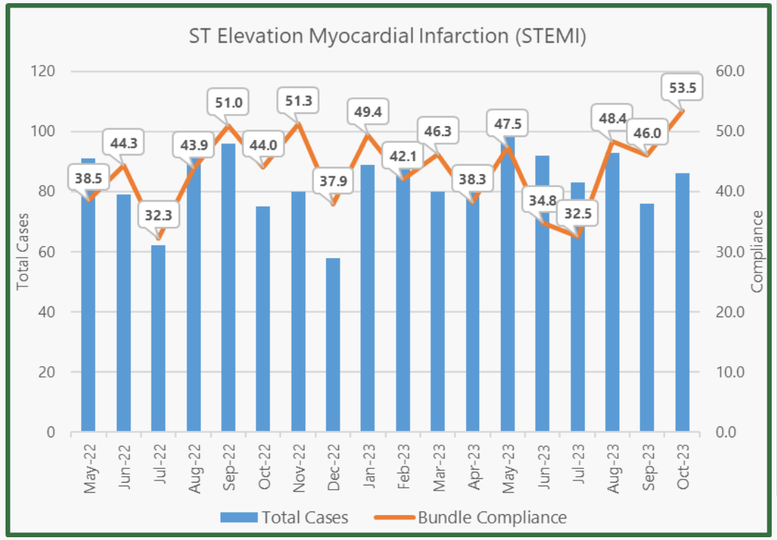
Self-Assessment: Strength of Internal Control: Moderate

QUEST

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







Analysis

The percentage of suspected stroke patients receiving an appropriate care bundle in October 2023 was 76.39%. This was a slight improvement from the 75.72% recorded in September 2023 and remains below the 95% performance target. This was against a total case number of 415 during the month of October. There is a correlation between documenting FAST and the care bundle, this will inform the improvement plan.

The ROSC rate for October 2023 was 17.1% a decrease from 22.1% in September 2023. The rate for August 2023 was 23.8% which was the highest figure recorded over the past two years. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts.

The factors that influence this may include:

- Response Times
- Bystander Resuscitation
- Response Type/Numbers

The percentage of suspected STEMI patients receiving an appropriate care bundle in October 2023 was 53.5%, an increase from 46% in September 2023. This was against a total case number of 86 cases during the month of October. There is a correlation between documenting of Aspirin and the care bundle, this will inform the improvement plan.

Remedial Plans and Actions

We were aware that changing from Digital Pen to ePCR necessitated a change in data collection and anticipated a reduction in compliance as Clinical Indicators are now compiled from data recorded by clinicians and is not subject to any validation process.

In addition, other UK ambulance services reported a reduction in clinical indicator compliance when using ePCR data only . We generated risk 535 with three key mitigations to work on:

- User understanding and behaviour with the ePCR application
- Adapting the user interface
- Reviewing the coding used to draw data from the data warehouse

In addition, the Trust is scoping out the potential for three new Clinical Indicators: -

a) Older fallers discharged at scene. This was part of a pilot undertaken along with English Ambulance trusts but due to differing criteria WAST will look at specific CIs.
b) Advanced Paramedic Practitioner – discussions are taking place to establish a specific metric.
c) Pain management/trauma – discussions taking place to establish specific criteria.

Expected Performance Trajectory

As shown throughout the UK, the implementation of CHARUs will aid the Trust in successfully increasing ROSC rates. Once CHARU has been implemented fully it is anticipated that ROSC rates should increase.

Our Patients: Quality, Safety & Patient Experience
Clinical Outcomes Indicators

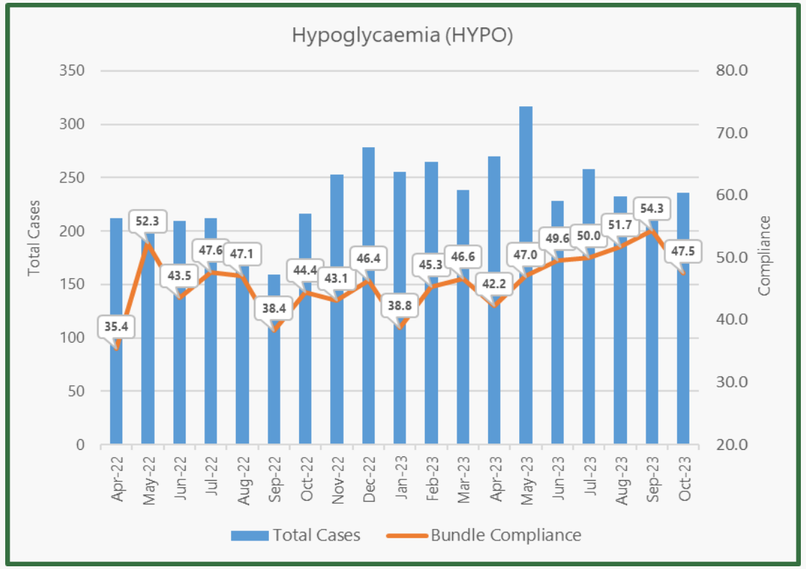
Hypoglycaemia, Neck of Femur (NOF) and Time-Based metrics (Stroke & STEMI)

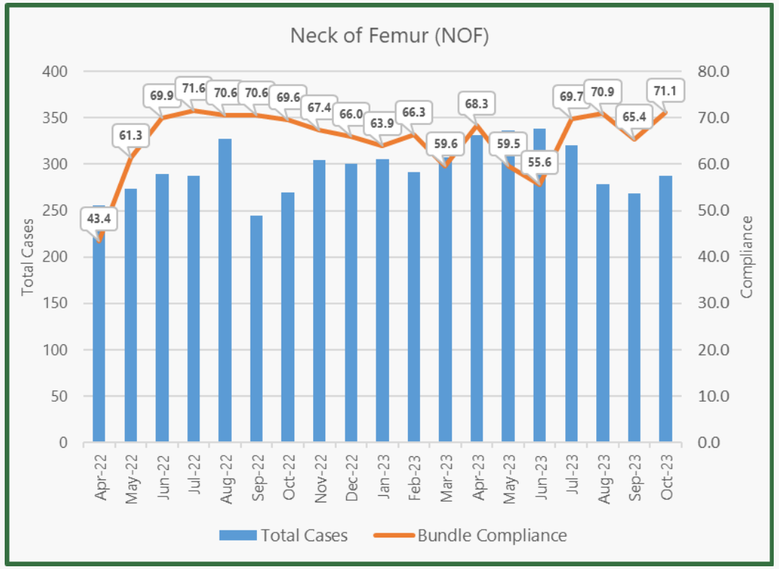
(Responsible Officer: Andy Swinburn)

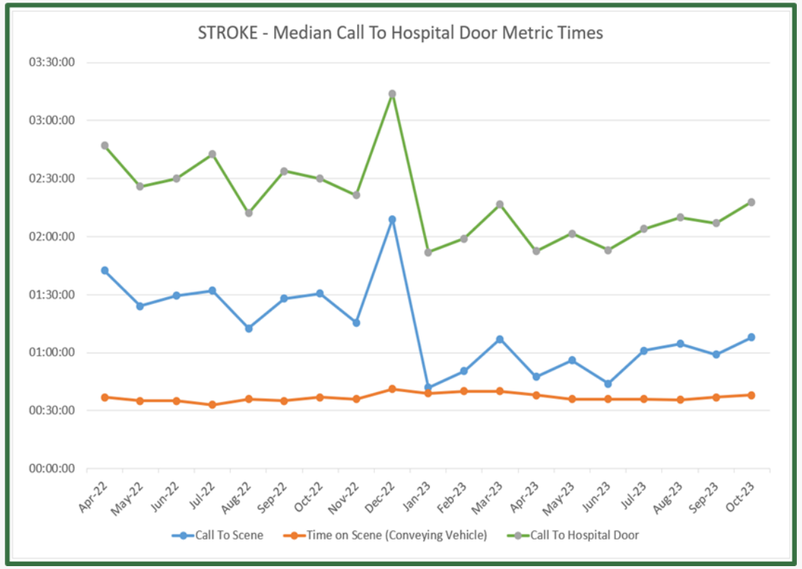
Stroke/Hip Fracture/Hypoglycaemic
R

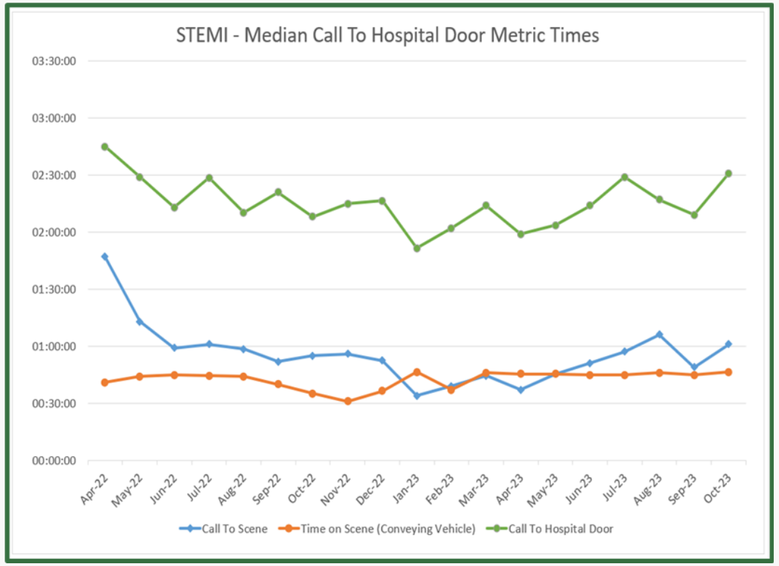
Self-Assessment: Strength of Internal Control: Moderate

QUEST









Analysis

The percentage of hypoglycaemic patients receiving an appropriate care bundle in October 2023 was 47.5%, a decrease from 54.3% in September. There is a correlation between documenting BM readings and the care bundle, this will inform the improvement plan.

The percentage of NOF patients receiving an appropriate care bundle in October 2023 was 71.1%, an increase from 65.4% in September. There is a correlation between documenting FAST and the care bundle, this will inform the improvement plan. There is a correlation between documenting pain score and analgesia and the care bundle, this will inform the improvement plan.

The development to enable reporting new clinical indicators relating to call to door times for STEMI and Stroke has been completed and approved. These show the breakdown for:

- Time the call started to time of arrival at scene
- Time on scene of the conveying vehicle
- Time the call started to time of arrival at hospital

Remedial Plans and Actions

An improvement approach has been taken which includes Senior Paramedics support to discuss CIs with WAST clinicians as part of the ride-out process. A CI dashboard (v1) is available to illustrate performance by HB area and inform discussions.

ePCR User Interface (UI) changes resulting from recommendations based on quality assurance audits conducted for each of the CIs are being implemented during November 2023. In addition to this, a further change will be implemented to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields which will improve compliance.

A pain management framework is being developed in response to an internal audit action to improve assurance on completeness of documented pain management for patients, and the ability to extract data, identifying and reporting themes and trends.

The Trust's introduction of the Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients and is our main response to the need to improve ROSC rates. This has been in place since October 2022 in some areas and since May 2023 there has been an increase in numbers and availability.

Expected Performance Trajectory

The UI change to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields will be monitored by the ePCR Compliance Approval Group. This, along with continuing improvements in clinical supervision and the support of SPs working with the Clinical Improvement and Clinical Intelligence and Assurance Teams should increase compliance rates.

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

(Responsible Officer: Liam Williams)

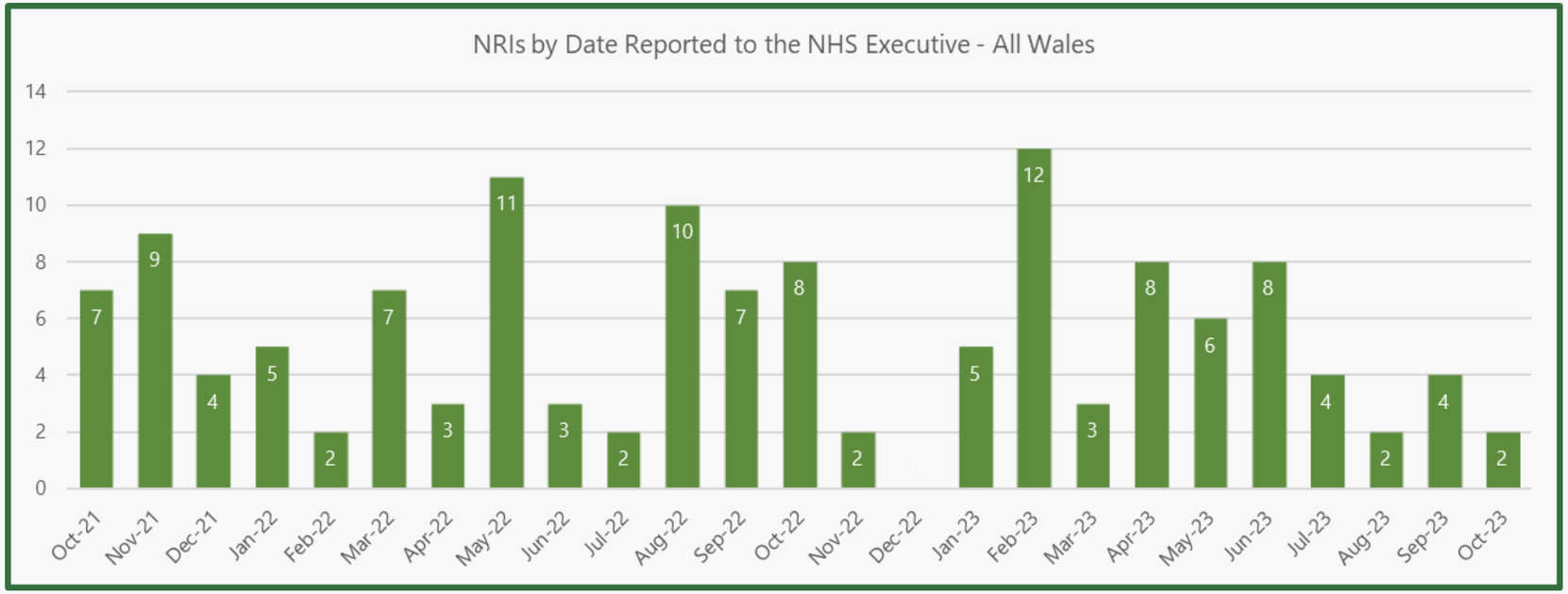
NRI. A

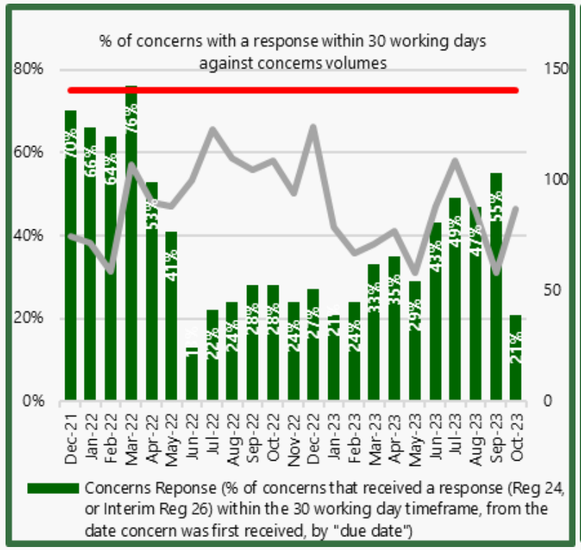
Self-Assessment: Strength of Internal Control: Moderate

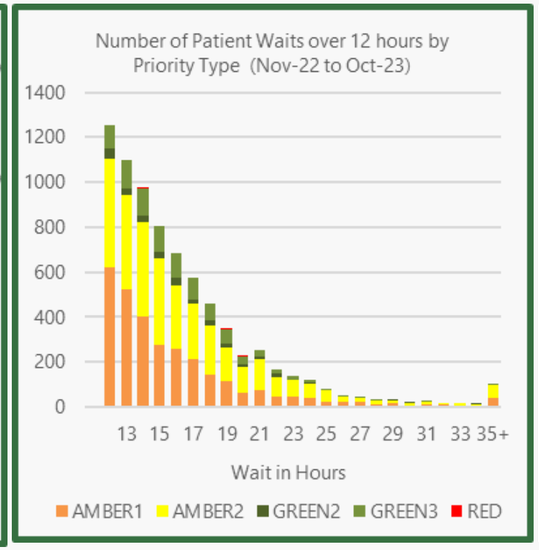
QUEST

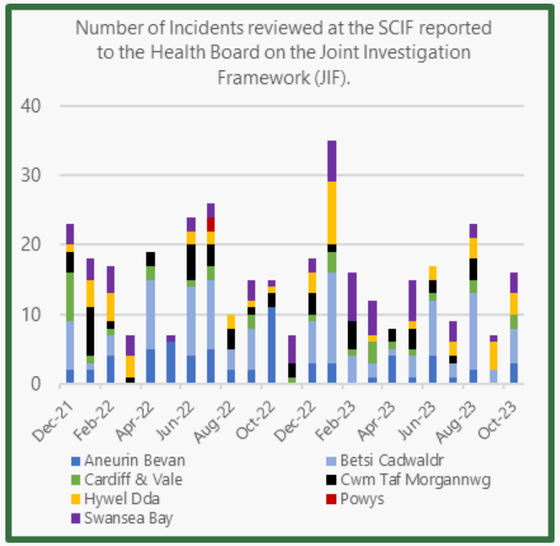
Health & Care Standard
Health - Safe Care / Timely Care

Responses Indicators









Analysis

The percentage of responses to concerns in October 2023 is 21% against a 75% target (30-day response) which is a deteriorating position, however there is currently a backlog in recording concerns due to limited capacity in the team. This will impact on the data and information presented for this period and this will be updated in future reports. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns has increased with 95 complaints being received and processed in October 2023 (the backlog of concerns to be processed will also impact the data to date). These complaints are frequently complex with our concerns administrators taking lengthy calls from distressed patients or family members for up to one hour per call.

Six Serious Case Incident Forums (SCIF) were held during the month and twenty-seven cases were discussed. Following discussion two serious patient safety incidents were reported to the NHS Wales Executive and sixteen cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received one referral from a Health Board (ABUHB) under the Joint Investigation Framework during the period. Learning from the Joint Investigation Framework process remains limited with Health Boards cited high levels of escalation as causal factors.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families as appropriate.

Themes relating to serious patient safety incidents reported to the NHS Wales Executive (Delivery Unit) as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation, predominately ineffective breathing which is being discussed at national ambulance forums as a consistent theme.

In October 2023, 677 patients waited over 12 hours for an ambulance response and 49 compliments were received from patients and/or their families.

Remedial Plans and Actions

A range of actions are in place:-
Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the Operations Quality Team. Following financial agreement at the Executive Leadership Team in September 2023 an organisational change process commenced in the Putting Things Right Team on 25.09.2023.

Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions, both are considered at Board sub-committee level and at Trust Board. The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

The Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge impacting on the quality and safety of care to patients in the community and those delayed outside of hospitals awaiting transfer to definitive care which are detailed on the Corporate Risk Register.

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

**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*

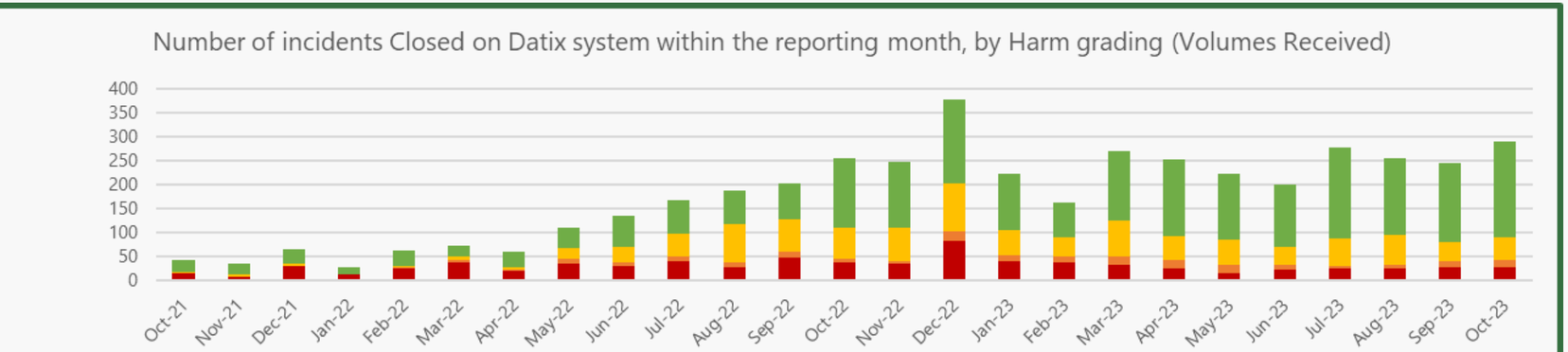
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

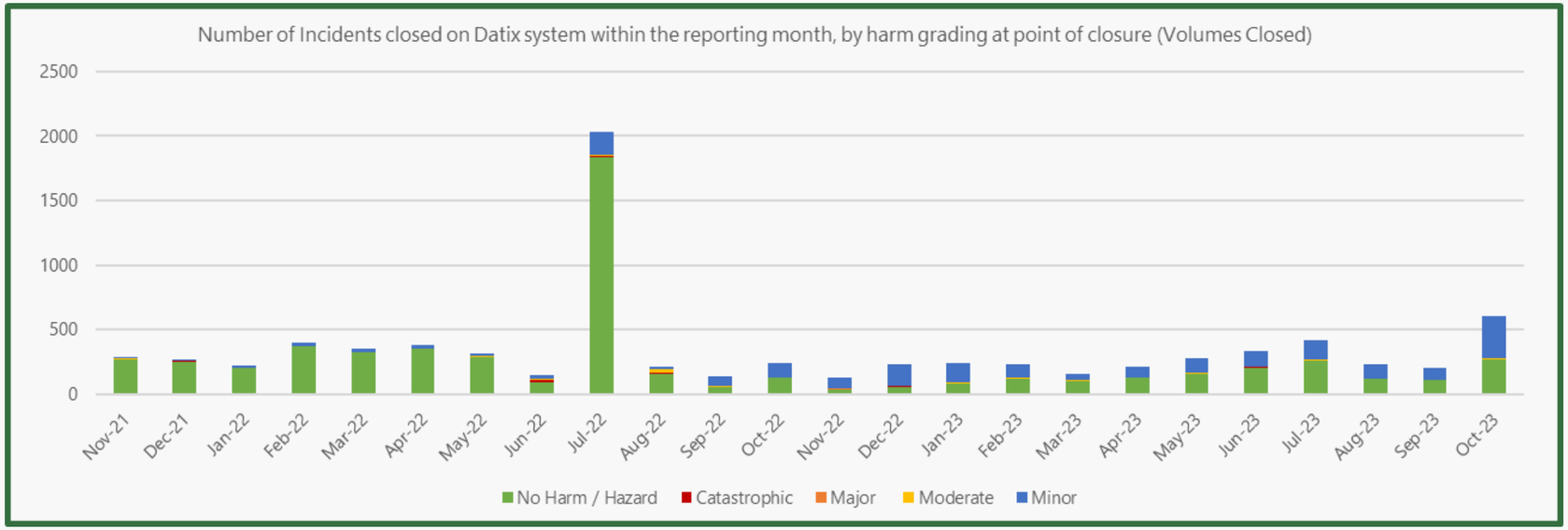
Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Minor	24	22	30	15	33	23	33	44	66	71	71	75	146	136	175	119	74	147	159	137	132	189	160	166	200
Moderate	2	5	5	1	3	7	5	22	32	46	79	67	64	70	99	52	38	74	50	53	37	58	63	41	48
Severe	2	0	0	0	1	6	3	9	9	10	10	12	8	7	21	12	14	17	18	17	10	4	7	11	16
Catastrophic	14	8	30	12	26	37	20	36	29	41	28	48	37	34	82	40	37	33	25	15	22	26	26	28	27



Analysis

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

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported and further work to develop a dashboard is in progress. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

- No harm or hazard – 97
- Minor harm – 200
- Moderate harm - 48
- Severe Outcomes - 16
- Catastrophic - 27

(*NB: Volumes received).

The bottom graph highlights the 607 Incidents that were closed on the Datix system in October 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. It is expected that the combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service will involve additional activity for the Putting Things Right Team.

The Putting Things Right Team organisational change process consultation phase has competed, and the final structure is approved. This new structure has considered our local and national priorities and resources to meet the needs of our patients and families.

The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

Expected Performance Trajectory

The Trust will continue to identify quality and safety improvements through the Putting Things Right processes.

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

Data source: Datix

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

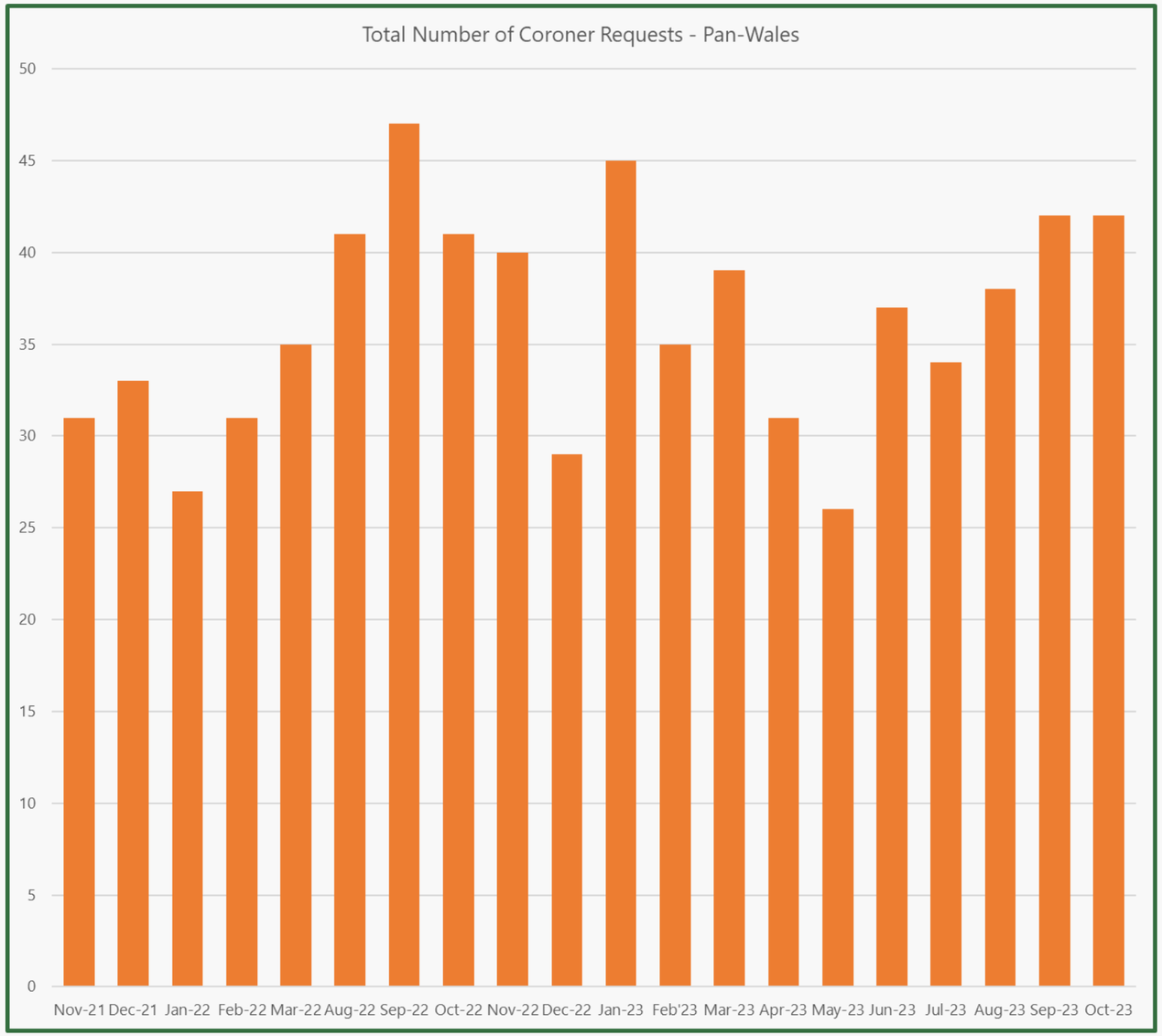
(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care



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

Analysis

Coroners: As anticipated this month has seen a further increase in the number of approaches from the coroner. The complexity remains high, with multiple statements and actions per approach. This is in addition to the additional work required to manage cases where the Trust has been given IP status. Cases continue to be registered and distributed and the Team has had to introduce a new process surrounding the notification of summons to inquest. At the national network , all Health Bodies reported an increase in both volume and complexity of the coronial work post pandemic.

Ombudsman: There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. A draft report has been received and the content is currently being considered by the Trust.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues as available. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. Feedback from the Medical Examiner Service in respect of themes and trends include timeliness in response to patients in the community, handover of care delays and patients on the end-of-life care pathway being conveyed to acute care.
The All-Wales Mortality Review Group at which WAST has representation has recently commissioned 'A Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) All-Wales Thematic Review' selecting cases covering January 2022 to January 2023. This review encompasses all Health Boards, and the final report will be provided by the end of 2023 (delayed nationally was expected October 2023). To date the Trust has not received any requests to undertake any Level 2 mortality reviews of patients in our care under the new processes in place across NHS Wales. Currently the focus of the Medical Examiner Service is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service by April 2024 when the Service becomes a statutory body. An increase in activity for requests / reviews for the Trust is expected when this occurs.

Remedial Plans and Actions

Coroners: The Team continues to ensure that we are meeting the dates for the production of statements, and escalating should difficulties be experienced.

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

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach and our internal framework has been approved at the Clinical Quality Governance Group. Representation and contribution by the Trust at the All-Wales Mortality Working Group continues, and a task and finish group has been established to review the process for contacting families following their meetings with the Medical Examiners. Additionally, the Patient Safety Team are engaged in the meetings lead by the Once for Wales Datix Cymru team who are developing the Datix Cymru Mortality Module currently.

Internally the Trusts Learning from Deaths Group is set to commence from November 2023 with the terms of reference drafted and going through approval processes. A detailed report was presented at the QUEST Committee in October 2023.

Expected Performance Trajectory

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

Ombudsmen: Learning has been placed in a Patient Safety Newsletter, for sharing pan-Wales.

Mortality Review: Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by April 2024 and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via Putting Things Right processes internally through the Serious Case Incident Forum.

Data source: Datix

Mortality Reviews Data source: Internal Web Application

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

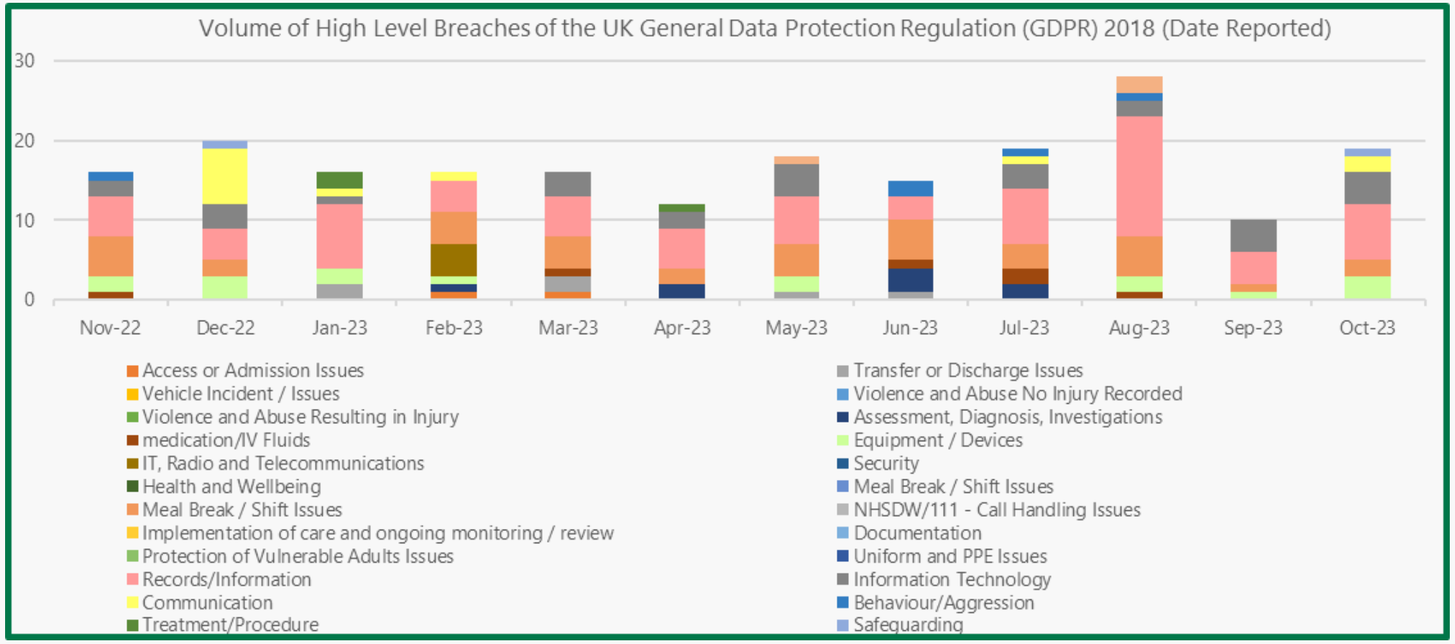
(Responsible Officer: Liam Williams)

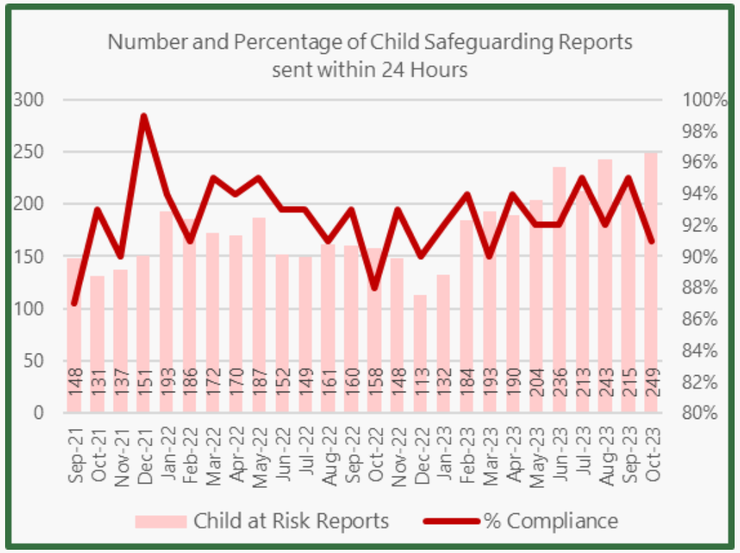
Self-Assessment: Strength of Internal Control: Strong

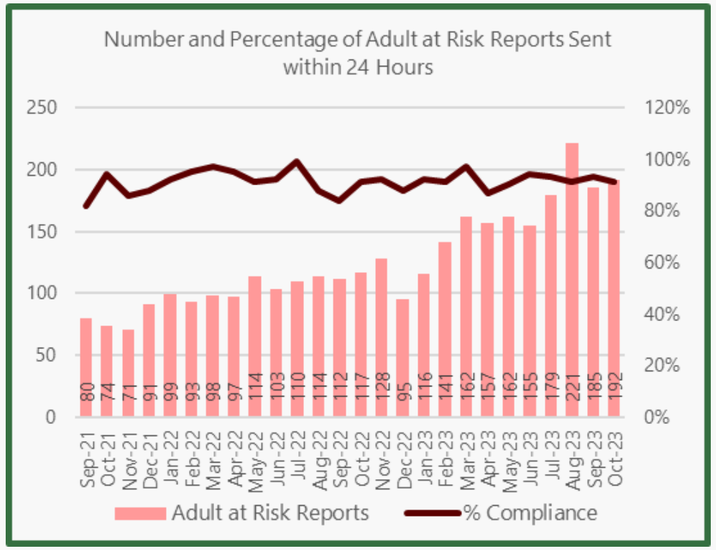
QUEST

Safeguarding Data source: Doc Works

Health & Care Standard
Health – Safe Care







Analysis

Safeguarding: In October 2023 staff completed a total of 192 Adult at Risk Reports, 91% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 543 referrals were received and processed to the local authority during this reporting period. There have been 249 Child Safeguarding Reports in October 2023, 91% of these were processed within 24 hours.

Data Governance: In October 2023 there were 19 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 19 breaches, 2 related to information governance/confidentiality, 7 records/information, 4 Information Technology, 3 equipment / devices, 2 communication, and 1 safeguarding.

Public Engagement: During October, the Patient Experience and Community Involvement Team attended 30 community engagement opportunities, engaging with approximately 1,094 people. This month engagement has included visiting a number of support services for minority ethnic communities, including the Swansea Chai & Chat Women's Support Hub and attending the Cardiff & Vale Ethnic Minority Health Fair. We have visited several mental health forums this month and continue to engage with and meet colleagues from Llais across Wales to build collaborative working practices. Throughout October we also attended all of the Bevan Commission Big Conversation events as observers. These events were hosted by the Bevan Commission and will report back to the Welsh Government on what people in Wales feel the future of Health & Social Care should look like. At events throughout the month, we continued to use engagement opportunities to listen to people's experiences of using our services, capture feedback, encourage people to complete PREMs surveys and to recruit people to join our People & Community Network. During October we also continued to make a range of Patient Experience Surveys (PREMs) available, asking people to provide feedback about their interactions with our services. Engagement and survey outcomes remain largely consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999, but that people are generally happy with the care they eventually receive. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience longer than wanted delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

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

Data Governance: During the reporting period, of the 19-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). The IG Team will continue to review and provide advice on reported incidents.

Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PECI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Response rates to our PREM's surveys is disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. We are actively working with colleagues across the Trust to agree on solutions that would allow us to directly contact more patients to ask for feedback. In October we have escalated our concerns to barriers which are preventing us from directly contacting patients to colleagues at the Welsh Risk Pool who oversee implementation of the Once for Wales Civica & Datix systems. We are seeking their advice on a way forward following a letter to WAST from the Welsh Risk Pool which highlighted WAST as an outlier in not fully utilising features in Civica to record and report on patient experience.

Expected Performance Trajectory

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

Data Governance: The new submission for FY23-24 IG Toolkit is open with a new question set compared to the previous year. An action plan has been developed based on the new question set which continues to be worked on.

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

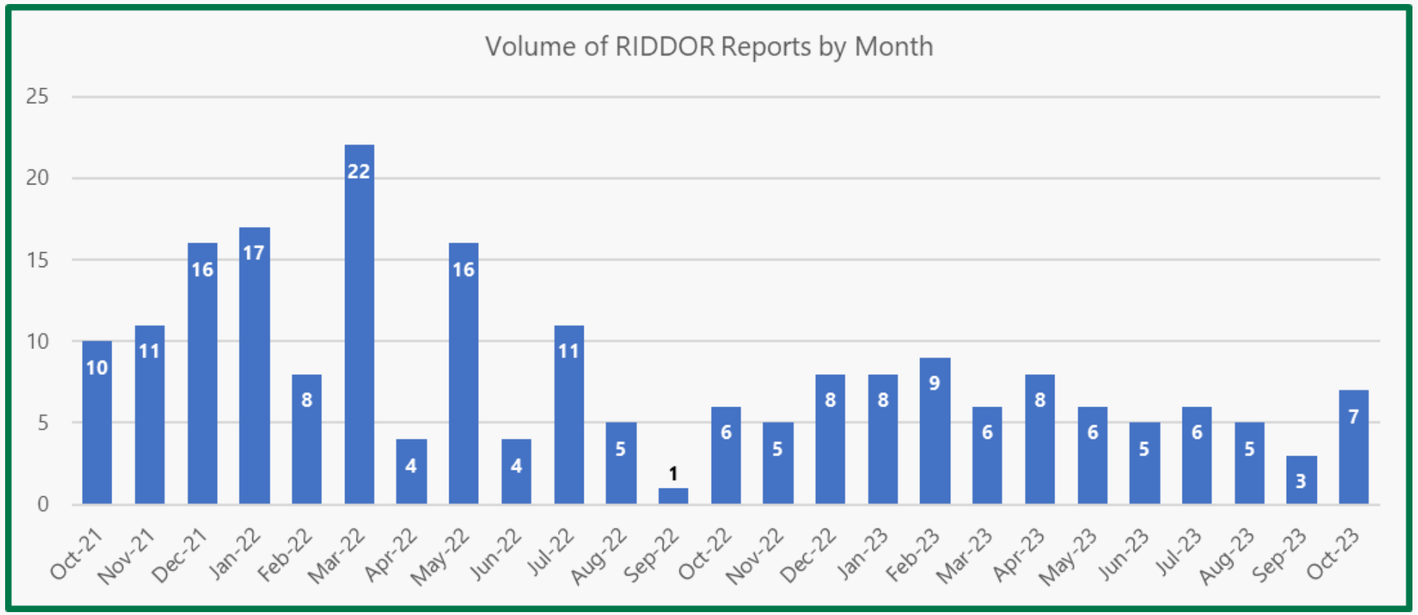
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

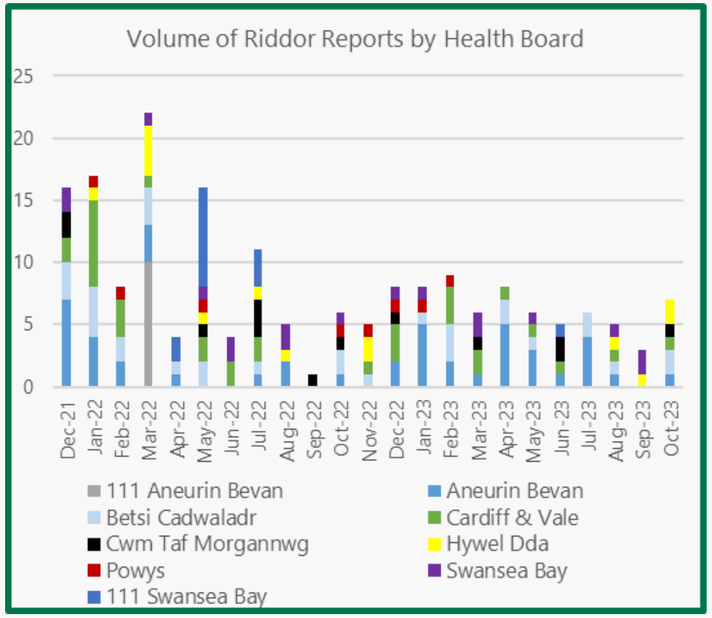
(Responsible Officer: Liam Williams)

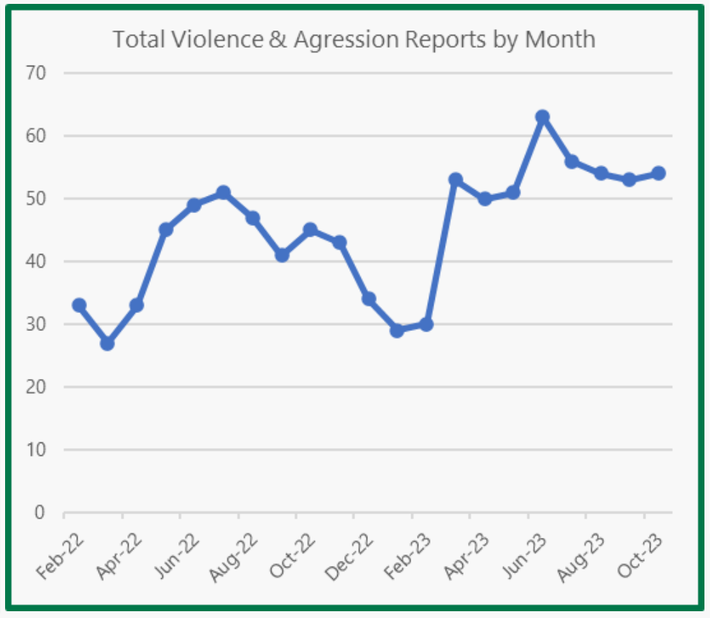
Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care







Analysis

RIDDOR: Seven RIDDORS for October all for >7 day. Five related to manual handling activities, three for patient handling and two for non-patient. Two of the patient handling ones were moving a patient either onto a stretcher from the floor or a patient to the bed so manual handling technique. One RIDDOR was for an assault on a member of staff. Six of the RIDDORS were reported within the timeframe. There were 23 incidents requiring reporting under RIDDOR during Quarter 2 due to staff being absent from work for over 7 days as a result of their injury. 82% of the reports were completed within the required time frames. Five reports did not meet the reporting time frame due to a delay in information being provided to the Safety Team. The Health and Safety team will continue to work with Incident handlers to ensure reports are submitted within the required timescales.

Violence and Aggression: A total of 54 V&A incidents were reported for October 23, of those reported for non-physical violence. A total of 163 incidents were reported of V&A in Quarter 2. Twenty Physical Assaults on staff were reported during the quarter with incidents of verbal abuse accounting for 15. Aneurin Bevan & Betsi Cadwaladr remain the highest reporting areas with a total of 81 incidents. Seven incidents were reported as Severe in harm, one of note being asked to attend a property where the patient was recorded as having a knife but there was no Police back up. Staff excited the property safely without any physical harm and have been supported by the V&A team.

Remedial Plans and Actions

RIDDOR: The risks associated with winter weather are to be addressed in the upcoming Health and Safety newsletters.

RIDDOR performance continues to be presented in monthly reports and service units business meetings.

Violence and Aggression: Collaborative working with AACE regarding V&A training is continues with the aim of improving the current training to better support staff. Particularly around clinical restrictive physical intervention.

The Case Manager continues to actively support staff who are involved cases being heard at Court to ensure they are given any help they require.

Expected Performance Trajectory

RIDDOR: The reporting of missed meal breaks is lower than previous quarters. This is due in part to a change the Datix reporting form. Missed meal breaks can now only be recorded as a patient safety incident, an infrastructure incident or occurrence of ill health. Those coded as a patient safety incident are being recorded by the Datix QA Team as appropriate.

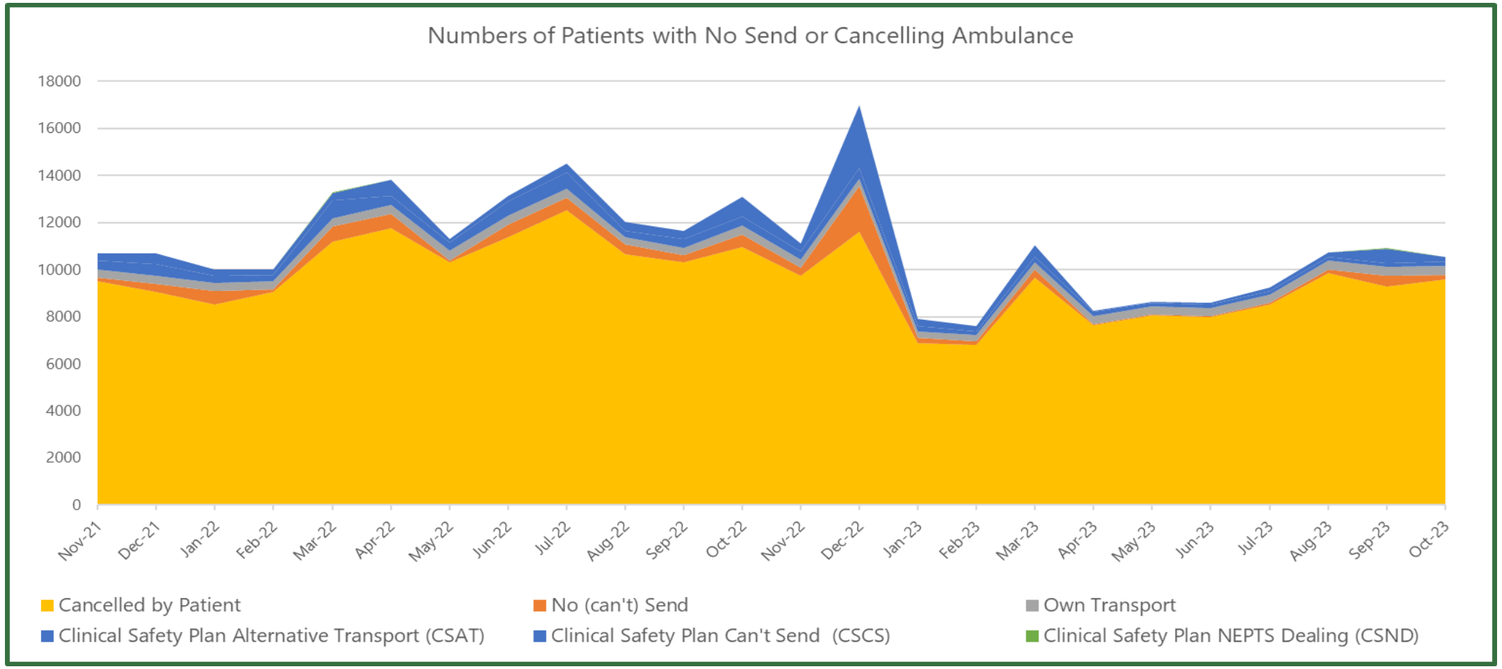
Violence and Aggression: Toolbox talks, raising awareness of case management continue to take place across the Region by the Case Manager & V&A Manager to support staff and raise awareness, it is planned to establish regular interaction with staff directly affected by incidents of V&A. With the aim of improving the help and support available to staff.

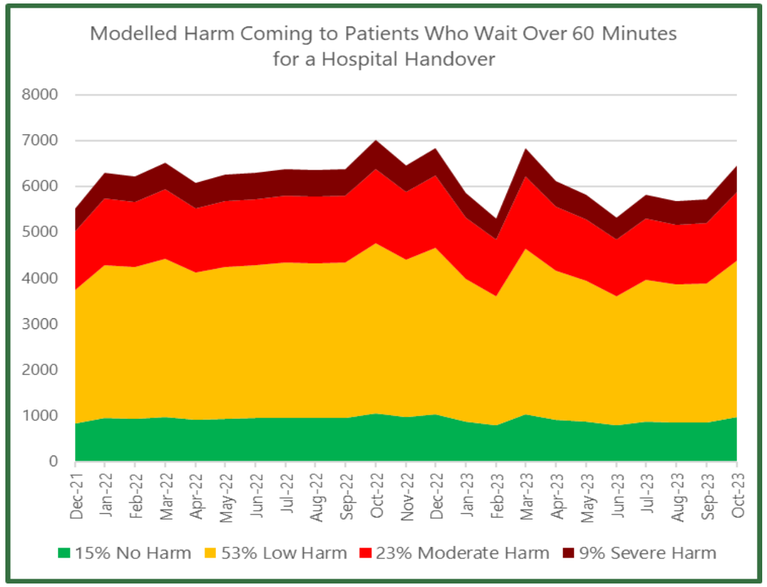
Data source: Datix

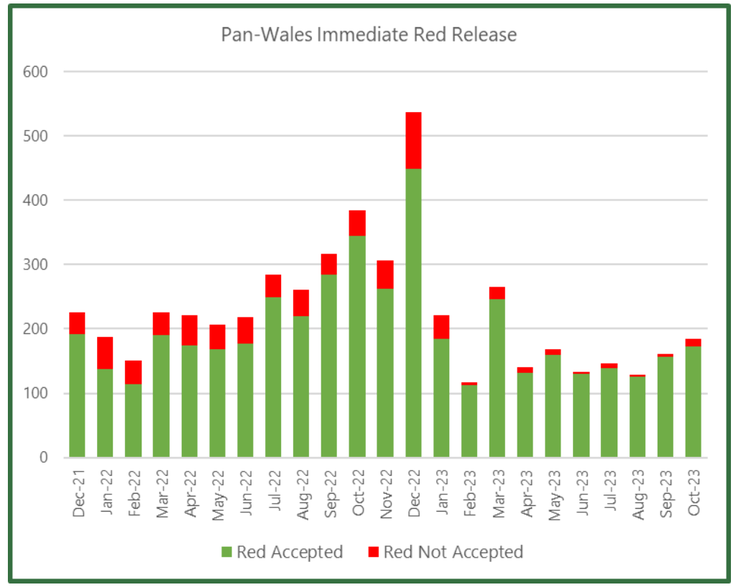
**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

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

(Responsible Officer: Andy Swinburn) TBD FPC







Analysis

In October 2023, 172 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 200 were stopped as a result of CSP 'Can't Send' options. In addition, 9,586 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from 9,284 in September 2023 and 380 patients made their way to hospital using their own transport.

There were 694 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in October 2023. Of these 173 were accepted and released in the Red category, with11 not being accepted. Further to this, 199 ambulances were released to respond to Amber 1 calls, but 311 were not.

The graph in the bottom left shows that in October 2023 of the 6,453 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% (967 patients) would experience no harm, 53% (3420 patients) would experience low harm, 23% (1484 patients) would experience moderate harm and 9% (581 patients) would experience severe harm.

In October 2023 CSP levels for the Trust were:

Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

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 Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

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

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

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

October 2023		
NEPTS (116 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	60
Were you happy with the transport you received?	85	89
999 (4 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	100
The 999-call taker who answered your call explained what was going to happen next.	85	100
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	63
The length of time I waited for an ambulance to arrive was acceptable.	85	0
NHS 111 Wales Telephone (5 responses)	Benchmark	Score
Do you feel your call to NHS 111 Wales was helpful?	85	60
Did you follow the advice given to you by NHS 111 Wales?	85	100
Would you consider using NHS 111 Wales again?	85	80
NHS 111 Wales Online (29 responses)	Benchmark	Score
How easy was it to find the information you were looking for?	85	54
How was your overall experience of using the website today?	85	48
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
○ Ambulance care (NEPTS Survey)	89.11% Good	8.91% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	60% Good	40% Poor
○ EMS (including CSD)	0% Good	100% Poor
○ NHS 111 Wales Online	47.62% Good	38.10% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis
Within the NEPTs survey the responses provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, therefore not providing the level of service the patient expected. However, 89% were happy with the transport they did receive.

It is acknowledged that the small number of respondents for the 999 and 111 surveys does not provide a great enough response to reflect a true patient experience picture, but work is currently underway to develop a process that will increase response rates and make them more meaningful.

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

The Civica Experience platform provides some enhanced reporting facilities, including the ability to weight questions and produce 'Heat Maps' based on responses. A benchmark is set of 85, with aggregated scores of 85 and above representing a positive response. WAST is currently working through the requirements to add the SMS functionality within the Civica experience platform and other systems as well as strengthening information governance arrangements to increase the data experience returns.

The aim is to increase the number of patient experience feedback returns and to further integrate systems with Civica to push email/text surveys to patients. However, this requires input from the ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

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

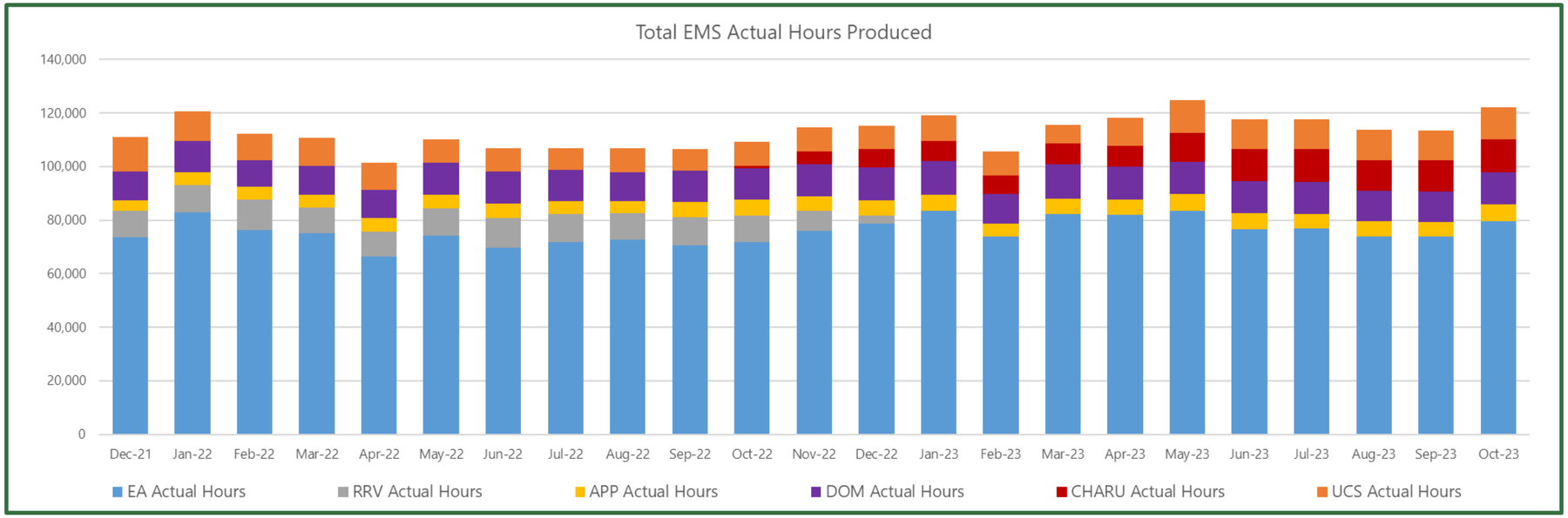
Expected Performance Trajectory
It is hoped the ongoing work will increase the number of surveys completed over the next few months to improve the overall significance of the surveys.

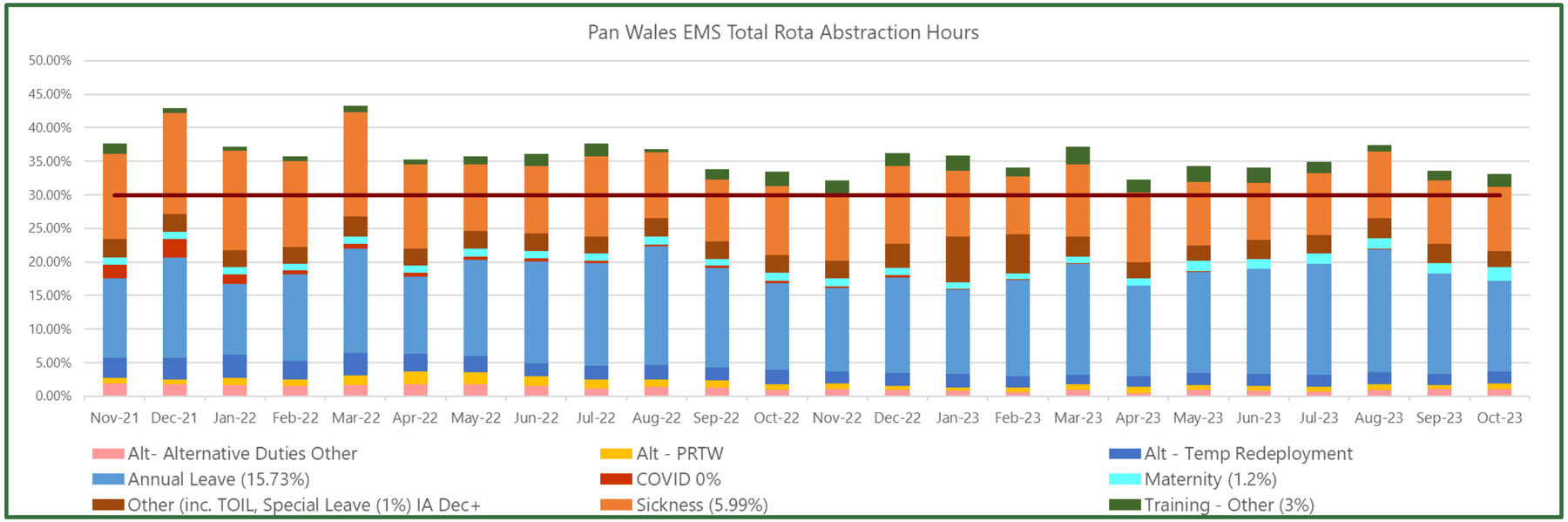
Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions
G	R

CI PCC FPC





Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In October 2023, total EMS abstractions (excluding Induction Training) stood at 33.09%. This was a marginal decrease from the 33.59% recorded in September 2023. This percentage continues to remain above the 30% benchmark figure set in the Demand & Capacity Review. The highest proportion of abstractions was due to annual leave at 13.52% followed by sickness at 9.59%. This figure for sickness abstractions for October 2023 was a decrease when compared to the same month last year (10.27%).

Emergency Ambulance Unit Hours Production (UHP) was 93% in October 2023 (79,658) Actual Hours). CHARU UHP achieved 136% (12,167 Actual Hours) compared to 135% in September 2023 (this is the commissioned level not the modelled level). The total hours produced is a key metric for patient safety. The Trust produced 122,050 hours in October 2023, which is an increase on the 113,421 hours produced in September 2023.

Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks.

The Trust had a budgeted establishment of 1,761 FTEs for 2022-23. This is unchanged for 2023/24.

The Trust is currently widening out its focus on sickness absence to look at all abstractions recognising that abstractions are already regularly reviewed in Operations performance meetings.

Expected Performance Trajectory

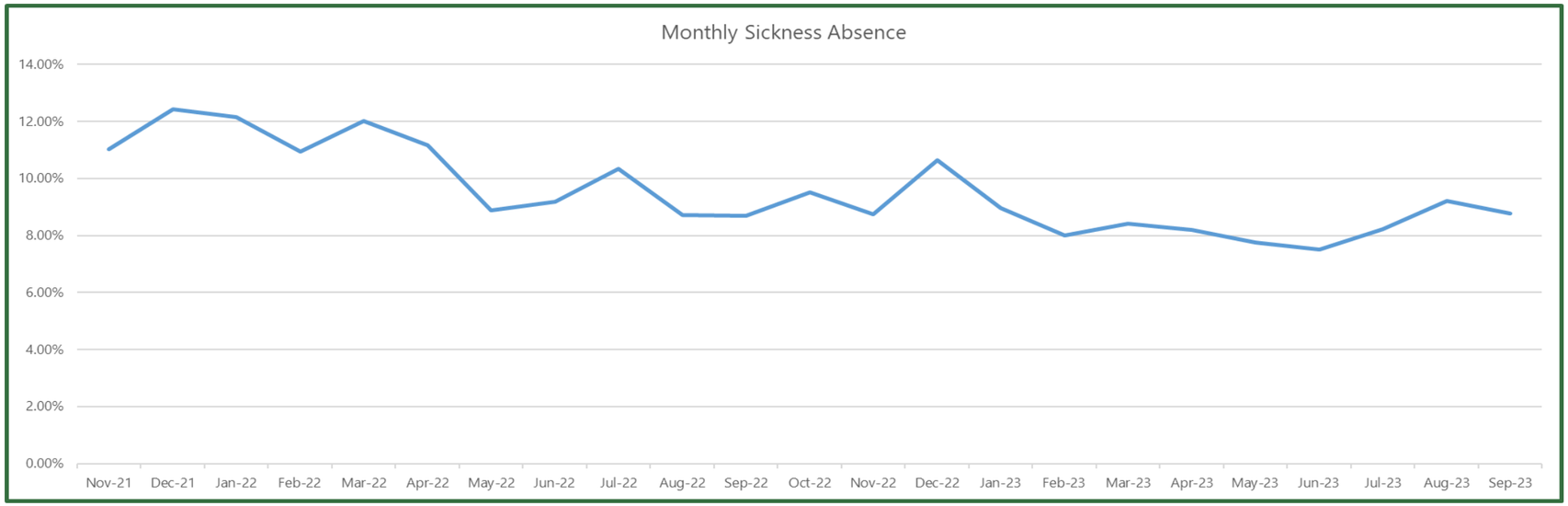
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good. The Trust has an ambition to reduce sickness to 6% and abstractions to 30% by March 2024, which would further boost production; however, the handover levels are extreme, and the rosters are simply not designed to cope with over 23,000 lost hours; they were predicated on 6,000 hours.

