

Bundle Trust Board (Open Session) 25 July 2024

Agenda attachments

- ITEM 00 PDF Agenda
- ITEM 0 Agenda for ibabs-en-cy-C
- 0 09:30 – OPENING ITEMS
- 1 Chair’s welcome, apologies, and confirmation of quorum
- 2 Board Member Register of Interests
Board Member Register of Interests
- 3 Minutes of Previous Meetings
ITEM 03 2024-05-30 Trust Board Minutes – Draft
- 4 Action Log and Matters Arising
Item 04: Action Log
Item 04.1 Response to Stroke Association
Update on previous staff story (Emma Worrall)
ITEM 04 Action Log
ITEM 04.1 Response to AC Stroke Association June 24
- 5 09:35 – Chair’s Report
ITEM 05 Chair’s Report to Trust Board – July 2024
- 6 09:45 – Chief Executive’s Report
ITEM 06 CEO REPORT TO TRUST BOARD JULY 2024 20240712
- 7 10:05 – Questions from Members of the Public
- 7.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 8 10:15 – Patient Story
Robert and Victor Maxwell
- 9 10:45 – Actions to Mitigate Avoidable Patient Harm in the Context of Extreme and Sustained Pressure Across Urgent and Emergency Care
ITEM 09 Realtime Mitigations20240716
ITEM 09.1 Reducing Patient Harm Action Plan hb 20240725 (RM Final)
- 10 11:05 – Monthly Integrated Quality and Performance Report
ITEM 10 MIQPR SBAR TB May June 2024
ITEM 10.1 Annex 1 MIQPR TB May June 2024
- 10.1 11:20 – COMFORT BREAK
- 11 11:35 – Risk Management and Board Assurance Framework
ITEM 11 Executive Summary Risk Management Report Trust Board 250724
- 12 11:45 – Financial Performance Month 3
Note: Items 12.2 and 12.4 have been circulated separately by e mail.
ITEM 12 Finance Report Month 3 24-25 FINAL
ITEM 12.1 Month 02 2024-25 – Welsh Ambulance Services NHS Trust – Monitoring Return – final
ITEM 12.3 Month 03 2024-25 – Welsh Ambulance Services NHS Trust – Monitoring Return – final
- 13 11:55 – Integrated Medium-Term Plan 24/25 Delivery & Assurance Approach and Q1 Delivery & Assurance Update
ITEM 13 240725 – Executive Summary – IMTP Delivery Assurance Report
- 14 12:15 – Digital Plan (inc. Equality Impact Assessment)
ITEM 14 Digital Plan Refresh – 2024 – Trust Board
ITEM 14.1 Digital Plan 2024-29 v11 File replaced
ITEM 14.2 Appendix 2 – Digital Pillars 2024
ITEM 14.3 Appendix 3 – Digital_Integrated Equality Impact assessment 2023 EqIA_.docx(Final)
- 15 12:35 – Governance Report
ITEM 15 Governance Report – July 2024
- 16 12:40 – Scheme of Reservation and Delegation of Powers – Contract Awards by Board
ITEM 16 SBAR to TB SoRD

ITEM 16.1 Schedule 1, Scheme of Reservation and Delegation of Powers V8 for TB approval on 250724

- 17 12:45 – Board Committee Reports
Item 17.1 Audit, Risk and Assurance Committee – 7 June and 10 July 2024
Item 17.2 Finance and Performance Committee – 16 July 2024 – Verbal
Item 17.3 Academic Partnership Committee – 19 July 2024 – Verbal
ITEM 17.1 ARAC AAA Report June and July 2024
- 17.1 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.
- 18 Minutes of Board Committees:
Item 18.1 Academic Partnership Committee – 16 January 2024
Item 18.1a Academic Partnership Committee – 23 April 2024
Item 18.2 Audit Committee: 30 April 2024
Item 18.3 Finance and Performance Committee: 14 May 2024
ITEM 18.1 APC CONFIRMED JAN MINUTES 24
ITEM 18.1a APC CONFIRMED APRIL MINUTES 24
ITEM 18.2 2024-04-30 OPEN Minutes, Audit Committee
ITEM 18.3 2024-05-14 OPEN Minutes, Finance and Performance Committee
- 19 NHS Wales Joint Committee Update Reports:
Item 19: Joint Commissioning Committee Meeting – 21 May 2024
ITEM 19 JCC Briefing (Public) 21 May 2024
- 19.1 13:05 – CLOSING ITEMS
- 20 Reflections and Summary of Decisions/Actions
- 21 Any Other Business
- 22 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).
- 23 Date and time of next meeting
26 September 2024 at 09:30
- 24 Acronyms
ITEM 24 Acronyms

Length of Meeting: 03:45		Agenda Status:		OPEN TRUST BOARD - 25 July 2024	
Time	Mins allotted	Agendum	Title	Item for	Format
OPENING ITEMS					
09:30	00:05	1	Chair's Welcome, Apologies and Quorum	Information	Verbal
		2	Declarations of Interest	To State Conflicts	Verbal
		3	Minutes of the Last Meeting: 30 May 2024	Approval	Paper
		4	Action Log & Matters Arising: Update on previous staff story (Emma Worrall)	Discussion	Paper
09:35	00:10	5	Chair's Report	Information	Paper
09:45	00:20	6	Chief Executive's Report	Information	Paper
10:05	00:10	7	Questions from Members of the Public	Information	Verbal
FOR APPROVAL, ASSURANCE AND DISCUSSION					
10:15	00:30	8	Patient Story: Robert & Victor Maxwell	Assurance	Verbal
10:45	00:20	9	Progress on Actions to Mitigate Avoidable Patient Harm	Assurance	Paper
11:05	00:15	10	Monthly Integrated Quality and Performance Report (MIQPR), to include the MIQPR Annual Review of Metrics	Approval	Paper
11:20	00:15	COMFORT BREAK			
11:35	00:10	11	Risk Management and Board Assurance Framework	Assurance	Paper
11:45	00:10	12	Financial Performance Month 3	Assurance	Paper
11:55	00:20	13	Integrated Medium-Term Plan (IMTP)	Assurance	Paper
12:15	00:20	14	Digital Plan (inc. Equality Impact Assessment)	Approval	Paper
12:35	00:05	15	Governance Report	Assurance	Paper
12:40	00:05	16	Scheme of Reservation and Delegation of Powers - Contract Awards by Board	Approval	Paper
12:45	00:20	17	Board Committee Reports	Assurance	Paper
13:05	00:00	17.1	Audit, Risk and Assurance Committee – 7 June and 10 July 2024	Assurance	Paper
13:05	00:00	17.2	Finance and Performance Committee – 16 July 2024	Assurance	Verbal
13:05	00:00	17.3	Academic Partnership Committee – 19 July 2024	Assurance	Verbal
CONSENT ITEMS The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.					
13:05	00:00	18	Minutes of Board Committees: Academic Partnerships Committee - 23 April 2024 Audit, Risk and Assurance Committee: 30 April 2024 Finance and Performance Committee: 14 May 2024	Information	Paper
13:05	00:00	19	NHS Wales Joint Committee Update Reports: Joint Commissioning Committee Meeting – 21 May 2024	Information	Paper
CLOSING ITEMS					
		20	Reflections and Summary of Decisions/Actions	Discussion	Verbal
		21	Any Other Business	Discussion	Verbal
13:05	00:10	22	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).	Information	Verbal
		23	Date & Time of the Next Meeting: 26 September 2024, 09:30	Information	Verbal
		24	Acronyms	Information	Paper
13:15	03:45	CLOSE			

LEAD PRESENTERS

Name	Position
Colin Dennis	Chair of the Trust Board
Julie Boalch	Head of Risk/Deputy Board Secretary
Peter Curran	Chair of the Audit, Risk and Assurance Committee and Non-Executive Director
Jason Killens	Chief Executive Officer
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Chair of the Academic Partnerships Committee and Non-Executive Director
Jonny Sammut	Director of Digital Services
Joga Singh	Chair of the Finance and Performance Committee and Non-Executive Director
Chris Turley	Executive Director of Finance and Corporate Resources

Hyd y cyfarfod: 19.08		Statws yr agenda: DRAFFT		BWRDD ADORED YR YMDDIRIEDOLAETH - 25 Gorffennaf 2024			
Amser	Munudau a neilltuwyd	Agendum	Wedi'i dderbyn?	Teiti	Eitem ar gyfer	Eitem wedi'i chyflwyno gan	
EITEMAU AGORIADOL							
09:30	00:05	1		Croeso gan y Cadeirydd, Ymddiheuriadau a Chworwm	Gwybodaeth	Cadeirydd	
		2		Datganiadau o Fuddiannau	I ddatgan gwrthdaro	Cadeirydd	
		3		Cofnodion y Cyfarfod Diwethaf: 30 Mai 2024	Cymeradwyaeth	Cadeirydd	
		4		Cofnodion Gweithredu a Materion sy'n Codi	Trafodaeth	Cadeirydd	
09:35	00:10	5		Adroddiad y Cadeirydd	Gwybodaeth	Cadeirydd	
09:45	00:20	6		Adroddiad y Prif Weithredwr	Gwybodaeth	Prif Swyddog Gweithredol	
10:05	00:10	7		Cwestiynau gan Aelodau'r Cyhoedd	Gwybodaeth	Estelle Hitchon	
EITEMAU AR GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH							
10:15	00:30	8		Stori claf	Sicrwydd	Liam Williams	
10:45	00:20	9		Cynnydd ar Gamau i liniaru niwed cleffion y gellir ei osgoi	Sicrwydd	Jason Killens	
11:05	00:15	10		Adroddiad Misol Ansawdd a Pherfformiad Integredig (MIQPR), i gynnwys Adolygiad Blynyddol MIQPR o Fetrigau	Sicrwydd	Rachel Marsh	
11:20	00:15	EGWYL					
11:35	00:10	11		Rheoli Risg a Fframwaith Sicrwydd y Bwrdd	Sicrwydd	Julie Boalch	
11:45	00:10	12		Perfformiad Ariannol Mis 3	Sicrwydd	Chris Turley	
11:55	00:20	13		Y Cynllun Tymor Canolig Integredig	Sicrwydd	Rachel Marsh	
12:15	00:20	16		Cynllun Digidol	Cymeradwyaeth	Jonny Sammut	
12:35	00:05	17		Adroddiad Llywodraethu	Sicrwydd	Trish Mills	
12:40	00:20	18		Adroddiadau Pwyllgorau'r Bwrdd	Sicrwydd	Amherthnasol	
13:00	00:00	18.1		Pwyllgor Archwilio, Risg a Sicrwydd – 7 Mehefin a 10 Gorffennaf 2024	Sicrwydd	Peter Curran	
13:00	00:00	18.2		Pwyllgor Cyllid a Pherfformiad – 16 Gorffennaf 2024	Sicrwydd	Joga Singh	
13:00	00:00	18.3		Y Pwyllgor Partneriaethau Academaidd – 19 Gorffennaf 2024	Sicrwydd	Hannah Rowan	
EITEMAU CYDSYNIAD Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd aelod yn dymuno trafod unrhyw rai o'r eitemau hyn gofynnir iddo hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.							
13:00	00:00	19		Cofnodion Pwyllgorau'r Bwrdd: Pwyllgor Ekusenau - 4 Ebrill 2024 Pwyllgor Partneriaethau Academaidd – 23 Ebrill 2024 Pwyllgor Archwilio, Risg a Sicrwydd: 30 Ebrill 2024 Pwyllgor Cyllid a Pherfformiad: 14 Mai 2024	Gwybodaeth	Cadeirydd	
13:00	00:00	20		Adroddiadau Diweddarau Cydbwyllgor GIG Cymru: Cyfarfod y Cydbwyllgor Comisiynu – 21 Mai 2024	Gwybodaeth	Cadeirydd	
EITEMAU CAU							
13:00	00:10	21		Myfyrodau a Chrynodeb o Benderfyniadau/Camau Gweithredu	Trafodaeth	Cadeirydd	
		22		Unrhyw Fater Arall	Trafodaeth	Cadeirydd	
		23		Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyfrif Cyhoeddus (Mynediad i Gyfarfodydd) 1960).	Gwybodaeth	Cadeirydd	
		24		Dyddiad ac Amser y Cyfarfod Nesaf: 26 Medi 2024	Gwybodaeth	Cadeirydd	
		25		Acronymau	Gwybodaeth	Cadeirydd	
13:10	03:40	DIWEDD Y CYFARFOD					

PRIF GYFLWYNWYR

Enw	Swydd
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Julie Boalch	Pennaeth Risg/Dirprwy Ysgrifennydd y Bwrdd
Peter Curran	Cadeirydd y Pwyllgor Archwilio, Risg a Sicrwydd a Chyfarwyddwr Anweithredol
Jason Killens	Prif Swyddog Gweithredol
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifennydd y Bwrdd
Hannah Rowan	Cadeirydd y Pwyllgor Partneriaethau Academaidd a Chyfarwyddwr Anweithredol
Jonny Sammut	Cyfarwyddwr Gwasanaethau Digidol
Joga Singh	Cadeirydd y Pwyllgor Cyllid a Pherfformiad a Chyfarwyddwr Anweithredol
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol



GIG
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NHS
WALES

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

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 30 MAY 2024 MEETING HELD IN CARDIFF MAKE READY DEPOT AND VIA ZOOM

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Professor Kevin Davies	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Non-Executive Director and Interim Vice Chair of the Board
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

Attendees:

Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager
Emma Worrall	Emergency Medical Dispatch Call Taker (Staff Story)

BSL Interpreters:

Hayley Brown
Alison Gilchrist

Apologies:

Bethan Evans	Non-Executive Director
Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director

39/24 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies.

The Chair welcomed all to the meeting, and noted apologies were received from Bethan Evans, Hannah Rowan, and Joga Singh.

Declarations of interest.

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

RESOLVED: That the declarations of interest on the register were formally recorded and the apologies from Bethan Evans, Hannah Rowan, and Joga Singh were formally recorded.

40/24 PROCEDURAL MATTERS

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

Minutes:

The Minutes of the Board meeting held on 28 March 2024 were presented and confirmed as a correct record.

Action Log:

The Board received the action log:

Minute 24/24: Progress on Actions to Mitigate Avoidable Patient Harm. *Overall lost hours at ED, to include details of the variation in performance across Wales for the Quest Committee's consideration.* Action transferred to the Quest Committee; action closed.

Minute 33/24: The Workforce Equality Monitoring Report 2023 and the Gender Pay Gap Reports for 2022-23. *People with a disability in Wales 21.1% using Census data 2021. It was queried if a working age could be used as data to ensure more accurate comparison for future reports.* The census data on disability has been age-standardised and is based on numbers per household, therefore, this figure

should be used as being reflective of the local population of Wales. The census data only provides differences in geographical areas across Wales e.g. Blaenau Gwent has the highest percentage of disability (24.6%) and Monmouthshire has the lowest (17.7%). Action closed.

Minute 33/24a: The Workforce Equality Monitoring Report 2023 and the Gender Pay Gap Reports for 2022-23. *To ensure accuracy of Welsh translations on the supported documents.* Any errors in the Welsh language versions have been corrected. The documents have also been amended to include the new Trust logo. The documents have been sent to the Communications Team for upload to the Trust's website.

RESOLVED: That

- (1) The Minutes of the meeting held on 28 March 2024 were confirmed as a correct record.**
- (2) The update on the action log was noted.**

41/24 CHAIR'S REPORT AND UPDATE

The Chair presented the report as read noting that recruitment for Non-Executive Director roles were ongoing.

He also added that on a recent visit to a 111 call centre, he observed that the installation and implementation of the new Clinical Assessment Software (CAS) system has been successful, resulting in positive feedback from staff and operational improvements. It was noted that the smooth transition and effective training have contributed to a reduction in call queue times and overall service enhancement.

RESOLVED: The update was noted.

42/24 CHIEF EXECUTIVE'S UPDATE

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

1. Seven Staff Roadshows were held during the week commencing 15 April. Over 500 staff and volunteers attended to learn more about the Trust's clinically led planned service changes and learn more about the Wellbeing and Occupational Health offer, what the 'good looks like' in the future, our clinical indicators, and the Duty of Quality. Some of the events had been oversubscribed and it was noted there were more operational colleagues in attendance than previous years.

2. Progress on the Manchester Arena Inquiry (MAI) workstream continues. The Chair of the Inquiry has set out that each organisation including all ambulance Trusts should review their capacity to respond to a mass casualty incident, make recommendations to their NHS commissioners relating to additional resources, and that commissioners must then give urgent and close consideration to these recommendations. Having undertaken a series of workshops and evidence gathering exercises, including data modelling, three reports will be produced which will detail: Capability to Prepare, Capability to Respond and Capability of Specialist Assets. Once complete this will be shared with Commissioners.
3. In January 2024 the Senior Leadership Team and Executive Leadership Team approved the EMS Coordination plans for change and supported the plans with a recurring investment of £350k. These plans consider the demand and capacity reviews undertaken by ORH and involve the move to a single allocator model, the realignment of dispatch boundaries and desks to ensure equity of workload across areas, and the review of rosters to ensure that the resource modelling reflects the demand across the service. In conjunction, a new structure has been agreed that provides career progression from entry as a Band 3 Emergency Medical Dispatcher (call taker) right through to Director level within the organisation. The existing structure does not provide the necessary support to colleagues and has been widely accepted as insufficient to meet the needs of a forward-thinking emergency contact centre.
4. Acknowledgement was made to the Finance Team who continue to play a key part in helping the Trust work through the significant savings plan and delivery required for the 2024/25 financial year which totals £6.421m. Themes and schemes to aid delivery have been identified and focus will now turn the delivery of the savings required for 2024/25. The Finance Team also continues to support the Financial Sustainability Programme (FSP) and the identification of schemes/themes for this and future financial years.
5. The 2023/24 Capital Programme delivered to plan despite a number of in year movements with the Trust achieving its Capital Expenditure Limit with a small underspend of £10.06 against a budget of £21.932m (subject to audit).
6. There was currently an Estates backlog, particularly with the current facility in Monmouth – The challenges with the current facility are acknowledged and the scheme has been prioritised within the 2024/25 Discretionary Capital allocation process. Work is underway to consider several options on a Trust only basis after discussions regarding a collaborative solution with South Wales Fire & Rescue Service and Gwent Police concluded that costs were likely to be unachievable within current budgets. Therefore, a Project Board will be

established to develop the preferred option for the site and a business case prepared for further consideration in due course.

7. In March, the Trust hosted the first event of the Ambulance Q network, 'Ambulance Q 24', at the Principality Stadium, Cardiff. The aim of the event was to bring NHS Ambulance Services together to understand cross-organisational challenges, opportunities for improvement and seek new ways of working, to build a network of like-minded people focusing on shared learning, collaboration, and co-delivery of improvements in patient care. The event had a Welsh language component including an automated bilingual registration platform, bilingual displays, and bilingual greetings as well as introductions from WAST staff.
8. A major element of the IMTP over the next 3 years is the transformation and delivery of further revisions to our integrated clinical model across WAST services (999, 111 and Ambulance Care). A week of clinical workshops were held during May in Cwmbran bringing together clinical, operational and corporate colleagues to start the process of designing the new model. Jason Killens reminded Members that Wales was the first ambulance service in the UK to move away from 'time' being the total measure of success and introducing quality indicators as well as time continuing to be an important measure for many patients.
9. The EMS Operational Transformation Programme Board met for the last time on 3 May 2024, with the programme's closure and evaluation report going to the Strategic Transformation Board. This programme delivered an uplift of 343 FTEs, re-rostered every EMS Response roster (146) across Wales and implemented a new responding resource; CHARU. The project closure report, will in due course, also come before Trust Board given the scale and impact of the change that has been delivered.
10. Most of the Respiratory Protection Equipment (RPE) within the Trust is currently provided in the form of tight fitting re-useable and disposable face masks and powered air purifying respirators (PAPR). In June 2023 a multidisciplinary Task and Finish Group was set up to look at the approach taken by the Trust and recommend any changes necessary to ensure the Trust remains prepared for any future respiratory acquired communicable disease outbreaks. The outcome of the Task and Finish Group was to recommend that PAPR with hoods are available on all Emergency Medical Service vehicles, removing the requirement for fit testing. The additional financial investment has been approved and the implementation of the project has commenced. This is an important step to maintain the safety of our people and the patients they care for.

Comments:

Members were keen to understand if there were any challenges in terms of the Commissioning system / process transition. Jason Killens explained that there had been two meetings of the new Joint Commissioning Committee (JCC), commenting that from the Trust's perspective, things were progressing well.

Following a query regarding whether there had been any outcomes from the recent North Wales cross-sector Chief Executive meeting Jason Killens explained that the North Wales cross-sector Chief Executive meeting focused on strategic issues across the health sector, involving services, local authorities, and other public sector players. While there is some health content, the forum is not intended for detailed operational health discussions. The primary topic of recent discussions has been transport services across Wales and potential improvements in this area.

Members asked for further clarity on the discussion surrounding the blue light service meetings and further information on the Right care, Right person initiative. Jason Killens explained that the Joint Emergency Services Group (JESG) includes Chief Constables, Chief Fire Officers, the Trust, representatives from the Royal Navy, the Army, the Royal Air Force, and leaders in the health sector. It is a non-statutory entity that does not have a formal place in the governance or command and control arrangements across Wales. The topic of Right Care, Right Person has been discussed within this forum, but primarily at a strategic level. There is a specific operational forum, in which the Trust is involved, that focuses on planning for the Right Care, Right Person initiative. While the Trust anticipates increases in activity because of this initiative, the exact volume of this increase remains unclear. Lee Brooks added that there is a governance arrangement involving Welsh Government and key partners to understand the consequences of the Right Care, Right Person initiative. Progress is being made, albeit slower than anticipated.

In terms of the Yorkshire Ambulance Service (YAS) and their change to the clinical model, it was recognised that they have had some positive returns. Members queried if there was any other data that proved the effectiveness of this change, and whether it added strength to the Trust's proposed change to the clinical model. Andy Swinburn explained that the Trust had learned valuable lessons from YAS regarding how they stream calls in their contact centre. Furthermore, YAS has successfully managed to defray activity directly into other parts of the health economy without necessarily instigating an ambulance response. This approach has demonstrated clear and measurable benefits, providing more suitable clinical outcomes for patients compared to the traditional method of dispatching an ambulance for every call.

The Chair underlined the importance of the Chief Executive Roadshows and acknowledged the work of the Executive Leadership Team (ELT), noting that it is a significant commitment to conduct these road shows twice a year. These events are well-supported and highly important. The Chair emphasised the value of leadership visibility within the Trust, citing the recent 'WAST Live' event as an example of the open and transparent leadership displayed.

RESOLVED: That the update was noted.

43/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon reminded viewers that the Board welcomed questions from members of the public.

Angela from the Stroke Association raised a question regarding data from April 2024. She noted that almost 8000 patients had cancelled their ambulance, and another 170 callers were unable to receive an ambulance due to the high level of escalation at that time. Angela inquired specifically about how many of the cancelled ambulances were from callers with a suspected stroke and how many of the 170 callers who did not receive an ambulance were suspected stroke patients.

Andy Swinburn explained that the detail in the question was very technical and agreed to provide a response directly to Angela once he had compiled the necessary information.

RESOLVED: The Board received the question regarding data in respect of ambulance response for stroke patients and it was agreed that Andy Swinburn would compile the required data and respond directly to Angela from members of the public

44/24 STAFF STORY – EMMA WORRAL

Angela Lewis reminded the Board that the People and Culture Plan was launched our last April. As part of the delivery and successful implementation of this plan across the Trust, it was decided to create a community of Culture Champions. A year on, the Trust now has 107 Culture Champions. Emma has been one of the early adopters of the Culture Champion role. In terms of the role itself, the remit is to promote our behaviours, bring our People and Culture Plan to life, and act as an additional conduit for colleagues in different parts of the Trust. Emma's story followed:

"I worked in a secondary school for 17 years as a house and well-being coordinator for autistic sixth form boys, focusing predominantly on anger management and anxiety. During COVID, I needed a change, so I started with the Welsh Ambulance Service as a call taker. In my four years here, I've become a trained call taker supervisor, a trained mentor, and a Culture Champion.

I wanted to become a Culture Champion because I was curious about the role and its impact. I had heard many people discussing the Culture Champions and management talking about the new behaviours they were introducing to support staff well-being. I wanted to learn more about these initiatives and how they could help our colleagues.

Once I understood the background of the behaviours, I wanted to disseminate that information because there are a lot of pressures on call takers. I wanted my colleagues to understand how they can achieve effective communication by knowing what the behaviours are and what they mean.

There is a lot of stress within the call taker environment, and by understanding the behaviours, I gained the confidence to speak up about the issues we were experiencing. Being a Culture Champion has helped me significantly by allowing me to network, get to know more people, and enjoy what I do. I like helping others and want to inform them about the benefits of being a Culture Champion. I wanted to make the behaviours and the role of Culture Champions inclusive for everyone in the CCC and Carmarthen. To achieve this, I created two display boards to help disseminate this information and reflect our values and efforts.

It's very rare that call takers receive any recognition for their work, which can be quite demoralising. I thought that introducing shout outs where colleagues and supervisors notice and acknowledge the good work done by call takers, and displaying these shout outs on a board, would help boost morale in the call-taking environment.

In terms of improving behaviours within the environment, I've suggested incorporating the behaviours into our monthly one-on-ones where we discuss KPIs. If supervisors notice any recurring patterns of behaviour, they can address them privately during these sessions.

Regarding feedback, the call takers are now recognising the benefits of the behaviours and are discussing them more frequently. Supervisors have also noted an improvement in behaviours, which is very positive.

With regards to what needs to happen next, I believe it's crucial for us to focus more on addressing burnout within the call-taking environment and exploring how the behaviours can mitigate stress and burnout. Personally, I have

experienced three episodes of burnout where I was unable to work for over a month. The longer it took to recover, the more anxious I became about returning to work, creating a vicious circle. However, by learning more about the behaviours and culture and how they support wellbeing at work, I have gained insights into my triggers and found ways to manage them effectively. This understanding has been instrumental in improving my overall well-being in the workplace.

Comments:

Jason Killens responded positively to hear such an encouraging story about promoting the behaviours that were crafted by our own staff to enhance the workplace experience.

He added it was particularly disappointing to hear about abusive callers, especially when some healthcare professionals blame individual call handlers for delays. This behaviour is unjust and does not reflect the reality of the pressures faced across urgent and emergency care services. We must all remember that we are colleagues working within the same system, and no one should be taking out their frustrations on individuals.

Clearly, the Trust was doing everything it can to support you and your colleagues, especially in cases where members of the public were abusive. It is acknowledged that calling 999 can be incredibly stressful for many people, but the Trust takes repeat or particularly abusive behaviour seriously. The Trust will pursue prosecutions and interventions to address these issues because it is unacceptable for you and your colleagues to be mistreated while carrying out your duties.

Emma was asked if she had received abusive calls and the extent of them. Emma commented that she had personally been threatened and added that other call takers have faced similar levels of aggression from abusive callers, and agreed that this behaviour is completely unacceptable.

Furthermore, Emma added that when instructed to input information about abusive calls into the Trust's reporting system, Datix, it takes away valuable time from answering calls. It is a challenging situation because we want to report these incidents, but we are very aware that there could be critical calls waiting on screen, and consequently, completing the Datix report often becomes a secondary priority.

Members recognised that due to underreporting, it is quite possible that the actual number of call takers receiving abuse is significantly higher.

Jason Killens explained that we have led the "Work With Us, Not Against Us" campaign across the emergency services in Wales. This campaign, run over the past two years in collaboration with the three emergency services, aims to educate the public that abuse, assault, or interference with our duties will have consequences. While analysis of the campaign's impact shows some reduction in physical assaults, the overall trend remains consistent, with ongoing instances of unnecessary physical and verbal threatening behaviour. The Trust continues to address this issue through public-facing campaigns and remain open to new learning and strategies.

Estelle Hitchon suggested connecting Emma with Lois Hough, the architect behind the "Work With Us, Not Against Us" campaign, to discuss effective public messaging. Lois has conducted an evaluation on this campaign, which spans the three emergency services, making it applicable and useful for all emergency services, not just the Trust. Estelle Hitchon noted an interesting parallel with the significant increase in abuse towards GP receptionists, who, like call takers, act as gatekeepers of service. Estelle Hitchon agreed to facilitate this connection so Emma could share insights on messaging that might better resonate with the public, enhancing the current campaign's impact.

Lee Brooks highlighted the unique challenges faced by contact centres, especially in customer service roles where callers often have high expectations. One major challenge is that call handler positions are typically entry-level roles, attracting a generally younger demographic. These roles are characterised by low control, as call handlers must follow strict scripts and manage calls as they come in, with no control over the call flow. This creates a very specific set of stressors unique to the industry.

Lee Brooks emphasised the importance of reporting incidents through Datix, stressing that it is a crucial mechanism for understanding and addressing the challenges faced by call handlers. He encouraged all staff, including planning supervisor colleagues, to actively promote and utilise Datix reporting. This will help the Trust gain a comprehensive understanding of the issues and take necessary actions to improve the working environment and support for call handlers.

Liam Williams informed the Board that today marked the re-signing event for the anti-violence collaborative initiative across Wales, led by the NHS Chief Executive. He highlighted that at the recent People and Culture Committee meeting, it was reported that five cases of violence against staff had recently progressed through the legal system, resulting in four of them leading to Community Orders or financial penalties.

The Board were interested to hear Emma's thoughts on how the Trust can promote and equip our people with the tools and opportunities to handle stressful situations.

Emma emphasised that each person perceives stress differently. She highlighted the outstanding support provided by supervisors, particularly the in Central and West region. Emma shared her efforts to involve supervisors more in promoting the behaviours and culture champion initiatives, explaining that everyone experiences trauma uniquely. A traumatic call could vary widely in nature; it doesn't have to be a paediatric arrest, for example, it is about what the individual finds traumatic. Recently, call taker supervisors have been excellent in supporting staff. After every call, they check in with call takers, asking if they are okay and if they need a few minutes to process the call. Supervisors also offer further assistance and explain the process for getting additional help if needed. This proactive approach ensures that call takers feel supported and understood, recognising the individual nature of stress and trauma.

Angela Lewis explained that the Trust is well equipped with a dedicated Occupational Health and well-being team, providing immediate access to Clinical Psychologists and other formal support services for colleagues. However, beyond these formal resources, the immediate support provided by supervisors and peers plays a crucial role. She emphasised the importance of supervisors in noticing when staff might need support, and the role of peers and culture champions in creating an environment where staff can talk and decompress. This immediate and informal support is a key part of the Trust's approach to well-being. Angela also highlighted that managers are fundamental in promoting and embodying the role of Culture Champions, but peers can have just as much influence. The Trust is committed to fostering a culture where everyone sees culture change as their responsibility. Checking in with colleagues, noticing when they might need support, and encouraging open communication are essential parts of everyone's job. This holistic approach ensures that staff feel supported both formally and informally, contributing to a healthier and more supportive work environment.

Jason Killens explained that the current management structure in Contact Centres is quite limited, which makes it challenging to effectively notice and check in with staff to see if they are okay, particularly after difficult calls. This lack of capacity means that recognising when an individual has had a tough call is harder. However, he noted that a new approach and restructuring plan has been agreed upon. This new structure aims to address these challenges and better support the staff, ensuring that they receive the necessary attention and care after handling difficult situations.

The Chair thanked Emma for her time and acknowledged the personal challenge she described. The dilemma faced when wanting to take time off to report an

abusive caller through Datix but feeling compelled to continue answering calls due to the number of calls stacking up was acknowledged. This relentless nature of call handling is driven by the uncertainty of whether the next call will be relatively minor or a genuine life-threatening emergency. It was noted that while the information is difficult to quantify without more data, today's discussion highlighted that the level of abuse and difficulty faced by call takers is considerably greater than what is formally reported. The Chair reiterated the earlier point about the significant attention being given to the structuring of clinical contact centres. The Trust is acutely aware that handover delays and increasing demand are causing backups in the call centres, and this is being actively addressed.

RESOLVED: The staff story was noted.

45/24 PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

Jason Killens presented the report and highlighted the following for the Board's attention:

1. The sickness absence target of 6% by March 2024: whilst missing the target and being Red, Amber Green (RAG) rated red, the Trust achieved 7.67% in March 2024 which demonstrates a significant shift in the right direction over the last 12 months.
2. The Trust's Consult & Close ambition was 17% by Q4 2023/24: the Trust achieved 15.1% in April 2024, which is the highest rate the Trust has achieved. In terms of volumes of calls closed remotely, the Trust is also trending upwards. The Trust is closing by way of consult and close more calls every day than this time a year ago.

In terms of the action plan, the Trust has made significant progress on many fronts within its control. Several actions have been completed, showcasing the Trust's commitment to using available resources in a smarter and more effective way. These efforts have led to operational improvements and have helped stabilise the performance position, which had previously been largely static. However, despite these internal advancements, the Trust is currently unable to deliver further improvements in performance due to the ongoing environment of sustained pressure within the system.

Comments:

Liam Williams explained that the Trust has identified several priorities aimed at tracking patients at a pathway level to better understand and reduce harm. This

approach is focused on gaining insights into patient journeys and implementing strategies to mitigate risks and improve patient safety.

Lee Brooks explained that in terms of performance for this month, the Trust has already responded to about 1,000 more Red calls compared to the same period last year. Despite this increase, the Trust has managed to respond to approximately 100 more red calls within eight minutes than last year. However, the percentile for these responses is down by 10%. Lee Brooks emphasised the importance of the public and Commissioners focusing on the actual numbers rather than just percentages. He highlighted that despite numerous internal efforts and the implementation of several initiatives aimed at improving efficiency, the overall percentile improvement for red calls has not significantly changed.

Lee Brooks stressed that the Trust should concentrate its efforts on the Integrated Medium Term Plan (IMTP) that is expected to receive final approval, rather than on other actions that are unlikely to achieve the desired improvements. He suggested that these other actions could serve as distractions. He stressed the importance of maintaining a strong focus on safety and quality, alongside the percentage measures currently in use.

Rachel Marsh added that as part of the programme of work going forward, the Trust was looking at different ways to measure performance through a new set of performance metrics.

The Chair added that the number of lost hours in April 2024 was similar to the previous year, highlighting the persistent issues within the wider system. It is important to note that handover delays and lost hours are ongoing challenges that are not expected to be resolved soon.

The Chair summarised that the people the Trust is serving in Wales are the most important, and our focus should be on them. In terms of Red response, much of the work we do to improve and transform our services may not directly respond to immediate needs, but it will benefit the public in the long run. It is crucial that everyone is on the same page, looking at the same data and understanding what it tells us. This paper is a great resource and it's important to have it for our next meeting as we continue to focus on this critical issue.

RESOLVED: The Trust Board noted the continued level of avoidable patient harm.

46/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh drew attention to the following areas:

111 performance had stabilised in 2003, however, more recently performance has deteriorated. Whilst patient demand was 4.8% lower in April 2024, compared to April 2023, it was 18% higher in Q4 2023/24 compared with Q4 2022/23. There is also a 4% commissioned reduction in call handlers in 2024/25. The new 111 CAS went live on 30 April 2024 as planned. This new system was delivered at high pace to mitigate a non-delivery issue beyond the Trust's control. The Commissioners raised their concerns of this position at the last 111 Programme Board

Concerns response: In April 2024 complaint response times improved to 62%, an improvement on the 56% recorded in March 2024, but remaining below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken.

Trust sickness absence: the Trust's overall sickness percentage was 7.58% in April 2024, a slight decrease on the 7.71% recorded in March 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 7.58% is above the 2023/24 IMTP ambition of 6% but is a good improvement.

Staff training and PADR: PADR rates did not achieve the 85% target in April 2024, but have been steadily improving (78.46%). Compliance for Statutory and Mandatory training increased to 82.73%.

Comments:

Members queried the reason for the increase in demand for 111. As part of the Demand and Capacity Review, Rachel Marsh explained that the Trust will examine the increase in demand in more detail to help manage capacity more effectively. As such, this detail will be available in due course.

Estelle Hitchon commented that we need to be quite careful in our thinking because we are actively encouraging people to use 111. If we weren't seeing an increase in demand, it would be concerning. Ideally, an increase in demand would indicate that people are having positive experiences with the service and are more likely to use it again. The telephone-based element of the service should be driving up demand as users have good experiences and recommend it to others.

The Chair reflected on his visit to a 111 call centre and noted that the first four calls he observed highlighted the changes and challenges within the community. Two of these calls were related to dental issues: one involved a patient managing a broken tooth that had turned into an abscess with pain gradually increasing over a week, and the other involved swelling and pain in the jaw. These calls underscore the significant stress on dental services, a trend that is also reflected in the MIQPR due to dental health issues. The other calls were related to mental

health issues and the lack of access to GPs, further illustrating the broad range of challenges faced by the community. Liam Williams explained that from a dental demand perspective there are dental advisors that operate within the 111 service and support delivery.

RESOLVED: The Trust Board considered the April 2024 Integrated Quality & Performance Report and actions being taken and determined that it provided sufficient assurance.

47/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report highlighting the five highest scoring risks for the Board's attention.

Risk 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*) scoring 25 and 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.

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. A significant number of actions have been added to this risk since its last review, and also the controls and assurances have been strengthened. The People and Culture Committee's (PCC) AAA report highlights the staff story, emphasising the efforts of managers within the Trust to support their teams in returning to work and reducing sickness locally. Additionally, the report identifies key themes and trends emerging from the NHS staff survey, providing valuable insights into the staff's experiences and areas for improvement within the Trust.

Risk 201 (*A loss of stakeholder confidence that damages the Trust's reputation*) remains static at 20. The current risk score remains at 20 given that many of the mitigations are outside the Trust's control. The PCC undertook a deep dive of this risk at its meeting in May 2024. The reputation audit was discussed at the Welsh Ambulance Services Partnership Team in May 2024 and will be the subject of a future Board Development discussion.

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 a score of 20 reflecting the continued challenges across the unscheduled care system.

The update shows that several risks have decreased in score, with some being closed and several added to the register. These will undergo review by the Committees in the current quarter. The Board can observe the movement, additional actions, and controls reflected in the AAA reports, which are continuously and dynamically reviewed with oversight at the highest level. Specifically, the top five risks are reviewed monthly to ensure ongoing management and mitigation.

Comments:

The Board recognised that in terms of risks, Risk 424 (*Resource availability - revenue, capital, and staff capacity*) associated with delivering the *Integrated Medium-Term Plan (IMTP)*, and Risk 139 (*Failure to Deliver Statutory Financial Duties*) these are intertwined with financial concerns and queried how up to date the Trust was in articulating these risks.

Chris Turley clarified that Risk 424 encompasses not only financial aspects but also concerns about peoples' expertise and skills. He described this risk as dynamic, indicating that while the revenue position appears reasonable for the upcoming year, there are still inherent risks within it. Regarding capital funding, Chris Turley acknowledged that some risks, such as those related to vehicle replacement, manifest due to funding constraints. He suggested the possibility of including a specific risk related to vehicle procurement in the future planning. He also alluded to the Trust's fleet outlook compared to the previously endorsed 10-year Welsh government plan, highlighting the need for strategic adjustments in fleet management and funding expectations moving forward.

Jason Killens highlighted a concerning trend regarding capital funding for fleet replacement at the Trust. Specifically, he mentioned that for the past three years, the Trust has not been able to secure the necessary level of capital funding required for fleet replacement. As a result, there is a growing realisation that the funding levels obtained in recent years are likely to persist into the future. This necessitates a strategic shift in how the Trust views its fleet operations, possibly including reevaluating the types of vehicles used. Additionally, he suggested considering adding a specific risk related to fleet management to the Trust's risk register to address this ongoing challenge proactively.

Trish Mills mentioned that the review frequency varies based on the risk ratings within the Trust. Risks rated as Red (scoring between 15 to 25) are reviewed monthly, as they are considered critical and unlikely to change significantly in the short term. These are closely monitored to ensure timely mitigation and management. For risks rated lower, they are typically reviewed quarterly, reflecting their lower impact or likelihood. However, the Finance and Performance

Committee (FPC) specifically reviews every two months, particularly focusing on financial risks.

Regarding risk 139, it has been retained on the Board Assurance Framework (BAF) with a score of eight. This retention ensures ongoing scrutiny and management attention, despite not being rated as high as Red risks, indicating its continued importance in financial oversight.

RESOLVED:

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

- (1) Noted the reduction in two risk scores:
Risk 163 from 20 (5x4) to 16 (4x4) and
Risk 424 from 12 (3x4) to 12 (3x4)**
- (2) Noted the de-escalation of two risks to the Directorate Risk Registers:
Risk 543 achieving target of 10 (2x5)
Risk 283 achieving target of 8 (2x4)**
- (3) Noted the inclusion of two new risks:
Risk 542 at a score of 16 (4x4)
Risk 623 at a score of 15 (3x5)**
- (4) Noted the closure of Risk 458 from all registers.**
- (5) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- (6) Noted the ratings and mitigating actions for each principal risk.**

48/24

INTEGRATED MEDIUM-TERM PLAN (IMTP), END OF YEAR POSITION 2023/24 AND FORWARD ASSURANCE PLAN FOR 2024/25.

Rachel Marsh explained that the purpose of this paper is to provide the Board with the end of year position on actions in the IMTP 2023-26, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.

The end-of-year position for the Integrated Medium-Term Plan (IMTP) is predominantly positive, considering the ambitious goals set within it and the financial challenges faced by NHS Wales in the past year. Despite these challenges, the Trust has made significant progress in delivering the Financial Sustainability Programme and achieving substantial savings.

Areas of the IMTP where progress was not fully on track by the end of the year, indicated by an "AMBER" status, have been carried forward as necessary. These items have been integrated into ongoing IMTP workstreams or incorporated into directorate-specific plans for execution in the fiscal year 2024/25. This approach ensures continuity and alignment with strategic objectives while addressing any delayed initiatives effectively.

RESOLVED: The Board

(1) Noted the overall delivery of the IMTP detailed in this paper and appendix; and

(2) Noted the approach to IMTP delivery and assurance reporting set out in this paper.

49/24 FINANCIAL POSITION FOR MONTH 12, 2023/24

Chris Turley advised the Board that the report had been seen at the last Finance and Performance Committee (FPC) meeting on 14 May 2024.

Following detailed consideration by the FPC, the Board is asked to review, comment, note and receive assurance on the financial position of the Trust for 2023/24, subject to audit and ahead of the Trust Board presentation of the 2023/24 accounts in July 2024. Key highlights included:

1. The Trust is reporting a small revenue surplus (£85k) as a M12, and which forms the basis of the draft accounts for the 2023/24 financial year (*subject to audit*). These accounts were submitted to Welsh Government and Audit Wales, in line with the prescribed timetable, on 3rd May 2024;
2. Capital expenditure is fully spent;
3. In line with the financial plans that support the IMTP, gross savings of £6.546m have been achieved against a target of £6.000m;
4. Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.4% for the number, and 98.5% of the value of non NHS invoices paid within 30 days.

Comments:

The Board acknowledged the excellent job by all those involved in achieving the financial position particularly noting the significant savings attained.

RESOLVED: The Board

(1) Noted and gained assurance in relation to the Month 12 (and

therefore draft 2023/24 year end) revenue and capital financial position and performance of the Trust as at 31st March 2024;

- (2) Noted the delivery of the 2023/24 savings plan, and the context of this within the overall financial position of the Trust.**

50/24 FINANCIAL PERFORMANCE MONTH 1

Chris Turley advised the Board that the update presented to the Board was the first Financial Performance Report of the 2024/25 financial year, the reported position as at Month 1 (April 2024). A summarised presentation of the month 1 position was presented to FPC on 14 May 2024.

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

1. The Trust is reporting a small revenue surplus (£19k) for month 1 2024/25;
2. In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust is currently forecasting to breakeven for the 2024/25 financial year;
3. Capital expenditure plans are being finalised with plans to fully achieve in year;
4. In line with the financial plans that support the IMTP, gross savings of £0.663m have been achieved in month 1 against a target of £0.569m;
5. Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.3% for the number, and 99.5% of the value of non NHS invoices paid within 30 days.

In terms of financial performance by Directorate, whilst there is a small surplus reported at Month 1 there are some small variances between Directorates when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, given it is so early in the financial year, but they will be continued to be closely monitored.

Understandably, at this early stage of the financial year, the reported risks are still undergoing thorough assessment. As these assessments are communicated to the Welsh Government (WG), it is currently deemed that there are no individual risks with a high likelihood of occurrence. However, over the next month or so, ongoing review processes will continue to evaluate these risks to ensure that both the likelihood and potential financial impact are appropriately assessed.

Also included are three additional risks, aligned to some of the income and

funding assumptions previously highlighted, and which relate to the following:

1. Ongoing discussions around the costs associated with the revised job description for the EMT / Technician level posts. As was the case with the revision of the Paramedic job description, assumptions remain that any increase in costs would require discussions with WG to secure funding, given the national UK influence on this that revised A4C job profiles recently published may have.
2. Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required to deliver on them.
3. Costs associated with the recently submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported, and additional funding made available.

As we are in the early stages of the financial year the discretionary capital programme and resulting budgets are only now being finalised.

At Month 1, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 is £21.672m. This includes £16.217m of All Wales Approved schemes and £5.455m for Discretionary schemes.

RESOLVED: The Board

- (1) Noted and gained assurance in relation to the Month 1 revenue financial position and performance of the Trust as at 30 April 2024;**
- (2) Noted the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust;**
- (3) Noted the initial capital programme for 2024/25, and**
- (4) Noted the Month 12 and Month 1 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG).**

Trish Mills explained that the Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of external and internal assurance that support this assessment process for 2023/24.

Effectiveness reviews of the seven Committees of the Board and the single Advisory Group were conducted in Q4 of 2023/24, and proposed changes to their terms of reference and operating arrangements were made as a result. The Audit Committee reviewed the results of these through the committee annual reports and the terms of reference amendments at their meeting on 30 April 2024, and now recommend these to the board for approval.

The Committee terms of reference are regularly refreshed, and they each have a cycle of business which provides for the appropriate frequency of reporting. Agendas are set well ahead of meetings and are built around the highest rated risks. Timeliness of papers improved in 2023/24 however there is work to do in 2024/25 to support report writers, board members and presenters with guidance and new templates, and to develop bespoke committee induction programmes.

Annual Reports were also received which provide a comprehensive overview of each committee's activities, achievements, challenges, and future plans. All committee effectiveness reviews, annual reports and changes to terms of reference and operating arrangements have been reviewed by the Executive Leadership Team and each Committee during Quarter 4 2023/24.

Comments:

The Board acknowledged the significant volume of work undertaken by the Corporate Governance Team in providing the reports.

Members discussed in further detail the numbers of questionnaires returned in terms of Committee effectiveness and it was suggested by Peter Curran that new ideas and initiatives be developed to try and increase the number of returned questionnaires.

RESOLVED: The Board

- (1) Reviewed the external and internal sources of assurance to assure itself as to its effectiveness for 2023/24.**
- (2) Noted the priorities set by committees for 2024/25.**

- (3) **Approved changes to the terms of reference to all the Committees of the Board and the Welsh Ambulance Services Partnership Team.**
- (4) **Noted changes to operating arrangements for the Board and committees in 2023/24.**

52/24 AUDIT WALES ANNUAL REPORT AND AUDIT PLAN

This item was presented under the Audit Committee AAA.

RESOLVED: This was noted by the Board.

53/24 INTERIM AMENDMENT OF MODEL STANDING ORDERS

Trish Mills advised the Board that the interim changes were made to the Model Standing Orders by Welsh Government in March 2024 to reflect the new commissioning arrangements following the introduction of the Joint Commissioning Committee, and the change of the Trust's name following its award of University Trust Status; both of which took effect from 1 April 2024. The changes also clarify the Trust's status as a Public Body under the Wellbeing of Future Generations Act 2015.

The Standing Orders at 7.2.5 provides for the Trust's Annual General Meeting (AGM) to be held by 31 July each year. Welsh Government have advised in the Manual for Accounts that for the 2023/24 annual report and accounts the AGM may be held before 30 September 2024. This ensures alignment with the external audit scheme. The Audit Committee reviewed the changes to the Standing Orders at their meeting on 30 April 2024 and recommended them to the Board for approval. The Trust Board is asked for formally approve this temporary change to the Standing Orders.

RESOLVED: The Board

- (1) **Approved the interim amendments to the Standing Orders.**
- (2) **Approved the change to the deadline to hold the 2023/24 AGM by the 30 September 2024.**

54/24 BOARD COMMITTEE REPORTS

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

Academic Partnership Committee (APC) – 23 April 2024

Kevin Davies in lieu of Hannah Rowan (Chair of APC) updated the Board on the following areas:

As was announced at the March Board meeting, the Trust's application for University Trust Status has now been approved and the Trust's name has changed to the Welsh Ambulance Services University NHS Trust.

As the Board will be aware, the appointed Academic Non-Executive Director who was due to start on 1 April 2024 was not able to join the Trust. A fresh campaign has commenced with a closing date of 10 May.

Hannah Rowan, the Research Champion Non-Executive Director, and Chair, recently attended a research workshop in Wrexham hosted by the Trust.

The original University Trust Status priorities i.e. digitisation to enable better outcomes, advanced practice, and decarbonisation, remain central to the IMTP 2024-27. However, it was noted that they are primarily monitored by other Committees, with the IMTP oversight overall coming under the Finance and Performance Committee, which will escalate issues to this Committee where necessary.

The Academic Partnerships Committee Task and Finish Group closure report was received, and the Committee was assured that it completed its work plan which included developing an approach to attract Academic Non-Executive Director candidates.

Audit Committee – 30 April 2024

Peter Curran updated the Board on the following points:

The meeting was primarily a governance focused meeting in which the Committee reviewed interim changes to model Standing Orders, received the 2023/24 annual effectiveness review reports and discussed the 2023/24 Internal Audit plan.

Quality, Patient Safety and Experience Committee - 7 May 2024

In lieu of the Chair, Bethan Evans, Ceri Jackson updated the Board as follows:

Lost hours due to handover delays remained significant in January at just under 27,000 hours with a slightly improving picture in February and March at around 24,000 hours.

The 111 Clinical Assessment Software Replacement Project went live on 30 April 2024 as planned.

Members noted the continued challenge in the team to deliver the Putting Things Right Recovery Plan with two key members of staff off long term and the additional time constraints in recruiting to the posts.

Fiona Maclean, Patient Experience Community Involvement (PECI) Manager, and Julie Starling, Save a Life Cymru, attended to present their Staff Story and recounted how the team actively promote the learning of life saving skills throughout the year, with particular emphasis during its annual campaigns 'Shoctober', 'Restart a Heart' and 'Defibuary'.

A suite of policies was presented to Committee and approved.

The draft Annual Quality Report 2023/24 was positively received ahead of presentation to the Trust Board for approval.

People and Culture Committee – 09 May 2024

Ceri Jackson updated the Board further on the following points:

Key progress was noted as part of the Director of People and Culture update.

The Committee received the Operational Update, highlighting key areas.

Staff Story - A View of Front Line Leadership – Matthew T Jones, Locality Manager in Pembrokeshire, attended the meeting to share his learning on the work he has undertaken on attendance and sickness absence.

The Committee received insights from NHS Staff Survey focussing on stress and burnout in the workplace and discussed the links between addressing these issues with our overarching People & Culture ambitions and the Health and Wellbeing Plan

The Committee were pleased to approve the Homeworking Policy and acknowledged that the Exit Interview Policy has been reclassified as a Standard Operating Procedure.

Finance and Performance Committee – 14 May 2024

Kevin Davies in lieu of the Chair Joga Singh provided an update as follows:

The Committee received the Digital Plan Refresh 2024-29 and considered options, approving an option which balances addressing essential resource gaps in our day-to-day digital services provision and advancing key digital

transformation initiatives that support our IMTP and broader organisational strategy.

An update was provided on the draft financial position for Month 1 2024/25 in advance of the submission to Welsh Government with the cumulative year to date (end of April 2024) revenue financial position against budget of a small surplus of £0.019m with capital planned expenditure of £21.672m forecast to be fully spent.

Members were updated on the Trust's Information Governance Toolkit undertaken to test the secure handling of patient data and compliance against legal and regulatory requirements.

Risks Discussed: Whilst the report provides that there are no material changes to the eight principal risks within the remit of this Committee as at 7 February 2024, the Committee were assured that there are several changes foreshadowed to these risks in readiness for presentation to Trust Board in May 2024.

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

55/24 MINUTES OF BOARD COMMITTEES AND NHS WALES JOINT COMMITTEE UPDATE REPORTS

The minutes of the following Board Committees were received.

1. Quest Committee: 08 February 2024
2. People and Culture Committee: 20 February 2024
3. Audit Committee: 01 March 2024
4. Finance and Performance Committee: 19 March 2024

NHS Wales Joint Committee Update Reports.

1. Welsh Health Specialised Services Committee (WHSSC) Joint Committee Briefing dated 19 March 2024
2. Shared Services Partnership Committee (SSPC) Assurance report dated 21 March 2024

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

56/24 ANY OTHER BUSINESS

None.

57/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 30 MAY 2024

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

RESOLVED: The Board would meet in private on 30 May 2024.

Date of next Open meeting: 12 July 2024

Meeting closed at 12:25

DRAFT

ACTION LOG
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
Minute 43/24	30 May 2024	Questions from Members of the public	<p>Angela from the Stroke Association raised a concern about the number of ambulance cancellations and unavailability, specifically relating to patients with suspected strokes. The query relates to data found in the board papers for April 2024, highlighting nearly 8000 patients who cancelled their ambulance and 117 callers who did not receive an ambulance due to high escalation levels. The question is how many ambulances were cancelled from callers where there was a suspected stroke and how many of the 117 that were unable to receive an ambulance were patients with a suspected stroke if any.</p> <p>While immediate data on the specific numbers is not available, it was agreed that Andy Swinburn would take steps to analyse and provide a comprehensive response.</p>	Andy Swinburn	12 July 2024	<p><u>Update for 12 July 2024</u> See attached letter at Item 4.1</p>	Complete
Minute 44/24	30 May 2024	Staff Story	<p>Following on from the Staff Story it was agreed that Estelle Hitchon would put Emma Worrall in touch with Lois Hough to explore potential improvements to the "Work With Us, Not Against Us" campaign, by incorporating feedback and insights from our people that resonate more effectively with the public.</p>	Estelle Hitchon	12 July 2024	<p><u>Update for 12 July 2024</u> Head of Communications Lois Hough met with Emma Worrall on 04.06 to discuss her experience of verbal abuse, and Emma agreed to support the next phase of the Trust's With Us, Not Against Us anti-violence campaign.</p>	Complete



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

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

10 June 2024

Private and Confidential

Dear Angela

RE: Response to Welsh Ambulance Services University NHS Trust Board Question

I write in response to the question you submitted to the Welsh Ambulance Services University NHS Trust Board on 30 May 2024.

In that question you queried the following:

'In April 2024, 7,975 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 170 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be popping up elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.'

'I'm submitting the question of 'how many ambulances were cancelled from callers where there was a suspected stroke (with reasons if you are able to provide them) and how many out of the 170 that were unable to receive an ambulance were patients with suspected stroke (if any)?'

Thank you for this question and can I reinforce the point, which I know we have discussed on numerous occasions, that we acknowledge how the system pressures are preventing our timely response to far too many patients and this shortfall in our service provision is far from acceptable.

To the substance of your question. In April 2024, I am pleased to report that no patients presenting as a suspected stroke cancelled their ambulance response. However, there were three patients who were 'coded' as a stroke but that we were unable to despatch an ambulance to as a result of the Clinical Safety Plan escalation and having no resource to send.

Further to your query, I have taken the time to delve deeper into these three instances and ascertain more details as to how likely the presenting symptoms were of an actual stroke or more generalised symptoms that are more likely to have an alternative diagnosis.

You will appreciate that it would be inappropriate for me to go into detailed descriptions of each patient's presentation and so I will offer some general details as to the patients in question.

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwylans

Regional Ambulance
Headquarters

Vantage Point House
Vantage Point Business
Park
Ty Coch Way
Cwmbran
NP44 7HF
Ffôn/Tel 01633 626262

- Two of the three patients were children and the third was a young adult
- None of the three presented with any reports of facial droop, slurred speech, dysphasia or limb weakness
- Two presented with a high temperature and whilst the 3rd did not report a temperature, the other symptoms described suggest that one would have been present
- All 3 presented with a headache

In addition to this information, a quality audit of the three calls has been undertaken which also illustrates that the call taker has inappropriately coded two of the three cases as stroke. The two cases should have been coded under a different category. Be assured that this learning is actively being shared with the call takers involved.

Whilst it is the case that we have only limited information collated within the call taking process and as such, offering a categorical opinion is impossible, it is my professional opinion that, on the balance of probabilities, none of the three patients was having a stroke at the time of call.

Whilst it is highly regrettable that we were unable to provide a timely response to these patients, I hope you can take some reassurance from this information.

As ever, I will be happy to discuss these, and any other issues, at our next meeting.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'AS', with a long horizontal flourish extending to the right.

Andy Swinburn QAM, FCPara
Executive Director of Paramedicine
Andy.Swinburn@wales.nhs.uk

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

CHAIR'S REPORT

MEETING	Trust Board
DATE	25 July 2024
EXECUTIVE	Colin Dennis, Chair of the Trust Board
AUTHOR	Colin Dennis and Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. I am very pleased to report that Ceri Jackson, Interim Vice-Chair of the Trust Board, has been appointed as the substantive Vice-Chair following a competitive recruitment process, as of the 01 July 2024. Ceri has served as a Non-Executive Director since 2021 and as Interim Vice-Chair since December 2023. Her appointment is hugely deserved, and I offer my warm congratulations.

2. On 27 June we held a Board Development session where the Board welcomed Marie Brousseau-Navarro (Deputy Commissioner and Director for Health, Future Generations Commissioner for Wales) to speak to members regarding the requirements of the Well-being of Future Generations (Wales) Act 2015 and what this means for the Trust when the Act becomes applicable to us, later in 2024. Additionally, the Board also discussed the output of the recent Trust reputation audit and engagement feedback, and the outcomes of the recent future clinical model workshops facilitated within the Trust.

3. On the 12 June I attended a session - organised by the Trust - for Board and Committee Chairs and Trade Union representatives. This session was facilitated by the Director of Corporate Governance/Board Secretary and intended to provide an opportunity for members of the Board and our Trade Union partners to meet and discuss roles and responsibilities in those governance forums. It was the first in a series of sessions which will be facilitated over the coming months to continue the conversation.

4. There was an extraordinary meeting of the Trust Board on the 12 July 2024 to receive and approve the Trust’s Annual Report and Accounts for 2023/24 and the Duty of Quality Annual Report for 2023/24. This followed an extraordinary meeting of the Audit, Risk and Assurance Committee meeting on the 10 July 2024, where these documents were endorsed.

5. I have been busy since our last meeting in May, with the following activity: -
 - Regular meetings and briefings with Jason Killens, Chief Executive, and other Executives;
 - Regular meeting with the Cabinet Secretary for Health and Social Care, together with Jason Killens;
 - Regular meetings with Ceri Jackson, Vice-Chair, who herself has been very active in visiting Trust colleagues;
 - Bi-monthly meetings with Non-Executive colleagues to discuss a wide range of issues. Jason Killens joins us for the first half hour of that meeting and briefs us on current pressing matters;
 - Attended my Chair’s annual appraisal with the Cabinet Secretary for Health and Social Care;
 - Completed the Chief Executive’s end of year performance review;
 - Routine meeting with Head of Internal Audit, Osian Lloyd;
 - Panel membership of the WAST Live events;
 - Routine meetings with Trade Union colleagues;
 - Attended the recognition and thank you even held for our people in 111 following the implementation of the 111 Clinical Assessment Software;
 - Attended the Trust Long Service Awards on the 20 and 21 June;
 - Attended the AACE Council meeting;
 - Attended ambulance board development sessions;
 - I have taken the opportunity to visit various Trust sites and colleagues over the last two months, and these include visiting colleagues in the Clinical Contact Centre and Palliative Care Teams at Vantage Point House.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Not applicable.

REPORT CHECKLIST

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

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

CHIEF EXECUTIVE REPORT: 25 JULY 2024

MEETING	Trust Board
DATE	25 July 2024
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY
<p>This report is presented to the Trust Board to provide awareness of the Chief Executive’s activities and key service issues since the last Trust Board meeting held on 30th May 2024. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.</p> <p>RECOMMENDATION: That Trust Board note the contents of this report.</p>

KEY ISSUES/IMPLICATIONS
<p>This report is for information only to ensure Trust Board are aware of the Chief Executive’s activities and key service issues.</p>

REPORT APPROVAL ROUTE
<p>The Trust Board meeting held on 25th July 2024.</p>

REPORT APPENDICES
<p>An SBAR is attached.</p>

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

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 30th May 2024.

BACKGROUND

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

ASSESSMENT

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, JCC and senior elected representatives and local authorities.
 - Face to face and online meetings were held with EMT and newly qualified paramedic colleagues to discuss the proposal to introduce a new EMT 3 role and job description. Since these were held Trade Union colleagues have confirmed that their membership voted by a large margin to accept this proposal. Work will continue on the implementation and further updates will be provided.
 - I met with Janet Finch Sanders, MS for Aberconwy, to discuss the impact of last years industrial action and the mitigations taken by the Trust to ensure the safety of patients in greatest need of urgent care.
 - As part of my commitment to continued personal development I have enrolled on the Window Leadership experienced senior leaders development programme.
 - Executive colleagues attended the year end Joint Executive Team (JET) meeting with senior Welsh Government health officials. The meeting was positive and Welsh Government colleagues were supportive of the continued progress made by the Trust.
 - I was delighted to attend the long service awards ceremonies held in Deganwy, Gwbert and Newport to recognise the commitment and service given to our patients by so many of our colleagues.
 - The Trust hosted an International Paramedics Day Celebration Service in partnership with St John Cymru at St John's Church, Cardiff on 8th July. The event was well attended, and celebrants included members of the St John International Grand Council as well as members of other blue light organisations, the armed forces and numerous local civic and political figures.

- The Trust and BCUHB held round table meeting to identify partnership opportunities to develop enhanced community care.
- The Director of Partnership and Engagement and I attend two local authority scrutiny Committee meetings in North Wales.
- Attending alongside a small number of colleagues a Welsh Government conference focused on “the Welsh way” of embedding social partnership where it was pleasing to note our approach to partnership was recognised as progressive by others in the public sector.

OPERATIONS DIRECTORATE

Operational Effectiveness

4. WAST aims to enhance operational efficiency by addressing key areas such as mobilisation times, time spent on scene, clinician travelling unavailability, and multiple auto-allocations. The focus of the work is to emphasise the need for a system-focused approach and the implementation of a live dashboard for dynamic efficiency management. The plan includes identifying stakeholders, discussing strategies, and documenting an action plan, along with the development of new measures specific to the key areas of the job cycle time that require improvement. Additionally, new management processes will be established to ensure continuous monitoring and adjustment. The plan will be delivered with benefit realisation through PowerBI dashboard development. The goal is to optimise resource utilisation and improve service capacity.

Accredited Centre of Excellence (ACE) status with the International Academies of Emergency Dispatch (IAED)

5. The Trust went into remediation with the IAED for MPDS following Quarter 4. An action plan was approved and submitted to the IAED. The Trust is required to fall within the specified thresholds of compliance in order to come out of remediation status. So far for Quarter 1, the Trust has reported compliance within the accreditation threshold, which should result in the closure of remediation. Internal assurance is being provided to senior management and feedback about the actions being taken received from the IAED have been positive.

Clinical Model Transformation

6. The Clinical Model Transformation (CMT) programme has been initiated on a cross-directorate basis following five days of organisational workshops. Following work on the model and the development of a phased implementation plan, work has commenced on the six objectives for phase one (winter 2024). Whilst work is underway to refresh the Trust's formal program structures, CMT programme delivery and assurance arrangements have been established. In support of delivery, the Operations Directorate has appointed an Assistant Director of Operations (Transformation) and a Service Manager (Transformation). Operations colleagues are working closely with colleagues in other directorates to make progress on changes which will reduce

community harm this winter whilst also embracing a robust culture and change management approach which will engage and connect our people.

FINANCE AND CORPORATE RESOURCES

Finance

7. The 2023/24 audit of the financial statements commenced on 7 May 2024. The auditors made good progress and a final progress meeting between the Trust and Audit Wales took place on 26th June 2024 to discuss some final matters. The audited financial statements are free of material misstatements; there are a number of corrected and a very small number of agreed uncorrected non-material misstatements. The corrected misstatements have already been reflected in the accounts. None of the corrected misstatements affect the disclosed surplus of £85,000.

8. The audit moved into its final stages at the beginning of July and the final audited accounts were presented to the Audit, Risk and Assurance Committee on 10th July along with assurances from Audit Wales that an unqualified audit completion certificate would follow.

9. The audited accounts were presented for approval to the extraordinary meeting of the Trust Board on 12th July, and the Auditor General for Wales certified the accounts on the deadline of 15th July 2024.

10. A full audit of the Charitable Fund accounts will take place later this year. The Finance Team continues to play a key part in the delivery for the 2024/25 financial plan by supporting those developments identified in the IMTP. The team also continues to support the Financial Sustainability Programme (FSP) and the identification of schemes / themes for this and future financial years.

11. The capital programme is on track with projects and programmes progressing well, given it is still the early part of the financial year, most schemes are in their planning stages, however a large number of orders have been placed for the vehicles replacement programme in order to ensure delivery in time for conversion in this financial year.

Capital & Estates

New Dolgellau Ambulance Station

12. The updated business case was approved by Trust Board at end of May 2024. Preparation is now in the final stages for award of the contract. The programme is estimating works of between 20 to 24 weeks for completion.

Llangunnor CCC

13. At the time of writing the tender process is due to close shortly, with the relevant detailed analysis then taking place in order to finalise the business case and populate with cost estimates. The business case will be presented to the Trust Board or Chairs

Action. Dyfed Powys Police partners are progressing relevant actions within the organisation to facilitate the enabling works to allow WAST occupation of the space.

North Wales CCC estate

14. The North Wales CCC Project Board continues to oversee this work. The estates work package is progressing with the move to RIBA stage 4 and preparation for the procurement process. Initial work to clear spaces within Ty Elwy and support preliminary works has concluded and work to further enhance capacity for the required infrastructure has also concluded. Further investment has been secured to support backlog maintenance elements associated with Ty Elwy which will support a more robust scheme and reduce the need for future interventions on the site thus removing future further disruption risks.

Monmouth

15. Following prioritisation of this scheme in the 2024/25 Discretionary Capital programme, a meeting with staff was held on site at the end of May. Confirmation was given to staff that both project management and financial resource has been allocated and work would recommence to consider options available on the existing site. The Project Board has been established and held its first meeting on 5th July 2024; the first action will be the finalisation of a business case on the basis of a preferred option and associated quotation for costs on a detailed specification in due course. It is anticipated that this project will run through financial years 2024/25 and early 2025/26.

Thanet House

16. This was a new scheme for 2024/25 and prioritised within the Discretionary Capital allocation based on an offer from NWSSP to relocate staff to Matrix House, Swansea less than 1 mile away. However, NWSSP subsequently advised that this option was no longer available. Currently work is ongoing to explore alternative viable options for Thanet House which will include consideration of the lease terms on the current facility. It is likely that any alternative scheme will be larger in scope and complexity and will require longer timescales to complete than the original project which anticipated completion within the 2024/25 financial year.

Bangor Fleet Workshop

17. A further new scheme for 2024/25 prioritised within the Discretionary Capital allocation. The project focusses on establishing a revised location for the Fleet Workshop within the Bangor area. The Project Board has been established and continues to meet. Site searches are ongoing supported by NWSSP Estates Services and a number of options are being explored. It is anticipated that an element of the capital allocation will be for the provision of workshop equipment, but it is hoped that a unit can be sourced which will require minimal internal reconfiguration to make it suitable.

Decarbonisation/EFAB

18. Following successful completion of all 2023/24 schemes, work continues to develop detailed specifications for 2024/25 schemes. Project plans are currently on track for specifications being issued to tender within the next month.

Infrastructure for placement of hybrid and full electric vehicles

19. Following confirmation of Vehicle Replacement funding for 2024/25 in May 2024, work is commencing to consider and agree the charging infrastructure requirements to support the commissioning of new vehicles. HART and Single Responder Vehicles (SRV) will be hybrid, with EV Fleet Workshop vans and an EV SRV pilot to be scoped, and the appropriate infrastructure will be further enhanced across WAST sites to support this building on the success of the 70 chargers installed during 2022/43 and 2023/24.

Bids for All Wales Capital

Swansea Ambulance Station

20. This scheme has been re-highlighted to Welsh Government as part of a recent All Wales Capital prioritisation process and further discussions with officials. A preferred site within Fforestfach has been identified and negotiations regarding lease agreements are progressing well. The project is currently in RIBA stage 2 and indicative plans have been developed for use of the site. 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.

Newport Ambulance Station

21. This scheme was also included as part of the All-Wales Capital prioritisation process. Noting that the outcome of the AWC exercise is not yet known, work continues on the project start up elements including development of Project Initiation Document and Terms of Reference and initial site searches. Further site searches will need to be conducted to establish suitable options. A new Project Manager has been appointed to cover this scheme alongside others.

Llanelli Ambulance Station

22. The Project Board will oversee NWSSP work on site searches to determine any current options for the development of a business case into Welsh Government. Again, as part of the AWC prioritisation process it is not yet known what level of support this scheme will receive, but work continues to scope out the parameters of the project and options for progressing with this scheme.

Estates, Environmental and Facilities

ISO 1400

23. WAST has once again successfully retained its ISO 14001 accreditation for another year making us the only ambulance service in the UK to hold this environmental accreditation.

24. Compliance Update:

- 208 members of staff across the business have completed Fire Waden training.
- 19 sites have completed their annual emergency evacuation drill.

- All legionella water risk assessments have been completed and an action log is being prepared.
- All Fire Risk Assessments have been completed.
- CIS – All Estates and Capital contractors have been re-verified.
- New waste legislation that has been introduced on 4th April 2024 has resulted in new waste streams and receptacles.

Fleet

25. In relation to the completion of the final element of the 2022/23 programme (2023/24 element), which included some agreed and planned carry over of monies into last financial year by Welsh Government, the only element that remains to be completed is the 15 Ford Transit Customs, initially ordered in April 2022. The vehicles were delivered to the nominated convertor during May 2024, and they have been converted into wheelchair accessible vehicles. They have been delivered to WAST and are going through the commissioning process and into service.

26. The 2023/24 Fleet BJC which contained further potential for decarbonisation and EV initiatives was approved by the Board in November 2022 and submitted to Welsh Government. As Board members will recall, the level of funding Welsh Government were able to provide against that which was submitted was a significantly lesser sum than required. The reduced funding instigated a detailed re-prioritisation process, and the result of that work is that the Trust made the decision to order 41 Emergency Ambulance chassis.

27. Most of the 41 Mercedes chassis have been converted to coach-built box bodied Emergency Ambulances and gone through the commissioning process and into service. The commissioning program was undertaken in unison with the MDVS roll out programme which reduced vehicle down time and increased availability.

28. The 2024/25 Trust Board approved Fleet replacement programme and BJC was submitted to Welsh Government on 23 November 2023 requesting funding for the replacement of 157 vehicles at a cost of £24.4M which included an element of catch up from 2023/24. As Trust Board members will be aware, for the second year in succession the actual figure received from Welsh Government was £12.8M; a significantly lower sum than required. The Trust has once again had to go through a robust prioritisation process to optimise the utilisation of the funding provided.

29. The results of that prioritisation process are that the Trust will purchase 35 Emergency Ambulances, 30 Rapid Response Vehicles which are a combination of 20 plug-in petrol/electric hybrids (PHEV) and 10 full battery electric vehicles (BEV). These vehicles will be replacing 30 diesel powered vehicles greatly reducing tailpipe carbon emissions. Once converted the vehicles will be capable of fulfilling a variety differing roles; RRV, CHARU, APP and DOM. Having a "one size fits all" approach to solo operator responding vehicles creates efficiency savings and keeps the spare capacity requirement to a minimum.

30. The 5 Hazardous Area Response Team (HART) primary responder vehicles that were not replaced in 2023/24 because of the reduced funding will be replaced this year. They too are PHEVs and they will be replacing diesel powered vehicles.

31. With the exception of the support vehicles the remaining 70 base chassis have been ordered and will be delivered to the nominated convertors. The EAs will once again be built in Poland whilst a tender competition is underway to establish a contract for the conversion of the Rapid Response type vehicles and that will conclude in time for the chassis to be built and delivered to the successful bidder.

CORPORATE GOVERNANCE

June and July have been a busy period with respect to some exciting opportunities on our Board:

32. Ceri Jackson, who has been a non-executive director with WAST since 2021 and Interim Vice Chair since 2023 was confirmed in the substantive position for a four year term from 1 July, following a competitive selection process. Ceri's 30-year career in the charity sector has taken her across Wales and the UK and includes roles as the Head of Community at RNIB, Director of RNIB Cymru and Interim Director of Strategy and Transformation at Tŷ Hafan. Ceri has been a member of several Boards in Wales in order to help review policy and practice across a range of areas including health, social care and housing. Ceri has also been a trustee of the Stroke Association since 2020 and was previously a trustee and Chair for Sight Life, and Chair for Age Alliance Wales and the Wales Vision Strategy Advisory Group.

33. Joga Singh will be stepping down from the Board with effect from 1 September after a 4.5 year tenure of service. Joga, a partner with law firm Geldards in Cardiff, has been a member of the People and Culture Committee, the Audit, Risk and Assurance Committee, and has lately chaired the Finance and Performance Committee. His analytical approach is characterised by a supportive yet challenging stance, ensuring robust scrutiny and a commitment to openness and transparency. An interview process took place in June to appoint Joga's successor.

34. With the award of University Trust Status from 1 April 2024, the Trust has the opportunity to appoint a non-executive director to the Board from a health-related post in a university. The successful candidate will play a pinnacle role in oversight of our academic partnerships, and the research and innovation at WAST. The public appointment closed on 15 July.

35. Kevin Davies will come to the end of his tenure on 31 September after a long term of office supporting our Board and the communities we serve. A Professor of Nursing and Disaster Healthcare, Kevin joined the Trust in 2014 and became Vice Chair in 2018. His term as Vice-Chair was extended from January 2022 to November 2023 after which he agreed to remain on the Board as a Non-Executive Director pending the campaign for the substantive Vice Chair. The public appointment campaign for Kevin's replacement will close on 5 August.

36. I would like to thank both Joga and Kevin for their service to the WAST Board and for the support and encouragement they have provided to the Executive Leadership Team and the wider organisation.

37. In June the Trust's Welsh Language Services Manager attended an NHS Wales, Welsh Language Services Manager's meeting with Welsh Government. Also in attendance was the Trust's Communication Specialist along with representatives from communication teams across NHS Wales to take part in a development session with Welsh Government's head of press and marketing on effective bilingual communication. Ideas of best practice were fed back to our Communications Team. As part of the Welsh Language Commissioner's Regulatory Work 2024/25 the Trust along with other NHS Wales bodies provided information to the Commissioner on the arrangements that the Trust has in place for carrying out Welsh language impact assessments when making a policy decision. It is expected that the Commissioner will produce a report summarising her findings and highlighting effective practices.

38. The Annual Report Task and Finish Group led by the Corporate Governance team enter quarter 2 having completed the annual report which was endorsed by the Audit, Risk and Compliance Committee on 10 July and approved by the Board on 12 July.

39. The Covid-19 Inquiry continues with the Module 3 statement signed and filed with the Inquiry Team. Redactions have been made in accordance with the Inquiry's process of the documents submitted in evidence of the statement.

STRATEGY, PLANNING AND PERFORMANCE

Strategy, Planning and Transformation

40. Since the submission of the Board approved IMTP in March 2024, a huge amount of work has been undertaken by the Strategy, Planning and Transformation Teams to review the delivery structures for the IMTP and in particular the Clinical Model Transformation programme arrangements. These arrangements will direct and oversee work that will, within the aims of the 2015 Clinical Response Model launch, further revise and enhance our approach to reflect the current operating environment and workforce capabilities. Following the collaborative clinical model workshops held in May, work has continued at pace to further evolve our future Clinical Response Model, with the process being led by the Head of Strategic Development and Head of Transformation. Six priorities have been identified as part of the key developments within Phase 1 of the work to be undertaken over the next 6 months in readiness for winter. The prioritised initiatives include the implementation of the Rapid Clinical Screening function, testing the effectiveness and impact of applying the new 111 clinical prioritisation system (CPSS) for a select group of 999 patients, and taking forward the initial steps to align our 111 and CSD functions as a pre-cursor to formally establishing the RICS function. Working Groups to deliver the six priorities have been rapidly stood up, project controls developed, and work is progressing within defined target timescales. In addition, following a detailed review, a revised IMTP Delivery &

Assurance approach has been proposed following engagement and consultation with key leads from across the organisation. The proposal was endorsed by the Strategic Transformation Board and transitional work is underway to establish the overarching Clinical Model Transformation Board and underpinning Workstream Groups and sub-groups.

41. This work has been undertaken in alignment to the review of the internal Planning mechanisms to deliver the IMTP and directorate level Local Delivery Plans (LDPs). Delivery of the wider IMTP deliverables will be led through directorate planning and delivery arrangements, supported by the Planning Team and these will filter through the Integrated Strategic Planning Group (to be renamed the Integrated Strategic Planning & Development Group), chaired by the Assistant Director of Planning & Transformation, to provide assurance to the Board via Strategic Transformation Board. This will provide for a dynamic planning platform that will enable further opportunities for integrated planning across the whole of WAST. Throughout July & August the Planning Team will support directorates to consolidate their plans in line with the new Clinical Model Transformation arrangements as we head into the next planning cycle for 2025 and beyond. A key component of the WAST IMTP this year is the refreshed digital plan, and the Planning Team has been supporting the Digital Directorate to develop its plan and its implementation arrangements.

42. Alongside our IMTP delivery, we have been asked by the National Six Goals for Urgent and Emergency Care programme to develop a WAST Six Goals Delivery Plan which will align to and deliver WAST elements of the national programme plan. The plan reflects the commitments set out to the Cabinet Secretary against her priorities in the 'Ministerial Templates' in the IMTP. A draft has been presented to Strategic Transformation Board and will be sent to the national programme by the end of July.

43. Locally and regionally, we continue to engage with Strategic Service Changes in Health Boards across Wales. There is significant activity in West Wales as Hywel Dda University Health Board is reviewing 9 key clinical service lines. The Planning Team has been directly involved in the planning events in West Wales, along with clinical and operational colleagues, and is co-ordinating our understanding of the impact on WAST services in the area. Work also continues in Southeast Wales on the regional planning collaborative arrangements in delivery of regional services for diagnostics, cancer, ophthalmology, stroke and orthopaedics. The changes in these areas will affect both EMS and NEPTS services and transport remains a critical enabler.

44. At a more national level, the Strategy and Planning Teams are engaged in work to set out a new vision for non-emergency patient transport in Wales, considering the network of transport from WAST services to community transport provision and public transport. This will in turn inform the development of our strategy for Ambulance Care and how that fits with the Health Transport workstream of the Clinical Transformation Programme.

45. In responding to the challenges, we are facing, and the scale and pace of change across the organisation, the teams have grown over the last 2 years. As such we are

working on what it means to develop and grow within Strategy Planning and Performance and how we can support retention and career development in order to retain and grow the significant talent we have in the teams. This also extends to other areas of the Trust where we will look at supporting colleagues with development in terms of project and programme management, starting with awareness and training of the recently published Project Path Framework, moving to more formalised approaches to training of this profession. We are also bringing together planning disciplines across the Trust so that we can build better relationships and synergies, especially in the realms of emergency and adaptation planning as we think more and more about our role under the Wellbeing of Future Generations Act.

Commissioning & Performance

EMS Demand & Capacity Review

46. In July, the Commissioning & Performance Team will conclude a major project, the 2023 EMS Demand & Capacity Review. This strategic five-year review models a range of scenarios, including the evolution of the clinical response model and varying levels of handover lost hours. The review will serve as a crucial tool for senior stakeholders in making informed decisions on future investments, workforce planning, recruitment, and fleet & estate planning.

Supporting the Clinical Response Model

47. Our team is actively involved in enhancing the clinical response model. We are modelling various concepts, such as scheduling Advanced Paramedic Practitioners (APPs), and conducting technical planning linked to the strategic review.

Quality & Performance Management Framework

48. We are also focused on developing the Quality & Performance Management Framework. The first pathfinder for the Resource function is complete, and work is underway for the EMSC and Corporate Governance frameworks. Despite this developmental work, the team consistently produces performance reports for Executives. Recent reports, such as those presented at the June Joint Executive Team and June Integrated Quality, Planning & Delivery (IQPD) meeting, have been positive about the Trust's overall performance but highlighted concerns regarding patient safety within the Trust's control.

New Commissioning Arrangements

49. The new commissioning arrangements, which went live on April 1, 2024, are still in their early stages. Our team is working to integrate with these new systems, but it will take a few more quarters for these arrangements to become clear and stable.

CLINICAL DIRECTORATE

Maternity Improvements

50. Steve Magee, Consultant Paramedic, continues to be central to the excellent improvements within maternity care, some of which include the development of an all-Wales maternity transport document, the delivery of multi-profession training to student midwives and paramedics, as well as designing a new maternity equipment bag that is intended to support staff in highly stressful situations.

51. He continues to co-chair the highly influential national pre-hospital maternity and neonatal care group, a group he co-chairs with a consultant midwife from London. This group is represented by maternity leads from ambulance services across the UK and are currently focused on re-writing the JRCALC clinical practice guidelines, in order to provide a consistent approach to maternity care across the UK.

52. Recognising that WAST are at the forefront of pre-hospital maternity care, Steve was asked to present at the Royal College of Midwives national conference in Liverpool where he was the only paramedic in attendance. His presentation on the advances made within pre-hospital maternity care within WAST were very well received.

53. In collaboration with the College of Paramedics and a consultant midwife from London, Steve is currently organising a national pre-hospital maternity conference. Aimed at pre-hospital staff across the UK, this event will be the first of its kind and is planned to host an impressive programme of speakers who are experts in their fields.

Chief Paramedic Group

54. Andy Swinburn, Executive Director of Paramedicine, chaired the inaugural Chief Paramedic Group (CPG) which was held on the 1 July. The group consisting of Chief Paramedics and Directors of Paramedicine from the UK Trusts. The Terms of Reference are currently in development and will be put forward to the Association of Ambulance Chief Executives for approval in the coming weeks.

Ambulance Lead Paramedic Group (ALPG)

55. The ALPG held their quarterly meeting on Friday 5 July, Chaired by Paul Jefferies South Central Ambulance Service, which was held at Cardiff Ambulance Station with Mike Jenkins, Consultant Paramedic as WAST's representative. The group discussed the future direction of the group with the recent introduction of the CPG. Andy Swinburn, chair of the CPG, provided an overview of the group, it's membership, potential changes to reporting lines and future workstreams.

56. Discussions have taken place surrounding vehicle load lists, with a process in place across English ambulance services, as well as ePCR data which have highlighted significant differences across ambulance services on the type of systems being used, however, all reported challenges in collecting Clinical Indicator data.

Visit to Scottish Ambulance Service (SAS)

67. On 1 July, members of the Clinical Directorate, EMS Co-ordination and Integrated Care visited SAS at their Edinburgh centre. The visit was primarily to review their development of an Integrated Clinical Hub (ICH) and their experience of using LifeX. The integrated clinical hub was launched in December 2022 and is co-located within control centres in the West, North and East of Scotland. It provides assessments for all patients who are initially triaged as non-immediately life-threatening calls and who may benefit from a further virtual consultation and referral to other services in the community.

68. There are multi-disciplinary teams of Paramedics, Nurses, Advanced Paramedic Practitioners (APPs) and General Practitioners (GPs) who clinically advise on around 26% of total verified incidents. Interestingly, the different clinical roles tend to work in three workstreams with Paramedics/Nurses in the recall stack of live incidents managing queue safety for the yellow category (our Amber 2), the APPs assessing the calls deemed suitable for remote assessment (our Clinical Support Desk suitable codes filtered by the DCR table), and the GPs assessing calls that are passed from 111 (they are still separately commissioned organisations). Some are either permanently employed into the role, rotated into the role or contracted, but all require staff to be physically present at a hub.

69. One of the most interesting outcomes in the data was for the consult and close group. Each incident is linked to Scotland's equivalent of the NHS number which has the ability to link across primary and secondary care data, to establish if there was a subsequent contact point after the consult and close experience with SAS. The data demonstrated that around 20,000 patients who had been assessed by the ICH had no further contact with other parts of the Scottish system. This is proving to be of real value during the ongoing discussions around permanent investment into the ICH. The team received a lovely welcome from their hosts and are really grateful to them for taking the time to demonstrate how the ICH in Scotland is developing.

DIGITAL SERVICES

Mobile Data Vehicle Solution

70. The MDVS project concluded the installation of the new MDT screens in 757 vehicles on 28th June. The next phase will continue installation onto a further 9 EA's and 16 Ambulance Care vehicles once they are delivered to the Commissioning Centre in Merthyr. Work is continuing to install a new reversing camera and then relocating the MDT screen in some older Honda CRV Rapid Response Vehicles, with over half completed to date.

71. The MDVS User Experience Survey remained open until 12th July to gather feedback from EMS and Ambulance Care colleagues. The project team will continue to analyse the feedback and address issues raised.

MDVS (Software updates/ bug fixes)

72. An update to the National Mobilisation Application, and the supporting files has been released to all EMS and Ambulance Care vehicles to enable them to update via the Trust wi-fi. To date 423 vehicles have been updated by the crew accepting the update at the end of their shift. This update will resolve the issue where the MDT screen went white and required a reboot. Of those 414 have also accepted the update to the supporting map, gazetteer, and navigation files.

Cyber Posture & Monitoring

73. During April and May two of the Trust suppliers were subject to cyber-attacks. The Trust were not impacted by either attack due to the safeguards and monitoring in place. Work has continued to strengthen our cyber posture in line with actions in our Cyber Improvement Plans and further user education and campaigns have been undertaken to raise cyber awareness across all our staff.

Health Informatics - Pause and Improve

74. During March 2024, the Health Informatics (HI) function had reached a critical point. All service areas within the function were unable to keep up with growing demands, and the team faced challenges in supporting the organisational ambitions and were not positioned well to embark on the 2024-27 IMTP.

75. It was agreed, with support from ELT, that the HI team would progress 3 tactics to tackle these challenges; the first being a 'Ruthless Prioritisation' exercise (reviewing backlogs and roadmaps across all HI functions); the second a 'Radical Reset' (a period whereby the team did not accept any new non-critical requests, focusing only on a few key priorities, including the 111 CAS project, and in parallel progressed a rapid cycle of internal improvements); and the third being about 'Future Investment' in the team's capacity. Collectively, these tactics came to be known as the "Pause & Improve".

The outcomes of the 6-week "Pause & Improve" period have been significant and positive. In addition to ongoing involvement in the 111 CAS replacement project, the launch of the new MIQPR always-on report, efforts to progress the system-wide data linkage ambition, and maintaining legislative compliance across the function, improvements were made across the following themes:

- Efficiency - through a process improvement plan and streamlined report catalogue.
- Productivity – by reducing backlogs (removing over 180 legacy tasks), clearing roadmaps, and prioritising action plans, and modernising the data and reporting request processes.
- Collaboration – by reviewing our stakeholder mapping and engagement plan and launching a live request status tracker on the intranet for improved visibility for stakeholders.

Health Informatics - Always On Reporting

76. Following the successful deployment of the first iteration of the “Always On” report (i.e. the automated MIQPR) focus now switches to updating and upgrading. Firstly, following the successful implementation of the new Clinical Assessment System, the data and calculations that enable the 111 metrics are being repointed to ensure continuous reporting of those 111 service measures. Next, the team will work on bringing online additional measures relating to areas such as community waits, resource utilisation and concerns or Adverse Incidents logged via the Datix system.

EPCR

77. The latest quarterly update was deployed smoothly. The update included the activation of the Pathways referral system on the TerraPACE application, enabling electronic processing of referrals for non-injury falls, resolved epilepsy, and resolved hypoglycaemia through ePCR. This instantaneous system enhances operational efficiency and reallocates resources within the Trust. Improvements to the User Interface have led to advancements across all clinical indicators, notably with the introduction of the ePCR nudge tool, which has significantly improved our #NOF indicator group. Additionally, the integration of the DECG capture into ePCR will enhance crews' ability to refer their patient to PCI services and is expected to reduce on-scene time.

