

## Bundle Trust Board (Open Session) 24 November 2022

### Agenda attachments

ITEM 0 Trust Board Open Agenda 24 November 2022.docx

ITEM 0 Agenda Agored y Bwrdd 24 Tachwedd 2022.docx

- 0 09:30 - OPENING ITEMS
- 1 Chair's welcome, apologies, and confirmation of quorum
- 2 Declarations of interest  
*All declarations of interest are formally recorded on the Trust's declarations of interest register.*
- 3 Minutes of last meeting  
ITEM 3 Trust Board Minutes Open 29 September 2022.docx
- 4 Matters arising and action log  
ITEM 4 Action Log.docx
- 5 09:35 - Chair's Report
- 6 09:45 - Chief Executive's Report  
ITEM 6 CEO REPORT TO TRUST BOARD 24 November 2022 Final.docx
- 7 10:00 - Questions from members of the public
- 7.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 8 10:10 - Patient Story
- 9 10:30 - Progress on Actions To Mitigate Avoidable Patient Harm  
ITEM 9 Realtime Mitigations20221511draft(1) (002) rm.docx  
ITEM 9.1 Reducing Patient Harm Action Plan hb 20221114docx (002) rm.docx
- 10 10:45 - Risk Management and Corporate Risk Register  
ITEM 10 Risk Management Report Trust Board 241122.docx
- 11 11:00 - Monthly Integrated Quality and Performance Report  
ITEM 11 MIQPR SBAR October 2022.docx  
ITEM 11.1 Annex 1 MIQPR October 2022.pdf
- 12 11:15 - Financial Performance Month 7  
ITEM 12 Finance Report Trust Board - Month 7 22-23 - Final.docx  
ITEM 12.1.pdf  
ITEM 12.3.pdf
- 13 11:25 - Integrated Medium Term Plan (IMTP) 2022-2025  
ITEM 13 Executive Summary - IMTP 2022-23 Delivery Tracker \_Trust Board 241122.docx
- 13.1 11:35 - Comfort Break
- 14 11:50 - Health Inspectorate Wales (HIW) Annual Report  
ITEM 14 HIW Annual Report 2021-2022.pdf  
ITEM 14.1 HIW WAST - Presentation.pdf
- 15 12:00 - Board Committee Reports  
*15.1 Charitable Funds Committee*  
*15.2 Academic Partnership Committee*  
*15.3 Quest Committee*  
*15.4 Finance and Performance Committee*  
ITEM 15.1 Charitable Funds Committee Highlight Report 10th October 2022.docx  
ITEM 15.2 Academic Partnership Committee report for November 2022 Trust Board.docx  
ITEM 15.3 Quest Committee Highlight Report November 2022.docx  
ITEM 15.4 Finance and Performance Committee Highlight Report November 2022.docx
- 15.1 CONSENT ITEMS  
*The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.*

- 16 12:20 - Governance Report  
ITEM 16 Governance Report.docx
- 17 12:25 - Minutes of Board Committees  
*17.1. Charitable Funds Committee*  
*17.2. Academic Partnership Committee*  
*17.3. Finance and Performance Committee*  
*17.4. Quest Committee*  
ITEM 17.1 CONFIRMED CFC MINUTES 6 JULY 2022.docx  
ITEM 17.2 CONFIRMED APC MINUTES JULY 2022.doc  
ITEM 17.3 CONFIRMED OPEN F and P Minutes 20 September 2022.doc  
ITEM 17.4 CONFIRMED QUEST OPEN MINUTES 11 August 2022 (002).doc
- 18 NHS Wales Joint Committee Update Reports  
ITEM 18 Joint Committee Update Report.docx  
ITEM 18.1 EASC Confirmed minutes EASCMG18Aug2022.docx  
ITEM 18.2 SSPC Assurance Report 22 September 2022 (003).doc  
ITEM 18.3 WHSCC Joint Committee Briefing (Public) 8 November 2022.pdf
- 18.1 12:30 - CLOSING ITEMS
- 19 Any other business
- 20 Date and time of next meeting  
*Thursday 26 January 2023, 09:30 in Cardiff MRD*
- 21 Exclusion of the press and members of the public.  
*To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).*
- 22 Acronyms  
ITEM 22 Acronyms.docx



## AGENDA

### MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 24 November 2022 from 09.30 to 12:35  
Meeting held in Venue Cymru, The Promenade, Llandudno LL30 1BB

No.	Agenda Item	Purpose	Lead	Format	Time
<b>OPENING ITEMS</b>					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Colin Dennis	Verbal	5 mins
2.	Declarations of interest	Information	Colin Dennis	Verbal	
3.	Minutes of last meeting	Approval	Colin Dennis	Paper	
4.	Matters arising and action log	Review	Colin Dennis	Paper	
5.	Chair's Report	Information	Colin Dennis	Verbal	10 mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 mins
7.	Questions from members of the public	Information	Estelle Hitchon	Verbal	10 Mins
<b>PATIENT/STAFF EXPERIENCE</b>					
8.	Patient Story	Information Discussion	Liam Williams	Verbal	20 mins
<b>ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION</b>					
9.	Progress on Actions To Mitigate Avoidable Patient Harm	Assurance	Jason Killens	Paper	15 Mins
10.	Risk Management and Corporate Risk Register	Assurance	Trish Mills	Paper	15 mins
11.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 mins
12.	Financial Performance Month 7	Assurance	Chris Turley	Paper	10 mins
13.	Integrated Medium Term Plan (IMTP) 2022-2025	Assurance	Rachel Marsh	Paper	10 mins
<b>COMFORT BREAK 15 MINS</b>					
14.	Health Inspectorate Wales (HIW) Annual Report	Assurance	Gerallt Jones, HIW	Paper/Presentation	10 Mins
15.	Board Committee Reports				
	15.1. Charitable Funds Committee	Assurance	Ceri Jackson	Paper	5 Mins
	15.2. Academic Partnership Committee	Assurance	Kevin Davies	Paper	5 Mins
	15.3. Quest Committee	Assurance	Bethan Evans	Paper	5 mins
	15.4. Finance and Performance Committee	Assurance	Kevin Davies	Paper	5 mins
<b>CONSENT ITEMS</b>					
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.					
16.	Governance Report	Information	Trish Mills	Paper	



No.	Agenda Item	Purpose	Lead	Format	Time
17.	Minutes of Board Committees 17.1. Charitable Funds Committee 17.2. Academic Partnership Committee 17.3. Finance and Performance Committee Quest Committee	Information	Colin Dennis	Paper	5 Mins
18.	NHS Wales Joint Committee Update Reports	Information	Colin Dennis	Paper	

## CLOSING ITEMS

19.	Any other business	Discussion	Colin Dennis	Verbal	5 mins
20.	Date and time of next meeting –Thursday 26 January 2023, 09:30 in Cardiff MRD	Information	Colin Dennis	Verbal	
21.	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Colin Dennis	Verbal	
22.	Acronyms	Information	Colin Dennis	Paper	

## Lead Presenters

Name of Lead	Position of Lead
Lee Brooks	Executive Director of Operations
Kevin Davies	Vice Chair of Trust Board, Chair of Academic Partnership Committee
Colin Dennis	Chair of Trust Board
Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Estelle Hitchon	Director of Partnership and Engagement
Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Ceri Jackson	Non-Executive Director, Chair of Charitable Funds Committee
Gerallt Jones	Senior Healthcare Inspector – Healthcare Inspectorate Wales
Jason Killens	Chief Executive Officer
Angie Lewis	Director of Workforce and Organisational Development
Brendan Lloyd	Executive Medical Director
Trish Mills	Board Secretary
Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Martin Turner	Non-Executive Director; Chair of Audit Committee
Liam Williams	Executive Director of Quality and Nursing





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CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



## AGENDA

### CYFARFOD BWRDD YR YMDDIRIEDOLAETH

Cynhaliwyd mewn sesiwn agored ar dydd Iau 24 Tachwedd 2022 09.30 i 12:25

Cynhaliwyd y cyfarfod yn Venue Cymru, Promenade, Llandudno LL30 1BB

Rhif	Eitem yr Agenda	Diben	Arweinydd	Fformat	Amser
<b>Eitemau agoriadol</b>					
1.	Croeso gan y cadeirydd, ymddiheuriadau a chadarnhau cworwm	Gwybodaeth	Colin Dennis	Llafar	5 munud
2.	Datgan buddiannau	Gwybodaeth	Colin Dennis	Llafar	
3.	Cofnodion y cyfarfod diwethaf	Cymeradwyo	Colin Dennis	Papur	
4.	Materion yn codi a log camau gweithredu	Adolygu	Colin Dennis	Papur	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Colin Dennis	Llafar	10 munud
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	15 munud
<b>PROFIAD CLEIFION/STAFF</b>					
7.	Stori'r Claf	Gwybodaeth Trafodaeth	Liam Williams	Llafar	20 munud
<b>EITEMAU I'W CYMERADWYO, SICRWYDD A THRAFODAETH</b>					
8.	Cynnydd ar Gamau i Liniaru Niwed Clefion y gellir ei Osgoi	Sicrwydd	Jason Killens	Papur	15 munud
9.	Cofrestr Rheoli Risg a Risg Corfforaethol	Sicrwydd	Trish Mills	Papur	15 munud
10.	Adroddiad Ansawdd a Pherfformiad Integredig Misol	Sicrwydd	Rachel Marsh	Papur	15 munud
11.	Pherfformiad Ariannol Mis 7	Sicrwydd	Chris Turley	Papur	10 munud
12.	Cynllun Tymor Canolig Integredig (IMTP) 2022-2025	Sicrwydd	Rachel Marsh	Papur	10 munud
<b>EGWYL 15 Munud</b>					
13.	Adroddiad Blynyddol Arolygiaeth Gofal Iechyd Cymru (AGIC)	Sicrwydd	Gerallt Jones, AGIC	Papur /Cyflwyniad	10 munud
14.	Adroddiadau Pwyllgorau y Bwrdd				
	14.1 Pwyllgor Cronfeydd Elusennol	Sicrwydd	Ceri Jackson	Papur	5 munud
	14.2 Pwyllgor Partneriaeth Academiaidd	Sicrwydd	Kevin Davies	Papur	5 munud
	14.3 Pwyllgor Cwest	Sicrwydd	Bethan Evans	Papur	5 munud
	14.3 Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Kevin Davies	Papur	5 munud



Rhif	Eitem yr Agenda	Diben	Arweinydd	Fformat	Amser
<b>EITEMAU CYDSYNIO</b> Mae'r eitemau dilynol er gwybodaeth yn unig. Os bydd aelod yn dymuno trafod unrhyw rai o'r eitemau hyn, gofynnir iddynt hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.					
15.	Adroddiad Llywodraethu	Gwybodaeth	Trish Mills	Papur	5 munud
16.	Adroddiadau Pwyllgorau'r Bwrdd 16.1. Pwyllgor Cronfeydd Elusennol 16.2. Pwyllgor Partneriaid Academaidd 16.3. Pwyllgor Cyllid a Pherfformiad Pwyllgor Cwest	Gwybodaeth	Colin Dennis	Papur	
17.	Adroddiadau gan EASC, NWSSP a WHSSC	Gwybodaeth	Colin Dennis	Papur	
<b>EITEMAU I GLOI</b>					
18.	Unrhyw faterion eraill	Trafodaeth	Colin Dennis	Llafar	5 munud
19.	Dyddiad ac amser y cyfarfod nesaf – Dydd Iau 26 Ionawr 2023, 09:30 yn MRD Caerdydd	Gwybodaeth	Colin Dennis	Llafar	
20.	Y wasg ac aelodau'r cyhoedd i adael y cyfarfod. Gofyn i'r Wasg a'r Cyhoedd adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Penderfyniad	Colin Dennis	Llafar	
21.	Acronymau	Gwybodaeth	Colin Dennis	Papur	

### Cyflwynwyr Arweiniol

Enw'r Arweinydd	Swydd yr Arweinydd
Lee Brooks	Cyfarwyddwr Gweithredol Gweithrediadau
Kevin Davies	Is-gadeirydd Bwrdd yr Ymddiriedolaeth, Cadeirydd y Pwyllgor Partneriaethau Academaidd
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Paul Hollard	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Pobl a Diwylliant
Ceri Jackson	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Cronfeydd Elusennol
Gerallt Jones	Uwch Arolygydd Gofal Iechyd – Arolygiaeth Gofal Iechyd Cymru
Jason Killens	Prif Swyddog Gweithredol
Angie Lewis	Cyfarwyddwr y Gweithlu a Datblygiad Sefydliadol
Brendan Lloyd	Cyfarwyddwr Meddygol



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Trish Mills	Ysgrifenydd y Bwrdd
Hannah Rowan	Cyfarwyddwr Anweithredol
Joga Singh	Cyfarwyddwr Anweithredol
Andy Swinburn	Cyfarwyddwr Parafeddygaeth
Chris Turley	Cyfarwyddwr Gweithredol, Cyllid ac Adnoddau Corfforaethol
Martin Turner	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Archwilio
Liam Williams	Cyfarwyddwr Gweithredol, Ansawdd a Nyrsio

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 29 SEPTEMBER 2022  
MEETING HELD IN CARDIFF AMBULANCE STATION, MERTON HOUSE,  
CROESCADARN CLOSE, PONTPRENNAU, CARDIFF, CF23 8HF and VIA ZOOM**

**PRESENT:**

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Judith Bryce	Assistant Director of Operations
Professor Kevin Davies	Non Executive Director and Vice Chair
Bethan Evans	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Ian James	Trade Union Partner
Angie Lewis	Director of Workforce and OD
Dr Brendan Lloyd	Executive Director of Medical and Clinical Director
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Leanne Smith	Interim Director of Digital Services
Joga Singh	Non Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non Executive Director
Liam Williams	Executive Director of Quality and Nursing

Members of staff in attendance and viewers on Facebook: 16

**Apologies**

Lee Brooks	Executive Director of Operations
Hugh Parry	Trade Union Partner
Hannah Rowan	Non Executive Director

**104/22 WELCOME AND APOLOGIES FOR ABSENCE**

**Welcome and apologies**

The Chair welcomed all, particularly Liam Williams and Angie Lewis to their first Board meeting and noted that apologies had been received from Lee Brooks, Hugh Parry and Hannah Rowan.

### **Declarations of interest**

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

**RESOLVED: That the apologies as described above and declarations of interest on the register were formally recorded.**

## **105/22 PROCEDURAL MATTERS**

**Minutes:** The Minutes of the Board meetings held on 28 July 2022 were presented and confirmed as a correct record subject to a minor amendment on page 7, bullet point 3.

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

Action Number: 73/22a – Fit2Sit update. To remain on log with a further update at the 24 November meeting.

Action Number: 73/22b – Update on actions to avoid patient harm. This item was being discussed later on in the agenda. Action to be closed.

Action Number: 75/22 – Deep dive on sickness to be monitored via the People and Culture Committee. Action closed.

**RESOLVED: That**

- (1) the Minutes of the meetings held on 28 July were confirmed as correct record subject to the minor amendment to the wording on page 7 bullet point 3; and**
- (2) the update on the action log was noted.**

## **106/22 CHAIR'S REPORT AND UPDATE**

1. The Chair acknowledged this was his last meeting and he reflected upon the ongoing and extreme pressures the Trust was facing. He added that the Trust had, through these challenging times, managed to sustain levels of performance as best it could despite the severe handover delays.
2. He stressed that the Trust must continue to maintain its focus on the system wide pressures and to monitor those actions within our control. The Trust should also continue to strive and reach the achievements and ambitions it had set.

**RESOLVED: That the update was noted.**

## 107/22 CHIEF EXECUTIVE UPDATE

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

1. The Trust Board acknowledged and marked the sad death of HM Queen Elizabeth II on 8 September.
2. Along with the Chair he represented the Trust at the Service of Remembrance for Her Majesty the Queen at Llandaff Cathedral on 16 September and he also attended the Welsh national proclamation of HM King Charles III's accession on Sunday 11 September and the state funeral for HM Queen Elizabeth II on Monday 19 September.
3. Chris Turley and the finance team were congratulated in obtaining the Approved Employer Status from the Association of Chartered Certified Accountants.
4. The Electronic Patient Care Record (EPCR) programme was being developed further which will enhance its capability. The Welsh GP Records interface has been designed and the next stage was to gain endorsement from General Practitioners Committee Wales to proceed with linking to live data and establishing a pilot.
5. One of the initiatives within the Trust's control to improve performance and patient experience was the Emergency Medical Services (EMS) roster review. Over the past 12 months this had been developed and the first new Cymru High Acuity Response Unit (CHARU) roster would be going live in October. He expressed his thanks to all staff in their understanding while the new rosters were being implemented and rolled out.
6. Pride Cymru returned this year and the Trust, alongside colleagues from across NHS Wales was given the honour of leading the parade through Cardiff City Centre on Saturday 27 August.
7. The live Sexism & Sexual Safety at Work survey was underway and this sought to gain insight into the current culture. The Trust has not previously surveyed these questions and all staff were encouraged to give their views. It was noted that feedback from this survey will be shared at the upcoming Chief Executive Officer (CEO) Staff Roadshows.
8. In terms of recruitment, this continued at some pace with an additional 100 clinical full time equivalents in post by the end of January 2023. Furthermore a plan has been developed to support the 111 service by recruiting to an additional 50 vacancies. On behalf of the Board he thanked the recruitment and training teams for their work.

Comments:

1. Dr Brendan Lloyd updated the Board in terms of EPCR and that endorsement had been received from the GP Committee Wales to linking live data and establishing a pilot. Initially the pilot would involve using Advance Paramedic Practitioners (APP) from next month.
2. Members welcomed the developments within the Trust's control to improve patient safety and performance, particularly with the Cymru High Acuity Response Unit (CHARU) and paramedic student placements and the drive in recruitment.
3. Was the Trust being proactive in its readiness for seasonal flu? Andy Swinburn advised that the offering of flu vaccinations for staff had commenced this week. Dr Brendan Lloyd added that Public Health Wales was pushing for an increase in the number of vaccines. The public message was that it was quite safe to have both the flu and Covid vaccines close together.
4. The Board commented that it was encouraging to recognise that staff sickness levels were decreasing.

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

## **108/22 STAFF EXPERIENCE**

1. The Board were joined virtually by Emergency Medical Technician (EMT), Ann-Marie Ridley, who gave an account of her time spent on the Isle of Man (IOM) assisting and supporting its ambulance service during the Tourist Trophy (TT) motorcycle races.
2. The ambulance HQ was based in the grounds of the only District General Hospital in Nobles hospital. There were only 70 staff which were mainly clinical and operational. When the TT was on the population increased by an extra 48-52 thousand visitors.
3. In total there were six staff from WAST, one Duty Operations Manager, three Paramedics, one Advanced Paramedic Practitioner and one EMT. Initially it was challenging as their ambulances do not have a Mobile Data terminal and rely heavily on Satellite Navigation.
4. During the first week on the Island, WAST staff acquainted themselves with the protocols, radios, equipment, and training. It was noted that the IOM use different defibrillators to WAST. They were using the Lifepak defibrillators and were slowly introducing Corpuls defibrillator as used by WAST. There was also other equipment they used which Trust staff were not familiar and had to be trained on. Furthermore, WAST Staff were trained in the use of pentrox, an analgesic used to relieve pain. Two weeks were then spent on the road with IOM crews.
5. Going forward it would be helpful if WAST could introduce pentrox which was a non-opioid, non-controlled drug and is an emergency analgesic, as it helps to reduce the severity of pain.



## Comments:

1. The Board thanked Ann-Marie for sharing her positive story and welcomed any suggestions she had that WAST could improve on. She mentioned their raiser chair which seemed a lot easier to use than the Trust's Mangar elk lifting chair. In terms of the Scoop, the Trust used a Ferno and they use a Combi aid; again which seemed to easier to use. In terms of the Lucas device which Ann-Marie also mentioned was in use, Dr Lloyd explained the device had been assessed on an international paramedic study, the findings of which revealed it was no more effective than good chest compressions, and were not recommended for universal use. However they can be an effective tool for maintaining chest compressions during patient transfer. Andy Swinburn added that as part of the CHARU training, the Lucas device would be used where appropriate. Damon Turner reiterated Ann-Marie's positive comments on the raiser chair used by the IOM crews.
2. Were the ambulance crews on the Island welcoming? Ann-Marie commented that all the ambulance crews on the Island were very welcoming and amicable. Judith Bryce commented that WAST staff had been well looked after noting the benefits of mutual aid. Judith Bryce added that WAST staff had also helped out at the Grand Prix on the Island last August.
3. In respect of using pentrox, Dr Lloyd explained this was something the Trust was considering; it was however subject to further licensing laws in Wales which meant it cannot be used universally at this stage. The Trust routinely carried Entonox as a pain relief on its vehicles and there were also cost implications if this was replaced. Also there have been some issues whether pentrox was more effective, one of its benefits was the ease of use.
4. The Board suggested it would be helpful if Ann-Marie's story was shared more widely. Ann-Marie informed the Board hers and other colleagues' stories had been published on Siren the Trust's internal communications platform. Estelle Hitchon agreed to circulate her story to Board Members.
5. Jason Killens thanked Ann-Marie and her colleagues for their support at the TT races on the IOM; noting the positive impact this opportunity had given. He added that the Trust contributed and supported in other mutual aid requests, either pre-planned or spontaneous.

## 109/22 ACTIONS TO MITIGATE REALTIME AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE -PROGRESS UPDATE

1. Jason Killens reminded the Board of the discussion held at the last Board meeting whereby they were notified of the actions to mitigate real time avoidable patient harm. This report sought to update the Board on progress on some of the key actions within the plan.
2. **Immediate Release (action 1):** whilst the approach and reporting has been agreed and was in place, practice on the ground varied. In August 2022, 41 Red requests were not accepted and 399 Amber 1 requests were not accepted.

It should however be noted that overall compliance with Immediate Release Directions had improved.

3. **25% reduction in minutes per handover (action 21):** rather than seeing a reduction in minutes per handover, there had been an upward trend since June 2022 with an average of 98 minutes per arrival in August 2022 against a trajectory target of 72 minutes. The figures for last week indicated extreme handover delays at some hospitals, in fact 6,500 hours had been lost.
4. **Eradication of handover waits in excess of 4 hours:** there were more than 2,000 waits of over 4 hours in August 2022. As yet the expected improvement had not been seen.
5. There was some improvement in some of the actions, and those within the Trust's control had also seen an overall improvement.
6. Rachel Marsh outlined further details of the report updating the Board on progress of those actions the Trust could impact on. This included the positive recruitment drive, the roster review and the improvements with staff sickness.
7. Jason Killens added that despite the best efforts of the Trust to improve capacity and efficiency, the outlook as winter approached, would be particularly challenging and difficult for staff and patients.
8. Liam Williams reinforced the importance of the Covid-19 and flu vaccine programmes. He added that the care pathways across Wales must be consistent and readily accessible to all concerned. Additionally, he confirmed that the Trust learned vital lessons from the concerns it received and used them to find improvements to the service across all areas. Rachel Marsh added that the work with pathways was scrutinised and monitored through the Clinical Transformation Programme.
9. Members expressed concern it was unlikely the overall situation would improve in the near future and that the Trust should focus on those initiatives which were in the Trust's control; and also the need to continue working with partners to identify and effect system level solutions.
10. Was there any initial feedback from Action No; 25, the Implementation of Same Day Emergency Care (SDEC) services in each Health Board? Andy Swinburn confirmed this was starting to be rolled out across Wales, and had received positive feedback. Rachel Marsh commented that the indicator to measure SDEC in health boards was being refined.
11. Liam Williams added that in respect of patients being held in ambulances waiting outside hospitals; given the nature of our response and decision to convey, it was better for the patient as opposed to being at home where they could subsequently come to greater harm.
12. Following a query in respect of the effectiveness of cohorting, Jason Killens explained that following a recent evaluation, this had now ceased as it was not proving to be effective. The resource funding has since been re-deployed to provide third party additional ambulance capacity to support urgent care.

13. Could an update be provided on Fit2Sit? Liam Williams explained that the Trust was focusing on the challenges Fit2Sit presented and was liaising with health boards to ensure the correct safety procedures were adhered to.
14. In terms of public messaging, Estelle Hitchon reminded the Board of the flu campaign by Public Health Wales. Also the 111 national campaign to inform the public about 111 was going live in November. The Trust was also working with Welsh Government to progress their *helpers help you* campaign. She added there were other campaigns to relay the message of how to access healthcare which targeted specific age groups through various social media platforms.

**RESOLVED: The Board**

- (1) **NOTED the report and the progress the Trust was making on WAST Actions;**
- (2) **NOTED that handover lost hours remained extreme and could be further exacerbated as the health and social care system moved into the winter period; and**
- (3) **CONSIDERED whether there were any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.**

**110/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

1. Trish Mills presented the report informing the Board there were currently 18 principal risks that were aligned to the delivery of the strategic objectives in the Integrated Medium Term Plan.
2. Risks were allocated to the appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there were formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) for escalation, movement in ratings, and new risks.
3. In terms of the higher rated risks, rated at 20 and above, these were considered in detail at the relevant Board Committee. These risks were: 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*), both rated at 25, and Risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) and risk 201 (*damage to the Trust's reputation following a loss of stakeholder confidence*) both rated at 20.
4. Further reference was made to the four high rated risks which had been explicitly represented throughout the meeting at various points and were drawn out in more detail in the Executive Summary as requested by the Chair of Audit Committee, Martin Turner at a previous Board meeting.

5. Members attention was drawn to the following risk; Risk 303 – *(Delayed administration of chest compressions to patients as part of resuscitation)*. This risk was due for closure.
6. There were also two risks which had decreased in score, those being risk 199 *(Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation)*, reduced to 15 from 20 and Risk 311 *(Inability of the Estate to cope with the increase in FTEs, if the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review was not adequately managed)*, reduced to 12 from 16,
7. There were also two new risks Risk 543 – *(Major disruptive incident resulting in a loss of critical IT systems* and Risk 558 - *Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences)*.

Comments:

1. It was queried whether the risk of a strike by TU partners should be added as a risk. Jason Killens added that the report was a retrospective one and was aware of the action that could emerge subject to a future ballot in the next few months. Trish Mills added this would be noted for the register.
2. Estelle Hitchon gave an overview of the potential issues concerning the Trust's reputational risk which could be exacerbated, particularly as winter approached.
3. The Board recognised the ongoing work, the process for managing and monitoring of all risks. Martin Turner added that the whole risk process was now much better defined.

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

- (1) Noted that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 are described as further mitigations against Risks 223 and 224;**
- (2) Noted the closure of Risk 303 from the Corporate Risk Register;**
- (3) Noted the decrease in score of Risk 199 from 20 to 15;**
- (4) Noted the decrease in score of Risk 311 from 16 to 12;**
- (5) Noted the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15;**
- (6) Noted the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15; and**

**(7) Reviewed the Board Assurance Framework.**

**111/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

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

1. 111 call answering performance remained below par, and recent negotiations with commissioners has suggested that the Trust has broadly the commissioned and funded number of call handlers in post, however, further work was required to reduce capacity lost through sickness absence, align capacity with demand and improve efficiency of use of resource.
2. In terms of 111 clinical response, the Trust continued to see achievement of the clinical call back times for the highest priority 111 calls, whilst noting that the waits for a clinical ring back for most patients were too long. The recruitment and retention of clinicians remained a priority, and an urgent set of actions within a focused plan were now in place to increase clinician numbers.
3. Reference was made to other performance indicators detailed in the report, noting that sickness levels and Personal Annual Development Reviews completion were improving.

Comments:

1. The Board recognised the relatively high turnover of staff, particularly in the Clinical Contact Centre, and noted it would be subject to a deep dive at the next People and Culture Committee meeting. Members discussed in further detail the possible reasons for the attrition rate and suggested various ways to mitigate them.
2. It was noted that this report had been discussed in detail at the last Finance and Performance Committee meeting.

**RESOLVED: That the Board considered and noted the actions taken.**

**112/22 FINANCIAL PERFORMANCE AS AT MONTH 5 2022/23**

Chris Turley in providing an update drew the Board's attention to the following highlights:

1. The cumulative revenue financial position reported was a small overspend against budget of £0.002m, after assuming additional funding from Welsh Government for exceptional cost pressures. The underlying year-end forecast for 2022/23 currently remained a balanced position.
2. It was recently confirmed by Welsh Government that an additional £3m of funding would be available in year for emergency ambulance capacity. This was the funding of an additional 100 Whole Time Equivalent front line staff due to be operational by mid-January 2023.

3. In terms of other cost pressures, for example the additional bank holiday, conversations were ongoing on a national basis whether any funding would emerge.
4. With regards to the Capital Programme, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 was £25.256m. This included £20.818m of All Wales Approved schemes and £4.438m for Discretionary schemes.

Comments:

Bethan Evans who chaired the last Finance and Performance Committee meeting commented that whilst the Trust was still reporting a balanced position and also for year-end; the ongoing challenges to achieve this should not be underestimated as set out in the Committee's highlight report.

**RESOLVED: The Board received assurance on the financial position and 2022/23 outlook and forecast of the Trust and the risks of continuing to deliver this.**

#### **113/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25, INTERIM QUARTER 2 PROGRESS REPORT**

1. Rachel Marsh reminded the Board that the IMTP for 2022-25 had been approved by Welsh Government (WG) on 13 July 2022.
2. The Board noted that WG had set out several conditions for the Trust to meet and these were based around:
  - a) Six Goals for Urgent and Emergency Care – requirement to articulate how the actions relating to the six goals programme will translate into improved outcomes and performance;
  - b) Value Based HealthCare – strengthen our approach to Value Based HealthCare;
  - c) Minimum Data Set (MDS) – further expansion of the data provided through the MDS quarterly refreshes;
  - d) Improvement of sickness and absence rates;
  - e) Delivery of workforce efficiencies, notably the delivery of the EMS roster review project.
3. Rachel Marsh updated the Board on the position with Health Board Service changes which will impact on EMS and Ambulance Care. It was noted that the Board would receive a more detailed report on this at its next closed session.
4. The planning team was currently finalising internal IMTP planning guidance and timelines for 2023-26, pending the receipt of the NHS Planning Framework and EASC Commissioning Intentions. It was expected that the deadline for submission will be end of January 2023, which was a challenging timeframe, not least because financial allocations were not normally known before the end

of December.

Comments:

1. Bethan Evans confirmed that assurance was given at the last Finance and Performance Committee meeting which outlined how the Trust was managing the actions.
2. In terms of the Advanced Paramedic Practitioners patient outcome measures, was there any further clarity as to what WG required? Rachel Marsh explained they acknowledged the challenges and difficulties in measuring the outcomes of patients across the whole of their journey through the system. Andy Swinburn added that the Trust was working to provide evidence of these outcomes.

**RESOLVED: The Board:**

- (1) **Noted the update against WAST's IMTP Accountability Conditions;**
- (2) **Noted the overall delivery of the IMTP detailed in the report; and**
- (3) **Agreed to an item on Health Board service changes at the closed session of the next Trust Board meeting on 24 November.**

**114/22 CHANGES TO WAST DISPATCH CROSS REFERENCE TABLE**

1. Jason Killens presented an outline of the report of which the purpose was to update on key issues affecting the Clinical Response Model (CRM), and specifically, to seek approval to make the clinically approved changes to the categorisation of the Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table. This was the process by which the Trust assigned a response category to a determinant/code which emerges from the 999 triage process.
2. The Trust had reviewed these codes using the latest evidence from the English system on 31 August 2021. It became apparent that the Trust required to change several response priorities from those currently being used. Some of these were downgraded and some were upgraded; the upgraded codes were relying on clinical evidence for improved patient outcomes, for example patients that were continually fitting. It should be noted that indications show that the Amber 1 Median (minutes) would increase by ten minutes.
3. The Board was requested to approve the implementation of the changes noting the due diligence and governance process. The report had been presented to the Chief Ambulance Services Commissioner and was subsequently endorsed at the Emergency Ambulance Services Committee which in turn had notified Welsh Government. Dr Brendan Lloyd added that from a clinical perspective these changes had been approved by the Clinical Prioritisation Assessment Software Group and the Clinical Quality Governance Group. He was content to support the recommendations recognising there was an impact on performance in terms of Amber 1 as described above.

Comments:

1. How will everyone involved be notified of the rationale behind the changes particularly in terms of cross border situations. Jason Killens explained how the process would be undertaken with the cross border activity, in particular with the West Midlands and the South West, generally only for Red calls. Once the control centre passed the call across, all the details, including the MPDS determinant would be provided.
2. In terms of the codes being downgraded would these be monitored to confirm it had been the correct decision? Dr Brendan Lloyd explained that as part of the licensing requirement to use MPDS, a clinically led group would monitor and review these changes going forward to ensure they were appropriate.

**RESOLVED: The Board Approved the following changes to the WAST DCR Table, namely:**

- a) 12D02 (continuous/multiple fitting) and 21D03 (serious haemorrhage & not alert) to change from AMBER-1 to RED priority.
- b) 21D03 (serious haemorrhage & not alert) to change from AMBER-1 to RED priority.
- c) 23D02 (overdose/poisoning & unconscious) to change from RED to AMBER-1 priority.
- d) 10C03 (chest pain, breathing normally), to move from AMBER-1 to AMBER-2.

**NOTED the operational implications of the proposed changes to the DCR Table – forecasted to go-live by 5 October 2022; and**

**115/22 WELSH GOVERNMENT CONSULTATION ON EXTENDING WELL-BEING DUTY WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015 TO ADDITIONAL PUBLIC BODIES: PROPOSED RESPONSE WELSH AMBULANCE SERVICES NHS TRUST**

1. Estelle Hitchon reminded the Board that Welsh Government was consulting on a proposal to extend the Well-being of Future Generations (Wales) Act 2015 to a number of additional public bodies, including the Welsh Ambulance Services NHS Trust.
2. The Well-being of Future Generations Act places a duty on each public body to carry out sustainable development.
3. Public bodies subject to the duty must, when they are carrying out sustainable development, set and publish their well-being objectives. The well-being objectives must be designed to maximise the contribution of the public body to achieving each of the well-being goals. The Trust would be required to identify its well-being objectives and associated plan in its IMTP from 2024 onwards
4. Public bodies are required to take all reasonable steps (in the exercise of their functions) to meet the well-being objectives they set. However, the consideration of these factors needs to be reviewed through the five ways of working provided by the sustainable development principle, balanced with the contribution made by the well-being objectives. The closing date of the consultation process was



20 October 2022; the Board was requested to support the response detailed in the attachment to the report.

5. Estelle Hitchon advised the Board that she has and will continue to attend the Vale of Glamorgan Public Service Board.

Comments:

1. Would it be worthwhile to highlight the challenges in measuring the Trust's contribution and the impact to public health in the response? Estelle Hitchon agreed to include this detail as part of the response. Liam Williams added that EPCR would be a useful tool in measuring the impact on patient health and also the impact on resourcing.
2. The Trust should be comfortable with the added legal and moral obligations once it had committed itself; Estelle Hitchon informed the Board that Welsh Government appreciated the challenges and acknowledged that some support would be provided by them.
3. Following a discussion the Board were content to approve and support the submission of the consultation questionnaire.

**RESOLVED: The Board supported the submission of the consultation questionnaire to Welsh Government.**

## **116/22 QUEST COMMITTEE HIGHLIGHT REPORT**

Bethan Evans alerted the Board's attention to the following highlights from the update report in particular the following :

1. A continued increase in the number of concerns being received and correspondingly a reduction in compliance with both the 2-day acknowledgment and 30-day formal response target across the quarter. Timeliness to respond to calls remaining the main theme.
2. A continued increase in the number of incidents being reviewed at the Serious Case Incident Forum (SCIF).
3. An increase in the number of Appendix B incidents passed to Health Boards. Health Board Chief Executives and Health Care Inspectorate Wales (HIW) also receive details of the Appendix B incidents directly.
4. An increase in the number of Nationally Reportable Incidents (NRIs) identified.
5. An increase in Coroner's requests for information.
6. The Trust has received 2 Regulation 28 (Prevention of Future Deaths) Reports from Coroners during this period relating to timelines.
7. Whilst, during the quarter, 47.3% of immediate release directives were declined, there has been an improving position in for red releases in July. A process is in place to investigate those declined.
8. The Patient Experience and Community Involvement Team continue to receive

concerns on response times across geographies and demographics.

The Board were also updated on areas which the Committee was monitoring and receiving assurance on; details of which were contained in the highlight report.

**RESOLVED: The Board received the report.**

## **117/22 PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT**

Paul Hollard alerted the Board's attention to the following highlights from the update report in particular the following:

1. This Committee heard during the meeting of the continued significant impact on staff and patients as a result of system pressures, and particularly as a consequence of delays in handover at Emergency Departments. The staff story illustrated how the delays are manifesting in frustration from patients and their families. KPIs are being developed for staff wellbeing. Financial advice and support opportunities also being explored. Further detail on staff well-being and the themes and trends for high staff turnover will be reviewed at the next meeting.
2. The Trust's final uptake of staff receiving the flu vaccination for 2021-22 was 38.46% which is a decrease of 11.4% from last year's campaign. For the second year the Covid-19 pandemic has continued to influence the success of the campaign. This, compounded with a variety of other influencing factors, impacted the delivery and uptake of the vaccination. Following a review of the campaign, recommendations have been devised that are based upon some of the key areas of learning and improvement for 2022-23. A new flu lead and communications support are in place for the 2022-23 campaign which starts the week commencing 19 September.

The Board were also updated on areas which the Committee was monitoring and receiving assurance on; details of which were contained in the highlight report.

**RESOLVED: That the report was received.**

## **118/22 AUDIT COMMITTEE HIGHLIGHT REPORT**

Martin Turner alerted the Board's attention to the following highlights from the update report in particular the following:

1. The Audit Wales Quality Governance Report was received. The report is an extension to the Trust's structured assessment and considers the structures, information and assurance flows that support quality governance. In overall terms Audit Wales found that whilst many facets of the Trust's quality governance arrangements are working well, improvements are required in a number of key areas. The Trust also needs to play its part in the improvements that are required to serious incident reporting across organisational boundaries (Appendix B reporting). The Committee noted that the Quality, Patient Experience and Safety Committee (QUEST) will review the report at their November meeting, and that issues raised in the report such as mortality

reviews, clinical audit and the implementation of the Quality Strategy have been the subject of recent and ongoing focused discussions at QUEST.

2. Noting the recent focus of QUEST on these issues this is not an escalation to the Board for action, but to note that the Audit Committee has requested an update from QUEST, and where appropriate the People and Culture Committee, in six months on progress.

The Board were also updated on areas which the Committee was monitoring and receiving assurance on; details of which were contained in the highlight report.

**RESOLVED: The Board received the report.**

## **120/22 FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT**

Bethan Evans alerted the Board's attention to the following highlights from the update report in particular the following:

1. The Committee received a detailed paper on the financial position for Month 5 2022/23. The Board has the financial position before it for the September meeting and will note the forecast for 2022/23 is currently one of breakeven despite a very small overspend as at month 5.
2. The Committee reviewed risks 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) and whilst neither risk currently exceed a rating of 16, the number and total value of financial risks is clearly greater than in recent financial years, which in itself raises the overall risk comfort level. Mitigations to reduce the risk and anticipate what may be ahead of us in 2022/23 and into 2023/24 were discussed and the Committee received a detailed report on the savings plan and progress with initiatives as a result of this.
3. The Monthly Integrated Quality and Performance Report was reviewed for August 2022 with some of the revised indicators agreed at Board in July being developed for the following meeting. Similar concerns were raised as those set out in the Quality, Patient Experience and Safety Committee and the People and Culture Committee highlight reports so are not repeated here. The indicators show a continued poor picture in terms of the quality and safety in many areas.
4. Patient demand across the 111 and EMS services decreased in August 2022, however other factors including continuation of Covid-19, high levels of sickness (including Covid-19 related absence) and extreme handover lost hours continue to impact on the Trust, in particular, EMS. For 111 and Ambulance Care (NEPTS) the Trust can and is looking to take a range of actions to optimise the balance between patient demand and capacity. An analysis by Optima of Red performance is underway. This will look at the range of complex factors that feed into performance including response time of day, day of the week, geographical location, job cycle times etc.

5. EASC, Welsh Government and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited as the fiscal position becomes much tighter. Anxiety over system preparedness for winter was raised and the fact that reports of flu are coming through already together with a combination of Covid-19 still circulating in the community.

The Board were also updated on areas which the Committee was monitoring and receiving assurance on; details of which were contained in the highlight report.

## **121/22 GOVERNANCE REPORT**

The Board noted that the Trust seal was applied to the following document on 1 August 2022, reference number: 0236 which related to the affixing of the Trust Seal to a lease agreement between the Trust and Zurich Assurance Limited for the lease of Unit 34, Bennet Street, Bridgend Industrial Estate, Bridgend.

**RESOLVED: The Board noted the use of the Trust Seal as described.**

## **122/22 WELSH LANGUAGE STANDARDS ANNUAL REPORT 2021-22**

1. Trish Mills presented the annual report and reiterated that on 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011.
2. The Trust was required to demonstrate how it fulfilled its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards via its Statutory Compliance Notice.
3. The 111 service had seen a sharp increase in Welsh language demand due mainly to the last two Health Boards integrating into 111 Wales. Despite answering more calls in Welsh as a result of this, the percentage of calls dropped by 24.3% compared to 2020/21. Notwithstanding this, there were a number of excellent initiatives in 111 regarding Welsh language.

**RESOLVED: The Board approved the report and recorded a note of thanks to Melfyn Hughes, Welsh Language Officer.**

## **123/22 MINUTES OF COMMITTEES**

The following Minutes were received:

1. Quest Minutes dated 12 May 2022
2. People and Culture Minutes dated 10 May 2022
3. Audit Committee Minutes dated 7 June 2022
4. Finance and Performance Committee Minutes dated 18 July 2022
5. NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 21 July 2022
6. Welsh Health Specialised Services Committee (WHSSC) meeting of 6 September 2022

**RESOLVED: The Board received the above Minutes/Notes.**

## **124/22 QUESTIONS FROM THE PUBLIC**

1. The first question was: *In the context of being told, after having a stroke there would be a three hour wait the patient made their own way to hospital; surely, by whatever means possible there should be enough ambulances made available as opposed to sending staff to a motor cycle event.* Jason Killens apologised and indeed apologised to all patients who had waited longer than normal. He gave an overview of the schemes the Trust was employing within its own control in order to improve overall efficiencies. Furthermore the current situation with unprecedented hospital handover delays were a significant contributing factor to the Trust's inability to respond to patients in the community in a timely manner. As an example, last month the Trust lost 30% of its fleet capacity to hospital handover delays. The solution to this problem was not immediately within the Trust's gift and required collaboration with Health Board partners across Wales for the situation to improve. In terms of the pre-planned mutual aid events, he added that the majority of them were carried out during staff rest days, with no or limited impact on the Trust's capacity. Ceri Jackson added that Board Members visited ambulance stations and hospitals on a regular basis and fully understood the ongoing challenges.
2. The second question was: *Will the ambulance crest need to be changed to the new cypher reflecting King Charles III.* Jason Killens explained that livery bearing the Queen's crest will not be removed on a wholesale basis, but as replacements occur, these will show the King's details.
3. The third question was: *With the ever increasing patient waiting time for attendance by a clinician at scene, was now a good time to be depleting cover by replacing existing RRV with lesser numbers of CHARU. As an example the Gelli area in Rhondda at present has a day and afternoon RRV; this rota was being abolished.* Jason Killens commented that the requestor should be advised to contact their local management regarding the specifics of this particular area. From a national perspective, the roster review emerged as a recommendation following the 2019 demand and capacity review which was conducted collaboratively with the Trust, Trade Union partners and Commissioners. Essentially there were three recommendations endorsed by the Emergency Ambulance Services Committee in 2020 to improve efficiencies. These were to implement the roster review changes, to increase the hear and treat rate to 10.2% and to tackle workforce practises such as, sickness rates and attendance rates which were improving. The Trust was on target to deliver in all three of the high level recommendations. Health Boards were required to reduce emergency department handover delays and provide access to the Trust's clinicians for pathways other than the Emergency Department. Recently the Trust employed the use of a consultancy firm (independent to the original consultants) to consider whether the roster review was still the correct way to operate. The result of this was that it was still the right way as it gave a marginal improvement in Red performance and in the Amber response tail. The Trust was satisfied that the implementation of the roster was the appropriate initiative going forward. It should be borne in mind that the changes will see in excess of an additional 30 ambulances across Wales. Judith Bryce added that CHARU

was not a like for like replacement for RRV's (rapid response vehicles), it was a different model.

**125/22      EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 29 SEPTEMBER 2022**

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960). It was also noted that the Board would resolve to meet in private on 29 September 2022.

**RESOLVED: The Board would meet in private on 29 September 2022.**

**Date of next Open meeting: 24 November 2022**

DRAFT

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
73/22a	28 July 2022	Actions to avoid patient harm	To provide an update on the fit to sit protocol	Liam Williams	24 November 2022	<p><u>Update for 29 September</u></p> <p>The EASC led Fit2Sit Task and Finish Groups will be presenting a paper to the next IQPD with Welsh Government as it spans policy as well as practice. They will seek a view from Welsh Government on the approach to be taken (either through Emergency Ambulance Services Committee or 6 Goals). Further update to be provided at 24 November meeting.</p> <p><u>Update for 24 November</u></p> <p>Letter issued on 23rd September by Welsh Government requiring Fit to Sit roll out across all acute hospital sites with updates to be provided directly. Throughout August 2022 a series of task and finish groups were established to discuss current process and improvement opportunities for the Fit To Sit process. Two groups of patients have been discussed. It is widely accepted that Group 1 patients should be accepted into waiting areas and a clinician to clinician handover should take place. Group 2 patients require more consideration based on environment, resources and demand to ensure safety of all patients. Some ideas about what is required to facilitate Group 2 patients have been identified. EASC are picking this up through the local handover improvement plans and feeding into the EASC action plan and the Local Integrated Commissioning action plans.</p>	Complete
108/22	29 September 2022	Staff Story	To circulate Ann-Marie Ridley's staff story to Board Members	Trish Mills	24 November 2022	Circulated on 14 October	Complete



Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>6</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>One</b>

## CHIEF EXECUTIVE REPORT: 24 NOVEMBER 2022

<b>MEETING</b>	Trust Board
<b>DATE</b>	24 November 2022
<b>EXECUTIVE</b>	Jason Killens, Chief Executive
<b>AUTHOR</b>	Jason Killens, Chief Executive
<b>CONTACT</b>	Jason.Killens@wales.nhs.uk

### EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 29<sup>th</sup> September 2022. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

### RECOMMENDATION

That Trust Board note the contents of this report.

### KEY ISSUES/IMPLICATIONS

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

### REPORT APPROVAL ROUTE

The Trust Board meeting held on 24<sup>th</sup> November 2022.

### REPORT APPENDICES

An SBAR is attached.

### REPORT CHECKLIST

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



## **SITUATION**

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 29<sup>th</sup> September 2022.

## **BACKGROUND**

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

## **ASSESSMENT**

### **CHIEF EXECUTIVE**

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, AACE, EASC and senior elected representatives.
- I chaired the quarterly joint Executive Management Team and Assistant Directors Leadership Team meeting when we considered financial sustainability planning for the long term and our IMTP for 2023/24.
- Externally facilitated bespoke leadership and management development conferences were held for our senior leaders and managers over 3 separate days last month. Over 300 of our senior leaders and managers attended and very positive feedback has been received. Planning has begun to scope a further 18 month development programme to capture and further build on the learning. I was delighted to present Pete Brown, Head of Service for 111 Wales, with the CEO Award for Leadership and Management to acknowledge and celebrate his exceptional leadership through a recent Business Continuity Incident and bringing forward improved and lasting processes at pace during a very difficult time.
- The latest round of CEO Staff Roadshows were held in October. Eight events were held across the whole of Wales and were attended by over 500 members of staff. These important engagement events allow our people to better understand the challenges facing the Trust and the mitigating actions being taken to support our people and patients as well as helping to shape the Trust's developing 'Purpose' and ask the Executive Management Team any questions.
- I was delighted to represent the Trust at the South Glamorgan Community Health Council's Annual General Meeting.
- Estelle Hitchon and I met with Gwynedd County Council's Care Scrutiny Committee to provide the councillors with an update on Trust's performance and future plans.
- I was pleased to spend a day with our people in Llanfairfechan Clinical Contact Centre and learn more about their roles and listen to their ideas for improving our services to patients.
- The mid year Joint Executive Team with senior Welsh Government official was held last week. Trust Board members will have received the slide deck supporting our presentation and received an update on the meeting in our recent Board Development session.

## **FINANCE AND CORPORATE RESOURCES**

### **Finance**

4. A full audit of the Charitable Fund accounts will take place later in the year. As this will be the first full audit of the Charitable Fund account carried out by Audit Wales (AW), the Finance team are working with the auditors to agree supporting documentation required and timescales to ensure the audit runs as smoothly as possible, however, it has been flagged by Audit Wales that the audit may be later than anticipated due to other work commitments the audit team currently has to complete (estimated start early December).

5. A balanced financial plan for the 2022/23 financial year was included in the IMTP submitted to Welsh Government on 31st March 2022 and the Trust continues to monitor the associated risks as the financial year progresses, which included a detailed mid-year review with Welsh Government and the Finance Delivery Unit in October.

6. The Finance Team will begin to focus on the elements of the emerging financial plan for 2023/24 and beyond to ensure this coincides with the delivery and submission of the Trust's IMTP submission.

7. The Trust's aim to achieve sustainable savings via the Financial Sustainability Workstreams (FSWs) continues via scheduled meetings. A programme based approach has commenced and will be adopted to ensure delivery of agreed schemes.

8. Following a request from Welsh Government, a detailed review has been undertaken across all capital schemes to ensure deliverability by the end of the financial year, with the only monies being brokered between financial years are in line with a known delay on a specific project.

9. Following a key appointment within the Financial Business Intelligence function, work is progressing in several areas to evaluate the use of automation along with progressing the development of the Patient Level Information Costing system (PLICs) now that the cloud security and the DPIA has been signed off internally.

### **Capital & Estates**

10. The following update is provided on the main Capital and Estates projects previously reported to Board:

- South East Fleet Workshop – the Project Board is in the process of confirming the final design and to prepare for the implementation phase. The detailed equipment and redevelopment specifications are being confirmed currently in preparation for the procurement processes. Smaller scale initial works continue on site and work has commenced on preparing to clear the facility so that commissioning works can begin.
- Vantage Point House (VPH) reconfiguration work is progressing at pace, with Phase 2 recently completed and relocation of teams in November 2022. Phase 3 and 4 programmes have commenced, and the project is aiming for completion in early 2023 as planned. Facilities continue to be provided within Beacon House for

effective use of space in temporarily accommodating the NEPTS Centre and Renal Hub colleagues whilst work completes on their designated spaces.

- Beacon House – The official opening of the facility took place on 26th October 2022. This project will move into project closure.
- Cardiff Ambulance Station – the Ambulance Station and Training School are fully operational, with final snagging work and project closure activities underway. Plans are progressing for the implementation of a 111 facility on the first floor which presents an opportunity to ensure a flexible and shared space across Operational facilities. This will be operational from mid December 2022.
- EMS Interim Solutions Programme – a contractor has been appointed for work on Rhyl Ambulance Station and this will be completed by mid February 2023. Work continues on Phoenix Business Park, Newport to ensure that crews can relocate as soon as possible. Alongside this project, an agreement has been reached with South Wales Fire to use Abercarn Fire Station for some NEPTS crews to provide coverage in the north ABUHB area.
- Ty Elwy – work on this project completed August 2022. The project is now in project closure. Following the relocation of the 111 team into the ICCC space on the ground floor, additional agile working space has been created on the first floor.
- Work to establish Project Boards in support of the suite of business cases within the 2022/25 IMTP objectives is ongoing. Project arrangements have been stood up for Swansea Ambulance Station, Newport Ambulance Station and Llanelli Ambulance Station, with further work to consider Llandrindod and Bangor due to commence following the appointment of a Project Manager. Work with NWSSP in support of site searches has commenced and options are being explored.
- Bridgend NEPTS – Work has commenced on the Bennett St facility and is due for completion by 30th November 2022. A Project Board has been established to oversee completion of the project in line with the required timescales.