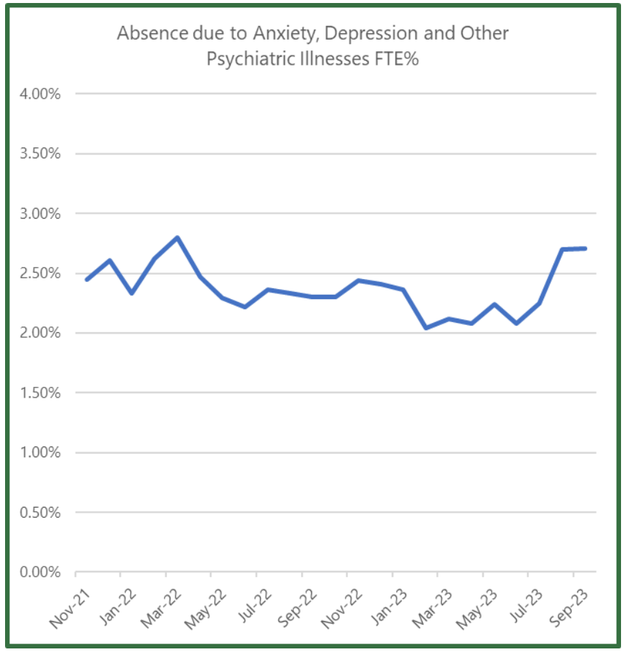
Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

G

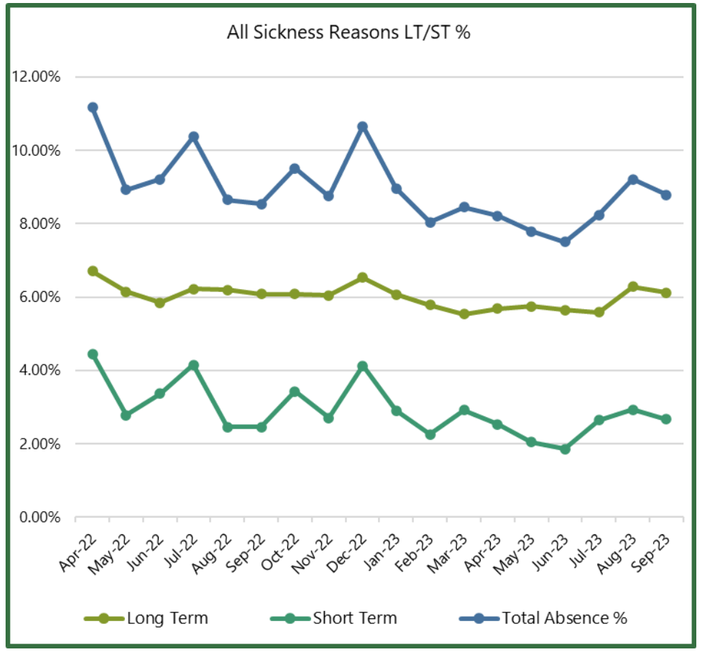
CI





Average working days lost per FTE (Annual)	
19.80 days	
Single month Absence %	
8.78%	
Long Term	**Short Term**
6.12%	2.66%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.71%	1.16%

September 2023



Analysis

There was a decline in sickness absence rates, falling from 9.22% in August 2023 to 8.78% in September 2023. Short-term absence also decreased from 2.93% in August 2023 to 2.66% in September 2023, while long-term absence dropped from 6.28% to 6.12%.

Indicative figures for October 2023 show a further decline in long term absence to 5.17% but an increase in short term absence to 3.52%.

The highest reason for short term absence in September was Gastrointestinal issues, Anxiety/ Stress/ Depression and Cold/ Cough/ Flu.

Absence due to Mental Health has risen slightly since June 23 and is now at 2,71%, which is back in line with figures seen during the early part of 2022.

Physiotherapy: 24 referrals were received in September 2023- 3 less than in August 2023.

Remedial Plans and Actions

- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
- The findings of the audit displayed common themes across all areas within the Operational Directorate, including missing paperwork, no return-to-work meeting and inappropriate discretion applied.
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.

Expected Performance Trajectory

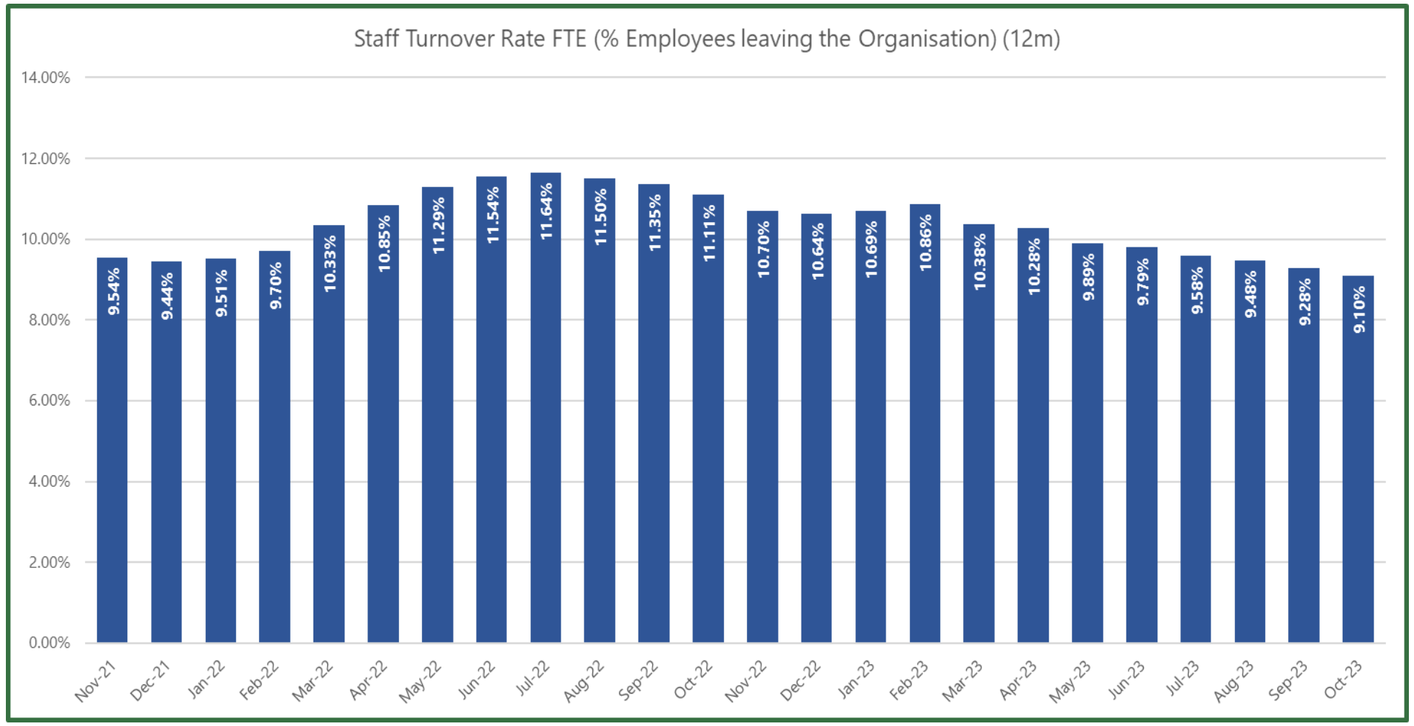
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

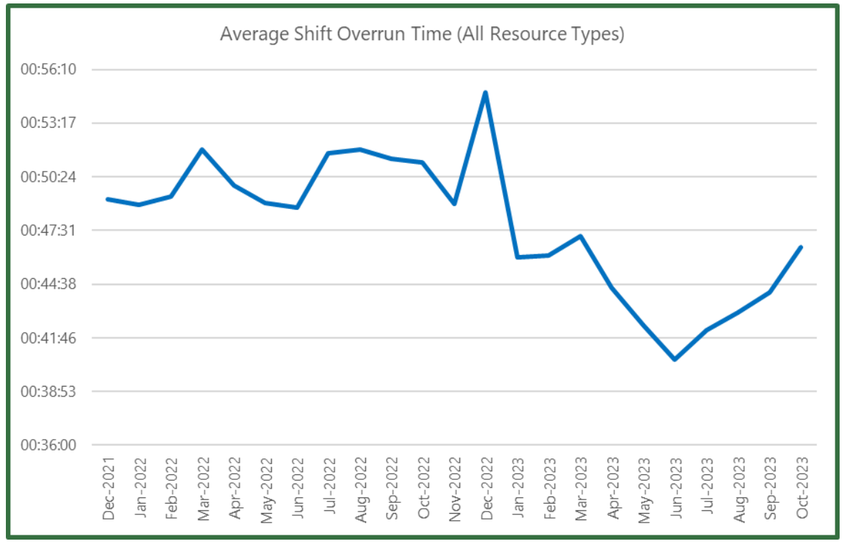
NB: Sickness data will always be reported one month in arrears.

Our People
Capacity - Turnover

(Responsible Officer: Angela Lewis)

A





Oct-23 Org L4	FTE by Post
020 Ambulance Care L4 (NX10)	894.96
020 Emergency Medical Services L4 (DX04)	1,788.80
020 Integrated Care L4 (DX03)	431.55
020 National Operations & Support L4 (DX02)	138.95
020 Resourcing & EMS Coordination L4 (DX05)	353.99
Grand Total	**3,608.23**
Ambulance Response	**1521.09**
020 Ambulance Care L4 (NX10) ACA2/Team Leaders	**261.03**

Analysis

Staff turnover rates in October 2023 were 9.1%. Rates have gradually been declining since they peaked in July 2022, with the current monthly rate being the lowest reported within the two-year reporting period. Staff leave the Trust for a variety of reasons including promotions, relocations, culture and due to the pressures of NHS working.

Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. The average figure for October 2023 was 46 minutes and 36 seconds compared to 44 minutes and 12 seconds in September 2023. 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.

The Integrated Technical Planning Group are receiving monthly workforce data, and this is being integrated into a Power BI platform to enable the reader to more easily interpret the FTE table opposite.

Remedial Plans and Actions

The wellbeing of staff remains a priority for WAST as outlined in the Health and Wellbeing strategy. The team ensure that provision in place for colleagues is appropriate, up to date and fit-for-purpose, that it is tailored to individuals' needs and can be easily accessed by all staff.

We are currently conducting a service review for wellbeing and occupational health, this includes gathering feedback from colleagues, team members from the OH/Wellbeing team and wider participants and stakeholders.

The team continue to promote the service using our Occupational Health &Wellbeing vehicles, the team offer immunisation clinics and mobile flu clinics, and attend each of the CEO roadshows to provide the flu vaccine. Staff members from Wellbeing/TRiM are also in attendance to support and to promote the services.
The team continue to provide REACT (Recognise, Engage, Actively Listen, Check Risk, Talk) training, which is still proving very popular, we have trained over 400 colleagues to date.

We promote the service and raise awareness through our Health and Wellbeing calendar, November themes are Sugar Awareness Week/ Alcohol Awareness Week - 11th to 16th/ Self Care Week - 14th to 20th. December themes: Decembeard/National Grief Awareness Week

Drop-in sessions are delivered across all our Clinical Contact Centres and our 'Living Life to the Full' sessions are being delivered online and face to face.

Our EAP offers a 24/7 helpline, counselling services and information services for financial and legal support. We have Menopause Champions throughout the organisation, including face to Face sessions E.g., coffee mornings. We are also linked into BCUHB for the Wulf Menopause awareness sessions (sessions for managers and Team Leaders so that they may support staff regarding symptoms of menopause are available and another session open to anyone wishing to attend).

TRiM Refresher Training is scheduled throughout the year to ensure practitioners and managers are up to date regarding their role.

Expected Performance Trajectory

Some staff still face challenges; however, a robust wellbeing provision is in place to support staff and managers. Through visits to stations and A+E departments, also to CCCs (where the Wellbeing Practitioners facilitate drop-in sessions) staff are more aware of the wide range of services that they can access. This includes emotional support through counselling or financial and legal advice. Our Health and Wellbeing calendar of events helps raise awareness of the service whilst focusing on different themes each month. The People and Culture Strategy will continue with its wellbeing focus.
A new People and Culture Plan has been launched which outlines our vision and objectives for the coming 3 years, along with an accompanying enabling framework that covers People and Culture Directorate Plans that focus on our people.
The wellbeing offer is regularly reviewed and fully described on SharePoint.

Our People
Culture - Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

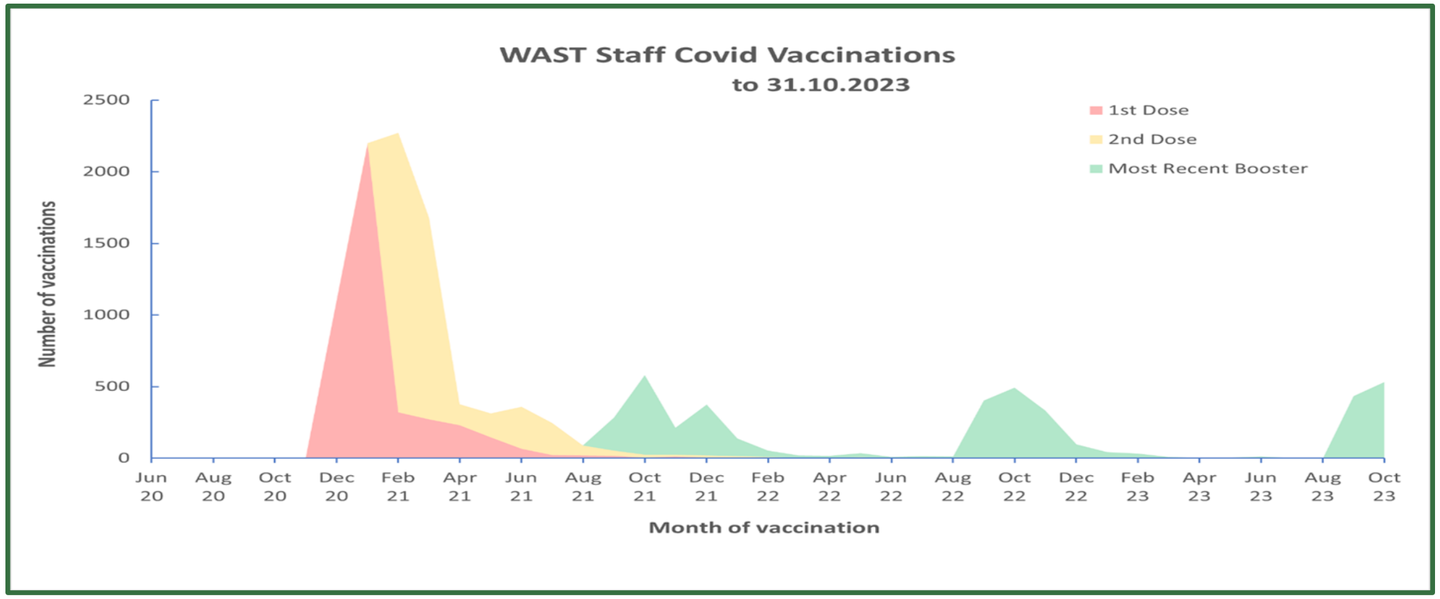
Self-Assessment: Strength of Internal Control: Moderate

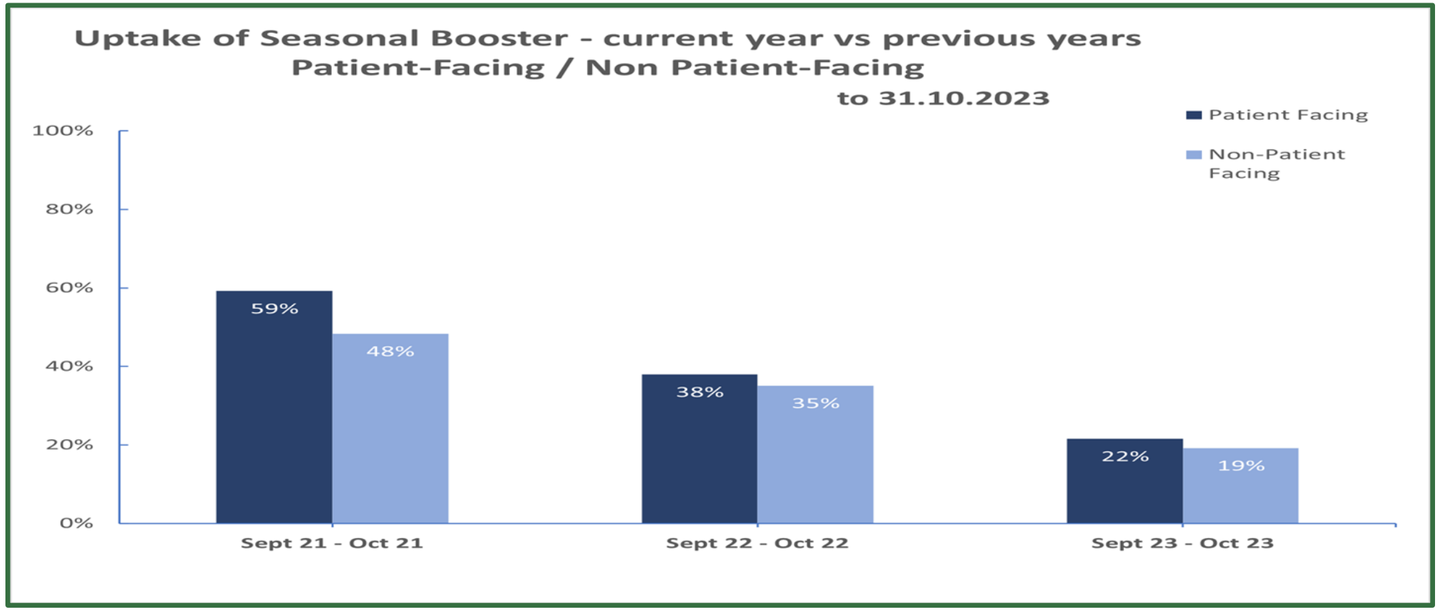
A

PCC

CI

Health & Care Standard - Health (PPI)





Analysis

Flu: The 2023-24 Flu Campaign is underway and both Occupational Health vaccinators and Peer Vaccinators are holding clinics and undertaking ad-hoc vaccinations. So far during the campaign, 1,034 flu vaccines have been administered by our Vaccinators (including to staff from the follow groups:- CFRs, EMRTS, HCS, PHW, St John Cymru and Students). Of these vaccines administered within the Trust, 839 have been received by WAST staff* (*staff who hold an ESR payroll number) and a further 203 have been given to WAST staff elsewhere (i.e. GP surgery / COVID Booster setting) therefore, a total of 1,042 WAST staff have received the vaccination against flu, equating to 24% of the overall workforce. Additional engagement has been received from 141 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, meaning the campaign has reached a 27.3% engagement rate so far.

COVID-19: As of the end of October 2023, 94% of all WAST staff have received both the first and second COVID-19 vaccination dose. These percentages are the same for both Patient-Facing and Non-Patient-Facing Staff.
86% of all WAST staff have received at least one of the Covid-19 boosters offered in the last 3 years. Again, this percentage is the same for both Patient-Facing and Non-Patient-Facing Staff.
Since September 2023, 22% of Patient-Facing staff and 19% of Non-Patient-Facing staff have received this season's Covid-19 Booster. This is compared to 38%/35%, respectively, for the equivalent time-period in 2022 and 59%/48%, respectively, for the equivalent time-period in 2021

Remedial Plans and Actions

Flu: Though many staff have received their flu vaccine in the workplace so far, there is still a vast majority of the workforce to engage with. Therefore, in line with this campaign's Communications Plan, additional notices and posters will be circulated to staff, including ones that will again promote this campaign's incentives; the prizes will comprise of 6x tier one vouchers of £250 each and 60x tier two vouchers of £20 each.
Currently 53 approved Peer Vaccinators (comprising of Healthcare Professionals in EMS, NHSD 111 and Clinical Directorate) are administering the flu vaccine and we have a number of additional staff who have been nominated to be flu Peer Vaccinators this year, so the aim is to increase the number of approved Peer Vaccinators, in order for even more vaccines to be administered in the workplace.

COVID-19: The four UK CMOs agreed it was appropriate to pause the alert level system, which was suspended on 30th March 2023.

Routine testing was also paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools during the spring of 2023.

Expected Performance Trajectory

During the 2022-23 flu campaign 1,813 flu vaccines administered by Occupational Health Vaccinators and Peer Vaccinators and of these vaccines administered within the Trust, 1,601 were received by WAST staff. There was a further 289 given to staff elsewhere (i.e., GP surgery, COVID Booster setting) therefore a total of 1,890 WAST staff received the vaccination against flu, equating to 44.5% of the overall workforce. Consequently, by communicating further to staff and increasing the number of Peer Vaccinators, the aim is to improve on last year's uptake.

***NB: COVID Vaccinations are reported using the WAST definition of Frontline Patient Facing employees and therefore includes those employed within Clinical Contact Centres.*
****NB: Flu data accurate at time of publication and subject to change / Spikevax vaccination data correct at time of publication and subject to change.*

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

Our People
Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

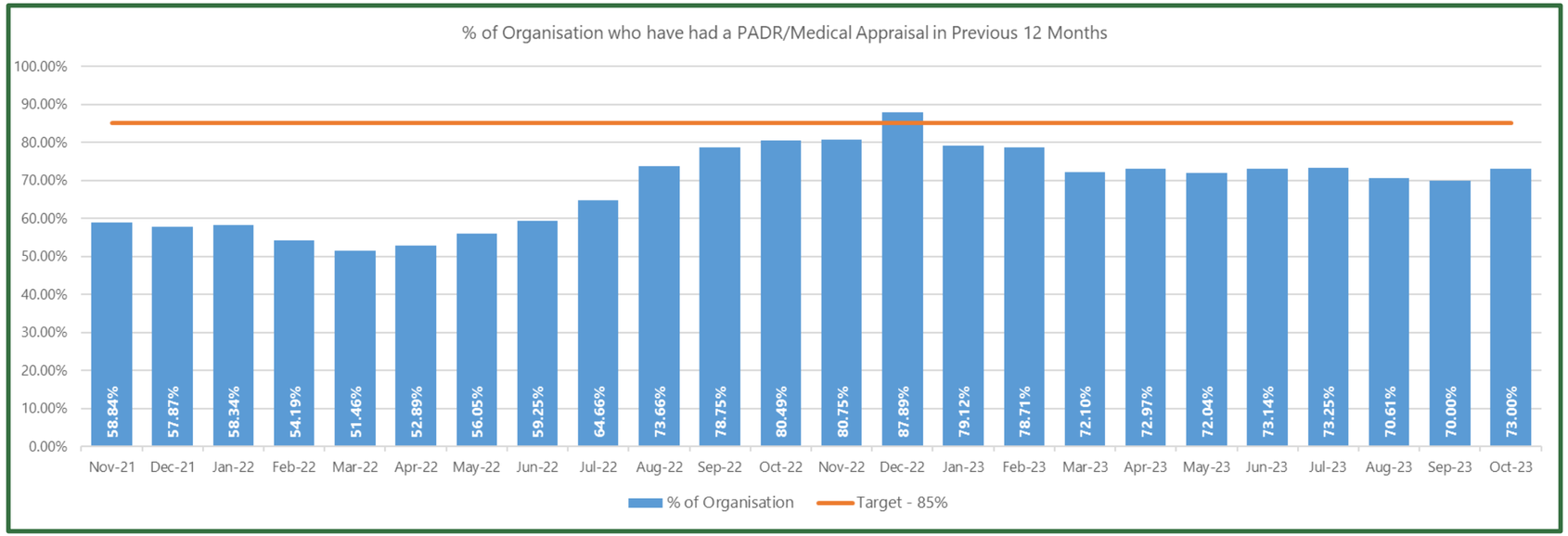
A

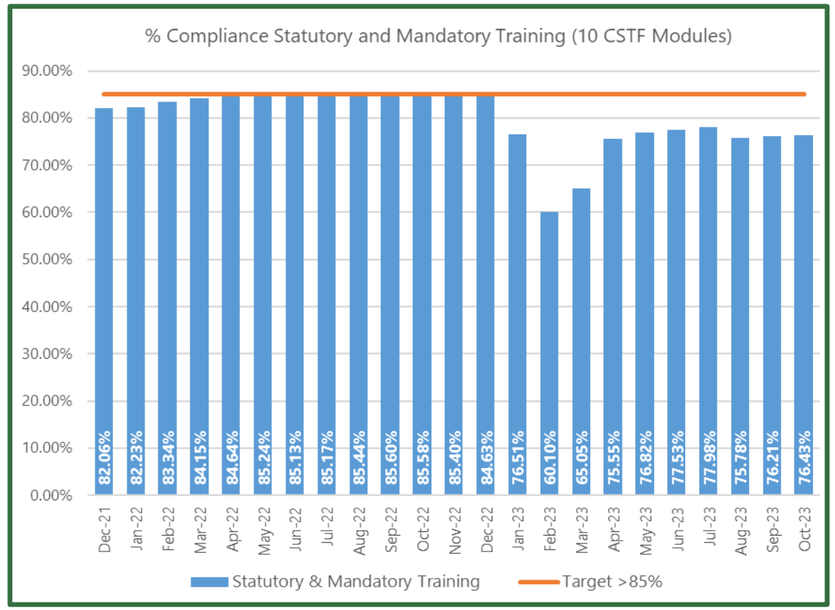
Self-Assessment: Strength of Internal Control: Strong

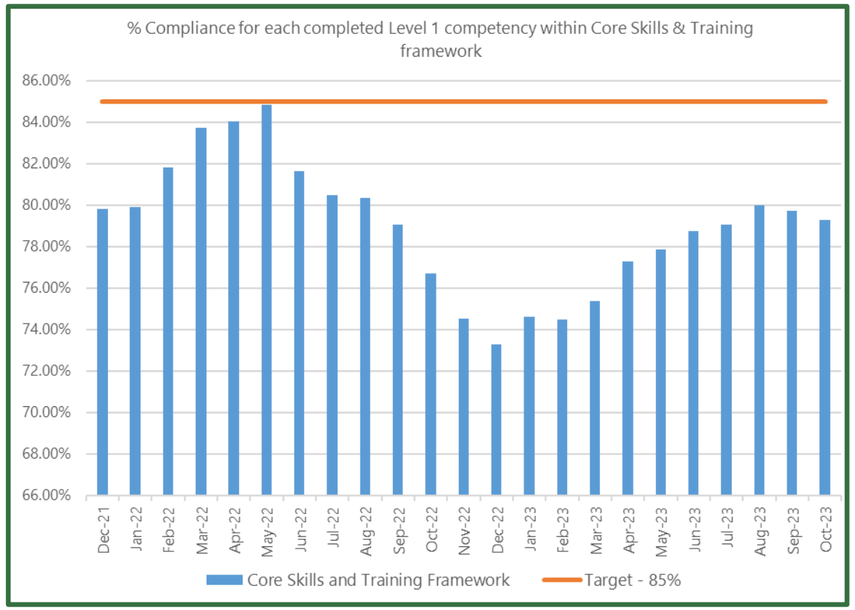
CI

PCC

Health & Care Standard
Health – Staff & Resources







Analysis

PADR rates for October 2023 increased when compared to the previous month to 73% but remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, although current rates remain higher than during the same period last year.

In October 2023 Statutory & Mandatory Training rates reported a combined compliance of 76.43%; with Dementia Awareness (92.48%), Safeguarding Adults (91.31%) and Violence Against Women, Domestic Abuse & Sexual Violence (85.85%) all achieving the 85% target. Moving & Handling (76.42%), Fire Safety (76.34%), Equality & Diversity (78.70%), Information Governance (71.07%), Welsh Language Awareness (50.67%), Fraud Awareness (37.23%) and Paul Ridd (59.11%) all remain below this target. The Paul Ridd course is new and is the reason for a reduction in overall compliance.

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

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

Remedial Plans and Actions

Throughout August the Workforce Education and Development team opened and have been assisting colleagues in using the self-service booking system for the 2023/24 Mandatory In-Service Training (MIST) annual refresher programme. As of the end of August, 685 members of staff from ACA1, ACA2, EMT and Paramedic roles have booked their face-to-face day. MIST 2023/24 commenced on the 4th of September; sufficient MIST sessions will be provided to enable all those requiring a place to secure one. MIST provision is planned to be closed mid Q3, subject to Operational pressures and demand. Communications via Yammer and Siren are in place to make people aware of dates/how to book on. Progress toward 100% compliance is tracked and communicated throughout the MIST 'window' via a combination of update reports and presentations detailing performance and gain assurance that under-performance will be addressed locally. For road-based colleagues who attend MIST sessions, the opportunity will be taken to encourage individuals to complete any E-learning statutory or mandatory areas they are not compliant with.

The ESR statistics at the end of July are as follows, 67.4% of operational colleagues had completed their Tail Lift Refresher Training, 55.4% if all colleagues had completed their Paul Ridd Learning Disability Awareness Training, and 43.7% of all colleagues have completed their Welsh Language Awareness.

Expected Performance Trajectory

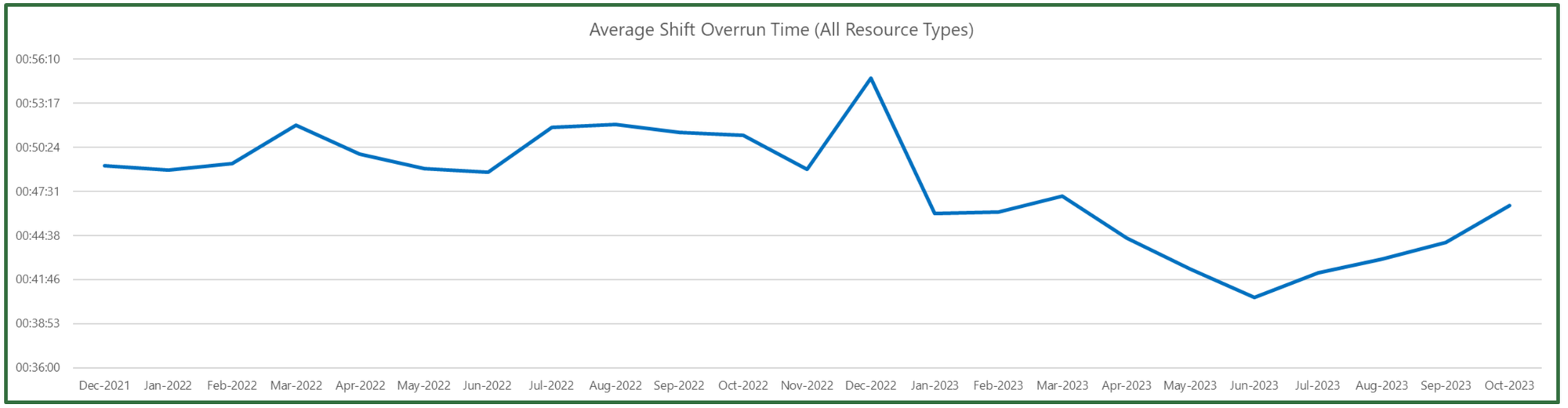
Performance is improving as compliance has risen in relation to Paul Ridd.

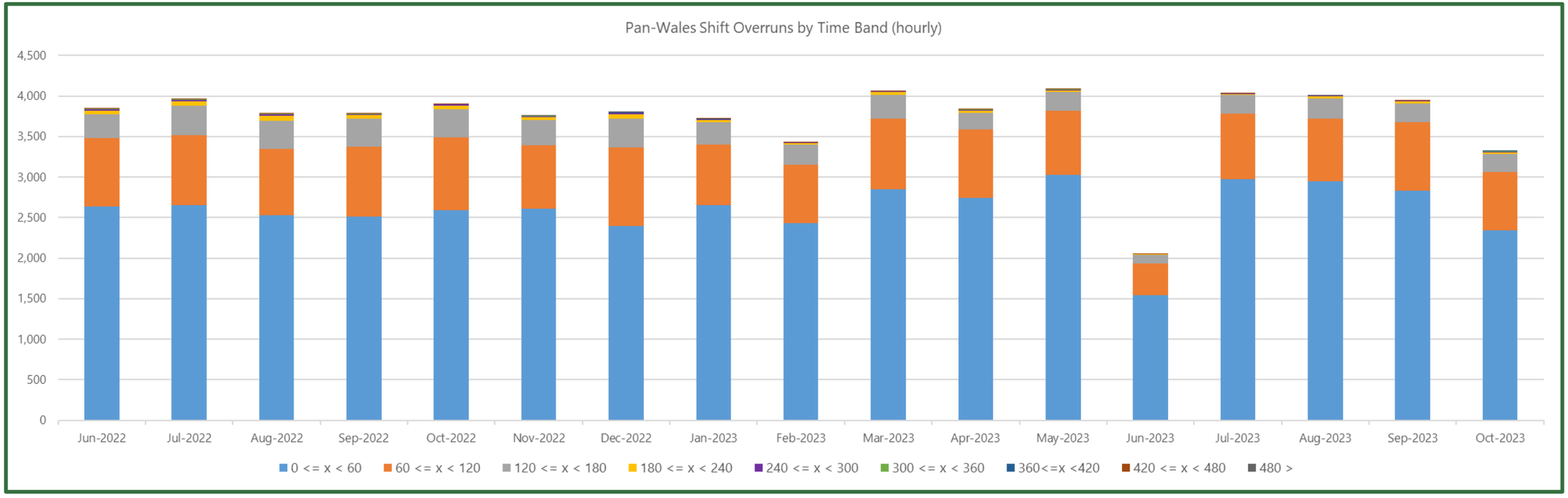
Data source: ESR

Our People
Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

CI





Analysis

Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. The average figure for October 2023 was 46 minutes and 36 seconds compared to 44 minutes and 12 seconds in September 2023.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 71.1% of the total. 21% fall within the 61 to 120-minute category, 6.7% in the 121 to 180-minute category, 0.7% in the 181 to 240-minute category and 0.4% in the 241 minutes and over category.

Remedial Plans and Actions

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

As part of the Trust's winter resilience planning, it is re-introducing cohorting at some hospital locations to aid staff finishing on time.

Expected Performance Trajectory

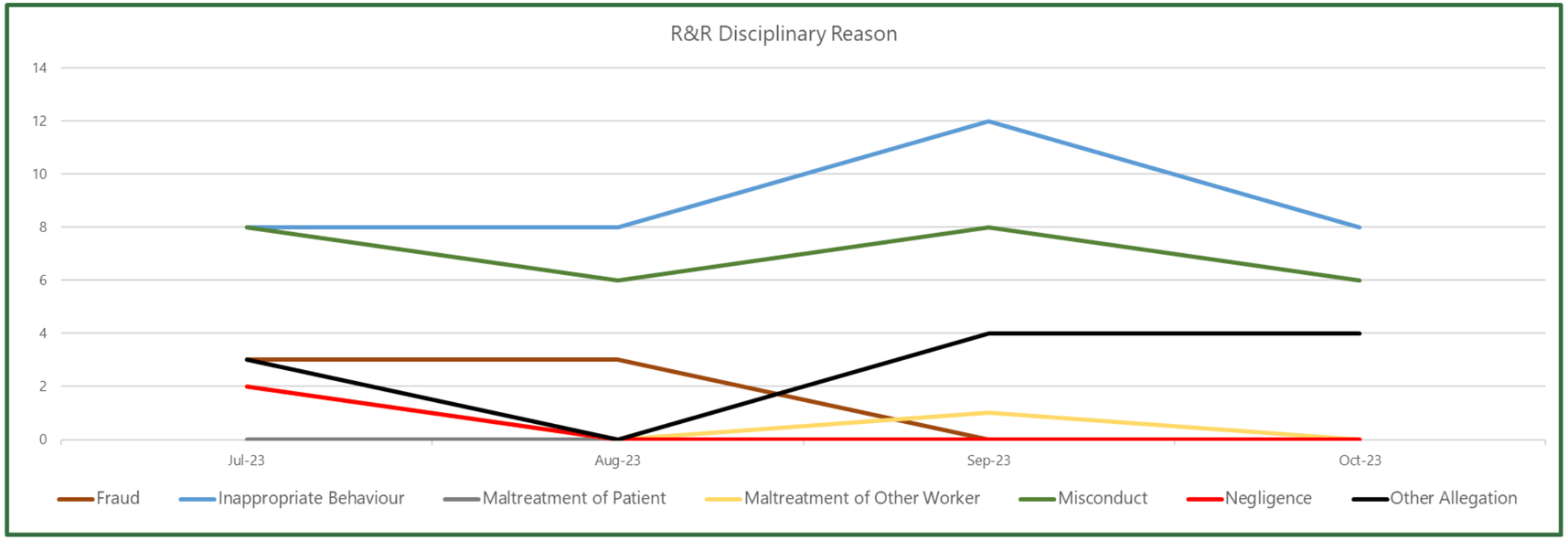
There is clearly an upward trajectory from Jun-23 as handover has started to increase. Whilst the Trust had amended its end of shift policies and is re-introducing cohorting at key sites, as above, as handover increases further into the winter, we may expect overruns to increase.

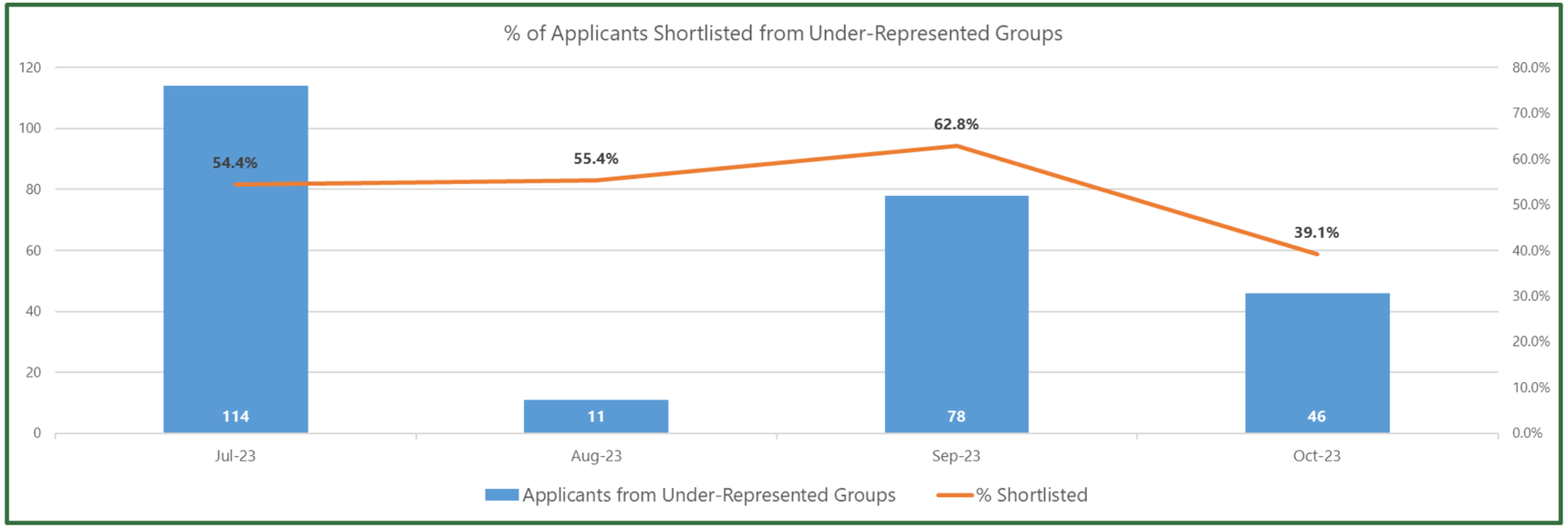
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

PCC





Analysis

There were 22 open formal disciplinary cases recorded at the end of October 2023, a decrease compared to the month of September 2023 where 28 open cases were recorded. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were 5 open formal Respect and Resolution cases submitted by employees, which was again a decrease on the 8 cases that were recorded during September.

In October 2023, 39.1% of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 62.8% in September 2023, while the volume of applications also declined, from 78 to 46.

Of the 46 total applications from under-represented groups in October 2023, 24 were in the category of Ethnicity, 13 within Disability and 9 within Sexual Orientation.

Remedial Plans and Actions

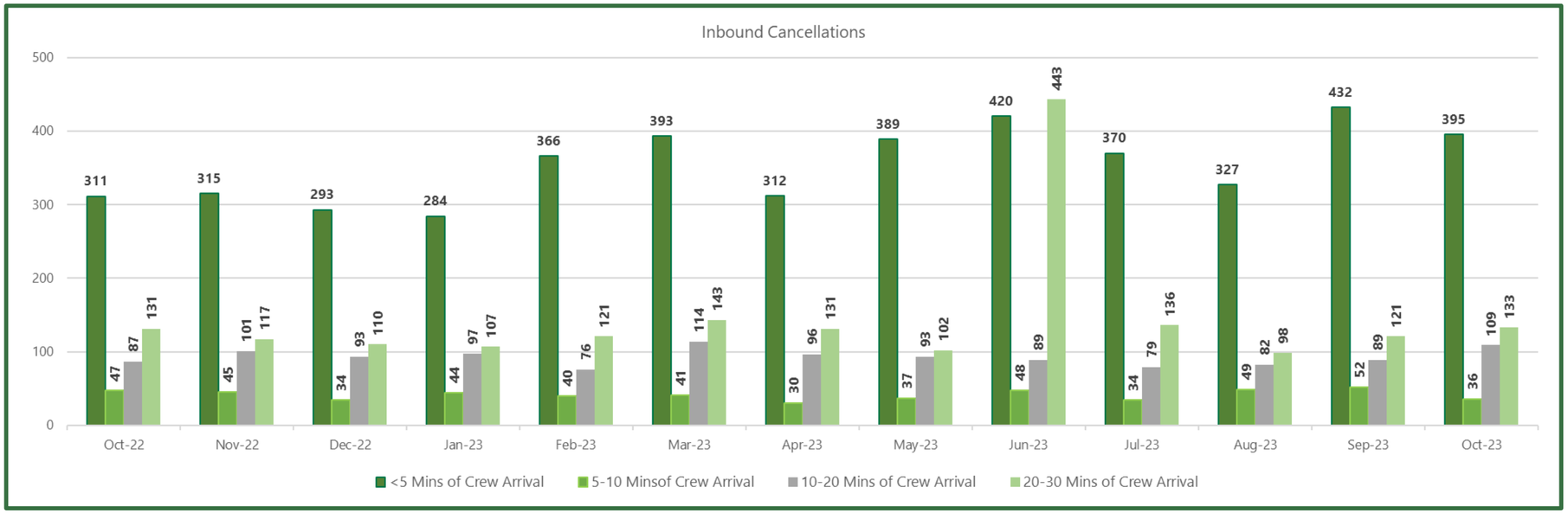
Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

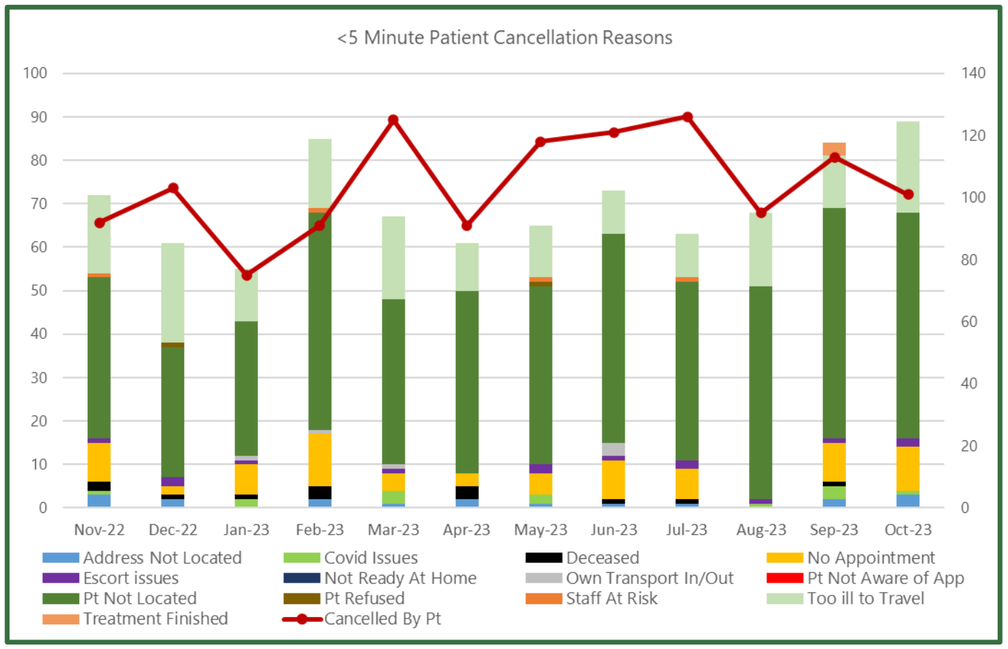
Expected Performance Trajectory

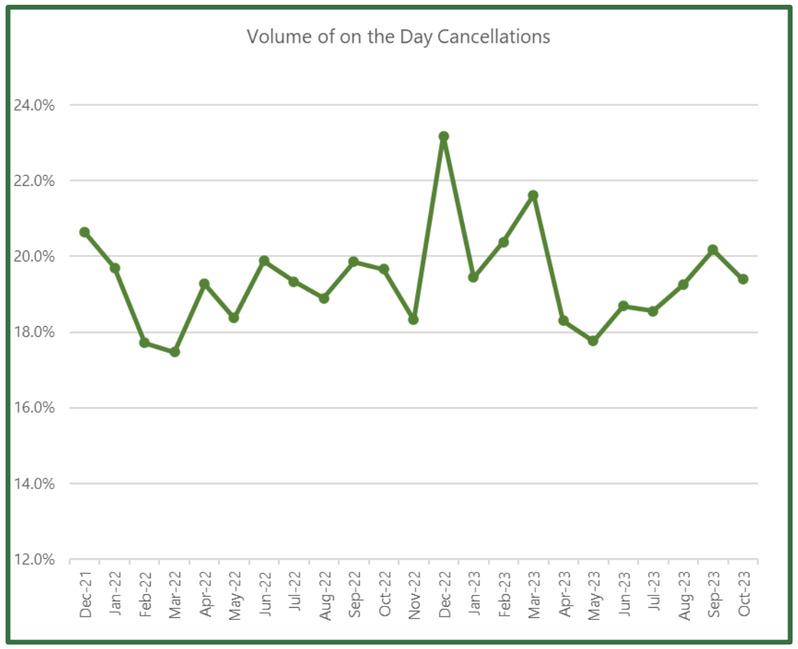
Continue to monitor levels, no trajectory for this measure.

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 October 2023 to 395, compared to 432 in September 2023. The total number of cancellations within 30 minutes also decreased from 694 in September 2023 to 673 in October 2023.

Cancellations within 5-minutes of arrival appears to have seen an overall increase during the past 12 months. In October 2023 there were 101 cancelled by patient* entries made within 5-minutes of crew arrival a decrease compared to the previous month of 113. The top reasons for less than 5-minute cancellations included: 52 patient not located, 21 too ill to travel and 10 no appointment.
During the past 12 months there has been a minimum of 30 patients not located in the 5-minutes or less each month.

Same day cancellations decreased slightly from 20.2% in September 2023 to 19.4% in October 2023.

Remedial Plans and Actions

The loss of hours through late notice cancellations is disruptive to the service and a number of actions have already been implemented including text reminders, call ahead by crew and pre-travel calls by admin staff as resource allows.

In addition, the enhanced service hub undertakes focused actions to identify and address incidences of enhanced patients late notice cancellations.

However, what is needed to really improve this position is alignment between WAST and HB systems so that cancellations flow and HB staff not booking discharges where transport is not assured, or cancellation occurs due to a change in patient circumstances. A trial is being worked on with BCU & CTM to try and improve this locally and develop a national model.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory.

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

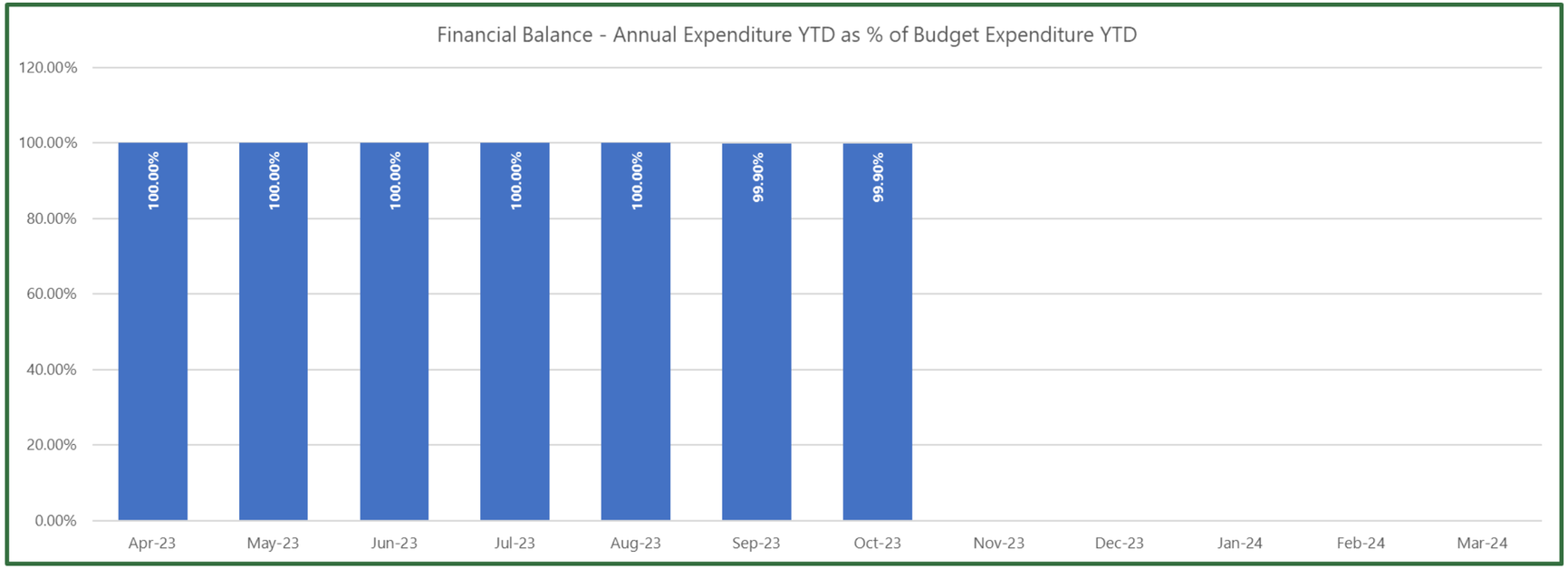
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*

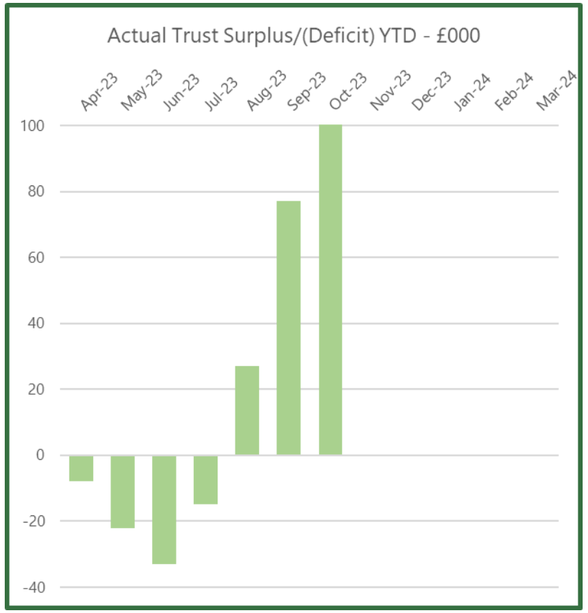
Finance, Resources and Value
Value - Finance Indicators

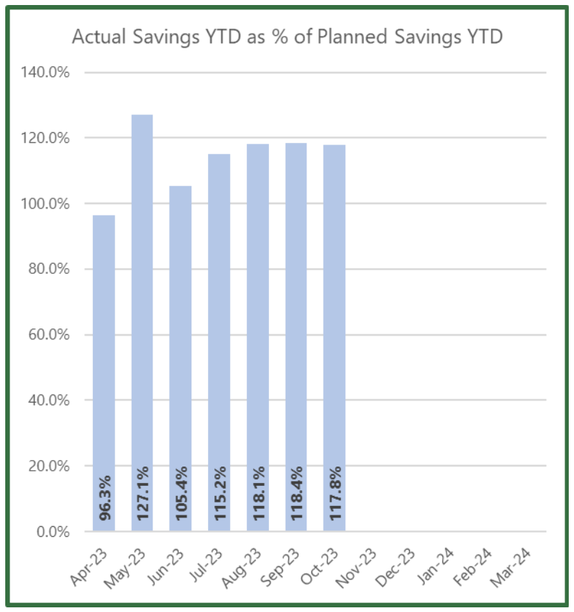
(Responsible Officer: Chris Turley)

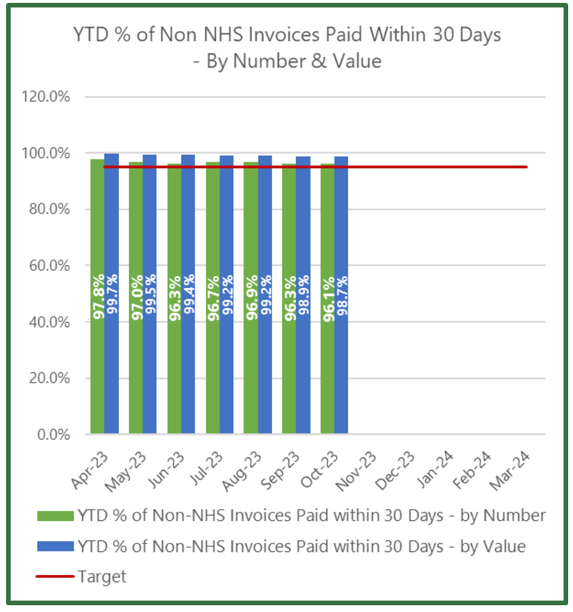
G

FPC









Analysis

The reported outturn performance at Month 7 is a surplus of £108k, with a forecast to the yearend of breakeven.

For Month 7 the Trust is reporting planned savings of £3.000m and actual savings of £3.533m (an achievement rate of 117.8%).

The Trust's cumulative performance against PSPP as at Month 7 is 96.1% against a target of 95%.

At Month 7 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust's financial plan for 2023-26 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2023-26 financial plan was submitted to WG following Board sign off on 31st March 2023.

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

Key specific risks to the delivery of the 2022/23 financial plan and beyond include:

- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies via the Financial Sustainability Program (FSP);

Expected Performance Trajectory

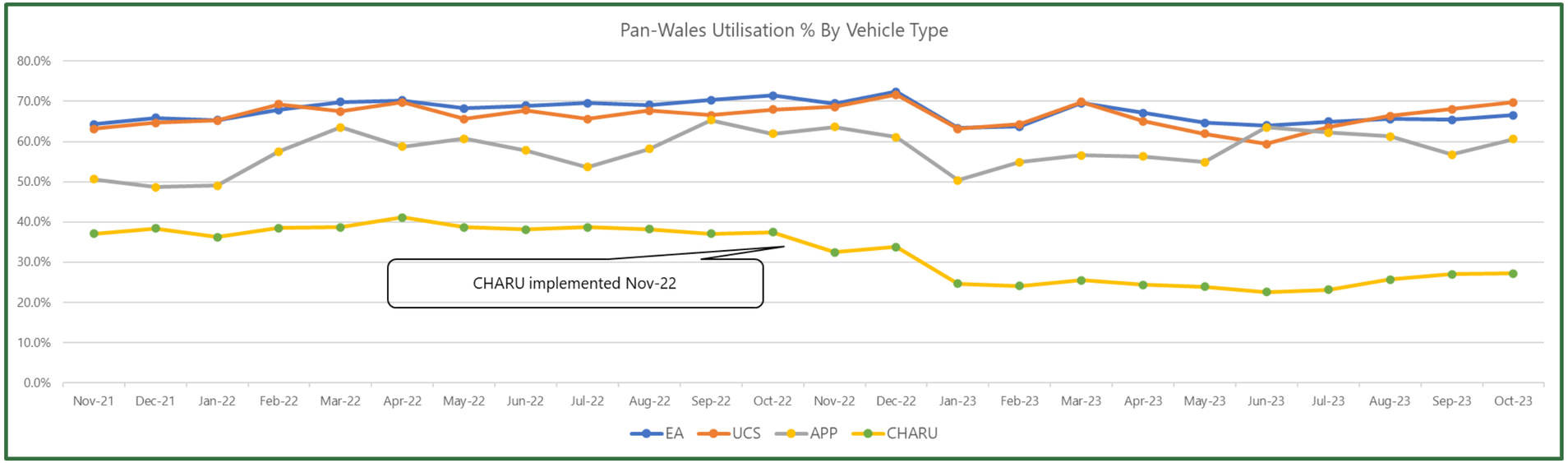
The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2023/24 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2024/25 financial year.

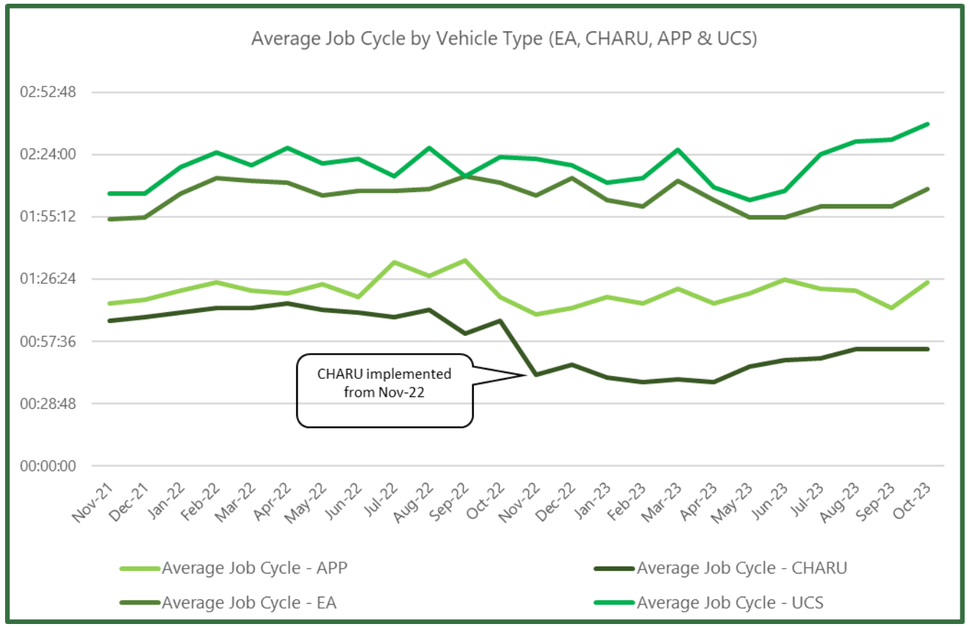
Finance, Resources and Value
EMS Utilisation & Average Job/Shift Times

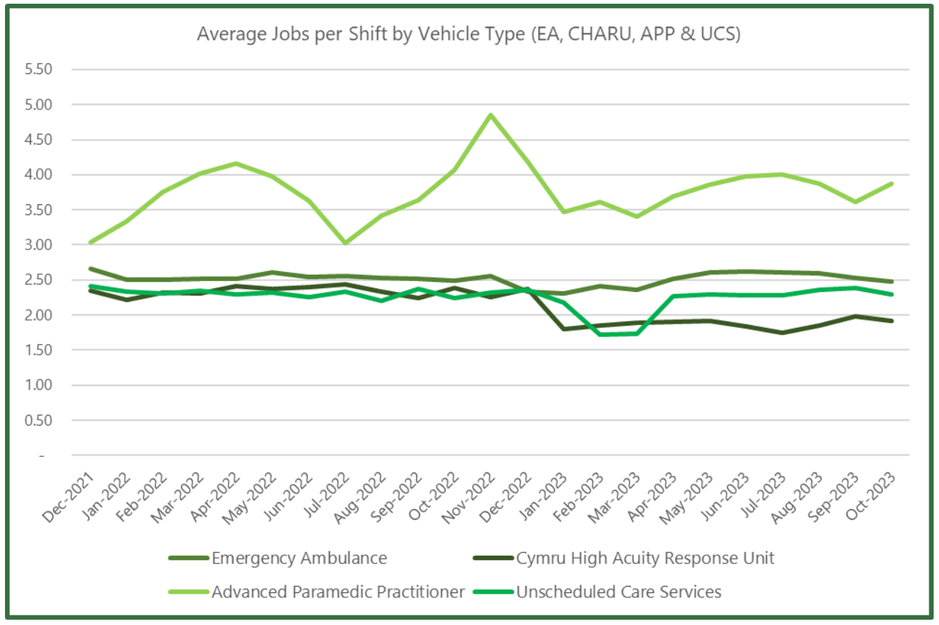
(Responsible Officer: Lee Brooks)

Utilisation
A

FPC







Analysis

Pan Wales Utilisation metrics in October 2023 were 58.5% for all vehicles types, a slight increase from 57.5% in September 2023. UCS achieved the highest rate during the month at 69.7% while EA was at 66.5%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in October 2023 increased to 2 hours 8 minutes for EAs, and to 2 hours 38 minutes for UCS crews. CHARUs remained at 54 minutes while APPs increased from 1 hour 13 minutes to 1 hour 25 minutes.