IT key updates

78. Work on other projects is now starting to resume as resources have been freed up from working on the CAS system for the past 6 months. Examples of the other projects being worked upon include implementing a new ICT issue recording system called “House on the Hill”, finalising the work on a new 999 telephony system, and starting work on replacing old servers within the 999 system. Work also continues in supporting estates development work and providing support and general maintenance tasks on all other ICT supported systems within the Trust.

IT CAS Bug fixing

79. Following the successful implementation in record time of the new 111 CAS system on 30th April the first scheduled update to the new system will be applied at the end of July to resolve any issues uncovered and add improvement changes to the system. The next significant development will be to integrate the system with the Welsh Demographic System (WDS) to allow patients to be more easily identified and in finding their unique NHS patient record number which will allow future integration into other NHS Wales system and aid in providing a better patient experience and outcomes.

PARTNERSHIPS AND ENGAGEMENT

80. On 30 June, the Welsh Ambulance Service came under the auspices of the Well-being of Future Generations Act. The Trust is subject to the well-being duty (Part 2) of the Act, which gives it a legally binding common purpose in the shape of seven well-

being goals to improve the Wales of today, and of tomorrow. Over the next few months, the Director of Partnerships and Engagement will be working with colleagues, including Trade Union partners, to develop a series of well-being objectives.

90. The Trust's ambition to be a gateway to the right care or advice, in the right place, every time, is gathering pace. A plan to communicate and engage with the organisation's people and partners about what this means, and the support required is progressing, using a phased approach via a refreshed engagement framework delivery plan and being managed through the newly developed programme structures.

91. The Chief Executive and Director of Partnerships and Engagement have continued to engage with partners, recently presenting to scrutiny committees of both Isle of Anglesey/Ynys Môn and Wrexham Councils, dealing with a range of questions from local elected members, while the Director of Partnerships continues as Vice Chair of the North Wales Regional Partnership Board.

92. The Director of Partnerships has recently been appointed as a member of the Academi Wales Expert Panel and attended her first meeting of the group in mid July.

93. A series of Long Service Awards were held in June to celebrate colleagues' length of service. The annual events, organised by the Communications Team, saw a number of awards presented for 20, 30 and 40 years of NHS service. Congratulations once again to all the recipients. Planning for the WAST Awards in the autumn is now underway.

94. A campaign to reduce assaults on Welsh emergency workers has entered its second phase. The With Us, Not Against Us campaign, which WAST leads on behalf of all blue light organisations in Wales and NHS Wales, will focus in the coming months on the impact of verbal abuse specifically, based on what colleagues identified as important to them in a recent evaluation.

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Blue Light Hub App

95. An evaluation study of the children's gaming app 'Blue Light Hub' conducted in partnership with Cardiff University, has been published in BMJ Open:

["When you're hurt and you need serious help you call 999." Educating children about emergency services and appropriate use of 999: An evaluation study of the Blue Light Hub app](#)

The app was created during the COVID-19 pandemic when face to face engagement was not possible. Based on the evaluation and feedback from schools, it continues to evolve, with a Cardiopulmonary Resuscitation educational game currently in development.

Introduction to Clinical Supervision for NHS 111 Wales Clinical staff.

96. In alignment with recommendations from the Chief Nursing Officer (CNO) for Wales and the Association of Ambulance Chief Executives (AACE), clinical supervision has been introduced for our NHS 111 Wales clinician workforce. This initiative is now a key component of induction courses and the continuous professional development programme for our clinicians. Our dedicated team, comprising seventeen Practice Educators (including three Champions) are specifically trained in providing restorative clinical supervision, is at the forefront of this effort.

97. The implementation of clinical supervision has been initiated on a small scale. The phased approach will enable monitoring and evaluation while fostering the necessary skills amongst our staff. Early feedback from participants in the initial rollout has been very encouraging, indicating a positive impact on their professional practice and overall well-being.

International Academy of Emergency Dispatch (IAED) UK NAVIGATOR Conference 2024 (23-25 September 2024 in Leeds)

98. The recent programme of work to implement the new patient management and clinical decision support system into the NHS 111 Wales service included a large and complex staff Training Plan. The training included Call Prioritisation and Streaming System (CPSS), Emergency Communication Nurse System (ECNS) and the patient management system C3/MIS. The Education, Professional and Clinical Practice (EPCP) Team were supported by the IAED for initial CPSS and ECNS training but had to quickly become 'the experts' to effectively deliver this training to the whole workforce. Creating the MIS training from scratch, the EPCP Team adapted the content daily (sometimes more than once a day) to reflect the refinements to the system right up to the go-live day.

99. One of our brilliant Training Assistants, Robyn Turner has captured this experience and has been chosen to present at UK Navigator in September. Her presentation entitled Expert to Novice: The Good, the Bad and the Ugly about Reversing the Trajectory Model will provide a unique insight into this mammoth Training Programme and the impacts on the team.

Welsh Ambulance Services University NHS Trust Quality Event 2 July 2024

100. Following the introduction of the Health & Social Care (Quality and Engagement) (Wales) Act 2020 on 1 April 2023, the Quality, Safety and Patient Experience Directorate have been working hard to embed the principles of Citizen Voice, Duty of Quality and Duty of Candour across the organisation. As part of the communication plan for both this activity and the Quality & Performance Management Framework (QPMF), the first Trust Quality Event (WASTQ) was held in the Metropole Hotel in Llandrindod Wells on Tuesday 2 July 2024.

101. With a packed agenda based around the culture of quality and the quality management system, our patient experiences and citizens voice were woven as a golden thread throughout the day. The agenda included discussion points, practical exercises and opportunities for digital feedback and engagement. The event was supported by Dr Alan Willson, a lecturer at Swansea University on Quality Management systems in health care and previously the Clinical Director for the 1000 Lives Campaign. His presentation was informative and enjoyable and sparked real interest in the attendees who took away practical ideas of how we can embrace a bottom-up approach to quality management systems as well as ways in which to achieve service user feedback and experience measures.

PEOPLE AND CULTURE DIRECTORATE

Culture

102. Staff Network activity is increasing across the Trust, enabling us to continue amplifying the voices of our people. A new Network Chairs' Touchpoint meeting is helping connect staff networks and enabling collaboration to host awareness sessions on topical cultural matters. WAST Voices held a session with the 'Speakeasy Club' in June which has resulted in some of our stations introducing special benches where colleagues can converse with each other in a bid to improve mental health and wellbeing and increase social inclusion. We have made links into the national Women's Network, who are liaising with the National Uniform Group to look at better fitting options for our female staff. Our Black, Asian and Minority Ethnic Network also has a small group of members who attended the national BME Forum meeting in London in June; this is a positive step forward for us.

103. In line with our ambition to engender a sense of belonging and demonstrate our commitment to equality, diversity and inclusion, recent Swansea and Cardiff Pride events were well attended by colleagues and members of the public. Plans are now in place for WAST to lead the digital zone at this year's Mastering Diversity Event (16th September) where Dr Leanne Smith will be further promoting 'Women in Tech'. There will also be an opportunity to showcase our digital plans and demonstrate how new technology can improve service delivery and health outcomes for patients.

104. Our Director of People and Culture recently visited all regional Clinical Contact Centers to engage directly with staff. The purpose was to gather deeper insights from the recent EMSC Culture Survey and to understand experiences more fully. During these conversations, many staff took the time to share their thoughts and experiences openly and honestly, helping us understand both the feedback from the survey and the specific issues that were not captured. Angie was genuinely impressed by the passion and dedication shown by everyone and has expressed her gratitude for the warm welcome and candid conversations she had with staff at all centers. This comprehensive feedback, combined with the survey results are being shared with the leadership team and will form part of wider discussions at the EMSC culture project group meeting which includes management and trade unions representatives.

105. Lizzie O'Shea joined us at the beginning of June as our dedicated Speaking Up Safely Guardian; this positive move provides our people with a safe and confidential space to raise concerns and is a key milestone in our cultural transformation journey.

Capacity

106. Following continued focus on our supportive approach to managing absence, sickness absence reduced in May, from 7.56% (April) to 7.55% (May). Anxiety/stress/depression remains the highest reason for absence, with MSK the second highest reason for absence. EMS absence for May was reported at 6.99% which is the lowest level for a significant number of years.

107. Aligned with our commitment to 'getting the basics right,' colleagues have engaged with our Operations managers about the legislative changes that allow employees to apply for flexible working from day one of their employment. This initiative is a key commitment in our Integrated Medium-Term Plan (IMTP). In collaboration with the Senior Operations Team, we will develop and implement guidance and training across WAST.

108. In the interest of safeguarding the health and wellbeing of our people, a further MMR audit was conducted in May, in response to the clusters of measles outbreaks across Wales. MMR compliance for frontline Paramedics has increased from 75% in January to 77%; we continue to engage with those colleagues without full evidence of MMR to encourage attendance for vaccination.

109. From a wellbeing perspective, the Trust continues to offer assessment, signposting, and guidance to colleagues across WAST, maintaining visibility at operational locations and offering promotional site-visits and drop-in clinics. Our focus has recently been on implementing clinical supervision for all Occupational Health and Wellbeing staff to provide professional support, development, and quality assurance, in line with the WAST Clinical Supervision Policy. Work is also continuing Our Health and Wellbeing Plan 2025-2029 which is now in its second draft, with consultation ongoing.

110. In line with our overarching objectives relating to capacity, all of our Driving Learning & Development Managers have achieved or are working towards Approved Driving Instructor (ADI) status. This will help ensure we have the capacity to fulfil the needs of the Strategic Workforce Plan and maintain the competence of existing colleagues' HSDTs (High Speed Driver Training assessments) and returns to practice. Furthermore, we are happy to report that we have supported the successful completion of all BASICS (British Association for Immediate Care) and EMRTS (Emergency Medical Retrieval and Transfer Service) drivers to achieve Level 3 CERAD (Certificate in Emergency Response Ambulance Driving), in line with qualified front-line drivers within the Trust. This means that, pending enactment of Section 19 of the Road Traffic Act, BASICS and EMRTS drivers will be fully compliant with the associated HSDT and CPD requirements, enabling them to continue enhancing the care we provide to our patients when responding on our behalf.

111. From a workforce planning perspective, we have just started this year's NQP process to induct a further 84 paramedics into the Trust, with the first cohort have started in Ty Elwy on 8th July. Work has also moved on at pace in the drafting of our Strategic Workforce Plan that takes us from today to 2030, building on our People & Culture Plan, aligning to our IMTP and dovetailing with the planned end to our Delivering Excellence vision.

Capability

112. A schedule of additional Allyship and Active Bystander training sessions is planned for September onwards. We will also be facilitating 2 sessions for People and Culture colleagues in July and August to ensure that the directorate is leading by example and can help to progress the change in culture and behaviours across the Trust.

113. A series of sexual safety sessions for People and Culture colleagues across UK Ambulance Trusts have been well attended and well received by WAST staff; a further session on the Worker's Protection Act is being planned for the Senior Leadership Team. Using the materials provided following this series of training sessions, the Diversity and Inclusion Team will be developing and delivering further sessions to help managers to identify and prevent sexual harassment in the workplace and holding bespoke sessions for trade union colleagues as well.

114. The Workforce Education & Development team have piloted the newly procured hoist apparatus has been piloted in the North Powys area, with a view to go live across the Trust later in the year.

115. Following a delay due to the implementation of new systems in 111, Practice Coaches and Trainers have restarted their professional development journey to become qualified educators. This is in preparation for the introduction of the UK's first regulated Integrated Care Call Handling Apprenticeship; a key retention strategy led by the Workforce Education & Development team working collaboratively across Integrated Care, EMS Co-ordination and our NET call handling provision, designed to attract, invest in, develop and nurture new talent joining the Trust in what are acknowledged as some of the most challenging roles to hold.

116. The 23 July marked graduation day at Swansea University for our most recent group of former EMTs who have completed their studies on the Work Based Learning part time BSc Paramedic Science programme. I am proud of them all and take this opportunity to celebrate their success and recognise how difficult it is to navigate a degree programme on top of a full professional and personal life – many congratulations.

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



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

Actions To Mitigate Avoidable Patient Harm In The Context Of Extreme And Sustained Pressure Across Urgent And Emergency Care

MEETING	Trust Board
DATE	25 th July 2024
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Rachel Marsh, Executive Director Strategy, Planning & Performance Hugh Bennett, Assistant Director Commissioning & Performance
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY	
1.	At its July 2022 meeting Trust Board received and discussed a report relating to avoidable harm. The original report was accompanied by a supporting action plan designed to mitigate patient harm. Updates have been provided at every subsequent Board meeting.
2.	Good progress continues to be made on actions that the Trust can control both from a tactical and more strategic perspective; however, the Trust does not control the biggest variable that is affecting patient safety, namely, the levels of handover lost hours with handover lost hours in June 2024 at 22,229 hours (20% higher than June 2023).
3.	Long response times coupled with extended lengths of time in ambulances waiting for handover leads to avoidable patient harm. For the 3-month period April 2024 to June 2024; <ul style="list-style-type: none"> • 1,697 patients could have come to severe harm as a result of being held on an ambulance for longer than an hour outside an ED; • 28,683 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 23 severe cases of avoidable harm, including death, referred to health boards under the Joint Investigation Framework.
4.	This report sets out the actions that are being taken to mitigate and reduce risk and harm.
5.	The report has now been running for two years. The purpose and content of the

report will be reviewed post this Trust Board.

RECOMMENDATIONS: Trust Board is asked to:

(1) NOTE the continued level of avoidable patient harm.

(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
18 Jul-24	Executive Director of Strategy, Planning & Performance & Executive Director of Operations Executive Director of Operations
25 Jul-24	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 an update on actions being taken to mitigate this patient harm.

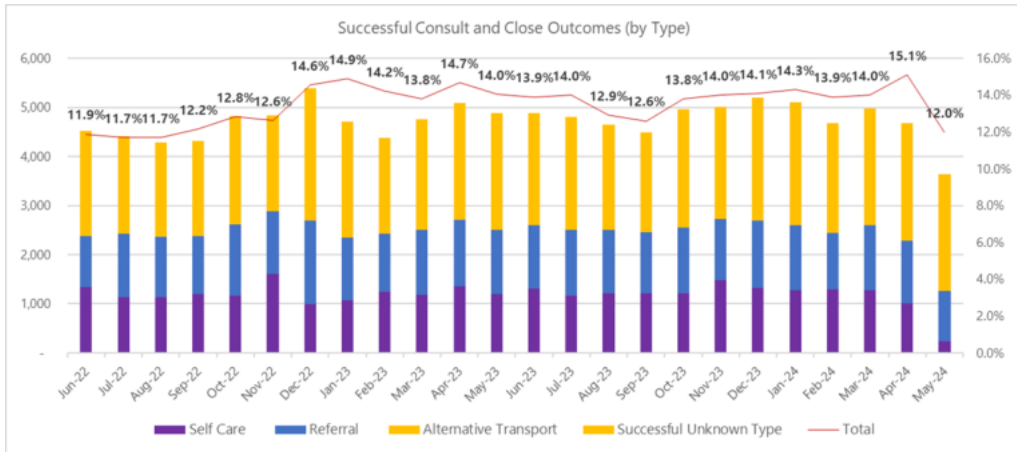
BACKGROUND

2. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm which has then been updated for every Board meeting.
3. The report has now been running for two years. The purpose and content of the report will be reviewed post this Trust Board

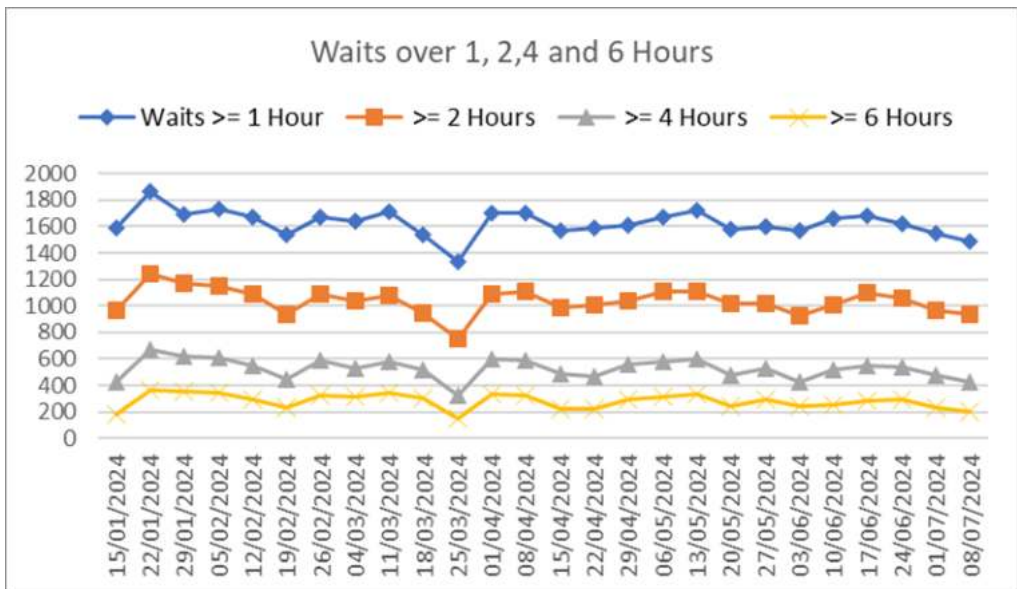
ASSESSMENT

Patient Harm & Mitigations

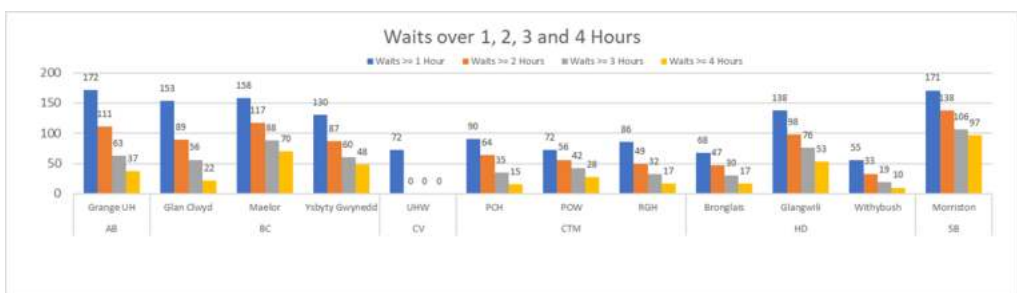
4. *Appendix 1* contains an updated action plan with a narrative update on each action. Many of the actions contained in the Board report from July 2022 have been completed and removed. Of the 27 actions live when last reported to Board:
 - 5 are red (significantly off target);
 - 3 are amber (off target);
 - 13 are green (on target); and
 - 6 have been completed.
5. The five red (significantly off target) are:
 - **Sickness absence to 6% by March 2024:** whilst missing the target and being RAG rated red, the Trust achieved 7.55% in May 2024 which demonstrates a significant shift in the right direction over the last 12 months.
 - **Consult & Close ambition 17% by Q4 2023/24:** the Trust achieved 12.1% in May 2024, a material drop from the 15.1% achieved in April 2024, which is the highest rate the Trust has achieved. This is currently being looked in, but initial findings are that this is a reporting issue linked to the go live of the new 111CAS, in particular, that the 111 contribution is not included.



- Reduction in emergency department handover lost hours:** the 2024/25 Welsh Government target for handover lost hours is on waits over one hour, which equates to 7,500 hour per month. The Trust is currently experiencing lost hours in excess of 22,000 hours and very extended wait times as per the graph overleaf.



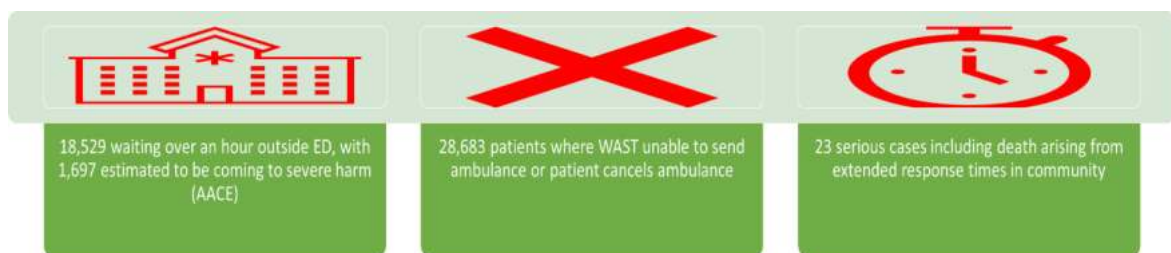
- Eradication of handover waits of > 4 hours:** the main Welsh Government target is now the no waits over one hour with a 30% reduction by December 2024. There had previously been a focus on four hour waits. The following graph is for w/c 08 July 2024 and shows a hospital by hospital analysis of hospital handover waiting times. Cardiff & the Vale is the notable positive exception.



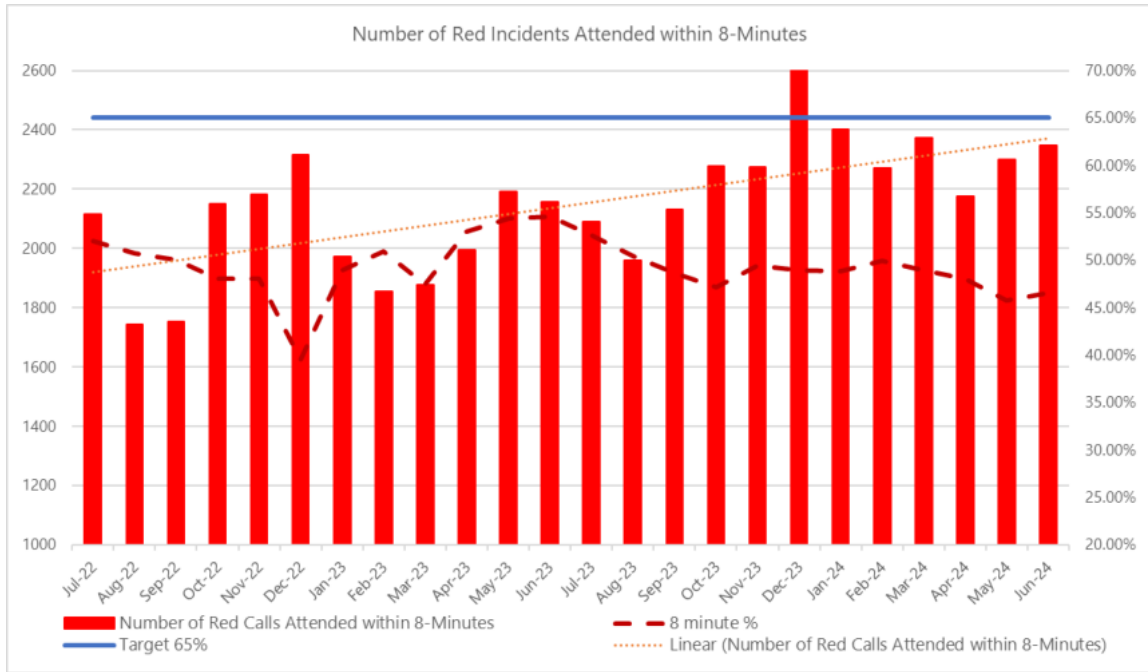
- Implementation of Same Day Emergency Care (SDEC) services in**

each Health Board: SDEC referrals accounted for 0.11% of verified demand. Trust modelling indicates 4% of the Trust's verified EMS demand could go into SDECs if the nationally agreed referral pathways were in place. It is important to note that SDECs do not only take referrals from WAST, but also from other sources, including Emergency Departments. Therefore, SDECs have been implemented, but the pathways into them from WAST are not working as initially intended.

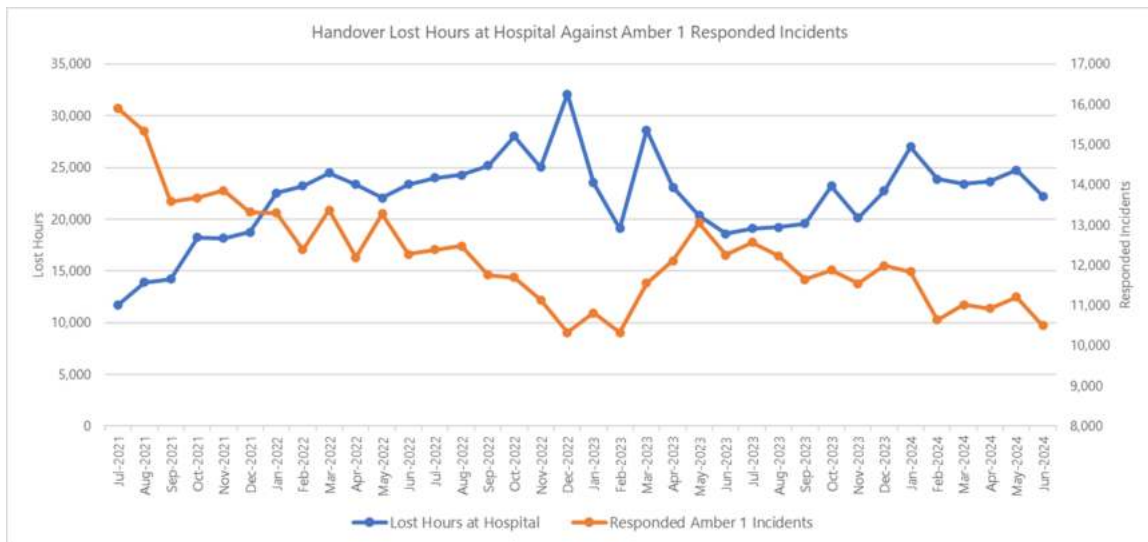
6. Whilst a RAG rated green action, based on the Trust completing its actions, 235 immediate release requests for Amber 1 incidents were declined by health boards in June 2024: AB 16, BCU 133, CTM 13, HD 11 and SB 65.
7. The Trust continues to estimate patient harm as part of its MIQPR. The visual overleaf attempts to show the three areas of harm, updated with data for the last three months to the end of June 2024 and is similar to the picture reported in the previous iteration of the this report i.e. no real improvement.



8. Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover has also been discussed at the Integrated Commissioning Action Plan (ICAP) meetings, which were paused as part of the transition of the commissioning arrangements into the Joint Commissioning Committee (JCC), and have not restarted.
9. The Trust was asked by the Interim Director of Commissioning for Ambulance & 111 to model three scenarios for handover (current levels, no waits over two hours and delivery of the Welsh Government one hour target). This modelling has been completed and shared with senior stakeholders. The same approach has been used in the strategic 2023 EMS Demand & Capacity Review.
10. The Trust has received some degree of challenge from those health boards where handover levels had improved, with a view that performance is not improving; however, the Trust is responding to more Red incidents, but the denominator (demand) has gone up, so this is not reflected in improved performance against the WG 8 minute target. A deep dive was undertaken in the Cardiff area to explore this issue in more depth.



11. Amber 1 activity is affected by handover, with the number of incidents responded to falling as handover increases.



12. Given the long-standing nature of the system pressures and long handover times, the Trust has commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys.

13. The Trust's 2024-27 IMTP sets out a range of actions designed to evolve the clinical model at pace to try and address the impact of handover. Key planned deliverables include:-
- 111 digital platform: a business case that identifies what could be achieved;
 - 111CAS: a new platform that will support integration between 111 and 999. The platform went live as planned on 30 April 2024;
 - 111 demand & capacity review: subject to potential agreement and funding with the new commissioners, a review that informs patient safety performance parameters, efficiencies and the capacity to deliver (expected to commence in June 2024, as planned);
 - Expansion of the remote clinician capacity and the scoping of the integration of 111 and CSD. An additional 23.2 FTEs are being invested into the control centres in 2024/25 and workshops on future clinical workshop completed;
 - Evolved Clinical Model: the review of the current clinical response model and potential move to a new clinical model. Initial five-day workshops completed, initial write up completed, with transformation programme structure now agreed;
 - 999 EMSC: the reconfiguration of the EMSC, to improve leadership, team structures, workloads and alignment to patient flows;
 - CHARU: full roll out and improved utilisation;
 - APPs: further expansion and improved utilisation. 32 FTEs APP funded for 24/24 and Task & Finish Group includes improved management information as part of its terms of reference; and
 - Ambulance Care: movement to the agreed tighter scope of practice, that enables a focus on core routine/planned activity.
14. The Trust will formally report the outputs from the collaborative and independent strategic 2023 EMS Demand & Capacity to Finance & Performance Committee and Trust Board in July 2024. The review provides a quantified estimate of the capacity and impact of a traditional ambulance model v the future clinical model; in particular, the impact on conveyance to emergency departments.
15. There is some increased attention from Welsh Government on the red response times. The Trust reported its improvements actions at its June 2024 IQPD.

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	<ul style="list-style-type: none"> There were 509 requests made to health board EDs for immediate release of Red or Amber 1 calls in June 2024, compared to 478 requested in June 2023. In the Red category 154 were accepted and released, eight were not. In the Amber 1 category, 112 were released, but 235 were not. The Red position is relatively positive, but Amber 1 remains a concern. The health board breakdown for Red not released, Jun-24 was: BCU 2, C&V 1, CTM 3 and HD 2. The health board breakdown for Amber 1 not released, Jun-24 was: AB 16, BCU 133, CTM 13, HD 11 and SB 65. Agreement has been reached with health boards around the validation process 	Complete
2.	Clinical Safety Plan (CSP) & Resource Escalation Action Plan (REAP) annual review	Lee Brooks	<ul style="list-style-type: none"> Both the CSP and the REAP were reviewed in advance of the festive season. Both are considered robust. 	Complete
3.	Introduction of limited Emergency Department "cohorting" to support	Lee Brooks	<ul style="list-style-type: none"> Some further "cohorting" (pods) was reintroduced for winter 2023/24 	On-going

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
	reduction in shift overruns		<ul style="list-style-type: none"> At this point in time pods remain open at Morriston and YGC in BCU. 	
4.	Patient handover actions.	Exec team	<ul style="list-style-type: none"> 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.
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	<ul style="list-style-type: none"> Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP. In May-24, sickness absence was 7.55% (target 6% by March 2024). Whilst missing the 6% target, given the nature of the service, this is good performance and trending in the right direction. The Trust will continue its focus through the Managing Attendance Programme into 2024/25, with a wider focus on abstractions as well. Abstractions have come down and achieved the 30% benchmark in Jan-24 for the first time since before the pandemic. In Jun-24 abstractions were 31.12%. 	6% by 31 March 2024
6.	National 111 awareness campaign	Estelle Hitchon	<ul style="list-style-type: none"> The Director of Partnerships & Engagement has met with the WG policy lead/Head of Urgent Care and Head of Marketing for WG Dept of Health, Social Care and Early Years to discuss a more sustainable approach to digital development (including website) and 111 communications 	On-going

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>more generally. It is acknowledged that there is limited capacity within WAST and that sustainable solutions will need to be sought to ensure that the ambition of 111 as a “digital first” service with the ability to defray low acuity needs via a digital solution is realised.</p> <ul style="list-style-type: none"> • WG and WAST have subsequently drafted a paper setting out the current situation and associated risks of the fragmented communications delivered by different organisations to support the delivery of NHS 111 Wales. The paper makes a recommendation to the JCC that a review should consider how a dedicated strategic lead, staffing and dedicated budget will be resourced to meet the delivery and widespread promotion of NHS 111 Wales. • The paper was shared with the JCC on 05 Jun-24. The JCC has committed to reviewing and sharing comments on this shortly. 	
7.	Seasonal Forecasting & Modelling (original action was winter modelling)		<ul style="list-style-type: none"> • The Trust has undertaken winter modelling which it has made available to Welsh Government and reported to EASC. • Summer modelling completed. This was predicated on 19,000 handover lost hours per month. The Trust is actually seeing a higher level (22,229 for Jun-24), which is concerning. The pre-school holiday modelling estimated Red 8 minute at 50% and Amber 1 median of 1hr and 32 	19 Nov-23 Complete This is now BAU.

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			minutes. Current performance levels are worse for Red 8 minutes, but better for Amber 1.	
8.	Additional 111 Mitigations (original action was winter mitigations)	Lee Brooks	<ul style="list-style-type: none"> The service is managed well and has recently delivered at pace the new 111CAS system. The service has good workforce planning, but training capacity has had to focus on the new system, which has affected recruitment and production, with the Trust estimating it will achieve the 190 FTE call handler commissioned control total by Sep-24. Call demand is 10% higher in the three months to the end of Jun-24, compared to the same period last year. It is imperative that the Trust now undertake a collaborative and independent 111 demand & capacity review, as agreed with the new Joint Commissioning Committee (JCC). Action due to commence on that in second half of Jul-24. This will assist both the Trust and commissioners in determining whether the commissioned level of call handlers (net of efficiencies) is sufficient to meet demand. In year monies for website development currently being actioned, in particular, new dental assets (live) and an independent report on the website (completed). Next stage is to develop a business case connecting to the findings from the independent report. 	<p>Actioned / being actioned</p> <p>Demand outstripping capacity</p>
9.	Winter Overtime	Lee Brooks	<ul style="list-style-type: none"> The Trust targeted production and overtime to forecast demand peaks in the first half of winter. The Trust has achieved 94% EA UHP for the last three months to end of Jun-24, benchmark 95%. 	Complete

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
10.	Additional Winter NEPTS Discharge Capacity	Lee Brooks	<ul style="list-style-type: none"> The Six Goals Programme made an allocation of £10,000 her health board. Whilst some Health Boards booked additional NEPTS transport through WAST using a dedicated spend code related to this allocation, this was not consistently applied. We understand that in some cases, whilst the spend was made through WAST, the allocation was coded internally. It has therefore not been possible to fully identify how each Health Board utilised their allocation. 	Offer made. £70,000 allocation Closed / Complete
11.	Operations Senior Planning Team (winter)		<ul style="list-style-type: none"> The Operations Senior Planning Team is live and meeting every week. 	From 20 Nov-23 Complete
WAST ACTIONS – Strategic / Transformational				
12.	Maximise the opportunity from Consult & Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	<ul style="list-style-type: none"> 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 has continued to recover with the Trust achieving 15.1% in Apr-24; however, it dipped to 12% in May. This is a reporting issue caused by the new 111CAS, in particular, that the 111 contribution to consult & close is not included.. The Trust's 2024/25 ambition is 17% (also a WG target) with recent demand & capacity modelling suggesting that the updated clinical model could see a maximum figure which is higher again. The Trust is investing a further 23.2 FTEs into the control 	March 24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			centres in 2024/25.	
13.	Recruit and train more Advanced Paramedic Practitioners	Andy Swinburn	<ul style="list-style-type: none"> The Trust uplifted its APP establishment by a further 15.7 FTEs in 2023/24 (funded through internal movements). For 2024/25 the Trust is funding a further uplift of 32 APPs (additional funding, not internal movements). The above uplifts will increase the APP establishment to 120.7 FTEs. Phase 1 18 recruited through initial recruitment round with an estimated 12 through Phase 2, which does leave a shortfall of 6 FTEs (36 required to cover turnover). Mitigations currently being considered, in particular, Mar-25 in take. 	Q4 2023/24
14.	Senior system influencing	Jason Killens Colin Dennis	<ul style="list-style-type: none"> CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for settings. A series of meetings have been held with each of the Health Board CEOs in order to listen to their priorities and understand how we might work more productively at a strategic level with them. An updated reputation audit, quality assured by The Consultation Institute, was conducted with key stakeholders in April and early May-24. Work is ongoing to develop and build relationships with key stakeholders within the new JCC arrangements. 	Ongoing
15.	Overnight falls service extension and future modelling	Mark Harris	<ul style="list-style-type: none"> Night Car Scheme extension agreed to 31 September 2024 (2 regional resources) Utilisation rates continue to be monitored: 	Live.

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> • Nighttime utilisation:- Q2 65% Q3 64% Q4 64% Q1 2024 - 66% • Daytime utilisation:- Q2 57% Q3 56% Q4 to date 58% Q1 2024 57% • Combined day and night Q2-Q3 58% Combined day and night Q4 to date 59% Combined day and night Q1 2024- 59% <p>There is now also an additional Level1 nighttime resource through RPB and Gwent Resilience Plan: Ringfenced AB dedicated level 1 Q1 2024 64%</p> <p>Contract options paper appraised by Executives. Shared Services supporting current provider extension and future retendering process 24/25.</p> <p>Falls contract monitoring moved from QSPE Directorate to</p>	

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>Operations Directorate.</p> <p>The 2023 EMS Demand & Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners and health boards. There is an immediate focus on the contract beyond September 2024.</p>	
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?	Audit Wales	<ul style="list-style-type: none"> • Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support) • The audit has completed nearly all the fieldwork. It has one outstanding focus group left, which is scheduled for the end of July and then will be issuing the draft report to the Trust by the end of Aug-24. 	24/25 Q1+Q2
17.	Full roll out of CHARU	Andy Swinburn	<ul style="list-style-type: none"> • Current position (May 2023 EMS Operational Transformation Programme Board) is 30 FTE vacancies (20%) against the 153 FTEs modelled requirement (including those just recently recruited, but not yet live). Recruitment into more rural areas remains challenging. • ELT have identified an issue around the utilisation (compared to the modelled levels) of CHARUs. The CHARU Task & Finish Group is currently investigating this issue. The initial results indicate that the Trust is reaching more Red calls with CHARUs than it did with RRVs (there are significantly less CHARUs than the previous RRV resource). • Further analysis has been undertaken and is now being 	Revised completion date: Q1 24/25 (recruitment into hard to reach areas)

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			considered.	
18.	Virtual Ward now Connected Support Cymru (CSC)	Liam Williams	<ul style="list-style-type: none"> • Currently awaiting WG feedback on the submitted business case. • Further meetings arranged with between the Executive Director of Quality & Nursing and Six Goals Programme/WG/. Trust has also approach WG with a smaller ask to facilitate 7 FTE CSD clinicians to provide a continuation of the Luscii solution - this would enable a proof of value pilot to further inform a business case. • At this stage there is no further external funding available to support this initiative; however, both commissioners and WG are supportive in principle. 	Apr-24 subject to funding
19.	Red screening		<ul style="list-style-type: none"> • 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 has now formally modelled the resource required for rapid clinical screening which is now being undertaken by the 2023 EMS demand & capacity review. The review has modelled 25.2 FTEs. The Trust is investing 23.2 FTEs this year. • The ratios of responding resources to incidents is kept under weekly review through the Operations Performance meeting. The ratios being achieved are good. See below. 	Live
20.	Response Logic		<ul style="list-style-type: none"> • 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. 	Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> • Work is progressing based upon a planning assumption that the desired multiple attendance ratio is between 1.1 and 1.3. The Trust is currently achieving 1.28 (w/c 08 Jul-24) for Red all allocation code set. • The Trust has undertaken an initial analysis of CHARU (see above) effectiveness with further analysis currently under review. 	
21.	Integrated Commissioning Action Plans (ICAPs)	Rachel Marsh	<ul style="list-style-type: none"> • The ICAP meetings focused on ambulance response performance, handover delay performance and the development of actions to reduce handover delays and improve ambulance response times. • The 2024/25 ICAP structure is being reviewed to consider the planned changes with regards to the new Joint Commissioning Committee (JCC). These meetings were paused for the transition into the JCC, and have not yet properly been restarted. TOR are being drafted for consideration. 	Live
22.	Future Clinical Service Model		<p><i>Future Clinical Service Model</i></p> <ul style="list-style-type: none"> • A series of five clinical workshops were undertaken in May-24 to provide dedicated time and space to continue the thinking and early development of proposals to transform the organisation's future clinical service model. • The workshops focused on a number of the key components of the emerging future model, including telephony processes, design of the rapid clinical screening function, continued thinking around the RICS concept (Remote Integrated Care Service) and Community Response Service. 	Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> To aid the delivery of this complex change, the Trust has reviewed its programme management arrangements, closed down its existing programmes, set up a new Clinical Model Transformation (CMT) programme supported by five workstreams: digital front end, emergency response service, remote integrated care service, urgent community response service and health transport service. More detailed progress against each of these workstreams was reported to Jul-24's Finance & Performance Committee in the IMTP 24/25 Q1 update. The programme is also supported by a range of other groups on engagement, quality/performance metrics and evaluation and the interface with our commissioners. A case for change document continues to be developed. 	
23.	Strategic 2023 EMS Demand & Capacity Review		<ul style="list-style-type: none"> The report is due to go to Finance & Performance Committee and Trust Board in Jul-24 (completed for F&P, on target for TB). The report clearly shows that the traditional conveyance model (based on current levels of handover) is prohibitively expensive and that change is not an option. The report models an initial "best estimate" of a future clinical service model, with much more emphasis on telephone triage and servicing demand in the community. 	Jan-24 Reprogrammed to Q1 for JCC.

SYSTEM STAKEHOLDER ACTIONS

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
24.	Reduction in handover lost hours to 15,000 by Q2 and 12,000 hours in Q3 (Welsh Government target now no waits over one hour, with a 30% reduction by Dec-24)	HB CEOs	<ul style="list-style-type: none"> Jun-24's handover lost hours were 22,229 compared to 18,588 in Jun-23 i.e. they have gone up. The Trust's implemented rosters are based on 6,000 handover lost hours and are simply not designed to cope with this extreme level of loss. C&V UHB being a clear outlier from other health board in demonstrating sustained improvement. In the w/c 08 Jul-24 C&V UHB had no waits over one hour. The Trust continues to lose between 25%-30% of its conveying capacity to handover. 	Q3 / Q4 targets
25.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours (replaced by no waits over one hour with a 30% reduction by Dec-24 as per letter from Director General Health, Social Care & Early Years/NHS Wales CEO 07 May-24)	HB CEOs	<ul style="list-style-type: none"> There were 6,097 > one hour patient handovers in Jun-24. The NHS Wales 2024/25 Performance Framework target is no waits over one hour with a 30% reduction by Dec-24. It is not clear what the baseline for the reduction is. Whatever the baseline the system is some distance from achieving this (it would equate to an estimated 7,500 lost hours per month), with current levels in excess of 22,000 hours and going in the wrong direction. The 2023 EMS Demand & Capacity Review includes a scenario based on this target for handover. 	Dec-24
26.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	<ul style="list-style-type: none"> 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. SDEC referrals accounted for 0.11% of verified demand in Jun-24. 	Q4 22/23

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> It is important to note that SDECs do not only take referrals from WAST, but also from other sources, including Emergency Departments. Therefore, SDECs have been implemented, but the pathways into them from WAST are not working as initially intended. A series of workshops were held in Mar-24 and Apr-24 alongside NHS exec colleagues; however, many issues remain e.g. no SDECs operating at some hospitals, challenge from clinicians about the need for SDECs, data quality, the use of SDECs for "bedding down" patients i.e. overflow from hospitals etc. 	
27.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. The Trust also has a presence on all the individual goal boards. At the April Integrated Quality, Planning & Delivery (IQPD) meeting with WG, it was agreed that the Trust will produce its own six goals plan. This is a positive development. This has now been developed and the Trust is currently in dialogue with the Six Goals Programme. 	Ongoing

AGENDA ITEM No	10
OPEN	OPEN
No of ANNEXES ATTACHED	1

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –
May/June 2024**

MEETING	Trust Board
DATE	25 th July 2024
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett - Assistant Director, Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O’Connor - Commissioning & Performance Officer
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EXECUTIVE SUMMARY

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **May/June 2024**. The report also includes the annual review of metrics.
2. Our response times to 999 callers remains of concern with red 8-minute performance at 46.6% in June 2024 and Amber 1 median at 1 hour and 29 minutes, which the Trust knows leads to avoidable patient harm. The Trust continues to work on actions within its control to mitigate this risk including, for example, maintaining high levels of EA production and fully rolling out the CHARU service. Work continues on an action plan to increase the consult and close rates to the target 17%, as this is modelled to have a significant impact on response times. The Trust lost 22,229 hours to handover in June 2024, and this level of lost capacity is difficult to compensate for, despite all the actions being taken. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours.
3. Data quality issues have been identified in 111. These are currently being addressed. 111 call handling performance has stabilised post delivery of the new 111CAS, but the abandonment rate is higher than the 5% target. This is due to a number of factors including: increased demand levels during the first

half of the year, a lower level of staff in post caused by training capacity having to be diverted to the implementation of the new system, sickness absence and also a 4% commissioned reduction in call handlers in 2024/25. The Trust anticipates that staff in post will be restored to establishment levels by September 2024.

4. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology remaining above target and renal performance achieving its target. Both the NET Centre and NEPTS transport are due to be re-rostered in 2024/25, a key efficiency.
5. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 7.55% in May 2024 remaining consistent with 7.56% in April 2024. The 23/24 IMTP ambition was to reach 6%. The Trust will continue its focus on sickness absence. It is of note that the EMS abstractions did hit the 30% benchmark in January, February, and April respectively, for the first time since the pandemic.
6. The Trust continues at pace its Clinical Model Transformation (CMT) programme, as detailed in its 2024-27 IMTP, and further articulated in the IMTP 24-27 Q1 delivery assurance report.

RECOMMENDATION: Trust Board is asked to: -

- **Consider the May/June 2024 Integrated Quality & Performance Report and actions being taken and determine whether:**
 - a) **The report provides sufficient assurance.**
 - b) **Whether further information, scrutiny or assurance is required, or**
 - c) **Further remedial actions are to be undertaken through Executives.**
 - d) **That the annual review of the report's metrics has been completed and reported to Finance & Performance Committee, with one falls indicator (length of lie) to be included, with possible further changes later in the year.**

REPORT APPROVAL ROUTE

19.07.24 Executive Director Strategy, Planning & Performance
24.07.24 ELT
25.07.24 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 **May/June 2024**.

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. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (IMTP) and strategies. An updated set for 2024/25 were reviewed in early June by the Executive team and the outcome is highlighted further in the paper.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

4. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
5. **999** call answering times decreased in June with the 95th percentile at 18 seconds, compared to 6 seconds in May 2024. The 65th percentile and median performance remain consistently good.
6. **111 call answering performance has improved over recent weeks**, although the call abandonment performance was at 11.9% in June and off target (5%). One of the key issues has been the reduction of call handling staff in post as recruitment was paused during preparation for the new CAS system. Recruitment is now underway and it is anticipated that the full complement of funded staff will be in post by September. It should be noted that there is also a reduction in the commissioned level of call handler FTEs in 2024/25 compared to last year (-4%).
7. Demand in June 2024 was 4.76% higher than during June 2023. If this level of demand is sustained, alongside a reduction in commissioned capacity, then future call abandonment performance could continue to be negatively affected.

In the short term, it will also take a number of months for new system to stabilise i.e. staff to familiarise themselves with it, etc.

8. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 98.7%. Response times for lower priority calls, although remaining below target, have improved significantly over the past 3 months, with P2CT and P3CT calls achieving 83.7% and 85.5% respectively in June 2024. This is despite continued high levels of clinician sickness absence, which was at 16.86% in June 2024.
9. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for June 2024 was 46.6%, remaining below the 65% target; however, the Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in June was 1 hour 29 minutes and the Amber 1 95th percentile was 7 hours 6 minutes. These long response times have a direct impact on outcomes for many patients.
10. Traditionally the factors which affect response times are demand and capacity (recruitment and lost hours). Recruitment is good, see slide 20 for information on staff in post v establishment, but the lost capacity through handover at hospital remains extremely challenging. The Trust's main focus in the first half of 2024/25 is to implement a material change in how it responds to patient demand by evolving its clinical model, before winter. A series of workshops were undertaken in May 2024, with additional leadership capacity also being put into this area: both designed to move this forward at pace. Areas of focus include: -
 - Further investment into remote clinical capacity (+23 FTEs);
 - Further investment in APPs (+32 APPs);
 - Development of the remote integrated care service (111 clinicians and CSD clinicians);
 - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connecting Support Cymru, mental health response pilot, Falls response etc.
 - Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review.
11. The one area of particular focus for recruitment is CHARU: with the Trust looking to recruit up to the modelled 153 FTEs; and connected to this a focus on CHARU productivity, with on-going analysis work on their contribution (initial findings positive, further work being undertaken) etc.
12. As above, the extreme level of lost hours to **handover outside Emergency Departments** remains the critical component of long waiting times and patient safety incidents. 22,229 hours were lost during June 2024. Cardiff & Vale's handover lost hours continues to remain low, due to an organisational focus

within the health board. While some small improvements have been seen in other health boards in recent months, Betsi Cadwaladr health board remains significantly high and above its two-year average figure (8,001). Performance into June has remained very challenging with days where over 1,000 hours were lost. WG have re-iterated to Health Boards the critical importance of improvements in this area.

13. **Ambulance Care (Patient Experience):** Oncology performance in June 2024 was 76%, hitting the 70% target. Renal performance also remains above target at 72%. Advanced discharge & transfer journey performance decreased compared to the previous month to 72% and remains below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Health Transport transformation workstream in place, which includes delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance. The Trust is expecting to re-roster NEPTS transport in 2024/25 which will better align capacity with demand patterns.
14. **National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported four NRI's to the NHS Executive in June 2024, an increase from the one reported in May 2024; and 3 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In June 2024 complaint response times improved to 88%, a strong improvement on the 50% recorded in May 2024, and achieving the 75% target, however, cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust has recruited to a new structure for the Putting Things Right (PTR) team, which is a key enabler in the improved performance.
15. **Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 84.4% in June 2024, 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 decreased to 14.4% in June 2024 compared to 16.5% in May 2024.
16. The Trust is now able to report on call to door times for Stroke and STEMI patients. For May 2024, these highlight call to hospital door times of two hours and 17 minutes for stroke patients and two hours and fifteen minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.
17. In June 2024, 9,737 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 488 callers. The Trust believes that 50% of this combined number is unmet demand

and is likely to be popping up elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.

Our People (workforce resourcing, experience, and safety)

18. **Hours Produced:** The Trust produced 118,368 Ambulance Response unit hours in June 2024 and delivered an emergency ambulance unit hours production (UHP) of 93%, just short of the 95% target. Key to the number of hours produced are roster abstractions.
19. **Response Abstractions:** EMS abstraction levels decreased to 31.12% in June 2024, just above the 30% benchmark figure. Response sickness abstractions stood at 7.58% (benchmark 5.99%).
20. **Trust sickness absence:** the Trust's overall sickness percentage was 7.55% in May 2024, a minimal increase on the 7.56% recorded in May 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 7.58% is above the 2023/24 IMTP ambition of 6% but is a good improvement.
21. **Staff training and PADRs:** PADR rates did not achieve the 85% target in June 2024, but have been steadily improving (77.53%). Compliance for Statutory and Mandatory training increased to 84.05%.
22. **People & Culture Plan:** The Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a pan-Wales round of CEO Roadshows in April 2024.

Finance & Value

23. **Financial Balance:** The reported outturn performance at Month 2 is a surplus of £29k and the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

24. The consult & close rate was 12% in May 2024, a reduction from the previous month due to the system changes within the 111 CAS system, which has affected reporting capabilities i.e. the 111 contribution to consult & close is not currently included in the 12% above. The IMTP ambition (and Welsh Government target) remains 17% at this point in time. The Trust has a recovery plan in place, with further work continuing during 2024/25.

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

Review of MIQPR Metrics

26. The Executive Director Strategy, Planning & Performance has undertaken a review of the MIQPR metrics together with Executive colleagues and a presentation was given at July 2024 Finance & Performance Committee on the outputs from this review.
27. The review identified that the MIQPR is comprehensive, covers all the key metrics that the Trust is held to account on by Welsh Government and commissioners. A new metric on "length of lie" for fallers was identified, as a proxy for outcome. Whilst no further changes were recommended, the review identified that further in year changes are anticipated as the Trust evolves the clinical model, continues to respond to the Duty of Quality and opportunities arise from data linking work.

Summary

28. The indicators used at this high-level highlight that 111 has stabilised post the 111CAS implementation with the coming months seeing a focus on recruiting back up to the establishment, which was affected by the implementation of the new system. EMS is stable, but likewise off target with the primary cause being handover lost hours. The Trust has largely exhausted traditional approaches to improving EMS performance and therefore now focused on evolving the clinical model at pace this side of winter. Ambulance Care performance is stable and above target for its two-headline metrics.

RECOMMENDATIONS: Trust Board is asked to: -

- **Consider the May/June 2024 Integrated Quality & Performance Report and actions being taken and determine whether:**
 - a) **The report provides sufficient assurance.**
 - b) **Whether further information, scrutiny or assurance is required, or**
 - c) **Further remedial actions are to be undertaken through Executives.**

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

May/June 2024

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

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

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: July 2024

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2023/24	2 Year Average	May-24	Jun-24	RAG	Top Monthly Indicators		Target 2023/24	2 Year Average	May-24	Jun-24	RAG			
Our Patients							Health & Well-being									
Timeliness Indicators							Value									
NHS111 Call Handling Abandonment Rates	< 5%	12.0%	19.8%	11.9%	R	Sickness Absence (<i>all staff</i>)	6.0%	8.69%	7.55%	N/A	R					
111 Clinical Triage Call Back Time (P1)	90%	98.2%	98.1%	98.7%	G	Mental Health Absence Rates	Reduction Trend	2.31%	2.16%	N/A	A					
999 Call Answer Times 95th Percentile	00:06	00:26	00:06	00:18	R	Staff Turnover Rate	Reduction Trend	9.99%	9.00%	8.64%	G					
999 Red Response within 8 minutes	65%	49.3%	45.8%	46.5%	R	Statutory & Mandatory Training	>85%	79.10%	83.28%	84.05%	A					
999 Amber 1 Median	00:18	01:23	01:29	01:29	R	PADR/Medical Appraisal	>85%	75.26%	78.11%	77.53%	A					
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	71.8%	70.8%	76.0%	G	Number of Shift Overruns	Reduction Trend	3857	4129	3879	R					
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	82.9%	82.0%	72.2%	R	Inclusion & Engagement / Culture										
Clinical Outcomes / Quality Indicators						NEPTS % of Total Calls Answered in Welsh						Increasing Trend	1.3%	1.7%	1.4%	A
Return of Spontaneous Circulation (ROSC)	Increasing Trend	18.3%	16.54%	14.41%	R	Partnerships / System Contribution										
Stroke Patients with Appropriate Care	95%	77.6%	84.96%	88.41%	A	Inverting the Triangle										
Stroke Call to Hospital Door Times	Reduction Trend	02:16	02:24	02:17	R	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	99.90%	N/A	G					
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	43.6%	64.08%	65.43%	R	EMS Utilisation Metric (CHARU)	Increasing Trend	29%	28.0%	28.6%	R					
National Reportable Incidents reports (NRI)		5	1	4		Average Jobs per Shift (All Vehicles)	Increasing Trend	2.36	2.27	2.31	R					
Can't Send & Cancelled by Patient Volumes	Reduction Trend	9,515	10,182	9,737	G	NEPTS on the Day Cancellations	Reduction Trend	19.9%	20.3%	22.0%	A					
Concerns Response within 30 Days	75%	38.5%	50%	88%	G	Partnerships / System Contribution										
Enactment of the Duty of Candour	100%	73.3%	100%	60%	R	Inverting the Triangle										
Our People						NHS111										
Capacity						Successful Consult & Close Outcome						17.0%	13.5%	12.0%	N/A	R
Hours Produced for Emergency Ambulances	95-100%	94%	94%	93%	A	% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.32%	11.80%	11.78%	R					
						Number of Handover Lost Hours						15,000	23,370	24,760	22,229	R
						NHS111 Dental Calls						Increasing Trend	6,572	N/A	N/A	
						Consult & Close Volumes by NHS111						Increasing Trend	1,041	N/A	N/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

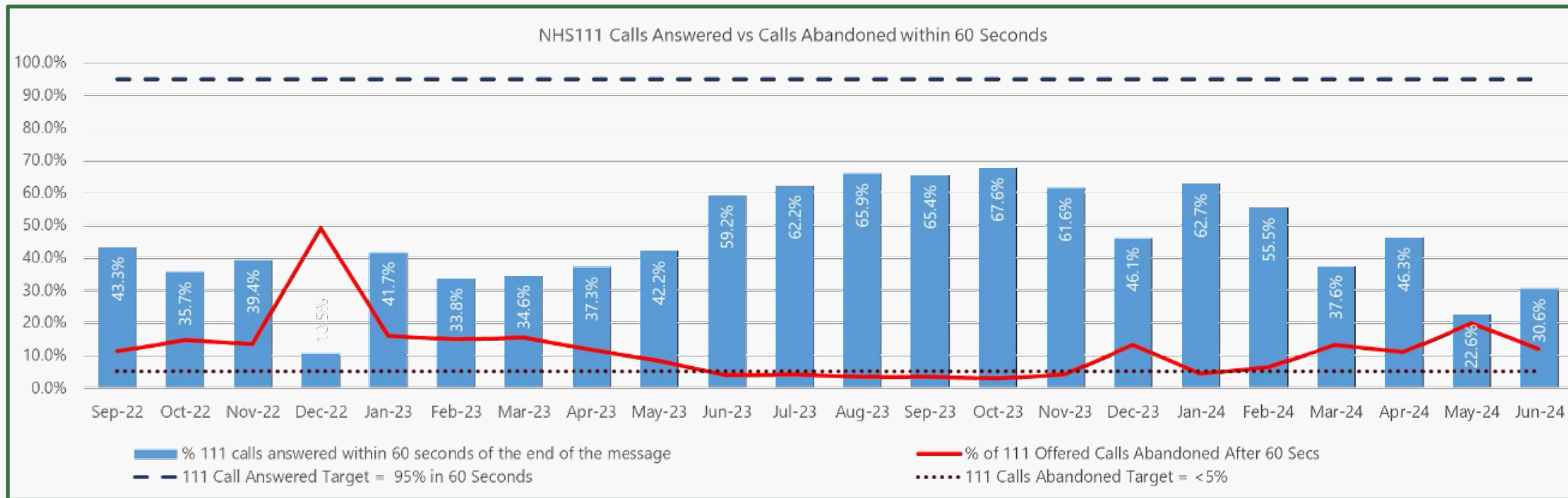
(Responsible Officer: Lee Brooks)

Abandonment Rate
R

FPC

Influencing Factors – Demand and Call Handling Hours Produced

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



Analysis

The 111-call abandonment rate improved from 19.8% in May 2024 to 11.9% in June 2024 but did not achieve the 5% target for the 5th month in a row. The percentage of 111 calls answered within 60 seconds increased, from 22.6% in May 2024 to 30.6% in June 2024, but continues to be below the 95% target.

The drop in performance over the past few months has been due in part to a spike in demand during Q4, increased call handler sickness levels, staffing numbers below establishment and to the new 111CAS system going live on 30th April 2024. In the run up to implementation, staff were abstracted for training, and in addition recruitment was paused. After go-live, staff are familiarising themselves with the system, which is having some impact on efficiency at this early stage.

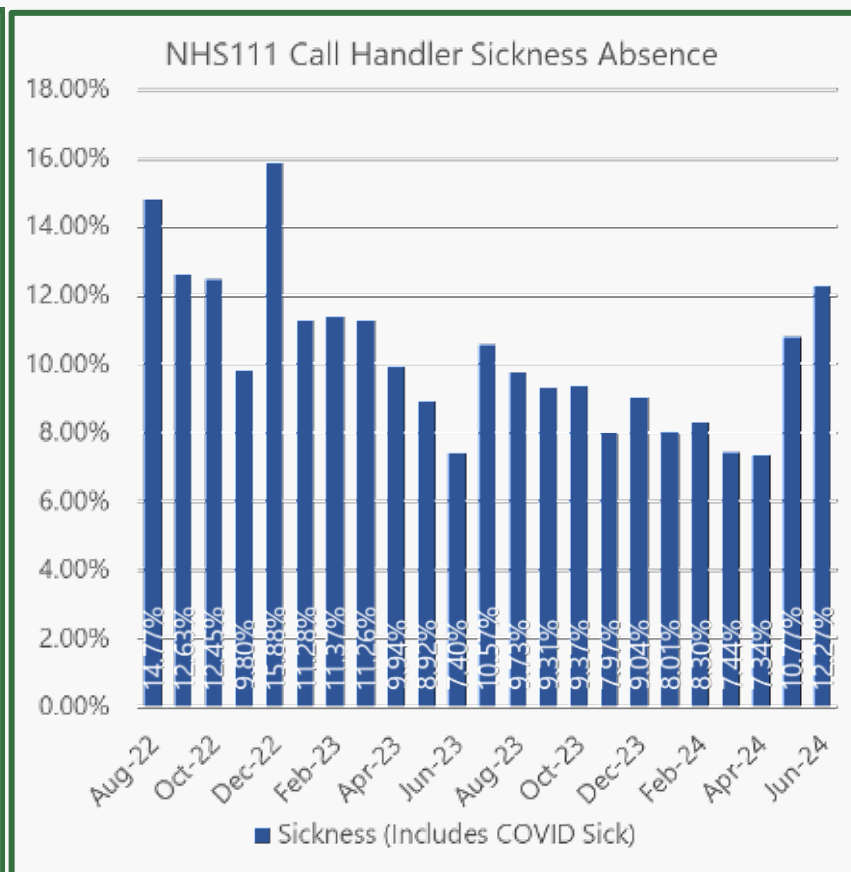
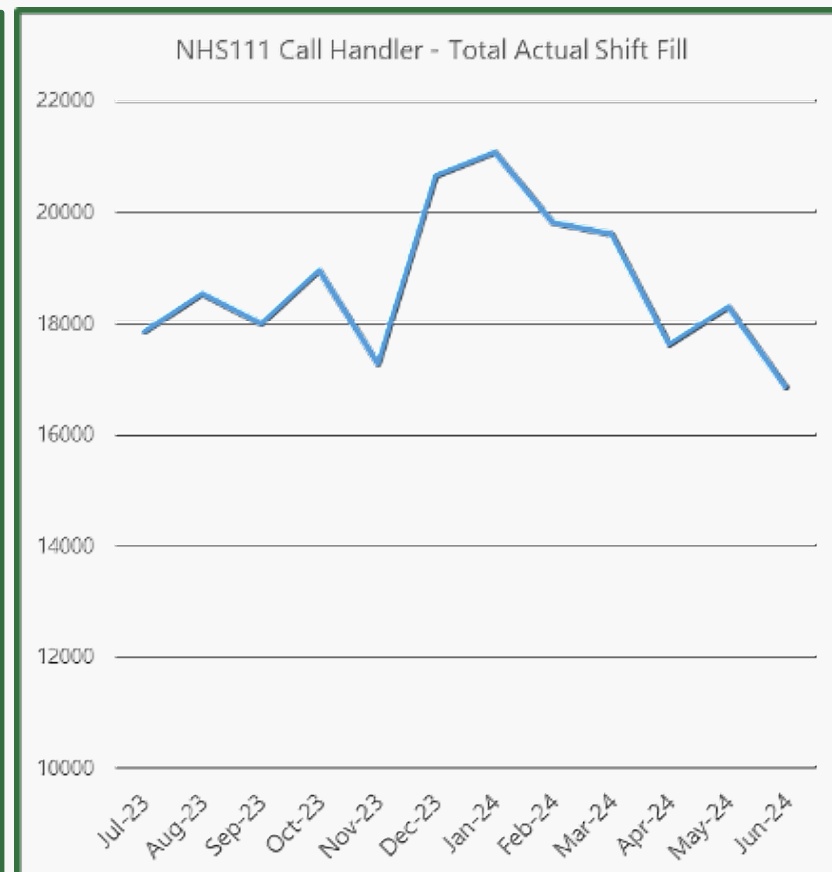
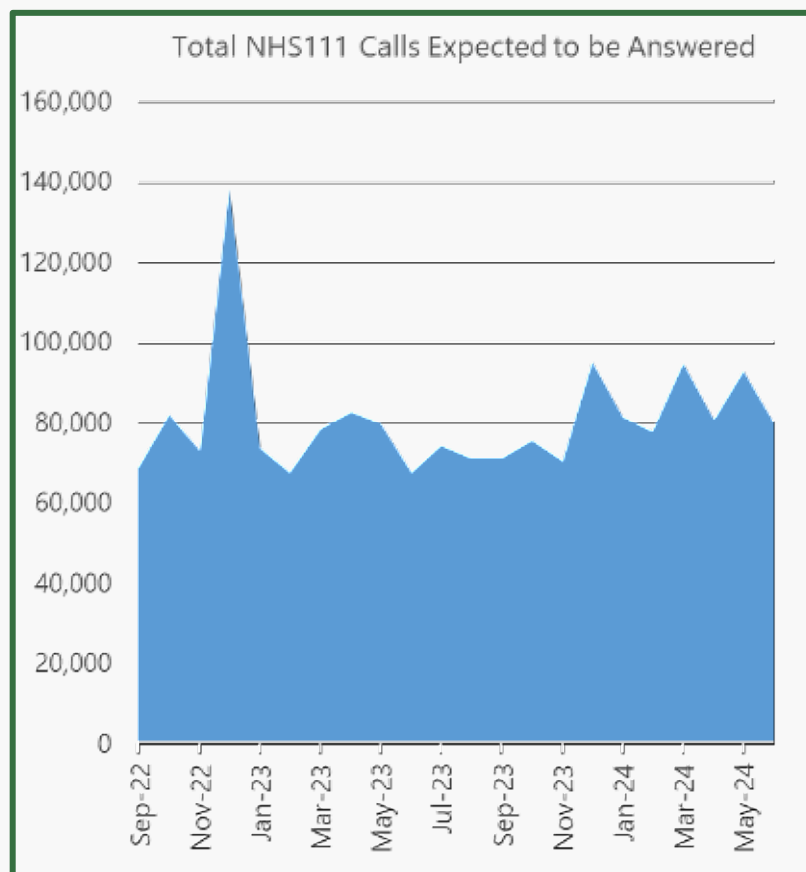
Remedial Plans and Actions

Key actions include:

- Recruitment up to commissioned levels, with cohorts starting over the summer and a plan to be at commissioned levels by September;
- A focus on realising the benefits of the new 111CAS;
- A demand & capacity review that takes account of the increased demand the Trust is seeing, what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.
- Expectation is that the project initiation will start imminently with further timescales to be discussed, with an anticipated timescale of 6-9 months.

Expected Performance Trajectory

The expectation is that once the new system has bedded in and additional staff have been recruited performance will improve once again; however, there are risks including demand, levels of commissioned call handlers being lower than last year and an unknown impact of the new system on efficiency.



Our Patients: Quality, Safety & Patient Experience

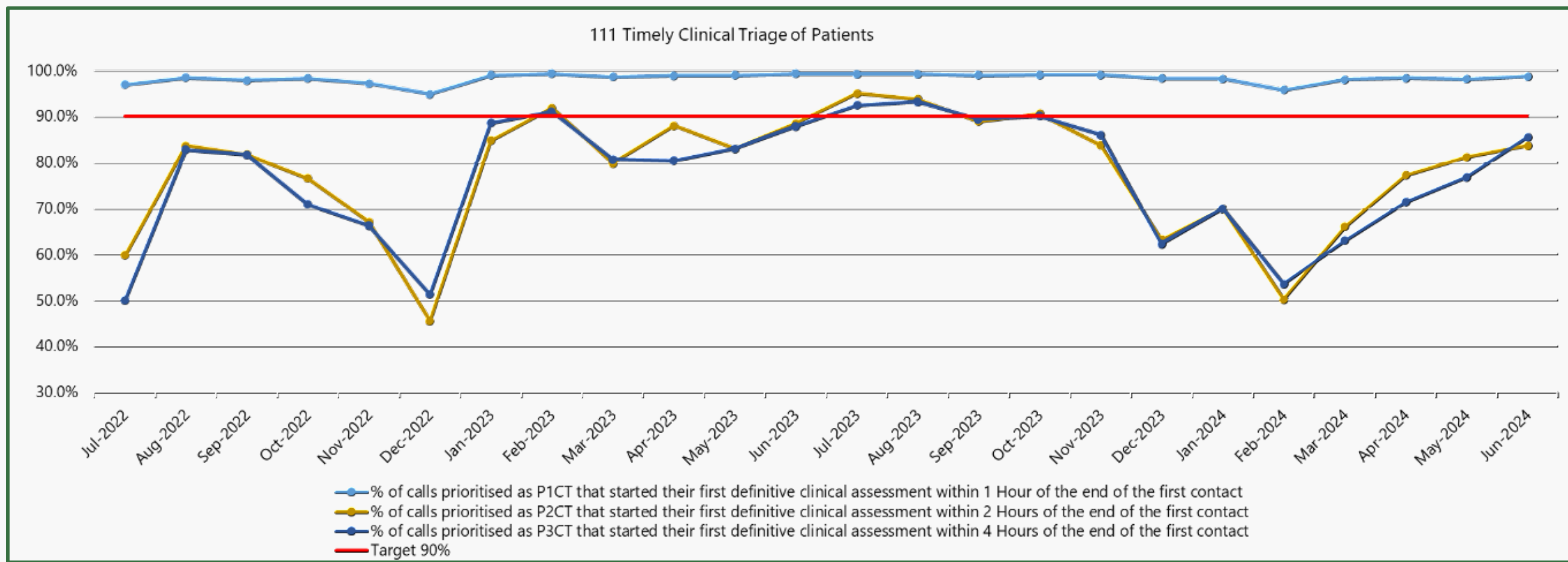
111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT
G
FPC

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

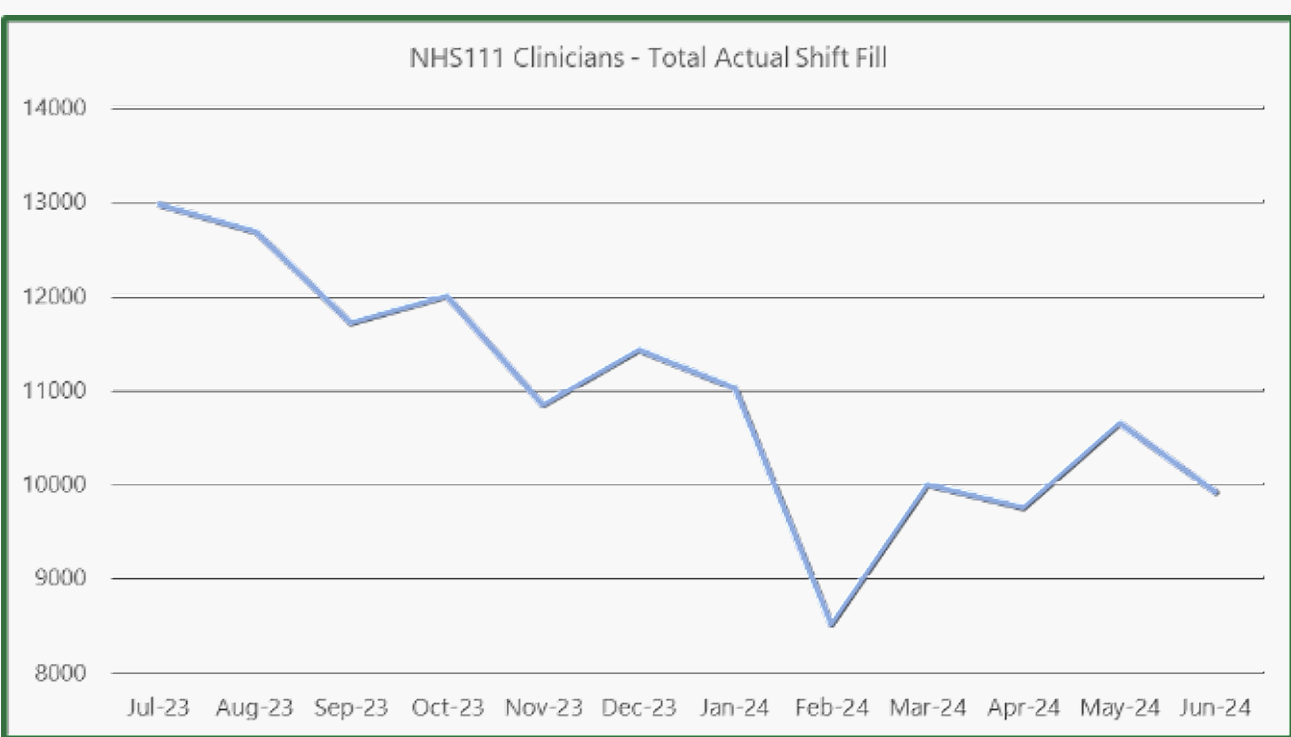
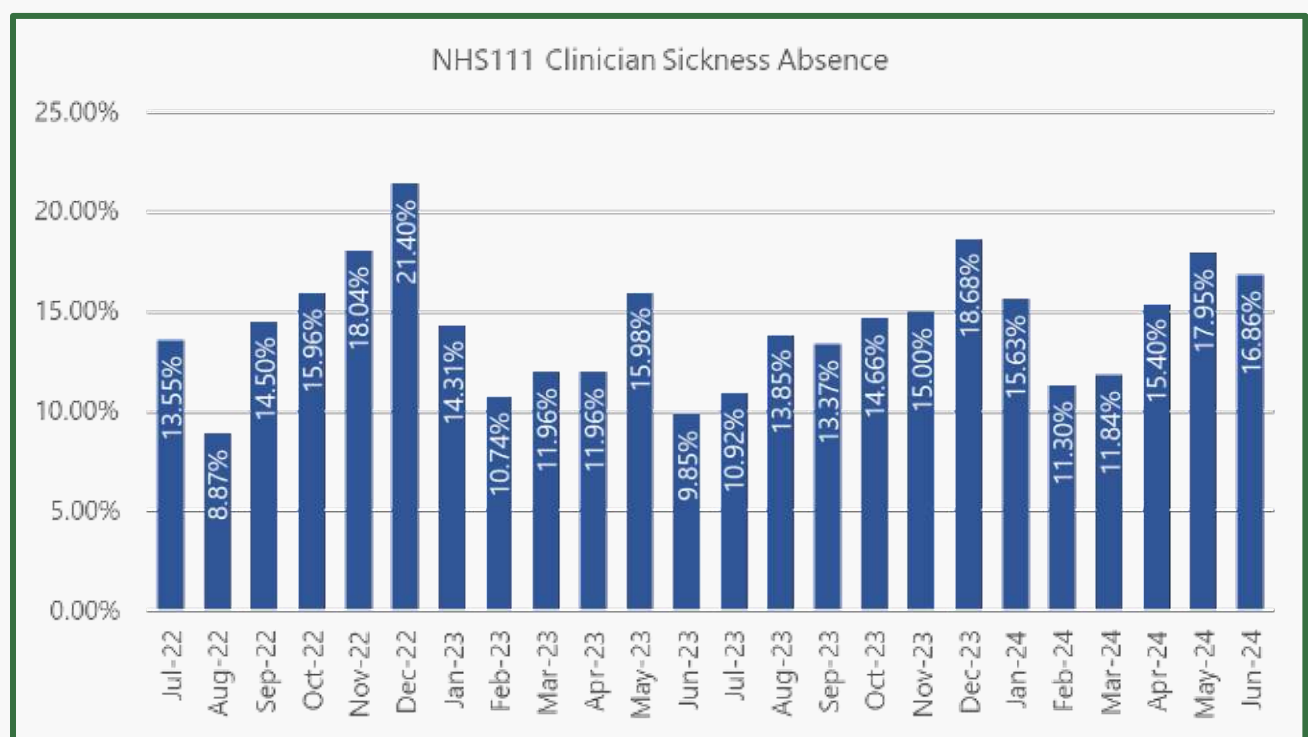


Analysis
 The highest priority calls, P1CT, achieved the 90% target, recording 98.7% in June 2024.
 Ring back times for lower category calls improved during June 2024, reversing a previous deterioration in performance, this was despite a drop in shift fill levels during June, compared to May 2024.
 Numbers of hours produced, after increasing during May 2024 declined again in June 2024, partly due to continued high levels of sickness. Clinician sickness absence was 16.86% in June 2024.

Remedial Plans and Actions
 The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A demand and capacity review to determine appropriate levels of capacity to meet increasing demand

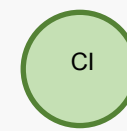
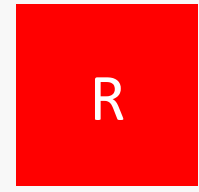
Expected Performance Trajectory
 The new 111CAS will bring performance benefits, however, demand is increasing materially, and the number of commissioned clinicians will be lower in 2024/25. Therefore, it is unclear what performance levels will be able to be achieved.



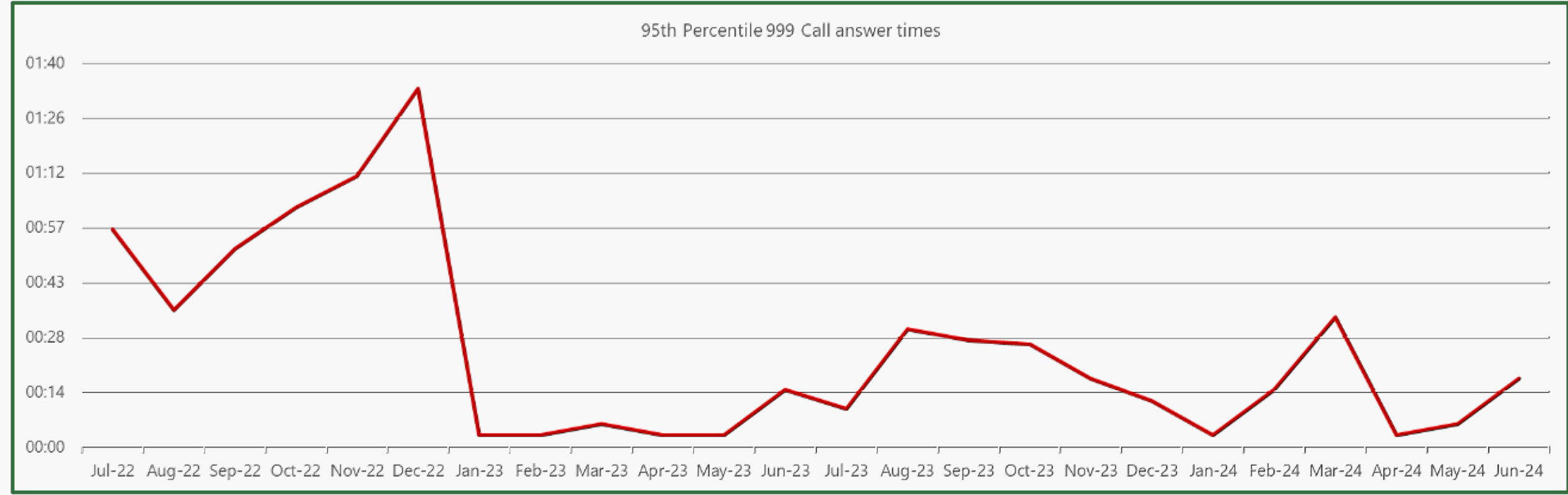
Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Hours Produced



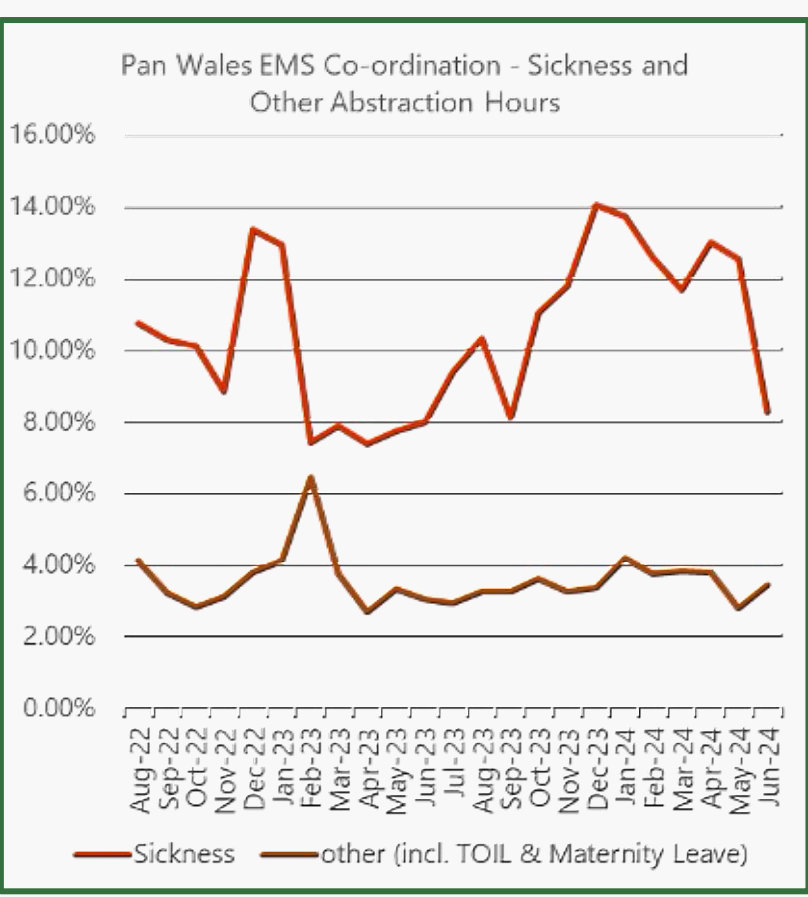
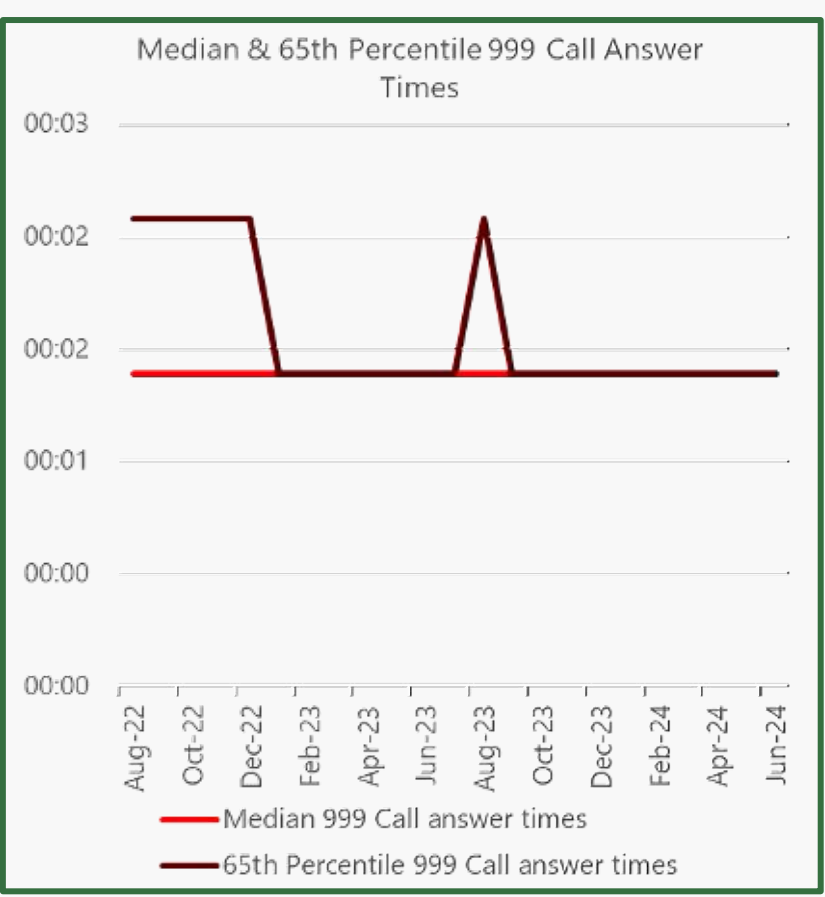
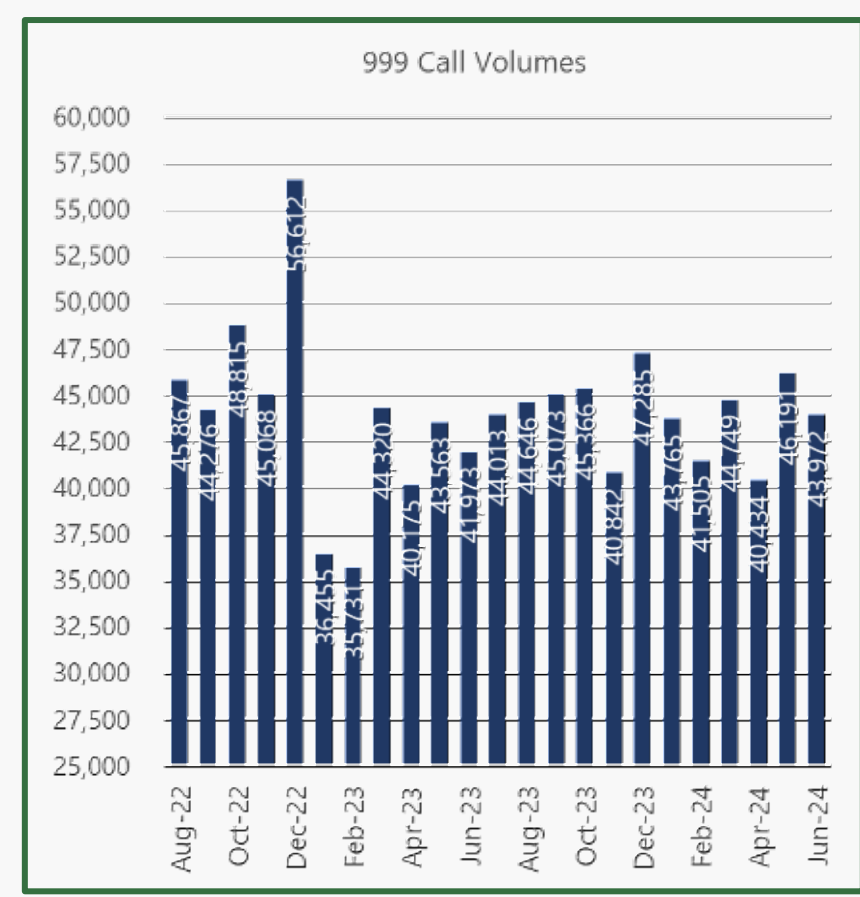
Analysis
 The 95th percentile 999 call answering performance did not achieve the 6 second target (00:18) in June 2024. The median call answer time for the 999-service remained consistent at 2 seconds.

There was a decrease in demand in June 2024 to 43,972 from 46,191 in May 2024.

Sickness levels saw a significant decrease to 8.29% in June 2024 from 12.53% in May 2024.

Remedial Plans and Actions

- Over establishment has been approved for EMSC by the Executive Director of Operations with call takers currently 14% above establishment (125.5 FTEs v 111.76 FTEs)
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDOps) into the winter months.
- Further recruitment drives in all three centres are planned up to September to support the above.
- A transformation programme is underway:
 - **Roster Review.** A dispatch roster review for Allocators and Dispatchers..
 - **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams.
 - **Broader Ways of Working.** This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and reduction in variation across centres.



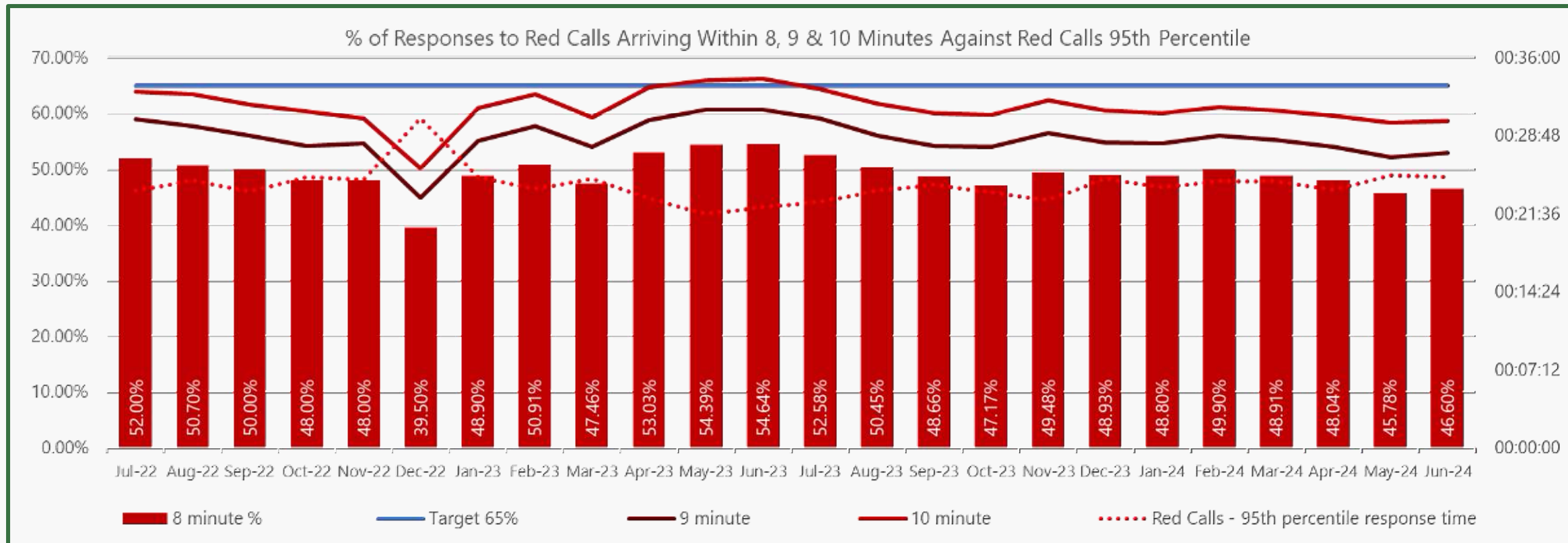
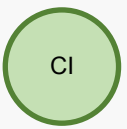
Expected Performance Trajectory
 The median and 65th percentile are performing very well and are stable. The above changes should provide further resilience. There is some resilience to demand increases, but this needs to be kept under review.

Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

Red 8-minute performance continues to remain below the 65% target increasing marginally during June 2024 to 46.6%.

Red 10-minute performance for June 2024 was 58.7%.

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in June 2024 being 28% higher than that seen in June 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for June 2024 being 2,346 (9.3% above the 2-year average figure). i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**. There were 22,229 lost hours in June 2024.

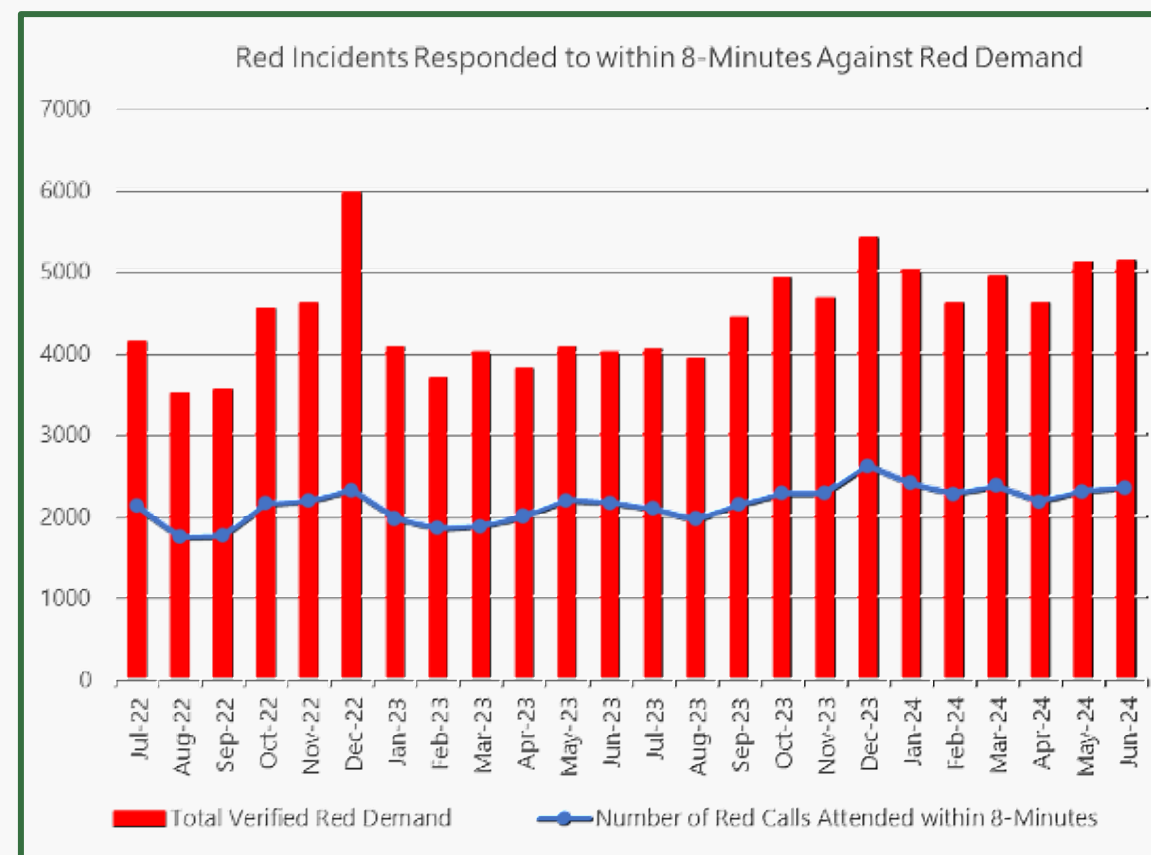
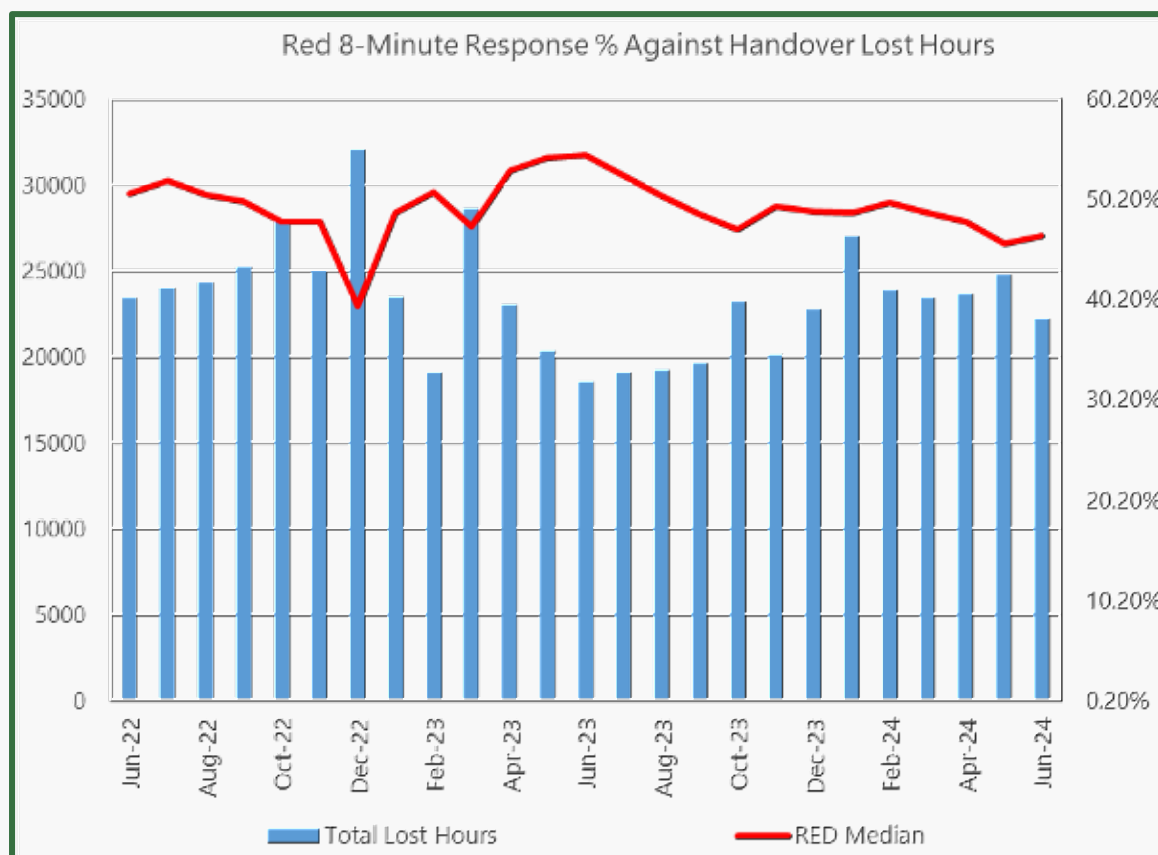
Remedial Plans and Actions

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

- To maintain commissioned establishment/staff in post levels overall.
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (128 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas.
- Continued focus on production and abstractions (EA production was 93% UHP in June 2024 and CHARU production 74% against full roll out);
- The rapid deployment, before winter 2024/25, of the first phase of actions towards an updated clinical model e.g. rapid clinical screening, as outlined in our IMTP.

Expected Performance Trajectory

Modelling has been completed for Summer 2024. This continues to indicate a level of Red performance below target (most likely scenario 50%) and Amber 1 (one hour and 32 minutes, based on handover at 19,000 hours).

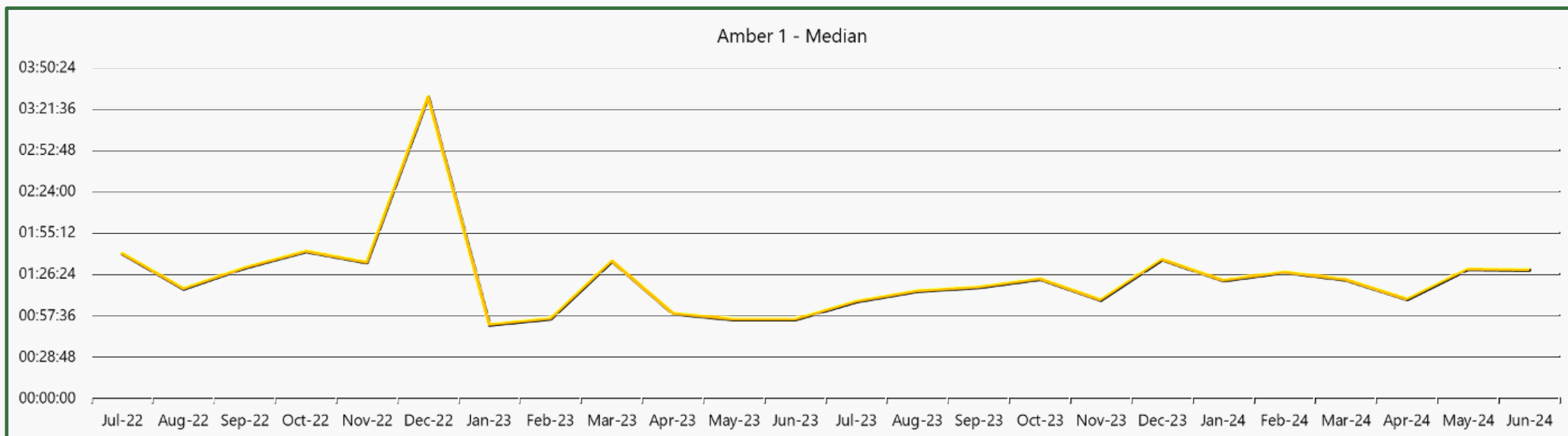
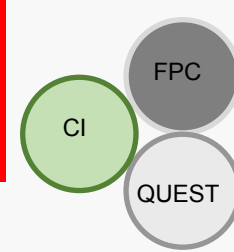
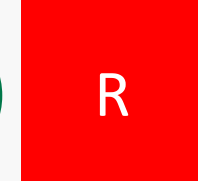


Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

Amber 1 median performance time remained stable during June 2024 at 1 hour 29 minutes. Amber demand decreased slightly in the month (-1,705) and there remains an extreme level of hospital handover lost hours. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile declined during June 2024 to 7 hours and 5 minutes, the second longest time recorded over the past 12 months.

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

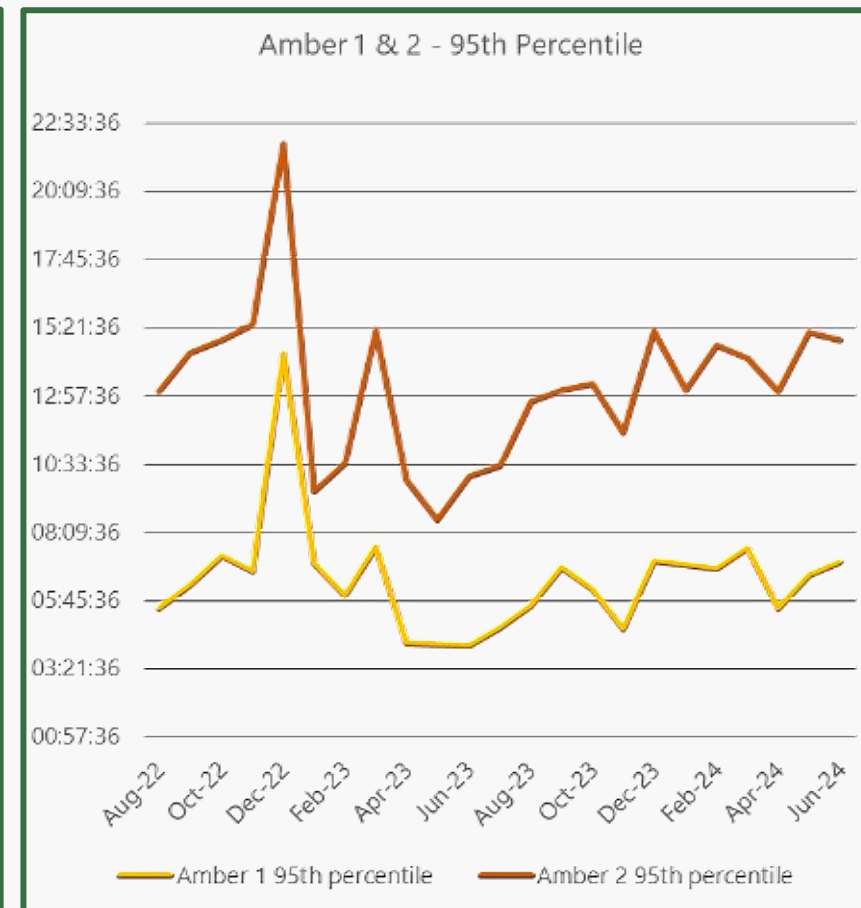
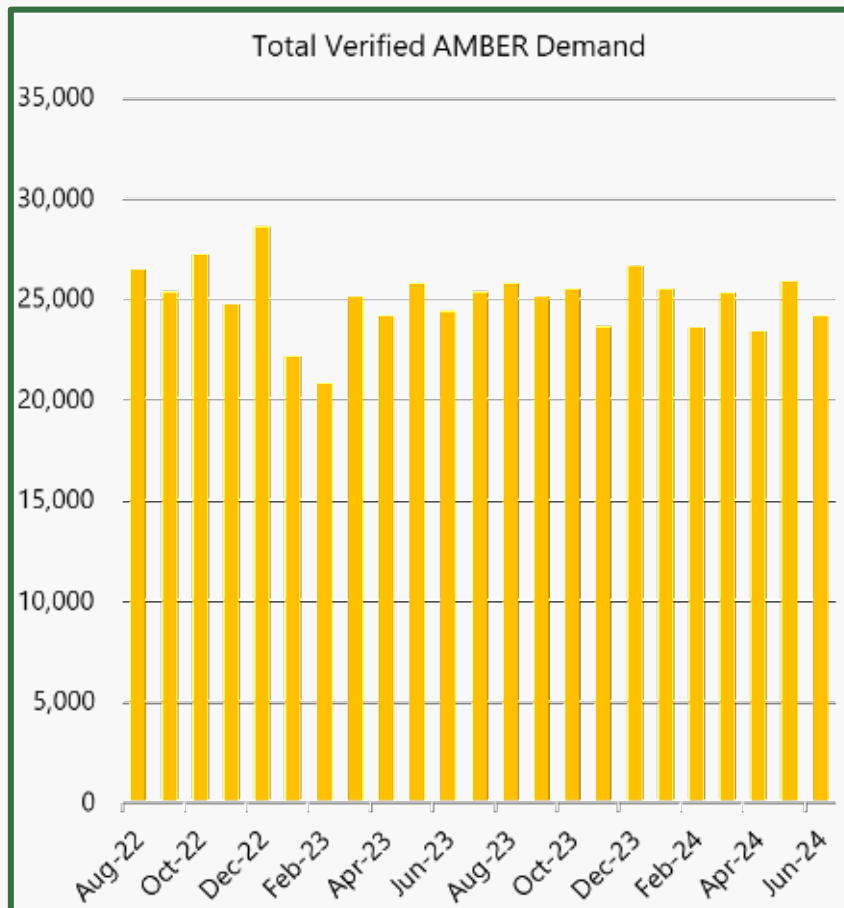
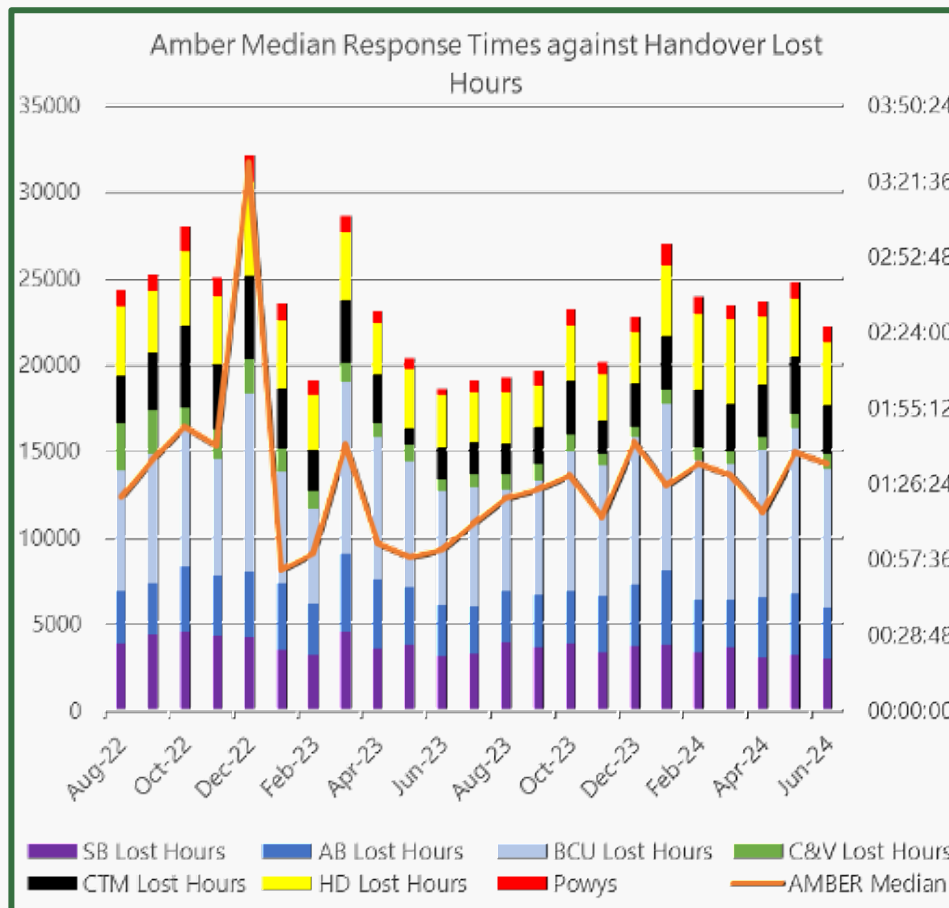
The Trust has also recently seen abstractions return to the 2019 review benchmark of 30% and the numbers of hours produced remains good against commissioned levels (EA UHP at 93%)

Remedial Plans and Actions

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

Expected Performance Trajectory

The Trust is currently evolving its clinical model and has completed a new 2023 EMS Demand & Capacity Review.

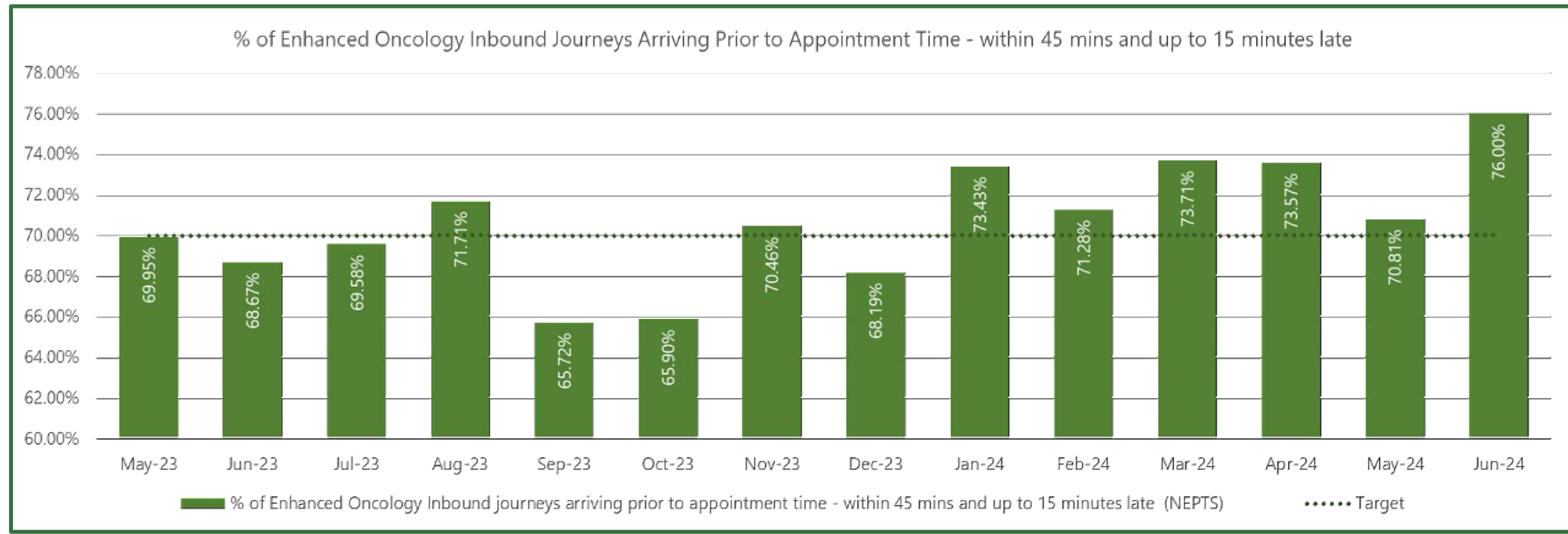


Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

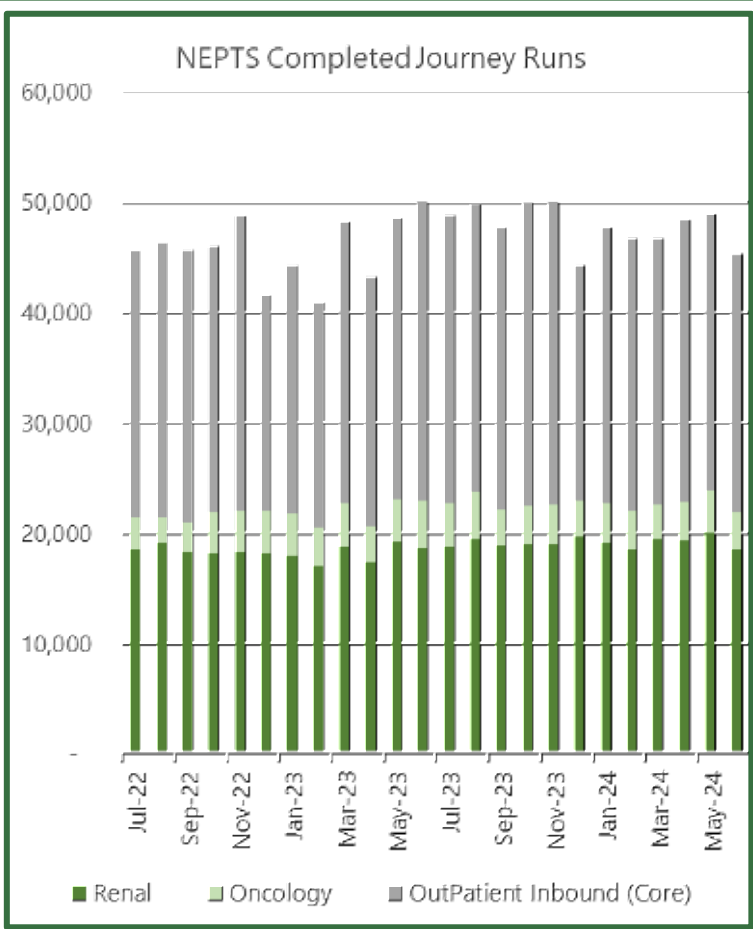
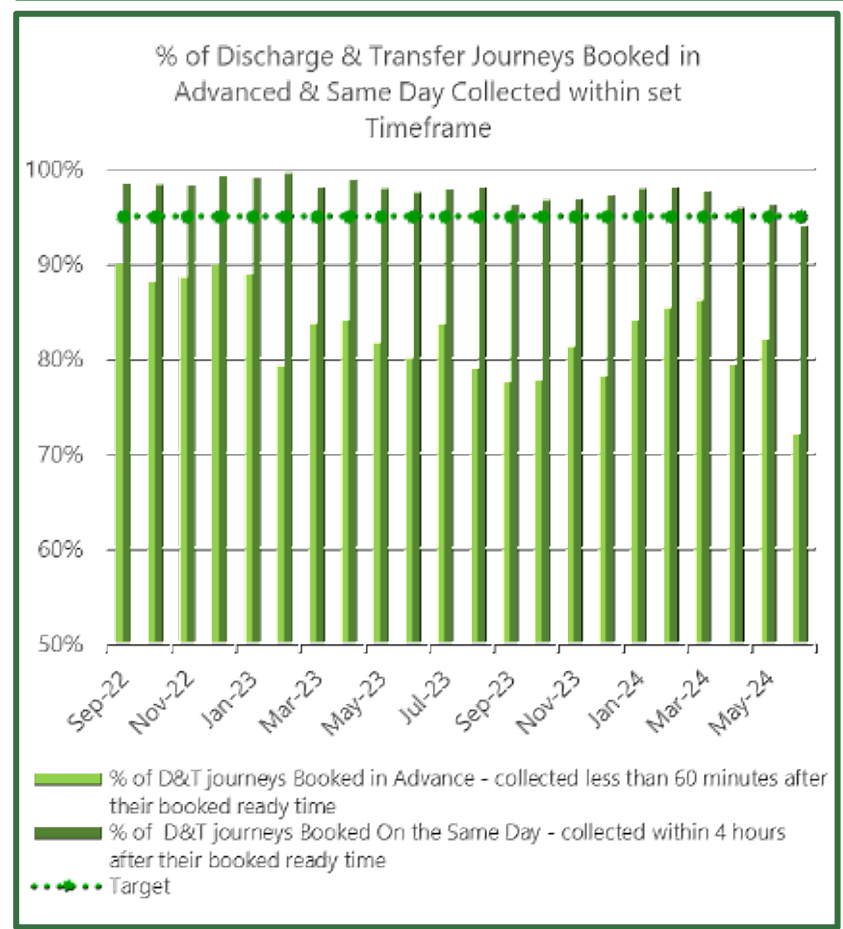
D&T R	Oncology G	Welsh Calls A
FPC	CI	



Analysis
 Ambulance Care (NEPTS element) performance improved during June 2024. 76% of enhanced Oncology journeys arriving within 45 minutes prior and up to 15 minutes late of their appointment time, an increase from the 70.8% in May 2024, and achieving the 70% target. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys. This is demonstrated through the performance achieved, which has remained above target so far this year. Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment remains below target at 72% in June 2024.

Enhanced Renal journeys, saw a slight decrease to 72%, but continues the pattern of the last two years of exceeding the agreed performance standard (70%).

Call volumes answered declined slightly in June 2024 (18,134) compared to May 2024 (19,646); however, the average speed of call answering declined from 4 minutes 40 seconds in May to 5 minutes 4 seconds in June.



Remedial Plans and Actions
 The journey booking team have reviewed both the existing service standards, which are uncontracted historical measures and not fully funded. This has already been discussed within the NEPTS DAG, including a proposal to change hours of operation and the standard to reflect available resources.

Clinic opening hours and delivery methodology have been reviewed and a proposal of reduced opening hours presented and subject to evaluation and modelling by Omda.

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

Expected Performance Trajectory
 Performance is anticipated to follow recent trends.

Our Patients: Quality, Safety & Patient Experience

(Responsible Officer: Andy Swinburn)

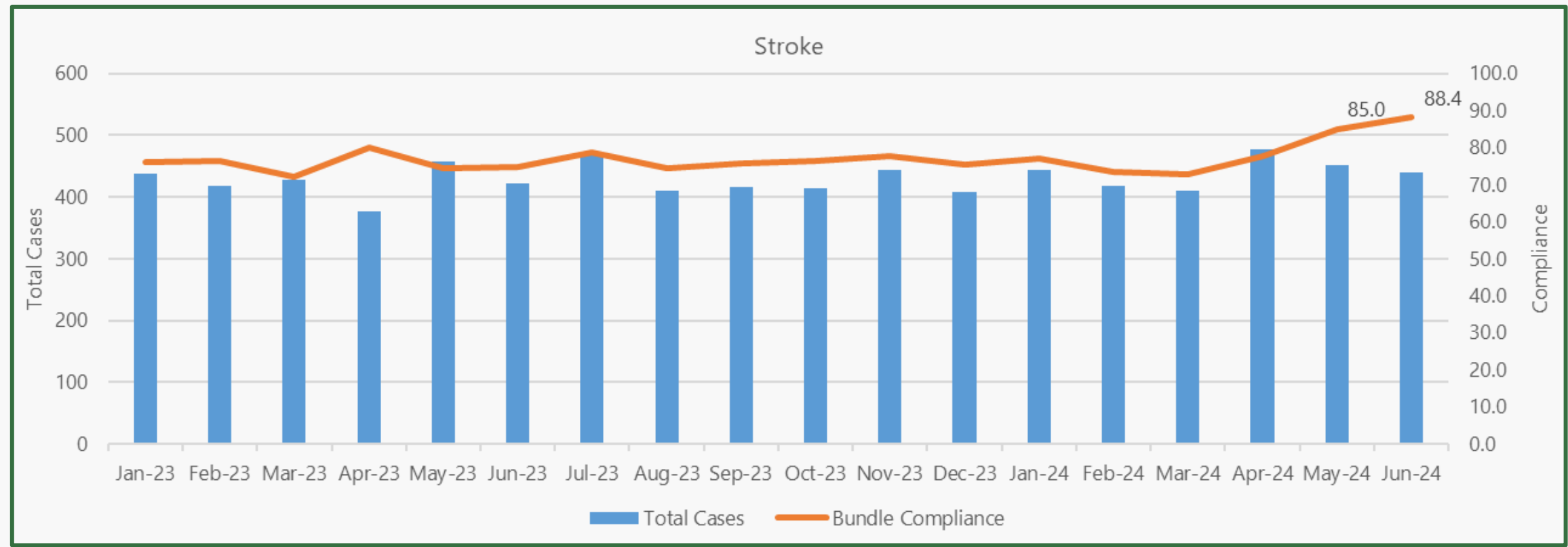
Stroke	ROSC/STEMI
A	R

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST

Clinical Indicators

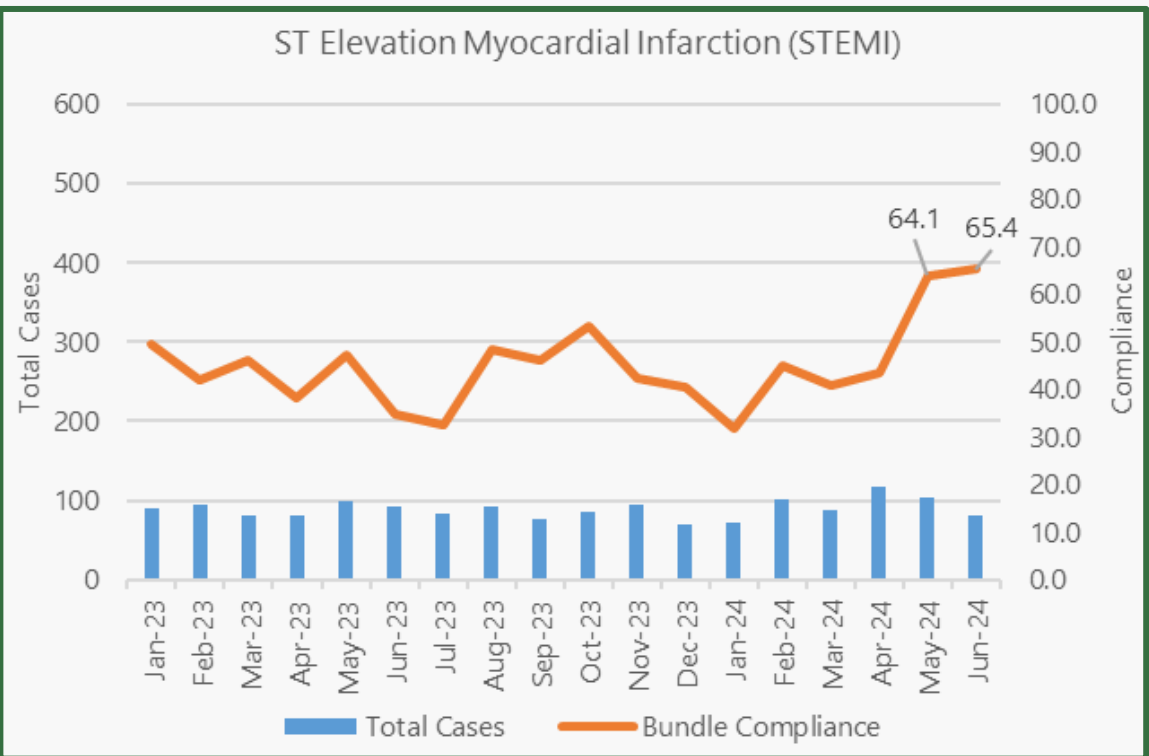
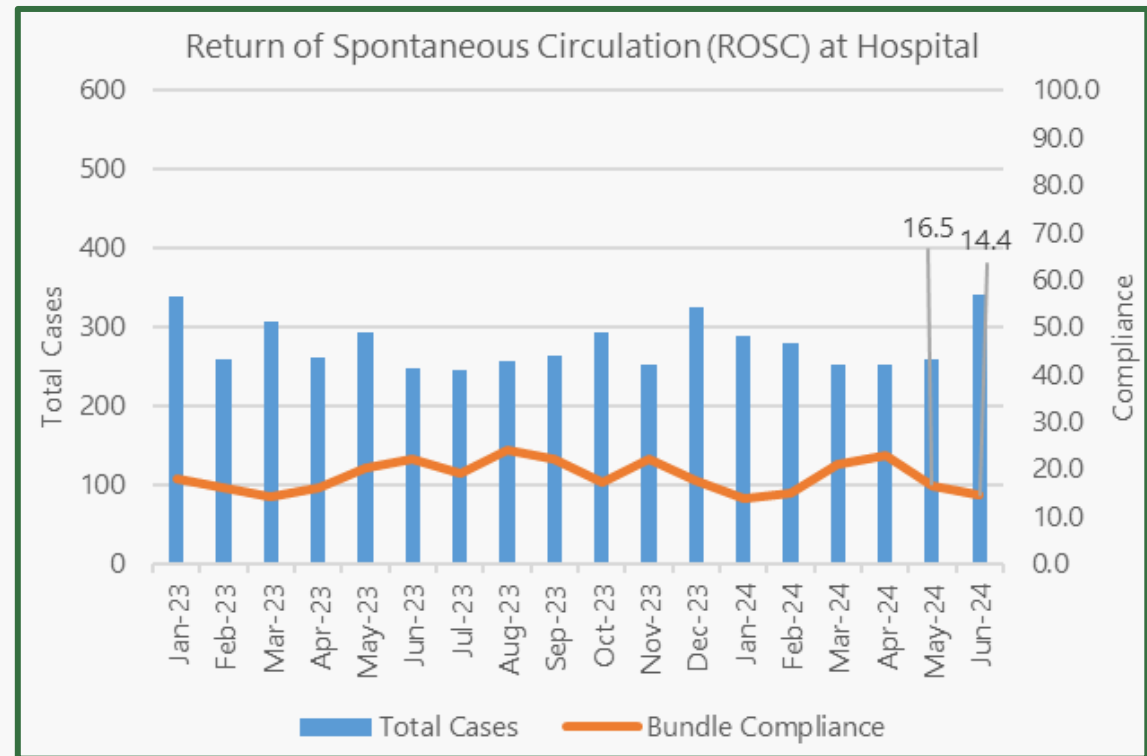
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care



Analysis

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

- Stroke – 88.4%, an increase from 85% in May.** There is a correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance, this has informed the improvement plan and contributed to the recent compliance increase.
- STEMI (heart attack) – 65.4%, an increase from 64.1% in May.** There has been an increase in compliance to each of the individual criteria; GTN, Aspirin, Pain score & Analgesia which have contributed to the recent compliance increase.
- Return of Spontaneous Circulation at hospital (from cardiac arrest) - 14.4%, a decrease from 16.5% in May.** Due to the nature of this metric, common cause variation occurs which can result in a marked reductions in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this may include response times, bystander resuscitation and response type/numbers.



Following the switch to electronic Patient Clinical Record, the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. There are advantages to the new process; however, this has not yet been fully realised within the monthly results. A recovery plan has been implemented to improve compliance to the reports.

As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

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

Several electronic Patient Clinical Record user interface changes were implemented in June and the impact is being monitored.

Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

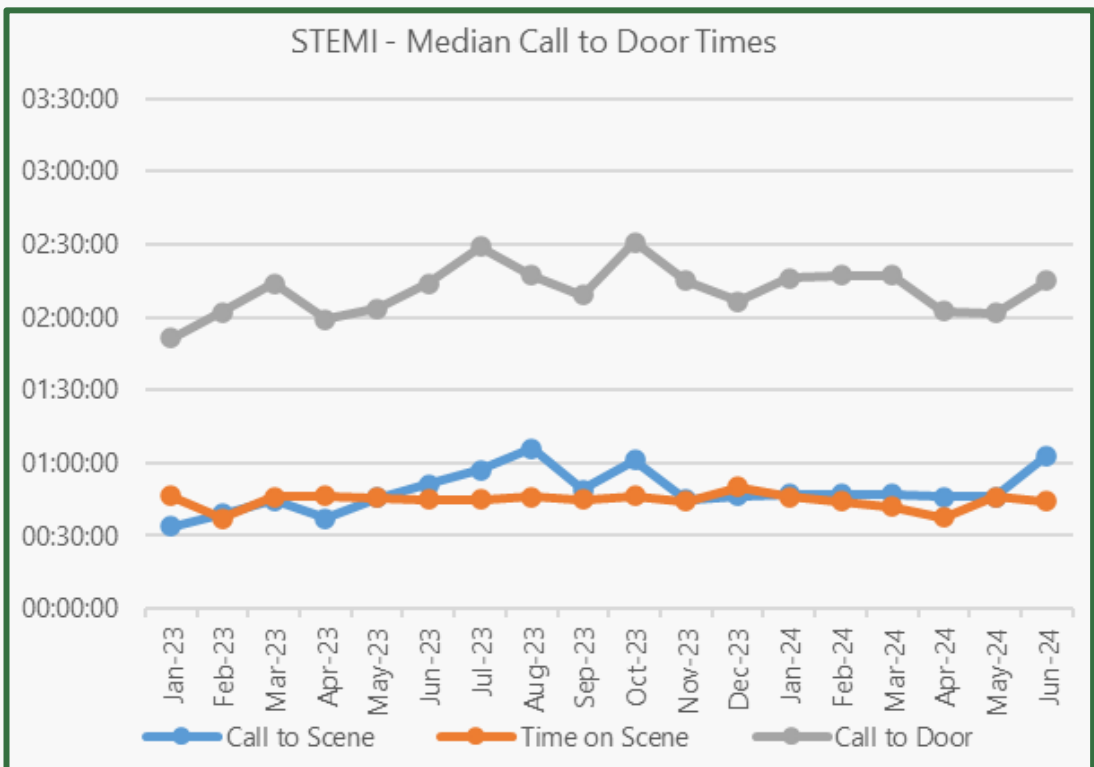
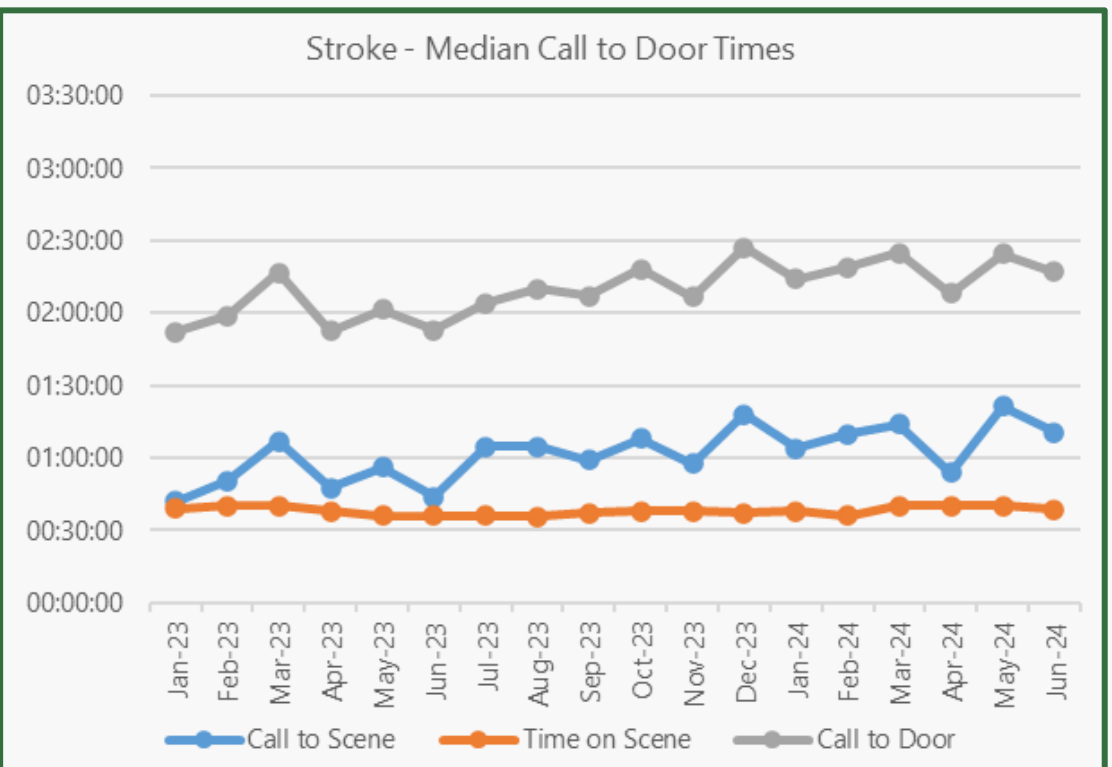
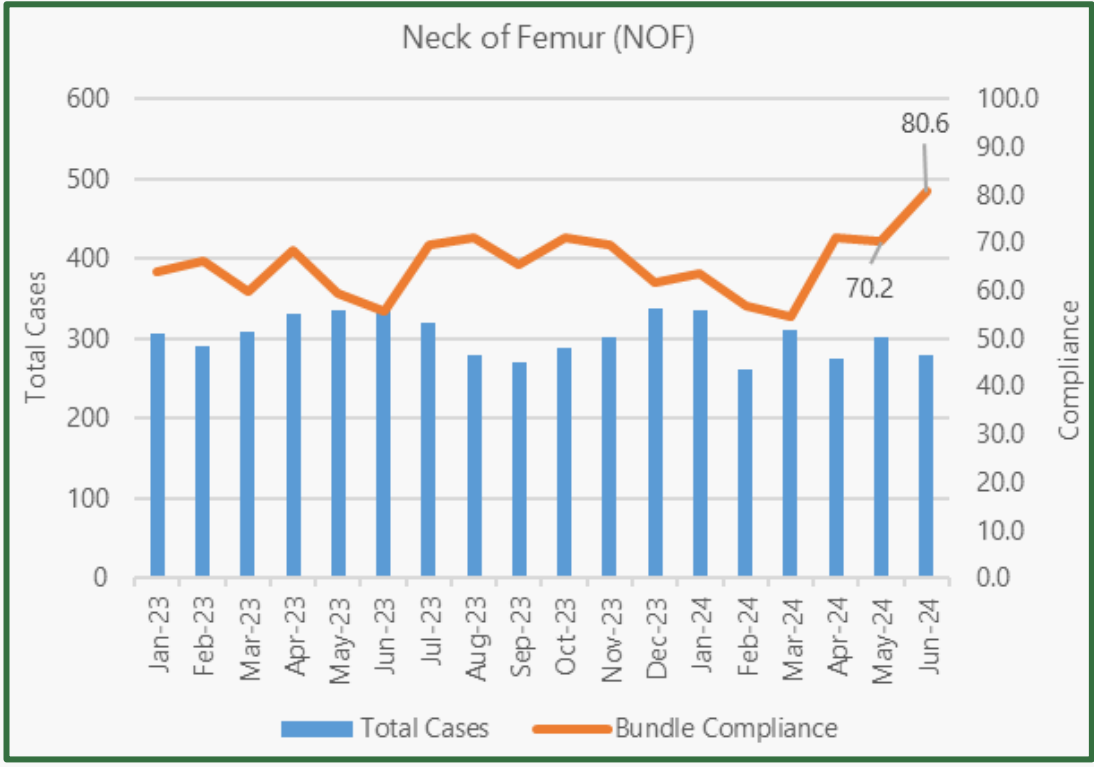
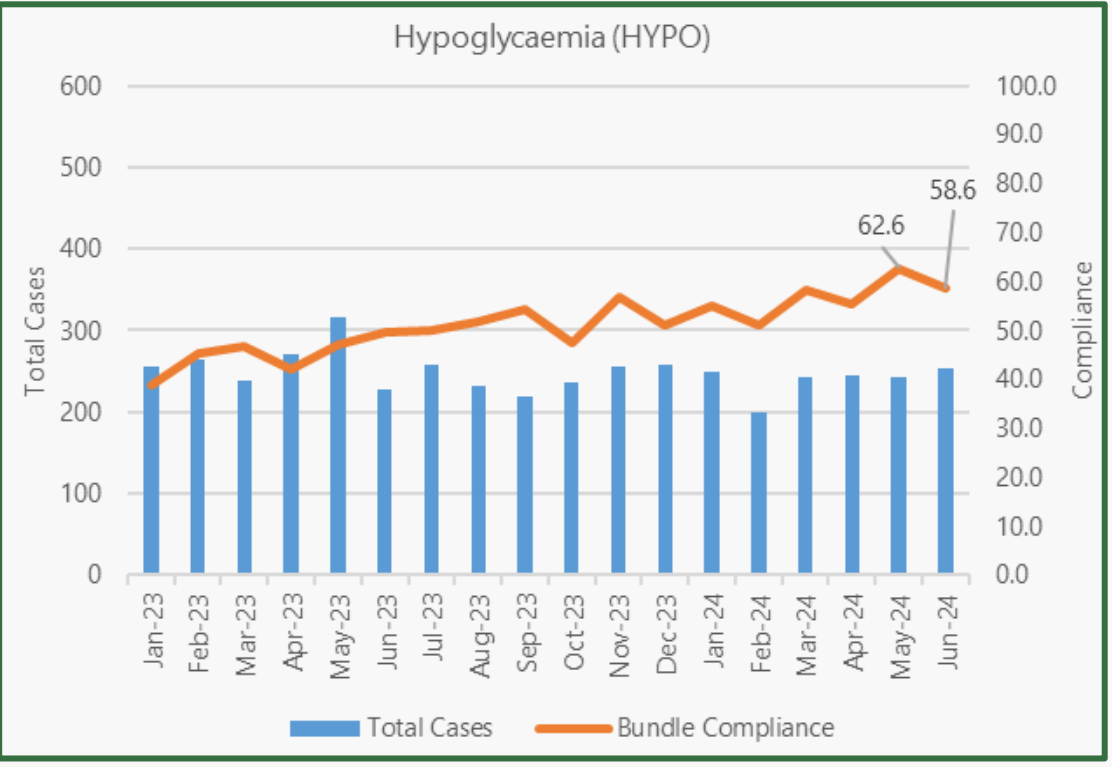
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

(Responsible Officer: Andy Swinburn)

Call to Door
R

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST



Analysis

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

- **Hypoglycaemia (diabetic patients with low blood glucose) – 58.6%, a decrease from 62.6% in May.** There has been reduction in documenting each of the individual criteria; treatment and pre & post blood glucose checks. This is being picked up within the improvement plan.
- **Fractured Neck of Femur (hip fracture) – 80.6%, an increase from 70.2% in May.** June saw the testing of a 'nudge tool' for analgesia in this indicator where a prompt is provided for clinicians when important information has not been documented. This contributed to the marked improvement in compliance.
- **Call to door times for Stroke and STEMI** - the data shows an increase due to significant hospital delays impacting on our ability to respond.

Remedial Plans and Actions

A recovery plan has been implemented to improve Clinical Indicator compliance; the actions include:

- Focussed communication with WAST clinicians to use the bespoke electronic Patient Clinical Record fields for Clinical Indicators (in addition to the narrative).
- Providing a breakdown of weekly non-compliant data to support Senior Paramedics with their conversations with clinicians to improve compliance.
- Health Board focussed clinical workshops to promote understanding of Clinical Indicators, care bundles and electronic Patient Clinical Record completion.
- Review the scripting used for reports in a structured way for each Clinical Indicator bundle, monitor and repeat annually. The revised scripting for Inter Hospital Transfers has positively impacted on data from May 2024.

Following the successful testing of the 'nudge' tool with analgesia for Fractured Neck of Femur (hip fracture), further 'nudges' will be implemented in a stepwise approach.

Expected Performance Trajectory

The continued support of Health Board Clinical Leads and Senior Paramedics, working closely with the Clinical Improvement, and Clinical Intelligence and Assurance Teams, will contribute to an increase in compliance rates.

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

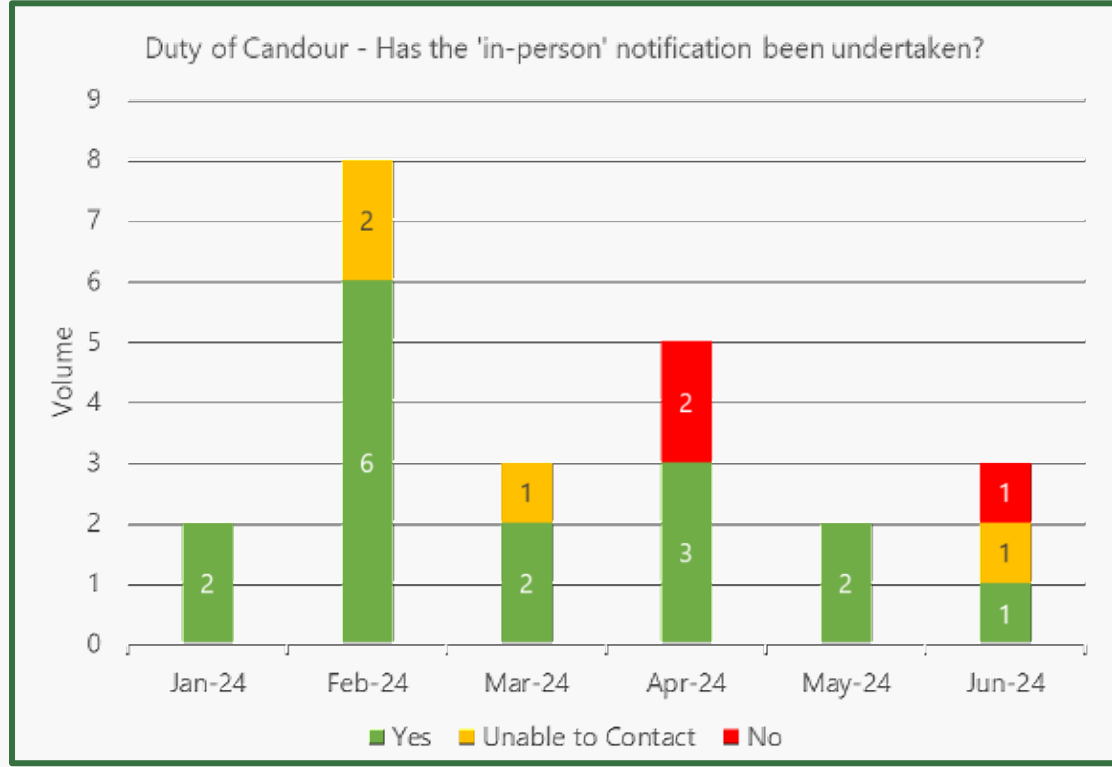
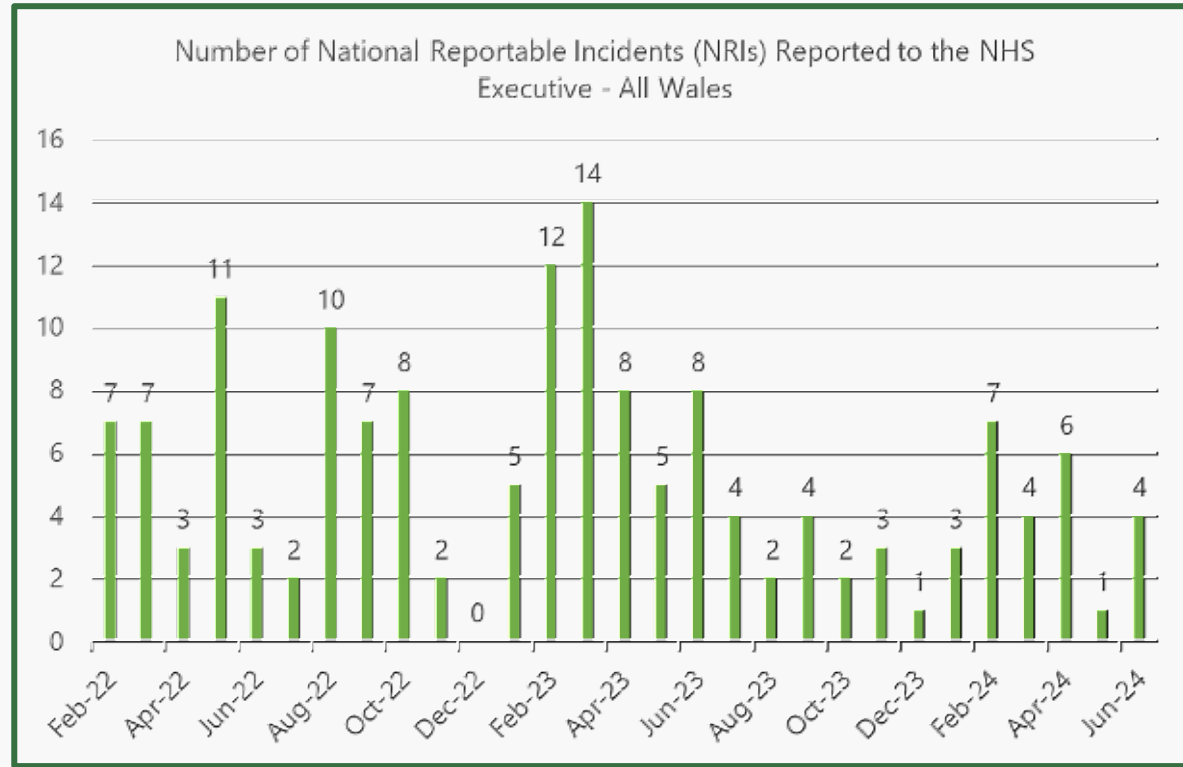
(Responsible Officer: Liam Williams)

Concerns. **G**

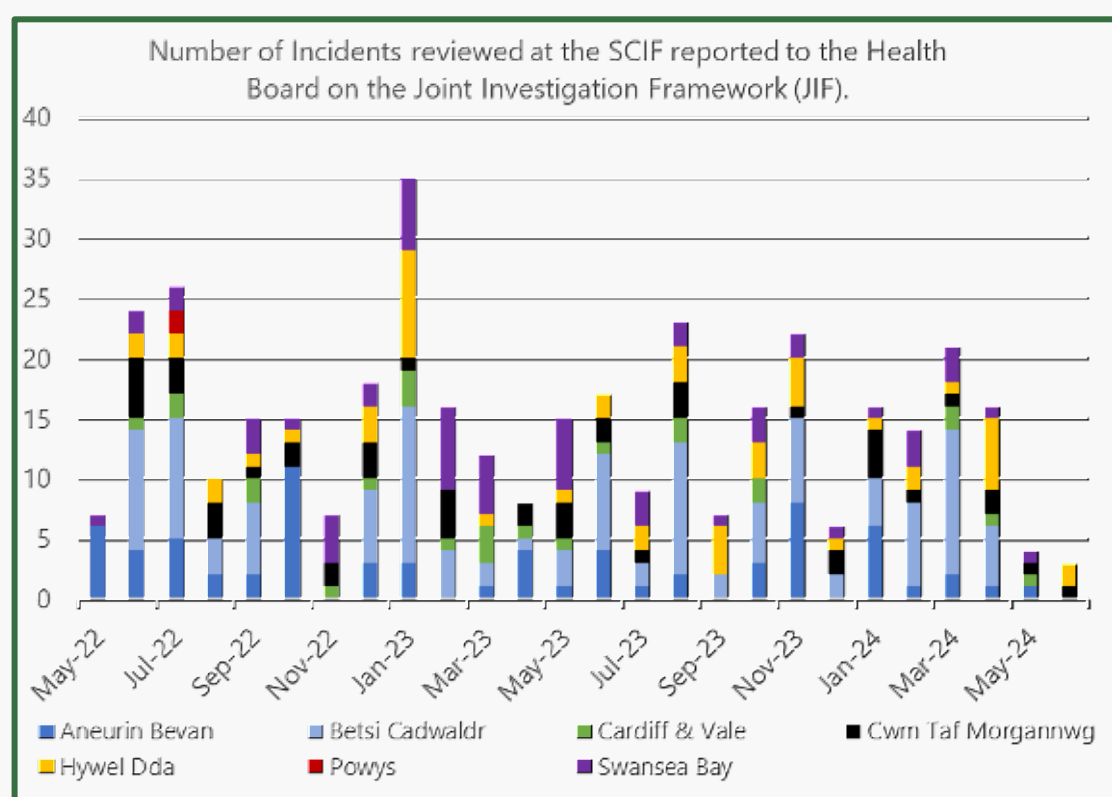
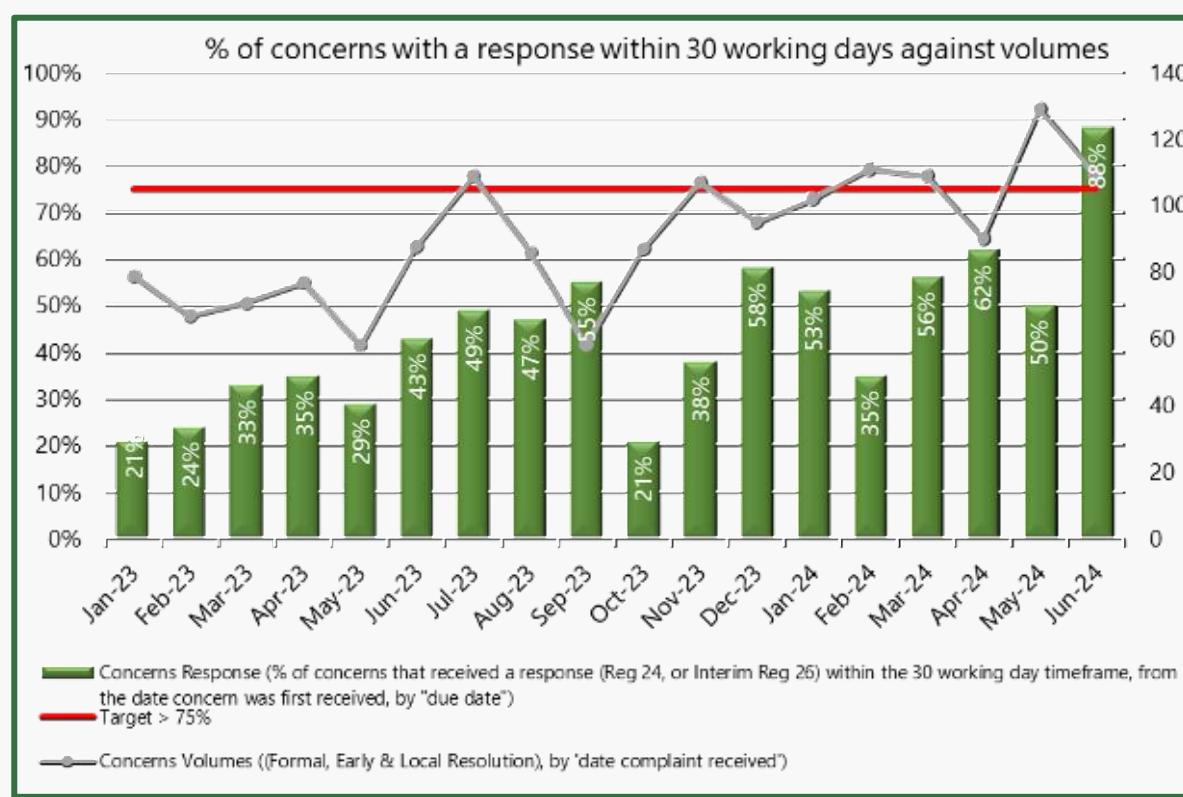
Self-Assessment: Strength of Internal Control: **Moderate**

QUEST

Health & Care Standard
Health - Safe Care / Timely Care



Analysis
The improvement in complaints timescales continues with the Trust exceeding the minimum target of 75% 30 working day compliance for the first time in several years. This is as a direct result of improved resourcing in the PTR team, particularly in leadership positions, following investment in the department. Acknowledgement of formal complaints is also fully compliant with the national timescales. It is anticipated that 30 working day compliance will begin a temporary decrease next month as the team begins to focus on resolving long-standing complaints and the total number of open cases. 4 NRIs were reported to the NHS Wales Executive in the previous month. There has been a notable decrease in cases requiring escalation to the SCIF. A decrease in incidents shared with Health Boards under the Joint Investigation Framework is also apparent. Further monitoring and triangulation will be undertaken to provide assurance on whether this is reflective of reducing system harm or a change in incident-reporting profiles.



Duty of Candour
Duty of Candour Regulations (2023): An "in-person" notification is made when the Trust becomes aware of a notifiable adverse outcome. There are occasions when we have not been able to contact patients or families despite trying several avenues. Where enactment of the Duty has been attempted, but unsuccessful the rationale is documented on the Datix Cymru System.

Remedial Plans and Actions
Recruitment to the full PTR establishment is nearly completed. New staff are expected to be in post by Q3 at the latest. A detailed Putting Things Right Recovery Plan has been presented and accepted by QUEST Committee. This includes SMART actions, expected performance trajectories and key dependencies over the coming financial year.

Expected Performance Trajectory
The PTR Department will, over the coming months, begin to focus on ensuring that recent improvements in the timeliness of complaints responses are sustainable and that we are reducing the longest waiting complaints. There are high staff vacancy and absence levels in the Patient Safety team and the remaining team members are focused on maintaining statutory and national priorities, including identification, reporting, investigating and closure of NRIs and the enactment of the Duty of Candour.

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

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

Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

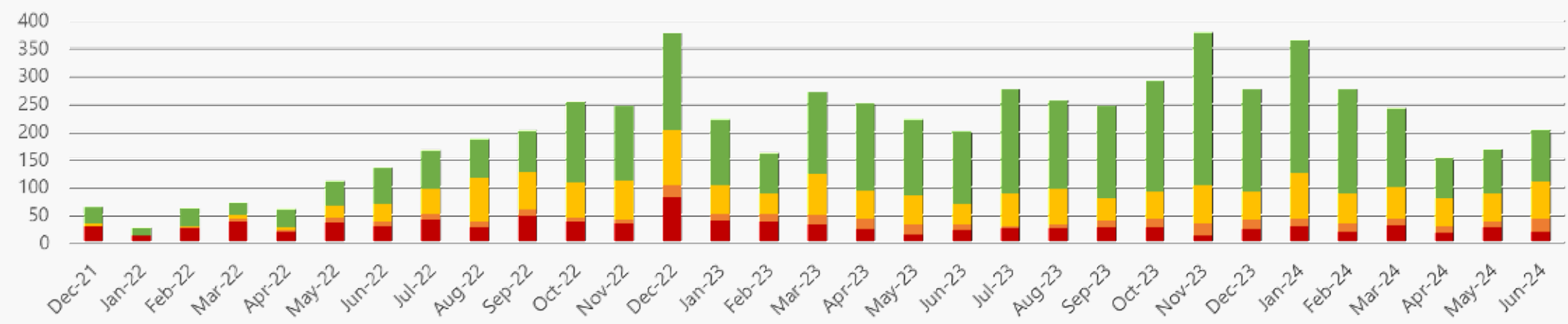
Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

(Responsible Officer: Liam Williams)

Health & Care
Standard
Health – Safe Care

Number of incidents Received on Datix system within the reporting month, by Harm grading (Volumes Received)



	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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Minor	30	15	33	23	33	44	66	71	71	75	146	136	175	119	74	147	159	137	132	189	160	166	200	275	184	240	187	143	74	81	94
Moderate	5	1	3	7	5	22	32	46	79	67	64	70	99	52	38	74	50	53	37	58	63	41	48	69	51	83	54	58	50	50	67
Severe	0	0	1	6	3	9	9	10	10	12	8	7	21	12	14	17	18	17	10	4	7	11	16	22	16	14	16	11	11	10	23
Catastrophic	30	12	26	37	20	36	29	41	28	48	37	34	82	40	37	33	25	15	22	26	26	28	27	13	25	29	19	31	18	28	20

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.

An increase in incident reporting during June 2024 is observed across all harm gradings.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident). Incident volumes include those reported internally by WAST staff but also those reported by Health Board colleagues about WAST services or care and transferred onto our Datix database.

- No harm or hazard – 47
- Minor harm – 94
- Moderate harm -67
- Severe Outcomes - 23
- Catastrophic - 20

(*NB: Volumes received).

The bottom graph highlights the 114 Incidents that were closed on the Datix system in June 2024.

Remedial Plans and Actions

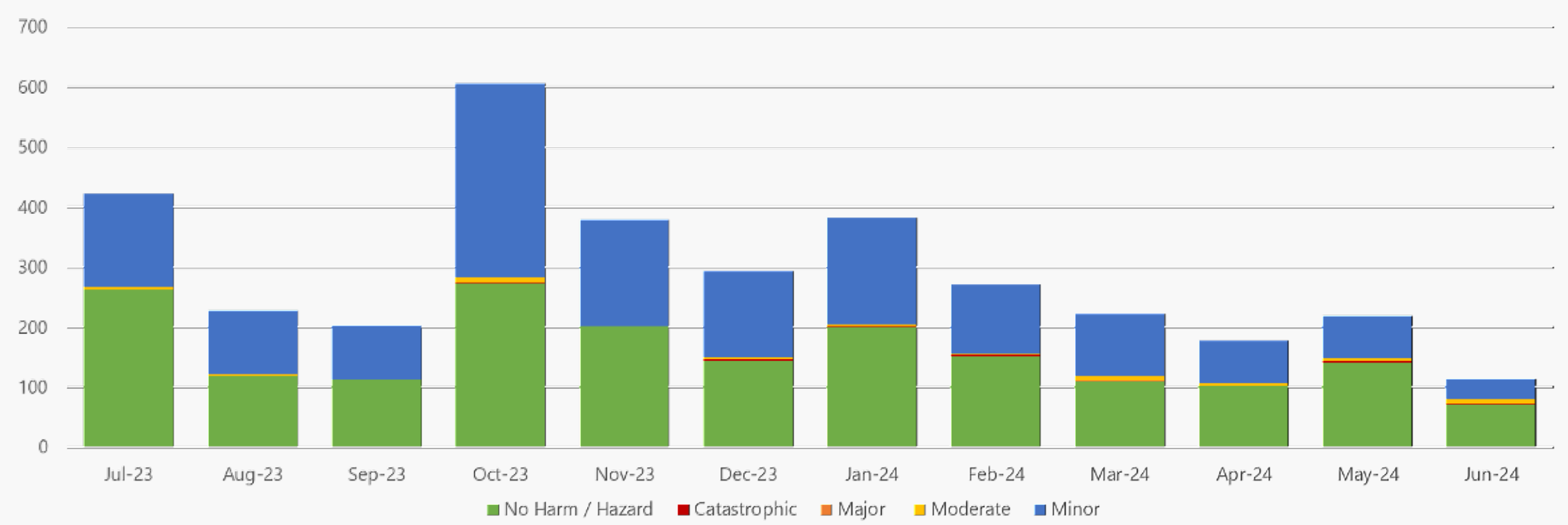
The Putting Things Right teams continue to focus on the priorities outlined in the departmental Recovery Plan to improve the Trust position and performance across a number of quality metrics and Tier 1 targets. The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, 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

As captured in the PTR Recovery Plan, Incident management priorities will initially be focused on reducing the number of overdue NRIs.

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

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



Data source: Datix

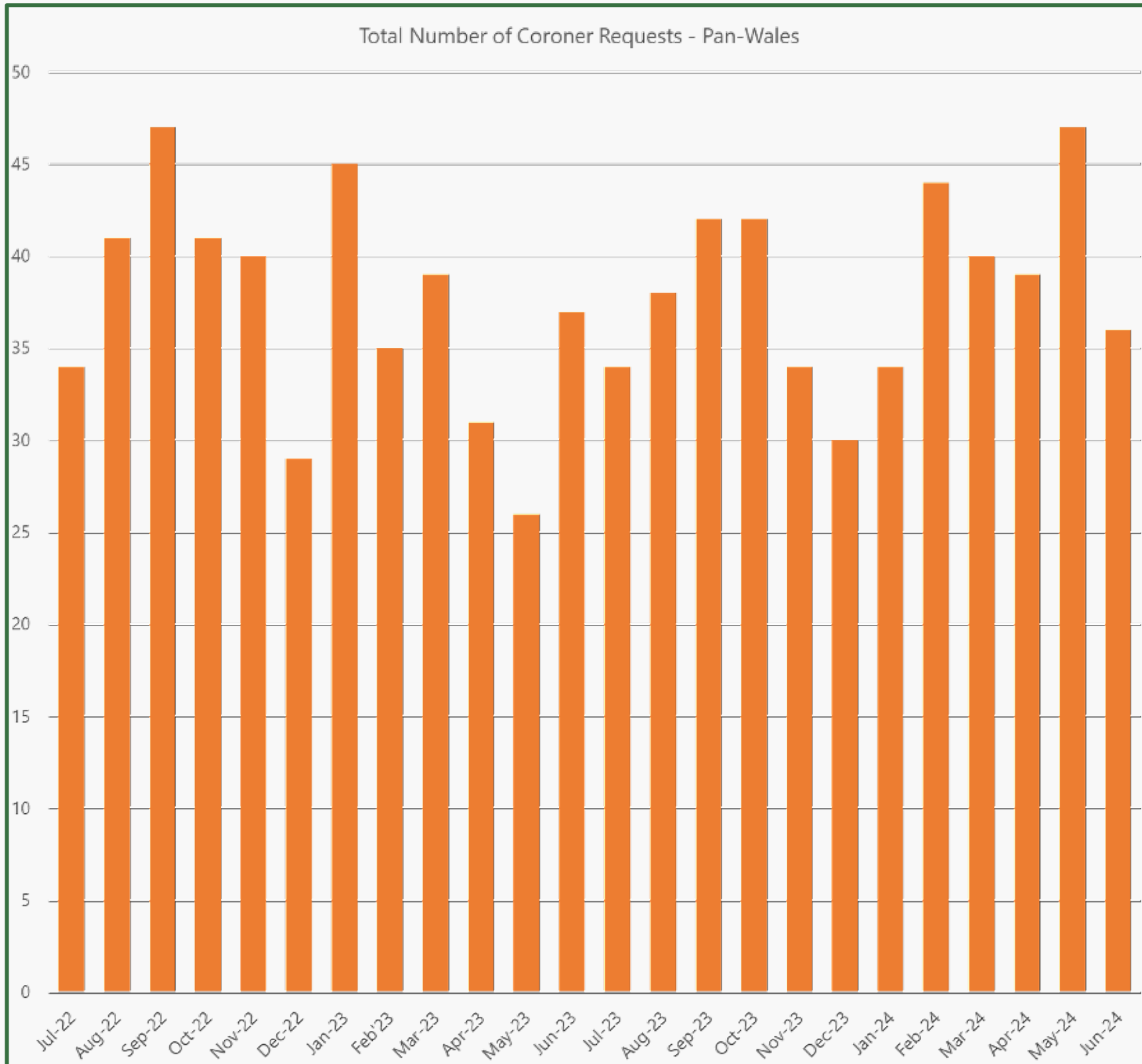
Our Patients: Quality, Safety & Patient Experience

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
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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: The complexity of the cases remains high, with multiple statements and actions per approach. Coroners are attempting to clear backlogs, still outstanding since Covid. This has resulted in the need for more prevention of future deaths statements. Some coroners have reduced administrative support (documented in the Chief Coroners Annual Report) , which has resulted in some delayed requests reaching the Trust. One Prevention of Future Death report was received last month requesting action in relation to availability of anti-overdose medication.

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. Management responsibility for PSOW cases has been transferred to the Patient and Family Relations team to allow an end-to-end understanding of cases that progress through to PSOW consideration.

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. Currently the focus of the Medical Examiner Service is undertaking 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 from September 2024 (moved from April 2024). An increase in referrals for the Trust is expected when this occurs.

Remedial Plans and Actions

Coroners: The Team are requesting extensions were possible and escalating issues earlier to ensure we are reaching deadlines. One specific coroner has advised that if statements are not received within the requested timeframe, a schedule 5 will be issued.

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 aligning to the national approach. This includes consideration of the resources required in the new Putting Things Right (PTR) Team structure with additional roles included in the Patient Safety Team. Recruitment to the new structure is expected to be completed by July 2024. 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. The Learning from Deaths Forum, chaired by the Assistant Director of Quality & Nursing is established and is currently meeting on at least a quarterly basis, with oversight and reporting to the Clinical Quality Governance Group.

Expected Performance Trajectory

Coroners: This level of activity seems to be the new normal and will continue to be monitored.

Ombudsmen: The team are pleased with the low conversion rate of complaints to PSOW cases, demonstrating the quality of responses to formal complaints.

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 the end of September 2024.

Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

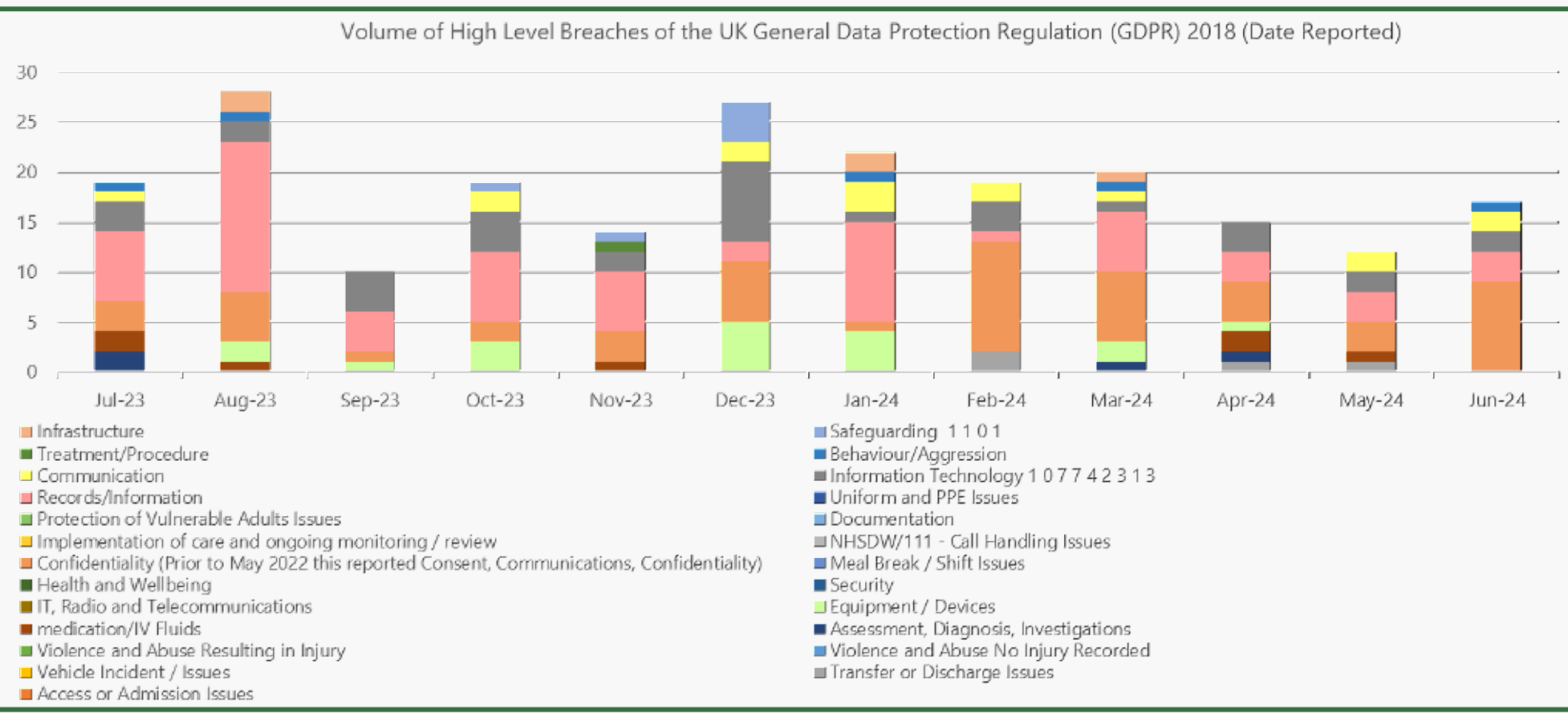
(Responsible Officers: Jonny Sammut & Liam Williams)

Self-Assessment:
Strength of Internal Control:
Strong

QUEST

Health & Care Standard
Health – Safe Care

Safeguarding Data source: Doc Works



Analysis

Safeguarding: In June 2024 staff completed a total of 188 Adult at Risk Reports, 90% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 545 referrals were received and processed to the local authority during this reporting period. There have been 198 Child Safeguarding Reports in June 2024, 90% of these were processed within 24 hours.

Data Governance: In June 2024, there were 17 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 17 breaches, 9 related to IG/Confidentiality, 3 Records/Information, 2 Information Technology, 2 communication, and 1 behaviour/aggression.

Public Engagement: During June 2024, the Patient Experience and Community Involvement Team attended 30 community engagement opportunities, engaging with approximately 1,639 people. Engagement included attending large community events including Pride Cymru in Cardiff, where we represented the Welsh Ambulance Service in the annual Pride parade and followed this up with an engagement stall in the Pride Marketplace, where we were able to talk to the LGBTQ+ community about their experiences of using our services, promote volunteering opportunities and demonstrate CPR. We also attended Cardiff MELA, another large scale outdoor multicultural event which celebrates many cultural aspects of Asian life. We have continued to engage with local LLais branches across Wales. Throughout June we continued to make available 4 core patient experience surveys.

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. 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.

Data Governance: During the reporting period, of the 17-information governance related incidents reported on Datix, 1 incident was reported to the Information Commissioner's Office (ICO) relating to lost paper records. The IG Team continues to review and provide advice on reported incidents. Remediation actions are continuing on some incidents reported earlier in the year.

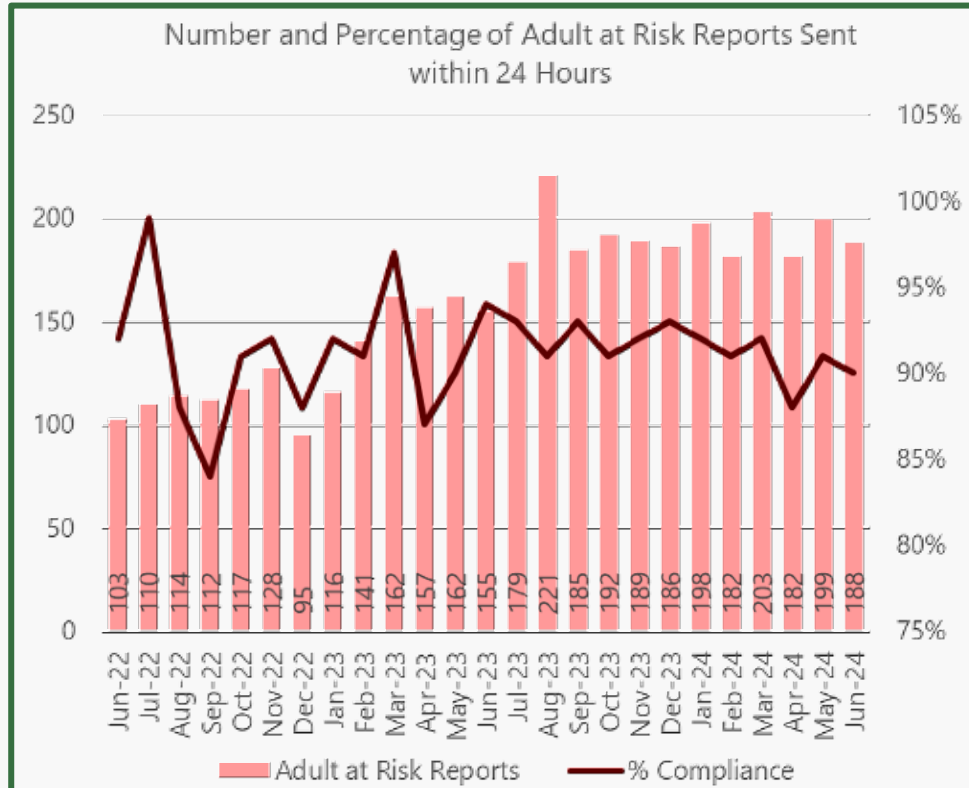
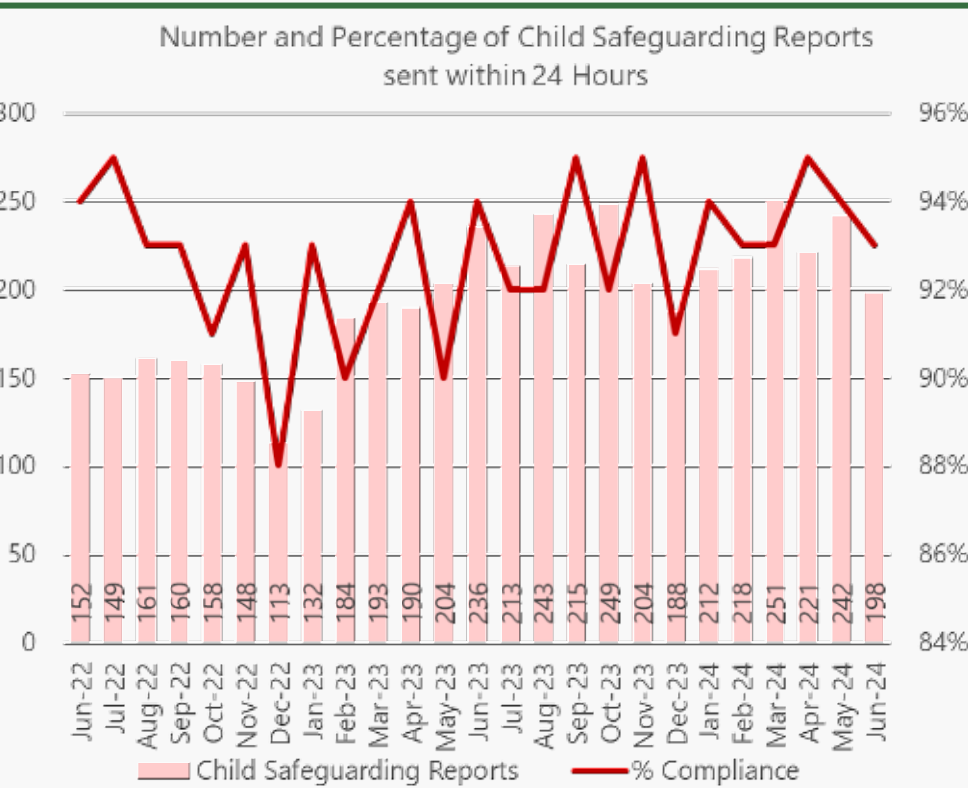
Public Engagement: Community involvement and engagement with patients/public forms is an integral part of the Trust's strategic transformation ambitions. The work delivered by the PECL Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination.

Expected Performance Trajectory

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

Data Governance: The IG Toolkit Improvement Action Plan continues to be worked on with aims to achieve all actions by November 2024. The Action Plan has been shared with IGSG and will also be taken to ADLT.