## **Fleet**

11. The delivery of the Vehicle Replacement Project for 2021/22 has not been straight forward due to many global influencing factors, however, it is nearing completion. Forty four Emergency Ambulances have been in operational service for several months with 10 NEPTS Ford Transit Customs converted into single wheel chair accessible vehicles also in service. The 17 Renault Masters have been delivered to the nominated convertor and they are being converted into a mixture of double wheelchair accessible vehicles and stretcher bearing vehicles. All stretcher bearing vehicles are equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads.

12. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) for 2022/23 was endorsed by Welsh Government which enabled 23 RRVs, built on Toyota plug-in petrol hybrids to go into operational service pan Wales during quarter 2 of the financial year.

13. Fifty Mercedes Sprinter Emergency Ambulance chassis were ordered in April with the first tranche of 20 already delivered to the convertor and the remainder will follow

imminently. Build slots have been allocated and conversions will commence during November.

14. A small batch of 5 Ambulance Care transfer vehicles based on a 3.5 tonne MAN vehicle are at the convertor and with the final design specification agreed the conversions will soon commence.

15. Fifteen Ford Transit Customs have been ordered and will be converted into single wheel chair accessible vehicles.

16. The 2023/24 Fleet Business Justification Case is contain on today's agenda, and if approved by Welsh Government, will include some further exciting decarbonisation and EV initiatives.

## **WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE**

### **Recruitment**

17. Welsh Government have provided an additional £3M of funding to recruit and train an additional 100 FTE clinicians (10 EMTs and 90 ACA2s) to be operational by 23<sup>rd</sup> January 2023. The recruitment exercise is on target in addition to business as usual recruitment. The recruitment team have introduced a new C1 fast track scheme to overcome the historic issue of many candidates not having the C1 qualification required to drive an emergency ambulance.

18. The recruitment team continue to attend career events and engage with schools and colleges to promote careers within the Trust. There is also a focus on recruiting staff from rural areas, particularly Powys, including working with organisations such as the Prince's Trust.

19. Discussions are taking place regarding a joined-up approach to recruitment and retention initiatives across the organisation with workshop planned with representatives from each key service area.

### **Sickness Absence**

20. August saw a significant reduction in sickness absence from 10.35% in July to 8.72% in August. September also saw a further reduction to 8.68% with the Operations directorate reporting under 10% at 9.38%. A further wave of COVID was experienced during September and October which resulted in a small increase in short term absence but a decrease in long term absence.

21. The number of open sickness absence cases reduced from 99 in August to 82 in September. Likewise, 77 cases were closed in August which increased to 84 closed cases in September.

22. There has been significant focus and support to enable colleagues who have been absent with long COVID to return to the workplace. The number of long COVID cases reduced from 38 in September to 10 in October.

## **Health and Well Being**

23. The Sexism and Sexual Safety work continues with the establishment of a working group. Managers who attended the recent round of CEO Staff Roadshows requested awareness raising and learning for their teams.

24. The Trust continues to regularly review its response to the cost-of-living crisis to ensure our Financial Wellbeing offer remains purposeful. A Trust Community Swap Shop has been established and the Well Being Team continues to draw on ideas shared by colleagues. In addition, Financial Wellbeing support is included in each Warm WAST Welcome induction session.

25. The Trust has secured funding for a further 8 Mind Over Mountains Events which will take place throughout 2023/2024. In addition, local #WASTWalking social events continue to be arranged.

## **Equality, Diversity and Inclusion**

26. Four Equality, Diversity and Inclusion/Allyship training days will be delivered to HART managers in addition to a series of Allyship training sessions for EMS colleagues.

27. The importance of undertaking Equality Impact Assessments (EqIAs) continues to be embedded within the organisation, resulting in the EDI team's involvement in the planning for the next IMTP, the long-term strategy (Inverting the Triangles) and the ACA2 Fast Track Training Programme. A task and finish group is being established with the Governance Team to review the current EqIA process with the aim of developing a more integrated approach to impact assessments.

28. Members of the EDI team have attended numerous celebratory events, including Black History Month and the Indian festival of Mela - a celebration of music, food and song. Opportunities were taken to discuss the work of WAST and opportunities to join the organisation. Planning is underway for forthcoming celebrations around Disability/Sensory Loss Month, Trans Awareness Week and Carers Week.

## **Education and Development**

29. Work has commenced on development of a ground breaking framework which will guide development and delivery of Interprofessional Simulation learning and development for NHS Wales. The framework will guide providers and learners to enable provision of consistent quality across the whole system and a common understanding of expectations. Working with colleagues in HEIW and across health boards, the framework is expected to be published and operational in late 2023.

30. The Workforce Education & Development team have received notification of a shortlisted nomination for former Trainee EMT Petra Gross. Petra is currently on the Work Based Learning BSc Paramedic Science programme and we wish her luck at the Skills Academy Wales awards ceremony.

31. Next year will see the first graduations of the BSc in Paramedic Science. Many of our EMTs selected for the Work Based Learning programme have gaps in their prior academic attainment which can present a barrier to success. HEIW recognise that this is a common problem across NHS in Wales and have invited the Head of Workforce

Education & Development to help devise a strategy to support NHS employees access Higher Education as an increasing number of education programmes move from Diploma to Degree and well as broaden participation.

## **Occupational Health**

32. The COVID booster programme began in Wales on 1<sup>st</sup> September 2022 with all eligible staff being offered a vaccine by end of November 2022. Lists of front-line patient facing staff and those over 50 years have been sent to the Health Boards in line with government guidance. Those staff classed as vulnerable by their medical practitioners will also be offered the vaccine.

33. The Trust's flu vaccination programme began on 26<sup>th</sup> September with Occupational Health staff supporting peer vaccinators. At time of writing, 35.7% of our people had received the flu vaccination.

34. REACT training has been received by over 100 members of staff, helping them to notice in themselves and others signs of psychological ill health, with skills to have compassionate and understanding conversations.

## **PARTNERSHIPS AND ENGAGEMENT DIRECTORATE**

35. As the service gears up for a busy winter, ITV Wales were given access to an ambulance crew in Swansea to better understand the pressures, particularly as it relates to hospital handover delays. Further access is planned in the coming weeks for BBC Wales, Sky News, The Guardian, Global Radio and more, in collaboration with health boards where practically possible to ensure we paint as full a picture of the system-wide pressures as possible.

36. October marked the launch of our annual Shoctober campaign designed to educate the public about the importance of early CPR and defibrillation, as well as the launch of our partnership with the life-saving GoodSAM app that lets first aiders know when there is a cardiac arrest in their area. Meanwhile, work on a campaign to raise awareness of the NHS 111 Wales service continues in earnest, soft launching in November and hard launching over Christmas with a TV commercial, the first of its kind for the Trust.

37. We made our annual call-to-action for people to act responsibly on Halloween and Bonfire Night, recording a series of radio interviews to strengthen the message. Preparations are underway for the WAST Awards, which will be held at the end of November, in which we'll celebrate staff and volunteers in more than a dozen categories, including Team of the Year, Great Listener and Inspiring Others. Meanwhile, the Trust won an NHS Wales Award for the NHS Same Day Emergency Care Pilot project developed in partnership with Hywel Dda University Health Board.

38. There remains significant political and stakeholder interest in the roster review work, and our engagement activity with stakeholders continues, with a focus on the Trust's long-term strategy.

39. A small team presented at the Trust's mid-year update meeting with Welsh Government colleagues in respect of its application for university trust designation. While formal feedback is awaited, the presentation was well received. In addition, the Director of Partnerships and Engagement and Board Secretary have met with Welsh

Government policy and governance colleagues to discuss outstanding governance matters in relation to formal university status designation.

40. A paper by the Director of Partnerships and Engagement was presented to the Board of CHCs' strategic planning committee in respect of requirements to engage on the Trust's long-term strategy and specifically the "inverting the triangles" model. It is likely that a period of engagement of up to 12 weeks is likely to be required (beginning in the spring of 2022) and this will form the basis of a further paper to Board outlining the delivery plan in January 2023.

## **OPERATIONS DIRECTORATE**

### **Emergency Preparedness Resilience and Response**

41. The EPRR team has been heavily involved with the Wales Civil Contingency review and has participated in a number of the workshops looking at the Wales Civil Contingencies provisions following the transfer of powers under Part one of the Civil Contingencies Act.

42. This year's winter planning exercise will include the review of departmental business continuity plans, power outages, public order and industrial action and will include departments from across the Trust.

43. Work has begun on updating the two Trust Command Vehicles with updated equipment and IT software and hardware. This will include new satellite technology and will allow the Trust to have two command vehicles that can accommodate operational and tactical command at a multiagency command point.

### **EMS Roster Review**

44. Good progress has been made in respect of Emergency Ambulance and Unscheduled Care Service rosters with 45% of localities now 'live' with their new arrangements. The remaining rosters are progressing in accordance with the agreed timeline. A workshop was held between Operations and Clinical colleagues in respect of 'What does success look like for CHARU response?'. This was welcomed by the wider group and some positive feedback received from the Cardiff CHARU Response Group. The second CHARU roster went live in Newport on 7th November 2022.

### **NEPTS Plurality Redesign**

45. The service has continued to reshape the plurality model with new contracts awarded for most provision commissioned through external delivery partners. The service is working with these providers to operationalise the new arrangements effectively. The Trust Board is advised that five activity 'lots' are in the process of being retendered to ensure most appropriate award outcomes.

### **Clinical Safety Plan (CSP)**

46. The current version of the Clinical Safety Plan (CSP) was introduced in September 2021. As part of a review process, the learning from its use has been taken into account to produce 'version 2' which contains a number of enhancements to improve clinical and operational application. The key changes being implemented include changes to the Clinical Floor Walking model, which has been reviewed and updated

to introduce a Remote Clinical Screening process allowing a clinician to rapidly review all incidents in the appropriate priority level to determine whether a face to face response is required. The second key change is that an Estimated Time of Arrival (ETA) script will be provided to Health Care Professionals (HCPs), which brings HCPs in line with other service users. The third key change is that the approvals route has been updated based on the increased use of higher escalations. Finally, the 999 scene response demand triggers have been reviewed and updated. These triggers now include a guidance trigger for escalation to level 3a to support National Delivery Managers in approving this level. Having been through all the necessary checks and balances, implementation is expected late November or early December 2022.

## **CLINICAL SERVICES DIRECTORATE**

### **Rotational Palliative Care Paramedics**

47. As the collaboration between the Trust and Swansea Bay University Health Board (SBUHB) celebrates its first year milestone, the success of the four rotational palliative care paramedics has resulted in SBUHB doubling the size of their paramedic team to eight. The four new recruits will take up their post in January 2023.

48. The Trust is also collaborating with Cardiff and Vale University Health Board to introduce a team of four rotational palliative care paramedics into City Hospice Cardiff. This will follow the same model implemented in SBUHB in that they will remain Trust employees but their working time will be split equally between supporting 999 patients and supporting City Hospice community palliative care patients. The four new recruits in Cardiff are planned to take up post in January 2023.

49. The rotational palliative care paramedic model was recently added to the Association of Ambulance Chief Executives (AACE) 'repository of examples of good practice for safely reducing ambulance conveyance to emergency departments'. The model is being reviewed by other ambulance services and is being implemented by East of England Ambulance Service.

### **International Development Partnership – Indonesia**

50. Following a scoping visit to Indonesia in 2020 as part of a collaborative international development project between Cardiff University, the Massachusetts Institute of Technology, and Ambulans 118, a non-government organisation providing emergency ambulance services across Indonesia, a delegation from WAST returned to Jakarta in September 2022. The purpose of the visit was to deliver training and continue discussions with the Indonesian Ministry of Health in order to further develop pre-hospital emergency care in Indonesia. Assistant Director of Quality Governance, Jonathan Turnbull-Ross, and Health Board Clinical Lead (ABUHB), Peter Green, with support from Jen Lloyd (Interim Business Manager) delivered two days of training on excellence of standards in pre-hospital care to numerous healthcare professionals operating across Indonesia.

51. The course, which involved a lot of engagement and shared experiences from the participants, was well received and had excellent feedback from all who attended. Jonathan also engaged with the Ministry of Health, Ambulans 118 and Cardiff University in how the partnership could progress and how the Trust could best support the development of pre-hospital emergency care across a country compiled of many islands and with many differing health challenges. The team are now supporting the



formalisation of emergency care standards with Ambulans 118 and relationships will continue with the Ministry of Health to share learning and best practice to strengthen urgent and emergency care in Indonesia.

### **Clinical Matters Newsletter**

52. The Clinical Directorate has relaunched the quarterly newsletter 'Clinical Matters' which is being hosted on a digital platform. The multimedia newsletter contains a variety of information from Airway Management, Clinical Improvement, ePCR and examples of case studies. Well received throughout the organisation, it has also been used as a positive example of evidencing organisational learning.

### **ePCR Programme Update**

53. October saw two members of the programme team leave the organisation and as a result the team have been reconfigured. The team is now working towards programme and project closure, moving to business as usual at the end of March 2023.

54. The development of ePCR functionality continues and access to Welsh GP records will be available by the end of this month. Initially this will be available to Advanced Paramedic Practitioners and rolled out to Senior Paramedics in January 2023. In late February, an evaluation will be undertaken to determine the level of access for the remaining EMS staff groups. This is the culmination of collaborative work with Digital Health Care Wales, General Practitioner Committee Wales, our suppliers and the ePCR team. In December development work will commence on the ePCR and Corpuls interface.

55. More is being understood about the use of the application in practice. The clinical indicators are being developed, with feedback on how best to use the application being devised based on the data provided. Improvement plans for all indicators are in place and Clinical Indicator data is scrutinised at the Clinical Intelligence Assurance Group.

### **Research and Innovation**

56. The Assuring Safe AI in Ambulance Service Triaging Project (ASSIS) aims to explore the safety assurance process associated with the deployment of the Corti out of hospital cardiac arrest (OHCA) recognition software within the context of the Welsh Ambulance Service. The project commenced in December 2020 and work progressed within the three work packages to understand and describe the Trust's operational environment, understanding and engaging with the wider ambulance service community and understanding and critiquing the assurance processes.

57. The project has been widely disseminated at conferences including the UK/Euro Navigator, European Emergency Medical Services Congress EMS2022, Medi Wales Connects 2022, Patient Safety Congress 2021 and as a keynote at the Human Factors & Ergonomics Society of Australia Conference. The project final report has been submitted, protocol has been published and the team continue to work on further publications.

## **DIGITAL DIRECTORATE**

### **Robotic Process Automation (RPA)**

58. Automation of manual administrative tasks and processes is continuing across several areas of the organisation. The purpose is to release staff to work on higher-value activities, in the area of their expertise, whilst improving standardisation and efficiency of lower-level tasks. RPA has been live since late August supporting circa 26,000 secure file transfers per month between 111 and GP OOHs, this was set up to close the gap created in the process following the Adastra system outage. Another RPA process has been stood up for the creation of active directory accounts, enabling faster processing of new account and system access requests coming into the WAST ICT service desk. Feedback has already highlighted the ease of use of the Microsoft Forms approach, and comments have been received around the usefulness of the BOT's communication back to the requestor. Further processes are in development, and a full evaluation will be conducted in Quarter 4 to understand the efficiencies realised.

### **Data & Analytics**

59. A new Dementia Dashboard has been developed to enable visualisation and interpretation of information flowing through from the ePCR. This is the first exploration of its kind into the Trust's ePCR condition related data. It will help us better understand dementia prevalence and the needs of our patients, but also highlight the need for functional improvements to the technology to facilitate enhanced data capture and ePCR practice in future.

### **Information & Communications Technology**

60. There has been a wave of new ICT installations at Ty Elwy, Beacon House, Cardiff Ambulance Station and Vantage Point House to support Estates in expanding and upgrading the working environments for our staff. Additionally, the Clinical Contact Centre (CCC) Integrated Command & Communications System will be transitioned onto a new Control Room Solution (CRS) in March 2023. Work is ongoing following Service Acceptance Testing conducted in October which attained 99% success. Colleagues in the CCC reported positive experiences such as "the system is much quicker" and "much more intuitive", and "the mapping function is excellent".

## **CORPORATE GOVERNANCE**

61. Professor Kevin Davies, Vice Chair, will be leaving the Board on 31 December following his 8 year tenure. Recruitment is underway for the Vice Chair role with a stakeholder panel and interviews taking place in November. It is anticipated that a decision will be communicated on the appointed candidate in December.

62. All three modules of the Covid-19 Public Inquiry have opened, with preliminary hearings having taken place for module 1 (preparedness and resilience) and module 2 (government decision and political governance). Module 3 (impact of Covid-19 on healthcare systems in the four nations) opened on 8 November. The Pandemic Governance Group has been established and a timeline of events and the Trust's response is in development in preparedness for the inquiry.

63. The Speaking Up Safely Task and Finish Group which has been established to develop the framework for speaking up safely in WAST has refreshed its work plan with the intention of injecting pace into the programme over the next four months. The group's work packages are focused on framework and governance, the speaking up in confidence platform, and communications. The People and Culture Committee receives regular updates on this work.

64. On 7 December this year the Trust will join other public organisations across Wales and will celebrate 'Welsh Language Rights Day'. This is a day to celebrate the Welsh language services organisations provide and the rights that people have to use the Welsh language when dealing with them. It will be an opportunity to promote our Welsh language services and to try to increase the number of people who choose to use them.

65. Effectiveness reviews of committees for 2022/23 have commenced and will take place throughout the remainder of Q3 and early Q4. Committees will review their terms of reference and operating procedures as part of this process and make any recommendations for change to the Board in May 2023.

66. The Trust is hosting the All Wales Audit Committee Chairs meeting with Martin Turner, Chair of the WAST Audit Committee, chairing that meeting. A number of All Wales Chairs Groups meet to discuss best practice and areas of commonality between the health bodies in Wales.

67. The Directorate welcomed Alex Payne, Corporate Governance Manager to the team. Alex's corporate governance knowledge and skills will provide further support to the Board, particularly for the upcoming committee effectiveness reviews and the development of the Board and Committee standard operating procedure.

## **QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE**

### **Professional Nursing and Midwifery**

68. Ellen Edwards, Senior Nurse Professional Practice Educator, works as part of the Clinical Support Desk team. Ellen recently shared her story of becoming the Trust's first Florence Nightingale Digital Leadership Scholar:

*'My journey to becoming the first, Florence Nightingale Digital Leadership Scholar for Welsh Ambulance Service, has been transformational. Initially, working within the Salus Development Team, I was informed of the scholarship opportunity and supported to apply by my manager and the Director of Nursing. Going up against some amazing Health Board Senior Nurses, I was fortunate to secure a place within the first Cohort of Digital Scholars, sponsored by Welsh Government. I have been able to highlight the exceptional role Welsh Ambulance Service and its nurses, play in a patient journey. As part of the scholarship, I conducted a quality improvement project, looking at the current NHS 111 Wales Catheter Problems algorithm and aligning it with current frontline practice in Wales. This project, not only worked to improve the quality of care but also highlighted the benefits of joint working between the NHS 111 Wales service and Primary and Community Nursing Care. The scholarship enabled me to build a strong professional network. I have had the opportunity to discuss the benefits of remote clinical decision making with the Chief Nursing Officer, Sue Tranka, and have showcased our service to Directors of Nursing throughout Wales, all of which are very keen to know more. The scholarship has enabled me to represent nurses in*

*WAST. The leadership training that I had the privilege to attend has developed me into a compassionate and brave leader. Ready to challenge, if needed and lead with care. When I think of ways that WAST will benefit from my experience, I can confidently say that, it already is. Senior nursing leaders now have us on their radar. Thank you for this wonderful opportunity and I look forward to continuing with passion and momentum'.*

## **Maternity and Neonatal Local Champion**

69. The Trust has received additional funding from Welsh Government to appoint Bethan Jones (Midwife) as a Local Safety Champion for Maternity and Neonatal care for WAST. The secondment is part of the Welsh Government commitment to ensuring that women and babies receive safe and effective care and improve the outcomes for all by reducing the risk and variation wherever possible. As part of her role, Bethan will explore and develop the opportunity for the Trust to potentially host a 24/7 Labour Line.

## **Civica Update**

70. The Patient Experience and Community Involvement (PECI) Team continue to work with colleagues at the Welsh Risk Pool to implement the new once for Wales patient experience recording solution, being delivered by Civica. The Civica system will allow a consistent approach to recording and reporting of patient experience data across the NHS in Wales. The Welsh Ambulance Services NHS Trust system is in its final development stages with initial users of the system due to receive training in late November/early December 2022; with the system then being rolled out across the Trust. When rolled out the system will begin to capture patient experience survey data from people using our Non-Emergency Patient Transport Service (NEPTS), 111 and Emergency Medical Services (EMS), with opportunities to expand use of the system to record patient experience data for any other projects or service improvement initiatives. The Peci Team represent the Trust at the National Civica System Leads Group, which brings Civica users across NHS Wales together and provides an opportunity to share best practice and learn from each other's experiences of using the Civica system.

## **Peer Review**

71. The NHS 111 Wales Peer Review was held on 14<sup>th</sup> October 2022, providing our teams the opportunity to share an overview of all key aspects of the service. The Head of Education Professional and Clinical Practice Nursing led a discussion group with a focus on education and clinical content. The discussion panel included clinical colleagues from NHS Scotland, Welsh Government and the 111 Programme Team and included:

- The pandemic impact - what we have learnt, the opportunities we have gained and how we have adapted practice as a result
- How clinical education and information is formulated and disseminated
- How we respond to feedback, evaluation, audit, concerns and complaints
- Measures in place to mitigate the lack of Clinical Assessment System (CAS) clinical updates
- Our response to the recent 111 business continuity incident (BCI)

- Future priorities such as; career framework, student nurses, new roles/models of working, university education modules, Health Education and Improvement Wales engagement and clinical supervision development

72. The peer review report is awaited and will be reported to colleagues once received.

## **Symptom Checkers**

73. A clinical review of all hosted symptom checkers has been commenced to make sure that they conform to current guidance as well as updating links to provide better integration with the Directory of Services to enable easier patient navigation. The reviews have been prioritised based on the most recent usage data to better meet the needs of users.

74. Changes are being made in the way that information is presented in all the self-care dispositions to improve signposting to appropriate allied health professions and services and to reduce impact on 111 telephone services.

75. This work has most recently seen the contraceptive enquiries symptom checker updated to bring it in line with other national websites and with the emergency contraceptive scheme available from community pharmacies in Wales.

76. Further work continues alongside this to bring other improvements to the website including alignment with NHS standards of design and improved search functionality and to explore how our symptom checkers direct patients to the most appropriate place for their care and advice.

## **Safeguarding**

77. The Trust's Safeguarding Team have been nominated for an award in the Cardiff and Vale Safeguarding Board annual awards ceremony. The nomination is in the category of 'Innovation and Improving Practice in Safeguarding' category.

## **STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE**

### **Commissioning & Performance**

78. The Commissioning & Performance Team continues to support senior decision makers with historic and predictive performance data to enable the Trust to articulate its ambitions and issues that it faces in a quantifiable form. The Team is in the last stages of a significant update of the committee and Trust Board quality & performance report. The Team has also been supporting Executives preparing for the mid-year Joint Executive Team (JET) meeting with Welsh Government. Similarly, it continues to supply information to the various commissioning governance mechanisms and other meetings that the CEO, Executive Director of Operations and Executive Director of Strategy Planning and Performance require information for.

79. The Team continues to support the EMS roster review, which is now in the final stages of implementation, in particular, reviewing performance using statistical process control charts. The Team is also working on the Ambulance Care Transformation Programme, undertaking some interesting work on improving the alignment between patient ready times at clinics and ambulance availability; both the roster review and the alignment work are key identified efficiencies for the Trust.

80. The Team is currently working on an extensive range of modelling projects: Unscheduled Care Service, Transfer & Discharge, impact of SDECs & seasonal modelling.

## **Planning and Transformation**

81. The focus for the Planning Team since last Trust Board has been the development of the IMTP for 2023-26. There have been a number of engagement sessions including a collaborative session with Commissioners, the CEO Roadshows and engagement across the Operations Directorate. The Board has also been engaged through Board Development sessions and further sessions are planned as we move through the phases of IMTP production. This year there will be a greater emphasis on value and sustainability based on the anticipated financial outlook over the next three years and we are currently working with established transformation programme leads, ADLT and EMT on the key priorities for next year in that context.

82. The Team is also engaged in a number of health board strategic service changes, notably stroke reconfigurations, regionalisation of planned care services across Wales and cross border service reconfiguration affecting the residents of Powys. A key enabler for many of these programmes of work is transport (emergency and non-emergency). A full report on service changes was tabled at Finance and Performance Committee on 14th November 2022 and is regularly monitored at Integrated Strategic Planning Group which informs Strategic Transformation Board of any key issues.

83. Work also continues with Commissioners to develop integrated commissioning action plans in each Health Board which will support the ambitions within the Six Goals programme, particularly goal 4 "Rapid response in a physical or mental health crisis". The team has mapped the interactions nationally and locally into the Six Goals programme, with updates brought via the Integrated Strategic Planning Group to Strategic Transformation Board to consider impact for WAST strategic planning.

84. We welcomed a new Head of Transformation, who will be working closely with the Planning and Strategy teams to develop the delivery processes and structures for our IMTP. The aim will be to make these processes more agile in a rapidly changing environment. An update on IMTP delivery is tabled on today's agenda.

85. We have also appointed a new Head of Strategy Development. This is a new role within the directorate which will focus on the development of the organisation's strategic agenda. This includes the transformation programme to 'Invert the Triangle'. This programme is currently focussing on fully embedding the programme infrastructure, co-ordinating the agreed 'Tests of Change', and engaging with the Community Health Council (CHC) to confirm the possible requirements for formal engagement and consultation.

## **RECOMMENDATION**

86. That Trust Board note the contents of this report.



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

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

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

MEETING	Trust Board
DATE	24 <sup>th</sup> November 2022
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

**EXECUTIVE SUMMARY**

1. At its July 2022 meeting, the Trust Board received and discussed a report relating to avoidable harm. The report identified:-

*“Sustained and extreme pressure across the Welsh NHS urgent and emergency care system has negatively impacted patient flow through all hospital sites. This pressure has led to a substantial growth in emergency ambulance handover lost hours.*

*The workplace experience for our people has been under considerable stress leading to pressure on overall attendance rates which has reduced the number of hours we are able to produce.*

*These and a range of other factors have meant that response times have deteriorated significantly. Delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed have led to a growing number of cases of avoidable harm or death to patients.”*

2. The report identified 26 actions, 20 for the Trust and six system stakeholder actions. This third iteration of the report identifies progress against these actions.
3. Whilst good progress has been made on the actions that the Trust can control, the extreme system pressure continues unabated. In October 2022, 28,940 hours were lost to hospital handover or 2,412 twelve hour ambulance shifts. The monthly sickness absence figure for September 2022 was 8.68%.
4. 13 actions have been rated as Green (on target), seven as Amber (off target), four as Red (substantially off target), one Grey (stopped) and one blue (complete). Of the four Red actions two are system stakeholder actions (minutes per handover reduction and four hour back stop) and two are Trust

actions; immediate release and end of shift/post production lost hours (PPLH). For immediate release, the Trust has discharged its responsibilities with the practice of releasing/not releasing ambulances resting with health boards. For end of shift/PPLH, end of shift delays are primarily caused by handover and for PPLH the Trust has undertaken a significant level of work around data accuracy (including internal benchmarks), but has not negotiated any modernisation practices with trade union partners at this point in time.

5. Based on experience from previous years, it is possible that handover lost hours may increase further during the winter period, if the various actions to reduce handover lost hours do not take effect.
6. The likelihood is therefore that the levels of avoidable harm will continue through the winter period. The Trust estimates that for the period November 2022 to March 2023; 2,195 patients will come to severe harm as a result of being outside of an ED on an ambulance, but unable to be handed over, 41,063 patients will not receive a response due to the operation of the Clinical Safety Plan or through the patient cancelling the ambulance; and that there will be 74 serious cases of avoidable harm including death. The estimates include programmed improvements.
7. If hospital handover continues to increase in the way it has in previous winters the Trust may lose >3,000 12 hour ambulance shifts to hospital handover in a month this winter. All of the efficiencies and investment (re-rostering, increased consult & close, additional front line ambulance staff) are being offset by the levels of handover.
8. Whilst handover lost hours are extreme, the October 2022 data does highlight one noticeable improvement, Cardiff & the Vale, where the Trust understands there has been a strong organisational focus. It is too early for this to be a trend, but the data is interesting and is positive, with opportunities being sought to learn about how this has been achieved so that this can be applied across other areas.

## RECOMMENDATIONS

Trust Board is asked to:

- **NOTE** the report and the progress the Trust is making on “WAST Actions”.
- **NOTE** that handover lost hours remain extreme and could be further exacerbated as the health and social care system moves into the winter period.
- **NOTE** the estimated patient harm for the period December 2022 to March 2023.
- **NOTE** the impact of hospital handover lost hours on the capacity of the Trust, compared to the initiatives the Trust has the ability to take forward.
- **NOTE** that there is evidence of significant handover reduction in Cardiff & the Value Health Board.
- **CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.



<b>KEY ISSUES/IMPLICATIONS</b>
As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE	
Date	Meeting
24 November 2022	Trust Board

<b>REPORT APPENDICES</b>
<b>Appendix 1 – Action Plan Progress Update Status</b>

<b>REPORT CHECKLIST</b>			
<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
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

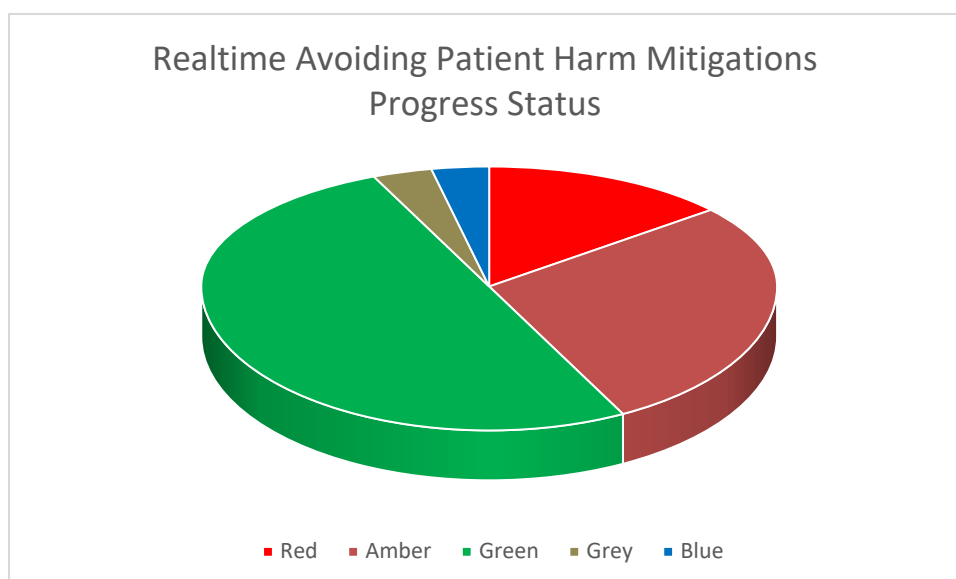
1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death. Progress update on patient harm mitigations.

## BACKGROUND

2. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm. September 2022 Trust Board received an update on progress. This report provides a further update to the end of October 2022.
3. There were 26 actions set out, 20 of which were for the Trust and six for system stakeholders.

## ASSESSMENT

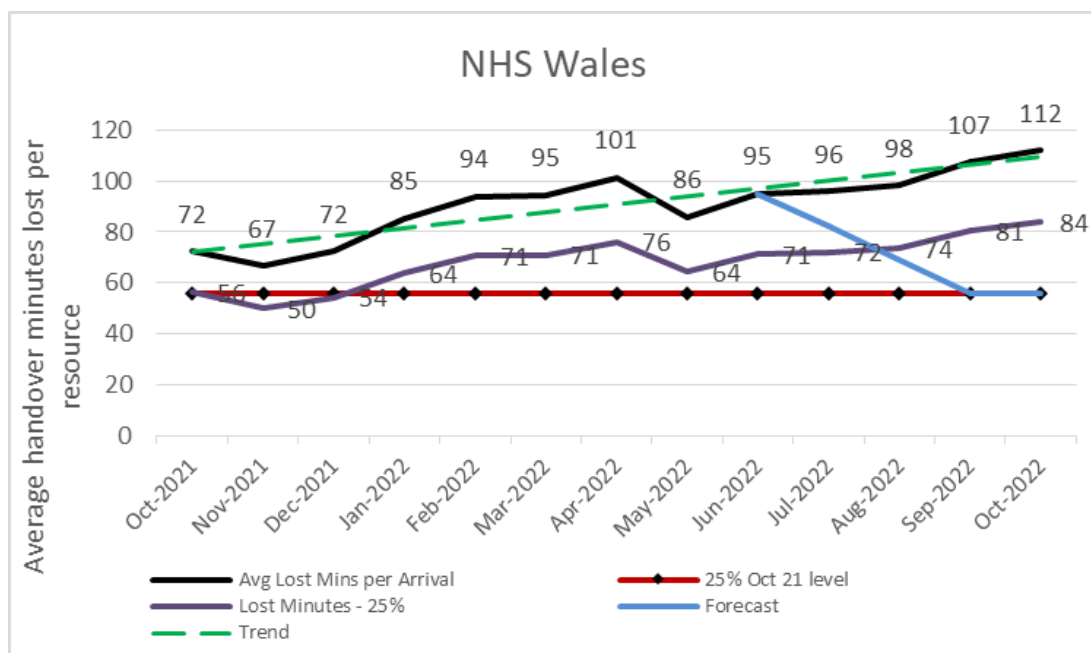
4. This RAG status of the 26 actions is as follows:-

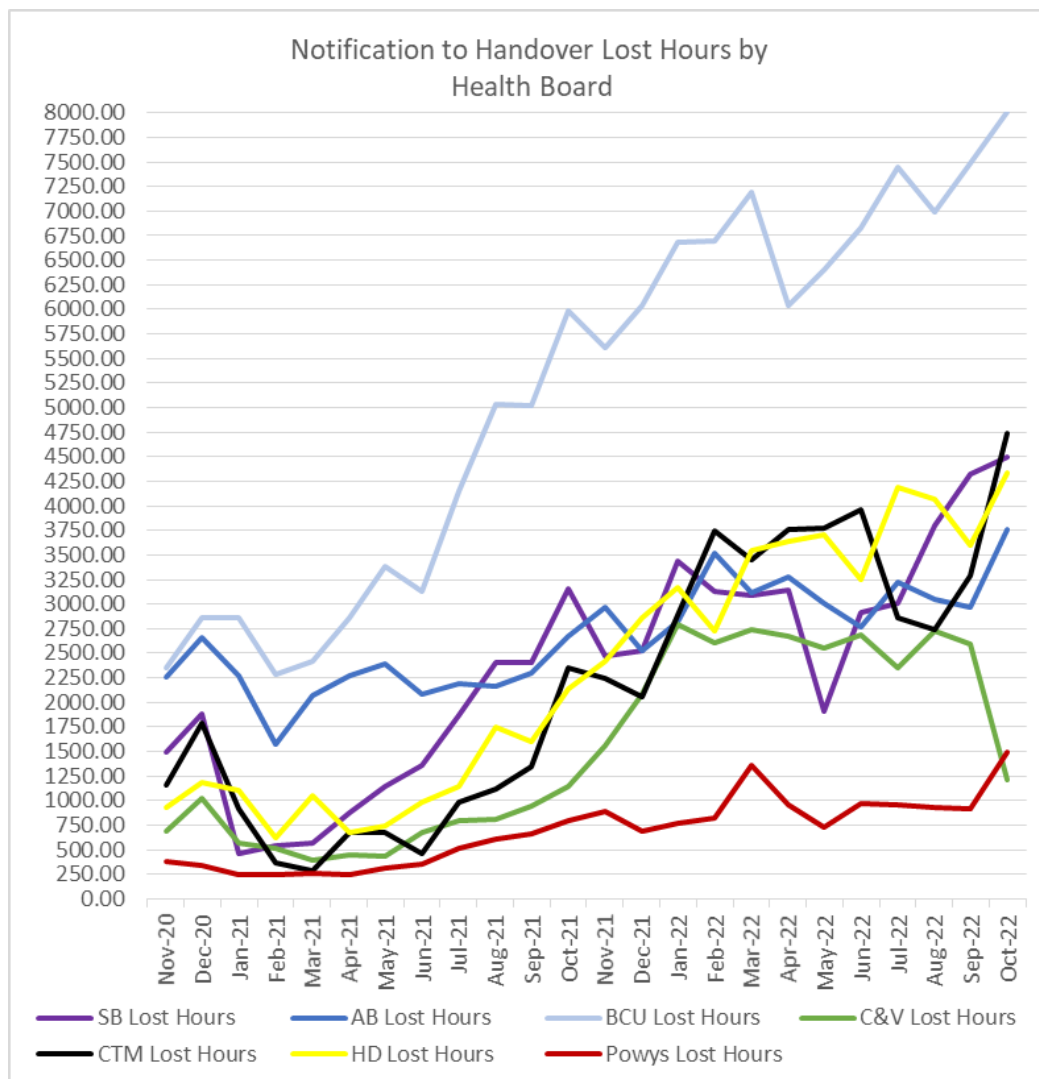


5. Appendix 1 contains the action plan with a narrative update on each action. Of the 26 actions:-
  - 4 are red (significantly off target);
  - 7 are amber (off target);
  - 13 are green (on target);
  - 1 is grey (stopped); and
  - 1 is blue (complete).
6. The red (significantly off target) actions are:-
  - **Immediate Release (action 1):** whilst the approach and reporting has been agreed and is in place, practice on the ground is at variance. There were 748 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in October 2022. In the Red category, 344 were accepted

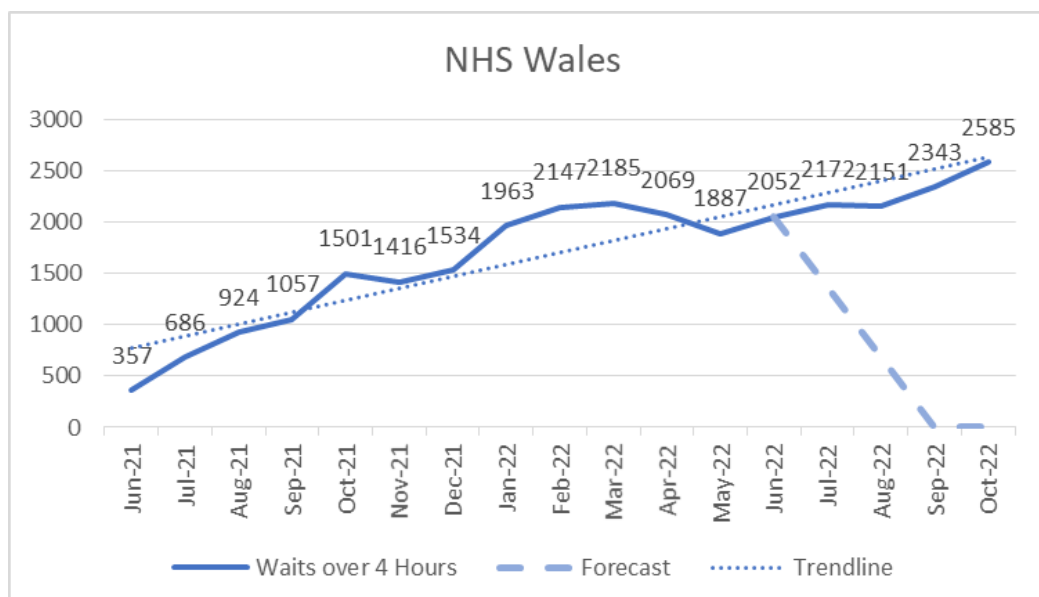
and released, 41 were not. In the Amber 1 category, 238 were released, but 510 were not. WAST actions have therefore been completed, but compliance remains problematic.

- End of shift/Post Production Lost Hours (PPLH) (action 21):** there were 14,617 shift overruns of > 1 hour over the last 12 months, 4,707 were > 2 hours, 820 > 3 hours and 254 > 4 hours. The Trust has developed a new standard operating procedure for PPLH and has been working on the accuracy of its data reporting. The more PPLH can be automated the less chance there is for human error in the reporting, and the more accuracy. Automation of meal breaks is available, but currently under discussion with TU partners. Further automation via the CAD supplier may also be possible. Time durations (internal benchmarks) for each type of PPLH have been developed. Discussions with TUs on a range of matters continue. The PPLH trend is stable at just over 9,000 hours per month.
- Reduction in emergency department handover lost hours:** -25% minutes per handover from October 2021 baseline. For October 2022 the minutes per arrival was 112 minutes versus the target (to be achieved by September 2022) of 56 minutes. Whilst the trend is up and is up in six out of seven health boards; Cardiff & the Vale have halved their handover lost hours in October, compared to September.



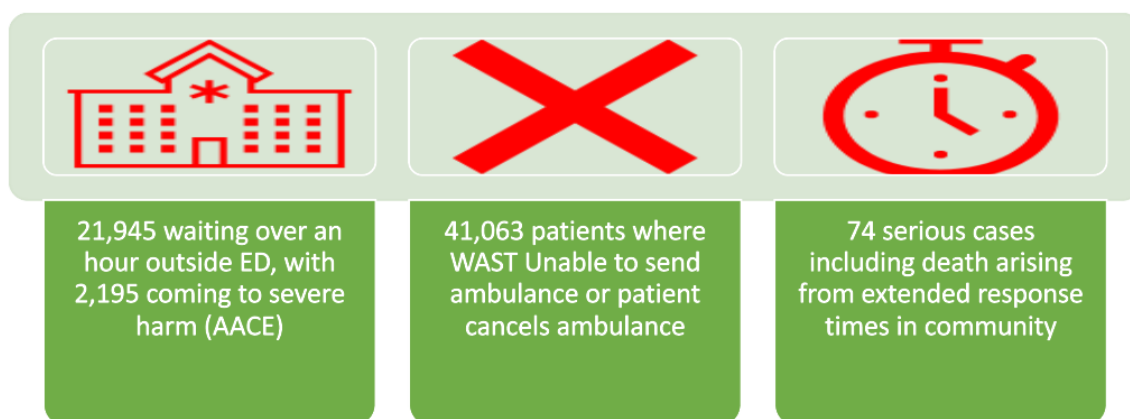


- Eradication of handover waits of > 4 hours:** There were over 2,585 +4 hour patient handovers in October 2022; the target being 0 from September 2022.

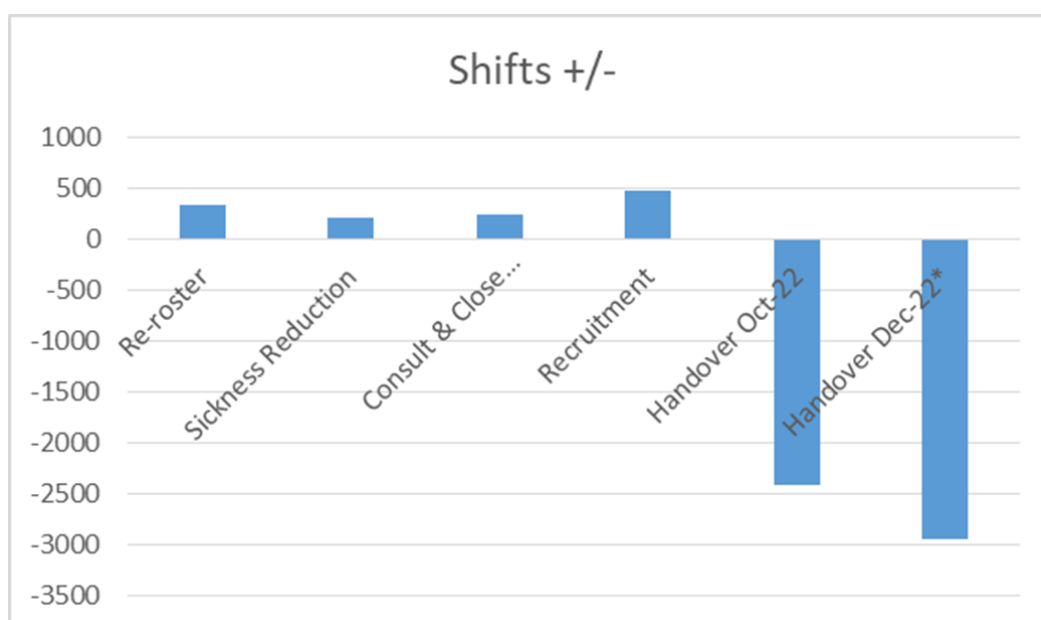


7. The Trust has provided Welsh Government at the Joint Executive Team (JET) meeting with estimates of patient harm for the period November 2022 to March 2023:-

### Estimated patient harm over 4 months



9. These estimates are based on known improvements, including re-rostering (implemented by end of November 2022), consult & close at 15%, the +100 front line ambulance staff (on target for availability by 23 January 2023) and handover reduction (applied to February and March 2023 in the above estimates).
10. To contextualise the impact of lost hours to handover the Trust also included the following graph in its JET slides:-



❖ estimate

8. This graph show the positive impact on the number of shifts gained (12 hour EA/UCS shift) of the Trust's key efficiencies and investment. The Trust will put 1,282 EA/UCS 12 hour shifts back into the system this winter: re-roster (343), sickness reduction (214), consult & close (249) and +100 FTE recruitment (476), but the Trust lost 2,412 EA/UCS 12 hour shifts to hospital

handover in October, almost double the gain from investment and efficiencies.

9. The Trust lost 36% of its conveying capacity to hospital handover hours in October 2022. If the Trust is losing this level of hours during in October and based on previous pre-pandemic years' data, it is possible that handover lost hours will increase to +30,000 hours during the winter months, if the various actions to reduce handover lost hours do not take effect. The Health Boards have all been required to develop action plans, which are monitored at their Integrated Quality and Delivery meetings by Welsh Government. Fortnightly meetings are held between the CASC, WAST and each health board to continue to discuss progress and remedial actions in this regard.
10. The re-rostering project will conclude its implementation stage in November 2022. Consult & Close was 12.8% in October 2022 (target 15% by December 2022) and the +100 front line ambulance staff (above the 2022/23 establishment and including bringing the staff in-post up to the establishment and then +100 on top) is on target for the 23 January 2023. The Trust has a coherent and comprehensive work programme for management attendance and a reasonable chance of delivering the 2022-23 IMTP trajectory (8%), with sickness levels at 8.68% in September 2022. Reducing this level through the remainder of the year to the target of 8% is, however, is not without material risk, especially given that special arrangements continue to be in place nationally relating to management of COVID sickness absence that were not a feature of our original planning assumptions for the IMTP sickness improvement trajectory.
11. As outlined in the previous report to Board, in the light of the continued pressures, patient waiting times are likely to remain under significant stress. Delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed are likely to lead to a continuing number of cases of avoidable harm or death to patients. This situation will also continue to be one which is likely to have an adverse effect on our people.

## RECOMMENDATIONS

Trust Board is asked to: -

- **NOTE** the report and the progress the Trust is making on "WAST Actions".
- **NOTE** that handover lost hours remain extreme and could be further exacerbated as the health and social care system moves into the winter period.
- **NOTE** the estimated patient harm for the period December 2022 to March 2023.
- **NOTE** the impact of hospital handover lost hours on the capacity of the Trust, compared to the initiatives the Trust has the ability to take forward.
- **NOTE** that there is evidence of significant handover reduction in Cardiff & the Value Health Board.

**CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.

REPORT APPROVAL ROUTE	
<b>Date</b>	<b>Meeting</b>
<b>15 Nov-22</b>	<b>CEO &amp; Director of Strategy, Planning &amp; Performance</b>
<b>24 Nov-22</b>	<b>Trust Board</b>

REPORT APPENDICES
<b>Appendix 1 – Patient Harm Mitigation Action Plan</b>

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

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
<b>WAST ACTIONS</b>				
1.	With respect to Red and Amber 1 immediate release directions: <ul style="list-style-type: none"> <li>1. Devise escalation protocol in the event of rejection</li> <li>2. Share weekly highlight data with Judith Paget and CEOs showing those directions made, accepted and rejected</li> </ul>	Lee Brooks Rachel Marsh	<ul style="list-style-type: none"> <li>NHS Wales CEOs and Chairs committed to Red and A1 rejection now being never event.</li> <li>Escalation protocol implemented and weekly report now being provided to WG and CEOs.</li> <li>There were 748 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in October 2022. In the Red category, 344 were accepted and released, 41 were not. In the Amber 1 category, 238 were released, but 510 were not.</li> <li>WAST actions completed, but compliance remains problematic.</li> </ul>	31 July
2.	Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Angie Lewis	<ul style="list-style-type: none"> <li>Good progress with pilot of payment of the C1 license proving particularly effective.</li> <li>On-target for 23 January 2023 deadline i.e. +100 additional trained staff available to Operations.</li> <li>The +100 is on top of the original 2022/23 budgeted establishment, so includes closing a vacancy gap first and then recruiting the +100 on top.</li> </ul>	End of Q3 and into Q4
3.	Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Andy Swinburn	<ul style="list-style-type: none"> <li>Bid not successful.</li> <li>Feedback received from Welsh Government that will be incorporated into future bids.</li> <li>However Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start.</li> <li>RAG status reframed around the new timelines / programme</li> </ul>	Q4 2023/24



Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
4.	Improve internal efficiency – roster review, providing performance gain equivalent of 72 WTE	Rachel Marsh	<ul style="list-style-type: none"> <li>On-target for full implementation in November 2022.</li> <li>Some ongoing concerns from TU partners and external stakeholders, but rosters going live as planned.</li> </ul>	Q3
5.	Improve internal efficiency – improve attendance in line with agreed trajectory	Lee Brooks Catherine Goodwin	<ul style="list-style-type: none"> <li>Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP</li> <li>Comprehensive action plan established</li> <li>Management of COVID related absence initially planned to return to routine management from 1 July, but the special arrangements are still in place in relation to CoVID-19 absence which are hampering efforts to bring sickness rates down.</li> <li>Sickness is on a downward trend, but above the modelled improvement trajectory as at October 2022.</li> </ul>	See IMTP trajectory
6.	Improve internal efficiency – post production lost hours (PPLH) (6792 hours unavailable for all reasons in June 2022) <ol style="list-style-type: none"> <li>End of shift/rest break arrangements</li> <li>Other business/operational reasons</li> </ol>	Lee Brooks	<ul style="list-style-type: none"> <li>There were 14,617 shift overruns of &gt; 1 hour over the last 12 months, 4,707 were &gt; 2 hours, 820 &gt; 3 hours and 254 &gt; 4 hours.</li> <li>Discussions with TUs on a range of matters continue.</li> <li>The Trust has developed a new standard operating procedure for PPLH and has been working on the accuracy of its data reporting. The more PPLH can be automated the less chance there is for human error in the reporting, and the more accuracy. Time durations (internal benchmarks) for each type of PPLH have been developed.</li> <li>The PPLH trend is stable at just over 9,000 hours per month.</li> </ul>	End of Q2
7.	Maximise the opportunity from Consult and Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	<ul style="list-style-type: none"> <li>The Clinical Support Desk and 111 achieved 12.8% in October 2022.</li> <li>The projection is to achieve 15% by December 2022 and we are now seeing days of 14/15%.</li> <li>Good progress on expanded establishment of the Clinical</li> </ul>	Dec-22

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>Support Desk with the +36 Paramedics and 5 mental health professionals achieved (and low on-going vacancy factor).</p> <ul style="list-style-type: none"> <li>Initial review of consult and close suitable codes complete, in particular, use of Scottish Ambulance Service (SAS) codes with further work, linked to DCR table due for completion in October 2022.</li> <li>ECNS live with date for evaluation currently being determined.</li> <li>PTAS only live in three of seven health boards and activity levels low.</li> </ul>	
8.	Senior system influencing	Jason Killens Colin Dennis	<ul style="list-style-type: none"> <li>CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant fora e.g. recent paper provided by EDQNs to CEOs on pressures and risk.</li> <li>Continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm, with potential CEO summit to be arranged following recent meeting with Minister</li> </ul>	Ongoing
9.	24/7 operational oversight by ODU with dynamic CSP review and system escalation as required	Lee Brooks	<ul style="list-style-type: none"> <li>Realtime management and escalation of risks and harm with system partners</li> <li>Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity</li> <li>Monitoring, escalation and reporting of extreme response or handover delays.</li> </ul>	On going

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
10.	Weekly REAP review by senior Operations Directorate team with assessment of action compliance	Lee Brooks	<ul style="list-style-type: none"> <li>Proactive and forward-looking weekly review of predicted capacity and forecast demand</li> <li>Deployment of predetermined actions dependant on assessed level of pressure</li> <li>Consideration of any bespoke response/actions plans in the light of what is expected in the coming week.</li> </ul>	On going
11.	Recruitment and deployment of new CFRs	Lee Brooks	<ul style="list-style-type: none"> <li>Assistants expected to be both in post by November 2022.</li> <li>Induction and training will take the project into Q4.</li> <li>New CFR schemes expected now to go live in 2023/24 (original target was December 2022).</li> <li>However, new CFRs will continue to join existing schemes, with 69 training places available before Christmas and a further 54 training places in Q4.</li> <li>The mileage rate has been reviewed and uplifted until Mar-23 with a further review planned.</li> <li>Currently on target for +100 CFR volunteers by 31 March 2023, as per latest Performance Improvement Plan.</li> </ul>	Q3 Needs to re-programme
12.	Sharing of potential case of serious avoidable harm/death with HBs for investigation when response delay associated with ED congestion is the primary cause	Wendy Herbert	<ul style="list-style-type: none"> <li>Twice weekly SCIF to identify potential cases</li> <li>New Joint Investigation Framework (JIF) process now socialized with all HB colleagues and work ongoing to standardize throughout Wales.</li> <li>CNO and CMO plus peer group plus COOs regularly updated on volume of cases</li> <li>NRI and JIF cases routinely highlighted in provider report to EASC</li> <li>Task and finish group established by NCCU to review process of investigation and reporting.</li> </ul>	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
13.	Evidence submission to Senedd Health and Social Care Committee	Jason Killens	<ul style="list-style-type: none"> <li>Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into <i>Hospital Discharge and its impact on patient flow through hospitals</i></li> <li>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.”</li> <li>Our evidence appears in the report from paragraph 57 through to 65.</li> </ul>	Q2 - Complete
14.	National 111 awareness campaign	Estelle Hitchon	<ul style="list-style-type: none"> <li>The national awareness campaign is now live through to the end of the financial year.</li> <li>Soft launch (14 November 2022) with digital etc. Moving through December and January with outdoor advertising (buses), more digital and influencer content, PR and TV advertising for three weeks from Boxing Day.</li> <li>Released a new homepage: providing new and more dynamically updateable content, and more optimised for mobile.</li> <li>Redesign of the Health A-Z &amp; Check your symptoms sections.</li> <li>The NHS style guide was incorporated across all areas of 111.Wales providing a consistent design across all pages.</li> <li>Complete linking of new web-guides to DOS / Health A-Z articles thereby improving signposting</li> <li>Search functionality has been improved increasing the relevancy of returned results.</li> </ul>	Q3

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> <li>Essential updates of the symptom checkers completed</li> <li>Currently reviewing the CoVID-19 symptom checker.</li> </ul>	
15.	Emergency Department cohorting	Lee Brooks	<ul style="list-style-type: none"> <li>Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Morriston and GUH</li> </ul>	Stopped.
16.	Third party additional capacity	Lee Brooks	<ul style="list-style-type: none"> <li>Contracted third party UCS equivalent capacity deployed where available and funded by commissioners</li> <li>Four vehicles a day 7 days a week initially secured for six week period.</li> <li>Further discussions with stakeholders on securing funding through to end of Quarter 4; this funding has now been secured.</li> </ul>	Q3 and Q4 21/22
17.	Transition Plan	Jason Killens	<ul style="list-style-type: none"> <li>Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although non-recurring at this point in time.</li> <li>Also as above, funding for additional APPs not secured via Value Based Healthcare fund; however, decision of Trust to proceed with take up of 18 MSC places anyway.</li> <li>Further discussions with funders as part of IMTP 2023-2026 required and also possible rebasing of EMS Demand &amp; Capacity Review with increased system pressures built in, during 2023. This is now a required action with terms of reference to be developed.</li> </ul>	Ongoing (re-programmed linked to 23/26 IMTP)
18.	Overnight falls service extension	Wendy Herbert	<ul style="list-style-type: none"> <li>Scheme extension agreed to 31 March 2023.</li> <li>A Falls Utilisation Task and Finish Group has been set up.</li> <li>Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through January-March 2023.</li> </ul>	30 June

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> <li>Utilisation was 58% in August and September 2022 and 65% in October 2022, demonstrating an increase of 7% in utilisation.</li> <li>Current utilisation for the night vehicles for November (up to 13<sup>th</sup>) is 64%.</li> <li>117 incidents were attended in September compared to 158 incidents in October.</li> <li>Additional 'ideal code set' identified though Utilisation Task &amp; Finish group and approved by CPAS, which went live 08 November 2022. Anticipated to support sustained improved utilisation. The Trust now has 6 ideal code sets.</li> <li>Falls level 1 and 2 impact evaluation report well under way, anticipated to be available for end of November 2022.</li> </ul>	
19.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Jason Killens	<ul style="list-style-type: none"> <li>Conducted in three phases over the next 6 to 9 months</li> <li>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)</li> <li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.</li> <li>Audit Wales updated the Audit Committee on the Review of Unscheduled Care work they are undertaking at its meeting on 15 September.</li> </ul>	Q1 23/24
20.	Consideration of additional WAST schemes to support overall risk mitigation through winter	Lee Brooks	<ul style="list-style-type: none"> <li>Winter modelling complete and being reported to Welsh Government via Joint Executive Team meeting (16 November 2022).</li> <li>Winter schemes identified and funded e.g. additional UCS, additional overtime etc.</li> </ul>	Q3

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> <li>Performance Improvement Plan (the Trust's rolling tactical seasonal plan up to date).</li> <li>Good progress on Performance Improvement Plan (and associated schemes).</li> <li>Winter event planned for 16 November 2022.</li> <li>Specific seasonal structures (business continuity) approved and currently being enacted).</li> </ul>	
<b>SYSTEM STAKEHOLDER ACTIONS</b>				
21.	<p>NHS Wales reduces emergency department handover lost hours by 25%</p> <p>Note: the target is -25% minute per arrival from the October 2021 baseline. The National Collaborative Commissioning Unit have calculated this target as 42 minutes per arrival.</p>	LHB CEOs	<ul style="list-style-type: none"> <li>Commitment made at EASC in October 2021.</li> <li>Commitment reaffirmed by Minister in CEO and Chair meeting on 23/6.</li> <li>For October 2022 the minutes per arrival was 112 minutes versus the target (to be achieved by September 2022) of 56 minutes.</li> <li>Whilst the trend is up and is up in six out of seven health boards; Cardiff &amp; the Vale have halved their handover lost hours in October, compared to September.</li> </ul>	TBC
22.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	LHB CEOs	<ul style="list-style-type: none"> <li>Commitment made at EASC in October 2021</li> <li>Commitment reaffirmed by Minister in CEO and Chair meeting on 23/6.</li> <li>There were over 2,585 +4 hour patient handovers in October 2022; the target being 0 from September 2022.</li> <li>There was a reduction at the start of the financial year, but a strong upward trend currently.</li> </ul>	

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
23.	Alternative capacity equivalent to 1,000 beds	HB CEOs	<ul style="list-style-type: none"> <li>Led by CS on behalf of all CEOs this work emerging from a CEO away day held on 22 April seeks to establish alternative capacity equivalent to 1000 beds (roughly the number of medically fit for discharge patients nationally held in acute beds)</li> <li>As a shared/collaborative endeavour with Local Authorities who hold the statutory responsibility for the provision of social care local plans are being developed to boost step down beds, domiciliary care and so on.</li> </ul>	Q3
24.	Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	<ul style="list-style-type: none"> <li>Acceptance at meeting of Chairs and CEOs led by JP on 8/6 that a national approach to Fit 2 Sit should be adopted</li> <li>Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit.</li> <li>Meetings brokered by National Collaborative Commissioning Unit. Attendance at meetings often in excess of 50 attendees.</li> <li>WAST proposed clinician guidance document circulated to all health boards.</li> <li>Challenges around universal patient criteria. Challenges around rapid handover with patient booking self in.</li> <li>Challenges within some hospitals in infrastructure to host monitored area of fit2sit patients.</li> <li>Fit to Sit SBAR (06 September 2022) sent to the Trust from the NCCU. To be discussed at the next IQPD meeting to focus on the variation in practice being seen.</li> <li>More data identified as a key area for development before an evaluation can take place.</li> </ul>	Q3



Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
25.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	<ul style="list-style-type: none"> <li>Welsh Government funding provided to each Health Board to implement SDEC</li> <li>WAST has nationally agreed referral rights to these services enabling us to avoid the emergency department with suitable patients</li> <li>SDEC Implementation: four sites live in Hywel Dda and one in Betsi Cadwaldr.</li> <li>Expectation is at least one per health board, 12 hours a day seven days a week.</li> <li>Ongoing discussions with other Health Board to agree implementation plan.</li> <li>Welsh Government has asked the Trust to forecast the level of patient flow into the existing and proposed SDECs, which may be lower than anticipated.</li> <li>Also, the Forecasting &amp; Modelling Group is planning to model the impact of SDECs, which again may be lower than anticipated.</li> </ul>	Q4 22/23
26.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> <li>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</li> <li>WAST will be represented on the Clinical Reference Group by Andy Swinburn (not yet established though or invite not received).</li> <li>The Trust is also working with the National Collaborative Commissioning Unit to develop integrated commissioning action plans in each Health Board which will support the ambitions within the Six Goals programme, particularly, goal 4 "Rapid response in a physical or mental health crisis". The Trust has also mapped the interactions nationally and locally into the Six Goals Programme, with updates brought via the Integrated Strategic Planning Group to Strategic Transformation Board to consider impact for WAST strategic planning.</li> </ul>	Ongoing





Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

**AGENDA ITEM No**

**10**

**OPEN or CLOSED**

**Open**

**No of ANNEXES ATTACHED**

**2**

## **RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT**

<b>MEETING</b>	Trust Board
<b>DATE</b>	24 <sup>th</sup> November 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk, Deputy Board Secretary
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### **EXECUTIVE SUMMARY**

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks. A summary of the 18 risks currently on the corporate risk register is set out at Annex 1, with fuller details of each risk in the board assurance framework (BAF) at Annex 2.
2. The BAF focusses on the principal risks that are mapped to the Integrated Medium Term Plan deliverables and which might compromise the achievement of the Trust's strategic objectives. Until such time as the Trust transitions to a more mature and strategic BAF during 2023/24 as part of the risk transformational programme, these principal risks are the drawn directly from the corporate risk register.
3. The BAF at Annex 2 gives the Board an opportunity to review the controls in place against each principal risk and the assurance provided against those control where applicable. This will assist the Board in evaluating current risk ratings. The gaps in controls and assurance are also set out separately, as are the actions planned to address those gaps. This detail gives the Board insight into the planned activity, as much as can be anticipated from time to time, to reduce the risk to a level of tolerance set by the target score. This format will continue to evolve during the risk transformation programme.
4. Risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) for escalation, movement in ratings, and new risks. Each Board Committee receives and discusses the risks relevant to their remit at every meeting, with any issues escalated in their Board highlight report.
5. At their meeting on 28th July the Board sought to have further detail at Board level on those high rated risks with scores of 25 and 20. This executive summary demonstrates that focus is maintained on management of these risks, not only as a result of risk discussions in various forums, but as a result of broader attention to planned mitigations. It draws together those broader discussions and signposts the Board accordingly.

6. **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) are both rated 25:
- 6.1. The actions which were contained in the July 2022 Board paper on avoidable harm have been included in the action section of the BAF for both risks.
  - 6.2. A separate agenda item update on the actions which were set out in that July Board paper is before the Board for this meeting. Given the risk management cycle for this quarter this more recent progress report will be used to further update the actions in the BAF. The Board will see there is momentum and progress on the Trust actions in particular.
  - 6.3. The Quality, Patient Experience and Safety Committee (QUEST), at its meeting on 10th November, reviewed both risks and the highlight report from the Committee on today's agenda draws them out in the alert section. The Committee's report also details the discussion on patient harm resulting from delays.
  - 6.4. The Monthly Integrated Quality and Performance Report (MIQPR) includes further analysis of performance and handover delays, together with remedial plans and improvement trajectories.
  - 6.5. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions and progress is discussed.
7. **Risk 160** (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) is rating 20:
- 7.1. The People and Culture Committee was not scheduled to meet prior to this Board meeting, however there is a stand-alone agenda item on their 29 November meeting, as well as a review of this risk. In particular, the Committee will look at the wellbeing offer in more detail.
  - 7.2. The MIQPR sets out further analysis and remedial plans for sickness absence improvement and discussion on this took place in the Finance and Performance Committee as set out in their highlight report
  - 7.3. The Executive Management Team review the sickness absence management programme on a bi-weekly basis.
8. **Risk 201** (damage to the Trust's reputation following a loss of stakeholder confidence) saw a rise in score at the July Board and is currently rated 20:
- 8.1. The Board approved the engagement framework at its meeting on 28 July and the delivery plan will be before the Board in January 2023.
  - 8.2. This risk will be discussed at the People and Culture Committee on 29th November when the engagement framework delivery plan will be reviewed.
  - 8.3. The MIQPR and sets out the engagement work underway by the patient experience and community involvement teams.
  - 8.4. The Chief Executive's report notes engagement with the Board of the Community Health Councils on the Trust's long-term strategy and specifically the 'inverting the triangles' model and a period of formal engagement to follow.

<p>8.5. The current risk score is expected to remain at 20 as we head into the busy winter period, which traditionally brings with it a rise in negative press.</p> <p>8.6. To protect and enhance the Trust's reputation, the Partnerships and Engagement Directorate will continue to ensure its stakeholder engagement activity and media activity is robust.</p> <p>9. There are third line of defence assurances on the horizon which will provide a greater level of assurance against controls for some of these higher rated risks, and these will come in the form of internal audit reviews on immediate release requests and sickness absence management. These will be reflected over the next quarter's cycle as those reviews and management responses are finalised.</p> <p>10. The Audit Committee highlight report notes the elevated levels of focus on the detailed BAF and a maturing risk culture.</p> <p><b>RECOMMENDATION:</b></p> <p>11. <b>Members are asked to consider and discuss the contents of the report and:</b></p> <p>a) <b>Note the closure of Risk 311 from the Corporate Risk Register.</b></p> <p>b) <b>Note the inclusion of the new Risk 557 on the Corporate Risk Register at a score of 16.</b></p> <p>c) <b>Review the Board Assurance Framework.</b></p>
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KEY ISSUES/IMPLICATIONS
The key issues and implications are set out in the Executive Summary above.
REPORT APPROVAL ROUTE
<p>The report has been considered by:</p> <ul style="list-style-type: none"> <li>• ADLT – 17<sup>th</sup> October 2022</li> <li>• ADLT – 31<sup>st</sup> October 2022</li> <li>• EMT – 9<sup>th</sup> November 2022</li> </ul> <p>Each of the Corporate Risks were considered by the following Committees, as relevant to their remit, during the reporting period:</p> <p>a) <b>People &amp; Culture Committee</b> (5<sup>th</sup> September 2022)</p> <p>b) <b>Quality, Safety &amp; Patient Experience</b> (10<sup>th</sup> November 2022)</p> <p>c) <b>Finance &amp; Performance Committee</b> (14<sup>th</sup> November 2022)</p> <p>Specific updates from Trust Board and its Committees are included in the Executive Summary above.</p>

REPORT ANNEXES
<ul style="list-style-type: none"> <li>• SBAR report.</li> <li>• Annex 1 - Summary table describing the Trust's Corporate Risks.</li> <li>• Annex 2 - Board Assurance Framework</li> </ul>

REPORT CHECKLIST	
Confirm that the issues below have been considered and addressed	Confirm that the issues below have been considered and addressed

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

## **RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT**

### **SITUATION**

1. The purpose of this report is to provide an activity update in relation to the Trust's Corporate Risks.
2. A summary report describing each of the corporate risks as of 28<sup>th</sup> October 2022 is detailed in Annex 1.
3. The Board Assurance Framework (BAF) report is included in the paper in Annex 2.

### **BACKGROUND**

4. The Risk Management Transformation Programme was included in the IMTP (2022/2). The immediate priority was to undertake a detailed review of each of the Trust's Corporate Risks. The programme of work has been completed to strengthen the articulation of these risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
5. The Board Assurance Framework provides Members with an opportunity to review the controls in place against each principal risk and the assurance provided against those control where applicable. This will assist Members in evaluating current risk ratings.
6. Risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the Corporate Risk Register.

### **ASSESSMENT**

7. There are currently 18 Corporate Risks on the register which are described in the summary table in Annex 1. The table sets out the articulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.
8. The EMT has approved the Corporate Risk activity described in this paper.

#### **Corporate Risks**

9. The full detail of each Corporate Risk, including controls, assurances, gaps and mitigating actions form part of the improved Board Assurance Framework (BAF) detailed in Annex 2.

## Closure and De-Escalation of Risks

10. As foreshadowed at the September 2022 Board meeting, the Executive Risk Owner and ADLT recommended that Risk 311 be closed from the Corporate Risk Register which was approved by the EMT.
11. **Risk 311** - Inability of the Estate to cope with the increase in FTEs  
  
***IF** the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed*  
  
***THEN** there is a risk that the Estate will not be able to cope with the increase in FTEs*  
  
***RESULTING IN** potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust*
12. This risk was created to provide an organisational focus that ensured the Trust had sufficient estate to cope with increases in staff associated with the EMS Demand & Capacity Review and the NEPTS Demand & Capacity Review, in particular, closing the relief gap in EMS Response. Managing this risk has largely been discharged through the estate interim plan within the EMS Operations Transformation Programme; therefore the risk can be closed.
13. There is however, a generic and ongoing risk that the Trust's technical planning is not sufficiently integrated to appropriately manage changes to the workforce and the associated knock on impact on the estate. A new risk will be developed during the next reporting cycle to articulate this as a risk.

## New Corporate Risks

14. One new risk has been assessed and approved for inclusion on the CRR as follows:
15. **Risk 557** - *Potential impact on services as a result of Industrial Action*  
  
***IF** trade unions take industrial action in response to the national pay award*  
  
***THEN** this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business.*  
  
***RESULTING IN** potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation.*
16. The Executive Risk Owner and ADLT recommended the inclusion of the risk on the CRR at a score of 16 (4x4) which was approved by the EMT.

## Transfer of Risks

17. No risks relevant to Committee's remit have transferred during this reporting period.



### Changes to Risk Scores

18. There have been no changes to risk scores since the last meeting in September 2022.

### Development of New Risks

19. **Risk 538** - A risk has been developed to reflect the possible consequence of a further delay to the implementation of the new Integrated Information System (Salus); however, due to ongoing commercial discussions and a delay to some delivery milestones, the detail of this risk will need to be reviewed and finalised to capture the emerging position and differentiate it from any realised issues. An update is expected from the Programme team and the supplier that will shape the final risk assessment ahead of presentation to Trust Board in January 2023.
20. **Risk 542** - *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan*

This risk has been fully articulated and is navigating Trust risk governance processes. It is expected that this will be included on the CRR during the next reporting cycle.

### Further Review of Risks

21. Work continues to consider and develop potential new Risks for inclusion on the CRR in the following areas:
- *Patient Safety/Putting Things Right Team*
  - *Supply Chain Issues – Digital Equipment*
  - *Business Continuity Risks*
  - *Securing Stakeholder Support to Deliver the Strategy and IMTP*
  - *Capacity to deliver change (IMTP)*
  - *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP)*

### Board Assurance Framework

22. The BAF is included at annex 2 which focusses the Board on the key risks that are mapped to the IMTP deliverables and that might compromise the achievement of the Trust's strategic objectives. Until such time as the more mature and strategic BAF is developed during 2023/24 as part of the risk transformational programme, these key risks are the corporate risks due to their relationship to the IMTP delivery and their risk ratings.



## **RECOMMENDED**

23. **Members are asked to consider and discuss the contents of the report and:**
- a. Note the closure of Risk 311 from the Corporate Risk Register.**
  - b. Note the inclusion of the new Risk 557 on the Corporate Risk Register at a score of 16.**
  - c. Review the Board Assurance Framework.**



## Annex 1 – Corporate Risk Register Summary

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


## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p><b>IF</b> the Trust does:</p> <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul> <p><b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p><b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Director of Finance & Corporate Resources	<p><b>16</b> <b>(4x4)</b></p> 
244 FPC	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service	<p><b>IF</b> the Trust is unable to increase accommodation capacity</p> <p><b>THEN</b> there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives</p> <p><b>RESULTING IN</b> EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience</p>	Director of Operations	<p><b>16</b> <b>(4x4)</b></p> 




## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
245 FPC	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	<p><b>IF</b> CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident</p> <p><b>THEN</b> there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p><b>RESULTING IN</b> potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	<p><b>16</b> <b>(4x4)</b></p> 
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	<p><b>IF</b> sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis</p> <p><b>THEN</b> there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p><b>RESULTING IN</b> patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage</p>	Director of Finance & Corporate Resources	<p><b>16</b> <b>(4x4)</b></p> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
<b>NEW 557  PCC</b>	Potential impact on services as a result of Industrial Action	<p><b>IF</b> trade unions take industrial action in response to the national pay award</p> <p><b>THEN</b> this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business</p> <p><b>RESULTING IN</b> potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation</p>	Director of Workforce & Organisational Development	<b>16 (4x4)</b>
199  PCC	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	<p><b>IF</b> there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p><b>THEN</b> there is a risk of a potential breach in compliance with the requirements of the Health &amp; Safety at Work etc. Act 1974 and associated regulations and other statutory instruments</p> <p><b>RESULTING IN</b> death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation</p>	Director of Quality & Nursing	<b>15 (3x5)</b> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	<p><b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p><b>THEN</b> there is a risk of a significant information security incident</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	<p><b>15</b> <b>(3x5)</b></p> 
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	<p><b>IF</b> there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems</p> <p><b>THEN</b> there is a risk of a loss of critical IT systems</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's effective ability to deliver essential services</p>	Director of Digital Services	<p><b>15</b> <b>(3x5)</b></p> 
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	<p><b>IF</b> significant internal and external system pressures continue</p> <p><b>THEN</b> there is a risk of a significant deterioration in staff health and wellbeing within WAST</p> <p><b>RESULTING IN</b> increased sickness levels, staff burnout, poor staff and patient experience and patient harm</p>	Director of Workforce & Organisational Development	<p><b>15</b> <b>(3x5)</b></p> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	<p><b>IF</b> WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p><b>THEN</b> there is a risk of a delay or failure to receive funding and support</p> <p><b>RESULTING IN</b> a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	<p><b>12</b> <b>(3x4)</b></p> <p>➔</p>
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	<p><b>IF</b> the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained</p> <p><b>THEN</b> there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p><b>RESULTING IN</b> a negative impact on colleague experience and/or services to patients.</p>	Director of Workforce & Organisational Development	<p><b>12</b> <b>(3x4)</b></p> <p>➔</p>
283 FPC	Failure to implement the EMS Operational Transformation Programme	<p><b>IF</b> there are issues and delays in the planning and organisation of the EMS Demand &amp; Capacity Review Implementation Programme</p> <p><b>THEN</b> there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p><b>RESULTING IN</b> potential patient harm, deterioration in staff wellbeing and reputational damage</p>	Director of Strategy Planning & Performance	<p><b>12</b> <b>(3x4)</b></p> <p>➔</p>

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
311 FPC  <b>CLOSED</b>	Inability of the Estate to accommodate the increase in FTEs	<p><b>IF</b> the cumulative impact on the estate of the EMS Demand &amp; Capacity Review and the NEPTS Review is not adequately managed</p> <p><b>THEN</b> there is a risk that the Estate will not be able to cope with the increase in FTEs</p> <p><b>RESULTING IN</b> potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust</p>	Director of Finance & Corporate Resources	<p><b>12</b> <b>(3x4)</b></p> <p>➔</p>
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	<p><b>IF</b> resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p> <p><b>THEN</b> there is a risk that there is insufficient capacity to deliver the IMTP</p> <p><b>RESULTING IN</b> delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing</p>	Director of Strategy Planning and Performance	<p><b>12</b> <b>(3x4)</b></p> <p>➔</p>



**Annex 2 – Board Assurance Framework**

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		18/10/2022		TREND	25 (5x5)
			Date of Next Review:		18/11/2022		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26								
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
CONTROLS				ASSURANCES				
1. Patient Flow Co-Ordination based in the Grange University Hospital				Internal Management (1 <sup>st</sup> Line of Assurance) 1. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU				
2. Regional Escalation Protocol				2. Daily conference calls to agree RE levels in conjunction with Health Boards				
3. Immediate release protocol				3. 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)				
4. Resource Escalation Action Plan (REAP)				4. 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.				
5. 24/7 Operational Delivery Unit (ODU)				5. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.				
6. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans				6. 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.				
7. Limited Alternative Care Pathways in place				7. 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.				
8. Consult and Close (previously Hear and Treat)				8. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance)				
9. Advanced Paramedic Practitioner (APP) deployment model				9. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required				
10. Clinical Safety Plan				10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group				
11. Recruitment and deployment of CFRs				11. Volunteers are another resource for response, Volunteer				
12. ETA scripting				12. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data				
13. Clinical Contact Centre (CCC) emergency rule				13. CCC Emergency Rule is policy that has been signed off by Execs.				
14. National Risk Huddle				14. 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.				
15. Handover Improvement Plans agreed between Health Boards and WAST				15. Improvement plans are reviewed by EAST				
16. Summer/Winter initiatives				16. Monitoring through SLT and STB				
17. CHARU implementation				17. Monitored via the EMS project Board				
18. National Transfer & Discharge Model				18. Task and Finish Group established				

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		18/10/2022		TREND	25 (5x5)
			Date of Next Review:		18/11/2022		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
19. Conveyance Reduction			19. This is part of the weekly performance review and aligned to Care Closer to Home Programme					
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals			20. This forms part of the handover improvement plans in place with Health Boards					
21. Mental Health Practitioners in cars			21. Part of the Care Closer to Home workstream					
22. Roll out of ECNS			22. Reported through QuEST					
23. Clinical Model and clinical review of code sets			23. Reported through QuEST					
24. Remote Clinical Support Strategy			24. Strategic Transformation Board – IMTP deliverable					
25. 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)			25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			None immediately identified but subject to continual review					
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow								
3. Covid capacity streaming								
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding								
5. Local delivery units mirroring WAST ODU								
6. Handover delays link to risk 224								
7. Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issues								
8. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.								
9. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration								
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST								
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.			Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	31.12.22	Rural model options are being explored. Discussions have been opened up with one workshop held another scheduled for 28 <sup>th</sup> October 2022 with the aim of producing a set of recommendations for consideration by SLT and EMT.			
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)			ADLT Sub-Group	30.09.22 - Paused				
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters			Assistant Director of Operations EMS	Extended from 30.09.22 to 31.12.22	On schedule to implement all EA and UCS rosters by the end of November 2022. CHARU rosters may drift into December 2022 due to recruitment and training.			
4. Transition arrangements post pandemic			Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete			
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]			TBA	TBA				

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Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		18/10/2022		TREND	25 (5x5)
			Date of Next Review:		18/11/2022		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death			Likelihood	Consequence	Score	
			Inherent		4	5	20	
			Current		5	5	25	
			Target		2	5	10	
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, Integrated Care	31.12.22	Work undertaken to map influences and progress towards each. Trajectory cast until December 2022 - 15% to be achieved through efficiencies.				
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.				
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]		Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc and determine REAP level.				
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Ongoing	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST.				
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]								
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Quality & Governance / Head of Quality Improvement	TBA	Level 2 Falls Service implemented as a pilot. Awaiting evaluation of the pilot and assessment of outcomes and potential longevity of this initiative.				
12. External Controls detailed within the Action Plan presented to Trust Board on 28/07/22: 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 educes emergency department handover lost hours by 25% (E) d. NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e. Alterative capacity equivalent to 1000 beds (E) f. Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E) g. Implementation of Same Day Emergency Care services in each Health Board (E) h. National Six Goals programme for Urgent and Emergency Car (E)								


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:		31/10/2022		TREND	25 (5x5)
				Date of Next Review:		30/11/2022		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35									
EXECUTIVE OWNER		Director of Quality & Nursing			ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
CONTROLS					ASSURANCES				
					Internal Management (1 <sup>st</sup> 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 Delivery Unit under the <i>Framework for the Investigation of Patient Safety Serious Incidents (SIs)</i> V2.2, dated July 2019.					1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.				
2. WAST membership of the working group 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 commended in August 2022.					2. Workshop with system partners in place with executive directors of nursing attendance – next meeting 08.09.2022 – plan to finalise revised approach to Appendix B process by November 2022.				
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 monitors, reports 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. Learning from incident reporting processes.				
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. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU.				
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP).					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 via Strategic Command structure.				
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.					8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process				
9. 24/7 Operational Delivery Unit (ODU) escalating handover delays / patient condition to Health Board colleagues.					9. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays				
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.					10. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end.				
11. Escalation forums to discuss reducing and mitigating system pressures.					11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.				
12. WAST Education and training programmes include deteriorating patient (NEWS), tissue viability, dementia awareness, mental health.					12. Integrated Quality and Performance Report (June 85% target met)				
13. Clinical audit programme					13. Clinical audit programme with oversight from the Clinical Quality Governance Group.				

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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:		31/10/2022	TREND	25 (5x5)	
				Date of Next Review:		30/11/2022	➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
				Inherent		5	5	25	
				Current		5	5	25	
				Target		3	2	6	
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 Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting.					
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 and Board sub-committee oversight and escalation.					
				External Sources of Assurance Management (1 <sup>st</sup> 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) and Joint Executive Team meeting 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 CASC					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
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.				1. Strengthen and triangulate patient safety metrics and look back data at ED, service and corporate level for baseline data for improvement projects and WAST reports.					
2. Inconsistent review of potentially serious / catastrophic patient safety incidents in line with the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019 (frequently referenced as ‘Appendix B’ Reports) by Health Boards pan NHS Wales and lack of ownership of system risks. Lack of whole system approach to handling patient safety incidents resulting from system pressures*.				2. Implementation of revised process, engagement and outcome and improvement measures at system level – to be confirmed.					
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 from c6000 hours per month at the end of 2018 to in excess of 22000 hours per month during Q4 21/22 and Q1 22/23. This scale of lost emergency ambulance capacity has peaked at 30% per month of the entire emergency ambulance fleet..					
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.				4. Strengthen patient safety reports and audit processes as system embeds.					
5. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*.				5. 15-minute handover target is not being achieved pan-Wales consistently.					
5. (b) Protracted timescales in the 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 – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point’. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.									

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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:		31/10/2022	TREND	25 (5x5)	
				Date of Next Review:		30/11/2022			
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
6. Variation pan Wales / England as position not implemented across all emergency departments*.				6.					
7.				7.					
8. Variation pan Wales / England as position not implemented across all emergency departments*.				8. Health & Care Standards self – assessment in progress.					
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				9.					
10.				10.					
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				11.					
12.				12.					
13. Transition to ePCR impacting on data temporarily				13.					
14. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.				14. HIW approve and sign off WAST elements of recommendations.					
15.				15.					
				External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators					
				2. Lack of collective system response to HIW ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ Report. Meetings cancelled x 2 in May 2022. WAST has representation on the working group*					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone			Progress Notes:		
Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026 – Goal 4: Rapid response in physical or mental health crisis.			CEO	• WAST is represented on the Clinical Reference Group by the Director of Paramedicine			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		
Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project			WAST QI Team (QSPE)	• Checkpoint Q4 2022/23			Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF)		
Implement nationwide approach to emergency department ‘Fit 2 Sit’			CMO/CNO	• Acceptance at meeting of Chairs and CEOs led by Director General for Health and Social Services and the NHS Wales Chief Executive on 08.06.2022 that a national approach to Fit 2 Sit should be adopted. Chief Medical Officer and Chief Nursing Officer to champion development through peer groups • Checkpoint Q4 2022/23			Emergency Department Quality & Delivery Framework final version drafted for consultation / approval.		
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	• Checkpoint Q4 2022/23			Incremental improvements to quality and safety data and information to enable triangulation. Access to ePCR data (NEWS) now available.		
Continued Health Board interactions – my next patient, patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.			Executive Director of Quality & Nursing	• Monthly			Monthly meetings continue to be held and the content of the health board reports are currently under review		
HIW Improvement Plan / Workshop– WAST inputs / influencing improvements Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ which links to Fundamentals of Care.			Assistant Director of Quality & Nursing	• August 2022 in progress • Checkpoint Q4 2022/23					

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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:		31/10/2022	TREND	25 (5x5)	
				Date of Next Review:		30/11/2022	➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
Participation in the CASC led workshop to reform <i>the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.</i>		Assistant Director of Quality & Nursing	• Checkpoint post pilot Q4 2022/23				Revised joint investigation approach agreed which is to be piloted from November 2022.		
Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation		Director of Workforce & Organisational Development	• Recruitment decision made at EMT on 15.06.2022 for 100 WTE with offers already made to ACA2s and EMTs on hold list • Courses to commence in Q2 2022/23 with first new deployments in Q3 2022/23 • Offers also made to all 61 NQPs from “Big Bang” event • Correspondence to CASC confirming action taken sent 21.06.2022 with request for recurrent funding source set out • End of Q3 and into Q4 2022/23						
Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	• Bid to Value Based Healthcare Fund made for up to 50 WTE APPs to commence fulltime education for 12 months from January 2023 • Q4 2023/24						
Senior system influencing		Trust Chair Chief Executive Officer	• Ensure that system safety and avoidable harm remain a live topic of discussion in all relevant fora • Seize opportunities as they emerge that can contribute to mitigating avoidable harm • JESG forum used to raise awareness amongst Emergency Service Chief Officers who have written twice to NHS Wales Chief Executive to convey the impact of our inability to respond to incidents in the community on their core service provision				Ongoing		
Emergency Department cohorting		Director of Operations	• Provide additional clinical staff and suitable space for patients arriving by ambulance to be held at the emergency department awaiting admission enabling the ambulance to be released • In place at Morriston and The Grange				Ongoing		
Transition Plan		Chief Executive Officer	• Formally submitted to Commissioners in December 2021 and subsequently subject to a part year funding request of Welsh Government on 24 May 2022 this plan sought to grow our establishment to a further 294 WTE having forecast the challenges currently being seen • Around two thirds of the growth was to deploy additional response capacity (now provided in part by 4 above) whilst the system took action to reduce emergency department handover delays • Around one third of the growth was to accelerate the transition to a new model of service delivery (inverting the triangles) – also now subject to a separate bid as in 5 above				Transition now complete. <b>CLOSE</b>		
Overnight falls service extension		Director of Quality & Nursing	• Review current extension to falls scheme that has temporarily been running on night duty • Benefit derived but further improvement in utilisation and overall volume of work undertake are necessary in the next 3 months • Scheme extension agreed to 31 March 2023						
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?		Chief Executive Officer	• Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support)						

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:		31/10/2022		TREND	25 (5x5)
					Date of Next Review:		30/11/2022		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score	
						Inherent	5	5	25	
						Current	5	5	25	
						Target	3	2	6	
				<ul style="list-style-type: none"><li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities</li><li>Q1 2023/2024</li></ul>						
Consideration of additional WAST schemes to support overall risk mitigation through winter			Director of Operations	<ul style="list-style-type: none"><li>Summer performance forecast complete and winter underway imminently</li><li>Discussions underway during Q2 to create new/further schemes to support operational delivery through winter</li><li>Q3 2022/23</li></ul>						
National 111 awareness campaign			Director of Partnerships and Engagement Director of Digital	<ul style="list-style-type: none"><li>National public awareness campaign funded by Welsh Government to promote appropriate use of services (111 as an alternative to 999/ED where appropriate)</li><li>Upgrade to 111 website and symptom checkers also underway</li><li>Q3 2022/23</li></ul>						



Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service				Date of Review:		18/10/2022		TREND	20 (5x4)
					Date of Next Review:		18/11/2022		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity		RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score	
						Inherent	4	4	16	
						Current	5	4	20	
						Target	3	4	12	
IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34										
EXECUTIVE OWNER		Director of Workforce & Organisational Development		ASSURANCE COMMITTEE		People and Culture Committee				
CONTROLS				ASSURANCES						
				Internal Management (1 <sup>st</sup> Line of Assurance)						
1. Managing Attendance at Work Policy/Procedures in place				1. (a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness						
2. Respect and Resolution Policy				2. Policy reviews to ensure policies and procedures are fit for purpose						
3. Raising Concerns Policy				3. Policy reviews to ensure policies and procedures are fit for purpose						
4. Health and Wellbeing Strategy				4.						
5. Operational Workforce Recruitment Plans				5.						
6. Roster Review & Implementation				6.						
7. Return to Work interviews are undertaken				7.						
8. Training				8.						
9. Directors receives monthly email with setting out ESR sickness data				9.						
10. Operational managers receive daily sickness absence data via GRS				10.						
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme				11.						
12. WAST Keep Talking (mental health portal)				12.						
13. Suicide first aiders				13.						
14. TRiM				14.						
15. Peer Support network				15.						
16. Coaching and mentoring framework				16.						
17. Staff surveys				17.						
18. Stress risk assessments				18.						
19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC				19. Sickness forms part of Workforce Scorecard to People & Culture Committee						
20. External agency support e.g. St John Ambulance, Fire and Rescue				20.						
21. Strategic Equality Objectives				21. Policy reviews to ensure policies and procedures are fit for purpose						
22. Volunteers				22.						
23. Monthly reviews of colleagues on Alternative duties				23. Action plans arising from meetings with colleagues implemented through monthly diarised meetings						
24. Manager guidance on managing Alternative duties				24.						
25. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee				25. Minuted meetings and action logs for EMT & People & Culture Committee						
				External Management (2nd Line of Assurance)						
				1a. All Wales review of All Wales Attendance at Work Policy						
				Independent Assurance (3 <sup>rd</sup> Line of Assurance)						
				1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24)						
				2. Audit Wales – Taking Care of the Carers report in October 2021 (controls 1 - 24)						

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		18/10/2022		TREND	20 (5x4)
				Date of Next Review:		18/11/2022		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity		RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	5	4	20
						Target	3	4	12
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. (a) Consistency and Application in Managing Attendance at Work Policy (b) Education and communication with managers about resources available and how to implement it e.g. stress risk assessments				1. There are other factors that impact on sickness which can’t be controlled					
4a. Wellbeing policy currently being produced 4b. There is no steering group for Health and Wellbeing – there are plans to restart the group				8. Reporting on training compliance					
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received				9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers					
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments									
				External Gaps in Assurance None identified at the present moment					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Implementation of Improving Attendance project				Deputy Director of Workforce & OD		30.09.23	Underway and ongoing		
2. Implementation of Behaviours Refresh Plan				Assistant Director – Inclusion, Culture and Wellbeing		31.10.22	Underway and ongoing		
3. Long term sickness absence deep dive				Deputy Director of Workforce & OD		31.07.23	Underway and ongoing		
4. Develop guidance for line managers to support addressing challenging conversations and change				Deputy Director of Workforce & OD		31.07.22 Complete	Training written rollout underway - complete		
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)				Freedom to Speak Up Arrangements Task & Finish Group		Extended from 31.07.22 to 30.11.22	Pushed out date in terms of project plans		
6. Strengthen Freedom to Speak Up Arrangements policy and advice				Deputy Director of Workforce and OD		31.05.23			
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements				Deputy Director of Workforce and OD		31.05.23			
8. Accountability meetings with senior ops managers				Deputy Director of Workforce & OD		30.09.22	Underway and ongoing		
9. Attendance Management training for managers				Deputy Director of Workforce & OD		31.12.22	Underway and ongoing – now BAU 1.11.22		
10.PADR review including wellness questions				Assistant Director – Inclusion, Culture and Wellbeing		Complete	Complete. New PADR distributed October 22.		
11.Restart the Health and Wellbeing Steering Group				Assistant Director – Inclusion, Culture and Wellbeing		Complete	Complete – group started 17.10.22 and will meet quarterly.		
12. Roll out of meta data compliance policy solution				Senior ICT Security Specialist		31.12.22			

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		01/11/2022		TREND	20 (4x5)
				Date of Next Review:		01/12/2022		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust		RESULTING IN damage to reputation and increased external scrutiny			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	3	5	15
IMTP Deliverable Numbers: 2,18, 26, 34, 38									
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders				1. Agendas, minutes and documents of engagement events					
2. Challenging of media reports to ensure accuracy				2. Programme of daily media engagement					
3. Media liaison to ensure relationships developed with key media stakeholders				3. Programme of daily media engagement					
4. Engagement Framework approved by the Board July 2022				4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.					
5. Engagement Framework Delivery Plan									
6. Engagement governance and reporting structures are in place				5. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g. EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs					
7. Escalation procedure for issues to the Board				6. Minuted meetings, action logs and Board papers					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Inability to control external environment				1.					
2. Dependency on Commissioners’ decisions				2.					
3. Unpredictable external environment affecting the way the Trust operates				3.					
4.				4.					
5. Engagement Framework Delivery Plan in development and due to be considered by the Board in November 2022				5. Engagement Framework Delivery Plan in development and due to be considered by Board in November 2022					
6. Lack of resilience in the function – team is very small so any absences would have an impact on ability to respond				6.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner			By When/Milestone		Progress Notes:	
1. Submit refreshed Board Engagement Framework to Trust Board for approval			Director of Partnerships & Engagement			26.05.22 Complete		Approved July 2022	
2. Report progress on Engagement Framework Delivery Plan to the People and Culture Committee			Director of Partnerships & Engagement			30.12.22		Likely to be considered by January 2023 Trust Board	
3. Monitoring internal Quality and Performance of Trust			Executive Management Team Finance and Performance Committee Quality, Safety and Patient Experience Committee People and Culture Committee Audit Committee			31.03.23 Checkpoint Date			
4. Engaging with internal and external stakeholders to develop confidence			CEO & Director of Partnerships & Engagement			31.03.23 Checkpoint Date			
5. Monitoring external factors that may affect the Trust			CEO & Director of Partnerships & Engagement			31.03.23 Checkpoint date			

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		31/10/2022		TREND	16 (4x4)
				Date of Next Review:		30/11/2022		➡	
IF the Trust does: <ul style="list-style-type: none"><li>not achieve financial breakeven and/or</li><li>does not meet the planning framework requirements and/or</li><li>does not work within the EFL and/or</li><li>fails to meet the 95% PSPP target and/or</li><li>does not receive an agreement with commissioners on funding (linked to 458)</li></ul>		THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score		
				Inherent	3	4	12		
				Current	4	4	16		
				Target	2	4	8		
IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38									
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Financial governance and reporting structures in place				1. Risk is reviewed quarterly at F&P and a report is submitted bi-monthly to Trust Board					
2. Financial policies and procedures in place				2.					
3. Budget management meetings				3. Diarised dates for budget management meetings					
4. Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place				4. Diarised dates for EFG and FPC and monthly reports					
5. Welsh government reporting				5.					
6. Monthly review of savings targets				6. ADLT monthly review					
7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.				7.					
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.				8. Diarised dates for ICMB meetings with regular monthly report					
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications				9. Regular PSPP communications (Trust wide) on Siren					
10. Forecasting of revenue and capital budgets				10. (a) Monthly monitoring returns to ADLT, EFG, EMT and FPC (b) Reliance on available intelligence to inform future forecasting.					
11. Business cases and benefits realisation (both revenue and capital)				11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.					
				External Assurances Management (1 <sup>st</sup> Line of Assurance)					
				5. Monthly Monitoring Returns to Welsh Government					
				7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.					
				8. Bi-monthly Capital CRL meetings with Trust and WG capital leads					
				9. Regular P2P meetings diarised (bi-monthly)					

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Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		31/10/2022		TREND	16 (4x4)
				Date of Next Review:		30/11/2022		➡	
<b>IF</b> the Trust does: <ul style="list-style-type: none"><li>not achieve financial breakeven and/or</li><li>does not meet the planning framework requirements and/or</li><li>does not work within the EFL and/or</li><li>fails to meet the 95% PSPP target and/or</li><li>does not receive an agreement with commissioners on funding (linked to 458)</li></ul>		<b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)		<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
				10. Monthly monitoring returns into Welsh Government					
				<b>Independent Assurances (3<sup>rd</sup> Line of Assurance)</b>					
				1-10 Internal audit reviews covering					
				1-10 External audit reviews					
<b>GAPS IN CONTROLS</b>				<b>GAPS IN ASSURANCE</b>					
<ul style="list-style-type: none"><li>Lack of formalised service contracts between Commissioner and WAST as a commissioned body</li></ul>				None identified					
<b>Actions to reduce risk score or address gaps in controls and assurances</b>				<b>Action Owner</b>		<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Continuing negotiations with Commissioners				Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance		31/03/23 – Checkpoint Date			
2. Embed a transformative savings plan and ensure organisational buy in				ADLT and Savings subgroup		31/03/23 – Checkpoint Date			
3. Embed value-based healthcare working through the organisation				Executive Management Team and Value Based Healthcare Group		31/03/23 – Checkpoint Date			
4. WIIN support for procurement, savings and efficiencies				WAST Improvement and Innovation Network group		31/03/23 – Checkpoint Date			
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales				Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership		31/03/23 – Checkpoint Date			

Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre’s (CCC) ability to provide a safe and effective service			Date of Review:	14/11/2022 (SLT)		TREND	16 (4x4)
				Date of Next Review:	14/12/2022		➡	
IF the Trust is unable to increase accommodation capacity		THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score	
				Inherent	5	4	20	
				Current	4	4	16	
				Target	3	4	12	
IMTP Deliverable Numbers: 1,5,9, 10,18, 28, 30, 34								
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Temporary call handling provision in Carmarthen				1. Monitoring of Performance standards for call handling (daily) and dispatch (weekly) to identify impacts on service with further investigation on a monthly basis				
2. Maximum use of space at the Bryn Tyrion site				2. All desks have been realigned to 2m physical distancing as part of covid preparations				
3. Maximum use of space at the Vantage Point House (VPH) site				3. Review of VPH undertaken – November 2021 Staffing levels are managed according to maximum desk space on each centre. In VPH, because of agile working there is capacity for non-dispatch functions.				
4. Prioritisation of space utilisation for each shift by CCC management team and alignment to priorities associated with safe service delivery				4. Business continuity tracker for staffing levels updated daily				
				External Not applicable				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
1. Call handling provision is a short-term solution and not fully resilient				1. Carmarthen solution for call handling is temporary				
2. Lack of resilience in temporary accommodation may trigger risk if business continuity plans are invoked				2. Reconfiguration work reviewed by architects during pandemic preparation and earlier have yet to be delivered.				
3. Current social distancing plans for EMS CCC do not provide solutions for the dispatch environment in Carmarthen				3. Agile working solution would be compromised in an ICT outage and paper-based approach would be used				
4. Current social distancing plans for EMS CCC provide limited solutions for call handling and dispatch in Bryn Tyrion								
5. Current social distancing plans for EMS CCC provide limited solutions for dispatch environment in VPH.								
6. Estates Strategy is silent on risk associated with CCC environment								
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone	Progress Notes:		
1. Review current estate to identify moderate workplans to maximise available capacity within existing estate.				Assistant Director of Operations – Resourcing & EMS Coordination	30.09.22 Complete	Review took place to maximise capacity, some additional desks and roster planning supported. Site specific updates are as follows: Capacity within Central & West CCC (Carmarthen) which has been extended to provide extra accommodation for additional EMDs required to comply with Covid regulations. South East CCC (VPH) is currently undergoing renovation, but there are plans to provide additional capacity for EMS CCC when it is completed in January 2023 – this is to be achieved by the Ambulance Care Team (NEPTS CCC) moving upstairs to create some additional space. In terms of the North CCC, a plan has been submitted for consideration at the Estates SOP. In addition, the ADO Integrated Care has been part of a broader discussion as part of a T&F group. There are longer term plans to potentially move to more suitable and spacious		



Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre’s (CCC) ability to provide a safe and effective service			Date of Review:		14/11/2022 (SLT)	TREND	16 (4x4)
				Date of Next Review:		14/12/2022	➡	
IF the Trust is unable to increase accommodation capacity	THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score		
			Inherent	5	4	20		
			Current	4	4	16		
			Target	3	4	12		
				accommodation in the North but there are technology requirements to enable the move away from the current Airwave equipment, which is projected to be affected at the end of 2023.				
2. Develop digital solutions for remote supervision and clinical support to maximise virtual network of CCC reducing capacity required in existing sites.		EMS CCC Area Manager	12.07.22 Complete	Remote supervision implemented 12.07.22. Action Complete.				
3. Option appraisal required to review options for increasing CCC capacity. This should be aligned to the HIW review recommendation for the North CCC estates strategy and expanding this to support the pan-Wales estates position.		Assistant Director – Capital & Estates	31.12.22 – Checkpoint Date	Task and Finish group appointed into Estates to complete this work. Checkpoint later in Q3 2022-23.				
4. Based on modelling data under D&C review explore any efficiencies that can be gained in CCC estates through revised dispatch models maximising use of digital technology		CCC SE Manager	30.06.22 Checkpoint Date	Checkpoint review complete. Project change is being developed and revised action/date to be added.				