Overall average jobs per shift was 2.36 in October 2023, a decrease from the 2.41 recorded in September 2023. APPs attended on average 3.88 jobs per shift, EAs 2.48 jobs per shift, UCS crews 2.30 jobs per shift and CHARU's 1.92 jobs per shift.

Overall average jobs per shift has remained relatively static with APP & CHARU resources having a job cycle that is half that of a conveying resource.

Remedial Plans and Actions

The increase in average job cycle time since 2021 can be attributed to numerous factors including the introduction of ePCR and increasing hospital delays (staff pre-empting and packaging patients in readiness for long waits and patients waiting longer for an ambulance response therefore requiring more treatment/assessment). These times are monitored at Weekly Performance Meeting and local work to establish appropriate efficiency initiatives is ongoing

Expected Performance Trajectory

The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not been seen. The EA and UCS utilisation is too high. The APP utilisation is being considered via the inverting the triangle transformation work. The CHARU rate is being reviewed linked to modelling.

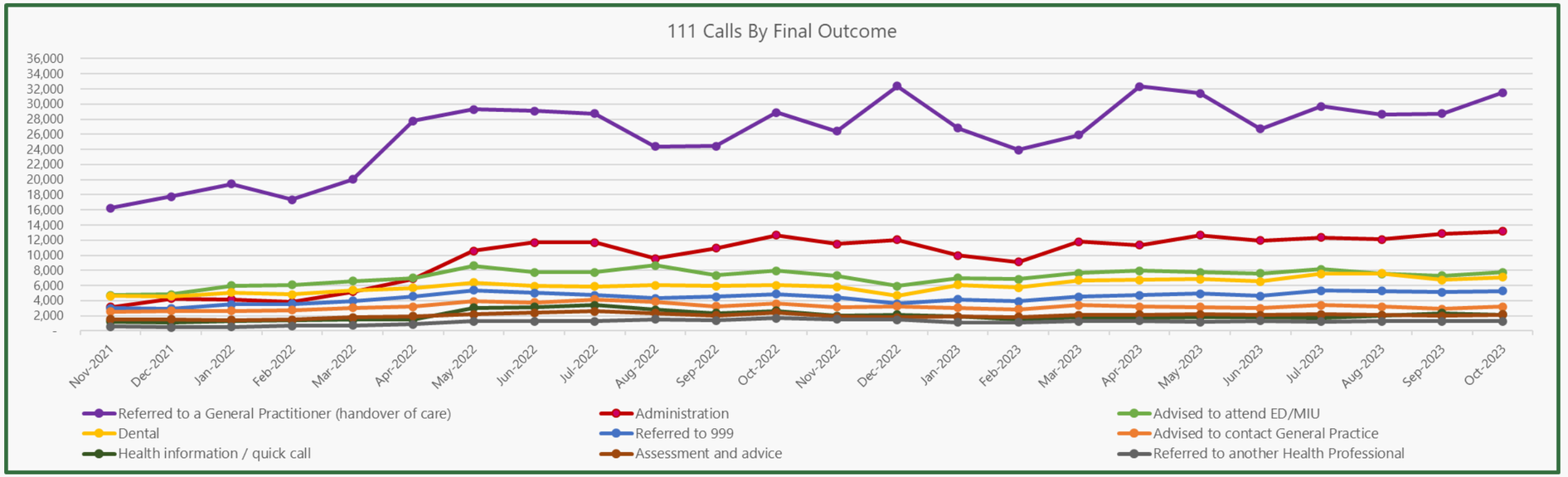
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

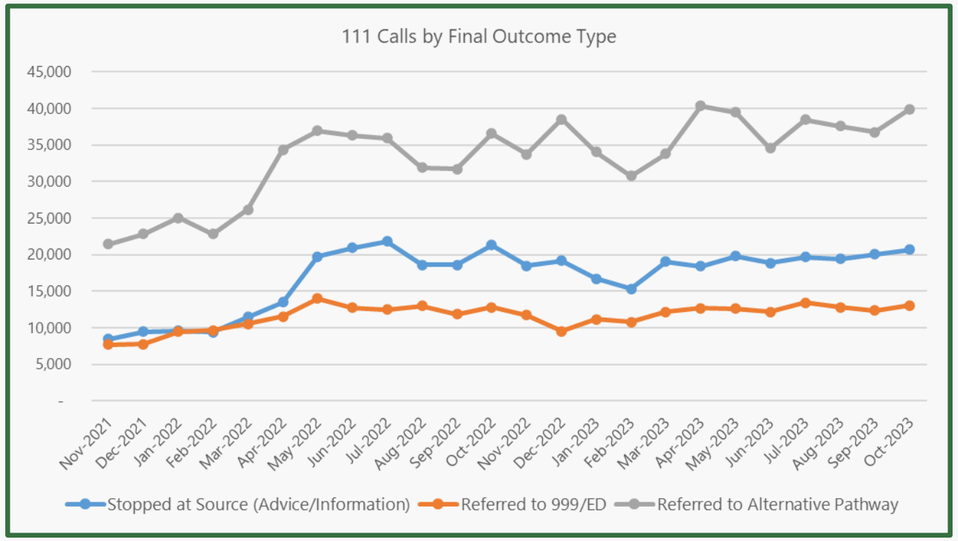
(Responsible Officer: Lee Brooks)

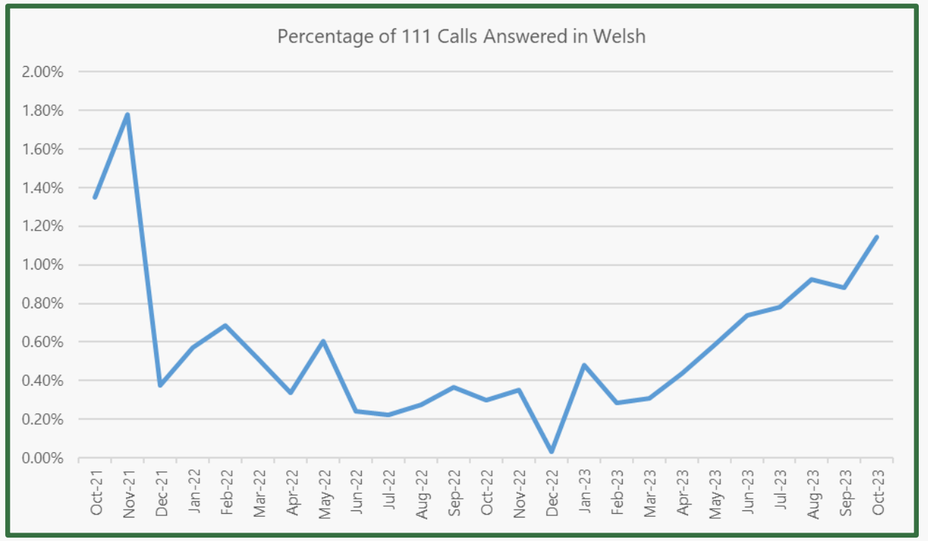
A

FPC

Influencing Factors – Demand and Clinical Hours Produced







Analysis

73,694 calls were received into the 9 categories displayed in the graph opposite during October 2023, an increase compared to the 69,217 received during September 2023. This is the highest volume of calls seen into the service in the past two years.

In October 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 43% of all calls.

As the bottom left graph highlights, in October 2023, 20,713 calls into 111 were provided with information or advice, with no onward referral, an increase from 20,074 in September 2023.

111 calls answered in Welsh increased in October 2023 to 1.15% of all 111 calls received compared to September 0.88%. For October, this would equate to 72.2% of 111 calls offered and answered in Welsh compared to September 65.1%.

Remedial Plans and Actions

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

Expected Performance Trajectory

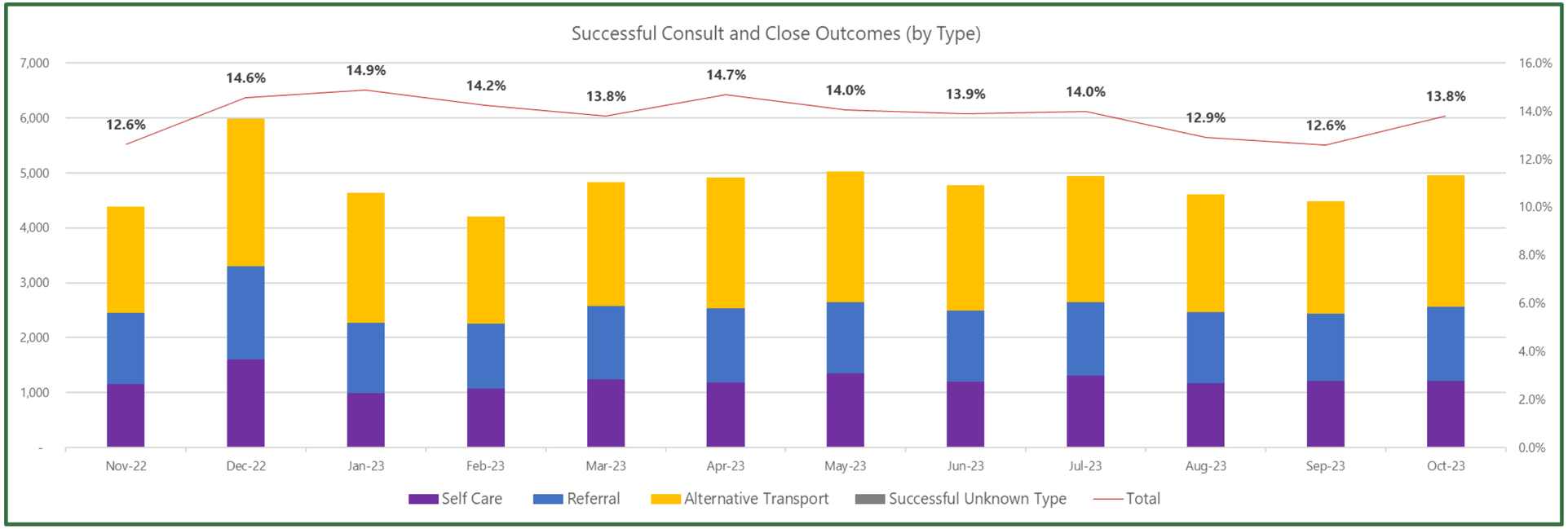
No performance trajectory is set at this time, as the Trust develops is measures and systems around these metrics. Once these have been developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.

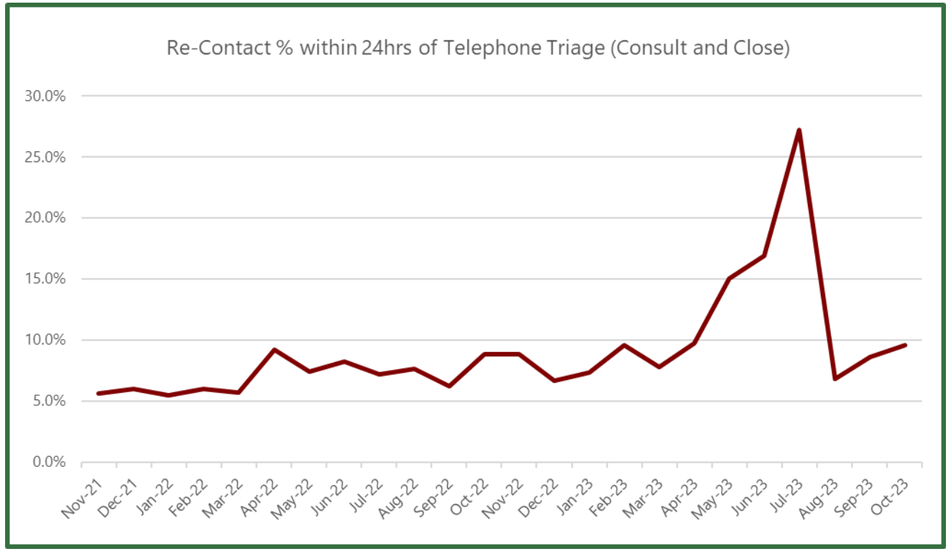
Partnerships / System Contribution
Consult & Close Indicators

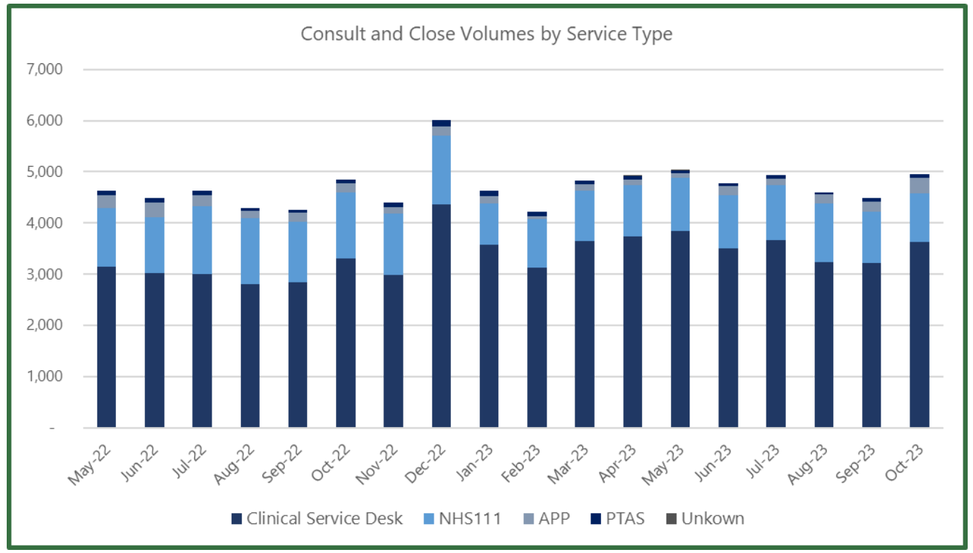
(Responsible Officer: Lee Brooks)

C&C R

FPC







Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (10.1%), NHS111 (2.6%), WAST APP (0.9%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 13.8% in October 2023. This was an increase on the 12.6% seen during September 2023 but remained short of the new 17% target. In October 2023, the number of 999 calls resulting in a Consult and Close outcome was 4,961, up from 4,408 in September 2023.

Of the calls successfully closed in October 2023, 1,217 patients received an outcome of self-care; 1,339 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,403 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in October 2023 were 9.6%, a slight increase on the 8.6% seen in September 2023.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling
- Reporting still challenging without telephony data
- Failed contact activity from EMSC has reduced
- Progressing process with 111 to pass calls electronically from CSD, saving time
- More staff are at work in CSD
- Additional staff start live this month
- Work commenced on PDSA for CSD First

Expected Performance Trajectory

With the increase in staff attendance and changes to processes October's Consult and Close was the 4th highest on record at 4,961 patients, which was 13.8% of verified 999 activity. A further improvement is expected, but the 17% ambition looks more distance currently.

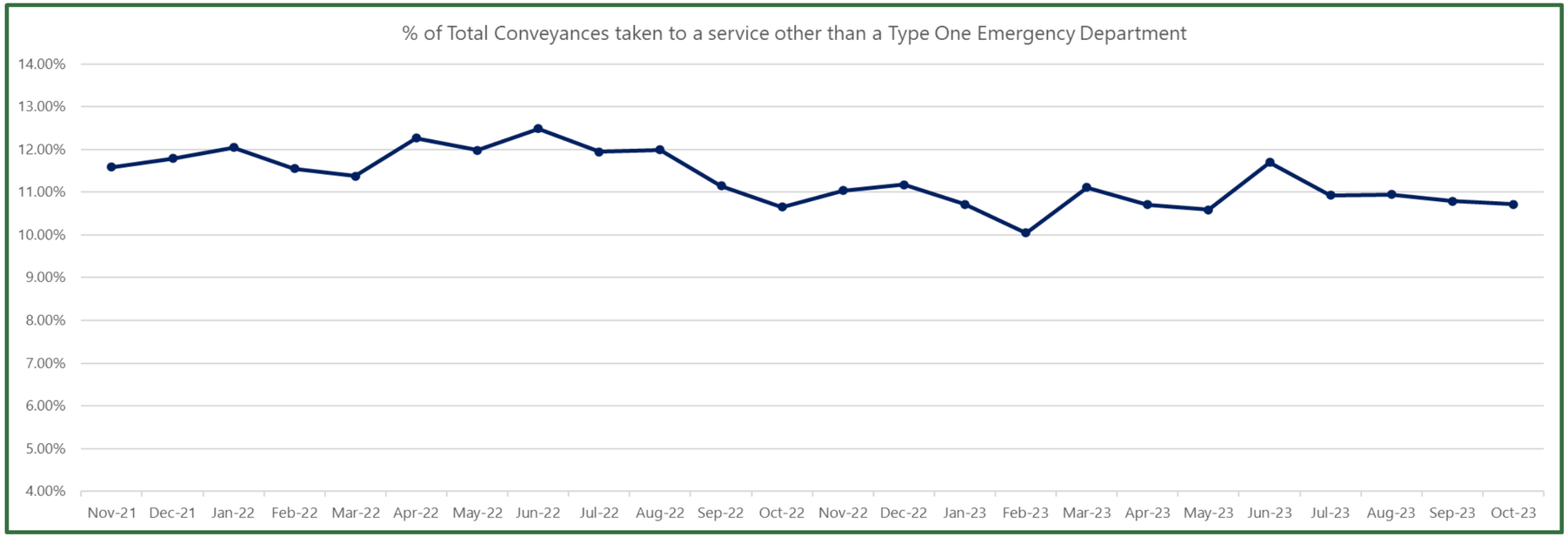
Partnerships / System Contribution
Conveyance to ED Indicators

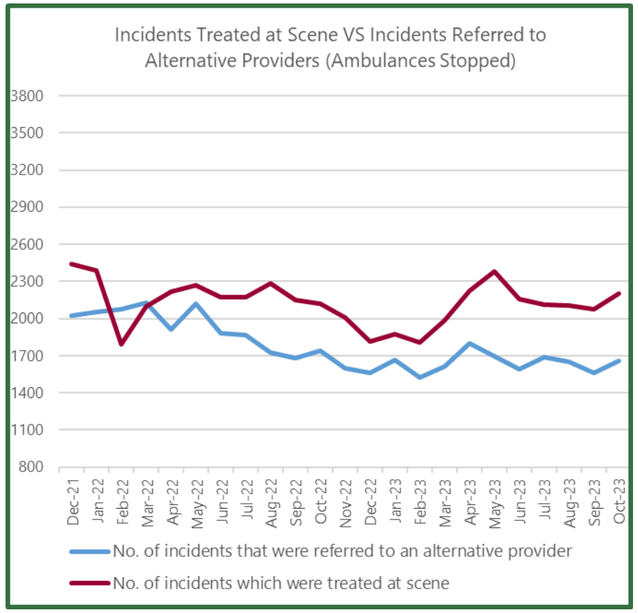
(Responsible Officer: Andy Swinburn)

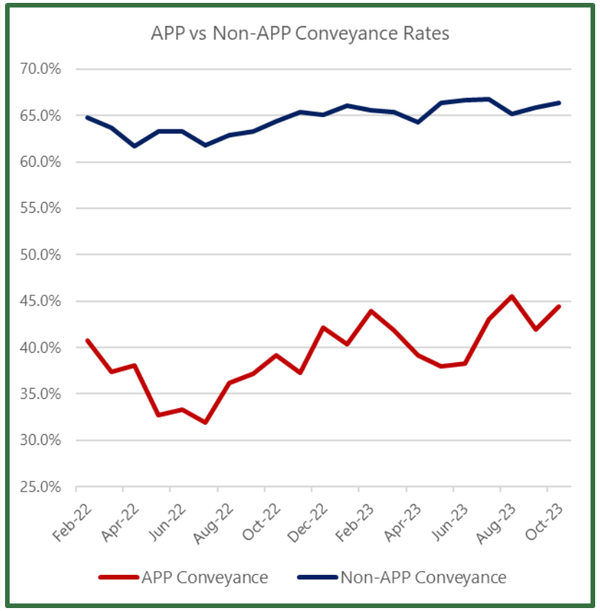
A

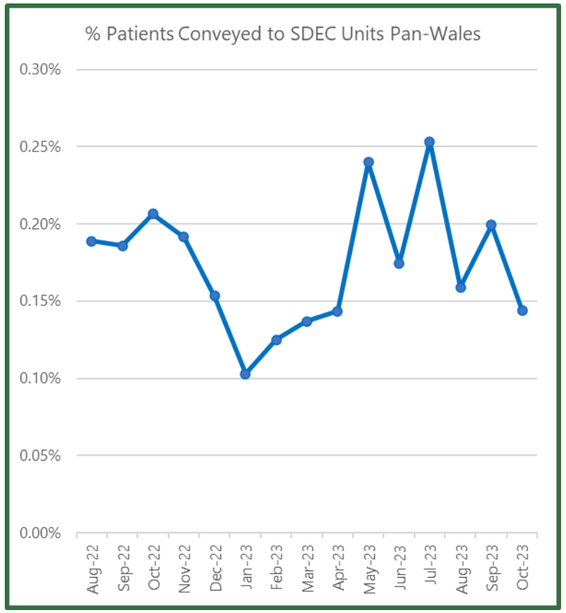
FPC

Ministerial Measure









Analysis

In October 2023 10.72% of patients (1,626) were conveyed to a service other than a Type One ED, while 37.56% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers increased slightly, from 3,642 in September 2023 to 3,862 in October 2023.

APP conveyance rates decreased slightly to 43.7% in October 2023, although there has been a general increase seen in recent months due to increased levels of CSP, which results in patients choosing to transport themselves to the ED, with only patients who do not have this ability (usually sicker) receiving a response.

Patients conveyed to SDEC's fell from 0.20% in September to 0.14% in October 2023.

Remedial Plans and Actions

The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.5%. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust such as SDECs.

Utilisation of APP resources will continue to be monitored as part of weekly performance reviews and evaluation of the appropriate APP code-set will be undertaken through the Clinical Prioritisation and Assessment Software (CPAS) group.

Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well. This modelling indicates a reduction in patients conveyed of 1,165 per week but is predicated on large scale investment in APPs (470 v starting position of 67).

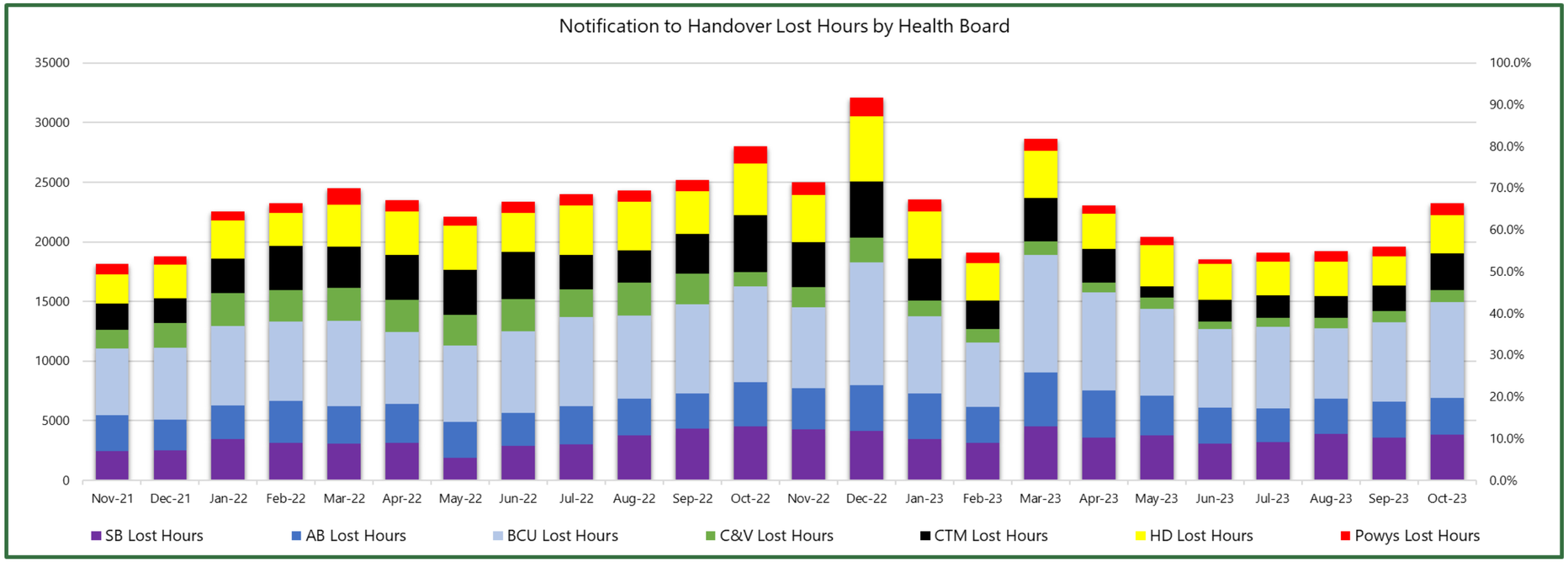
Partnerships / System Contribution Handover Indicators

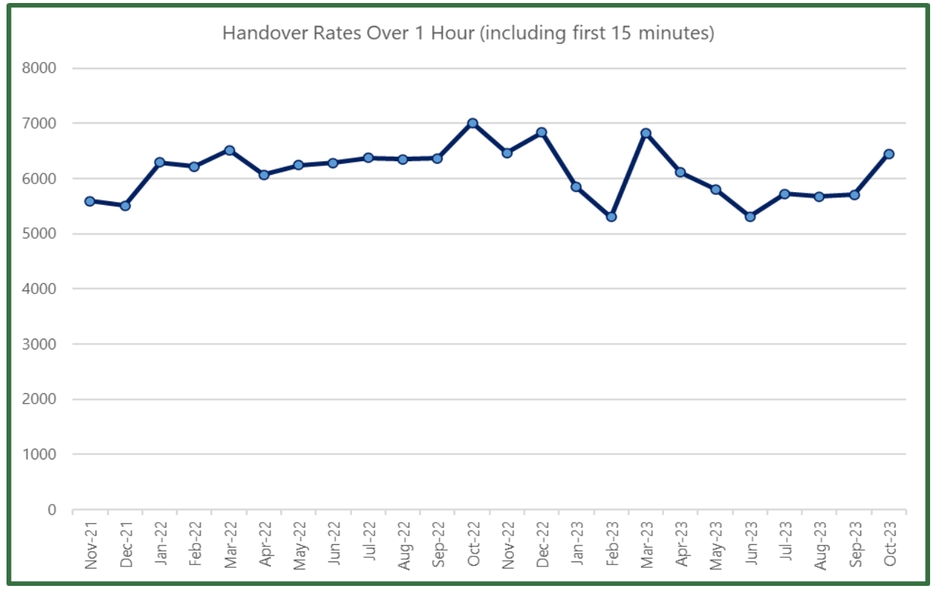
(Responsible Officer: Health Boards)

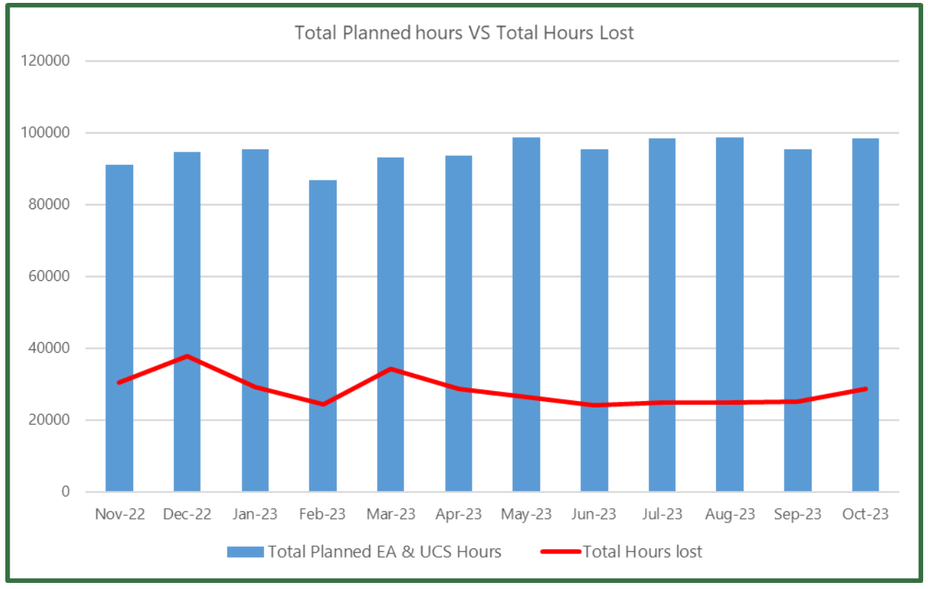
R

CI

QUEST







Analysis

271,588 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Nov-22 to Oct-23), compared to 278,469 over the same timeframe the previous year. There were 23,232 hours lost in October 2023, an increase from the 19,610 lost in September 2023. This is the fourth month in a row the figure has increased, although levels remain below where they were during the same period last year.

The hospitals with the highest levels of handover delays during October 2023 were:

- Morriston Hospital (SBUHB) at 3,647 lost hours
- The Grange University Hospital (ABUHB) at 2,837 lost hours
- Wrexham Maelor Hospital (BCUHB) at 3,657 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,380 lost hours

Notification to handover lost hours averaged 749 hours per day during October 2023 compared to 654 hours a day in September 2023.

In October 2023, the Trust could have responded to approximately 7,319 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve. Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR).

Expected Performance Trajectory

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

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

Partnerships / System Contribution

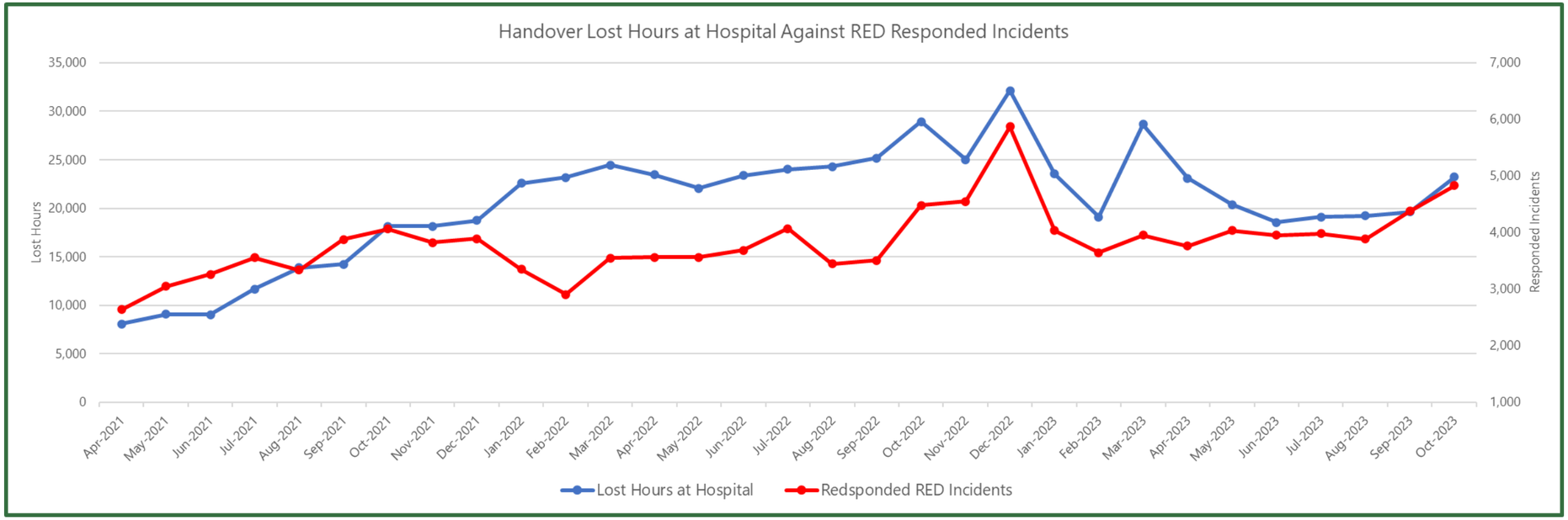
Handover Lost Hours Against Red & Amber 1 Responded Incidents

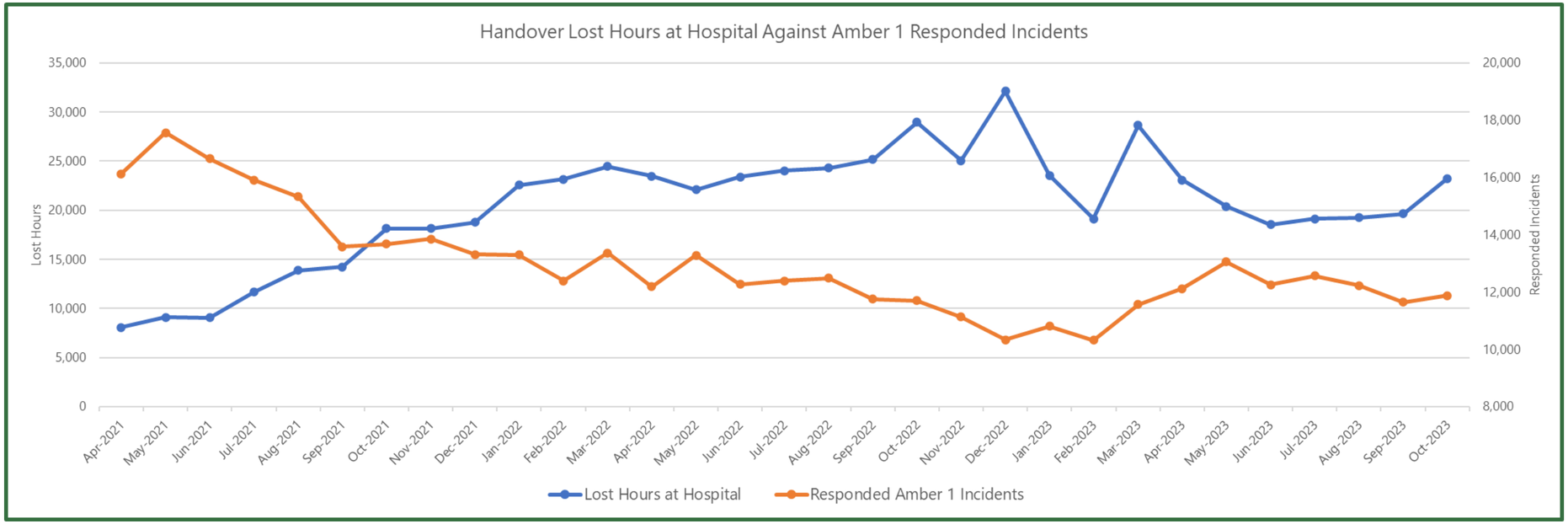
(Responsible Officer: Health Boards)

R

CI

QUEST





Analysis

The top graph highlights that as handover lost hours have increased since May 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system. However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

The bottom graph also highlights that as lost hours have increased since mid-2021, so Amber 1 responses have declined, due to the increased system pressures. However, as lost hours reduced during the first half of 2023, so Amber 1 responses increased, from 10,326 in December 2022 to 13,055 in May 2023. Therefore, it was possible to see the reduction of pressure within the system and subsequent performance improvement through the Amber 1 metric.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

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

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

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self-serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up, they are counted as "abandoned" as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	**Hours Produced for Emergency Ambulances**	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	**Sickness Absence (all staff)**	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	**Frontline COVID-19 Vaccination Rates**	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	**Statutory and Mandatory Training**	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	**PADR/Medical Appraisal**	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found.	**Ambulance Response FTEs in Post**	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	**Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post**	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	**Financial Balance – Annual Expenditure YTD as % of budget Expenditure**	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.		
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	**14**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

STANDING ORDERS, SCHEME OF RESERVATION & DELEGATION OF POWERS AMENDMENT ON RETIREMENT OF MEDICAL DIRECTOR AND MAIN DOCUMENT UPDATE

MEETING	Trust Board
DATE	23 November 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

Scheme of Reservation & Delegation

1. On 27 July 2023 the Board noted the decision the previous day of the Remuneration Committee, which considered changes to the senior leadership in the clinical services directorate as a result of the retirement of Dr Brendan Lloyd on 31 December 2023.

2. The Remuneration Committee approved the recommendation that the Director of Paramedicine would become an Executive Director with full voting rights on the Board on 1 January 2024.

3. As a result of this change, the Scheme of Reservation and Delegation (Schedule 1 to the Trust's Standing Orders) has been amended and a marked-up version is attached at Annex 1. The changes relate only to Table A and will not take effect until 1 January 2024.

Main Standing Orders Document

4. Additionally, there has been a further minor update to the Main Document of the Standing Orders following the changes approved by the Board in September to ensure consistency between provisions relating to publication of papers for Trust Board.

5. Paragraph 7.4.7 (which relates to notifying the public and others of Board meetings) has been updated to align to the changes agreed in paragraph 7.4.3 stating that the publication of papers must be at least *seven* calendar days before formal Board meetings as opposed to ten – as detailed below:

Notifying the public and others

7.4.7 Except for meetings called in accordance with Standing Order 6.3, at least ~~10~~ seven calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall

RECOMMENDATION

6. **The Trust Board is requested to approve the amendments to the Scheme of Reservation and Delegation of Powers to *take effect from 1 January 2024*. The changes to the Main Document of the Standing Orders should take effect *immediately*.**

KEY ISSUES/IMPLICATIONS
7. As above.

REPORT APPROVAL ROUTE
4 November 2023 – Executive Leadership Team by circulation

REPORT APPENDICES
Annex 1 – Marked up Scheme of Reservation and Delegation of Powers

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

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

(i) A Committee, e.g., Quality and Safety Committee;

(ii) A sub-Committee e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board; and

(iii) Officers of the Trust (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the Trust.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the Trust's Standing Orders.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs***

- ***The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***

- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***

- ***The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***

- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***

- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***

- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***

- ***The Board may delegate authority to act, but retains overall responsibility and accountability***

- ***When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.***

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of Trust functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of control and other established procedures within the Trust.

SCHEDULE OF MATTERS RESERVED TO THE BOARD[1]

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
1	Board	General	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs.
2	Board	General	The Board must determine any matter that will be reserved to the whole Board.
3	Board	General	Approve the Trust's Governance Framework
4	Board	Operating Arrangements	Approve, vary and amend: ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the Trust; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	Board	Operating Arrangements	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.
6	Audit Committee	Operating Arrangements	Formal consideration of report of Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.

[1] Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
7	Board	Operating Arrangements	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	Board	Operating Arrangements	Authorise use of the Trust's official seal.
9	Board	Operating Arrangements	Approve the Trust's Values and Standards of Behaviour framework.
10	Chair on behalf of Board/Joint Committee, Vice-Chair on behalf of Joint Committee Board if Chair is declaring interest	Organisation Structure and Staffing	Require, receive, and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee or Board Secretary
11	Board	Strategy Planning	Determine the Trust's strategic aims, objectives and priorities
12	Board	Strategy Planning	Approve the Trust's key strategies and programmes related to: ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
13	Board	Strategy Planning	Approve the Trust's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
14	Board	Strategy Planning	Approve the Trust's budget and financial framework (including overall distribution and unbudgeted expenditure)
15	Board	Operating Arrangements	Approve the Trust's framework and strategy for performance management.
16	Board	Strategy and Planning	Approve the Trust's framework and strategy for risk management and assurance.
17	Board	Operating Arrangements	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with the Putting Things Right and health and safety requirements.

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
18	Board	Operating Arrangements	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Trust, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE).
19	Board	Strategy and Planning	Approve the Trust's patient, public, staff, partnership and stakeholder engagement and co-production strategies.
20	Board	Operating Arrangements	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the Trust's aims, objectives and priorities.
21	Remuneration Committee. (For Chief Executive, Committee to consist of Chair and non-Officer Members. For all others officer members as above and to include Chief Executive)	Organisation Structure and Staffing	Appointment of the Chief Executive and Executive Directors (officer members of the Board)
22	Remuneration Committee	Organisation Structure and Staffing	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial instructions e.g. the Board Secretary.
23	Remuneration Committee	Organisation Structure and Staffing	Termination of appointment and suspension of officer members in accordance with the provisions of Regulations
24	Remuneration	Organisation Structure	Consider appraisal of officer members of the Board

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
	Committee	and Staffing	
25	Remuneration Committee	Organisation Structure and Staffing	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
26	Board	Organisation Structure and Staffing	Approve, [arrange the] review, and revise the Trust's top level organisation structure and corporate policies
27	Board	Organisation Structure and Staffing	Appoint, [arrange the] review, revise and dismiss Trust Committees directly accountable to the Board
28	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee or Group set up by the Board
29	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
30	Board	Organisation Structure and Staffing	Approve the standing orders and terms of reference and reporting arrangements of all Committees and groups established by the Board
31	Audit Committee	Operating Arrangements	Approve arrangements relating to the discharge of the Trust's responsibility as a bailee for patients' property
32	Board Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	Operating Arrangements	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
33	Board	Operating Arrangements	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
	Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers		
34	Board	Operating Arrangements	Approve proposals for action on litigation on behalf of the Trust
35	Board	Organisation Structure and Staffing	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.
36	Board	Strategy and Planning	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
37	Board	Performance and Assurance	Approve the Trust's audit and assurance arrangements
38	Board	Performance and Assurance	Receive reports from the Trust's Executive on progress and performance in the delivery of the Trust's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate.
39	Board	Performance and Assurance	Receive reports from the Trusts Committees, groups and other internal sources on the Trust's performance and approve action required, including improvement plans, as appropriate
40	Board	Performance and Assurance	Receive reports on the Trust's performance produced by external regulators and inspectors (including, e.g., Audit Wales etc.) that raise significant issue or concerns impacting on the Trust's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Trust Committees (as appropriate)
41	Board	Performance and Assurance	Receive the annual opinion of the Trust's Chief Internal Auditor and approve action required, including improvement plans
42	Board	Performance and Assurance	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
43	Board	Performance and Assurance	Receive assurance regarding the Trust's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
44	Board	Reporting	Approve the Trust's Reporting Arrangements, including reports on activity and performance to citizens, partners and stakeholders and nationally to the Welsh Government where required.
45	Board	Reporting	Receive, approve and ensure the publication of Trust reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
1.	Chair		In accordance with statutory and Welsh Government requirements
2.	Vice Chair		In accordance with statutory and Welsh Government requirements
3.	Champion/ Nominated Lead		In accordance with statutory and Welsh Government requirements

DELEGATION OF POWERS TO COMMITTEES AND OTHERS[2]

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- The composition, terms of reference and reporting requirements in respect of any such Committees; and
- The governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit Committee
- Quality Patient Experience and Safety Committee
- Remuneration Committee
- Finance and Performance Committee
- People and Culture
- Charity Committee
- Academic Partnerships Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation to Committees. The Committee terms of reference appear in Schedule 3 to these Standing Orders.

In the event the Chief Executive Officer is absent they will appoint a Deputy Chief Executive Officer to take on full responsibility of the Chief Executive Officer. If the Deputy Chief Executive is the Director of Finance and Corporate Resources then the Director of Finance and Corporate Resources responsibilities is delegated to the Deputy Director of Finance.

[2] As defined in Standing Orders.

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, DIRECTORS AND OFFICERS

The Trust SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and Corporate Resources and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the Trust's Scheme of Delegation to Officers.

Table A – Delegated Matters

Note for Table A, where a delegation is made to more than one post holder:

- '/' signifies that either post holder may act individually, or they may act jointly.
- 'and' signifies they must act jointly

Delegated Matter	Responsible Officer/Committee	Delegated To
1. Audit arrangements		
1.1. Ensure that there is an adequate provision of internal and external audit services	Audit Committee	Board Secretary
1.2. Implement recommendations	Chief Executive	Relevant Director
1.3. Ensure the financial accounts of the Trust are audited annually	Chief Executive	Executive Director of Finance and Corporate Resources
2. Authorisation of new drugs	Chief Executive	~~Medical Director and~~ Executive Director of Paramedicine and Associate Medical Director

Delegated Matter	Responsible Officer/Committee	Delegated To
3. Bank/OPG Accounts/Cash (Excluding Charitable Funds (Funds Held on Trust Accounts)) Refer to SFIs for banking arrangements	Chief Executive	Executive Director of Finance & Corporate Resources
4. Capital investment (Refer to SFIs)		
4.1. Programme		
(a) Preparation of Capital Investment for submission to Board	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
(b) Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Variation to capital programme (up to delegated limits)	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
4.2. Leases – granting and termination of leases subject to the limits set out in Table B	Chief Executive	Executive Director of Finance & Corporate Resources
5. Clinical		
5.1. Clinical governance arrangements	Chief Executive	~~Medical Director,~~ Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.2. Clinical leadership	Chief Executive	~~Medical Director,~~ Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.3. Programmes of clinical education	Chief Executive	~~Executive~~ Director of People and Culture with Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.4. Clinical staffing rotas	Chief Executive	Executive Director of Operations
5.5. Clinical trials and research projects (authorisation of) In accordance with JRCALC guidelines	Chief Executive	Executive Director of Paramedicine unless specified as ~~Medical Director~~Associate Medical Director
5.6. Responsible officer for medical revalidation	Chief Executive	Associate Medical Director
5.7. Clinical Audit	Chief Executive	Executive Director of Paramedicine ~~Medical Director~~

Delegated Matter	Responsible Officer/Committee	Delegated To
To ensure there is a programme in place		
6. Clinical Practice and Registration		
6.1. Compliance with statutory and regulatory arrangements relating to professional practice and/or breaches of clinical standards		
(a) Nursing	Chief Executive	Executive Director of Quality and Nursing
(b) Medical	Chief Executive	Associate Medical Director
(c) Paramedicine and affiliated roles	Chief Executive	Executive Director of Paramedicine
(d) Community First Responders	Chief Executive	Executive Director of Paramedicine
7. Complaints/concerns (patients and relatives) – Putting Things Right/the NHS (Concerns, Complaints and Redress Arrangements (Wales)) Regs 2011	Chief Executive	Executive Director of Quality & Nursing
8. Confidential information		
8.1. Monitoring of the Trust's compliance with the Caldicott report on protecting patient confidentiality in the NHS	Chief Executive	Executive Director of Quality and Nursing
8.2. Freedom of Information Act compliance code	Chief Executive	Board Secretary
9. Data Protection Act and General Data Protection Regulations		
9.1. Monitoring of Trust's compliance	Chief Executive	Director of Digital Services
9.2. Senior Information Risk Owner (SIRO)	Chief Executive	Director of Digital Services
10. Declarations of interest		
10.1. Maintaining a register	Chief Executive	Board Secretary
11. Disposal and condemnations		
11.1. Items obsolete, redundant, irreparable or cannot be repaired cost effectively	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
11.2. Develop arrangements for the sale of assets	Chief Executive	Executive Director of Finance & Corporate Resources
11.3. Disposal of protected property (as defined in the terms of authorisation)	Chief Executive	Executive Director of Finance & Corporate Resources
12. Environmental Regulations		
12.1. Monitoring of compliance and ensuring compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Finance and Corporate Resources
13. External Borrowing		
13.1. Advise Trust Board of the requirements to repay / draw down Public Dividend Capital	Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
13.2. Approve a list of employees authorised to make short term borrowings on behalf of the Trust	Trust Board	Chief Executive and Executive Director of Finance & Corporate Resources
13.3. Application for draw down of Public Dividend Capital, overdrafts, and other forms of external borrowing	Chief Executive	Executive Director of Finance & Corporate Resources
14. Financial Planning/Budgetary Responsibility		
14.1. Develop and submit to Trust Board a financial plan in accordance with priorities and objectives as set out in the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.2. Budgetary responsibility	Chief Executive	Executive Director of Finance & Corporate Resources
14.3. Prior to the start of the financial year, prepare and submit to Trust Board for approval balanced budgets that delivers the financial plan as contained within the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.4. Monitoring and report to Trust Board on performance against the financial plan	Chief Executive	Executive Director of Finance & Corporate Resources
14.5. Devise and maintain systems of budgetary control	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
14.6. Monitor performance against budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.7. Delegate budgets to budget holders	Chief Executive	Executive Director of Finance & Corporate Resources
14.8. Ensure adequate training is delivered to budget holders to facilitate their management of allocated budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.9. Submit in accordance with the independent regulators' requirements for financial monitoring returns	Chief Executive	Executive Director of Finance & Corporate Resources
14.10. Identify and implement cost improvements and income generating activities in line with the business plan	Chief Executive	All budget holders
14.11. Preparation of		
(a) Annual accounts	Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
(b) Annual report	Chief Executive	Board Secretary
14.12. Budget Responsibilities. Ensure that:		
(a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
(b) Approved budget is not used for any other than specified purpose subject to rules of virement	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
(c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within available resources and workforce establishment	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
14.13. Authorisation of Virement	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
The Chief Executive, Executive Director of Finance & Corporate Resources and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.		
Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement		
15. Financial Procedures and Systems Development and maintenance of systems and procedures	Chief Executive	Executive Director of Finance & Corporate Resources
16. Fire Precautions Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact.	Chief Executive	Executive Director of Finance & Corporate Resources
17. Fixed Assets		
17.1. Maintenance of asset register including asset identification and monitoring	Chief Executive	Executive Director of Finance & Corporate Resources
17.2. Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with CONCODE and ESTATECODE.	Chief Executive	Executive Director of Finance & Corporate Resources
17.3. Calculate and pay capital charges in accordance with the requirements of the Independent Regulator	Chief Executive	Executive Director of Finance & Corporate Resources
17.4. Responsibility for security of Trust's assets including notifying discrepancies to the Executive Director of Finance and Corporate Services, and reporting losses in accordance with Trust's procedures	Chief Executive	All Staff
18. Fraud (see also 26 and 36) Monitor and ensure compliance with Welsh Government Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
19. Funds Held on Trust Charitable Funds Charitable Funds held are managed and scrutinised appropriately	Charitable Funds Committee	Executive Director of Finance & Corporate Resources
20. Gifts and Hospitality		
20.1. Maintaining the gifts and hospitality register	Chief Executive	Board Secretary
20.2. Process for declaring gifts and hospitality	Chief Executive	Board Secretary
21. Health and Safety Monitor and ensure statutory compliance with all legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Quality & Nursing
22. Infectious Diseases and Notifiable Outbreaks	Chief Executive	Executive Director of Quality & Nursing
23. Integrated Medium Term Plan (IMTP)		
23.1. Develop and present to Trust Board for approval an IMTP that sets out the Trust Strategies and objectives and meets Welsh Government requirement	Chief Executive	Executive Director of Strategy, Planning & Performance
24. IT Systems		
24.1. Ensuring integrity of system e.g. security, privacy, accuracy, completeness and storage	Chief Executive	Director of Digital Services
24.2. Maintain & replacement of i) business critical systems ii) All other systems	Chief Executive	Director of Digital Services
24.3. Disaster recovery systems	Chief Executive	Director of Digital Services
24.4. Developing Business Critical Systems in accordance with the Trust's IM&T Strategy	Chief Executive	Director of Digital Services
24.5. Developing new systems to ensure they are developed in a controlled manner and thoroughly tested	Chief Executive	Director of Digital Services

Delegated Matter	Responsible Officer/Committee	Delegated To
24.6. Seeking third party assurances regarding Business Critical Systems operated externally	Chief Executive	Director of Digital Services
25. Losses, Write Offs and Compensation		
25.1. Prepare procedures for recording accounting and reporting to Audit Committee for losses and special payments, including clinical negligence and personal injury claims	Chief Executive	Executive Director of Finance & Corporate Resources
25.2. Ex-gratia payments	Chief Executive	Executive Director of Finance & Corporate Resources and relevant Director
26. Patients' Property (in conjunction with financial advice) Ensuring patients and guardians are informed about patients' monies and property procedures	Chief Executive	Executive Director of Operations
27. Patient Services Agreements Negotiation, agreement, and monitoring of external non-clinical patient transport contracts	Chief Executive	Executive Director of Finance & Corporate Resources/Executive Director of Operations
28. Procuring Goods and Services		
28.1. Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B	Chief Executive	Executive Director of Finance & Corporate Resources
28.2. Obtain the best value for money when requisitioning goods/services	Chief Executive	Executive Director of Finance & Corporate Resources
28.3. Prompt payment to suppliers (pspp)	Chief Executive	Executive Director of Finance & Corporate Resources
28.4. Financial limits for ordering/requisitioning goods and services Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29. Quotation, Tendering and Contract Procedures		
29.1. Services:		

Delegated Matter	Responsible Officer/Committee	Delegated To
(a) Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Nominate officers to oversee and manage the contract on behalf of the Trust	Chief Executive	Heads of Department
29.2. Competitive Tenders:		
(a) Authorisation Limits Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Maintain a register to show each set of competitive tender invitations despatched	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance & Corporate Resources
(d) Opening tenders	Chief Executive	Executive Director of Finance & Corporate Resources
(e) Decide if late tenders should be considered	Chief Executive	Executive Director of Finance & Corporate Resources/Board Secretary
(f) Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote	Chief Executive	Executive Director of Finance & Corporate Resources
29.3. Quotations Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29.4. Waiving the requirement to request		
(a) Tenders – subject to Standing Orders (reporting to the Board) Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Quotes – subject to Standing Orders	Chief Executive	Executive Director of Finance & Corporate Resources
30. Reporting of Non-Urgent Incidents to the Police	Chief Executive	Relevant Director
31. Risk Management		

Delegated Matter	Responsible Officer/Committee	Delegated To
31.1. Ensuring the Trust has a Risk Management Strategy and a programme of risk management	Chief Executive	Board Secretary
31.2. Developing systems for the management and reporting of risks and incidents	Chief Executive	Board Secretary (risk) and Executive Director of Quality & Nursing (incidents)
32. Seal The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary
33. Signing of Documents		
33.1. Legal Proceedings/Advice		
(a) Engage Trust's solicitors/legal advisor	Chief Executive	Relevant Director or Board Secretary
(b) Documents connected with legal proceedings[3]	Chief Executive	Relevant Director or Board Secretary
33.2. Documents which are required to be executed as a Deed[4]	Chief Executive	Relevant Director and Board Secretary
33.3. Other Agreements not required to be executed as a Deed	Chief Executive	Relevant Director
33.4. Lease Agreements[5]	Chief Executive	Director of Finance and Corporate Resources and Board Secretary
34. Security Management Provide an oversight and assurance within the context of security management within NHS Wales; working in conjunction with the following leads on specific functional areas of security management:		
34.1. Finance, fraud etc.	Chief Executive	Director of Finance & Corporate Resources
34.2. Estates, premises security etc.	Chief Executive	Director of Finance and Corporate Resources
34.3. ICT	Chief Executive	Director of Digital Services
34.4. Information/data security/records management	Chief Executive	Director of Digital Services

3 May include but not be limited to consent orders, defences, and settlement agreements)

4 Where the Trust Seal is required on a Deed, it must be affixed to the document in the presence of the Chair or Vice Chair (or an Independent Member authorised by them in writing where they are unavailable) and the Chief Executive (or an Executive Director nominated by them where they are unavailable)

5 Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts

Delegated Matter	Responsible Officer/Committee	Delegated To
34.5. Violence and aggression	Chief Executive	Director of People and Culture
34.6. Patient Confidentiality	Chief Executive	Caldicott Guardian (Executive Director of Quality and Nursing)
35. Setting of Fees and Charges (Income)		
35.1. Income generation	Chief Executive	Executive Director of Finance & Corporate Resources
35.2. Non-patient care income (e.g., research)	Chief Executive	Executive Director of Finance & Corporate Resources
36. Stores and Receipt of Goods		
36.1. Responsibility for systems of control over stores and receipt of goods, issues and returns	Chief Executive	Relevant Director
36.2. Stocktaking arrangements	Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
36.3. Responsibility for controls of pharmaceutical supplies	Executive Director of Paramedicine ~~Medical Director~~	Heads of Department as appropriate
37. Workforce and Pay		
37.1. Nomination of officers to enter into staff contracts of employment	Chief Executive	Director of People and Culture
37.2. Develop Workforce policies and strategies for approval by the Board including but not limited to training and industrial relations	Chief Executive	Director of People and Culture
37.3. Renewal of Fixed Term Contract	Chief Executive	Director of People and Culture
37.4. The granting of additional increments to staff upon initial appointment within the parameters of existing agreements	Chief Executive	Director of People and Culture
37.5. Establishments		
(a) Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/ Director of People and Culture

Delegated Matter	Responsible Officer/Committee	Delegated To
(b) Additional staff to the agreed establishment without specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/ Director of People and Culture
(c) Self-financing changes to the establishment	Chief Executive	Relevant Director
(d) Self-financing changes to an establishment which involves movement between pay and other types of expenditure	Chief Executive	Executive Director of Finance & Corporate Resources
37.6. Pay Preparation of proposals for the Trust Board for the setting of remuneration and conditions of service for those staff not covered by Agenda for Change	Chief Executive	Director of People and Culture
37.7. Annual Leave		
(a) Approval of annual leave	Chief Executive	Relevant Directors
(b) Annual leave - approval of carry forward up to maximum of 5 days (and pro rata for part time staff)	Chief Executive	Relevant Directors
(c) Annual leave – approval of carry forward over 5 days (and pro rata for part time staff) (to occur in exceptional circumstances only)	Chief Executive	Director of People and Culture/ Executive Director of Finance & Corporate Resources
37.8. Special Leave To be applied in accordance with Trust Policy. Departure from policy will be as follows:		
(a) Compassionate leave	Chief Executive	Director of People and Culture
(b) Special leave arrangements for domestic/personal/family reasons: • Paternity leave • Carers leave • Adoption leave	Chief Executive	Director of People and Culture
(c) Special leave – this includes: • Jury service	Chief Executive	Director of People and Culture

Delegated Matter	Responsible Officer/Committee	Delegated To
• Armed services • School governor To be applied in accordance with Trust Policy		
(d) Leave without pay	Chief Executive	Director of People and Culture
(e) Time off in lieu	Executive Director of People and Culture	Line/Departmental Manager
(f) Maternity leave – paid and unpaid	Executive Director of People and Culture	Automatic approval within approved guidance
37.9. Sick Leave		
(a) Extension of sick leave on pay due to: • Delays in process • Exceptional circumstances	Chief Executive	Director of People and Culture
(b) Return to work part-time on full pay to assist recovery	Chief Executive	Heads of Department/Heads of Service in conjunction with WOD Business Partners
37.10. Study Leave	Chief Executive	Director of People and Culture
37.11. Removal expenses, excess rent and house purchases in accordance with Table B	Chief Executive	Director of People and Culture
37.12. Authorised – car users leased car	Chief Executive	Executive Director of Finance & Corporate Resources
37.13. Approval of secondary employment (also subject to a declaration of interest)	Chief Executive	Director of People and Culture
37.14. Putting proposal to Remuneration Committee in respect of Redundancy/ Severance/ VERS/ Settlement Payments within Trust limits and, where necessary, subject to WG approval	Chief Executive	Director of People and Culture/ Executive Director of Finance & Corporate Resources
37.15. Disciplinary procedures (excluding Executive Directors)	Chief Executive	To be applied in accordance with the Trust's disciplinary procedure
37.16. Booking of bank staff		

Delegated Matter	Responsible Officer/Committee	Delegated To
(a) Nursing	Chief Executive	Executive Director of Quality & Nursing
(b) Clinical (excluding nursing)	Chief Executive	~~Medical Director/~~Executive Director of Operations/ Executive Director of Paramedicine
(c) Other	Chief Executive	Relevant Director
37.17. Booking of agency and locum staff		
(a) Nursing	Chief Executive	Executive Director of Operations
(b) Medical	Chief Executive	~~Medical Director~~Executive Director of Paramedicine
(c) Paramedicine and affiliated roles	Chief Executive	Executive Director of Operations
(d) Other	Chief Executive	Relevant Director

Table B – Delegated Financial Limits

NB Thresholds are inclusive of VAT irrespective of recovery arrangements with the exception of procurement thresholds which are provided net of VAT.

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
1. LOSSES										
1.1. Losses of Cash due to:										
(a) Theft, fraud, arson, sabotage, neglect of duty or gross carelessness	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of Welsh Govt Manual for Accounts (WGMFA)
(b) Overpayment of salaries, wages, fees & allowances	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA
(c) Other causes, including un-vouched or completely vouched payments, overpayments other than those included under 1b; physical losses of cash and cash equivalents e.g. postage stamps due to fire (other than arson), accident and similar cause	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA
1.2. Fruitless Payments, including abandoned capital schemes	250,000	Over 250,000[8]	250,000				100,000	50,000	10,000	A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service in question could have been cancelled in time to avoid liability. See further info at annex 1 to Chapter 6 of WGMFA

6 NHS Wales health bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain the written approval of the Welsh Government H&SSG Finance Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit. The limits are listed in this column.
7 These notes are intended to guide the reader. They must be read in conjunction with the SO/SoRD/SFIs and those related to losses and special payments with respect to the Welsh Government Manual of Accounts
8 Does not negate the need for WG Approval which is also required

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
1.3. Bad Debts and Claims Abandoned										See Annex 1 to Chapter 6 of WGMFA
(a) Private patients	50,000	Over 50,000[8]	50,000	10,000						
(b) Overseas visitors	50,000	Over 50,000[8]	50,000	10,000						
(c) Causes other than (a) and (b) above	50,000	Over 50,000[8]	50,000	10,000						
1.4. Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to:										
(a) Culpable causes, e.g., theft, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness	50,000	Over 50,000[8]	50,000	10,000						
(b) Other causes	50,000	Over 50,000[8]	50,000	10,000						May include losses by fire (other than arson); losses by weather damage or by accident beyond the control of any responsible person; losses due to deterioration. See Annex 1 to Chapter 6 of WGMFA for further info
2. SPECIAL PAYMENTS										
2.1. Compensation payments under legal obligation	N/A	Board to be made aware of payment over 25K	Over 100,000	100,000	25,000	25,000				Payments fall into this category only if a clear liability exists as a result of a Court Order or a legally binding arbitration award. This category can include compensation for injuries to persons, damage to property and unfair dismissal. Payments into court, and out of court settlements, are not payments made under legal obligation.