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



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

Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

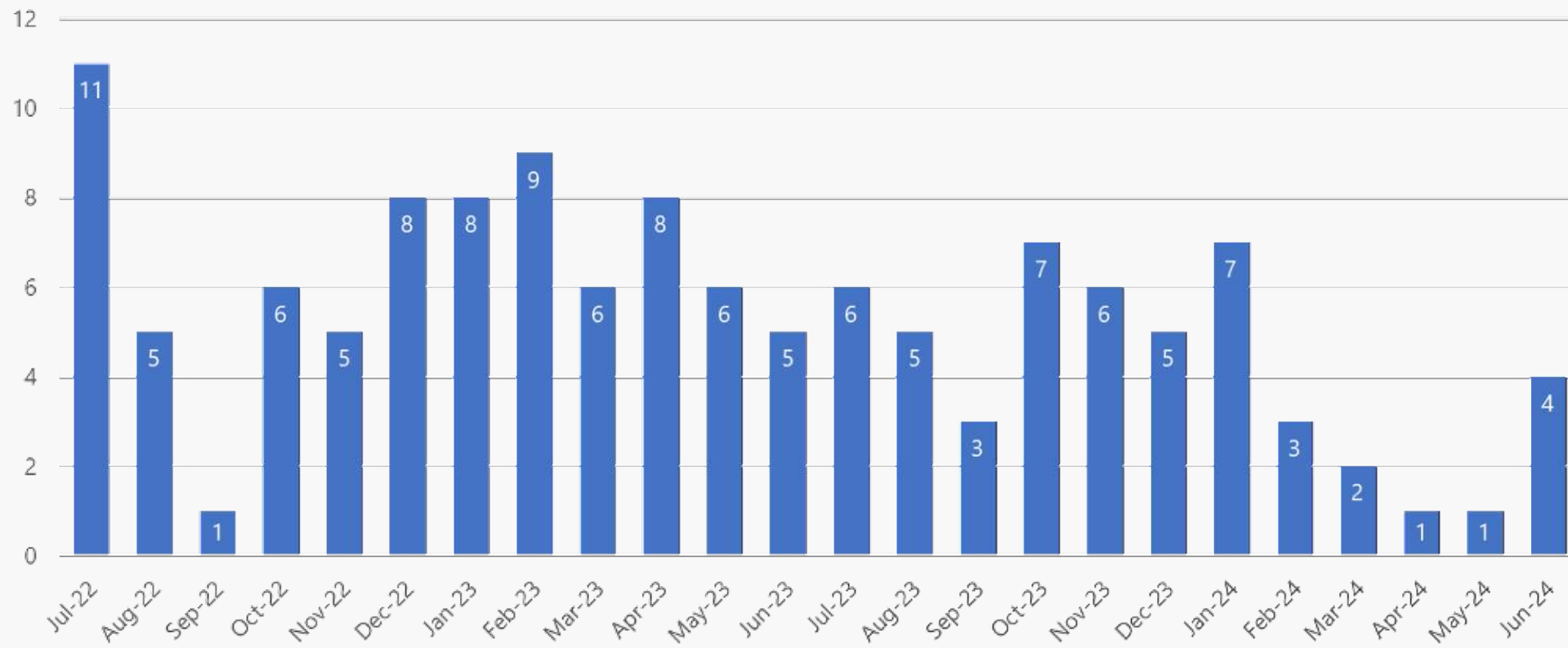
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

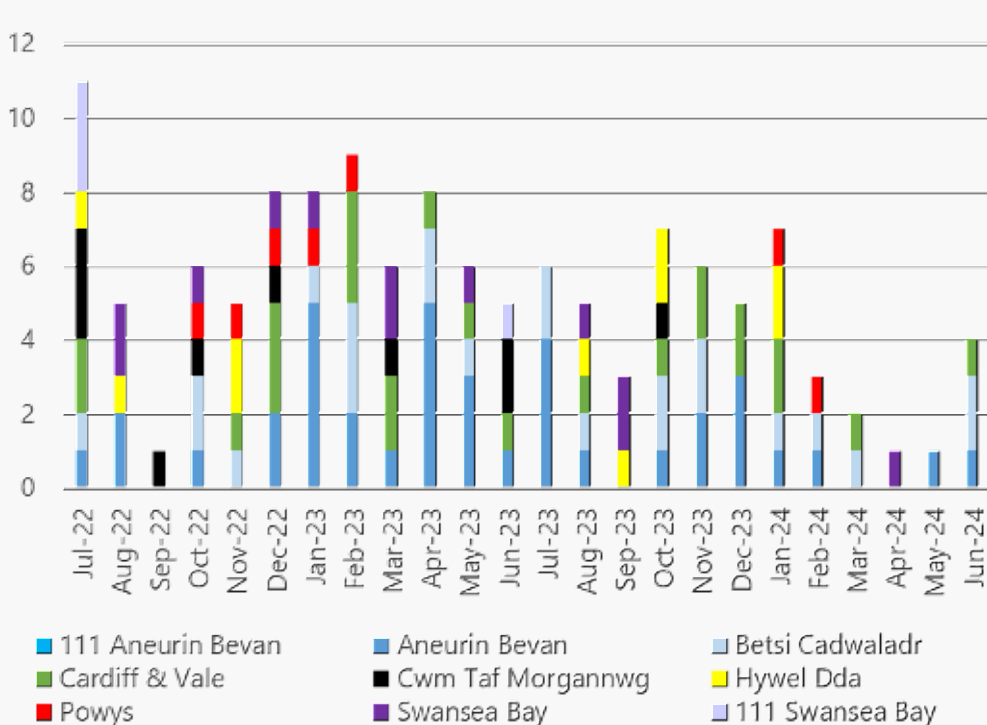
PCC

Health & Care
Standard
Health – Safe Care

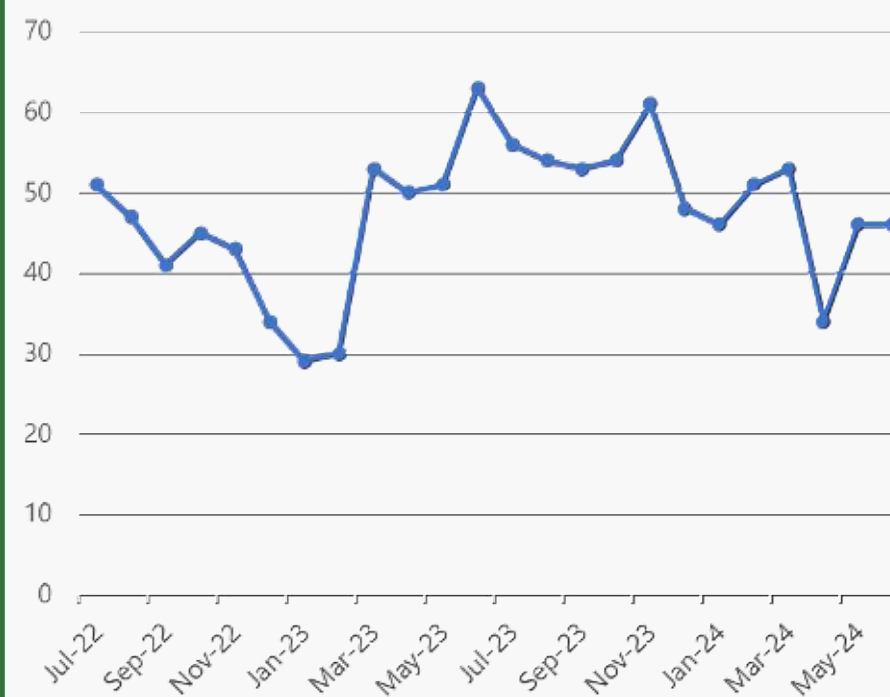
Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Total Violence & Agression Reports by Month



Analysis

RIDDOR: There were 7 incidents requiring reporting under RIDDOR during June.

There were 4 manual handling injuries 2 from handling equipment and 2 from handling patients.

There were 2 reports resulting from slip and trip incidents both were at patient premises where there was no control of the conditions under foot on of which required reporting to the HSE as a specified bone injury.

The requirements for RIDDOR reporting forms to include more detailed information is having an impact on reporting times as a greater amount of communication between incident managers and the H&S Team is required.

Violence and Aggression: A total of 46 incidents have been reported of V&A in June. 8 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 38 for the month. 23 incidents were reported as Moderate in harm and 15 noted as low harm with 2 cases being noted as causing severe harm. This raise in severity is a departure from the trend over the last few months and the reasons for this are being investigated for single causation or longer-term trends.

Remedial Plans and Actions

RIDDOR: The more detailed requirements for reporting information to the HSE under RIDDOR are being included in the design of an upgraded Datix for non-patient injuries.

Violence and Aggression: The V&A team is currently being supplemented with 2 temporary staff to make up for shortfalls in staffing levels, this will have a positive impact of case management and reporting as the individuals adjust to the roles.

Expected Performance Trajectory

RIDDOR: The low and moderate harm incidents being reported have been trending down over the last 3 months has not continued as forecast and the reasons behind the increased reporting in June is under investigation.

Violence and Aggression: With the additional temporary staff in the V&A Team the analysis of V&A incidents will allow for better trending of data and subsequent action plans to reduce both the severity and number of incidents being reported.

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

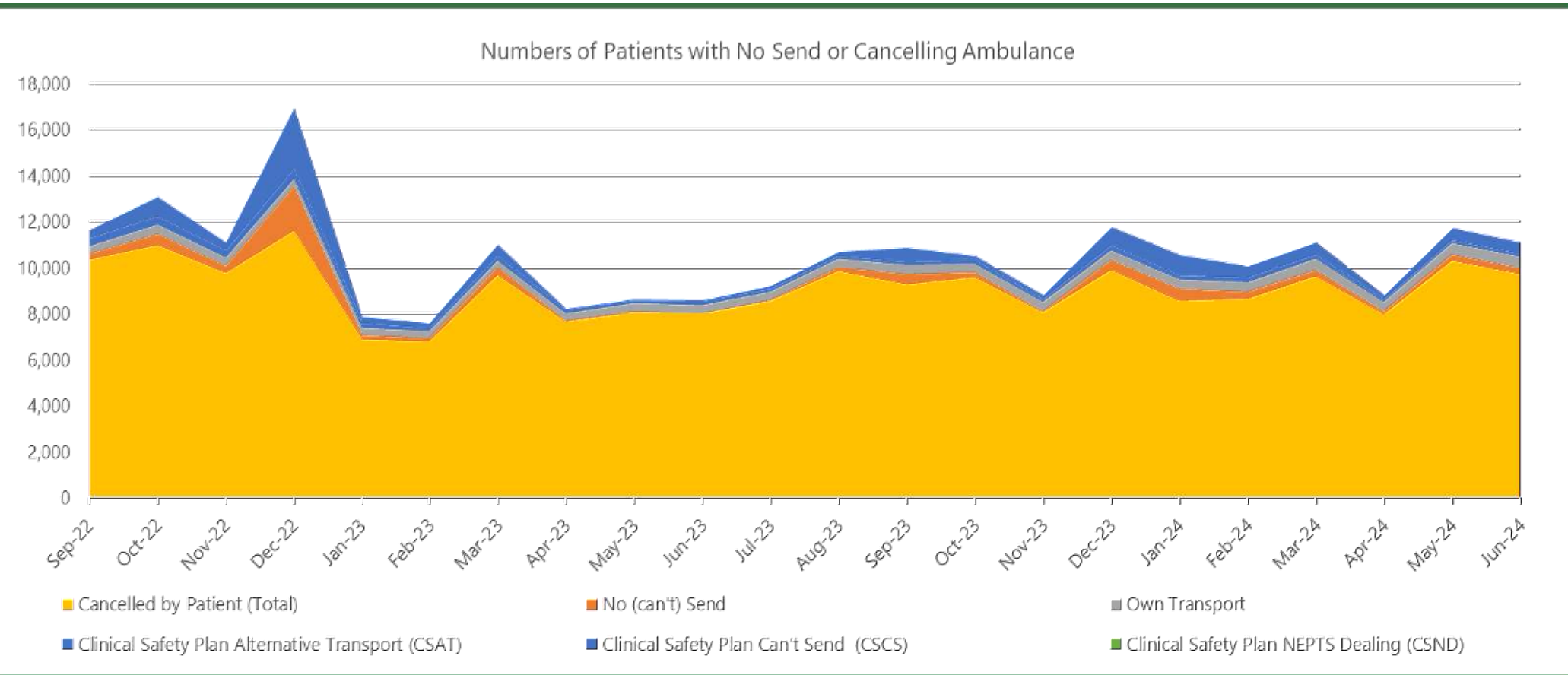
Data source: Datix

Welsh Ambulance Services University NHS Trust

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)



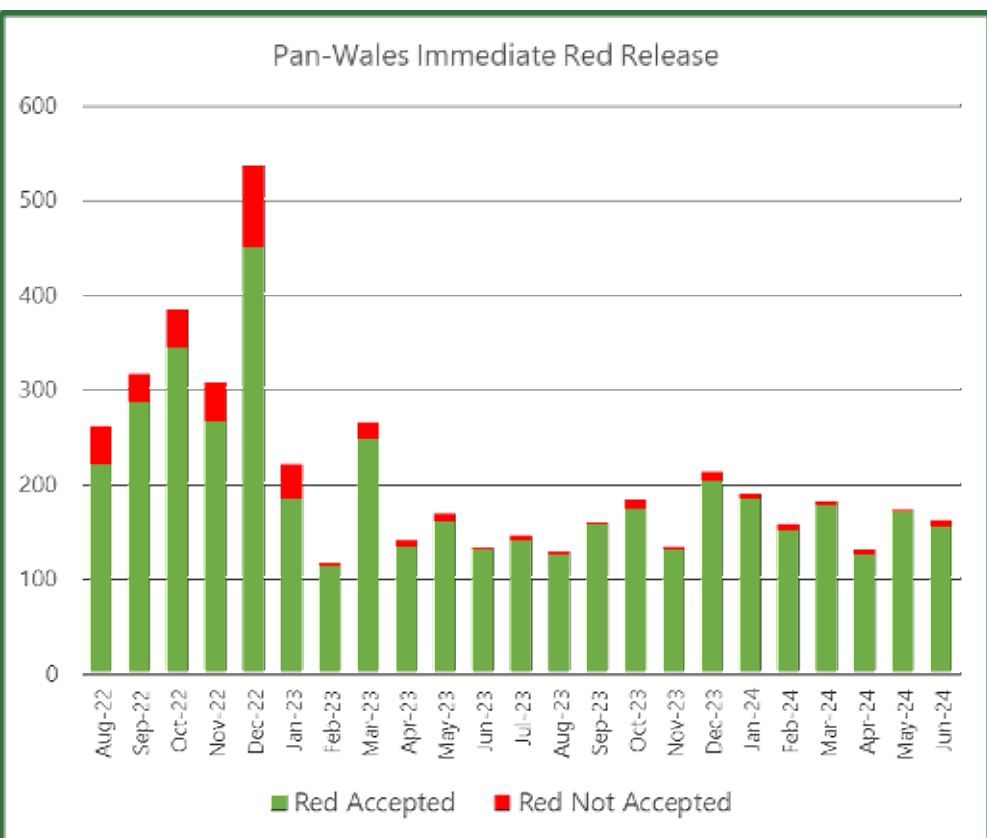
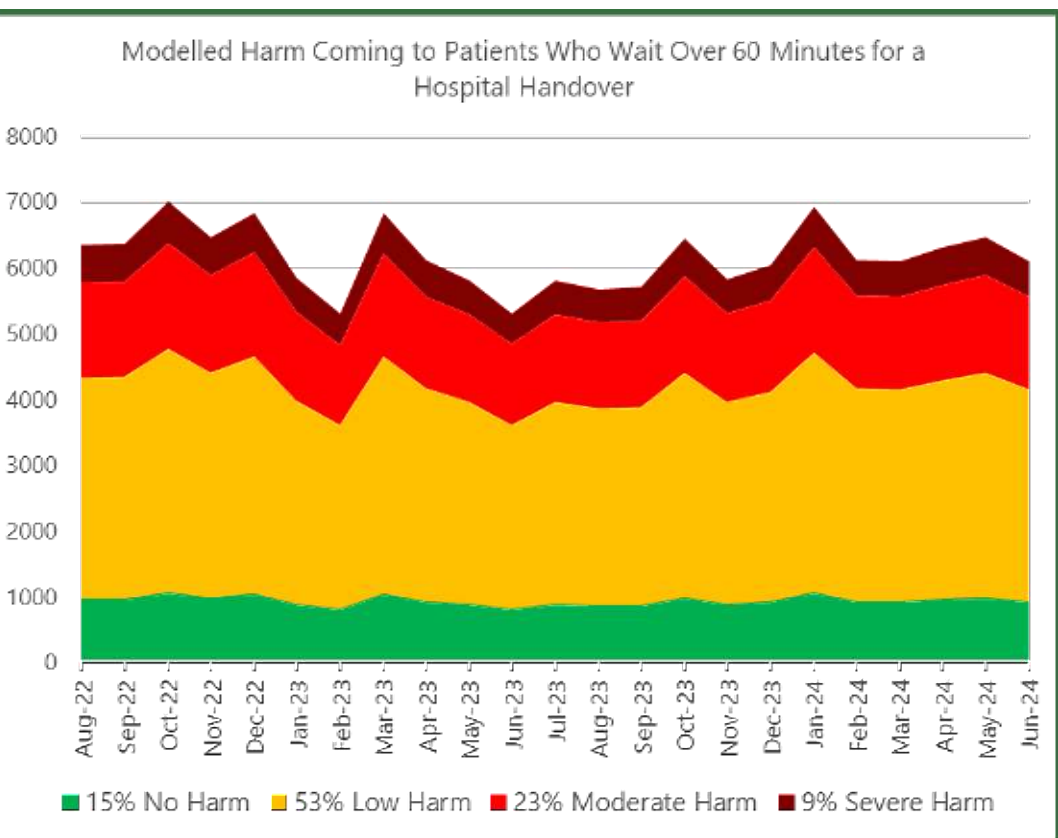
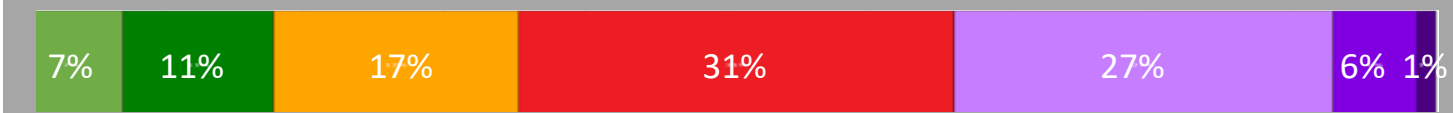
Analysis

In June 2024, 134 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 488 were stopped due to CSP 'Can't Send' options. In addition, 9,696 ambulances were cancelled by patients (including patients refusing treatment at scene) a decrease from the 10,283 in May 2024.

There were 509 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in June 2024. Of these 154 were accepted and released in the Red category, with 8 not being accepted. Further to this, 112 ambulances were released to respond to Amber 1 calls, but 235 were not.

The graph in the bottom left shows that in June 2024 of the 6,097 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% (915 patients) would experience no harm, 53% (3,231 patients) would experience low harm, 23% (1,402 patients) would experience moderate harm and 9% (549 patients) would experience severe harm.

In June 2024 CSP levels for the Trust were:



Remedial Plans and Actions

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

Expected Performance Trajectory

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

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

Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

Duty of Quality – Patient Experience		
These 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.		
June 2024		
NEPTS (169 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	78
Were you happy with the transport you received?	85	85
999 (37 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	71
The 999-call taker who answered your call explained what was going to happen next.	85	70
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	68
The length of time I waited for an ambulance to arrive was acceptable.	85	54
111 (12 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	59
Did you follow the advice given to you by NHS 111 Wales?	85	82
Would you consider using NHS 111 Wales again?	85	60
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care	84.17% Good	12.23% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	60% Good	40% Poor
o EMS (including CSD)	40.54% Good	35.14% Poor
o NHS 111 Wales Online	38.46% Good	61.54% Poor
* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.		

Analysis

Within the NEPTS survey the response provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, while the question 'Were you happy with the transport you received', came out on the 85-benchmark figure. All the responses within the 999 and 111 sections also failed to achieve the benchmark.

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

Remedial Plans and Actions

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

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online
- We are continuing to work on a DPIA to be submitted to the ICO for their consideration about use of SMS text messages to directly distribute survey requests to service users.
- We have met with colleagues at South-East Coast Ambulance Service who have successfully placed QR codes in the back of all their EMS vehicles to increase patient feedback and we plan to explore use of the same model here at WAST.
- We also continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder. Patients who are left at home with no further intervention required are left an invitation to share their experience with us by completing a survey. In April 38 people completed a Falls Survey with most respondents rating their experience with the Falls service as 'Very Good'.
- Throughout this month we have also continued to engage with the Once for Wales Programme Board who have been reviewing the 'All Wales Patient Experience Question Set' and the updated 'People's Experience Framework'. The Framework and new questions will be presented to Executive Directors of Nursing at their next meeting for final approval.

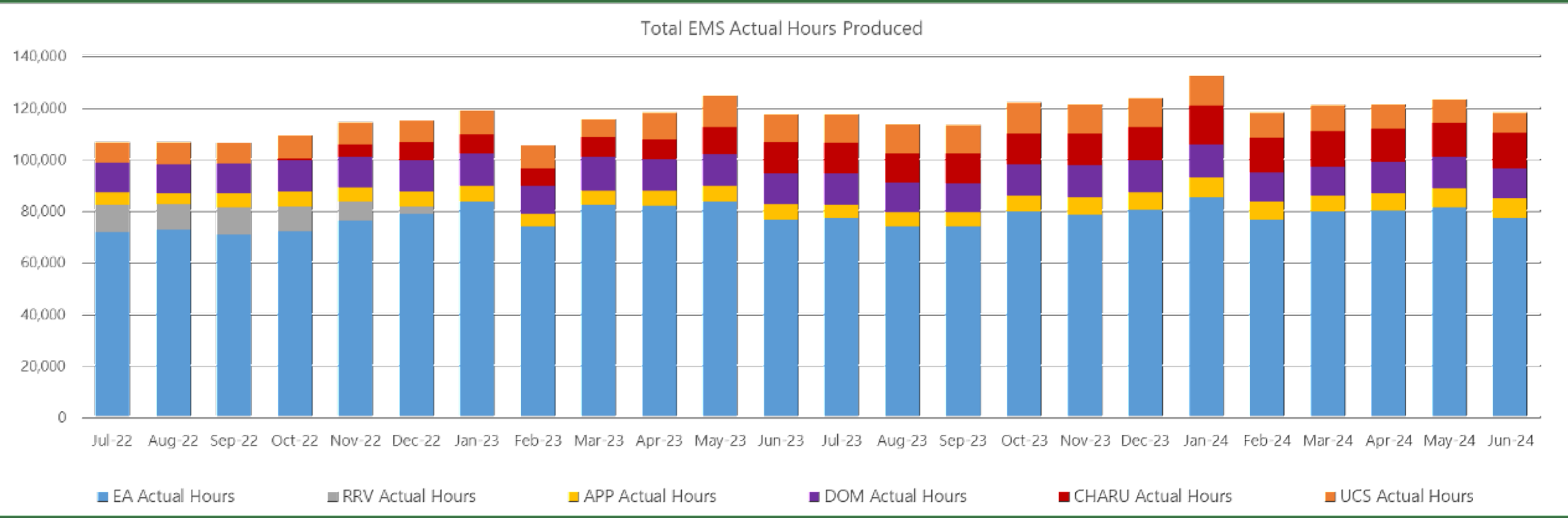
Expected Performance Trajectory

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

Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

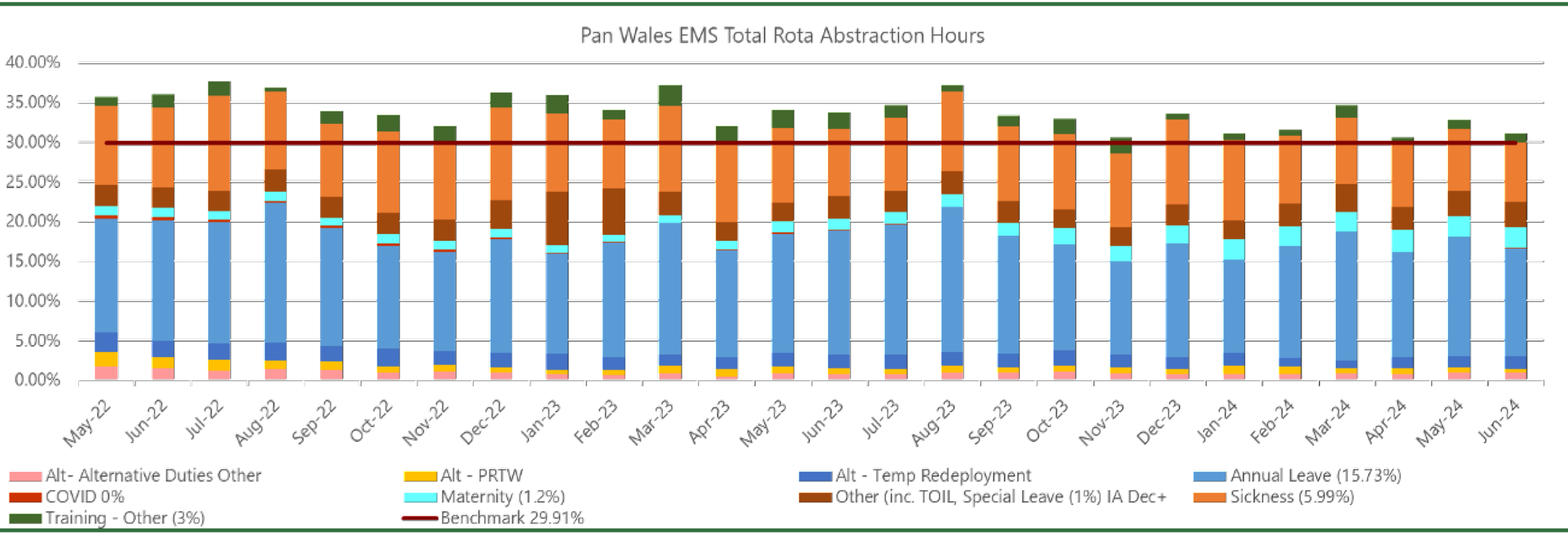
EA Production	Abstractions	CI	PCC
A	R		
		FPC	



Analysis
The total hours produced is a key metric for patient safety. The Trust produced 118,368 hours in June 2024, compared to 117,574 hours produced during June 2023. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. In June 2024, total EMS abstractions (excluding Induction Training) stood at 31.12%. This was a slight decrease from the 32.84% recorded in May 2024. The highest proportion of abstractions was due to annual leave at 13.68% followed by sickness at 7.6%.

Emergency Ambulance Unit Hours Production (UHP) achieved 93% in June 2024 which equated to 77,245 Actual Hours. This is a 0.9% increase on the Actual Hours produced during June 2023.



In June CHARU UHP was 74% against the full roll out requirement (note this requirement is not fully funded by commissioners).

Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.

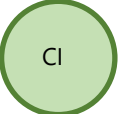
Expected Performance Trajectory
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good.

The Trust maintains an ambition to reduce sickness to 6% and abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark was close to being achieved (30.5%) in April 2024.

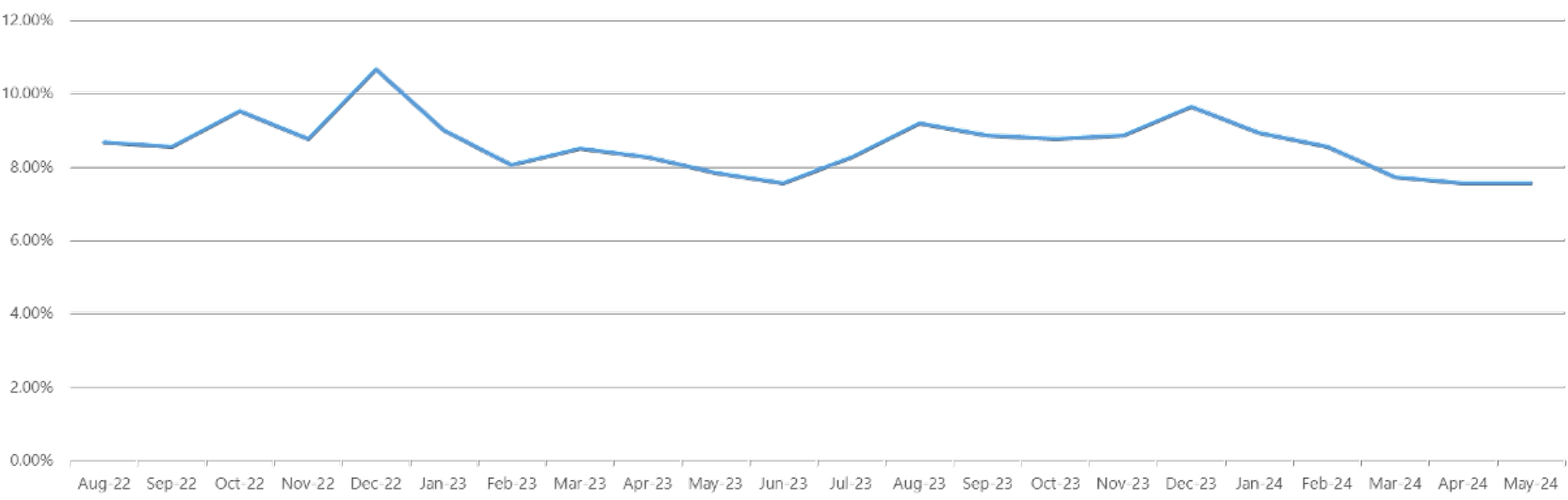
Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

Mental Health
A



Monthly Sickness Absence (All Directorates)



Analysis

There was a slight decrease in overall sickness absence rates between April 2024 and May 2024, dropping from 7.56% to 7.55%, with this being the 5th successive month that has seen a reduction in this figure. Long term absence also decreased from 5.36% in April to 5.19% in May, while short-term absence increased slightly from 2.22% in April to 2.36% in May.

The highest reason for short term absence in May 2024 was Anxiety/ Stress/ Depression, other musculoskeletal problems and cold, cough, flu-influenza.

Absence due to Mental Health increased from 2.07% in April 2024 to 2.16% in May 2024.

Occupational health waiting times have greatly improved, our KPI of 10 working days from receipt of management referral to first offer of appointment is being met, with colleagues currently waiting for 3 to 5 working days. From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is still 2 days. The team continue to triage all referrals and enquiries to ensure prioritisation of anything that requires urgent attention.

Remedial Plans and Actions

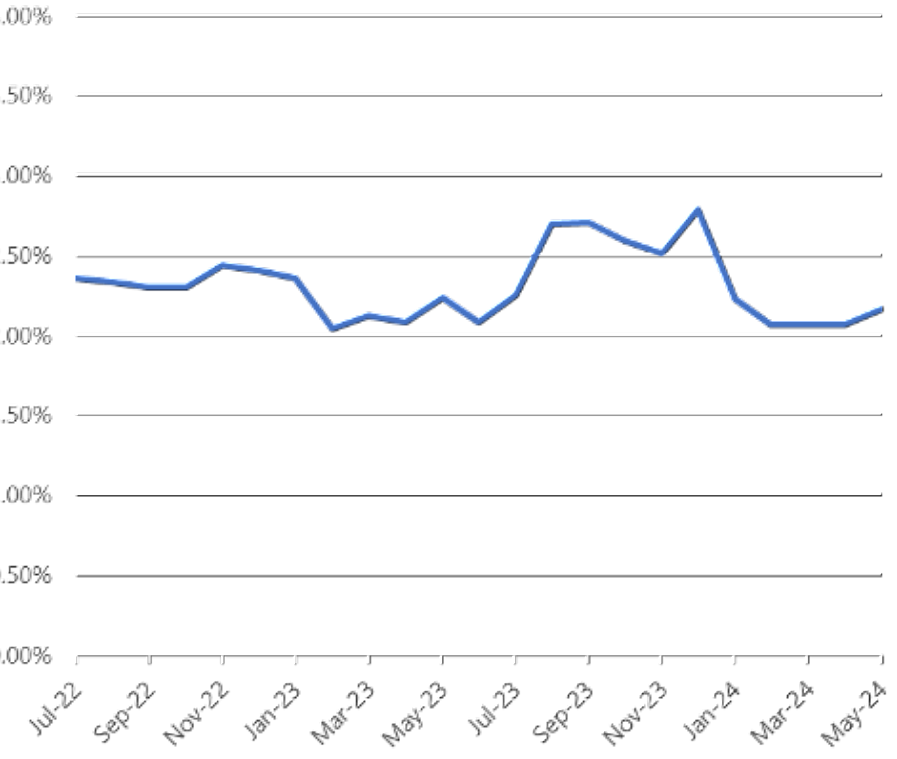
- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support.
- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- Audits for all Directorates, 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.
- We have recently recruited 2 Occupational Health Advisors to cover maternity leave, we also recruited a Clinical Team Lead.

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. It should be noted that the figures reported in this presentation are official to 31st March 2024. All figures for April 2024 are indicative only (as of 23.04.24).

Absence due to Anxiety, Depression and Other Psychiatric Illnesses FTE%



Average working days lost per FTE (Annual)

19.28 days

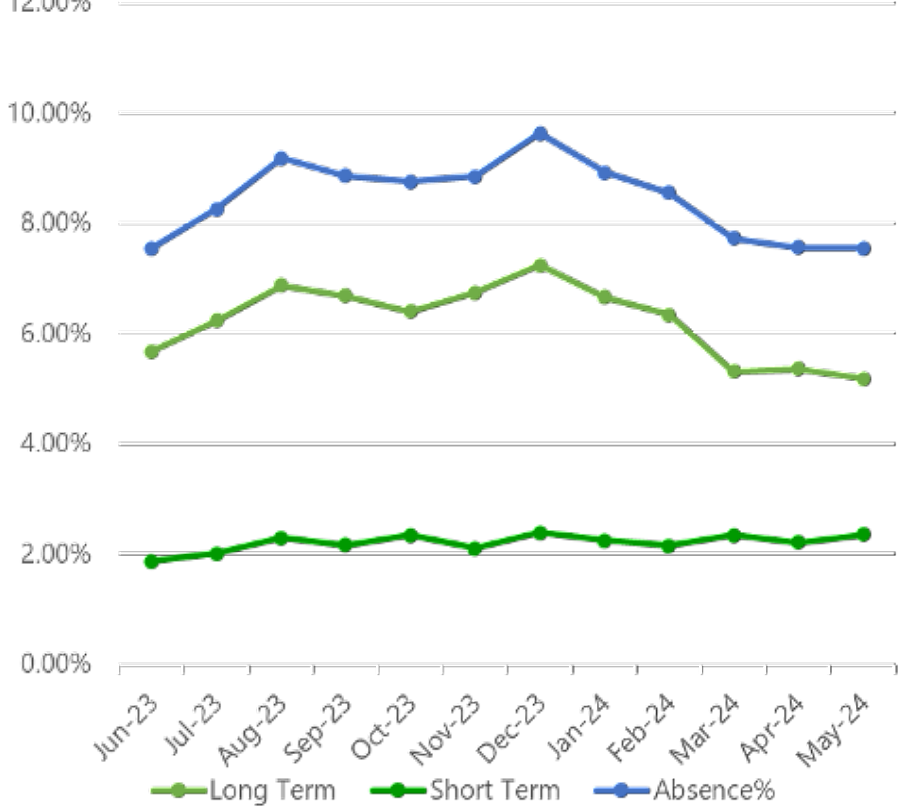
Single month Absence %

7.55%

Long Term	Short Term
5.19%	2.36%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.16%	0.85%

May 2024

All Sickness Reasons LT/ST%

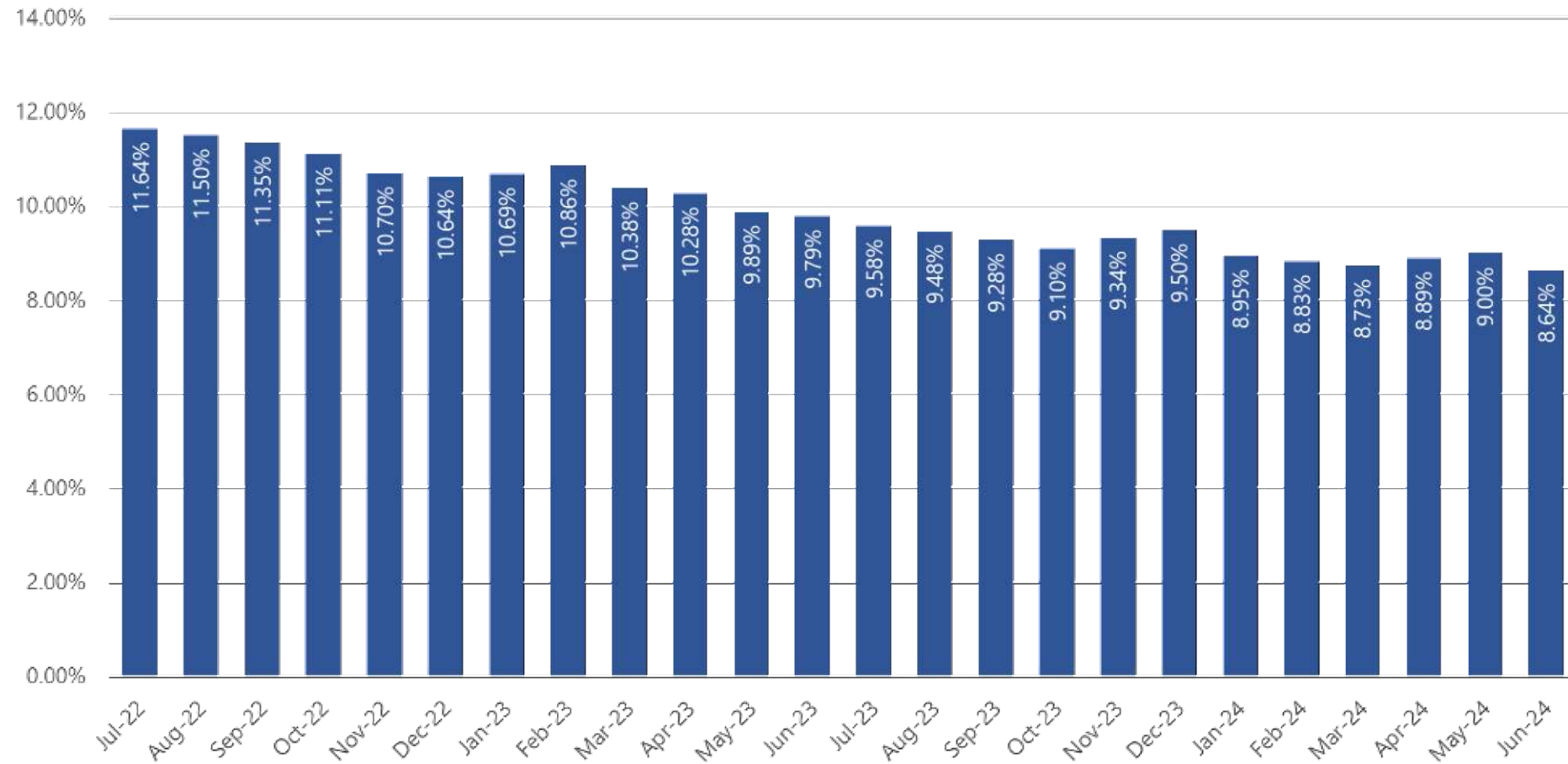


Our People Capacity - Turnover

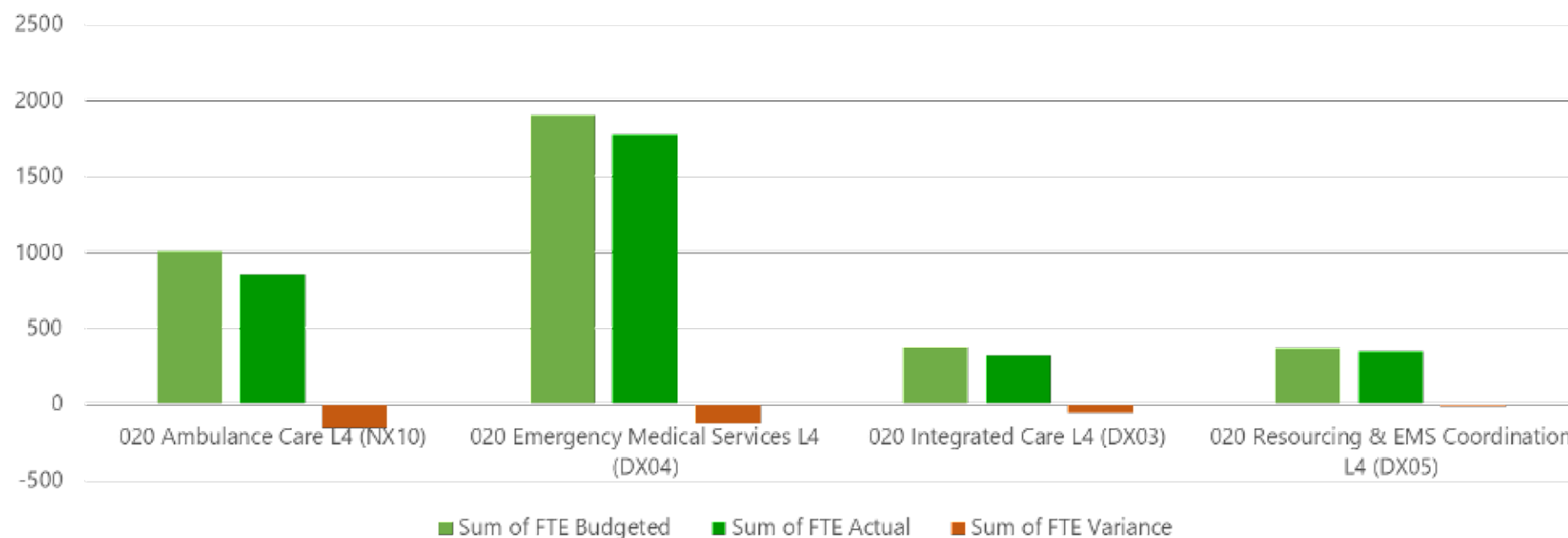
(Responsible Officer: Angela Lewis)

G

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



FTE as of 31/06/2024



Analysis

Staff turnover rates in June 2024 were 8.64%, a decrease from the 9% recorded in May 2024. June saw 22 leavers (17.71 FTE). (Turnover in months at the end of the quarter are generally higher). This was balanced with 47 joiners (45.60 FTE) in June. Of those leaving, the majority were Call operators (6 people).

Remedial Plans and Actions

- Whilst we continue to improve our data collection through Our MI system (Opas G2), we have encountered some technical issues. We are working with Civica to resolve these issues.
- We continue to support staff regarding providing advice and guidance on using the MI system.
- The self-referral portal on Opas G2 for Occupational Health and Wellbeing continues to prove popular and has streamlined the service.
- We continue to build our own customised reports which help us identify themes and trends, we can then target areas that may require additional support.
- Our MI reports (internal and external, partner organisations) are used to support strategic decision-making regarding the service, also to provide impact analysis and highlight value for money.
- The Wellbeing team continue to support colleagues and managers who are facing large-scale changes through holding regular meetings, providing targeted support and facilitating drop-in sessions for colleagues.
- We have updated our materials and Intranet pages, including updated information about our Employee Assistance Programme, including updates on the wellbeing App- WISDOM.
- MI reports include, 729 calls have been made to our EAP between June 2023 and May 2024, of those 708 were counselling call. 84 calls were made in May 2024 – 24.5% change from April (67 calls.)
- The clinical team continue to support People Services and managers through sickness absence meetings. Team members from OH/Wellbeing/TRiM continue to promote the service using our Occupational Health & Wellbeing vehicles, also through presenting to new starters within WAST and through attendance at managers' meetings.
- REACT (Recognise, Engage, Actively Listen, Check Risk, Talk) training is still proving popular, new dates for July have been advertised on Siren.
- We are still in the process of writing the Health and Wellbeing strategy for 2025/29. We have conducted the second MMR audit (May 2024) following Welsh health circular, of MMR / Measles status of staff, we had already completed some of this for all staff groups including frontline, patient facing staff. Communications were shared on Siren and letters have gone out to staff. Status has risen from 73% to 75% of for Frontline Paramedics. OH continue to encourage MMR vaccination amongst patient facing roles; along with Pertussis catch ups due to the rising rates of whooping cough, also.

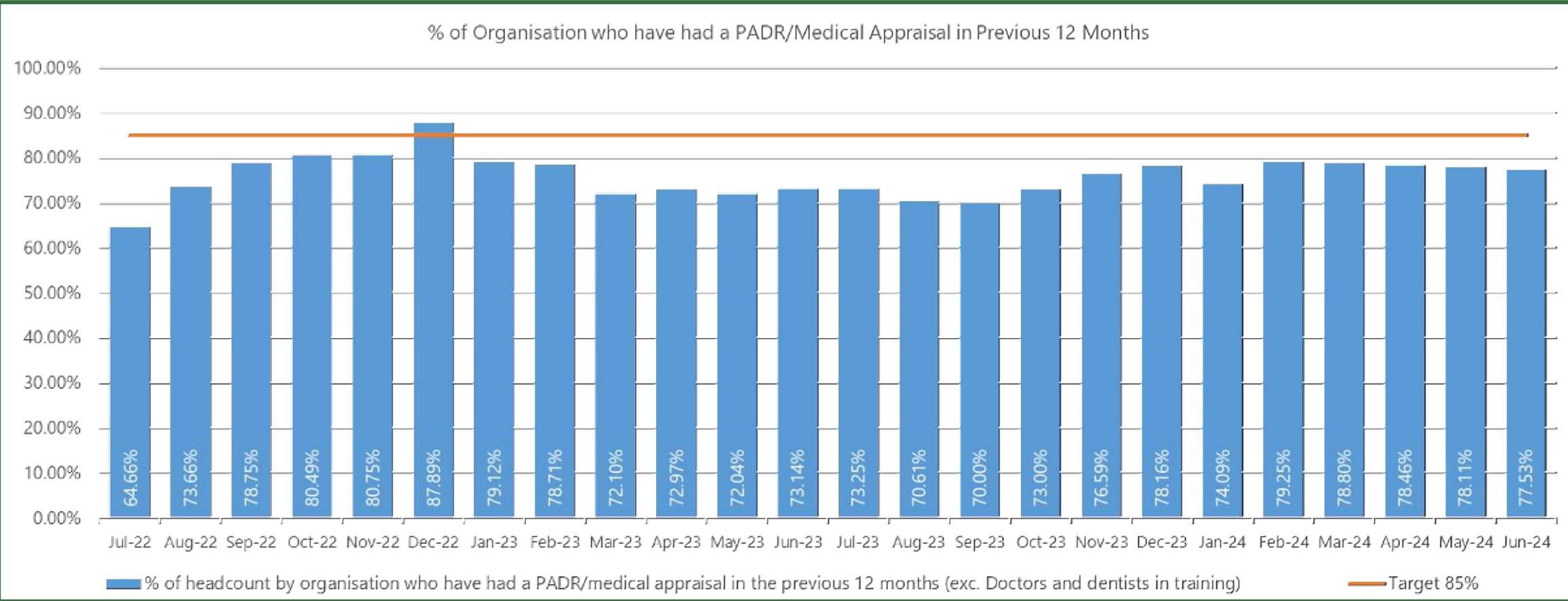
Expected Performance Trajectory

The People and Culture Strategy will continue with its wellbeing focus. The Occupational Health and Wellbeing provision is regularly reviewed to ensure that services/interventions offered are relevant, appropriate, and up to date, our focus is on continuous improvement.

Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR	Stat & Mand	CI	PCC
A	A		
Health & Care Standard Health – Staff & Resources		Self-Assessment: Strength of Internal Control: Strong	



Analysis

PADR rates decreased from 78.1% in May 2024 to 77.5% in June 2024 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In June 2024 Statutory & Mandatory Training rates reported a combined compliance of 84.05%; which is the 6th consecutive month to see an improvement. However, only Dementia Awareness (94.92%) and Moving & Handling (93.49%), achieving the 85% target. Equality & Diversity (82.97%), Safeguarding Adults (81.38%), Fire Safety (78.31%), Violence Against Women, Domestic Abuse & Sexual Violence (73.14%), Information Governance (74.68%), Paul Ridd (70.94%), Welsh Language Awareness (64.37%) and Fraud Awareness (63.95%), all remain below this target.

There are currently 15 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table below:

Remedial Plans and Actions

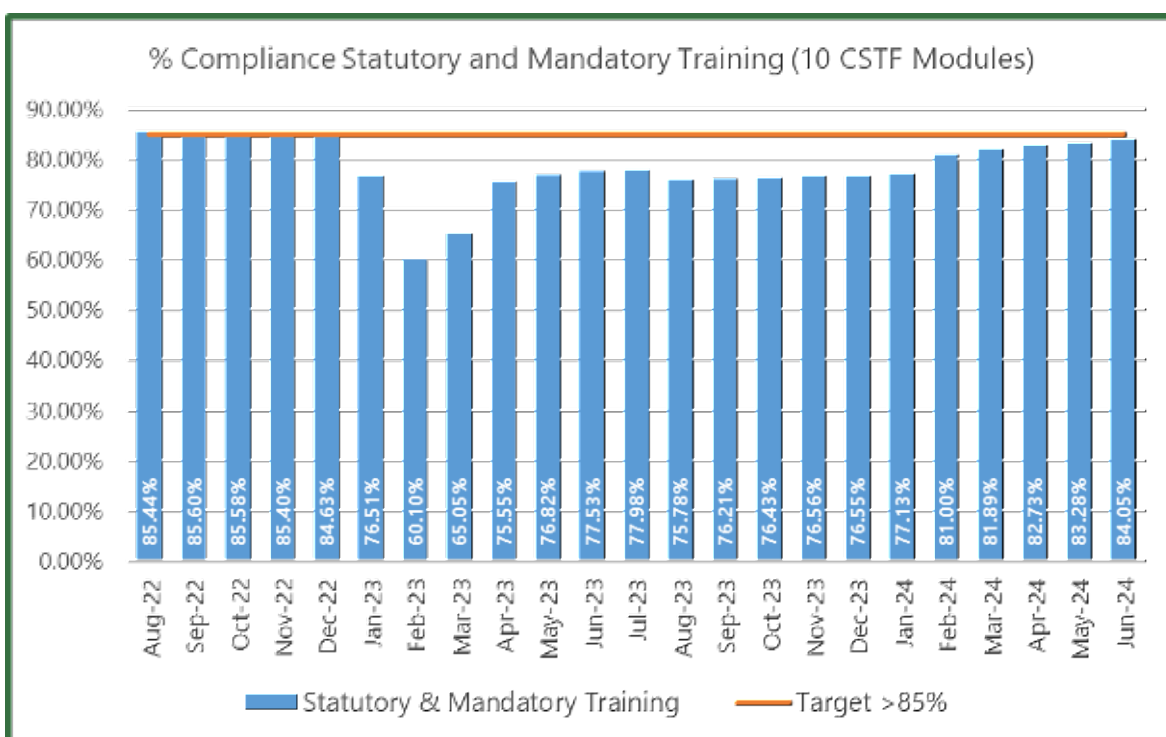
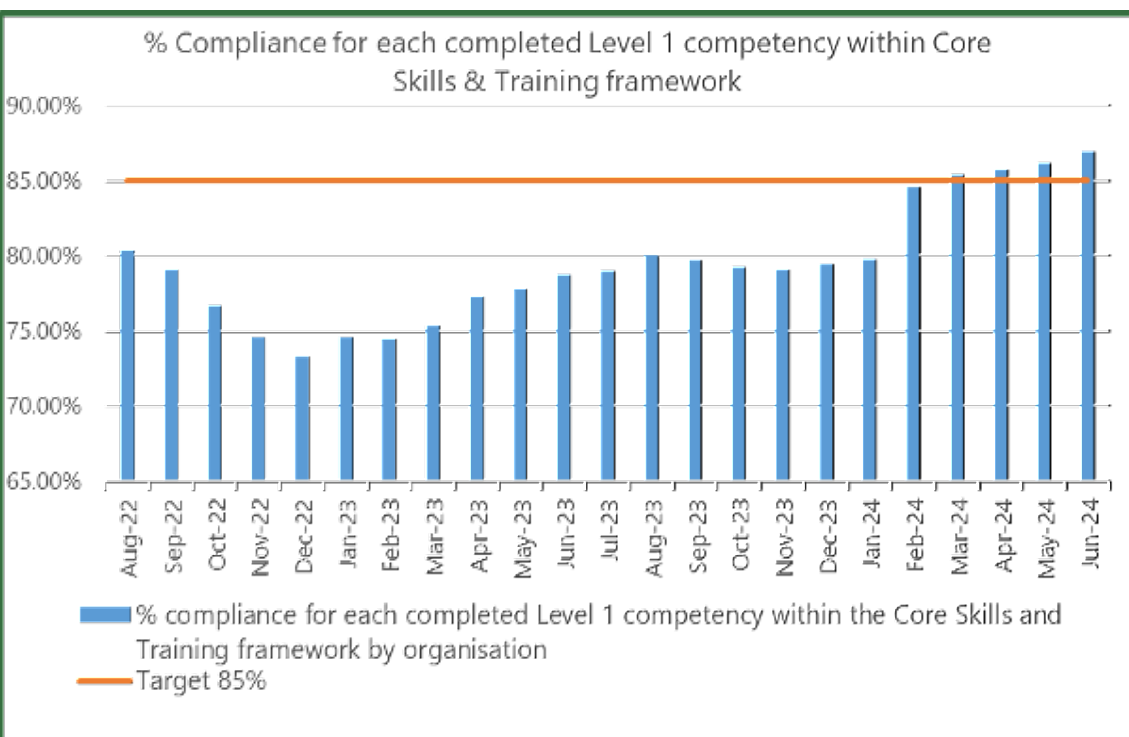
Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee Development opportunities, support better Communication between managers and employees and develop a culture of accountability and continual improvement. We intend to assess PADR engagement levels (Q1) across teams to pinpoint areas with higher participation rates and gather insights into effective practices and strategies for PADR participation.

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly LMS365 environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, 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

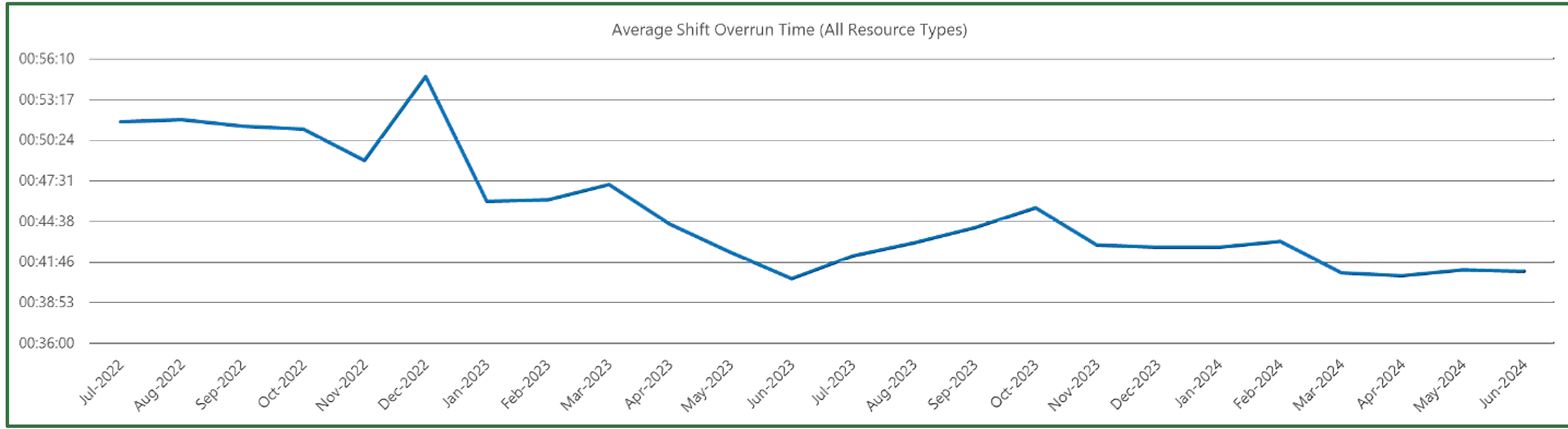
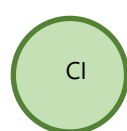


Our People

Health and Well-being – Shift OVERRUNS

(Responsible Officer: Angela Lewis)

Overruns
R



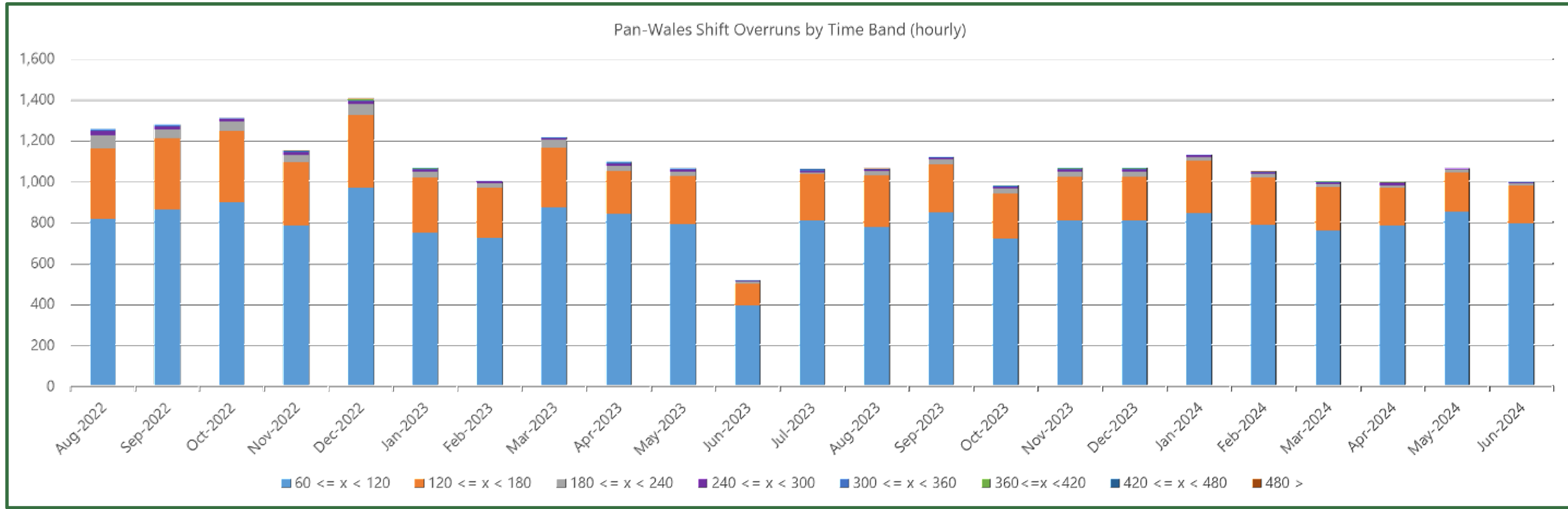
Analysis
The average figure for June 2024 was 41 minutes and 7 seconds compared to 41 minutes and 13 seconds in May 2024. The trend is downward over two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 73.2% of the total. 20.2% fall within the 61 to 120-minute category, 5.7% in the 121 to 180-minute category, 0.5% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

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

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

Expected Performance Trajectory
Overruns correlate with handover lost hours. As we have moved out of winter both levels had started to drop. We may expect this to stabilise before moving into higher levels again next winter.

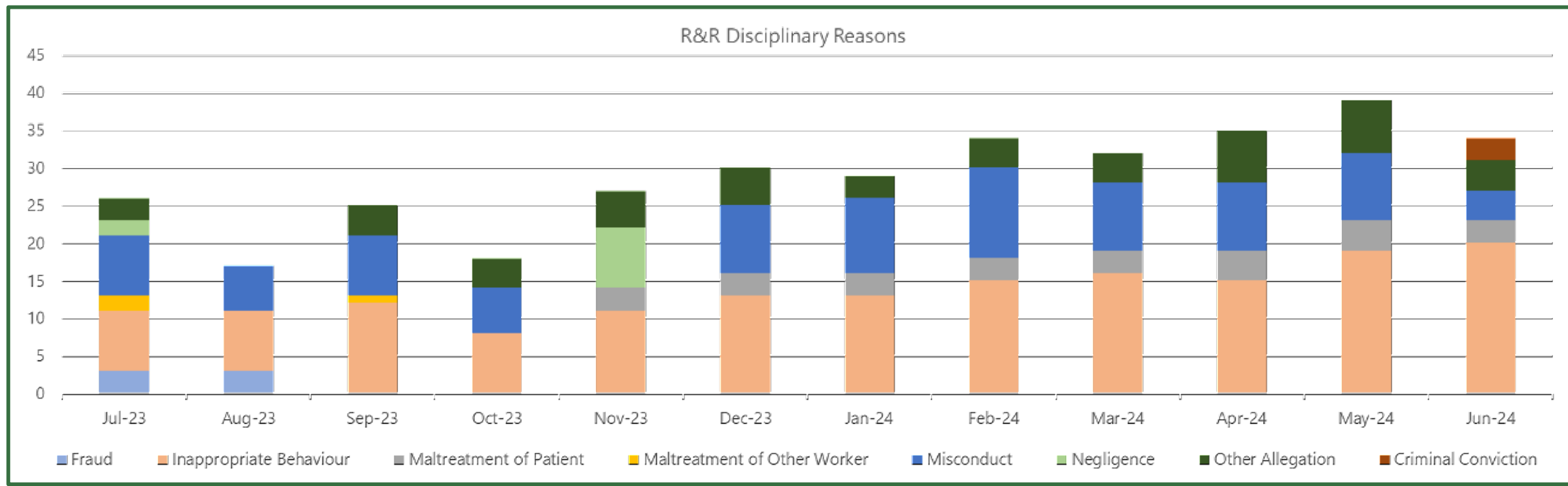


Our People

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

(Responsible Officer: Angela Lewis)

Self-Assessment:
Strength of Internal
Control: Moderate



Analysis

There were 34 open formal disciplinary cases recorded at the end of June 2024, a slight decrease compared to 39 in May 2024. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were 9 open formal Respect and Resolution cases submitted by employees in June 2024, an increase from the 8 recorded in May 2024. These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in June 2024 973 job applications were processed and 367 interviews were planned.

Of the 973 applications, a total of 383 were from under-represented groups with 163 in the category of Ethnicity, 109 within Disability and 111 within Sexual Orientation.

In June 2024, 36.6% (n=140) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 24.4% in May 2024.

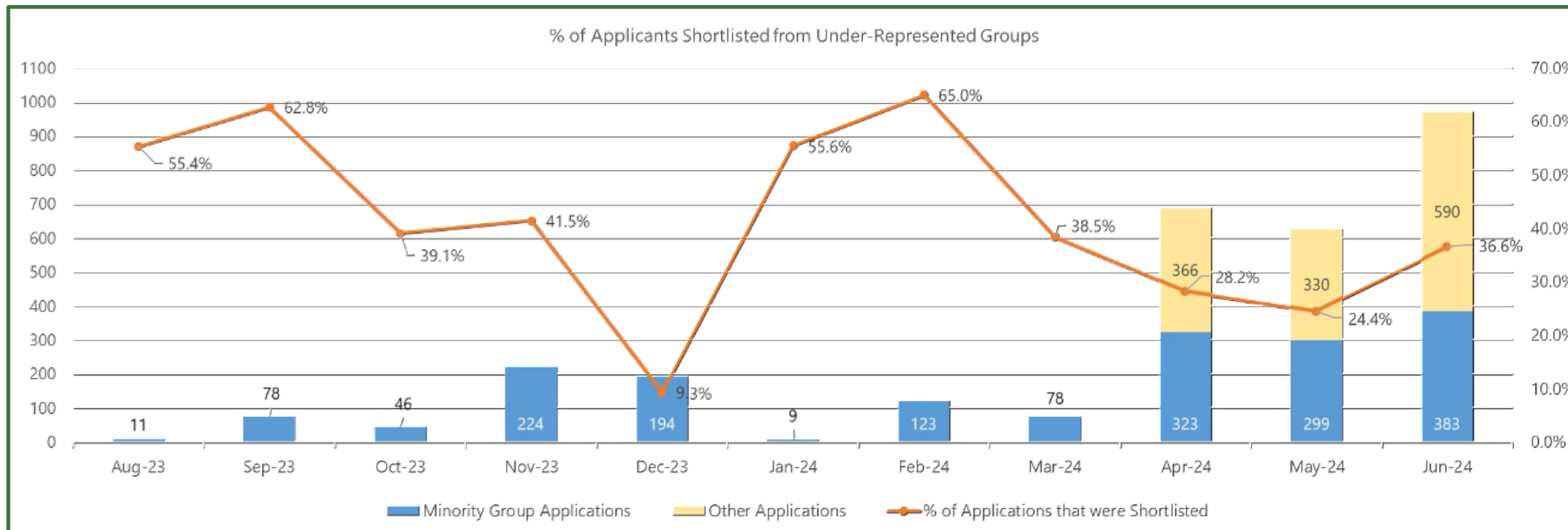
Remedial Plans and Actions

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

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

Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

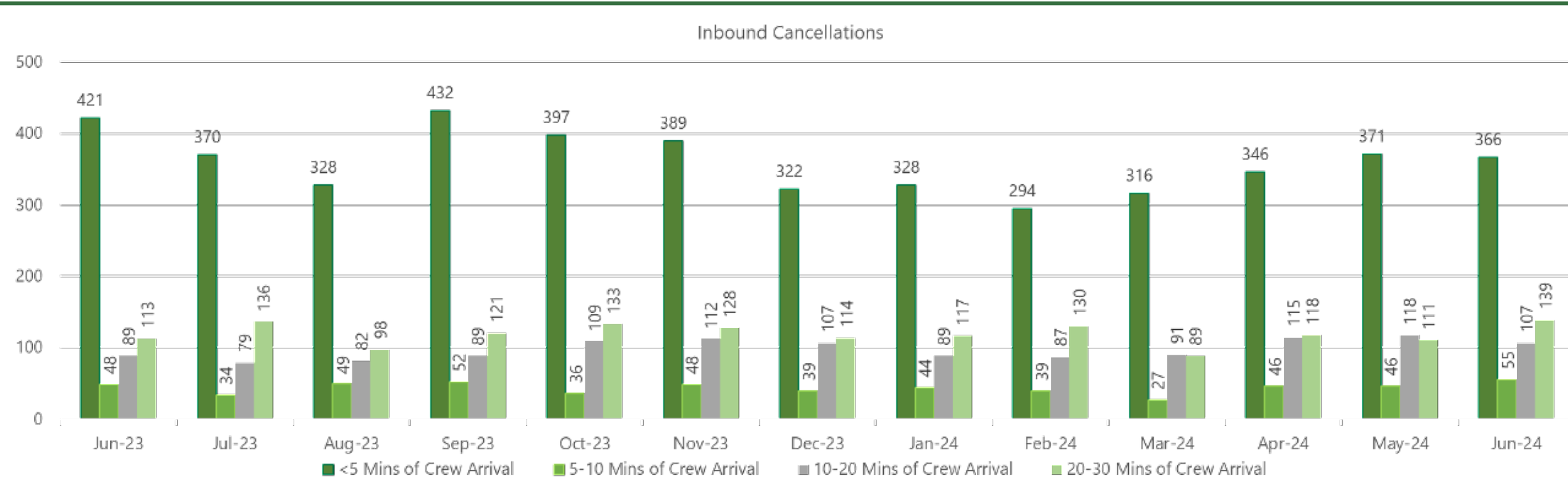


Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations
A



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a slight decrease in June 2024 to 366, compared to 371 in May 2024. The total number of cancellations within 30 minutes increased from 646 in May 2024 to 667 in June 2024.

Cancellations within 5-minutes of arrival appears to have seen an overall decrease during the past 12 months. In June 2024 there were 85 cancelled by patient* entries made within 5-minutes of crew arrival, remaining consistent with the previous month (94). The top reasons for less than 5-minute cancellations included: 34 patient not located, 13 address not located, 14 unwell/too ill to travel and 6 no appointment.

Same day cancellations increased slightly from 20.3% in May 2024 to 22% in June 2024.

Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD but has been delayed by a clash of organisational priorities but will be picked back up in late Q1. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

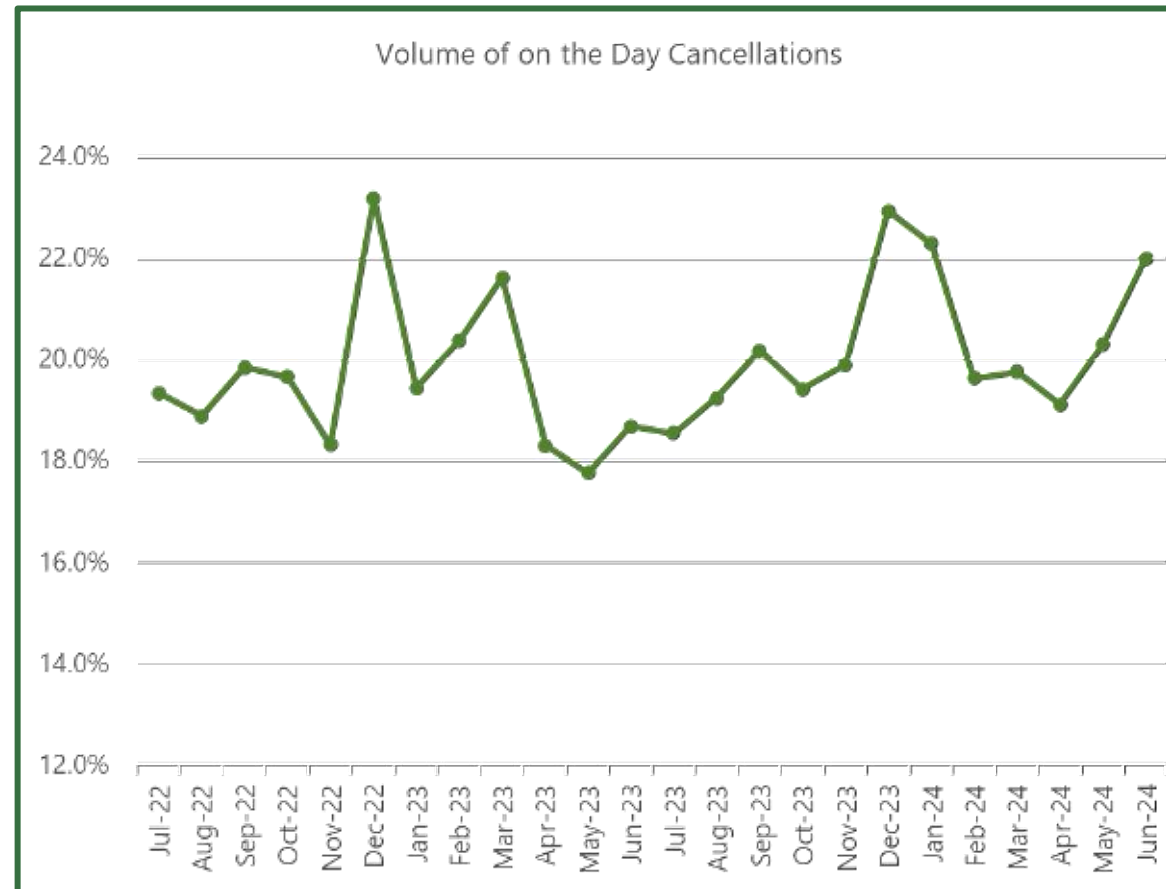
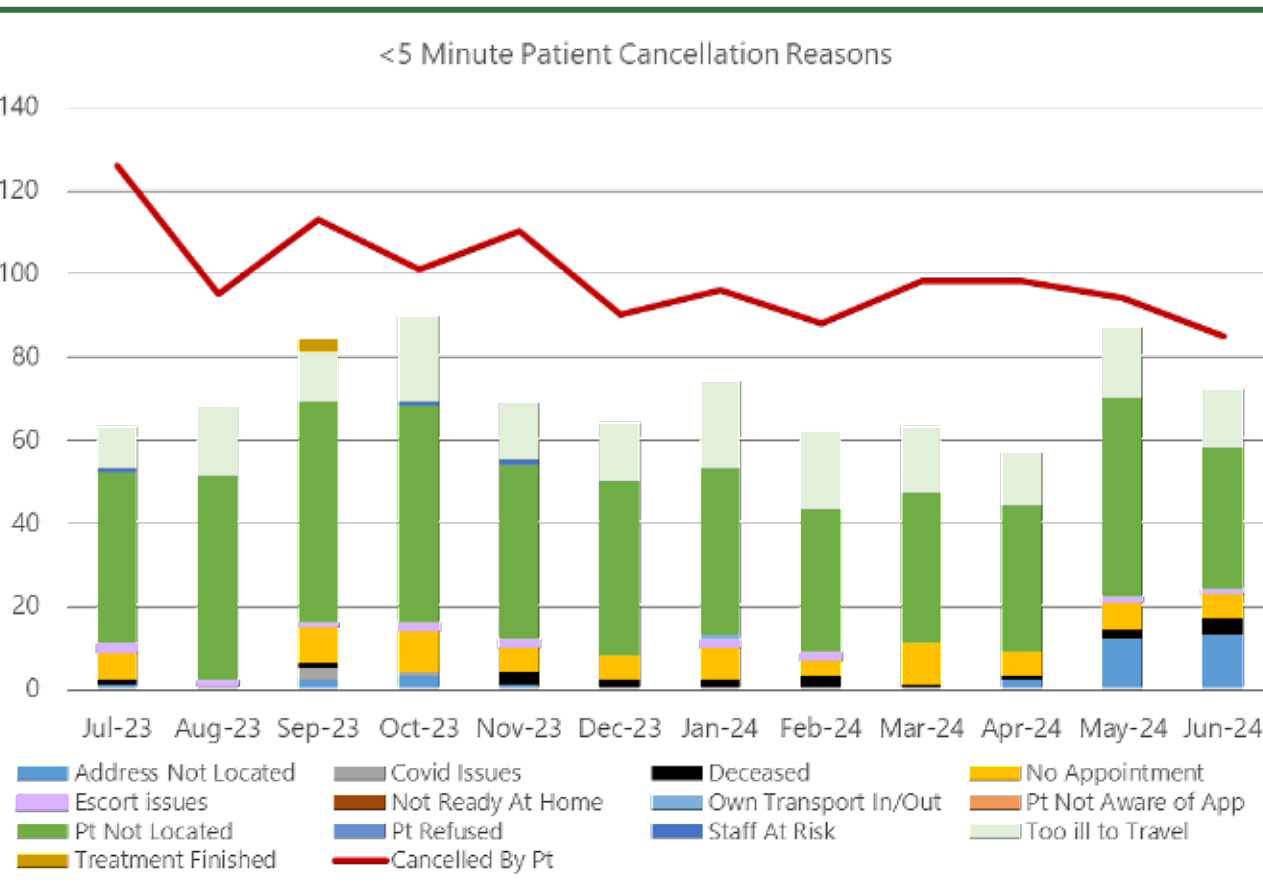
Work is also underway to enhance the service's text messaging options to improve notification to patients. This should be complete in Q2.

Expected Performance Trajectory

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

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

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



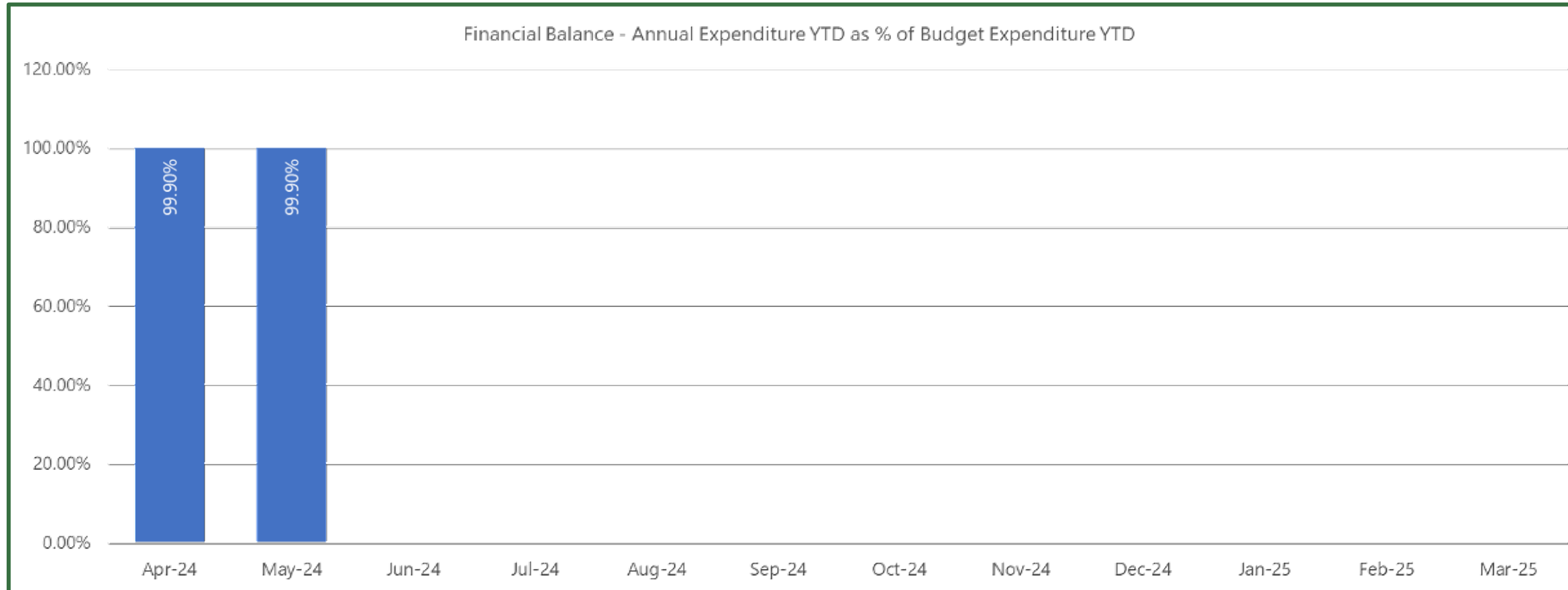
Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)

G

FPC



Analysis

The reported outturn performance at Month 2 is a surplus of £29k.

For Month 2 the Trust is reporting planned savings of £1.136m and actual savings of £1.276m (an achievement rate of 112.3%).

The Trust's cumulative performance against PSPP as at Month 2 is 97.3% against a target of 95%.

At Month 2 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

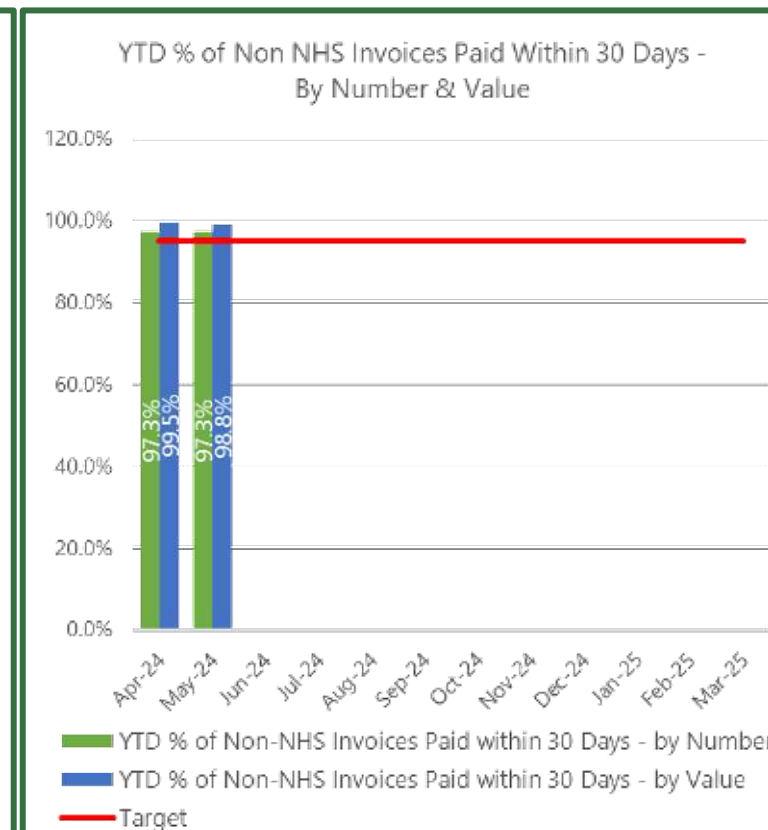
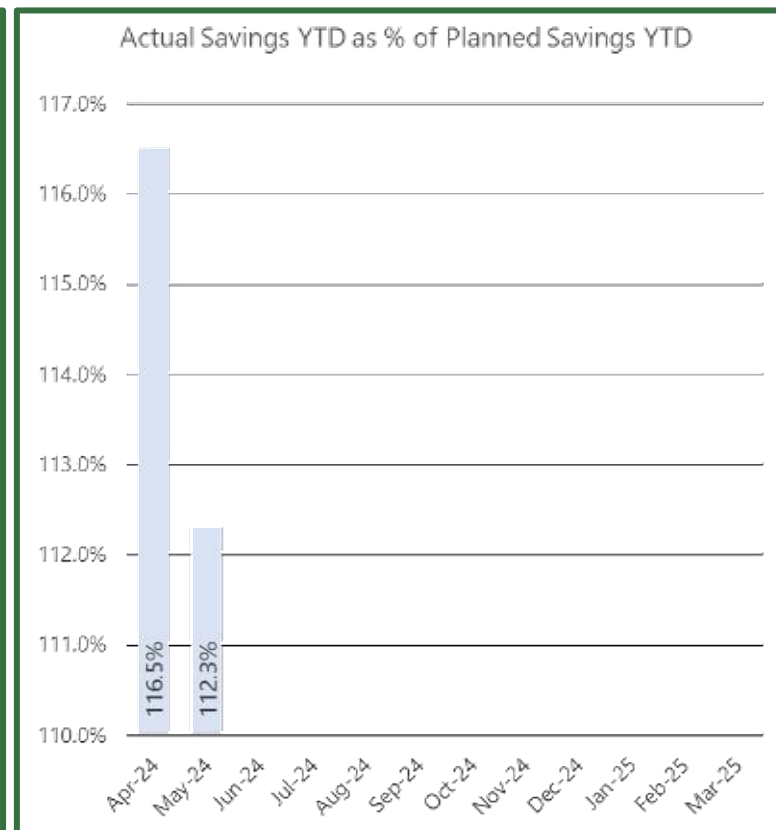
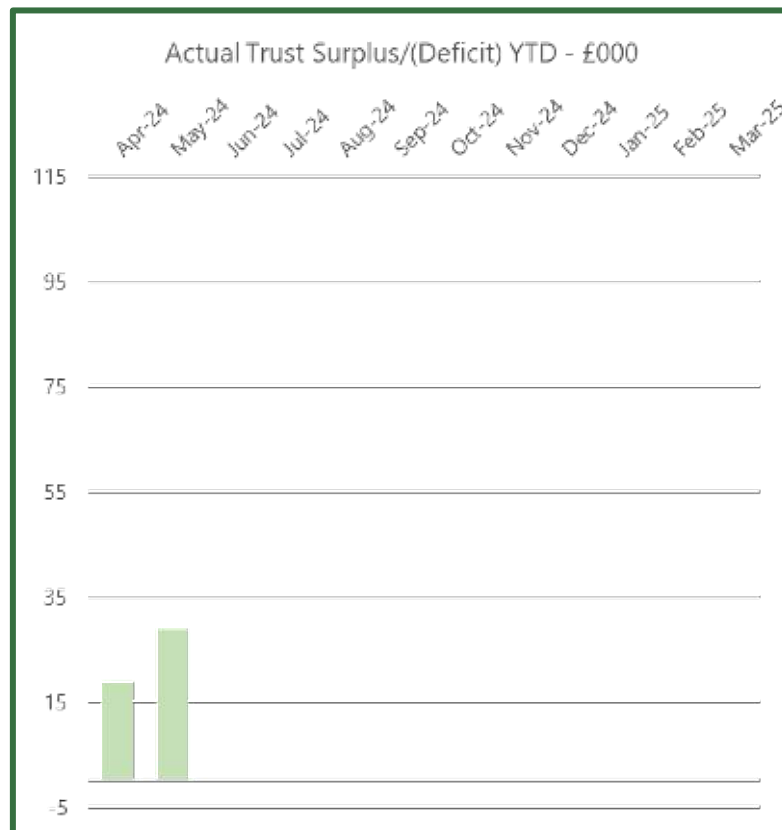
Remedial Plans and Actions

There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2024/25 key areas of focus include:-

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

Expected Performance Trajectory

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



Finance, Resources and Value

EMS Utilisation & Average Job/Shift Times

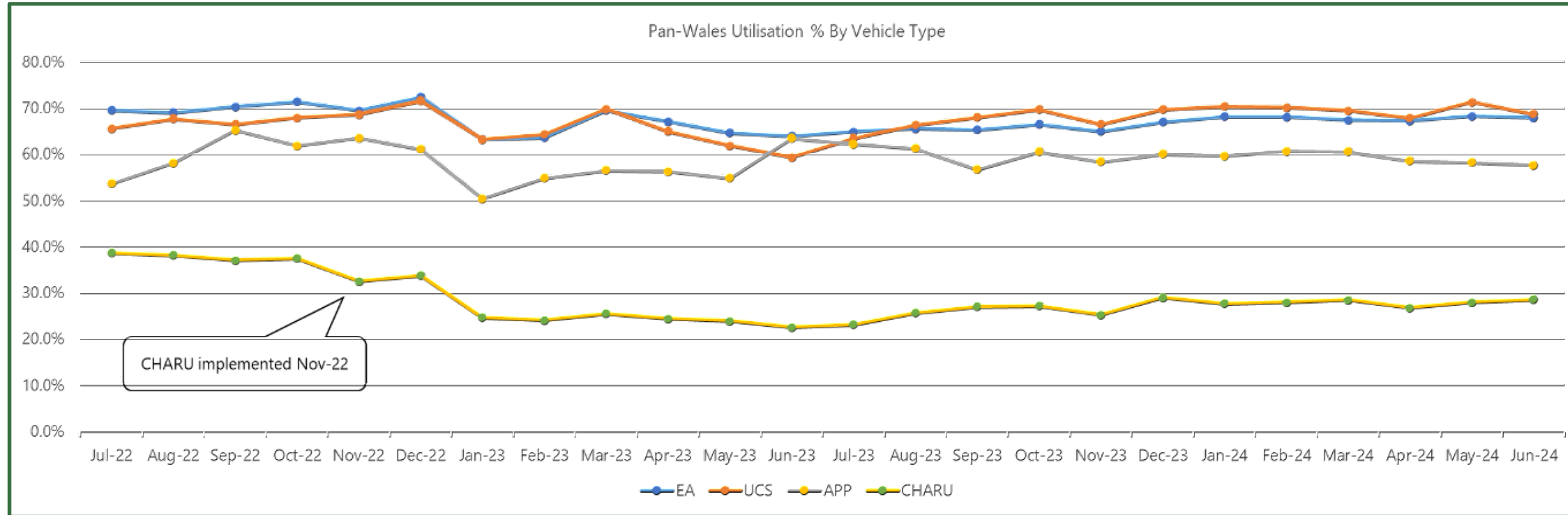
(Responsible Officer: Lee Brooks)

Job Cycle
R

CHARU Utilisation
R

FPC

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



Analysis

Pan Wales Utilisation metrics in June 2024 were 58.5% for all vehicles types, decreasing slightly from May 2024 (59.1%). UCS was the highest rate during the month at 68.7% while EA was at 68%. 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 all categories decreased in June 2024, to 2 hours 11 minutes for EAs, to 2 hours and 44 minutes for UCS to 59 minutes for CHARU and to 1 hour and 24 minutes for APPs.

Overall average jobs per shift was 2.31 in June 2024, indicating a slight increase from May 2024 (2.27). EAs were 2.40 jobs per shift and UCS crews at 2.26 jobs per shift This is less than half of what would be ideal and a product of handover delays.

APPs attended on average 3.48 jobs per shift and CHARU's 2.02 jobs per shift. The CHARU data is under review.

Remedial Plans and Actions

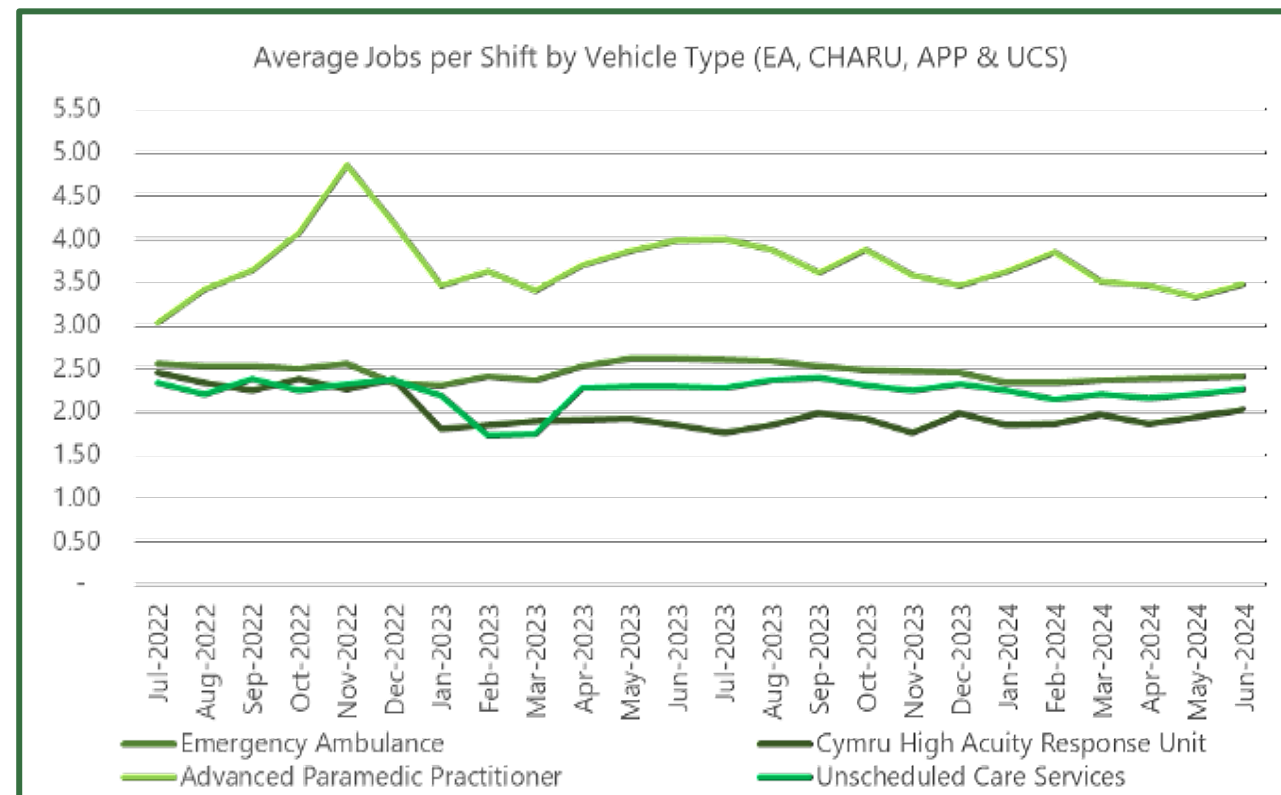
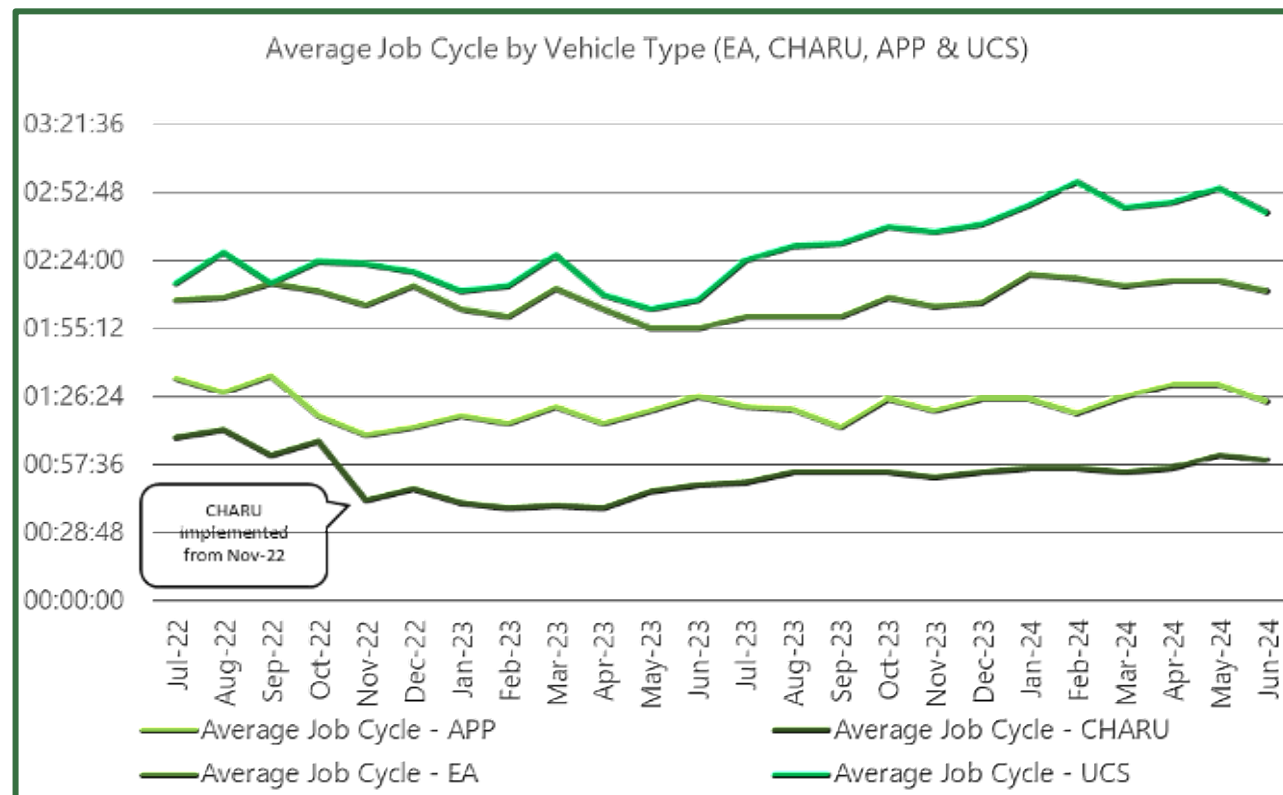
EA and UCS jobs per shift is fundamentally a product of handover delays.