Risk ID 245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations			Date of Review:		14/11/2022 (SLT)		TREND	16 (4x4)
				Date of Next Review:		26/05/2022		➡	
IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident		THEN there is a risk that EMS CCCs cannot utilise other CCC’s space, accommodation and facilities	RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)		Likelihood	Consequence	Score		
				Inherent	3	5	15		
				Current	4	4	16		
				Target	2	4	8		
IMTP Deliverable Numbers: 1, 5, 9									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Trust Business Continuity Procedure and Incident Response Plan				1. Debrief from significant business continuity incidents which are put into organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. This is currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing					
2. National EMS CCC Business Continuity Plan (reviewed in March 2021)				2. Business Continuity Plan is up to date and has been reviewed and is currently waiting sign off. Business continuity exercise undertaken on 9.03.22.					
3. Clinical remote working arrangements				3. SOP in place with respect to Clinical Remote Working – this is being reviewed at present moment					
4. Single instance CAD allowing virtualisation which enables staff to work anywhere				4. CAD alerts if there are systems issues					
5. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts. This is used on a daily basis				5. Monitoring undertaken locally at least weekly					
				External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
• If CAD is not functional then any impact of current controls would be negated by need to move physical staff				• Business continuity plan requires increased duties for existing staff as a result of lack of physical accommodation (link to risk 244)					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
TBC									



Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services		Date of Review:		31/10/2022		TREND	16 (4x4)
			Date of Next Review:		30/11/2022		➡	
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.	THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients.	RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		Likelihood	Consequence	Score		
			Inherent	3	4	12		
			Current	4	4	16		
			Target	2	4	8		
IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38								
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Financial governance and reporting structures in place				1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board				
2. Financial policies and procedures in place				2.				
3. Setting and agreement of recurrent resources				3.				
4. Budget management meetings				4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.				
5. Budget holder training				5. Diarised dates for budget holder training				
6. Annual Financial Plan				6. Submission to Trust Board in March annually				
7. Regular financial reporting to EFG & FPC in place				7. Diarised dates for EFG and FPC with full financial reports				
8. Regular engagement with commissioners of Trust’s services				External Management (1 <sup>st</sup> Line of Assurance) 1. Accountability Officer letter to Welsh Government e.g. November 2021 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised 9. Monthly monitoring returns				
9. Welsh Government reporting on a monthly basis				Independent Assurance (3 <sup>rd</sup> Line of Assurance) 2. Internal Audit reviews of financial policies & procedures as part of their audit plan				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding				1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)				
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone	Progress Notes:		
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.				Deputy Director of Finance	31.12.22			
1. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.				Deputy Director of Finance	31.12.22			

Risk ID 557	Potential impact on services as a result of Industrial Action			Date of Review:		09/11/2022		TREND	16 (4x4)
				Date of Next Review:		08/12/2022		NEW	
IF trade unions take industrial action in response to the national pay award	THEN this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business	RESULTING IN potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation		Likelihood		Consequence	Score		
			Inherent	3		4	12		
			Current	4		4	16		
			Target	2		4	8		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Workforce & Organisational Development		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Planning process in place				1. Industrial action plan agreed and published					
2.				2.					
				External Independent Assurance (3 <sup>rd</sup> Line of Assurance)					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Need to determine life and limb cover to meet our legal requirements under the Industrial Action Regulations				1. Awaiting outcome of ballot					
2.				2.					
3.				3.					
4.				4.					
5.				5.					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation			Date of Review:		31/10/2022	TREND	15 (3x5)	
				Date of Next Review:		30/11/2022	↓		
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	2	5	10
IMTP Deliverable Numbers: 1, 7, 9, 12, 16, 17, 24, 25, 26, 33, 35, 38									
EXECUTIVE OWNER		Director of Quality and Nursing		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
2. Systematic review and assessment of Health and Safety arrangements and Governance (Health & Safety Management system)				2. Assessment criteria set for management system (all Wales system)					
3. Health & Safety Governance and reporting arrangements e.g. committees and sub-groups				3. Monthly H&S report to ADLT, quarterly report and annual report to ADLT, H&S committee, EMT, PCC					
4. Provision of dedicated health and safety expertise and advice				4. Working Safely team ceased on 31 <sup>st</sup> September 2022					
5. Health & Safety Policy and procedures				5. H&S Policy approved in 2018					
6. Mandatory Health and Safety training				6. Quarterly statistics available from ESR and this forms part of Head of Health and Safety’s quarterly report					
7. Scheduled H&S visits and inspections				7. Head of Health and Safety’s monthly report to ADLT					
8. Risk assessments (including local risk assessments -Covid 19, workplace risk assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments)				8. Workplace risk assessments are undertaken by local management teams, reviewed by H&S team and monitored by BCRT. Other risk assessments and SOPs are held on Sharepoint and have been submitted					
9. Working Safely Programme Board, Dynamic Delivery Action Group & Programme Manager to provide oversight of Working Safely Action Plan				9. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored fortnightly through Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved.					
10. IOSH Managing Safely for Managers training in place				10. Attendance and competency figures provided in a monthly report to ADLT and quarterly report to committees and above					
11. IOSH Leading Safely for Directors and Senior Managers training in place				11. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis 12. Workforce review commenced 3 <sup>rd</sup> October 2022, significantly increasing capacity within the function.					
12. Board development day covering Health & Safety Management and Culture training occurred in April 2022				13. Diarised meeting					
13. Health and Safety Management system has been approved. This includes the recognised document approval routes for health and safety documentation.				14. Minuted at ADLT meeting in May 2022					
15. IOSH Leading Safely training delivered to Board and Executive Team on 26 July 2022.				External Independent Assurance (3 <sup>rd</sup> Line of Assurance) 16. Internal Audit to be undertaken in Q4 22/23 (controls 1– 10) 17.					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
6. (a) Baseline audit for (a) not to be commenced till Q1 2022 ( <i>being addressed in Actions 1 &amp; 7</i> ) (b) Lack of cultural baseline to demonstrate H&S awareness (covering control a) ( <i>being addressed in Action 5</i> )				2.					
7.				3. Subgroups of H&S committee currently under review					
8.				After September 2022, uncertainty over capacity to deliver to the Working Safely programme					
9. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q1 2022 in Q1 2022 ( <i>being addressed in Action 1</i> )				4. (a) Review of H&S Policy is due at end of Q1 2022 (b) Workforce Transformational change will influence content within H&S policy					

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Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:		31/10/2022		TREND	15 (3x5)
			Date of Next Review:		30/11/2022		↓	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	4	5	20	
				Target	2	5	10	
10. Poor uptake in statutory and mandatory H&S training <i>(being addressed as part of Actions 2 – 3)</i>			5.					
11.			6. Schedule for H&S inspections and visits commenced September 2022. Metrics to be developed and presented at relevant service area meetings for monitoring and action where required.					
12.			7. (a) Current copies of risk assessments and SOPs are not available at all stations (b) Do not know how many SOPs are required until baseline audit completed					
13. Operational pressures on service impacting on Working Safely Programme delivery (covering control h) (being addressed in Action 1)			8.					
14. Staff availability to attend training <i>(being addressed in Action 4)</i>			9.					
15. Effective learning from events to be documented <i>(being addressed in Action 1)</i>			10. (a) H&S team in discussions with best way of monitoring Personal safety commitments (b)					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
8. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)			Head of Health & Safety	31.09.22	Pump and Prime phase commenced 01.09.21.			
9. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)			Head of Health & Safety	31.12.22	Training delivered to Board and Executive team on 26.07.22. Further sessions scheduled for Q3 & Q4 for new members.			
10. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)			Head of Health & Safety	31.12.22	Discussion with Board Secretary ongoing in relation to delivery.			
11. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)			Head of Health & Safety	31.03.22 Completed	Completed H&S Workforce report was presented and discussed at EMT on 6.04.22. Director of Finance and Corporate Resources would be formulating a paper for discussion at the ADLT/EMT meeting on 13.04.22 to discuss the issue of investment in Corporate Services based on the evidence provided in H&S Workforce report.			
12. Culture survey to all members of staff (forms part of WSAP)			Head of Health & Safety	30.09.22	Survey developed and to be presented at National H&S Committee on 02.11.22			
13. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)			Deputy Head of H&S	30.06.22 Completed	Compliance Register framework developed Q2 2022.			
14. An initial assessment will provide assurance on how we are complying with the legislation.			Deputy Head of H&S	Assurance - 30.06.22  Rolling programme of assessments – 31.12.22 (Checkpoint date)	Some initial assessments undertake. Further assessments to be undertaken during Q3 2022.			

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		31/10/2022		TREND	15 (3x5)
				Date of Next Review:		30/11/2022		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score			
			Inherent	4	5	20			
			Current	3	5	15			
			Target	2	5	10			
IMTP Deliverable Numbers: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Appropriate policy and procedures in place for Information/Cyber Security				1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.					
2. Trust Business Continuity Procedure and Incident Response Plan				2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing					
3. IT Disaster Recovery Plan				3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.					
4. Relevant expertise in Trust with respect to information security				4. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise					
5. Data Protection Officer in post				5. In job description of Head of ICT					
6. Cyber and information security training and awareness				6. Training statistics are available on ESR and from Phish threat module					
7. Mandatory Information Governance training which includes GDPR				7. Training statistics reported on by Information Governance department					
8. ICT tests and monitoring on networks & servers				8. Any issues would be identified and flagged and actioned					
9. Information Governance framework				9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.					
10. Internal and NHS Wales governance reporting structures in place				10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.					
11. Checks undertaken on inactive user accounts				11. Software in place to run check on inactive accounts as and when					
12. Business Continuity exercises				12. Annual schedule of testing					
13. Operational ICT controls e.g. penetration testing, firewalls, patching				13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when.					
14. Security alerts				14. Daily alerts are received. Anti-virus alerts received as and when threat discovered					
				External Independent Assurance NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Not all information security procedures are documented				1. No regular Cyber/Info Security KPIs are reported to senior management committees					

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Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		31/10/2022		TREND	15 (3x5)
				Date of Next Review:		30/11/2022		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score			
			Inherent	4	5	20			
			Current	3	5	15			
			Target	2	5	10			
2. Lack of understanding and compliance with policy and procedures by all staff members		2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly							
3. No organisational information security management system in place									
4. IT Disaster Recovery Plan does not include a cyber response									
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1.Establish Cyber and Information Security KPIs		Director of Digital Services	31.12.22	Draft KPIs have been agreed and produced for quarterly reporting. Q1 and Q2 are currently being reviewed within ICT prior to wider circulation .					
2.Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	28/10/22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.					
3.Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	28/10/22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness					
4.Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 - Ongoing	Exercise reports being drafted					
5.Formalise Cyber Incident Response Plan		Head of ICT	31.12.22 – Checkpoint Date	Ongoing					
6.Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	31.12.22 – Checkpoint Date	Ongoing					

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems			Date of Review:		31/10/2022		TREND	15 (3x5)
				Date of Next Review:		30/11/2022		➡	
IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems		THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Trust Incident Response Plan and Department Business Continuity Plans				1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.					
2. IT Disaster Recovery Plan				2. Recent ICT tabletop exercise undertaken					
3. Recovery/contingency plans for critical systems				3. Reports from tabletop exercises					
4. Service management processes in place				4. Documented and approved service management processes in place					
5. Incident Management Policy, Procedure and Process				5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier					
6. Regular data back ups				6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken					
7. Resilient and high availability ICT infrastructure in place				7.					
8. Robust security architecture and protocols				8.					
9. Diverse IT network (both data and voice) delivery at key operational sites				9.					
10. Regular routine maintenance and patching				10.					
11. Environmental controls				11.					
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements				12. Via email and webinars					
				External Independent Assurance <ul style="list-style-type: none"><li>2021_16 Internal Audit review of IM&amp;T Control Assessment – baseline exercise</li><li>2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance</li><li>NIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)</li></ul>					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
Non identified				Undertaking Cyber Essentials assessment					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.				North Resilience Manager		31.12.22 Checkpoint date			
2. Exercise template report which shows recommendations to be created				North Resilience Manager		31.12.22 Checkpoint date			
3. Cyber Essentials assessment to be completed				Head of ICT		31.12.22 Checkpoint date			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		01/11/2022		TREND	15 (3x5)
				Date of Next Review:		01/12/2022		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Workforce & OD		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Health and wellbeing strategy in place and shared across the Trust.				1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually.					
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme				2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.					
3. Self-referrals or managerial referrals to Occupational Health				3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.					
4. Wellbeing support and training for line managers				4. Diarised meetings, webinars and workshops in place through a rolling programme.					
5. Development of range of wellbeing resources for staff and line manager				5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E , CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.					
6. Peer support network forum				6. Agendas and minutes of meetings produced for each meeting.					
7. WAST Keep Talking (mental health portal)				7. Available on intranet for staff to access easily.					
8. TRiM				8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place. Information in TRim Teams folder.					
9. Coaching and mentoring framework				9. Information on intranet on Learning launch pad available to all staff.					
10. Acting on results of staff surveys relating to staff experience				10. Each Directorate has developed their own action plan to address staff surveys.					
11. HSE stress risk assessments				11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.					
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity				12. Received at WOD Business Meetings monthly.					
13. Wellbeing drop-in sessions for CCC and 111 staff				13. Diarised sessions in place as part of the programme.					
14. Fast track physiotherapy				14. Regular review meetings with physiotherapy provider and monthly monitoring information received at WOD Business meetings.					
15. Specialist trauma counselling service				15. Same as 15.					
16. Regular psycho-educational sessions with managers and staff				16. Diarised sessions					
17. Compassionate leadership training sessions				17. Same as 17 in place as part of the programme.					
18. Chaplaincy programme				18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.					
19. Occupational Health team inclusion in sickness and absence meetings				19. Diarised meetings in place.					
				External Independent Assurance Audit Wales – Taking Care of the Carers report in October 2021					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
				4. Reporting on wellbeing training take up					
11. Need to increase the education and communication with managers about stress risk assessments				• Lack of awareness about staff wellbeing services					
				• Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		



Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:	01/11/2022		TREND	15 (3x5)
				Date of Next Review:	01/12/2022		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
1. Restart the Health and Wellbeing Steering Group (link to risk 160)			Assistant Director – Inclusion, Culture and Wellbeing	Completed	First meeting was on 17/10/2022. This however does not yet bring down the score of the risk as the Steering Group meeting was to re-establish a way forward. Next meeting to be scheduled within 2 months.			
2. Increase the education and communication with managers about stress risk assessments			Assistant Director – Inclusion, Culture and Wellbeing	31.12.22 Checkpoint Date	OH to undertake workshops with CCC managers – dates to be confirmed this week.			

Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		09/08/2022		TREND	12 (3x4)
				Date of Next Review:		08/11/2022		➡	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support		RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered			Likelihood	Consequence	
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34									
EXECUTIVE OWNER		Director of Strategy Planning & Performance			ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES					
				Internal & External Management (1 <sup>st</sup> Line of Assurance)					
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings				1. Minutes of meetings and a standard agenda item					
2. EASC and its 2 sub-committees established as a forum to discuss WAST’s strategy				2. Minutes of meetings and a standard agenda item					
3. Weekly catch up between CASC/CEO				3. Meetings are diarised every week					
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme				4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.					
5. Monthly CASC Quality and Delivery Meeting established				5. Formal meeting with agendas, minutes and action logs available.					
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced				6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholders fortnightly					
7. Programme structure has been established for ‘inverting the triangles’ including EASC				7. It exists and has had its first meeting					
				External Management (1 <sup>st</sup> Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. EASC meetings focus largely on EMS and cursory note of NEPTS				1. Health Boards are not sending Patient Safety Incidents that are National Reportable Incidents to the Delivery Unit (identified within a Delivery Unit audit)					
2. Governance coordination between NCCU and WAST to be improved.				2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface					
3.				7. This is a new structure that has been established and is yet to be embedded and tested for assurance					
Xx WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility)									
Xx Funding does not flow in a manner to balance demand with capacity (this is outside of WAST’s control)									
				Action Owner		By When/Milestone		Progress Notes:	
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST				CEO WAST		31.12.22 – Checkpoint Date		30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23.	
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours				CEO WAST		31.12.22 – Checkpoint Date		30.09.22 4 hour handover backstop agreed and -25% reduction in handover from October 2021 baseline.	
3. Increased understanding of NEPTS by EASC				Director of Strategy Planning and Performance		31.12.22 – Checkpoint Date		30.09.22 “Focus on” session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board.	
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface				Assistant Director Commissioning & Performance		31.12.22 – Checkpoint Date		30.09.22 Meeting in place and meeting regularly.	
5. Utilising the engagement framework to engage with the stakeholders				Director of Partnerships & Engagement AD Planning & Transformation		31.12.22 Checkpoint date		30.09.22 Significant engagement through roster review briefings.	

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships				Date of Review:		22/08/2022		TREND	12 (4x3)
					Date of Next Review:		21/11/2022		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients			Likelihood	Consequence	Score	
						Inherent	5	3	15	
						Current	4	3	12	
						Target	4	3	12	
IMTP Deliverable Numbers: 2, 4, 6, 11, 20, 34										
EXECUTIVE OWNER		Director of Workforce and Organisational Development		ASSURANCE COMMITTEE		People & Culture Committee				
CONTROLS				ASSURANCES						
				Internal Management (1 <sup>st</sup> Line of Assurance)						
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership				1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.						
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement				2. Both parties refer to the documents and are signed up/committed to it						
3. IPA Workshops				3. Meetings completed with participation from TUs and senior managers. Attendance lists are available						
4. Trade Union representation at Trust Board, Committees				4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned as a result of TU partner buy in						
5. Monthly Informal Lead TU representatives and Chief Executive meetings				5. Diarised meetings						
6. Staff representative management in Task & Finish Groups				6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference						
7. Fortnightly TUP Cell meetings				7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.						
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team				8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings						
9. Quarterly Report on TU activity to People and Culture Committee				9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes						
				External Not applicable						
GAPS IN CONTROLS				GAPS IN ASSURANCE						
1. Need to move back to business-as-usual footing				None identified						
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring										
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:			
1. Clarify the formal and informal consultation and engagement framework and definitions				Deputy Director of Workforce & Organisational Development		Extended from 31.05.22 to 31.12.22	Formal engagement framework is defined with the re-establishment of the WASPT model. Further work is being done on the engagement model below WASPT through SLT and SOT. TU cell will be stood down. Shadow WASPT Board scheduled for 22 <sup>nd</sup> September			
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing				Deputy Director of Workforce & Organisational Development		31.10.22	Underway and good progress now being made			
3. Proposed externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree				Deputy Director of Workforce & Organisational Development		31.10.22	Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26 <sup>th</sup> Sept. Draft plan in development to capture actions from the			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		22/08/2022		TREND	12 (4x3)
				Date of Next Review:		21/11/2022		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients			Likelihood	Consequence	Score
						Inherent	5	3	15
						Current	4	3	12
						Target	4	3	12
						meeting. Actions from the ACAS recommendations will be added on receipt.			
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).				Deputy Director of Workforce & Organisational Development		Extended from 30.09.22 to 31.10.22			

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		09/08/2022	TREND	12 (3x4)
				Date of Next Review:		08/11/2022	➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	3	4	12	
				Target	2	4	8	
IMTP Deliverable Numbers: 3, 7, 17, 18, 19, 20, 27								
EXECUTIVE OWNER		Director of Strategy Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership				1. Minutes and papers of Implementation Programme Board				
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place				2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board				
3. Programme Manager and Programme support office in place (for delivery of the programme)				3. Same as 2				
4. Programme risk register				4. Highlight reports showing key risks reported to STB every 6 weeks				
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks				5. Highlight reports presented to STB every 6 weeks				
6. Programme budget in place (including additional £3m funding for 22/23)				6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23				
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report				7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.				
8. Regular engagement with the Commissioner and Trade Unions and representation				8. Commissioner and TU participation at the Implementation Programme Board				
9. Management of external stakeholder and political concerns				9. Communications and Engagement Plan sets out WAST’s arrangements for engagement with stakeholders				
10. Secured specialist consultancy to support decision making				10. Reports and contractual compliance				
11.				External Management (1 <sup>st</sup> Line of Assurance)				
				a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board				
				b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months				
				c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
1. Current controls on workforce buy in are not sufficient due to changes in working practices				1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position				
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)				2. No prompts from STB for programme PID or risk register updates				
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:	
1. Increase in engagement on the specifics of change through facilitation mechanisms				Assistant Director – Commissioning & Performance		31.12.22 – Checkpoint Date	30.09.22 Significant engagement through roster review project.	
2. More capacity requested (transition plan)				Assistant Director of Planning & Transformation		31.12.22 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed.	
3. Engage with key stakeholders to reduce handover delays				CASC		31.12.22 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards.	

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		09/08/2022		TREND	12 (3x4)
				Date of Next Review:		08/11/2022		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
4. Reduce abstractions in particular sickness absence			Deputy Director of Workforce & OD	31.12.22 – Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100.				
5. Engage with Assistant Director of Planning and Transformation on process for PID updates			Assistant Director – Commissioning & Performance	31.12.22 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date.				

Risk ID 311	Inability of the Estate to cope with the increase in FTES			Date of Review:		22/08/2022		TREND	12 (3x4)
				Date of Next Review:		21/11/2022		↓	
IF the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed		THEN there is a risk that the Estate will not be able to cope with the increase in FTEs		RESULTING IN potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	3	9
						Target	2	3	6
IMTP Deliverable Numbers: 1,3, 9, 10, 17, 18, 28, 30, 34									
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Programme governance and reporting structures in place e.g. Estates SOP Delivery Group and EMS Operational Transformation Programme Board, Integrated Strategic Planning Group Technical subgroup		1. Highlight report goes to Estates SOP Delivery Group every other month, report to EMS Operational Transformation Programme Board every 6 weeks, Technical Group meet monthly and there is an agenda, minutes and an action log							
2. “Mega” spreadsheet combining all information into total cumulative impact on estate (and fleet) held by Assistant Director, Commissioning and Performance		2. Information is sense checked by AD Commissioning and Performance and reviewed by Integrated Technical Planning Group							
3. Programme risk register sits with EMS Programme Board.		3. On agenda of meetings of Board							
4. Risk logs held with respect to delivery of aspects of the project		4. Regional meetings are held regularly, and projects are discussed							
5. Project Manager in place (for delivery of the solutions identified)		5. This resource is allocated to projects							
6. Interim estates solution project		6. Regional meetings are held regularly, and projects are discussed							
7. Finance and Corporate Resources directorate delivery plan		7. Reports go every 6 weeks to the Strategic Transformation Board							
				External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. NEPTS D&C Review – Ambulance Care Programme Board		1. Information is received in an ad hoc and fragmented manner as opposed to a regular method from Operations							
2. NEPTS Covid recovery planning									
3. Finance may be a constraint to delivery of solutions when problem is identified									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
2. NEPTS and EMS – confirmation required from Operations functions about current and future numbers		Senior Management within Operations, Workforce & OD, Strategy Planning & Performance		31.12.22 – Checkpoint Date					
TBC									



Risk ID 424	Resource availability (capital) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)			Date of Review:		09/08/2022		TREND	12 (3x4)
				Date of Next Review:		08/11/2022		➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score			
			Inherent	4	4	16			
			Current	3	4	12			
			Target	1	4	4			
IMTP Deliverable Numbers: 5,9,10, 17, 28									
EXECUTIVE OWNER		Director of Strategy Planning & Performance	ASSURANCE COMMITTEE		Strategic Transformation Board and Finance and Performance Committee				
CONTROLS			ASSURANCES						
			Internal Management (1 <sup>st</sup> Line of Assurance)						
1. Prioritisation of IMTP deliverables			1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board						
2. Financial policy and procedures			2.						
3. Governance and reporting structures e.g. Strategic Transformation Board (STB)			3. IMTP sets out delivery structures and meeting minutes are available						
4. Assurance meetings with Welsh Government and Commissioners			4. Agendas, minutes and slide decks available						
5. Transformation Support Office (TSO) which supports the major delivery programmes			5. Paper on TSO to Strategic Transformation Board						
6. Project and programme management framework			6. PowerPoint pack detailing PPM						
7. Regular engagement with key stakeholders			7. Stakeholder Engagement Framework						
			Independent Assurance (3 <sup>rd</sup> Line of Assurance)						
			2. Subject to Internal Audit						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Project and programme management (PPM) framework to be reviewed			1. PPM needs to be reviewed and approved through STB						
2. Head of Transformation vacancy			2. Benefits have not been fully linked to benefits realisation						
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)									
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Recruit a Head of Transformation			Assistant Director of Planning	30.09.22 Complete	Recruited 02.08.22 in post on 01.11.22				
2. Review the PPM			Head of Transformation	31.03.23 – Checkpoint Date					
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework			Assistant Director of Planning/Assistant Director, Commissioning & Performance	Extended from 30.09.22 – To 31.03.23 Checkpoint Date	Reviewed action and extended checkpoint date. Work ongoing.				
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)			Deputy Director of Finance	31.12.22					



## IMTP Deliverable Key

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

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



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

## MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – October 2022

MEETING	Trust Board
DATE	24 <sup>th</sup> November 2022
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Senior Commissioning & Performance Analyst Melanie O'Connor – Commissioning & Performance Officer
CONTACT	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Nicola.Quiller@wales.nhs.uk">Nicola.Quiller@wales.nhs.uk</a> <a href="mailto:Melanie.O'Connor@wales.nhs.uk">Melanie.O'Connor@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **October 2022** (with the exception of Sickness where September 2022 is reported).

This Report contains information on 24 key indicators. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust can provide to patients. There are, however, some areas of improving performance within the Trust's control, such as the decrease in levels of sickness absence in September and the improving levels of PADRs completed.

### RECOMMENDATION

Trust Board is asked to: -

- **Consider** the October 2022 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) The report provides sufficient assurance;
  - b) Whether further information, scrutiny or assurance is required, or
  - c) Further remedial actions are to be undertaken through Executives.

## 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 **October 2022**.

## BACKGROUND

2. This Integrated Quality & Performance Report contains information on 24 key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus:-
  - Our Patients (Quality, Safety and Patient Experience);
  - Our People;
  - Finance and Value; and
  - Partnerships and System Contribution
3. These four areas of focus broadly correlate with the Quadruple aims set out in ‘*A Healthier Wales*’.
4. As previously agreed, the metrics which form a part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against our plans (IMTP) and strategies. This annual review is complete and was endorsed at the July 2022 Finance & Performance Committee and Trust Board meetings; some final amendments are still required in the next iteration.

## ASSESSMENT

### Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. 999 answering times have been challenged through significant increases in call demand. The median and 65<sup>th</sup> percentile performance remain good; however, the call answering tail increased in October 2022 to 1 minutes 3 seconds, which is higher than the Trust would want.
7. No additional funding was secured into 2022/23 for 999 call handlers. Forecasting and modelling has been completed and fed into the EMS Co-ordination Reconfiguration project with a re-rostering project planned for completion by March 2023 i.e. it will proceed without the funding for the relief gap in call handlers.
8. 111 call answering performance remains poorer than the Trust would want. Recent negotiations with commissioners suggest that the Trust has broadly the right number of commissioned and funded call handlers in post, however, further

work is required to reduce capacity lost through sickness absence, aligning capacity with demand and improving efficient use of resource. A peer review of the 111 service has just been completed, which the Trust is currently considering; a key area of focus is likely to be re-rostering and moving to fix roster patterns.

9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, and improvements have been made in the last 3 months for other priorities, there is still much to do. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies currently. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions.
10. **Ambulance Response** (safety / patient experience): Red response times declined into October 2022, dipping under 50% for the first time. In comparison Amber saw improvements in performance across the percentiles; however, the Amber 1 tail (95<sup>th</sup> percentile) remains at unacceptable levels, at eight hours 55 minutes. These long response times have a direct impact on outcomes for many patients (see separate Trust Board report on patient harm mitigations). Actions within the Trust's control include:

Capacity:

- Recruitment: the Trust has received an additional £3m (payment on results) in 2022/23 which will allow the Trust to recruit 100 FTEs over and above the existing establishment. The Trust is on target to deliver this uplift, as planned, by 23 January 2023. This increased establishment will leave a relief gap of 64 FTEs, against the FTE requirement for the re-rostered position, including full roll out of the Cymru High Acuity Response Units (CHARUs).
- Additional Unscheduled Care Service (UCS) Capacity: the Trust has received additional funding for third party capacity that it can procure for the UCS. Four vehicles a day, seven days a week have been secured with funding through to the end of the financial year.

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

- The Ambulance Response roster review will complete its go live in November 2022. This has been a large scale project involving 1,800 staff, 146 rosters, and 80 working parties. This will have the equivalent performance impact of 72 FTEs. A project evaluation is planned for quarter four.
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. The aim is to reduce sickness absence in line with a trajectory included in the IMTP (8% by March 2023). There is a clear downward trend, with particular improvements noticeable in long term sickness.

- Further discussion continues constructively with trade union partners on a range of other potential workforce efficiencies and staff-well-being.

#### Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now in place. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate by December 2022, an increase in the previous target of 10.2% which has been delivered. The Trust achieved 12.8% in October 2022.
11. One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 28,937 hours were lost in October 2022 which represents 36% of the total number of conveying resource hours produced for the month. The levels are so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss (see also separate report to Trust Board on patient harm mitigations). Urgent and high-level discussions have taken place between the Trust, Health Board CEOs and the CEO of NHS Wales. A number of mitigating actions have been agreed and a target of no >4 hour waits and a reduction of 25% in minutes per ambulance arrival (from Oct. 21 baseline). Whilst this is a target and trajectories are in place, improvements have not yet been seen. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus. Immediate Release figures for October were: Red 344 accepted and 41 declined; and Amber 1 238 accepted and 510 declined.
  12. **Ambulance Care (formally NEPTS) (Patient Experience):** performance was above target for enhanced renal patient arrivals prior to appointment in October 2022 and improved for patients requiring discharge. Overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport).
  13. **National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported six NRIs to the Delivery Unit in October 2022, compared to seven in September 2022; and 15 serious patient safety incidents were referred to health boards in October 2022 under the "Appendix B" arrangement, remaining consistent as the previous month of September 2022. In October 2022 complaint response times remained at 28%, failing to meet the 75% target. In the main, many of these incidents will be because of continued longer response times and the actions outlined above therefore are key. The Trust is putting more capacity into the Putting Things Right team.
  14. **Clinical outcomes:** the Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with the CAD and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 78.20% in October 2022, below the 95% performance target. The introduction of ePCR

enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. Work is ongoing on the new call to door time-based metrics for STEMI and Stroke using the following roll out plan:

- Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define ‘call to door’ and a reporting dashboard will be developed.
- Q4 (Jan – Mar 2023) – the data will be tested internally to include data from April 2022.
- April 2023 – approve for ASI reporting.

#### Our People (workforce resourcing, experience and safety)

15. **Hours Produced:** 110,916 Ambulance Response ambulance unit hours were produced in October 2022. The emergency ambulance unit hours production (UHP) was 90% in October 2022 and RRV UHP decreased from the previous month to 73%. Key to the hours produced are roster abstractions which remain high.
16. **Response Abstractions:** Abstraction levels remained at 40% in October 2022, but are significantly improved from the high in March 2022 of 49%, however, they remain much higher than the 30% benchmark. COVID-19 has had a significant impact on abstractions with sickness abstractions being 11% in October 2022 (benchmark 5.99%). The training abstraction is also high, driven by internal movements linked to recruitment (more than 6% currently). This abstraction could be removed, being treated as a vacancy rather than an abstraction. The Trust is currently comparing practice with other UK ambulance services.
17. **Trust Sickness absence:** the Trust’s overall sickness percentage was 8.68% in September 2022 which represents an improvement. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.
18. **Staff training and PADRs:** Stat / Mand training compliance rates have been improving again achieving the 85% target. PADR levels are also improving steadily although remain below target.

#### Finance and Value

19. **Financial Balance:** the Trust has reported outturn performance for September 2022 with a surplus of £1,000, and a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.
20. **Post-production lost hours:** the efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base

meal breaks. The Trust and TU partners continue to work together on options for change.

#### Partnerships/ System Contribution

21. **Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 12.8% in October 2022, compared to the benchmark of 10.2%, which was exceeded during 2021/22. The benchmark has been revised up to 15%, to be achieved by December 2022.
22. The Trust **conveyed** 32% of patients to emergency departments in October 2022, but this figure needs to be treated with significant caution as analysis shows that conveyance rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In October, over 10,970 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 850 callers. In the longer term, as the Trust knows, the system needs to transform if it is to become more sustainable. A formal programme to take forward "inverting the triangle" has been established. A bid was submitted to Welsh Government to start to increase numbers of APPs being trained; this was not successful, but the Trust has decided to proceed with the option of an additional 10 MSC places from September 2022 and a further 8 later in the year. The Trust has also appointed a Head of Strategic Development to take forward the "inverting the triangle" work, with the appointee now having started in the role. The Trust has agreed with CHCs that it will undertake an 8-12 week public engagement in Spring of next year. Prior to that, further work will be required to engage with stakeholders.

#### Summary

26. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides to its patients. Patient demand across the 111 and EMS services increased in October 2022, however, other factors such as the continuation of the CoVID-19 variants, levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continue to impact on the Trust. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited and is expected to worsen significantly in 2023/24. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however, for EMS the Trust cannot take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result, all three committees have expressed serious concern about the impact of handover lost hours on patient safety and staff well-being. The Trust has received further funding (£3m) for +100 FTEs into EMS, which is welcome, but it remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation.



## RECOMMENDATIONS

Trust Board is asked to: -

- **Consider** the October 2022 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) The report provides sufficient assurance;
  - b) Whether further information, scrutiny or assurance is required, or
  - c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
<b>Date</b>	<b>Meeting</b>
<b>18 Nov-22</b>	<b>CEO &amp; Director of Strategy, Planning &amp; Performance</b>
<b>24 Nov-22</b>	<b>Trust Board</b>

REPORT APPENDICES
<b>Appendix 1 – Top Indicator Dashboard</b>

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



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Welsh Ambulance Services  
NHS Trust

# Monthly Integrated Quality & Performance Report

## November 2022

### Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Sep-22	Oct-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
NHS111 Abandoned Calls	< 5%	18.60%	11.2%	14.8%		R
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	00:52	01:03		R
999 Red Response within 8 minutes	65%	55.2%	50.0%	48.0%		R
999 Amber 1 Median	00:18	01:10	01:30	01:42		R
Stroke Patients with Appropriate Care	95%	TBD	79.10%	78.20%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	45.00%	37.50%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%	74%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	88%	85%		A
National Reportable Incidents reports (NRI)	Reduction Trend	5	7	8		R
Concerns Response within 30 Days	75%	61%	28%	28%		R

In-Month RAG Indicates =

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

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

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Sep-22	Oct-22	2 Year Trend	RAG
Our People						
Capacity						
EMS Abstraction Rate	29.92%	42.00%	41%	40%		R
Hours Produced for Emergency Ambulances	95%	95.0%	96%	90%		A
Health and Wellbeing						
Sickness Absence (all staff)	8.00%	10.48%	8.68%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	9.26%	10.12%		R
Staff Turnover Rate	TBD	8.71%	11.35%	11.11%		R
Statutory & Mandatory Training	>85%	82.3%	85.60%	85.58%		G
PADR/Medical Appraisal	>85%	60%	78.75%	80.49%		A
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	TBD	9121:31	9382:33		A
Partnerships / System Contribution						
NHS111 Consult and Close	Improve	7,843	15,342	17,695		G
Combined 999 & NHS111 Consult & Close	15.0%	10.4%	12.3%	12.8%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	11.14%	11.10%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	25,174	28,038		R

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

TBD: Status cannot be calculated (To Be Determined)







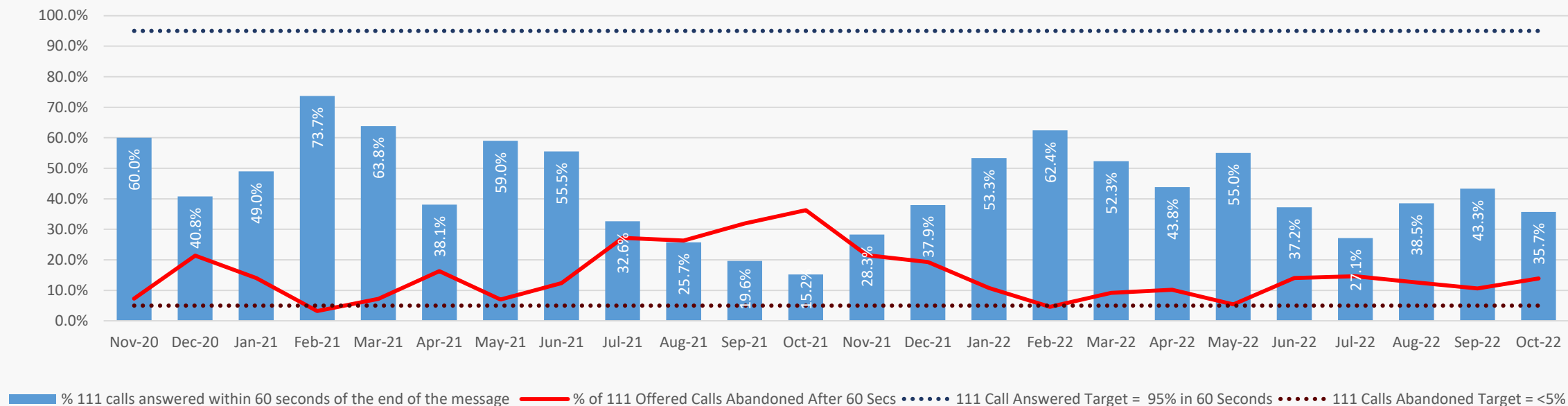
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators



### Influencing Factors – Demand and Call Handling Hours Produced

111 Calls Answered vs Calls Abandoned within 60 Seconds



#### Analysis

**111 call abandonment is a key patient safety indicator** for the service. **October 2022** saw an abandonment rate of 14.8%, therefore failing to meet the 5% target.

**The percentage of 111 calls answered within 60 seconds of the end of the message declined in October 2022 to 30.5%.** 111 call demand increased when compared to September 2022, however higher volumes of people continue than the Trust would like continue to receive a poor patient experience.

**Capacity (staff hours) has generally been increasing** in line with the roll-outs and as planned and a high level of shift fill was seen in October. This does continue to be impacted on however by sickness which was at 11.61 % in October. Demand increased in October but so has capacity which is why performance has remained relatively stable this month. It is worth noting that in response to the ongoing Business Continuity incident as a result of the Adastra outage, additional Call Handlers have been necessary to support manual processes as the Trust is unable to pass calls to Health Boards electronically.

#### Remedial Plans and Actions

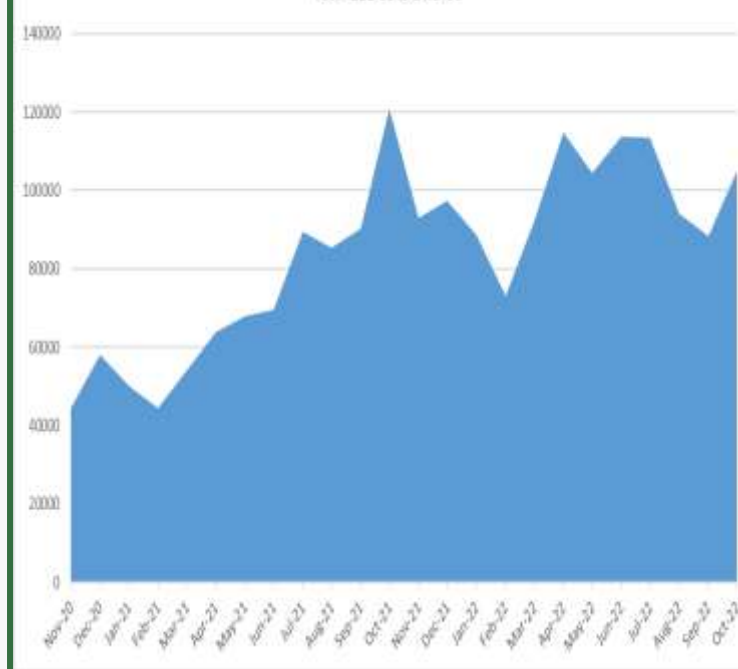
- The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.
- Agreement has been reached with commissioners that 178 WTE call handlers will be funded this year. We are currently broadly at that number, and further recruitment is planned to meet anticipated attrition levels to maintain levels at the funded WTE figure.
- Work continues on sickness absence in line with the Trust's managing absence work programme to increase capacity.
- Work is underway to look at the rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week and at weekends. Consideration is being given to how this programme of work could be resourced.
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore the time spent is related to clinician availability. At present there are high levels of clinical vacancies. The national recruitment campaign in October yielded circa 10 WTEs and a further round of recruitment is currently underway.

#### Expected Performance Trajectory

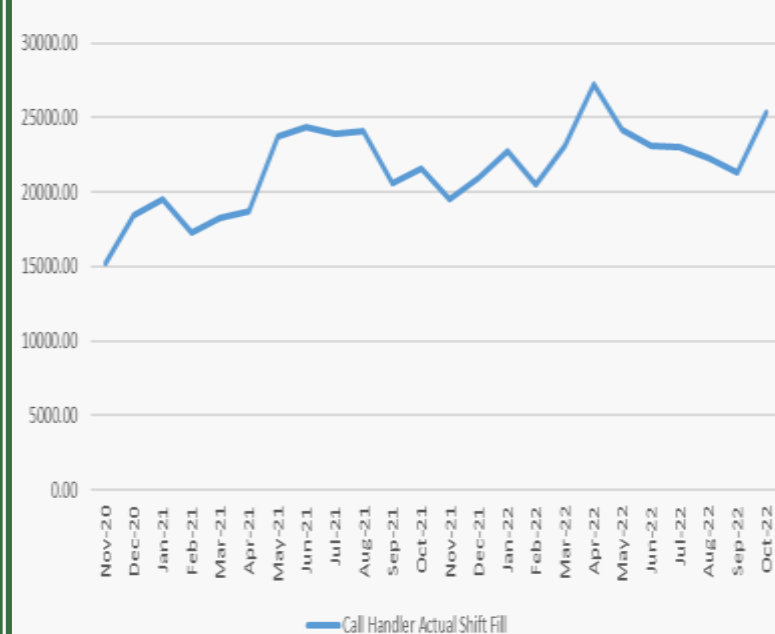
With call handler numbers broadly at commissioned levels, call answering times will only be improved through improved efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line). This work is underway but will take some time to come to fruition.

*NB: Abstraction data is currently under review for accuracy reporting this has yet to be agreed and therefore there isn't a plan to deliver the required changes*

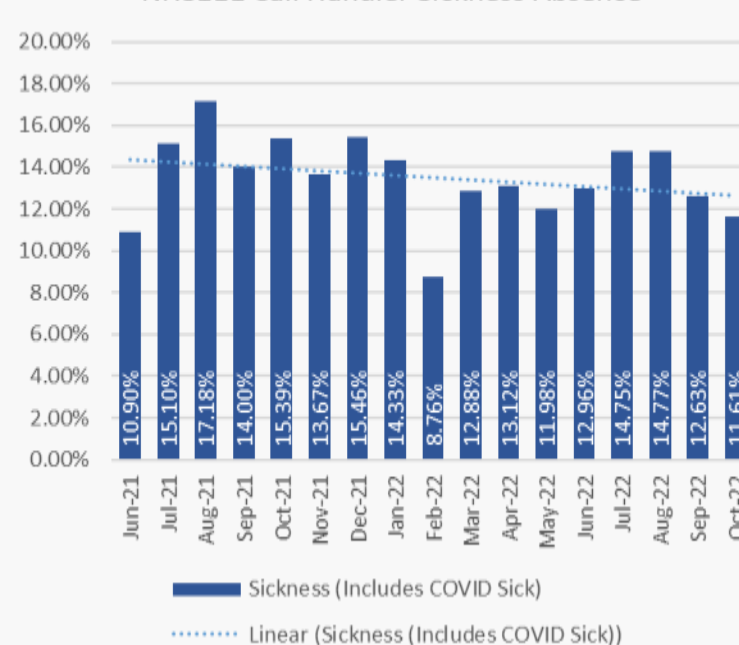
Total 111 Calls Offered



NHS111 Call Handler - Total Actual Shift Fill



NHS111 Call Handler Sickness Absence





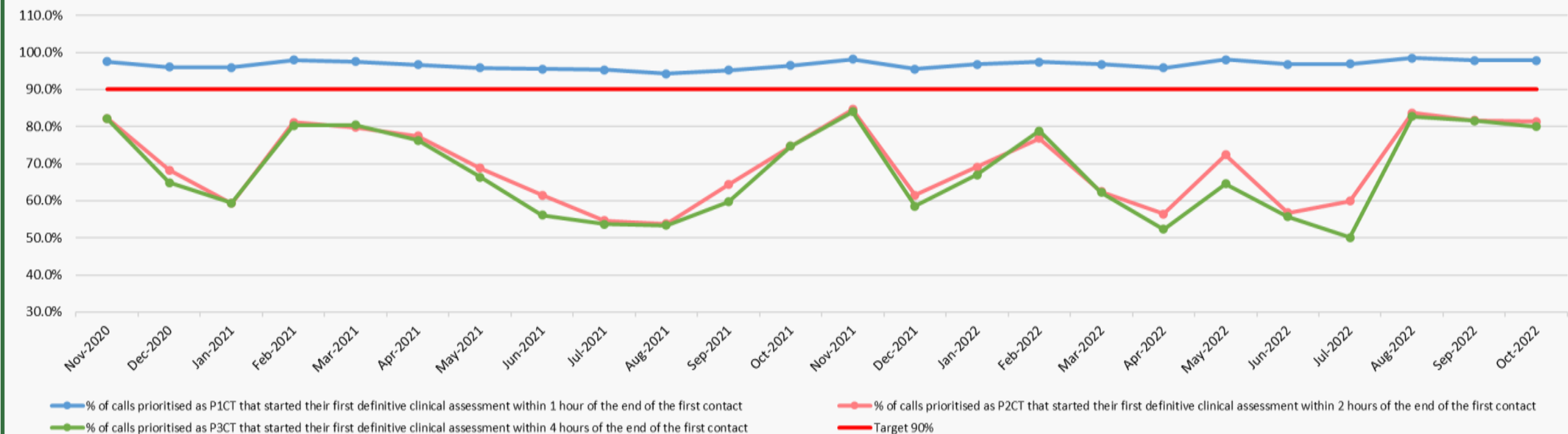
# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



#### Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment has seen improvements across the priorities. The highest priority calls, P1CT, continue to receive a timely response which has continuously achieved the 90% target over the last 2 years.

For lower category calls the Trust is not meeting the 90% target, but there has been a significant improvement in performance in recent months which has been maintained through August – October.

Demand for the service has grown significantly as service has been rolled out, and there was an increase in demand in October above that seen in September.

Recruitment and retention of clinical staff is the key issue in relation to .

13,260 hours were filled by clinicians in October 2022 an increase when compared to 12,788 in September 2022. Clinician sickness absence increased from 14.50% in September to 16.34 % in October. At present there are 100.1 (FTE) nurses and paramedics employed within NHS111 and 39.1 FTE Vacancies (data correct as of 16/09/22 and therefore subject to change).

#### Remedial Plans and Actions

The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. At present there are significant numbers of clinical vacancies. Urgent actions are in place now to increase recruitment this winter, including:

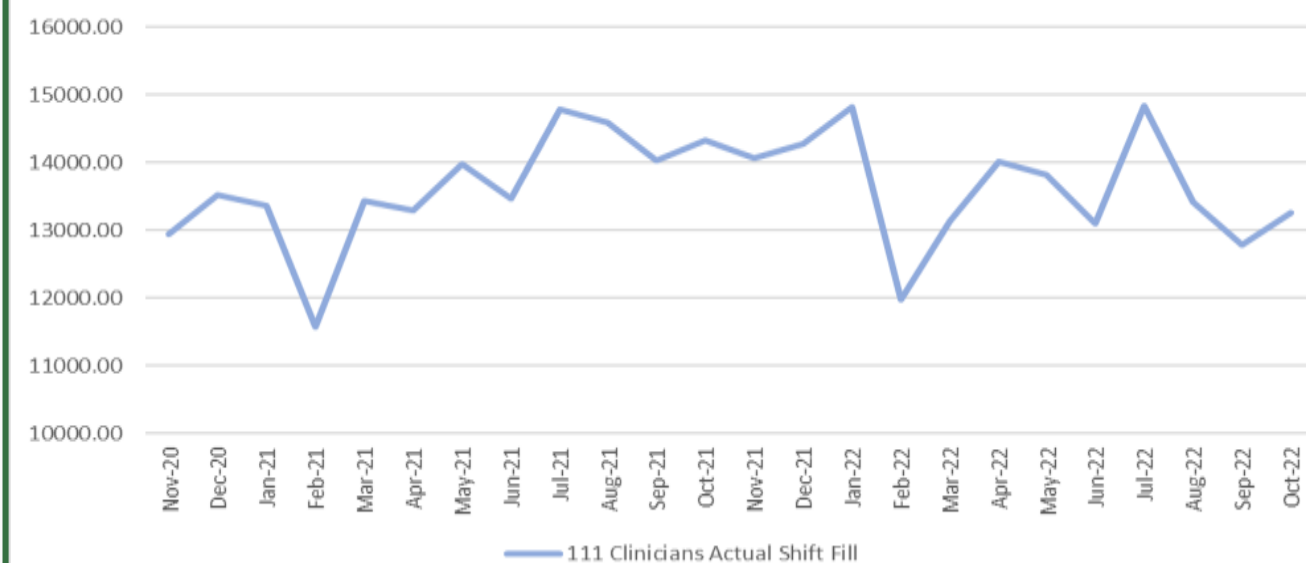
- Utilisation of other clinicians to fill vacancies
- Maximising opportunities through remote / agile working
- Review of existing staff bases including agreement to creating an additional Cardiff base, operational from mid December
- Review of service model following Adastra outage / BCI
- Targeted recruitment drive, which has commenced

#### Expected Performance Trajectory

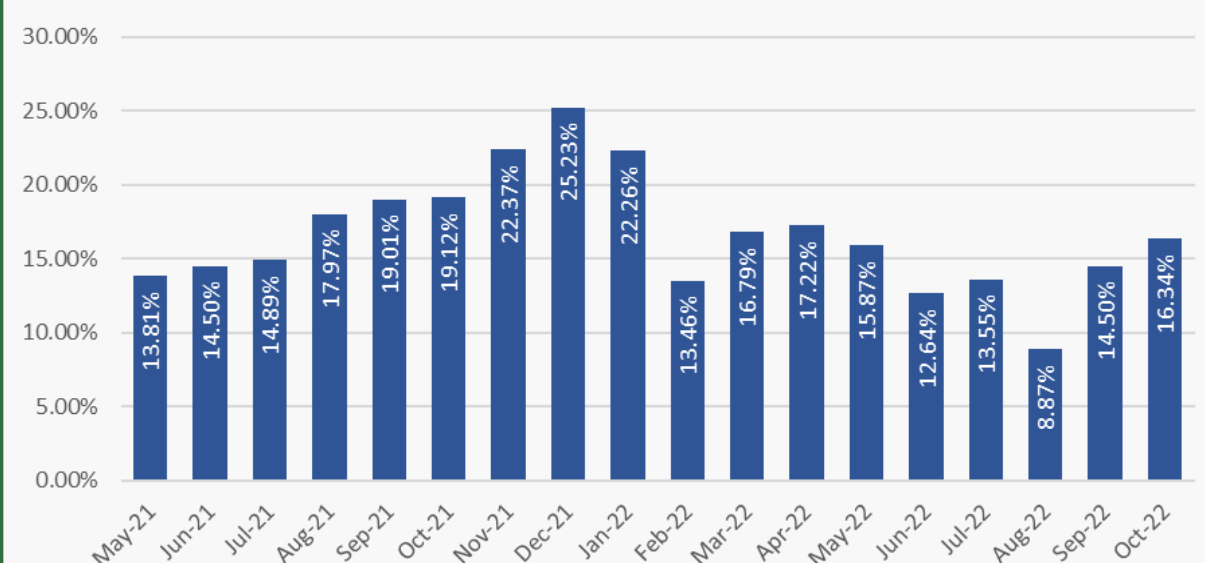
Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Although urgent actions are in play as set out above, performance is likely to be below levels expected until these bear fruit into Q4.