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
2.2. Extra contractual payments to contractors	50,000	Over 50,000[8]	50,000	10,000						An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts may uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. See Annex 2 to Chapter 6 of WGMFA for further info
2.3. Ex gratia payment										Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or legal liability. An example is a payment to compensate for financial loss resulting from an act or failure of the body or its servants which does not give rise to a legal liability or the payment of compensation claims or damages. See Annex 2 to Chapter 6 of WGMFA for further info
(a) To patients and staff for loss of personal effects	50,000	Over 50,000[8]	50,000	10,000	10,000					
(b) For clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payment has been applied	1,000,000	Over 500,000[8]	500,000			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
(c) For personal injury claims where legal advice obtained and relevant guidance has been applied	1,000,000	Over 500,000[8]	500,000			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments
(d) Other clinical negligence and personal injury claims including Putting Things Right arrangements	50,000	Over 50,000[8]	50,000			10,000				
(e) Other[9] Except cases for maladministration where there was no financial loss by claimant	50,000	RemCom Over 50,000[8]	50,000		10,000					Other ex-gratia payments include: Voluntary Early Release Scheme payments which must be approved by RemCom regardless of value (SoR 25). Special severance payments when staff leave public service employment should be exceptional. They are usually novel contentious and potentially repercussive and **ALL must be referred to WG for approval, even if they are within delegated limits** which must be approved by RemCom regardless of value (SoR 25) Settlements on termination of employment. Most payments to staff on termination of their employment will be contractual, but ex gratia payments will sometimes arise (for example to settle a claim against the health body for breach

9 ALL special severance payments (novel, contentious and potentially repercussive) of whatever value must be referred to WG for approval, even if they are within delegated limits

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
										of contract). Only payments made in excess of that which is paid under contractual obligation should be recorded as ex-gratia in the losses and special payments register. *These payments may be made by Chief Executive (up to £50K) and Executive Director of Workforce and OD (up to £10K) and reported to the next RemCom. They are also included in the report to AC on losses and special payments.
(f) Maladministration where there was no financial loss by claimant	N/A	Over 50,000	50,000	10,000						In most cases of maladministration there is unlikely to be any legal obligation to pay compensation, and any payment would, as a result, be ex gratia. Such payments may arise: • as a result of a recommendation by the Public Services Ombudsman Wales (PSOW). • in cases, not involving the PSOW, where NHS Wales health bodies consider that the effect of official failure may justify a payment
(g) Patient referrals outside UK and EEA guidelines	N/A	Over 50,000	50,000	10,000						
2.4. Extra statutory and extra regulatory Payments	N/A	Over 50,000	50,000	10,000						These are payments considered to be within the broad intention of a statute or statutory regulation but which go beyond a strict interpretation of its terms. In some cases WG will advise to classify the payments as extra statutory. In all other cases WG must be informed and will advise whether the payments may be treated as extra statutory See Annex 2 of WGMOA for more info.

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
3. REQUISITIONING GOODS AND SERVICES AND APPROVING PAYMENT										
3.1. Agency staff and private providers	N/A	Over 500,000	500,000	200,000	200,000	200,000	200,000	50,000 (100,000 for Assistant Director of Operations, Ambulance Care for private providers only)	10,000	Any agency staff, including medical locums. No other managers can authorise use of agency staff.
3.2. Building and engineering works (non-capital)	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
3.3. Call off orders (annual value)	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	High cost medical consumables, provisions, routine supplies, excluding locums or agency staff
3.4. Capital expenditure (subject to annual programme being approved by Trust Board)	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	The Board to approve cases outside discretionary allowances. Capital programme agreed annually by Board.
3.5. Information Technology	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Major IT systems, software purchase, PC and printer purchase, networking, computer consumables. Includes software or hardware maintenance contracts
3.6. Management consultants (including professional services)	N/A	Over 200,000	200,000	10,000	10,000	10,000	10,000			
3.7. Periodic payments (invoice value)	N/A	Over 500,000	500,000 *750,000 for utilities/ fuel	100,000 *750,000 for utilities/ fuel	100,000	100,000	100,000	50,000	10,000	*In relation to Gas, Electricity, Council tax, Telephone, Water and Fleet Fuel invoices, due to the high level of expenditure on a recurring basis, payments up to a value not exceeding £750,000 can be authorised by the Director of Finance or the Chief

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
										Executive. For the provision of clarity, payments of PIBS (Personal Injury Benefit Scheme) invoices do not require authorisation on the basis that these quarterly payments are a reimbursement of pension payments made that have already been authorised.
3.8. Removal expenses	N/A	N/A			8,000					Allowance of £6,000 per relevant staff member
3.9. Services (including maintenance contracts) over lifetime of contract	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Routine maintenance contracts, clinical services (e.g. MRI), legal services, audit, clinical waste etc.
3.10. All other requisitions	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
4. QUOTATIONS AND TENDERS										
4.1. Authorisation of tenders and competitive quotations	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by these staff to the value of the contract. The Chair of the Trust in this instance will have the same limit as that for the CEO. Quotations- a minimum of 3 written quotations for goods/services must be sought where the anticipated value is likely to be above £5,000. Competitive Tenders- a minimum of 3 written competitive tenders for goods/services must be sought where the anticipated value is likely to be above £25,000.

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
										Tenders for Supplies and Services above the limit set EU Procurement matters for works above set limits must be sought in compliance with EC Directives (Updated Jan 2008) (OJEU Regulations) as appropriate. **All Tenders and Quotations must be sought, registered, and opened via the SSP**. These levels of authorisation may be varied or changed and need to be read in conjunction with the Trust Board's Scheme of Delegation Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes. Exceptions and Instances where formal tendering need not be applied will require authorisation in the form of a request to waive SFIs (pre numbered document from SSP) and authorisation in advance from the Director of Finance or Deputy Director of Finance (or in their absence the Board Secretary)
5. VIREMENT	N/A	Over 100,000	100,000	25,000						Trust must still meet financial targets and the total Trust budget must remain underspent
6. LEASE AGREEMENTS	**	Over 500,000	500,000	100,000 (with Board Secretary)						**See Schedule 1 to SFIs Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts

Category	Welsh Govt Delegated Limit - Approval Required	Board of Trustees/ Trust Board	Charitable Funds Committee	Bids Panel	Bursary Panel					Notes
7. CHARITABLE FUNDS	N/A	N/A	Over 50,000	50,000	N/A					

Unless otherwise stated, sub-delegations to others are permitted. It is for individual Directors to ensure that a system of sub-delegations are in place for their respective directorates.

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs. Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

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	23 November 2023
Committee Meeting Date	24 October 2023
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts from this meeting.

ADVISE

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

2. The Committee received a presentation on **inter-professional simulation-based education and training** which is a pan-Wales project based on collaboration with the NHS and social care. The project seeks to reduce variability across the system and takes a whole workforce approach which is aligned to WAST's desire to democratise learning and research. The WAST Mandatory In Service Training (MIST) at WAST (the previous continuous professional development (CPD) training) is a good example of this type of education and training in practice, and members heard excellent feedback from those who have attended this training. This is particularly evident when those in road-based roles come together for scenario based learning. The Committee thanked all those who were involved in this project and will continue to follow its roll out to a wider audience following peer review and academic publication.

3. There have been a number of conversations with Welsh Government regarding the Trust's application for **University Trust Status** (UTS) following a change of personnel, and it is expected that we will have further progress before the next Committee meeting. The advert for the Academic Non-Executive Director is live and will close on 29 October with interviews set for 15 December.

4. Members **reflections** on the meeting included the clear and active engagement on all topics allowing wider connections to be made; concise updates; seeing our democratised approach to learning in action; agenda being tied together well; and all voices encouraged to participate. There was a desire to continue to show progress, however incremental, particularly in research and innovation, and to

continue to embrace the flexibility that the remit of the Committee gives us. Other Committees were encouraged to link with this Committee on research and innovation issues.

5. This was the **first meeting** for Jonny Sammut, Director of Digital Services and the Chair thanked Leanne Smith for her previous support of this Committee's work.

ASSURE

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

6. The Committee took the opportunity to review afresh the elements of the **Integrated Medium Term Plan (IMTP) for 2024-27**. Noting the three UTS priorities have progressed, morphed and changed over the last two years. The priorities are as follows:

   Priority 1 – digitisation enabling better outcomes.

   Priority 2 – advanced practice and specialist working, consult and close and service transformation, including research

   Priority 3 – decarbonisation, fleet modernisation and sustainability

   The IMTP is monitored by the Finance and Performance Committee who receive regular updates including on these priorities. Members had a valuable discussion on the desire for the UTS priorities for 2024/25 to better reflect the space the Committee is now moving into and the ambition to foster a culture of democratised learning and promote a more commercial lens. A further discussion will take place at the January meeting ahead of finalising the IMTP.

7. The August meeting saw the first appearance of the Welsh Government and Health and Care Research Wales (HCRW) national **NHS Research and Development Framework**. The proforma has now been completed by WAST and the Director of Paramedicine gave feedback from a recent meeting with HCRW which was positive. A key element of moving this forward will be the refreshing of the clinical strategy and a separate but linked research and innovation plan. Succession planning and capacity was a subject of some discussion with HCRW and members, and the need to build on the existing but small team and support the wider organisation getting involved in research and innovation - not as a separate role but embedded into job descriptions and business as usual. The Committee will continue to monitor the maturity of the framework and support the refreshing of the research and innovation plan in 2024/25.

8. The **task and finish group** established by the Committee continues to meet and reports regularly on its work plan, with the issues of potential conflicts of interest of any appointed academic Non-Executive Director and the change of name logistics and timing to reflect UTS remaining.

9. The **Committee's priorities for 2023/24** are to scope out the next 12 months of UTS, and to focus on the research governance framework. Both are on track with no escalations reported.

RISKS

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

risks related to capacity to take forward the research and innovation agenda were discussed.

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.

COMMITTEE AGENDA FOR MEETING		
1. Interprofessional framework for simulation education	2. University Trust Status update	3. University Trust Status and other Committee-related items in IMTP 2024-27
4. Research Governance Framework Update	5. APC Task and Finish Group AAA report	6. Committee priorities Q3 and cycle of business monitoring report

COMMITTEE ATTENDANCE				
Name	**25 April 2023**	**15 August 2023**	**24 October 2023**	**16 January 2024**
Hannah Rowan				
Prof Kevin Davies				
Paul Hollard				
Martin Turner				
Estelle Hitchon				
Angela Lewis		Catherine Goodwin		
Andy Swinburn				
Leanne Smith		Jon Hopkins		
Jonny Sammut				
Jonathan Turnbull-Ross				
Duncan Robertson				
Nigel Rees				
Chris Evans				
James Houston				
Jo Kelso		From item 5.4		
Trish Mills				
Mark Marsden				
Keith Rogers				
Academia Rep				

	Attended
	Deputy attended
	Apologies received
	No longer member

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	23 November 2023
Committee Meeting Date	31 October 2023
Chair	Kevin Davies (in chair for Bethan Evans)

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Lost hours due to handover delays were at 19,610 hours in September and far in excess of what is acceptable, particularly as we move into Winter. Themes from patient safety incidents continue to be timeliness to respond and handover of care delays, with 1,588 patients receiving a response or wait of over 12 hours, with one patient waiting 39 hours and 59 minutes. The impact on patients and their families was acutely felt by Members when hearing the patient story from Steven Parsons and learning of a further three Regulation 28 notices issues from the North Wales Coroner.

   Handover delays, coupled with many patients waiting in excess of four hours outside Emergency Departments, **continue to present patient safety risks and extended waits in the community.** The ways in which the Trust is continually working with partners to influence system change ran through the agenda and the Trust Board will receive an update to the paper on the system actions to mitigate avoidable harm at its November meeting. Whist risks 223 and 224 have not changed their risk rating, the Committee is assured that they are being regularly reviewed, monitored, and updated to introduce mitigations wherever possible. Members continue to challenge on any further actions that can be put in place by the Trust and its influence on system partner actions and raise the Trust's ongoing concerns in their respective forums.

ADVISE

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

2. **Steven Parsons** recounted his distressing experience of being unable to get an ambulance for his grandfather, who he thought was suffering a stroke. Steven called 999 but was told there were no ambulances available at that time because of the system pressures. Believing it was a stroke, Steven decided to transport his grandfather to the hospital himself. Upon arrival, his grandfather collapsed

but was resuscitated in the Emergency Department. Whilst the Trust was operating in extremis at the time of Steven's call, with long waits for the 111Wales service and high levels of the clinical safety plan and REAP in operation, the experience that Steven and his family had underlines the trauma families experience when there are no resources to send in response to their call. Whilst they understand that the NHS is understaffed and overworked, Steven emphasised that the ordeal his grandfather and his family endured should not have happened and expressed a desire to share his experience to help others understand that impact. The Patient Experience and Community Involvement (PECI) team are working with Steven and his family addressing some of the issues that arose, and Jason Killens has had an opportunity to meet with Steven and his sister as part of the Trust's duty of candour and putting things right process.

3. The Committee received the **Q2 Operational Update**, acknowledging the ongoing national efforts concerning the code of ineffective breathing. The commendable progress on the Manchester Arena Inquiry actions and the effective implementation of mass casualty exercises and simulations, along with the assimilation of insights from a recent extraordinary incident in response to system pressures within the Swansea Bay University Health Board area, were positively received. Members also acknowledged the ongoing work on the national whole system escalation framework, emphasising the importance of gaining a comprehensive system-level understanding of clinical risk and enhancing the management of the population's needs. This was particularly significant in light of the impact highlighted in Steven's story.

4. The Committee received and reviewed the **2023 Annual Report on Mental Health and Dementia**, which is included as Annex 1 for the Board's consideration. The commendable efforts of the Mental Health and Dementia Teams were acknowledged, highlighting their significant and diverse contributions to the well-being of our service users, as highlighted in the comprehensive and impactful annual report. It was emphasised that both teams receive separate funding from the Welsh Government, underlining the importance of securing this funding for the 2024/25 period, given the significant positive impact they have on patients. Members underscored the significance of maintaining the '111Wales press 2' mental health provision.

5. The following **policies were approved**:

   (a) Aseptic Non-Touch Technique Policy
   (b) Medicines Management Policy
   (c) Information Governance Policy

   It was agreed that Chairs Action would be utilised for the Trust IPC Policy nearing completion of the Policy Group consultation stage.

6. Members' **reflections** on the meeting included clear and succinct papers and tangible progress on some longstanding issues.

7. Attached at Annex 2 is the **Infection Prevention and Control Annual Report 2022/23** which was erroneously omitted from the August AAA report of this Committee.

ASSURE

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

8. Two **Quality** Impact **Assessments (QIA)** were reviewed by the Committee. These have been developed to ensure that the Trust is able to meet the 2023/24 Integrated Medium Term Plan (IMTP) budget requirements approved by the Trust Board, to meet the Welsh Government requirement for all NHS organisations to maximise financial efficiency opportunities in this financial year and, to prepare for a challenging financial settlement in 2024/25.

   (a) Implementation of a revised approach to the application of the Non-Emergency Patient Transport Service (NEPTS) eligibility criteria and a revised Capacity Management Plan.
   (b) The Mid and West Wales Fire and Rescue Services (M&WWF&RS) support to the Trust's emergency responses

   The Committee noted that the Executive Leadership Team would be reviewing the QIAs at their meeting the following day for a decision on the way forward with these two issues coupled with any financial benefit. The Committee received assurance that the process of QIAs, that had previously been noted, was in place and appropriate escalations were being followed/assurance taken. It also noted that any reputational impact would be escalated to the Board where appropriate by the Chief Executive.

9. The Welsh Government (WG) Highlight Report for organisations compliance with the **duty of quality and duty of candour** was received for August 2023 which rated the Trust's progress as it is having identified that 'delivery is at risk but manageable' or is 'behind schedule but within tolerance'. This is in line with other NHS organisations across Wales and includes a further nine deliverables recently added to the WG roadmap. The appointment of the Senior Quality Governance Lead and bespoke implementation plan has increased capability and capacity to support full implementation. The current impact of this has been a review of arrangements which has led to some previously reported good progress being revised on the current WG report.

10. The Committee receives assurance by way of the **Monthly Integrated Performance Report** (MIQPR) for August/September and the **Q2 Putting Things Right (PTR) Report**. The organisational learning from clinical reviews were set out in the latter report. The Trust Board will note the escalation in the alert section regarding continued handover delays. The Committee noted as follows in the context of a backlog in processing complaints which has impacted on the September 2023 data:

    - Continued achievement of the clinical call back time target for the highest priority 111Wales calls, while the priority 2 and 3 call back times also achieved the 90% performance target in July.
    - The myriad of factors that influence the red eight minute response were discussed given the slight improvement in terms of system pressure and handover delays not equating to improvement in red response. The primary influencers of demand, capacity and lost capacity remain a focus which the Committee will monitor.
    - The call to door time for stroke will feature in the next iteration of the MIQPR.
    - There is a continued upward trend in Coroner's requests for information. The Trust received three Regulation 28 Reports during this period. The Trust is engaging with the Coroner on the

initiatives it has in place and will continue to do so.

- 1,000 patient safety incidents were reported in Q2 with themes continuing to be timeliness to respond and handover of care delays. Training and support packages are in development for our people working with frail patients undertaking extended journeys or episodes of care.
- There are a number of overdue National Reportable Incidents (NRI) investigations, with capacity the main reason and this is a focus at the Clinical Quality Governance Group and Senior Operations Team.
- With respect to concerns, 253 were received in Q2 with the five-day acknowledgement performance at 88%, 96% and 99% (100% target) with the 30-day target achieving 49%, 47% and 55% respectively (75% target) which was a welcomed rise from the previous quarter. The overwhelming themes and trends through the majority of concerns remains timeliness to responding to calls in the community. Themes related to Ambulance Care include those related to eligibility criteria.
- The Committee raised an alert following their April meeting as to effect of the backlog and volume of concerns on the PTR team. The Executive Management Team have agreed an organisational change process to support these teams which is in the consultation phase. It aims to provide additional leadership, capacity, and development opportunities across the functions and is progressing well.
- A continuing number of incidents are being reviewed at the Serious Case Incident Forum (SCIF) and Joint Investigations passed to Health Boards. General themes received from Health Boards following joint investigations are over-crowded emergency departments and wider system pressures resulting in hospitals being in very high levels of escalation. It was agreed that the next report would draw out the themes in more detail.
- A significant ongoing increase in the number of clinical negligence claims (actual and potential) being received by the Trust, many of which stem from delayed responses to patients at a time of escalation.
- 51 cases of Redress decisions were made in the quarter (when the Trust is investigating a concern and identifies an error or omission, it is incumbent on us to consider whether to make an offer of Redress). Themes and trends were discussed.
- A number of clinical notices have been issues following learning from investigations. The newly formed Quality Management Group is the forum responsible for organisational learning and will identify trends and themes and highlight any education and training or clinical audit activities required as a result.

Committee members commended the transparent nature of these reports and that whilst the timeliness for the duty of candour may not be where we would like it to be whilst changes to the PTR team are put in place, we are meeting with patients and their families.

11. The Committee received assurance on the developments internally and externally in respect of **Mortality Reviews** and mortality governance. This includes the processes in place to capture data, analyse patterns, themes and trends and implement appropriate sustainable improvements informed by the learning.

12. During this meeting, the Committee focused on the clinical indicator of **Return of Spontaneous Circulation (ROSC)**, acknowledging substantial enhancements in ROSC rates since April 2022. Notable improvements include the implementation of CHARU (Cymru High Acuity Response Unit),

the introduction and ongoing enhancements of ePCR, increased participation in Good Sam (with a record of over 10,000 sign-ins across Wales in a single Friday evening), Mandatory in Service Training (MIST), an expanded deployment of public access defibrillators (now exceeding 8,000), and a series of public messaging and events. The Committee will remain updated on further initiatives to sustain the upward trend in ROSC rates and expressed strong optimism regarding the progress made and its positive impact on patients.

13. The **Patient Experience and Community Involvement (PECI)** report is now presented to the Committee bi-annually and this report again illustrated the significant engagement that takes place led by the PECI team. This included:

    - Presentation to the Learning Disabilities Ministerial Advisory Group on progress make in key areas and WAST's ambitions to meet the needs of people with learning disabilities;
    - Engagement with the Future Generations Commissioner with Shoctober and Food Fun Wales, and a case study submission with the Children's Commissioners;
    - Patient experience surveys on palliative end of life care, and experience surveys to support the 999, 111Wales and NEPS services. Work is underway to establish processes to increase responses to the 999 and 111Wales surveys using digital follow up technology in particular where numbers of responses are low. There are information governance challenges which need to be addressed to enable the team to increase numbers reached by the surveys.
    - Patients overall experience of the NEPTS service continues to be rated good (11.82%) and very good (76.18%);
    - PECI continue to work with Llais (Citizens Voice Body), share good practice across the sector and grow the people and community network, who will be involved in the refresh of the national Patient Reported Experience Measures (PREM); and
    - Community involvement events are varied and numerous and the PECI team have been requested to support the work of the Bevan Commission as they explore the future sustainable model for health and care in Wales.

14. The Clinical **audit plan update for Q2** was received with no escalations. The Board will note that it is not always possible to predict at the start of a financial year all of the topics that will require evaluation and therefore flexibility in setting a clinical audit plan was agreed, resulting in the annual plan being a dynamic document, updated quarterly.

15. The Committee was presented with the **Information Security and Information Governance Key Performance Indicators (KPIs)**, taking note of the upcoming presentation of the reasonable assurance records management internal audit at the next meeting. Compliance with the Freedom of Information Act remains challenging, recording rates of 41% in August and 45% in September against a target of 90%. However, a review of the process and digital support is expected to lead to improvements in compliance. The digital team will prioritise data quality reporting and resource allocation in the upcoming period

16. An update was received on a revised **Audit tracker** with 42% of management actions closed in the quarter and a number of historical actions revisited to open up discussions on potential revisions of management actions due to the passage of time. There has been excellent engagement on the new process and Members welcomed the revised format.

17. The Committee's **priorities for 2023/24** (implementation of the quality strategy, and the duty of quality and duty of candour) are progressing well. The Committee also reviewed its progress against its cycle of business.

RISKS

Risks Discussed: There are two corporate risks assigned to the Committee which are rated as high risks with no changes to scores since the last review. **Risk 223:** the Trust's inability to reach patients in the community causing patient harm and death and **risk 224:** significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service are both rated at 25. Both have been reviewed in September and the scores remain static. The theme of these risks arose throughout the agenda items discussed at this meeting and are part of the escalation section of this report.

Members were assured that these risks, whilst not moving in score, are dynamically reviewed regularly and are discussed at many of the Board's Committees as well as at internal forums.

New Risks Identified: No formal new risks were identified.

The papers for this meeting can be found by following this link to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Operations Directorate Quarterly Report for Q2	Patient experience	Putting Things Right Report Q2
Quality Impact Assessments (financial savings for NEPTs and Mid and West Wales Fire and Rescue Services)	Spotlight on clinical indictors: Return of spontaneous circulation (ROSC) rates	Monthly Integrated Quality and Performance Report
Learning from Mortality Reviews	Duty of Quality/Duty of Candour Implementation	Mental Health and Dementia Annual Report
Patient Experience and Community Involvement bi-annual report	Clinical Audit Monitoring Report Q2	Information Governance Report
Risk Management and Board Assurance Framework Report	Policies for approval	Internal Audit Tracker Update
EMS Clinical Contact Center HIW Update	Committee priorities 2023/24	Patient Story Update

COMMITTEE ATTENDANCE				
NAME	**11 MAY 2023**	**10 AUGUST 2023**	**31 OCTOBER 2023**	**8 FEBRUARY 2024**
Bethan Evans				
Kevin Davies			In chair for meeting	
Paul Hollard				
Ceri Jackson				
Liam Williams				
Andy Swinburn		Duncan Robertson		
Lee Brooks	Steve Clinton		Sonia Thompson	
Leanne Smith	Jon Hopkins			
Jonny Sammut				
Rachel Marsh			Hugh Bennett	
Trish Mills				

Mark Marsden				
Hugh Parry				
Ian James				

	Attended
	Deputy attended
	Apologies received
	No longer member

Welsh Ambulance Services NHS Trust

Mental Health & Dementia Annual Report 2023

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Amb_mentalhealth@wales.nhs.uk

Contents

Amb_mentalhealth@wales.nhs.uk

Introduction

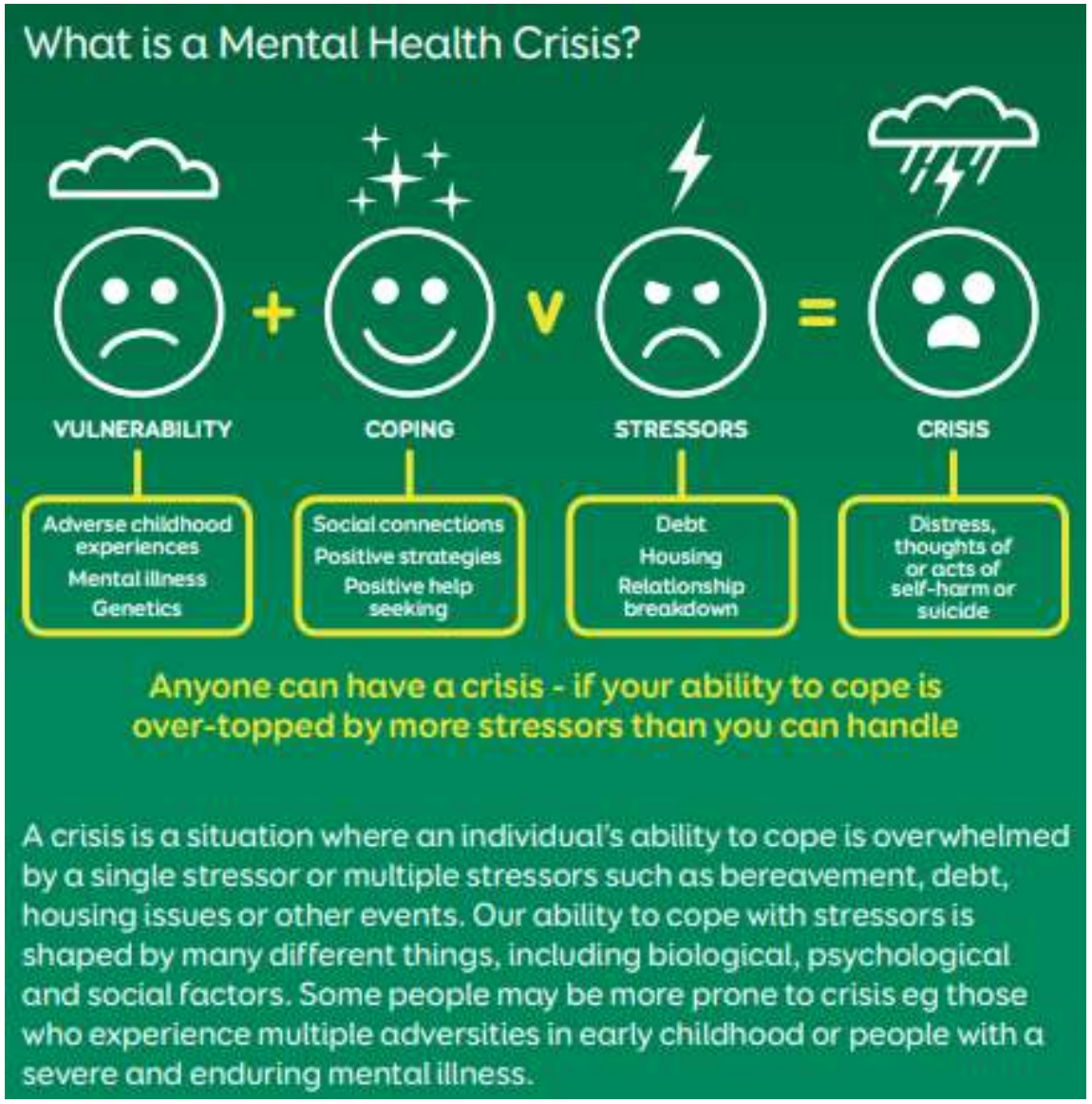
With over 30,000 mental health contacts per year to 999 alone, the Welsh Ambulance Services NHS Trust (WAST) responds to more mental health crisis calls than any other NHS or public sector organisation. In addition to this, mental health demand in 111/NHS Direct Wales and the Non-Emergency Patient Transport Service (NEPTS) is significant.

Dementia continues to be one of the 21st century biggest healthcare challenges. We are working towards improving the experience for people living with dementia who use our services, as well as considering the impact it will have on our workforce.

WAST continues to improve our response to people with mental health conditions and dementia between 2021-2024. This plan has been developed following continued engagement and consultation across WAST services and external stakeholders eg Hafal/Wales Alliance for Mental Health, as well as service users and carers. Within it, we set out our high level objectives and more detailed plans for improving mental health and dementia services for people across Wales of all ages who call 111 or 999.

The Mental Health and Dementia (MHD) Team works collaboratively with senior managers and colleagues within WAST to promote an unequivocal positive mental health culture, both articulated and lived at each level in the organisation. External partnership working is also integral to the team's role, WAST contribution to the work of our partner agencies will be highlighted in this report.

1. What is a Mental Health Crisis?



A crisis is a situation where an individual's ability to cope is overwhelmed by a single stressor or multiple stressors such as bereavement, debt, housing issues or other events. Our ability to cope with stressors is shaped by many different things, including biological, psychological and social factors. Some people may be more prone to crisis eg those who experience multiple adversities in early childhood or people with a severe and enduring mental illness.

Crises can be avoided by using positive coping strategies such as self-soothing, problem solving, connecting with others and help-seeking, or made worse by others including consuming alcohol or non-prescribed drugs, or self-harm.

Some people have built in risk factors for crisis, which could be caused by high levels of stress hormones whilst in the womb or in the first two years of life. Others have higher social vulnerability because of loneliness, isolation, worklessness, or lack of purpose.

However, anyone can end up in a mental health crisis.

Any member of staff who needs help for themselves or a colleague should access our #WASTkeeptalking portal where they can find all of the mental health resources available to you, face to face and online. For more information, the WAST Wellbeing Strategy can be accessed on our staff intranet page.

2. Education and Training

The Trust's annual training plan continues to support Mental Health awareness raising. Working in partnership with our dedicated training teams across WAST to establish a robust training program for all aspects of mental health.

Mental Health Training

The mental health & dementia Team continue to provide face to face or virtual sessions to all colleagues across the Trust. In addition, to this the MHD team has developed an extensive mental health online learning resource which has been utilized by staff in the following way:

On Click – E-Learning	Numbers
• Mental Health Legislation	– **997**
• Mental Health	– **1331**
• Self-Harm	– **1030**
• Substance Misuse	– **995**
• Suicide Intervention	– **1609**
• Alcohol Brief Intervention	– **515**
• Dementia	– **1106**
• Total	– **7583**

We are currently developing two other mental health learning modules – Child & adolescents + Perinatal

Paramedic Mental Health Training

The mental health & dementia Team continue to provide ongoing support to the development of the mental health curriculum for undergraduate paramedic students in partnership with Swansea University.

Mental Health Practitioners Induction/ support

Over the last 18 months Mental Health Practitioners (MHP) have been employed by the trust and have been inducted, signed off and clinically supported by the MHD team.

Induction involves completing mandatory training, WAST computer systems, shadowing different staff groups who work with the call centres and shadowing current MHPs. Finally new MHPs are supervised and assessed before being signed off for working autonomously within the clinical support desk.

MHPs are line managed by the operational service, however, all are clinically supervised by MHD staff.

Suicide First Aid Training

During this reporting period the team also delivered SFA training to 140 staff. Prior to this 235 staff have received training.

A total of 375 staff from different parts of the organisation have been provided with this training.

SFA courses run every week and can accommodate up to 16 staff members. Currently these are being run virtually but we are looking at running face to face classes in the future.

"Incredibly valuable worthwhile session. I have learnt so much"

"I feel that as a call handler I am now in a better position to talk with someone who has suicidal thoughts."

In addition, 466 WAST staff have accessed the MCA training via WAST Learning Zone

3. Working towards equity

Working towards equity

In Wales and across the UK, some groups experience greater difficulty in accessing health services than others eg people from Welsh speaking communities, people with sensory loss; and some groups have poorer mental health than others eg people from ethnically diverse communities, Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) people. Indeed, some of these same groups also have poorer outcomes and experiences when they do access healthcare.

Our equality strategy "Treating People Fairly" sets out our approach to improving outcomes for all of the people of Wales, and how we will achieve our commitment to the Public Sector Equality Duty. Some key objectives in the strategy are:

By 2024...

... we will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.

By 2024...

... we will take action to increase awareness and tackle key equalities issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all.

"Treating People Fairly" includes a specific action to "work in partnership to improve our understanding of the experience of mental health service users, and also of those living with dementia".

Inequality is complex, multi-factorial and entrenched in many ways, and it is only through working together, under the stewardship of our equality strategy, Equality Impact Assessment and Welsh Language Strategy that we will begin to reduce inequality and improve outcomes and experience. Inequality is an important dimension in every key deliverable in this plan.

4. Emerging from Covid-19 Pandemic

Emerging from the Covid-19 pandemic

As this plan is published in 2021, Wales is just emerging from its third lockdown of the global Covid-19 pandemic. It is well reported that the pandemic, and the measures taken to combat it, have and will continue to impact on people's mental health for years to come. We have seen a large decrease in people's psychological wellbeing compared to pre-Covid-19 levels. Issues such as social isolation and financial stress, as well as people experiencing major Covid-19 symptoms (and 'long Covid') have all taken a toll on the wellbeing of the people of Wales. During the pandemic, people who already had mental health conditions were more than four times more likely to be distressed compared to those without one. Public Health Wales is anticipating increases in alcohol deaths and in mental health conditions across the board, and expects some of these effects to last for up to a decade.

People affected by dementia have been amongst those hit the hardest by the pandemic. From the high death rate in care homes, to significant cognitive decline in people who live in isolation and the pressures on unpaid carers, the pandemic has had a severe impact. There has been evidence of a surge in loneliness and isolation, and some people have reported a decline in concentrating, memory loss, agitation and stress/ depression.

4. Emerging from Covid-19 Pandemic

Mental Health

The data show high levels of psychological distress during the COVID-19 pandemic, with around 50% of the population reporting clinically significant levels of psychological distress:

50%

50% reporting clinically significant levels of psychological distress

20%

20% showing "severe" effects

33%

33% younger people reported 'severe' levels of psychological distress

Psychological distress is also higher in women and those from deprived areas

Dementia

83% increase

in dementia deaths vs previous year

20%

of all Covid-19 deaths had a diagnosis of dementia in England and Wales

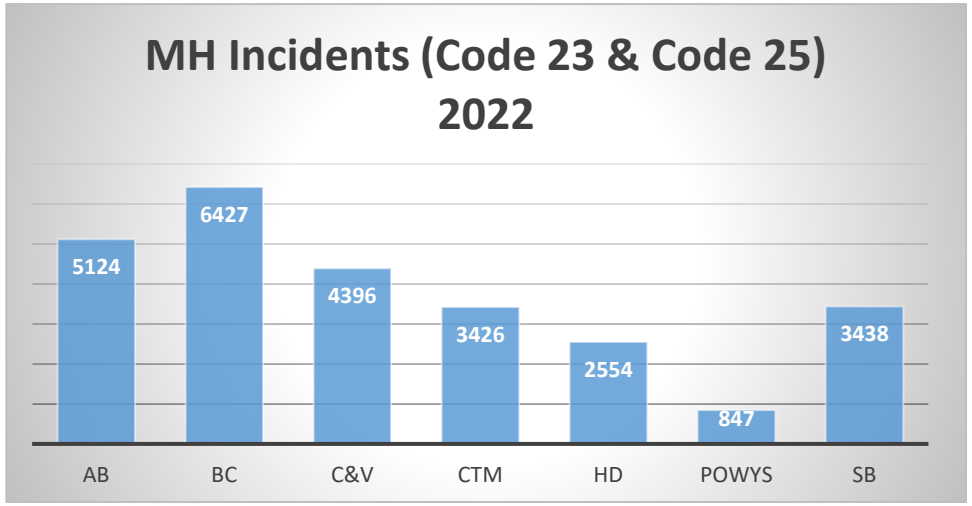
Post Pandemic

We are now facing a period of considerable uncertainty. The challenging circumstances in the economy will impact on us all. Younger people whose education has been disrupted might experience challenges to their life chances. Growing unemployment will impact on mental health and wellbeing, and isolation will have lasting effects for older people.

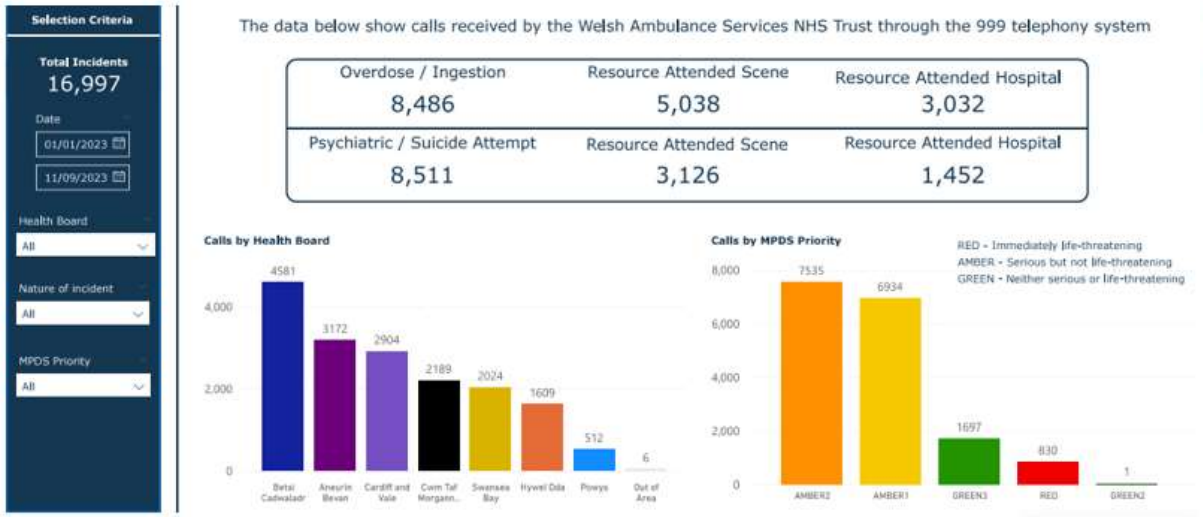
4. Emerging from Covid-19 Pandemic

Current Mental Health Demand

Demand highest from urbanised UHBs

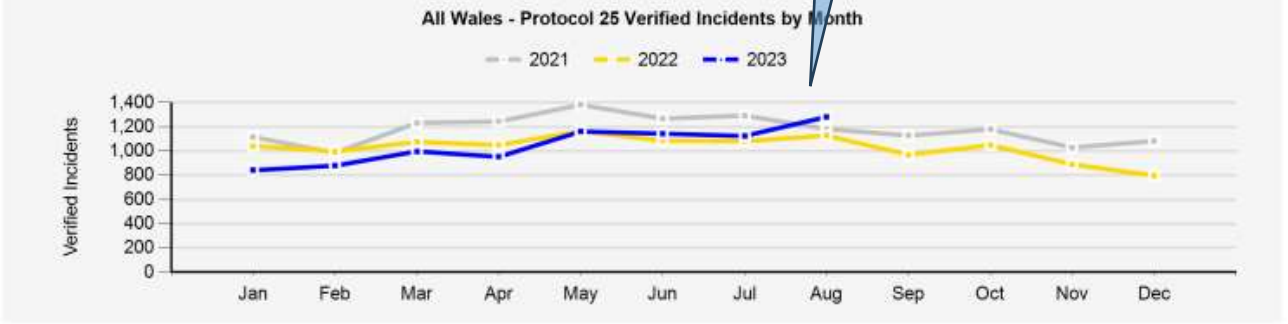


Increasing demand



All Wales - Protocol 25

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2022	1,043	996	1,075	1,049	1,163	1,085	1,081	1,127	969	1,048	890	796	**12,322**
2023	841	879	997	952	1,161	1,143	1,124	1,281	-	-	-	-	**8,378**
Variance	-19.4%	-11.7%	-7.3%	-9.2%	-0.2%	5.3%	4.0%	13.7%	-	-	-	-	**-32.0%**



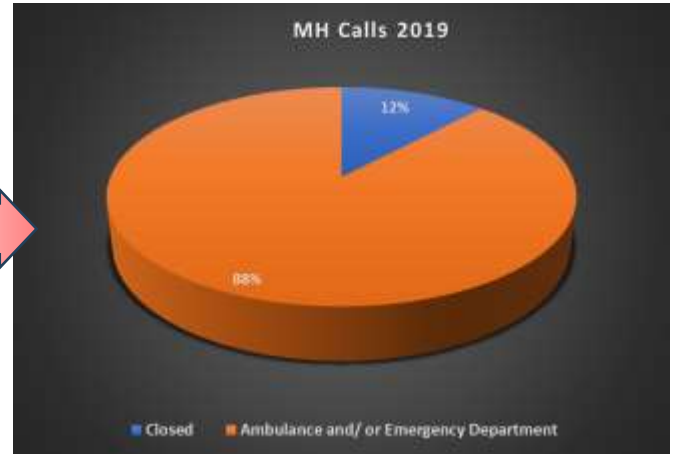
4(i). Mental Health Practitioners

We have recruited and trained mental health practitioners to deliver high quality 'hear and treat' services to people who call 999. This is in order to help people with mental health problems in more effective ways than just directing people to ED.

Their implementation has improved our 'hear and treat' outcomes for people who call 999 in a mental health/dementia crisis. The MHD team continue to support, clinically supervise, deliver ongoing learning and audit for mental health practitioners working in 'hear and treat' roles.

Previously around 88% of mental health calls were directed to ED/ and or conveyed by ambulance.

People with mental health problems spend waits of 5 hours on average in ED and are twice as likely to spend more than 12 hours waiting in ED.

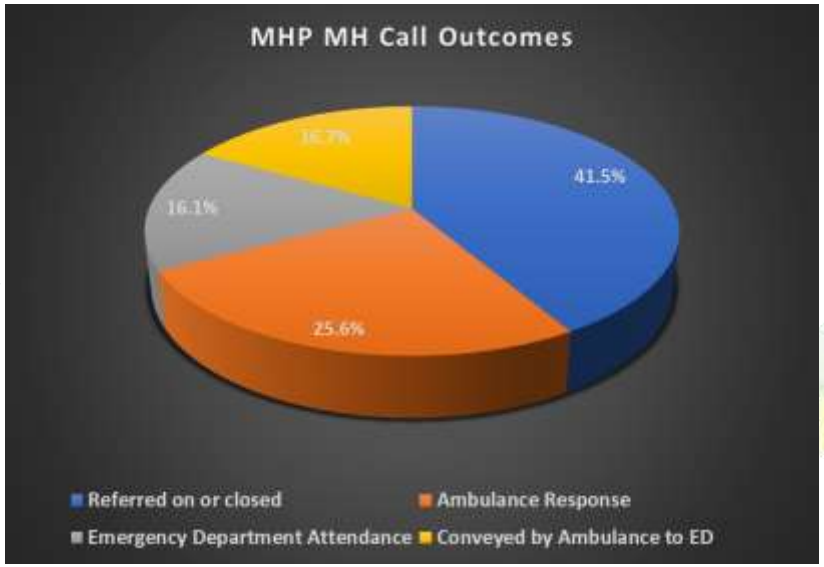


WAST mental health practitioner impact

1. Looking at the data from June 2022 to May 2023 and only during the hours of operation of the service (13.00 to 01.00 7 days a week) we can see a significant change in the 'consult and close' rate for psychiatric calls. MHPs are, on average, achieving a 'consult and close' rate of circa 41%.

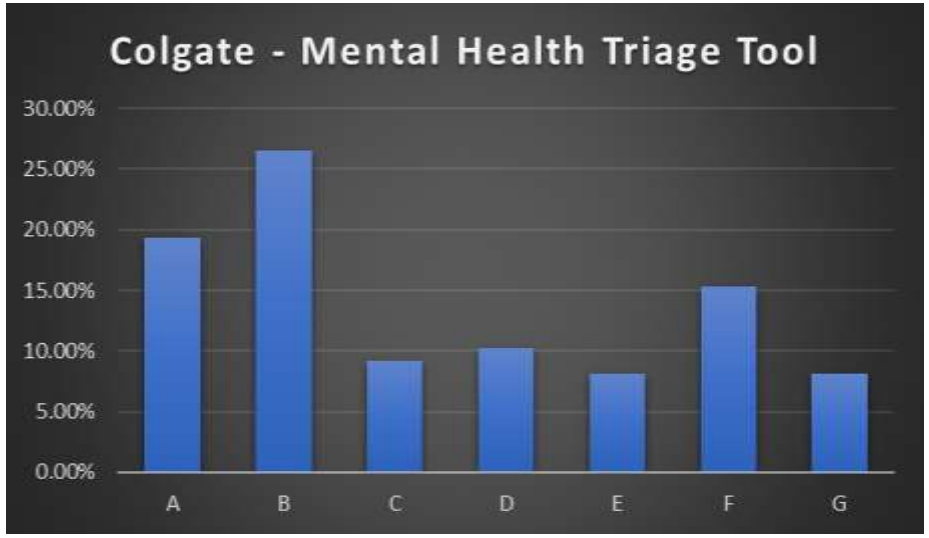
2. MHPs are twice as likely to consult and close and they tend to use less ambulance resource and refer people directly to psychiatric services for assessments (4.2%). However, they do not use primary care or community provides as much. Other indicators have broadly similar outcomes.

Future: Enhance the service – follow up calls/ outpatients + Independent prescribers



4(i). Mental Health Practitioners

The Colgate Mental Health Triage Scale is a tool designed to guide decision-making in mental health screening assessments. Below highlights calls triaged by MHPs into response type and need.

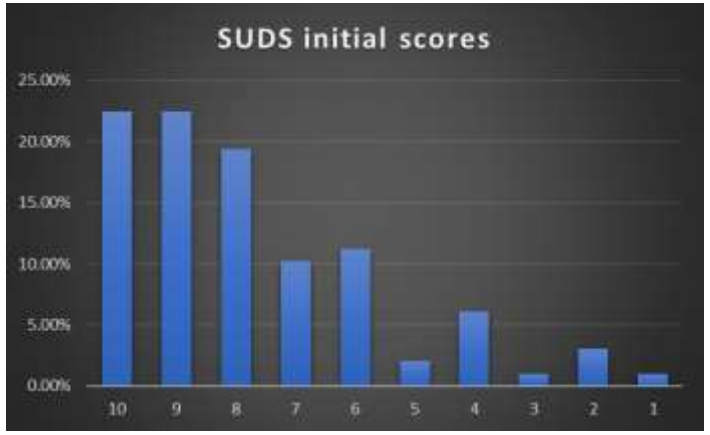


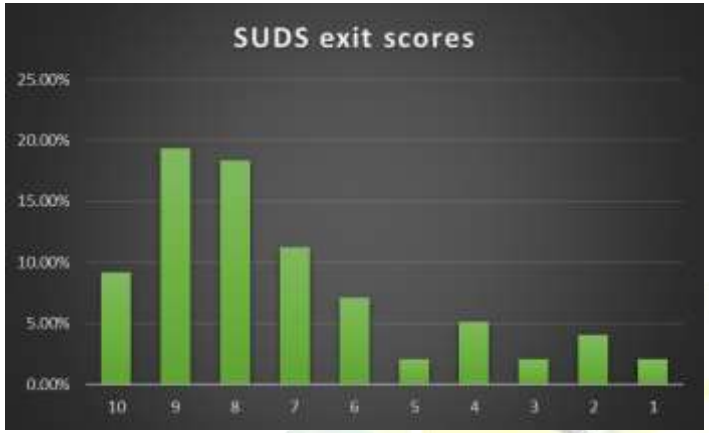
A emergency **B** very urgent <4h **C** urgent <24h **D** moderate <72h

E low <4weeks **F** Signpost (no time) **G** info only (no time)

The Subjective Units of Distress scale (SUDS) is a tool for measuring the intensity of distress, psychological disturbance and painful feelings. The scale ranges from 0 to 10, with zero indicating no distress and 10 being the most intense distress a person can experience. SUDS are frequently used in a range of psychological therapies as a benchmark for evaluating both distress and also progress of an intervention.

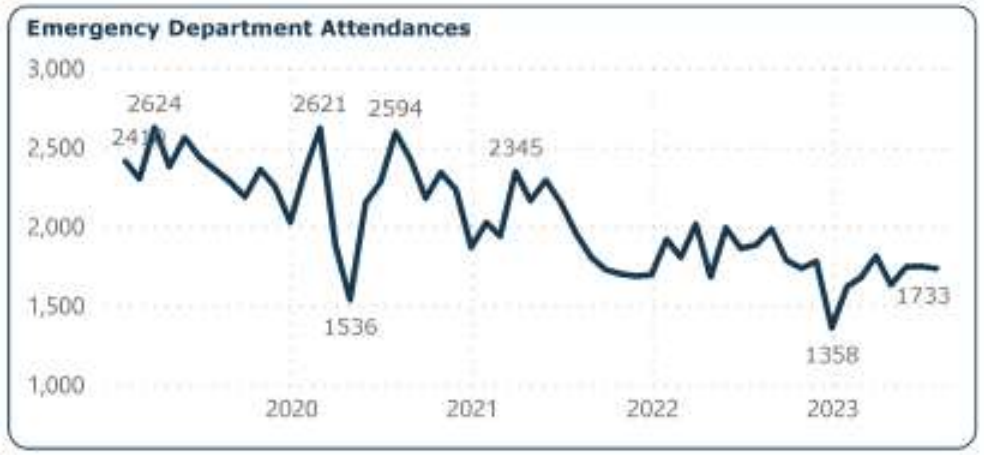
Below highlights the initial and exit patient SUDS scores.





Callers were asked their SUDS at an early stage in the call, and again at the end. The mean SUDS rating at the beginning of the call was 7.73 and this reduced to 5.47 at the end of the call, a reduction of 2.23 points.

4(i). Mental Health Practitioners

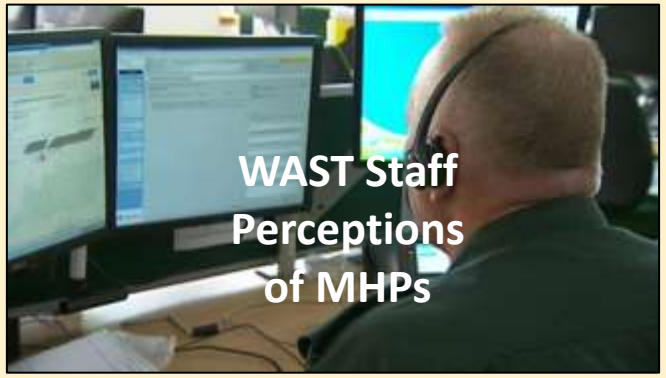


Since 2019 ED attendances pertaining to mental health diagnosis has reduced. MHPs in WAST have contributed towards this reduction.

Qualitative impact of MHPs

"I think it was a better experience for the patient"

"Rather than triaging, she was able to offer skilled help over the phone"



"I've noticed we are responding to a lot less mental health calls than we used to" (Paramedic)

"I feel it boosted morale when we know that mental health clinicians were on"

4(i). Mental Health Practitioners

The Future of Mental Health Practitioner Service within WAST:

Enhance the service:

- Follow up calls/ outpatients
- Independent prescribers

Mental Health Assessment Tool
The WAST MHD team have developed a MH tool to be used within the ECNS system. This tool has been shared national experts.

Digital Dashboard:
(for live information and better supervision)

- Phase 1 completed
- Phase 2 outlined – on schedule to be built

Whilst the MHPs within CSD are already delivering significant improvements for patients, it remains the case that a significant proportion of our mental health calls will require a 'See and Treat' service

4(ii). Mental Health Response Vehicles (MHRV)

1. Ambulance Trusts in England have recognised their sub-optimal approach to mental health calls to 999, and most have now implemented mental health practitioners in 'consult and close' roles. All English ambulance Trusts are now working with NHSE/I to implement mental health response vehicles as well.

2. The MHRV outcomes from the most mature service (London) are quite instructive. Since 2020 14,800 patients have been seen by their MHRVs with an 85% see and treat rate and no serious incidents. In addition to this the staff wellbeing factor is significant with a 95% staff positive experience rating and a 100% staff perception that service users had benefitted from the MHRV service. LAS have concluded that the majority of patients seen and treated did not go on to present at an ED within 7 days. London has also identified operational efficiencies, with MHRVs being a less expensive resource to deploy (£53 less per deployment) and avoiding ED admission saving £193 per episode.

MHJRC-Review-Final-12082020.pdf (aace.org.uk)

See and Treat

The table below provides the key outcomes measures from the 2018/19 pilot evaluation:

	Mental Health Pioneer Service Pilot	BAU response
ED conveyance rate	19%	54%
See & treat and non-convey	77%	38%
See & convey to 'other'	3.7%	7.6%
Referral to MH pathway	19%	4%
Job cycle time	96 minutes	98 minutes
Utilisation	69%	87%
Incidents per shift	5.05	6.05

4(ii). Mental Health Response Vehicles (MHRV)

See and Treat – WAST – current position

WAST MHD Team have been Benchmarking ambulance trusts in England where MHRVs have already been adopted

+

WAST MHD Team have developed a local MHRV protocol

Ongoing discussions with UHBs to develop this further

BCU

- Target areas of highest need
- Interest expressed by BCU
- Engaging with mental health teams
- Wrexham identified as potential test of change area due to demand
- Potential to utilise some under spend from mental health and dementia budgets to support small test of change

AB

- Request from AB to commission a pilot prior to onset of winter
- Initial meeting with AB and included in ICAPs
- Model requested to cover all of AB
- Proposed operational from 1-1 in line with MHPs in CSD.
- Potential rotational model with AB MH staff
- Costings been prepared by finance
- Ops exploring feasibility of vehicle to support pilot

5. Dementia

Dementia position in Wales

The Dementia Action Plan: Strengthening Provision in Response to COVID-19 document was published in 2021 and is a companion document to the Dementia Action Plan for Wales. The work in this plan strengthens existing priorities where the pandemic has had a particular impact. The WAST dementia work plan is in line with national policy.

The All-Wales Dementia Care Pathway of Standards was published in 2021. The co-produced pathway promotes a whole systems integrated care approach and the implementation is being supported nationally and regionally by the Dementia National Steering Group and by five workstreams:

- Community Engagement,
- Memory Assessment Services,
- Dementia Connector,
- Hospital Charter,
- Workforce / measurement.

WAST attends national workstream meetings to have oversight on all workstream developments. We also attend a range of regional and local network meetings to explore local developments. For example, a partnership with Cardiff & Vale Regional Dementia Partnership exploring the emergency admission process for dementia patients has led to a joint action plan for improvement.

WAST are represented at Dementia Oversight of Implementation & Impact Group (DOIIG), where work is underway to evaluate the initial Dementia Plan for Wales, and to develop priorities for the next plan.

Our role in risk reduction

There are currently around 900,000 people living with dementia in the UK, with an estimated 50,000 people in Wales It mainly affects people over the age of 65. One in 14 people aged over 65 has dementia. This rises to 1 in 6 for people aged over 80.
Young onset dementia affects around 1 in 20 people with dementia who are younger than 65. There are more than 42,000 people in the UK under 65 with dementia, with 2-3000 people in Wales. (Alzheimer's Society, 2023)

We have a role to play to raise awareness across Wales, and indeed within our service to promote risk reduction in dementia. This includes:

- Sharing information with communities about dementia through our NHS Wales 111 Dementia Guide
- Supporting a range of campaigns and initiatives such as Dementia Action Week and International Alzheimer's Month
- Working with our People and Cultures colleagues to make sure we have workforce policies, procedures and systems to support staff who may develop dementia or who are carers of loved ones.

Reminiscence Therapy

Working in partnership with My Improvement Network, we are piloting 25 RITA tablets to trial reminiscence therapy with people living with dementia. RITA stands for Reminiscence Interactive Therapy Activities and is an all-in-one touch screen solution which offers digital reminiscence therapy. It is a user-friendly interactive touch screen 10" tablets to blend entertainment with therapy and to assist patients in recalling and sharing events from their past through listening to music, watching significant historical events, listening to historical speeches, playing games, watching old TV shows and sporting events, viewing old maps and photographs, and watching films.

We hope this pilot will demonstrate how we can better support patients who may be distressed or agitated when in our care, where we can provide distraction and occupation for their emotional and wellbeing needs.

The next phase of this work is evaluating the use of the RITA tablets, and this will be available soon.

A patient with dementia and symptoms of delirium, who was very abrupt and it was difficult to calm her. We watched some food clips - she told me she used the ingredients and could even tell me the year these products came out, and at what stages in the recipe it would be brought into the mix, when she baked with her grandmother. She was so excited!

A 96-year old lady with dementia, whose first language was Welsh. She enjoyed listening to the Welsh songs on-route to the hospital and outside during a handover delay.

Other reminiscence projects

Reminiscence apps are available on staff iPads so that a wider range of colleagues can access reminiscence activities to support patients.
We are also exploring the development of a *Patient Activity Toolkit* which would support a wider range of patients with distraction and occupation activities.

6. Education and Training – Dementia

Our goal is to be an organisation that responds to both the clinical and emotional needs of people living with dementia, their carers and families. Our workforce needs to be dementia aware with skills and knowledge to deliver a compassionate and person-centred service.

Dementia Training offer

We deliver a range of learning opportunities to our workforce with role specific content on induction, continuing professional development opportunities and a comprehensive programme for BSc Paramedicine students. We ensure that the voice of people affected by dementia is strong through these learning opportunities and service users regularly attend learning opportunities. This year we have connected with the Volunteer workforce to plan dementia learning opportunities, and have developed a dementia course for the 111 workforce

"Really enjoyed today's session. I plan to take the information learnt and transfer it into good practice when out on the road. Thank you so much"

"I have really enjoyed it today. It has been very informative and heartwarming hearing from Ceri, Andy and Andy. They are inspirational and a credit to themselves. "

Podcasts

We have launched 2 podcasts to date, which focus on the voices of people living with dementia and their carers,. These provide our colleagues with an awareness of how dementia can impact on a person and family life, from diagnosis to ongoing support that people need.
2 further podcasts are being planned and will focus on communication skills and using reminiscence therapy with our patients, and will be developed in partnership with dementia specialists.

Webinars

We have delivered 3 webinars from dementia awareness, to a UK reminiscence therapy session with partners from across the UK.

ESR compliance
WAST has achieved 92% compliance for dementia training during this reporting period.

WAST learning zone
WELSH AMBULANCE SERVICES NHS TRUST

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

We have developed role specific dementia content on our e-learning platform for our workforce, which is tailored for staff delivering 'see and treat' and 'hear and treat' services.

Dementia-Friendly Environments

Our goal is to create more optimal environments for people affected by dementia, as feedback tells us they can find it difficult being in our vehicles, particularly on a long delay outside hospital.

New Non-Emergency transport vehicles

Our Non-Emergency Patient Transport Service vehicles take people to and from their routine hospital appointments and discharge people home after a stay in hospital. New design features include dementia-friendly flooring, blinds and colour schemes, while improved safety features like seatbelt warning systems, CCTV and driver assistance systems now come as standard.

Working in partnership with the Ceredigion Dementia Community

We are working across the Ceredigion community to make dementia-friendly changes to Non-Emergency Transport vehicles. This work involves partnerships with local dementia groups, third sector partners, local care homes as well as our own workforce who will co-produce the work with us. We hope to introduce art, music and reminiscence therapy opportunities to support dementia patients., and images from the local community will be available on vehicle windows, such as this image of Aberystwyth beach

Evaluating the impact of this work will be essential to make sure the improvements have a positive impact on patient experiences and outcomes

Celebrating achievements

Professional Excellence

The Trust's Dementia Team won the Dementia Hero Award for Professional Excellence (Organisation) at the Alzheimer's Society Awards 2023. The Dementia Hero Awards celebrate the involvement and participation of people affected by dementia and the impact they have for others living with the condition.

Reminiscence Therapy

The Trust's Dementia Team were named the winner of the most innovative use of Reminiscence Therapy Interactive Activities (RITA) for 2022 at the RITA User Group Conference and Awards.

Mike Hamilton from My Improvement Network says: *"We are thrilled to be working with the Welsh Ambulance Service to introduce RITA into the service. It is well documented that more complex patients such as those living with dementia who are admitted into hospital arrive very anxious and distressed. These patients are susceptible to stress, agitation and in many cases delirium, therefore, innovative solutions such as RITA are needed to ensure that their needs are met in a patient-centred way whilst keeping them calm, informed, stimulated and distracted on the way to hospital. RITA has been evidenced to significantly reduce incidences of challenging behaviour and safeguarding incidents such as falls by offering appropriate therapeutic distraction."*

Dementia Improvement Projects

Referrals into specialist dementia services

We are working in partnership with Alzheimer's Society Cymru on a referral process for any of our staff groups into the All-Wales Dementia Support team. This referral can be from anyone in our service who is concerned about someone's dementia, memory loss, confusion or issues with daily living. The referral is also available for carer and families who may require additional support. The Dementia Support service is an all-Wales bilingual telephone service but also connects to local face to face services. The referral pathway will be available on staff iPads and a desktop form and will be launched in the Autumn 2023.

Working with Royal National Institute for the Blind – Common sight loss conditions

A partnership project with RNIB has enabled us to develop short video-clips on key sight loss conditions, including macular degeneration, cataracts and glaucoma to improve awareness across our workforce. Also included in these mini-learning videos are 'sight loss and dementia'; and 'falls, sight loss and the environment'

Improving the information we capture about people with dementia who contact 999

We have developed additional features on our electronic Patient Care Record to gather important information that we collect about people with dementia who call 999 for an emergency response. The new features will allow us to document different information about a patients dementia symptoms and diagnosis for us to have a better view of the dementia related calls coming through our service. The new function will launch September 2023.

Through 2022-2023 we have identified 18, 783 people living with dementia when providing care through our 999 service

7. Connecting with other works across Wales

A Healthier Wales

The Welsh Government's long-term plan for health and social services in Wales sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness. A Healthier Wales' 'Quadruple Aim' is to deliver an inclusive, engaged, sustainable, flexible and responsive workforce in health and social care, which is reflected in this plan.

For further information CLICK HERE A healthier Wales: long term plan for health and social care | GOV.WALES

Together for Mental Health

Together for Mental Health (T4MH) is a cross-Government Strategy setting out goals for improving mental health and mental health services in Wales. It is the first Mental Health Strategy that covers all ages; children and young people, adults of working age and older people. In addition to being a plan for all ages T4MH has also adopted a focus on early intervention.

For further information CLICK HERE Together for mental health: our mental health strategy | GOV.WALES

The Dementia Action Plan for Wales

The action plan is a result of working with and listening to a wide range of stakeholders. It is ambitious, person-centred and was developed with people living with dementia, their families and carers as equal partners. This is an approach we have adopted throughout our own work in both mental health and dementia.

For further information CLICK HERE https://gov.wales/sites/default/files/publications/2019-04/dementia-action-plan-for-wales.pdf

The Crisis Care Concordat for Wales

The Concordat is a shared statement of commitment, endorsed by senior leaders from organisations that are most involved in responding to and supporting people of any age who experience a mental health crisis.. The Concordat sets out the ways in which partner agencies should work together to deliver a high-quality response to this group of people who require assessment and/or intervention. This approach is reflected under the 'partnerships' section of the plan.