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

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

Expected Performance Trajectory

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

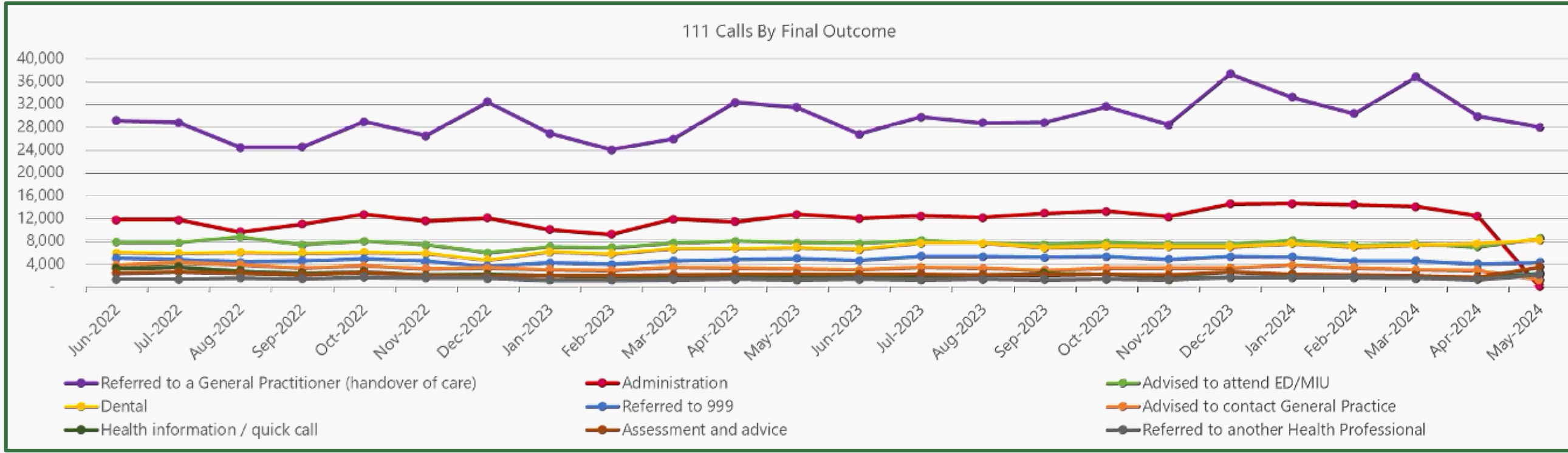


Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



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

Analysis
 During May 2024, 57,748 calls were received into the 9 categories displayed in the graph opposite, a slight decrease compared to the 67,954 received during April 2024. However, data quality issues have been identified in 111. These are currently being addressed

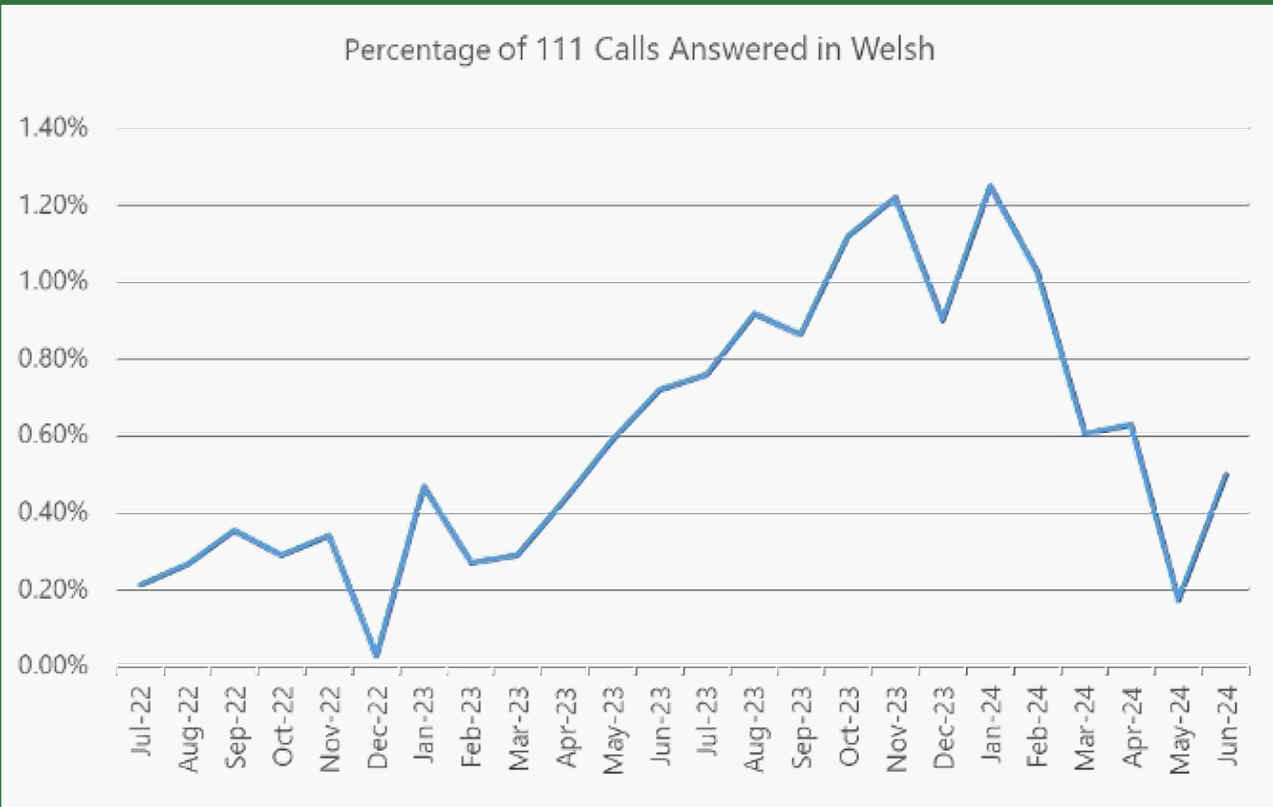
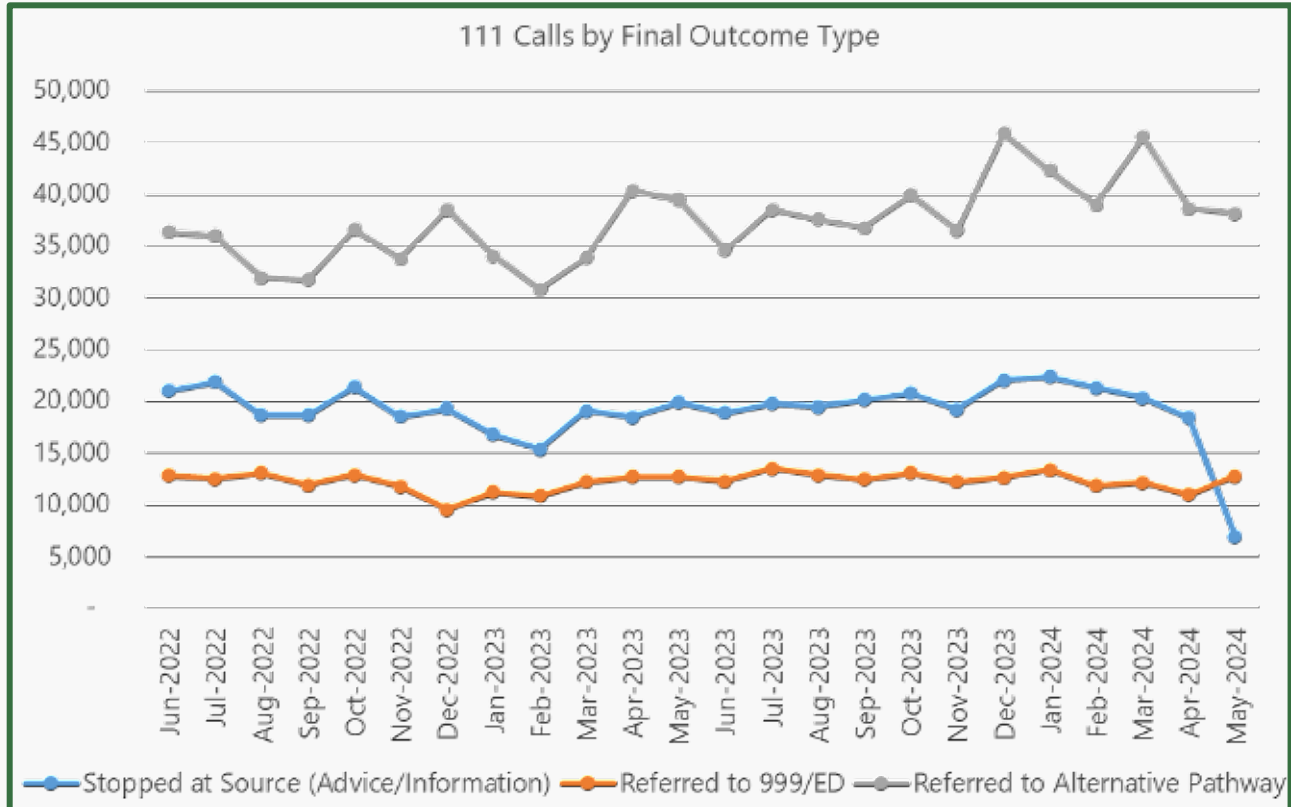
Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 48.37 % of all calls during May 2024.

As the bottom left graph highlights, in May 2024, 6,914 calls into 111 were provided with information or advice, with no onward referral, a decrease from the 18,382 in April 2024. However, due to the 111CAS system change on 30th April 2024, work is ongoing to replicate all outcome categories.

The percentage of 111 calls answered in Welsh increased from 0.17% in May 2024 to 0.50% in June 2024. This equated to only 24.6% of all 111 calls being offered in Welsh being answered, an increase from the 9.4% answered in May 2024.

Remedial Plans and Actions
 There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST its commissioners and DHCW. The focus is the development of a nationally reportable 111 data set. Similar to what is currently in place for Ambulance Service Indicators (ASIs). Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory
 No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once 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.



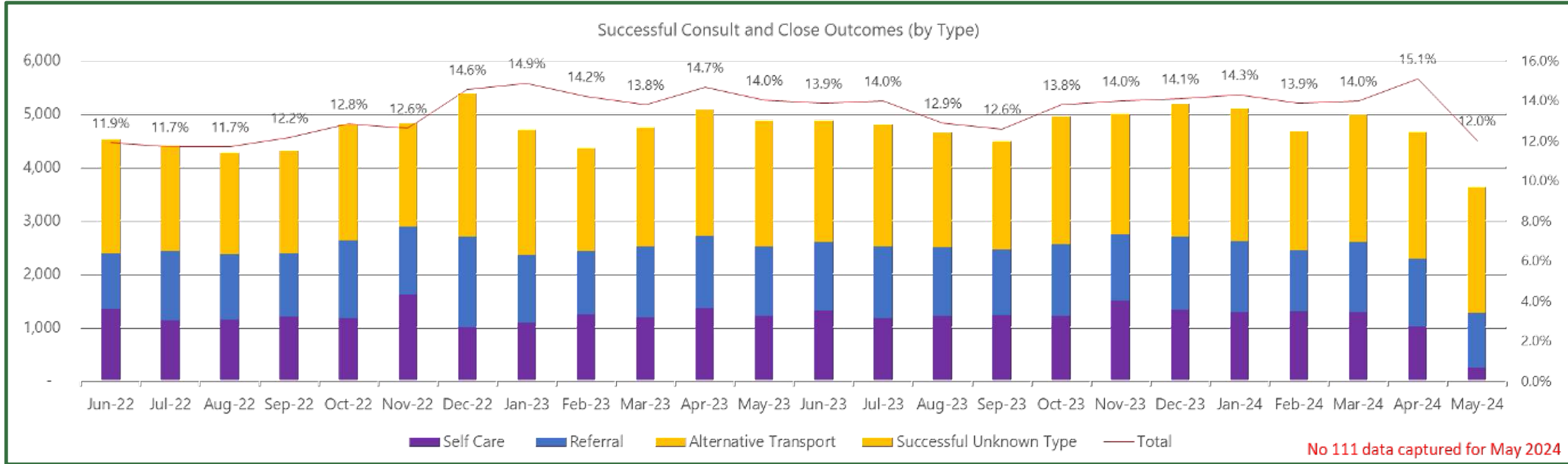
Partnerships / System Contribution

Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C Outcomes
R

FPC



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

Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (11%), NHS111 (0%), WAST APP (0.6%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.4%) achieved 12% in May 2024, remaining short of the 17% IMTP ambition. In May 2024, the number of 999 calls resulting in a Consult and Close outcome was 4,403, down from 4,945 in April 2024. There is a reporting issue with the 111 contribution, which is incorrect at 0%.

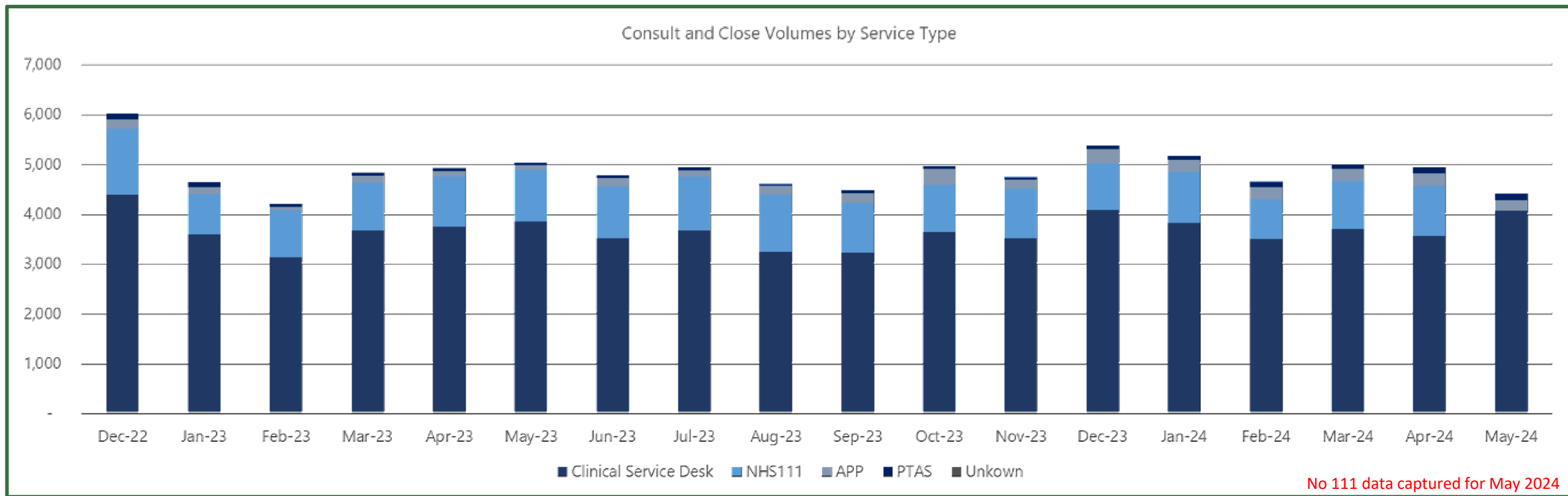
Of the calls successfully closed in May 2024, 1,003 patients received an outcome of self-care; 1,026 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,380 were advised to seek alternative transport services to acquire treatment.

Remedial Plans and Actions

- Work underway with HI to establish a quality assured data warehouse for all new 111CAS data.
- reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling.
- Implementation of 15 recommendations from commissioner review.
- Progressing process with 111 to pass calls electronically from CSD, saving time.
- Recruitment of additional 23 FTEs for 24/25.
- Resolve 111 reporting issue.

Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced absences and less vacancies). The ambition remains 17%.



Partnerships / System Contribution Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

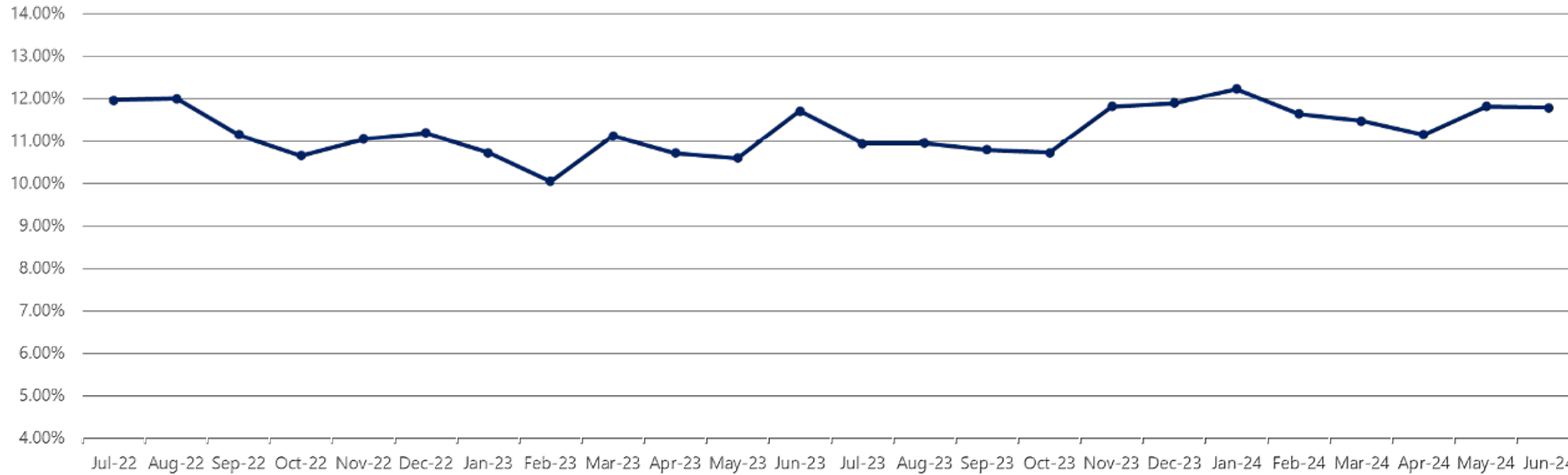
Conveyances

R

FPC

Ministerial Measure

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



Analysis

In June 2024 11.78% of patients (1,624) were conveyed to a service other than a Type One ED, while 34.8% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased slightly, from 3,792 in May 2024 to 3,619 in June 2024.

APP conveyance rates increased to 45.9% in June 2024 and continues to experience a generally increasing trend since March 2023. However, data quality issues around accurately capturing APPs on shift is likely to be contributing to this figure.

Patients conveyed to SDEC's remained low at 0.08%.

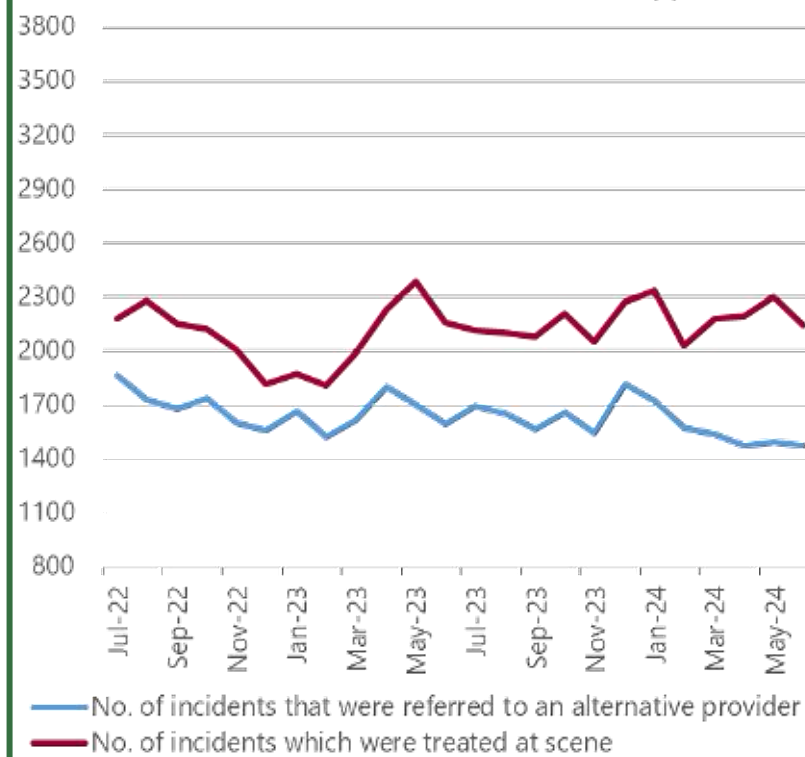
Remedial Plans and Actions

- Continued provision of information to external stakeholder about the effectiveness of SDECs.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Establishment of an APP Recruitment Task & Finish Group, with focus on re-rostering to demand keys, improved placement (training) experience and more certainty for TAPPs about where they will be located.
- Review of performance systems for APPs to improve data quality.

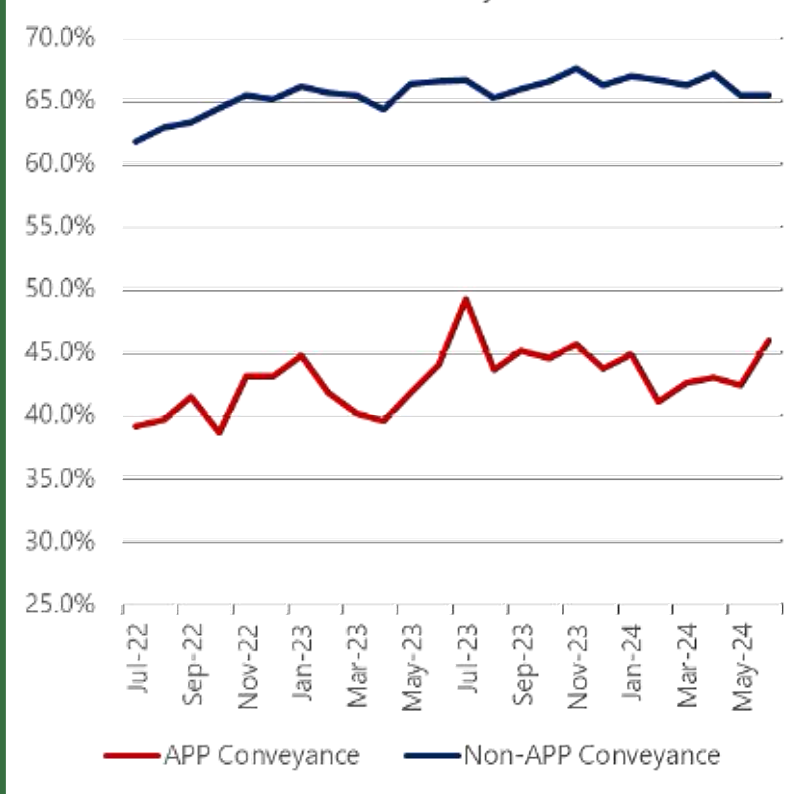
Expected Performance Trajectory

The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Further in year tactical modelling for spring and summer has been completed.

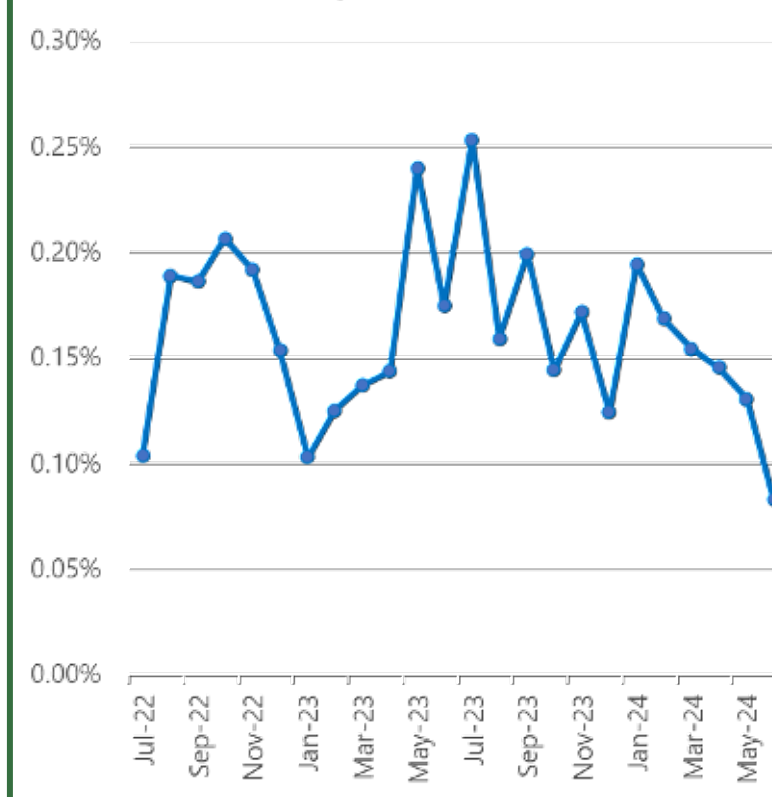
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution

Handover Indicators

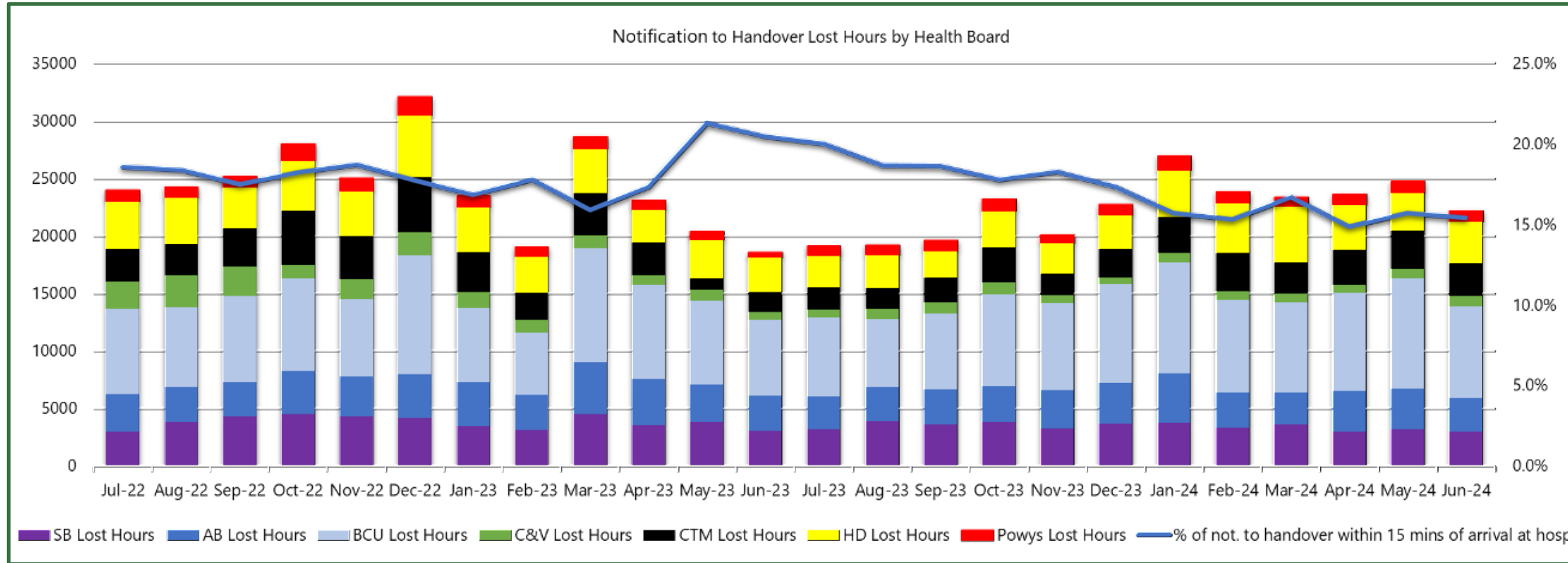
(Responsible Officer: Health Boards)

Lost Hours

R

CI

QUEST



Analysis

268,957 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Jul-23 to Jun-24), compared to 291,961 over the same timeframe the previous year. There were 22,229 hours lost in June 2024, a decrease from the 24,759 lost in May 2024 (although over 1 less day). The June 2024 figure is 19.6% higher than the figure recorded in June 2023.

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

- Ysbyty Gwynedd Hospital (BCUHB) at 3,063 lost hours
- Morriston Hospital (SBUHB) at 2,788 lost hours
- Grange University Hospital (ABUHB) at 2,769 lost hours
- Maelor General Hospital (BCUHB) at 2,463 lost hours

Notification to handover lost hours averaged 741 hours per day during June 2024 compared to 799 hours a day in May 2024.

In June 2024, the Trust could have responded to approximately 6,908 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

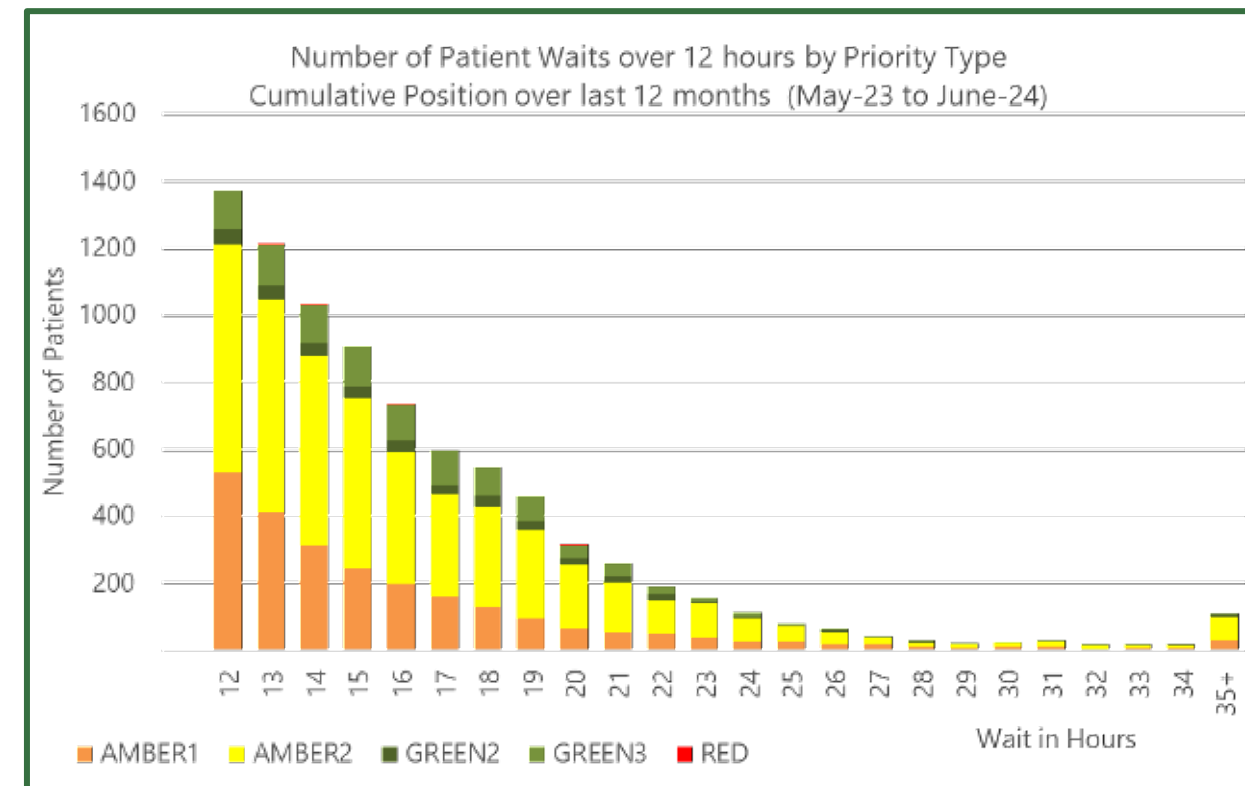
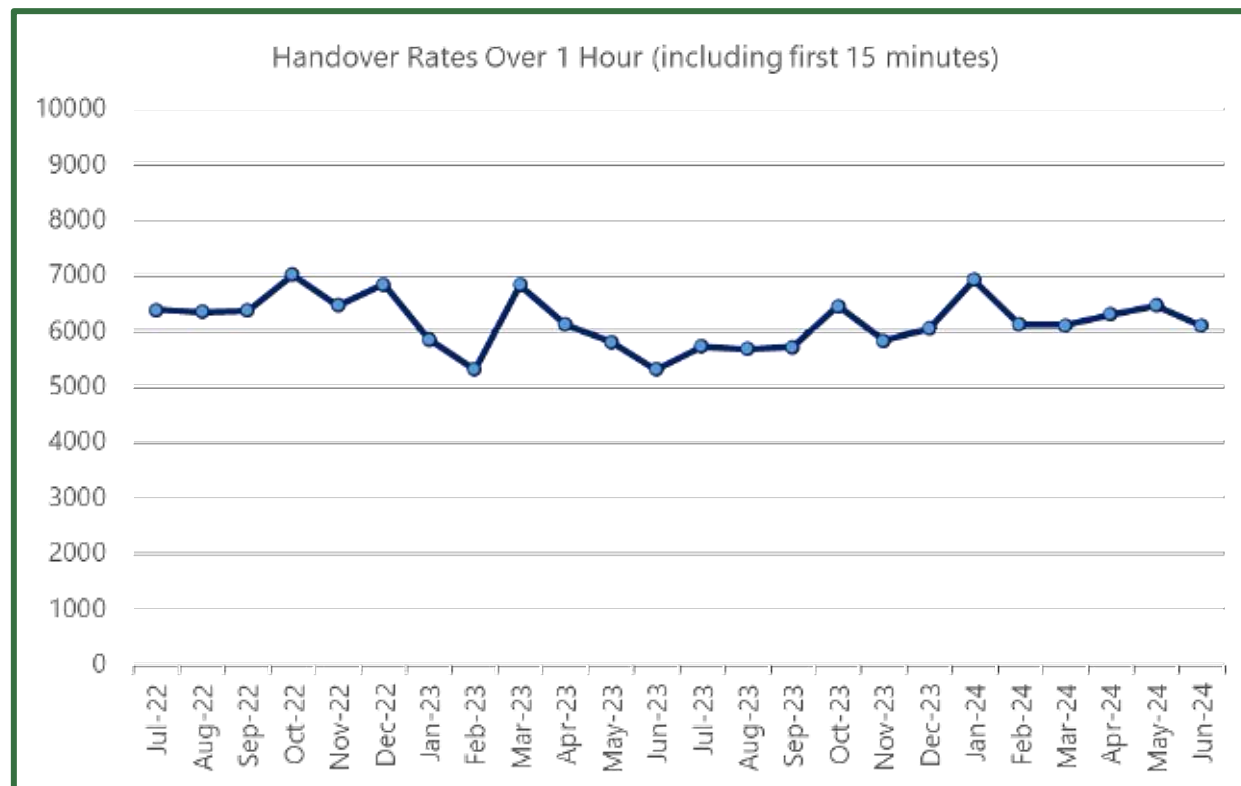
In June 2024, 730 patients waited over 12 hours for an ambulance response and 43 compliments were received from patients and/or their families.

Remedial Plans and Actions

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

Expected Performance Trajectory

The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,500 hours lost to handover delays per month. There would need to be a 70% reduction in handover levels for this to be achieved.



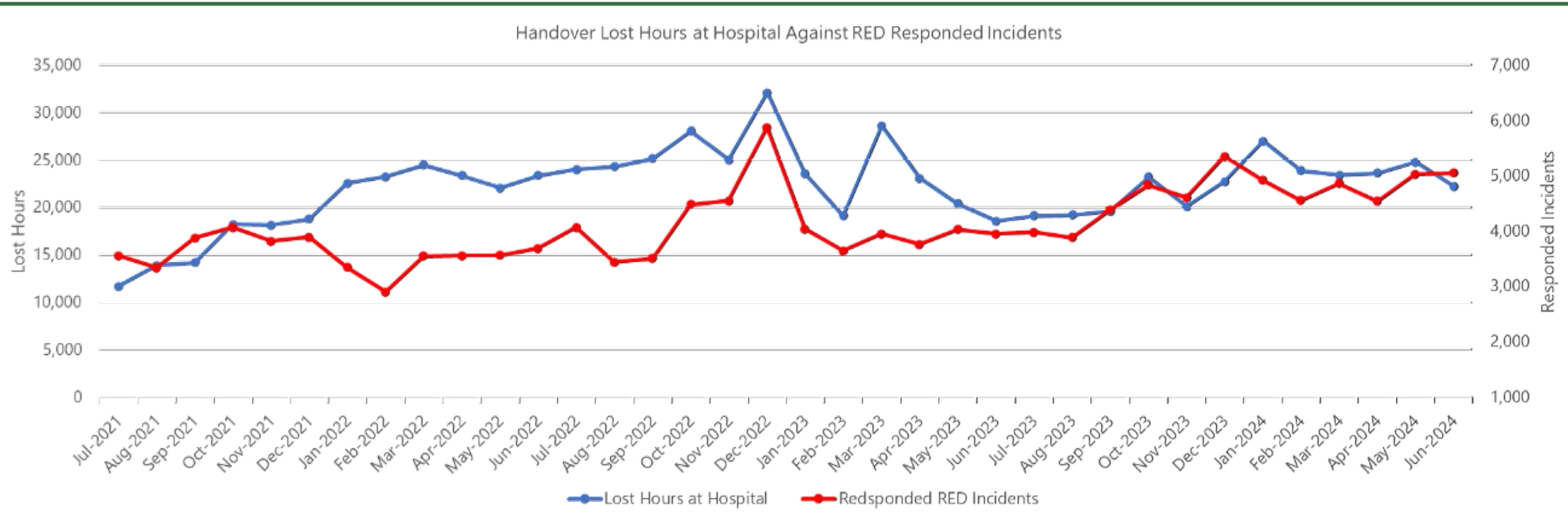
Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI

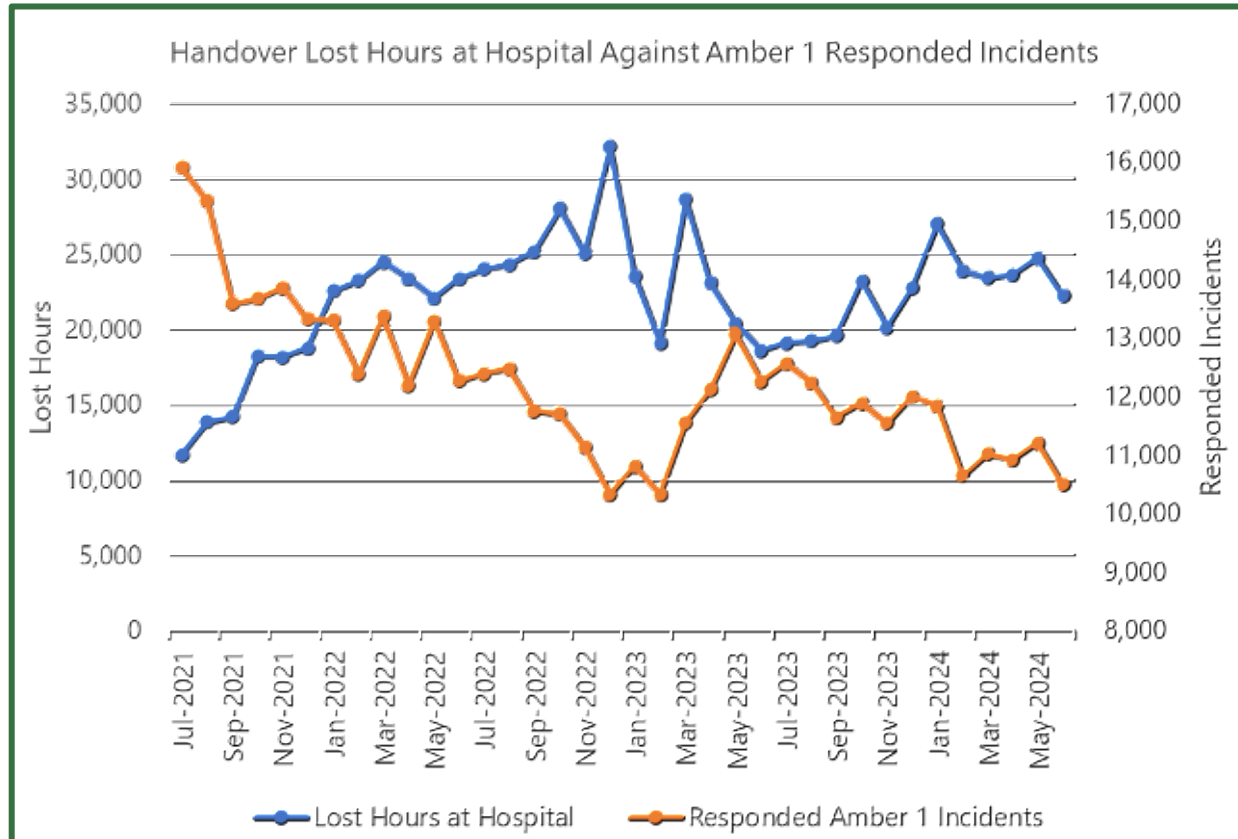
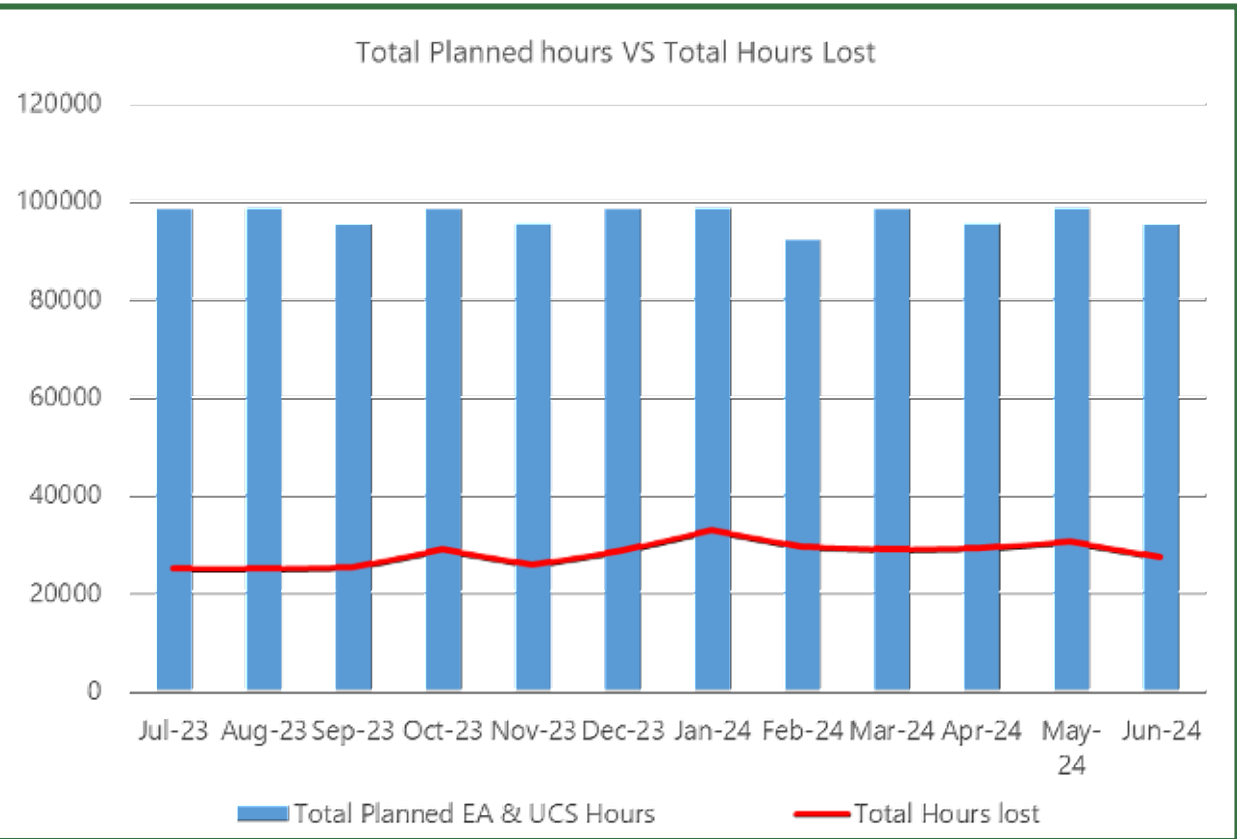
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Analysis
 The top graph highlights that as handover lost hours have increased since July 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses 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 July 2023, so Amber 1 responses have declined, due to the increased system pressures.



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

Expected Performance Trajectory
 The Welsh Government target is that no patient handovers of more than one hour, which equates to 7,500 lost hours a month. Welsh Government want to see a 30% reduction by December 2024 as a move towards this target. The Trust is currently experiencing lost hours in excess of 22,000 hours, with handover in June 2024 20% higher than June 2023. Unless there is a material change in direction, the Trust is likely to see higher handover lost hours this winter than last.

**NB: Data correct at time of abstraction.*

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

Definition of Indicators

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

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	25 July 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/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. Because of the Trust's Board and Committee meeting cycle, the second quarterly Risk and Board Assurance report is sitting slightly outside of normal reporting cycles for the principal risks due to the mid-year placement of Board and Committee meeting dates.
3. As the Trust Board meets bi-monthly and most Committees are held on a quarterly basis, this means that the Board would now be receiving the same risk updates which were presented to the May 2024 meeting and the June 2024 Audit, Risk and Assurance Committee.
4. Therefore, agreement has been sought from the Chair of the Board and Chair of Audit Committee to provide a short Risk report that includes several key highlights as there is nothing new to report at this time.
5. The Board can take assurance that each of the principal risks have and are being reviewed in line with the agreed reporting schedule throughout the latter part of May, June and early July and are navigating Trust governance processes in readiness for the next reporting cycle.
6. These risk updates and the full detail of each risk will be reported in the next cycle of meetings for review as normal.
7. By way of a short update on additional risk activity, a deep dive was undertaken at the Finance and Performance Committee on 16 July 2024 in relation to Risk 260 *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.*

8. The risk, scored at 15 (3x5), is growing exponentially, particularly in emergency services and the health environment in the face of wider political tensions worldwide. Key points were outlined as follows:
 - 8.1. The score reflects the issues and areas outside of the Trust's control within the external environment.
 - 8.2. The Network and Information Systems (NIS) Directive was introduced in 2021.
 - 8.3. The Trust's cyber security posture has improved with the Cyber Improvement Plan (CIP) developed following a NIS directive audit.
 - 8.4. The Cyber Resilience Unit (CRU) established to scrutinise the Trust's cyber posture and to audit the CIP.
 - 8.5. The CIP includes all recommendations from the annual NIS audits, Internal Audit reports and third party assessments and will be an ongoing piece of work.
 - 8.6. The CIP has been tested in two live environments this year.
9. The Audit, Risk and Assurance Committee scrutinised each of the Trust's principal risks at its last meeting in June 2024, and discussed the potential development of a Fleet Risk which will be considered later in the year alongside the development of the updated Fleet Procurement Strategy 2025-2030.
10. Given the nature of the Trust's two highest scoring risks and to support the Avoidable Harm report on the Board Agenda, the Board Assurance Framework extract (Annex 2) describes the full risk detail of **Risks 223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) scoring 25 and 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.
11. These two risks continue to be reviewed dynamically and early indications are that the scores remain unchanged with several updates to the controls which include the Swansea Bay Winter actions and plans in addition to new actions that include the implementation of phase one of the new clinical model later in the year, the Volunteer Alternative Responder Scheme (VARS) which went live in June 2024 and an uplift in the Advanced Paramedic Practitioners establishment.

RECOMMENDATION: Members are asked to receive assurance that each of the Trust's principal risks have been reviewed in line with agreed review schedules and full details will be reported in the next cycle of meetings.

KEY ISSUES/IMPLICATIONS

12. The key issues and implications are set out in the Executive Summary above.

REPORT APPROVAL ROUTE

14. Each of the Principal Risks have been considered by the following Committees, as relevant to their remit, during the forthcoming reporting period:

- ADLT (29 April 2024)
- ELT (08 May 2024)
- Quality, Safety & Patient Experience (07 May 2024)
- People & Culture Committee (09 May 2024)
- Finance & Performance Committee (14 May 2024)
- Audit Committee (07 June 2024)

REPORT ANNEXES

Annex 1 - Extract of Board Assurance Framework (Risks 223 and 224)

REPORT CHECKLIST

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

Annex 1 – Board Assurance Framework Extract

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death			Date of Review:	15/04/2024	TREND	25
				Date of Next Review:	15/05/2024		(5x5)
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
IMTP Deliverable Numbers:							
EXECUTIVE OWNER		Director of Operations	ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
Risk Commentary Q4 2023/24							
<p>The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. Handover lost hours in February and March 2024 were 23,896 (Feb) and 23,404 (March).</p> <p>Only Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.</p> <p>Improvement actions led by Welsh Government and system partners include: -</p> <ul style="list-style-type: none"> a) Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b) Consideration of additional WAST schemes to support risk mitigation through winter (I) c) NHS Wales reduces emergency department handover lost hours by 25% (E) d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e) Alternative capacity equivalent to 1000 beds (E) f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E) g) Implementation of Same Day Emergency Care services in each Health Board (E) h) National Six Goals programme for Urgent and Emergency Care (E) 							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Regional Escalation Protocol				1. Daily conference calls to agree RE levels in conjunction with Health Boards			
2. Immediate release protocol				2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)			
3. Resource Escalation Action Plan (REAP)				3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.			
4. 24/7 Operational Delivery Unit (ODU)				4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.			
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans				5. Same as 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. On Call cover is reviewed weekly at SLT Performance Meetings.			
6. Limited Alternative Care Pathways in place				6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.			
7. Consult and Close (previously Hear and Treat)				7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. Whilst Consult and Close is in place, the action to increase compliance is detailed in action 10.			
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			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	15/04/2024		TREND	25 (5x5)	
			Date of Next Review:	15/05/2024		→		
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score		
			Inherent	4	5	20		
			Current	5	5	25		
			Target	2	5	10		
			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. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.					
10. Recruitment and deployment of CFRs			10. Approaching 500 active CFRs at end of Q4 with a training trajectory to recruit a minimum of 250 more in the coming 12 months. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR's, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1's and volunteer highlight report (IMTP).					
11. ETA scripting			11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.					
12. Clinical Contact Centre (CCC) emergency rule			12. Emergency Rule is incorporated into CSP 999 levels.					
13. National Risk Huddle			13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
14. Summer/Winter initiatives			14. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.					
15. CHARU implementation			15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.					
16. Clinical Model and clinical review of code sets			16. Reported through CPAS and DCR Review reporting through CQGG					
17. Remote clinical support enabling discharge at scene			17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%					
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)			18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.					
19. Information sharing			19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
20. Completed EMS Roster Review			20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.					
21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls			21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.					
22. Transfer of Care			22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief					
23. Virtual Ward – Connect Support Cymru			23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru with a further extension in place. • Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. • Work has now commenced to recruit CWR volunteers with engagement taking place with organisations across Wales. • St John Ambulance Cymru virtual ward now extended to the end of April 2024.					
24. ARA – Acute Release Area - GUH			24. Live until 31 st March 2024					

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death			Date of Review:	15/04/2024		TREND	25 (5x5)		
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IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score				
			Inherent	4	5	20				
			Current	5	5	25				
			Target	2	5	10				
25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			25. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.							
26. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.			27. 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.							
GAPS IN CONTROLS			GAPS IN ASSURANCE							
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.							
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow										
3. Local delivery units mirroring WAST ODU										
4. Handover delays link to risk 224										
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.			The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.							
6. Handover Improvement Plans agreed between WAST and Health Boards			12. Performance targets for Handover with Health Boards have been introduced by the commissioner.							
18. Access to Same Day Emergency Care (SDEC) for paramedic referrals			18. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.							
<i>Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST</i>										
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:					
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.			Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)					
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)			ADLT Sub-Group	30.09.22 - Superseded						
3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]			Director of Paramedicine / Director of People & Culture	Extended to June 2024	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					

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	15/04/2024		TREND	25 (5x5)
			Date of Next Review:	15/05/2024		→	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
				funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. May24 - Initial bid unsuccessful however an action within the new IMTP to grow our APP workforce by up to 40 per year for the next 3 years. Updates will progress through the IMTP within quarters. Milestone changed from March 2024 to June 2024.			
4. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]			Superseded				
5. 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.			
6. New 2023 EMS Demand and Capacity (roster) review		Assistant Director of Planning & Performance	August 2024	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March. May24 - The review is scheduled to be presented to Trust Board end of July 2024. Milestone changed from March 2024 to August 2024.			
7. Swansea Bay Winter actions		Assistant Director of Operations, EMS	Completed	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. Palliative Care Paramedics commenced on 15/01/2024. 22/02/2024 - POD solution now in operation which is facilitating shift breaks. Palliative care paramedics have been deployed for a pilot in care homes and nursing homes. May24 - Significant reduction in overruns realised. In addition, during the last 2 months, 0 missed meal breaks recorded in Swansea Bay area. Completed			
8. Mental Health response pilot		Assistant Director of Operations, EMS	Completed	Pilot to commence in Aneurin Bevan Health Board area Nov 2023. 22/02/2024 - Mental Health pilot launched in Aneurin Bevan January 2024 with a view to run until end of March 2024. May24 - Mental Health Response pilot finished in March 2024 – Complete. NB: there is an appetite to further the MH response pilot within the IMTP.			
9. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Assistant Director of Quality Governance	April 2024	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. <ul style="list-style-type: none"> Phase 1 delivered through St John Ambulance Cymru with a further extension in place and further extended until April 2024 Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. 			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	15/04/2024		TREND	25 (5x5)
			Date of Next Review:	15/05/2024		→	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death	Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
				Work has now commenced to recruit CWR volunteers with engagement taking place with organisations across Wales.			
10. Maximise the opportunity from Consult and Close: - Successful resolution without ambulance (double EMS) - Successful resolution without conveying to ED			March 2025	Trust ambition is to improve Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, thus increasing the number of successful resolutions without a double EMS ambulance and numbers conveyed to an ED.			
11. Development of new model of care		Head of Strategy Development	2024/25	Development of the model remains ongoing			
12. Development of the pathway which connects mental health users connecting via the 999 system to 111 Press 2 services		Assistant Director of Operations, Integrated Care	Completed	Development of the model remains ongoing. May24 – Pathway went live on 30th April 2024. Completed			
13. Palliative Care Paramedic Unit		Assistant Director of Operations	Extended to May 2024	Reducing demand via APPs – 15 th January Start. 15/04/2024 - 3 Month Health Board funded trial ended. Whilst utilisation was low, the results demonstrated a circa 75% ED avoidance therefore local decision made to extend for a further 2 months, however, opening the trial up to wider community and crew referrals.			
14. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	Q1 2024-2025	<ul style="list-style-type: none"> 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. 			
15. Winter Ambulance Handover Improvement Plan Meetings		Executive Director of Operations	Completed	<ul style="list-style-type: none"> Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&C, CWR, red dispatch and local updates from EMS HOS on initiatives. 			
16. Royal Glamorgan Early Diagnostic		Executive Director of Operations	May 2024	<ul style="list-style-type: none"> Initial data from Qlik shows that there has been no reduction in N2H times however data received from Health Board show indication of patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities. 			

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:	14/04/2024	TREND	25 (5x5)
			Date of Next Review:	14/05/2024		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
IMTP Deliverable Numbers:						
EXECUTIVE OWNER		Director of Quality & Nursing	ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee	
Risk Commentary Q4 2023/24						
<ul style="list-style-type: none"> The risk score remains constant at 25 for quarter 4 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 2,091 +4-hour patient handovers in February 2024, compared to 1,586 in February 2023. The target was originally to have 0 by September 2022. The EASC expectation was that these would be eradicated by end of 2023/24. Handover lost hours in February 2024 were 23,896 compared to 19,110 in February 2023. Early data from March 2024 shows some days where over 1,000 hours were lost. Cardiff & Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards. 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 enquiries and redress / claims. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust has received 10 reports since April 2023, including 3 reports in quarter 4 2023/4. 6 of these reports directly relate to system pressures with the coroners raising concerns about delays in responding to patients in the community and handover of care delays at emergency departments. The Trust received the first Prevention of Future Deaths Report in February 2024 relating to pressure damage, which is a joint Report with Swansea Bay University Health Board. On 22.02.2024 a Prevention of Future Deaths Report was sent solely to the Minister for Health and Social Services, Welsh Government in respect of delays responding to a patient in community which also references handover of care delays. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. Given the long-standing nature of the system pressures and long handover times, we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys. 						
Improvement actions led by Welsh Government and system partners include:						
<ul style="list-style-type: none"> a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) by the end of April 2025 b) National Six Goals programme for Urgent and Emergency Care: Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales. WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. c) The Trust also has a presence on all the individual goal boards. The Trust has been asked to provide a presentation on its offer to the system at the next Six Goals Programme Board (24 January 2024). d) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) revised to March 2023/24. e) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000. f) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales) g) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer) - paused. Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings (currently paused as commissioning arrangements transition into the new Joint Commissioning Committee) which are held monthly between the CASC, the Trust and each Health Board. 						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.			1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			

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			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
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. An event reviewing the effectiveness of the joint Investigation Framework is currently being scoped nationally.				
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))		3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.				
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).		4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.				
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. 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 NWS 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. REAP has undergone an annual review with v4.1 released in November 2023.				
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.		8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST				
9. 24/7 operational oversight by ODU with dynamic Clinical Safety Plan review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.		9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.				
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.		10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end. On Call cover is reviewed weekly at SLT Performance Meetings.				
11. Escalation forums to discuss reducing and mitigating system pressures.		11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.				
12. WAST Education and training programmes include deteriorating patient (NEWS), tissue viability and pressure damage prevention, dementia awareness, mental health.		12. Monthly Integrated Quality and Performance Report (October 2023 overall 76% - Safeguarding and dementia awareness remains over 91%.				
13. Clinical audit programme in place.		13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.				
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.		14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.				

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			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
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 November 2023) and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.				
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 February 2024 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical Quality Governance Group.				
17. Clinical Support Desk First in place		17.				
18. Summer/Winter initiatives		18. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.				
		External Sources of Assurance Management (1st Line of Assurance)				
		1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).				
		2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC				
		3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.				
		4. Internal Audit Report (April 2024) Serious Incidents: Joint Investigation Framework (WAST internal processes) provided 'Reasonable Assurance' with low to moderate impact on residual risk exposure until resolved. Improvement actions are monitored via the Audit Tracker.				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures – recruitment in line with Organisational Change Process is progressing with full establishment expected by July 2024.		1.				
2.		2. Implementation of the revised Joint Investigation process with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 56 overdue nationally reportable incident (NRI) investigations, with 63 NRIs open in total . Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.				

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			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
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 October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.				
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS.		4. Strengthening of patient safety reports and audit processes as e PCR system embeds.				
5. Variation pan Wales / England as position not implemented across all emergency departments.		5. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.				
6. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas.		6. HIW approve and sign off WAST elements of recommendations.				
		External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project		WAST QI Team (QSPE)	TBC – Paused	<ul style="list-style-type: none"> Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF). 		
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.		Assistant Director of Quality & Nursing	Q3 2024/25	<ul style="list-style-type: none"> Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. Access to ePCR data (NEWS) now available and access for the Patient safety Team is being explored. Work on-going with Health Informatics regarding patient safety and health board dashboards capacity in Health Informatics impacting and dates revised. Local dashboards have been developed but requiring manual data extraction 		
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.		Executive Director of Quality & Nursing	Monthly and as required.	<ul style="list-style-type: none"> Monthly meetings continue to be held and networking through EDoNS. 		
4. Recruit and train more Advanced Paramedic Practitioners.		Director of Paramedicine	Q4 2024/25	<ul style="list-style-type: none"> 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 in 2024/25. The current staff in post to establishment is 86.5 FTEs / 88.7 FTEs. 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 (being reported to ELT 31 January 2024, with final report to March EASC). The Trust engaged with HEIW and commissioners in Dec-23 as part of developing the future education requirements for EMS and is aiming to have a draft strategic workforce plan, subject to final approval, by 31 Mar-2024. An internal workshop on APPs workforce planning is arranged for 29 January 2024 (complete). An APP Utilisation task & finish group now being established. The 2024/25 budget (and IMTP) includes a further uplift in the APP establishment. 		
5. Overnight falls service extension and future modelling		Executive Director of Quality & Nursing	31.09.2024	<ul style="list-style-type: none"> Night Car Scheme extension agreed to 31 September 2024 (2 regional resources) Utilisation rates continue to be monitored: Nighttime utilisation: - <ul style="list-style-type: none"> - Q2 65% - Q3 64% - Q4 to date 64% 		

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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	5	Consequence	5	Score	25
			Inherent	5	5	25		
			Current	5	5	25		
			Target	3	2	6		
			<ul style="list-style-type: none"> • Daytime utilisation: - <ul style="list-style-type: none"> - Q2 57% - Q3 56% - Q4 to date 58% • Combined day and night Q2-Q3 58% • Combined day and night Q4 to date 59% • The EMS Demand & Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners, and health boards. • There is an immediate focus on the contract beyond September 2024. 					
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded. Quality Report development underway – mandatory requirement to publish 2024/25 (no fixed date for publication nationally).	Executive Director of Quality & Nursing	Q4 2024/25	<ul style="list-style-type: none"> • Monthly updates to progress against actions following the baseline assessment and readiness returns continued. • RL Datix Dashboards and KPIs under development nationally by National Quality & Safety Group. • Key policies updated and approved further updates following release of revised Putting Things Right Regulations which is delayed now expected release by Welsh Government in Autumn 2024 therefore timescale amended. • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. 					
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.	Executive Director of Quality & Nursing	Q1 2024/25	<ul style="list-style-type: none"> • Awaiting feedback on business case from Welsh Government • Executive Director Strategy, Planning & Performance presenting to Six Goals Programme in January on Trust's offer to the system, which will include CSC. • Preliminary end date for the community welfare responders (CWR) pilot identified as 8 February 2023. • This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data continuing to suggest a 35% consult & close rate for the cohort of patients responded to. • PDSA cycles being undertaken on Luscii (remote diagnostic technology). 					
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.	Executive Director of Quality & Nursing	Q2 2024/25	<ul style="list-style-type: none"> • OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by May 2024 (taking notice periods into account). Recruitment is progressing well with multiple applications for each post and some internal promotion opportunities. • Final posts due to be recruited to and in place by July 2024. 					
9. 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	<ul style="list-style-type: none"> • Positive meeting held in August 2023 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. Date to be confirmed and there has been good engagement from Health Board Tissue Viability Nurses. • Meeting held with Tissue Viability Nurses from each Health Board on 17.01.2024 and colleagues encouraged to contact WAST for data / information for Pressure Damage Panels to detect harm caused in the prehospital environment. The Patient Safety Team are also engaging with Welsh Wound Innovation Centre (WWIC). • Links to actions progressing in Action 16 and further engagement with the All Wales Tissue Viability Network – close. 					
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	Q2 2024/25	<ul style="list-style-type: none"> • Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support). 					

Risk ID	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:	14/04/2024	TREND	25	
			Date of Next Review:	14/05/2024		(5x5)	
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
			<ul style="list-style-type: none"> WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. The audit is proceeding. Trust awaiting the outcome. AD Commissioning & Performance has requested an update from Audit Wales. Audit Wales have confirmed this has been refiled into 2024/25. 				
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework	Executive Director of Quality & Nursing	Closed	<ul style="list-style-type: none"> Internal audit completed. Completed – Reasonable Assurance reported in April 2024. Improvement actions included on the Audit Tracker. Close. Moved to external assurance. 				
12. Winter Ambulance Handover Improvement Plan Meetings	Executive Director of Operations	Removed	<ul style="list-style-type: none"> Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&C, CWR, red dispatch and local updates from EMS HOS on initiatives. May24 – Removed as no longer included on the Board action plan (recently reviewed) and the period has now passed. 				
13. Integrated Commissioning Action Plans (ICAPs)	Executive Director of Strategy, Planning and Performance	Paused	<ul style="list-style-type: none"> The ICAP meetings focus on ambulance response performance, handover delay performance and the development of actions to reduce handover delays and improve ambulance response times. NCCU have sought confirmation from health boards regarding the impact of financial savings plans on the delivery of actions aligned to the ICAP's. Health boards have not identified any direct impact, but there may be a potential impact on health board's abilities to flex some services due periods of increased demand. NCCU secured financial support from the Six Goals Program for additional ED discharge transport. Key initiatives being discussed across ICAPs: <ul style="list-style-type: none"> MDT Navigation Hubs. Falls & frailty pathways. System Escalation Processes SDEC System Flow (Continuous Flow Model & Effective Discharge) WAST's 'Menu of options' are being updated and reviewed to include evidence to support initiatives and prioritisation in each health board. The 2024/25 ICAP structure is being reviewed by the NCCU to consider the planned changes with regards to the new Joint Commissioning Committee (JCC). 				
14. Patient handover actions.	Executive Team	Under review	<ul style="list-style-type: none"> Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period of time e.g. WMAS and LAS. This will be reviewed by the Executive team. 				
15. Work in progress to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for ambulance trolleys.	Executive Director of Quality & Nursing	Q3 2024/25	<ul style="list-style-type: none"> Fundamentals of Care meeting, chaired by the Executive Director of Quality & Nursing held on 08.03.2024. 				

AGENDA ITEM No	12
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	5

Financial Performance as at Month 3 – 2024/25

MEETING	Trust Board
DATE	25 th July 2024
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Interim Assistant Director of Finance) Steph Taylor (Assistant Head of Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2024/25 financial year, the reported position as at Month 3 (June 2024). A summarised presentation of the month 3 position was presented to Finance & Performance Committee on 16th July 2024.

The Board is asked to review, comment, note and receive assurance on the financial position and 2024/25 outlook and forecast of the Trust, noting the risks to in year delivery in doing so.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£29k) for month 3 2024/25;
- In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust is currently forecasting to breakeven for the 2024/25 financial year;
- Capital expenditure plans are being finalised with plans to fully achieve in year;
- In line with the financial plans that support the IMTP, gross savings of £1.967m have been achieved in month 3 against a target of £1.704m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.5% for the number, and 98.2% of the value of non NHS invoices paid within 30 days.

RECOMMENDED that the Board:

- (1) Notes and gains assurance in relation to the Month 3 revenue financial position and performance of the Trust as at 30th June 2024;**

(2) Notes the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust;

(3) Notes the capital programme for 2024/25, and

(4) Notes the Month 2 and Month 3 Welsh Government monitoring return submission included within *Appendices 1 – 4* (as required by WG);

REPORT APPROVAL ROUTE

- ELT – 10th July 2024 – verbal update on draft M03 position
- FP&C – 16th July 2024 – via presentation
- Trust Board – 25th July 2024 – for noting

REPORT APPENDICES

Appendices 1 – 4 – Monitoring returns submitted to Welsh Government for months 2 and 3 – as required by WG

Appendix 5 – Savings performance

REPORT CHECKLIST

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

TRUST BOARD

FINANCIAL PERFORMANCE AS AT MONTH 3 2024/25

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 30th June 2024 (Month 3 2024/25), along with an update on the 2024/25 capital programme. A summarised presentation of the month 3 position was presented to Finance & Performance Committee on 16th July 2024.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 3 2024/25** (1st April 2024 – 30th June 2024) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.029m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2024/25. The underlying year-end forecast for 2024/25 is currently a balanced position;
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £1.967m have been achieved against a target of £1.704m. The future phasing of residual savings requirements as we progress through the financial year will be key to the continuing delivery of a balanced position and forecast. Some of the initial reporting to F&PC was also enhanced this time with more detail on the recurring / non-recurring nature of savings delivery;
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.5% for the number, and 98.2% of the value** of non-NHS invoices paid within 30 days.
3. Whilst continuing to be broadly balanced at this early stage of the financial year, which is clearly encouraging, it is key to also note the following assumptions that were made at the outset of the financial year within the balanced financial plan and budget set, in reporting this current and forecast position:
 - The in year recovery of all of the income assumptions in the financial plan including growth predictions and that the current changes in commissioning

have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services;

- The ability to deliver a minimum of c£6.421m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income;
 - No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. These include:
 - I. Any costs relating to any proposed banding change for EMT / technician level posts;
 - II. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, and
 - III. Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
 - Despite an element of additional funding provided, some cost elements are still hard to predict through the 2024/25 financial year (and beyond) and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
 - The ability to manage in year cost pressures as they arrive, within the small contingency the Trust continues to hold, as per the IMTP / 2024/25 financial plan.
4. As such, and as Board members will be aware, the Trust did escalate one financial risk in its reporting to Welsh Government in month 2 – that in relation to EMT / technician level posts re-banding. Now quantified as having a likely financial impact of c£4m in year, discussions continue with stakeholders to agree the arrangements to manage this risk. Trust Board will later today consider matters related to this risk in private session.
5. As we know no plan, forecast or reported delivery at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 3 are set in line with the submitted IMTP and summarised later in this report. Accepting that it is relatively early in the new financial year, as we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place, if required.

REVENUE FINANCIAL PERFORMANCE – MONTH 03 2024/25

6. The table below presents an overview of the financial position for the period 1st April 2024 to 30th June 2024.

Revenue Financial Position for the period 1st April - 30th June				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-291,020	-70,281	-70,291	-9
Expenditure				
Pay	213,149	51,873	51,638	-235
Non-pay	63,179	14,736	15,145	410
Total pay & non-pay expenditure	276,329	66,609	66,783	175
Depreciation & Impairments / interest payable & receivable	14,691	3,673	3,478	-195
Total	0	0	-29	-29

Income

7. Reported Income against the initial budget set to Month 3 shows an overachievement of **£0.009m**.

Pay Costs

8. Overall, the total pay variance at Month 3 is an underspend of **£0.235m**.

Non-pay Costs

9. The overall non-pay position at Month 3 is an overspend of **£0.215m**.

Savings

10. As above, the 2024/25 financial plan identifies that a minimum of **£6.421m** of savings, cost avoidance and cost containment measures are required to achieve financial balance in 2024/25, this equates to c2.2% of the Trusts discretionary income. Of this, **£3.646m** is recurrent and **£2.775m** is currently deemed non recurrent.
11. Month 3 in month performance was plan of £0.567m and £0.690m achieved, therefore an over achievement of £0.123m (£0.100m recurrent and £0.023m non recurrent). Cumulative performance was plan of £1.704m and £1.967m achieved, therefore an over achievement of £0.263m (£0.195m recurrent and £0.068m non recurrent), as per the below table.

Welsh Ambulance Services NHS Trust										
Savings Performance as at Month 3 24-25										
	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	3,646	348	448	100	1,046	1,241	195	3,646	3,811	165
Non Recurrent Schemes / Themes	2,775	219	242	23	658	726	68	2,775	2,610	-165
Overall Total	6,421	567	690	123	1,704	1,967	263	6,421	6,421	0

12. Hence, 26.5% of the plan has been phased in for Month 3 which is slightly higher than flatline and 30.6% of the 2024/25 overall plan value of £6.421m has been achieved.

13. Forecast year end position remains currently as break even at £6.421m with an overachievement planned for recurrent schemes and under achievement for non-recurring schemes.

14. **Appendix 5** provides the overall detail for Month 3 by theme. This is now further split over recurring and non-recurring schemes.

15. Main variances by scheme as at Month 3 are as follows.

- Interest receivable (recurrent scheme) overachieved in M3 by £0.041m, YTD now overachieved by £0.194m. FYF is an over achievement of £0.384m based on cashflow projections;
- Over achievement on corporate vacancies (non-recurrent scheme) in M3 was £0.026m, YTD overachieved by £0.105m;
- Fuel forecourt prices (recurrent scheme) continue to be lower than budgeted and hence has overachieved target by £0.037m for M3, YTD is now £0.071m;
- Under achievement on income from planned apprenticeship programmes (non-recurring scheme) of £0.003m in M3 so YTD is £0.037m;
- Corporate non pay local schemes overachieved (recurrent schemes) in month totalling £0.029m so YTD underachievement has reduced to £0.034m.

Financial Performance by Directorate

16. Whilst there is a small surplus reported at Month 3 there are some small variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, given we are so early in the financial year, but they will be continued to be closely monitored.

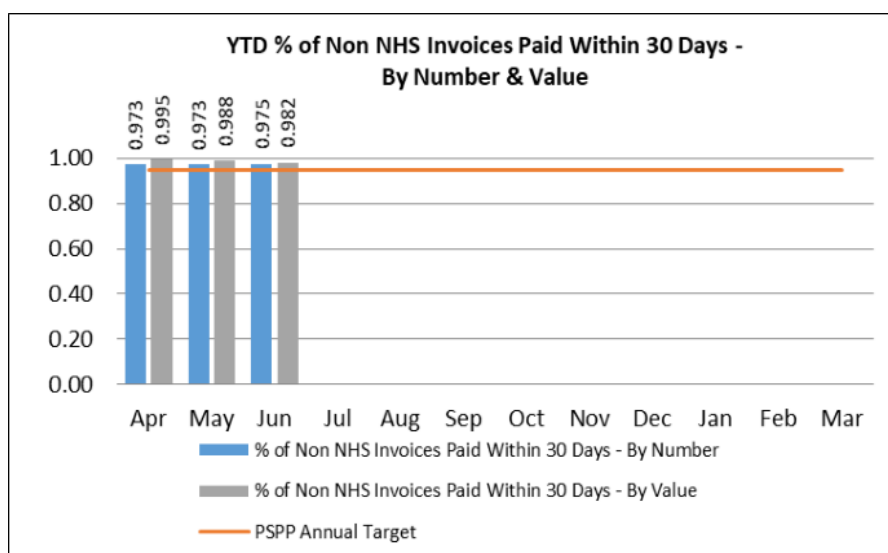
Financial position by Directorate @ 30th June	Annual Budget	Year to date			
		Budget	Actual	Variance	
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	199,575	49,471	49,368	-104	-0.2%
Chief Executive Directorate	1,719	463	479	16	3.5%
Board Secretary	514	132	134	2	1.7%
Partnerships & Engagement Directorate	512	125	119	-6	-4.9%
Finance and Corporate Resources Directorate	35,396	8,979	9,051	73	0.8%
Planning and Performance Directorate	2,743	639	659	20	3.2%
Quality, Safety and Patient Experience Directorate	6,055	1,433	1,436	3	0.2%
Digital Directorate	14,947	3,140	3,083	-57	-1.8%
People and Culture	5,003	1,242	1,239	-3	-0.2%
Medical & Clinical Services Directorate	3,488	812	803	-9	-1.1%
Trust Reserves	6,900	63	97	34	54.9%
Trust Income (mainly WHSSC)	-276,852	-66,498	-66,498	-0	0.0%
Overall Trust Position	0	0	-29	-29	

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

- Most directorates broadly in line with budget plan for Month 3;
- Income - monthly meetings continue with JCC to reconcile the income assumptions to cash payments. Progress has been made to reduce the paid cash shortfall to £0.5m from £4m but next meeting planned on 22nd July will continue to close this gap;
- Operations (EMS Response) - Continue to develop modelling around the year end pay position considering workforce planning figures and overtime requirements;
- Reserves - Review schemes as part of forecast exercise to identify any further slippages. YTD variance is due to technical VAT adjustments on agency staff.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

18. Public Sector Payment Policy (PSPP) compliance to Month 3 was **97.5%** against the **95%** WG target set for non-NHS invoices by number and **98.2%** by value.



2024-25 CAPITAL PROGRAMME

19. As we are still in the relatively early stages of the financial year the discretionary capital programme and resulting budgets are only now being finalised. This is all in line with that which has been presented in detail to the F&PC.
20. At Month 3, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 is **£19.622m**. This includes **£14.167m** of All Wales Approved schemes and **£5.455m** for Discretionary schemes.
21. The breakdown of the current confirmed All Wales Capital funding is shown below, which includes that which is being funded for the Fleet Replacement Programme in 2024/25 (confirmed by WG on 8th May 2024).

All Wales Capital Scheme	£000
ESMCP - Control Room Solutions	157.00
Efab - Infrastructure	303.00
Efab - Fire	333.00
Efab - Decarbonisation	596.00
MDVS	- 50.00
2024-25 Ambulance Vehicle Replacement Programme	12,828.00
Total	14,167.00

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

RISKS AND ASSUMPTIONS

23. Understandably this early in the financial year, the risks reported are still being fully assessed, however in reporting through to WG it is considered that there are currently no individual 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. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

24. At the outset of this financial year there are however a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP and included as such in the accompanying returns provided to WG. As always, the Trust will actively monitor these risks and adjust throughout the financial year.
25. The main risks are described below, along where possible with an indicative value currently placed on these risks, as required by WG as well as the current assessed level of risk. Inevitably at the start of any financial year many of these values are very indicative.
26. Given the increased requirement again in our saving target that has been required this financial year to cover increasing cost pressures, the Trust has included a risk around the identified savings (**£1.000m** low risk). As we move through the financial year the aim will be to reduce these risks down once savings are achieved and plans crystalize.
27. Also included is a risk in relation to the current financial climate, this relates to the risk associated with energy, and in particular, vehicle fuel prices (**£1.000m** low risk). Whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included.
28. 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.
29. A low-level risk of **£1.000m** is included re PIBS (Permanent Injury Benefit Scheme). Matched funding for this highly volatile area is provided by WG on an annual basis.
30. As described above, a medium-level risk has now been included for **£4.000m** in relation to costs associated with revised EMT / Technician level posts.
31. Also included are two remaining unquantified risks, aligned to some of the income and funding assumptions previously highlighted, and which relate to the following:
 - I. Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required in order to deliver on them.

II. Cost associated with the recently submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

32. As noted above, whilst there are therefore no current individually assessed high financial risks, when this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will need to remain a key focus for the Trust, despite the funding uplift that has been made available for 2024/25 and the reported good financial performance in M03.

33. Alongside this, the risk of non-delivery of statutory financial duties will also continue to be reviewed as part of the overall management of risks on the Trust's Corporate Risk Register.

RECOMMENDED that the Board:

(5) Notes and gains **assurance** in relation to the Month 3 revenue financial position and performance of the Trust as at 30th June 2024;

(6) Notes the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust;

(7) Notes the capital programme for 2024/25, and

(8) Notes the Month 2 and Month 3 Welsh Government monitoring return submission included within **Appendices 1 – 4** (as required by WG);

Appendix 1

Month 2 Monitoring return

Appendix 2

Monitoring return tables Month 2 – Circulated separately

Appendix 3

Monitoring return Month 3

Appendix 4

Monitoring return tables Month 3 – Circulated separately

Appendix 5

Savings Performance by Theme 24-25

Reporting Month

3

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprenticeships	200	17	13	-3	50	13	-37	200	13	-187
Fleet Repair	80	7	0	-7	20	0	-20	80	0	-80
Fuel Efficiencies	249	21	58	37	65	136	71	249	320	71
HEIW CPD Provision	140	12	12	0	35	35	0	140	140	0
Interest Receivable	300	25	66	41	75	269	194	300	684	384
MS Office VAT Rebate	300	0	0	0	0	0	0	300	300	0
Non-pay Local Schemes - Corporate	600	39	68	29	115	82	-34	600	407	-193
Non-pay Local Schemes - Operations	515	44	43	-1	132	129	-3	515	512	-3
Vacancy Management Corporate Teams	2,275	203	229	26	608	713	105	2,275	2,297	22
Workforce Efficiencies & Transformation	1,062	143	143	0	427	427	0	1,062	1,062	0
Workforce Efficiencies & Transformation Variable	700	59	59	0	176	162	-14	700	686	-14
Totals	6,421	567	690	123	1,704	1,967	263	6,421	6,421	0

Savings Performance by Theme 24-25 - Recurrent

Reporting Month

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprenticeships	0	0	0	0	0	0	0	0	0	0
Fleet Repair	80	7	0	-7	20	0	-20	80	0	-80
Fuel Efficiencies	249	21	58	37	65	136	71	249	320	71
HEIW CPD Provision	140	12	12	0	35	35	0	140	140	0
Interest Receivable	300	25	66	41	75	269	194	300	684	384
MS Office VAT Rebate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Corporate	600	39	68	29	115	82	-34	600	407	-193
Non-pay Local Schemes - Operations	515	44	43	-1	132	129	-3	515	512	-3
Vacancy Management Corporate Teams	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation	1,062	143	143	0	427	427	0	1,062	1,062	0
Workforce Efficiencies & Transformation Variable	700	59	59	0	176	162	-14	700	686	-14
Totals	3,646	348	448	100	1,046	1,241	195	3,646	3,811	165

Savings Performance by Theme 24-25 - Non Recurrent

Reporting Month

3

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprenticeships	200	17	13	-3	50	13	-37	200	13	-187
Fleet Repair	0	0	0	0	0	0	0	0	0	0
Fuel Efficiencies	0	0	0	0	0	0	0	0	0	0
HEIW CPD Provision	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
MS Office VAT Rebate	300	0	0	0	0	0	0	300	300	0
Non-pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Vacancy Management Corporate Teams	2,275	203	229	26	608	713	105	2,275	2,297	22
Workforce Efficiencies & Transformation	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation Variable	0	0	0	0	0	0	0	0	0	0
Totals	2,775	219	242	23	668	726	68	2,775	2,610	-165



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

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th June 2024

Your ref:

Dear Claire,

Re: MAY 2024 (MONTH 02 2024/25) MONITORING RETURN

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

All automatic validation rules incorporated in the reporting template have been successfully passed, and the Trust can confirm that the revised template has been used (**Action Point 1.6**).

In line with our submitted IMTP, our opening budgets and financial plan for the year reflected the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2024.

The Trust's performance against financial targets for Month 02 2024/25 is as follows: -

1. Actual Year to Date 2024/25 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP, and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions at the outset of 2024/25 being that the 2023/24 funding is, where applicable, fully recurrent, and the 2024/25 funding will include: -

- The nationally made available 3.67% uplift for core cost growth, which excludes any funding to meet the 2024/25 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in previous and current IMTPs, along with funding for other nationally delivered projects.

Included within the income assumptions is the full pass through of 2023/24 pay funding including the VSM uplift, which was provided in the latter months of 2023/24, this wasn't included in the Month 2 payment from JCC, however discussions are ongoing and it is assumed this will pass through to the Trust.

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

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

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Ffôn/Tel
01633 626262

The resulting reported performance at Month 2 as per Table B, is a small underspend against budget / surplus of **£0.029m**

The reported total pay variance against plan as at Month 2 is an underspend of £0.109m, set against the budgets.

The non-pay position at Month 2 is a reported overspend of £0.014m.

Income at Month 2 shows an underachievement of £0.066m.

Following our touch point meeting with colleagues from the NHS Executive it was confirmed that the new section D of Table B2 was to include overtime, therefore per this request we have retrospectively included the Month 1 figures in this table.

2. Movement (Table A)

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

Following the request in the month 1 reply letter, the data has been re-presented to smooth out the forecast section per the IMTP submission with a balanced position across all months, this has now however resulted in an in year small monthly adjustment being required to balance to the actual forecast. **(Action Point 1.1)**

3. Underlying Position (Table A1)

This table has been revised following the comments in the previous month reply letter and the impact of the non-recurrent savings are now shown in column G. **(Action Point 1.2)**

4. Risk (Table A2)

Understandably this early in the financial year, the risks reported in Table A2 are still being fully assessed, however at present it is considered that there are no 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. Depending on the outcome of some of the issues highlighted elsewhere in this return, we may be moving towards higher risks having to be reported in due course, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

However, at the outset of this financial year there are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP, as always the Trust will actively monitor these risks and adjust throughout the financial year when they can **(Action Point 1.3)**.

Given the increased requirement again in our saving target that has been required this financial year, to cover increasing cost pressures the Trust has included a risk around the identified savings and as we move through the financial year the aim will be to reduce these risks down once savings are achieved.

Included in the table is a risk in relation to the current financial climate, this relates to the risk associated with energy and, in particular, vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these.

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) £1m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon.

EMT (Emergency Medical Technician) Risk

There is one risk that I need to specifically call out this month, in terms of an update to the financial value of the its rating and proposed mitigations and management actions.

Whilst previously flagged and clearly articulated in terms of the Trust's financial assumptions at the outset of the 2024/25 financial in relation to this in both our financial plan within the IMTP and our M01 return, this relates to the likelihood of having to recognise an increased banding for our **EMS technicians**. This impacts on c650 staff who are currently banded an A4C Band 4.

Later on in 2023, new national profiles for these roles was published in NHS England. Discussions over these, mainly on a non-prejudice basis, have continued with our three main TU partners over the last few months. Specific progress and developments over recent weeks have included the following:

- The confirmed adoption of the NHS England published revised job profiles by NHS Employers Wales;
- A revised JD and scope of clinical practice for the role, in line with these revised new profiles, agreed with our TU partners. Whilst the revised profiles require the level 4 education our EMTs already receive, and therefore predominantly drive the banding change, this increased scope of clinical practice agreed with TUs will align to the organisations ambitions in safely managing people closer to home and increases the options for the organisation in developing a sustainable workforce plan over the next five to ten years. This is to ensure we maximise the patient and system benefit from any change and through which we are adding in additional training and pathway scope to the new roles to enhance the ability for EMTs to refer elsewhere in the system other than emergency departments (which they can't currently do);
- This has resulted in a A4C Band 5 role for what is expected to be the majority of our existing staff, albeit most will be subject to some of the additional training referenced above in order to satisfy the full JD and person specification requirements;
- Progress towards agreeing updated crewing matrices required as a result of any such changes, and a potential transitional and implementation plan and timeline, including a with effect from date;
- Urgent progress on the accompanying business case required to be submitted for funding support, to enable the Trust to action this nationally agreed change to A4C job profiles.