*NB: Abstraction data is currently under review for accuracy reporting*

NHS111 Clinicians - Total Actual Shift Fill



NHS111 Clinician Sickness Absence



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

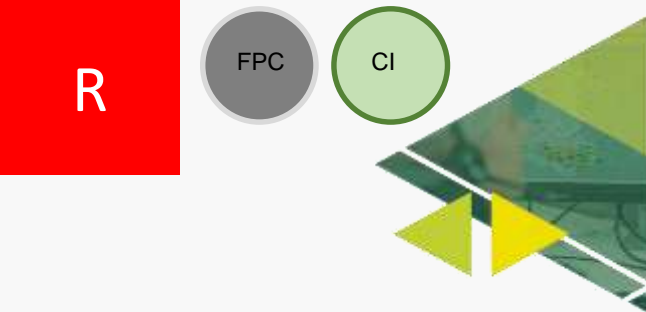




# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

### Influencing Factors – Demand and Hours Produced



95th Percentile 999 Call answer times



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance declined in October 2022 to 1 minute 3 seconds, compared to 52 seconds September 2022. Delays in call answering times are a significant concern in relation to patient safety. 86.2% of calls were answered within 6 seconds in October 2022.

The median call answer times for 999 services remains consistently at 2 seconds. In October 2022 65<sup>th</sup> percentile continued to average at 3 seconds.

The Trust received 48,815 emergency 999 calls in October 2022, an increase compared to September 2022. October 2022 saw a reduction in sickness abstractions, in line with the planned trajectory.

A continuing higher level of call volumes could be as a result of repeat callers, as a direct result of long wait times, prompting people to call back or conditions to deteriorate.

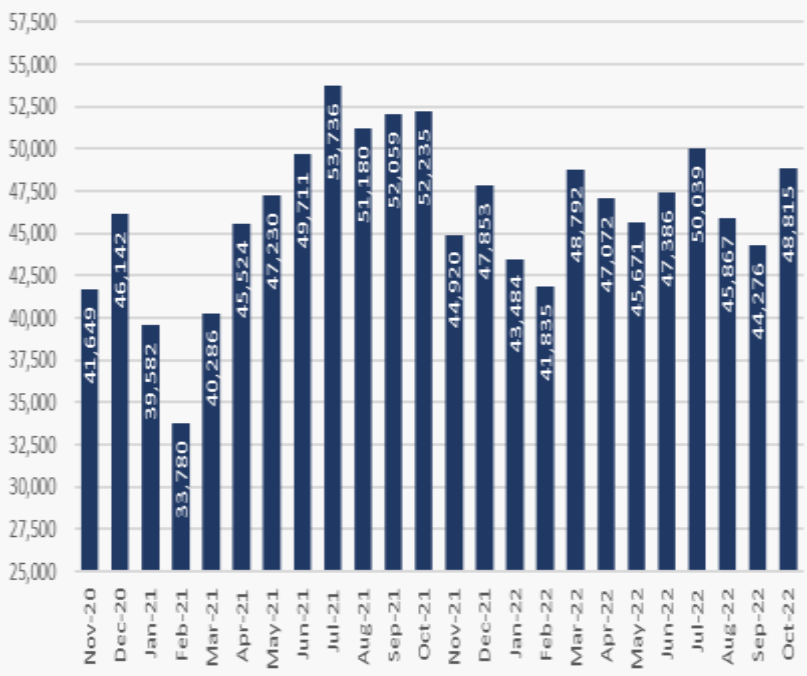
#### Remedial Plans and Actions

- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7-day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- No additional funding is available this year to increase numbers of call handlers.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.

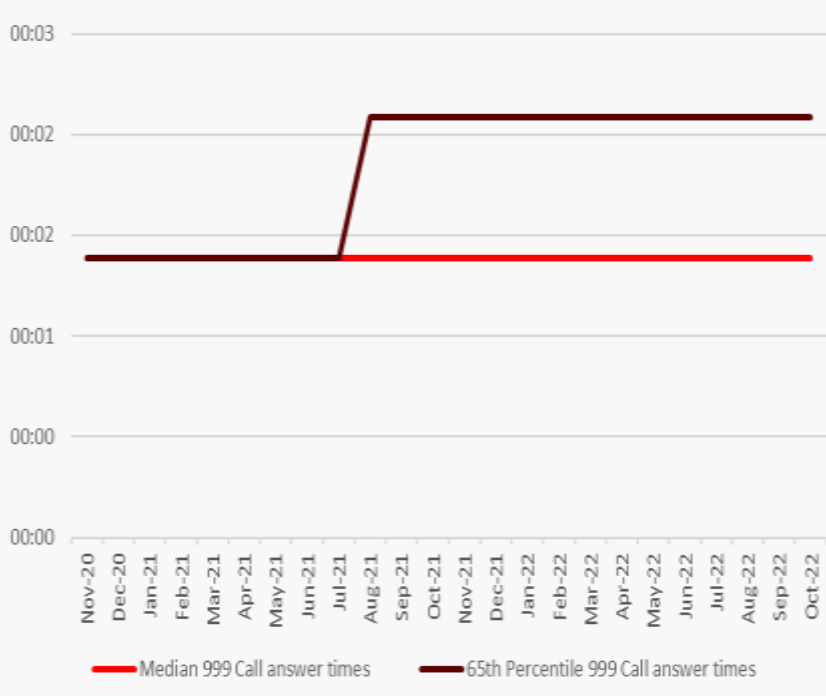
#### Expected Performance Trajectory

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

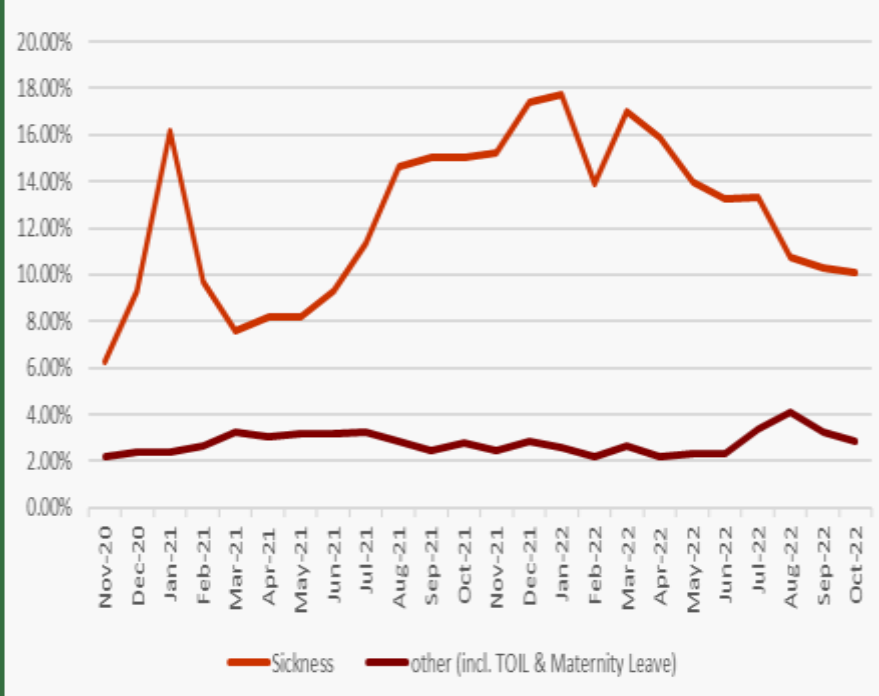
999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



Pan Wales CCC Abstraction Hours - Sickness and Other Abstractions



(Responsible Officer: Lee Brooks)

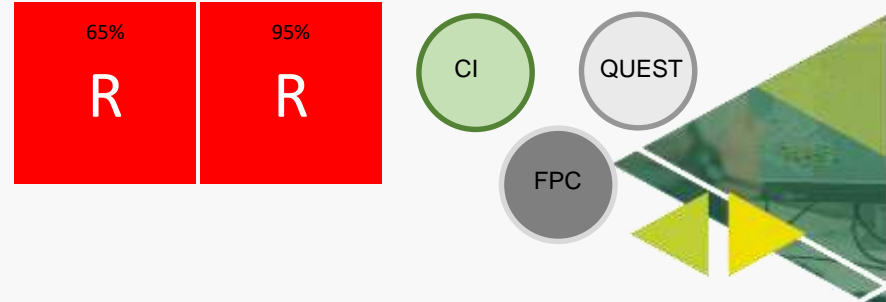
Welsh Ambulance Services NHS Trust



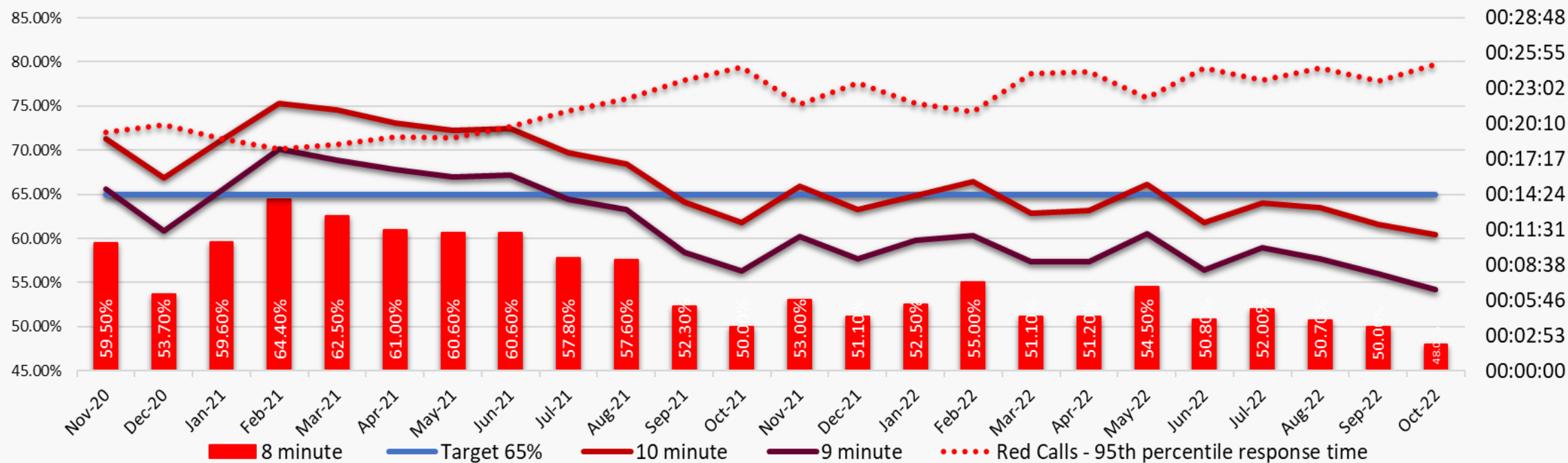
# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



% Of Emergency Responses to Red Calls Arriving Within (up to and including) 8, 9 & 10 Minutes Against Red Calls 95th Percentile



### Analysis

**Red performance declined in October 2022; remaining significantly lower than the 65% target;** the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieving the 65% target. A continuing level of poor performance was forecast based on predictions of demand, lost hours and hours produced. Red 10-minute performance was 60.4% in October 2022.

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

Red demand in the last 2 years has seen a particular increase, outside of normal expected variation which is impacting on response times. The change in DCR tables implemented in October has led to a further step up in demand as expected.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours, with extreme levels of losses continuing to be seen with 28,937 hours lost in September.

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

### Remedial Plans and Actions

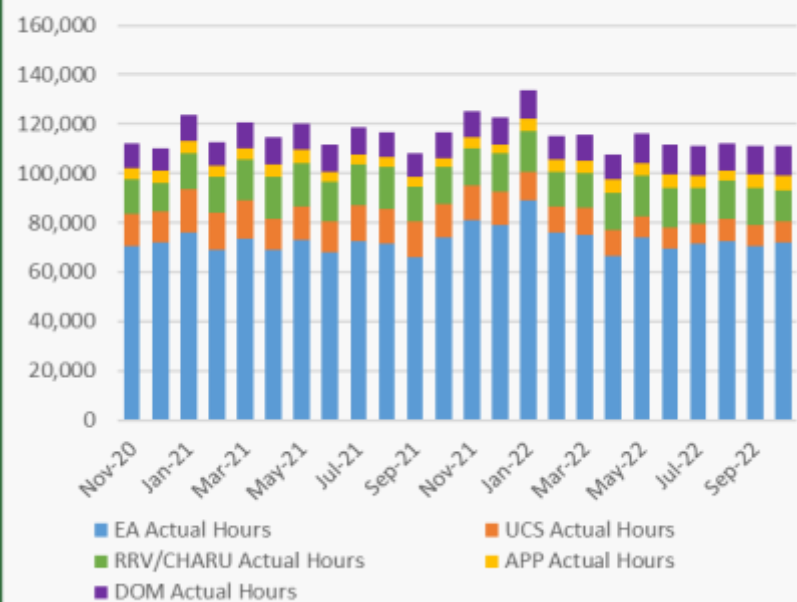
The main improvement actions are:

- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23 (on target for all operational by end of Jan 2023)
- Reduce hours lost through sickness absence through managing attendance programme – trajectory for improvement in place as part of IMTP
- Negotiations are ongoing to increase capacity through modernisation of practices and supporting staff well-being. This is under discussion with TU partners currently.
- Plans are in place and work continues with partners to reduce hours lost at hospital. Handover reduction plans and trajectories are currently being developed by health boards facilitated by the NCCU. Agreement on immediate release and fit to sit, together with commitment to no >4 hour waits and a reduction in 25% overall. These have not yet had any impact in most areas.
- Improving efficiency – the role out of new rosters through September – November 2022 will provide the equivalent of 72 WTE additional staff.
- A deep dive of Red performance by Health Informatics has concluded with further actions to investigate increased time spent on scene and consideration of dispatch volumes and locations.
- CSAM Optima have completed work to investigate Red variation summarising that Red variation on any given day can be difficult to impact due to the +20 factors that affect Red response times.

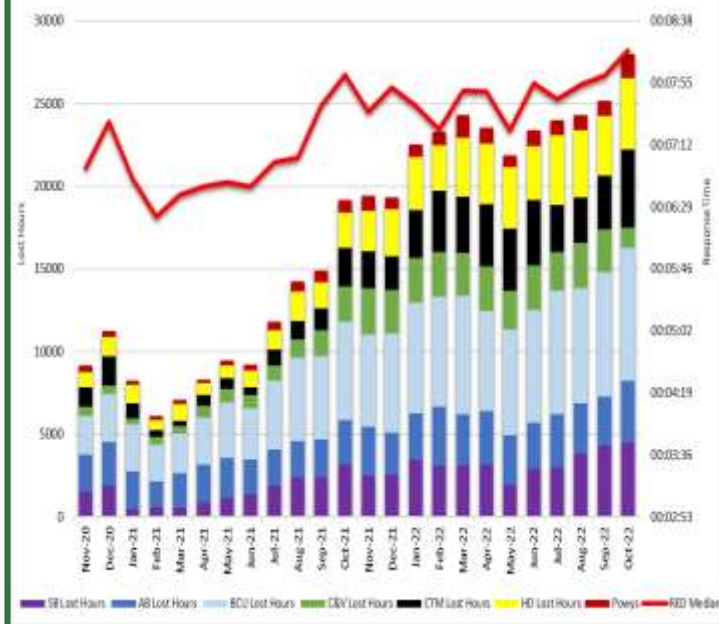
### Expected Performance Trajectory

Winter modelling (March 2023) indicates that without reductions in handover in line with the Welsh Government directives, the Trust can expect to see Red 8 minute performance reduce to below 40% without the application of the Clinical Safety Plan to levels 3 and above and the recruitment of the +100.

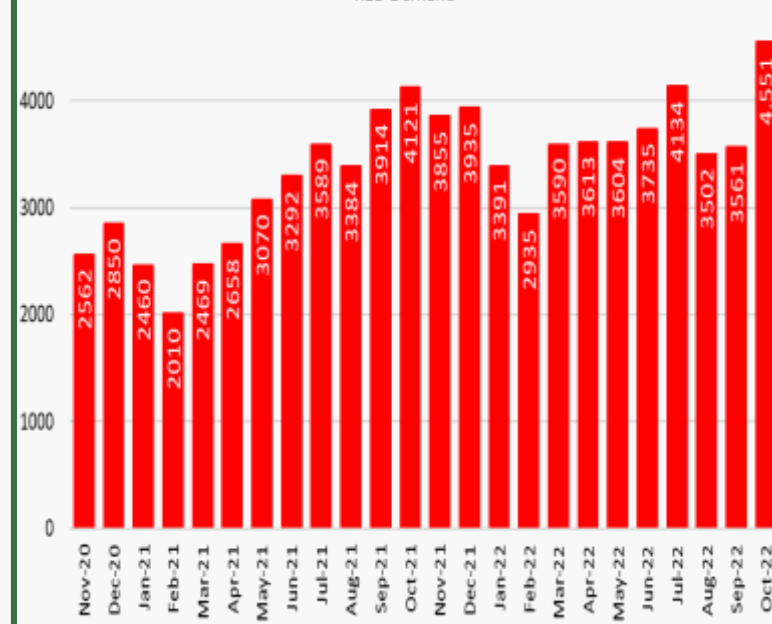
Total EMS Actual Hours Produced



Red Median Response Times Against Lost Hours to Notification to Handover Delays



RED Demand



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

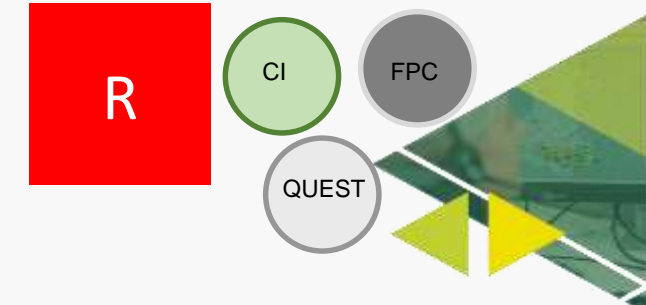




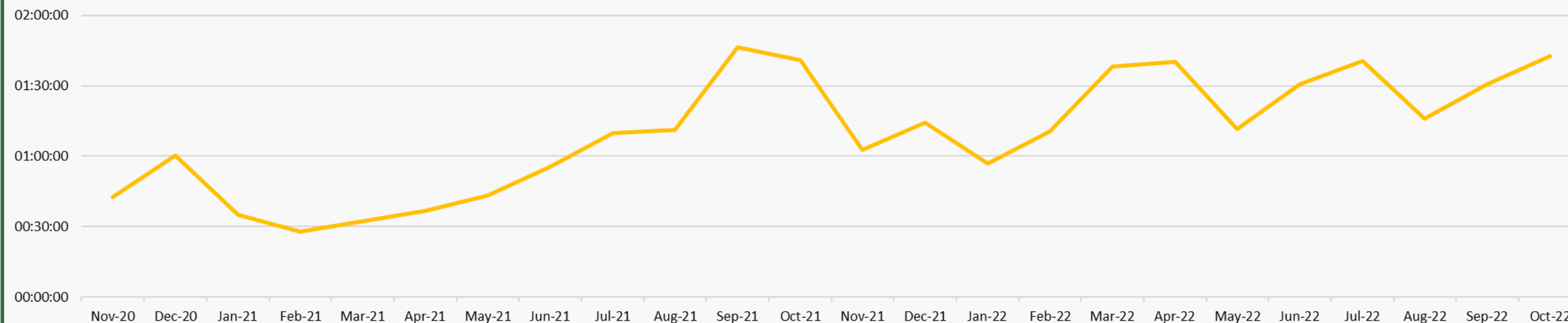
# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 - Median Percentile



### Analysis

Amber response times declined across the percentiles in October 2022. In addition, there were some very long patient waits (see below). The ideal Amber 1 median response time is 18 minutes, in October 2022 the Trust recorded median response times of 1 hour 42 minutes.

In October 2022, 918 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to August 2022, continuing to represent a very poor quality and experience of service. 785 of these patients were in the Amber category.

Amber demand increased again in October 2022 although has been broadly stable.

There is strong correlation between Amber performance and lost hours due to notification to handover delays. The number of hours lost to notification to handover delays in October 2022 increased to 28,937, higher than the worst recorded in March 2022 of 24,479, and higher than the Trust would like. Prior to August 2021 the worst handover levels recorded were in December 2019 (13,820).

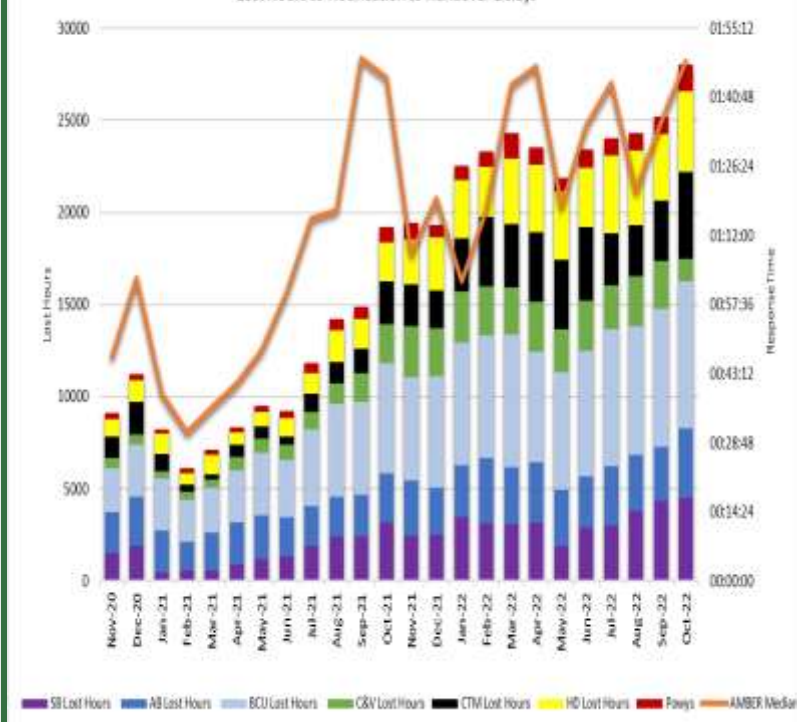
### Remedial Plans and Actions

The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from November 2020 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board. The actions being taken are largely the same as those related to Red performance on the previous slide.

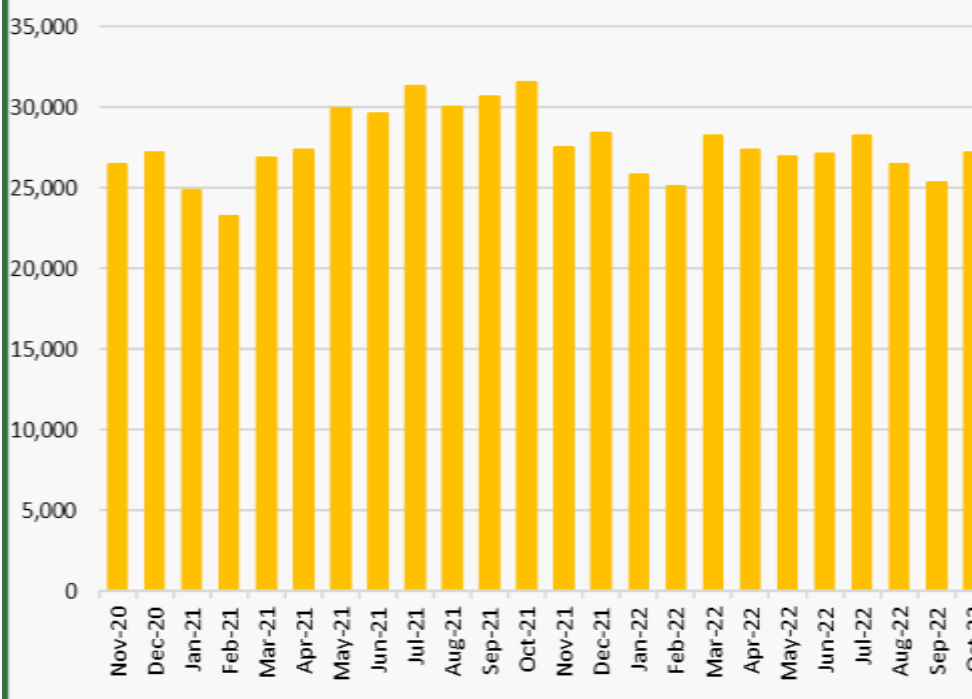
### Expected Performance Trajectory

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

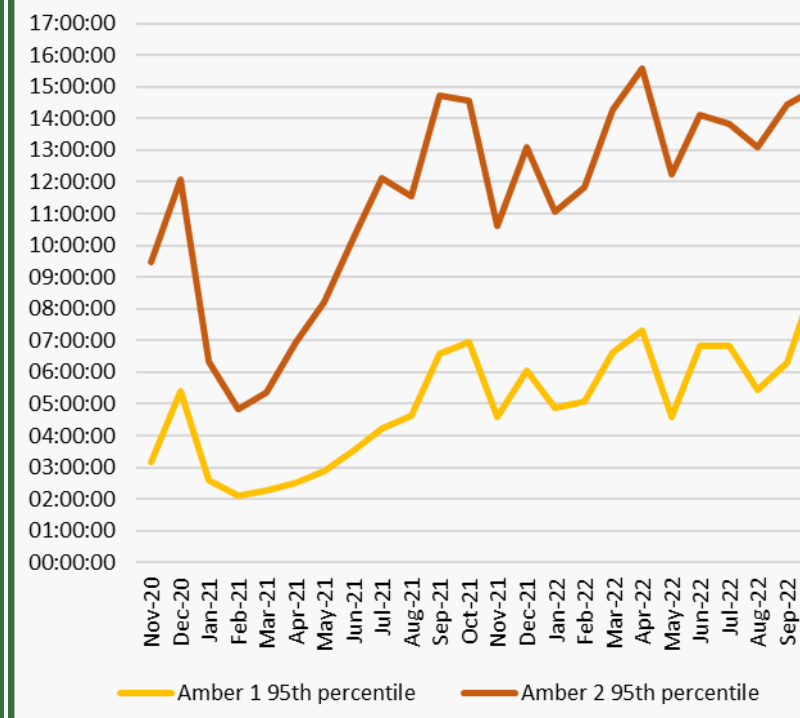
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 & 2 - 95th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Clinical Outcomes Indicators

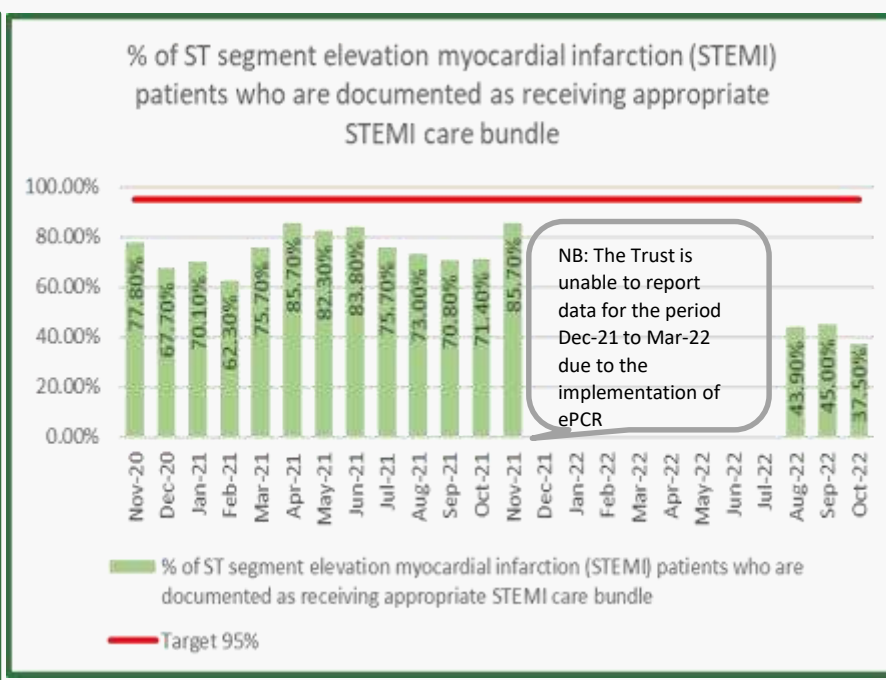
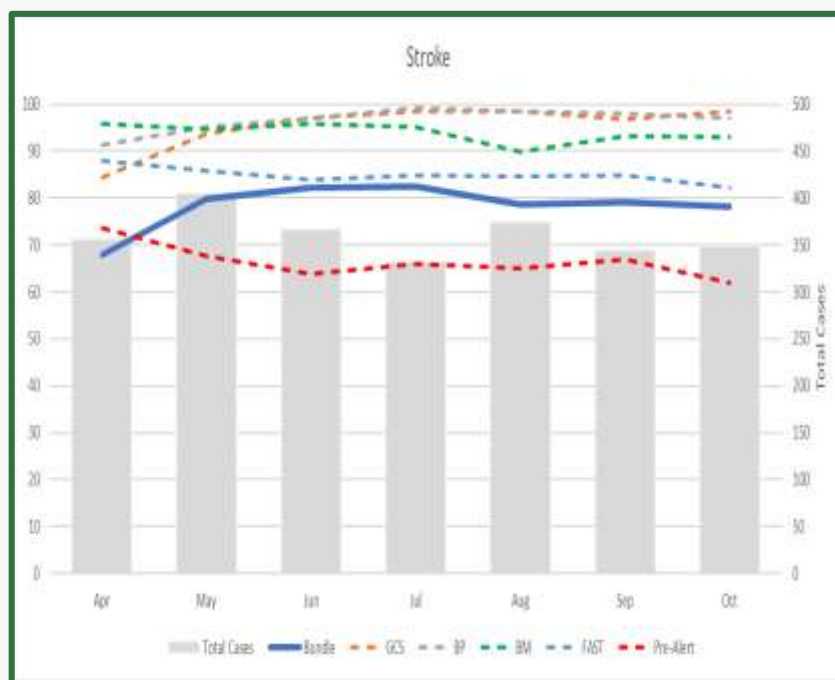
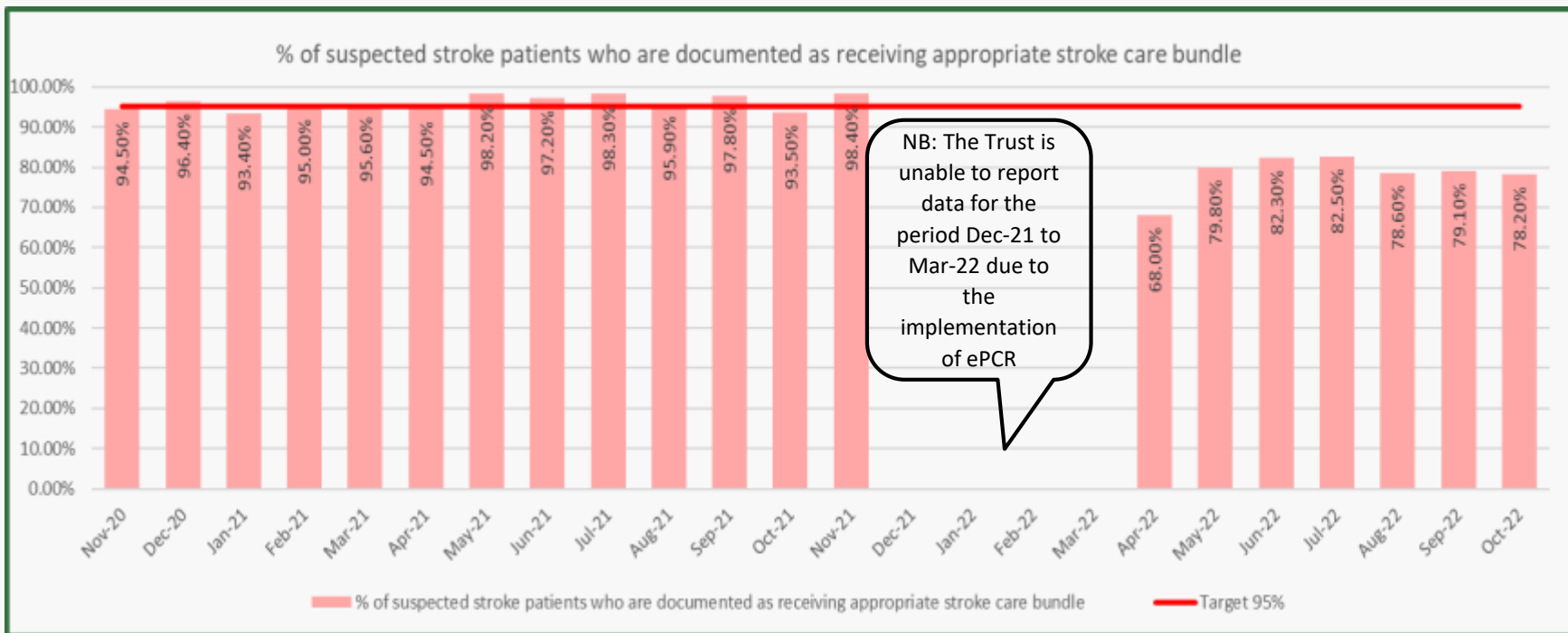
Stroke/Hip Fracture/Hypoglycaemic.

R

Self Assessment:  
Strength of Internal Control: Moderate

QUEST

### Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, Acute Coronary Syndrome Patients with Appropriate Care



#### Analysis

**Clinical:** The Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with CAD and quality assure metrics.

Clinical Indicator for Stroke has seen a 0.9% decline in October 2022 when compared to September 2022. From the chart, the key factor for improving care bundle compliance is the recording of a pre-alert, or a justified exception. In addition, the number of recorded (or with a documented justified exception) blood glucose reading has also dropped, which has contributed to the overall score.

It is likely that as the system continues to embed within clinical practice, that users are still getting used to an adjusted workflow and data points might be missed. An improvement approach has been taken and a series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on a deep dive audit conducted and reported through the Clinical Intelligence Assurance Group. In addition, the deep dive audit is contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application. Each Clinical Indicator is subject to a deep dive audit owing to the changes in how data flows to generate the CI report.

**Mortality Review:** The Trust participates in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues. Work is currently underway to address a backlog of mortality reviews with oversight from the Clinical Quality Governance Group.

Following discussions this month with the Lead Medical Examiner Officer for Wales the expected timeline for the Medical Examiner Service to review all non-coronial deaths in Wales (including those occurring in community) is from Spring 2023.

*The Delivery Unit has issued guidance to all NHS bodies in Wales on how mortality reviews should be undertaken moving forward. This aligns mortality reviews with requests for information from the Medical Examiner, this should then link with organisation Putting Things*

#### Remedial Plans and Actions

**Clinical:** The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. The Clinical team are focussing on reporting of key clinical indicators and themes within reporting to ensure that good clinical practice is captured and reported.

The new agreed indicator for this year (commissioning intention) is the call to door time for STEMI and Stroke. There is a lot of work required to agree and then report on this indicator, with the following roll out plan:

- ✓ Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define 'call to door' and a reporting dashboard will be developed.
- ✓ Q4 (Jan – Mar 2023) – The data will be tested internally to include data from April 2022.
- ✓ April 2023 – Approve for ASI reporting

The Trust cannot currently report on ROSC rates, a deep dive audit into ROSC at hospital will be completed for November CIAG meeting when decisions whether to approve reporting via EASC to the suite of indicators will be made.

The Trust's introduction of the Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will commence in October 2022 in some areas.

**Mortality Review:** The Trust's 'Learning from Mortality Reviews Framework' adopted from the All Wales Mortality Framework was approved at the Clinical Quality Governance Group on 30 September 2022 and has been shared with the All-Wales Mortality Review Steering Group. The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach. Meeting dates for the All Wales Mortality Working Group have been shared recently by the NHS Wales Delivery Unit, at which WAST are represented.

#### Expected Performance Trajectory

**Clinical:** As shown throughout the UK, the implementation of CHARUs will aid the Trust in successfully increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.

**Mortality Review:** Whilst the multiple benefits of the ME process 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 and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via PTR processes internally.


Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust

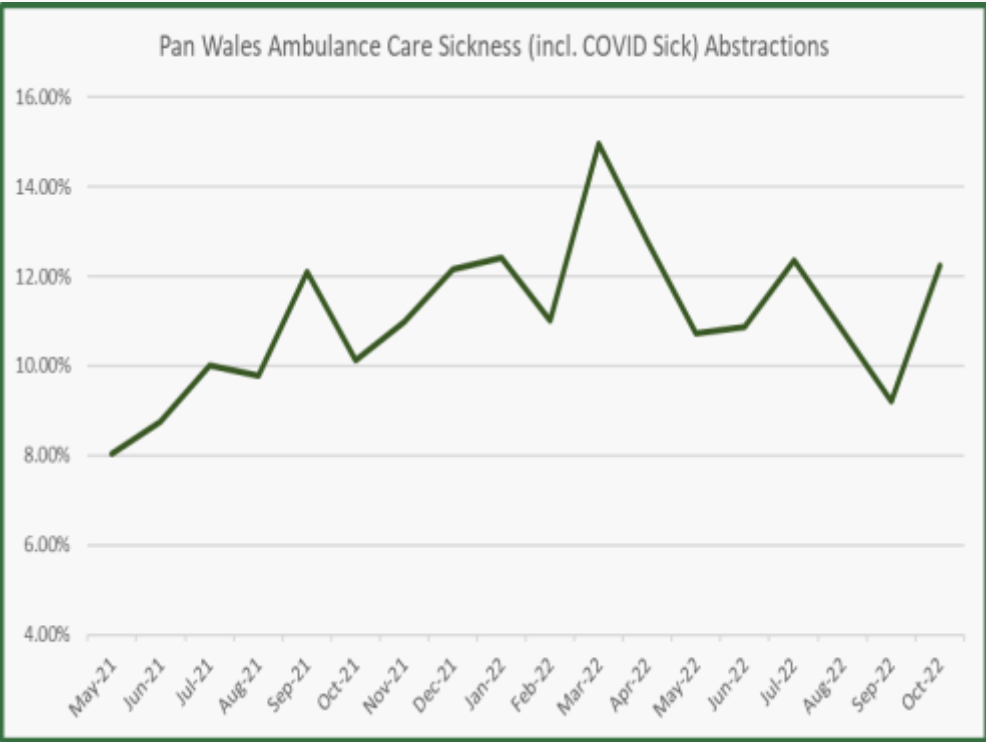
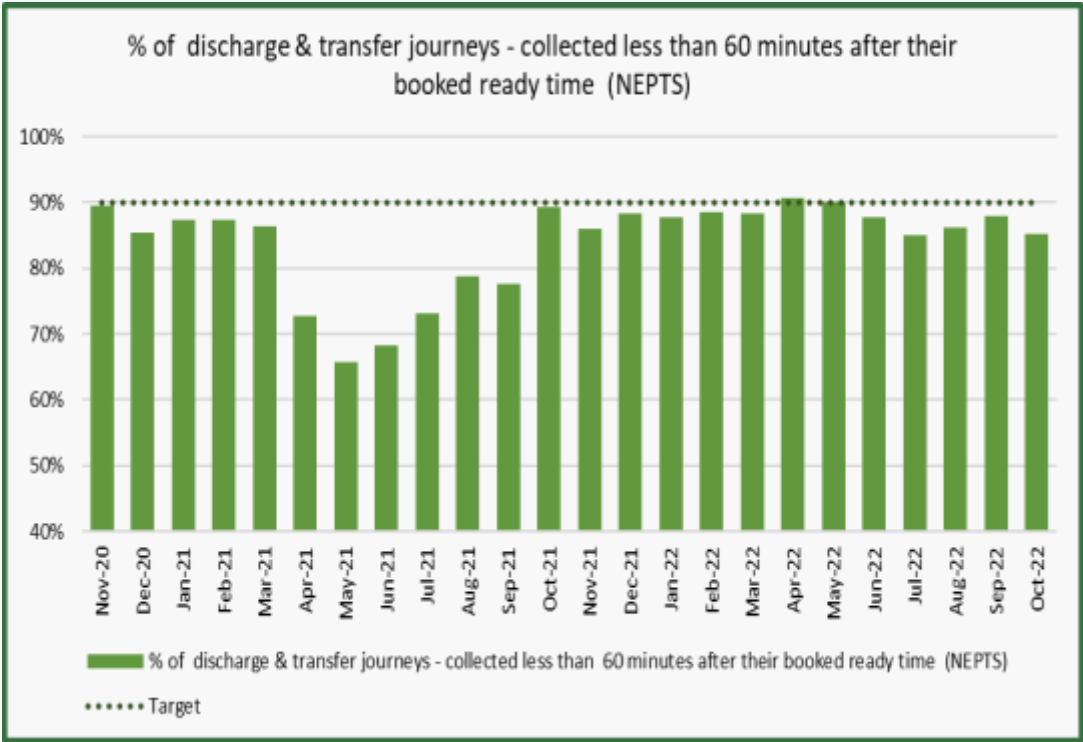
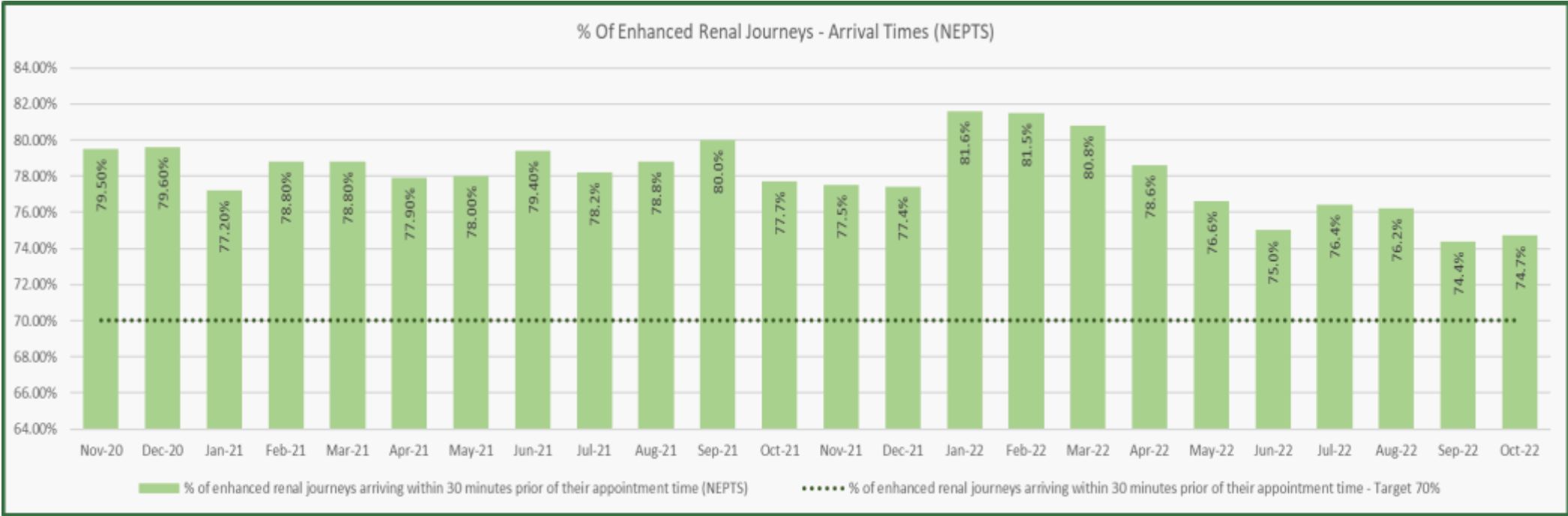
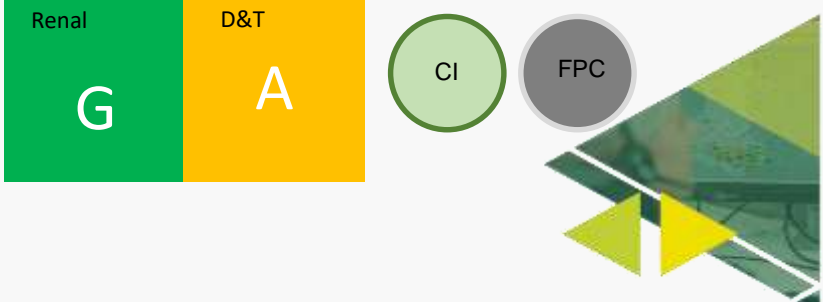




# Our Patients: Quality, Safety & Patient Experience

## Ambulance Care Indicators

### Patient Experience



#### Analysis

**Ambulance Care has seen a stabilisation of service delivery affecting patient experience.** 74.7% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target in October 2022.

85.3% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, therefore not achieving the 90% target, and a decline compared to September 2022 (87.9%).

Key factors affecting these indicators are demand and capacity:

- **Capacity** continues to be adversely affected by other factors such as sickness absence levels, worsening in October 2022 to 12.25%. Annual Leave returned to levels below the 20% cap at 12.25%.
- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is “re-set” it is anticipated that further demand increases could be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

#### Remedial Plans and Actions

- **D&C Project:** the revised keys are currently being developed. A PDSA has been written to test the ORH keys against the revised keys (ORH++) and the PID is expected in November 2022.
- **NEPTS Operational Improvement:** it has been agreed at ACT programme board that the Resource Downtime workstream is complete; the new report is in place and is being reviewed regularly as 'business as usual'. Contact has been made with BCUHB to restart the discharge lounge trial and data is being collated in relation to the Oncology booking process PDSA and will be shared at the next ACT programme board.
- **Transfer and Discharge Project:**
  - **Major Trauma Network:** this workstream is now complete. WAST has responded to the peer review paper and the recommendations from this are being considered within the Transfer and Discharge project.
  - **Transfer and Discharge Service:** the project team has been established and the PID has been approved by ACT. Work is in progress with regards to the modelling (ToR drafted) and understanding the data in order to develop a concept for consideration by EASC at the end of the financial year.
  - **Vascular Network in SE Wales:** this workstream is complete as the network went live on 18 July 2022. Ongoing attendance at operational meetings have not identified any significant issues.
- **Transport Solutions:** Health Boards have been engaged with training for the online booking system, in line with the deadline of December 2022 after which telephone bookings will no longer be accepted.
- **NEPTS Plurality Model:** the procurement process has continued and whilst this has taken longer than expected, contracts less than 12 months in length will be awarded by 30th November. Providers have been procured for the interim period.
- **NEPTS CAD Upgrade:** whilst there have been challenges to the timeline for this project, the new go live date is confirmed as 30th November and ACT have received assurance that this will not change.

#### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

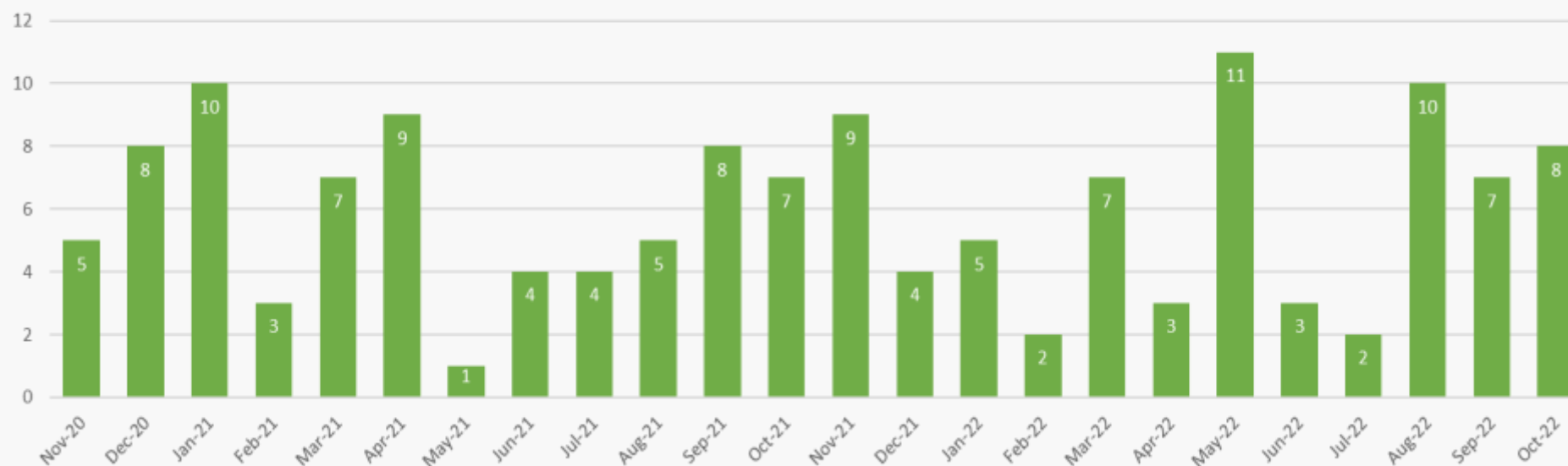
SCIF.  
**A**

Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

Health & Care  
Standard  
Health - Safe Care /  
Timely Care

Number of SCIF cases reported as National Reportable Incidents (NRI) By Date Reported to the Delivery Unit by WAST



### Analysis

The percentage of responses to concerns remains static in October 2022 at 28% against a 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns increased slightly in October 2022 (109) when compared to September 2022 (105).

In October 2022 there were 6 Serious Case Incident Forums (SCIF) and 42 cases were discussed. 7 cases were reported to the NHS Wales Delivery Unit and 15 cases were referred to Health Boards for investigation under the appendix b framework.

**Themes relating to incidents reported to the NHS Wales Delivery Unit as Nationally Reportable Incidents (NRIs) include call categorisation and clinical aspects of care including misdiagnosis and subsequent management. The ineffective breathing descriptor remains a theme, as it does UK wide. Year on year the overall volumes of NRIs remains static with the same volume recorded in 2021-22 as 2020-21 (Nov-Oct).** In October 2022 there were 3 NRIs relating to Red calls, 3 relating to Amber calls and 1 in relation to Green calls. There were 2 NRIs as a result of calls prioritised Amber which should have been Red.

As reported earlier, in October 2022, 918 patients waited over 12 hours for an ambulance response, an increase month on month, also an increase when compared to 586 in October 2021 and 211 in October 2020.

39 Compliments were received from patients and/or their families in October 2022, a decrease compared to the previous month (41).