For further information CLICK HERE wales-crisis-care-concordat-national-action-plan-2019-2022.pdf (gov.wales)

Beyond the Call

This report into crisis care in Wales estimated that around 100,000 people end up in a crisis in Wales each year. It recommended that 111 become the first point of contact for people in a crisis, and we are working with Welsh Government and others on implementation of this recommendation (which is included in our delivery plan).

For further information CLICK HERE https://gov.wales/sites/default/files/publications/2020-12/beyond-the-call.pdf

Welsh Language Standards

In line with the Welsh Language Standards and the Welsh Language Measure (2011), we recognise the importance of delivering all parts of the plan in both Welsh and English including but not limited to the plan itself, training and education for staff and engagement with service users who communicate through the medium of Welsh.

For further information CLICK HERE FOI release: Welsh Language Standards | GOV.WALES

More Than Just Words

Welsh Government's original strategic framework for Welsh language services in health, social services and social care, launched in 2012, has led to a number of improvements which help ensure Welsh speakers receive health, and social care services in their first language.

For further information CLICK HERE More than just words (wales.nhs.uk)

WAST Digital Strategy

This strategy has been developed to ensure that WAST can deliver on its existing digital ambitions, whilst also creating the environment to embrace digital change and transform our services to deliver excellent patient care.

For further information CLICK HERE 261120-WAST Digital Strategy-Final.pdf (wales.nhs.uk)

8. Partnership Working

The Mental Health & Dementia Team sits within the Quality, Safety and Patient Experience Directorate. Our commitment to delivering high quality care has been clearly demonstrated by achievements highlighted in previous reporting periods. Effective, compassionate leadership, courageous management and innovation have been integral to our success.

We reach our objectives by effectively working together with a wide range of services and professionals, ensuring good outcomes for people who have contact with our service.

MHD Team has established strong relationships with all departments in our organisation as well as within the wider mental health & dementia arena across Wales.

Our achievements obtained through improved knowledge, skills and attitudes as well as the promotion of mental health & dementia services and pathways across Wales has fortified our working relationships both at an operational and strategic level.

The Wider Mental Health & Dementia Arena

National Ambulance Mental Health Group (NAMHG)

The purpose of this group is to promote a consistent approach to Mental Health across the UK ambulance services. To connect, support and guide mental health practice of its practitioners across the UK.

WAST Mental Health and Dementia Team contribute to the work of the group and participate in promoting evidence-based practice/ NICE guidelines to ensure services are providing high standards and quality of care across all trusts and promote continuous improvement.

Welsh Chief Officers Group

This group provides mental health updates and information sharing from all four police services across Wales. The aim of the group is to provide a framework for organisations to learn from mental health strategies and evidence-based ways of working.

A Senior Professional from the MHD Team is part of the task and finish group for this group.

Dementia Oversight of Implementation and impact group

This group informs and monitors progress against the dementia action plan in Wales. It provides the opportunity to promote WAST dementia work at a national level, and to share and learn with partners.

All Wales Blue Light Dementia Network

This group connects all blue light partners in Wales including Police, Fire, Mountain Rescue and Natural Resources Wales to focus on personal, home and community safety initiatives with people living with dementia at the heart.

Welsh Government

Together for Mental Health is a mental health policy framework for Wales. It was introduced in 2012 and outlines the Welsh Government's vision and strategy for improving mental health and well-being in Wales.

The policy focuses on various aspects of mental health, including prevention, early intervention, and support for individuals experiencing mental health issues. It emphasizes the importance of reducing stigma and discrimination, promoting mental well-being, and providing effective mental health services.

TfMH was a 10-year plan and is currently being evaluated and a renewed plan set forth. WAST MHD staff are engaged with this on a national basis.

9. Quality Improvement

The MHD team's approach to quality and quality improvement for this reporting period has been to focus on achieving the requirements set within the MHD work plan 2022/23. This aims to achieve our targets within the WAST Quality Strategy (2021-24) and prioritises our contribution in delivering the Integrated Medium Term Plan; as well as to identify any actual or potential risks to deliverables during this reporting period and beyond.

The MHD work plan provides the focus for improving quality as part of the organisation's internal strategy but also incorporates the requirements included in standards and outcomes set by external reporting mechanisms. The MHD work plan & assurance framework is mapped to Together for Mental Health (2012). MHD sits within the Quality Themes: Effective/ Individual/ Timely/ Dignified and Safe Care. It also sits with Prudent Healthcare the outcome of which is to ensure *our service users are protected from harm and protect themselves from harm.*

The following table illustrates the priority areas for achieving this by focussing on the key deliverables specified within the MHD work plan for 2022/23

Safe Care and Prudent Healthcare

Operational Process	Training and Education	Policy and Procedure	National Collaboration

Progress 2022/23

Operational Process
- SCIF/ clinical support/ clinical supervision/ Managerial supervision.
- Assessment algorithm

Training
- SFA
- Induction of MHPs
- On-Click
- F2F sessions

Policies and Procedures
- Required review and updates ongoing – MCA Policy being developed for WAST

National Collaboration
- AWSNAG/ NAMHG/ Welsh Chief Officers/ Together for MH
- 111#2 – national steering group – Developed transfer protocol between 111#2 and 999 services

Building the Team

Chella Rowles

Dementia Coordinator

Chella Rowles joined WAST in September 2019 as Dementia Coordinator. After graduating with a Law degree from University of Wales, Aberystwyth, Chella has worked in a variety of advice, volunteer management, training and project coordinating roles, and led on the Dementia Friends initiative delivery in Wales for Alzheimer's Society.

Chella's role will support the implementation of the Trust's Dementia Plan to ensure people affected by dementia, both staff and those accessing the service, receive the best possible support. Since starting with WAST Chella has completed a PGCE in Post Compulsory Education and Training at Cardiff Metropolitan University, graduating with the award for Academic Excellence.

Building The Team

Simon Amphlett

Specialist Clinical Lead - Mental Health

Simon is a Senior Registered Mental Health Nurse with a robust portfolio of nursing, operational and service management experience. His career has allowed development across the main pillars of the NHS from working in the clinical setting, operational responsibility, staff management and service performance improvement.

He is a skilled and knowledgeable Mental Health Professional with extensive experience working within various areas of Psychiatry and acquiring invaluable expertise in most areas relating to General Adult Mental Health, the last twelve years working predominately within unscheduled care and Crisis Services.

Simon is enthusiastic about his continuing and professional development and takes every opportunity to further his skills and experience. He is currently studying for his MSc and has just started the Remote Clinical Decision-Making Module.

Building The Team

Mark Jones

Consultant Mental Health Nurse

Mark is a senior mental health nurse who has worked in both UHB senior management roles and national roles within public health Wales. He is passionate about mental health services that are flexible, responsive, and effective for service users within the 21st century and has strived to develop himself through education obtaining a doctorate, masters and degrees within mental health practice.

He believes that good mental health can be achieved through early intervention proactive services and is part of the Bevan exemplar currently looking at how WAST can further meeting the increasing demand of mental health care.

Building The Team

Natasha McBeth

Mental Health & Dementia Administrator

Natasha Joined WAST in December 2015 appointed as the Mental Health Administrator in December 2018 prior to this Natasha was the receptionist for WAST. Since 2015 Natasha has worked independently towards achieving work-based qualifications and gained NVQ L2, NVQ L3 and NVQ L4 in Business Admin, IQT Bronze, Welsh Level 1 and is a qualified Agile Project Manager.

Natasha's role is to support the Mental Health & Dementia Team with any administration, support the team with their projects to ensure the team have all the tools and information available to help them and currently overseeing the Suicide First Aid project to help manage the delivery of it to the workforce.

Building the Team

Alison Johnstone

Programme Manager for Dementia

Alison has worked as the Programme Manager for Dementia for a few years now and has been with the Welsh Ambulance Service since 2007. She leads the Dementia Plan for the Trust, giving a stronger voice to people living with dementia and their carers/families, so that they can influence the work of the service.

As a Trust, we are working towards improving the experience for people living with dementia who use our services, as well as considering the impact it will have on our workforce. Key work areas include training and development; co-production and partnership working.

As part of the Emergency Services Strategic Commitment on Dementia, Alison chairs the All Wales Blue Light Dementia group, bringing together all key emergency service providers. Please click here for more information.

We were proud to win the Alzheimer's Society Dementia Hero Award for Professional Excellence in 2023, as well as a Gold Award for our use of reminiscence therapy in ambulance services Welsh Ambulance Service Dementia Team wins Gold - Welsh Ambulance Services NHS Trust

10. Conclusion

In conclusion the Mental Health & Dementia annual report reflects the significant contribution which the Trust, MHD Team and WAST colleagues have made in ensuring people are treated for their mental health problems in the best way possible. There is much to celebrate in the achievements highlighted throughout the report.

The MHD Team's collaborative partnership working continues to be significant. Our achievements obtained through continuous improvements, capitalising on evidence-based practice and successfully implementing these ways of working.

MHD team is dedicated to working with partners and organisations across Wales and the UK to facilitate patient pathways and ensure best practice is adopted in a timely manner for the benefit of our patients.

MHD team also provides dedicated continual advice, guidance and support to colleagues at all levels within WAST.

The work streams commenced during this reporting period provide focus for the team to continue to progress in 2023-24 and the development of the next Mental Health & Dementia 3-year Plan.

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

Amb_mentalhealth@wales.nhs.uk

11. Moving Forward 2023/2024

- To continue to progress See and Treat + Hear and Treat
- To continue to promote WAST Mental Health & Dementia National Collaboration
- To continue to update Mental Health & Dementia training and methods of delivery
- To ensure the resilience and required resources for the Team

AGENDA ITEM No	**14**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

INFECTION PREVENTION AND CONTROL ANNUAL REPORT 1 APRIL 2022 - 31 MARCH 2023

MEETING	Quality, Patient Experience & Safety Committee
DATE	10 August 2023
EXECUTIVE	Liam Williams, Executive Director of Quality and Nursing
AUTHOR	Louise Colson, Health of Infection, Prevention & Control
CONTACT	07712003134 Louise.colson@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report provides analysis of Infection Prevention and Control (IPC) performance throughout the organisation from 1 April 2022 - 31 March 2023.
2. The period that this report covers includes the transition from the COVID-19 pandemic, to, Business as Usual (BAU), in addition this report will contain the IPC Work Plan for 2023-24.
3. BAU Guidance will be based on the National IPC Manual (NIPCM Wales). All guidelines for IPC within Healthcare Services will be based on this manual.
4. On 5 May 2023, the Head of the UN World Health Organisation (WHO) declared 'with great hope' and end to COVID-19 as a public health emergency.
5. In August 2022, the pandemic structures within the Trust were closed with a final SBAR from the Business Continuity and Recovery Cell (BCRC).
6. In addition to managing COVID-19 during this time, there was also an outbreak of Monkeypox, initially categorised as a High Consequence Infectious Disease (HCID), affecting certain demographics of society, this demonstrates that we must remain vigilant in our preparedness for infectious diseases.
7. From 1 September 2022 until 8 February 2023, Public Health Wales was notified of five deaths in children under the age of 15 who had contracted Invasive Streptococcus A, otherwise known as iGAS, these are rare side effects with many children having made full recoveries from Strep A.
8. From 7 September 2022 to 25 October 2022, shared services began fieldwork for the IPC Internal Audit. The final report was submitted on 5 January 2023, (Appendix 1). On completion of the Audit the Trust was issued with 'reasonable assurance' with recommendations which is documented and managed via the Trust's 'Audit Tracker'.
9. Based on the above recommendations a 3P Project (Power, Policies and Procedures has commenced within the IPC Team. This is to ensure that parent

documents (Policies) are appropriately linked with associated Standard Operating Procedures, Standards of Practice, Risk Assessments and Monitoring Arrangements. The reporting of this is done via the IPC Strategic Group and Alert, Advise and Action (AAA) reporting to the Clinical & Quality Governance Group (CQGG).

10. Updated IPC Guidance is in development and will be published Autumn 2023 and will be based on the National IPC Manual, initially developed by NHS Scotland, and adopted by all 4 government administrations. This will be approved by the CQGG once complete.

RECOMMENDED that the Quality, Patient Experience & Safety Committee notes the information within this paper and receive assurance that the Trust is actively driving towards a consistent IPC culture, one in which we maintain high standards of patient care and staff safety and that the focus for the next year will be on monitoring, audit and assurance.

KEY ISSUES/IMPLICATIONS
Key areas for 2023/24 are to source a sustainable model to provide staff with appropriate respiratory protection for both Business-as-Usual activities and any future pandemic requirements. This is currently being worked through via a multidisciplinary Task and Finish Group. Once complete a report will be presented with an options appraisal for the Executive Management Team to consider.

REPORT APPROVAL ROUTE	
Clinical Quality Governance Group	24 July 2023
Quality, Patient Experience & Safety Committee	10 August 2023

REPORT APPENDICES
ANNEX 1 - SBAR **APPENDIX 1** - WAST IPC Final Audit Report (January 2023) **APPENDIX 2** - IPC Work Plan 2023-2024

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	NA	Financial Implications	YES
Environmental/Sustainability	NA	Legal Implications	YES
Estate	YES	Patient Safety/Safeguarding	YES
Ethical Matters	YES	Risks (Inc. Reputational)	YES

Health Improvement	YES	Socio Economic Duty	YES
Health and Safety	YES	TU Partner Consultation	NA

ANNEX 1

SITUATION

1. This report provides analysis of Infection Prevention and Control (IPC) performance throughout the organisation from 1 April 2022- 31 March 2023.

2. This report is presented to provide assurance to patients, service users and the Welsh Ambulance Services NHS Trust (WAST) Trust Board on how we are continuing to provide quality and safety in the care that we deliver for IPC.

3. The Team embraces the Welsh Government Code of Practice on Prevention and Control of Healthcare Associated Infections (these are currently being updated, the expected release date for the updated Code of Practice is September 2023), this enhances and supports our working practices detailed in the Health and Care Quality Standards 2023.

4. Standard IPC precautions are the basic infection prevention practices that, when used consistently and diligently, reduce the transmission of potentially pathogenic organisms from both recognised and unrecognised sources, ultimately protecting patients, staff, and visitors. These include correct hand hygiene, safe cleaning and decontamination, safe handling and disposal of waste and linen, sharps safety, correct use of personal protective clothing, safe handling of blood and body fluids and respiratory hygiene. This potion remains unchanged in the basic standards of practice for IPC.

5. The period that this report covers includes the transition from the COVID-19 pandemic, to, Business as Usual (BAU), in addition this report will contain the IPC Work Plan for 2023-24.

6. BAU Guidance will be based on the National IPC Manual (NIPCM Wales). All guidelines for IPC within Healthcare Services will be based on this manual.

7. On 5 May 2023, the Head of the UN World Health Organisation (WHO) declared 'with great hope' an end to COVID-19 as a public health emergency, stressing that it does not 'mean the disease is no longer a global threat'. COVID-19 will still be tracked to better understand its endemic pattern, transmission, and pathogenicity. It is expected that COVID-19 will become one of many seasonal respiratory infections to manage in healthcare, the response to COVID-19 needs to form part of BAU activities.

8. In August 2022, the pandemic structures within the Trust were closed with a final SBAR from the Business Continuity and Recovery Cell (BCRC). This document set out reporting structures and governance routes to replace the Pandemic cell

structures. For IPC this will be largely managed by the IPC Strategic Group (IPCSG) along with the Clinical & Quality Governance Group (CQGG) and the Quality, Patient Experience & Safety Committee (QuESt).

9. In addition to managing COVID-19 during this time frame, there was also an outbreak of Monkeypox, initially categorised as a High Consequence Disease (HCID), affecting certain demographics of society.
10. The first reported case in Wales was 6 May 2022, 47 cases were confirmed, with the outbreak officially declared closed on 22 November 2022 with no new confirmed cases for several weeks. The total confirmed cases within the UK by this point was 3,580, there were no fatalities recorded.

11. From 1 September 2022 until 8 February 2023, Public Health Wales was notified of 5 deaths in children under the age of 15 who had contracted Invasive Streptococcus A, otherwise known as iGAS, or more commonly known as Scarlet Fever. Some theories for the increase were isolation during the COVID-19 pandemic with a return to social settings more frequently.

BACKGROUND

12. The IPC All Wales Code of Practice builds on the 2011 Welsh Government Commitment to Purpose, Eliminating Preventable Healthcare Associated Infections (HCAIs). It sets out the minimum necessary infection prevention and control arrangements for NHS Healthcare providers in Wales. The code is based on 9 standards of practice Welsh Government IPC Codes of Practice. These standards have recently been reviewed by Public Health Wales and are due to be published Autumn 2023. No exact date has been given at the time of completing this report.

13. The Health and Care Quality Standards (Welsh Government April 2023) have now replaced the previous Health and Care Standards (2015). The Duty of Quality Statutory Guidance 2023 and Health and Care Quality Standards 2023 have been based on The Health and Social Care (Quality and Engagement) (Wales) Act 2020.

ASSESSMENT

IPC Governance

14. IPC Governance within the Trust continues to be managed in the first instance via the IPCSG. The Terms of Reference for this group have been reviewed regularly to ensure that the membership and frequency of meetings are appropriately distributed. There have been some disruptions during the last financial year, this has necessitated some meetings being cancelled and or

rearranged. This was largely due to industrial action, increasing demand and activity leading resources being prioritised.

15. From 7 September 2022 to 25 October 2022, shared services began fieldwork for the IPC Internal Audit. The final report was submitted on 5 January 2023 (Appendix 1).

16. The purpose of the Audit, 'to assess adherence to organisational policies and the Standards for Health Services in Wales and consider progress to implement recommendations raised in the 2019/20 'limited' assurance Cleaning Standards Report.'

17. On completion of the Audit the Trust was issued with 'reasonable assurance' on this area. The matters which required management attention were:

- IPC audits and audits tools
- Continued issues in operation and membership of the IPC Strategic Group
- Clarity required for ongoing performance monitoring and reporting arrangements
- Arrangements for formal monitoring of the IPC Action (Work) Plan (Appendix 2)
- Inconsistencies identified in roles and responsibilities within draft policies and procedures.

18. The management response to the Audit Report is managed via the Trust's Audit Tracker.

IPC Policy and Document Progress

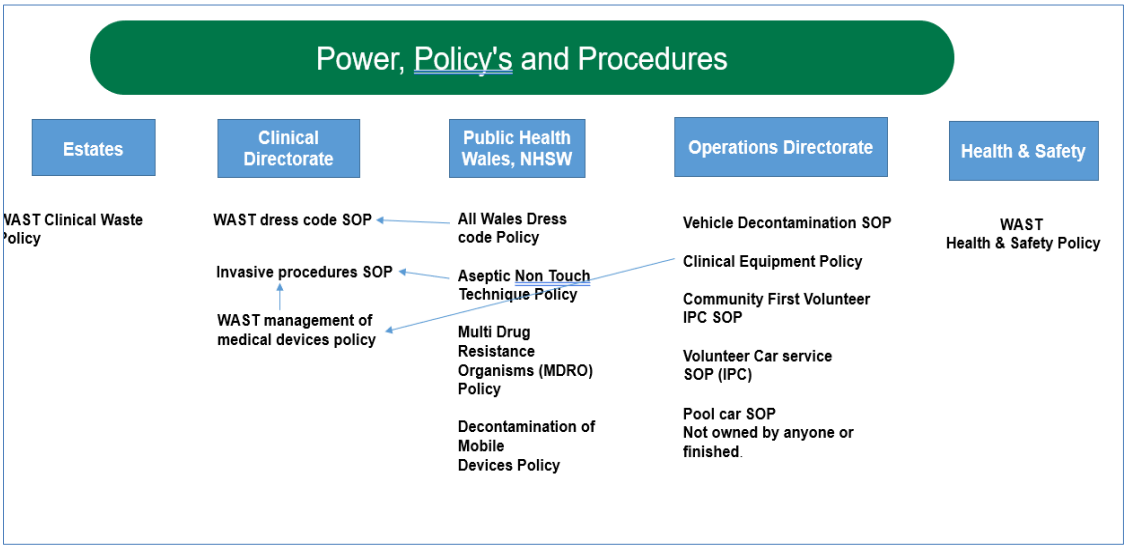
Policy documents

19. The IPC Policy has been reviewed and updated, it now reflects the National IPC Policy, (written by the National Ambulance IPC Group, overseen by the Association of Ambulance Chief Executives (AACE)), the Welsh Code of Practice for IPC and the Health and Care Quality Standards (2023). The progress of this updated Policy is via the Trust's Policy Group and is now at the consultation phase due to the many changes that have been made to the original Policy.

20. The Trust's Premise and Vehicle Cleaning Policy has also been reviewed and updated, the Policy Group has reviewed the changes and deemed them as minor and has approved the updates for publication. This will be sent to the CQGG and QuESt for final approval and this too is being managed via the Trust Policy Group. This updated version required minimal updating and was therefore approved by the Policy Group members.

21. Both Policies have been delayed in their progress due to the exceptional workload of the Governance Team, in particular the work required for the COVID-19 public enquiry and several Coroner inquests which have taken priority. They are now on track for completion.

22. The IPC Team has developed many documents pre COVID-19, during and now as we resume to normal activities, to that end and in response to the Internal Audit the IPC Team is now undertaking a mapping process to align IPC and related policies, responsibilities, ownership, monitoring, and governance arrangements to support future review and development of policies and guidance. This has been called 'The 3P Project'. Progress and monitoring of this project and resulting documents is being done via the IPCSG and Alert, Advise and Action (AAA) Reports to the Clinical & Quality Governance Group.



23. The All-Wales Aseptic Non-Touch Technique (ANTT) Policy has been reviewed by Public Health Wales and will also be presented to the Policy Group for approval.

Standard Operating Procedures (SOPs)

24. Below are the current SOPs in various stages of completion. Not all are owned by the IPC function however, they will require IPC support in their construction.

Completed and Approved SOPs	SOPs awaiting approval	SOPs in development

• High Consequence Infectious Diseases (HCID) Standard Operating Procedure • Infectious Disease Outbreak Management (Non COVID -19) Standard Operating Procedures. • Vehicle Decontamination SOP • Respiratory Protection SOP • Fit Testing SOP	• Hand Hygiene and Bare Below the Elbow SOP • Linen SOP • Adenosine Triphosphate SOP • Decontamination of Mobile Devices SOP	• Sharps Standard Operating Procedure (this replaces the previous Invasive Procedure SOP) • Decontamination of Medical Devices • Multi Drug Resistance Organisms (formerly AMR Delivery Plan) • Volunteer Car Services SOP • Pool Car SOP • Community First Responder SOP

Guidance Documents

25. The current IPC Personal Protective Equipment (PPE) Guidance Version 3 is the transition guidance from COVID-19 to BAU activity. This Guidance will be replaced by the Safe Clean Care Guidance document currently in draft with the anticipated publication of Autumn 2023. Public Health Wales has teamed with NHS Scotland to host and utilise their electronic National Infection Control Manual (NICM). This is to ensure that Wales has access to consistent, current, and standardised policies to support practice. All previous guidance documents for IPC developed by Public Health Wales has been superseded by the adoption of the NIPCM (NIPCM Wales).

Standards

26. Standards of Practice that govern IPC in Wales are set by Welsh Government and Public Health Wales.

Completed Standards	Standards For Approval	Standards in development
Vehicle Cleaning Standards	*Welsh Ambulance Key Standards for Environment Cleanliness	• of Practice Hand Hygiene and Bare Below the Elbow • Standard Infection Prevention and Control (SIPCS).

		• Transmission Based Precautions (TBPs) Standards

***NB** The current National Cleaning Standards published by NHS England in 2021 do not cover Ambulance Trusts and Emergency Services. In addition to this Wales has decided to produce its own set of Standards and there is a current Task and Finish Group involved with this (Head of IPC, WAST a member). In addition to this there are Standards that are being written by the National Ambulance IPC Group, supported by AACE. To that end what these Standards will consist of is unclear at this time.

Audits

27. One Internal Audit performed by Shared Services was completed, with field work starting on 7 September, concluding on 25 October and the final report published on 5 January. It is important to note that this Audit took place six weeks into BAU following the closure of the Pandemic Cell structures. Reasonable assurance was given with recommendations moving forward (full report attached in **Appendix 1**).

28. The IPC Team has developed 2 new Audit Tools, 1 for vehicle cleaning and the second for environmental cleaning. There are currently no nationally used Audit Tools available to the IPC Team therefore these Audit Tools have been developed using Microsoft Forms. The Audit Plan for 2023/2024 is included within the IPC Work Plan (**Appendix 2**). Audit progress once again has been delayed, this has been due to continued COVID-19 priorities at the beginning of 2022, fit test training and quality assurance processes, along with industrial action and significant system pressures. In addition to this the team establishment has been reduced due to both sickness and a vacancy. Audit is a priority for the 2023/2024 financial year, this is also clear in the IPC Work and Audit Plan.

Risk Management

29. As the work has progressed with the 3P Project following the Internal Audit, a suite of Risk Assessments has been developed, each of these Risk Assessments that have been completed are in alignment with recently developed SOPs and are part of the 3P Project. These will be processed via the IPCSG, the CQGG and Trade Union Partners. In terms of monitoring when each new Audit Tool is developed, we will ensure that they are based on Standards, Risk Assessments, and best practice.

30. Risk Assessments work in progress:

Completed	Comments	To be completed
Hand Hygiene	For Approval at IPCSG and CQGG	The use of Twiddle Mitts
Management of Linen	For Approval at IPCSG and CQGG	Revisit Pandemic Preparedness
The use of patient friendly wipes	For Approval at IPCSG and CQGG	Needlestick injuries
Corpro valve replacement	For Approval at IPCSG and CQGG	Contamination from blood and bodily fluids
Fit Testing	For Approval at IPCSG and CQGG	IPC Training and Education appropriate for all staff levels and grades
Red level PPE and Versaflo training	For Approval at IPCSG and CQGG	Compliance with Waste Management
The removal of general waste	For Approval at IPCSG and CQGG	Compliance with Vehicle Cleaning Standards
RPE filter change on Versaflo hood units	For Approval at IPCSG and CQGG	Effective Premise Cleaning
Cleaning of Versaflo Hoods	For Approval at IPCSG and CQGG	
Decontamination of mobile devices	For Approval at IPCSG and CQGG	
How to clean a vehicle contaminated by faeces	For Approval at IPCSG and CQGG	
Removal of clinical waste PPE	For Approval at IPCSG and CQGG	

31. Fit Testing:

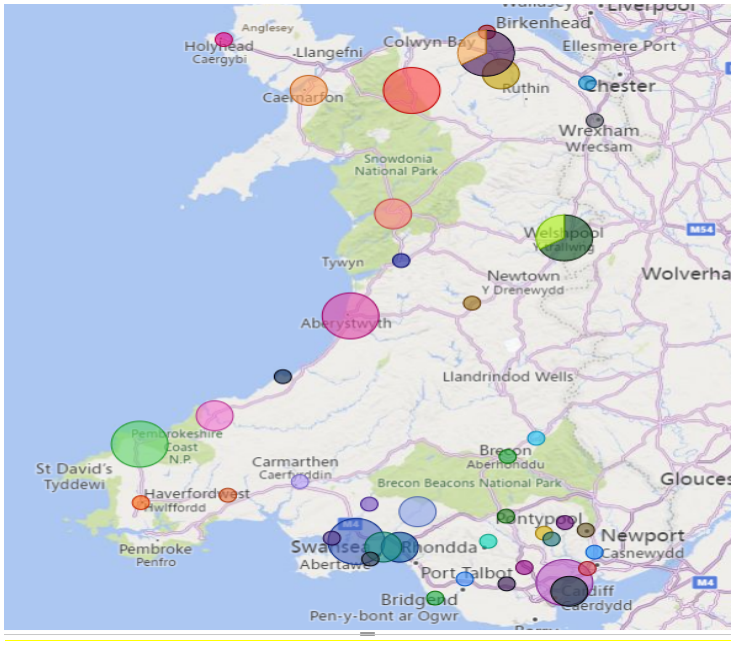
- 95% of Emergency Medical Services (EMS) staff are recorded as having been fit tested within the last three years.

- 82% of Non-Emergency Patient Transport Service (NEPTs) staff are recorded as having been fit tested within the last three years.
- FP3 protection is required for more than just COVID and respiratory infections, staff should always check in the A-Z of common diseases for further guidance (A-Z Common Diseases)
- Fit Testing updates are sent via Electronic Staff Record (ESR) reporting and can be accessed by all Managers within their own localities.
- Staff will require re-fit testing every three years and for many this will be required during 2023.
- Simultaneously a Task and Finish Group has been established to determine future Respiratory Protective Equipment (RPE) and Fit testing options.

32. Fit Testers:

- There are currently, at the time of writing this report, 89 members of staff across the Trust that have been trained as a Fit Tester by the IPC Team.
- Two members of the team achieved British Standard Institute (BSIF) fit testing certification in 2021. One member has since left the team and is still employed by the Trust in a different role. This ensures the Trust is compliant with Health and Safety Regulations and fit testing is done by staff identified as competent to do so.
- There is a comprehensive training package to train new Fit Testers with a record of competencies and up to date documentation.
- Each trained Fit Tester requires an annual quality assurance check to ensure ongoing competencies, required annually due to the infrequency of testing, this is currently done by the IPC Team
- Currently staff that are on alternative duties are put forward as Fit Testers, rarely are they available once they return to their substantive roles.
- All current trained Fit Testers are registered on Everbridge.
- All guidance for fit testing and RPE for the Trust can be found in the Trust's Fit Testing Standard Operating Procedure (SOP) (Fit Testing SOP) and the Respiratory Protection SOP (Respiratory Protection SOP).

Figure 1: Current Fit Testers demographically:



33. Key Challenges for 2023:

- A key challenge for the Trust is the sustainability of the current Fit Testing Model and the future RPE provision for staff. We must remain pandemic prepared, learn from the last three years and be efficient and cost effective moving forward.
- An RPE Task and Finish Group has been established to investigate these challenges further and to seek a long-term sustainable option to maintain appropriate respiratory protection for staff. The progress of this work will be reporting to the Senior Operations Team (SOT) and the Clinical Quality Governance Group (CQGG).
- The Trust should maintain its British Safety Industry Federation (BSIF) accreditation, and more staff should achieve this.
- The Health and Safety Executive (HSE) requires the Trust to keep records of maintenance and cleaning of reusable RPE and fit testing details. These should be available for inspection if requested. The maintenance and cleaning records are not a requirement for single use RPE or elements that are single use.

34. Training and Education:

Current IPC training Available for staff within the trust	**Comments**	**IPC Team Training**

WAST Learning Zone On click 6 modules available.	Requires updating which requires finance	• IPC specialist education/Training • PADR's • CPD Activity • BSIF Accreditation • Statutory and Mandatory Training • National IPC Group membership • National IPC Conference
ESR Level 1 and 2 IPC training mandatory training via ESR	Level 2 for WAST staff is the Pre-Hospital Care Level 2 Training	
Emergency ANTT	Currently being migrated onto ESR to replace the All-Wales ANTT training package, agreement for this from PW and ANTT.org	

35. The IPC Team and the Training School have worked closely over the past year to both standardise the training provided to staff ensuring that we stay within all Wales Infection Prevention and Control Training Framework. This has included the production of training videos, scenarios, practical demonstrations, and online resources.

36. The IPC Team, wherever possible, attend in person for any training requests. The training material is available to the Training School should there be limited support for face-to-face attendance necessitating the Training School staff to attend on our behalf.

37. Internal Training Reports:

EMS IPC Onclick Module Compliance - as of 24.04.2023			
020 Ambulance Response - ABM L6 (DZ51)			
020 ABM Bridgend Locality L8 (DD30)	**No. of Completions**	**Headcount**	**Compliance**
020 ABM Neath Locality L8 (DD40)	**235**	**282**	**83.33%**
020 ABM Swansea Locality L8 (DD50)	51	64	79.69%
020 Ambulance Response - Aneurin Bevan L6 (DZ71)	79	95	83.16%
020 Area Management - Aneurin Bevan L8 (DE10)	105	123	85.37%
020 Caerphilly Locality Management (DE40)	**232**	**303**	**76.57%**
020 Gwent/Torfaen Locality Management (DE30)	0	1	0.00%
020 Newport/Monmouth Locality Management (DE20)	51	72	70.83%
020 Ambulance Response - BCU L6 (DZ61)	90	126	71.43%
020 Area Management - BCU L8 (DF10)	91	104	87.50%
020 BCU-E Conwy & Denbighshire Locality L8 (DF30)	**292**	**449**	**65.03%**
020 BCU-E Flintshire & Wrexham Locality L8 (DF40)	12	22	54.55%
020 BCU-W South Gwynedd Locality L8 (DF50)	109	142	76.76%
020 BCU-W Ynys Mon Locality L8 (DF60)	64	120	53.33%
020 Ambulance Response - C&V L6 (DZ72)	45	67	67.16%
020 C&V Cardiff Locality L8 (DG20)	62	98	63.27%
020 C&V Vale Locality L8 (DG30)	**146**	**182**	**80.22%**
020 Ambulance Response - Cwm Taf L6 (DZ73)	99	126	78.57%
020 Merthyr Locality L8 (DH40)	47	56	83.93%
020 RCT Locality L8 (DH30)	**109**	**154**	**70.78%**
020 Ambulance Response - Hywel Dda L6 (DZ52)	64	75	85.33%
020 Carmarthen Locality L8 (DJ20)	45	79	56.96%
020 Ceredigion Locality L8 (DJ30)	**244**	**290**	**84.14%**
020 Pembroke Locality L8 (DJ40)	101	119	84.87%
020 Ambulance Response - Powys L6 (DZ53)	62	65	95.38%
020 North Powys Locality L8 (DK20)	81	106	76.42%
020 South Powys Locality L8 (DK30)	**101**	**145**	**69.66%**
020 Operations Directorate - Resilience L6 (DZ03) (HART Only)	43	58	74.14%
020 Hazardous Area Response Team L8 (DA20)	58	89	65.17%
Grand Total	**38**	**42**	**90.48%**
	38	42	90.48%
	1397	**1847**	**75.64%**

NEPTS IPC Onclick Module Compliance - as of 24.04.2023			
Row Labels	**No. of Completions**	**Headcount**	**Compliance**
020 NEPTS C&W ABM L6	**102**	**120**	**85.00%**
020 NEPTS C&W Hywel Dda Area L6	**81**	**91**	**89.01%**
020 NEPTS C&W Powys Area L6	**39**	**43**	**90.70%**
020 NEPTS NR BCU Area L6	**94**	**168**	**55.95%**
020 NEPTS SE Aneurin Bevan Area L6	**122**	**212**	**57.55%**
020 NEPTS SE C&V Area L6	**68**	**100**	**68.00%**
020 NEPTS SE Cwm Taf Area L6	**59**	**88**	**67.05%**
Grand Total	**565**	**822**	**68.73%**

Infection Control Level 1 - as of 31.03.23

Assignment Count	Required	Achieved	Compliance %	
4372	4372	3117	71.29%	
Org L4	**Assignment Count**	**Required**	**Achieved**	**Compliance %**
020 Ambulance Care L4 (NX10)	989	989	732	74.01%
020 Capital & Estates L4 (HX15)	26	26	17	65.38%
020 Chief Executive Directorate L4 (BX11)	19	19	9	47.37%
020 Clinical Division L4 (UX14)	51	51	40	78.43%
020 Complaints Claims & Litigation L4 (UX12)	23	23	20	86.96%
020 Corporate Governance L4 (BX81)	7	7	6	85.71%
020 Education & Development L4 (PX12)	28	28	26	92.86%
020 Emergency Medical Services L4 (DX04)	1852	1852	1147	61.93%
020 Finance Division L4 (FX11)	34	34	27	79.41%
020 Health & Safety L4 (PX13)	12	12	11	91.67%
020 Health Informatics L4 (HX13)	20	20	16	80.00%
020 ICT Division L4 (IX12)	32	32	23	71.88%
020 Integrated Care L4 (DX03)	537	537	443	82.50%
020 Medical Division L4 (UX13)	1	1	1	100.00%
020 National Fleet Services L4(DZ41)	47	47	42	89.36%
020 National Operations & Support L4 (DX02)	150	150	84	56.00%
020 Partnerships & Engagement L4 (CX11)	12	12	7	58.33%
020 People & Culture L4 (PX11)	64	64	57	89.06%
020 Quality & Nursing L4 (JX11)	94	94	88	93.62%
020 Research & Development Division L4 (UX11)	5	5	2	40.00%
020 Resourcing & EMS Coordination L4 (DX05)	352	352	308	87.50%
020 Strategy, Planning & Performance L4 (HX17)	17	17	11	64.71%

Infection Control Level 2 - as of 31.03.23

Assignment Count	Required	Achieved	Compliance %	
2732	2732	1334	48.83%	
Org L4	**Assignment Count**	**Required**	**Achieved**	**Compliance %**
020 Ambulance Care L4 (NX10)	829	829	499	60.19%
020 Clinical Division L4 (UX14)	10	10	5	50.00%
020 Education & Development L4 (PX12)	16	16	15	93.75%
020 Emergency Medical Services L4 (DX04)	1796	1796	785	43.71%
020 Health & Safety L4 (PX13)	1	1	1	100.00%
020 Integrated Care L4 (DX03)	9	9	8	88.89%
020 National Operations & Support L4 (DX02)	61	61	13	21.31%
020 People & Culture L4 (PX11)	10	10	8	80.00%

ANTT Compliance - as of 31.03.2023				
Assignment Count	Required	Achieved	Compliance %	
1951	1951	847	43.41%	
Org L6	Assignment Count	Required	Achieved	Compliance %
020 Clinical Division L6 (UZ03)	11	11	8	72.73%
020 Complaints Claims & Litigation L6 (JZ02)	1	1	1	100.00%
020 EMS - ABM L6 (DZ51)	283	283	101	35.69%
020 EMS - Aneurin Bevan L6 (DZ71)	302	302	142	47.02%
020 EMS - BCU L6 (DZ61)	452	452	154	34.07%
020 EMS - C&V L6 (DZ72)	183	183	69	37.70%
020 EMS - Cwm Taf L6 (DZ73)	152	152	95	62.50%
020 EMS - Hywel Dda L6 (DZ52)	290	290	133	45.86%
020 EMS - Powys L6 (DZ53)	146	146	87	59.59%
020 Education & Development L6 (PZ02)	16	16	16	100.00%
020 Integrated Care L6 (DZ90)	58	58	26	44.83%
020 National Operations & Support - Volunteer Management L6 (DZ05)	9	9	3	33.33%
020 Quality & Nursing L6 (JZ01)	5	5	5	100.00%
020 Resilience/Business Continuity L6 (DZ03)	43	43	7	16.28%

38. Many staff have now come out of compliance for the practical assessment of their Aseptic Non-Touch Technique (ANTT). This is planned for the Mandatory in Service Training (MIST) on 2024/2025. This is largely down to the lack of ANTT Assessor Training. Between now and March 2023, trainers within the Training School will be identified as ANTT Assessors, training will be supplied by ANTT.org.

39. Any staff that require the theory for their compliance will be able to access the Emergency ANTT training that was a bespoke training module for WAST devised by ANTT.org. This training was purchased from ANTT.org and therefore can be uploaded to ESR to replace All Wales training. This has been agreed by Public Health Wales to recognise the different challenges faced by our Emergency Services as opposed to a more controlled secondary care environment.

WAST IPC Team Representation

40. It is encouraging to note below the meetings, Working and Advisory Groups that members of the IPC have working relationships with and are able to represent the service, ensuring that the service and the out of hospital environment for IPC considerations and communication. It is essential that these relationships are strengthened, and IPC remains a focus for good standards and practices:

Internal	External
• IPC Strategic Group • Estates working group. • Fleet working group. • Working safely dynamic delivery group. • IPC team meetings. • Quality Live. • Outbreak Management Teams • High Consequence Disease Task and Finish Group • Senior Pandemic Team • Quality Safety, Wellbeing Advisory Cell • Business Continuity and Recovery Cell • National Health & Safety Committee • Pandemic Governance Group • Senior Operational Team Meetings as required. • Clinical Quality Governance Group as required. • ADLT as required	• National Ambulance IP&C group. • Public Health Wales working and advisory groups. (e.g., HCAIs and IP&C working group) • Infection Prevention Society working groups and branch meetings. • National Framework Operational Delivery Group for the investigations of COVID related HCAI's • Wales IPC Code of Practice refresh working group. • Wales Environmental Cleaning Standards Tasks and Finish Group

Datix Reviews

41. Any Datix that is submitted which generates an IPC code within the submission is emailed directly to the IPC Team. These submissions are reviewed on a weekly to two weekly bases (dependent on weekly activity). The datix date, number, details, and handlers are recorded and contact is made to offer support for any investigations. Notes are kept on the progress of the recorded datix and when they are closed, or if no action is required. Reporting from Datix is now quite complicated with many different codes for IPC.

Horizon Scanning

42. Dedicated time within the IPC Team is allocated to horizon scanning and the team publish monthly on national and global activity, this can be accessed on the

IPC homepage on the intranet. It is imperative that any relevant or emerging threats are disseminated immediately to all relevant parties and to reinforce continued pandemic preparedness.

Notifications of Infectious Diseases (NOIDS)

43. Notification of infectious diseases is the term used to refer to the statutory duties for reporting notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010 (Notifiable Diseases weekly reports).

High Consequence Infectious Disease (HCIDs)

44. This term is used to refer to infections which are acute, have a high case-fatality rate and may not have effective prophylaxis or treatment. They are often difficult to recognise and detect rapidly, they can spread rapidly in the community and within healthcare settings. Management requires an enhanced individual, population, and system response to ensure it is managed effectively, efficiently, and safely.

Global Hazards

45. HCIDs including Viral Haemorrhagic Fevers (VHFs), are rare in the UK however they do have the ability to cross border, land, and sea. When cases do occur, they tend to be sporadic and are typically associated with recent travel to an area where the infection is known to be endemic or where an outbreak is occurring. None of the HCIDs listed are endemic in the UK and the known animal reservoirs are not found in the UK (High consequence infectious disease: country specific risk - GOV.UK (www.gov.uk)).

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	23 November 2023
Committee Meeting Date	13 November 2023
Chair	Joga Singh

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. During the finance update it was advised that the position with the assumed level of funding of **£5.7m for the 100 WTE had changed and that it was now assumed that the Trust would not receive more than £3.5m; a position which has been confirmed in year.** The associated risk around the receipt of the balance of the £5.7m has therefore been removed, as it is accepted that the balance of this sum will not be received. Members were assured that the Trust is still able to forecast delivery of in year balance however, due to prudent and cautious financial management. The recurring impact of this will be picked up in the 2024/25 financial planning discussions but the current assumption is that the full £5.7m will be required on an ongoing basis. It was indicated that a report presenting the approach and assumptions for budget setting for 2024/25 would be brought to the next meeting.

ADVISE

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

2. Members were updated on progress against developing the **Integrated Medium Term Plan for 2024-27** following a recent board development day where priorities for plan were discussed. The workstreams for the development of the 2024-27 include engagement, gathering intelligence, developing and agreeing priorities, integrated technical planning, writing the plan, and finally, the governance, assurance, and approval processes. Feedback from colleagues across the Trust will be integral to the successful development of the IMTP. The development discussions will be brought back to the Board at its Development Day in December, with a view to seeking final approval in March 2024.

3. A tactical **Winter forecasting and modelling report for 2023/24** was received. The Committee noted the outputs from the latest modelling and implied patient safety risk and noted that the Trust has plans in place to improve response times and mitigate harm where possible. The 'Most Likely Scenario' with the modelling estimates a Red 8-minute performance of 50% for October & November, declining to 45% in December and early January, before recovering in the new year. The modelling estimates that the 65% Red 8-minute target will not be achieved at any point through the winter, with Amber waits also being too long. The Trust has a several short and long-term actions in place to mitigate this position, and a fuller report will be taken to the Trust Board in November outlining the full plans to improve responses and mitigate harm. The continually challenging situation influenced by worsening handover delays and system pressures was noted. The direct relationship between worsening performance and patient safety and outcomes was acknowledged; with the forecasting presented giving rise for significant concern for patient safety risk and avoidable harm during the Winter period. Members were keen to learn the outcome of the discussions of the modelling report at the upcoming meeting of EASC, given the dependency the Trust has on system partners to influence and improve the position.

4. **Value based healthcare update** was received which set out the progress of the key workstreams within its portfolio. The work programme includes the following seven workstreams – Patient Recorded Outcome Measures (PROMS), Patient Data Linkage, Patient Recorded Experience Measures (PREMS), Patient Level Information and Costing System (PLICS), Revenue Business Case Process, Evaluation Framework & Methodology, and Benchmarking. All workstreams are progressing well and the Benchmarking work is due to recommence in November 2023 subject to capacity.

5. Members **reflected** that the financial position of the Trust has a direct impact on the ability of the Trust to deliver a safe service and acknowledged the direct relationship between organisational performance and patient safety and outcomes. The Members were assured that all actions within the Trust's control were being taken to mitigate the risks and issues observed but expressed concern over the continued challenges exacerbated by wider system pressures.

ASSURE

(Detail here assurance items the Committee receives)

6. The Committee received a presentation on the **financial position for Month 7 2023/24** due to the date of this meeting coming close to end of month. The Board will have a detailed paper on the financial position before it for its November meeting. The cumulative year to date revenue position is an underspend against budget of £0.108m, with the year-end forecast being one of break even, based on the assumptions presented. The capital plan is being progressed and current planned expenditure of £20.6m is forecast to be fully spent by the end of the financial year. Delivery of the financial plan for 2023/24 will be challenging, and continued prudent and cautious financial management is required.

7. In line with the savings plans that support the IMTP, gross savings of £4.3m have been achieved against a year-to-date target of £3.7m. The Trust received confirmation from the Welsh Government in early November that it is not required to contribute anything more to the overall NHS Wales deficit. An update was provided on the **Financial Sustainability Programme (FSP)** and this will be a regular quarterly update going forward. Good progress has been made; as of the end of Q2 2023/24 the Trust was targeted to achieve the targeted £6m savings through ongoing efficiency and income schemes, with an overachievement of £419K vs forecast in month 5 which increased to £521K in month 6. This position is likely to be offset by Winter pressure spending, however. There is a commitment across the organisation to consider further income generation opportunities throughout 2023/24 and there is significant engagement and commitment across the Trust on the delivery of the FSP.

8. The **Business Continuity Annual Report** was received. The recommendations in the report had already been approved by the Executive Leadership Team. The Committee were assured that the necessary plans and business continuity arrangements are in place for the most significant risks. The Trust also holds plans for terror attacks, disruption of telecommunications, extremes of weather, flooding etc. The report will be **annexed** to this report for information at its meeting in November.

9. The WAST **Integrated Medium-Term Plan (IMTP) 2023-26** was approved by Welsh Government (WG) on the 12 September 2023 and an update on progress against the plan was received as at the end of Q2, with an interim update on Q3 by exception. The Accountability Conditions for the 2023-26 IMTP have been received and the detail was included in the update. The Trust is expected by WG to deliver its commitments in the IMTP against Ministerial priorities that are relevant to the Trust. These were set out in the related reported appendices. Progress was discussed and areas marked as 'red' will be drawn out in the report to the Trust Board.

10. The Committee received an initial suite of **Digital KPIs from the reporting period 01 April-30 September 2023** that have been developed to provide assurance on the performance, work activities and contribution of the Digital Directorate to the Trust's Strategy and IMTP. This month's spotlight was on Directory of Services with an update received on how the Trust is working with Health Boards have merged a second data feed for Pharmacy Information services with the existing feed, which will more effectively support referrals into community pharmacy services.

11. The **Monthly Integrated Quality and Performance Report** (MIQPR) for September / October 2023 was received and is before the Board at the November meeting. The Committee noted:

    - That there has been sustained improvement of the 111 service throughout 2023 with abandonment rates and call answer times achieving the best performance since February 2022. 67.6% of calls are being answered within 60 seconds (although this remains significantly below the target of 95%.
    - With reference to ambulance response time, the Red 8-minute response performance for October 2023 was 47.2%, which is a slight decrease compared to September, below the 65% target and the fourth consecutive month to record a decrease.

- The actions being taken that are within the Trust's control were detailed in the report and includes additional funding that has been made available to pilot the new Connected Support Cymru service in partnership with St John Cymru.
- Hours lost due to handover delays outside emergency departments was at 23, 232 hours during October 2023. This was a significant increase compared to the already extreme 19, 610 hours lost in September 2023 and the fourth monthly increase in a row.
- Ambulance Care performance for Oncology and Renal were noted, with performance below target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels.
- The Trust produced 122, 050 Ambulance Response unit hours in October 2023, which was an increase from 113, 421 in September. Emergency ambulance unit hours produced (UHP) was 93% in October which was an improvement, but this fails to achieve the 95% target.
- The PADR compliance rates for September with figure of 70% did not achieve the target of 85%. The Operations Directorate management team have been asked to focus on completion of PADRS before the end of December.
- The extraordinary incident declared on the 22 October 2023 was noted. The Committee noted the position with Immediate Release Directives (IRD) and that for October 2023 173 Red IRDs were accepted and 11 declined, and 1, 199 Amber IRDS were accepted and 311 declined.

12. An update was received on a revised Audit tracker with 37% of management actions closed in the quarter and several historical actions revisited to open discussions on potential revisions of management actions due to the passage of time. There has been excellent engagement on the new process and Members welcomed the revised format. The Committee supported the approach to strengthen scrutiny of the impact of actions when receiving future audit reports by identifying actions within audits as they're received by the Committee.

13. The **Committee priorities** for 2023/24 are on track as is the cycle of business.

RISKS

Risks Discussed: There are eight principal risks within the remit of this Committee with all scores remaining static following ELT review and are current as of 1 September 2023 due to the risks having been reviewed throughout October. The full updates will be presented to the Trust Board on the 23 November 2023. The Committee were assured that the mitigating actions were appropriate, and all relevant risks had been reviewed and Members were assured of new actions were being added to mitigate risks.

Risks 139 (failure to deliver our statutory financial duties in accordance with legislation), **458** (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) and **Risk 424** (prioritisation or availability of resources to deliver the Trust's IMTP) scores remain static at 16 (4x4) due to the challenging financial climate.

Risks 260 (a significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems) and **543** (major disruptive incident resulting in a loss of critical IT systems) remain at a score of 15 (3x5). Whilst the majority of mitigating actions are complete, further work is underway to identify further actions, but the score remains the same given the profile of these risks.

Risk 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) remains at 15 (3x5). The operations update provided details on the EPRR multi-agency exercises planned which should further mitigate this action.

COMMITTEE AGENDA FOR MEETING		
Financial position for month 7 2023/24	Financial Sustainability Programme Report	Value Based Healthcare Report
Winter Forecasting and Modelling	Risk Management and Board Assurance Framework	Audit Recommendation Tracker
Integrated Medium Term Plan 2023-26 – confirmed end of Q1/Q2 delivery and assurance position and Q3 interim update	Integrated Medium Term Plan 2024-27 progress in developing the plan	Monthly Integrated Quality and Performance Report
Digital Report	Business Continuity Annual Report	Cycle of Business Monitoring Report and Committee Priorities Update

COMMITTEE ATTENDANCE						
Name	**15 May 2023**	**17 July 2023**	**18 Sep 2023**	**13 Nov 2023**	**15 Jan 2024**	**19 Mar 2024**
Joga Singh						
Kevin Davies	Until 11.30am	Chair				
Bethan Evans						
Ceri Jackson						
Martin Turner		Left at 11.30	Left at 12.00			
Chris Turley		Navin Kalia				
Rachel Marsh		Hugh Bennett				
Lee Brooks	Sonia Thompson	Judith Bryce[1]	Judith Bryce			
Liam Williams	Wendy Herbert			J Turnbull-Ross		
Angie Lewis	Liz Rogers					
Jonny Sammut						
Leanne Smith			Aled Williams			
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Lee Brooks in attendance for EPRR item

AGENDA ITEM No	**15**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**0**

Business Continuity Annual Report

MEETING	Finance and Performance Committee
DATE	13th November 2023
EXECUTIVE	Lee Brooks, Executive Director of Operations
AUTHOR	Clare Langshaw, Head of Service, EPRR & Specialist Operations Judith Bryce, Assistant Director of Operations
CONTACT	clare.langshaw@wales.nhs.uk

EXECUTIVE SUMMARY

Business continuity is the ability of an organisation to continue the delivery of services to a pre-agreed level during disruption. Commissioning, the Civil Contingencies Act (2004), best practice guidance and supporting documents dictate and guide how the Trust should mitigate risks and prepare for the need to respond to issues, maintaining core services and activities.
The Trust has a Business Continuity Management System (BCMS) which continues to develop and adapt with the organisation. This report covers WAST BC activity for 2022 to 2023.

KEY ISSUES/IMPLICATIONS

Whilst progress has been made in the development and testing of plans and processes, it is acknowledged that there is more to do to develop a more mature BC culture across the Trust. Work is therefore required to review the governance and overriding structure that is needed in order to fully embed BC within the Trust. Currently departments review their own areas and assess them against their business continuity plans; however, this does not give appropriate support to other departments, senior oversight and ownership and does not necessarily provide a robust overview of the Trusts preparedness at a sufficiently senior level.
It is recommended that Committee:

RECOMMEDED: The Committee RECEIVE and DISCUSS the governance and assurance of business continuity and progress over the last year, noting that the Executive Leadership Team have been asked to approve the recommendations in the paper.

REPORT APPENDICES
N/A

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

Situation

1. Business continuity is the ability of an organisation to continue the delivery of services to a pre-agreed level during disruption. Commissioning, the Civil Contingencies Act (2004), best practice guidance and supporting documents dictate and guide how the Trust should mitigate risks and prepare for the need to respond to issues, maintaining core services and activities.
2. The Trust has a Business Continuity Management System (BCMS) which continues to develop and adapt with the organisation. This report covers WAST BC activity for 2022 to 2023.

Background

1. BC plans including Severe Weather, Pandemic, REAP, and CSP have been in place for a period of time, used during business as usual and in disruption. They have been reviewed and updated. The Trust have also held departmental BIAs and BCPs; during the COVID-19 pandemic it became apparent that there are multiple interdependencies, and these are starting to be recognised in business continuity discussions.

2. Incidents such as the cyber-attack on Advanced (the provider of Adastra), telecoms outages affecting EMS-C, and Industrial Action have tested WASTs preparedness to response to disruption.

Assessment of the current position

1. Business Continuity and the recognition of the benefit of early declaration of a Business Continuity Incident, is becoming more prevalent in management structures and is also being highlighted in debriefs. The Trust benefits from building on this experience to further explore how business continuity management can assist 'normal' working by strengthening process design, implementing fallback options, and recognising the effect of the loss of key staff, systems, and infrastructure.

2. Whilst progress has been made in the development and testing of plans and processes, it is acknowledged that there is more to do to develop a more mature BC culture across the Trust. Work is therefore required to review the governance and overriding structure that is needed in order to fully embed BC within the Trust. Currently departments review their own areas and assess

them against their business continuity plans; however this does not give appropriate support to other departments, senior oversight and ownership and does not necessarily provide a robust overview of the Trusts preparedness at a sufficiently senior level.

3. The Trust has been working towards a process for system mapping ICT structures to pinpoint single points of failure, interdependences, and recovery priorities. Some of these have been noted through incidents (PSBA and Adastra failures) and others through exercises (Exercise Mighty Oak - a 3-day national power outage session up to and including UK Government level), and mitigation is included in the ICT Disruption Plan. This is however, an iterative process as we continue to explore and understand the impacts of disruption and reliance on technology.

4. Business continuity plans, particularly risk specific ones such as Power Outage, have been created by the EPRR Team in conjunction with those departments who could potentially be affected. The management structure in each plan reflects the structure as shown in the Incident Response Plan. Departmental plans will reflect this at an operational, department-specific level, through the use of action cards and roles/responsibility lists.

5. The EPRR Department remain available to support all departments and directorates in the creation and review of their documents. The responsibility of completion and ownership however remains with the departmental BC Lead as the subject matter expert for their role.

1. Introduction

1.1 The Trust encounters business continuity challenges on a regular basis, from adverse weather, IT interruptions and system loss, events during seasonal pressures, and the pandemic. The Trust is recently recovering from the COVID-19 pandemic, whilst new challenges brought by Industrial Action have further tested the Trust's ability to provide the services to the public for which we are commissioned, and system delays continue to cause thousands of lost ambulance hours.

1.2 Risks and issues do not occur in isolation. The Trust has been able to meet these concurrent issues due to strong decisive leadership, a structured management process, with staff working together toward common goals. In accordance with duties afforded to WAST as a Category 1 responder under the Civil Contingencies Act (2004), risk assessments, planning, and exercises have taken place to ensure there is a robust response and recovery process in place, with space for learning and innovation.

1.3 This report highlights the current status of business continuity across the Trust and provides recommendations to improve processes and mature the system.

2. Business Continuity Management Systems (BCMS)

2.1 Business continuity is the ability of an organisation to continue the delivery of services to a pre-agreed level during disruption, and then recover. To achieve this, potential outcomes (risks) are identified and mitigated, and plans put in place to manage them should they become realised (issues). A mature Business Continuity Management System (BCMS) provides numerous advantages to the organisation:

- Increases an organisation's ability to continue to operate during a period of disruption
- Processes help give staff a better understanding of the organisation
- Provides an environment where improvement can occur

2.2 At a strategic organisational level, risks are generally grouped as:

- Political
- Legal

- Economic
- Socio-cultural
- Technological
- Environmental
- Reputational

2.3 At a delivery level we look at disruption to:

- People/Staffing
- Premises/Estates
- Technology
- Fleet
- Utilities
- Information
- Supplies

2.4 To identify and understand the risks, a business impact analysis (BIA) is undertaken to identify what the business delivers, and detail the processes associated with the 'critical activities' required. Risks identified as part of the BIA should be recorded as per Trust policy including mitigation. Mitigation takes the form of designing systems to be resilient, and writing, sharing and testing of Business Continuity Plans (BCP) to be used should a disruption occur.

2.5 WAST as a Category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005), has a duty to ensure we have business continuity plans in place. There is no requirement for the Trust to be accredited to International Standard ISO22301 although the BCMS is based on this framework as good practice. A BC Teams channel has been created which stores departmental documentation. Most, if not all departments across the Trust have either a BIA or BCP or both, although as described in 3.7 below, this documentation was last reviewed in 2020 so there is currently no assurance that they are current. There are however, a significant number of documents stored within the channel.

2.6 Welsh Government emergency planning documentation[1] gives the Chief Executive Officer the responsibility of ensuring policies and plans are in place to comply with the Civil Contingencies Act (2004). Welsh Government request an annual report to provide assurance that the following are considered and/or in place:

- BC arrangements considered and adopted by the Executive Board
- Arrangements for reducing the risk of:
    - cyber attacks

[1] NHS Wales (2015) Emergency Planning Core Guidance

    - ICT disruption
    - power outages
- Major incident planning
- 24/7 activation and response systems
- Appropriate training, testing and implementation arrangements
- Co-operation and coordination with stakeholders
- Meeting the duties under the Civil Contingencies Act (2004)

3. Audit and assurance

Audit

3.1. Audits have taken place across the Trust which have either looked directly at BC, or aspects that have links into BC. As part of the auditing of the annual accounts and the structured assessment process, Audit Wales include an annual review of the ICT Infrastructure and its capabilities. ICT provide details of BC Plans, exercise reports, recovery logs, hardware records, security arrangements including cyber incident response. Findings from the structured assessment are recorded on the audit tracker.

Business Continuity Steering Group (BCSG)

3.2 The BCSG is the principal mechanism for management review of the BCMS and informing senior leaders about emerging BC issues. The meetings are held quarterly and chaired by the Trust BC Lead (Locality Manager, EPRR). Each directorate has identified a Business Continuity representative who takes the lead in coordinating arrangements for their department.

3.3 The group reviews the BCMS as a whole and shares incident and exercise learning. Departments and directorates are required to review their BIAs and BCPs annually, and after any incident to make amendments where required. Risk specific plans are also provided to the group for comment to ensure they have a Trust-wide view.

3.4 The Trust may benefit from a more formal requirement of the group, the seniority, knowledge and experience of the attendees, and a formal governance and reporting route. The BCSG is a Trust-wide group that extends beyond Operations, so a suitable governance route would be required to encompass all Trust wide departments. This could therefore be considered a suitable responsibility for ADLT – the Assistant Directors Leadership Team given that this

is a Trust wide responsibility. This option will be explored over the coming months.

3.5 Departments should be represented at a minimum of 75% of the meetings (3 or more) across the year. This could be the BC Lead for the department, or a deputy, but it should be someone with a working knowledge of both their department and the BC arrangements. Attendance at the meetings is recorded showing departmental engagement and, where it falls short of the recommendation from the audit the relevant Assistant Director is notified. Departments were represented differently in 2022 with EMS Operations being represented by a Senior Operations Team (SOT) representative rather than individual areas, hence the difference in numbers. Despite this, it does show a slight increase in attendance.

Percentage of meetings attended	**2021**	**2022**
0	5	2
25	7	2
50	5	9
75	5	4
100	3	5
Missed 2 consecutive meetings	15	9

3.6 As part of their remit to ensure the Trust meets its civil contingencies obligations, the EPRR team are available to support all departments and directorates in the creation and review of their documents, processes and systems. Whilst assurance and support is provided by the EPRR team, the responsibility of completion and ownership however remains with the departmental BC Lead as the subject matter expert for their role.

3.7 Most of the BIA and BCPs on the Teams Channel were last reviewed in 2020. This is not to say they have not been reviewed, simply that they are not in the channel. This has been noted as an area of improvement and was raised at the recent BC Steering Group to be addressed going forward. This should take the form of a Q4 2023/Q1-2024 plan to review the status of departmental

documents and ensure all areas have a current, reviewed BIA/BCPA which has been stored and is accessible on the Teams channel.

4. Business Impact Analysis and Risk

4.1. A business impact analysis (BIA) is undertaken to identify

- what the business delivers
- the 'critical activities' required
- potential outcomes of disruption
- required staffing levels
- interdependencies,
- risks if any of these things are interrupted

4.2. To understand the organisation and plan for potential disruption, the key deliverables and processes need to be identified at an organisational level. By identifying the key products and functions, the critical activities (activities that must be performed to make the products/functions successful) can be described and understood. This would take into consideration the Trust strategy and the plans set out in the IMTP.

4.3. Risks identified through BIAs are recorded, communicated to the relevant departments and dealt with holistically. The Trust would benefit from tighter linking of business continuity risk discussions and corporate risk. Risks held on the risk register should both drive and be driven by business continuity. The Risk Management and Board Assurance Framework recognises the risks of not being able to reach patients in the community, links with hospital delays, staff absence, lack of fallback sites, and loss of critical systems; Effective business continuity processes could mitigate some of the identified risks if effectively implemented.