As previously fully articulated within the Trust's commissioner supported financial plan, no funding or costs for this was able to be recognised within the financial plan or budget set for 2024/25, with the stated position being that this would therefore not be able to be actioned until such additional funding to support it was confirmed. All of this also being consistent with the last significant shift in NHS wide A4C job profiles and subsequent banding uplifts affecting the ambulance sector, namely the wholesale move of paramedics across the UK to A4C Band 6.

However, given some of the above, and the inevitable pressure TUs are putting on the Trust to action these changes, and in advance of submitting a business case for the funding requirement for this national development and resulting unavoidable cost pressure, I need at this stage now to further flag some of this in a bit more detail in this way and quantify a potential financial impact this financial year. This is currently estimated, should all staff choose to move onto this new JD, as potentially up to **£4m** in 2024/25. This may be less as not all staff may chose to move onto these new JDs (given some of the additional training requirements etc) and also includes some of the training support that will need to be wrapped around those who do, which is likely to see some slippage in its implementation through the rest of this financial year, should we progress with this. Given that described here, this is now currently rated a medium risk within these returns, given the funding expectation behind this and the precedence set by the above referenced paramedic banding increase a few years ago. This will of course now continue to be closely monitored and further reviewed monthly going forward.

All of this is also subject to a consultative ballot the TUs plan to hold in the coming weeks with each of their affected staff. It may therefore not progress, if this is rejected. However of course it would highly be likely to only be so on the basis that they would then continue to seek an even better financial impact of this than that currently being proposed, including seeking an effective date from the point at which some of this started to be a subject of discussion more locally.

Also included within the risk table are 2 remaining unquantified risks at this stage, these are still being worked through internally, and relate to the following:

- Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required in order to deliver on them. Detailed updates on the progress of this work are currently going through internal governance processes, to be submitted into commissioners and WG (as is a requirement of the recommendations) in due course;

- Cost associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

As noted within the returns, these are also highlighted at this stage as being low risk, and from a purely financial perspective they are, as costs have not been committed for these and are arguably not unavoidable – should these not be funded, costs for each of these cannot be incurred. However, the wider impact of such decisions may be argued as being of a higher than low risk, non-financially.

As noted above, whilst there are therefore no current individually assessed high financial risks as we enter the financial year, however when this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed withing the IMTP, this will likely be another challenging financial year, despite the initially reported good financial performance in M02, based on the assumptions made in reporting this.

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

5. Monthly Profiles (Table B)

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

The Trust notes your comment regarding the forecast, however as always as the Trust moves through the financial year it will enhance and refresh this as the plans included within the IMTP crystallise. **(Action Point 1.4)**

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

Agency costs for Month 2 totalled £0.198m. The current percentage of agency costs against the total pay figure remains very small, at 1.2%. This is to cover a small number of vacancies, in 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.

7. COVID-19 (Table B3)

Table B3 has been completed (nil return) however as in the latter months of 23-24 it assumes no costs or funding requirements going forward.

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

For Month 2 the Trust is reporting planned savings (including Income generation) of £1.136m and actual savings of £1.276m.

As can be seen from Table C3, the Trust overachieved its saving target in month 2 but it still forecasting to achieve the total savings target for the year.

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

These are set out in Tables D, E and E1. Work is ongoing to align these and will continue over the coming months.

The IFRS 16 repayment figure has now been included again this was removed in month 1 as it caused a validation error in the new IFRS16 table Q, therefore to stop this the corresponding figure has been included in table Q, however nothing else has been completed in this table as it is not due for completion until quarter 1. **(Action Point 1.5)**

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

At Month 2 there were 2 invoices over 11 weeks, however both these invoices have now been paid.

11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	16	13	14	14	14	14	14	14	14	14	14	15	170
Other Non NHS Income	242	144	325	325	325	325	300	325	325	302	325	325	3,588
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	754	0	319	350	350	350	400	350	350	400	350	427	4,400
Risk Pool Refund	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1,012	157	658	689	689	689	714	689	689	716	689	767	8,158

12. Public Sector Payment Compliance (Table H)

As per the guidance this will be completed for quarter 1.

13. Capital (Tables I, J and K)

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

Given it is only Month 2, works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses.

14. Committee to receive Financial Monitoring Return

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

The Month 2 Financial Monitoring Return will be presented to the Trust Board on the 25th July 2024.

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

15. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

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



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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

11th July 2024

Your ref:

Dear Claire,

Re: JUNE 2024 (MONTH 03 2024/25) MONITORING RETURN

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

All automatic validation rules incorporated in the reporting template have been successfully passed, and the Trust can confirm that the revised template has been used.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflected the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2024.

The Trust's performance against financial targets for Month 03 2024/25 is as follows: -

1. Actual Year to Date 2024/25 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP, and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions at the outset of 2024/25 being that the 2023/24 funding is, where applicable, fully recurrent, and the 2024/25 funding will include: -

- The nationally made available 3.67% uplift for core cost growth, which excludes any funding to meet the 2024/25 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in previous and current IMTPs, along with funding for other nationally delivered projects.

Included within the income assumptions is the full pass through of 2023/24 pay funding including the VSM uplift, which was provided in the latter months of 2023/24, this wasn't included in the Month 3 payment from JCC, however following the closure of month 3 an additional payment was made to the Trust, however this doesn't reconcile to

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

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the amount the Trust is anticipating therefore discussions are ongoing but it is still assumed this will all pass through to the Trust.

The resulting reported performance at Month 3 as per Table B, is a small underspend against budget / surplus of **£0.029m**

The reported total pay variance against plan as at Month 3 is an underspend of £0.235m, set against the budgets.

The non-pay position at Month 3 is a reported overspend of £0.215m.

Income at Month 3 shows an overachievement of £0.009m.

Following our touch point meeting with colleagues from the NHS Executive it was confirmed that the new section D of Table B2 was to include overtime, therefore per this request we have retrospectively included the Month 1 figures in this table.

2. Movement (Table A)

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

3. Underlying Position (Table A1)

This table has been revised following the comments in the month 1 reply letter and the impact of the non-recurrent savings are now shown in column G.

4. Risk (Table A2)

Understandably this early in the financial year, the risks reported in Table A2 continue to be fully assessed, however at present it is considered that there are no individually high likelihood risks, but as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this return, we may be moving towards higher risks having to be reported in due course, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

However, there are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP, as always the Trust will actively monitor these risks and adjust throughout the financial year when they can.

Given the increased requirement again in our saving target that has been required this financial year, to cover increasing cost pressures the Trust has included a risk around the identified savings and as we move through the financial year the aim will be to reduce these risks down once savings are achieved.

Included in the table is a risk in relation to the current financial climate, this relates to the risk associated with energy and, in particular, vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these.

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) £1m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon.

EMT (Emergency Medical Technician) Risk

In relation to this risk, which was first able to be quantified and described in detail (which I won't repeat again here therefore) last month, this risk clearly remains. We acknowledge your initial response to this and I understand that further brief discussions on this were also held at the recent touchpoint meeting with NHSE colleagues. The consultative ballot being progressed by TUs on the likely resolution of this, noting that this is actually likely to be the best outcome from a financial perspective, has now just closed and initial results indicate overwhelming positive support.

Noting that our commissioners supported IMTP and balanced financial plan for 2024/25 was clear on its assumptions in relation to this issue, the business case needed to further and formally request funding support for this has been drafted and is seeking final views from the CASC ahead of formal submission, by the end of July. Further discussions with WG colleagues ahead of this are also planned.

Alongside all this, the Trust continues to explore any options to mitigate the cost impact in year.

Also included within the risk table are 2 remaining unquantified risks at this stage, these are still being worked through internally, and relate to the following:

- Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required in order to deliver on them. Detailed updates on the progress of this work are currently going through internal governance processes, to be submitted into commissioners and WG (as is a requirement of the recommendations) in due course;
- Cost associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

As noted within the returns, these are also highlighted at this stage as being low risk, and from a purely financial perspective they are, as costs have not been committed for these and are arguably not unavoidable – should these not be funded, costs for each of these cannot be incurred. However, the wider impact of such decisions may be argued as being of a higher than low risk, non-financially.

As noted above, whilst there are therefore no current individually assessed high financial risks as we enter the financial year, however when this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed withing the IMTP, this will likely be another challenging financial year, despite the initially reported good financial performance in M03, based on the assumptions made in reporting this.

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

5. Monthly Profiles (Table B)

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

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

Agency costs for Month 3 totalled £0.047m. The current percentage of agency costs against the total pay figure remains very small, at 0.3%. This is to cover a small number of vacancies, in 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.

Given the number of vacancies the Trust is currently holding, the current position is to convert these into overtime shifts to allow the service to continue to function, at the planning stage the variable pay is mainly to cover overruns, and overtime to cover peak demand. **(Action Point 2.1)**

7. COVID-19 (Table B3)

Table B3 has been completed (nil return) however as in the latter months of 23-24 it assumes no costs or funding requirements going forward.

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

For Month 3 the Trust is reporting planned savings (including Income generation) of £1.704m and actual savings of £1.967m.

As can be seen from Table C3, the Trust overachieved its saving target in month 3 but it still forecasting to achieve the total savings target for the year.

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

These are set out in Tables D, E and E1. Work is ongoing to align these and will continue over the coming months.

As discussed with Gary Young, the difference between us and DHCW was due to an error on their side and will be corrected for month 3. **(Action Point 2.2)**

As agreed between yourself and Jillian Gill, a request was made to extend the deadline for the submission of the Non-cash return, to Friday 12th July, due to extension in time allowed for the audit and the number of queries the Trust was dealing with around PPE, therefore these figures are still being finalised but will be included in the Month 4 submission. **(Action Point 2.3)**

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

At Month 3 there were 5 invoices over 11 weeks, and 1 credit note, however none of these invoices have queries registered against them.

11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	16	13	13	14	14	14	14	14	14	14	14	15	169
Other Non NHS Income	242	144	278	325	325	325	300	325	325	302	325	325	3,541
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	754	0	112	350	350	350	400	350	350	400	350	427	4,193
Risk Pool Refund	0	0	975	0	0	0	0	0	0	0	0	0	975
Total	1,012	157	1,378	689	689	689	714	689	689	716	689	767	8,878

The figure included in the capital payments line includes, as mentioned, Capital Creditors and 2024/25 expenditure in addition it includes invoices that we in AP therefore accounted for but not yet paid, this is the reason for the difference. **(Action Point 2.4)**

12. Public Sector Payment Compliance (Table H)

As per the guidance this has been completed for quarter 1.

13. Capital (Tables I, J and K)

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

Given it is only Month 3, works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses.

14. Committee to receive Financial Monitoring Return

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

The Month 3 Financial Monitoring Return will be presented to the Trust Board on the 25th July 2024.

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

15. Other Issues

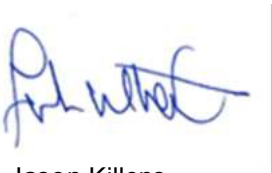
There are no other matters of major significance to draw to your attention at this stage.

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

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



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

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

**Integrated Medium Term Plan (IMTP)
24/25 Delivery & Assurance Approach and Q1 Delivery & Assurance Update**

MEETING	Trust Board
DATE	25 July 2024
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden – Head of Transformation
CONTACT	Heather.holden@wales.nhs.uk

EXECUTIVE SUMMARY
<p>The purpose of this paper is to provide The Board with an overview of the revised IMTP delivery and assurance arrangements for 2024-27. This was presented to Strategic Transformation Board (STB) on 8th July with approval to transition the existing IMTP Delivery Programmes into the revised structure, distinguishing between the Strategic Transformation portfolio (aligned to our Clinical Model Transformation) and the wider Directorate-led IMTP portfolio. It was also reviewed at Finance and Performance Committee on 16th July 2024, along with the detailed IMTP delivery assurance report which allowed the Committee full scrutiny of programme and IMTP delivery.</p> <p>The paper also provides the Q1 position on IMTP 2024-27 objectives, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.</p> <p>RECOMMENDED: That the Board:</p> <ol style="list-style-type: none"> Notes the revised arrangements for IMTP delivery and assurance; Notes the IMTP 2024-27 Q1 position; and Notes the progress against Ministerial Priorities in Q1.

KEY ISSUES/IMPLICATIONS
<p>A new IMTP Delivery and Assurance framework has been developed and approved by STB. The revised approach to IMTP delivery and assurance will see a transition of existing IMTP Delivery Programmes into a single, cross-organisational Clinical Model Transformation (CMT) Programme. The transition will be supported by a strengthened, consistent approach to the cyclical</p>

development of Directorate Local Delivery Plans (LDPs), with Directorate-led projects and initiatives being managed through existing business meetings.

IMTP objectives have been clearly aligned to defined workstreams within the CMT Programme and reporting lines for deliverables have been confirmed.

The Q1 position of IMTP deliverables has been confirmed and the forward plan for ongoing assurance under the revised arrangements has been clarified – into either CMT workstreams or into Directorate LDPs for delivery in 2024/25.

The only deliverable significantly off track (**RED**) continues to be the introduction of Independent Prescribing as a core requirement within the APP job description, which has been an action in the IMTP since last year. Independent Prescribing was included within the generic job description for Advanced Practitioners and will subsequently need to be incorporated into the academic education plan for new and existing APPs. The challenges to implementation are two-fold: (1) Lack of supervisory support for Trainee APPs and APPs, however this is progressing, and an options appraisal was presented to ELT (May) and Operations SLT (June), and (2) delivering the additional training required to qualify as an Independent Prescriber. APP education is delivered through a combination of university education and practice placements managed by Health Boards. The lead time for allocation of Practice Placement Plan placements and Health Board capacity to incorporate the additional Independent Prescriber element, and to allocate suitable places to WAST APPs, present significant challenges to delivery.

Appendix 1 sets out the more detailed Q1 position and the revised arrangements for IMTP delivery and assurance.

Appendix 2 sets out progress against Ministerial Priorities.

REPORT APPROVAL ROUTE

Strategic Transformation Board 8th July 2024

REPORT APPENDICES

[Appendix 1 - 240708 - IMTP Delivery & Assurance Report.pptx](#)

Appendix 2 - Assurance against the Cabinet Secretary's priorities 2024/25

[Appendix 3 - Delivery & Assurance Status Definitions.pdf](#)

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

Appendix 1

Revised IMTP 2024/25 Delivery & Assurance Arrangements

1. Following an internal audit of Strategy Development in 2023, there was a recommendation to review the Delivery and Assurance Framework relating to the transformation of our Emergency Response Model (Inverting the Triangle). The recommendation was endorsed by Audit Committee in March 2024, initiating an open discussion at STB on the 8th April 2024. A clear mandate was provided to explore and propose potential changes to the current delivery and assurance structures.
2. The recommendation was timely, coinciding with the evolution of our Clinical Service Model and the ambition to adopt a more holistic and integrated approach, considering how all our services (999, 111, UCS and NEPTS) contribute to the transformation of care.
3. Our existing IMTP Delivery Programmes align to our core services, with Clinical Transformation as a stand-alone pillar within the overall structure. Whilst this approach effectively delivered previous iterations of our IMTP, as plans for our Clinical Response Model have evolved, so too must our approach to delivery and assurance.
4. Driving our thinking on the revised IMTP delivery and assurance arrangements are three core principles:
 - a. **Integration** – the need for a holistic transformation programme to evolve our Clinical Model that emphasises integration, collaboration, and matrix working.
 - b. **Alignment** – the opportunity to strengthen the relationship between Directorate LDPs and our IMTP Planning Cycle, ensuring clear alignment of plans to paper.
 - c. **Clarity** – a commitment to establish single, consistent reporting lines that reflect the complexity of our IMTP objectives, and the conditions required for delivery; *Organisational Leadership vs. Directorate Leadership*.

5. **3:3 Delivery & Assurance Matrix**

We will adopt a delineated approach to the delivery of our business, distinguishing between our approach to core business (Tier 3), Directorate-led change and service improvement (Tier 2) and organisationally led change and transformation (Tier 1).





We will recognise three levels of delegated assurance to enable our subject matter experts to be responsible for managing the detail, with increasing escalation through clearly defined reporting lines. By empowering our people to operate autonomously within their scope of practice, we create the time and

space for our Boards to focus on strategic direction setting and prioritisation.

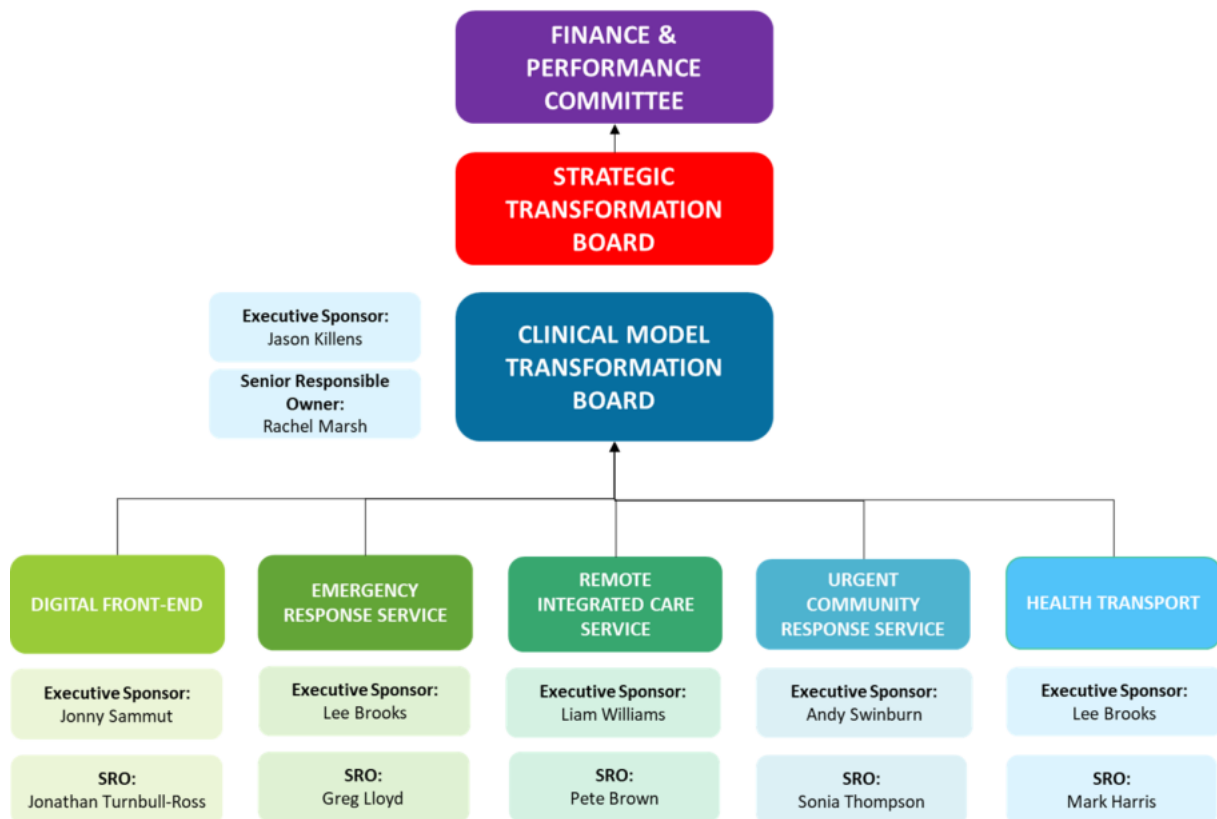
6. **Tier 1 – Strategic Transformation** – the evolution of our Clinical Service Model will require strong, cross-organisational working to integrate our existing services and effectively manage the impact of this on our people, our patients, and our partners. It will also need to be managed in increments, delivering a step-change in business operations and performance. To manage this effectively and to promote collaboration, shared vision, and ownership, we will transition our existing IMTP Delivery Programmes into a single, cross-organisational transformation programme with clearly defined workstreams arranged around key contact points in the patient journey.

7. **Tier 2 – Wider IMTP Work** – We will manage our wider IMTP portfolio by strengthening the consistency of Directorate LDPs and will use existing Directorate Business meeting processes as the mechanism for oversight and assurance. This approach delivers both appropriate governance of Directorate-led projects and initiatives and embeds Directorate LDPs as a core planning and assurance tool underpinning the IMTP planning cycle.



8. **Tier 3 – Core Business** – we will continue to deliver core business and tactical change and service improvement through existing forums like SLT/ADLT, and Corporate Boards with assurance through traditional delegation of authority through hierarchy.

Clinical Model Transformation Programme Delivery & Assurance Approach



9. The CMT programme is structured around 5 core workstreams reporting into an overarching CMT Programme Board (formerly Transformation Steering & Assurance Group), providing a forum for holistic oversight, prioritisation, and vision setting.
10. Underpinning the programme are several defined enabling workstreams including Partnerships & Engagement, Change Management, and Performance, Monitoring, and Evaluation.
11. The CMT Programme Board will meet 6-weekly, aligned to STB, with informal CMT Executive Programme catch-ups at fortnightly intervals between Boards.

Directorate-Led IMTP Delivery & Assurance Approach

12. As outlined above in point 7, IMTP deliverables outside the scope of the Clinical Model Transformation programme will be managed through Directorate Plans (Local Delivery Plans, (LDPs)).
13. Directorate Plans will be core to the planning process for the development of future IMTPs and will also now be the provide the mechanism for assurance against our IMTP deliverables outside of the scope of the Transformation Programme.
14. Existing Directorate Business Meetings will be utilised, and assurance will be provided to the Strategic Transformation Board at a high-level.

15. This process will be facilitated by the Integrated Strategic Planning & Development Group (ISPD), formerly Integrated Strategic Planning Group (ISPG), with summary updates from Directorates to the group. Updates by exception will subsequently be incorporated into quarterly AAA reports to STB, providing status updates on the IMTP deliverables and escalating any key risks/issues or achievements.

Implementing the Revised Arrangements – Next Steps

16. A CMT programme transition plan is in development and will be owned and managed by the Transformation Support Office.

17. Priority next steps include:

- a. Establishment of the CMT Programme Board; first meeting to be scheduled for 29th July.
- b. Development of CMT Terms of Reference for approval at STB on 19th August.
- c. Existing IMTP Programme Board meetings will be stood down and CMT Workstream meetings arranged in line with the 6-weekly reporting cycle.
- d. Development of a single CMT Programme transition report providing a formal record of all IMTP Programme Board closures, and the establishment of the evolved structure and arrangements.
- e. Updates to Corporate Governance Organisation-wide map.
- f. Application of the Project Path Framework across the CMT programme, delivering a consistent approach to project governance. **Note:** documentation will need to be developed in increments, prioritising development of project controls and initiation documentation during Q2.

18. The transition of Directorate-led IMTP objectives and deliverables will be owned and managed by the SPP Planning Team.

19. Planning & Performance Business Partners will work with each Directorate to:

- a. Transition to the new core template for Directorate LDPs.
- b. Establish the revised oversight arrangements for IMTP deliverables through Directorate Business Forums
- c. Establish a central SharePoint site where Directorates will have access to their plans, with SPP oversight to support cross organisational planning.
- d. Establish an informal network for Directorate Plan leads across the organisation to support integrated planning that can feed into ISPD and the IMTP Project Team.

20. Established mechanisms for IMTP delivery assurance in relation to financial sustainability and capital development will continue:

- Financial Sustainability Programme will report into Strategic Transformation Board directly and onto Finance and Performance Committee;

- Capital developments will be reported through to Finance and Performance Committee via Capital Management Board and will not feature in this report, except where there is direct consequence to the delivery of other IMTP priorities.

IMTP 2024-27 Q1 Updates

21. The revised approach to IMTP 2024-27 Delivery & Assurance will be implemented during Q2 and subsequently the Q1 update takes a hybrid approach, with updates against each emerging CMT workstream, updates against the Directorate-led IMTP deliverables to be transitioned to Directorate LDPs, and the current Directorate-led initiatives (formerly referred to as our Enablers and Fundamentals).

IMTP 2024-27 – Q1 Position

Going forwards there will be two distinct reporting routes for our IMTP commitments.

The following workstreams will report through the Clinical Model Transformation (CMT) Programme Board:

- **Digital Front-End**
- **Emergency Response Service**
- **Remote Integrated Care Service**
- **Urgent Community Response Service**
- **Health Transport Service**

As stated in paragraph 20, the **Financial Sustainability Programme** will report directly into STB via 6-weekly reporting.

IMTP objectives and deliverables out of scope of the CMT Programme Board will be managed through existing Directorate business meetings, with updates by exception to the Integrated Strategic Planning and Development Group, STB and by exception to Finance & Performance Committee and the Board depending on materiality.

The Q1 position has been summarised below for all IMTP objectives, disaggregated into the CMT Workstreams and Directorate-led deliverables. **Appendix 1 includes a detailed update against all deliverables, and Appendix 3 includes the definitions for each status type.**

Digital Front-End Workstream	Overall RAG
A modern, easily accessible, user-friendly digital offer integrated with the NHS Wales App and the 111-telephony service, acting as a gateway to the information, advice, and care that patients need	Yellow

- An external review of the 111.Wales website is complete, and the full report will be submitted to Executive Leadership Team (ELT) to discuss the options presented and to agree next steps.
- Commissioners have been engaged following the discovery work and are supportive of a formal request for investment, however **YELLOW** (cautionary) status as funding is yet to be confirmed.

Emergency Response Service Workstream	Overall RAG
Delivering immediate 999 call answering, accredited determination of callers' needs and efficient and effective processes to allocate and dispatch the right resource	Yellow

- The development of the Rapid Clinical Screening function is progressing well with weekly project meetings to drive progress.
- Planning assumptions around recruitment, training, and onboarding of the Clinical Navigators remains on track for go-live (including CSD backfill) by w/c 13/11, however the job description has been delayed at Job Evaluation Panel due to staffing shortages but is expected to be considered at panel w/c 15/07 at the latest. **YELLOW** (cautionary) status as delay in approval of the Job Description beyond 22/07 will require recruitment timescales to be revised, potentially impacting the planned go-live date.

IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan)	Overall RAG
	Green

All workstreams **GREEN** and on track:

- The OCP period for the EMSC restructure extended by 2-weeks with agreement of EMSC Head of Service and TU reps (due to end 21/06).
- Colleagues have been well engaged in the process with an emphasis on effective change management to ensure that colleagues feel involved, empowered, and able to co-design positively, influencing and shaping their future.
- Work on the Single Allocator Model was temporarily paused at the end of May at the request of TU partners due to concerns around the detail for the Support Coordinator and Response Coordinator roles.
- An all-day event was subsequently convened on 12/06 to review the roles with TU partners; the event was extremely beneficial in allaying the concerns and work has re-commenced.

Remote Integrated Care Service Workstream (formerly Gateway to Care)	Overall RAG
Multi-disciplinary team delivering high quality, timely, remote clinical triage, assessment, and consultation, making decisions on the best response for each patient and the system	Yellow

- Initial steps towards the integration of 111 and CSD clinicians progressing well, with an emphasis on comms and engagement with colleagues impacted by the change.
- Working group of CSD and 111 clinical managers to be established to co-design the model.
- Early testing of CPSS (111 patient management system) for Green calls progressing well, with proposal for 3-day pilot commencing 09/07.
- Connecting Support Cymru recruitment and onboarding progressing well, however the Business Case decision from Welsh Government has been delayed and may significantly limit benefits realisation before the end of the SBRI contract, and subsequently impact the case for investment; subsequent **AMBER** status.
- A costed service model options paper is in development for the Mental Health Response Vehicle; **YELLOW** cautionary status as funding confirmation is outstanding.

Urgent Community Response Service Workstream (formerly Clinical Transformation)

Overall RAG

24/7 on-scene, clinical assessment, treatment, and referral service; range of clinicians providing high quality, immediate or timely on scene assessment, care, and referral

Yellow

- The clinical supervision appraisal for the Clinical OCP will be presented to Senior Leadership Team (16/07) and high-level Clinical Practice plan presented at Optimising Care Group.
- Work continues to develop the APP Navigator model with Health Board partners and an AQM question set has been developed for APPs to support Consult and Close.
- Planning for the first APP Scheduling Test of Change is underway and is proposed for 22/07 in Swansea Bay utilising Palliative Care Paramedics (PCPs).
- End of life care improvements is **AMBER** due to inability to extend PCP schemes without HB funding.
- Long-standing challenges to implementation of Independent Prescribing for APPs The only deliverable significantly off track **(RED)** continues to be the introduction of Independent Prescribing as a core requirement within the APP job description. Independent Prescribing was included within the generic job description for Advanced Practitioners and will subsequently need to be incorporated into the academic education plan for new and existing APPs. The challenges to implementation are two-fold: (1) Lack of supervisory support for Trainee APPs and APPs, however this is progressing, and an options appraisal was presented to ELT (May) and SLT (June), and (2) delivering the additional training required to qualify as an Independent Prescriber. APP education is delivered through a combination of university education and practice placements managed by Health Boards. The lead time for allocation of Practice Placement Plan placements and Health Board capacity to incorporate the additional Independent Prescriber element and to allocate suitable places to WAST APPs, present significant challenges to delivery.

IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan)

Overall RAG

Yellow

- Funding has been approved for ePCR interface upgrades.

<ul style="list-style-type: none"> The Mental Health portfolio will continue to be managed by the Mental Health/Dementia/Learning Disabilities & Neurodiversity Delivery Group, reporting into Clinical Quality Commissioning Group. Plans to move to 24/7 Mental Health support to WAST callers is AMBER; paper is in development, but a decision remains outstanding. Similarly, Mental Health Education and the development of Level 7 provision is AMBER as decision is outstanding, however discussions are underway with HEIW. Work to establish the optimal configuration of dementia-friendly ambulances continues to progress and options are being explore for future funding of RITA and scoping of Patient Activity Toolkit (PAT) is underway. 		
Health Transport Workstream (formerly Ambulance Care)		Overall RAG
A clear vision for Ambulance Care Services that supports wider health and care transformation		Green
<ul style="list-style-type: none"> A NEPTS Collaborative Planning Event was convened on 29/04 and a follow-up Vision Setting event is planned with the Joint Commissioning Committee (JCC) for 10/07 The next phase of ORH modelling has commenced for development of a pan-Wales Transfer & Discharge service, however this project is currently YELLOW (cautionary state) as WAST needs to clarify next steps with commissioners and a clear vision for the service. 		
IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan)		Overall RAG
		Green
<p>All projects and workstreams to deliver “a flexible, user centred NEPTS with the right capacity in place to meet demand” are progressing well and are on track. Of note:</p> <ul style="list-style-type: none"> The NEPTS transport roster review has commenced, aiming for implementation in Q1 25/26. Prebooked discharges have been included in national quality performance indicators and will support an increase in the proportion of transfers booked in advance. A working group has been established with Oncology Liaisons and an enhanced hub to review current working practices and to consider improvement areas. Engagement sessions took place throughout May-24 to inform development of the Urgent Care Service. 		
Financial Sustainability Workstream	Current Financial RAG	Overall RAG
Delivering exceptional value	Green	Amber

Overall status is **AMBER** as progress has been limited by leave/absence across the core delivery team.

- **Achieving Efficiency** – **GREEN**; initial summary reports have been completed for the Service Review will now be reviewed and action plans taken forwards.
- **Income Generation** – **AMBER**; establishment of a Commercial function and substructure is off track as Job Description remains in development. A meeting will be arranged to take this forward.

People & Culture (by exception)

The following deliverables are currently **AMBER** (off-track);

- **Develop and amplify employee voice (Hive introduction)**; off-track due to capacity; recruitment to OD Manager post by mid-July (lead for Hive development).
- **People Management Essentials including compassionate leadership**; some progress on agreed actions; employee Journey Framework agreed and visual produced. Capacity issues in the team have continued to impact delivery – aiming to launch end-Aug.
- **NHS Wales Staff Survey feedback**; access to full data sets now received but confidentiality protections mean that some data is inaccessible to some teams. Touchpoint meetings continue to be held with directorate leads to identify actions to improve team culture.
- **Occupational Health and Wellbeing Service improvements**; service accreditation of the WAST OH service off track; programme plan in development and group to lead being established.

Development of our **Strategic Workforce Plan** is **AMBER/RED** as despite progress, this has been significantly delayed by resource availability despite exceptional efforts by those involved. There is growing confidence in delivery in Aug-24, however status remains off-track.

Our Commitments to Our People

- **Shift OVERRUNS** – **GREEN**; Morrision ED Holding Area continues to perform extremely well and has facilitated 1535 crews at end of shift since 29/11. This does not include the 1883 meal breaks facilitated since 20/12.
- **Digital Experience** – **AMBER**; limited progress, however discussions with key suppliers have been re-initiated with a view to developing an options plan for Q2. Work continues with Learning and Development to support colleagues Digital Literacy and Job Descriptions are being developed for Digital Skills Facilitator and Robotic Process Automation roles.

- **Flexible Working** – **GREEN**; there was an action plan update to SOT/SLT on 17/05 and Operations management support has been agreed to develop guidance and coaching to improve flexible working plans.

Digital (by exception)

The following deliverables are currently **AMBER** (off-track);

- **National Data Resource (NDR) Programme Support**; work continues supporting the National Data Resource programme, however 24/25 funding has not yet been agreed, creating a financial risk around the two dedicated posts within the data engineering team to support the programme.

Quality, Safety, and Patient Experience

- **Working Safely Plan** – **COMPLETE**; closure report complete and programme closed.
- **Quality Management System (QMS) Implementation** – **GREEN**; good progress through regular Quality Management Group meeting. Communications plan drafted to launch Duty of Quality e-learning and pack developed to support colleagues in supervisory/leadership roles.

Corporate Governance

- **Risk Management Framework** – **GREEN**; the Risk Management Policy was approved in May-24 and guidelines have been published.
- **Strengthening Welsh Language Compliance** – **AMBER**; status due to slippage of approval from Q1 to Q2, however the policy has been drafted and will be reviewed by Welsh Language Advisory Group and then Policy Group.

22. In seeking approval for the IMTP at Trust Board in March 2024, the EQIA set out a range of actions including
- a. A discussion on how we evidence positive impacts on protected characteristics and;
 - b. Developing a baseline for health inequalities maturity.

The first action (a) will be developed as part of the work to meet the recommendations set out in the last Audit Wales Structured Assessment (see paragraph 23). The second action (b) has been completed as part of a review of our maturity that was submitted to the Association of Ambulance Chief Executives (AACE) Health Inequalities workstream

and will be reviewed and acted upon through our development of Population Health, Health Inequalities and value based health care as set out in the IMTP 2024-27.

23. The [Audit Wales Structured Assessment for 2023](#) published in February 2024 included a recommendation to “provide better clarity on whether the actions delivered have achieved the intended impact.” Whilst we have an MIQPR which sets out what has been done and is being done around the performance metrics reported to Finance & Performance Committee and Board, we are cognisant of the need to link the delivery of the IMTP set out above to existing but also emerging metrics which were set out in the plan. The IMTP set out a number of ‘what good looks like’ statements in each area of the plan and this will form the basis for how we link delivery to impact going forward, without duplicating the reporting already set out in the MIQPR. We aim to bring this through in the end of Q2 report to Finance & Performance Committee and Board.

Recommendation: That the Board:

- (1) Notes the overall delivery of the IMTP detailed in this paper and appendices.**
- (2) Notes the approach to IMTP delivery and assurance reporting set out in this paper.**
- (3) Notes the ongoing work to address recommendations in the last Structured Assessment and actions within the EQIA for this IMTP.**

Appendix 2

Assurance against the Cabinet Secretary's priorities 2024/25

24. WAST submitted eight templates covering plans against four of the Cabinet Secretary's priorities for NHS Wales. These cover how we engage across community services, provide support to planned care, but importantly how we align to the Six Goals programme for Urgent and Emergency Care and how we will approach our response to patients with mental health needs. In 2024/25 we will also be required to develop a 'Six Goals' delivery plan. Whilst we have set out in the templates submitted to WG many areas across the six goals where we can implement change, these are already factored into the scope of the work to develop a future clinical services model, and will undoubtedly also feature in the six goals plan where they align to the national 6 goals plans. Therefore we will aim to reduce the burden and duplication of reporting through our assurance mechanisms into STB and Finance & Performance Committee.

25. The following table sets out the key areas for WAST against the priorities, and the milestones to be achieved in quarter 1.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Progress
Primary and Community Care, with a focus on improving access and shifting resources into primary and community care	111 Skill Mix	<ul style="list-style-type: none"> Group established to consider and develop scope for 111 MDT skill mix 	<ul style="list-style-type: none"> This is part of the transition to directorate led workstreams which will progress through the next quarter
	111 Pathways	<ul style="list-style-type: none"> Dental access improved in 4x health boards by end of Q4 Strengthened links into primary care / Out of Hours in. Urgent Primary Care Centre access by end of Q4 Medicines management pathways in place by end of Q4 	<ul style="list-style-type: none"> Project group established and mapping of current CSD pathways which are not available on the DoS is underway; side by side analysis between CSD and 111 pathways to be conducted DoS workshop planning is underway to set the approach to further pathway development across

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Progress
			QSPE and Operations (aim Aug-24) <ul style="list-style-type: none"> • Q4 delivery
	999 Pathways: Falls & Frailty	<ul style="list-style-type: none"> • Level 1 falls - Assessment of the demand & capacity modelling undertaken • Level 2 falls - Undertake evaluation of our existing services 	<ul style="list-style-type: none"> • Modelling undertaken by ORH • Falls contract for level 1 extended for further work to take place • Further progress needed on Falls level 2 evaluation
	999 Pathways: Digitised pathways	<ul style="list-style-type: none"> • Evaluate the effectiveness of the new digital solutions to make referrals to existing pathways and usage 	<ul style="list-style-type: none"> • A new digital transformation and innovation programme has been set up to manage and prioritise digital workstreams that fall outside the clinical transformation programme – as such this work may be delayed
	999 Pathways: Connected Support Cymru (CSC)	<ul style="list-style-type: none"> • Recruitment of key roles to support CSC delivery (dependent on outcome of business case) • Commenced recruitment of internal volunteers • Testing 'ambulance in a box' in Care Homes in AB & BCU, evaluate and conclude forward plan 	<ul style="list-style-type: none"> • A restructure within the QSPE directorate has established the leadership required for CSC • Volunteer recruitment and onboarding progressing well. Delayed decision on Business Case from WG incl. proposal to increase CSD provision. Decision due at next SBRI meeting (07/24), however the delay may significantly limit benefits realisation

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Progress
			before the end of the SBRI contract, and subsequently impact the case for investment.
Urgent and Emergency Care, with a focus on delivery of the 6 goals programme	Goal 2: New 111 System	<ul style="list-style-type: none"> • Full implementation of new CAS system 30th April • Decommission old system 	<ul style="list-style-type: none"> • CAS system implemented on time
	Goal 2: 111 website & symptom checkers	<ul style="list-style-type: none"> • Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly 	<ul style="list-style-type: none"> • External review of the NHS 111 Wales website is complete, and the full report will be submitted to ELT with SBAR to discuss the options presented, and to agree next steps
	Goal 2: 111 re-roster	<ul style="list-style-type: none"> • No Q1 milestone 	<ul style="list-style-type: none"> • Short-term actions to be progressed through existing Integrated Care & People and Culture Directorate Plans
	Goal 3: <ul style="list-style-type: none"> • Develop the remote clinical assessment speciality • Develop a fully remote working clinician offer (operations/training/digital) • Develop Pre-Dispatch Outcome Risk Stratification Tools linking 	<ul style="list-style-type: none"> • Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report 	<ul style="list-style-type: none"> • See assurance report in appendix 1

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Progress
	<p>CAD & ePCR data</p> <ul style="list-style-type: none"> • Roll out of new integrated (111/clinical support desk) care model • Connected support Cymru • Extend use of video/ phone consultation • Urgent On-Scene Community Response 		
	SDEC Pathways	<ul style="list-style-type: none"> • Re-establish ICAPs with Health Boards (subject to JCC commissioning arrangements) • Complete data quality assurance of end destination in CAD to ensure SDEC referrals fully captured 	<ul style="list-style-type: none"> • This is now under goal 4. WAST is now part of the Goal 4 delivery group and will develop its own 6 goals delivery plan reflecting actions to improve referrals into SDEC from clinicians on scene
	Goal 4: CHARU	<ul style="list-style-type: none"> • Complete CHARU recruitment by end Q2 • Improve utilisation rate to modelled benchmark by end Q2 (work ongoing during Q1) 	<ul style="list-style-type: none"> • Recruitment ongoing • Red improvement plan includes actions to improve utilisation
	Goal 4: Rural variation	<ul style="list-style-type: none"> • Complete CHARU recruitment by end Q2 • Continue process of targeted recruitment and process of smoothing i.e. aligning SIP to establishment by end Q2 	<ul style="list-style-type: none"> • Recruitment ongoing • D&C Report to be presented to closed meeting for consideration

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Progress
		<ul style="list-style-type: none"> • Build rurality results from 2023 EMS Demand & Capacity Review by end Q2 • Agree Implementation Plan with commissioners by end Q2 (work ongoing during Q1)	
	Goal 4: Sickness reduction in EMS and EMSC	<ul style="list-style-type: none"> • Ongoing continuation of managing attendance and implementation of the health and wellbeing plan throughout year 	<ul style="list-style-type: none"> • Ongoing workstream across Operations with People & Culture directorate support
	Goals 5 & 6: Transfer and Discharge model	<ul style="list-style-type: none"> • Engagement on modelled options for transfer services with health boards commenced • Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system designed to allocate transfer resources more effectively 	<ul style="list-style-type: none"> • Further modelling being undertaken to strip out specific services which may skew the data • A review of the model needs to now be considered in the context of the Clinical Model transformation as part of the Health Transport and Emergency Response workstreams • MTPS implementation due in July
Planned Care and Cancer, with a focus on reducing the longest waits	Roster review of NEPTS Ambulance Care Assistants	<ul style="list-style-type: none"> • No specific milestone in Q1 	<ul style="list-style-type: none"> • N/A
	Enhanced hub for oncology patients	<ul style="list-style-type: none"> • Establish expected outcomes & principles to develop enhanced oncology service 	<ul style="list-style-type: none"> • Continues working group to establish role of the hub to support the three oncology centres. Creation of draft SOP/Core working practice

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Progress
			between liaisons and Hub. Consultation with Oncology Centres to identify of improvements.
	Quality assurance of external providers	<ul style="list-style-type: none"> No specific milestone in Q1 	<ul style="list-style-type: none"> N/A
Mental Health, including CAMHS, with a focus on delivery of the national programme	Develop and implement a referral pathway for 111 Press 2 teams	<ul style="list-style-type: none"> Completion of 111 CAS system implementation to aid improvement in 111 press 2 	<ul style="list-style-type: none"> CAS implementation complete
	Mental Health Response Vehicles	<ul style="list-style-type: none"> Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots 	<ul style="list-style-type: none"> See assurance report in appendix 1
	Right Care Right Person	<ul style="list-style-type: none"> Engaging with Police Services in Wales, NHS partners, Local Authorities and third sector providers on changes affecting response to people in crisis 	<ul style="list-style-type: none"> Engagement ongoing
	Mental Health Practitioners in CSD	<ul style="list-style-type: none"> Assess demand and capacity plan outlining future needs for the team and training requirements (as part of overall demand and capacity work for the future clinical service model) 	<ul style="list-style-type: none"> See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme with a paper setting out the

Recommendation: That the Board: Notes the update against the quarter 1 milestones in the action plans to meeting the Cabinet Secretary’s priorities set out in the 2024-27 planning framework.

AGENDA ITEM No	14
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	3

Digital Plan Refresh – 2024-2029

MEETING	Trust Board
DATE	25 July 2024
EXECUTIVE	Jonny Sammut, Director of Digital Services
AUTHOR	Jonny Sammut, Director of Digital Services Leanne Smith, Assistant Director of Digital Services: Data & Analytics Aled Williams, Assistant Director of Digital Services: ICT Keith Williams, Head of OCP Jon Hopkins, Head of Informatics Jon Whitehead, Systems Implementation Manager
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EXECUTIVE SUMMARY
<ol style="list-style-type: none"> 1. The purpose of this paper is to present the Refreshed Digital Plan to Trust Board, for approval and implementation. 2. The refresh of our digital plan aims to align with the Integrated Medium-Term Plan, Welsh Government directives, and NHS Wales' urgent care strategy, focusing on regulatory compliance, enhancing patient outcomes, and optimising resources. This strategic evolution underscores our commitment to innovation and excellence, ensuring our digital infrastructure not only meets current healthcare needs but is agile enough to embrace future technological advancements, thereby improving health outcomes for the communities we serve. 3. Adopting the VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework, our refreshed Digital plan ensures strategic alignment across all levels, setting a clear Vision as the guiding star for digital transformation, aimed at empowering our ambulance service with innovative technology for improved healthcare standards. This approach, supported by five key pillars—Everyday Essentials, Security, Safety & Cyber, Digital Pioneers, Transformation, and Data, Information, and Insight—provides a comprehensive and balanced strategy to drive operational excellence, security, innovation, and data-driven decision-making.

4. To refresh our digital plan, we have adopted a 'Digital Tranches' approach, enabling precise resource allocation and strategic investment sequencing, enhancing project tracking and ROI, and ensuring alignment with our objectives for a nimble, impactful digital evolution over the next 5-10 years.
5. Two new functional areas are to be deployed; the Digital Transformation function and Chief Clinical Information Officer (CCIO) role, both which are pivotal in WAST, driving innovation and operational efficiency through strategic digital technology use, while ensuring clinical needs and patient care are at the forefront of health IT initiatives.
6. Four options were proposed using the 'Digital Tranches' for sequential implementation to the executive leadership team, with 'Option 2' selected as a preferred option for balancing operational integrity and digital growth, entailing an investment in foundational enhancements and innovative projects.
7. A summary of the cost options presented to the executive leadership team can be seen in the following grid:

Option	Revenue £000s	Capital £000s
Option #1	409	0
Option #2	1,376	196
Option #3	2,416	1,121
Option #4	0	0

8. Failure to invest in the refresh of the WAST digital plan would lead to inadequate digital capabilities, increased cybersecurity vulnerabilities, operational inefficiencies, missed synergies with NHS Wales' objectives, insufficient workforce development, non-compliance with the IMTP, innovation stagnation, resource misallocation, diminished patient experience, cost inefficiencies, inadequate response to demographic shifts, and loss of talent.
9. In our digital plan refresh, establishing new Key Performance Indicators (KPIs) tailored to strategic pillars and mission statements is essential for efficiently monitoring progress, enabling precise measurement of our digital transformation's success, these will be developed and deployed in due course.

10. RECOMMENDED: The Trust Board are asked to:

- a. **Receive** and **approve** the Digital Plan 24-29 for implementation.

KEY ISSUES/IMPLICATIONS

- Failure to invest in and refresh the WAST digital plan presents 12 identified risks, including inadequate digital capabilities, increased cybersecurity vulnerabilities, operational inefficiencies, and potential non-compliance with IMTP, which collectively threaten to undermine patient care, staff workflows, and the Trust's ability to meet future healthcare demands.
- Investment Secured ~ £1.376m (Revenue) & £196k (Capital)

REPORT APPROVAL ROUTE

- Digital Leadership Group (Initial Proposition & Options) – 19th April 2024 - Approved
- Executive Leadership Team (Initial Proposition & Options) – 8th May 2024 - Approved
- Finance & Performance committee (Initial Proposition & Options) – 14th May 2024 – Approved
- Digital Leadership Group (Revised Plan 24-29) – 19th June 2024
- Executive Leadership Team (Revised Plan 24-29) – 11th July 2024
- Finance & Performance committee (Revised Plan 24-29) – 16th July 2024
- Trust Board – 25th July 2024

REPORT APPENDICES

- Appendix 1 – Digital Plan 2024-2029**
- Appendix 2 – Digital Pillars**
- Appendix 3 – EQIA - Equality Impact Assessment**

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

SITUATION

1. The purpose of this paper is to present the Refreshed Digital Plan to Trust Board, for approval and implementation.
2. Whilst some final imagery for the plan is still in production, the core messaging and context are ready for trust board review, seeking approval.

BACKGROUND

1. The digital landscape within the healthcare sector has undergone rapid evolution over the past few years, driven by technological advancements, shifting patient expectations, and the increasing necessity for efficient healthcare delivery.
2. The Welsh Ambulance Services NHS Trust (WAST), as a critical tranche of Wales' healthcare infrastructure, has made significant strides in embracing digital technologies to enhance service delivery, patient experience and operational efficiency.
3. However, the fast-paced nature of digital innovation and the evolving challenges in healthcare necessitate a proactive and strategic refresh of our digital plan.
4. In doing so, we align with the Welsh Government's 'A Healthier Wales: Our Plan for Health and Social Care, (2018)' which emphasises the importance of a transformative approach to healthcare, prioritising prevention, early intervention, and the integration of services.
5. Refreshing our digital plan will not only enable us to meet these strategic objectives but also position the Welsh Ambulance Services NHS Trust as a leader in digital healthcare innovation.
6. Following a comprehensive review of digital demand and global sector benchmarking, the plan was produced using a VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework. This means our refreshed Digital plan maintains strategic alignment across all levels.

ASSESSMENT

7. Our renewed digital plan focuses on three main areas: regulatory compliance, patient outcome enhancement, and resource optimisation. Aligning with governmental and NHS directives ensures our digital initiatives continue to build public trust and adapt to the evolving regulatory landscape.

8. Our Digital plan 24-29 (**Appendix 1**) comprises of a single, overarching narrative document, underpinned by five core strategic pillars (**Appendix 2**). An EQIA (**Appendix 3**) also supports this plan.
9. The Digital Plan outlines the purpose behind each of our digital pillars and is designed to support our overarching vision.
10. Our digital vision statement was created by the function, for the business and is as follows: *"Empowering our ambulance service with cutting-edge, user-friendly technology, we unite digital brilliance with health data to enable and enhance our services. Committed to excellence for patients, colleagues and partners alike, our digital community leads with trust, innovation, and seamless experiences—empowering decisions, driving outcomes, and setting new standards in digital healthcare, every time, everywhere."*
11. This plan is designed to be agile and dynamic in nature, with actions for years 2-5 to evolve as we progress, with the year 1 projects outlined in the plan document as part of the commencement of this digital journey.
12. A "rich picture "has also been developed, with the aim of bringing to life the digital vision and how this will look and feel for the organisation. This picture is currently in final stages of design and will supplement the plan as it is published.
13. The digital plan emphasises using digital tools to improve responsiveness and patient safety, such as employing predictive analytics and digital platforms to streamline patient flow and decision-making. Furthermore, it aims at better integration across primary, secondary, and tertiary care, leveraging real-time data and telehealth solutions to enhance care coordination, reduce bottlenecks, and improve overall service delivery.
14. This strategic plan aligns with the 2030 vision for WAST, focusing on innovative digital transformation to meet and anticipate the future healthcare needs of our communities. The plan also aligns with the digital priorities outlined in the WAST IMTP.
15. Pending approval by the Trust Board, the plan will be officially launched in August 2024, with key activities outlined below:

Organisational Messaging	<p>Launch Pack to be issued via email, comprising:</p> <ul style="list-style-type: none"> • Message from Director of Digital Services and Non Executive Lead for Digital • Digital Plan • Rich Picture • Details of an organisation wide 'Ask us' session
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	<ul style="list-style-type: none"> • Invitation to provide feedback via designated email address • Link to intranet page, where performance and progress will be shared on a quarterly basis • Frequently asked questions document <p>The following will also be shared: Posts via Siren and Yammer</p>
Digital Directorate specific messaging	<p>Launch Pack to be issued via email to the directorate, comprising:</p> <ul style="list-style-type: none"> • Letter from Director of Digital Services and Non Executive Lead for Digital • Digital Plan • Rich Picture • Digital Tranch 1 deliverables • Details of an Directorate wide ‘Ask us’ session • Invitation to provide feedback via designated email address • Link to intranet page, where performance and progress will be shared on a quarterly basis <p>The following will also be shared:</p> <ul style="list-style-type: none"> • Posts via Siren and Yammer

16. Following Board sign off, the Plan will be translated into Welsh and both the Welsh and English versions will be published.

RECOMMENDATION

17. The Trust Board are asked to:

- Receive and approve the Digital Plan 24-29 for implementation.



GIG
CYMRU
NHS
WALES

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



WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

OUR DIGITAL PLAN

2024 - 2029







FOREWORD

*Ceri Jackson, Non-Executive Director
and Vice Chair*

I am delighted to be able to introduce our 2024-29 Digital Plan, which represents such an important milestone in our digital journey. It's the culmination of many months of work for colleagues across the organisation and especially in our digital team, who are among our many unsung heroes who work so hard to make sure that our digital systems serve our people and our patients.

Digital capability is pivotal to achieving our ambition set out in our long-term strategy – Delivering Excellence; we want to provide the right care and advice in the right place every time. Digital systems are the backbone of healthcare delivery and, as technology develops apace, there are exciting opportunities to harness for our patients and our people to make sure that we not only have the “digital basics” right, but also the right digital and data infrastructure.


This Digital Plan is informed by the people we are here to serve, our staff and volunteers. Digital inclusivity and quality are key considerations in this plan, ensuring our services are user friendly and accessible to meet the needs of communities across Wales.

And, of course, the digital landscape is rapidly evolving and providing us with new and exciting opportunities to do things differently. Using technology and data to enable us to be the best we can be, to drive improvements, safety and improved colleague and patient experience is at the heart of this Digital Plan.



DIRECTOR INTRODUCTION

*Jonny Sammut,
Director of Digital Services*



It is with immense pride and great anticipation that we present the revised Digital Plan for the Welsh Ambulance Service. In a rapidly evolving digital landscape, our commitment to delivering exceptional care has never wavered. This plan marks a significant milestone in our journey to harness the power of technology and data to enhance the services we provide to the people of Wales.

We recognise that our digital transformation is a collective effort. It's the result of invaluable feedback from our staff, patients, and stakeholders. This revised plan reflects their voices, needs, and aspirations. It's a testament to our unshakeable dedication to being more than just a service provider; we are a vital part of our communities.

At the heart of this plan is a commitment to excellence. We are investing in cutting-edge technology, from advanced dispatch systems to enhanced telehealth services, ensuring our teams are equipped with the best tools to do their jobs effectively. We are fostering a culture of continuous improvement and innovation, empowering our staff with the skills and knowledge to thrive in this digital age.

Our enthusiasm for this digital journey is matched by our gratitude for the unwavering support we've received. As we embark on this exciting new chapter, we do so with a sense of responsibility and optimism. We are excited about the possibilities this plan unlocks and the positive impact it will have on the health and well-being of our communities.

Together, we are building a future where the Welsh Ambulance Service is synonymous with digital excellence in healthcare. We invite you to join us on this journey, to share in our vision, and to witness the transformative power of technology in action.

Thank you for your continued support and trust in our mission.

Jonny

INTRODUCTION

The digital landscape within the healthcare sector has undergone rapid evolution over the past few years, driven by technological advancements, shifting patient expectations, and the increasing necessity for efficient healthcare delivery.

The Welsh Ambulance Services University NHS Trust (WAST), as a critical tranche of Wales' healthcare infrastructure, has made significant strides in embracing digital technologies to enhance service delivery, patient experience and operational efficiency. However, the fast-paced nature of digital innovation and the evolving challenges in healthcare necessitate a proactive and strategic refresh of our Digital Plan.

Often when we think of 'Digital', we think of outputs, such as tools, hardware, software, but when we instead position digital as the opposite of analogue, and see it as an experience we see what value investment in Digital could bring. 'Digital' is the organisation of knowledge, it is automation, it connects systems, intelligence and people, and can open up (and speed up) pathways and make recommendations.

In WAST, the Digital Directorate comprises of three core operations, each with a range of specialist technical and non-technical functions within them. Understanding the current setup of the digital directorate and their workload allocation is crucial for several reasons:



It provides us with a clear picture of our **digital capabilities**, identifying strengths and areas for improvement. This insight is fundamental to ensuring our Digital Plan refresh aligns with our operational realities and leverages our current strengths while addressing gaps.



Knowledge of the current workload allocation helps us identify potential for **efficiency gains**, opportunities for reallocating resources to higher priority areas, and areas where investment in additional resources or technologies may be required. This ensures that our Digital Plan is both realistic and achievable, setting a solid foundation for the successful implementation of new digital initiatives aimed at enhancing service delivery and operational efficiency within the Trust



The digital world is rapidly evolving, with new technologies, user expectations, and competitive pressures emerging at an unprecedented pace. This realisation serves as a crucial backdrop for our discussion on the necessity of refreshing our Digital Plan. It is essential to acknowledge that while we have made significant progress, we have not fully realised our **digital aspirations**.

WHAT ARE DIGITAL SERVICES?

The Digital Services function is responsible for implementing and managing innovative digital solutions, from advanced dispatch systems and telehealth services to data analytics and cybersecurity measures.

The Digital Services Directorate oversees the development, implementation, and management of all the Trust's digital and technological aspects critical to the organisation's operations. This includes maintaining and upgrading dispatch and communication systems, developing telehealth platforms, ensuring robust cybersecurity measures, and utilising data analytics to improve service delivery. Additionally, the directorate is responsible for training staff on new digital tools, fostering digital innovation, and ensuring that technology seamlessly supports clinical, corporate and operational functions.



What systems are we responsible for that support patient care?

- All **devices** across our estate (e.g. laptops, PCs, phones, printers, radios and iPads)
 - Ensures seamless and efficient communication and information access, leading to faster and more accurate patient care.
- **33 Applications** (including our CAS, NHS 111 Wales website and dispatch systems)
 - Enhances the coordination and speed of emergency response services, enabling timely and effective patient care
- Our underlying technical **infrastructure**
 - Provides a robust and reliable foundation for all digital services, minimising downtime and ensuring that critical services are always available to patients.
- Our **data warehouse** and **front-end reporting software**
 - Enables better data analysis and reporting, leading to improved patient outcomes through more informed decision-making and resource allocation
- **Regulatory compliance** for records and data management
 - Ensures patient data is handled securely and in compliance with data protection / information security regulations, protecting patient privacy and maintaining trust in the healthcare system.



RATIONALE FOR A DIGITAL PLAN REFRESH

The previous WAST Digital Strategy was set in 2020, focusing on empowering digital patients, building a digital workplace, leveraging intelligence through data, and establishing strong digital foundations. These aims were designed to enhance patient care, improve operational efficiency, and ensure data-driven decision-making, all underpinned by a commitment to cybersecurity, data protection, and sustainable technological advancement.

As we refresh our Digital Plan, it is paramount to recognise the imperative need to align our initiatives with the Integrated Medium-Term Plan (IMTP), the Welsh Government's directives for the ambulance service, and NHS Wales' direction for urgent and emergency care. This strategic realignment is not merely a response to evolving external mandates but a proactive step towards ensuring that our digital infrastructure and services are at the forefront of healthcare innovation, efficiency, and patient care. The rationale for this refresh centres around three pivotal themes: compliance with regulatory and strategic frameworks, enhancement of patient outcomes, and the optimisation of resources.

Compliance with Regulatory and Strategic Frameworks

Alignment with Welsh Government and UK Government strategic direction and regulatory requirements for information and cyber security, as well as privacy and accessibility, ensures our digital initiatives maintain the trust and confidence we have come to earn from the public and our service users. In a changing regulatory landscape, which needs to consider advancements in AI and medical devices, it is critical that the theme of compliance is included by design in our digital efforts.





Enhancement of Patient Outcomes and Patient Safety

The Welsh Government's strategic direction for the ambulance service underscores the importance of digital transformation in enhancing responsiveness, reducing wait times. The NHS Wales' strategy for urgent and emergency care is therefore pivoting to a more integrated and digital-first approach, including digital platforms to facilitate patient access and employing predictive analytics to manage patient flows. Additionally, the IMTP outlines a clear roadmap for healthcare services, emphasising the need for digital technologies to support clinical decision making and facilitate a seamless patient experience. Refreshing our Digital Plan ensures our technological advancements are in harmony with the IMTP and positions us to effectively respond to future healthcare challenges and opportunities. This refresh of our Digital Plan will bolster patient safety by integrating advanced technologies that enhance real-time decision-making, ensure faster and more accurate emergency responses, and facilitate seamless communication between on-scene paramedics and hospital staff, ensuring patients receive the most appropriate care as swiftly as possible.

Optimisation of Resources

This alignment with the IMTP and NHS Wales' and Welsh Government's direction also allows for enhanced interconnectivity between primary, secondary and tertiary care services. Our aim is to utilise real-time data analytics, telehealth solutions, and mobile applications to increase patient access, reduce bottlenecks, improve triage and deliver a more coordinated and informed care experience. This approach will not only streamline operations, but improve efficiency and effectiveness of the ambulance services.



The rationale for refreshing our Digital Plan is clear

To align with the strategic visions laid out by the IMTP, the Welsh Government, and NHS Wales. By doing so, we aim to enhance the quality, efficiency, and delivery of healthcare services, ensuring that our digital infrastructure not only meets the current needs of our patients and staff but is also poised to adapt to future advancements in healthcare technology. This strategic refresh is a commitment to innovation, excellence, and the continual improvement of health outcomes for the communities we serve.

Supports the 2030 vision for WAST

In aligning the refreshed Digital Plan with the vision for 2030 set forth by WAST, we remain committed to pioneering digital innovation that enhances patient care, streamlines operations, improves communication and fosters a culture of excellence. Our plan envisions embedding new technologies to enhance and improve a seamless, patient-centric experience, ensuring that individuals across Wales receive timely and effective care when they need it most. Through robust data analytics and data linking protocols, we will transform the way we access and manage information across the Trust. This strategic realignment underscores our dedication to advancing the Welsh Ambulance Service's vision for 2030, positioning us at the forefront of healthcare innovation in Wales.



Directly supports our People and Culture plan

In refreshing our Digital Plan, we can ensure it aligns with the WAST People and Culture Plan. Our primary objective is to foster a connected and empowered workforce while enhancing the overall people experience. Embracing the principles of autonomy and culture, our refreshed Digital Plan seeks to empower employees by providing them with the digital tools and platforms necessary to excel in their roles. Through targeted training and development initiatives, we will aim to enhance both the capacity and capability of our workforce to effectively leverage digital technologies in their daily operations. Moreover, by promoting a culture of innovation and continuous learning, we will strive to create an environment where employees feel valued, supported, and inspired to contribute to the organisation's success.

OUR VISION

Empowering our ambulance service with cutting-edge, user-friendly technology, we **unite** digital brilliance with health data to **enable** and **enhance** our services. Committed to excellence for patients, colleagues and partners alike, our digital community leads with **trust, innovation, and seamless experiences**—empowering decisions, driving outcomes, and **setting new standards** in digital healthcare, **every time, everywhere**

We have incorporated **five key pillars** into the refresh of our Digital Plan, which offer a robust framework that ensures comprehensive and balanced attention to all critical aspects of digital transformation. These pillars will enable us to further develop and monitor our missions, objectives, strategies and tactics as we get into the delivery of the key work programmes and are intended as a simplified front to present back to the organisation.

- Focuses on ensuring that fundamental digital tools and infrastructure are reliable, user-friendly, and accessible to all users, forming the backbone of patient centric and daily operations.

Everyday
Essentials



- Prioritises the protection of digital systems, patient data, and the network against cyber threats, establishing trust and compliance with legal standards.

Security, Safety &
Cyber



- Encourages innovation and the adoption of emerging technologies, fostering a culture of continuous improvement and experimentation.

“

Digital Pioneers



- Is about rethinking and redesigning processes and services with digital technology to improve efficiency, patient care, and adaptability in the face of change.

Transformation



- Emphasises the strategic use of data, analytics and visualisation to inform decision-making, enhance service delivery, and provide actionable insights for better outcomes.

Data,
Information &
Insight



See **Appendix 1** for our digital rich picture, which brings this vision to life.

OUR DIGITAL PILLARS



EVERYDAY ESSENTIALS

The "Everyday Essentials" pillar of our Digital Plan is dedicated to building a robust and dependable digital foundation that supports our vision to provide digital brilliance. This initiative emphasises the importance of having reliable, user-friendly, and accessible digital tools and infrastructure, which are essential for our daily operations and patient-centred services. By ensuring these fundamental elements are in place, we aim to solve those everyday problems, ultimately leading to better patient outcomes and a more streamlined workflow for our staff.

For **our patients and the public**, "Everyday Essentials" means that they can trust in the consistency and reliability of the digital services we provide. Whether it's through seamless communication channels, efficient appointment scheduling, or accurate and timely information dissemination, this pillar ensures that our digital tools are easy to use and accessible to everyone. By prioritising user-friendliness and accessibility, we are committed to making our services more inclusive, ensuring that all individuals, regardless of their technical proficiency or physical abilities, can benefit from our digital infrastructure.

For **our employees**, "Everyday Essentials" translates to having the necessary tools and systems that enable them to perform their duties effectively and efficiently. This includes reliable communication systems, intuitive software for managing patient information, and secure data management practices. By focusing on these core aspects, we support our team in delivering high-quality care without the burden of technical difficulties or accessibility issues. This pillar is about laying a solid digital groundwork that not only supports our current operations but also prepares us for future advancements in healthcare technology.

EVERYDAY ESSENTIALS - WHAT DOES THAT MEAN?

Everyday Essentials focuses on solving everyday **challenges** and perfecting the **fundamentals** to ensure seamless, efficient operations in our ambulance service.

Key Principles

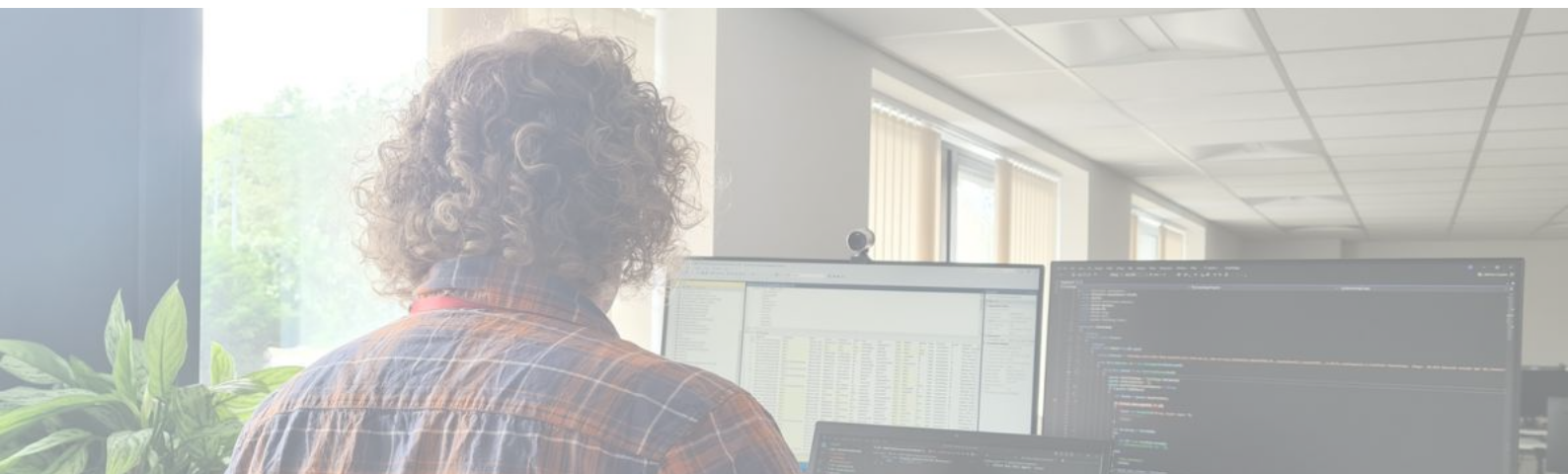


- **Reliability:** Ensure all digital systems are consistently operational and dependable.
- **User-Friendliness:** Design interfaces and processes that are intuitive and easy for staff to use.
- **Efficiency:** Streamline workflows to minimise delays and maximise productivity.
- **Accessibility:** Make essential tools and information readily available to every employee.
- **Consistency:** Standardise procedures and systems to maintain uniformity across all digital operations.
- **Support:** Provide robust technical support and training for staff to address issues swiftly.
- **Integration:** Ensure seamless connectivity and compatibility between different digital tools and systems.
- **Feedback:** Continuously gather and act on feedback from staff to improve digital services and address pain points.

Key Planned Deliverables



- Robotic Process Automation (RPA) programme to capitalise on automation opportunities
- Unlocking capability with our existing technology
- Simplified sign-on
- Improved technical testing
- Enhanced device architecture
- Creation of design principles
- Development of a technology inclusion and adoption programme
- Development of digital business partners



OUR DIGITAL PILLARS

SECURITY, SAFETY AND CYBER



The "Security, Safety and Cyber" pillar of our Digital Plan underscores our commitment to safeguarding our digital systems, patient data, and network integrity. In an era where cyber threats are increasingly sophisticated and prevalent, prioritising digital security is crucial. This initiative is designed to ensure that our digital infrastructure is fortified against potential threats, thereby maintaining the trust of our patients and compliance with stringent legal standards. By proactively addressing security concerns, we aim to protect sensitive information and uphold the highest standards of confidentiality and integrity.

For **our patients and the public**, "Security, Safety and Cyber" means that they can have confidence in the safety of their personal health information. We recognise the importance of protecting patient data from unauthorised access and breaches. By implementing robust security measures and continuously monitoring our systems, we aim to prevent cyber incidents that could compromise patient privacy and safety. This pillar ensures that our digital practices are aligned with legal requirements and best practices in cybersecurity, reinforcing our dedication to maintaining a secure and trustworthy healthcare environment.

For **our employees**, the "Security, Safety and Cyber" pillar provides a secure and reliable framework within which they can perform their duties. By prioritising the protection of our digital systems, we minimise the risk of disruptions caused by cyber threats, ensuring that our operations run smoothly and efficiently. This includes regular training and awareness programs for our staff to stay updated on the latest security protocols and practices. Ultimately, this pillar supports our mission by creating a safe digital environment that allows our team to focus on delivering high-quality care without the concern of cyber vulnerabilities.

SECURITY, SAFETY AND CYBER - WHAT DOES THAT MEAN?

Security, Safety and Cyber ensures **robust protection** of digital **systems** and **data**, **safeguarding** both **patient information** and **operational integrity**.



Data Protection: Implement and manage stringent measures to secure patient and operational data from unauthorised access.



System Resilience: Ensure digital systems are robust and can withstand cyber threats and disruptions.



Compliance: Adhere to all relevant laws, regulations, and industry standards for cybersecurity and data protection.



Staff Training: Provide continuous cybersecurity training to all staff to recognise and respond to threats.



Access Control: Implement strict access controls to ensure only authorised employees can access sensitive information.



Encryption: Use advanced encryption methods to protect data both at rest and in transit.



Monitoring: Continuously monitor digital systems for signs of potential security breaches or anomalies.



Backup and Recovery: Maintain regular backups and robust recovery procedures to ensure continuity.



Physical Security: Utilise digital technology such as Internet-of-Things (IoT) sensors to enhance physical security, monitoring critical equipment and facilities

Security in an ambulance service is crucial to **protect** sensitive **patient** data, ensure the **seamless operation** of **emergency response** systems and maintain the **trust** of the **public** we serve.

OUR DIGITAL PILLARS



DIGITAL PIONEERS

The "Digital Pioneers" pillar of our Digital Plan is dedicated to driving innovation and embracing emerging technologies to enhance our services. This initiative focuses on fostering a culture of continuous improvement and experimentation, encouraging our organisation to stay at the forefront of technological advancements. By adopting cutting-edge solutions and innovative practices, we aim to improve the efficiency, effectiveness, and quality of our healthcare delivery, ensuring that we can meet the evolving needs of our patients and communities.

For **our patients and the public**, "Digital Pioneers" means access to state-of-the-art healthcare services that leverage the latest technological innovations. This could include the use of advanced telehealth platforms, AI-driven diagnostics, and personalised care solutions that improve patient outcomes and experiences. By continuously exploring and integrating new technologies, we strive to provide more responsive, efficient, and patient-centric services. This commitment to innovation not only enhances the quality of care but also ensures that our patients benefit from the most up-to-date medical advancements and practices.

For **our employees**, the "Digital Pioneers" pillar represents an exciting opportunity to be at the cutting edge of healthcare technology. We encourage our team to engage in continuous learning and experimentation, providing them with the tools and support needed to explore new ideas and solutions. This culture of innovation empowers our staff to identify and implement improvements in their daily workflows, leading to more effective and efficient service delivery. By embracing emerging technologies, we aim to create a dynamic and forward-thinking work environment where creativity and innovation are integral to our mission of providing exceptional care to our communities.

DIGITAL PIONEERS - WHAT DOES THAT MEAN?

Digital Pioneers drive **innovation** and lead the way in integrating **cutting-edge** technology to **transform** and **enhance** ambulance services.



Key initiatives that are included in our 'Digital Pioneers' workload include;

Artificial intelligence

Use of drones

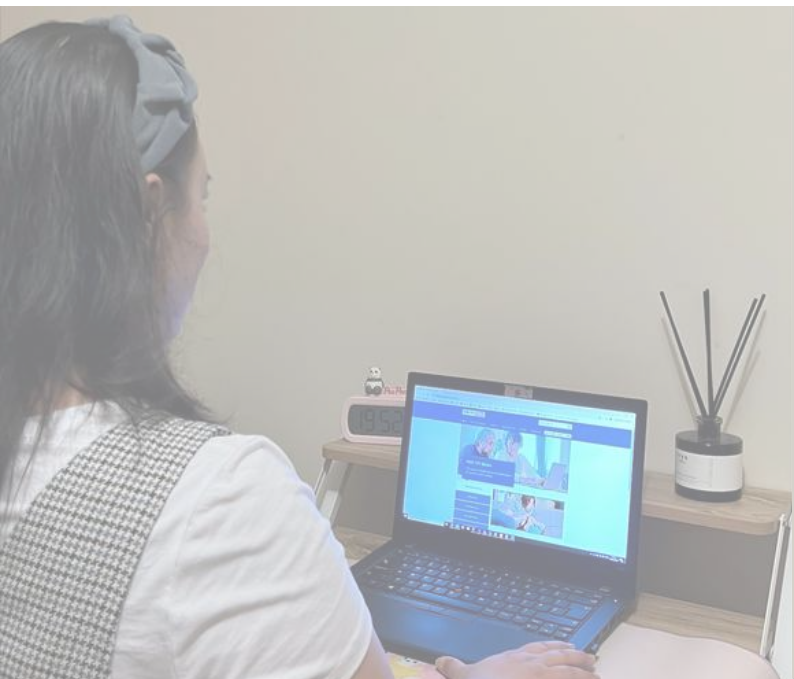
Wearable technology

Digitally enabled vehicles

Virtual / augmented reality

Asset tracking

Chatbot and self-service automation



OUR DIGITAL PILLARS

DIGITAL TRANSFORMATION



The "Digital Transformation" pillar of our Digital Plan is centered on reimagining and redesigning our processes and services through the integration of digital technology. This initiative is about more than just updating our current systems; it's about fundamentally transforming the way we operate to enhance efficiency, improve patient care, and increase our adaptability in a rapidly changing healthcare landscape. By leveraging the power of digital technology and working with key partners in and out of our health system, we aim to streamline our operations, reduce system waste, and ensure that our services are more responsive and effective.

For **our patients and the public**, "Digital Transformation" means a more seamless and efficient experience when interacting with our services. This could involve the implementation of advanced scheduling systems, connected digital patient records, and real-time communication tools that make it easier to access care when needed. By redesigning our services with a focus on digital integration, we strive to reduce wait times, improve the accuracy of information, and provide more personalised care. Ultimately, this transformation is about making our services more user-friendly and accessible, ensuring that we can meet the diverse needs of our community in a more efficient and effective manner.

For **our employees**, the "Digital Transformation" pillar represents an opportunity to work within a more modern, efficient, and adaptable healthcare system. By redesigning processes and incorporating digital tools, we aim to reduce administrative burdens, streamline workflows, and enhance collaboration across departments. This not only improves job satisfaction and productivity but also allows our staff to focus more on patient care and less on bureaucratic tasks. Embracing digital transformation ensures that our team is equipped to handle the challenges of today and tomorrow, fostering a more resilient and innovative healthcare environment.

DIGITAL TRANSFORMATION- WHAT DOES THAT MEAN?

Digital Transformation in our plan ensures seamless **interoperability** and the **integration** of **advanced technologies** to enhance efficiency and patient care

The digital transformation pillar aims to leverage digital technologies to reshape operations, culture, and patient experiences, driving innovation, efficiency, and competitiveness.

Its key areas include:

Strategic Direction

- Vision and Leadership: Establish a clear vision for digital transformation and integrate it into the business strategy.
- Alignment with Business Goals: Ensure initiatives align with overall objectives.

Innovation and Development

- Adoption of Emerging Technologies: Implement new technologies to improve performance and patient experience.
- Product and Service Innovation: Develop or enhance digital products and services.

Culture and Capability Building:

- Digital Literacy and Skills Development: Promote digital literacy and skills.
- Cultural Change: Foster a culture of innovation and agility.

Stakeholder Engagement and Collaboration

- Internal Collaboration: Align digital efforts with departmental needs.
- External Partnerships: Engage with technology providers and industry groups.

Governance and Risk Management

- Digital Governance: Establish frameworks and policies.
- Risk Management: Mitigate risks, including cybersecurity and data privacy.

Digital Performance Measurement

- Metrics and KPIs: Monitor performance indicators.
- Continuous Improvement: Use data and feedback to refine strategies.

System Partners

- Collaborate with other healthcare providers to support system and public health improvements.
- System wide interoperability to ensure that patient data is seamlessly and securely shared.



OUR DIGITAL PILLARS



DATA, INFORMATION AND INSIGHT

The "Data, Information and Insight" pillar of our Digital Plan is dedicated to harnessing the power of data to drive informed decision-making and improve service delivery. This initiative focuses on the strategic use of data, analytics, and visualisation tools to generate actionable insights. By leveraging these technologies, we aim to enhance our ability to respond to the needs of our patients and communities more effectively. This pillar is about transforming raw data into meaningful information that guides our actions and policies, ultimately leading to better healthcare outcomes.

For **our patients and the public**, "Data, Information and Insight" means more responsive and tailored healthcare services. Through the strategic use of data, we can identify trends, predict needs, and allocate resources more efficiently. This might involve analysing patient feedback, monitoring health patterns, and using predictive analytics to anticipate demand. By doing so, we ensure that our services are not only more efficient but also more closely aligned with the specific needs of the communities we serve. This data-driven approach allows us to continuously improve our services and deliver higher quality care to all patients.

For **our employees**, the "Data, Information and Insight" pillar provides the tools and information necessary to make better-informed decisions and optimise daily operations. By integrating advanced analytics and visualisation technologies, we can present complex data in more understandable and actionable formats. This enables our team to quickly identify areas for improvement, track performance, and implement evidence-based strategies. Emphasising data-driven decision-making fosters a culture of continuous improvement and innovation, empowering our staff to deliver exceptional care and adapt to evolving healthcare challenges with confidence and precision.

DATA, INSIGHT AND INFORMATION - WHAT DOES THAT MEAN?

Data, Insight, and Information transforms **raw data** into **actionable insights** to enhance **decision-making** and improve **patient care**.



This pillar isn't about inundating people with data, but **empowering** us to take **action** through clear **information** and **insights** derived from that data.

OUR MISSION STATEMENTS

Technology

Our mission is to empower our patients and colleagues with user-friendly, durable technology that improves care access and monitoring, through seamless integration, in-house innovation, and comprehensive training, ensuring everyone can confidently embrace and benefit from our digital healthcare solutions.

Overcoming Challenges

Our mission is to foster a cost-effective and connected healthcare ecosystem that empowers our staff through continuous education, leverages advanced technology to meet the challenges of an ageing population, and drives staff retention and engagement. We strive for smart recruitment and clear communication to ensure sustainability and a positive return on investment, while fully embracing the clinical vision of WAST and nurturing a culture of ownership and innovative change.

Operating Model

Our mission is to harmonise our approach by adopting a unified model, ensuring robust hardware and seamless interoperability across NHS systems, fostering collaboration, and automating processes for around-the-clock 24-hour service. We're dedicated to empowering patients with self-care tools, enhancing staff knowledge, and supporting innovation while maintaining operational excellence. Our focus is on learning from data to guide future advancements, improving inter-departmental communication, and promoting resource sharing between emergency services, all to advance patient care and service self-sufficiency.

People

Our mission is to elevate our workforce into a community of digitally literate subject matter experts by focusing on recruitment that meets our specific needs and investing in comprehensive training programs. We will foster a culture of excellence and collaboration, simplifying service access and driving digital inclusion. By upskilling our team with the latest technologies, establishing strong ties with educational institutions, and nurturing digital champions, we commit to growing our capacity to innovate and enhance the user experience across our services.



OUR CONSIDERATIONS

The People we serve

Recognising our responsibility towards the people of Wales, our plan is designed to foster sustainable development, ensuring that our digital initiatives contribute positively to the economic, social, environmental, and cultural well-being of future generations.

Strategic Direction

· Our Digital Plan is closely aligned with the overall strategic direction of the organisation, supporting our mission to deliver high-quality patient care and to innovate in response to the changing healthcare landscape. It supports our goals of improving healthcare outcomes, enhancing patient experience, and ensuring operational efficiency.

Digital Inclusivity and Equality

Central to our plan is the commitment to digital inclusivity, ensuring that all individuals, regardless of socio-economic status, disability, race, or age, have equal access to our digital services. This commitment informs our approach to the design, principles and deployment of digital solutions, emphasising user-friendly interfaces, multilingual support, and accessibility features.

Environment and Sustainability

Our digital initiatives are developed with an acute awareness of their environmental impact. We aim to leverage digital technologies to reduce our carbon footprint, such as by minimising the need for physical travel through telehealth services and optimising resource use in our operations. Sustainability principles guide our choices in technology, infrastructure, and operational practices.

Socio-Economic Duty

We recognise our broader socio-economic duty to contribute positively to the communities we serve. This involves not only ensuring equitable access to our digital services but also leveraging our digital transformation efforts to stimulate local economies, create employment opportunities, and support education and training in digital skills within our communities.

Data and Information Ethics

In embracing data-driven solutions and AI, we are committed to upholding the highest standards of ethics. This involves rigorous adherence to data protection laws, ensuring transparency, accountability, and fairness in our AI systems.

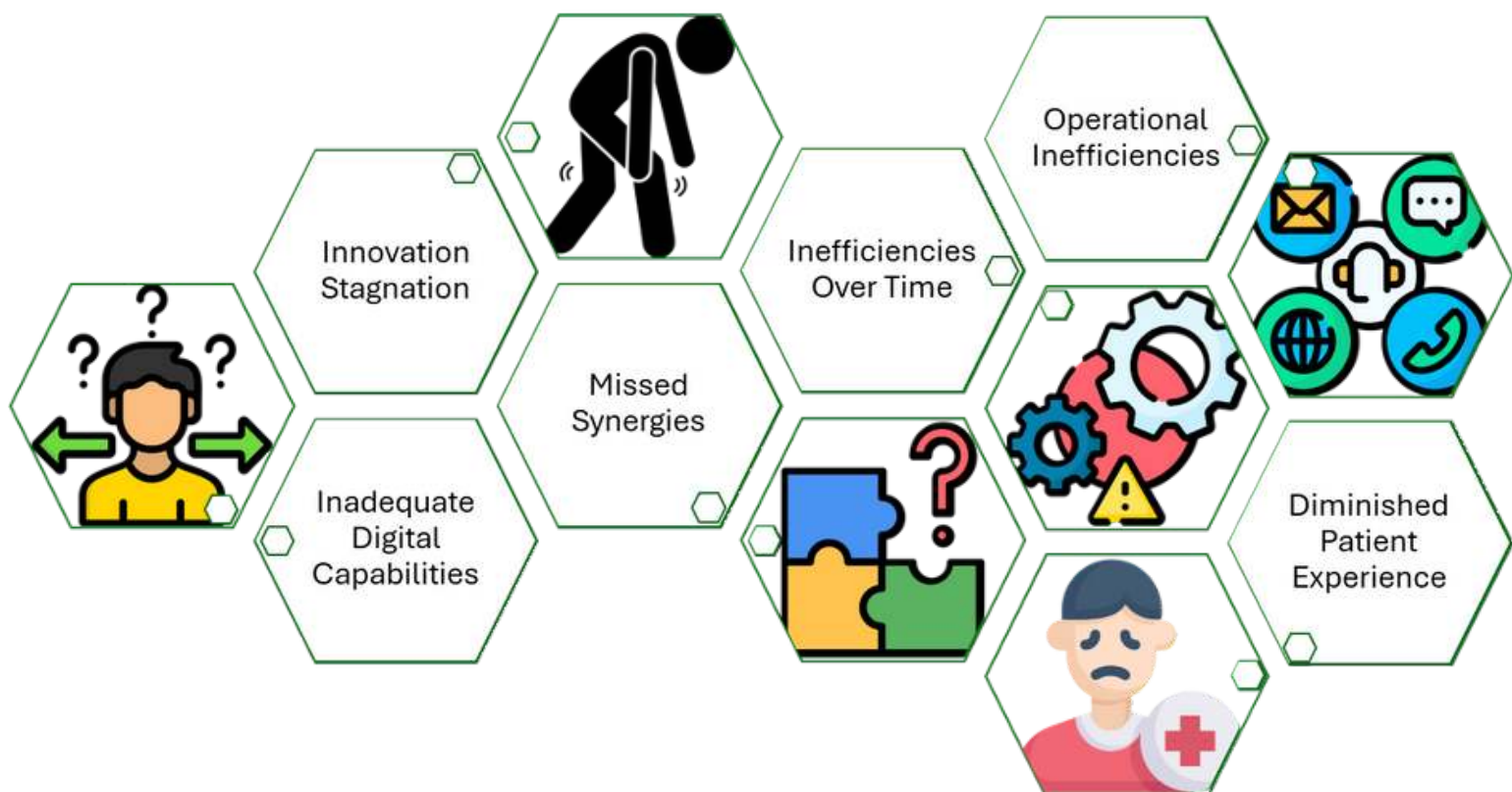
RISKS AND SUCCESS

In the context of our **Digital Plan** refresh, managing **risk** and establishing clear **measures of success** are **paramount**.

We recognise that the integration of new technologies and the transformation of our digital infrastructure come with inherent challenges. To address these, we are implementing robust risk management frameworks that ensure data security, system reliability, and compliance with regulatory standards.

Concurrently, we will define specific metrics to measure our progress and success, such as improved patient outcomes, enhanced service efficiency, and increased user satisfaction. By balancing innovation with careful risk management, we are committed to delivering a secure, effective, and patient-centered digital transformation.