### Remedial Plans and Actions

A range of actions are in place:-

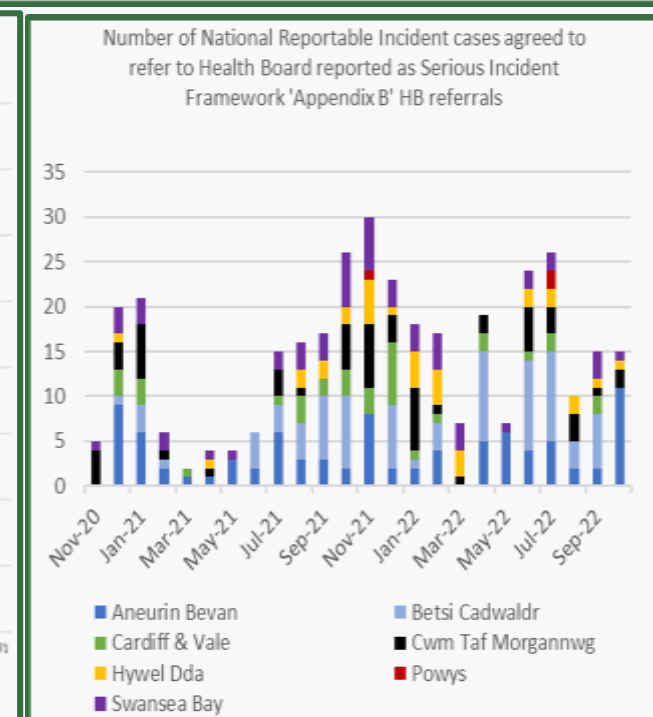
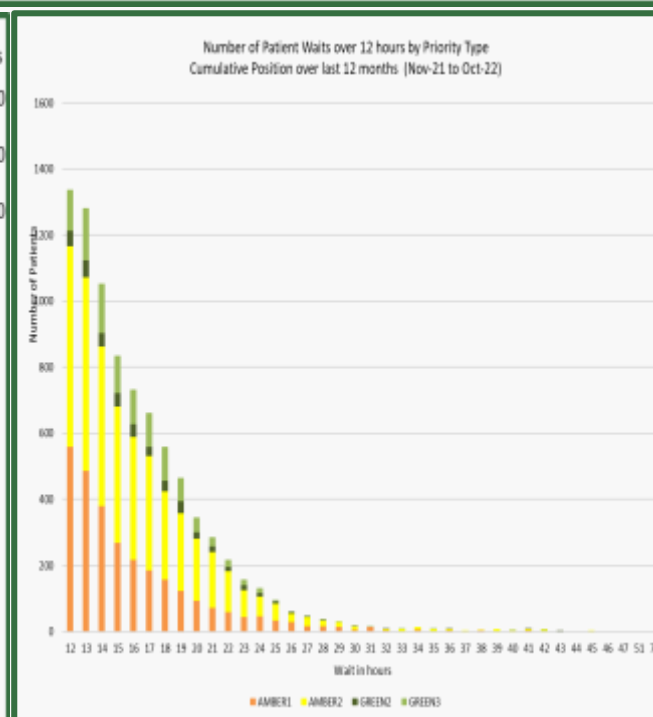
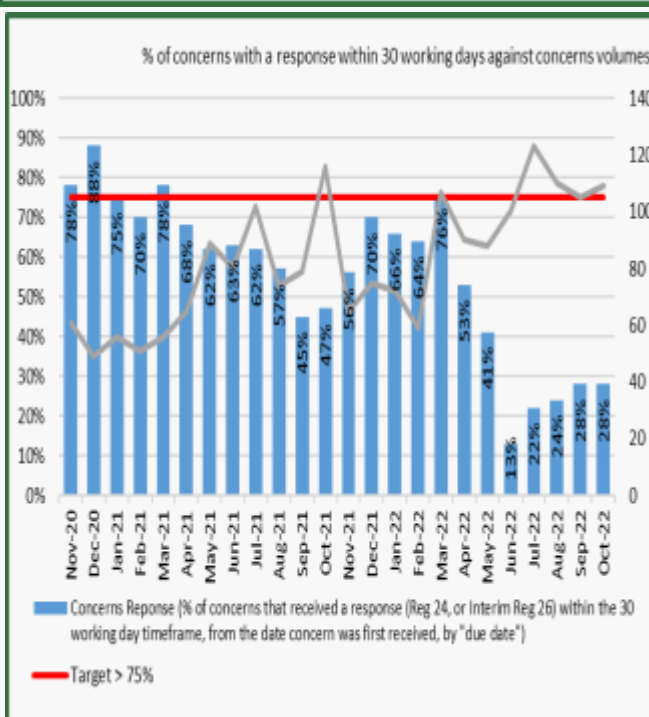
- The general theme in relation to the Trust's concerns portfolio remains timeliness to respond. Additional resources for complaints handling administration has been agreed by the Executive Management Team. Recruitment and redeployment of staff is currently in progress.
- The Joint Investigation Framework pilot (to replace the appendix b process) has recently commenced with good engagement from system partners to date. Early feedback from health boards is there are some challenges regarding the 72 hour timeframe to arrange a meeting including all relevant system partners.
- Immediate improvement actions following the SCIF include education and training for individual staff, updates to operating procedures and circulation of bulletins to share learning and provide updates.
- Health care professionals (HCPs) diagnosing patients with life threatening conditions (Amber1) with protracted waits has been identified as a theme at the Serious Case Incident Forum (SCIF) also. In response a new HCP call task and finish group, led by the Assistant Director of Quality and Nursing is meeting currently to review the cases and determine any improvement actions.
- Health Board specific quality and safety reports are shared with each respective Health Board Directors of Nursing & Quality and regular meetings are held between the Trust and respective Health Boards on a monthly basis. The content of these reports is currently under review.
- The key strategic action is the EMS Operational Transformation Programme.

### Expected Performance Trajectory

The Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge impacting on the quality and safety of care to patients in the community and those delayed outside of hospitals awaiting transfer to definitive care.

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

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



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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



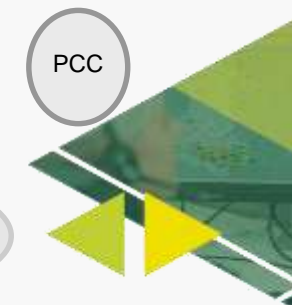
# Our Patients: Quality, Safety & Patient Experience

## Patient Safety Indicators

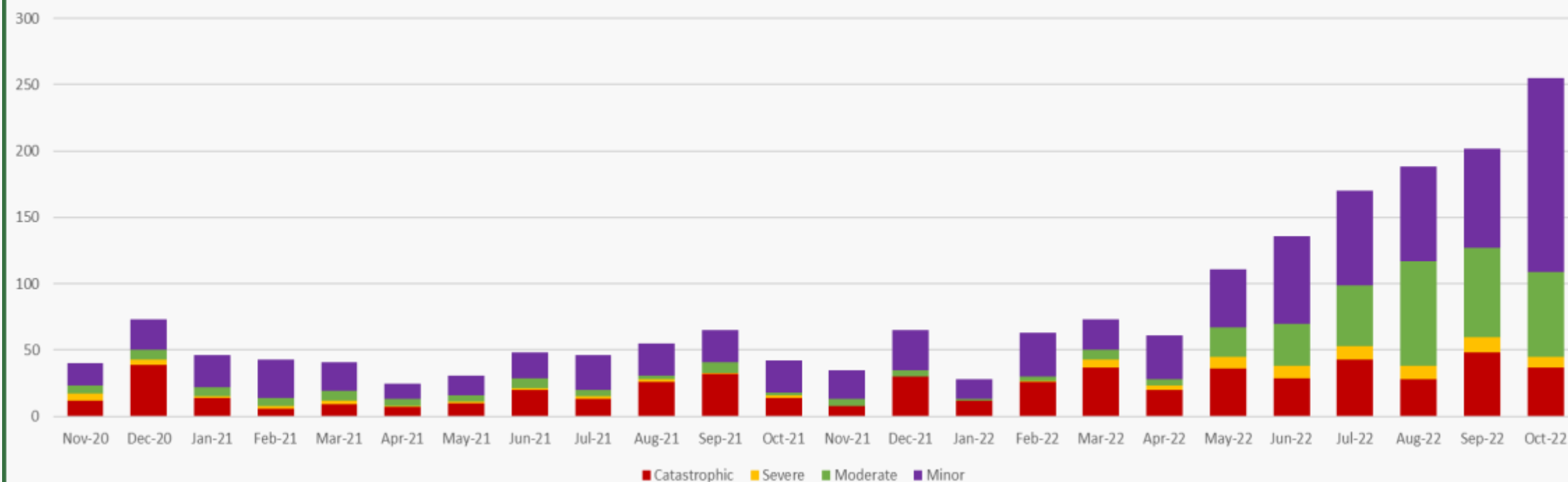
Self Assessment:  
Strength of Internal  
Control: Moderate

PCC

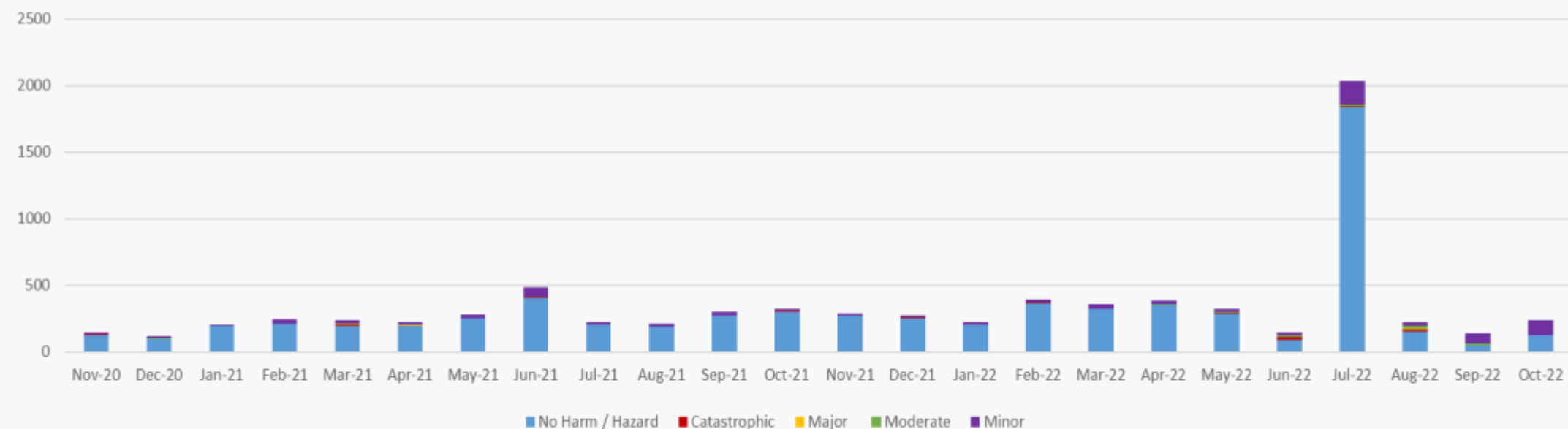
Health & Care  
Standard  
Health – Safe Care



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



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



### Analysis

The number of patient safety adverse incidents volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and CCC within October 2022 increased to 558 when compared to 303 in September 2022. The 558 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 303
- Minor harm – 146
- Moderate harm - 64
- Severe Outcomes - 8
- Catastrophic - 37

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; 238 cases were closed in October 2022. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example; 2 crews submitting the same incident), however the increase in incident volumes is attributed to the current rise in hospital handovers.

The rise seen in the number of cases closed in July 2022 is largely attributed to the transition from Datix Web to Datix Cymru when a risk-based review of all incidents on the system (including Covid related incidents) was undertaken by patient safety and health & safety teams, with oversight by the Executive Management Team.

### Remedial Plans and Actions

Capacity issues have impacted the ability of some teams to support investigations due to ongoing operational pressures. Additional resources have been agreed by the Executive Management Team to support concerns functions in the Clinical Contact Centres and Corporately. Recruitment / redeployment of staff is in progress.

### Expected Performance Trajectory

The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.

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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

## Coroners and Ombudsmen Indicators

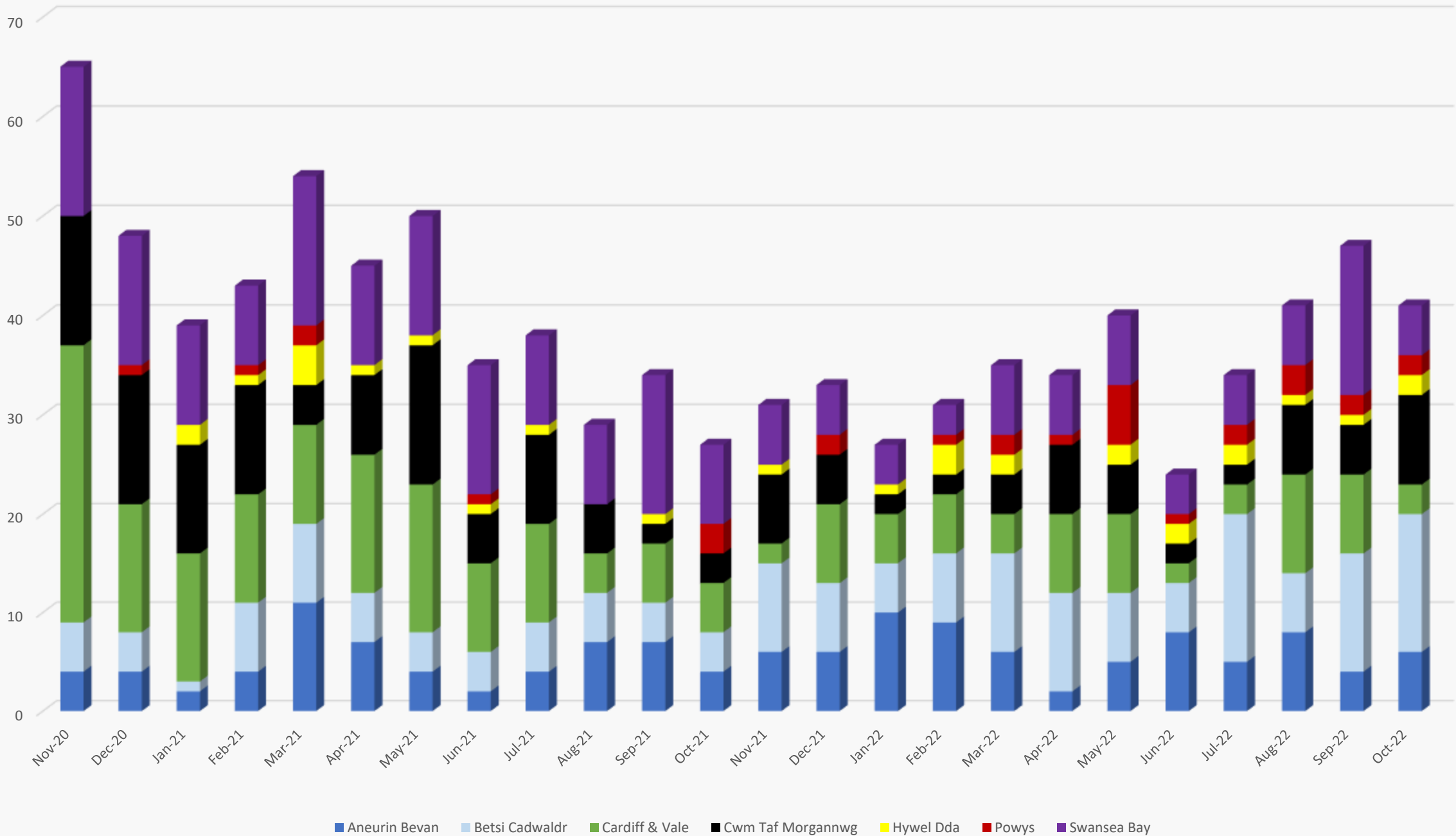
Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care



Number of Coroner Requests by Health Board



### Analysis

**Coroners:** The number of in month requests is higher than the same month in the previous years. The timeliness of our response and unexpected deaths continues to be the main themes. There continues to be a marked increase in the BCU area.

At the end of October 2022 there are 419 claims open; these relate to Personal Injury (76 Claims); Personal Injury - Road Traffic Accidents (47 Claims), Clinical negligence (109 claims); Road Traffic Accident (165 claims) and Damage to Property (22 claims).

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

### Remedial Plans and Actions

**Coroners:** Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are being arranged for December and into 2023.

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

### Expected Performance Trajectory

**Coroners:** The Trust continues to focus on the learning from our investigations and report these via the Patient Safety Highlight report, which is presented to the Executive Management Team and Trust Board. In addition to this, learning from our investigations continues to be presented to the Patient Safety, Learning and Monitoring Group and our Scrutiny Panels. Individual learning it also a huge focus across the organisation with significant attention on both clinical and CCC areas of business. We also continue to engage with our Health Board colleagues where we have utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

**Ombudsmen:** The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

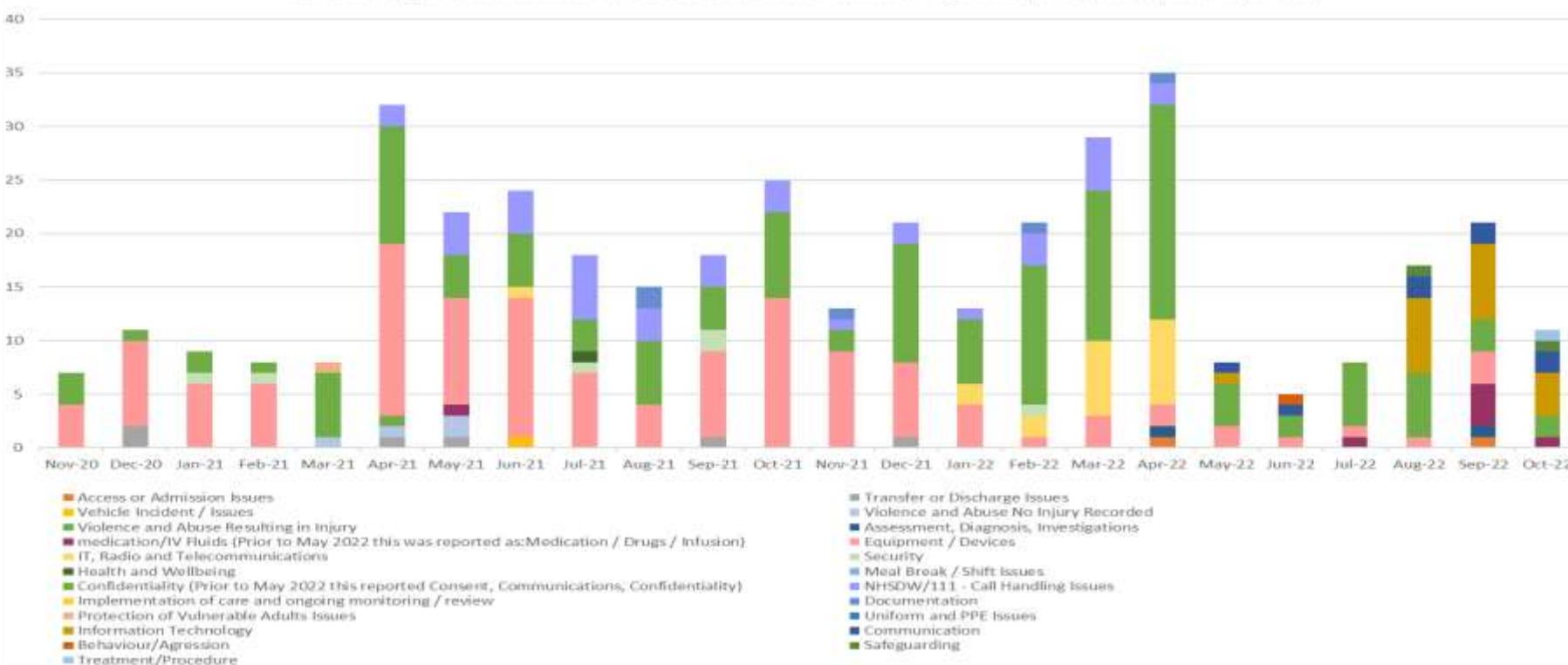
Health & Care  
Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal  
Control: Strong

QUEST



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



### Analysis

**Safeguarding:** In October 2022 staff completed a total of 117 Adult at Risk Reports, an increase compared to September 2022 when 112 were reported. 91% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 386 referrals were received during this reporting period.

There have been 158 Child Safeguarding Reports in October 2022, a decrease from September 2022 when 160 reports were made. In October 2022 88% were sent within 24 hours.

**Data Governance:** In October 2022 there were 39 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, an increase when compared to September 2022. Of these 39 breaches, 26 related to records/information 4 Information technology, 2 behaviour/aggression, 2 confidentiality, 2 medication/IV Fluids, 1 Access or admission issues, 1 treatment/procedures and 1 safeguarding.

**Public Engagement:** During October the PECI Team attended 55 engagement opportunities, engaging with 4,714 people. It should be noted that numbers engaged with this month are higher than average as October saw the PECI Team work with colleagues and volunteers from across the Trust to visit schools across Wales, delivering the Shoctober and Restart a Heart campaigns, which aim to teach children and young people about how to call 999 in an emergency, how to perform effective bystander CPR and what else they can do whilst help is on the way. Our community engagement permits meaningful conversations with people about using the services we provide; helping communities feel listened to and empowered to drive change. Outcomes of our engagement with people and communities across Wales remain consistent to those previously reported. With people continuing to tell us that long waits and delays remain their primary concern. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs, especially when accessing GP Out of Hour Services. NEPTS users told us that overall they continue to be happy with the transport they receive but experience long delays when making their initial telephone booking.

### Remedial Plans and Actions

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

**Data Governance:** During the reporting period, of the 39-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). Incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate.

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

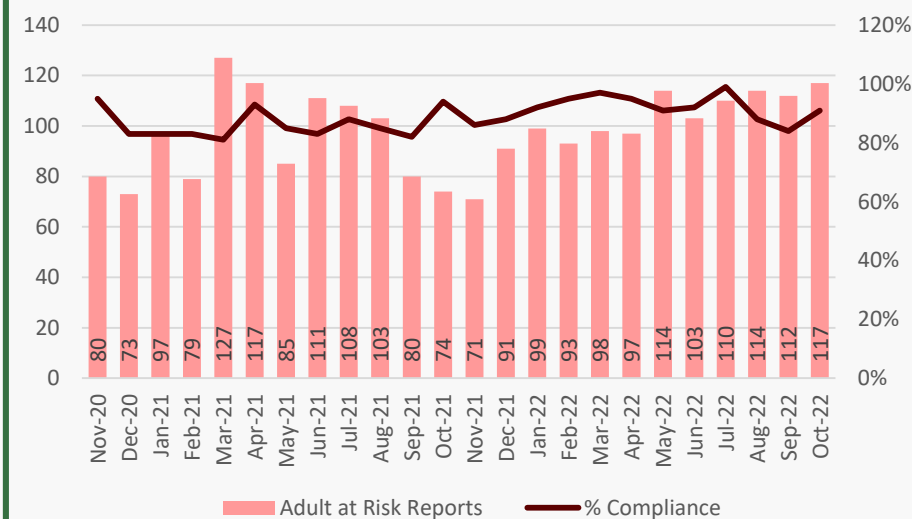
### Expected Performance Trajectory

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

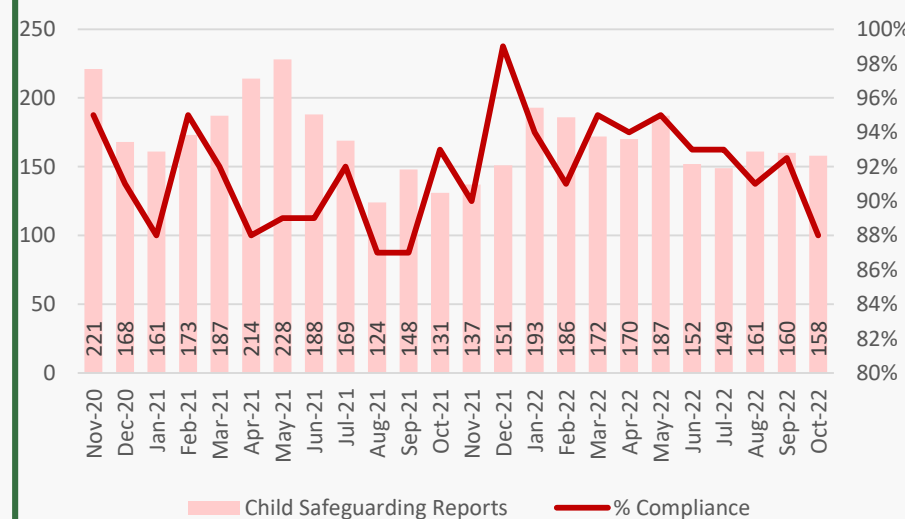
**Data Governance:** The Information Governance Steering Group took place in October 2022 which discussed the Welsh NHS IG Toolkit status and improvement updates. An increase in frequency of the IGSG meetings was agreed to monitor the IG Toolkit improvement actions prior to the next submission period which opens in January 2023.

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

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



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Safeguarding Data source: Doc Works

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

(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

## Health & Safety (RIDDORS) Indicators

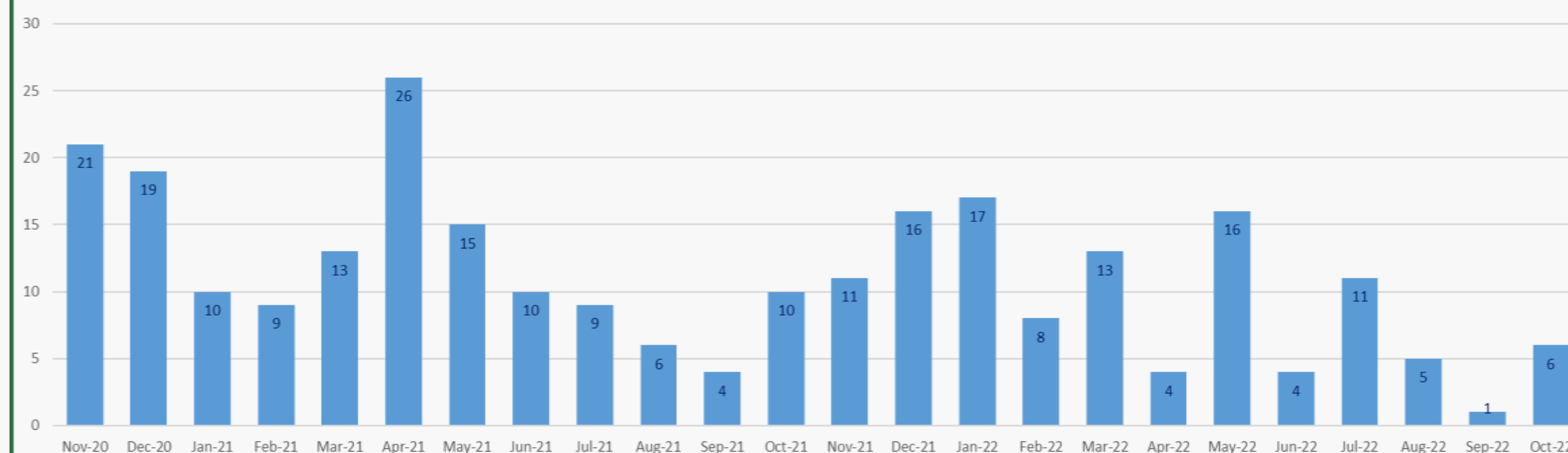
Self Assessment:  
Strength of Internal  
Control: Moderate

PCC

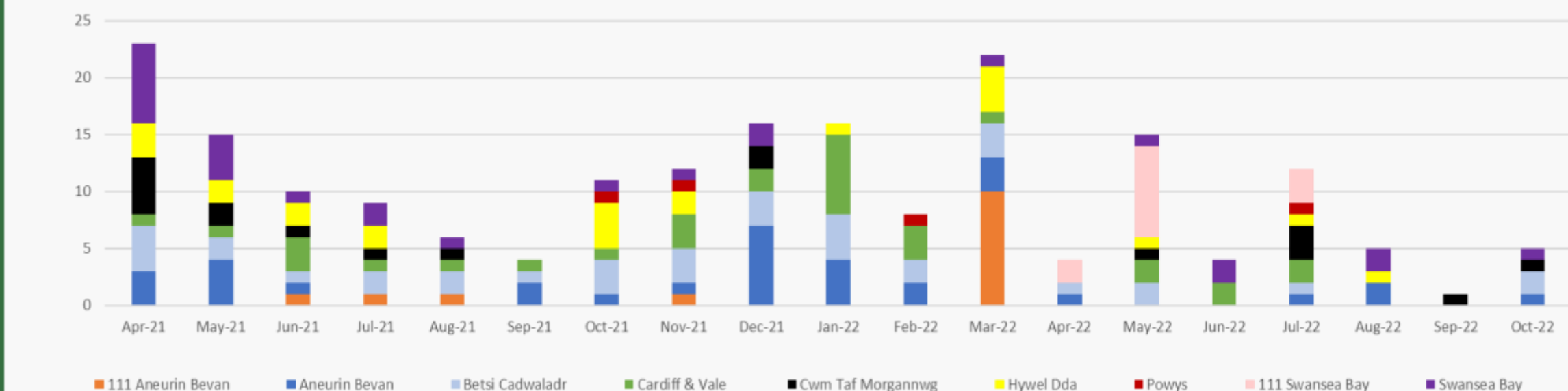
Health & Care  
Standard  
Health – Safe Care



Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



### Analysis

Whilst there is a strong level of internal control with respect to metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around incident reporting times or handlers confirming staff sickness absence to the H&S function continue to impact on the timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE).

Risk 199 is currently rated as 15. This was reduced in Q2 as a result of work undertaken via the Working Safely Programme and funding secured for the Workforce review which commenced on 3rd October 2022. This risk is reviewed monthly.

In October 2022 there were 6 RIDDORS reported. As shown in the bottom graph these related to ABUHB (1), BCUHB (2), CTMUHB (1), PUHB (1) and SBUHB (1).

### Remedial Plans and Actions

DATIX incident review meetings continue to be held on a weekly basis to review non-patient safety incidents to check for potential RIDDORS and associated coding and allows for further scrutiny. RIDDOR performance is presented in monthly reports and service units business meetings.

The Working Safely Programme (IMPT deliverable) 'Pump Prime' phase ceased on 31st September 2022. A closure report is to be presented to the Working Safely Strategic Board in Q3 2022 with recommendations on the transition of outstanding program actions into business-as-usual activities.

### Expected Performance Trajectory

The Workforce review was fully implemented with the new structure came into force on 3rd October 2022. This will allow for the embedding of expertise within the organisational and increase in capacity to support operational structures to influence performance positively.

Increased focus by the Health and Safety Managers and visible presence of newly appointed Health and Safety Advisors at local levels should additionally improve the Trusts RIDDOR performance by 30% during Q3-Q4 2022.

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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

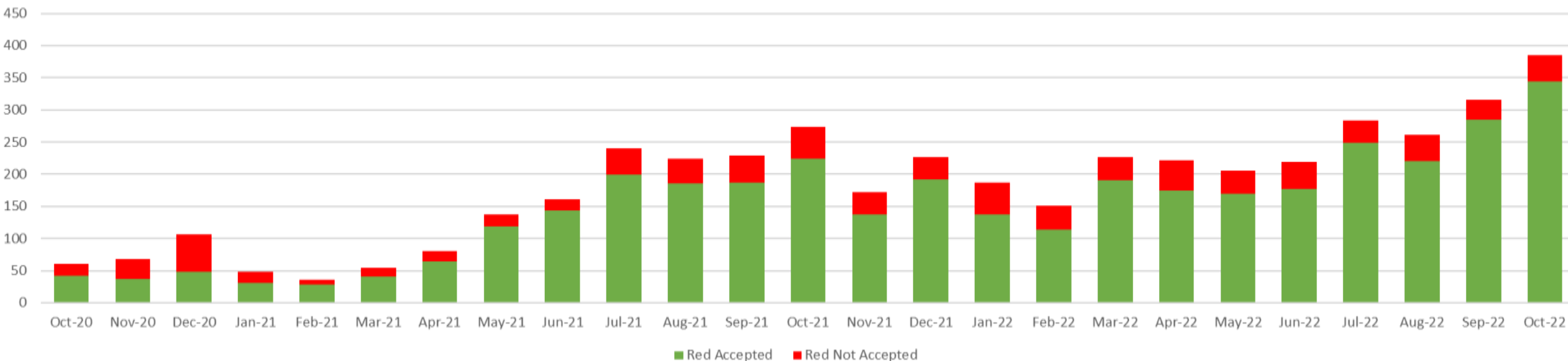
## Escalation and Patient Experience

TBD

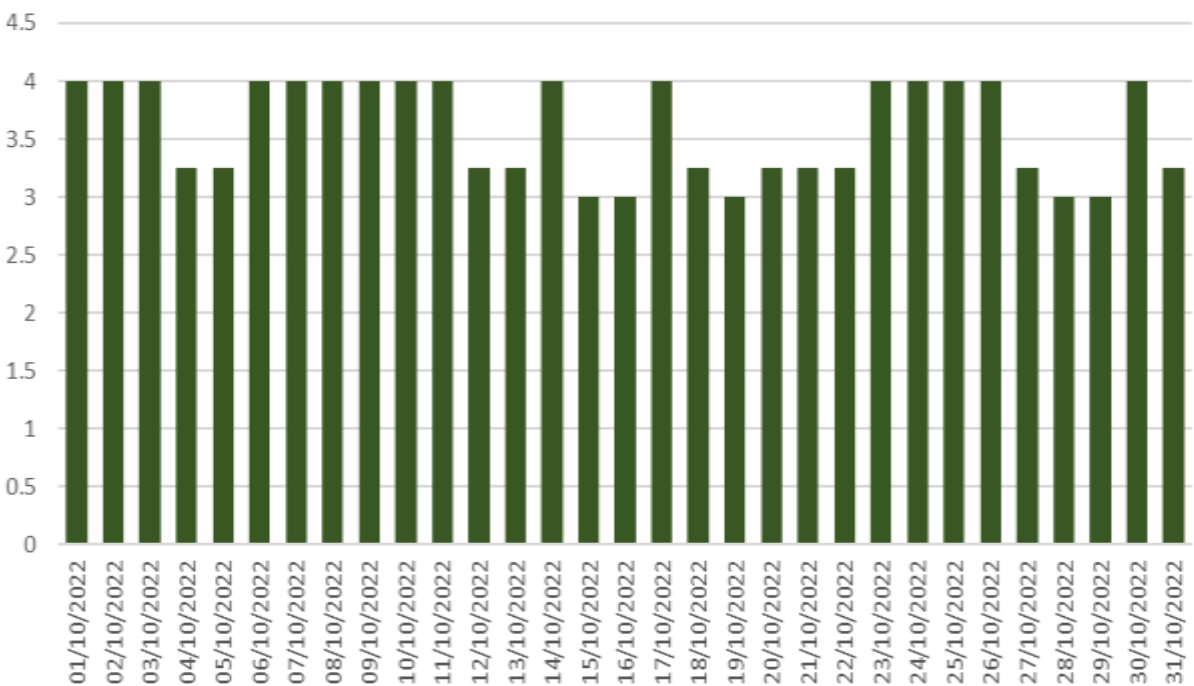
FPC



Pan-Wales Immediate Red Release

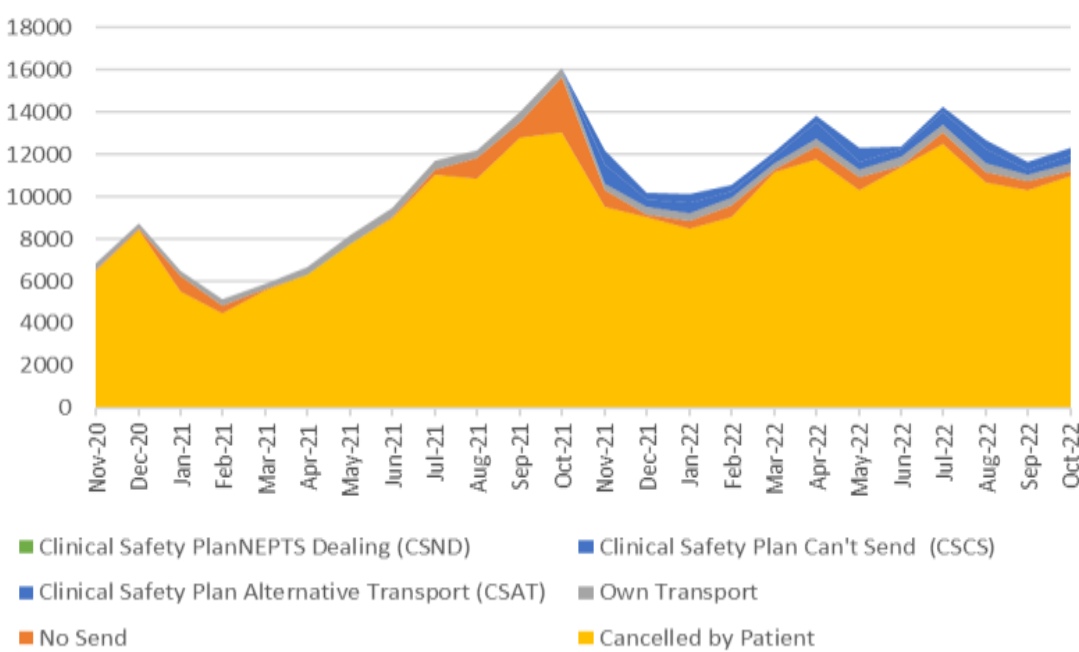


Maximum Daily CSP Level



Key	
CSP 1	1
CSP 2a	2
CSP 2b	2.25
CSP 2c	2.5
CSP 3a	3
CSP 3b	3.25
CSP 4a	4
CSP 4b	4.25

Numbers of Patients with No Send or Cancelling Ambulance



### Analysis

There were 1,133 request made to Health Board EDs for immediate release of Red or Amber 1 calls in October. Of these 344 were accepted and released in the Red category, 41 were not accepted. In conjunction to this, 238 ambulances were released to respond to Amber 1 calls, but 510 were not.

During October 2022, the Trust has not seen any days at CSP level 1, Business as Usual (BAU) or CSP 2a, 16 days were spent at Clinical Safety Plan (CSP) level 4a, resulting in clinical screening of Amber 1 calls and the Trust being unable to respond to calls in the Amber 2 and Green categories advising these patients to contact their GP, 111 Online or make their own way to a Minor Injury Unit (MIU), those callers within the HCP category are advised to make their own way to hospital. 10 days were spent at CSP level 3b, therefore seeing the Trust only being able to respond to Red and with some exceptions, Amber 1 calls, with Amber 2 calls being clinically screened and the Trust unable to respond to Green and HCP calls. 5 Days were spent at CSP level 3a again resulting in the Trust only responding to Red calls and with some exceptions Amber 1 and 2 calls.

In October 2022, 390 ambulances were stopped due to CSP alternative transport and 851 were stopped as a result of CSP Can't send options. In addition, 10,970 ambulances were cancelled by patients (including patients refusing treatment at scene) and 371 patients made their way to hospital using their own transport.

### 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.

### Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Winter pressures will impact the Trust and seasonal planning is being used to prepare for this.



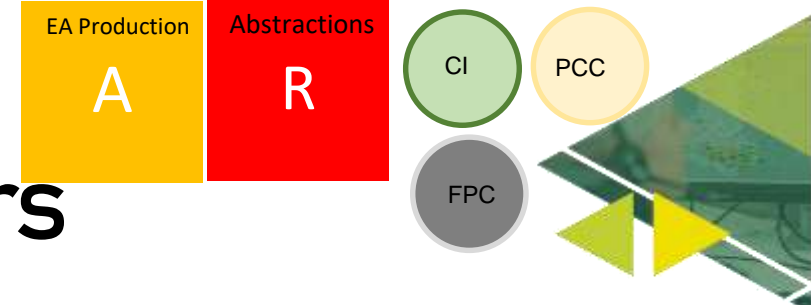
(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



# Our People

## Capacity - Ambulance Abstractions and Production Indicators



### Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In October 2022, total abstractions stood at 39.91%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 12.89% and sickness at 10.28%. Sickness abstractions for October 2022 were lower when compared to the previous year (13.92%). COVID-19 (non-sickness) related abstractions increased in October 2022 when compared to the previous month but decreased when compared to the same period last year accounting for 0.33% of overall abstractions.

**Emergency Ambulance Unit Hours Production (UHP) was 90% in October 2022** (73,700 Actual Hours), therefore failing to achieve the 95% benchmark. RRV UHP achieved 73% (12,480 Actual Hours) compared to 76% in September 2022. The total hours produced is a key metric for patient safety. The Trust produced 110,916 hours in October 2022, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hours produced has not risen sustainably.

### Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks.

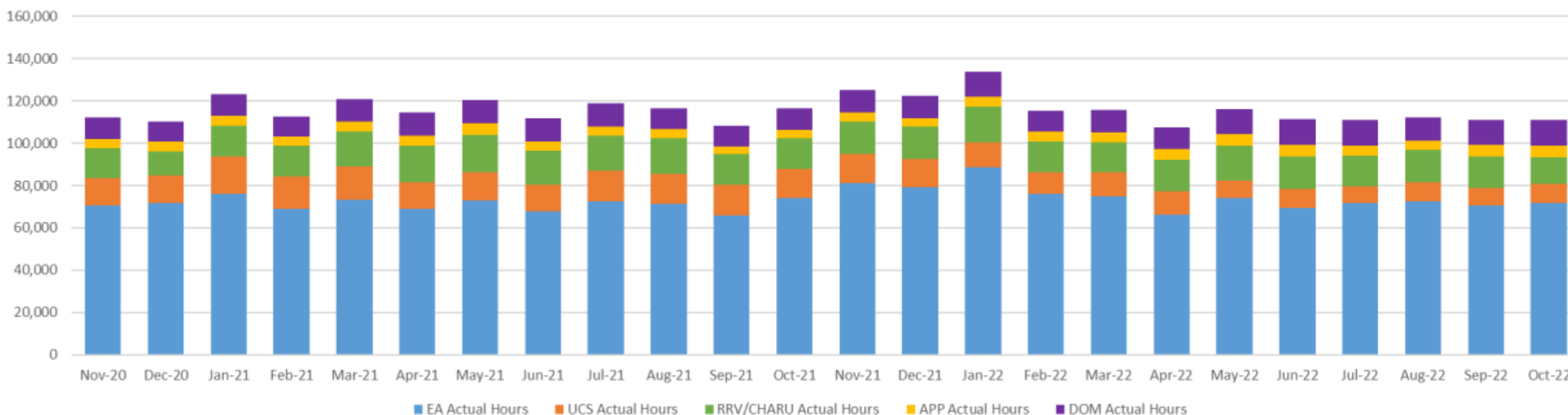
The Trust has a budgeted establishment of 1,661 FTEs for 2022-23. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year.

Following completion by localities of new roster rollout, the Trust will report 2 levels of UHP commissioned vs ORH demand key once all rosters are live; implementation of rosters commenced in September 2022

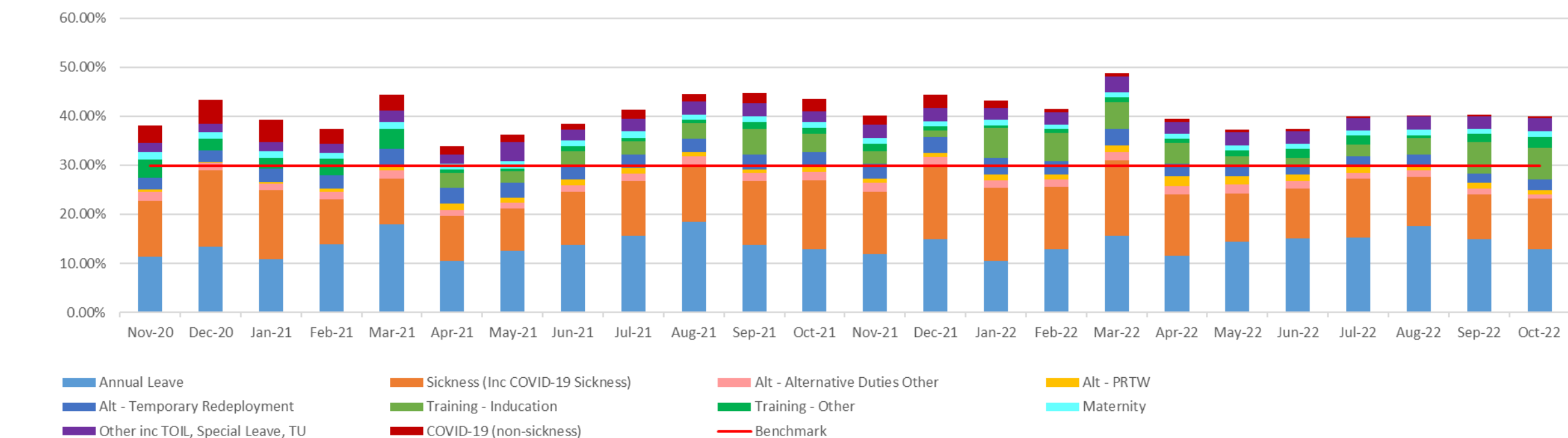
### Expected Performance Trajectory

Subject to the longer-term impact of COVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%.

Total EMS Actual Hours Produced



Pan Wales EMS Total Rota Abstraction Hours



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



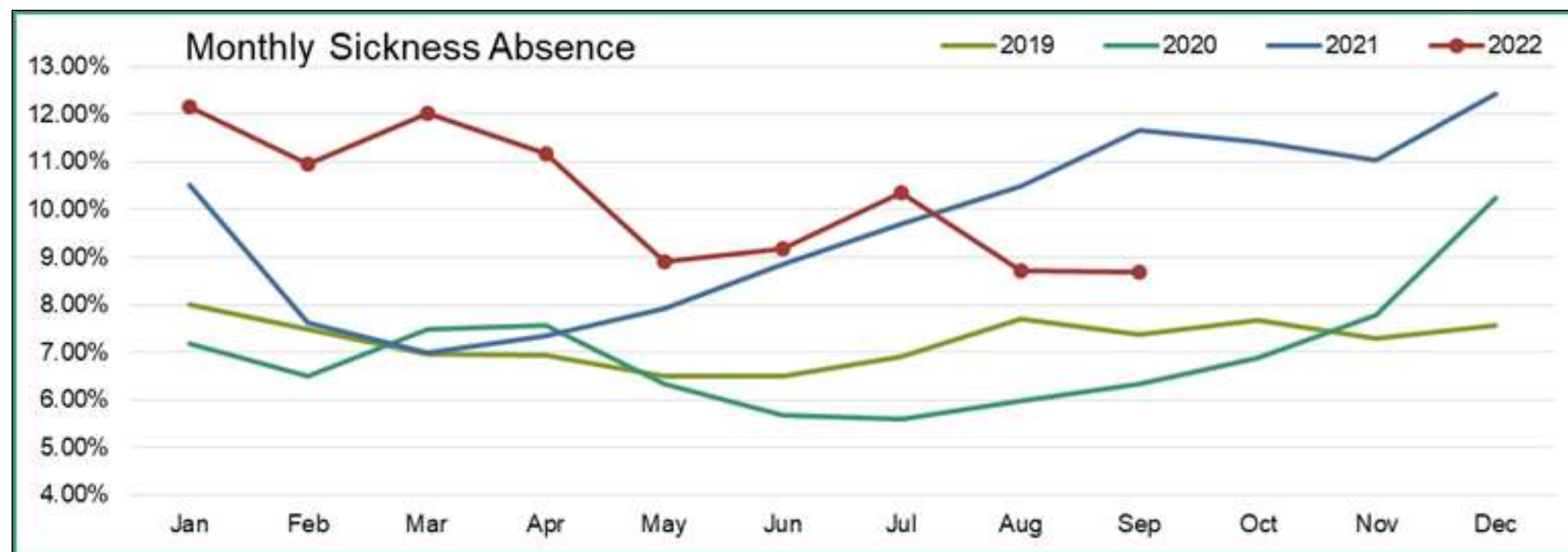


# Our People Health & Wellbeing – Sickness Absence Indicators

A

CI

NB: Sickness data will always be reported one month in arrears (except for ESR reported Sickness Trajectory)



## Analysis

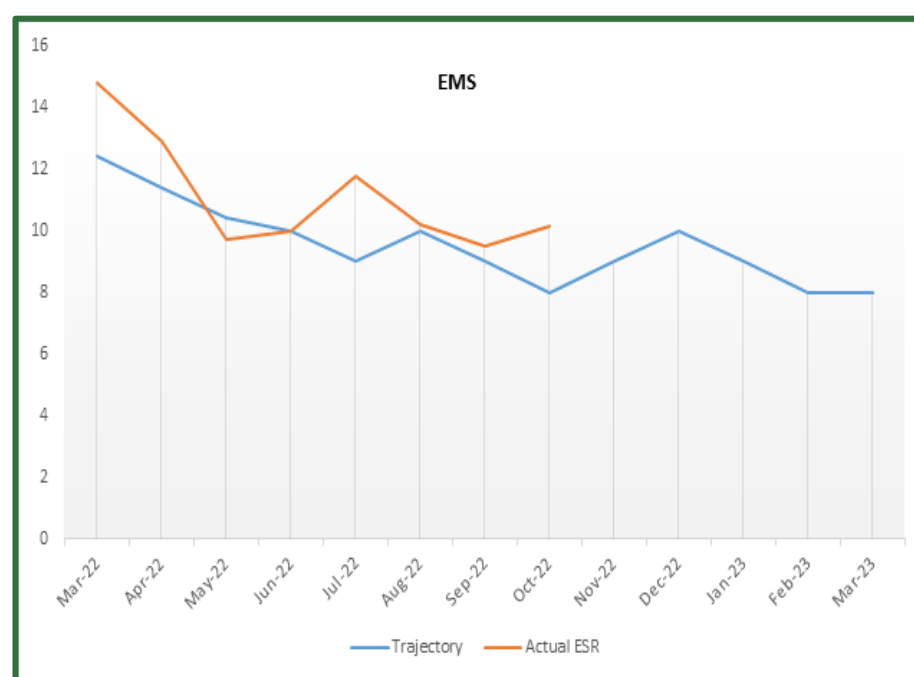
- There has been a slight decrease in sickness absence in September 2022 (8.68%), with a reduction in COVID absences to 0.70% FTE, down from 1.04% FTE in August 2022.
- Based on current intelligence, we are expecting October to see an increase in sickness absence
- The number of long COVID cases continues to decline
- Physiotherapy: 37 referrals were received in September 2022, slightly up on September 2021. Average Length of Time from Referral to Clinical Assessment: 2.75days
- Average age of those referred is 47 years, with back issues being the main reason for referral. 60% of staff at point of referral are on sick leave, which is a sharp increase from 33% in August.
- Health Assured- EAP: Call summary - In September 2022 = 21 calls and 46 online App hits
- Thrive App September 2022 – Total of 679 staff signed onto App with 128 Active Users in the month

## Remedial Plans and Actions

- Bitesize training continues, and sessions are being well received, with attendance across all WAST directorates.
- Training is underway for EMS Co-ordination colleagues – training being provided on policy application and ESR
- Sickness audits are being undertaken across EMS Co-ordination - all audits expected to be completed in November
- Focus remains on directing colleagues undertaking alternative roles as a direct result of sickness absence.
- Survey to managers re MAAW has now gone live. Engagement with survey is currently low, and further work will be done to encourage engagement
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences.
- Regular meetings continue to be held to discuss complex cases.
- Case reviews continue to be held to agree next steps for colleagues that are on LTS due to COVID so that comprehensive RTW plans are developed.

## Expected Performance Trajectory

The Trust is aware that some staff may need more time to recover due to Long-CoVID and may require a longer phased return to work alongside putting in place other supporting mechanisms. Work is also ongoing to consider the mental health aspects of COVID-19 and working from home and the Trust is actively seeking ways to consider the possibility of hidden health and wellbeing issues. It is therefore difficult to forecast or predict performance against this indicator, but the expectation is that the target is unlikely to be achieved in this financial year.