4.4. As workstreams develop across the Trust and work continues on areas such as digital platforms, communication through the 'digital first' vision, 111 website, data harvesting from e-PCR and remote clinical triage system (ECNS), developing remote clinical assessment capacity and capability and e-timesheets, these systems and processes will need to be taken into consideration in the relevant departmental BCPs and any revisions of critical systems plans.

5. Incidents

5.1 Debriefs from BC incidents (BCI) are recognising that early declaration of a BCI brings together an effective management structure including specialists who can deal with the cause while the rest of the structure deals with potential impact.

National BC concerns

5.2 The updated National Risk Register (2023) includes aspects such as fuel disruption, industrial action, local and national power outages, and cyber-attacks in addition to terrorist attacks, transport accidents and fires. Ongoing pressures on the health and social care system could negatively impact our ability to deliver an appropriate service to the communities we serve and breach both our commissioning contractual obligations and legal duties under the CCA (2004).

By further reviewing the current business continuity management system and engaging at a senior level to promote clear governance and accountability, the Trust will be in a better place to mitigate risks to be faced in the future.

5.3 WAST took part in a national, strategic, group of multiagency partners to identify and mitigate risks over the winter period 2022-2023. Risks included weather, surge and capacity across health systems, industrial action, power outage and cyber-attacks. Similar health-led meetings have begun for the 2023-24 winter period identifying issues that may impact on the Trust. These include a surge in paediatric respiratory illnesses and a new strain of Covid-19.

5.4 At a local level, similar groups reviewed these risks tactically and operationally, and WAST participated in this process.

Senior BC Planning Team (SBCPT)

5.5 This group was in place over the 2022-23 winter period, convened to focus on concurrent risks across the winter, including surge and capacity, adverse weather, potential power outages, and industrial action. The Chair held responsibility for ensuring business continuity in light of these risks.

5.6 The Industrial Action sub cell reported into SBCPT to maintain situational awareness and a shared understanding of risk. The cell was chaired by the

Senior Work Transformation Manager for People Services, whilst the sub-group to deliver planning and actions associated with the industrial action dates was chaired by the Head of Service, EPRR.

5.7 Facilitation of staff's right to take part in Industrial Action has been a regular business continuity focus across the Trust since November 2022. Industrial action is covered by consequences including staff loss and ICT system disruption. System disruption occurs when there are insufficient numbers of staff, or no staff with the correct skill sets to operate an ICT system. A BIA will illustrate how many staff are required to fulfil critical activities, whilst BC plans have a section covering staff loss and how it could be mitigated. This should be taken into consideration during any disruption as the BIA will also show the minimum number of staff required to fulfil functions in other departments, leaving the rest to support operational delivery on and around strike days.

Adastra outages

5.8 On 30th June 2022 there was an Adastra outage caused by an internet cable failure. Cardiff and Vale Health Board noticed that no emails were coming through whilst clinicians reported they couldn't access the Adastra system, and noted the internet was not working. WAST noticed details were not coming through and fell back to fax although Cardiff & Vale did not receive these. For both fallback systems to not be working sufficiently is both unusual and time-consuming but passing details over the telephone ensured the business could continue, all be it at a slower pace.
It was noted how well partner agencies worked together to find innovative solutions to an unusual problem (2 fallbacks failed), and there was a need for a more coordinated incident management process.

5.9 On 4th August 2022 Advanced, the company who provide Adastra software, were the target of a cyber-attack. Advanced successfully isolated the infrastructure as soon as the attack was recognised, which contained the issues on servers. Despite this, the effect was the loss of access to the system. 111 worked with Digital Health Care Wales to produce new front and back-end solutions which subsequently went live 24th August 2023. Rostering sufficient staff to manage an increased workload was a challenge, particularly ensuring the small number of people with specialist knowledge didn't become burned out. The issue was exacerbated by a concurrent amber heatwave warning and

some areas experiencing droughts, all of which impacts infrastructure, staffing, and call volumes. The BCI was formally stood down in WAST on 15th September 2023 when it was recognised that tactics deployed in response to the outage had continued for sufficient time to have mitigated the majority (but not all) risks. The incident was closed in March 2023 when all systems were finally restored.

ICT Disruption

5.10 November 2022 saw a BC Incident declared affecting all three control rooms. This problem was subsequently identified as an increase in people accessing the internet for the Wales v England live World Cup football match during the working day, which had a subsequent impact and then an issue with PSBA, the Public Sector Broadband Aggregation – the ICT network which connects public sector organisations (including health) across Wales.

5.11 There have been several instances of the PSBA in Gwent having problems that have had a direct negative effect on EMS-Coordination, or have affected wider health and social care which has consequently affected WAST due to hospital delays. EMS-Coordination have well written and rehearsed plans for dealing with disruption, and WAST have proactively engaged with Health Boards to reduced impact on the community, whether the cause is a technical issue, system flow delays, or response to incidents and the need to continue with normal business.

6. Trust Plans

6.1 The Trust hold generic response plans, such as the Incident Response Plan (IRP), risk-specific plans based on risks in the National Security Risk Assessment (NSRA), and departmental business continuity plans. Although not all risks need a plan specifically for them, the common consequences as shown in section 2, should be planned for and the cause understood.

The highest risks on the NSRA, which the Trust should be prepared to respond to while carrying on normal business, include:

- Terror attacks (various methodology)
- Disruption of telecommunications (multiple causes, both accidental and deliberate)
- Extremes of weather
- Utility disruption (gas, electric, water supply)
- Pandemic (of any kind, not just influenza) and outbreak of emerging diseases
- Cyber attacks
- Flooding

6.2 The IRP and Notification and Escalation Procedure (NEP) both explain what a BC Incident is and who should be notified both in and out of hours. Since the introduction of the Operational Delivery Unit (ODU) now operating on a 24/7 basis, the NEP is currently under review to streamline and clarify roles, responsibilities, and communication of and between ODU, EMS-Coordination and the Command/Management structure. Departmental plans should support the delivery of these procedures.

6.3 The Departmental BC plan template is also under review in order to align with the structure detailed in the WAST Incident Response Plan to enable all departments to have what they need to act should a disruption occur. The plans have been tested in ICT disruption and Seasonal Planning exercises, as well as through the Industrial Action (BIA identification and delivery of critical activities, BCP staff loss).

6.4 Following Exercise Joshua 1, an ICT Disruption Plan was written and finalised through Exercise Joshua 2, then disseminated in November 2022. It includes the management structure required to manage a local or pan-Wales disruption, initial actions to take, and stand down into normal management. It also includes sections which specifically cover the identification of, and actions to manage, a cyber-attack on the Trust.

6.5 The Severe Weather Plan was reviewed and published in October 2022, the Pandemic Plan in March 2023, and the Fuel Disruption Plan is due for review in March 2025.

6.6 It was identified through discussion and exercises, that the Trust would benefit from a Power Outage plan. This was created and disseminated in February 2023, covering planned and unplanned, local and national power outages. Departmental BCPs will link to this plan to set out roles and what staff could or should do when an incident occurs.

7. Exercises

7.1 In November 2022, the annual Trust-wide seasonal pressures BC exercise took place incorporating numerous departments. It was run over Teams and was well attended. The 2023 session will be scheduled for Q3 and usually follows the annual review or refresh of REAP which is scheduled for November 2023.

7.2 WAST participated in Exercise Mighty Oak in April 2023, a Tier 1 (pan-UK) national power outage exercise, with Welsh Government linking in to COBR through the Emergency Coordination Centre Wales (ECCW). WAST EPRR Team coordinated the exercise injects from bodies of evidence from previous power outages, planning assumptions provided by UK Government through the NSRA, and potential challenges experienced during incidents within WAST. The exercise tested the application of relevant plans including the Incident Response Plan, Fuel and ICT disruption, and power outage. There were potential issues highlighted through the exercise and debrief that will be addressed through various plans and project workstreams. It was noted that future planning of estate, fleet, and process design should take this learning into account and incorporate fallback options.

7.3 A set of PowerPoints are available on the BC Steering Group Teams channel for departments to modify and use to test their own plans at their own convenience. Topics include:

- ICT loss
- Staff loss
- Denial of access to premises
- Service and supplier disruption
- Power outage

7.4 Outcomes and action plans would be held in a post-exercise report and discussed by the Business Continuity Steering Group and can be summarised

for submission as an appendix to future reports into Finance and Performance Committee for assurance. The BC Lead for the department would be responsible for delivery of the action plan linked to their risks on Datix.

8. Training

8.1 Discussions have taken place within the BC Steering Group to review training requirements and who could deliver this, with a package yet to be agreed. A review of the governance around BC will help to identify resources including who should be involved directly, how, and what knowledge they would need.

8.2 The Business Continuity Institute runs Business Continuity Awareness Week annually in May (#BCAW2022 on social media) and the Trust takes the opportunity to align with this to provide information to staff. The BC Steering Group were asked to bring together ideas to cover the 2023 topic 'Embracing the challenge of Resilience' and were supported by the Corporate Communications team to deliver it on Siren. The content included:

- Cyber resilience
- Supply chain resilience
- Operational resilience
- Personal resilience
- Organisational resilience

PEOPLE AND CULTURE COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	23 November 2023
Committee Meeting Date	16 November 2023
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts were raised in this meeting.

ADVISE

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

2. The People and Culture Committee met in the week before the Trust Board therefore the Chair of the Committee will provide a **verbal update to the Board** at the 23 November meeting.

3. However, this AAA report provides the following which were reviewed and approved/adopted at the Committee and are for ratification by the Board:

   (a) Health and Safety Policy. This policy at Annex 1 has been through the internal policy process, endorsed by the Policy Group, Executive Leadership Group and approved by the Committee.

   (b) Speaking Up Safely Framework. This All Wales Framework at Annex 2 is designed to support individuals in speaking up safely and confidently within the NHS in Wales and was adopted by the Committee. It is supported by a revised NHS Wales Raising Concerns Procedure which was reviewed by the Committee.

ASSURE

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

4. Items of assurance will be drawn out verbally by the Chair of the Committee.

RISKS

5. All related risks for this Committee were discussed and the Chair will draw these out verbally in his

report to the Board.

The papers for this meeting can be found by following this link to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Director of Workforce and Organisational Development Update	Operations Quarterly Report	CEO Roadshow Feedback
Engagement framework delivery plan and associated engagement activities:	Health and Care professional Council registration and Nursing and Midwifery Council Revalidation 2023	People and Culture elements of the IMTP 2024-27
Strategic Equality Plan:	Risk Management and BAF	Speaking Up Safely Framework
Workforce Challenges – NHS Workforce data briefing and workforce planning audit	People and culture plan metrics update	Culture review tool
People and culture performance scorecard	MIQPR	Pulse survey (hive)
WASPT highlight report	H&S update and H&S policy	Audit Tracker and Senior paramedic role audit

COMMITTEE ATTENDANCE				
Name	**9 MAY 2023**	**8 AUGUST 2023**	**16 NOVEMBER 2023**	**20 FEBRUARY 2024**
Paul Hollard				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis	Liz Roberts			
Chris Turley				
Lee Brooks	Judith Bryce			
Estelle Hitchon				
Andy Swinburn				
Jonathan Turnbull-Ross	Liam Williams	Liam Williams		
Alex Crawford	Hugh Bennett			
Trish Mills				
Damon Turner				
Paul Seppman	Hugh Parry			
Ian James				
Tim Chalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

GIG CYMRU NHS WALES

Health & Safety Policy

Policy Number:	021	**Version No:**	10.3	**Supersedes:**	V10
Date of Approval:		**Review Date:**	3 years from date of approval	**Impact Assessments Completed:**	
Classification of Document:	Corporate	**Type of Document:**	Policy	**Approved by:**	
Brief Summary of Document:	The Health and Safety at Work etc Act 1974 requires the Trust to have a written Health and Safety Policy which includes the organisational arrangements for its implementation. The Management of Health and Safety at Work Regulations 1999 require the Trust to make a suitable and sufficient assessment of the risks to the health and safety of its employees to which they are exposed whilst they are at work and the risks to the health and safety of anyone else affected by the activities of the Trust.				
Scope:	Health and Safety in the Welsh Ambulance Services NHS Trust Applies to all staff, volunteers, Non -Executive Directors, staff and contractors.				
To be read in conjunction with:	○ Risk Management Policy ○ Risk Assessment Procedure ○ Adverse Incident and Hazard Reporting Policy and Procedure ○ Violence and Aggression at Work Policy ○ Management of Information about potentially violent persons and or addresses ○ Safer Moving and Handling Policy ○ Safe Conveyance, Moving and Handling of Wheelchairs Policy and Guidelines ○ Control of Substance Hazardous to Health Policy and Procedure ○ Volunteer Codes of Conduct, CFR Operations Manual and VCS Operations Manual ○ Policy for Managing Requests for Non-Operational Public Activities or Events ○ Display Screen Equipment Procedure ○ New and Expectant Mothers Risk Assessment Procedure ○ Control of Substance Hazardous to Health Procedure ○ Fire Safety Policy ○ Health and Wellbeing Policies ○ Counter Fraud Policy				
Owning Committee	People & Culture Committee				
Policy Lead: **Trade Union Lead:**	Nicola White Ian James & Hugh Parry	**Job Title:**	Head of Health & Safety Trade Union Partner		
Executive Director:	Liam Williams	**Job Title:**	Executive Director of Quality & Nursing		

Version Control Sheet

Version	Date	Author	Summary of Changes
9	12/06/23	Nicola White	Statistics updated to reflect more recent figures HSE 2022 (item 1).
			Addition of the legal requirement of a 'Statement of Intent' and include Trust objective of a positive safety culture (item 2).
			Changes to reflect sub-groups of National H&S Committee (item 6.1)
			Addition of the 'Duty of Candour' (item 9)
			Addition of the 'Duty of Quality (item 10)
			Changes to reflect H&S accountabilities within the Assistant Director of Capital Planning and Estates (item 11.5)
			Addition of the Deputy Head of Health and Safety (item 11.8)
			Addition of HS Arrangements (item 14)
			Changes to reflect H&S auditing (item 15.2)
			Addition of H&S 'Training Needs Analysis' (item 17)
10	18/06/23	Julie Boalch	New template and standard Trust font
10.1	09/07/23	Julie Boalch	Addition of Hugh Parry on front cover
10.2	22/08/23	Nicola White	Amendments in line with comments generated through the consultation phase.
Keywords			

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Training		
Counter Fraud		
Information Governance		
Records Management		
EqIA / Welsh Language		
Estates		
Environment		
ESMCP		

Task and Finish Group Members

Name	Job Title
Nicola White	Head of Health and Safety
Graham Stockford	Deputy Head of Health and Safety
Jo Kelso	Head of Training School
Paola Spiteri	Organisational Manager for Quality, Inclusion and Diversity
Susan Woodham	Head of Estates
Ian James	TUP- GMB

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	20/06/23	To gain recommendation to commence consultation process
Policy Group	29/08/23	To gain recommendation to commence ratification process

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Head of Risk / Deputy Board Secretary

Contents

1. INTRODUCTION

Each year in the Human Health and Social Work Activities Sector, 6.6% of workers suffer from an illness they believe to be work related and 1.9% of workers sustain a work-related injury. This has led to around 0.9 million working days lost due to workplace injuries and 5.1 million days lost due to work-related illness. (Health and Safety Executive 2022).

The health, safety and well-being of staff, volunteers and Contractors who work for the Welsh Ambulance is of paramount importance.

The Health and Safety at Work etc Act 1974 requires the Trust to have a written Health and Safety Policy which includes the organisational arrangements for its implementation. The Management of Health and Safety at Work Regulations 1999 require the Trust to make a suitable and sufficient assessment of the risks to the health and safety of its employees to which they are exposed whilst they are at work and the risks to the health and safety of anyone else affected by the activities of the Trust.

The Quality theme of Safe Care states that "the principle of safe care is to ensure that people in Wales are protected from harm and supported to protect themselves from known harm" and Standard 2.1 (Managing Risk and Promoting Health and Safety) of the Quality Standards (Welsh Government 2015) mandates that people's health, safety and welfare are actively promoted and protected; Risks are identified, monitored and wherever possible, reduced or prevented.

In line with the Commissioning Core Requirements for the Welsh Ambulance Services NHS Trust, the Trust is as committed to the health, safety and wellbeing of its staff, volunteers, Non-Executive Directors and contractors as it is to patient safety and takes the view that an Organisation that has a positive and pro-active Health and Safety culture is synonymous with a culture committed to high quality patient safety.

2. POLICY STATEMENT – 'STATEMENT OF INTENT'.

The Trust Board view compliance with the relevant statutory requirements as a minimum requirement and will ensure a process of continuous improvement in the culture and standards of Health and Safety across the Trust to meet its statutory commitments.

The Trust recognises its duty of care for the health and safety of people affected directly or indirectly by its activities and therefore expects the co-operation of all staff in taking reasonable care of themselves and any other persons affected by their actions. The Trust aims to have a culture of collective responsibility for the safety, health, and wellbeing of all.

The Welsh Ambulance Services NHS Trust has a legal responsibility as an employer to ensure, as far as is reasonably practicable, the health, safety, and welfare at work of all its employees (Health and Safety at Work etc Act 1974). This policy endorses all the legal requirements as set out in the Health and Safety at Work etc. Act 1974.

The Trust will ensure the health and safety of all persons who may be affected by our activities across all service locations through:

- Engaging with our staff, contractors, and visitors to facilitate the safety of their working environment.
- Providing, managing, and maintaining an overall environment at our workplaces, grounds, and properties so that they are, so far as reasonably practicable, safe and that risks to health are controlled. This will include maintenance of equipment to ensure items can be safely used for activities undertaken by the Trust.
- Identifying hazards and conducting formal risk assessments when appropriate to minimise physical and psychological risks for all activities undertaken by the Trust and ensuring that appropriate control measures and emergency procedures are in place.
- Providing and promoting systems of work, information, instruction, training, and supervision at all levels necessary to ensure that staff are competent to supervise or undertake their work activities and are aware of any related hazards and the measures to be taken to protect against them.
- The Trust will promote a positive health and safety culture for all our activities endeavouring to achieve a cohesive culture of Interdependency. Where there are no existing Trust policies or guidance, we expect our staff and contractors to implement the highest relevant standards and to comply with relevant legislation. Where no standards or legislation exist, we will work with our staff, and contractors to develop systems which comply with best practice and mitigate risk, drawing on relevant legislation and guidance.
- Where buildings are shared between more than one department and /or external organisations, we expect that all users co-operate closely with the Trust.
- To establish clear lines of responsibility for health and safety that ensure a safe environment for all, and to formalise any appropriate arrangements for these purposes.

The senior leadership of the Trust are committed to this Policy and to the implementation and maintenance of the highest standards of health, safety, and welfare across the Organisation. We expect every member of the Trust to share this commitment and to work together to achieve it.

The Welsh Ambulance Service NHS Trust will ensure that the commitments within this Health and Safety Policy are driven by its senior managers, are communicated to all members of staff and are publicly available.

In addition, the Trust will ensure that staff and contractors are aware of their personal safety, health and welfare responsibilities and the importance of their own wellbeing. This includes their duty to each other and that they receive the appropriate level of instruction and training to undertake their work in as safe, healthy, and considerate way as reasonably practicable.

This Health and Safety Policy will be reviewed regularly and revised as necessary to reflect changing conditions and information.

- It is the duty of every employee to; Conduct themselves in such a way as to avoid any safety or health risks to themselves, other employees, patients, or others that may be affected by their acts or omissions.
- To cooperate with the Trust to enable it to discharge its duties under the Health and Safety at Work etc. Act 1974.

Chief Executive Officer	**People & Culture Committee Chair**
Date:	Date:

3. SCOPE

All Non-Executive Directors, employees, volunteers and Contractors of the Trust will comply with the duties of employees as set out in the Health and Safety at Work etc Act to ensure that they take reasonable care of themselves and other persons who may be affected by their acts or omissions at work.

In addition to risk assessments, The Trust will ensure appropriate arrangements for the effective organisation, control, monitoring, and review of preventative and protective measures for staff, volunteers, contractors, and service users.

The Trust places a duty of responsibility on all staff, volunteers, and contractors to report hazards, concerns, accidents, and near misses.

Managers and supervisory staff have the responsibility for implementing this Policy throughout the Trust and must ensure that Health and Safety considerations are given priority in the planning and day-to-day supervision of work. A system of partnership working between Management and employee representatives will be maintained to

ensure appropriate and adequate arrangements for joint consultation on health and safety issues.

4. AIM

This Policy aims to ensure that the Welsh Ambulance Services NHS Trust is compliant with Health and Safety legislation continuously seeking to identify and implement good practices within the healthcare sector. Aiming to ensure safety, health and well-being of people is a fundamental core value.

5. OBJECTIVES

The Trust will achieve its aim by:

- Adoption of the Trust behaviours to embed a culture where health and safety and welfare is everyone's business.
- Continue the Trusts Health and Safety journey to a state of 'Interdependency' as defined by the Bradley Curve via the Working Safely Programme
- Ensuring the Trusts estates portfolio is fit for purpose complying with statutory legislation.
- Advising embedding and highlighting Health and Safety matters in the Trust Risk Management Strategy
- Monitoring Health and Safety matters routinely via the quarterly Performance Reviews and the Integrated Medium Quarterly Performance Report.
- Providing regular Health and Safety updates to the Board via the PCC Committee.
- Provision of a detailed annual Health and Safety report to the PCC committee.
- Ensuring that Health and Safety priorities inform the Trust's Integrated Medium-Term Plan (for example, the Estates Strategy, training needs analysis and the procurement of equipment)
- Strengthening and continually improving the governance framework for Health and Safety matters through the National Health and Safety and Welfare Committee and commitment to Health and Safety training throughout the organisation
- Commitment to partnership working between all Managers and Trade Union Health and Safety Representatives
- Membership of the National Ambulance UK Quality Director forum and the National Risk and Safety Forum Ambulance NHS Trusts and share and learn from good practice.
- Membership of and commitment to the NHS Wales Health and Safety Management Advisory Group contributing to all Wales projects/initiatives in Health and Safety matters.

- This policy will be reviewed every two years or when required by changes in health and safety law or regulations or by changes in working practices.

6. HEALTH AND SAFETY PARTNERSHIP ARRANGEMENTS

Health and Safety at work is a shared responsibility between employers and employees and therefore a culture of partnership is critical for a positive and pro-active health and safety culture. The Trust is therefore committed to working in partnership with Trade Union Safety Representatives.

6.1. Health, Safety and Welfare Committee

In accordance with the provisions of the Safety Representatives and Safety Committee Regulations 1977 a Health, Safety and Welfare Committee is in existence.

The committee is described as the 'National Joint Committee for Health, Safety and Welfare' and comprises Management and Trade Union Representatives.

The functions and membership of the committee and the arrangements for the efficient conduct of its business can be referred to on the Trust's Intranet site.

Additional sub-groups will be established to meet organisational requirements. Local Health and Safety matters will be dealt with at these forums and each territory will provide local updates at the National Health and Safety Committee.

7. TRAINING AND IMPLEMENTATION

The Trust acknowledges its duty to provide appropriate training and information in all aspects of health and safety associated with any work activity. The extent of training will vary according to the potential severity of the hazards associated with the activity undertaken. The Trust will ensure that all managers and staff receive suitable and sufficient training with which to carry out their duties without risk to the safety or health of themselves or others.

All new staff joining the Trust will receive adequate instruction in health and safety as part of an Induction programme.

Managers and supervisors will receive training on the relevant policies, procedures, and safe systems of work that they are required to implement in line with risk-based approach. In certain circumstances, key workers may be identified for training in carrying out risk assessments in specific activities.

Additional instruction and training will be provided.

- at periodic intervals
- if there is evidence that the original training has been ineffective
- if there is a change in working systems, equipment, or procedures.
- if there is a change in the law or official guidance

Records of training provided will be kept by the Trust to enable managers to ensure that the training of their staff is up-to-date and relevant to their workplace and work activity.

A health and safety training needs analysis is set out within Appendix 1.

8. IMPACT ASSESSMENTS

8.1. Equality Impact Assessment

This policy applies to all staff, volunteers, and Contractors for the Trust. An equality impact assessment has been undertaken. Due to the nature of Health and Safety legislation, this policy applies universally and therefore PART's A and B and equality impact assessment was undertaken. A copy of this is available from the policy lead.

In relation to any other policies under the Health and Safety umbrella a specific EqIA would be undertaken to ensure equality and equity for all groups.

9. DUTY OF CANDOUR

The aim of the Policy is to ensure the safety, health, and well-being of people as a fundamental core value. Where service users experience harm because of health and safety failings the Trust will ensure there is open and transparent dialogue with service users.

The Trust will be required to talk to service users about incidents that have caused harm, apologise, and support them through the process of investigating the incident. The Trust will endeavour to learn and improve from these incidents by find ways to stop similar incidents from happening again that are both safe and reasonably practicable.

10. DUTY OF QUALITY

In line with the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 the Trust will ensure the Policy is monitored on a regular basis to

ensure the continued provision of safe systems of work that provide good quality care to service users.

The output from monitoring will be presented annually to the People and Culture Committee to provide assurance that health and safety provisions are meeting the requirements of the Act.

11. ROLES AND RESPONSIBILITIES

The Board has a responsibility to appoint a Health and Safety Champion from amongst its Non-Executive Directors and the Board Champion for Health and Safety will, together with the Executive Director Lead for Health and Safety promote a positive health and safety attitude within the Trust and monitor compliance with the Health and Safety Policy and related policies and procedures.

The Chairman and Directors of the Trust have responsibility for ensuring the health and safety of everyone affected by the activities of the Trust. The Trust Board will monitor health and safety performance and will be informed and advised by the Chief Executive.

11.1. Chief Executive

The Chief Executive Officer has overall responsibility to ensure that the Trust complies with health and safety legislation and guidelines. In addition, they are responsible for ensuring the organisational arrangements necessary to achieve this compliance are in place and to keep the Trust Board informed of adherence to these arrangements.

The Chief Executive Officer delegates responsibility for day-to-day health and safety management to the Executive Director of Quality and Nursing.

The Chief Executive Officer delegates to all Executive Directors the responsibility for the effective management of health and safety within their Directorate.

11.2. Executive Director of Quality and Nursing

The Director of Quality and Nursing is the Executive Director with a lead responsibility for health and safety delegated by the Chief Executive. This post is responsible to the Chief Executive for:

- Promoting a positive health and safety culture within the Trust ensuring that good health and safety standards and practices are integral to day-to-day activities of the Trust, consulting with staff on health, safety, and welfare matters.

- Ensuring effective arrangements are in place for consulting with staff on health, safety, welfare, and risk. A key vehicle for discharging this responsibility will be through the National Health, Safety and Welfare Committee
- Ensuring the maintenance of a comprehensive set of policies aimed at safeguarding the health, safety and welfare of patients, staff and volunteers and anyone else affected by the work of the Trust, working with the Director of Workforce and Organisational Development.
- The integration of health and safety with the Trust Risk Management Strategy and Framework to achieve compliance with legislation, guidelines, and national strategies.
- The co-ordination of health and safety advisory arrangements and training programme for the Trust.
- The monitoring and review of the overall health and safety performance and compliance to inform assurance to the Board and to inform improvements.
- Ensuring that adequate systems are in place to identify and assess risks to the health and safety of all who might be affected by the work of the Trust.

11.3. Executive Directors and Directors

Executive Directors and Directors are responsible for:

- Implementing the Trust's Health and Safety Policy and Health and Safety management arrangements within their Directorates.
- Leading a positive and pro-active Health and Safety culture.
- Obtaining competent Health and Safety advice
- Ensuring that risk assessments are undertaken.
- Promoting the Health, Wellbeing and Safety of staff whilst at work, and ensuring the provision and timely access to effective Occupational Health services and wider wellbeing support for all staff.
- Delegating to local managers responsibility for implementation of the policy at local level.
- Monitoring the effectiveness of local managers in implementing the policy.
- Ensuring the allocation of sufficient resources, so far as is reasonably practicable, to achieve and maintain adequate standards of health and safety.
- Alerting the Executive Management Team and Directors and the Trust Board to the existence of significant Health and Safety risks and the arrangements in place to manage those risks.
- Ensuring appropriate training and education for staff is in place to ensure they have the requisite skills, competence, and capability to discharge their roles and responsibilities in a safe and effective way.

11.4. Assistant Director Quality and Governance

The Assistant Director of Quality and Governance will work closely with the National Head of Health and Safety to provide oversight and assurance to the Director of Quality and Nursing of:

- Compliance with standards set by the Health and Safety Executive
- Appropriate response to requirements by the Health and Safety Executive.
- Assurance on the Health and Safety elements of Local Delivery Plans.
- Learning from adverse incidents and concerns throughout the Trust, aligning lessons learnt to priorities for Quality Improvement.
- Assurance to the Executive Management Team and, where appropriate, Trust Board that Health and Safety, quality improvement and quality governance are being effectively managed.
- Adequate arrangements are in place for the co-ordination and management of regulatory visits and inspections, meeting requirements of Health and Care Standards for Wales, Health and Safety Executive, Welsh Risk Pool Standard and Internal and External Audit.
- Reporting of serious incidents to the Welsh Government as they relate to Health and Safety ensuring that the executive and the communication teams are fully aware of the incidents.
- Development of an overall business plan for quality improvement, quality governance informed by quality assurance mechanisms relating to health and safety functions.

11.5. The Assistant Director of Capital Planning and Estates

This person is responsible for ensuring, as far as reasonably practicable to ensure:

- The fabric and facilities of all premises are in a satisfactory condition and meet operational and health and safety requirements.
- Identifies, reviews, and manages the maintenance requirements of the Trust's estate.
- Acquires and co-ordinates the services of contractors on behalf of the Trust, liaising with contractors regarding health and safety requirements.
- Advises the Chief Executive Officer, through the Director of Finance and Corporate Resources of any developments and enactments in relevant UK legislation and regulations which impose obligations on the Trust relating to estates management, including implications for health and safety.
- Ensures, in conjunction with the Head of Health and Safety, that all new Estates development fully comply with legal and regulatory requirements including those relating to health and safety.

- Ensures that appropriate physical and procedural arrangements including training are in place to address the requirements of Fire Safety legislation.
- Ensures that the Trust has in place suitable and sufficient arrangements to meet its objectives relating to Environmental Management.
- Advises the Management Team and the Board on risks associated with the Estate.

11.6. The Assistant Directors

Assistant Directors are responsible within their respective Directorates for:

- Implementing the Trust's Health and Safety Policy and Health and Safety management arrangements.
- Leading a positive and pro-active Health and Safety culture.
- Obtaining competent health and safety advice
- Ensuring that risk assessments of relevant hazards are undertaken.
- Promoting the Health, Wellbeing and Safety of staff whilst at work, and ensuring the provision and timely access to effective Occupational Health services and wider wellbeing support for all staff.
- Delegating to local managers responsibility for implementation of the policy at local level.
- Monitoring the effectiveness of local managers in implementing the policy.
- Ensuring the allocation of sufficient resources, so far as is reasonably practicable, to achieve and maintain adequate standards of health and safety.
- Ensuring appropriate training and education for staff is in place to ensure they have the requisite skills, competence, and capability to discharge their roles and responsibilities in a safe and effective way.

11.7. Head of Health and Safety

The Head of Health and Safety is responsible to the Assistant Director of Quality and Safety, for:

- Leading the Health and Safety function – the Trusts advisory body for Health and Safety matters.
- Leading the promotion of a positive health and safety culture within the Trust.
- Providing professional advice to the Assistant Director of Quality and Safety, Director of Quality, and Nursing the Director of Workforce and OD, the Chief Executive, Directors, and Non-Executive Directors of the Trust.
- Maintaining and Co-ordinating Health and Safety policies including the Violence and Aggression Policy.

- Manage the Deputy Head of Health and Safety, the Violence and Aggression team and the Directorate Support Officer for the function.
- Acts as the Trust ambassador for Health and Safety matters ensuring that all business considers the Health and Safety agenda.
- Providing support and advice to all members of staff on matters relating to health and safety.
- Liaises closely with the Assistant Director of Capital and Estates and the National Head of Estates in relation to Health and Safety matters regarding the Trust's Estate and with the National Head of Fleet about Fleet and Equipment.
- Undertaking all duties as set out in the job description.

11.8. Deputy Head of Health and Safety

The Deputy Head of Health and Safety is responsible to the Head of Health and Safety for:

- Developing and delivering products to assist in the promotion of a positive health and safety culture within the Trust.
- Providing professional advice to the Assistant Directors Leadership Team.
- Providing professional advice to the Assistant Director of Quality and Safety, Director of Quality, and Nursing the Director of Workforce and OD, the Chief Executive, Directors, and Non-Executive Directors of the Trust in the absence of the Head of Health and Safety.
- Manage the Health and Safety Team workload including reporting of RIDDOR incidents.
- Maintaining and Co-ordinating Health and Safety procedures and corporate level task related risk assessments.
- Liaises closely with the Estates and the Estates function in relation to Health and Safety matters regarding the Trust's Estate and with the Regional Fleet managers regarding Fleet and Equipment.
- Providing support and advice to all members of staff on matters relating to health and safety.

11.9. Health and Safety Managers

- Provide professional health and safety advice to managers and staff and monitor compliance with the Trust's policies and procedures.
- Act as the principal professional points of contact for the Heads of Service and other managers on health and safety matters liaising with enforcing authorities or external agencies.
- Provide advice at workplace inspections conducted by local managers together with staff Health and Safety Representatives.

- Oversee and provide direction where required the investigation of accidents and near-misses to ensure that all relevant information is obtained, and preventive measures taken.
- Assist managers in the process of undertaking health and safety risk assessments if required.
- Conduct periodic audits of work activity to ensure compliance with agreed procedures and safe systems of work.
- Monitor accident and adverse incident reports and compile reports and statistics for the National Joint Committee for Health, Safety and Welfare and the Head of, Health and Safety.
- Provide Health and Safety training and provide advice and support where required for Health and Safety training.
- Supporting the Trusts Violence and Aggression Manager to ensure an appropriate and adequate violence and aggression provision.
- support to staff and volunteers who have been victims of violence and abuse and pursuing appropriate legal action against the perpetrators.

11.10. Senior Managers and Departmental Heads

Managers and Departmental Heads are responsible for providing leadership and promoting responsible attitudes towards all aspects of the health and safety of staff, volunteers, patients, and others affected by the activities under their managerial control. This includes compliance with legislation and the following:

- The effective management of health, safety, and welfare as part of normal line management within the area of their management control including ensuring that equipment is appropriately maintained at all times, including lighting, fire alarms, fire extinguishers and first aid facilities.
- The development and implementation of health and safety/risk management policies and procedures within their departments.
- Notifying Trade Union Safety Representatives of any Health and Safety concerns as per the SRCS Regulations
- The identification, assessment, and control of risk, in line with the Trust's Risk Assessment /Procedures.
- Monitor compliance with the Trusts requirement to report staff absences because of work-related illness/injury to the Health and Safety function to meet the requirement of RIDDOR Regulations 2013.
- Ensuring that equipment, premises, and systems of work are safe.
- Ensuring the adequate provision of training, instruction and information to staff and others, on safe working practices and hazards at work together with the arrangements in place to manage risks.

- Ensuring the prompt reporting and sufficient level of investigation of accidents and incidents, taking appropriate corrective action to prevent a recurrence.
- Monitoring and review of health and safety performance.
- Co-operating with Health and Safety Representatives in jointly carrying out periodic health and safety inspections.
- Ensuring that staff have available to them any necessary safety or personal protective equipment and that they have received appropriate training and instruction in its use.
- Ensuring that all visitors and contractors are aware of and conform to relevant health and safety policies and procedures e.g., Control of Contractors Policy.

11.11. Line Managers

Line Managers are responsible for providing leadership and promoting responsible attitudes towards all aspects of the health and safety of staff, volunteers, patients, and others affected by the activities under their managerial control. This includes compliance with legislation and the following:

- The effective management of health, safety, and welfare as part of normal line management within the area of their management control including ensuring that equipment is appropriately maintained at all times, including lighting, fire alarms, fire extinguishers and first aid facilities.
- The implementation of health and safety management policies and procedures within their departments.
- Notifying Trade Union Safety Representatives of any Health and Safety concerns as per the SRCS Regulations.
- The undertaking of risk assessments for hazards identified within the activities and areas under their managerial control.
- Ensuring that staff absences because of work-related illness/injury are reported to the Health and Safety function to ensure the Trust meets the requirement of RIDDOR Regulations 2013. reported.
- Ensuring that equipment, premises in areas under their managerial control are safe and that and systems of work are suitable and sufficient.
- Ensuring the adequate provision of training, instruction and information to staff and others, on safe working practices and hazards at work together with the arrangements in place to manage risks.
- Ensuring the prompt reporting and sufficient level of investigation of accidents and incidents, taking appropriate corrective action to prevent a reoccurrence.
- Monitoring and review of health and safety performance within there are of managerial control.

- Co-operating with Health and Safety function in jointly carrying out periodic health and safety audits.
- Co-operating with Health and Safety Representatives in jointly carrying out periodic health and safety inspections.
- Ensuring that staff have available to them any necessary safety or personal protective equipment and that they have received appropriate training and instruction in its use.
- Ensuring that all visitors and contractors are aware of and conform to relevant health and safety policies and procedures e.g., Control of Contractors policy.

11.12. Employees' and Volunteers' Duties

All employees and volunteers are expected to be aware of the duties placed upon them by the Health and Safety at Work etc Act 1974 and are required to:

- Take reasonable care to ensure their own safety and that of others who may be affected by what they do, or do not do, including persons not employed by the Trust.
- Observe all instructions applicable to the work being performed or the area where they are working. Where staff or trainees are required to work away from their departments; the local rules of the area visited and any codes of practice appropriate to the work performed, must be observed.
- Co-operate with the Trust in complying with all health and safety duties placed upon it.
- Bring to the attention of persons in charge all incidents, including accidents, occupational ill health, assaults, and hazards in the workplace, including any defects and/or deficiencies that they become aware of in buildings, vehicles, equipment, plant, machinery or furniture and systems of work. Report any adverse incidents using the Datix Cloud IQ system.
- Use protective clothing, equipment, and safe systems of work as required by the statutory regulations and risk assessments appropriate to the activity being undertaken and in accordance with the information and training provided.
- Familiarising themselves with the contents of the Trust's Health and Safety Policies, Procedures and Risk Assessments.

11.13. Working in Third Party Premises

There are many circumstances where employees of the Trust work in environments in which the Trust cannot exercise direct control over the actual working conditions or the risks to health, safety and welfare that may be present. This may occur where the premises are owned by a different employer or by a third party such as is the case with

operational staff working in the community. In general, staff must take special care for their own health and safety and comply with guidance issued applicable to the work performed or location where they become aware of any risks to their own health and safety or other persons such as the patient being visited.

It should be noted that under the Management of Health and Safety at Work Regulations 1999 employees shall be permitted to leave their place of work in the event of serious or imminent danger unless there are adequate written arrangements to deal with the circumstances such as internal relocation arrangements or evacuation assembly points at the workplace. For instance, operational staff in the community may not be able to attend certain patients due to the condition of their premises or other risks that may be present. Where it is necessary for employees to cease work, appropriate arrangements must be made to ensure that all persons are not placed in danger due to other factors (such as the withdrawal of that service) and the reason for the failure to perform normal duties must be brought to the attention of the Manager responsible immediately. This should also include situations where employees of the Trust work in premises owned by another employer such as a Local Health Board or private Nursing Home.

Where staff are required to work in premises owned or operated by another employer such as a Local Health Board, there needs to be adequate co-ordination between the parties involved.

This could include:

- Joint risk assessments.
- Exchange of information on risks and health and safety policies.
- Joint training.
- Joint procedures.

Temporary workers shall be given sufficient information on the risks that may be present in the area(s) in which they may be employed and other steps to be taken to minimise those risks such as instruction for safe methods of work and the correct use of protective clothing. Adequate steps must be taken to ensure that temporary workers have the necessary training and expertise required to work without risk to themselves or any other persons.

The Trust will explore opportunities for the development of a collaboration approach to health and safety. Similar arrangements also apply where other employers' staff work on Trust premises.

12. TRADE UNION SAFETY REPRESENTATIVES

The following trade unions and professional organisations are recognised in the Welsh Ambulance Services NHS Trust to appoint Trade Union Safety Representatives

- GMB
- UNISON
- UNITE
- RCN

The Trust will work in partnership with Trade Union Safety Representatives and adopts the Regulations, Code of Practice and guidance relating to the Safety Representatives and Safety Committee Regulations 1977 (TUC 2015). This includes arrangements for:

- Consultation
- Functions of Safety Representatives
- Safety Inspections by Safety Representatives
- Provision of information for Safety Representatives

13. CONTRACTORS

All contractors engaged by the Trust shall satisfy the requirements set out in the Trust policies and procedures.

Contractors and others will be given sufficient information about the risks that working in the Trust may create. This information would also include incident reporting procedure and action to be taken in the event of serious or imminent danger (including details of designated Trust staff with specific responsibilities in these situations). In the same way they are obligated to inform the Trust of any risks that they may create, or become aware of, which may affect its employees, premises or persons using the Trust's services.

14. HEALTH AND SAFETY WORKING ARRANGEMENTS

14.1. Company Procedures

The Trust will maintain a suite of independent procedures relative to the hazards that exist with work activities undertaken by the Trust. This section sets out to give an overview of procedures adopted by the Trust in respect of health and safety legislation currently in existence.

14.2. Risk Assessment of Work - Places and Activities

The Trust has a health and safety webpage offering guidance and generic risk assessments for various common activities. However, in accordance with Management of Health and Safety Regulations, Managers will ensure that specific risk assessments of the workplace and work activities are undertaken in accord with the company's risk assessment procedure, SMS-PRC-07-WAST RISK ASSESSMENT PROCEDURE. The results to the risk assessments undertaken will be recorded on the appropriate section of the Trust intranet site.

14.3. Use of Substances Hazardous to Health.

Substances covered within the scope of the Control of Substances Hazardous to Health (COSHH) 2002 include; dust, gases, fumes, vapours, particles, liquid aerosols, liquids, gels, powders and micro-organisms.

The Trust will ensure that information on substances hazardous to health is available at all times. The COSHH management system is being continually updated and new substances not covered can be assessed promptly in line with our COSHH procedure, SMS-PRC-5-WAST COSHH PROCEDURE Assessment forms, SMS-FRM-9-WAST COSHH RISK ASSESSMENT FORM will be made available to any person handling a substance with presents a hazard to the health or safety of those handling or using it will be assessed and where reasonably practicable replaced by safer substitutes. Where a safer substitute is not available then the system for handling will be arranged to reduce the risk so far as is reasonably practicable.

14.4. Details of substances and their assessments are available in each site COSHH Management File. Assessments are to be provided on site for all substances used. Where the use varies from that described a separate assessment should be made.

14.5. Asbestos

The Control of Asbestos at Work 2012 Regulations requires that the Trust assess the exposure of its employees to asbestos and, where relevant, manage asbestos in non-domestic premises.

In line with WAST Estates Procedure and Guidance Notes (Asbestos) 2014, all premises where the Trust are the duty holders will be subject to an asbestos survey to identify materials in premises likely to contain asbestos and check its condition. For buildings identified as having asbestos containing materials present the risk will be managed in accord with the Trust's asbestos procedure.

14.6. Display Screen Equipment (DSE)

The Trust will comply with the Health and Safety (Display Screen Equipment) Regulations.

Information to enable the assessment of workstations is provided in the SMS-PRC-03-Display Screen Equipment Procedure. Where the initial work-station assessment indicates a specialist assessment is required this will be managed in line with the Trust's Display Screen Equipment Procedure.

14.7. Personal Protective Equipment (PPE)

The Trust will comply with the requirements of the Personal Protective Equipment at Work Regulations and will ensure that all employees are equipped with suitable personal protective equipment before commencement of work.

Where possible, systems of work will be selected which avoid the necessity for use of personal protective equipment.

The requirement for PPE is to be identified because of risk assessment. Where the risk assessment identifies the need for PPE is this will be supplied by the Trust and must be worn as a condition of employment.

14.8. Workplace Safety and Welfare

The Trust will make provision for the health, safety, and welfare of employees at workplaces appropriate to the activity, number of employees and type of premises in line with welfare requirements set out in the Workplace (Health Safety and Welfare) Regulations (1992) and additional requirements noted within workplace risk assessments.

The Trust will ensure that facilities meet suitable standards of housekeeping and cleanliness, there is a suitable number of toilets and washing facilities available along with rest areas, drinking water, changing and storage areas.

14.9. Manual Handling

The Trust will comply with the Manual Handling Operations Regulations, paying regard to the variable nature of the Trusts working environments. In line with company Safer Handling Policy (044) manual handling will be avoided, if possible, using mechanical

aids or alternative materials and techniques. Those persons in charge of work activities will ensure that work is organised to prevent unnecessary manual handling.

The Trust will ensure that an assessment is made, and work is organised to avoid unnecessary manual handling, but where manual handling is necessary, it can be completed without risk of injury.

14.10. Work Equipment

All work equipment used by the Trust will meet the requirement of the Provision and Use of Work Equipment Regulations in line with company procedure SMS-PRC-02-WAST PUWER/LOLER PROCEDURE**.**

To protect employees from using work equipment in the course of their duties, the Trust will arrange for regular examinations and tests on such equipment as stipulated by legislation. All inspections will be carried out by a competent person experienced in the use of suitable testing equipment.

New work equipment will be selected to comply with the requirements of current legislation and existing equipment will be replaced as soon as is reasonably practicable. All equipment is to be maintained in safe working condition. Periodic inspection carried out in line with the manufacturer's data sheets will ensure that faulty equipment is identified and taken out of service or repaired. Training will be provided to operatives in the use of the equipment subject to risk assessment.

14.11. Fire and Emergency Procedures

Fire and emergency procedures will be created appropriate to specific sites where Trust employees are employed and will be provided in accordance with statutory guidance and Trusts Fire Safety Policy (018).

Firefighting equipment will be provided and maintained in safe condition in accordance with Fire Regulations and fire risk assessments. In addition, all hot work will be completed in line with permits to work and attended by firefighting equipment and fire watch.

Emergency procedures will be in place at Trust sites and contracting personnel must establish the hosts fire and emergency procedures prior to commencement of work. Emergency procedures are to be tested periodically in accordance with codes of practices and company policies.

14.12. Electricity

The Trust recognises the need to ensure that all electrical equipment shall be safe at all times. This will be achieved by:

- Wherever practicable, circuits will be protected by residual current devices (RCD) where mains voltage is to be used. Where fitted, residual current devices will be tested regularly by operation of the test button.
- Work equipment used within the Trust will be maintained to a safe and suitable condition.
- All equipment is to be switched off before unplugging or cleaning.
- Undertaking assessments to identify hazards associated with each individual item of machinery and implement specific safety rules and procedures for the authorised operative to follow.
- Ensuring all electrical appliances and equipment are periodically examined and tested at a frequency in accordance with current HSE guidance.
- Maintaining a record of all inspections / tests of electrical equipment and appliances using the Electrical Safety Equipment Inspection and PAT Test Record.
- Ensuring that equipment operators regularly carry out a visual inspection of equipment for signs of obvious damage.
- Ensuring that all safety devices and guards are serviceable and in place prior to the use of equipment.
- Immediately reporting and prohibiting the use of defective equipment; and
- Only authorised and competent persons will be permitted to repair or alter electrical equipment. Temporary or makeshift repairs are not to be undertaken.
- The use of battery-operated tools or 110 volts on site wherever practicable.

14.13. Noise and Vibration

The Trust will ensure that employees are not exposed to levels of noise or vibration likely to adversely affect their health so far as reasonably practicable.

Environments in which Trust employees work will be assessed for noise hazards. Where there are static sources of noise which exceed action levels these will be clearly indicated, and hearing protection of an appropriate type will be mandatory. Where transient exposures can be anticipated assessments will be made and appropriate measures taken to avoid the hazard.

Further guidance can be sought from the Trusts 111 PROCEDURE FOR THE MANAGEMENT OF NOISE EXPOSURE INCIDENTS VIA HEADSETS.

The Trust will ensure that exposure to excessive vibration will be avoided, so far as is reasonably practicable, by the selection of tools and processes with low vibration characteristics. Where there is a residual risk, PPE or work sharing techniques will be applied.

Occupational Health Monitoring will be made available to all Staff at risk of exposure to excessive noise or vibration.

14.14. Employment of Young Persons

In the event of young person's undertaking work experience within the Trust the organisation will comply with all statutory requirements regarding young persons and will undertake an individual risk assessment for each young person.

14.15. First Aid

The Trust will comply with the First Aid at Work Regulations by undertaking a First Aid needs analysis to ensure that suitable and sufficient response is in place for medical emergencies on Trust premises.

14.16. Accident Reporting and Investigation

In line with Trust procedure, the Adverse Incident Reporting Policy and Procedure (097) all accidents and incidents are to be reported using the Trusts DATIX Cloud reporting system.

All incidents which require notification to the HSE under RIDDOR 2013 by the Trust will be reported by the Health and Safety department by the following methods dependent and the severity of the incident. Serious injuries will be reported using the appropriate online report form, (F2508). A copy will be kept on DATIX Cloud for the Trusts records.

All incidents which may be defined as fatalities, dangerous occurrences or major incidents shall be investigated immediately. For incidents where only a minor injury has occurred investigations will be undertaken to determine what may have caused that injury and which corrective measures can be put in place to prevent a re-occurrence.

14.17. Violence and Aggression

It is the Trust's responsibility to ensure, as far as is reasonably practicable, the Personal Safety and Welfare of all staff, Volunteers and Contractors whilst at work.

Every individual has a statutory duty to take reasonable care for their Personal Safety of themselves and others that may be affected by their acts or omissions at work and to co-operate with the Trust to meet its duties.

To enable these duties to be carried out it is the intent of the Trust to ensure that responsibilities for Personal Safety are effectively assigned accepted and managed at all levels within the organisational structure consistent with good practice throughout the Trust in line with the Trusts Violence and Aggression Policy (093).

14.18. New & Expectant Mothers

The Trust is aware of the statutory requirements relating to work undertaken by new and expectant mothers and will comply with these requirements. New and expectant mothers will be given necessary information, instruction, and training to ensure they may work safely and without risks to health in line with the WAST New and Expectant Mothers Risk Assessment Procedure, (SMS-PRC-04).

The Trust will take all reasonable steps to safeguard the health, safety and welfare of new and expectant mothers and their unborn children. To accomplish this, the Trust will assess all risks to new and expectant mothers arising from their work activities and take suitable preventative or control measures. The results of the assessment will be recorded on the Trusts New and Expectant Mothers Risk Assessment Form, (SMS-FRM-08). The Trust undertakes to review the work undertaken by this group of employees during each trimester of the pregnancy to assess ability to work safely and with risk.

15. MONITORING AUDIT AND REVIEW

15.1. Monitoring

Monitoring and reporting are vital parts of a Health and Safety culture. Management systems must allow the Board to receive both specific (incident led) and routine reports on the performance of Health and Safety Policy" (HSE 2013)

The Assistant Director for Quality and Safety will arrange for regular review of all policies, procedures, and training programmes. Annual and quarterly reports will be provided to the respective Committees and Trust Board.

The Head of Health and Safety will be expected to develop effective monitoring systems for health and safety performance in accordance with Trust monitoring requirements. The aim is to reduce incidents through risk assessment and training.

Compliance monitoring is the duty of each Locality and/or Departmental Manager who will ensure that it will include:

- checks of all plant, machines and all medical and general equipment to ensure its safety.
- monitoring contracted work to ensure that it is of a specified nature and to ensure compliance with the Trust's health and safety policies and procedures.
- recording and monitoring all maintenance work.
- an annual review of health and safety arrangements and periodic audits, to be conducted in conjunction with the Health, Safety and V&A Department.

15.2. Auditing

Health and Safety audits will be undertaken on a continuous basis on a rolling programme as set out within the health and safety annual plan. These audits will identify priorities for continuous improvement and provide assurance through the quarterly health and safety performance reports.

In addition, Managers and Team Leaders will undertake local audits supported by their designated Health and Safety team member and in partnership with Trade Union Safety Representatives along with other functions (as required). The shared learning from these audits will not only inform local areas for improvement but through the National Health and Safety Committee, Senior Operations Team and the Assistant Directors Leadership Team will be shared across the organisation.

An audit of the application of the Policy may be undertaken via the following mechanisms.

- Auditing of the incident reporting system.
- Specific Health and Safety Management System Audits, to include:
  - Workplace Audits
  - Leading Safely Audits
  - Quarterly Review
  - Annual Evaluation

15.3. Review

As recommended by the Health and Safety Executive (HSE 2013), the Trust Board will review Health and Safety Performance at least once a year. This will be supplemented by the PCC committee receiving quarterly Health and Safety performance updates via the Health and Safety Performance Reports. The review process will include:

- Examine whether the Health and Safety policy reflects the Trust current priorities, plans and targets as set out in the Integrated Medium-Term Plan (IMTP)
- Examine whether health and safety systems have been effectively reporting to the Trust Board
- Report health and safety shortcomings, and the effect of all relevant Board and management decisions
- Decide actions to address any weaknesses and a system to monitor their implementation.
- Consider immediate reviews in the light of major shortcomings or events.

15.4. Non-Conformance

There is a requirement of all employees to comply with the provisions of this Policy and, where requested, to demonstrate such compliance. Failure to comply will be dealt with in accordance with the appropriate Trust Workforce and Organisational Development policy.

16. REFERENCES

Health and Safety at Work etc Act 1974

Health and Safety Executive (2013)," Leading health and safety and work: Actions for Directors, Board members, business owners and organisations of all sizes" HSE leaflet INDG417 (rev1)

Health and Safety Executive (2017) www.hse.gov.uk

TUC (2015) "Safety Reps and Safety Committees: The Regulations, codes of practice and guidance, relating to the Safety Representatives and Safety Committees" TUC 2015 Edition

Welsh Government (2015) "Quality Standards" www.gov.Wales

17. APPENDICES

17.1. Appendix 1 Training Needs Analysis

Training Course	Non-Exec Directors	Executive Directors and Directors	Assistant Directors	Heads of Service	Senior Managers	Line Managers	Staff	Volunteers
H&S Level 1 - 3 yearly								
Display Screen Equipment -3 yearly								
Fire Safety -3 yearly								
Manual Handling- 3 yearly								
First Aid- 3 yearly								
Risk Assessment- 3 yearly								
Control of Substances Hazardous to Health -3 yearly								
Incident Investigation – 1 off								
IOSH Managing Safely- 3 yearly								
IOSH Leading Safely- 1 off								
Leading Safely Conversations- 1 off								
Caring Leadership- 1 off								

Required	Not Required

Codi Llais **heb Ofn**
Speaking up **Safely**

GIG CYMRU NHS WALES

Llywodraeth Cymru
Welsh Government

Speaking up **Safely**

A Framework for the NHS in Wales

Supporting people to **speak up safely and with confidence**

Contents

1. Background – NHS Wales and policy context

The principles and practices associated with Speaking Up Safely outlined in this Framework document should be considered within the broader NHS Wales and UK policy context. Speaking Up Safely is an initiative which supports, rather than replaces, existing policy, such as:

- **NHS Wales Policy: Raising Concerns (Whistleblowing) Policy**
- **NHS Wales Policy: Respect & Resolution**
- **Welsh Government Law: The Health & Social Care (Quality and Engagement) (Wales) Act**
- **UK healthcare regulation: codes of practice e.g., NMC, HCPC and GMC**
- **UK Law: Public Interest Disclosure Act 1998**

The Speaking Up Safely Framework has also been informed by international guidelines[1,2] and research evidence[3,4,5]

2. Introduction

Following the publication of '*A Healthier Wales'* and the subsequent '*Workforce Strategy for Health and Social Care'* it became clear that NHS Wales needed to develop its approach to organisational culture and behaviour. NHS Wales organisations have committed to developing healthy working relationships, an approach which aims to foster more compassionate, collective, healthier and fairer behaviours, workplaces and organisations. It is recognised that there are key all- Wales NHS opportunities to lever change including leadership development, changing targets / focus (such as colleagues' experiences of work) and using people 'policies'.

This Framework sets out the responsibilities of organisations, their executive teams and boards, along with those of managers and individual members of staff (and volunteers) in creating a culture in which 'Speaking Up', alongside timely and appropriate response to any concerns raised, is supported within a safe environment. This Framework will be supported in its implementation by a series of toolkits.

Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve our population's experience of healthcare. It is essential to ensure that all individuals have a voice, are listened to, and receive a timely and appropriate response.

This Framework will support organisations to create that culture; one where individuals feel safe and able to speak up about anything that gets in the way of delivering safe, high-quality care or which negatively affects their experience. This includes, but is not limited to, matters related to patient safety, safe staffing, the quality of care, bullying and harassment (and cultures which enable this), as well as financial malpractice or fraud. To support this, leaders and managers need to be willing to listen, and to be open to constructive challenge. Speaking up and bringing these issues into the open is a brave

and vulnerable thing to do, and therefore should be welcomed and seen as an opportunity to listen, learn and improve.

This is the Framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as a result of listening and responding to concerns raised.

Not all sections of this Framework will be relevant to everybody. However, while it is clear who the relevant sections are intended for, depending on your role within the NHS you may wish to familiarise yourself with sections which may not initially be relevant to you.

3. Principles of Speaking up Safely

3.1 All those engaged with the NHS have a contractual right and duty to raise genuine concerns with their employer about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest. In addition, staff have duties imposed upon them to raise such concerns by their respective professional regulatory bodies.

3.2 All organisations recognise the need to continuously improve to make every effort to address and correct issues threatening patient safety as quickly as possible, to work with colleagues to this end and to ensure that at all times they do all they can to act on the side of the solution. Consciously creating culture of 'Speaking Up Safely' is key to this aim.

3.3 All organisations, departments and teams have a duty to create a culture where individuals know how to raise a concern, are aware of the process that will follow, and where they can be confident that if they do raise a concern, they will receive support without experiencing personal or professional detriment.

3.4 It is not necessary for an individual to have concrete proof of an act that they wish to report - a reasonable belief is sufficient. Individuals are encouraged to raise any concern at the earliest opportunity so that there is time to assess the issues within a supportive environment.

3.5 Individuals who speak up do not have responsibility themselves for investigating the matter (where this is required). It is the organisation's responsibility to ensure that where appropriate, an investigation takes place.

3.6 Organisations also have responsibility to ensure that those responding to concerns are prepared and supported to respond promptly or are able to delegate to someone who can. Managers will have training on how to deal with concerns that have been raised.

3.7 Organisations should encourage individuals to raise concerns using the designated procedure in the first instance. If an individual is not sure whether or not to raise a concern, they should discuss the issue with a manager or the Workforce & OD department or for those registered with a trade / professional union, with their representative or their trade / professional union's employment advice service.

3.8 In line with NHS Wales policy, individuals are encouraged to raise the concerns within the organisation at the earliest possible opportunity. This Framework seeks to ensure that the

organisation has the appropriate mechanisms and culture in place through which concerns will be appropriately addressed.

3.9 If an individual speaks up or raises a concern in Welsh, it will not be treated any less favourably than if it had been raised in English. Individuals speaking up in Welsh can expect any subsequent written correspondence or response in Welsh. If meetings are arranged about the concern, the organisation will actively offer to conduct the meeting in Welsh.

3.10 Any matter raised will be reviewed thoroughly, promptly and confidentially, and the individual raising a concern will receive appropriate feedback (see Toolkits 2 & 3).

3.11 If an individual raises a genuine concern, they will not be at risk of losing their job or suffer any detriment. Where an individual (who has raised concerns) may nonetheless be at risk of or fear detriment or any potential harm by continuing to work in their existing role or place of work, suitable action will be taken, in agreement with the individual, which could include redeployment.

3.12 Victimisation or harassment of an individual for speaking up / raising concerns will be considered a serious disciplinary offence, as will any action to 'cover-up' or wilfully ignore concerns.

3.13 Individuals are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law. There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed. Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.

3.14 Where an anonymous concern is received, a designated contact will still examine the contents of the concern with relevant senior managers and investigate where necessary. However, without the investigator being able to talk to the individual(s) who has(have) raised the concern and without possibly being able to attain any additional facts as a result, it needs to be recognised that it may be difficult for a full investigation to be undertaken. In these circumstances, supporting and protecting the individual, or giving them feedback, may be very difficult. Accordingly, the individual may not be able to be provided the assurances offered above. Organisations should routinely consider, log and monitor anonymous concerns.

3.15 All managers will have discussions within the PADR (Performance and Development Review) process about speaking up if staff members have any concerns, as well as within their own PADR in respect of dealing with concerns when they arise.

3.16 Organisations should identify an Independent Member / Non-Executive Director to act as a 'Speaking Up Safely Board Champion' and an Executive Director as 'Speaking Up Safely Executive Lead', as a minimum, and may wish to appoint additional roles for speaking up. As a minimum, organisations should ensure that those with responsibility for speaking up are sufficiently independent to provide staff with confidence when speaking up.

4. Expectations

4.1 Employees

All NHS Wales employees have a role in identifying issues and speaking up. Registered staff also have a professional responsibility to identify and speak up appropriately. The following are expectations of all employees in the NHS.

1. Behave in a way that encourages individuals to speak up.
2. Where you have concerns, ensure these are raised in a timely and appropriate manner in line with local policies and procedures.
3. Encourage and be supportive of those who speak up.
4. Do not victimise, bully or discriminate.
5. Embrace speaking up as an opportunity to learn and grow as an individual and as a team, as well as for the organisation as a whole.
6. Utilise Toolkit 2 in this Framework when speaking up.

4.2 Line Managers

All managers have a responsibility for creating a 'psychologically safe' culture which enables individuals to highlight problems and make suggestions for improvement. Speaking Up Safely is a fundamental part of that. An organisational or departmental culture of bullying and harassment, or one that is not welcoming of new ideas or different perspectives, will prevent individuals from speaking up, put patients at risk, affect many aspects of the well-being and working lives of staff, and reduce the likelihood that improvements can be made. Managers, as leaders, should understand the impact their behaviour can have on an organisation's culture and therefore how important it is that they reflect on whether their behaviour may inhibit or encourage someone from speaking up (See toolkit 3).

Line Managers will: -

- Be able to articulate both the importance of workers feeling able to speak up and how they will enable this within the organisation's vision.
- Speak up, listen and act (see Toolkit 3).
- Be visible and approachable and welcome staff who wish to speak up.
- Have insight into how their power and position could silence individuals, and how their own unconscious bias and belief systems could impact on how they receive individuals who speak up.
- Thank workers who speak up.
- Demonstrate that they have heard when workers speak up by providing feedback.
- Seek feedback from peers and workers to help them reflect on how effectively they demonstrate the organisation's values and behaviours.

- Accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.

4.3 NHS Boards

NHS Organisations in Wales are expected to implement the Speaking Up Safely approach outlined in this Framework (see Toolkit 1). The Board should take into account the toolkits attached and align with the All-Wales branding that ensures individuals who move from one NHS Wales organisation to another can easily identify with the 'Speaking Up Safely' approach.

The Board should demonstrate its commitment to creating an open and honest culture where workers feel safe to speak up by:

- Having named Executive and Independent Member / Non-Executive Directors Leads responsible for speaking up.
- Acting as role models within the organisation.
- Including speaking up and other related cultural issues in board development programmes and Staff Partnership Fora.
- Having a sustained and ongoing focus on the reduction of bullying, harassment and incivility.
- Sending out clear and repeated messages that it will not tolerate the victimisation of workers who have spoken up, and taking action should this occur, with these messages echoed in relevant policies and training.
- Investing in sustained and continuous leadership development.
- Ensuring the organisation has an appropriately resourced Speaking up Safely approach and champion model.
- Supporting the creation of an effective communication and engagement strategy that encourages and enables workers to speak up, and promotes changes made as a result of speaking up.
- Inviting individuals who speak up to present their experiences in person to the board and staff partnership fora.
- Monitoring the extent to which concerns are being raised and addressed, and identifying learning and improvement needs as a result.

4.4 Independent Member/Non-executive Director 'Board Champion'

The Independent Member / Non-Executive Director Champion for Speaking Up Safely is a senior, independent lead role specific to organisations with boards.

They should:

- Hold the Board and the Executive Team to account in the delivery of a Speaking up Safely culture.
- Seek assurance that the Board responsibilities and expectations of this Framework are implemented.

- Be a ‘fresh pair of eyes’ to ensure that investigations are conducted with rigor and to help escalate issues, where needed.
- Have appropriate knowledge of Speaking Up Safely and be able to readily articulate:
    - why a healthy speaking-up culture is vital.
    - the indicators of a healthy speaking-up culture.
    - the indicators that there is sufficient support for speaking up and wider culture transformation.
    - the red flags that should trigger concern.
- Constructively challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.
- Be accessible to staff to provide support and guidance on how to and where to go to for advice and representation in Speaking Up Safely issues (with a clear delineation of roles). Independent members will not advocate, advise or represent employees in speaking up safely concerns.

Organisations / Hosted Organisations without Boards are likely to benefit from having an equivalent role.

4.5 Executive Leads for Speaking up Safely.

Having an Executive Lead for Speaking Up Safely helps demonstrate the organisation’s commitment to speaking up. Importantly, this person should be widely considered a credible role-model of the behaviours that encourage speaking up. They should be able to show that they are clear about their role and responsibility, and to evidence how they have helped improve the organisation’s speaking-up culture.

The Executive Lead should be accountable for:

- Co-designing, with the wider Executive Team, a plan for Speaking Up Safely, and implementing a Speaking Up Safely culture.
- Implementation and delivery, with the wider Executive Team, of a Speaking Up Safely Culture.
- Evaluating speaking-up arrangements and gaining assurance that the experience of workers who speak up is a positive one.
- Ensuring there is appropriate resource for Speaking Up Safely.
- How the organisation periodically reviews its speaking up safely arrangements.
- Ensuring there is a link to learning from events / incidents processes, and organisational governance arrangements.
- Liaising with the Independent Member / Non-Executive Director Champion.
- Providing the Board with assurance around all of the above.

5 Implementing and Improving a Speaking up Safely Culture

5.1 Implementation of Speaking up Safely Culture

In order to implement this Framework, it is expected that organisations have a clear vision for the speaking up culture that links the importance of encouraging individuals to speak up with patient safety, staff experience and continuous improvement. Co-designing, implementing and improving a Speaking Up Safely culture should always be undertaken in social partnership. Toolkit 1 provides further information.

Organisations will need to, in social partnership, develop a plan of how to deliver this Framework. This should be led by the Executive Lead for Speaking Up Safely. The plan should also be informed by key Speaking Up Safely stakeholders, such as Trade Unions, HR, OD and those representing minority communities. The Board should discuss and agree the plan and be provided with regular updates. The plan and ongoing review are co-produced with the organisation's staff partnership arrangements, staff networks and organisational engagement arrangements.

Among other things, the Executive Lead for Speaking Up Safely and the IM / NED Speaking Up Safely Champion will:

- Review the plan annually in social partnership, including how it fits with the overall organisational strategy, using a range of qualitative and quantitative measures.
- Assess what has been achieved and what more there is to do, using a continuous improvement approach.
- Identify the barriers to Speaking Up and how they will be overcome.
- Identify whether the right indicators are being used to measure success (see Toolkit 4).
- Help drive collaboration on an All-Wales basis to deliver, as far as possible, a consistency of approach to Speaking Up Safely across organisations, noting local and organisational context.

5.2 Be assured your Speaking Up Safely Culture is Healthy and Effective

The Board must be continuously assured that individuals will speak up about things that get in the way of providing safe and effective care and that this will improve the experience of patients and staff. Boards should not assume that the Speaking Up Safely culture is static; culture can improve, regress or stagnate for a variety of reasons, and sub-cultures will exist within organisations. Boards must monitor trends in the reasons for staff speaking up. Boards will also need further assurance when there have been significant changes, where changes are planned, or there have been negative experiences such as:

- Before a significant change (such as a merger or major service change).
- When an investigation has identified a team or department has been poorly led, or a culture of bullying has developed.

- When there has been a significant service failing.
- Following a Healthcare Inspectorate Wales inspection where concerns have been identified.
- Following a triangulation of data from a range of sources such as turnover, exit interviews, TU colleague feedback, staff surveys, grievances, work-related stress sickness, and clinical / operational indicators (See toolkit 4).

It is the Executive Lead's responsibility, supported by and in conjunction with the wider-Executive Team, to ensure that the Board receives a range of assurance and regular updates in relation to the Speaking Up Safely plan and implementation of this Framework.

The organisation's Speaking Up Safely arrangements must be based on the most recent NHS Wales policy and legal requirements (see examples on page 1 of this document). If the Board is not assured its staff feel confident and safe to speak up, it should consider requesting remedial action to address any concerns.

The Board should use a range of resources for developing and monitoring its Speaking Up Safely culture. Toolkit 4 should be considered as a basis for the information that organisations should collect to inform their understanding of the cultures within their organisation.

5.3 Be open and transparent with external stakeholders.

A healthy Speaking Up Safely culture is created by organisations and Boards that are open and transparent and see speaking up as an opportunity to learn. Executives are required to routinely discuss challenges and opportunities presented. The Board will welcome engagement with, and feedback from, these stakeholders. The Board is required to regularly discuss progress in this area (respecting the confidentiality of individuals), along with themes and issues arising from the Speaking Up Safely approach. Regular and in-depth reviews of leadership and governance arrangements in relation to Speaking Up Safely will help organisations to identify areas for further development.

6 Requirements for Organisations

Organisations will: -

6.1 Appoint, as mentioned earlier within this Framework) an Independent Member / Non-Executive Director as Speaking Up Safely Champion as well as an Executive Lead.

6.2 Ensure adequate investment that provides sufficient resource to support the continuous development of the organisational Speaking Up Safely approach and associated culture change.

6.3 Embed Speaking Up Safely in the functions of a board committee, which can be an existing committee, to support the champion / lead for speaking up in terms of guiding the organisation's approach. Membership of the committee should consist of a range of key stakeholders, including (but not limited to) some of those identified in Section 3.

6.4 Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (including anonymously). The NHS Wales Procedure for Staff to Raise Concerns is a necessary minimum standard but is not in itself sufficient for facilitating and supporting a Speak Up Safely culture.

6.5 Identify those groups which experience the most barriers when speaking up and ensure that processes are inclusive and equitable.

6.6 Ensure that the response mechanism / process is continuously monitored, clear and timely (equally as important as the procedure to raise concerns – see Toolkit 4).

6.7 Ensure that individuals speaking up do not suffer detriment as a result of raising concerns.

6.8 Undertake regular reviews of responses, as well as of the leadership and governance arrangements in place, and provide regular reports to the appropriate committee.

6.9 Ensure that arrangements are in place to monitor concerns / issued raised against the protected characteristics of the Equality Act 2010 and the implementation of any learning as a result of this.

6.10 Request feedback from all individuals who have spoken up and evaluate the feedback received (consider inviting a sample of individuals who have spoken up to attend committees and Board meetings to discuss experiences and share learning).

6.11 Fully implement the All-Wales branding / messaging for Speaking Up Safely (*once developed*).

6.12 Continuously / consistently promote and raise awareness of speaking up and listening / responding as a pro-social / desirable behaviour.

6.13 Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers and staff throughout the organisation, as part of leadership and management development arrangements.

7. Footnotes

1 ISO 37002:2021 Whistleblowing management systems — Guidelines https://www.iso.org/standard/65035.html

2 UNODC (2021) Speak up for health! Guidelines to enable whistle-blower protection In the health-care sector

3 Jones A et al (2022) Evaluation of the implementation of Freedom to Speak Up Local Guardians in NHS Acute Hospital Trusts and Mental Health Trusts in England https://fundingawards.nihr.ac.uk/award/16/116/25

4 Jones, A et al (2021) Interventions promoting employee “speaking-up” within healthcare workplaces: a systematic narrative review of the international literature. *Health Policy* 125(3), pp. 375-384.

5 Jones, A. and Kelly, D. M. (2014) Whistle-blowing and workplace culture in older peoples' care: qualitative insights from the healthcare and social care workforce. *Sociology of Health & Illness* 36(7), pp. 986-1002.

Toolkit 1: Co-designing and Implementing a Speaking up Safely Culture

Introduction

This Framework provides an outline of the process of Speaking Up, but organisations will need to develop their Speaking Up Safely culture. There may also need to be local difference to the process of speaking up in each organisation. This toolkit provides a guide that NHS organisations must follow to co-design and implement a Speaking Up Safely culture.

1. Rationale and benefits of developing a Speaking Up Safely culture / What needs to be in place in an Organisation.

Organisations need to ensure that their values and cultures create healthy speaking up environments in the workplace that provide the space for people to be listened to and taken seriously. This is essential in a safety culture and should be part of normal business for every individual in every organisation.

For staff in the NHS to feel safe speaking up, the following elements need to be implemented:

- Staff can have open conversations with managers, and managers listen.
- There is mutual trust between the person raising the concern and the person listening.
- Leaders display and encourage the behaviours required for staff to feel listened to.
- The approach uses psychological safety principles to create the conditions for people to be able to speak up.
- Organisations will ensure individuals are not penalised for highlighting mistakes, failures or concerns. Where psychologically safety is lacking, employees are less likely to speak up and challenge inappropriate behaviours of colleagues or superiors.
- Organisations should recognise that individuals with protected characteristics are often more likely to be on the receiving end of poor practices, harassment or bullying. They are also least likely to speak up due to the fear of reprisals. This needs to be considered in the local approach and implementation.
- Feedback should be provided to individuals who raise concerns especially in relation to actions implemented.

2. What organisations should do to co-produce their Speaking Up Safely culture and local processes.

Organisations will be expected to co-produce their Speaking Up Safely culture and systems with trade / professional union partners, staff with protected characteristics, those with lived experience, and staff from ethnically and culturally diverse backgrounds. This approach is required to ensure the process is relevant and purposeful to those who may speak up.

A set of resources and guiding principles for how best to do this is provided on the Speaking Up Safely page on the NHS Employers Website here: **ONCE APPROVED, INSERT LINK**

Organisations should consider the following key principles when planning and co-designing a co-production approach (Baeck, 2013): This section will go onto a dedicated SUS webpage on the NHS Employers website. **ONCE APPROVED, INSERT LINK**

- Encourage active participation, the sharing of experience, and welcome diverse ideas and suggestions.

- Engage in genuine dialogue around diverse perspectives and be open to the idea that all parties can be mutually influenced by the experience and ideas of others. Avoid the perception that decisions have already been made by a small number of senior people.
- Consider how you can host events and conversations where differences of power, status, perceived expertise and privilege are minimised between those participating, i.e., leaders, staff, partners and stakeholders, and those with and without protected characteristics.
- Actively listen so that there is a shared experience of inquiry, reflection, dialogue and shared discovery.

Consider the following when planning your co-production approach:

People – who needs to be in the conversation with us?

Invitation – how will we invite people into the conversation with us so as they want to be involved, and are able to participate?

Power & Privilege – how will we acknowledge and work constructively with differences of power and privilege to ensure equity of contribution?

Inviting all to have their say – how do we structure this conversation so that everyone gets time and has their voice heard?

Interface – where and how will we meet (in person, online)?

Agreeing the practicalities – how often should we meet, and for what time duration?

Finding shared meaning – what are the common themes or *sense o*f shared purpose that ties this all together?

Goals – what are we hoping to achieve together?

How to respond best to disagreement and conflict – how we will respond to any breakdowns in communication? What is our agreed way of doing this?

3. Guidelines for Planning Essential elements for co-producing a Speaking up Safely Culture

- Map what staff, partners and stakeholders would see as the organisational barriers and enablers to Speaking Up Safely; co-produce interventions to reduce and remove barriers, monitor the effectiveness of these interventions, and share and implement enablers of speaking up.
- Widely and consistently communicate the agreed systems, processes for and learning from Speaking Up Safely.
- Ensure procedures for receiving, reviewing and responding to speaking up concerns are timely, transparent and regularly evaluated to ensure they are fit for purpose and able to reassure staff that the process will support them when raising their concerns.
- Use the lived experience of staff and others to help recognise the ways in which power and privilege manifest in the organisation and can become barriers to staff speaking up.

- Provide bias and cultural awareness training and / or supervision for those who will hear the concerns staff members raise – to ensure the diverse needs of staff with protected characteristics can be openly received, are not potentially dismissed due to possible differences in peoples' lived experiences, beliefs and views.
- Build anonymity into speaking up processes for those staff who fear detriment from publicly speaking out.
- Develop the skills of leaders to be able to listen to concerns openly, transparently and without prejudice and enable leaders to act on concerns raised. Leaders should demonstrate their skills in these areas in order to support a speaking up culture.
- Ensure there is timely access to staff support and wellbeing services – as speaking up can impact on the psychological health of staff.
- Review organisational data (as per Toolkit 4) with social partners through the organisation's board-level committee structure.
- Where staff experience detriment from speaking up, actively utilise restorative justice practices to address this, as per the All-Wales Respect & Resolution policy and process.

4. The following questions should be considered when co-producing the approach.

- Who needs to be in this conversation – who has an important perspective, experience, or stake in the development of a Speaking Up culture?
- What processes can be developed for acknowledging and addressing issues when they arise? How can the organisation collaborate with staff, partners, and other stakeholders to ensure these processes are fair and supportive?
- How is learning shared across the organisation – at individual, team and service level, as well as more widely?
- How will the organisation engage with staff from diverse backgrounds, ethnicities and cultures to;
    - ensure their lived experiences improve your speaking up processes?
    - address issues related to bias, discrimination and inequity?
    - review whether organisational policies and processes might be unintentionally causing inequity and inequality?
- How can the organisation explore the ways in which hierarchy, entitlement, power and privilege might be marginalising and disadvantaging individuals / groups?
- How can the organisation encourage and support this type of reflective conversation?
- How will the organisation identify barriers to speaking up within it? What actions can be taken to address and resolve any barriers when identified?

Toolkit 2: How to Speak Up

Introduction

Our NHS Wales workforce goes above and beyond every day, and its dedicated efforts and commitment to services is inspirational. Yet there are times when things just don't go right, where there are issues or concerns, or there is a fear for patient care and colleague well-being. The need for Speaking Up Safely is a vital component for any NHS organisational culture and highlighted in reports from Francis (2015) and, more recently, Ockenden (2022).

The Francis report highlighted:

"Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns.

"Raising concerns should be part of the normal routine business of any well-led NHS organisation.

"Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.

"All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling".

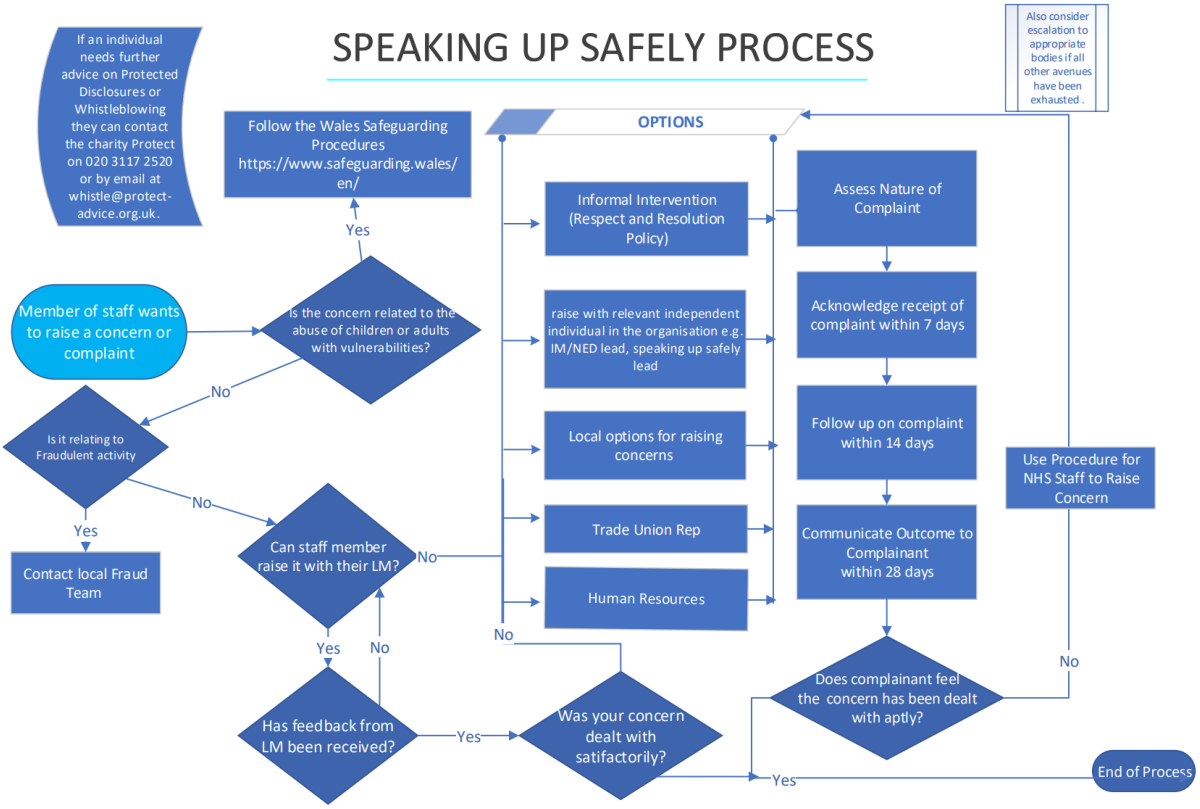
How to speak up in your organisation

Organisations across NHS Wales are committed to embedding speaking up safely as part of their cultures. It is recognised that to enable this, various methods and means will be utilised to ensure staff feel safe and comfortable in speaking up. This will vary across organisations as they implement local methods to support this agenda. There will be transparency where possible, on any actions taken because of staff speaking up to show they have been actively listened to.

The need for speaking up safely to be firmly embedded into everyday life and cultures across NHS Wales is a priority. The way and means of doing this will evolve with new initiatives added to ensure that issues can be safely explored.

"Culture change is not a one-off event but requires constant attention and development."

- Sir Robert Francis QC, 2015



Frequently Asked Questions

1. **I have a concern and I need to speak to someone, who do I tell?**

Staff should be able to raise concerns with their line manager on routine discussions on service delivery and patient care, (e.g., problem-solving, service review, performance improvement, quality assessment, training, and development) as these are the most effective mechanisms for early warning of concerns, wrongdoing, malpractice or risks. Line managers are best placed to act on, deal with and resolve such concerns at an early stage.

However, in some circumstances, this may not be appropriate and there are other methods you can use to raise a concern if you cannot speak to your line manager. These methods can be found here: **ONCE APPROVED, INSERT LINK**

2. **What support can I access when I want to raise a concern?**

Trade / professional unions (TUs) – these can provide support, advocacy and representation at all stages.
Well-being support – refer to your local well-being support services within your organisation, which can be found on local intranet, or via your line manager / TUs / HR department.
Independent Member (IM) / Non-Executive Director (NED) – IMs and NEDs provide scrutiny and seek assurance that the speaking up culture is working in an organisation. You can speak to an IM / NED about speaking up, but they won't advocate or represent you on your specific case. However, they may advise you of the best way to get support in raising your issue.
Your local organisation will have more specific advice on what support you can obtain when you want to raise a concern.

3. **Do I have to have evidence of wrongdoing to raise a concern?**

You do not need to have absolute proof of the activities you want to report; a reasonable belief is sufficient. We encourage all individuals to raise their concerns as early as they can. Any evidence that you do have such as letters, memos, diary entries, DATIX etc. will be useful to assist any further investigations.

4. **Will I be responsible for investigating the concern?**

No, your concern will be investigated by a nominated individual, if appropriate to do so.

5. **How will I know if my concern has been dealt with?**

Once an individual has told someone of their concern, whether verbally or in writing, the information will be assessed to see what action should be taken. This may involve an informal, review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer.
If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible considering the matters to be investigated. At their request, the individual will be written to summarising their concern and setting out how it will be handled along with a timeframe.

6. **What happens if I don't agree with the outcome of my concern, or I don't feel that it was dealt with properly?**

The individual raising the concern will be entitled to a verbal response, as a minimum, and where appropriate, a written response may be required (noting any request to remain anonymous).
The person responsible for providing this response will be either the manager to whom the concern was addressed, or the individual identified to provide such responses in any local processes in place to ensure that concerns can be raised.
If you feel that your concern has not been dealt with appropriately, please contact your local Workforce & OD team for more information on how to escalate your concern.

7. **I want to raise a concern, but I want to remain anonymous because I'm worried that I'll be treated differently if I make myself known.**

Individuals are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law.

There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed.

Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.

8. **What happens if someone raises a concern that they know isn't true?**

We acknowledge that in a very small number of cases, allegations may be made which are malicious or vexatious. Making allegations that are known to be false will be considered a serious matter. If it is concluded that an individual has deliberately made false allegations maliciously or vexatiously, or for personal gain, then the organisation may begin an investigation under the Disciplinary policy and procedure.

9. **What does the term 'Whistleblowing' mean?**

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually, because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff.
- Poor quality care.
- Acts of violence, discrimination or bullying towards patients or staff.
- Malpractice in the treatment of, or ill-treatment or neglect of, a patient or client.
- Disregard of agreed care plans or treatment regimens.
- Inappropriate care of, or behaviour towards, a child /vulnerable adult.
- The welfare of subjects in clinical trials.
- Staff being mistreated by patients.
- Inappropriate relationships between patients and staff.
- Illness that may affect a member of the workforce's ability to practise in a safe manner.
- Substance and alcohol misuse affecting ability to work.
- Negligence.
- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case).
- Where fraud or theft is suspected.
- Disregard of legislation, particularly in relation to Health and Safety at Work.
- A breach of financial procedures.
- Undue favour over a contractual matter or to a job applicant has been shown.
- Information on any of the above has been / is being / or is likely to be concealed.

If an individual needs further advice, they can contact the charity Protect on 020 3117 2520, or by email at whistle@protect-advice.org.uk.

Protect can advise individuals how to go about raising a matter of concern in the appropriate way at https://protect-advice.org.uk/. Alternatively, the Department of Health also provide a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up. They can be contacted on 08000 724 725 or via their website at https://speakup.direct/

You can find more information in the All Wales Procedure for NHS Staff to Raise Concerns.

Toolkit 3: What to do if someone has ‘spoken up’ to you.

1. Introduction

There are three areas to consider when someone speaks up to you:

1. Recognition and validation of the courage to speak up.
2. Non-judgmentally and actively listening to the concerns.
3. What happens after speaking up to both the person with the concern and anybody implicated in that concern.

1. Recognition and validation of the courage to speak up.

1.1 It is a big step for individuals to come to you raising a concern. It takes both courage from the individual and demonstrates their trust in you. You should thank them for choosing to share and for trusting you with this, reassure them that you know they must have thought long and hard before coming forward and that you are here to listen and agree what happens next.

1.2 In most cases, individuals who raise a concern believe there are grounds for their concern. It has taken a lot of courage for them to raise the concern/s and it is important not to dismiss this, even if your view may differ.

1.3 Validation of someone's concerns does not mean that you necessarily agree with them; it simply means you understand the impact their view and experience has had on them.

2. Non-judgmental and active listening

2.1 Active listening means demonstrating you are hearing and understanding what you are being told. This can be achieved by using skills such as reflecting and summarising; and being present – a private space without interruptions and distractions would be beneficial. You can find out more about active listening here (link to be inserted here) **ONCE APPROVED, INSERT LINK**

2.2 Be open to the concerns. While concerns can sometimes feel personal or suggest that you are being criticised, it is often the case that it is organisational elements which need to be considered. Take time to move your attention to what the individual is saying and think about how they might be feeling; there will be time for you to think about it from your own perspective after the discussion.

2.3 Take it as an opportunity to learn and develop your team/service; even if it was not the service' or team's or an individual's intention to cause concern, it is important to recognise the impact on individuals.

2.4 Be aware that you may have a different perspective and different lived experiences from the individual raising the concern, but don't dismiss them because you don't agree with their perspective. Think about how to see it from their point of view.

2.5 Be aware of your own positions of power and privilege in the conversation, and how can you ensure these power and privilege dynamics are minimised to enable the person to feel comfortable speaking up you.

3. Action as a result of them speaking up.

3.1 Once someone has spoken up, it is important to ensure both they and anyone impacted by the concern are aware of, and have access to, support. (Insert each organisation's support processes here.) **ONCE APPROVED, INSERT LINK**

3.2 The concern may be highly emotional or challenging, so it's important to recognise that we often benefit from taking a pause before acting unless there is immediate risk.

3.3 As a manager, you may not have all the answers. Nor do you always have the power to make the changes that the person who raises the concerns wishes to see.

3.4 Agree how often and by what means you will keep the person informed of the process and of the steps taken from the point of them discussing their concerns with you.

3.5 It is important that you implement what elements you can and, as a minimum, implement everything that you say you will do. This is vital in maintaining trust.

3.6 For those elements on which you cannot have an impact, it is suggested these are escalated through appropriate channels.

3.7 Whatever happens, it is hugely important this is fed back to the individual who has spoken up. It is important that individuals don't feel that they haven't been heard or their concerns haven't been taken seriously; this is just as vital for our services, so that others can feel confident to speak up, as it is for the individual who has done so to you.

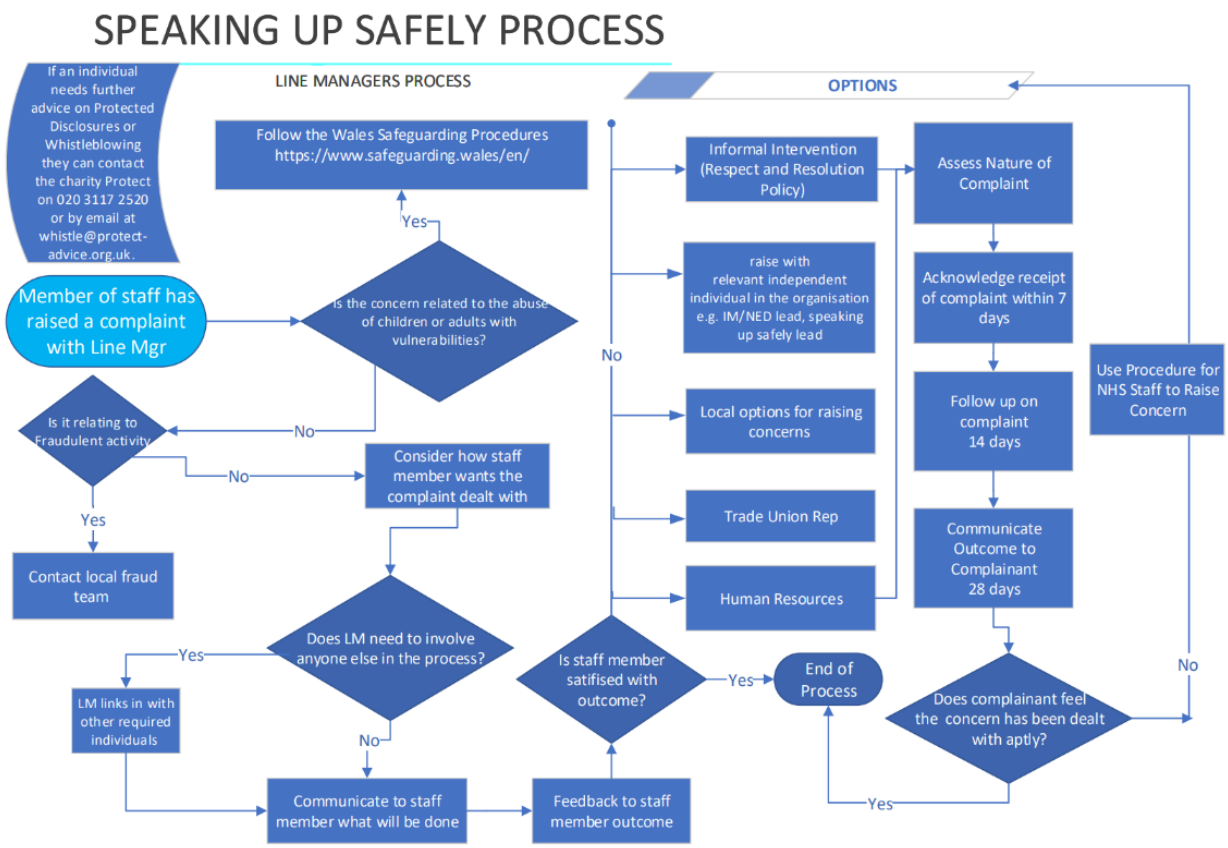
Remember most people in public service do so as they have a shared goal - to ensure the experiences of patients and staff are improved and are the best they can be. Starting conversations from this shared perspective will always be helpful.

---

2. The Process

The above outlines how you should approach conversation, but there are important steps you must take as a manager. These are outlined in the attached line manager process. Managers must:

- Listen to the concern that is being raised. If the concern is related to the abuse of children or adults with vulnerabilities, the Safeguarding Wales Processes should be followed.
- Once the concern has been raised, consider how the person want it dealt with. If you need to involve anybody else in the process, do so at this point. Or deal with it yourself if possible.
- Once it has been raised, it is important you communicate regularly with the individual to inform them of the outcome or action you have taken as a result of the concern being raised. You should also consider how you will share any learning about the concern more widely.
- If the issue is not within your ability to be managed, this should be clearly communicated with the individual.
- Once the outcome of the concern has been discussed with the individual, they should be informed of the other ways available to them to raise the concern if they are not satisfied with the outcome, as per the Line Managers Process.



The aim is to foster a culture where concerns are openly raised, are dealt with promptly and appropriately and escalated appropriately if required. There are specific legal requirements on organisations should the concerns be considered as Whistleblowing or a Protected Disclosure. More information on whistleblowing is available in the FAQs in toolkit 2 and you can find more information in the All Wales Procedure for NHS Staff to Raise Concerns.

A protected disclosure is defined in law by the Employment Rights Act (ERA) 1996. For a concern to be classed as a protected disclosure it needs to meet certain requirements under the ERA (1996) and tends to show one or more of the following:

- That a criminal offence has been committed, is being committed or is likely to be committed.
- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject.
- That a miscarriage of justice has occurred, is occurring or is likely to occur.
- That the health or safety of any individual has been, is being or is likely to be endangered.
- That the environment has been, is being or is likely to be damaged, or
- That information tending to show any matter falling within any one of the above has been, is being or is likely to be deliberately concealed.
- If you suspect the concern the member has raised potentially meets these requirements, you should discuss with the local Workforce and OD department for further advice and guidance.

Toolkit 4: Recording and Monitoring of Concerns

Data Point 1: Type of Concern and Characteristics

Note this data should be aggregated and reported to the Board Committee with responsibility for Speaking Up Safely at least annually.

- ✓ Type of concern: Patient safety, Bullying/harassment, Incivility, Fraud, Management Concerns, System and Process, Discrimination/Inequality, Behaviour/Relationship, Worker Safety, Other. N.B.
- ✓ Establish whether other existing processes are more appropriate: Respect and Resolution; Fraud; Incident Reporting.
- ✓ Establish Employee characteristics: staff/temporary staff/student; staff group; department and directorate; protected characteristics; N.B. organisations have identified this as a potential point of tension with anonymity.
- ✓ Is the concern raised anonymously?
- ✓ Establish the lead/s for responding to the concern.

Data Point 2: Monitor the Response

- ✓ Monthly progress check with lead for response and the Workforce & OD Team.
- ✓ Feedback fortnightly to the person speaking up.

Data Point 3: Closing

- ✓ Triangulate with other concerns.
- ✓ Indicate case as closed.
- ✓ Identify and agree the outcome with the Workforce & OD Team.
- ✓ Identify the learning and/or improvement resulting from the concern.
- ✓ Evaluate the experience of the person speaking up and the person responding.

Further Resources

The following resources will be useful in delivery of Speaking Up Safely culture.

Compassionate Leadership Principles

Respect & Resolution Policy and Processes

National Institute for Health Research (NIHR)/Cardiff University – research into the role of the Freedom to Speak Up Guardian in England

National Guardians Office for England: https://nationalguardian.org.uk/

HIW Guidance on Speaking Up: https://hiw.org.uk/speaking-keep-people-safe

HEIW – Healthy Working Relationships: https://nhswalesleadershipportal.heiw.wales/healthy-working-relationships

Just and Restorative Culture: NHS England » A just culture guide; The Mersey Care Just and Learning Culture

Epistemic Injustice: Epistemic Injustice | Department of Philosophy | University of Bristol

BMJ Research Article on Speaking Up and Culture within the NHS: Interprofessional model on speaking up behaviour in healthcare professionals: a qualitative study | BMJ Leader

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 10 AUGUST 2023 VIA TEAMS

Meeting started at 09:30

PRESENT:

Bethan Evans	Non-Executive Director and Chair
Professor Kevin Davies	Non-Executive Director
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Andrew Clement	Visual Design Specialist
Colin Dennis	Chair of Trust Board
Nikki Harvey	Head of Safeguarding (Item 41/23 only)
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Fflur Jones	Audit Wales
Alison Kelly	Business and Quality Manager
Brendan Lloyd	Executive Medical Director
Rhian Lewis	Internal Audit
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Cheryl Merrick	Llais Wales
Trish Mills	Board Secretary
Edward O'Brian	Clinical Lead Palliative and End of Life Care (Item 32/23 only)
Jane Palin	Assistant Director of Quality and Nursing
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development
Leanne Smith	Interim Director of Digital
Marinela Stoicheci	Risk Officer
Gareth Thomas	Patient Experience and Community Involvement Manager
Lisa Trounce	Business Manager

Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Ian James	Trade Union Partner
Andy Swinburn	Director of Paramedicine

30/23 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Ian James and Andy Swinburn.

Declarations of Interest

There were no further declarations of interest to those listed in the register.

Minutes

The Minutes of the meeting held on 11 May 2023 were confirmed as a correct record.

Action Log

The action log and the AAA report from the last Quest meeting was considered:

Action 004/23a: Patient safety report, backlog of National Reportable Incidents; the Committee requested an update to be given at the next meeting. Verbal update provided with a further update to be given at the 10 August meeting. Liam Williams agreed to update the Committee within the next few days. Action Closed.

Action 14/23: Red calls Rural Response Deep Dive - response and impact on patients plan to build into future reports, it was agreed to include details within the MIOPR. Details were provided in Item 7.1 on the agenda. Action closed.

Action 16/23: Agreed that a meeting be coordinated with the Quest Committee and the People and Culture Committee to discuss the situation regarding the challenges faced by the Putting Things Right (PTR) Team. Liam Williams provided a verbal update which assured the Committee additional support had been given to colleagues dealing with the most stressful and distressing cases. He added that the challenges within the Team remained significant; in the meantime, funding was being requested to consider additional resources across the wider organisation. The Committee recognised the challenges also being faced by operational staff. Action was to remain open with a further update at the 31 October 2023 meeting.

Action 21/23: Quality Strategy progress report. An update was provided on the action log. Action closed.

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the Committee's last meeting on 11 May 2023. Attention was drawn to the two items in the alert section; risks around patient safety and the PTR response times.
Comments:

RESOLVED: That

(1) apologies were recorded for Ian James and Andy Swinburn:

(2) the Minutes of the Open meeting held on 11 May 2023 were confirmed as a correct record; and

(3) consideration was given to the Action Log and the AAA report as described above.

31/23 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022-23 Q4

Lee Brooks introduced the Operations Quarterly Report as read, and drew attention to the following pertinent elements:

1. The Manchester Arena Inquiry update report is due to be presented at the Finance and Performance Committee on 18 September 2023. As a result of the Inquiry two new posts have been appointed: one at an Operations Manager level and the other in a supporting officer role. In terms of the recommendations from the inquiry, 71 were being progressed with some already being closed off.

2. Joint working between the Operations Directorate and the Quality and Nursing Directorate to address the timely turnaround of concerns responses will likely see an improvement going forward.

3. The Trust has recently submitted its application for the three year accreditation in respect of its Emergency Dispatch system and it was expected once again to receive accreditation for the Medical Priority Dispatch System (MPDS).

4. WAST facilitation of Extended Transfer of Care. Lee Brooks referred to this in the report noting that several discussions had previously taken place on this matter.

5. In terms of the Non-Emergency Patient Transfer Services (NEPTS) quality dashboard, this was progressing well.

Comments:

The Committee sought clarity regarding the point in the report which mentions that WAST was not licensed for systematic care delivery inside the hospital. Lee Brooks commented it related to the Trust's function as an out of hospital provider and agreed to provide more information at the next meeting.

The Committee held a discussion which focused on recruitment and retention with EMS Coordination, particularly the Band 3 role which remained a concern noting that the attrition rate had, over a rolling 12 month period (July 2022 – June 2023) remained above 22% until May 2023. There were plans to address this issue noting that it remained a risk and a challenge going forward.

RESOLVED: That the report was received.

32/23 STAFF EXPERIENCE

Edward O'Brian introduced the story which was a video made by one of the Specialist Palliative Care Team paramedics, Beth Hews, who recalled her experience regarding a call via the advice line she had taken from a worried family member. The call took place within the Swansea Bay University Health Board (SBUHB). The caller explained that the patient had deteriorated and had also called 999 and was waiting for the ambulance.

Beth explained that during the conversation several concerns were raised and upon hearing those immediately left and arrived at the patient's house before the ambulance had arrived.

Following an assessment of the patient it became obvious that the patient was dying and was too weak to carry out normal functions. The patient, whilst reluctant, realised she could no longer remain at home.

In the meantime, the ambulance was cancelled, and contact was made with the patient's GP. Working with the family and further discussing their concerns a plan was formulated. This included new medications, equipment to assist the patient whilst she remained at home and access for carers.

By the time Beth left, the patient was pain free and content in the knowledge that she could remain at home.

It was noted that 85% of patients seen by the Specialist Palliative Care Team paramedics remained in their own care setting and only 3% of those patients admitted, went to the Emergency Department.

Comments:

Members thanked Beth for sharing her story and noted that the work of the Specialist Palliative Care Team (SPCT) was having such a huge benefit on people.

Following a query in terms of the team being rolled across other Health Boards (HB), Edward O'Brian explained that whilst the other HB's recognised the clear benefits, it was a funding issue.

Edward O'Brian further added that statistics have shown each year, patients with a

palliative condition in the last 7 days of life, on average 295 were being admitted to hospital each month. Patients in the last 2 days of life on average, 151 were being admitted to hospital. From a practical point it would be fair to assume that the majority of those in their last 2 days of life would be better off remaining in the comfort of their own home; this had the potential to return a significant amount of hours back to WAST.

Members were keen to understand if it was possible to obtain investment from within the charity sector to fund additional SPCT paramedics.

Edward O'Brian explained that each HB manages palliative care differently. For example, in SBUHB funding was provided by the HB itself and in Cardiff and Vale University Health Board this was funded by City Hospice and Marie Curie.

Liam Williams reiterated the positive impact the SPCT was making in SBUHB. He added that the work WAST was taking on with End of Life care sat within Goal 3 (clinically safe alternatives to admission to hospital) of the 6 Goals set by Welsh Government for Urgent and Emergency Care, a 5 year transformation programme implemented in April 2022. Also, there was a programme of work underway which will consider how to support staff in a different way.

Members thanked Edward O'Brian and his team for all the work they do recognizing the significant value of the service provided by the SPCT.

RESOLVED: That the STAFF story was noted.

33/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh presented the latest Monthly Integrated Performance Report (MIQPR) and highlighted the following:

1. The new metrics had been agreed at a recent Trust Board meeting.

2. 111 call answering times were improving, with the call abandonment rate of 5% being achieved in July 2023.

3. The capacity lost to handover outside Emergency Department (ED) continue to remain extreme; 19,118 hours were lost during July 2023.

4. In terms of clinical indicators, there continued to be improvement in the Return of Spontaneous Circulation (ROSC) rates.

Comments:

1. Assurance was sought in respect of the timelines for stroke indicators. Duncan Robertson confirmed that the data was ready and would be reviewed by the Clinical Intelligence Assurance Group at which point it would be decided how

the data will be presented as an indicator. Further details of timelines were being covered off in a later presentation during the meeting.

2. In terms of the full roll out of CHARU and the timelines Lee Brooks explained at this stage there was no definitive timeline. Due to the current financial position a different approach has been taken. Work was ongoing to address this with the implementation of a rotational model which will resource CHARU staff within the Trust's existing establishment. This will initially begin in the Powys area.

3. Immediate Release Directions continued to be a concern and whilst there was a noticeable improvement in red, the number of ambers declined remained significant. The Committee discussed this further and would monitor this closely going forward.

4. Whilst the Committee recognised that Complaints response times were still far below satisfactory, the current trajectory has shown some improvement.

5. The Committee queried that whilst it was noted there was a slight improvement in system pressures and handover delays, the red 8 minute response had deteriorated. Rachel Marsh explained there was a significant number of factors affecting red response; it was felt the main three factors were demand, capacity and lost capacity. Members further recognised that the practical issues such as road works which would influence and impact on response times.

Deep Dive on red rural calls

Rachel Marsh pointed out that rural performance and the model of service in rural areas continued to be a focus of the Trust; the Committee were assured that every demand and capacity review contained discussions regarding red rural calls.

Red performance in particular, was lower in rural areas when compared to urban areas. Correspondingly it was noted that amber response times were slightly better in rural areas. It was recognised that due to current resources it would be unlikely to reach the 65% target in the small villages in parts of Wales; however, in terms of Health Boards the target of 60% was achievable.

Rachel Marsh reminded the Committee that the demand and capacity work was based on achieving 60% in each Health Board area and overall in Wales 65%. The work involved designing the rosters in such a way that the capacity met the demand. At the moment the Trust was struggling to recruit into those rosters in some of the rural areas. Further work was continuing to enhance this recruitment.

The Committee also noted that the performance in rural areas was impacted to an extent by handover delays; particularly in the Powys area.

There were Community First Responders (CFR) who support red calls; however, the modelling completed previously didn't suggest that expanding the CFR response in a rural area would necessarily make a difference.

Comments

Brendan Lloyd commented that an area of focus in rural areas should be on patients who suffer a stroke and how to improve outcomes.

It was queried whether the relief gap in Powys which was 26% and compared to other areas it was 18% and has this since changed as a result of work conducted. Lee Brooks explained there was no longer a relief gap as long as the Trust was fully established. He added that the staff abstraction such as leave and sickness required close management in order to fill the rosters on the proviso the establishment was there. Following further discussion on the relief gap it was noted this would be monitored at the People and Culture Committee going forward.

Lee Brooks further commented that the Emergency Medical Technician (EMT) to Paramedic pathway should be reconsidered to be more geographically focused; for example, focus on the areas where it was a challenge to recruit Newly Qualified Paramedics.

The Committee recognised the challenges of recruiting to rural areas and looked forward to receiving updates going forward.

RESOLVED: The Committee;

(1) Considered the June/July 2023 Integrated Quality and Performance report and remained concerned on performance, noting there were some improvements in some areas;

(2) Noted that the new metrics had been agreed at the Trust Board meeting of 27 July 2023; and

(3) Noted the Deep Dive on red rural calls.

34/23 PUTTING THINGS RIGHT REPORT Q1

Liam Williams presented the report and drew attention to the following areas:

1. There has been an improvement in the 5 day acknowledgement of response to concerns.

2. There was a continued upward trend in Coroner's requests for information. The Trust received two Regulation 28 Reports during this period, both of which related to delays in responding to patients in the community, including a case were the patient was also significantly delayed outside of the hospital on arrival.

3. A continuing number of incidents were being reviewed at the Serious Case Incident Forum (SCIF) and Joint Investigations passed to Health Boards.

4. There was an increase in the number of road traffic incident and personal injury

claims with the latter increasing in complexity and value.

5. A recent report from the Ombudsman illustrated external validation for the Trust in showing that it continues to provide a high standard of documentation.

Comments

Further detail and an explanation were sought in terms of the open patient safety incidents responses that were overdue. Liam Williams explained that the next report would be updated to understand better the level of delay with more explanation as to why.

With reference to the outstanding coroner statements and if there was any update on progress; Liam Williams added that this has been addressed with extra resource to deal with the backlog.

The Committee expressed their grave concern in respect of waiting times noting it was important to take on board and learn lessons from this going forward.

Liam Williams added that in moving to the Joint Investigation Framework, it was anticipated that Health Boards would receive greater involvement from Local Authorities in dealing and understanding the system pressure issues; however, this has not been forthcoming.

Spotlight on Clinical Indicators

Duncan Robertson referred the Committee to the slide presentation in the agenda pack.

He explained further the current clinical indicators, ambulance service indicators, the care bundles and individual metrics for STEMI (ST-elevation myocardial infarction), stroke, NOF (fractured neck of femur) and hypoglycaemia, as well as the ROSC (return of spontaneous circulation) at hospital indicator. Work was ongoing to improve the clinical indicator STEMI.

The Clinical indicators in development were call to door time for STEMI and stroke. Others in consideration included older fallers, paediatric trauma/pain management, and advanced paramedic practitioner (condition specific compliance).

The Committee was reminded of the journey from paper record to digital pens to the now electronic patient clinical record (ePCR) and the improvements that has been made to the capture of data. Exploration of ways in which artificial intelligence and machine learning can improve compliance were being developed.

The Committee noted continued improvement in ROSC rates at 22.2% in June whereas previously they have been below 10%. This was an area which Cymru High Acute Response Unit (CHARU) was targeting in terms of providing better outcomes for the most seriously ill patients.

Comments:

The Committee, from a Quest perspective, suggested it would be useful to see the 'so what' aspect in terms of the indicators going forward.

In terms of the validity of the data from ePCR the Committee recognised the importance of this going forward.

RESOLVED: That the reports were received and noted.

35/23 DUTY OF QUALITY/DUTY OF CANDOUR IMPLEMENTATION

Jonathan Turnbull-Ross presented the report which provided assurance for the Committee in terms of the Trust's progress following the implementation of the Duty of Quality and the Duty of Candour which came into force on 1 April 2023.

A technical specification template was being designed by key stakeholders to ensure compliance and a consistent approach to data quality standards for current and future quality measures.

A set of Performance and Quality Standards were currently being developed for the Duty of Candour designed to collect data and information consistently at a local and national level and create a dashboard.

Going forward the Trust was working towards completing the Welsh Government (WG) Baseline Road Map with a forthcoming milestone in September 2023; progress was regularly monitored through the Trust Quality and Performance Steering Group and the Clinical and Quality Governance Group.

Comments:

The Committee were pleased to see the rolling out of education and training into the Trust's existing structures.

The Committee sought what the level of awareness was across the Trust and whether there had been any specific risks identified. Jonathan Turnbull-Ross assured the Committee that awareness training was ongoing, adding that there was a need to 'hold the tone' of the Duty of Quality and Duty of Candour. He added that the new quality leads would play an important role in this.

Following a query in terms of the forthcoming milestone in September regarding the completion of the WG Baseline Road Map, Liam Williams advised due to the number of incidents it was not expected that the Trust would be dealing with moderate harm in September at a level the legislation would expect. He added that the Trust was doing everything within its own gift to demonstrate compliance in respect of governance.

RESOLVED: The Committee;

(1) Received and noted the report; and

(2) Noted that the Trust was working towards the baseline assessment criteria as set by the Welsh Government Road Map, with a forthcoming milestone in September 2023.

36/23 INFORMATION GOVERNANCE REPORT

Leanne Smith explained that the report contained details of how the Trust protected its patient and staff data through the implementation of several measures and governance processes.

The report also provided an overview of information governance in terms of accountability, assurance, and compliance. The Committee were also presented with a new set of metrics.

In terms of particular note from the update the Committee were advised of the following key points:

1. The annual Welsh Information Governance Toolkit compliance assessment for 2023/23 demonstrated the Trust did not meet the minimum expectations for some areas including policies and procedures. Whilst the information security policy was in the latter stages of review currently, there were other policies and guidance that required updating and development for data protection, freedom of information and environmental information requests.

2. In terms of the Key Performance Indicators (KPI) illustrated at Appendix one to the update, the Committee noted that the expected criteria to assessed against this year may differ in subsequent years.

3. Training and awareness standards were also not meeting minimum expectations. The improvement plan to address these areas would be reviewed by the Information Governance Steering Group and Executive Management Team.

4. An internal audit of records management and requests was underway and will come to the next meeting. A reasonable assurance rated internal audit was received recently on cyber security and reviewed by the Finance and Performance Committee (FPC) who has cyber security in their remit. FPC will focus more broadly on the Trust's systems and their resilience with a focus also on digital information.

5. There were 172 responses to requests under the Freedom of Information Act in 2022/23 and metrics are being developed to provide trend analysis.

Comments:

In terms of the Level of preparedness in terms of cyber security it was queried whether a KPI could be implemented to measure this. Leanne Smith advised this would be part of the business continuity plan reported to FPC and could be included in that report going forward. The Trust continued to learn lessons from other ambulance services regarding cyber attacks ensuring staff are made aware. There were potentially still further metrics which could be developed around the training and education of staff regarding cyber security.

The Committee were keen to understand the timelines for the completion of the action plan in respect of the Information Governance (IG) toolkit. Leanne Smith explained that worked had commenced prioritising the highest risks and adding those into the improvement plan; there were no timescales as such as this was being conducted internally. In terms of risks, one of the main ones was not meeting the statutory and mandatory training for (IG), work to manage this was being addresses.

RESOLVED: That

The Committee considered the proposed metrics in the KPI report (as per Appendix 1) against the context supplied in this paper and agreed that quarterly reporting in this form met the assurance needs of Quest; with clarity in the reports regarding the delineation between the responsibilities of the Quest Committee and FPC.

37/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Trish Mills presented the report noting that the two substantial risks, Risk 223 (the Trust's inability to reach patients in the community causing patient harm and death) and risk 224 (significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service) both rated at 25, had been the subject of discussion earlier in the meeting.

Comments:

Lee Brooks added that from a Health Board (HB) perspective and following some recent data analysis on a comparative basis, and based upon that, it was unlikely that any HB would score less than 25 for Risk 223. Liam Williams added that work to review the mitigations against this particular risk was ongoing to ensure they were correctly positioned in the relevant directorate.

RESOLVED: The Committee reviewed and considered the contents of the report.

38/23 INTERNAL AUDIT TRACKER UPDATE

Trish Mills explained that the audit tracker was currently undergoing a full review and, together with audit guidance for the organisation, will be available for the 14 September Audit Committee for scrutiny.

The Committee noted the work being undertaken in collaboration with Internal Audit colleagues to review and close off historical audit recommendations.

Pain Management Internal Audit Report - Limited Assurance

Duncan Robertson gave an overview of the progress on management actions in order to address the limited assurance review.

A task and finish group has been established to develop and design a pain management framework. This will enable the ability to build on the work in terms of measuring pain management.

Comments:

The Committee reviewed the recommendations and recognised the tight timeframes in completing the actions.

Trish Mills explained that part of the audit tracker review work was to have a better understanding on the impact of closed actions.

RESOLVED:

(1) Noted the work planned and in train for the audit tracker and guidance document which the Audit Committee will review on 14 September; and

(2) Noted the Pain Management Internal Audit Report.

39/23 HEALTH INSPECTORATE WALES (HIW) – UPDATE ON PATIENT SAFETY, PRIVACY, DIGNITY AND EXPERIENCE WHILST WAITING IN AMBULANCES DURING DELAYED HANDOVER

Liam Williams gave an update on progress against recommendations raised from the HIW Emergency Services Clinical Contact Centre EMSCCC Patient Safety Review. The principal objective of the 2019/20 review was to assess how patients were managed by EMS Coordination (EMSCCC) encompassing the period from the time the call was received through to an operational response arriving with the patient.

A secondary objective was consideration of how staff working in EMSCC were resourced and supported. There were two actions outstanding which the Committee were assured were progressing.

WAST Local Review 2019-2020

Lee Brooks explained there were two outstanding actions as shown below and updated the Committee on progress towards completion:

1. Complete the North Wales EMS CCC estate strategy and identify opportunities for improvements.

2. Continue with the work of the CAD Phase 3 project to realign workloads within the EMSCCC for more efficient operation.

RESOLVED: The Committee

(1) Noted the Health Inspectorate Wales (HIW) – update on patient safety, privacy, dignity and experience whilst waiting in ambulances during delayed handover report and confirmed agreement with the assurance provided and closure of the action plan;

(2) The National Policy on Patient Safety Incident Reporting and Management was approved; and

(3) The update on the WAST local review 2019-2020 actions was noted.

40/23 ANNUAL INFECTION PREVENTION AND CONTROL REPORT

Liam Williams presented the Infection Prevention and Control (IPC) Annual Report for 2022/23. The report included the transition from the Covid-19 Pandemic response to business as usual and noted how the Trust supported outbreaks of Monkeypox and invasive Group A Streptococcus.

The Committee also noted and were assured the Trust was actively driving towards a consistent IPC culture, one in which high standards of patient care and staff safety were maintained.

Comments:

Bethan Evans, IPC Board Champion and Chair of the Committee commended the team and recognised there had been significant and sustained improvement in this area.

The Committee recorded a note of thanks to Louise Coulson and her team in their work on Infection Prevention and Control and the significant improvement shown.

RESOLVED: The Committee noted the update and received assurance that the Trust was actively driving towards a consistent IPC culture, one in which high standards of patient care and staff safety were maintained and that the focus for the next year would be on monitoring, audit and assurance.

41/23 ANNUAL SAFEGUARDING REPORT

The Committee received the annual safeguarding report as presented by Nikki Harvey. The following points were drawn to their attention:

1. The report provided assurance on safeguarding activities, engagement, and collaborative working with the Trust's partner agencies; as well as the necessary

assurances that the statutory duties under the relevant safeguarding legislation and guidance were being fulfilled.

2. Safeguarding metrics were reviewed regularly by the Committee via the Monthly Integrated Quality and Performance Report.

3. The data evidenced within this year's report demonstrated a further year on increase in the total number of reports submitted by Trust staff since the initial launch of Doc Works (digitalised system).

Comments:

Members recognised that the report had demonstrated a large breadth of collaboration and co-production across agency boundaries.

Liam Williams commented on the commitment made by the safeguarding team in supporting the most vulnerable. This was reiterated by Paul Hollard, Safeguarding Board Champion, and other Committee members, who commended the team and the compassionate way they approached their work in what were often very difficult circumstances.

RESOLVED: The Committee approved the Trust's Safeguarding Annual Report for 2022/23.

42/23 CLINICAL AUDIT PLAN – UPDATE

The Clinical audit plan update was received with no escalations. Nine actions were open and on track, with one action off target but progressing which was in relation to the funding for user interface changes to be made to the ePCR.

The Committee took assurance that good progress was being made.

RESOLVED: The Committee noted and were assured by the update.

43/23 POLICY REPORT

Trish Mills explained that the purpose of the report was to update Members on the current status of the Trust's policies.

Following the Trust's revised policy process being implemented in 2017, there was a significant improvement in the number of policies within their review date. However, the rate of review fell below reasonable levels during the pandemic as policy work was largely paused and efforts directed to support the response.

A prioritisation exercise has taken place based on a risk assessment, and a revised governance process for policies and delegations for approvals was underway.

Whilst only 14% of policies were currently within their review date, the Committee noted that policies do not 'expire' and that extant but overdue for review policies have undergone rigorous review prior to their approval and as a result, except for legislative or national policy changes which automatically required policy updates, would likely stand the test of time with minor amendments.

Members noted that this Committee would receive policies relevant to it for approval noting that the Audit Committee would have overall oversight of the framework and the progress of policies.

The Committee were made aware of some process issues which required fine tuning to improve the approval and flow system.

Comments:

Trish Mills, in response to how any legislative changes would affect policies, assured the Committee that the necessary procedures and structures were in place to accomplish and ensure compliance.

The Committee were assured that the process in place to progress the Trust's policies was totally suitable and were content to support the programme of work.

National Policy on Patient Safety Incident reporting and Management.

Liam Williams explained that the policy was reflective of all the legislative requirements, and the guidance from an all Wales level and was submitted for approval and adoption.

RESOLVED: The Committee

(1) Considered the contents of the report and the programme of work in development to mitigate risk and bring policies in line with appropriate review dates; and

(2) Approved the adoption of the National Policy on Patient Safety Incident reporting and Management.

44/23 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT

The Committee priorities and cycle of business monitoring report was received by the Committee.

RESOLVED: The Committee received the priorities and cycle of business monitoring report.

45/23 GROUNDHOG DAY 2: AN OPPORTUNITY FOR CULTURAL CHANGE IN COMPLAINT HANDLING

The Groundhog Day 2: an opportunity for cultural change in complaint handling report was received by the Committee.

RESOLVED: The Groundhog Day 2: an opportunity for cultural change in complaint handling report was received by the Committee.

46/23 REFLECTIONS & SUMMARY OF DECISIONS & ACTIONS

Actions

The following new actions were recorded:

1. Clarification was sought on the licences regarding transfer of care.
2. PTR Reports: Future reports to indicate whether any external issues and factors that have contributed to delays.
3. Clinical Indicators: Spotlight on Clinical Indicators. As work developed beyond the five indicators currently reported on, ongoing updates would be provided.
4. Internal Audit Tracker: Update on how the Trust was dealing with historical actions. To be included in the report.
5. Policy report: Details of the current number of policies outside their review date be captured within the alert section of the AAA report.

47/23 KEY MESSAGES FOR BOARD

Trish Mills would draft the update which will be presented to the Board via the Committee's AAA highlight report.

48/23 ANY OTHER BUSINESS

None.

Date of Next meeting: 31 October 2023

Meeting concluded at 13:20

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON TUESDAY 15 AUGUST 2023 VIA TEAMS

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director
Martin Turner	Non-Executive Director (in attendance for Part 1)

IN ATTENDANCE:

Chris Evans	Research Innovation and Improvement Lead
Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Estelle Hitchon	Director of Partnerships and Engagement
Jon Hopkins	Head of Information
James Houston	Head of Strategy Development
Caroline Jones	Corporate Governance Officer
Fflur Jones	Audit Lead, Audit Wales
Jo Kelso	Head of Workforce Education & Development
Mark Marsden	Trade Union Partner
Sarah Mills	Head of Culture and OD
Trish Mills	Board Secretary
Nigel Rees	Assistant Director of Research and Innovation
Andy Swinburn	Director of Paramedicine
Gareth Taylor	Project Manager
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

APOLOGIES:

Paul Hollard	Non-Executive Director
Angela Lewis	Director of People and Culture
Duncan Robertson	Assistant Director for Clinical Development
Keith Rogers	Trade Union Partner

WELCOME AND INTRODUCTION

22/23

The Chair welcomed everyone to the meeting bilingually, especially those who were attending for the fist time as either a deputy or observer.

23/23 DECLARATIONS OF INTEREST

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

24/23 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 25 April 2023 were approved as a correct record.

25/23 ACTION LOG AND MATTERS ARISING

The Action log was reviewed, and updates were given with actions 49/22, 04/23a, 16a/23, 16b/23 and 16c/23 being closed.

It was confirmed that there was no feedback from the Board relating to the alert in the Highlight report from the last meeting.

RESOLVED: That the Action log was reviewed and updated.

26/23 RESEARCH GOVERNANCE FRAMEWORK

The Assistant Director of Research and Innovation thanked those staff members involved in the discussions in this arena over the past 12 months, in conjunction with Welsh Government Healthcare Research Wales and multiple stakeholders, which aims to embed research into organisations.

The Framework outlines what research excellence looks like for NHS organisations and the Trust is required to adopt it, supported by a Welsh Health Circular (WHC) to embed it across the Trust. The purpose is to provide guidance on research and innovation strategies and implementation plans. The intention is to grow our research and build our capacity to ultimately improve the care of patients.

There is a requirement for the Trust to report in the annual performance management meeting in Autumn against the ten pillars contained within the Framework, which cover things such as Communication and Engagement, Finance, Governance and Leadership in addition to the research elements, to name a few. It will be an opportunity for the Trust to celebrate all the great work currently going on across the Trust.

Members welcomed the Framework, appreciating that gaps would initially be identified from the self-assessment and provide an opportunity for the Trust to review how it could further support research. It was felt that some things could potentially be progressed quickly with Quality Improvement (QI), but also recognised that the more challenging aspects would need to be considered such as acknowledging the current financial climate, research was costly, and time consuming and this would be challenging.

RESOLVED: That

1) **the Framework be acknowledged and adopted; and**
2) **all departments review and conduct a self-assessment against the Framework.**

27/23 WAST 2022-2023 RESARCH & INNOVATION (R&I) ANNUAL REPORT

The Research and Innovation Annual Report 2022/23 was received by the Committee. The report included a range of policy developments, projects, and activities conducted and reported through the R&I department including the developments and challenges of the pandemic.

The R&I being conducted within the Trust is enabling improvements to the care provided and the publication of this work helps to benefit and influence practice in Wales and further afield. The Committee commended the team for the work they had done throughout 2022/23 and noted the reach of research across both clinical and non-clinical WAST colleagues in recent publications.