The **risk** of no action:



THANK YOU

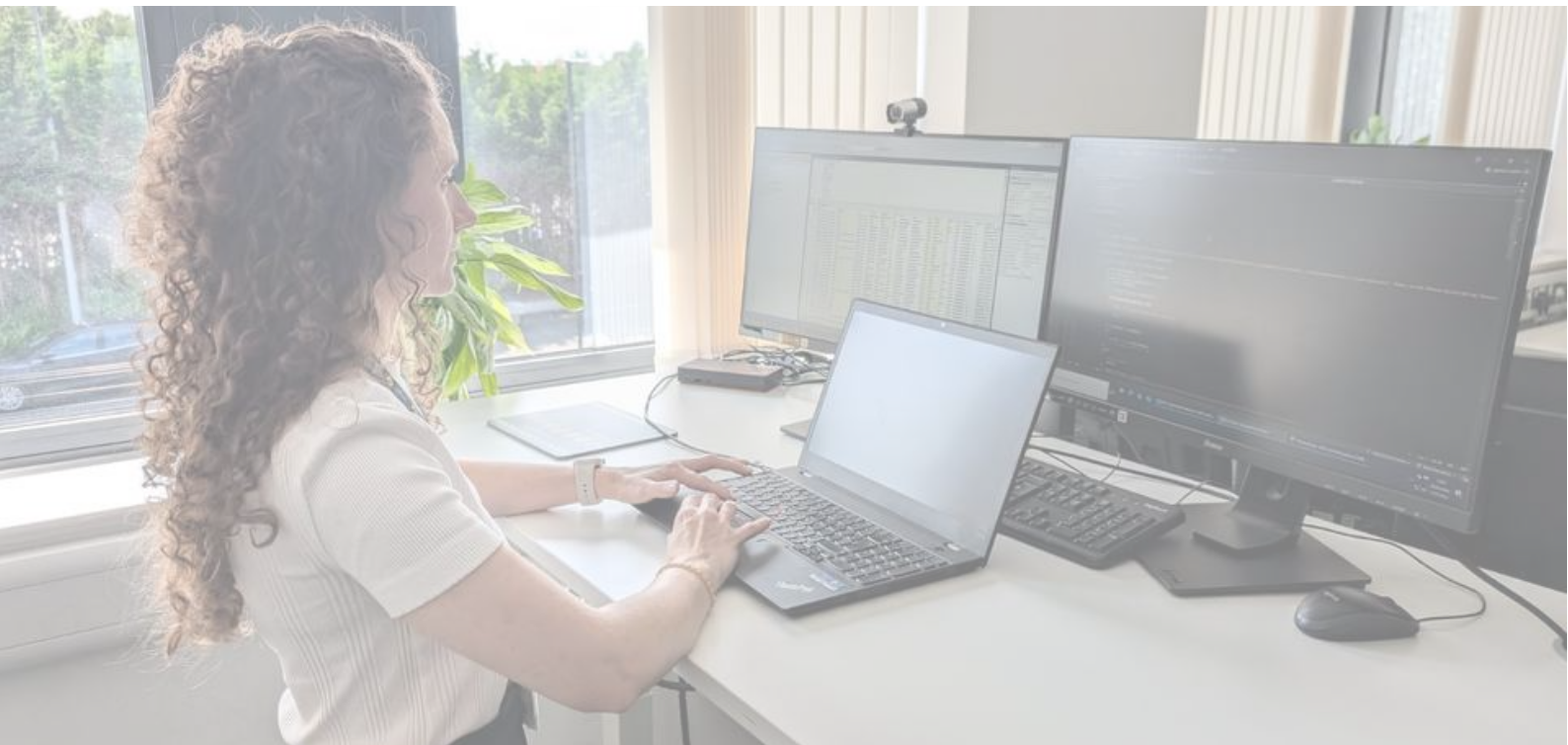
In closing, this **Digital Plan** is **made by people, for people**, to support and serve the **people of Wales**.

Thank you for taking the time to review our refreshed digital strategy. We value your insights and welcome your feedback.

If you believe there are areas where we can improve or have any suggestions you would like us to consider, please do not hesitate to share them with us.

Your input is crucial as we strive to enhance our approach and achieve our digital goals together.

Please email amb_digitalfeedback@wales.nhs.uk if you have any comments, suggestions or questions at any point over the life of this plan.



Appendices

Appendix 1: Our Digital Rich Picture - *A visual guide to the digital journey detailed in this plan.*

Appendix 2: Our Year 1 Key Deliverables - *This outlines the actions for 2023-24 to kickstart our journey; the Plan is dynamic and flexible, with actions for years 2-5 evolving as we progress.*

APPENDIX 1

*** Placeholder for Rich Picture (Currently in design) ***

APPENDIX 2

The following list of **projects** represents the **commencement** of our refreshed digital journey for the **2024/25** period, with the plan designed to be **agile** in nature, allowing actions for years 2 - 5 to **evolve** as we progress.



E-Timesheets

- The development of a digital timesheet solution which integrates with HR and Finance processes



Robotic Process Automation (RPA)

- A programme to explore automation opportunities across the trust, there are circa 20+ known opportunities for RPA currently



111 Website Development

- Increased accessibility and usability of the 111 website for a diverse user base



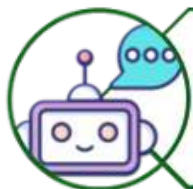
111 Visual IVR

- Streamlined and simplified patient journey for 111 services through visual IVR technology.



Surveillance Drone

- Enhanced situational awareness through aerial surveillance for safer and more efficient access to dangerous or difficult scenes.



Non-Emergency Patient Transport Service Chatbot

- Improved scheduling capabilities empowering patients to self-serve cancellations and reschedules.



GIG
CYMRU
NHS
WALES

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



Digital Pillars



We have 80+ projects and programmes of work sat within the Digital Services ‘workstack’.
Each of these projects sits across the following 5 strategic pillars:

- Digital solutions to address everyday challenges, our approach focuses on creating user-friendly, innovative tools that seamlessly integrate into daily life, streamlining processes and enhancing efficiency.

Everyday
Essentials



- This involves implementing robust measures to protect against cyber threats, safeguard sensitive information/records, and promote a secure online environment.

Security, Safety
& Cyber



- Becoming trailblazers at the forefront of technological innovation, driving transformative change by pushing the boundaries of what's possible in the digital landscape, and inspiring new paradigms and possibilities.

Digital Pioneers



- Digital transformation in the digital realm is a comprehensive and strategic overhaul of organizational processes, technologies, and culture,

Transformation



- seamless integration of data, information, and insights involves collecting, analyzing, and translating vast amounts of raw data into valuable, actionable intelligence, empowering informed decision-making and strategic advancements.

Data,
Information &
Insight



Evidencing Due Regard – Integrated Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Trust Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant.

Step 1

Complete Part A

Section 1

- General Information
- Which Assessments are Required
- Links to WAST Behaviours and Strategic Equality Objectives
- Wellbeing of Future Generations

Section 2 – Evidence to support assessment

- a. Record of Engagement and Consultation activity
- b. Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

Step 3

Complete Part C - Socio-economic Impact Assessment (SEIA)

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

Part A – Information on assessment work required

Section 1 – General information

Title: Digital Plan Refresh 2024 – 2029 EQIA
Assessment Lead: Keith Williams – Head of Operational Communications Programme
<p>Who has been involved in undertaking this equality assessment:</p> <p>Digital Leadership Group (DLG) Jonny Sammut – Director of Digital Services Leanne Smith – Assistant Director of Digital (Data & Analytics) Aled Williams – Assistant Director of Digital (ICT) Jon Hopkins – Head of Information Jon Whitehead – Service Implementation Manager Keith Williams – Head of Operational Communications Programme</p>

Quick guide on what assessments are required: This section will help guide you to which assessments are required for your proposal.			
Types of decision being assessed:	What is being assessed? please tick the one which applies ✓	EQIA Required [Part B]	SEIA Required [Part C]

Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions	✓		
Trust Wider Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	✓		
Business Case/Capital Involvement/Options Appraisal required	✓		
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)			
Changes to and development of public services/Closure of Services			
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services			
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	✓		
Directorate Financial Planning	✓		
Divisional policies and procedures affecting staff			
New policies, procedures or practices that affect service delivery	✓		
Large Scale Public Events			
Major procurement and commissioning decisions	✓		
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)			
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	Socio-economic Impact Assessment
Start date: 15/04/24 Completed date: 10/07/24	Start date: N/A Completed date: N/A
If not undertaking EqIA state reason: Not applicable.	If not undertaking SEIA state reason: For individual projects / initiatives individual assessment will be conducted to see if a SEIA is required.

Please complete the rest of this section if EQIA / SEIA is required.

Summary of the purpose and aims of the decision / service / policy / function / change being assessed: *please include overall purpose and who the intended beneficiaries are. Give a broad description of how this will be achieved and measures of outcomes and success. Include any timeframes.*








The refresh of our digital plan aims to align with the Integrated Medium-Term Plan, Welsh Government directives, and NHS Wales' urgent care strategy, focusing on regulatory compliance, enhancing patient outcomes, and optimising resources. This strategic evolution underscores our commitment to innovation and excellence, ensuring our digital infrastructure not only meets current healthcare needs but is agile enough to embrace future technological advancements, thereby improving health outcomes for the communities we serve.

Over the past six months, the Digital Directorate engaged with the organisation to identify the true digital service needs, resulting in a comprehensive list of 77 projects aligned under four mission statements—Technology, Overcoming Challenges, Operating Model, and People—geared towards improving care, fostering a digital-savvy workforce, and enhancing operational efficiency. A structured prioritisation mechanism aligns these projects with strategic health frameworks and objectives, ensuring each initiative contributes effectively to Wales' healthcare goals and optimises investment, with detailed project tranches.

To refresh our digital plan, we propose adopting a 'Digital Tranches' approach, enabling precise resource allocation and strategic investment sequencing, enhancing project tracking and ROI, and ensuring alignment with our objectives for a nimble, impactful digital evolution over the next 5-10 year. Specific EQIA and SEIA will, where necessary, be developed in support of these digital tranches.

Links to WAST Behaviours

Indicate any behaviours that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

 Take ownership	 Broaden our understanding	 Respect others	 Show belief in each other	 Practice ethically	 Continually improve our service	 Be inclusive of the whole team
✓	✓	✓	✓	✓	✓	✓

Links to WAST Equality Objectives 2020-2024








The Trust published the Strategic Equality Plan (SEP) in 2020, for the period 2020-2024. Please indicate which objectives align for this decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

Equality Objectives	Tick if decision relates	Any supporting narrative
1 We will design equitable services	✓	Enhancement of Patient Outcomes and Patient Safety: The Welsh Government's strategic direction for the ambulance service underscores the importance of digital transformation in enhancing responsiveness, reducing wait times. The NHS Wales' strategy for urgent & emergency care is therefore pivoting to a more integrated and digital-first approach, including digital platforms to facilitate patient access and employing predictive analytics to manage patient flows. Additionally, the Integrated Medium-Term Plans (IMTP) outline a clear roadmap for healthcare services, emphasising the need for digital technologies to

		support clinical decision making and facilitate a seamless patient experience. Refreshing our digital plan ensures our technological advancements are in harmony with the IMTP and positions us to effectively respond to future healthcare challenges and opportunities. This refresh of our Digital Plan will bolster patient safety by integrating advanced technologies that enhance real-time decision-making, ensure faster and more accurate emergency responses, and facilitate seamless communication between on-scene paramedics and hospital staff, ensuring patients receive the most appropriate care as swiftly as possible.
2	We will lead by example	
3	We will be an employer of choice	✓ Supports our People & Culture plan: In refreshing our digital plan, we can ensure it aligns with the WAST People and Culture Plan. Our primary objective is to foster a connected and empowered workforce while enhancing the overall people experience. Embracing the principles of autonomy and culture, our refreshed digital plan seeks to empower employees by providing them with the digital tools and platforms necessary to excel in their roles. Through targeted training and development initiatives, we will aim to enhance both the capacity and capability of our workforce to effectively leverage digital technologies in their daily operations. Moreover, by promoting a culture of innovation and continuous learning, we will strive to create an environment where employees feel valued, supported, and inspired to contribute to the organisation's success.
4	We will create allyship	

Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.
 please tick the one which applies ✓

 A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
✓		✓	✓	✓		✓

For descriptors of these goals - [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?

Yes, it covers all areas of the Trust's business.

Governance Route for this assessment and Executive Sponsor (usually Director level): please state which Committee / Board will scrutinise and approve this assessment:

Finance and Performance Committee and Trust Board.

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of [A Healthier Wales](#). This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design. Consider internal / external engagement, participatory methods and principles of co-design and co-production:

- Formal and informal organisation engagement over the past six (6) months.
- Directorate and wider staff feedback informing the plan, including CEO roadshows, Behaviours and Values reset, regular WAST Live CEO sessions.
- We plan to engage and are in the process of developing plans and supporting promotional material such as a “Rich Picture” illustration that will be used to consult and share the journey we are on with the Digital Plan, including but not limited to:
 - Trade Union partners included in Board strategy development sessions and engagement through the Corporate Partnership Forum and WAST Partnership Team. TU partners have championed the needs of colleagues with protected characteristics and provided valuable learning as we develop summary versions of our plans in accessible format.

- Transformation Steering and Assurance Group (TSAG)

b. Give a summary on how the decision / service / policy / function / change will be shared? (E.g. dissemination of new policy)

The Digital Plan will be shared at Executive Leadership Team (ELT), Finance & Performance Committee (P&PC), Strategic Transformation Board (STB), Trust Board as well as disseminated across the organisation via team meetings and service meetings. Additionally summarised posters “Rich Picture” illustration will be displayed across sites and stations within Welsh Ambulance service and added to Siren where all employees have access.

Externally, the Digital Plan will be published on our website and presented and shared with all Directors of Digital /Assistant Directors of Digital members of Health Boards, Trusts and other NHS organisations, commissioning and Welsh Government Meetings and presented at TU committees.

c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed? Please give brief summary

All initiatives agreed and signed up to within the Digital Plan have been reviewed via a prioritisation process (VMOST) at a Directorate level with subsequent engagement through key stakeholders such as ALDT/ELT, at Board Development prior to final sign off at Board on (25.04.2024).

We will work closely with the PECCI team around engagement with patients and the public on the impact of our plans, and how these affect communities across Wales.

Following the agreement and implementation of the Digital Plan, each initiative individually will be expected to complete its own EQIA where a strategic decision is required.

d. Summarise any emerging themes from the engagement work carried out:

It is recognised across the organisation that the Digital Directorate needs to transform in order to continue to deliver the current level of service but also to develop services that will provide a better offer as a health care provider to the population of Wales.

Furthermore, the Digital Strategy recognises that some digital solutions will not be accessible to all service users. Individual EQIAs and SEIAs for the digital tranches will explore any mitigating actions where needed to ensure that healthcare services remain accessible to all.

e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?

Over the past six months, the Digital Directorate engaged with the organisation to identify the true digital service needs, resulting in a comprehensive list of 77 projects aligned under four mission statements—Technology, Overcoming Challenges, Operating Model, and People—geared towards improving care, fostering a digital-savvy workforce, and enhancing operational efficiency. A structured prioritisation mechanism aligns these projects with strategic health frameworks and objectives, ensuring each initiative contributes effectively to Wales' healthcare goals and optimises investment, with detailed project tranches.

Our digital plan, propose adopting a 'Digital Tranches' approach, enabling precise resource allocation and strategic investment sequencing, enhancing project tracking and Return on Investment (ROI), and ensuring alignment with our objectives for a nimble, impactful digital evolution over the next 5-10 years.

Furthermore, two new functional areas are required; the Digital Transformation function and Chief Clinical Information Officer (CCIO) role are pivotal in WAST, driving innovation and operational efficiency through strategic digital technology use, while ensuring clinical needs and patient care are at the forefront of health IT initiatives.

b. Additional information

Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?

Our plan takes account of many legislative, policy, strategic and financial drivers, including (not exhaustive):

- Compliance with Data Protection i.e. GDPR & Data Protection Act
- Ensuring data integrity and cyber security
- NHS Wales Strategy for Urgent and Emergency Care
- Equality legislation and the Strategic Equality Plan
- WAST Integrated Medium Term Plan
- WAST Strategic Vision 20230
- WAST People and Culture Plan

As the digital provider to an all Wales emergency service our plans are based on the principle that our services are accessible to all people, meet the rising demand for healthcare and address the complexities of the healthcare environment in Wales. We have benchmarked and assessed our services to determine the levels of digital capability, the current demand and resource needed and the level of organisational maturity in which to deliver digital transformation. This has driven actions within the plan such as targeting key recruitment gaps; enhancing the digital transformation function and seeking to bridge the gap between clinical practice and information technology.

In our pursuit to refresh the digital plan, we propose structuring the implementation of projects and programmes into a series of 'Digital Tranches'. This tranche-based approach offers numerous advantages, facilitating more nuanced discussions and informed decision-making around priority and investment.

In particular this approach will enhance our capacity to track progress and ROI more effectively but also ensure transparent and strategic sequencing of investments over the coming 5-10 years, thereby optimising impact and accelerating our digital evolution.

Broadly speaking 5 Digital pillars have been identified with a summary view of each Project included at appendix 1;

- Everyday Essentials
- Security, Safety and Cyber
- Digital Pioneers
- Transformation
- Data, Information and Insight

End of Part A

✓ Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

Assessment – due regard relating to people / group who share protected characteristics

This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

Central to our plan is the commitment to digital inclusivity, ensuring that all individuals, regardless of socio-economic status, disability, race, or age, have equal access to our digital services. This commitment informs our approach to the design, principles and deployment of digital solutions, emphasising user-friendly interfaces, multilingual support, and accessibility features. Improvements planned in tranche 1 include:

- 111 Website Development - Increased accessibility and usability of the 111 website for a diverse user base
- 111 Visual IVR – a streamlined and simplified user journey for 111 services using visual IVR technology. This includes a proven benefit of circa 20-25 seconds saving per call.
- NEPTS Cancellations Chatbot - an AI optimised service which improves scheduling efficiency and reduced cancellations.

In refreshing our digital plan, we can ensure it aligns with the WAST People and Culture Plan. Our primary objective is to foster a connected and empowered workforce while enhancing the overall people experience. Embracing the principles of autonomy and culture, our refreshed digital plan seeks to empower employees by providing them with the digital tools and platforms necessary to excel in their roles. Through targeted training and development initiatives, we will aim to enhance both the capacity and capability of our workforce to effectively leverage digital technologies in their daily operations. Moreover, by promoting a culture of innovation and continuous learning, we will strive to create an environment where employees feel valued, supported, and inspired to contribute to the organisation's success

We take account of the following:

The Strategy for Older People in Wales 2013 -2023 which aims to address the barriers faced by older people in Wales today and to ensure that wellbeing is within the reach of all, if service users are unable to access services digitally or make use of our digital advancements, support will be provided or alternative service provision will be made to ensure access to healthcare services. These will be assessed in the individual EQIAs for specific digital tranches.

Mitigation action if adverse impact found: N/A

Disability	Positive effect	Negative effect	Neutral
(Including long term conditions, mental health, neurodivergence and invisible impairments)	✓		

Evidence / supporting narrative:

Our Digital Plan sets out plans to implement a number of strategic objectives covering a range of clinical capabilities that will enhance the overall patient experience, these include projects, such as:

- Video Triage / Video Calls - The deployment and adoption of video triage technology for our CSD and 111 services
- 111 Conversational AI - Deployment of Conversational AI onto the 111 website to allow patients to self-serve repeat prescriptions, saving significant call volume into the service
- Integration into NHS App - Identifying key opportunities to integrate into the NHS app.

For those people with severe learning disabilities support will be provided or alternative service provision will be made to ensure access to healthcare services. These will be assessed in the individual EQIAs for specific digital tranches.

Mitigation action if adverse impact found: N/A

Sexual Orientation

Positive effect	Negative effect	Neutral
		✓

Evidence / supporting narrative:

WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan recognises the “The Freedom to Speak Up” campaign and through initiatives that provide improvements in devices and connectivity ensures our staff have opportunities to communicate.

Mitigation action if adverse impact found: N/A

Gender Reassignment / Gender identity
(Including non-binary, gender fluid and intersex)

Positive effect	Negative effect	Neutral
		✓

Evidence / supporting narrative:

WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan recognises the “The Freedom to Speak Up” campaign and through initiatives that provide improvements in devices and connectivity ensures our staff have opportunities to communicate.

Mitigation action if adverse impact found:			
Sex / Gender	Positive effect	Negative effect	Neutral
			✓
Evidence / supporting narrative:			
WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan recognises the “The Freedom to Speak Up” campaign and through initiatives that provide improvements in devices and connectivity ensures our staff have opportunities to communicate.			
Mitigation action if adverse impact found:			
Race (including ethnicity)	Positive effect	Negative effect	Neutral
	✓		
Evidence / supporting narrative:			
WAST has assessed this as a positive impact as digital technologies will be used to help people with communications / language barriers where tools such as built-in translation software for website info, digital messaging apps, connectivity to video interpreters.			
Mitigation action if adverse impact found:			

Religion and Belief (including non-belief and Philosophical belief)	Positive effect	Negative effect	Neutral
			✓
Evidence / supporting narrative: WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan is not anticipated to have a material impact on this protected group.			
Mitigation action if adverse impact found:			
Pregnancy and Maternity	Positive effect	Negative effect	Neutral
			✓
Evidence / supporting narrative: WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan is not anticipated to have a material impact on this protected group.			
Mitigation action if adverse impact found:			
Marriage and Civil Partnership	Positive effect	Negative effect	Neutral
			✓
Evidence / supporting narrative: WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan is not anticipated to have a material impact on this protected group.			

Mitigation action if adverse impact found:			
Other groups at risk of poorer health outcomes:			
Unpaid Carers	Positive effect	Negative effect	Neutral
	✓		
<p>Evidence / supporting narrative:</p> <p>This plan does not directly address the needs of unpaid carers, however our people and culture plan and our commitment to flexible working opportunities provide opportunities for working carers to enhance the existing mechanisms which include:</p> <p>WAST are members of Employers for Carers Wales and membership includes access to EFCDigitalWales.org WAST hosts a Carers Network for working carers Carers Passport - A tool which can be used by Carers and line managers to start the conversation on caring responsibilities and the support and flexibility available.</p> <p>Our Making Every Contact Count training will also equip staff with tools to identify the public health needs of all people with whom they come into contact, including unpaid carers, and in 2024/25 we want to renew our focus on public and population health.</p> <p>Our IMTP will monitor our implementation of the Strategic Equality Objectives which will also encompass support for unpaid carers.</p>			
Mitigation action if adverse impact found:			
Socio-economically disadvantaged	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

Our Digital Plan is cognisant of the need for digital literacy, the need for improvements in communications and networks, as well as NEPTS eligibility for services ensuring that our plans are individually assessed to ensure they do not have detrimental impact on socio economic disadvantaged populations.

Mitigation action if adverse impact found:

Other groups / communities of interest - please state	Positive effect	Negative effect	Neutral
	✓		

Explanation:

EQIA's and SIA's relating to specific individual digital tranche will assess whether there are impacts on any other groups or communities, such as students who are educated using the latest technological advancements and our digital plan will help to capitalise upon these digital skills and help to spread digital learning to staff across the organisation.

Mitigation action if adverse impact found:

Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.

We recognise that for some individuals, intersectionality will impact their experiences of accessing services. Equally, some staff with intersectional needs may require more tailored support. The Digital Plan is not anticipated to have a material impact on this protected group however the digital directorate will support the Strategic Equality Plan Objectives and the work of the Inclusion, Culture and Wellbeing Team in helping to address intersectionality where it presents itself.

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Section 2 – Human Rights Assessment

<p>Assessment – based on human rights-based approach in health</p> <p>Do you think that this policy will have a positive or negative impact on people’s human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com</p>	
<p>Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?</p>	Use a tick ✓
Article 2 - Right to life	✓
Article 3 - Prohibition of inhuman or degrading treatment	✓
Article 5 - Right to liberty and security	✓
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	✓
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	✓
UN Convention on the Rights of Persons with Disabilities	✓
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	✓
Other articles – <i>please state:</i>	✓

<p>Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓</p>				
Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓

If any negative impacts are identified, how will this be reduced/addressed?

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?			✓
Reasons for your decision (including brief summary that has led you to decide on the level of impact) If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate. There are no specific actions relating to armed forces but WAST has received the Employer Recognition Scheme Gold Award which celebrates organisations that employ and support those who serve, both veterans and their families. We are also committed to a pathway into employment for veterans and we have plan's this year to recruit additional staff to the Digital Directorate.			

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

Welsh Language Impact Assessment		
You can copy and paste this tick: ✓		
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English. e.g. Consider if the proposal increase or decrease the opportunities for people to receive information or access information in Welsh	Yes	No
	✓	
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: Our IMTP sets out how we will continue our commitment to the Welsh Language with compliance with the Trust’s Welsh Language Standards Statutory Compliance Notice and delivering the Active Offer in line with Welsh Government’s More Than Just Words Action Plan. Monitoring will be via ELT, PCC and the Board. We will consider: Bilingual technology toolkit for good user experience GOV.WALES . This toolkit can assist IT projects to offer services in both Welsh and English and to check compliance with legal requirements, e.g. the Welsh Language Standards regulations. The Welsh Language Commissioner has provided guidance that addresses how Information Technology (IT) systems should provide Welsh language and bilingual capabilities Technology, Websites and Software: Welsh Language Considerations .		

Welsh language considerations to be considered for the following:

- 111 Website Development - Increased accessibility and usability of the 111 website.
- 111 Visual IVR – a streamlined and simplified user journey for 111 services using visual IVR technology.
- NEPTS Cancellations Chatbot - an AI optimised service which improves scheduling efficiency and reduced cancellations.
- 111 Conversational AI - Deployment of Conversational AI onto the 111 website to allow patients to self-serve repeat prescriptions, saving significant call volume into the service.

	Yes	No
<p>Will the proposal have a positive effect on opportunities for persons to use the Welsh language?</p> <p>Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh?</p> <p>e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?</p>	✓	

Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:

We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. Our IMTP sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the Welsh Language (Wales) Measure 2011 in line with the Trust’s Welsh Language Standards [Statutory Compliance Notice](#) via ELT, PCC and the Board.

Useful to consider Welsh Government’s Bilingual Technology Toolkit for good user experience [Bilingual technology toolkit for good user experience | GOV.WALES](#). This toolkit can assist IT projects offer a great service in both Welsh and English and to check out and be sure of any legal requirements, e.g. the Welsh Language Standards regulations. The Welsh Language Commissioner has provided the following guidance that addresses how Information Technology (IT) systems should provide Welsh language and bilingual capabilities [Technology, Websites and Software: Welsh Language Considerations](#).

To provide staff with computer software ‘Cysgliad’ (available free via DHCW) for checking spelling and grammar in Welsh and provide Welsh language interfaces for software (where an interface exists).

<p>Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.</p>	Yes	No
.	✓	
<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. Our IMTP sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the Welsh Language (Wales) Measure 2011 in line with the Trust's Welsh Language Standards Statutory Compliance Notice via ELT, PCC and the Board.</p>		
<p>Will the proposal increase the department/division's ability to deliver services through the medium of Welsh?</p>	Yes	No
<p><i>e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.</i></p>	✓	
<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. Our IMTP sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the Welsh Language (Wales) Measure 2011 in line with the Trust's Welsh Language Standards Statutory Compliance Notice via ELT, PCC and the Board.</p> <p>We will consider the Welsh Government's Bilingual Technology Toolkit for good user experience Bilingual technology toolkit for good user experience GOV.WALES. This toolkit can assist IT projects offer a great service in both Welsh and English and to check out and be sure of any legal requirements, e.g. the Welsh Language Standards regulations. The Welsh Language Commissioner has provided the following guidance that addresses how Information Technology (IT) systems should provide Welsh language and bilingual capabilities Technology, Websites and Software: Welsh Language Considerations</p>		

<p>Will the proposal treat the Welsh language no less favourably than the English language?</p> <p>e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.</p>	<p>Yes</p> <p>✓</p>	<p>No</p>
<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. Our IMTP sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the Welsh Language (Wales) Measure 2011 in line with the Trust’s Welsh Language Standards Statutory Compliance Notice via ELT, PCC and the Board.</p>		

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has WAST given due regard and given consideration for this proposal with the following:	
<p>Eliminating unlawful discrimination, harassment, and victimisation? <i>Unlawful discrimination takes place when people are treated ‘less favorably’ as a result of having a protected characteristic</i></p>	Yes
<p>Advancing equality of opportunity between people who share a protected characteristic and those who do not? <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i></p>	Yes

Fostering good relations between people who share a protected characteristic and those who do not? <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>	Yes
Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: <i>This section must be completed</i>	
The Digital Plan has been developed in line with relevant legislation, which are drivers for our services. Digital services and enabling plans are built on the premise of equality of access to all who call 111 or 999 irrelevant of whether they have a protected characteristic or not. The Digital Plan is a key enabler in WAST achieving its six strategic objectives, as we strive to continually improve our services to meet Welsh population needs.	
Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	Yes
Has this assessment been subject to scrutiny / been reviewed?	Yes

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with WAST risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/owner
TBC					

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available [here](#) on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you should escalate to risk management procedures .					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25

<p>If you have identified an equality risk: What is the consequence? 2 What is the likelihood? 2 Risk score = consequence x likelihood</p>	<p>Risk Score = 2 X 2 = 4</p>
<p>Any narrative relating to risk score: The Digital Strategy refresh makes no unfavourable decisions in respect of protected characteristics.</p>	

Section 8 – EQIA Sign off


Name of persons who signed-off this Equality Impact Assessment (see below):

As per the Trust’s Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the ‘Schedule of Matters Reserved for the Board’, to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee, or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.

Approval Date: 24/07/2024

Review Date: 24/07/2025

<p>Project Lead Sign-off I confirm that this Equality Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust’s Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights,</p>	<p>Equality Team Sign-off (Required when both EQIA and SEIA is required) I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.</p>	<p>Committee Chair Sign-off I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to:</p> <ol style="list-style-type: none"> 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
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<p>Welsh Language requirements and Armed Forces Covenant.</p> <p>Signed: </p> <p>(Project Lead) Jonny Sammut – Director of Digital</p>	<p>Signed: Kathryn Cobley (Head of Inclusion and Engagement)</p>	<p>3. Foster good relations between people who share a protected characteristic and those who do not.</p> <p>Signed: (Committee Chair)</p>
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End of Part B. Only complete Part C if required.

Part C – Socio-economic Impact Assessment

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see <https://gov.wales/more-equal-wales-socio-economic-duty>

Section 1 - Assessment information – evidence

Has this assessment identified Stakeholder groups: <i>Supporting narrative if different to Part A.</i>	Yes / No
Has this assessment used a range of evidence: <i>Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.</i>	Yes / No
Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy? <i>Supporting narrative if different to Part A.</i>	Yes / No

Relevant communities of interest identified that may be impacted by this proposal and engagement work undertaken:	Proposal may impact these groups Use a tick ✓	Engagement undertaken Yes / Planned	Any supporting narrative / comments
People experiencing poverty			
Carers			
People who share a common first language			
People experiencing homelessness			
Lone parent families			
Those seeking sanctuary			
Experience of local health and social care system			
Military Veterans and Armed Forces Community			
University students			
Long term caravan residents and second home visitors			
Other – please state:			
Relevant communities of place			

Urban areas			
Rural areas			
Areas of high levels of unemployment / deprivation			
Other – please state:			
How has / will this influence your work/guided your policy/proposal, or changed your recommendations? Supporting narrative:			

Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regard to each of these areas, evidence is provided below and issues for consideration suggested.

Consider evidence from both research and any engagement already carried out. Who is being affected? Are some communities of interest or communities of place more affected by disadvantage than others? WAST Equality pages provides further guidance.

What are the main socio economic impacts of the proposal?			
Domain area: Education	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			

Supporting narrative:

How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?

Think about how careers support at WAST and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.

Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:

What are the main socio economic impacts of the proposal?

Domain area: Health

You can copy and paste this tick: ✓

Positive impact

Negative impact

Neutral / No impact

Supporting narrative:

How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.

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Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage? What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?

What are the main socio economic impacts of the proposal?

Domain area: Living standards	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			

Supporting narrative:
*How does your proposal take account of the impact of poverty and deprivation?
 Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.*

As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?

What are the main socio economic impacts of the proposal?

Domain area: Work You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact

Supporting narrative:
Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.

How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage?

As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?

What are the main socio economic impacts of the proposal?			
Domain area: Justice and personal security You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Supporting narrative: <i>How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.</i>			
How can your proposal promote and protect people's rights and increase their access to justice and personal security?			

What are the main socio economic impacts of the proposal?			
Domain area: Participation You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Supporting narrative: <i>How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.</i>			

How can your proposal increase participation for people who experience socio-economic disadvantage?

Section 3 – Socio-economic Duty Action plan

Socio-economic Impact Assessment Action Plan and Recommendations					
Please include any related recommendations arising from this assessment. Include any positive action.					
Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ Owner

Section 4 – SEIA Sign off

<p>Who signed-off this SED Impact Assessment: <i>As per the Trust’s Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the ‘Schedule of Matters Reserved for the Board’, to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions <u>must</u> have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.</i></p>
<p>Approval Date:</p>
<p>Review Date:</p>

<p>Project Lead Sign-off I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant.</p> <p>Signed: (Project Lead)</p>	<p>Equality Team Quality Check (required when both EQIA and SEIA is required) I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.</p> <p>Signed: (Equality and Inclusion Manager)</p>	<p>Committee Chair Sign-off I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.</p> <p>Signed: (Committee Chair)</p>
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End of SED assessment

Appendix 1

Project:	Outcome/ Benefit	Capital Cost £000s	Revenue Cost £000s	Est. Project Length
E-Timesheets	Improved staff morale, reduced manual calculation errors and efficiency gains in process		177	12 months
Robotic Process Automation (RPA)	Increased operational efficiency and reduced manual workload through the implementation of automated processes, allowing staff to focus on higher-value tasks.		157	12 months
111 Website Development	Increased accessibility and usability of the 111 website for a diverse user base	164	332	12 months
Simplified Sign-on	'Streamlined user access with a simplified sign-on process,		45	6 months

	reducing complexity and improving overall user experience and security			
111 Visual IVR	Streamlined and simplified the user journey for 111 services through visual IVR technology. This includes a proven benefit of circa 20-25 seconds saving per call.	32	112	12 months
Surveillance Drone	Enhanced situational awareness through aerial surveillance for safer more efficient access to certain scenes.			
NEPTS Cancellations Chatbot	Improved scheduling efficiency and reduced cancellations through AI-driven optimisation.			



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AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

GOVERNANCE REPORT

MEETING	Trust Board
DATE	25 July 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out where applicable the **Chair’s Action’s** taken since the last Board meeting and **ratifications required, use of the Trust Seal** and **decisions made in private session**.
2. There has been one decision made **by Chair’s Action** made since 30 May 2024. This related to approval of the Trust’s Microsoft Enterprise Agreement and will be ratified in the private session of the Board on the 25 July 2024 and reported in the September governance report in full). The Trust Seal has not been used since the 25 January 2024.

Decisions in Private Session

3. At the closed Trust Board meeting on the 30 May 2024 the Board received a request to approve the new **Grange University Hospital Transfer Service, Service Level Agreement (SLA)**:

RESOLVED: The Trust Board:

- (1) *Noted and considered the draft documents provided, and approved the new contractual arrangements and associated costs, including noting the expected recurring cost impacts of the Service Level Agreement with the Grange University Hospital for its Transfer Service.*
- (2) *Agreed, that the Service Level Agreement would only require subsequent re-approval by the Board should there be material changes and the Board formally delegated authority to the Chief Executive to authorise the ongoing annual costs.*



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4. At the closed Trust Board meeting on the 30 May 2024 the Board received a request to **approve the business case for the new Dolgellau Ambulance Station:**

RESOLVED: The Trust Board:

- (1) *The Trust Board approved the revised business case for the new Ambulance Station in Dolgellau, and*
- (2) *The Board noted that any subsequent individual contract award for this case that requires Board approval, will follow in due course, via a Chairs Action.*

5. At the closed Trust Board meeting on the 30 May 2024 the Board made a decision to admit liability in respect of a clinical negligence claim. It is not appropriate to report the details of this case in public due to the confidential nature of the business.

RECOMMENDATION:

- 6. The Trust Board is asked to receive and note the decisions made by Chair’s Action, the use of the Trust Seal (where applicable) and the decisions made in private which have been reported in open session.**

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Not applicable.



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REPORT CHECKLIST

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

AGENDA ITEM No	16
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

SCHEME OF RESERVATION & DELEGATION OF POWERS CONTRACT AWARDS BY BOARD

MEETING	Trust Board
DATE	25 July 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY
<ol style="list-style-type: none"> 1. This paper proposes amendments to the Scheme of Reservation and Delegations of Powers (SoRD). 2. The amendments provide clarifications with respect to issues raised in a recent internal audit, as well as logistical process that flow from the changes. 3. No changes have been made to the first part of the SoRD which is prescribed by Welsh Government, nor to delegated financial limits of the board. The changes relate to the second part of the SoRD which provides for delegations from the Chief Executive Officer and are within the gift of the Trust to amend as necessary. 4. The amendments were endorsed by the Audit, Risk and Assurance Committee on 30th April and 10th July. <p>RECOMMENDATION: The board is requested to approve the amendments to the Scheme of Reservation and Delegation of Powers.</p>

KEY ISSUES/IMPLICATIONS

5. As above

REPORT APPROVAL ROUTE

Executive Leadership Team meeting 28 February and 3 July 2024 Consultation with Auditors in March 2024 Audit, Risk and Assurance Committee 30 April and 10 July 2024
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REPORT APPENDICES

Annex 1 – 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	N/A
Ethical Matters	N/A	Risks (Inc. Reputational)	N/A
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	N/A

SITUATION

1. The Trust's Standing Orders (SOs) must be kept under review to ensure they remain current and that their practical application in the Trust is clear and communicated.
2. This paper sets out amendments to the Scheme of Reservation and Delegations of Powers (SoRD) which form part of the SOs for approval by the board.

BACKGROUND

3. Interim changes were made to the Model SOs by Welsh Government in March 2024 to reflect the new commissioning arrangements and the change of name of the Trust following the award of University Trust Status. These were approved by the board on 30 May 2024.
4. Periodically reviewing the SoRD is essential to clarify its practical implementation and address any anomalies or inefficiencies. The recent Vehicle Replacement Programme Internal Audit, which provided reasonable assurance, identified a non-compliance issue concerning contract approvals by the Board. This occurred despite the Board having approved the overall program and the annual business cases detailing the procurement process.
5. This audit led to a broader examination of the SoRD, culminating in changes aimed to clarify established practices and, in some instances, the necessary pragmatic application of the approval of awards process.

ASSESSMENT

6. The SoRD is set out in two parts. The first part is the Schedule of Matters Reserved to the Board which is prescribed by Welsh Government; the second part is the Scheme of Delegation to Executive Directors, Directors and Officers. This second part contains Table A – delegated matters, and Table B – delegated financial limits.
7. The Vehicle Replacement Programme Internal Audit referred to #36 in the SoRD's Schedule of Matters Reserved to the Board which states that the Board will 'approve *individual contracts* (other than NHS Contracts) above the delegated limit to the Chief Executive Officer in the Standing Financial Instructions'. The Chief Executive Officer's current delegated limit is £500K (or £200K for management consultants).
8. It is impractical for the Board to approved *individual contracts* but appropriate for them to approve *individual awards* over £500K rather than the approval of the contracts themselves. A footnote to that effect has therefore been provided to this section for clarity.

9. The second part of the SoRD has been amended to allow for the logistical issues that flow from the approval of an award of contract by the board:

(a) Table A at #33.4 has been amended to make it clear that the Chief Executive Officer signs any agreements/contracts following the award being approved by the Board.

(b) Section 3 of Table B has been amended to provide that the Chief Executive Officer may raise requisitions and approve payments with respect to any contract awards approved by the Board. This will be with the endorsement of the Director of Finance and Corporate Resources.

10. Other material changes to Table A and Table B include clarifications on:

(a) delegated authorities for tenders and quotations

(b) authority to award following a tender or quotation exercise

(c) single tender waiver approvals

(d) delegations to the Director of People and Culture will be to the Director of People once that post is filled

11. The marked up version of the SoRD with these amendments is attached at **Annex 1**.

RECOMMENDATION: The board is requested to approve the amendments to the Scheme of Reservation and Delegation of Powers.

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 BOARD¹

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	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the Trust; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p>
5	Board	Operating Arrangements	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.

¹ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
6	Audit Committee	Operating Arrangements	Formal consideration of report of Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.
7	Board	Operating Arrangements	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	Board	Operating Arrangements	Authorise use of the Trust's official seal.
9	Board	Operating Arrangements	Approve the Trust's Values and Standards of Behaviour framework.
10	Chair on behalf of Board/Joint Committee, Vice-Chair on behalf of Joint Committee Board if Chair is declaring interest	Organisation Structure and Staffing	Require, receive, and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit 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: <ul style="list-style-type: none"> ▪ 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



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NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
			Term Financial Plan
14	Board	Strategy Planning	Approve the Trust's budget and financial framework (including overall distribution and unbudgeted expenditure)
15	Board	Operating Arrangements	Approve the Trust's framework and strategy for performance management.
16	Board	Strategy and Planning	Approve the Trust's framework and strategy for risk management and assurance.
17	Board	Operating Arrangements	Ratify policies for dealing with raising concerns, complaints, and incidents in accordance with the Putting Things Right and health and safety requirements.
18	Board	Operating Arrangements	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Trust, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE).
19	Board	Strategy and Planning	Approve the Trust's patient, public, staff, partnership and stakeholder engagement and co-production strategies.
20	Board	Operating Arrangements	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the Trust's aims, objectives and priorities.
21	Remuneration Committee. (For Chief Executive, Committee to consist of Chair and non-	Organisation Structure and Staffing	Appointment of the Chief Executive and Executive Directors (officer members of the Board)



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NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
	Officer Members. For all others officer members as above and to include Chief Executive)		
22	Remuneration Committee	Organisation Structure and Staffing	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial instructions e.g. the Board Secretary.
23	Remuneration Committee	Organisation Structure and Staffing	Termination of appointment and suspension of officer members in accordance with the provisions of Regulations
24	Remuneration Committee	Organisation Structure and Staffing	Consider appraisal of officer members of the Board
25	Remuneration Committee	Organisation Structure and Staffing	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
26	Board	Organisation Structure and Staffing	Approve, [arrange the] review, and revise the Trust's top level organisation structure and corporate policies
27	Board	Organisation Structure and Staffing	Appoint, [arrange the] review, revise and dismiss Trust Committees directly accountable to the Board
28	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee or Group set up by the Board



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NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
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 Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	Operating Arrangements	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
34	Board	Operating Arrangements	Approve proposals for action on litigation on behalf of the Trust

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
35	Board	Organisation Structure and Staffing	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.
36	Board	Strategy and Planning	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions ²
37	Board	Performance and Assurance	Approve the Trust's audit and assurance arrangements
38	Board	Performance and Assurance	Receive reports from the Trust's Executive on progress and performance in the delivery of the Trust's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate.
39	Board	Performance and Assurance	Receive reports from the Trusts Committees, groups and other internal sources on the Trust's performance and approve action required, including improvement plans, as appropriate
40	Board	Performance and Assurance	Receive reports on the Trust's performance produced by external regulators and inspectors (including, e.g., Audit Wales etc.) that raise significant issue or concerns impacting on the Trust's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Trust Committees (as appropriate)
41	Board	Performance and Assurance	Receive the annual opinion of the Trust's Chief Internal Auditor and approve action required, including improvement plans
42	Board	Performance and Assurance	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans

² In this respect individual contracts refers to individual awards



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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 OTHERS³

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- The composition, terms of reference and reporting requirements in respect of any such Committees; and
- The governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit, Risk and Assurance Committee
- Quality Patient Experience and Safety Committee
- Remuneration Committee
- Finance and Performance Committee
- People and Culture Committee
- Charity Committee
- Academic Partnerships Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation to Committees. The Committee terms of reference appear in Schedule 3 to these Standing Orders.

³ As defined in Standing Orders.

In the event the Chief Executive Officer is absent they will appoint a Deputy Chief Executive Officer to take on full responsibility of the Chief Executive Officer. If the Deputy Chief Executive is the Director of Finance and Corporate Resources then the Director of Finance and Corporate Resources responsibilities is delegated to the Deputy Director of Finance.

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, DIRECTORS AND OFFICERS

The Trust SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and Corporate Resources and other officers. The Chief Executive’s Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the Trust’s Scheme of Delegation to Officers.

Table A – Delegated Matters

Note for Table A, where a delegation is made to more than one post holder:

- ‘/’ signifies that either post holder may act individually, or they may act jointly.
- ‘and’ signifies they must act jointly

Delegated Matter	Responsible Officer/Committee	Delegated To
1. Audit arrangements		
1.1. Ensure that there is an adequate provision of internal and external audit services	Audit Committee	Director of Corporate Governance/Board Secretary
1.2. Implement recommendations	Chief Executive	Relevant Director
1.3. Ensure the financial accounts of the Trust are audited annually	Chief Executive	Executive Director of Finance and Corporate Resources
2. Authorisation of new drugs	Chief Executive	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	Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.2. Clinical leadership	Chief Executive	Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.3. Programmes of clinical education	Chief Executive	Director of People and Culture with Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.4. Clinical staffing rotas	Chief Executive	Executive Director of Operations
5.5. Clinical trials and research projects (authorisation of)	Chief Executive	Executive Director of Paramedicine unless specified as Associate

Delegated Matter	Responsible Officer/Committee	Delegated To
In accordance with JRCALC guidelines		Medical Director
5.6. Responsible officer for medical revalidation	Chief Executive	Associate Medical Director
5.7. Clinical Audit To ensure there is a programme in place	Chief Executive	Executive Director of Paramedicine
6. Clinical Practice and Registration		
6.1. Compliance with statutory and regulatory arrangements relating to professional practice and/or breaches of clinical standards		
(a) Nursing	Chief Executive	Executive Director of Quality and Nursing
(b) Medical	Chief Executive	Associate Medical Director
(c) Paramedicine and affiliated roles	Chief Executive	Executive Director of Paramedicine
(d) Community First Responders	Chief Executive	Executive Director of Paramedicine
7. Complaints/concerns (patients and relatives) – Putting Things Right/the NHS (Concerns, Complaints and Redress Arrangements (Wales)) Regs 2011	Chief Executive	Executive Director of Quality & Nursing
8. Confidential information		
8.1. Monitoring of the Trust's compliance with the Caldicott report on protecting patient confidentiality in the NHS	Chief Executive	Executive Director of Quality and Nursing
8.2. Freedom of Information Act compliance code	Chief Executive	Director of Corporate Governance/Board Secretary
9. Data Protection Act and General Data Protection Regulations		
9.1. Monitoring of Trust's compliance	Chief Executive	Director of Digital Services
9.2. Senior Information Risk Owner (SIRO)	Chief Executive	Director of Digital Services

Delegated Matter	Responsible Officer/Committee	Delegated To
10. Declarations of interest		
10.1. Maintaining a register	Chief Executive	Director of Corporate Governance/Board Secretary
11. Disposal and condemnations		
11.1. Items obsolete, redundant, irreparable or cannot be repaired cost effectively	Chief Executive	Executive Director of Finance & Corporate Resources
11.2. Develop arrangements for the sale of assets	Chief Executive	Executive Director of Finance & Corporate Resources
11.3. Disposal of protected property (as defined in the terms of authorisation)	Chief Executive	Executive Director of Finance & Corporate Resources
12. Environmental Regulations		
12.1. Monitoring of compliance and ensuring compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Finance and Corporate Resources
13. External Borrowing		
13.1. Advise Trust Board of the requirements to repay / draw down Public Dividend Capital	Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
13.2. Approve a list of employees authorised to make short term borrowings on behalf of the Trust	Trust Board	Chief Executive and Executive Director of Finance & Corporate Resources
13.3. Application for draw down of Public Dividend Capital, overdrafts, and other forms of external borrowing	Chief Executive	Executive Director of Finance & Corporate Resources
14. Financial Planning/Budgetary Responsibility		

Delegated Matter	Responsible Officer/Committee	Delegated To
14.1. Develop and submit to Trust Board a financial plan in accordance with priorities and objectives as set out in the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.2. Budgetary responsibility	Chief Executive	Executive Director of Finance & Corporate Resources
14.3. Prior to the start of the financial year, prepare and submit to Trust Board for approval balanced budgets that delivers the financial plan as contained within the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.4. Monitoring and report to Trust Board on performance against the financial plan	Chief Executive	Executive Director of Finance & Corporate Resources
14.5. Devise and maintain systems of budgetary control	Chief Executive	Executive Director of Finance & Corporate Resources
14.6. Monitor performance against budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.7. Delegate budgets to budget holders	Chief Executive	Executive Director of Finance & Corporate Resources
14.8. Ensure adequate training is delivered to budget holders to facilitate their management of allocated budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.9. Submit in accordance with the independent regulators' requirements for financial monitoring returns	Chief Executive	Executive Director of Finance & Corporate Resources
14.10. Identify and implement cost improvements and income generating activities in line with the business plan	Chief Executive	All budget holders
14.11. Preparation of		
(a) Annual accounts	Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
(b) Annual report	Chief Executive	Director of Corporate Governance/Board Secretary



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Delegated Matter	Responsible Officer/Committee	Delegated To
14.12. Budget Responsibilities. Ensure that:		
(a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board	Chief Executive and Executive Director of Finance & Corporate Resources	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 The Chief Executive, Executive Director of Finance & Corporate Resources and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.	Chief Executive	Executive Director of Finance & Corporate Resources
Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement		
15. Financial Procedures and Systems Development and maintenance of systems and procedures	Chief Executive	Executive Director of Finance & Corporate Resources
16. Fire Precautions Ensure that the Fire Precautions and prevention policies and procedures are adequate, and that fire safety and integrity of the estate is intact.	Chief Executive	Executive Director of Finance & Corporate Resources



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Delegated Matter	Responsible Officer/Committee	Delegated To
17. Fixed Assets		
17.1. Maintenance of asset register including asset identification and monitoring	Chief Executive	Executive Director of Finance & Corporate Resources
17.2. Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with NHS Infrastructure Investment Guidance	Chief Executive	Executive Director of Finance & Corporate Resources
17.3. Calculate and pay capital charges in accordance with the requirements of the Independent Regulator	Chief Executive	Executive Director of Finance & Corporate Resources
17.4. Responsibility for security of Trust's assets including notifying discrepancies to the Executive Director of Finance and Corporate Services, and reporting losses in accordance with Trust's procedures	Chief Executive	All Staff
18. Fraud (see also 26 and 36) Monitor and ensure compliance with Welsh Government Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Chief Executive	Executive Director of Finance & Corporate Resources
19. Funds Held on Trust Charitable Funds Charitable Funds held are managed and scrutinised appropriately	Charitable Funds Committee	Executive Director of Finance & Corporate Resources
20. Gifts and Hospitality		
20.1. Maintaining the gifts and hospitality register	Chief Executive	Director of Corporate Governance/Board Secretary
20.2. Process for declaring gifts and hospitality	Chief Executive	Director of Corporate Governance/Board Secretary
21. Health and Safety Monitor and ensure statutory compliance with all legislation and Health and Safety requirements including control of Substances Hazardous to	Chief Executive	Executive Director of Quality & Nursing



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Delegated Matter	Responsible Officer/Committee	Delegated To
Health Regulations		
22. Infectious Diseases and Notifiable Outbreaks	Chief Executive	Executive Director of Quality & Nursing
23. Integrated Medium Term Plan (IMTP)		
23.1. Develop and present to Trust Board for approval an IMTP that sets out the Trust Strategies and objectives and meets Welsh Government requirement	Chief Executive	Executive Director of Strategy, Planning & Performance
24. IT Systems		
24.1. Ensuring integrity of system e.g. security, privacy, accuracy, completeness, and storage	Chief Executive	Director of Digital Services
24.2. Maintain & replacement of i) business critical systems ii) All other systems	Chief Executive	Director of Digital Services
24.3. Disaster recovery systems	Chief Executive	Director of Digital Services
24.4. Developing Business Critical Systems in accordance with the Trust's IM&T Strategy	Chief Executive	Director of Digital Services
24.5. Developing new systems to ensure they are developed in a controlled manner and thoroughly tested	Chief Executive	Director of Digital Services
24.6. Seeking third party assurances regarding Business Critical Systems operated externally	Chief Executive	Director of Digital Services
25. Losses, Write Offs and Compensation		
25.1. Prepare procedures for recording accounting and reporting to Audit Committee for losses and special payments, including clinical negligence and personal injury claims	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
25.2. Ex-gratia payments	Chief Executive	Executive Director of Finance & Corporate Resources and relevant Director
26. Patients' Property (in conjunction with financial advice) Ensuring patients and guardians are informed about patients' monies and property procedures	Chief Executive	Executive Director of Operations
27. Patient Services Agreements Negotiation, agreement, and monitoring of external non-clinical patient transport contracts	Chief Executive	Executive Director of Finance & Corporate Resources/Executive Director of Operations
28. Procuring Goods and Services		
28.1. Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B	Chief Executive	Executive Director of Finance & Corporate Resources
28.2. Obtain the best value for money when requisitioning goods/services	Chief Executive	Executive Director of Finance & Corporate Resources
28.3. Prompt payment to suppliers (pspp)	Chief Executive	Executive Director of Finance & Corporate Resources
28.4. Financial limits for ordering/requisitioning goods and services Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29. Quotation, Tendering and Contract Procedures		
29.1. Services:		
(a) Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Nominate officers to oversee and manage the contract on behalf of the Trust	Chief Executive	Heads of Department



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Delegated Matter	Responsible Officer/Committee	Delegated To
29.2. Competitive Tenders:		
(a) Authorisation Limit sto go to tender ⁴ Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources Relevant Director
(b) Maintain a register to show each set of competitive tender invitations despatched	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance & Corporate Resources
(d) Opening tenders	Chief Executive	Executive Director of Finance & Corporate Resources Relevant Director
(e) Decide if late tenders should be considered	Chief Executive	Executive Director of Finance & Corporate Resources/Board Secretary
(f) Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote	Chief Executive	Executive Director of Finance & Corporate Resources
29.3. Quotations ⁴ Refer to Table B for delegated limitsAuthorisation to seek quotations	Chief Executive	Executive Director of Finance & Corporate Resources Relevant Director
29.4. Waiving the requirement to request ⁵		
(a) Tenders – subject to Standing Orders Standing Financial Instructions (reporting to the Board Audit, Risk and Assurance Committee) Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources

⁴ Individual awards of contract post tender and quotation are authorised in line with the delegations in Table B

⁵ See SFI 11.13.2 which provides the Executive Director of Finance and Corporate Resources approves applications for single tender waiver (STWs) up to £25,000, and the Chief Executive and Executive Director of Finance and Corporate Resources approve applications exceeding £25,000. It also provides that Procurement Services must be consulted prior to any such application being submitted for approval



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Delegated Matter	Responsible Officer/Committee	Delegated To
(b) Quotes – subject to Standing Orders <u>Standing Financial Instructions</u>	Chief Executive	Executive Director of Finance & Corporate Resources
30. Reporting of Non-Urgent Incidents to the Police	Chief Executive	Relevant Director
31. Risk Management		
31.1. Ensuring the Trust has a Risk Management Strategy and a programme of risk management	Chief Executive	Director of Corporate Governance/Board Secretary
31.2. Developing systems for the management and reporting of risks and incidents	Chief Executive	Director of Corporate Governance/Board Secretary (risk) and Executive Director of Quality & Nursing (incidents)
32. Seal The keeping of a register of seal and safekeeping of the seal	Chief Executive	Director of Corporate Governance/Board Secretary
33. Signing of Documents		
33.1. Legal Proceedings/Advice		
(a) Engage Trust’s solicitors/legal advisor	Chief Executive	Relevant Director
(b) Documents connected with legal proceedings ⁶	Chief Executive	Relevant Director
33.2. Documents which are required to be executed as a Deed ⁷	Chief Executive	Relevant Director and Director of Corporate Governance/Board Secretary
33.3. Other Agreements/ <u>Contracts</u> not required to be executed as a Deed	Chief Executive	Relevant Director

6 May include but not be limited to consent orders, defences, and settlement agreements)

7 ~~Refer to Governance Practice Note 001 for use of Trust Seal~~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)



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Delegated Matter	Responsible Officer/Committee	Delegated To
<u>33.4. Agreements/Contracts where award approved by Board</u>	<u>Chief Executive</u>	<u>N/A</u>
<u>33.4,33.5. Lease Agreements⁸</u>	Chief Executive	Director of Finance and Corporate Resources and Director of Corporate Governance/Board Secretary
34. Security Management Provide an oversight and assurance within the context of security management within NHS Wales; working in conjunction with the following leads on specific functional areas of security management:		
34.1. Finance, fraud etc.	Chief Executive	Director of Finance & Corporate Resources
34.2. Estates, premises security etc.	Chief Executive	Director of Finance and Corporate Resources
34.3. ICT	Chief Executive	Director of Digital Services
34.4. Information/data security/records management	Chief Executive	Director of Digital Services
34.5. Violence and aggression	Chief Executive	Director of People and Culture
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	Deputy Director of Finance and Corporate Resources

8 Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts



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Delegated Matter	Responsible Officer/Committee	Delegated To
	Finance & Corporate Resources	
36.3. Responsibility for controls of pharmaceutical supplies	Executive Director of Paramedicine	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 ⁹
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
(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	Chief Executive	Director of People and Culture

⁹ This delegation will be to the Director of People when that role is filled (estimated October 2024)



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Delegated Matter	Responsible Officer/Committee	Delegated To
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		
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: <ul style="list-style-type: none"> • Paternity leave • Carers leave • Adoption leave 	Chief Executive	Director of People and Culture
(c) Special leave – this includes: <ul style="list-style-type: none"> • Jury service • Armed services • School governor To be applied in accordance with Trust Policy	Chief Executive	Director of People and Culture

Delegated Matter	Responsible Officer/Committee	Delegated To
(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: <ul style="list-style-type: none"> Delays in process Exceptional circumstances 	Chief Executive	Director of People and Culture
(b) Return to work part-time on full pay to assist recovery	Chief Executive	Heads of Department/Heads of Service in conjunction with People Services Business Partners
37.10. Study Leave	Chief Executive	Director of People and Culture
37.11. Removal expenses, excess rent and house purchases in accordance with Table B	Chief Executive	Director of People and Culture
37.12. Authorised – car users leased car	Chief Executive	Executive Director of Finance & Corporate Resources
37.13. Approval of secondary employment (also subject to a declaration of interest)	Chief Executive	Director of People and Culture
37.14. Putting proposal to Remuneration Committee in respect of Redundancy/ Severance/ VERS/ Settlement Payments within Trust limits and, where necessary, subject to WG approval	Chief Executive	Director of People and Culture/ Executive Director of Finance & Corporate Resources
37.15. Disciplinary procedures (excluding Executive Directors)	Chief Executive	To be applied in accordance with the Trust's disciplinary procedure
37.16. Booking of bank staff		



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Delegated Matter	Responsible Officer/Committee	Delegated To
(a) Nursing	Chief Executive	Executive Director of Quality & Nursing
(b) Clinical (excluding nursing)	Chief Executive	Executive Director of Operations/ Executive Director of Paramedicine
(c) Other	Chief Executive	Relevant Director
37.17. Booking of agency and locum staff		
(a) Nursing	Chief Executive	Executive Director of Operations
(b) Medical	Chief Executive	Executive Director of Paramedicine
(c) Paramedicine and affiliated roles	Chief Executive	Executive Director of Operations
(d) Other	Chief Executive	Relevant Director

Table B – Delegated Financial Limits

NB Thresholds are inclusive of VAT irrespective of recovery arrangements with the exception of procurement thresholds which are provided net of VAT.

NB Limits are based on the lifetime value of the individual contract award, not an annual or financial year value

Category	Welsh Govt Delegated Limit - Approval Required ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & GB Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
1. LOSSES										
1.1. Losses of Cash due to:										
(a) Theft, fraud, arson, sabotage, neglect of duty or gross carelessness	50,000	Over 50,000 ¹²	50,000	10,000						See Annex 1 to Chapter 6 of Welsh Govt Manual for Accounts (WGMFA)
(b) Overpayment of salaries, wages, fees & allowances	50,000	Over 50,000 ⁸	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA

10 NHS Wales health bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain the written approval of the Welsh Government H&SCEYSG Finance Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit. The limits are listed in this column.

11 These notes are intended to guide the reader. They must be read in conjunction with the SO/SoRD/SFIs and those related to losses and special payments with respect to the Welsh Government Manual of Accounts, as well as any relevant Governance Practice Notes.

12 Does not negate the need for WG Approval which is also required



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Category	Welsh Govt Delegated Limit - Approval Required ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
(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
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:										

Category	Welsh Govt Delegated Limit - Approval Required ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & GD Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
(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.
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.

Category	Welsh Govt Delegated Limit - Approval Required ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
										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 ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
(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 ¹³ Except cases for maladministration where there was <u>no</u> financial loss by claimant	50,000	RemCom Over 50,000 ⁸	50,000		10,000					Other ex-gratia payments include: <u>Voluntary Early Release Scheme</u> payments which must be approved by RemCom regardless of value (SoR 25). <u>Special severance payments</u> 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

¹³ ALL special severance payments (novel, contentious and potentially repercussive) of whatever value must be referred to WG for approval, even if they are within delegated limits



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Category	Welsh Govt Delegated Limit - Approval Required ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
										value (SoR 25) <u>Settlements on termination of employment.</u> Most payments to staff on termination of their employment will be contractual, but ex gratia payments will sometimes arise (for example to settle a claim against the health body for breach of contract). Only payments made in excess of that which is paid under contractual obligation should be recorded as ex-gratia in the losses and special payments register. *These payments may be made by Chief Executive (up to £50K) and Executive Director of <u>Workforce and OD People</u> (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 <u>no</u> 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: <ul style="list-style-type: none"> • as a result of a recommendation by the Public Services Ombudsman Wales (PSOW). • in cases, not involving the PSOW, where NHS Wales health bodies

Category	Welsh Govt Delegated Limit - Approval Required ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
										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.
3. REQUISITIONING GOODS AND SERVICES AND APPROVING PAYMENT										
NB: To ensure processes are efficient, timely and appropriately delegated, the Chief Executive with the endorsement of the Director of Finance and Corporate Resources will approve requisitions above £500K (or £200K for management consultants at 3.6 below) arising out of an award approved by the Board in accordance with the Scheme of Matters Reserved to the Board and after satisfying themselves that the requisition is aligned to the approval provided by the Board.										
2.5.3.1. Agency staff and private providers	N/A	Over 500,000 See note above	500,000	200,000	200,000	200,000	200,000	50,000 (100,000 for Assistant Director of Operations, Ambulance Care for private providers)	10,000	Any agency staff, including medical locums. No other managers can authorise use of agency staff.

Category	Welsh Govt Delegated Limit - Approval Required ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & GD Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
								only)		
2.6.3.2. Building and engineering works (non-capital)	N/A	See note above Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
2.7.3.3. Call off orders (annual value)	N/A	See note above 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
2.8.3.4. Capital expenditure (subject to annual programme being approved by Trust Board)	N/A	See note above 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.
2.9.3.5. Information Technology	N/A	See note above 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
2.10.3.6. Management consultants (including professional services)	N/A	See note above Over 200,000	200,000	10,000	10,000	10,000	10,000			
2.11.3.7. Periodic payments (invoice value)	N/A	See note above 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 Executive.

Category	Welsh Govt Delegated Limit - Approval Required ¹⁰	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & GD Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes ¹¹
										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.
2-12-3.8. Removal expenses	N/A	N/A			8,000					Allowance of £6,000 per relevant staff member
2-13-3.9. Services (including maintenance contracts) over lifetime of contract	N/A	See note above 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.
2-14-3.10. All other requisitions	N/A	See note above Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
3.4. QUOTATIONS AND TENDERS										
3-1-4.1. Authorisation of awards of tenders and competitive quotations	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully 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. Detail provided here on quotations and tenders for ease of reference, but staff



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										<p><u>must refer to SFIs for further detail:</u></p> <p>Quotations- a minimum of 3 written quotations for goods/services must be sought where the anticipated value is likely to be above £5,000. Competitive Tenders- a minimum of 3 written competitive tenders for goods/services must be sought where the anticipated value is likely to be above £25,000. Tenders for Supplies and Services above the limit set EU Procurement matters for works above set limits must be sought in compliance with EC Directives (Updated Jan 2008) (OJEU Regulations) as appropriate. All Tenders and Quotations must be sought, registered, and opened via the SSP.</p> <p>These levels of authorisation may be varied or changed and need to be read in conjunction with the Trust Board's Scheme of Delegation</p> <p>Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes. <u>Where there is urgency board approval may be by way of Chair's Action in line with the SOs.</u></p> <p>Exceptions and Instances where formal tendering need not be applied will require authorisation in the form of a request to waive SFIs (pre numbered</p>



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										document from SSP) and authorisation in advance from the Director of Finance or Deputy Director of Finance (or in their absence the Board Secretary)
4.5. VIREMENT	N/A	Over 100,000	100,000	25,000						Trust must still meet financial targets and the total Trust budget must remain underspent
5.6. 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
6.7. BUSINESS CASES SEEKING EXTERNAL FUNDING	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	<u>Any individual awards of contract that flow from approval of a business case must be approved in line with this Scheme of Reservation and Delegation</u>

Category	Welsh Govt Delegated Limit - Approval Required	Board of Trustees/Trust Board	Charity Committee	Bids Panel	Bursary Panel					Notes
7.8. CHARITABLE FUNDS	N/A	N/A	Over 5,000	5,000	N/A					

Unless otherwise stated, sub-delegations to others are permitted. It is for individual Directors to ensure that a system of sub-delegations are in place for their respective directorates.

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs. Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

AUDIT, RISK AND ASSURANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	25 July 2024
Committee Meeting Date	7 June 2024 and 10 July 2024
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The 10 July meeting **endorsed the 2023-24 Annual Accounts and Annual Report**, as well as the **Letter of Representation**, and the **Duty of Quality Annual Report 2023-24**. Of note:
 - The final audited accounts demonstrated that the Trust has:
 - A retained surplus of £0.085 million for the 2023/24 financial year;
 - Met its financial duty to break even over the 3 years 2021/2022 to 2023/2024.
 - Expended Capital Investment funds of £25.301 million (including IFRS16 leases funding), thereby utilising 100% of the Trust’s Welsh Government set Capital Expenditure Limit;
 - Achieved Public Sector Payments Policy (PSPP) of 96.4% within 30 days against the 95% target.
 - The financial statements were free of material misstatements; there are a number of corrected and a very small number of agreed uncorrected misstatements. The corrected misstatements were reflected in the accounts and all misstatements reported within the auditors ISA 260 report. None of the corrected misstatements affect the disclosed surplus of £0.085 million.
 - Audit Wales provided their report (**ISA 260**) that indicated it is the intention of the Auditor General for Wales to issue an unqualified certificate and report on the 2023/24 financial statements, citing that they provide a true and fair view of the Trust’s finances in the 2023/24 financial year.
 - The **Duty of Quality Annual Report**, a requirement under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, was received and it was noted that the Quality, Patient Experience and Safety Committee had received this in May.



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2. The committee expressed appreciation for the teams responsible for developing these reports, recognising their dedication to transparency and responsible management. The committee acknowledged that the early availability of the documents, combined with continuous monitoring and examination by the board committees throughout the year, facilitated a seamless approval at this meeting
3. The draft **2023/24 Head of Internal Audit Opinion** was received at the June meeting and was subsequently finalised for inclusion in the 2023/24 Annual Report. The opinion found that the Board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved. The committee were assured that this was a very comfortable and positive level of assurance and has remained stable over the last few years.

ADVISE

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

4. The **Scheme of Reservation and Delegation of Powers** was presented again to the July meeting for a further amendment following approved amendments in April. The amendments which were endorsed by the Committee provide clarity around the approval of contracts by the board and authorization for tenders. The Board will have this item before it at its 25 July meeting for approval.
5. A **pre-meet** was held with Audit Wales, Internal Audit and the Committee Chair ahead of the June meeting.
6. **Governance Practice Notes** renewals were approved for Private Board and Committee Business (No. 002) and for Chairs Action (No. 003). These notes draw out with more specificity the application of those parts of the Standing Orders that deal with these two issues. This provides clarity and process.
7. Members **reflected** in the June meeting that despite capacity limitations, the future goals regarding scrutiny and assurance are optimistic and supported. They appreciated the pre-meetings with the Chair and auditors, as well as the display of quality improvement during the pre-meetings involving the committee Chair and Non-Executive Directors. Reflections from the July meeting included the spirit of collaborative with which the Trust, Audit Wales, and Internal Audit work to on the end of year reports, providing additional confidence and assurance for all parties.

ASSURE

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

8. Progress against the **2023/24 Internal Audit Plan** was received at the June meeting. At that time there were three remaining audits for the 2023/24 audit plan, two of which had been completed by the July meeting and all of which would be presented to the September committee meeting. The following **Internal Audits** reviews were completed during the quarter and presented to the Committee in June:

- **Follow Up Audit – reasonable assurance.** The purpose of this audit was to provide assurance on the status of implemented recommendations on the audit tracker and review the systems and arrangements the Trust has in place to monitor progress with the implementation of actions.
 - **Clinical Audit – reasonable assurance.** The purpose of this audit was reviewing the process for clinical audit including how it is used by committees of the Trust to support assurance. The committee commended this result given that a previous audit had returned limited assurance in this area.
9. At the June meeting the **Audit Wales Update** was received and progress against the audit of the Trust's 2023/24 financial statements and annual report noted with no escalations. Planned work for the Trust for 2024 includes a national deep dive into financial efficiencies and a follow up of the Review of Quality Governance Arrangements, both of which are underway and will be reported in September. The core Structured Assessment brief for 2024 is being considered by the Trust. A deep dive review of investment in digital systems to support service resilience and transformation is being scoped for the Autumn.
- The review of unscheduled care report part two (accessing urgent and emergency care) is underway and will come to the committee in September.
10. The Board will recall previous AAA reports from this and other Committees noting that the number of **Policies** within their review date fell below reasonable levels during the Covid-19 pandemic as the policy work plan was largely paused and efforts directed to support the response. The Committee has oversight of the work plans to review and update these policies and agreed a prioritisation list for 2023/24 and 2024/25. At the June meeting the committee commended the teams and policy owners in the significant shift in the work programme, with 34% of Trust owned policies now within their review date compared to 14% overall reported to Committee in July 2023, rising to an expected 42% in Q2.
11. The **losses and special payments** made during the period 1st April 2024 to 30th April 2024 amounted to £44.63K net payments. The rationale for the reporting will be reviewed, noting it is required under the Standing Financial Instructions.
12. In private session in June the committee received the counter fraud update 01 March 2024 to 01 June 2024 as well as the report on **tenders and single tender waiver requests**. The **Local Counter Fraud Service (LCFS)** provided an update on its work in tackling fraud, bribery and corruption in the Trust and presented the Counter Fraud Annual Report for 2023-24 and the Annual Work Plan for 2024-25. The Work Plan includes the planned activities for 2024-25 and the Annual Report summarises the work completed throughout 2023-24. It was noted that throughout 2023-24 the volume of referrals to the counter fraud service for investigation has doubled; a trend observed throughout the NHS in Wales, potentially due to an increase in awareness of counter fraud and therefore an increase in reporting. The Committee noted that there are currently 39 recorded ongoing investigations by LCFS. The Committee discussed the themes and trends observed regarding the cases, including the impact of investigatory activity on staff well-being. The Committee approved the Counter Fraud Service's Annual Report from 2023-24 and Workplan for 2024-25.



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13. An update was received on the revised **Audit Tracker** in June. The committee noted excellent engagement with Directorates on the revised Tracker 2.0, for Q4, with the result that of the total of 162 internal audit actions on the Tracker, 64 have been closed in quarter. The committee noted that of those that were not closed there is more information on how the risk that was raised by the recommendation are being mitigated in the narrative. It was noted that reporting of the audit tracker is developing to enable the Audit Committee to monitor overall progress in a more meaningful way.
14. The **Committee’s cycle of business** monitoring report was reviewed in June with annual filings being received at an extraordinary meeting in July.

RISK MANAGEMENT

The Committee is responsible for the review of the risk management framework and received assurance in June on the principal risk activity in Quarter 1. Specific updates were provided in relation to the movement in scores on Risk 163 from 20 to 16 and Risk 424 from 16 to 12; Risk 543 and Risk 283 achieved their target scores and will be managed at a directorate level with Risk 458 being closed from all registers. Two new risks were included on the Corporate Risk Register: Risk 542 at a score of 16 and Risk 623 at a score of 15.

The Committee reviewed progress against the Risk Management Transformation Programme noting that the Trust had commissioned external support from BDO to provide advice and guidance to the team in three key areas; development of a strategic BAF that reflects more closely the Trust’s strategic objectives against its long-term strategy – Delivering Excellence: Vision 2030, the development of a series of strategic risks and risk appetite statements and consideration of a different approach to articulating, managing and monitoring the Trust’s highest scoring risks, 223 and 224.

COMMITTEE AGENDA FOR MEETING IN JUNE

Internal audit update and related audits	Audit Wales update report	Risk management and board assurance framework
Audit tracker	Policy report	Review of governance practice notes
Losses and special payments	Committee priorities and cycle of business monitoring	

COMMITTEE AGENDA FOR MEETING IN JULY

2023-24 Annual Accounts and Annual Report and Recommendation to Trust Board	Duty of Quality Annual Report	Further amendment to the Scheme of Reservation and Delegation of Powers
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COMMITTEE ATTENDANCE						
Name	30 April 2024	7 June 2024 ¹	10 July 2024 ²	12 Sep 2024	21 Nov 2024	6 Mar 2024
Peter Curran						
Kevin Davies						
Joga Singh						
Ceri Jackson						
Chris Turley						
Audit Wales	Fflur Jones ³	Fflur Jones	Yvonne Thomas			
Julie Boalch						
Judith Bryce						
Christian Fox						
Angie Lewis						
Osian Lloyd						
Trish Mills						
Liam Williams						
Carl Window						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member

¹ Jason Killens and Jonny Sammut joined this meeting

² Jason Killens and Rachel Marsh joined this meeting

³ Darren Griffiths and Amy Lord also attended



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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 16 JANUARY 2024 VIA TEAMS

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director
Paul Hollard	Non-Executive Director

IN ATTENDANCE:

Mike Brady	Consultant Paramedic 111
Craig Brown	Specialist Clinical Lead 111
Estelle Hitchon	Director of Partnerships and Engagement
James Houston	Head of Strategy Development (left during 08/24)
Angela Lewis	Director of People and Culture
Mark Marsden	Trade Union Partner
Trish Mills	Board Secretary
Alex Payne	Corporate Governance Manager
Nigel Rees	Assistant Director of Research and Innovation
Duncan Robertson	Assistant Director for Clinical Development
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

APOLOGIES:

Alex Crawford	Assistant Director Strategy and Planning
Chris Evans	Research Innovation and Improvement Lead
Jo Kelso	Head of Workforce Education & Development
Keith Rogers	Trade Union Partner
Martin Turner	Non-Executive Director

07/24 WELCOME AND INTRODUCTION

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

Apologies were received from Alex Crawford, Chris Evans, Jo Kelso, Keith Rogers and Martin Turner.

08/24 DECLARATIONS OF INTEREST

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

09/24 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 24 October 2023 were approved as a correct record subject to the removal of the word "all" in minute 44/23 paragraph 9.

RESOLVED: That the minutes from the meeting on the 24 October 2023 were approved subject to the amendment set out above.

10/24 ACTION LOG AND MATTERS ARISING

The Action log was discussed, noting that there were two actions requiring an update.

Action 25/23 relating to the memorandum of understanding (MOU) with the Life Sciences Hub Wales (LSHW) had been discussed and a further meeting with LSHW was scheduled for February to discuss if an MOU was the appropriate way forward. It was recognised that a number of teams were working with the likes of LSHW, and Committee needed sight on the current position. The benefits and risks of an MOU were touched on and noted the Terms of Reference allowed for less rigid relationships. The action remained open

Action 32/23 concerning the engagement mapping – Hannah Rowan noted that there was still work to be done in this area and suggested that Jonny Sammut, Estelle Hitchon and Jonathan Turnbull-Ross progress this in order to provide an update at the next meeting. The action remained open

RESOLVED: That the action log was reviewed and updated as set out above.

11/24 RESEARCH GOVERNANCE FRAMEWORK UPDATE

The Committee received its first update following the baseline assessment submission and the recent WAST/Welsh Government/Health and Care Research Wales (HCRW) annual review. This report was a more comprehensive report, and it was noted that future reports would be in highlight form.

The NHS Research & Development (R&D) Framework was developed in 2023 to outline what research excellence looks like in NHS Wales. The Framework is being used for multiple purposes including supporting broader strategic discussions between the Research and

Development Division (RDD), and Welsh Government (WG), and considering NHS organisational performance.

Hannah Rowan congratulated Nigel Rees on his role with Warwick University working in their clinical trials unit. A broad range of issues/implications were outlined within the appendix around embedding research within WAST as reflected against the NHS Research & Development Framework. Members were made aware of the need to build strength and resilience within the Research Team to be able to facilitate more staff to undertake research.

Members were asked to consider what advice and support could be offered around the Paramedic 3 trial and how recruitment to the trial, together with the generic staffing and resource issues to support the research activity. Barriers to inclusion in this research include low staff morale, but also hospital handover delays, study types not igniting sufficient interests and the feeling of practice being scrutinised.

Innovation groups such as the Digital Innovation Group, which were broader than the health aspect was noted and it was recognised that the learning and support from other organisations should be captured. It was considered important to share opportunities and be aligned to ensure a unified WAST approach.

Members discussed the use of podcasts to appeal and engage staff. It was suggested that the Trust could invite HCRW to a future meeting of the Committee to gain feedback and demonstrate commitment through a discussion with them; however, the Committee felt that it needed to mature further and welcomed the input of the new academic Non Executive Director who had been appointed, who would provide some valuable insight.

Angela Lewis commented on the omission of culture within the framework and stated how important it was to create a culture where people questioned their curiosity and wanted to improve. She spoke of the alignment with the Trust's People and Culture Plan and the expectation that managers hold regular check-ins with their direct reports. This change in practice, with the extant requirement for annual Performance and Development Reviews (PADRS) to be held, will support the continuing conversation around research, development, and innovation in the Trust.

She noted that this activity has been included in the Integrated Medium Term Plan for 2024-2027, with an emphasis on well-being, personal and professional growth and day to day development. Angela will actively feed this discussion back to her Directorate to aid integration within the Trust.

Trish Mills accepted that there had been minimal contribution within the organisation to the Research Governance Framework response and that it needed to be revisited, acknowledging that some of the information around the ten pillars could be built with existing information and not started anew which Nigel Rees could co-ordinate to bring it together with some programme support. This would give assurance to the Trust Board that we are aligning to this and complying with the Framework. She suggested it was a programme of work which needed to be re looked at from the beginning and if necessary, a workshop to discuss further.

Nigel referred to the revival of Research and Innovation workshops of which two had been held and a third was planned. This provided an opportunity to receive feedback from the workforce to inform a plan or a strategy going forward as well as the Framework. The

feedback would also include activities staff would like to be involved in. Nigel Rees welcomed the good discussions and was keen to share the benefits of research with the whole organisation.

Members discussed the barrier to staff who felt research was only for those academics who held a degree and / or were more clinically focused, and the need to involve staff from all areas and of any academic background to encourage them to consider research activity.

The Committee acknowledged that while it was necessary to address this perception the vast majority of the Trust's research and innovation portfolio was not paramedic or clinical, but rather involved health services research, digital technologies such as artificial intelligence, and violence and aggression.

The Committee considered whether it may be necessary to ask a different question of our people; such as asking them to demonstrate the expansion of knowledge or contribution to innovative developments; but accepted that paramedic related trials might have a higher profile.

RESOLVED: That the Academic Partnership Committee continue to discuss engagement and interaction in all areas to operate in a different way going forward.

12/24 A COLLABORATIVE APPROACH BETWEEN WAST AND BANGOR UNIVERSITY TO A PHD PATHWAY

Hannah Rowan welcomed Mike Brady and Craig Brown to the meeting to share their collaboration journey between WAST and Bangor University and the creation of a PhD pathway.

Craig Brown shared a presentation with members which outlined his career progression and personal achievements, together with the structure and the conversations that had been held to get to starting his PhD.

Unaware about his neurodiversity, he was unable to complete the course in the NHS Leadership Academy due to the lack of support he received. In 2016 he underwent an assessment and gained a diagnosis of complex Dyslexia.

Proud of his journey to date he acknowledged that being able to start his journey towards a PhD was due to the support that had been offered over the last couple of years. Bangor University quickly acknowledged Craig's neurodiversity and supported him throughout.

He also praised Mike Brady who had been understanding and supportive, which led to many conversations about learning and thinking differently.

On finishing his master's and being asked "what next?", Craig didn't feel he would be able to undertake a PhD but was advised to have a conversation with the Head of the Department to see what opportunities were available.

Dr Nathan Bray had spoken to some of Craig's tutors and were supportive of the submitted assignments. Conversations were encouraged, and with Mike's support the view was that if Bangor could not assist, the conversations could be had elsewhere.

Mike Brady, Nigel Rees, and Craig Brown had discussions on what a contract looked like between two organisations and Nigel's team facilitated the conversations which led to the proposal and the joint approach to fit in with both the 111 pathway and health promotion idea of the Academy.

Funding and supervision costs were provided by the university whilst WAST supported the release fees of time. Mike Brady has been able to become a supervisor for Craig as part of the course.

Members congratulated Craig Brown on his achievement and resilience, while also recognising the support offered by Mike Brady, which was hoped to become the Trust standard. Members were keen for Craig's inspirational story to be shared far and wide across the organisation.

RESOLVED: That the inspirational support of Mike Brady and the resilience and determination of Craig Brown had led to a new PhD pathway.

13/24 IMTP 2024-2027 PRIORITIES

The report provided a brief update on the likely IMTP priorities for 2024/25 which fall within the ambit of the Committee.

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

Confirmation of the 2024/25 IMTP priorities as they apply to this committee would help inform the scrutiny and assurance aspect of Committee's work over the next 12 months.

An extensive discussion was had at the last meeting around whether the UTS priorities/IMTP priorities were the right ones, and how to progress them in the IMTP.

A workshop on 11 January on the next iteration of the IMTP had been held and the conclusion from this was that the broad original headings would remain with a view to look through the IMTP and share those priorities that link with this Committee virtually, being mindful not to duplicate or overlap with other Committees.

The name of the Committee was considered, with a view to a change to reflect the ongoing nature of the work. It was agreed that this would be discussed further as part of the Committee annual effectiveness review item.

It was clear in the terms of reference that whatever priorities were put forward for University Trust Status maintenance, a process of scrutiny would be required. Questions of "are these appropriate, are they properly resourced, do they spread across the whole organization"

would need to be addressed. There may be an opportunity during 24/25 to for the Committee to carve out some development time to look at what goes into next year's IMTP.

The Committee agreed to roll over the priorities for the 2024-27 IMTP with respect to the priorities in the Committee's remit, and to consider different priorities for future iterations of the IMTP.

The Committee felt that priorities that fell within its remit did not mean they would be the only focus on them, understanding that a flow of information between the areas of relevance was needed.

The Committee noted that language and definitions were key to ensuring everyone's understanding was the same for example "commercialisation", "partnerships" and "working with industry".

RESOLVED: That

- 1) The Committee noted the content of the paper and the verbal update provided, and**
- 2) The Committee agreed to roll over the priorities for the 2024-27 IMTP with respect to the priorities in the Committee's remit, and to consider different priorities for future iterations of the IMTP.**

14/24 APC TASK & FINISH GROUP UPDATE

The Academic Partnership Committee (APC) Task & Finish group was convened predominantly to support the recruitment of the new Non-Executive Director to ensure sufficient input to securing the right candidate.

The stakeholder group which had taken place before Christmas had seen a successful candidate confirmed by the Minister on the 15 January 2024. This was Ian Mathieson from the University of South Wales, who would be joining the Trust from 1 April 2024.

This would also allow for full University Trust Status to be gained due to meeting the Welsh Government requirements, which would come with legalities and the change of title for the Trust as a corporate body.

It was confirmed that the Task & Finish Group would close, however there was still some work to do prior to a closing report being produced. The closing report will be programmed at a future meeting of the Committee.

RESOLVED: That the Task & Finish group closeout report be produced once some work had been completed.

The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and prepare an annual report which will be presented to Audit Committee, then to the Trust Board in May.

Annual effectiveness reviews are designed to evaluate the effectiveness of the Board and its Committees, review its operating arrangements, and proposing changes to improve its support, challenge, scrutiny, and oversight responsibilities. Whilst the duty of quality, by adopting a continuous improvement methodology to the Board and its Committees throughout the year was demonstrated, the annual effectiveness review was an opportunity to formally review membership, look back at the work of the Committee during the year, and set the Committee's priorities for the coming year.

The report included the responses to the questionnaires, a draft Annual Report from the Committee to the Board and proposed marked up changes to the Terms of Reference. As a result of the response to a questionnaire completed by members and attendees, a number of changes had been proposed to the Committee's operating arrangements and its Terms of Reference.

The survey was to gauge opinion on areas of good practice and areas for improvement. Throughout the year our Duty of Quality is exercised by ensuring that operating arrangements are constantly improved.

A review of the Terms of Reference provided an opportunity for the Committee to ensure it was comfortable with the focus and direction. It was suggested that a colleague from the Operations Directorate be invited to attend the Committee to assist in sharing the work of the Committee with front line staff. It was noted that the funding for the Research Improvement Innovation Lead was due to end during 2024-25.

Audit Wales - who had observed a couple of meetings as part of the Structured Assessment were content that there were no concerns identified in the Committee's operations. Trish Mills confirmed that the Cycle of Business monitoring report was presented to each meeting for the Committee to be assured that it was adhering to its work plan.

Trish Mills talked to the changes in the Terms of Reference presented in the paper, for ease. The change of name for the Committee was referenced and it was noted that this would be discussed further at a planned Committee development day, once the new Non Executive Director was in place.

This committee was about promoting and supporting opportunities with key partners, with education providers, with commercial partners to develop collaborative activities and where program design was to ensure proper arrangements were in place with those partners.

Members liked the report and suggested that a face to face meeting could take place in July and that an Operational member of staff to join the group would be of benefit. Hannah Rowan thanked Trish and her Team for putting in the work, recognising the Committee had flexibility to dip into areas that other Committees were not able to do so.

The priorities agreed were to have a focus on risk reporting and communicating to the organisation the purpose and focus of the Committee with an additional priority around the collaborative and communication pieces that as the third.

RESOLVED: That the

- 1) the draft Annual Report was reviewed and approved;**
- 2) changes to the terms of reference as set in the annex and above were endorsed, subject to the adjustments discussed;**
- 3) changes to operating arrangements in response to issues raised in questionnaires as set out in the draft Annual Report were confirmed; and**
- 4) priorities as set out above for the Committee for 2024/25 were set.**

16/24 COMMITTEE HIGHLIGHT REPORT 24 OCTOBER 2023

This was a consent item and therefore was not discussed by the Committee.

17/24 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT

This was a consent item and therefore was not discussed by the Committee.

18/24 KEY MESSAGES FOR BOARD DECISIONS / ACTIONS

These messages would be picked up in the highlight report and reported to the next Trust Board meeting.

Paul Hollard was thanked by members for his contribution to the Committee, noting that this would be his last Committee meeting.

19/24 DATE OF NEXT MEETING:

The date of the next Committee meeting is 23 April 2024.



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WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON TUESDAY 23 APRIL 2024 VIA TEAMS at 09:30 – 11:00

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Alex Crawford	Assistant Director Strategy and Planning
Estelle Hitchon	Director of Partnerships and Engagement
James Houston	Head of Strategy Development (left during 08/24)
Caroline Jones	Corporate Governance Officer
Jo Kelso	Head of Workforce Education & Development
Angela Lewis	Director of People and Culture
Mark Marsden	Trade Union Partner
Trish Mills	Board Secretary
Alex Payne	Corporate Governance Manager
Nigel Rees	Assistant Director of Research and Innovation
Duncan Robertson	Assistant Director for Clinical Development
Andy Swinburn	Executive Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Aled Williams	Head of ICT

APOLOGIES:

Chris Evans	Research Innovation and Improvement Lead
Keith Rogers	Trade Union Partner
Jonny Sammut	Director of Digital Services

20/24 WELCOME AND INTRODUCTION

Hannah Rowan welcomed everyone to the meeting bilingually noting that this was the first meeting since gaining University Trust Status on the 1 April 2024, and confirmed quorum.

Apologies were received from Jonny Sammut with Aled Williams attending on his behalf, Chris Evans, and Keith Rogers.

21/24 DECLARATIONS OF INTEREST

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

Hannah Rowan thanked those involved with the Non-Executive Director recruitment process and whilst it had not led to the candidate being able to join the Trust, it was noted that the choice of candidate was appropriate given he has accepted a position at Health Education and Improvement Wales.

Hannah Rowan also noted that the new campaign for an academic Non-Executive Director had commenced and invited members to share the opportunity with their networks, as appropriate. The closing date for this campaign is 10 May 2024.

22/24 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 16 January 2024 were not approved at this time, due to some comments that Nigel Rees asked to be considered.

He was invited to forward his comments for review and the minutes would be presented at the next meeting.

RESOLVED: That the minutes from the meeting on the 16 January 2024 were not approved.

23/24 ACTION LOG AND MATTERS ARISING

The Action log was discussed and updated.

A verbal update against Action 25/23 relating to the memorandum of understanding (MOU) with the Life Sciences Hub Wales (LSHW) was provided which resulted in the action being transferred to the Committee Forward Plan to be revisited later in the year and it was agreed to close the action on the log.

Action 41/23 the engagement mapping link had been shared with members to keep updated and the action was closed.

Action 11/24 Research Governance Framework – the Committee were content with the feedback contained within the regular report.