## Average working days lost per FTE (Annual)

24.15 days

## Single month Absence %

8.68%

## Long Term

5.60%

## Mental Health

2.30%

(S10 Stress/Anxiety)

## Short Term

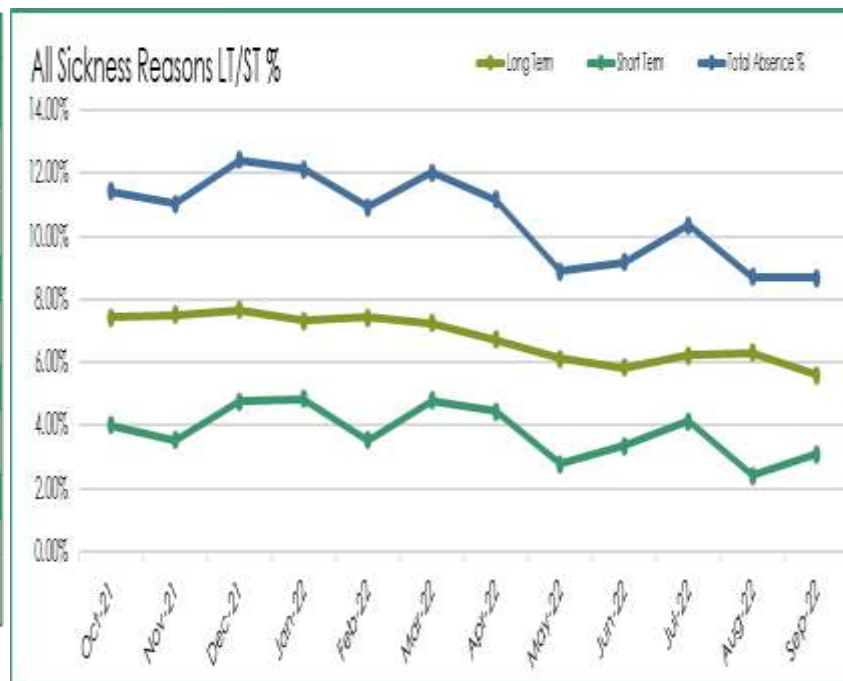
3.09%

## Other MSK

1.03%

(excluding Back)

September 2022



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

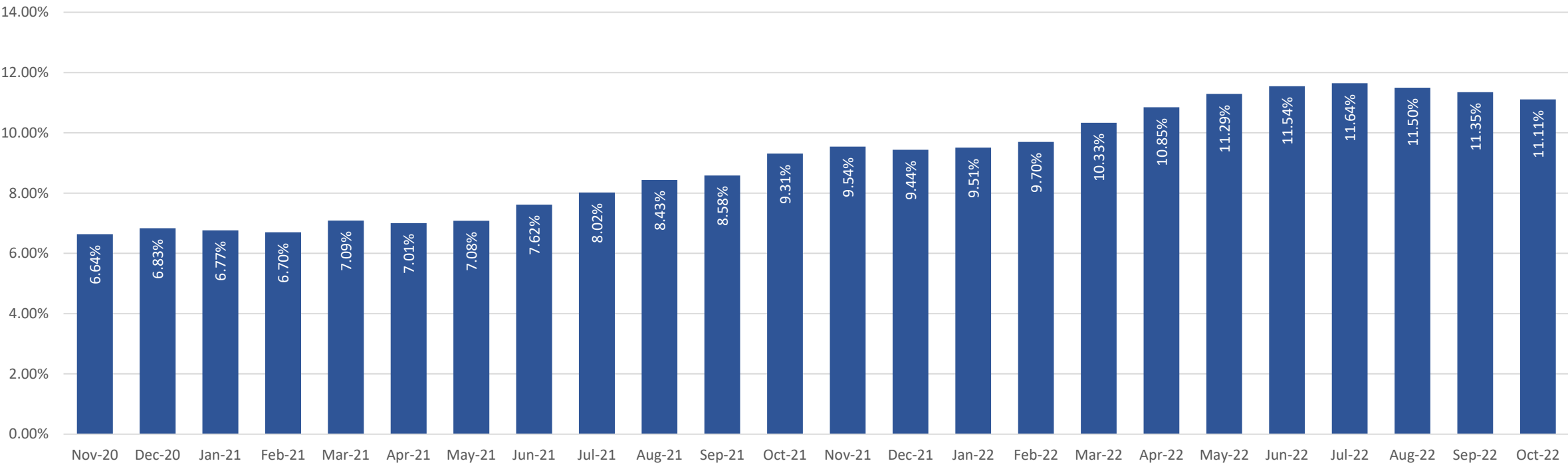


# Our People

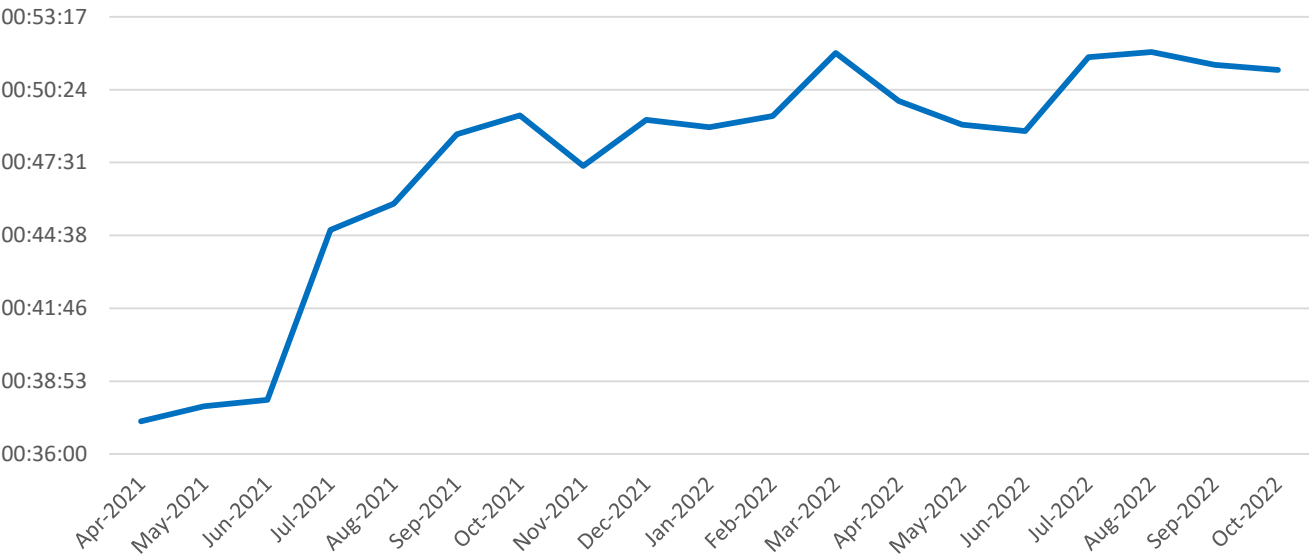
## Health and Wellbeing - Turnover



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



Average Shift Overrun Time (All Resource Types)



		FTE by Month		
Org L4		2022 / 08	2022 / 09	2022 / 10
020 Ambulance Care L4 (NX10)		849.63	793.56	784.83
020 Emergency Medical Services L4 (DX04)		1,728.74	1,801.24	1,806.17
020 Integrated Care L4 (DX03)		438.38	436.01	430.79
020 National Operations & Support L4 (DX02)		154.77	153.77	152.52
020 Resourcing & EMS Coordination L4 (DX05)		344.27	331.17	328.17
Grand Total		3,515.80	3,515.75	3,502.48
Ambulance Responder:				1556.53

### Analysis

Staff turnover rates in October 2022 were 11.11%. In comparison staff turnover rates were 9.31% in October 2021. As highlighted in the Staff & Wellbeing deep Dive presented to People and Culture Committee on 06<sup>th</sup> September 2022 the number of staff leavers has increased over the last 3 years and were lower pre-pandemic; staff leave the Trust for a variety of reasons including promotions, relocations and due to pressures of NHS working.

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.

Wellbeing levels remain low for a range of reasons such as wider system challenges, COVID and population issues (cost of living crisis), the Trust continues to address these circulating communication for wellbeing opportunities and groups, such as women's health, menopause and pensions presentations and through training, including Carers Wales Workplace Champion training in October 2022.

### Remedial Plans and Actions

Cost of living champions are being identified across the Trust to act as a support system over the winter months in relation to the cost of living crisis. This network will support colleagues in signposting to local services and events within their local areas

- A direct survey was undertaken with colleagues across the Trust in November 2020 which identified that colleagues would like to see improvements in:
- Improved training and development opportunities
- Managers who listen more
- More focus on staff wellbeing
- An end to bullying and harassment
- Increased professionalism and positive behaviours

### Expected Performance Trajectory

The situation regarding wellbeing of staff remains challenging, many of the difficulties and frustrations are difficult to influence and change. Management development will continue with a focus on people skills and support with robust wellbeing offers so colleagues know where to get support, financial advice and the Trust will work at a local level recruiting champions. The People and Culture Strategy will continue with its wellbeing focus.

Other key metrics will be determined for reporting in future iterations.



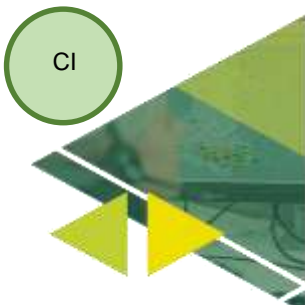
(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

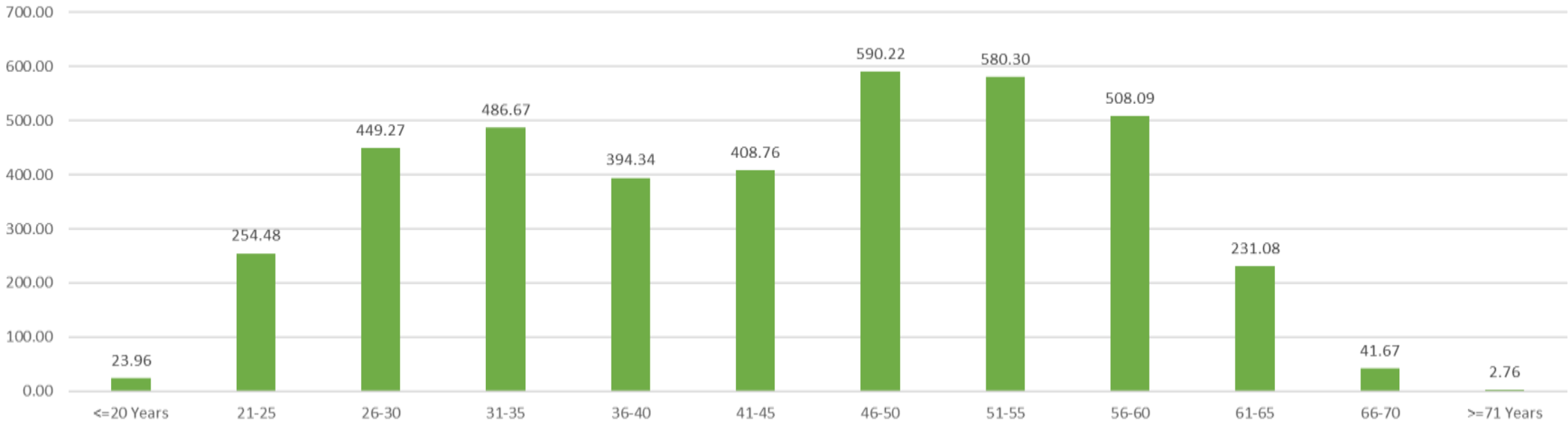




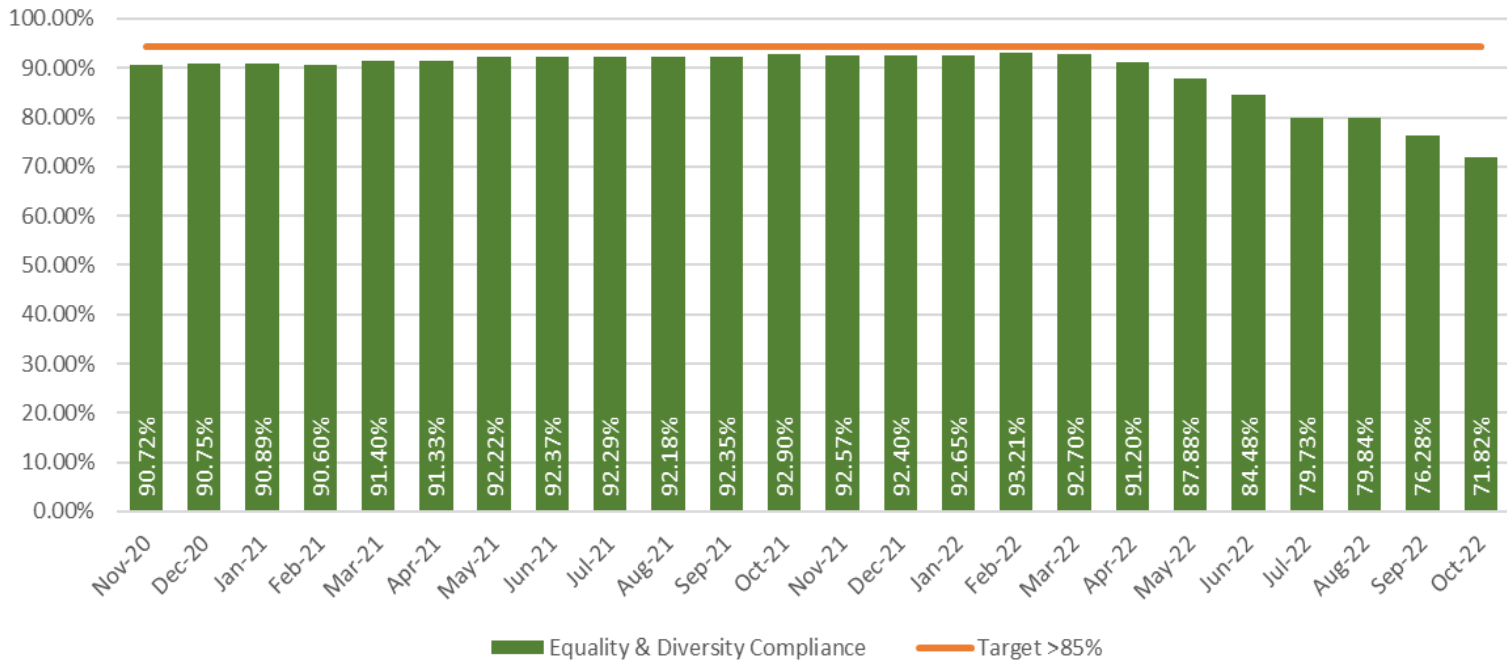
# Our People Inclusion and Engagement



WAST Employee FTE Rates by Age Band (October 2022)



Equality and Diversity Compliance



	Female %	Male %
Band 2	1.48	1.72
Band 3	16.04	14.15
Band 4	8.46	10.78
Band 5	5.03	4.15
Band 6	12.16	13.49
Band 7	2.90	5.13
Band 8 - Range A	0.92	1.25
Band 8 - Range B	0.52	0.43
Band 8 - Range C	0.17	0.49
Band 8 - Range D	0.13	0.11
Other	0.24	0.26

## Analysis

In October 2022 of the 4,667 employees at the Trust, 0.60% fall in the under 20 category and 0.37% in the over 71 age category. 84.65% of staff employed at the Trust the define themselves within the White ethnic grouping; with 69.67% of staff identifying in the White, British category, 0.11% identify within black ethnic groups, 0.28% within Asian ethnic groups and 0.75% are of mixed heritage. 0.11% of staff fall into other ethnic groups. 5.00% fall in the unspecified category and 9% have not stated ethnicity.

As of October 2022, 71.82%, of staff have completed mandatory Equality and Diversity Training a decrease compared to September 2022, therefore failing to meet the 85% target.

Gender pay as a percentage of the workforce indicates that in October 2022 for those employed within bands 2 - 5 employment is more equally distributed, with 31.01% of females and 30.80% of males fulfilling those roles; however, there are higher levels of men employed within the more senior grades. 15.06% of females are employed in Band 6 and 7 roles compared to 18.62% of males and of those employed within Band 8 roles 1.74% are females and 2.28% are males.

100 colleagues have begun Allyship journeys, including Board members, and the programme continues to be well received; work is underway to ensure the programme is updated and bespoke wherever possible to ensure greater engagement.

## Remedial Plans and Actions

The Trust has seen a sharp increase in the demand for services conducted in the Welsh language, staff are encouraged and given opportunities to undertake Welsh language training and each department has a 'Welsh Language Champion'.

The roll out of the Allyship programme has been positive and it is now being reviewed to ensure it is fit for purpose and valuable to staff.

## Expected Performance Trajectory

Having listened to feedback from communities, stakeholders and colleagues the Trust has developed seven new behaviours to ensure we can always be our best and is more committed than ever to improving the future and embracing new ways of working.

The Trust continues to follow guidance issued for Welsh Language standards (2015) to ensure compliance when advertising vacancies, which are advertised in both the English and Welsh language for any posts where Welsh language skills are essential or desirable.

*NB: Future iterations of this slide will report Welsh Language Indicators*



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



# Our People

## Staff Vaccination Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

Flu  
R

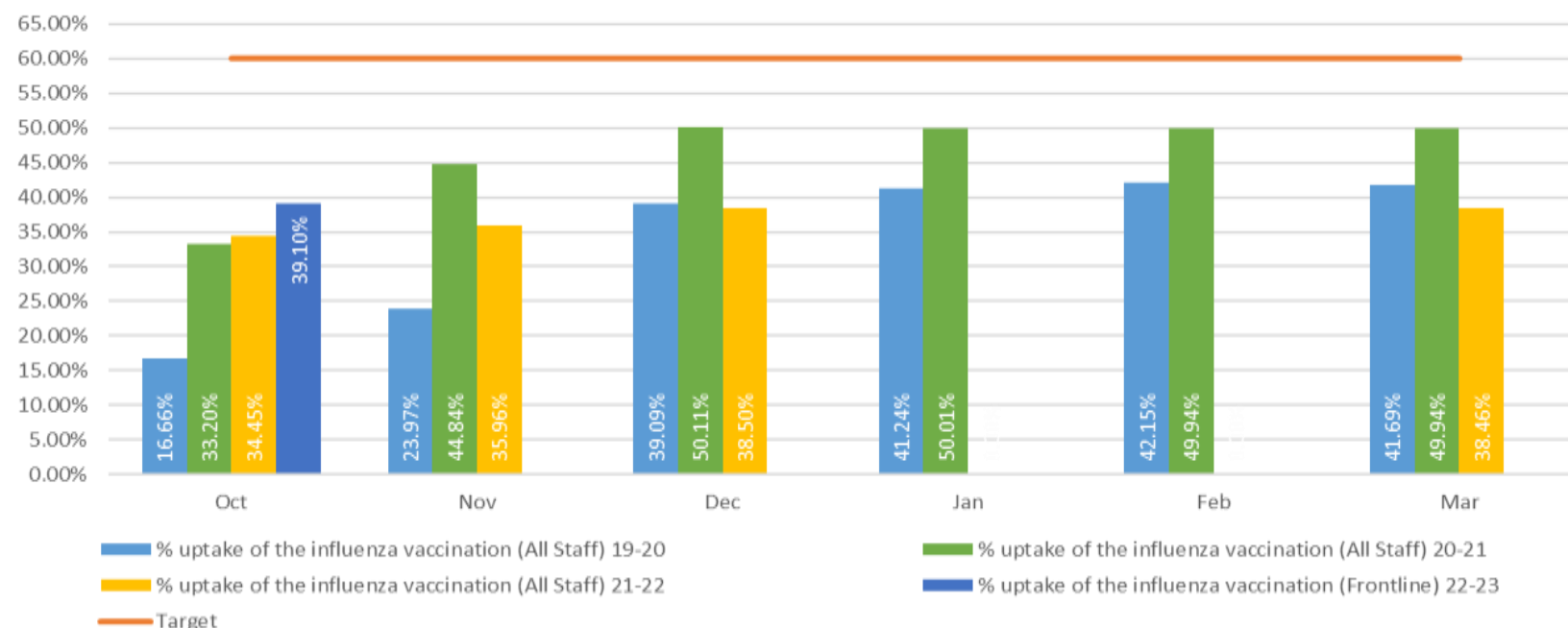
CI

PCC

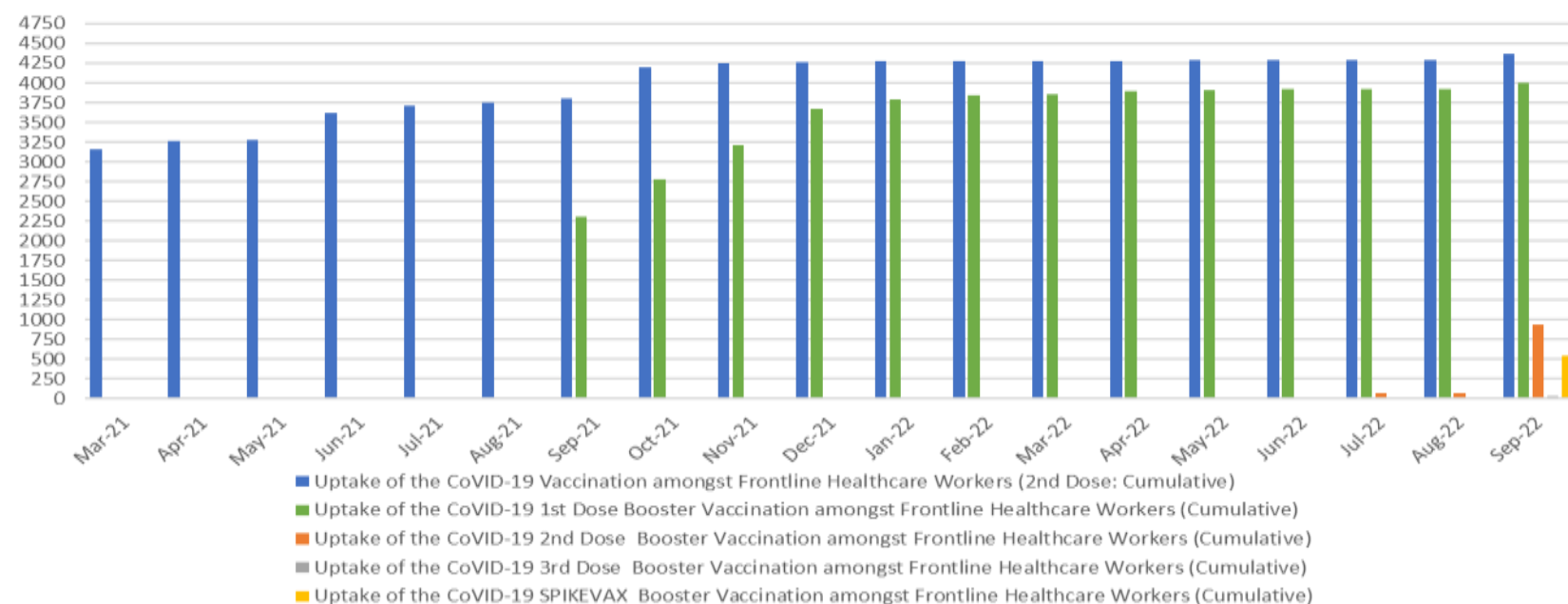
Health & Care  
Standard  
- Health (PPI)

NB: October 2022 update  
not received for COVID  
Vaccines

% Uptake of the Influenza Vaccination amongst WAST Frontline Healthcare Workers



Uptake of the CoVID-19 Vaccination Programme Amongst Frontline Healthcare Workers (Cumulative)



### Analysis

1,594 flu vaccines have been administered by Occupational Health Vaccinators and Peer Vaccinators (this includes flu vaccines administered to PHW staff / Students / HCS staff etc.) since the launch of the 2022/23 campaign.

1,452 WAST staff received their flu vaccine in a WAST setting with further 209 WAST staff receiving the vaccine elsewhere (i.e. GP Surgery / COVID-19 Booster Setting). A total of 1,661 WAST staff are now protected against the flu, equating to 39.1% of the overall workforce. Since the launch in September, we have surpassed the overall flu vaccine uptake figure of 38.5% from last year's Flu Campaign.

182 WAST staff have completed the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine.

In September 2022 an up-to-date staff list has been used to calculate COVID, with extraction of 485 leavers and 619 new staff added, therefore there are 4,667 staff currently employed (All staff), 2,913 of these are front line. As of September 2022 front line (Patient Facing and Non-Patient Facing staff), 94% (4,391) of staff have received a first dose COVID-19 vaccination, 94% (4,366) have received a second dose and 17% (535 Staff) have received the SPIKEVAX booster vaccination.

### Remedial Plans and Actions

- Staff are required to complete mandatory training for flu through Flu One e-learning modules via ESR.
- Planning commenced earlier than ever for the 2022/23 campaign, with 48 Flu Leads (across all EMS localities and all Directorates, unlike previous years) being appointed in July 2022.
- Monthly Flu Update meetings (with Flu Leads) commenced earlier than ever too, with the first taking place on Monday 12<sup>th</sup> September to ensure all were ready for the delivery of the flu vaccines
- Vaccines were delivered in September in a bulk order to 4 delivery points (Matrix One, Ty Elwy, Hensol and Caernarfon), as opposed to being delivered over several months and therefore, preventing vaccine supply issues that have occurred in previous years
- The Flu Siren page launched, with all details of clinics, Flu Leads, Peer Vaccinators.
- The Digital Directorate is currently creating an online booking page for staff to directly book flu vaccinations with the Occupational Health Department (this is a new idea, as previously if staff wish to have their flu vaccine with OH, they have had to phone a booking line)
- The Trust aim to have 146 signed off and competent Peer Vaccinators for the 2022/23 campaign as opposed to (Approx.) 50 in previous years
- The flu consent / opt-out form has been simplified with fewer questions in a bid to encourage the staff who do not wish to have the flu vaccine or have had the vaccine elsewhere to let us know, which will hopefully increase engagement across the Trust.

### Expected Performance Trajectory

An evaluation of the 2021-22 flu campaign has concluded. Early indications from the southern hemisphere are that there has been more flu through the winter of 2022. The Trust is currently developing forecasts for the winter period that build in CoVID-19 and flu.

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

NB: COVID Vaccinations are reported using the WAST definition of Frontline Facing employees and therefore includes those employed within Clinical Contact Centres.

NB: Flu data accurate as of 11<sup>th</sup> November 2022

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



(Responsible Officer: Angela Lewis)

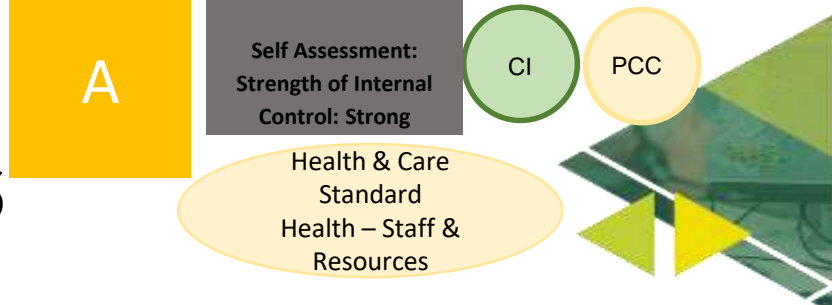
Welsh Ambulance Services NHS Trust



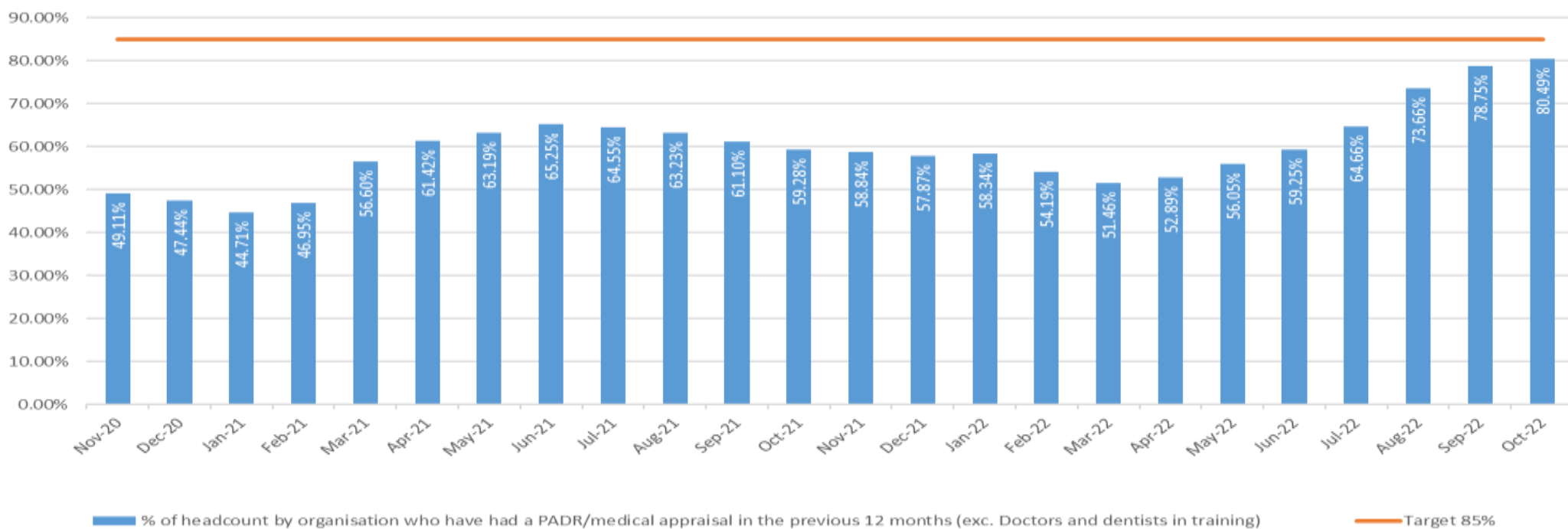


# Our People

## Health and Wellbeing – PADR and Training Rates Indicators



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



### Analysis t

PADR rates for October 2022 improved for the eighth consecutive month to 80.49% and are on an upward trajectory, however they continue to remain below the 85% target.

October 2022 Statutory & Mandatory Training rates decreased by 0.02 from the September 2022 figure, however it still achieved the 85% target for the sixth consecutive month. Fire Safety (68.58%), Moving & Handling (84.30%), and Equality & Diversity (71.82%) failed to achieve the 85% target; however, Information Governance (85.13%) Dementia Awareness (88.44%) and Safeguarding Adults (88.85%) achieved the target in October 2022.

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

### Remedial Plans and Actions

We continue to advocate the model whereby all colleagues take ownership of their own e-learning via ESR and, where appropriate, On Click. All colleagues can see what areas of statutory and mandatory learning have expired and are due to expire within their individual “My Learning” section of ESR and can access relevant training materials to renew their compliance. All topics achievable via e-learning can be completed in this way. For those elements which require practical training, these are included in this year’s Mandatory In-Service training (MIST) which commenced delivery in November 2022 and will be facilitated pan Wales within the remainder of quarter 3 and quarter 4. This is a rebrand of the previous annual CPD training and we have fundamentally changed its delivery to include all operational staff grades on the same training day rather than separating the training by staff grade. The benefits of this will extend beyond the core topics being delivered and will increase the understanding of colleagues’ scopes of practice and working practices. WAST intranet and via Yammer.

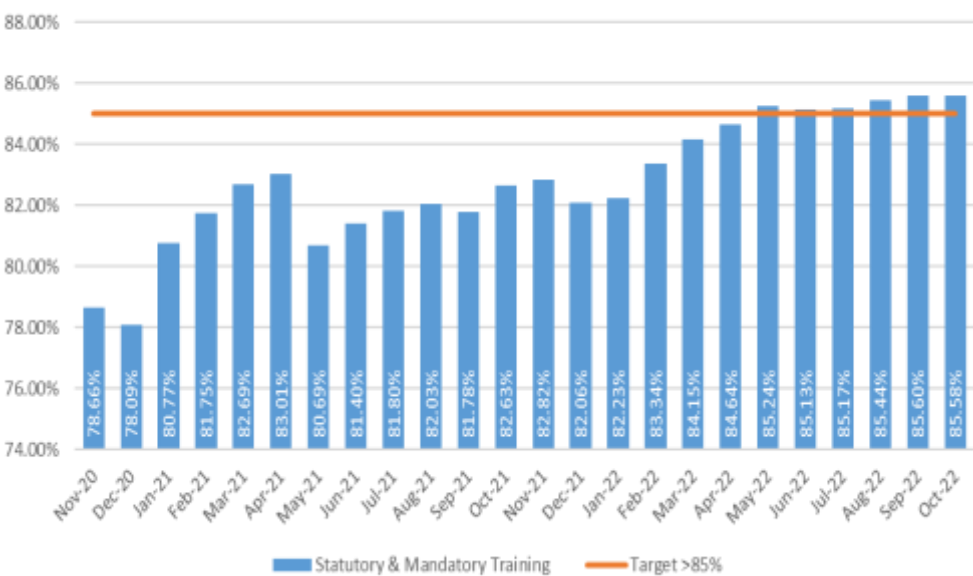
Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years
Resuscitation - Level 1	3 years
Safeguarding Adults - Level 1	3 years
Safeguarding Children - Level 1	3 years
Violence & Aggression (Wales) - Module A	No renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

**PADR:** The rate of completion continues to increase across the organisation and over the last 2 quarters has reported an increase of 24.55%. Phase 2 of the PADR Refresh process is underway with a toolkit and bitesize session developed in order to support colleagues and managers through the revised PADR process. This bitesize session has been piloted with colleagues and is designed to improve the completion rate of PADRs. Work on Phase 3 of the revised process has begun. This involves the PADR form being available digitally on ESR which will ensure real time reporting and organisational training can take place. This is due to be piloted at the end of November 2022 and the managers toolkit will be adapted to reflect this change

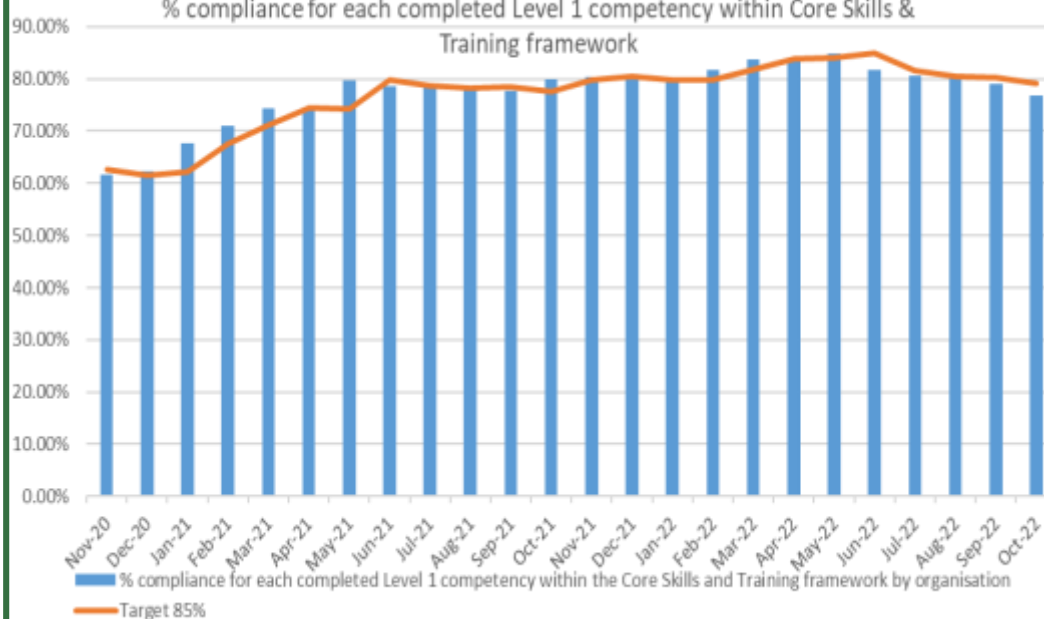
### Expected Performance Trajectory

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

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



% compliance for each completed Level 1 competency within Core Skills & Training framework



Data source: ESR



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

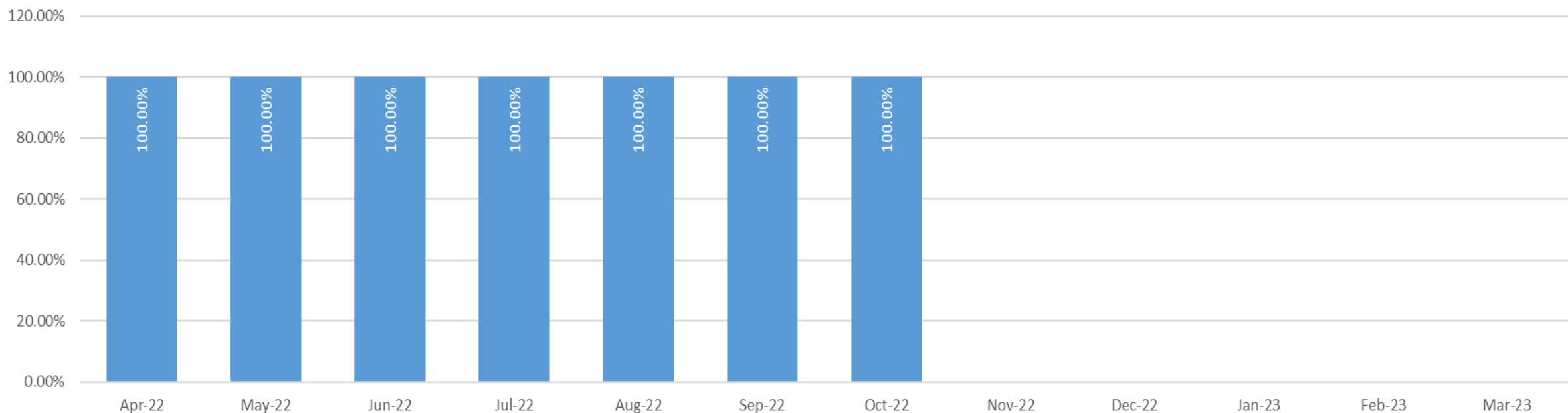


# Finance, Resources and Value

## Finance Indicators



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



### Analysis

The reported outturn performance at month 7 is a surplus of £1,000, with a forecast to the yearend of breakeven.

For month 7 the Trust is reporting planned savings of £2.514m and actual savings of £2.590m, an achievement rate of 103.0%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of October 2022 was 97.2% against a target of 95%.

As of October 2022, the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

### Remedial Plans and Actions

The Trust's financial plan for 2022-25 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2022-25 financial plan was submitted to WG following Board sign off on 31<sup>st</sup> March 2022.

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

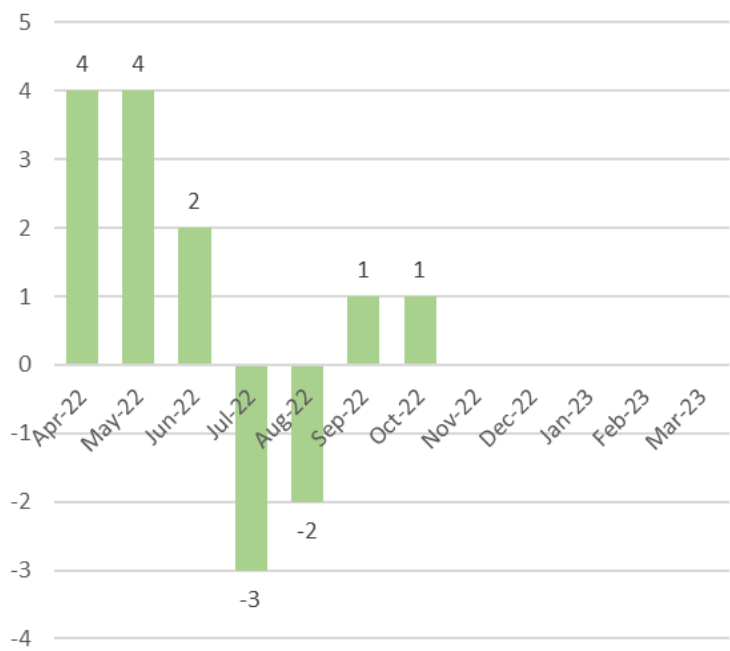
Key specific risks to the delivery of the 2022/23 financial plan include:

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

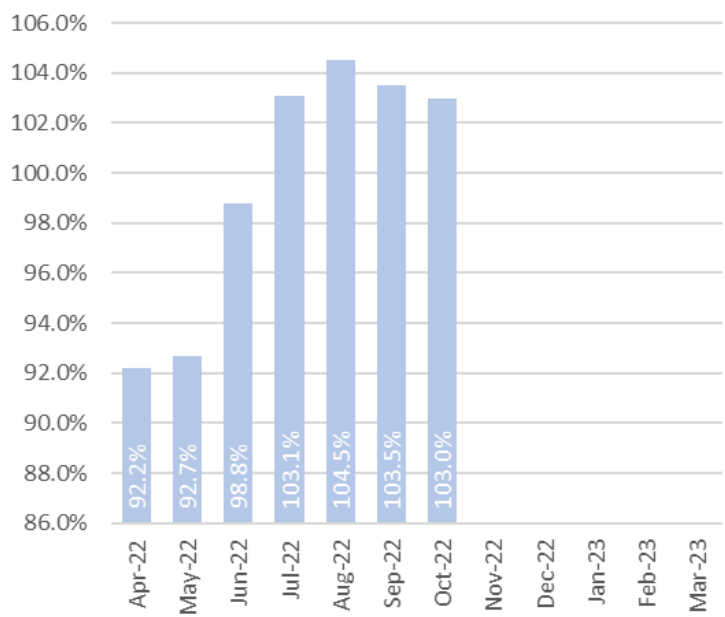
### Expected Performance Trajectory

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

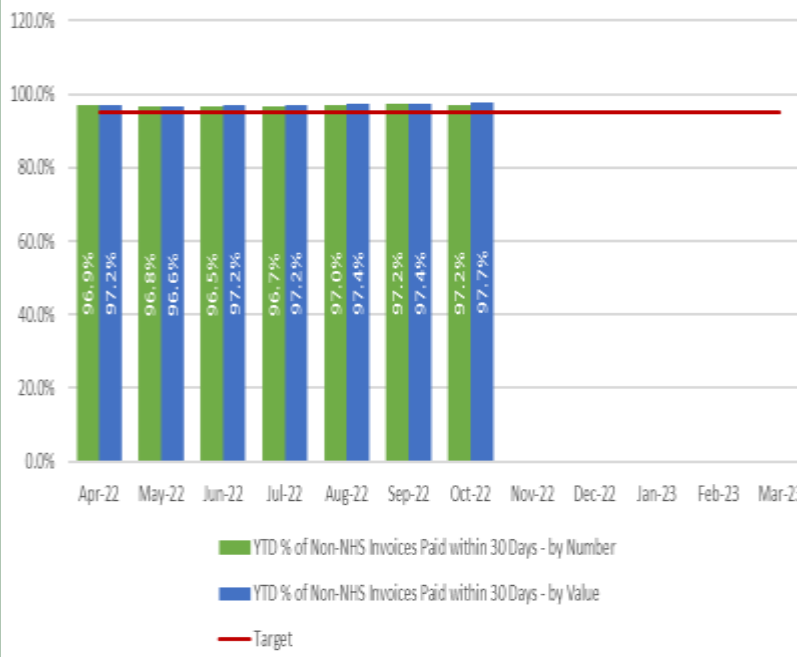
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust





# Finance, Resources and Value

## Resource and Value Indicators

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Slide under Development: Future iterations of the report will include emissions data

### Analysis

The Trust has deployed 23 plug in hybrid Rapid Response Electric Vehicles (EV) across Wales as part of the 2022/23 fleet replacement programme in an ongoing commitment to decarbonisation and in line with actions identified in the Decarbonisation Action Plan.

As demonstrated in the bottom left graph, average job cycle decreased in August 2022 for UCS, but increased for Advanced Paramedic Practitioners (APP), UCS and EA calls. EA calls averaged 2 hours and 15 minutes in September 2022 and have been on an increasing trajectory.

There was a continued reduction seen in agency spend again in October 2022 from the September 2022 position.

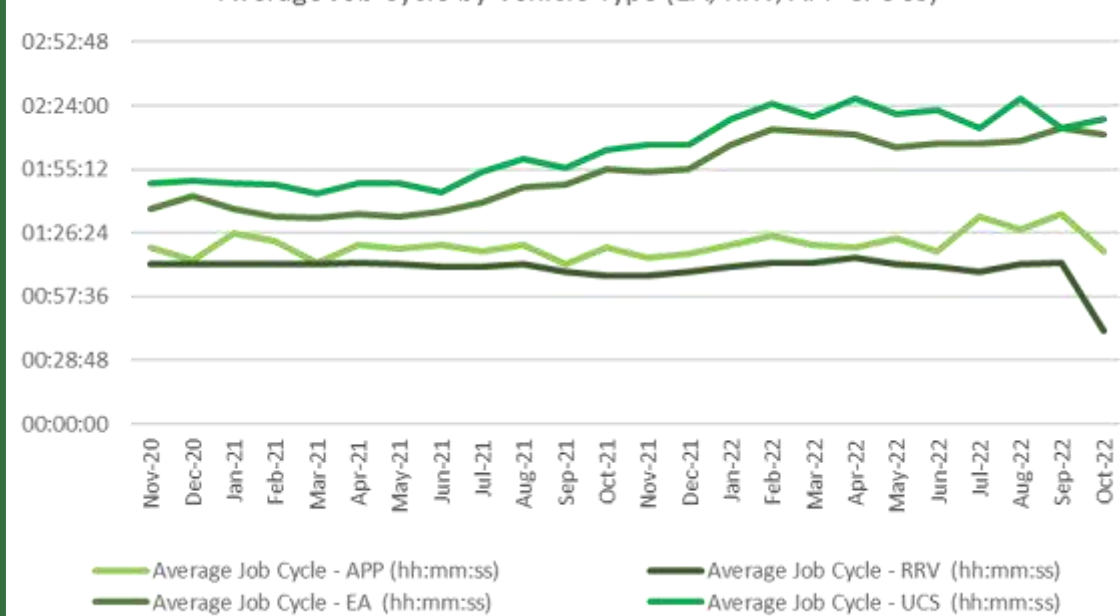
### Remedial Plans and Actions

In terms of physical infrastructure, WAST Information Communications Technology (ICT) is heavily involved in both the expansion of Fleet and Estates. All new buildings require fitting out with the latest ICT equipment, networking, and audio-visual equipment to enable hybrid working, whilst the Trust continues to modernise the digital offer within both EMS and NEPTS fleet to provide connected workspaces wherever our people need to be. In terms of digital infrastructure, there is also a constant requirement to ensure that our critical services are supported by modern, resilient, and secure technology.

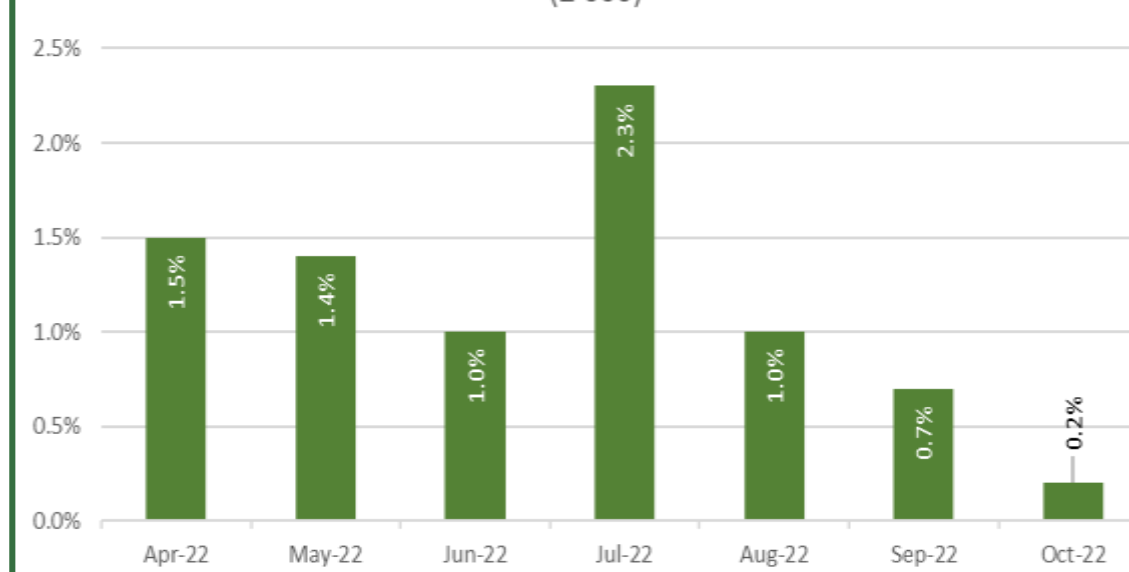
### Expected Performance Trajectory

The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for WAST. In response to this, a key action over the next year will be to develop our Sustainability and Infrastructure Strategic Outline Programme, which will outline the financial and resource implications for the move to a carbon-neutral ambulance Trust. This will need significant input from our colleagues across the Trust and will require additional investment within the Finance and Corporate Resources Directorate to manage this. The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment.

Average Job Cycle by Vehicle Type (EA, RRV, APP & UCS)



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



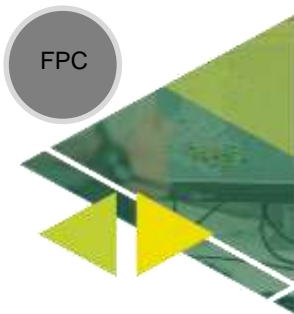
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

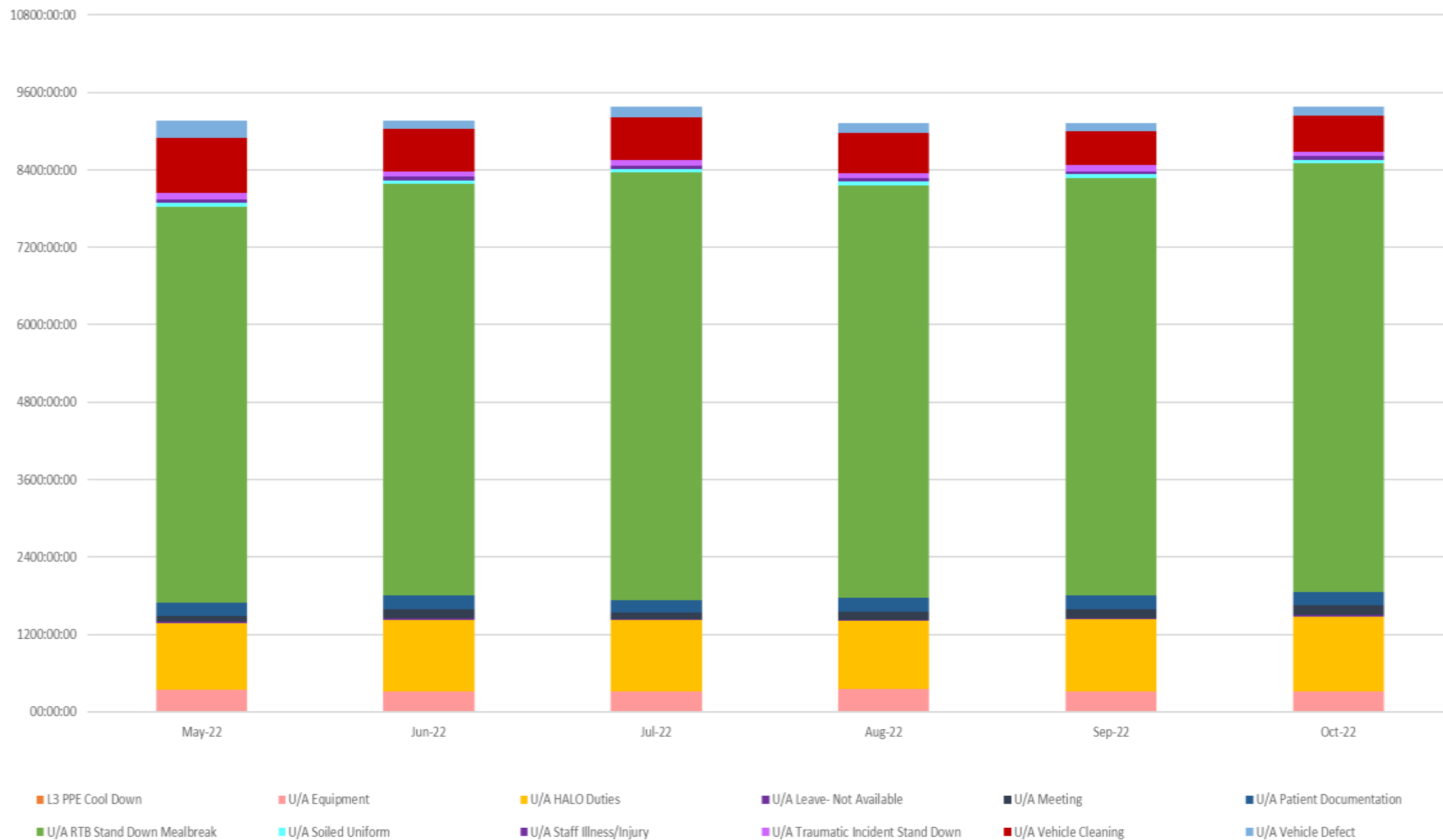


# Value / Partnerships & System Contribution

## EMS Utilisation & Postproduction Lost Hours Indicators



Post Production Lost Hours - By Unavailability Reason (EA, RRV/CHARU, UCS)



### Analysis

There were 9,382 postproduction lost hours (PPLH) across EA, RRV & UCS vehicles in October 2022; an increase when compared to September 2022 (9,121).