RESOLVED: That

1) **the Committee received the Research and Innovations 2022/23 Annual Report; and**
2) **the annual report be presented to Trust Board at its September meeting.**

28/23 RESEARCH & INNOVATION DASHBOARD

The innovation dashboard, presented by the Research Innovation and Improvement Lead showed extensive involvement in research, innovation, and commercial relationships from the clinical, quality, finance, fleet, estates, digital, and people and culture directorates. The dashboard housed five databases, collated the ideas, and provided a central place for the evaluation of ideas past, current and future to provide both transparency and accessibility to previous activity. This was a further iteration on a mapping exercise which commenced in 2022 and presented to this Committee, illustrating the breadth of partnerships and projects in which colleagues across WAST are involved.

It was clear that a small but dedicated community of individuals across the Trust continued to develop our research, innovation and commercial relationships with some interfaces across the organisation well established, and others embryonic.

RESOLVED: That the benefits of the dashboard be noted.

29/23 RESEARCH CHAMPION ROLE

Hannah Rowan, Committee Chair, highlighted a renewed emphasis on research from a national perspective with the introduction of a Welsh Government mandated Non-Executive Director Research Champion. Hannah holds the Research Champion role for our Board and provided an overview of the group's aims, including promoting and raising the profile of research.

RESOLVED: The Committee noted that Non-Executive Director and Chair of the Committee, Hannah Rowan was the mandated Research Champion, and as such the Trust is already acting in line with the Welsh Government requirement for there to be a Board Research Champion.

30/23 ACADEMIC PARTNERSHIPS COMMITTEE TASK & FINISH GROUP REPORT (including academic NED role profile)

The Director of Partnerships and Engagement provided some background for those who were deputising or observing, that a submission was made almost two years ago for the Trust to apply for University Trust Status (UTS). The Trust's application for UTS includes the requirement to have a Non-Executive Director (NED) from academia, noting that the position was a Welsh Government appointment and not a Trust one.

The Committee's Task and Finish Group have adapted the standard Welsh Government role profile and person specification to seek a candidate with a strong academic, commercial or innovation background who will bring that experience to the Board table in support of the Trust's ambitions. It is also important that they have broad corporate experience, in order to be able to contribute to the work of the Board more generally. The Committee recommended the role profile to the Trust Board Chair so that a recruitment campaign could be started as soon as possible with the Public Appointments Unit.

The Task and Finish Group established by the Committee in April 2023 reported on progress against its work plan. The Group developed the academic NED role profile as set out above and would continue with the other elements of its work plan over the course of quarter three, including an approach to garner interest in the NED role amongst academic contacts. Those elements include the proactive plan for management of conflicts of interest, and the logistics and timing of a change of name and brand related to University Trust Status.

RESOLVED: That the work of the Task & Finish Group be noted.

31/23 CYCLE OF BUSINESS 2023-24 AND CYCLE OF BUSINESS MONITORING REPORT

The Committee received its cycle of business for 2023/24 for discussion. Given the maturing nature of the areas in the remit of the Committee and the University Trust Status journey, the cycle of business will continue to evolve for this fairly new Committee. This is particularly pertinent as the approach of this Committee is a mixture of scrutiny (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), partnering (ensuring the right partners are on the Committee, that appropriate arrangements are in place with partners), connecting (existing and new partners to research/programmes of work in WAST), and inquisitorial (drilling down into elements of the priorities and other programmes where the Trust is partnering with academic and industry to foster and promote).

RESOLVED: That the

1) **cycle of business for 2023/24 be approved; and**
2) **the cycle of business monitoring document be noted.**

32/23 ENGAGEMENT MAPPING

The Director of Partnerships and Engagement updated members on the initial ask which was to review "what the Trust was doing" and "who was involved in what". The Trust was not fully sighted on the good work that was happening across the organisation.

Members recognised that the report showcased the interfacing with different organisations externally and it would evolve. The Director asked that members updated her with information that could be added to keep the document live.

The ongoing work complemented the other areas of work. It was recognised that the Board need sight of the high-level work together with the assurance that the detail and rigour exist below. Discussions were ongoing to ensure there was no duplication of effort.

The need for commitment of key people to drive forward a huge amount of work in addition to the service provided to patients, was recognised.

RESOLVED: That

1) **the contents of the report be noted; and**
2) **members keep the Director of Partnerships and Engagement apprised of any amendments to keep the document live.**

33/23 COMMITTEE PRIORITIES – Q2 PROGRESS/REFLECTION

One of the Committee priorities this year was to focus on the adoption of the new NHS Wales research governance framework, which was presented in this meeting. Colleagues showcased the significant amount of research and innovation underway at the Trust and discussions during the meeting provided a launchpad to better connect these related elements.

The Committee's priorities for 2023/24 are to scope out the next 12 months of University Trust Status, and to focus on the research governance framework. Both are on track with no escalations reported.

RESOLVED: That the progress made be noted.

34/23 DATE OF NEXT MEETING:

The date of the next Committee meeting is 24 October 2023.

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 17 AUGUST 2023

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non-Executive Director and Chair
Lee Brooks	Executive Director of Operations
Judith Bryce	Assistant Director of Operations (joined for item 59/23)
Alex Crawford	Assistant Director of Planning and Transformation
Ian Cross	Volunteer Car Service Driver (joined for item 58/23)
Sarah Davies	People and Culture Directorate Business Manager
Bethan Evans	Non-Executive Director
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Services Manager (left after item 65/23)
Ross Hughes	NWSSP Internal Auditor
Caroline Jones	Corporate Governance Officer
Fflur Jones	Audit Wales
Jo Kelso	Head of Workforce Education & Development
Kathryn Cobley	Head of Inclusion and Engagement (left after item 61/23)
Angie Lewis	Director of People and Culture Services
Sara Mills	Head of Culture and OD
Trish Mills	Board Secretary
Gareth Parry	Operations Manager (VCS) (left after item 59/23)
Hannah Rowan	Non-Executive Director
Paul Seppman	Trade Union Partner
Marinella Stoicheci	Risk Officer
Joanne Sullivan	HR Business Partner (left after item 61/23)
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources (left during 66/23)
Damon Turner	Trade Union Partner
Dee Udeze-Chibuzor	Head of Workforce Transformation and Planning
Liam Williams	Executive Director of Quality and Nursing (left after item 72/23)

APOLOGIES:

Julie Boalch	Head of Risk/Deputy Board Secretary
Liz Rogers	Deputy Director of People and Culture

Joga Singh	Non-Executive Director
Mark Marsden	Trade Union Partner

53/23 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and asked that members focus on the people and culture aspects, recognising that other forum receive similar reports.

Apologies were recorded from Julie Boalch, Liz Rogers, Joga Singh and Mark Marsden.

54/23 DECLARATIONS OF INTEREST

No new declarations were made in addition to the standing declarations which were already noted on the Trust register.

RESOLVED: That no new declarations were received.

55/23 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 9 May 2023 were considered and agreed as a correct record.

An update was provided on action 29a/23 with guidance for line managers to allow time where possible, for staff time off for non-Christian festivals. Guidance to be shared at a later date – action closed.

29b/23 Potential prayer space was proving a challenge across the estate due to the need to increase operational space. Multi-use rooms would be explored with prioritisation given to non-Christian needs – action closed.

Trish Mills confirmed that the alert raised within the highlight report was a good news alert.

RESOLVED: That the

1) **minutes of the meeting held on 9 May 2023 were AGREED; and**
2) **action log was reviewed and updated.**

56/23 DIRECTOR OF PEOPLE AND CULTURE DIRECORATE UPDATE

Angie Lewis gave an update on recent developments within the People and Culture Directorate, providing an overview on good news stories as well as some challenges.

The national recognition of two staff members, Ashley Page, ACA2, who received a special recognition award for his work to improve equality and inclusion for LGBTQ+ communities in Wales, and also to Catherine Wynn-Lloyd who won the 2023 Employers for Carers Award was noted. Additionally, it was noted that a number of colleagues had completed the foundation change management course and become change practitioners, with a further smaller cohort becoming accredited practitioners. Sarah Davies was acknowledged for her invaluable work to ensure training was delivered with some more still to do.

Whilst sickness absence saw a slight increase in July, the trajectory was going down which was due to the collaborative working across the Trust, recognising that whilst supporting staff when they were ill was important, there was a need to avoid the sickness in the first instance if possible.

It was noted that the Trust would be the first ambulance service in the UK to pilot a scheme for newly qualified paramedics (NQPs), which would accelerate NQPs learning by offering the opportunity to experience an alternative NQP process that would offer this cohort exposure to our newest services such as the Clinical Service Desk, the Cymru High Acuity Response Unit and Advanced Paramedic Practitioner rotations.

Following the recent BBC Wales story on sexual safety and misogyny, feedback as a whole has been relatively positive with our people welcoming the proactive and sensitive approach to this difficult issue. There had been a slight increase in individuals coming forward, which was welcomed in line with our Speaking up Safely programme. The Speaking up Safely platform has commenced with three Guardians identified for a soft launch in July, and formal launch in September.

Members were mindful that the challenging financial outlook for 2023/24 and the additional savings that the Trust may be required to find would have an impact on both our staff and patients.

The challenges with partnership working currently that management and Trade Union Representatives were working through, as they get back into a rhythm following industrial action, was noted. Everyone recognised that there was a period of healing during which engagement was sensitive, however there was a good partnership working basis upon which to have those discussions.

Members received the update and noted the key messages from the Directorate, recognising the importance and significance of the work being undertaken.

RESOLVED: That the update from the Director of People & Culture was NOTED.

57/23 OPERATIONS QUARTERLY REPORT

Lee Brooks accepted that this report had been circulated and reviewed in other meetings and took the report by members as read.

Paul Hollard referenced the importance of the report which covered the wider portfolio of the Operations Directorate.

Paul Seppman gave positive feedback on some of the work which was ongoing in relation to the EMSC challenges around retention, also noting that work had started around the six week relief work. He added that there were issues which needed to be discussed further at the meeting being held next week.

Paul Hollard requested an update on the NHS Charities Together award as part of the volunteering strategy and how it is developing.

RESOLVED: That the Operations Quarterly Report was NOTED.

58/23 STAFF STORY – VOLUNTEER CAR SERVICE DRIVER, IAN CROSS

Angie Lewis introduced Ian Cross, Volunteer Car Service Driver. Ian, who has been volunteering for 40 years with the last three also for the Trust, more recently with his dog Buddy accompanying him, was recently awarded the British Empire Medal. Members heard of the regular journeys Ian undertakes in South Wales and his trips further afield to support patients to receive treatment, and his enjoyment in what he does around his full-time job.

Lee Brooks suggested the partnering of a volunteer driver perhaps with an oncology patient or those needing to access frequent treatment for a period of time to provide continuity for the patient. Whilst the idea was welcomed the logistics of the volunteer's availability would not always mean this was feasible.

Improvements which could enhance the experience of volunteers such as ease of access to personal protective equipment (PPE), in car communication methods and signage were discussed and the Committee agreed to review progress on these at the November meeting.

Members thanked Ian for his service and the comfort and support he and Buddy give to our patients and their families.

RESOLVED: That the
1) staff story was welcomed; and
2) progress on the issues identified be reviewed at the November meeting.

59/23 VISIBLE VALUABLE VOLUNTEERING

Judith Bryce gave a presentation to the Committee which provided an overview of the progress made since the strategy was launched and the work undertaken to review the issues.

Whilst delivery of strategic objectives for years one and two where somewhat impacted by the pandemic, in the last 18 months the volunteer scope and a governance framework have been developed with investment in all aspects of volunteering and enhanced inclusion of our volunteers into #TEAMWAST, including access to the 24/7 health support line and counsellors.

The volunteer team in the Operations Directorate supported a strengthened voice of the volunteers through the Volunteer Steering Group. The Chair of this group also attends Management Team meetings, WAST leadership symposiums and management training, allowing a more embedded relationship between these structures.

Some issues raised by the volunteers were consistent with those faced by staff. The Trust has worked hard to address the issues and has invested both time and money to improving matters such as a mileage upgrade, introducing pain relief to be administered, and uniform – to name a few.

Additionally, Community First Responders (CFRs) have increased by 224, with a total of 690 expected by the end of the 2023/24 financial year. This has meant more volunteers responding to incidents this year including to Red calls and thereby improving the mean response times for these calls. CFRs are closing 300-400 patient episodes of care on scene, with support from the Clinical Support Desk. The Volunteer Car Service undertook 25,944 journeys this year including journeys to Scotland and London. There are plans to grow that service from 98 to 200 by the end of the financial year.

Andy Swinburn queried the number of CFRs who became paid members of staff, and how to make this a viable route, and requested to be involved in the transition route. Kathryn Cobley was keen to learn about the possibilities of recording the equality monitoring data for volunteers and was assured that a new management system was being progressed which would capture this data going forward.

Members heard of the extent of the successful schemes introduced for volunteers and commended the team for the exemplar work. The benefit of volunteers in the challenging financial climate was emphasised, and the Committee welcomed a further focus on volunteers at the Trust's Annual General Meeting on 27 September, where the full extent of the advances made would be showcased.

RESOLVED: That the progress to date in delivering the Volunteer Strategy Action Plan, was discussed and received.

60/23 WELSH LANGUAGE STANDARDS ANNUAL REPORT

The Welsh Language Standards Annual Report 2022-23 was presented bilingually for the first time by the Welsh Language Services Manager, Melfyn Hughes, which was welcomed. The report would be presented to the Board at its September meeting.

It was noted that the Welsh Language Framework and related deliverables have been included in the Trust's Integrated Medium-Term Plan (IMTP). This incorporates compliance with the Welsh Language Standards.

The Operations Directorate were reviewing the calls answered in Welsh to the 111 and NEPTS services at their weekly performance meeting, and this metric would be monitored in the Committee metrics in the MIQPR.

The Committee commended Melfyn for the extensive amount of work to promote and advance the Welsh Language within the Trust in response to the Welsh Government's More than Just Words Action Plan.

RESOLVED: That the Welsh Language Standards Annual Report 2022-23 was noted and endorsed.

61/23 RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

Trish Mills presented the 'Risk Management and Board Assurance Framework' report. The report in respect of the Trust's principle risks, specifically the six risks relevant to the remit of this Committee were considered.

Risk 160 **(**High absence rates impacting on patient safety, staff wellbeing, and the Trust's ability to provide as safe and effective service)– Whilst progress was being made to reduce sickness absence, high absence rates impact on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service. The risk rating remains under review and is currently at a rating of 20 (5x4) as of July 2023.

Risk 201 – (Damage to Trust reputation following a loss of stakeholder confidence) -The score for this risk remains high and has been static for some time. Damage to the Trust's reputation following a loss of stakeholder confidence remains at 20 (4x5). The bi-annual partnerships and engagement report will be discussed at the November Committee meeting, which will include a deep dive on this risk. The risk rating will be de-escalated as soon as is appropriate.

Risk 163 – (Maintaining Effective & Strong Trade Union Partnerships) - Whilst the national pay dispute has ended for the majority of Trade Unions, relationships with Trade Union Partners need to be approached sensitively. There are a range of issues that require engagement and partnership working, alongside the full implementation of all aspects of the Trust annex. The score has increased from 12 (3x4) to 16 (4x4).

Updates were provided for risks 199 (failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with health and safety statutory legislation – score of 15). As noted above, the recent internal audit on health and safety received a reasonable assurance rating. Risk 558 (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains static at a score of 15.

Risk 557 – potential impact on services as a result of industrial action was de-escalated and closed.

The Committee also reviewed risks 223 and 224 and agreed that the risk commentary box within the Board Assurance Framework was useful to provide rationale for these high rated risks where the Trust's actions were unable to reduce them from 25. (Risk 223: The Trust's inability to reach patients in the community causing patient harm and death & Risk 224: Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service).

Members received the report and noted the current position in relation to risks that were relevant to the Committees remit along with the Trust's two highest scoring risks which were assigned to Quest.

RESOLVED: That the

1) **the review of each high rated principal risk including ratings and mitigating actions was noted;**
2) **the increase in score of Risk 163 from 12 to 16 was noted;**
3) **the closure of Risk 557 from the Corporate Risk Register was noted.**

62/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Alex Crawford gave a brief overview of the main points from the Monthly Integrated Quality and Performance Report.

The June/July 2023 Monthly Integrated Quality and Performance Report ("MIQPR") and the quarter one Quarterly Workforce KPIs showed that continued high handover delays remained a significant pressure on our people. The Committee noted:

- Shift overruns have decreased as part of focused work under the IMTP, the WAST Annex and pilot programmes;

RESOLVED: That the June/July 2023 Integrated Quality and Performance Report and actions being taken were considered.

63/23 WORKFORCE PERFORMANCE SCORECARD REPORT

Angie Lewis shared some important points with Members as set out below:

- Sickness absence levels were reduced with June figures at 7.51%. There had been a slight increase in July, but it remained on a downward trajectory. Short term absence audits had commenced with the Operations Directorate and would be rolled out further over the next six months, with targeted support to line managers in response to the themes emerging.

- Personal Annual Development Review (PADR) rates for June 2023 were 73.1%, an increase from 72.0% from the last meeting, however it did not achieve the 85% target.

- Statutory and Mandatory Training rates had increased in June to 77.53% however it did not achieve the 85% target. The Committee noted that the Executive Management Team would have a focus on these metrics at a directorate level.

- Staff Turnover had seen a positive decline from a peak of 11.64% in July 2022 to June's figure of 9.79%. Staff wellbeing offers continue to be promoted, together with the WAST Voices Network activity continuing.

- There was an increasing number of disciplinaries. Angie Lewis would review and monitor themes and trends.

RESOLVED: That the Committee received and commented on the performance scorecard and associated actions.

64/23 PEOPLE AND CULTURE PLAN METRICS

The metrics proposed to measure the impact of the People and Culture Plan were

presented under the Plan's headings of Culture, Capacity and Capability giving a holistic evaluation of the Plan's effectiveness in enhancing organisational culture, fostering a sense of belonging and optimizing the capabilities of our people.

Further to the deep dive into stress-related sickness absence, the Committee noted that addressing sickness absence, especially those incidences relating to mental health issues and stress, required a comprehensive approach. Treating individual sources or causes of stress was likely to provide temporary relief but did not address the root of the problem. This was an example of a focus on organisational culture, the Trust were investing in long-term solutions that would create lasting, positive change.

Incidents reported under the freedom to speak up safely platform were expected to increase initially, meaning staff felt more comfortable to report concerns and could be viewed as a success in relation to the People and Culture Plan, with levels then falling as changes in culture take place.

Similarly, with moving on or exit interviews, an increase would capture data not only from those leaving the organisation, but also those moving to alternative roles within the Trust and could be viewed as a success.

The metrics were endorsed and would be monitored by the Committee quarterly.

RESOLVED: That the Committee received and endorsed on the proposed People and Culture Plan metrics.

65/23 CULTURAL TRENDS AND THEMES

The presentation relating to this item was taken as read by members with questions invited.

Aligned to the metrics in the People and Culture Plan, a new report was presented that illustrated cultural themes and trends. Three broad areas featured including planned actions to address findings and the impact that will be seen from those actions related to:

- Employee relations, including compassionate practices and respect and resolution;
- Moving on Interviews; and
- Managing Attendance at Work, building on the successful reduction in sickness absence over the last year

The Committee agreed a few adjustments and that the report would be considered on a bi-annual basis. A focused session would be held with Trade Union colleagues on their concerns regarding condensing of compassionate practices training.

RESOLVED: That

1) **The usefulness of the information collected in enabling the People and Culture Plan and IMTP deliverables was discussed;**
2) **The report in conjunction with the proposed people and culture metrics was considered; and**
3) **The proposal to bring this review on a bi-annual basis was agreed.**

66/23 ABSENCE MANAGEMENT

The report provided a broader context for the continued high S10 recording which included all anxiety, stress, depression and mental health related illness, noting that stress was not a formal mental health classification and there was currently no recording within the electronic staff record (ESR) of the source of stress; an overview of current interventions; both at an individual support level and organisationally that the Trust provides for its people.

A healthy workplace culture was essential to reduce the S10 sickness absence recognising that multiple factors contribute to mental ill health or stress, and that identifying a source of stress within this absence code was highly subjective. However, potential drivers included missed meal breaks, overruns, and hand over delays; Datix reporting would support this. Members recognised that staff did need to take responsibility for their own wellbeing.

Support at the Trust for colleagues with stress related issues includes a range of in person and online options, which range from occupational health and clinical psychology to REACT training.

RESOLVED: That the themes in the report were discussed and commented on.

67/23 STAFF DEVELOPMENT OUTLINE PLAN

Andy Swinburn's presentation was well received with members recognising the associated concerns and actions to assess the level of skill fade due to handover delays and the number of patients attended to.

Timescales for milestones and review dates/actions would be drawn up and presented as a development plan should skill fade be identified and approved.

The objective was to gather evidence around skill fade and determine perception versus reality and how staff feel linking back to the stress and anxiety that may be felt by staff.

The proposal to endorse the work was agreed with the language around the impact not the problem being the focus, should a survey be commissioned.

RESOLVED: That the work to gather evidence around skill fade be endorsed.

68/23 WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) ADVISORY GROUP HIGHLIGHT REPORT – 14 JUNE 2023

The Welsh Ambulance Service Partnership Team (WASPT) highlight report was received and the operational sub-structures that feed into WASPT were noted within the report.

There were no alerts from this meeting however items discussed included:
- Six week relief
- Revised pay offer and WAST specific annex
- EMS establishment
- Diesel engine exhaust emissions

These forums would provide opportunities for resolution and escalation at a more local level, focusing WASPT on strategic issues.

RESOLVED: That the highlight report of 14 June 2023, was noted.

69/23 TU RELEASE TIME INTERNAL AUDIT REPORT

The limited assurance Trade Union Release Time Internal Audit was received by the Committee and actions will be tracked in the audit tracker.

Angie Lewis confirmed the outcome of the audit was shared with Trade Union colleagues and realistic timeframes for management actions agreed.

RESOLVED: That the actions from the Trade Union Release Time Internal Audit Report will be progressed and monitored.

70/23 POLICY REPORT

Members recognised that the report had been to a number of Committees, and it was realised that policies were extant until they were renewed. A programme of work was underway with TU Partners, working closely with the Policy Lead, to review the process.

Members noted the policies relevant to this Committee together with those NHS Wales National policies that were also beyond their review date with confirmation from the employer's unit that timelines were being reviewed for these to be progressed.

Paul Seppman confirmed the robustness of the Policy Group and the detailed discussions that were held.

RESOLVED: That the contents of the Policy report and the programme of work in development to mitigate risk and bring policies in line with appropriate review dates was considered.

71/23 AUDIT TRACKER

The audit tracker is undergoing a full review and together with the guidance for the organisation, will be available for the meeting of the Audit Committee in September 2023.

This guidance has been shared with Internal Audit, Audit Wales and socialised at the Executive Management Team. Additionally, it was noted that before the Committee at this meeting are the internal audit reports for Trade Union Release Time (limited assurance) and Health and Safety (Reasonable Assurance).

The Committee also noted the upcoming internal audits within the remit of this Committee for the remainder of 2023/24. These are Seatbelt action plan (quarter two); Retention of staff (quarter two/three); Disciplinary case management – compassionate leadership (quarter two/three), and the Volunteers Governance (quarter four).

RESOLVED: That

(a) the work planned and in train for the audit tracker and guidance document which the Audit Committee will review on 14 September was noted;

(b) the internal audit reports 'Trade Union Release Time' and 'Health and Safety', were received and reviewed; and

(c) any further action required with respect to the open actions under the oversight of this Committee be advised.

72/23 HEALTH & SAFETY PERFORMANCE REPORT Q1, 2023/24; HEALTH & SAFETY INTERNAL AUDIT REPORT

The Health, Safety and Violence and Aggression Quarterly Report was received with the Committee giving recognition to the improvements being made. The following was noted:

- The number of violence and aggression incidents remains high at 168 for the quarter. Physical assaults on staff in this reporting period are 18, with incidents of verbal abuse amounting to 146. Collaborative working with the Association of Ambulance Chief Executives (AACE) regarding violence and

aggression training continues with the aim of improving the current training. Toolbox talks, raising awareness of case management support are taking place to support staff.

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) compliance has been sustained; with manual handling patients and violence and aggression highest reported by cause.

- Statutory health and safety, fire safety and manual handling training compliance continue to be below the Trust and Welsh Government standards. All staff are encouraged to bring their training levels up to Trust expectations.

- The reporting of incidents for diesel fumes exposure has continued to reduce into quarter one. The Health and Safety Committee would be reviewing this in detail at their Autumn meeting with a report being presented to Welsh Ambulance Service Partnership Team.

Health and Safety Internal Audit Report

The reasonable assurance Health and Safety Internal Audit was received with the Auditors recognising the Trust's commitment to improving health and safety and the work undertaken to date.

RESOLVED: That

1) **the contents of the report were noted; and**
2) **the ongoing commitment to improving health and safety was noted and**
3) **the Health and Safety Internal Audit Report was received.**

73/23 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT

The Committee's priorities for 2023/24 are listed below and are progressing well:

- Carry over the Committee priority to support the implementation and championing of the strategic equality objectives, including Welsh Language, to promote an inclusive organisation.

- Development and implementation of the Speaking Up Safety Framework.

- Development and Progress of the People and Culture Plan

The Committee also reviewed its progress against its cycle of business.

Members noted the cycle of business monitoring document which had been provided along with the report.

RESOLVED: That the Committee Priorities and Cycle of Business update was noted.

74/23 SUMMARY OF ACTIONS AND DECISIONS, AND REFLECTION

Paul Hollard reflected on the discussions held recognised the value in the time spent on culture and volunteering and invited Members to comment on the meeting.

Volunteer car service actions would taken forward by Gareth.

RESOLVED: That Members reflected upon the meeting and resulting actions were AGREED.

75/23 ISSUES TO BE RAISED AT BOARD

The discussions from today's meeting would be included within the highlight report which would be presented to the next Trust Board meeting.

76/23 ANY OTHER BUSINESS

No matters were raised.

77/23 DATE OF NEXT MEETING

The date of the next meeting is 16 November 2023.

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 18 SEPTEMBER 2023 VIA TEAMS

Meeting started at 09:30

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Professor Kevin Davies	Vice Chair of the Board and Non-Executive Director
Bethan Evans	Non-Executive Director
Martin Turner	Non-Executive Director (Left meeting after item (62/23)

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit
Rachel Marsh	Executive Director of Strategy and Planning
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Damon Turner	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Aled Williams	Head of Information Communication and Technology
Keith Williams	Emergency Services Mobile Communications Programme Manager (Item 63 only)
Liam Williams	Executive Director of Quality and Nursing
Joanne Williams	Head of Capital Development (Item 64/23 only)

APOLOGIES:

Lee Brooks	Executive Director of Operations
Leanne Smith	Interim Director of Digital Services

55/23 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's declarations of interest register.

Minutes

The minutes of the open session held on 17 July 2023 were considered by the Committee and confirmed as a correct record subject to amending the title of Jason Fernard to Service Manager Emergency Preparedness Resilience and Response (EPRR).

Action Log

The Action log was considered, and the following actions were recorded as follows:

Action Number: 20/23a - Deep dive on 111 clinical call back times - To be included in the Monthly Integrated Quality Performance Report (MIQPR). Rachel Marsh advised that it was not included in today's update and suggested it be discussed when the MIQPR was presented later in the meeting.

Committee Highlight Report – 17 July 2023

The committee highlight report from the 17 July 2023 Committee meeting was presented for the Committee's attention.

Following a request to receive an update on the position with Trust policies, Trish Mills advised following a robust review, it was being monitored through the Audit Committee.

RESOLVED:

(1) The minutes of the meeting held on 17 July 2023 were confirmed as a correct record, subject to amending the job title of Jason Fernard to Service Manager EPRR:

(2) the action log was considered and updated as described; and

(3) the committee highlight report was presented for information.

56/23 OPERATIONS QUARTERLY REPORT – QUARTER TWO - JULY TO SEPTEMBER 2023

Judith Bryce presented the Operations Directorate update for quarter two in which the Committee were updated as follows:

Members were assured that satisfactory progress was being made against the 71 actions applicable to the Trust resulting from the Manchester arena Inquiry.

The Committee noted that Exercise Dollhouse which was undertaken in July with representatives from across the Trust participating, had illustrated that WAST Commanders have a robust understanding of the need to deploy front line staff quickly but safely in the event of a Marauding Terrorist Attack.

A replacement Operations Manager has been recruited for the Volunteer Car Service (VCS) who, as part of their remit, will plan to increase the number of active VCS volunteers from 100 to more than 200 by the end of the year.

Further details on attrition rates in Emergency Medical Service (EMS) Coordination which was requested at the last meeting was provided. There were currently 19 vacancies in EMS Coordination and the Committee were assured that colleagues were doing their utmost to improve the situation.

As part of the financial savings plan EMS has controlled the level of overtime allocation. The reduced overtime allocation commenced on 1 July 2023 and the resultant Unit Hours Production (UHP) levels for the month of July were extremely close to the predicted levels, with abstraction variation across the 7 Health Board areas between 30% to 39%, with a Trust average of 35.62%.

Comments:

In terms of recruitment the Committee recognised there had been significant withdrawals from the recruitment process. Judith Bryce explained this could be for any number of reasons and it was not uncommon that people drop out mid-way through the process. The Trust was collecting the necessary data and from that will introduce measures to reduce the number of withdrawals.

The Committee sought clarity and an explanation on Unit Hours Production (UHP) levels and abstraction variation. Judith Bryce explained that UHP levels was the measure of the full roster of staff against what was deployed; if the roster was due to be staffed at 100% and only 50% deployed then that was a 50% UHP. UHP was measured in terms of percentages of the roster and what should be rostered daily. Abstraction levels was the amount of people unavailable to work due to several factors which varied on a daily basis across all Wales. On average the abstraction levels were 30 – 35 %.

Further explanation was sought on the area of reduced overtime allocation due to the Financial Savings Plan which resulted in reduced UHP. Judith Bryce informed Members that overtime controls were a way to contribute to the Financial Savings Programme, by controlling the amount of overtime in some areas.

Members recognised that staff turnover rates were a fundamental problem across all organisations and noted the ongoing work to improve this position.

The Committee were pleased to see the ongoing support to the Putting Things Right (PTR). Liam Wiliams provided an update on the approval for increase in the PTR establishment to ensure appropriate resourcing was in place to meet the demand.

RESOLVED: That the Committee received the Operations Quarterly report for July to September 2023.

57/23 FINANCIAL POSITION MONTH 5, 2023/24

The Committee received an update in the form of a presentation from Chris Turley on the financial position for Month five, 2023/24. The key points were:

The cumulative year to date revenue position was a small underspend of £0.027m, with the year-end forecast being one of break even.

Members were updated on the financial performance by each Directorate; noting that the Operations Directorate had reported an underspend of £748k, however reasons and assumptions behind this were also then presented.

An update was given on the current position in respect of the funding for the 100 Whole Time Equivalents (WTE); the sum of£5.7m. The latest correspondence has confirmed that the funding should be made available; however, clarity of the funding source was still to be progressed. The lack of clarity has meant that the organisation is taking a cautious and prudent approach to its financial management, in part resulting in the Ops Directorate position as above.

Members were also updated on the impact of the latest discussions with the Chief Ambulance Services Commissioner (CASC) in terms of expected funding.

There were several other risks which required management going forward which included; payment of the pay awards to be funded by Welsh Government (WG), the continuing volatility in the energy market, and the impact of any additional savings required.

The Capital plan was being progressed and current planned expenditure of £32m was forecast to be fully spent by the end of the financial year.

The Committee were shown examples of how future updates to the Committee would be given with the development of a financial reporting dashboard.

Comments:

The Committee found the update reassuring, nevertheless, would appreciate some understanding of the assessment of the service impact in meeting the financial target. Chris Turley advised that ongoing discussions with the CASC in terms of service impact continued. Rachel Marsh added that modelling of service impact has been shared with the CASC, one of them being the decrease in capacity because of reducing overtime which could possibly lead to a 5% reduction in red performance going forward.

The Committee registered their concern in respect of the impact and consequential effects on service delivery as a result of the delayed decision on confirmation of funding of the £5.7m, noting this would increase exponentially as the delay in confirmation increased.

Chris Turley agreed to update the Committee with any progress on confirmation of funding at the next meeting.

RESOLVED: The Committee noted the financial position for month 5, 2023/24.

58/23 FINANCIAL SUSTAINABILITY PROGRAMME REPORT

An update on the Financial Sustainability Programme was provided by Angela Lewis, noting this would be a regular quarterly update going forward.

The governance of the programme had been reviewed, and members recognised there had been timely progress and were assured that schemes were being scoped and advanced, and that the programme was also aiming to embed a foundational understanding of financial management across the Trust upon which future financial sustainability can be achieved.

Angela Lewis added that the Trust, in terms of achieving efficiencies, was not just focusing on short term solutions as this will be a long-term issue.

Currently, updates were reported through the Strategic Transformation Board and also the Executive Leadership Team and Assistant Director Leadership Team.

One of the focus areas going forward was looking at and identifying particular income generation initiatives. At present the Trust was in receipt of 94 ideas and initiatives which it was considering in more detail.

Comments:

Members commented that on the governance group, it would be useful to have input from a Trade Union perspective, particularly on the income generation ideas which Angela Lewis had already considered.

RESOLVED: The Committee, in order to provide an additional layer of scrutiny and assurance, approved that a progress update be provided to the Finance and Performance Committee on a quarterly basis.

59/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Julie Boalch updated the Committee on the position of the eight principal risks assigned to it for monitoring and had been updated as at 1 September 2023.

Following review at the Executive Leadership Team (ELT) all the scores had remained static. The Committee were assured that the actions were appropriate, and all relevant risks had been reviewed. Members were assured of new actions that had added to mitigate risks.

Comments:

The Committee recognised that some of the risks have remained static for a prolonged period. Trish Mills added that these were the risks that did not alter quickly and would not expect a shift in month. Members were assured of the position given the Committee there was detailed discussion at high level where risks scores were challenged, particularly around the sickness absence. In terms of the higher rated risks, it had been previously agreed to report these to the Board with specific detail on where the mitigation of these risks were discussed.

Liam Williams added that the depth of review, particularly with the higher scoring ones was subject to a detailed review every month at ELT meetings.
Liam Williams explained the challenges involved in reviewing the risks, adding in all likelihood the two highest scoring risks would remain, form a quality perspective, at a score of 25 for the foreseeable future.

RESOLVED: The Committee considered the contents of the Risk Management report.

60/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023/24 QUARTER ONE UPDATE FOR 2023/24

Rachel Marsh introduced the report announcing that the WAST Integrated Medium-Term Plan (IMTP) 2023-26 had now been approved by Welsh Government.

An update on progress against the plan was received as at the end of Q1. A series of charts within the report illustrated the total number of deliverables, where red or amber allocated a small narrative to explain why.

Two of the IMTP delivery programmes were marked as red and these were in respect of Salus and Advanced Practice; the latter being how advanced practice would be developed in the Trust. A lack of funding for recruiting for recruitment had been the issue.

The Committee were assured that the Strategic Transformation Board reviewed and monitored the deliverables against the IMTP 2023-2026

Comments:

The Committee acknowledged the work involved in having the IMTP 2023-2026 approved.

Members referred to page five of the report which mentioned how the Trust could explore income generation workstreams from a commercial mindset and asked if there had been any progress. Angela Lewis mentioned there had been discussions with value-based healthcare colleagues who have led the way in terms of some of this work in changing mindset and looking at continuous improvement modules. There was still further work to be undertaken and this was a key focus for the team.

RESOLVED: The Committee noted the update against the Trust's IMTP delivery governance and assurance mechanisms.

61/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

The Monthly Integrated Quality and Performance Report (MIQPR) for August 2023 was presented by Rachel Marsh who drew the Committee's attention to the following points:

There was work ongoing to define some of the newer Key Performance Indicators (KPIs).

There had been good performance in 111 abandonment rates being lower than 5%, also on clinical response ring back times which were meeting targets; however, this may be affected by Winter pressures over the coming months.

Red response for August was at 50.4% and Amber 1 response at 1 hour 14mins. These were lower than ideal, meaning patients were waiting for longer in the community. Whilst Red response was very important for life threatening issues, most of the harm was in the Amber category.

Trust sickness absence: the Trust's overall sickness percentage was 8.23% in July 2023, a deterioration from the 7.51% recorded in June 2023. Actions within the IMTP concentrated on staff well-being with an aim to start to reduce this level to the target of 6%.

EMS abstraction levels increased to 34.89% in July 2023, and remained above the 30% benchmark. An initial deep dive meeting has been held, with further work planned.

It was noted that consult and close rates after 999 calls had fallen to around 13%, with the ambition being 17%. The Committee also noted the Clinical Support Desk action plan was in place with support being provided to that team.

Handover times had slightly increased in August at just over 19,000 hours despite levels set through the Emergency Ambulance Services Committee (EASC) of no more than 15,000 by the end of September, which were not on track to be achieved. Whilst improvements in certain areas were evident, on a national basis there continued to be challenges to achieve a reduction in handover. A workshop was due to be held in September to consider improving flow through Emergency Departments and WAST would participate in that.

National Reportable Incidents (NRIs) / Concerns Response: The Trust reported one NRI to the NHS Executive in August 2023, a decrease of three from the four reported in July 2023; and 23 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In July 2023 complaint response times increased to 49%, although still did not meet the 75% target with cases remaining complex.

Comments:

The Committee were keen to hear if any lessons had been learned from the Cardiff and Vale University Health Board in terms of handover delays which had shown improvement in that area. Rachel Marsh commented that other Health Boards had linked in with them to understand the actions they have been taking and see if that could be replicated. She

added that from a national perspective, Integrated Commissioning Action Plan meetings took place which focused on actions being taken across Wales to consider ways to improve the patient flow.

In terms of the Deep dive as referenced in the action log, Action Number: 20/23a - Deep dive on 111 clinical call back times, Rachel Marsh advised that the targets in terms of clinical ring back were being achieved, and as there were no major issues at this time. It was agreed that unless performance levels changed for the worse there was no requirement for a deep dive.

Members acknowledged the significant challenges going forward with red performance expressing their concern that moving into the Winter period, performance was likely to deteriorate further. Judith Bryce informed the Committee as at today red performance was 46.9%.

The Committee discussed the challenges being faced by the whole service and were updated by Liam Williams on the work being undertaken to improve hospital flow; echoing that the system must work together to apply as much pressure on Welsh Government to implement processes enabling quicker discharges from hospital.

Members discussed in detail the areas affecting performance which included demand, particularly where there have been spikes which has a massive effect on the Trist's capacity. Rachel Marsh added that management has focussed on sickness sand abstraction levels and gave assurance there was significant scrutiny at ELT level and by the People and Culture Committee. Angie Lewis advised the Committee there has been improvement in sickness levels; adding this was being focused on constantly. As a comparison with other UK ambulance services the Trust was doing very well.

RESOLVED: The Committee

(1) Considered the Monthly Integrated Quality Report, noting the update: and

(2) Agreed, unless performance levels changed for the worse, a deep dive was not required in respect of the Deep dive as referenced in the action log, Action Number: 20/23a - Deep dive on 111 clinical call back times,

Martin Turner left meeting at 11:40

62/23 DIGITAL STRATEGY PLAN

Members recognised it was a priority of the Committee for 2023/24 to have oversight and monitoring of the digital strategy.

Aled Williams updated the Committee on the digital strategy plan which consisted of the following sections:

1. Data & Analytics status

2. ICT Systems status
3. Service provision and quality
4. Summary of IMTP contributions
5. A 'spotlight' item (where the deep dive topic will change each month)
6. People (this page of the report was currently in development).

Aled Williams gave further detail on each of the above sections and how the metrics were performing.

Since the publication of the Digital Strategy, the Trust has made excellent progress, with a number of large digital patient and digital workplace transformation programmes being completed in 2022-23 and others piloted and now progressing through 2023-24.

Comments:

The Committee reviewed progress on the plan and approved key digital system and service metrics to support monitoring of this area. Notwithstanding this excellent work, gaps in the plan have been identified as were vacancies in the team, and these will be progressed by the new Digital Director, Jonny Sammut, who joins the Trust on 27 September.

Members queried the number of vacancies and if there were any issues with recruitment. Aled Williams explained that within ICT there had, initially been an improvement in vacancy levels, however this had fallen to a vacancy level of 8.5. There were several factors involved affecting this and the Trust continued to work to improve the situation. The Committee accepted and acknowledged the challenges involved in the recruitment and retention of staff with technical experience in the digital environment.

Liam Williams added that the national digital portfolio and greater alignment across all solutions, included investment required scaling up. Information governance could be improved with better data sharing agreements that would enable organisations to work together quicker and effectively.

RESOLVED: The Finance & Performance Committee considered the metrics report and agreed reporting in this form met the oversight & assurance requirements, with a frequency aligned to the Committee cycles (i.e., every 2 months).

63/23 MOBILE DATA VEHICLE SOLUTION WELSH GOVERNMENT PROJECT ASSURANCE REVIEW

Keith Williams presented the Committee with an update on the Mobile Data Vehicle Solution (MDVS) project. The MDVS project sought to replace the legacy Mobile Data Terminals (MDTs) which formed part of the WAST safety and critical communications infrastructure and was funded by a capital investment of £22.9m from Welsh Government.

A Welsh Government gateway review of the project was received with an overall delivery confidence assessment of Amber/Green, meaning successful delivery appeared highly

probable.

The review identified several recommendations for the Trust to consider and these included:

The project team should update all project documentation to ensure it was consistent and accurate.

The project team should undertake a round of stakeholder engagement/communications to ensure that everyone was aligned to the new project plan.

The project team was to update the risk register to include mitigating action and all residual risks.

The Senior responsible Officer should ensure constant monitoring of the key risks was undertaken. These related to availability of suitable estates and logistics support, the risk associated with the Road Traffic Act and how that would interact with the new technology, and the control room solution project in association with upgrading the communications technology in that environment; all of which have been addressed and delivered.

The project team was to complete the benefits matrix and ensure that benefit outcomes and measurements were identified. This was currently in progress.

Deployment of the project was scheduled to commence week commencing 23 October 2023 with an Operations review and benefits realization review scheduled 12 months post MDVS deployment.

The Committee sought clarity on the challenges with the project when the Trust was operating at Resources Escalation Action Plan (REAP) level four. Keith Williams explained that the Trust had been at REAP level four for a significant period during the later stages of 2022 and had managed to continue delivering the project against the system wide pressures on demand.

RESOLVED: The Committee noted the update and the actions being taken in response to the recommendations made by the review team.

64/23 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Jo Williams gave a presentation and drew Members' attention to the following key areas:

Decarbonisation Programme Board and other wider governance.

The Board meets quarterly with the most recent meeting held on 21 August and oversees delivery of the actions within the Decarbonisation Action Plan (DAP).

WAST Decarbonisation Action Plan update.

There were 144 actions in the DAP, with 17 of those requiring urgent attention.

NHS Wales Shared Services Partnership (NWSSP) Decarbonisation Co-ordination Reporting (DCR).

The first (pilot) NWSSP DCR report was submitted in June 2023, this report covered only Transport and Procurement (TaP) initiatives progress for Q4 2023. The Trust has now received the updated reporting timeline, which was quarterly. All actions within the DAP will require an update each quarter. The first report required submission by 31 August 2023.

Welsh Government reporting (including 2022/23 Sustainability report).

This was a mixture of qualitative and quantitative data sets reporting, with the Annual Sustainability report amalgamating those data sets. It was noted that whilst there had been a reported significant increase in the Trust's overall emissions, this was explained by changes in definitions and that which is now included when compared to the baselines. Such a movement will be the same for all NHS Wales organisations therefore The Trust was addressing this by moving to more newer and renewable energy technology.

Waste Management – internal audit, update report and legislation.

New provisions under the Environment (WALES) Act 2016 will come into force on 1 April 2024 and this will provide for occupiers of non- domestic premises to comply with several legislative requirements. The impacts for the Trust include additional resources to implement and manage the requirements.

Reinforced Autoclaved Aerated Concrete (RAAC).

The Committee was assured that, in line with other NHS Wales organisations, WAST had conducted a detailed independent inspection of all sites within scope, which detailed a nil return in relation to the presence of RAAC in all buildings up to 2000. In addition, further detail has been sought for buildings where WAST colleagues share estate with the Fire and Rescue Services.

Comments:

The Committee thanked the team for the report and acknowledged the complexity of the work involved.

RESOLVED: The Committee

(1) NOTED this update, specifically in relation to the DAP reporting and establishment of programme management arrangements;

(2) NOTED the quantitative carbon report;

(3) ENDORSED the 2022-23 Sustainability Report, for subsequent approval by Trust Board;

(4) NOTED the DCR submission to NWSSP, approved for submission by the Executive Director of Finance & Corporate Resources;

(5) NOTED annual waste reporting requirements, changes to waste policy & upcoming changes to waste legislation;

(6) NOTED the outstanding internal audit recommendations and plans for their closure;

(7) NOTED the Utility, Water & Waste report; and

(8) NOTED the update and assurances provided in relation to RAAC.

65/23 MANCHESTER ARENA INQUIRY – PROGRESS UPDATE

Judith Bryce presented the report as read adding that good progress was being made against the 71 applicable actions for the Trust.

The completion of actions required a considerable amount of work and involved:

1. Fortnightly meetings with the Head of Service and Service Manager, Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations.

2. Monthly meetings with the Assistant Director of Operations, National Operations & Support / Head of Service, EPRR & Specialist Operations.

3. Bi-monthly meetings with the Executive Director of Operations / Assistant Director of Operations / Head of Service, EPRR & Specialist Operations.

Comments:

Given the national focus it was critical to get this right and the Committee wanted to understand if there were any nuances/challenges that were Welsh centric had been identified. Judith Bryce commented there were some differences with England and Wales but the Trust ultimately would look to look to maintain interoperability with England and report in a consistent way.

RESOLVED: The Committee RECEIVED and DISCUSSED the governance and assurance process, and progress on the completed recommendations related to the MAI recommendations, noting that the Operations Senior Leadership Team had approved the recommendations included in the paper.

66/23 CYCLE OF BUSINESS MONITORING REPORT AND REVIEW OF COMMITTEE PRIORITIES

The report was noted for information.

RESOLVED: The Committee noted the report.

67/23 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Members reflected that there had been good focus on the impact of the financial challenges on our patients and our people; and the challenge of balancing volume of papers and presentation time is one that will have particular focus at effectiveness reviews this year. Several Items on the Agenda were broad and interesting, and it should be borne in mind when setting the agenda that items were in the right place and allocated sufficient time. There was still a challenge on the volume of papers and time management.

Interaction with presenters who do not normally attend the meeting could be improved. Members felt that this was not in any way to indicate a lack of respect and thanked those presenters for the clarity of their papers and messages, adding it was incumbent upon the Chair to thank report writers. Furthermore, a lack of time should not be an obstacle to the scrutiny of items.

It was agreed that any further reflections would be e mailed to the chair after the meeting and he would liaise with Trish Mills on any actions and/or decisions that required reporting to the Board through the AAA.

RESOLVED: The reflections were noted as above.

68/23 ANY OTHER BUSINESS

It was raised whether the 20mph restriction on certain areas on Welsh highways as imposed by Welsh Government, and the impact on WAST had been acknowledged. Rachel Marsh added that within the MIQPR job cycle times were checked from an EMS perspective.

Judith Bryce added that job cycles times were closely monitored, and any impacts would be addressed. Also, in terms of NEPTS, times were monitored closely to see if the same number of journeys were carried out in the allocated shift time. It was too early to see if any impact was being made.

Meeting concluded at 13:02

Date of Next Meeting: 13 November 2023.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
JOINT COMMITTEE MEETING BRIEFING – 19 SEPTEMBER 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 19 September 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)

1. Minutes of Previous Meetings
The minutes of the meetings held on the 18 July 2023 & 1 August 2023 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising
Members **noted** the progress on the actions outlined on the action log.

3. Genomics Update
Members received a presentation on how the All Wales Medical Genomics Service (AWMGS) is leading the way in many areas of genomics (Rare Disease, Cancer, Pharmacogenomics, and Mental Health) covering prevention, diagnosis and targeted treatments where was clinically needed and cost effective.

Members noted the Genomics Delivery Plan for Wales 2022-2025, how genomics was transforming cancer diagnostics and drug prescriptions; and how the AWMGS was delivering equitable genomic testing for improved outcomes in cancer and rare disease enabling precision medicine and reducing adverse drug reactions.

Members **noted** the presentation.

4. Chair's Report
Members received the Chair's Report and **noted**:

- **Appointment of a Vice Chair -** To ensure effective business continuity for WHSSC and the Joint Committee it was proposed that Chantal Patel, Independent Member (IM), WHSSC is appointed to the unremunerated role of Vice Chair for the Joint Committee, in accordance with the WHSSC Standing Orders (SOs),
- **Establishment of WHSSC/EASC Vacancy Control Panel –** Following receipt of a letter to WHSSC on behalf of the CEOs,

WHSSC and EASC have established a joint Vacancy Control Panel, aligned with that of CTMUHB but responsive to the needs of both functions,

- **Chair of the Individual Patient Funding Request (IPFR) Panel** Further to the Extraordinary Joint Committee meeting held on 1 August 2023, which supported the request to take forward the urgent recruitment of the WHSSC Individual Patient Funding Request (IPFR) panel Chair and approved the proposed remuneration package, the post has now been advertised following earlier delays. The aim is to appoint a substantive IPFR Chair by the end of October 2023. **Interim arrangements have been put in place to cover October;** and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Noted** the update on the recruitment of the Chair of the Independent Patient Funding Request (IPFR) Panel; (3) **Noted** the establishment of the WHSSC/EASC Vacancy Control Panel and (4) **Approved** the appointment of Chantal Patel as Vice Chair of the WHSSC Joint Committee.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Progress on South Wales Neonatal ODN** - Funding for the South Wales Neonatal Transport Operational Delivery Network (ODN) was agreed at the 14 March 2023 Joint Committee meeting and funding has been released. However, the recruitment process has not yet taken place and therefore in line with our approach for other, as yet uncommitted investments, we have suspended implementation for this financial year. We will review the need and/or different options for delivering the scheme in 2024-2025. This scheme will now be considered within our process for prioritisation of all uncommitted expenditure and we have requested further information from Swansea Bay UHB (SBUHB), the provider Health Board (HB) to inform this evaluation,
- **Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy -** The WHSSC team met with Llais on 31 August 2023 to discuss the next steps regarding the policy development. WHSSC informed Llais that because of the uncertainty surrounding the budget impact of any policy changes, the current financial challenges for the NHS in Wales meant that policy development has been halted. Colleagues in Llais understood the financial challenge and the difficult choices faced by WHSSC and HBs. A further update meeting is planned for late September 2023; and
- **South Wales Spinal Network (SWSN) -** Following discussion at the NHS Wales Health Collaborative Executive Group (CEG), the

Cardiff and Vale UHB (CVUHB) and SBUHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) set up a project to develop a new service model, to clarify the regional model for South East and South West Wales respectively, as well as the supra-regional model for South Wales, West Wales and South Powys. The project was launched in October 2020, with the aim of developing recommendations for delivering a safe, effective and sustainable model for spinal surgery in South and West Wales.

The final report was presented to the NHS Wales Health CEG on the 6 April 2021. The recommendation was accepted by the CEG, and the responsibility for commissioning the ODN was delegated to the Welsh Health Specialised Services Committee (WHSSC).

Members (1) **Noted** the report; and (2) **Noted** that the South Wales Spinal Network (SWSN) will go live on 25 September 2023.

6. Development of the Integrated Commissioning Plan (ICP) 2024/25

Members received a report offering assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within wider NHS Wales situational context.

Members (1) **Noted** the report (2) Received assurance on the planning process to date which is in line with timeline received by the Joint Committee in May 2023; and (3) **Noted** the approach being taken to respond to the NHS Wales situational context, including an enhanced risk assessment.

7. South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper

Members received a report providing an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019, which proposed that the WHSSC Joint Committee fulfil the CEO reporting function at the request of the NHS Wales Chief Executives; and which requested that the Joint Committee give final approval for Phase 1 implementation of the Programme.

Members (1) **Noted** the report, (2) **Approved** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, prior to a report being issued to the seven HBs for final approval, (3) **Considered** and **approved** that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme with immediate effect, prior to a report being issued to the seven HBs for final approval, (4) **Recommended to HBs for approval of** an in year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme, prior to a report being issued to the seven HB's for final approval; and (5)

Recommended to HBs for approval of a continuation of funding for Phase 2 at the current level prior to a report being issued to the seven HBs for final approval.

A separate note will follow to HBs clarifying the financial arrangements for Phase 1.

8. Welsh Government National Commissioning Review Update
Members received a verbal update on progress with the Welsh Government national commissioning programme commissioned by the Minister for Health & Social Services.

Members noted that the National Commissioning Review Implementation Board meeting was taking place immediately after the WHSSC Joint Committee meeting.

Members **noted** the verbal update.

9. Single Commissioner for Secure Mental Health Service Project Initiation Document (PID)
Members received a report presenting the Project Initiation Document (PID) for the Single Commissioner Model for Secure Mental Health Services.

Members (1) **Noted** the report; and (2) **Supported** the recommendation to initiate the project to develop a Single Commissioner Model for Secure Mental Health Services.

10. Revision to Financial Delegated Limits
Members received a report requesting changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.

Members (1) **Noted** the report, and (2) **Approved** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.

11. WHSSC Model Standing Orders – Governance and Accountability Framework
Members received a report providing an update on the WHSSC Model Standing Orders and Governance and Accountability Framework.

Members (1) **Noted** the report, (2) **Approved** the proposed changes to the WHSSC Standing Orders (SOs), prior to being issued to the seven HB's for approval and inclusion as schedule 4.1 within their respective HB SOs, (3) **Approved** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 Annex 2.1 within their respective HB SOs; and (4) **Noted** that there are no changes to the Memorandum of Agreement (MoA).

12. WHSSC Performance Report Month

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

13. Financial Performance Report – Month 4 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 4 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 4 for WHSSC was a forecast overspend of £2.164m against the ICP financial plan and a forecast year-end underspend of £4.202m.

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

14. South Wales Neonatal Transport Delivery Assurance Group Report (April 2023 - June 2023)

Members received a report providing a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) quarterly report for 1 April 2023 – 30 June 2023.

Members (1) **Noted** the highlights of the Q1 Neonatal Transport DAG report, (2) **Noted** that the full report was being shared In-Committee due to potential patient identifiable data; and (3) **Received** assurance that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

15. South Wales Trauma Network Delivery Assurance Group Report (Q1)

Members received a report providing a summary of the Quarter 1 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the full South Wales Major Trauma Network (SWTN) DAG Report and highlights contained in the cover report.

16. Specialised Paediatric Services Strategy – Implementation Board Highlight Report

Members received a report providing a progress update on the implementation of the Specialised Paediatric Services Strategy.

Members **noted** the report and the progress made.

17. All Wales PET Programme Progress Report
Members received a report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme.

Members **noted** the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams.

18. Corporate Governance Matters
Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

19. Other reports
Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC); and
- Quality & Patient Safety Committee (QPSC);

20. Any Other Business

- **Cheshire & Wirral Mother and Baby Unit (MBU) –** Members noted that a contractor had been identified and a start on site was expected before Christmas. Recruitment to the posts was expected to start in April 2024 with view to new unit being operational by 1 October 2024; and
- **WHSSC Annual Report –** members noted that the WHSSC Annual Report would be circulated via email for approval and brought back to the November meeting for ratification.

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	21 September 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Matters Arising

- ***Duty of Quality Update –*** The Medical Director gave a verbal update on progress with the implementation of the Duty of Quality. Good progress has been made but challenges remain in making the Duty fit to non-patient facing services and we are meeting shortly with both DHCW and HEIW to share thoughts on how best to approach this. Reference was also made to two major projects (Laundry and TrAMS) that have quality improvements at their core but being unable to make significant progress due to lack of capital.
- ***Recruitment Modernisation Update –*** A presentation was given by the Deputy Director of Employment Services and the Head of Recruitment on progress in addressing recruitment challenges across NHS Wales. Measures have been implemented that have significantly streamlined the process and members commented favourably on the reduction in the time taken to successfully recruit new members of staff.

Chair's Report

The Chair noted attendance at recent meetings with the Minister largely focused on the financial situation across NHS Wales.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The establishment of a Value and Sustainability Group within NWSSP to drive an organisation wide approach to strengthen cross divisional working, to co-ordinate and deliver actions to demonstrate value for money as well

as continue to innovate and improve quality and consistency for NHS Wales. The Value and Sustainability Group mirrors the national approach and will closely monitor progress in achieving planned savings.

- The negotiations with the landlord on the Mamhilad site for provision of alternative accommodation for the Patient Medical Record service are nearing completion following the discovery of significant Reinforced Autoclaved Aerated Concrete issues in Brecon House. The costs of moving are however substantial with the need to shift 140,000 boxes of records and we are working on how to undertake this in the most cost-effective way.
- The move from the Regional Office in Companies House to Cathays Park has paused as a number of issues have recently arisen in respect of Cathays Park which have caused us to investigate what other options may be available.

The Committee **NOTED** the update.

Items for Approval

Energy April 26 V30 Basket Strategy - The Welsh Energy Group have considered NHS Wales' participation in a longer-term basket strategy for an initial 12-month supply period commencing 1st April 2026. The paper outlined the recommended approach for NHS Wales to confirm participation in the Long-Term Variable (V30) basket strategy for supply of energy for the period. The Committee **APPROVED** participation in the April26 V30 basket strategy.

Laundry Reconfiguration - The paper presented the option of reducing the Laundry Production Units currently utilised in the All-Wales Laundry service from five to four units through the decommissioning of the West Wales unit in Carmarthen and the formation of a storage and distribution hub. The Committee **APPROVED** the proposed decommissioning of the Carmarthen Laundry Production Unit, the creation of a Southwest distribution hub and the subsequent redistribution of volumes across South West and South East Wales.

Changes to the Welsh Risk Pool Risk Sharing Agreement – these had been discussed and agreed at the Welsh Risk Pool Committee on the previous day. The paper set out the Risk Share charges for 2023/24 arising from excess expenditure above the Welsh Government annual allocation for Clinical Negligence and Personal Injury claims. Following the receipt of the 2022/23 annual accounts, the proportions have been reassessed for 2023/24 based on agreed criteria and this has led to some organisations being asked to contribute more, while others will see a reduction in their contributions. The Committee **APPROVED** the updated Risk Share charges to NHS Wales for 2023/24.

Items for Noting

Transforming Access to Medicine (TrAMS)

The original plans for TrAMS have been significantly curtailed by the restrictions on available capital. Accommodation for the service within Southeast Wales is being urgently sought and there are a number of possible options. The existing

Pharmacy Service Technical Units are reaching end-of-life and the need to source alternative accommodation as soon as possible was stressed by a number of members.

The Committee **NOTED** the verbal update.

Finance, Performance, People, Programme and Governance Updates

Finance – The Month 5 financial position is a year-to-date overachievement of non-recurring savings of £0.999m. We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, energy costs for laundries, continued demand and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS. We are anticipating an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises. Our additional savings submission to Welsh Government on 11th August identified we can make a £1.6m distribution this financial year, in addition to identifying NWSSP supported initiatives that will result in cash releasing savings direct to NHS Wales Organisations and Welsh Government. Following the decision to transfer our utility supplies to the CCS Framework, this gave rise to the opportunity to sell back some small quantities of energy that we had secured the right to forward purchase at lower than current market rates for 2024/25 and 2025/26. The Wales Energy Group (which comprises each Director of Finance or their designated representative) agreed that these tranches of energy will be sold back to British Gas with a net £2.520m one-off windfall gain to NHS Wales to be accounted for in the 2023/24 financial year.

People & OD Update – Sickness absence remains low and statutory and mandatory performance is good. PADR rates are below target and the position has slightly worsened over recent months.

Performance – The in-month July performance was generally good with 37 KPIs achieving the target against the total of 41 KPIs. However, 4 KPIs did not achieve target and are considered Red/Amber. Two of these relate to Recruitment, one to customer satisfaction with the Digital Workforce Team, and one relating to Procurement Savings.

Project Management Office Update – Three projects are currently rated as red, these are the Brecon House relocation where there are issues with the current building being unsafe and the cost of relocation of records, Primary Care Contract reform, and the TrAMS project and particularly the affordability of the proposed solution as part of the wider capital programme.

Corporate Risk Register – There are currently eight red risks on the Corporate Risk Register. These cover energy costs, staffing shortages, the Legal & Risk Case Management System, Brecon House, TrAMs, the impact on the Single Lead Employer Team of proposed Junior Doctors Industrial action, the limitations

imposed by the overall financial climate and the reputational issues for NWSSP relating to the situation at BCUHB. The Committee **NOTED** the above Reports.
Papers for Information
The following items were provided for information only: • Welsh Infected Blood Support Service Annual Report 2022/23; • PPE Stock Report; • Audit Committee Assurance Report; and • Finance Monitoring Returns (Months 4 and 5).
AOB
N/a
Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.
Matters referred to other Committees
N/A

Date of next meeting	Thursday 23rd November 2023 10am – 12pm

Acronyms
(WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AC	Audit Committee
AMPDS	Advanced Medical Priority Dispatch System
APC	Academic Partnerships Committee
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BAU	Business as Usual
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAMHS	Child and Adolescent Mental Health Services
CAS	Clinical Assessment Software
CC	Charity Committee
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CPAS	Clinical Prioritisation Assessment Software Group
CHARU	Cymru High Acuity Response Unit
D&C	Demand and Capacity
DOM	Duty Operations Manager

Abbreviation	Term
DOS	Directory of Services
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EMSC	Emergency Medical Service Coordination
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ERADI	Emergency Response Ambulance Driving Instruction
ESMCP	Emergency Services Mobile Communications Programme
FPC	Finance and Performance Committee
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
ITT	Inverting the Triangle
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
HEIW	Health and Education Improvement Wales
HoS	Head of Service
HCS	Health Courier Services
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MIST	Mandatory In-Service Training
MRD	Make Ready Depot
MTS	Manchester Triage System
MDS	Minimum Data Set
MDT	Mobile Data Terminal
MDT	Multi-Disciplinary Team
MTU	Mobile Testing Unit
NCCU	National Collaborative Commissioning Unit

Abbreviation	Term
NEPTS	Non-Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NED (s)	Non-Executive Director (s)
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PADR	Personal Appraisal Development Review
PCC	People and Culture Committee
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PID	Project Initiation Document
PLIC	Patient Level Information and Costing system
PPLH	Post Production Lost Hours
PRINCE2	Projects in a Controlled Environment (methodology)
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
PTaS	Physician Triage and Streaming
QuEST	Quality, Patient Experience and Safety Committee
REAP	Resource Escalation Action Plan
RemCom	Remuneration Committee
RITA	Reminiscence Therapy Interactive Activities
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case

Abbreviation	Term
SOP	Strategic Outline Programme
TU	Trade Union
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government
WHC	Welsh Health Circular
WTE	Whole Time Equivalent