Action 15/24 was closed as the Terms of Reference had been amended and would be presented to Audit Committee and Trust Board.

RESOLVED: That the action log was reviewed and updated as set out above.

24/24 RESEARCH GOVERNANCE FRAMEWORK

Research Governance Framework Update

The Trust was required to adopt and conduct an organisational wide assessment against the Framework. Contribution from across the organisation was growing which reflected the increased embedding of Research and Development.

Nigel Rees highlighted some key areas from the report:

1. The Committee was informed that the drone project had received a prestigious award from the UKRI Future Flight SBRI funding call, highlighting its potential to enhance the supply chain in Wales. The project had garnered significant media attention, and a paper had been submitted to the Journal of Paramedicine.
2. DEPWoC: Drivers and Experiences of Pregnant Women Calling NHS 111 Wales for pregnancy-related reasons. Through to stage 2 Health and Care Research Wales HCRW funding. The organisation had begun participating in the HCRW Communications Alliance. This involvement was seen as a positive step towards promoting and sharing research and innovation initiatives across Wales, enhancing our collaborative efforts and visibility in the field.
3. Three regional WAST R&I workshops had been completed.
4. Collaboration and support for Smart Sensor Systems for Improving Environment and Health Resilience in South Wales (S4W) Multi-University Place-based Accelerator Cluster bid.
5. A secondment appointment had been made for the Research & Innovation Officer (Clinical) and the job description for new Head of Research and Innovation was in the evaluation stage.

Kevin Davies mentioned that the impact factor of some of the journals where research articles were published may be useful for the Committee to be aware of and Nigel Rees agreed to include this detail in the next report.

When looking at the governance of these projects Aled Williams offered support to Nigel Rees with any Information Governance aspects.

It was noted that there were no discussions currently ongoing relating to the funding of capability and capacity within the Research and Innovation space.

RESOLVED: That

- 1) the Committee noted and discussed the content of the NHS R&D Framework report;**

2) publication impact factors be included within the regular report to the next meeting; and

3) the Committee continue to monitor the self-assessment against the framework.

Approach to organisation wide assurance on the Research Governance Framework

The update on the HCRW Research and Development Framework showed an increased focus on research within the organisation and the Committee noted a group had been established, reporting to the Executive Leadership Team, which would ensure buy-in for research and innovation across the Trust. The committee noted the need to ensure that our resourcing decisions keep up with our broadening ambitions, and that these were aligned with the IMTP.

Andy Swinburn informed members of the huge amount of work currently being done within a small team. It was hoped for the work to grow into other areas which was expected to take time to expand. He agreed to bring a report to a future meeting detailing the next steps.

Hannah Rowan referenced that the committee was working on increasing the visibility and governance of research and innovation across the organisation and was encouraged by the progress made so far, noting that resourcing decisions needed to keep up with the importance of research and innovation. She thanked Nigel Rees for his report which highlighted some of the achievements and challenges in the research and innovation space.

RESOLVED: That

1) discussions would continue around engagement and interaction in all areas of the organisation ; and

2) a report to the October meeting detailing next steps to grow research and innovation across the Trust.

25/24 RESEARCH CHAMPION UPDATE

Hannah Rowan, the Research Champion Non-Executive Director, recently attended a research workshop in Wrexham hosted by WAST. The morning session was enriching, offering diverse viewpoints from attendees.

The previous evening, discussions at the Emergency Department at Wrexham Maelor Hospital revolved around the insights of various colleagues on ongoing projects and potential improvements.

Key discussions at the workshop emphasised the need to elevate our research visibility within the organisation. There was also a focus on identifying and addressing barriers to participation, e.g. discussing the reasons behind the discrepancy between the number of colleagues signed up and trained to participate in the PARAMEDIC-3 trial and the much lower number of patients recruited to it.

The workshop was marked by a keen sense of enthusiasm and highlighted the opportunities available for involvement at all levels in research initiatives.

Nigel Rees confirmed the presence of Hannah Rowan at both the emergency department and the workshop was valued and had a positive impact.

RESOLVED: That

- 1) The presence of Hannah Rowan at the Workshop and the Emergency department was impactful; and**
- 2) There was a need to elevate research visibility across the Trust.**

26/24 INTEGRATED MEDIUM-TERM PLAN 2024-2027 PRIORITIES

The report set out in broad terms and for assurance those priorities outlined in the Trust's 2024-2027 Integrated Medium-Term Plan (IMTP) that would fall under the purview of the Committee. The 2024-2027 IMTP has been submitted to Welsh Government following approval by the Trust Board. The elements within the purview of the Committee are: -

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 original University Trust Status priorities remain central to the Integrated Medium-Term Plan (IMTP) 2024-27, however it was noted that they were primarily monitored by other Committees, with the IMTP oversight overall coming under the Finance and Performance Committee, who would escalate issues to this Committee where necessary.

The IMTP focus therefore for this Committee for 2024-25 would be those related to reporting and assurance in relation to the NHS Wales Research Governance Framework and those linked to the embedding and realisation of the benefits of University Trust Status. Our relationship with stakeholders was seen as key to linking these initiatives to the wider NHS system.

There would also be a requirement to consider the need for any additional Academic Partnership priorities during the course of the year, which it was proposed would be the subject of a discussion session in the third quarter of 2024/25, to allow for the contribution of an incoming Non-Executive Director from academia.

Members discussed how the Committee should encourage a culture of inquisitiveness across the Trust and that staff recognising research and innovation within their role would give them a voice and would encourage asking questions.

Jonathan Turnbull-Ross commented that the next year was going to be important for this committee to test the UTS status with stakeholders and develop partnerships. He also said that the committee needed to be bold and brave and balance the clinical risk and the innovation in the strategy. He said that there would be some challenges in developing new pathways with Health Board partners and integrating care. He said he was excited but also aware of the difficulties ahead.

The Committee recognised that there needed to be a balance between the reporting lines for priorities, and the role in exploring these components of the IMTP and the level of detail to consider.

RESOLVED: That

- 1) the Committee noted the paper and took assurance that IMTP priorities within its purview were accurately reflected in, and subject to the appropriate governance arrangements for, the 2024-27 Integrated Medium-Term Plan (IMTP); and**
- 2) the IMTP focus therefore for this Committee for 2024-25 would be those related to reporting and assurance in relation to the NHS Wales Research Governance Framework and those linked to the embedding and realisation of the benefits of University Trust Status**

27/24 APC TASK & FINISH GROUP CLOSURE REPORT

The Task & Finish Group closure report was received. The Group was established in April 2023 and its terms of reference and workplan were approved at the first meeting.

The primary purpose was to develop an approach to attract Academic Non-Executive Directors (NED); plan for the management of conflicts of interest; consider logistics for the change of name and branding once University Trust Status (UTS) had been conferred; and align the work to the legislative docket at Welsh Government for a change to the Trust's establishment order. The Chair thanked the members of the group for their contributions and recommendations.

Estelle Hitchon thanked members for their contributions and recommendations.

RESOLVED: That the Task & Finish group closeout report was received.

28/24 COMMITTEE CYCLE OF BUSINESS 2024/25 & MONITORING REPORT

Updating of the cycle of business for the committee was the final step in the 2023/24 effectiveness reviews that were conducted in quarter four (Q4). Amendments to the Committee's terms of reference agreed in Q4 had been incorporated into this updated cycle of business.

The cycle had been developed with direct correlation to the duties in the terms of reference (indicated by the red text in the cycle of business). This would allow members to review the appropriateness of the proposed reports and their frequency.

The cycle for the Committee was a maturing document which would grow organically over the next 12 months. The Research KPI report would be developed as the HCRW framework developed during 2024/25.

The Chair asked that consideration be given to the role of the Committee in supporting the delivery of the Trust's organisational strategy and this would be considered during the agenda setting for future meetings.

There were no matters to escalate to the Committee on the Cycle of Business Monitoring Report for quarter one 2024/25.

RESOLVED: That

- 1) The 2024/25 cycle of business, aligned to the terms of reference, was reviewed, and approved; and**
- 2) the cycle of business monitoring document was noted.**

29/24 KEY MESSAGES FOR BOARD DECISIONS / ACTIONS

The Highlight report would provide the Board with a summary of the meeting for information.

30/24 ANY OTHER BUSINESS

There was none.

31/24 DATE OF NEXT MEETING:

The date of the next Committee meeting is 19 July 2024.

Members discussed reviewing availability and getting the date confirmed as soon as practicable.



WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 30 APRIL 2024 IN VANTAGE POINT HOUSE, CWMBRAN, AND VIA TEAMS

Meeting Commenced at 09:30

PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Ceri Jackson	Non-Executive Director and Vice Chair of the Trust Board
Kevin Davies	Non-Executive Director
Joga Singh	Non-Executive Director (Left after Minute 20/24)

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Christian Fox	Trade Union Partner
Jill Gill	Head of Financial Accounting
Darren Griffiths	Audit Wales
Fflur Jones	Audit Wales
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit, NWSSP
Amy Lord	Audit Wales
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Felicity Quance	Deputy Head of Internal Audit, NWSSP
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Carl Window	Counter Fraud Manager

APOLOGIES:

Liam Williams	Executive Director of Quality and Nursing
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15/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting.

Members noted that any declarations of interest were contained within the Trust's Register of Interests. Peter Curran added he was no longer the Interim Finance Director for Turbine Leisure Trust and that there was a minor spelling mistake in respect of Jonny Sammut's name. Trish Mills advised these two issues had already been resolved.

Minutes:

The Minutes of the Audit Committee meeting held on 1 March 2024 were approved.

Action Log

Minute Reference 02-24: *It was requested that a comparison of Audit Fees with other organisations be provided along with the reasons for increase.* An explanatory letter was attached to action log. Action closed.

Minute Reference 03-24: *To consider the placement of the extra AC/TB meetings and the process for drafting of the accounts from an AC point of view and the oversight.* Dates have been confirmed and published. Action closed.

Minute Reference 06-24: *It was asked that reference be made to specifically include Volunteers within the Risk Management policy to assist in ensuring clarity and accountability for everyone involved. It was agreed that the policy would be approved subject to including the relevant wording regarding Volunteers.* The policy amended to reflect the change; Action closed.

Minute Reference 10/24: *It was asked that reference be made to specifically include Volunteers within the Counter Fraud, Bribery and Corruption policy to assist in ensuring clarity and accountability for everyone involved. It was agreed that the policy would be approved subject to including the relevant wording regarding Volunteers.* Policy amended to reflect the change; Action closed.

Committee Highlight Report

The report was received for information.

RESOLVED: The Committee.

(1) Noted the apologies received from Liam Williams who was engaged with the CAS implementation along with other members of his team and was unable to send a deputy.

(2) Approved the Minutes of 1 March 2024.

(3) Considered the action log and closed the actions as described; and

(4) Received the Committee highlight report.

16/24 INTERNAL AUDIT REPORTS

The Committee received a progress update from Osian Lloyd against the 2023/24 Internal Audit Plan, revealing five remaining audits to be completed by the June meeting. The most recent Key Performance Indicator (KPI) for audits reporting deadlines continues to show an improvement. Two completed audits were presented to the Committee during the quarter:

Comments:

Trish Mills added that she would be presenting a report to the Executive Leadership Team (ELT) which will provide clarity regarding timing in terms of when the 15 day period begins for management to provide their responses to audits. Furthermore, there will be continuing efforts to schedule sessions with the ELT during the audit scoping phase to coordinate timelines and avoid scheduling conflicts.

Members discussed the limited assurance Estates Audit and the emphasis that this was an all Wales review which reflects system challenges as opposed to this being entirely under the Trust's control.

1. **Seatbelt Action Plan:** Felicity Quance stated that this audit received reasonable assurance. Its aim was to evaluate the implementation of the seatbelt action plan, ensuring the safety of both crews and patients in Trust vehicles, and assessing compliance. An incident in North Wales in April 2021 prompted a review of the seatbelt action plan. The Trust conducted assessments to ensure compliance with safety protocols and standards. Following the incident, the Trust responded promptly by establishing a Road Traffic Collision Cross Directorate Group. Additionally, an internal health and safety investigation was initiated. Subsequently, an action plan was developed, which has been evolving as the investigation progresses. It is important to note that the action plan was implemented prior to the completion of the investigation, emphasising the timeliness of the response.

The coroner's report identified three aspects which require further consideration, details of which were still awaited from the coroner.

Quality assurance arrangements were established with both external providers, including due diligence checks to ensure they meet the required standards, as well as internal inspections of Trust owned vehicles. It was noted that the number of inspections to be undertaken across the 76 Trust Non-Emergency Patient Transport

Services (NEPTS) sites is limited to four stations per year. Resourcing issues have impacted on the number of internal inspections being completed.

The Quality, Patient Experience, and Safety Committee, along with the People and Culture Committee, will review this audit in more detail in May, given its relevance to patient safety and health and safety.

Judith Bryce welcomed the report and acknowledged that the additional actions have been implemented to enhance safety for patients, staff, and the Trust. The quality and support days referred to in the report were deemed successful, and their reporting will be presented to the Joint Senior Leadership Team Day on 17 May.

Following a query in terms of the number of internal inspections being undertaken, Judith Bryce added that she was assured that these checks are in place, and if capacity allows, will undertake more than four; this will be maintained as a minimum with no significant risks with this approach.

2. **ICT Contract Management:** Felicity Quance advised the Committee this audit had received reasonable assurance. Its objective was to assess whether the Trust has appropriate contract management arrangements in place to ensure the achievement of value for money. The Finance and Performance Committee reviewed this audit at its March meeting.

At the time of the audit, there was a lack of structure in the supplier and contract function, especially regarding additional services. However, actions had been taken to address this, including the appointment of a contract manager. Additionally, a standard operating procedure was approved to correct this issue.

An ICT contract register was in place for current contracts, but it was observed that it did not include all suppliers, particularly those used for single capital orders or contracts where ICT requirements fell outside of digital services' budgetary responsibility.

Additionally, it was noted that while there is an ongoing contract management process to review performance reports, it is not fully documented. There was no evidence found for the management of instances of poor performance or escalation procedures if required.

The monitoring of contracts before their term ends is conducted at the Digital Services Senior Management Team meeting. However, since there were no minutes from these meetings in place, it remained unclear what requirements were determined for relevant procurement processes or what the next steps needed to be in relation to that.

Jonny Sammut added that it might be disproportionate to include all contracts in the contract register. Therefore, as part of the management action, he has agreed to document any recurrent spend via the contract register. For anything else, he will continue to monitor using the single one-off spend in Oracle, as it provides sufficient detail while balancing time and effort. Additionally, many of the actions are already in progress in terms of evidence gathering for performance meetings.

Members queried if, across the NHS, there was any shared learning or best practice that the Trust could adopt, specifically on improvement areas. Jonny Sammut added that following benchmarking against other ambulance services it revealed that there are only two other ambulance services in the UK that have established a contract manager role. In the ambulance sector, the Trust is progressing and maturing compared to the wider industry. While there is still work to be done, it is noteworthy that the Trust is in a relatively good place within the sector.

RESOLVED: The Committee noted the update and received the Seatbelt Action plan audit and the ICT Contract Management audit reports.

17/24 AUDIT WALES REPORTS

Audit Wales Progress Report

Fflur Jones presented the 2023 Audit Wales Annual Report for the Trust, which had been summarised in an accompanying report and outlined findings from various audit activities, including the audit of the 2022/23 accounts, 2023 structured assessment, national workforce review, and the Trust's workforce planning arrangements. Both the Committee and the Board had reviewed these reports.

Part Two of the Unscheduled Care Review, focusing on accessing urgent and emergency care, has begun, with the Trust formally engaged in this phase. This review is part of a broader examination that includes Part One (flow out of hospital), which has been completed and is in clearance with the Regional Partnership Boards, and Part Three (national arrangements and leadership structures), which will begin in the coming months.

Audit Wales Annual Report

Fflur Jones explained that the annual audit report provides a comprehensive summary of all the work conducted over the past year. The findings contained within this report have been previously reviewed and discussed by the Committee and covers various aspects, including the work on the accounts and performance audits, the workforce planning report and structured assessment.

Audit Wales Annual Audit Plan 2024

Amy Lord presented the 2024 Audit Plan which covers both accounts work and performance audit work. Key highlights included:

1. Accounts Audit Planning: The plan highlights risks identified during planning procedures, outlines the timetable, team composition, and fee.
2. Significant Audit Risks: The significant audit risk of management override is highlighted, as mandated by international auditing standards. Other identified risks include duty to break even over a three year period, new systems for calculating provisions, and the impact of International Financial Reporting Standard (IFRS) 16 on leasing standards.
3. Trust Specific Risks: These include expenditure recognition, capital expenditure classification, senior officer remuneration, and related parties.
4. Audit Timetable: The audit is scheduled to conclude in July, with today's presentation marking the start of the audit planning process.

Overall, the plan provides an overview of the audit approach, risks, and timetable for completing the audit of the 2023/24 accounts.

The audit fee for the 2024/25 year was noted at £200,483. This is in line with the Fee Scheme as approved by the Senedd Finance Committee and represents a 6.4% increase on previous years.

The Committee were updated by Fflur Jones on the planned performance work which will include the annual structured assessment incorporating both a core element and a deep dive element. The core element will address governance, planning, and use of resources, while the deep dive will focus on digital systems to support service resilience and transformation.

Originally, the plan was to conduct a deep dive into digital systems this year; however, this has been deferred to next year to prioritise financial resilience. The deep dive will begin later in the year.

Additionally, substantial work is being done on the urgent and emergency care review at the Trust.

Comments:

Chris Turley commented that the upcoming audit will address risks identified, including those mandated by auditing standards and common across many NHS organisations. He added that everything is proceeding according to plan in terms of the draft accounts which

will be submitted to Welsh Government this week, and then initiating the auditing process with Audit Wales colleagues next week.

The request from Audit Wales for responses regarding statements of responsibilities for those charged with governance has been received. The team is currently working on drafting the responses, which will then be reviewed before submission. It is noted that there may not be significant changes from previous years, but a detailed review will be conducted to ensure accuracy and relevance.

Jonny Sammut highlighted a potential challenge regarding readiness for the digital systems audit, mentioning that the team might face capacity constraints due to the ongoing digital plan refresh. Towards the end of the year, there could be significant demands and programs of work, which may impact the team's availability for the required fieldwork.

The Committee recognised that the focus on digital systems investment is crucial, not only in terms of its impact but also from a risk perspective. Understanding the return on investment and how these systems are utilised across different areas is essential. For instance, the variation in usage of digital healthcare records among health boards underscores the importance of assessing whether these systems are being effectively used as intended and how they contribute to managing risk and harm within the healthcare system. Further details on the scoping of the digital audit work were requested.

Darren Griffiths from Audit Wales thanked Members for their comments and agreed to incorporate those points as part of the scoping work. He added that Audit Wales will be adjusting the scope of their work for the Digital Healthcare Wales organisation (DHCW) to reflect its system leadership role in Wales and its importance in developing and delivering digital systems and solutions to NHS Wales. This adjustment will involve focusing on capturing pan-Wales national issues and is still in the process of being scoped, with plans to deliver it towards the end of the summer or early autumn.

RESOLVED: The Committee received the Audit Wales Progress Report, Audit Wales Annual Report, and the Annual Audit plan for 2024.

18/24 ANNUAL BOARD AND COMMITTEE EFFECTIVENESS REVIEWS 2023/24

Prior to the update the Chair expressed his thanks to Trish Mills and her team's comprehensive and thorough report, acknowledging that it is more wide ranging than reports seen in other organisations and sectors and serves as recognition for their efforts and the quality of their governance work.

Audit Committee 2023 annual effectiveness review

Trish Mills explained that the Audit Committee conducted its 2023/24 annual effectiveness review using the National Audit Office tool for survey questions. Members assessed their effectiveness based on this tool, the Committee's work throughout the year, and discussions held during the meeting. Proposed changes to the Terms of Reference resulting from this review will be presented to the Board at its May meeting.

Seventeen questionnaires were distributed, with five responses received, resulting in a return rate of 29%, which was consistent with the previous year. However, not all questions were answered in some responses, due to the questionnaire being tailored for central government departments, making certain questions less relevant. The detailed outcome analysis was circulated enabling members/attendees to examine and filter the responses more closely.

The results showcased the Committee's performance across multiple domains, notably in financial reporting, where only minimal areas for improvement were identified. Notably, there were improvements observed in the timeliness of submitted papers, potentially linked to the introduction of a document delineating reporting deadlines, which was widely disseminated among all directorates. Furthermore, a new practice was introduced in 2023: a regular report from the Chair of the People and Culture Committee concerning the Trust's "speaking up safely" program. This initiative was in response to deficiencies in whistleblowing practices highlighted in the previous year's survey results.

The Audit Committee's Terms of Reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the oversight and scrutiny role of the Committee in mind. The following changes were proposed:

1. Change of name from Audit Committee to Audit, Risk and Assurance Committee (ARAC). The National Audit Office recognises this as best practice nomenclature, and it describes more appropriately the wider remit of the Committee and the focus for 2024/25 and beyond on the strategic Board Assurance Framework and the programme of integrated governance and assurance.
2. The addition of the Deputy Board Secretary/Head of Risk to the prescribed attendees.
3. Addition of a Chair's Action provision. It is likely that this would be utilised primarily for policy approval where waiting a quarter for a scheduled meeting would cause undue delay in publishing updates to policies.
4. Addition of the commitment of the Committee to continuous improvement and the duty of quality.

The Audit Committee's draft annual report, accompanying the update, underscores the breadth of responsibilities managed by this Committee throughout the year. Paragraph 16

of the annual report highlights the extensive workload and the cyclical nature of business that the Committee manages, reflecting its significant remit.

Comments:

The Committee discussed ways of increasing the response rate for surveys which had been a concern, and exploring collective approaches from NEDs or senior staff could be a positive step forward in addressing this. A revised and streamlined approach to surveys for the 2024/25 reviews was agreed upon.

Clarity was sought on the wording with regards to controls in the Corporate Risk Register. Trish Mills explained that the introduction of the new Board Assurance Framework will provide a different perspective on internal controls, allowing for a more nuanced evaluation of whether controls and actions are within the Trust's appetite and tolerance levels. This shift in approach will likely enhance the effectiveness and efficiency of risk management processes moving forward.

The Committee were very supportive around induction for new members who may benefit from a more structured onboarding process to become more effective in their roles.

Committee Effectiveness Reviews – Other Committees

Trish Mills explained that the other six Board Committees and one advisory group reviewed their effectiveness in Quarter 4 2023/24 adopting the methodology used in 2022/23 and based on the same question set along the themes of Committee focus, engagement, team working, and effectiveness.

All Committees have been productive throughout the year, handling a substantial workload. While the volume of papers and the length of agendas continue to be highlighted as areas of concern, Members were reassured that their remits were suitable, and efforts are being made by the Executive to minimise volume and avoid duplication. The Audit Committee was asked to assess the distribution of delegated work and determine if it is fair and feasible.

Updates to Terms of Reference for the Committees include:

1. Academic Partnerships Committee: Change of purpose statement and a reduction in the Non-Executive Director membership of the Committee from four to three (including the Committee Chair). There is a potential change of name of this Committee foreshadowed in 2024.
2. Charity Committee: Purpose of the Committee amended to provide clarity on its connection to the Corporate Trustee, and the need to make decisions with public benefit in mind. The level of approvals for the use of charitable funds has been

reduced in line with changes in delegations for the Bids Panel. There has been a reduction in the Non-Executive Director membership of the Committee from four to three (including the Committee Chair).

3. Finance and Performance Committee: The information governance and information security remit has transferred from the Quality, Patient Safety and Experience (QUEST). Directorate specific plans aligned to the long term strategy 'Delivering Excellence' will be received by this Committee rather than reviewed for alignment. The Audit Committee will receive assurance on the implementation of the Quality and Performance Management Framework and that this Committee will receive assurance on its effectiveness and the value of outcomes the framework produces.
4. Remuneration Committee: Addition of any interim appointments to the roles that are within the remit of the Committee.

Each Committee except the Remuneration Committee has set its priorities for 2024/25. These priorities will be monitored quarterly by way of an assurance report by the Director of Corporate Governance/Board Secretary. This is not additional to the work of the Committee but provides a focus on areas of work that may be new or novel in the Terms of Reference or requiring some specific oversight during the year.

The Chair extended his thanks to the Corporate Governance team for the support provided to each of the Committees and Board and in managing an extensive cradle-to-grave process for each meeting, ensuring the smooth running of each meeting. Efforts are being made to streamline processes and to continue to provide succinct reports highlighting key areas for committee's attention.

Trish Mills added that a standardised questionnaire was introduced in 2022 to maintain a baseline for survey responses, which is a good practice. It is unfortunate that response rates are not as high as desired, acknowledging the pressures during the winter months and some members responding to eight surveys depending on the attendance at each committee.

Comments:

Members endorsed the comprehensive work done by the Corporate Governance team and the committees and thanked all involved. Despite the challenges with response rates, Members were assured that the results are reliable and dependable.

The Committee agreed the simplification of the questionnaire for other Committees to help improve response rates; however, this would be at the discretion of each Committee.

The Committee discussed the balance between governance, management, and time spent on effectiveness reviews particularly with several Board Members not yet in place. Members

reflected on whether the current approach strikes the right balance and whether adjustments are needed to ensure effectiveness without overburdening individuals or the Trust. It was agreed that the Trust has reached a significant level of maturity and assurance and it might be appropriate to streamline effectiveness and timeliness of review in specific areas whilst ensuring that the necessary governance and assurance measures are adhered to.

Members highlighted the importance of transparency and public accountability. By acknowledging the extensive work and scrutiny that happens at the Committee level, it helps demonstrate to the public that thorough deliberation and assessment have occurred before matters are brought to the Board. This transparency ensures that the public understands the depth of consideration that goes into decision making processes. Additionally, the importance of discussing risks in detail was noted, especially during public Board meetings, to demonstrate transparency and accountability.

The Committee recognised the importance of aligning discussions with the appropriate forums and focusing on the key priorities outlined in the Terms of Reference. This ensures that discussions are productive and relevant, taking place in the right context and at the right time.

Members expressed their confidence in the Corporate Governance team's approach to governance, risk management, and assurance. They appreciated their diligence in ensuring that the processes remain proportionate, reasonable, and not overwhelming. This balance is essential to avoid excessive bureaucracy and ensure that the Trust's efforts are focused on meaningful outcomes rather than to fulfil requirements. Overall, Members felt assured and confident in their ability to maintain this balance effectively.

The Committee noted there had been a significant cultural shift towards a more evolved governance culture within the Trust. This evolution is evident in the meticulous attention to detail and grassroots approach to governance practices. From aligning key projects with appropriate Committees to documenting approval processes and management responses for audits, there is a clear emphasis on governance in day-to-day operations. This shift reflects a deeper understanding and integration of governance principles across all levels of the Trust, particularly among senior teams.

Trish Mills added that having a structured cycle of business for each Committee ensures alignment with their respective Terms of Reference. This approach provides assurance that the Committees are focusing on their priorities at the appropriate times. While adjustments may be necessary as circumstances evolve, the proactive nature of this approach prevents the Trust from passively navigating its governance responsibilities. She further recognised the ongoing journey towards a more strategic focus, with insights from the effectiveness reviews helping to guide this transition.

In terms of papers and reports Trish Mills added there was a recognition of the need to

improve the presentation and writing of reports, perhaps leveraging tools like Artificial Intelligence (AI) to enhance executive summaries and overall clarity.

Trish Mills explained that a plan would be in place to refine the effectiveness methodology for the next year, including the use of different questionnaires tailored to each Committee's needs. The Audit Committee will review and advise if any further assurances are necessary before presenting the package to the Board for approval.

RESOLVED: The Committee:

- (1) Reviewed and approved changes to Audit Committee's terms of reference and its operating arrangements in response to issues raised in questionnaires, and given the small number of responses, propose any other changes**
- (2) Agreed the Committee's priorities for 2024/25.**
- (3) Approved the Audit Committee's annual report.**
- (4) Advised if changes are required to the effectiveness methodology for the 2024/25 reviews.**
- (5) Noted the changes to the operating arrangements and terms of reference for:**
 - Academic Partnership Committee**
 - Charity Committee**
 - Finance and Performance Committee**
 - People and Culture Committee**
 - Quality, Patient Experience and Safety Committee**
 - Remuneration Committee**
 - Welsh Ambulance Services Partnership Forum**

and endorsed these and the annual reports for onward approval by the Trust Board

- (6) Advised if any further assurances are sought on the effectiveness of the Trust's governance arrangements for its committees, including whether the spread of work as illustrated is appropriate and manageable.**

19/24 SELF-ASSESSMENT AGAINST THE CORPORATE GOVERNANCE CODE FOR CENTRAL GOVERNMENT DEPARTMENTS 2017 – 2024 REVIEW

Trish Mills advised the Committee that the Board is required to confirm adherence with the Corporate Governance Code for Central Government Departments 2017 in the Annual

Governance Statement. The Committee reviewed the self-assessment against the Code and were assured that the Trust complies with all elements.

RESOLVED: The Committee Reviewed the 2023/24 self-assessment against the Corporate Governance Code for Central Government Departments 2017, ahead of confirming compliance with the Code in the 2023/24 Accountability Report.

20/24 SCHEME OF RESERVATION AND DELEGATION OF POWERS - CONTRACT AWARDS BY BOARD

Trish Mills advised the Committee that the Trust's Standing Orders (SOs) must be kept under review to ensure they remain current and that their practical application in the Trust is clear and communicated. The update report sets out amendments to the SOs from Welsh Government and clarifications made to the Scheme of Reservation and Delegations of Powers (SoRD) for endorsement by the Audit Committee.

Interim Amendments to Standing Orders

1. On 1 April 2024 the Joint Commissioning Committee (JCC) was established as a joint committee of the seven Health Boards. SOs and a SoRD have been adopted for the JCC.
2. Interim amendments have been made to the Model SOs to reflect the new arrangements for the JCC and to remove reference to the Welsh Health Services Commissioning Committee (WHSCC) and the Emergency Ambulance Services Committee (EASC) which ceased to exist on 31 March 2024.
3. On 1 April 2024 the Trust was awarded University Trust Status, and its name was changed to the Welsh Ambulance Services University NHS Trust. The SOs have been amended to reflect this.
4. The changes to the SOs are included at Annex 1 to the report and have been made in line with the Welsh Health Circular numbered 2024/019.
5. The Standing Orders at 7.2.5 provides for our Annual General Meeting (AGM) to be held by 31 July each year. Welsh Government have advised in the Manual for Accounts that for 2023/24 the AGM may be held before 30 September 2024. This ensures alignment with the external audit scheme. The Audit Committee was asked to formally endorse this for the Board's approval.

Amendments to the Scheme of Reservation and Delegation of Powers

Trish Mills advised that the Trust periodically reviewed the SoRD as it was essential to clarify its practical implementation and address any anomalies or inefficiencies. The recent Vehicle Replacement Programme Internal Audit, which provided reasonable assurance, identified a

non-compliance issue concerning contract approvals by the Board. This occurred despite the Board having approved the overall programme and the annual business cases detailing the procurement process. The SoRD has been amended to allow for the logistical issues that flow from an award of contract to be delegated by the Board to the Chief Executive Officer.

Trish Mills added that there have been some other updates to the SoRD, particularly regarding alignment with Standing Financial Instructions (SFI's) on Single Tender Waivers and adjusting limits to reflect changes in roles, such as a change to Director for the Board Secretary role. The amendments have been included for endorsement by the Committee and for subsequent approval by the Board.

Governance Practice Note 005

The draft Governance Practice Note 005 is attached to the report. This is for internal use to further support Directors in the development of business cases and the pathways to approval.

RESOLVED: The Audit Committee:

- (1) Endorsed the interim amendments to the Standing Orders and recommended their approval to the Board, including the deadline to hold the 2023/24 AGM by the 30 September 2024.**
- (2) Endorsed the amendments to the Scheme of Reservation and Delegation of Powers and recommended their approval to the Board.**
- (3) Approved Governance Practice Note 005.**

21/24 COMMITTEE CYCLE OF BUSINESS 2024-25 AND MONITORING REPORT

Trish Mills explained that the purpose of this paper is to provide the Committee with the updated cycle of business as the final step in the 2023/24 effectiveness review process. The cycle of business for the Audit Committee in 2024/25 has been simplified compared to other Committees. The Terms of Reference are structured differently, with some areas color-coded for specific meetings or times of the year. Green items indicate topics covered meetings, while beige items serve as prompts during agenda setting. Additional notes may be added for context during agenda setting.

There has been a change in the monitoring report process for the Audit Committee compared to last year. These reports will now be provided at each Committee meeting, indicated in blue on the cycle of business document. This allows for tracking of items that have been presented as scheduled or moved to different meetings.

RESOLVED: The Committee:

- (1) Reviewed and approved the 2024/25 cycle of business; and**
- (2) Noted the cycle of business monitoring document.**

22/24 REGISTER OF INTERESTS & REGISTER OF GIFTS, HOSPITALITY AND SPONSORSHIP

Trish Mills explained that in response to a limited assurance audit on Standards of Business Conduct during the 2022/23 period, a new comprehensive policy was developed. This report now presents the Register of Interests and the Register of Gifts and Hospitality, which have been incorporated into Committee discussions and reflects efforts to address issues raised during the limited assurance internal audit. Furthermore, the Register of Gifts, Hospitality & Sponsorship for the 2023/24 financial year are presented for review and receipt by the Audit Committee. Both registers have been presented as at the 31 March 2024.

The audit also recommended expanding the publicly available list to include all decision-makers. While the Electronic Staff Record (ESR) enables people to register their interests, the policy states that everyone in the Trust on Band 8a and above must complete a declaration of interest form, even if it is a nil declaration. Approximately 270 individuals were identified from the ESR and the Trust is taking a proactive approach to managing and ensuring that all staff members are aware of the revised process. The use of a Microsoft form will streamline the data collection process and provide clarity on which of these staff members have submitted their declarations. Initial feedback includes updates on individuals who are no longer with the Trust, indicating discrepancies between ESR records and actual status. The team is making adjustments to ensure accurate records and a central register will be maintained, publicly available unless there are valid reasons for exceptions.

In terms of the Declarations of Gifts, Hospitality and Sponsorship, since the approval of the Standards of Business Conduct Policy in July 2023 there has been a series of organisational-wide communications to aid understanding of the policy requirements, specifically in relation to gifts. These communications will be delivered on an ongoing basis throughout the year, particularly in the lead up to festive periods.

Comments:

Members were assured through discussion that the appropriate levels of scrutiny and governance processes were in place regarding the declarations of gifts and hospitality.

Carl Window advised the Committee that significant progress was being made in addressing secondary employment concerns with emphasis on training and awareness, clear policies and procedures, regular audits and monitoring, manager accountability and

the encouragement of reporting by staff. All these initiatives were designed to reduce fraud.

Damon Turner added it was important to maintain the option for patients to express their gratitude and support for staff members, even if the Trust has discontinued the practice of holding social funds locally.

RESOLVED: The Audit Committee:

- (1) Confirmed receipt of the Board and Executive Leadership Team Register of Interests as at 31 March 2024;**
- (2) Confirmed receipt of the Gifts, Hospitality, Sponsorship Register as at 31 March 2024.**

23/24 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS

Members reflected on the meeting raising several points and noted that any key messages to the Board will be annotated in the AAA report.

RESOLVED: The above was noted.

Meeting concluded at: 11:56

Date of Next Meeting: 7 June 2024

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 14 MAY 2024 VIA TEAMS

Meeting started at 09:30

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Peter Curran	Non-Executive Director
Professor Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Fflur Jones	Audit Wales
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner (Joined meeting during 37/24)
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources

Apologies

Bethan Evans	Non-Executive Director
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

33/24 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 Register of Interests. There were some minor changes being made to the register which were being addressed, but they did not conflict with today's meeting.

Minutes

The minutes of the open session held on 19 March 2024 were considered by the Committee and confirmed as a correct record.

Action Log

Minute 24/24: Strategic Demand and Capacity review. *A verbal update would be provided to the Committee on the status of the report.* The Demand and Capacity review is now complete, and the insights gained are being utilised to inform the Integrated Medium Term Plan (IMTP) for this year. However, it is not appropriate at this stage to discuss specific numbers, as they need to be socialised with Welsh Government, Commissioners, and possibly with Board members informally. The full report is on target to be presented to the Committee in July and then to the next Board meeting. Action Closed.

RESOLVED: The

- (1) Minutes of the meeting held on 19 March 2024 were confirmed as a correct record; and**
- (2) The Action log was considered and updated as described.**

34/24 OPERATIONS QUARTERLY UPDATE – QUARTER ONE 2024/25

Lee Brooks updated the Committee on the following points:

The team has made significant progress in developing the Trust's response to the Manchester Arena Inquiry recommendations. It was anticipated that the outputs of this work will be presented in closed session at the next meeting. Prior to that there will be a session during the next Board Development Day to familiarise colleagues with the content. There will be further formal engagement with Commissioners and Welsh Government on the report.

The Accredited Centre of Excellence (ACE) accreditation as a Centre of Excellence for MPDS (Medical Priority Dispatch System) has faced some challenges recently. Unfortunately, the Trust dropped below the minimum standards required to maintain its Centre of Excellence status. However, there is a remediation period in place consisting of two blocks of three months, within which the Trust needs to demonstrate a return to the accreditation standards.

Encouragingly, the Trust has already met the required standards for April. If this level of performance can be maintained for the next two months, then the Trust will be on target to be removed from remediation status and return to accredited standards. The training and call handling teams have been working diligently to achieve this, and their efforts have shown positive results.

Moving forward, the Trust must ensure that it not only meets but exceeds these standards consistently, thereby putting more distance between our performance and the 7% standards mark.

The Trust has now progressed to the next stage of the relief planning pilot, which has been a collaborative effort with Trade Unions to provide staff with more notice of their relief shifts and was a promising development. Additionally, an agreement has been reached that, in some cases, it may be necessary to plan annual leave for individuals who haven't proactively booked it. This will be integrated into the six-week notice period for relief shifts. This arrangement aims to provide better planning and stability for relief workers and call handlers. This initiative has been encouraging, showcasing effective partnership work, the goal is for this system to become a permanent fixture, benefiting both staff and operational planning.

Recruitment has been a topic of conversation for a while, recognising that retention is challenging for 999 call handlers. However, the Trust are currently over-established in this area, which is a positive development. This over-establishment provides a buffer and some relief for our existing Emergency Medical Dispatchers (EMDs). The recruitment pipeline and timeline for this year has been reviewed and there is optimism that that the Trust can maintain a positive position regarding 999 call handlers. This will help with managing workload and reduce stress on our people, contributing to better retention and overall service quality.

The Organisational Change Process (OCP) for the new structure in Emergency Medical Services Coordination (EMSC) has been launched recently. This process leverages additional investment to expand management and support functions. It also involves significant changes, such as the implementation of a single allocator model and adjustments to service boundaries. These changes are considerable for EMSC staff, and gratitude was extended to Trade Union colleagues for their support and collaboration throughout this transition.

The financial savings plan has progressed well. Building on the successes and lessons learned from last year's approach, particularly with the deployment of overtime controls, the Trust has implemented these strategies much earlier this year. As a result, the Directorate is reporting a good financial position as of month one. The overall savings, not just limited to overtime, are favourable and puts the Trust on a positive trajectory for the remainder of the year.

111 has been exceptionally busy, and when comparing current demand to previous periods, it is evident that activity has significantly increased. This trend underscores the necessity of Demand and Capacity (D&C) modelling for 111 in the IMTP this year to accurately determine the establishment requirements for servicing 111 activity. Based on the current establishment it is a challenge to accommodate the extreme peaks in demand, particularly during weekends and bank holidays. The D&C modelling is crucial for the Trust to understand and plan for the necessary staffing levels to effectively manage these peaks. Without this modelling, the ability to service the peaks of activity will remain constrained, highlighting the urgent need for a more flexible and adequately resourced establishment.

The replacement of the CAS system was a significant milestone, and the successful go live of the project was a monumental achievement for all involved. As a result of the system transition, there have been some performance challenges, particularly in terms of call handling times. On average, call handling times have extended by approximately two minutes per call. Coupled with the increased activity during bank holiday weekends, some callers have experienced longer wait times before their calls are answered; however, this was expected and will even out.

Comments

Members welcomed the update and were pleased to see that the Trust was ahead in addressing accreditation issues with the Academy and that they have already been provided with our improvement plan.

The Committee recognised that the 111 service plays a crucial role in the healthcare system, often serving as the first point of contact for individuals seeking medical advice and assistance. Its importance is comparable to that of responding to 999 calls, especially considering its role in providing non-emergency medical assistance and directing patients to appropriate care pathways.

Lee Brooks added that the update report serves as a complementary piece to the existing data and reports presented to Committee, offering insights and perspectives that might not be captured elsewhere. This comprehensive approach ensures that the Committee has a well-rounded understanding of performance and risk across the directorate.

Following a query on staff booking leave, Lee Brooks advised there was a focus on ensuring proactive booking of annual leave to facilitate effective planning of relief shifts and avoid gaps in staffing.

In terms of vacancies, Lee Brooks added that the process for monitoring vacancies and their impact on overtime allocation is in place. Given that not all allocated overtime funds are spent, and considering the close monitoring of vacancies, he commented it was reasonable to suggest that there is no adverse impact on patient care due to the approach to overtime controls.

RESOLVED: The update was noted.

35/24 INTEGRATED MEDIUM TERM PLAN (IMTP) END OF YEAR POSITION 2023/24 AND FORWARD ASSURANCE PLAN FOR 2024/25

Hugh Bennett advised the Committee that the Trust has been proactive in submitting the IMTP for the current financial year and is awaiting Welsh Government approval. Routine monitoring and a favourable structured assessment from auditors indicate a strong performance management and planning framework. However, there are still challenges, such as handover delays and several work streams being off track. The three areas in the

IMTP that require attention and resolution to maintain the Trust's ambitious goals and track record of delivery were:

1. NET Centre re-roster, as current funding does not provide a new roster within current operating hours. This rolls over to the new financial year and has been raised with commissioners.
2. Work to increase consult and close rates remains at 14% and did not achieve 17% by Year End. This will be a key focus of our work in 2024/25 on a future clinical service model set out in the IMTP 2024-27.
3. Independent prescribing, due to the lack of supervisory support for TAPPs and APPs, as the APP Clinical Supervision infrastructure remains amber but features as a priority in next year's IMTP

The appendices provide a comprehensive breakdown of RAG ratings across all programs and enablers, offering detailed insights into the status of each initiative. Additionally, they outline the proposed arrangements moving forward and highlight the deliverables expected for Q1.

Comments:

The Committee noted that the current balance of Red, Amber, and Green ratings across the Trust's initiatives suggests a mixed state of progress. While some areas may be performing well (Green), others may be facing challenges or risks (Amber or Red). It's important to assess the reasons behind each rating and whether they align with expectations and objectives. Significant numbers of Red or Amber ratings may indicate areas needing urgent attention or intervention, while an overall majority of Green ratings could signal effective performance and progress. Overall, it appears that the Trust has made substantial progress and is on a positive trajectory.

Members were keen to understand and sought more clarity on the reference within the report to the Trust's inability to draw down previously secured funding for apprenticeship provision. Angie Lewis explained the challenge with accessing this for apprenticeship provision was primarily due to a lower than expected number of individuals ready to participate in the schemes during the year. While this presented a challenge for the Trust in the short term, it is not indicative of a broader recruitment issue or a long-term barrier to accessing external funding for apprenticeship programs in the future.

Chris Turley reassured the Committee that while there may have been a shortfall in the number of participants compared to expectations, that the Trust still received the income needed to support the apprenticeship programs.

RESOLVED: That the Finance & Performance Committee noted the overall delivery of the IMTP and noted the approach to IMTP delivery and assurance as set out in the report

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

1. The average turnaround for non-trivial data requests spiked at 37 days due to the “operational pause and improve” work to focus on the 111 Clinical Assessment Software (CAS) replacement.
2. A high level of records requests received show an increase of 45% on 2021/23 and 2022/23.
3. Full year system availability metrics will be available for the July meeting.
4. The 111 CAS system replacement went live successfully as planned on 30 April.
5. The Data Linkage project continues to progress focusing on the Out-of-Hospital Cardiac Arrest dataset. A joint controller agreement is in development with Digital Health and Care Wales (DHCW) and the Trust to meet the Information Governance requirements.
6. The 111 Website project is underway with a strategy report supporting the development of a longer term business case for this service.
7. The QPMF reporting project has increased to a 100% compliance on 75% reported in the last period with version 1 of the MIQPR successfully delivered.
8. The Digital Experience and Digital Champions initiatives have not progressed at pace, yet supporting activities such as automation of processes, engagement with colleagues internally and digital suppliers are underway which will support the delivery of the People & Culture plan in the coming years.
9. The Mobile Data Vehicle Solutions installation project has been concluded and plans are in place for the project wrap up. The Non Emergency Patient Transport Service vehicle installs have commenced and on target for June 2024 completion. Operational teams are engaging staff to complete training and the dashboard is published on Siren.

Comments:

The Committee commented that it was concerning to see that nearly 50% of staff have not completed the training and were keen to understand the reasons behind this which could be due to various factors such as workload demands, lack of awareness, or other issues. It was requested that this information be available for discussion at the next meeting.

RESOLVED: The Committee noted the contents of the accompanying report and the trends in metrics presented.

Jonny Sammut presented the Committee with a refreshed long-term Digital Plan for the Trust, outlining the structure and objectives of the Digital Directorate. The directorate comprises 72.4 WTE (whole-time equivalents) across three core operations, encompassing various technical and non-technical functions. A review of existing WTE and current demand indicated that without further intervention, the function would not have been in a position to facilitate the day to day workload or progress necessary improvements in the digital offer. It was noted that there is an approximate Business-As-Usual resource shortfall of 9.0 WTE.

Global industry benchmarks suggest that investment in digital transformation ranges from 3% to 10% of total revenue across sectors. In the case of WAST, the revenue allocation for the Digital Directorate last financial year was £3,529,759, representing 1.2% of WAST's total revenue (approximately £290 million).

The refreshed digital plan is designed to align with the IMTP, Welsh Government directives, and NHS Wales urgent care strategy. It focuses on regulatory compliance, enhancing patient outcomes, and optimising resources. This strategic evolution underscores the Trust's commitment to innovation and excellence, ensuring that its digital infrastructure not only meets current healthcare needs but also remains agile enough to embrace future technological advancements, ultimately improving health outcomes for the communities served.

In the refreshed plan the Trust has adopted the VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework, which ensures strategic alignment across all levels. The plan sets a clear vision as the guiding star for digital transformation, aimed at empowering the Trust with innovative technology to enhance healthcare standards.

This approach is supported by five key pillars:

1. **Everyday Essentials:** Ensuring the reliable operation of digital systems and infrastructure necessary for day-to-day ambulance service operations.
2. **Security, Safety & Cyber:** Prioritising the security and safety of digital systems and data against cyber threats and ensuring compliance with relevant regulations.
3. **Digital Pioneers:** Fostering a culture of innovation and technological advancement within the organisation, encouraging experimentation and exploration of new digital solutions.
4. **Transformation:** Driving significant changes in workflows, processes, and service delivery through digital technologies to improve efficiency and effectiveness.
5. **Data, Information, and Insight:** Leveraging data and analytics to gain valuable insights into operations, patient care, and resource management, enabling data-driven decision-making and continuous improvement.

This comprehensive and balanced strategy aims to drive operational excellence, enhance security measures, foster innovation, and enable informed decision-making through the effective use of digital technologies and data.

To ensure strategic alignment and optimise investment, a structured prioritisation mechanism has been implemented. This mechanism aligns each project with strategic health frameworks and objectives, ensuring that every initiative contributes effectively to the healthcare goals of Wales.

To refresh the digital plan, a 'Digital Tranches' approach has been embraced, facilitating precise resource allocation and strategic investment sequencing. This approach enhances project tracking and return on investment (ROI), ensuring alignment with our objectives for a nimble and impactful digital evolution over the next 5-10 years.

Four options using the 'Digital Tranches' approach were presented to the Executive Leadership Team, The options for strategic sequencing were as follows:

Option 1

Address BAU gaps – no strategic growth.

Total Revenue Cost (£000s): 409

Total Capital Cost (£000s): £0

Option 2 (Preferred)

Address BAU gaps plus, Tranche 1.

Implement new functional areas: Transformation & CCIO

Total Revenue Cost (£000s): 1,376

Total Capital Cost (£000s): 194

Option 3

Address BAU gaps plus, Tranches 1 & 2.

Implement new functional areas: Transformation & CCIO

Total Revenue Cost (£000s): 2,416

Total Capital Cost (£000s): 1,121

Option 4 (least preferred)

Do nothing.

Total Revenue Cost (£000s): £0

Total Capital Cost (£000s): £0

Option 2 was selected as the preferred option as it struck a balance between operational integrity and digital growth, involving investments in both foundational enhancements and innovative projects.

If investment in the refresh of the Trust's digital plan were not agreed upon, several risks could arise:

1. **Inadequate Digital Capabilities:** The Trust may struggle to keep up with the necessary digital capabilities to meet both current and future healthcare demands.

2. Cybersecurity Vulnerabilities: Without the implementation of the updated plan, there could be increased exposure to cyber threats and data security breaches, jeopardising patient data and trust in the Trust's services.
3. Operational Inefficiencies: Lack of investment might lead to continued operational inefficiencies and the inability to streamline operations or leverage new technologies for better patient care.
4. Missed Synergies: The absence of a refreshed plan could lead to missed opportunities for synergy between the Trust's digital projects and the broader strategic objectives of NHS Wales.
5. Insufficient Workforce Development: Failure to invest in the digital refresh could result in a workforce that lacks the necessary digital literacy and skills to adapt to new technologies and processes.
6. Non-compliance with IMTP: The Trust risks non-compliance with the which could affect funding and regulatory standing. This includes commitments related to providing the right care and advice, being at the forefront of innovation & technology, enhancing accessibility of services, developing an agile workforce, and transforming information management.
7. Innovation Stagnation: Without a commitment to digital innovation, the Trust might fall behind in healthcare technology, missing out on advancements that could enhance patient care and staff workflows.
8. Resource Misallocation: A lack of strategic refresh may lead to continued misallocation of resources, not aligning with the most critical areas of need within the Trust.
9. Diminished Patient Experience: Without investment in the digital plan, the opportunity to enhance patient experiences through technology may be lost, potentially impacting patient satisfaction and outcomes.
10. Inefficiencies over time: The lack of investment may lead to higher costs, as outdated systems become more expensive to maintain and less effective.
11. Inadequate Response to Demographic Shifts: As the population ages, the Trust might not be equipped to handle the shift in healthcare needs without a modernised digital approach.
12. Loss of Talent: Without investment to attract and retain digital, data, and technology professionals, the Trust risks increased difficulty in recruiting talent to manage core requirements and services, particularly in regions where investment from the UK and Welsh Government is being directed to attract more technology businesses and talent.

Comments:

Chris Turley provided an outline of the revenue costs associated with the proposed option, breaking them down to a more granular level. While the specific figure of £1.376 million may not have been explicitly stated in previous documents, the Committee were reassured that it is accounted for in the overall financial plan and budget approved by the Board.

Members noted that attracting the right talent is crucial for the success of any initiative, especially one as transformative as the digital plan. Jonny Sammut added it was understandable to acknowledge the recruitment challenges in the digital market,

especially with its fluctuations. However, the Trust's ambitious IMTP, coupled with the significant digital investment, will serve as a compelling draw for potential candidates.

The Committee queried whether the intended investment for Option 2, and even Option 3, will be sufficient to achieve the desired outcomes, especially considering the current digital investment compared to industry benchmarks. While Option 3 might only take us to 2% of total revenue, there are still uncertainties about whether this level of investment will be enough to address the digital needs comprehensively.

Jonny Sammut commented that the investment allocated for Option 2 strikes a balance between addressing immediate needs, such as regulatory requirements in IG, and progressing exciting new initiatives.

Chris Turley further added there is a consensus that the investment in the digital plan represents a significant commitment for the Trust, perhaps the largest increase in spending in the digital space that has been seen in the past decade. However, it is also recognised that simply increasing the investment at this stage would not be the solution. There is a need to ensure that the Trust is ready to effectively utilise the investment, both in terms of the work program behind it and the ability to implement projects in a timely manner.

Given the complexity and scale of the investment, there is an understanding that there may be some slippage in the timeline for implementation, and adjustments may need to be made to priorities to ensure maximum value is derived from the investment.

The plan was discussed at length, and Members approved option 2 in the plan. Building on the current digital strategy they recognised that the plan prioritises a comprehensive, forward looking approach aligned to the Trust's commitment to serve the people of Wales. They further acknowledged the necessary investment in the plan to ensure that digital, cybersecurity, and operational vulnerabilities and inefficiencies are addressed, and that the Trust's digital innovation aligns to the strategic ambitions in the IMTP and long term strategy to meet the advancements in healthcare and the evolving complexities delivery.

Following a question in terms of training, Jonny Sammut stated that training and upskilling staff are essential components of any digital transformation initiative. It is not simply implementing new technologies but also ensuring that the workforce is equipped with the necessary skills to effectively use them. Moreover, providing comprehensive training demonstrates a commitment to employee development and can boost morale and job satisfaction. It also helps mitigate resistance to change and fosters a culture of continuous learning and improvement within the Trust.

The Chair advised that he had received endorsement and support for the strategy from the Trust Board Digital Champion Ceri Jackson.

RESOLVED: The Committee

- (1) Approved the digital pillars outlined in the 'digital vision and pillars' section, as a framework for this plan.**

- (2) **Acknowledged the investment option selected by the Executive Leadership Team and the digital tranche's recommendation provided in the 'recommendation' section.**
- (3) **Acknowledged the additional investment amount to the digital services budget for 2024/25 financial year.**
- (4) **Agreed a commitment to actively engage in discussions about horizon initiatives and the 'art of the possible'.**
- (5) **Supported the Digital Plan for onward review at Trust Board**

38/24 INFORMATION GOVERNANCE TOOLKIT

Jonny Sammut provided a verbal update to the Committee:

The IG toolkit was submitted on March 28, and while the formal report is pending, preliminary findings indicate that out of 11 categories, three exceeded expectations: leadership and oversight, breach response and monitoring, and business continuity. Two areas met the minimum expectations: records of processing and lawful basis, and risks and Data Protection Impacts. However, there were six areas where the minimum expectations were not met: policies and procedures, training and awareness, individual rights, contract and information sharing, Freedom of Information and Environmental Information Regulations, and information security.

An improvement plan has been devised and signed off at the Information Governance Steering Group, which will be presented to the Committee for awareness and assurance.

Comments:

It was agreed that the improvement plan would be presented along with a Gantt chart at a future meeting.

RESOLVED: The update was noted, and the Committee agreed that a report would be presented at the next meeting illustrating an improvement plan and a Gantt chart to show progress.

39/24 COMMISSIONING INTENTIONS EMS AND NEPTS

Hugh Bennett explained that the purpose of the update is to provide Committee with a short overview of the 2024/25 commissioning intentions process and how they feed into the Trust's planning cycle, in particular, the IMTP.

The Trust's three main patient pathways (111, 999 and Ambulance Care) are commissioned services and commissioning intentions are provided each year by Commissioners.

He explained there was a robust process in place for negotiating and responding to commissioning intentions, which involves input from across the Trust, including the Executive Leadership Team (ELT). Typically, these commissioning intentions are reviewed and approved at Commissioning Boards, and then reflected in the IMTP for approval at Trust Board. Given the establishment of the new Joint Commissioning Committee, there may be adjustments to this process, but the fundamental steps of negotiation, review, and approval remain intact. It is important to ensure that these commissioning intentions are clearly outlined in the IMTP, along with any associated challenges and opportunities, providing a comprehensive overview for consideration and approval at the Trust Board level.

Comments:

There was a discussion about what level of detail regarding commissioning intentions should be provided to the Committee. The consensus was that presenting the full set of commissioning intentions might be overwhelming and not necessarily what the Committee was seeking. Instead, the focus was on providing assurance that there is a robust process in place for managing commissioning intentions both from a planning perspective and in-year management. Therefore, the intention was to highlight this process through the IMTP, as well as through ongoing IMTP delivery reports throughout the year.

RESOLVED: That the Committee considered whether the arrangements, as set out, give assurance that the commissioning intentions are being appropriately built into the planning of the Trust and are performance managed in year.

40/24 FINANCIAL POSITION FOR MONTH 12, 2023/24

Chris Turley presented to the Committee the 2023/24 Financial Performance Report, as at Month 12 (March 2024) / year end.

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

- The Trust is reporting a small revenue surplus (£85k) as at M12, and which will be the basis for the draft accounts for the 2023/24 financial year (subject to audit).
- Capital expenditure is fully spent.
- In line with the financial plans that support the IMTP, gross savings of £6.546m have been achieved against a target of £6.000m.
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.4% for the number, and 98.5% of the value of non NHS invoices paid within 30 days.

The Trust has submitted its draft accounts for 2023/24 to the Welsh Government and Audit Wales in line with the timetable.

Comments:

The Committee noted that there is a slight difference between the income being slightly down in one category while being up in another. Chris Turley explained this related to the previously reported in year change in commissioner funding, plus an overachievement on the savings elements on income generation which was over and above the core income received.

Committee sought clarity on the extent of the year end capital slippage for context and Chris Turley explained that, while it is not extensively detailed in the paper, the team has ensured there are comparisons with previous versions of the table and highlighted specific underspends, particularly on certain schemes like the vehicle replacement program and the Emergency Services Mobile Communications Programme (ESMCP). Any additional year end slippage amounts to around £15 to £20k, primarily related to one Environmental Financial Advisory Board (EFAB) scheme. This value has not been explicitly drawn out in the paper; however, is noted for transparency. Depending on VAT recoveries, it may be necessary to make a small adjustment needed in this year's capital program, which is likely to be no more than £20k.

RESOLVED: The Committee

- (1) Noted and gained assurance in relation to the Month 12 (and therefore draft 2023/24 year end) revenue and capital financial position and performance of the Trust as at 31st March 2024;**
- (2) Noted the delivery of the 2023/24 savings plan, and the context of this within the overall financial position of the Trust.**

41/24 FINANCIAL POSITION MONTH 1

Chris Turley advised that the month one position was a lighter touch reporting at this stage due to the timing of the meeting, plus limited reporting requirements from a WG perspective whilst focus remains on finalising the previous year's accounts. Although more detailed information will be provided to the Board at the end of May 2024, several highlights were provided as detailed below:

1. The month one reports will be submitted to Welsh Government at 12pm today, Tuesday 14th May 2024.
2. The cumulative year to date (at Month 1 end of April 2024) revenue financial position reported is an underspend against budget of £0.019m.
3. The Income and Expenditure forecast for 2024/25 is one of breakeven.
4. The Capital plan is being progressed and current planned expenditure of £21.672m is forecast to be fully spent by the end of the financial year (this now includes the recently confirmed c£12.828m of funding towards the 2024/25 Fleet BJC).
5. In line with the financial savings plans that support the IMTP, gross savings of £0.663m have been achieved against a year-to-date target of £0.569m.

6. Public Sector Payment Policy is on track with cumulative performance to month 1, against a target of 95%, of 97.3% for the number of non-NHS invoices paid within 30 days.

In terms of the financial performance by Directorate, most directorates remain in line with the budget plan for Month 01 2024/25; and there were some additional costs as per the IMTP which will be fed into delegated budgets, based on profiling of spend / actual spend incurred year to date.

The Month one key assumptions underpinning the year-to-date financial performance, remain broadly in line with that within the 31 March approved IMTP/Trust Board financial plan and set budget.

The total assessed risks being reported at Month one were presented and given it was only in month one and have a balanced IMTP the risks recorded are all categorised as low risk. However, these need to be captured and continually monitored. It was important to note that the funding for any pay award for the fiscal year 2024/25 is not captured in the current reporting, as it is expected to be funded independently according to government instructions. This aligns with past practices and has been consistently communicated in allocation letters and correspondence with Welsh Government.

The confirmed capital funding amounts to £21.672 million, with £5.455 million provided through discretionary capital funding and £16.217 million through All Wales Capital Funding which includes the fleet replacement program for 2024/25 (confirmed by the Welsh Government last week). It is important to note that the amount provided constitutes approximately 52.6% of the amount requested via the submitted Business Justification Case (BJC) for £24.388m.

Comments:

The Committee sought assurance that given the usual pressures of finalising the previous year's accounts and setting up new budgets, some routine monthly accounting activities, such as recharges and other adjustments, may face delays in month one. Chris Turley explained that most of the work related to management accounts and financial provisions is typically completed by the second or third week of April. This leaves an additional 2-3 weeks in April and the beginning of May to finalise any outstanding tasks. While the process may not be 100% complete by Month one, it is generally in the 90% range, with the remaining tasks often relating to less detailed submissions required by WG, such as certain capital tables. Overall, the headline figures and key financial data are robust and well-prepared for reporting.

Regarding the capital allocation the Committee asked if there were any immediate concerns in relation to the revenue consequences of the allocation. Chris Turley advised the Committee there were no immediate concerns at this stage, with the fleet funding having been confirmed now in line with that expected when the revenue budgets for 2024/25 were set. However this was an area which will need to be continually monitored, with likely additional revenue cost pressures in future years.

RESOLVED: The Committee noted the financial position as at Month 1

42/24 FINANCIAL SUSTAINABILITY PROGRAMME UPDATE

Angela Lewis provided an update on the Financial Sustainability Programme (FSP) celebrating the overperformance of £546,000 against the planned total for the year. This accomplishment underscores the Trust's commitment to achieving efficiency and income generation, showcasing substantial progress in key schemes. Moreover, the targeted savings opportunities, earmarked at £6.4m, position the Trust strongly for the future and keep this at the forefront of the agenda.

Reflective learning has been a cornerstone of the approach, and valuable insights have been gleaned into what has worked well and where we can make improvements. Of note is the simplified process for the ease of submission that colleagues can put forward ideas and submit proposals. This includes a more user friendly interface and clear guidelines on how to participate.

There is a continuous reiteration of the importance of the program's objectives, including income generation and efficiency improvements, which is essential to keep everyone aligned and motivated.

Comments:

Members welcomed the report and congratulated the team on achieving the targets.

The Committee asked that consideration be given as to how the report is presented in future; to include details regarding the extrapolation of the efficiencies and savings differences and to be clear on the level of recurrent savings versus non-recurrent.

Members raised an important point about the balance between recurrent and non-recurrent savings, and the sustainability of cost-saving measures over time.

RESOLVED: The Committee noted the report.

43/24 POLICIES FOR APPROVAL

Julie Boalch advised the Committee that the suite of policies being presented today include the Purchase Card Policy, the Waste Management Policy and the Data Quality Policy and as Chair of the policy Group, gave assurance that the policies have successfully navigated the Trust's governance processes and have undergone an Equality Impact Assessment (EQIA) without any notable issues.

1. Purchase Card Policy

Chris Turley commented that formalisation of this policy marks a positive step towards enhancing the Trust's procurement processes and governance. While the policy itself does not change the way purchase cards have traditionally been managed, it provides a structured framework that ensures their effective and secure use.

2. Waste Management Policy

Chris Turley commented that this policy has been a crucial development in response to a recommendation from a limited assurance Internal Audit Report on waste management. By finalising the recommendations from the internal audit report and incorporating recent legislative changes, the policy not only enhances regulatory compliance but also promotes operational efficiency, environmental sustainability, and health and safety. Approval and implementation of this policy will ensure that the Trust is well prepared to manage waste effectively and sustainably.

3. Data Quality Policy

Jonny Sammut commented that this policy addresses common pitfalls through the inclusion of industry standard dimensions of data quality and establishing strong links to key regulations. By integrating these elements into the digital plan and increasing resources for monitoring and adherence, the Trust is well positioned to maintain high data quality standards.

Comments

The Committee approved the three policies as stated.

RESOLVED: The Committee approved the Purchase Card Policy, the Waste Management Policy and the Data Quality Policy.

44/24 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley explained that the paper presented Members with an update on the work being undertaken in support of the Trust's Environmental, Decarbonisation and Sustainability work programme; and an update on the Decarbonisation Action Plan (DAP). Further information was provided in the following areas:

1. Decarbonisation Programme Board and other wider governance.
2. WAST Decarbonisation Action Plan update and NWSSP Decarbonisation Co-ordination Reporting (DCR).
3. Internal Audit – Decarbonisation.
4. Welsh Government reporting – development of the Qualitative report template for submission 14.04.24 and Quantitative Reporting.
5. EFPMS Reporting.
6. Capital Investment – Estates Funding Advisory Board (EFAB) Funding.
7. Future Car Based Response Vehicle specification design.
8. Wider Environmental Considerations.
9. Adaptation Planning.

In terms of the DAP, it should be noted that the number of amber actions has decreased, with a corresponding increase in green actions, except for one action which has moved

into the exempt category. Consideration of both red and amber actions continue to further explore the ways in which these can be accelerated. Several challenges still remain regarding estates and infrastructure actions which require investment, alongside fleet (including EV charging) requirements and limitations of All Wales Capital (AWC) vehicle replacement funding.

At the end of last week, the Trust applied for one of the NHS Wales sustainability awards which demonstrates the Trust's commitment to sustainability and innovation, and it would be significant to see the Trust recognised at the awards ceremony in mid June.

Comments:

Members discussed that the Trust had received an overall limited rating on the All Wales Decarbonisation Internal Audit. Chris Turley commented that it is understandable that the team might feel disappointed with a limited assurance rating, especially considering the considerable work and efforts that has been undertaken to move this key project forward. However, it's positive to hear that there were some aspects highlighted in the report that demonstrated areas of strength and success. This has also been discussed in some length at the Audit Committee meeting on 1st March 2024.

RESOLVED: The Committee noted the update.

45/24 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Hugh Bennett explained that 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 March/April 2024.

Key highlights included: Red performance at 48% in April acknowledging that red activity continues at rates higher than previous years with the highest red activity week of the year last week which is impacting capacity due to higher attendance rates, Amber one median was one hour and 8 minutes, Abandonment rate for 111 was 5.5%, Sickness rate was 7.67% in March, Abstraction rate was 32.5% in March, and Handover delays were 23,620 hours lost in April.

Comments:

Lee Brooks commented it was encouraging to acknowledge the improvements made by Cardiff and the Vale University Health Board, but it's equally important to recognise that there is still work to be done.

Furthermore, in relation to 999 call answering, it is crucial to note that the actual pickup rate within six seconds is at 91.5%, close to the target of 95%. Additionally, the continued high levels of red activity, even surpassing previous years, are impacting capacity due to the higher attendance rate associated with such cases.

Members recognised that while some aspects of handover delays may be within the Trust's control, such as optimising internal communication and documentation procedures, there may also be dependencies on other health boards or external factors to mitigate and reduce these. It would be worthwhile to explore avenues for collaboration and communication with other stakeholders to address any challenges in obtaining relevant information for smoother handovers. Hugh Bennett agreed to raise the issue at the next Joint Commissioning Committee meeting advocating that he did not expect handover delays to improve anytime soon given the challenges in the system.

RESOLVED: The Committee considered the March/April 2024 Integrated Quality and Performance Report and noted it provide sufficient assurance

46/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Julie Boalch updated the Committee on the report commenting that whilst there are no material changes to the eight principal risks within the remit of this Committee as at 7 February 2024, the Committee were assured that there are several changes foreshadowed to these risks in readiness for presentation to Trust Board in May 2024 including:

1. Two new risks will be included on the Corporate Risk Register – Risk 623 (Data Protection Legislation) scoring 15 (3x5) and Risk 542 (Decarbonisation) at a score of 16 (4x4).
2. Risk 458 (A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning) will be closed from the CRR on the basis that this was specifically in relation to the 100wte and the overlap with Risks 424 and 139.
3. Two risks will be de-escalated from the CRR to the Directorate Risk Registers as the actions have been completed and mitigated to target score. Risk 283 (Failure to implement the EMS Operational Transformation Programmes) has reached target of 8 (2x4) from 12 (3x4) and Risk 543 (major disruptive incident resulting in a loss of critical IT systems) has reached target of 10 (2x5) from 15 (3x5).
4. Risk 424 (prioritisation or availability of resources to deliver the Trust's IMTP) will reduce in score from 16 (4x4) to 12 (3x4) given the funding allocated within the IMTP financial plan to support key areas of work agreed with Commissioners.

Furthermore, 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 static at 20 (4x5) reflecting continued challenges across the unscheduled care system.

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) remains at a score of 15 (3x5).

Risks 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) and Risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) remain unchanged currently.

Comments:

The Committee felt apprehensive about cyber threats given the rapidly evolving landscape and the potential consequences of a breach. Jonny Sammut explained that in the current digital landscape, cyber risk remains a persistent and evolving threat, especially within the healthcare sector. He added that the Trust continues to improve its cyber posture and outlined the initiatives in place which included aligning strategies and enhancing solidarity in addressing cyber risks across Wales.

The Committee were keen to ensure that staff receive the right training and addressing any gaps in their knowledge is crucial for mitigating the risk of cyber-attacks, especially considering that targeting staff through phishing attacks is a common tactic. Jonny Sammut advised that efforts are underway to enhance the effectiveness and accessibility of training materials, particularly by exploring options like utilising the Learning 365 platform to deliver more digestible content. Ensuring that training is engaging and easy to understand is essential for effectively educating staff on cybersecurity best practices. Additionally, providing regular technical training for relevant teams is crucial for staying updated on emerging cyber threats and technologies. The planned board development session in the summer is also a valuable initiative to ensure that all stakeholders, including board members, are equipped with the necessary knowledge and awareness to address cybersecurity challenges. Overall, maintaining a proactive approach to training and awareness-building will be essential in keeping pace with the evolving cybersecurity landscape.

RESOLVED: The report was noted.

47/24 AUDIT TRACKER

Alex Payne updated the Committee advising there had been significant progress in closing internal audit actions, with 64 actions closed, representing 40% of all internal audit actions and 57% of those due in the quarter. Additionally, 33 internal audit actions relevant to this Committee have been closed in the quarter, accounting for 60% of those due in the quarter. It's also noted that some action due dates have shifted, with 26 actions having revised dates and five actions on revised dates.

Regarding external audit actions, it seems that fewer actions are relevant to this committee, with only a few being closed in the quarter.

The ongoing work with Digital Health and Care Wales Centre of Excellence on the development of the SharePoint solution for Tracker 3.0 is progressing well, with testing underway. The transition to the new tracker is expected to occur in the coming weeks and

months. Given this progress, the recommendation for the committee is to receive the tracker as presented.

Members acknowledged the work undertaken by the team with the tracker.

RESOLVED: The Committee monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

48/24 CYCLE OF BUSINESS FOR 2024/25 AND CYCLE OF BUSINESS MONITORING REPORT

Julie Boalch advised that the purpose of this paper is to provide the Committee with the updated cycle of business as the final step in the 2023/24 effectiveness review process.

The CoB for 2024/25 was approved noting that there are areas that will be dynamically developed throughout the year in relation to Cyber and Commissioning reporting and the Annual Sustainability Report.

RESOLVED: The Committee

- (1) Reviewed and approved the 2024/25 cycle of business at Annex 1; and**
- (2) Noted the cycle of business monitoring document at Annex 2.**

49/24 COMMITTEE HIGHLIGHT REPORT – MARCH 2024

RESOLVED: The report was received.

50/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

The Chair thanked Executives and their teams for the effort in preparing well written papers supporting good opportunities for scrutiny, challenge, and support. Members felt it is easy to ask questions given the openness and transparency of the papers and agreed that the time went by quickly despite the lengthy Agenda. The hybrid meeting model will be given consideration after the success of this in other Committees. Thanks was given particularly for the time on the Cyber discussions and to the Chair for steering the meeting.

Meeting concluded at 12:46

Date of Next Meeting: 16 July 2024.

JOINT COMMISSIONING COMMITTEE (JCC) MEETING BRIEFING – 21 MAY 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 21 May 2024. 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 JCC.

The papers for the meeting can be accessed using the link below:
[Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.](#)

1. Minutes of Previous Meetings

The minutes of the JCC meeting held on the 23 April 2024 were **approved** as a true and accurate record of the meeting, subject to a minor amendment to the list of attendees.

2. Action log and matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Chairs Report

Members received the Chair's Report and **noted**:

- **JCC Induction Programme** – introductory meetings had been held with key personnel and partners, including Lay Members, JCC Directors, HB Chairs and CEOs, and a local induction session had commenced in tandem with the Welsh Government (WG) NHS Wales Induction Programme for Independent Members (IMs) taking place on 23 April, 4 June and 11 June 2024.
- **Appointment of Lay Members** - In order to establish the new JCC the Welsh Government Public Appointments Unit undertook a public appointments recruitment process to appoint a new Chair and 3 independent lay members in readiness for 1 April 2024. Now that the JCC had been established and we are into the transition process it has been agreed to proceed with recruiting the final two lay members in accordance with the National Health Service Joint Commissioning Committee (Wales) Regulations 2024 and the JCC Standing Orders and Welsh Government has commenced this process. It was agreed that Dr Paul Worthington was assigned as the interim Audit and Finance led for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies; and that Susan Elsmore was assigned to the role of Chair of the Quality and Patient Safety Committee (QPSC) for the JCC for an interim period until the full complement of 5 lay members were appointed; and
- **Key Meetings attended by the Chair.**

Members **noted** the report.

4. Appointment of Vice Chair

Members received a report proposing that a Vice Chair is appointed to the Joint Commissioning Committee (JCC) from the Lay Members to ensure business continuity should the Chair be absent due to leave or for other reasons. It was agreed that Nia Roberts, Lay Member, be appointed to the role of Vice Chair of the JCC for 2 years until 30 April 2026, in accordance with section 6.1.4 the JCC Standing Orders (SO's). It was noted that the role does not attract additional remuneration.

5. Interim Chief Commissioners Report

Members received the interim Chief Commissioners Report and **noted** the following updates:

- **Deep Brain Stimulation (DBS) Service** - DBS services for people in South Wales with Parkinson's disease and movement disorders have been provided by the North Bristol NHS Trust (NBNHST). However, the JCC (previously WHSSC) was made aware of concerns relating to these services, particularly relating to communication regarding post-surgery care. Following several discussions with NBNHST, these were unable to be brought to a timely resolution. As a result, WHSSC needed to identify a temporary solution to ensure new patients from South Wales had access to high quality DBS services moving forward. Within this context the JCC (previously WHSSC) determined an urgent temporary service change was deemed necessary. This was discussed with Llais Wales who supported this decision. A 'designated provider process' was undertaken and an additional service provider had been designated (St Georges University Hospitals NHS Foundation Trust). To minimise disruption and maintain continuity for those patients who were already in the pathway or who had undergone DBS in NBNHST, it had been agreed they would continue to receive follow-up care as planned. The report also confirmed that commissioning discussions regarding the re-establishment of access to the NBNHST.
- **JCC Integrated Medium Term Plan (IMTP)** - The Interim Chief Commissioner outlined proposals for the development of the 2025/2026 JCC Integrated Medium Term Plan (IMTP) that recognises that 2024/2025 is a transition year as the JCC becomes fully established. It is proposed that the plan is developed with an overarching corporate and aligned strategic intent section, and single financial plan, with three implementation plans ('chapters') for:
 - Ambulance Commissioning,
 - Specialised Services Commissioning; and
 - Mental Health and Vulnerable Groups Commissioning (and NCCU)

With the intention that there will be further integration from 2026/2027 onwards. Work is being undertaken with the NHS Wales Directors of Planning peer group to identify any lessons learned from the process for this years plans, and a Finance Working Group is being established by the JCC Director of Finance and Information. A more detailed report on the development of the JCC's IMTP will be presented at the JCC on 16 July 2024.

- **Non-Emergency Patient Transport Service (NEPTS) workshop** - In December 2023, EASC endorsed the development of a new future vision for Non-Emergency Patient Transport Service (NEPTS), following the formal closure of the 2016 NEPTS Business Case. On 20 April 2024, the JCC Team held a NEPTS Future Vision Event. This event was the first phase in working in collaboration with NHS Wales organisations and external partners, to shape a new vision for the NEPTS in Wales. The work will be brought into the JCC for consideration at key decision points and key milestones.
- **111 Update** - responsibility for the commissioning of 111 call handling and clinical advice transferred to the JCC on 1st April 2024. The transfer went smoothly and there remains close liaison with the former 111 team now part of the urgent and emergency care 6 goal support team in the NHS Executive. The implementation of the new Call Answering System (CAS) in the last 10 days went well and service continuity was maintained, although some temporary dips in performance have been noted. The new CAS will offer opportunities to enhance existing services and members will be kept up to date with progress,
- **Adult Specialised Rehabilitation Services Commissioning Strategy** - The JCC is responsible for commissioning Specialised Rehabilitation Services for neurological conditions on behalf of the seven Health Boards. Services are delivered by tertiary centres across NHS sites in Wales and England. The commissioning strategy for adult specialised rehabilitation services will set out the JCC overall vision and priorities for the next five years to improve equitable access to high quality specialised rehabilitation services for the adult population of Wales. The draft strategy was considered by the WHSSC Management Group in February 2024 and was supported for consideration by the WHSSC Joint Committee in March 2024, however this was delayed due to the transition to the new JCC. The draft strategy is currently being finalised and will be brought to the JCC later in the year and will be issued for stakeholder stakeholder feedback. The final strategy will be brought to the JCC in the final quarter for approval to be reflected in the 2025/2026 IMTP; and
- **NHS Wales Joint Commissioning Committee establishment** - The programme of work to establish the new NHS Wales JCC came to fruition on 1 April 2024. The final WG Oversight Board

meeting was held on 30 April 2024 to complete the programme. JCC members received the transitional plan for Quarter 1 2024-2025 at its meeting on 9 April 2024. As recommended in the Q1 transition plan, a Transition/Transformation Director is being appointed to work with the Chair, Chief Commissioner, JCC and JCC directors to support the development of the JCC Operating Model which will bring the governance framework into operation and ensure delivery of the commissioning plans for 2024/2025. Assurance reports will be reported to the JCC as appropriate.

Members **noted** the report.

6. Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review Update on Implementation Plan

Members received a report providing an update on the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review.

Members noted that the JCC at its meeting on 23 April 2024, agreed to support the recommendations set out in the EMRT Service Review report, and had requested that additional detail on the implementation plan for the bespoke road-based response service be brought back to the May meeting outlining key milestones.

Members noted that the Wales Air Ambulance Charity Trust (WAACT) had welcomed the decision of the Committee to accept the recommendations of the Review. As a result of the decision, the Charity had begun active engagement with their stakeholders on the implementation of the recommendations, and continued to monitor the public and stakeholder reaction to the decision and the impact on their income and funding position and will provide regular updates on any emerging risks to the Charity's operation to the Committee.

Members noted that as a result of the decision the Charity and its staff had been subject to difficult and inappropriate comments and behaviours and that the Charity were providing additional support to its staff in response to this.

Members noted that the EMRTS leadership team had welcomed the certainty the decision brought for them and their operational teams. The leadership team were focused on the development of the operational implementation plan and supporting its staff across Wales through the changes required as part of the implementation.

Members noted that initial discussions had been held with the Chief Executive of the Welsh Ambulance Services University NHS Trust (WAST) and the Clinical Director of EMRTS on the development of a bespoke road-based service and they had confirmed their organisational support for the development and implementation of such a service. A task and finish group will lead a delivery plan on the development of the commissioning

requirements for the bespoke road-based model and will provide update briefings and recommendations for approval to the JCC following each meeting against the milestones. In addition, routine updates on progress against the project plan and communication and engagement plan will also be provided. The JCC will receive the outcome of this work at its October meeting.

Members (1) **Discussed** and **approved** the timeline for the delivery of the commissioning approach for the bespoke road based model, (2) **Discussed** and **approved** the proposed membership and chair of the Task and Finish Group, (3) **Discussed** and **noted** the public and stakeholder position in relation to the decision of the JCC, (4) **Discussed** and **noted** the WAACT position in relation to the decision of the JCC; and (5) **Discussed** and **noted** the EMRTS Leadership team position in relation to the decision of the JCC.

7. Neonatal Transformation Programme Phase 2

Members received a report providing an update on the agreed Neonatal Transformation Programme Phase 2 review to undertake strategic planning on the service model and designation of cots to ensure an efficient and sustainable model is in place to support optimal outcomes for the mothers and babies in Wales. It was noted that it had previously been agreed that this review would be undertaken jointly between the JCC and Health Boards due to the need to consider neonatal and maternity services together.

Members noted the engagement which had been undertaken with the NHS Wales Directors of Planning Executive Peer Group (DoPs) and other Executive Peer Groups in the course of designing the Neonatal Phase 2 Programme, including the scope and indicative timescales for the programme, and the request for the resources required to successfully deliver the programme. Members discussed the importance of effective engagement and the need to liaise with Llais early in the process. The proposal to secure additional independent advice and support in respect of the engagement work stream was also supported. The need to reflect issues of equity and diversity in the work was also emphasised. Nicola Prygodzicz agreed to take on the Senior Responsible Officer role for the programme. It was agreed that a Programme Initiation Document would be produced and brought back to the JCC for approval.

Members (1) **Noted** the previous agreement by the then WHSSC Joint Committee to undertake a Phase 2 Transformation Programme for Neonatal Services, (2) **Noted** the pre-planning engagement that had taken place to design the Programme and develop the Case for Change, (3) **Approved** the scope, remit and high-level design of the Programme; and (4) **Approved** the financial resource requirements to support the successful delivery of the Programme.

8. Performance Report:

- **Specialised Services – Feb 2024**
- **EASC Performance (incl Ambulance Service indicators) – March 2024**

The Interim Chief Commissioner introduced the report and set out that the sections of the report reflected the style and content developed in the predecessor bodies. Work would be undertaken with the JCC to determine how the integrated performance report should be developed overtime to reflect the full remit of the JCC.

Members received the report on performance up until 31 March 2024 for the former Emergency Ambulance Services Committee (EASC) and the former Welsh Health Specialised Services Committee (WHSSC) and noted the additional key performance indicators for 2024/2025 recently introduced by Welsh Government (WG).

Members noted the ambulance performance indicators, the ambulance performance dashboard, the immediate release requests and the Integrated Commissioning Action Plan (ICAP) actions aligned to the goals of the Six Goals for Urgent and Emergency Care Programme.

Members noted the integrated overview of the performance of specialised services commissioned by the former WHSSC up to the end of February 2024.

Members noted that the NHS Wales Chief Executive had written to all health boards, WAST and Velindre University NHS Trust (VUNT) on 7 May 2024 in relation to Key Performance Indicators and that there was an expectation that all organisations set out a clear improvement trajectory against each to achieve milestones by December 2024, and March 2025.

Members noted that for Ambulance and 111, whilst some improvements were being made, within the ASIs and the Performance Dashboard there were a number of areas of concern regarding response performance and lost hours and the resulting impact on patient care.

Members agreed to develop a revised red performance indicator action plan in conjunction with WAST, and agreed to discuss the ICAP with each HB with a view to focussing on the following priorities

- Flow in hospitals,
- Targeting patients with breathing difficulties and individuals who have fallen to avoid unnecessary hospital attendances and admissions – use Care Homes as a start point,
- Targeting mental health patients to avoid an increase in demand from changes to regulations,
- Understanding the impact and potential of all of the above,
- Collating and sharing best practice; and
- Developing trajectories for approval by the JCC.

Members agreed that a longer term strategy should be the focus for a future JCC development session. It was also agreed that a deep-dive on ambulance services commissioned by the JCC would be undertaken in the July meeting.

Members (1) **Noted** the former EASC performance report and Ambulance Service Indicators (ASI) for month 11 2023/2024, (2) **Noted** the former WHSSC performance report for month 11 2023/2024; and (3) **Noted** the Welsh Government additional targets for 2024/2025.

9. Financial Performance Reports Month 12 – EASC and WHSSC

Members received the financial performance reports for month 12 2023-2024 for EASC and WHSSC for information and completeness.

Members noted the outturn position for both predecessor committee's as being a small overspend for EASC of £0.026m and an underspend for WHSSC of £6.121m as per the anticipated forecasts reported through the committees throughout 2023/24.

In addition, ST briefly updated that for Month 1 of 2024/25, the financial position for the new NWJCC reflected the latest activity information where received (that being month 12 for most provider contracts) or the financial plan position that had been agreed at the previous Joint Committee's. ST highlighted that the team were actively working with provider finance teams to assess the provider proposals against the commissioner funding available, with the aim of approving Heads of Agreement by the 28th June. This is not without risk but ST updated that she will keep the committee sighted as discussions progress.

Members (1) **Noted** the 2023/24 financial year-end position of EASC; and (2) **Noted** the 2023/24 financial year-end position of WHSSC.

10. Gender Identity Services for Children and Young – Final Report of the Cass Review

Members received a report providing an update on the final report on the independent review led by Dr Hilary Cass OBE which was, commissioned by NHS England and NHS Improvement in 2020 to make recommendations on the services provided to children and young people who were exploring their gender identity or experiencing gender incongruence.

Members noted that the aim of the Cass Review was to ensure that children and young people who were questioning their gender identity or experiencing gender dysphoria, and who needed support from the NHS, received a high standard of care that met their needs and was safe, holistic and effective. It was noted that services for children and young people are commissioned from providers in England.

Members noted that the JCC commissions CVUHB to provide gender identity services for adults (non-surgical) through the Welsh Gender Service (WGS), and whilst this service is commissioned in Wales, in light of the Cass Review it was proposed that the NHS Wales JCC work with NHS England in the review of the service specification for adult services (non-surgical) rather than a single site approach.

Members discussed the recommendations of the review, and agreed that further information was required and that a further report be brought back to the next meeting.

Members (1) **Noted** the recommendations of the Cass Review and the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan, (2) **Noted** the Cabinet Secretary's direction that the Welsh Gender Service fully co-operates in the delivery of the data linkage study, (3) **Noted** the implications for CAMHS which may require additional resources outside of the commissioned service, (4) **Noted** that the NHS Wales Joint Commissioning Committee had written to Health Education and Improvement Wales (HEIW) to set up a working group to consider current training available for gender care. This work will include linking with the work being undertaken by NHS England to ensure consistency of approach and access to training materials.

11. Work Plan and Performance Update for Mental Health and Learning Disabilities

Members received a report highlighting the work to date and outlining the programme of work for 2024/25 for the former National Collaborative Commissioning Unit (NCCU).

Members **noted** the Work Plan / Performance Update for Mental Health & Learning Disabilities previously part of the National Collaborative Commissioning Unit.

12. Corporate Governance Report

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members (1) **Noted** the report, (2) **Approved** the JCCs Annual Plan of Committee business for 2024-2025, (3) **Approved** the Annual Governance Statements 2023-2024 for EASC and WHSSC, and the Annual Compliance Statement for the NCCU 2023-2024, (4) **Reviewed** the responses prepared for the EASC and WHSSC Annual Audit Enquiries Letter responses for 2023-2024 and, subject to any required amendment, endorse for onward submission to Audit Wales; and (5) **Noted** the update on the development of the JCC hosting agreement and memorandum of understanding.

13. Other Reports

Members also **noted** update reports from the following joint Sub-committees:

- CTMUHB Audit and Risk Committee (ARC) Assurance Report,
- Management Group Briefing,
- Individual Patient Funding Request (IPFR) Panel,
- Welsh Kidney Network (WKN),
- South Wales Trauma Network Delivery Assurance Group,
- Neonatal Transport DAG; and
- Emergency Medical Retrieval Transport Service (EMRTS) DAG Action Notes.



Acronyms (WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
ARAC	Audit, Risk and Assurance Committee
AACE	Association of Ambulance Chief Executives
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
CPSS	Call Priority Streaming System
CHARU	Cymru High Acuity Response Unit



Abbreviation	Term
D&C	Demand and Capacity
DOM	Duty Operations Manager
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
IAED	International Academies of Emergency Despatch
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JCC	Joint Commissioning Committee
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



Abbreviation	Term
MDT	Mobile Data Terminal
MDT	Multi-Disciplinary Team
MTU	Mobile Testing Unit
NCCU	National Collaborative Commissioning Unit
NEPTS	Non-Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NED (s)	Non-Executive Director (s)
OCP	Organisational Change Process
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)
SOP	Standard Operating Procedure



Abbreviation	Term
SOT	Senior Operations Team
SAls	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
TU	Trade Union
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government
WHC	Welsh Health Circular
WTE	Whole Time Equivalent