PPLH are due to numerous factors as outlined in the bar chart. There was identified an issue with the data set in relation to the U/A RTB Stand Down Mealbreak reason whereby the data was not being pulled through correctly and was being under reported. The issue was previously fixed, however, this was only for data being reported after the fix and not retrospectively. A retrospective fix has now taken place from May 2022 inclusive which is when the revised/amended codes were implemented. The bar chart demonstrates that PPLH have remained relatively consistent from May 2022 albeit with some smaller variations mostly attributed to the U/A RTB Stand Down Mealbreak reason..

### Remedial Plans and Actions

The Trust will not be able to eliminate PPLH, however, efficiency options continue to be worked through, and PPLH are monitored and scrutinised closely, forming part of the weekly performance meeting. Work has previously been undertaken to reduce hours against U/A Vehicle Cleaning which can be seen in the data; January 2022 was over twice as much as October 2022. Other PPLH reasons remain at a relatively consistent trajectory. Current work is ongoing in relation to the U/A RTB Stand Down Mealbreak reason and is currently at the TU engagement stage.

### Expected Performance Trajectory

The current data needs to be treated with a degree of caution. As stated above, the Trust will not be able to eliminate PPLH, and the data prior to May 2022 has not had the retrospective fix. The reasons for the rise in PPLH from 2021, which is also attributed to the U/A Stand Down Mealbreak reason, is that during the pandemic and with less handover delays at hospitals, resources were returning to base for resting in the meal break window. The resource would not be assigned an unavailable status as it would still be available for certain category of calls (RED) and, therefore, would not have contributed to PPLH

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution

## NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

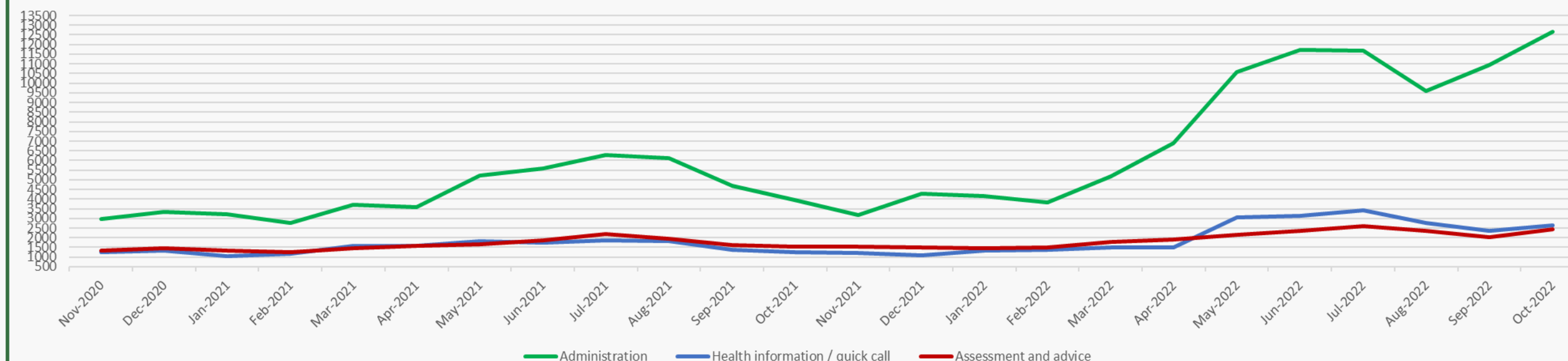
Influencing Factors – Demand and Clinical Hours Produced

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111 Consult and Close



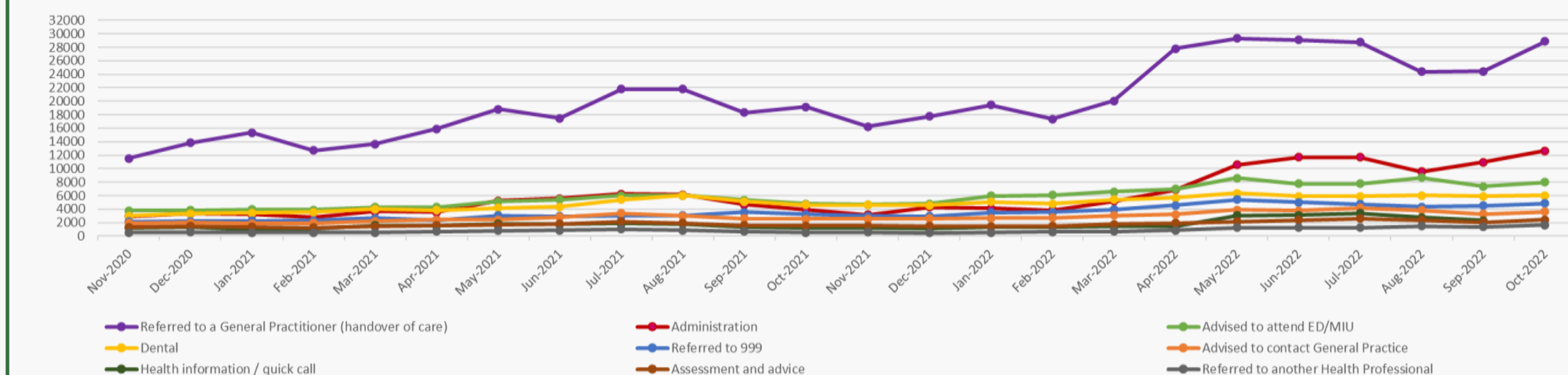
### Analysis

The top graph depicts the outcomes for calls handled through NHS111 Consult and Close with administration calls (those calls resulting in no action) accounting for the highest volume (12,643 calls); callers requiring health information accounted for 2,623 calls and callers requiring assessment and advice accounted for 2,429 calls.

**In October 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 41% of calls.**

In October 2022 70,726 calls were received in the 9 categories displayed in the bottom graph, an increase when compared to 62,208 in September 2022; and a significant increase when compared to 28,223 in October 2020 and 41,616 in October 2021.

111 Calls By Final outcome



### Remedial Plans and Actions

Work is underway to develop live informatics which provide real time information on clinician availability to allow improved understanding and management; this will enable the Trust to report more meaningful metrics and accurately monitor patient outcomes.

A new NHS111 Consult and Close dashboard is in development to report more accurate and specific data in relation to calls ending in alternative transport, referral and self care.

### Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data in relation to whether patients are directed to the most appropriate and best outcomes.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



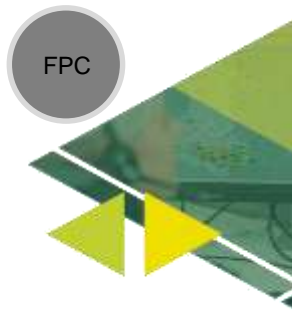


# Partnerships / System Contribution

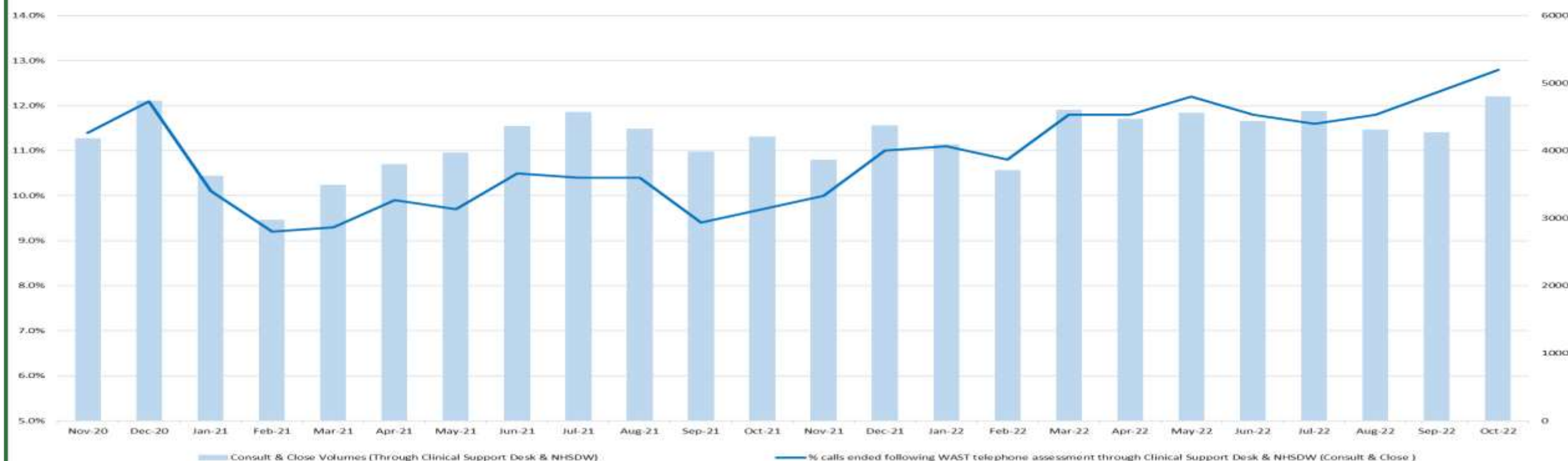
## Consult & Close Indicators

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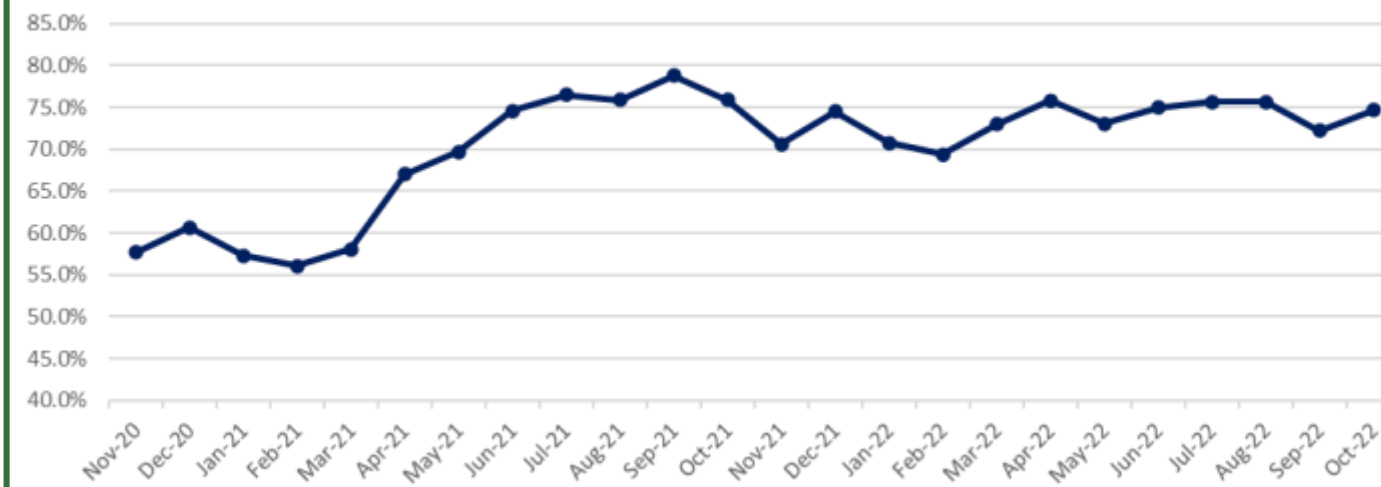
Consult and Close



Re-Contact % within 24hrs of Telephone Triage (Hear and Treat)



% Calls triaged by a Nurse Advisor, which were ended through transfer to alternative care advice services



### Analysis

The **Clinical Service Desk (CSD)** and **NHS111 (Consult & Close)** achieved 12.8% performance in October 2022, therefore continuing to achieve the historical 10.2% benchmark and working towards the new benchmark of 15%.

9.4% of consult & close volumes were achieved by the CSD in October 2022. In comparison, 3.4% of consult & close was by NHS111.

The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated over the last two years, peaking in Jun-20 to 15.7%.

**Re-contact rates in October 2022 were 8.8%** an increase compared to 6.2% in September 2022, however this is a decrease compared to 13.8% in October 2021.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased month on month to 74.7% in October 2022; by comparison, this figure was higher in October 2021 at 75.9%.

### Remedial Plans and Actions

- Funding has been agreed to double the size of the CSD, including introduction of 5 mental health practitioners. These staff are now in place.
- The team are also undertaking detailed process maps of the work that they do in order to identify where improvements can be made
- The revised establishment is 96 FTEs with current in post 90 FTEs.

### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Conveyance to ED Indicators

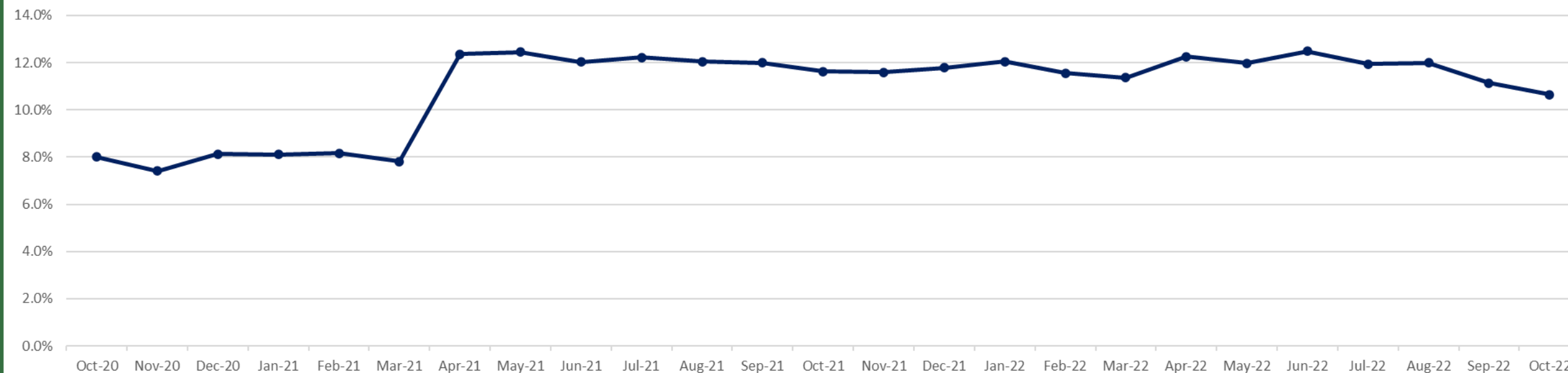
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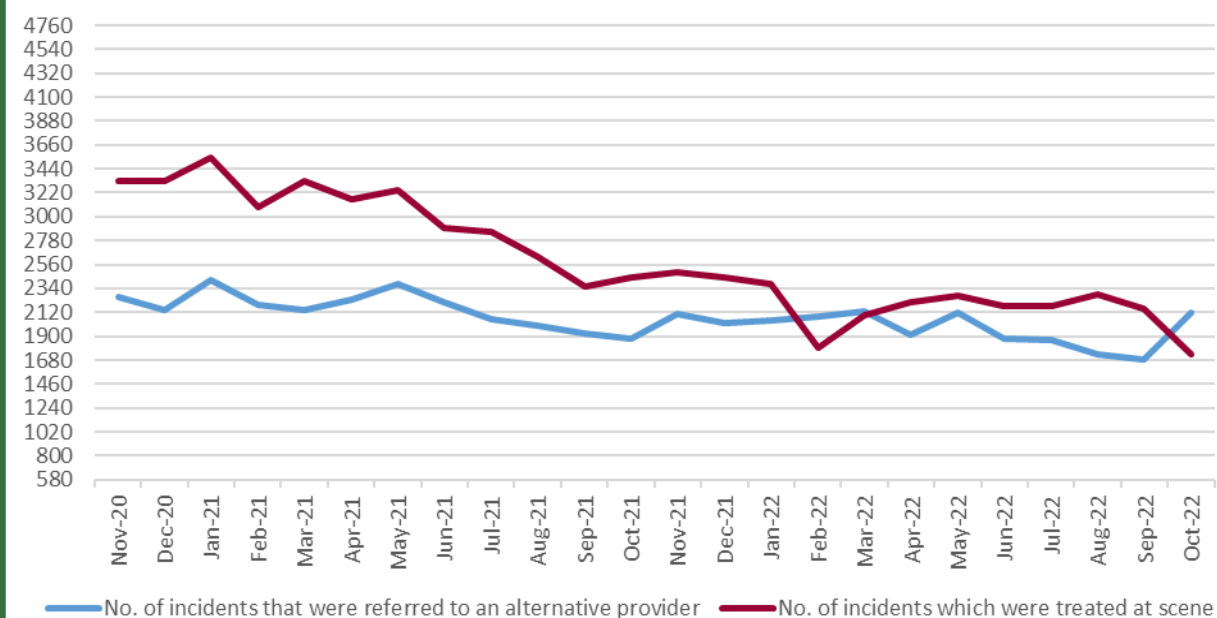
Ministerial Measure



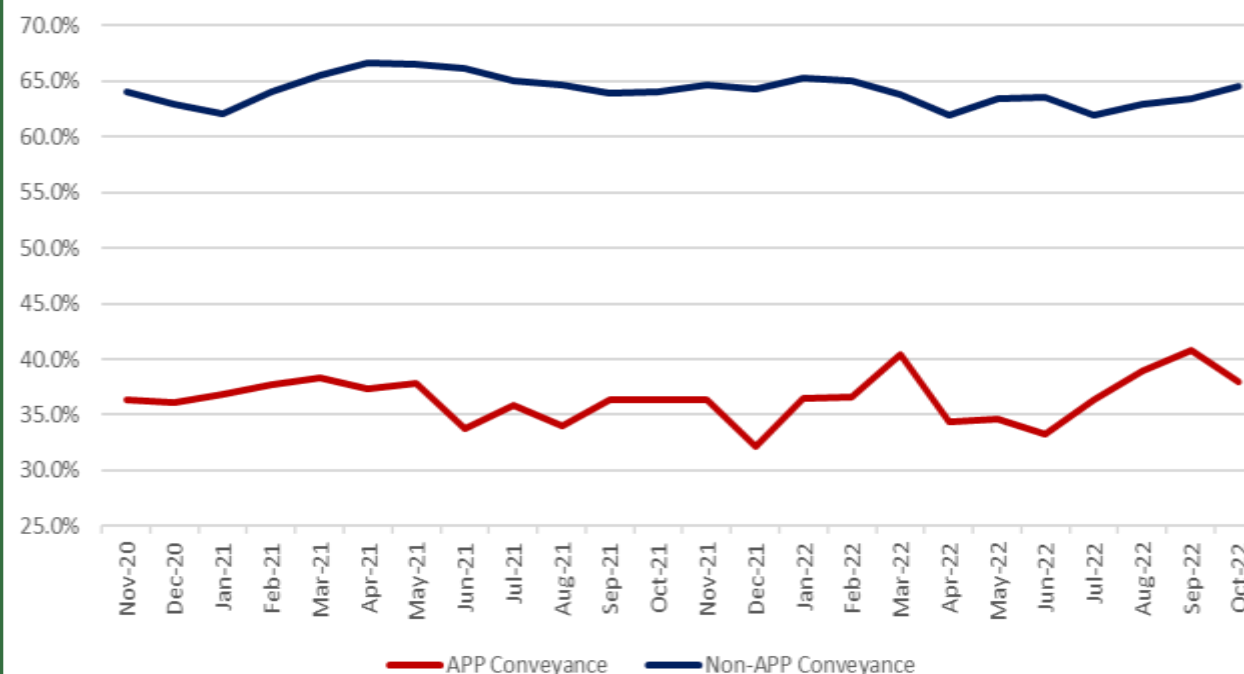
% of Total Conveyances taken to a service other than a Type One Emergency Department



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



APP vs Non-APP Conveyance Rates



## Analysis

**In October 2022 10.65% of patients (1,427) were conveyed to a service other than a Type One ED.** Although not shown here, the percentage of patients conveyed to EDs increased (i.e. declined) compared to the same period last year. In October 2022 conveyance to EDs as a proportion of total verified incidents was 31.70% (compared to 30.% in October 2021).

The combined number of incidents treated at scene and referred to alternate providers increased marginally in October 2022. 2,119 incidents were referred to alternative providers in October 2022 and 1,739 incidents were treated at scene; however, a review of other outcomes (see graph) shows that there are a number of incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

## Remedial Plans and Actions

The Head of Strategic Development has been appointed to lead on the “inverting the triangle” strategic transformation. Key actions include: formal consultation with stakeholders, a new strategic demand & capacity review, evaluating the results of various pilots e.g. Swansea Bay APP, prescribing etc.

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

Additional same day emergency care (SDEC) services are due to go live however inclusion/exclusion for SDEC may be limiting appropriate patients and opening hours vary amongst the units available. Work is underway to ensure appropriate use Of SDEC services by clinicians, missed opportunities and better use of ePCR.

## Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well. This modelling indicates a reduction in patients conveyed of 1,165 per week, but is predicated on large scale investment in APPs (470 v a starting position of 67).



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust





# Partnerships / System Contribution Handover Indicators

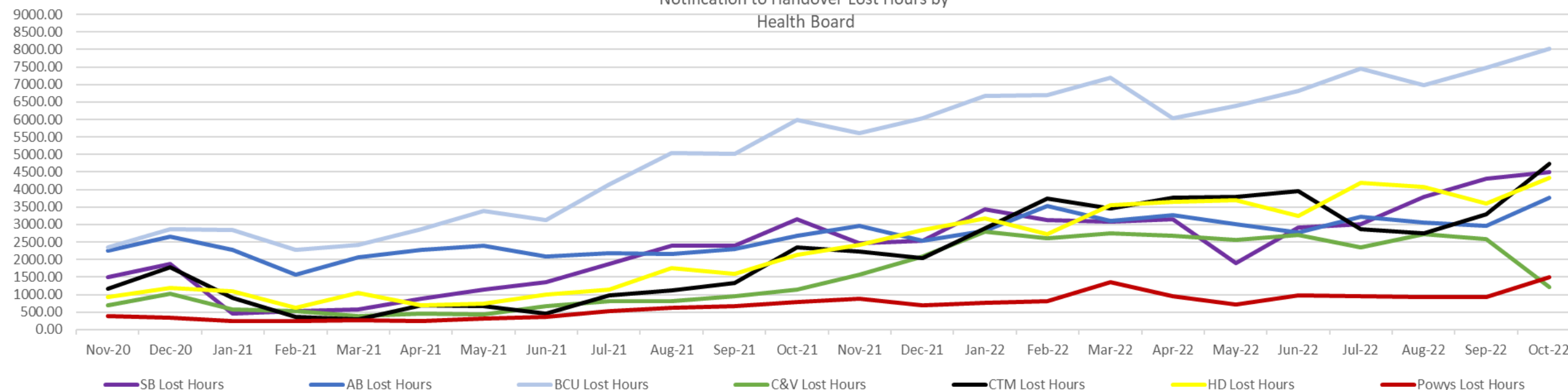
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Notification to Handover Lost Hours by  
Health Board



## Analysis

**260,309 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 135,747 in same period a year ago (November 2020 to October 2021).** 28,937 hours were lost in October 2022, a 37% increase compared to 18,234 lost hours in October 2021. The hospitals with highest levels of handover delays during October 2022 were:

- Morriston Hospital (SBUHB) at 4,583 lost hours
- The Grange University Hospital (ABUHB) at 3,402 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,990 lost hours
- University Hospital of Wales (CVUHB) at 1,997 lost hours.

Notification to handover lost hours averaged 933 hours a day in October 2022.

In October 2022 the Trust could have responded to approximately 9,128 more patients if handovers were reduced.

## Remedial Plans and Actions

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

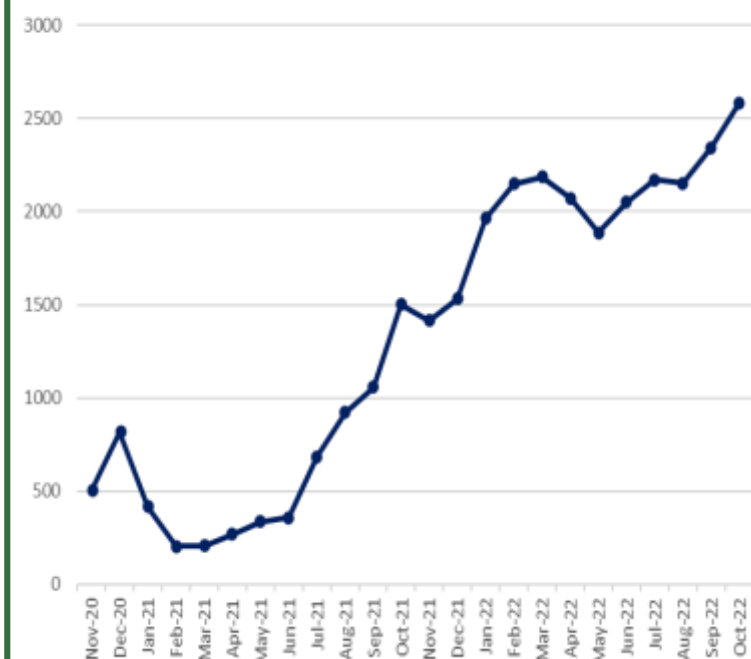
Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 60 ideas have been received through the WIIN platform from staff in August 2022.

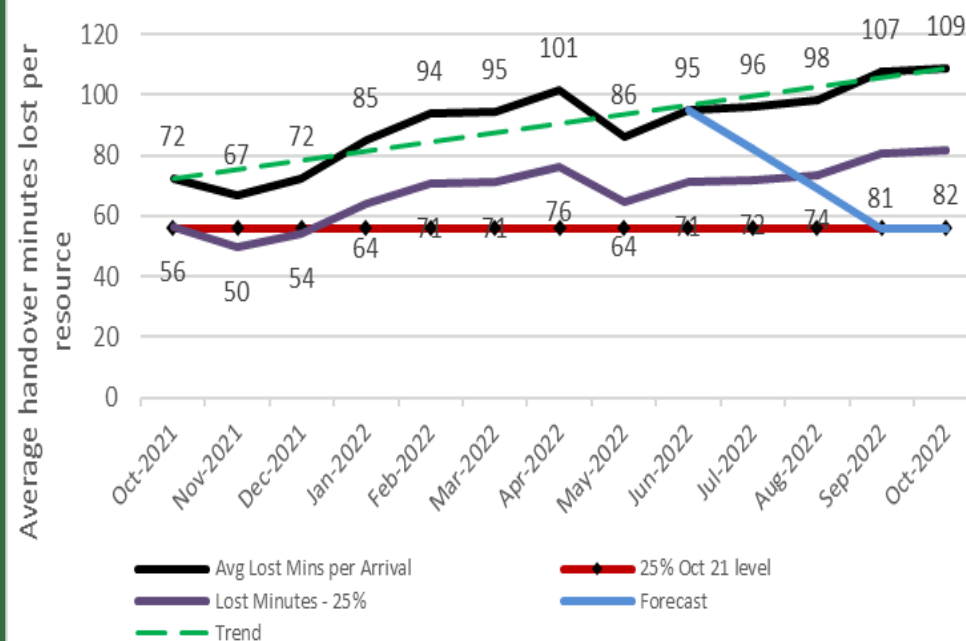
## Expected Performance Trajectory

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

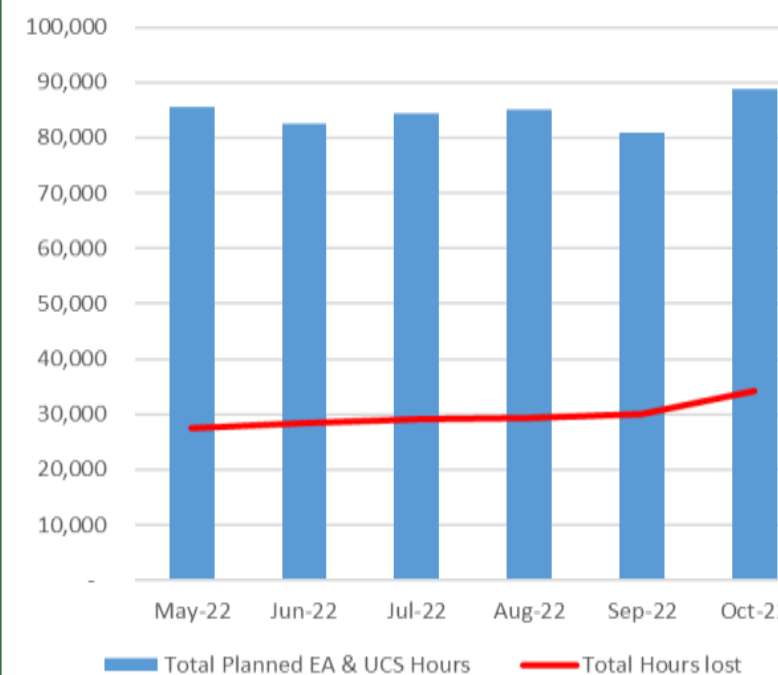
Handover Rates Over (4 Hours) 240.01 minutes (including first 15 mins)



NHS Wales



Total Planned hours VS Total Hours Lost



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

# Definition of Indicators

Indicator	Definition	Indicator	Definition
<b>111 Abandoned Calls</b>	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	<b>Hours Produced for Emergency Ambulances</b>	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
<b>111 Patients Called back within 1 hours (P1)</b>	(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.	<b>Sickness Absence (all staff)</b>	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
<b>999 Call Answer Times 95<sup>th</sup> Percentile</b>	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.	<b>Frontline COVID-19 Vaccination Rates</b>	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
<b>999 Red Response within 8 Minutes</b>	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	<b>Statutory and Mandatory Training</b>	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).
<b>Red 95<sup>th</sup> Percentile</b>	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).	<b>PADR/Medical Appraisal</b>	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.
<b>999 Amber 1 95<sup>th</sup> Percentile</b>	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.	<b>Ambulance Response FTEs in Post</b>	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
<b>Return of Spontaneous Circulation (ROSC)</b>	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.	<b>Ambulance Care, Integrated Care, Resourcing &amp; EMS Coordination FTEs in Post</b>	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
<b>Stroke Patients with Appropriate Care</b>	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	<b>Financial Balance – Annual Expenditure YTD as % of budget Expenditure</b>	Annual expenditure (Year to Date) as a proportion of budget expenditure.
<b>Acute Coronary Syndrome Patients with Appropriate Care</b>	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.	<b>Post Production Lost Hours</b>	Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons (A detailed list of these is show in the graph on slide 22).
<b>Renal Journeys arriving within 30 minutes of their appointment (NEPTS)</b>	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	<b>111 Consult and Close</b>	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.
<b>Discharge &amp; Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)</b>	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	<b>999 / 111 Hear and Treat</b>	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.
<b>National reportable Incidents (NRI)</b>	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.	<b>% Incidents Conveyed to Major EDs</b>	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of scute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
<b>Concerns Response within 30 Days</b>	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	<b>Number of Handover Lost hours</b>	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.
<b>EMS Abstraction Rate</b>	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.	<b>Immediate Release requests</b>	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



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	DU	Delivery Unit	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EASC	Emergency Ambulance Service Committee	HR	Human resources	NRI	Nationally Reportable Incident	SPT	Senior Pandemic Team
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	HSE	Heath and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD		IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	UCA	Unscheduled Care Assistant
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCS	Unscheduled Care System
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UFH	Uniformed First Responder
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCR's	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	WAST	Welsh Ambulance Services NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WIIN	WAST Improvement & Innovation Network
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme		
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience		





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Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>12</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>5</b>

## Financial Performance as at Month 7 – 2022/23

<b>MEETING</b>	Trust Board
<b>DATE</b>	24 <sup>th</sup> November 2022
<b>EXECUTIVE</b>	Chris Turley (Executive Director of Finance & Corporate Resources)
<b>AUTHORS</b>	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

### EXECUTIVE SUMMARY

This paper presents to the Board the financial performance as at Month 7 (October 2022) of the 2022/23 financial year.

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

### KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a very small revenue surplus (£1k) for the period to Month 7 2022/23. Effectively a fully balanced position. This is however after funding has been assumed for all of the exceptional cost impacts that Welsh Government (WG) have indicated will be funded centrally as we go through the 2022/23 financial year;
- In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust is currently forecasting to breakeven for the 2022/23 financial year end, with risks of not doing so fully described within this paper along with mitigating actions;
- Capital expenditure is forecast to be fully spent in line with updated plans;
- In line with the financial plans that support the IMTP, gross savings of £2.590m have been achieved against a target of £2.514m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.2% for the number, and 97.7% of the value of non NHS invoices paid within 30 days.

## REPORT APPROVAL ROUTE

- EMT – 9<sup>th</sup> November 2022 – verbal update on draft M07 position
- F&PC – 14<sup>th</sup> November 2022 – presentation to update on position
- Trust Board – 24<sup>th</sup> November 2022

## REPORT APPENDICES

***Appendices 1 – 4 – Monitoring returns submitted to Welsh Government for months 6 and 7 – as required by WG***  
***Appendix 5 – Saving details***

## REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST  
TRUST BOARD**

**FINANCIAL PERFORMANCE AS AT MONTH 7 2022/23**

**INTRODUCTION**

1. This report provides the Board with a summary of the revenue and capital financial performance of the Trust as at 31<sup>st</sup> October 2022 (Month 7 2022/23).

**BACKGROUND**

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for M07 2022/23** (1<sup>st</sup> April 2022 – 31<sup>st</sup> October 2022) are that:
  - The cumulative revenue financial position reported is a very small **underspend against budget of £0.001m**, after assuming additional funding from WG for exceptional cost pressures. The underlying year-end forecast for 2022/23 currently remains a balanced position.
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.590m have been achieved against a target of £2.514m, thus a slight **over achievement to date against the phasing plan set at the opening of the financial year**.
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.2% for the number, and 97.7% of the value** of non-NHS invoices paid within 30 days.
3. The financial risks the Trust continues to face in terms of delivering financial balance this year are stated in the Welsh Government Monitoring Return at Month 7 (appended to this report) and are set in line with the submitted Annual Plan and IMTP. As we go through the remaining months of the financial year these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. Some have therefore already been further updated this month, including as a result of discussions with WG and FDU colleagues in a recent mid-year review of the Trust's finances, in which some of the current funding assumptions were further confirmed. However, as Board members will be aware, we have this financial year been managing a greater number (and value) of financial risks. This is covered in greater detail later within this paper.
4. Given the current challenging operational environment that the Trust is working in, the forecast significant challenges we face this winter and the potential impact of industrial action, it should be noted that whilst a YTD balanced financial position has been reported in relation to required savings, continuation of a balanced position from M08 must remain at risk. Delivery of a reduction in overtime saving scheme will be put at further risk by the continuing operational pressures, further spikes of Covid affecting staff absences, any other other emerging cost pressures which were not expected (to the level now being experienced – see risks below) at the start of the financial year and, to a lesser financial value, other schemes such as the fuel savings scheme as prices at forecourts continue to rise. Some of this has however been able to offset non recurringly by agreements with the

Commissioner on how we utilise an element of contingency funding being held by EASC.

## REVENUE FINANCIAL PERFORMANCE

5. The table below presents an overview of the financial position for the period 1<sup>st</sup> April 2022 to 31<sup>st</sup> October 2022.

Revenue Financial Position for the period 1st April - 31st October				
	Annual Budget	Year to date		
	£000	Budget £000	Actual £000	Variance £000
Income	-283,206	-162,279	-162,204	75
Expenditure				
Pay	198,365	114,525	112,490	-2,035
Non-pay	59,552	33,002	35,105	2,103
Total pay & non-pay expenditure	257,917	147,527	147,595	68
Depreciation & Impairments / interest payable & receivable	25,289	14,752	14,608	-144
Total	0	0	-1	-1

### Treatment of Covid-19 spend

6. Due to the Covid-19 pandemic, and that which has been indicated by WG that will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to the Month 7 position totalling **£0.908m**, of which **£0.354m** are pay costs, and **£0.554m** are non-pay costs. This is somewhat less than the figure estimated in the submitted financial Annual Plan within the IMTP, however work continues to ensure these costs best reflect the costs being incurred. Full additional funding for this is therefore assumed to cover these elements of cost, as was the case in 2020/21 and 2021/22.
7. A summary of the Covid-19 revenue costs reported in the Month 7 financial position is shown in the table below, including an update of the full year forecast:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	354	861
Total Non Pay	554	1,122
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>908</b>	<b>1,983</b>

### Other exceptional cost pressures

8. In addition to the above are the other exceptional cost pressures for the 2022/23 financial year, which were also, as part of the 2022-25 IMTP finalisation, indicated by WG would be funded in year, and was therefore the basis of the balanced financial plan. This detail is summarised in the table below; as above, additional funding has been assumed for the additional cost pressures these total spend values generate in year.

		Actual YTD £'000	Annual Forecast £'000
1	Expected Other C-19 Response Costs	495	935
2	Total Energy Costs	5,680	9,994
3	Total National Insurance Costs	1,170	1,198
4	Total Real Living Wage Costs	0	0

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

### Income

10. Reported Income against the initial budget set to Month 7 shows an underachievement of **£0.075m**.
11. As above, within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures of additional National Insurance costs, energy, utilities, and fuel.
12. As advised in Month 6, the adjustment has now been undertaken from Month 7 to realign the non-recovery of income from EASC for the additional CSD clinicians with the offset being the removal of 46 WTEs ACA (Band 3) positions within pay.
13. In addition, now included in income expectations from Month 7, following the previously received confirmation to the Trust from the Emergency Ambulance Services Committee, is an additional £3m of funding for emergency ambulance capacity. We continue to work with the commissioner to agree the drawdown mechanisms for this, ensuring additional costs incurred in the employment of an additional 100 WTE front line resource for this winter is fully recovered in year.

### Pay costs

14. Overall, the total pay variance at Month 7 is an underspend of **£2.035m**, of which half is due to the way the above offset for the non-funding of CSD clinicians was treated to the first six months of the financial year (and with a subsequent equal and opposite impact on Trust income).
15. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.354m**.

## Non-pay Costs

16. The overall non-pay position at Month 7 is an overspend of **£1.959m**, this is due to overspend on medical & surgical consumables, fleet maintenance costs and some taxi spend.
17. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 7 totalled **£0.554m**. Areas of additional spend included:
  - PPE - £0.262m;
  - Cleaning Standards - £0.233m.
  - Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) £0.059k

## Savings

18. As Board members will recall, the 2022/23 financial plan identifies that a minimum of **£4.300m** of savings and cost containment measures are required to achieve financial balance in 2022/23. This is a significant increase in that which has been able to be achieved in the recent past, and especially over the last couple of years.
19. As at Month 7 for the financial year 2022/23 the Trust has achieved total savings of £2.590m against a target of £2.514m, an over achievement against the target of £0.076m.
20. **Appendix 5** provides an overview of Month 7 performance by thematic and organisational / directorate levels.
21. On top of this, a series of highlight reports have again been developed that provide detail of savings delivery at thematic levels. The highlight reports present financial information which is supported by a narrative that denotes progress and identifies actions for the full delivery of our savings plans. The key points drawn from these are;
  - Workforce, efficiencies and transformation has achieved savings / cost containment of £0.919m, under-achieving cumulative target by £0.046m;
  - Fleet savings totalling £0.006m has been achieved, under-achieving cumulative target by £0.041m;
  - Through management of non-operational vacancies £1.367m has been saved which exceeds the cumulative target to date by £0.277m;
  - Fuel savings totalling £0.024m has been achieved, under-achieving cumulative target by £0.004m;
  - There are a number of local schemes in directorates, some of which are attracting additional income rather than reducing costs and savings totalling



£0.112m has been achieved, under-achieving cumulative target by £0.078m.

- Estate savings totalling £0.162m has been achieved, under-achieving cumulative target by £0.033m

22. The delivery of savings continues to be regularly reported via internal financial reporting and detailed in our Monitoring Returns to Welsh Government. This ensures that progress is being made in the delivery of the identified saving schemes and to identify and agree mitigating actions as appropriate.

### Financial Performance by Directorate

23. Whilst there is a small surplus reported at Month 7 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, but they will be continued to be closely monitored.

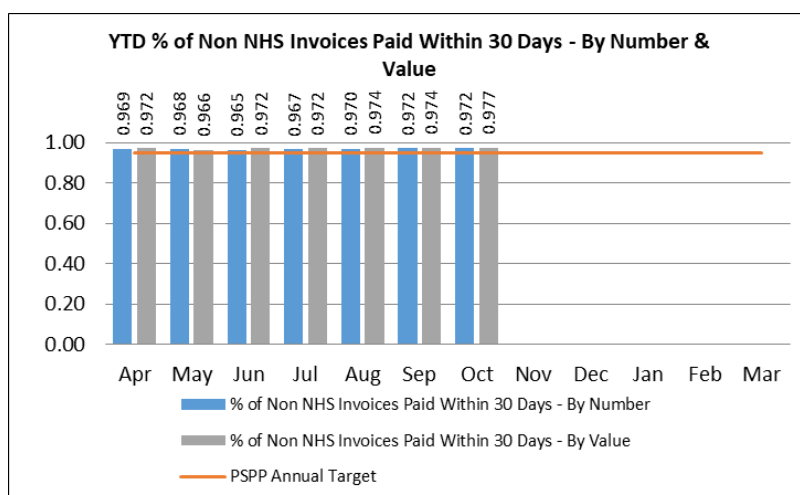
Financial position by Directorate @ 31st October	Annual Budget £000	Year to date			
		Budget £000	Actual £000	Variance £000	Tolerance 5% %
<b>Directorate</b>					
Operations Directorate	151,486	88,250	87,084	-1,165	-1.3%
Chief Executive Directorate	1,807	1,061	1,141	79	7.5%
Board Secretary	445	257	226	-32	-12.3%
Partnerships & Engagement Directorate	825	348	310	-37	-10.8%
Finance and Corporate Resources Directorate	32,144	18,596	18,809	213	1.1%
Planning and Performance Directorate	2,277	1,283	1,199	-84	-6.5%
Quality, Safety and Patient Experience Directorate	5,572	3,236	3,105	-130	-4.0%
Digital Directorate	12,769	6,481	6,429	-52	-0.8%
Workforce and OD Directorate	4,600	2,726	2,606	-119	-4.4%
Medical & Clinical Services Directorate	3,007	1,553	1,503	-50	-3.2%
Trust Reserves	5,992	1,137	1,567	430	37.8%
Trust Income (mainly WHSSC)	-220,923	-124,928	-123,980	947	0.8%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-1</b>	<b>-1</b>	

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

- Chief Executive – Variances due to unachieved savings target due to limited vacancies, overlap of an Executive Director position and executive recruitment costs;
- Board Secretary – Funded vacancies against establishment as well as some non-pay savings;
- Planning and Performance - Funded vacancies against establishment offset by some non-pay overspends;
- Reserves – reserves position includes the salary sacrifice accrual of £322k (£290k from M6 plus an extra £32k for M7) and also c£100k for pension invoices received so this position is overspent in month totalling £138k.

## PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

25. Public Sector Payment Policy (PSPP) compliance up to Month 7 was **97.2%** against the **95%** WG target set for non-NHS invoices by number and **97.7%** by value.



## RISKS AND ASSUMPTIONS

26. It currently remains that there are no specific individual high likelihood risks that the Trust is reporting and as we move through the remaining months of the financial year we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.
27. At this stage of this financial year there continue to be 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 anything that has emerged since. These are described below, along with a value currently placed on these risks, as required by WG as well as the current assessed level of risk.
28. Non delivery of in year saving schemes has been removed as a risk however, given the current achievement of savings, plans now being confirmed with the CASC to potentially offset some elements of that remaining through an EASC held contingency (given the operational impact this would have had through winter) and following discussions in the mid-year review meeting with WG and Finance Delivery Unit colleagues.
29. Following a detailed review in month 7 and again following the discussions at the mid-year review meeting with WG & FDU colleagues, the previously included £1.5m medium risk for the potential cost impact of system wide pressures has been removed, but these areas will continue to be closely monitored.
30. In Month 6 the £5.064m medium risk relating to 'WG exceptional cost pressures and Covid funding' was reduced from £5.8m, this was following revised estimates to ongoing monitoring of energy prices, as requested from the Finance Delivery Unit and also the revision to the ENIC Levy. It should be noted that energy prices

are still fluctuating. Once all funding routes for these costs are fully confirmed, this risk will also be able to be removed.

31. In fact, following the submission of the Month 7 return WG have requested that the Trust invoices for the additional costs incurred following the Employers NIC Levy, c£1.198m, which will be invoiced during Month 8, and therefore further reducing or removing this risk.
32. Given the pressures the Trust feels every winter, the Trust has included a figure of **£0.5m** to cover any unfunded winter pressures; this has been deemed as a **low risk**, based on support provided from Commissioners over recent years.
33. A **low risk** is also included for PIBS (Permanent Injury Benefit Scheme) of **£1m**. Matched funding for this highly volatile area is provided by WG on an annual basis but is routinely flagged as a risk until received.
34. Included now within the risk table is the narrative addition for the additional bank holiday following the State Funeral of HM Queen Elizabeth II. This is assumed to be fully funded by WG and the costs of this are currently assumed to be circa £0.050m for the direct impact of the overtime and unsocial hour payments incurred.
35. One emerging cost pressure that the Trust has experienced relates to NHS Pension Control invoices. Since March 2022 the Trust has received a significant increase in the number and value of such invoices which has given cause for concern. WAST Finance & HR representatives met with our local pension's experts at NWSSP, to assist in liaising with the NHS Pensions Business Services Authority, in order to allow WAST to produce a potential forecast of future pension control notice invoice costs. Our colleagues at NWSSP are currently advising us that we are unlikely to see further material invoices as the recent invoices received had been generated due to a set of unique circumstances namely the McCloud judgement increasing the volume of retirement applications across Wales, as well as a number of Paramedics in the 1995 Pensions scheme progressing from bands 5 to band 6 grades over the last few years. We will continue to monitor the situation.
36. On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16, the 2022/23 pay award of which new rates and arrears were paid in September 2022 and also holiday pay on overtime will all be fully funded by WG and hence none of these are included as a risk. Confirmation of the c£8.5m funding to cover the 2022/23 pay award has recently been received from, and an invoice raised direct to, WG for this element.
37. Whilst there are currently no individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks that the Trust is managing this financial year is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality, and experience, it is clear that, as expressed within the IMTP, this year will continue to be a challenging financial year, despite the current continued good financial performance in Month 7.

38. Alongside and as a result of some of the above, as Board members will know, the risk of non-delivery of statutory financial duties is included on the Trust's Corporate Risk Register, the scoring of which has remained at its current level, despite the current continued good financial performance in 2022/23, given the current financial outlook for 2023/24 and beyond.

## **2022/23 CAPITAL PROGRAMME**

39. At Month 7 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£21.956m**. This includes **£17.518m** of All Wales Approved schemes and **£4.438m** for Discretionary schemes.
40. To date, the Trust has expended **£4.370m** against the current All Wales capital scheme full year budget of **£17.518m**, and **£1.931m** against the discretionary budget of **£4.438m**.
41. Following a request from WG a detailed review was undertaken to fix our CEL position for the 2022/23 financial year; this resulted in **£3.300m** being returned to WG, to be returned to the Trust in 2023/24, this was mainly in relation to the delay in the 111/Salus replacement project.
42. Following the continuing national delay in elements of the ESMCP programme, the Trust required additional finance lease funding from WG for a further extension of the Airwave contract. This was agreed in month and the additional funding was provided to cover the Trust until CRS goes live.
43. Additional funding has also been received following the closure of month 7 these included funds via DHCWs for NDR and the new SDP at Ruthin Fire station.
44. During October WG requested the Trust provide any schemes that potentially could be delivered before the end of this financial year, these were shared through CMB, EMT and F&PC, to date a scheme to help the Trust reduce its carbon emissions has been approved for £0.516m, and there is a potential that further funding will be made available in the coming weeks. Any update on this will also be further provided to Trust Board at the meeting on 24<sup>th</sup> November.

## **RECOMMENDED that the Board:**

- a) **Notes** and gains **assurance** in relation to the Month 7 revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> October 2022 along with current risks and mitigation plans, and
- b) **Notes** the Months 6 and 7 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG).

## Appendix 5

[illegible]



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

Cadeirydd  
Chair: Colin Dennis

Prif Weithredwr  
Chief Executive: Jason Killens

## Swyddfa Cyllid ac Adnoddau Corfforaethol

## Finance and Corporate Resource Office

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

13<sup>th</sup> October 2022

Your ref: WAST\m5\ajh\ry

Dear Andrea

### Re: **SEPTEMBER 2022 (MONTH 6 2022/23) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for September 2022. All automatic validation rules incorporated in the reporting template have been successfully passed.

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

The Trust's performance against financial targets for Month 6 2022/23 is as follows: -

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

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

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

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

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

Anfonwch unrhyw  
ohebiaeth i'r cyfeiriad  
canlynol:-

Please forward any  
correspondence to the  
following address:-

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



As such, Month 6 2022/23 therefore continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £0.769m as shown in Table B3.

The resulting reported performance at Month 6 as per Table B is a very small under-spend against budget of £0.001m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 6 is an underspend of £2.316m. Much of this is to offset a current known underachievement of income.

The non-pay position at Month 6 is a reported overspend of £1.494m, this is made up of overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 6 totalled £0.480m.

Income at Month 6 shows an underachievement of £0.821m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures. However, there continues to be one income stream contained within our IMTP which is currently not assumed within the M06 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. This has yet to be secured by the CASC and subsequently this is not assumed within our current reported position, as above. Whilst this is broadly the cost of backfilling these with A4C Band 4 EMTs (EMS technicians), as suggested within the financial plan within the IMTP this is currently being managed by holding a number of ACA (Band 3) vacancies within our front-line operational workforce, in order to financially balance. From Month 7, there will be a realignment of both the income and delegated expenditure budgets to offset variances in both.

In addition, there is a further item of income not currently within the Month 6 position but has been agreed with the Commissioner that it will be included in income expectations from Month 7 and this is for the previously received confirmation to the Trust from the Emergency Ambulance Services Committee on an additional £3m amount of funding for emergency ambulance capacity. We continue to work with the commissioner to agree the drawdown mechanisms for this from WG.

Given the current challenging operational environment the Trust is working in, it should be noted that whilst a broadly balanced YTD position has been reported, with the future phasing of savings especially around the overtime saving scheme (which was in part linked to expected reductions in sickness absence), which was planned to take effect, and has therefore commenced as its phased from Quarter 2 onwards, achieving a balanced financial position from M06 remains at risk. This is currently being further put at risk by the continuing operational pressures, further spikes of Covid affecting staff absences, some other emerging cost pressures which were not expected at the start of the financial year and, to a lesser financial value, other local schemes.

## **2. Movement (Table A)**

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

As in previous years the assumptions around disposal of profit on disposal of Assets was included within our IMTP baseline calculations and thusly incorporated within the top section of the table to ensure alignment to the MDS workings which does not include an element for this, for the current financial year. **(Action Point 5.1)**

## **3. Risk (Table A2)**

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

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

Non delivery of in year saving schemes have been included at £0.500m. Whilst still considered a low risk, this is in part due to the inability to currently identify additional recurrent replacement schemes as the organisation has been responding and focusing on COVID 19 activities as well as extreme service pressures. This risk will continue to be reviewed as we move through the financial year, noting the comments above around pressures on sickness and

overtime, depending on how well we are able to see some of the step up in savings required as we move through Q3.

Given that EASC have confirmed some non-recurring focused funding for 2022/23 to assist with the pressures the Trust feels every winter, the Trust has removed the risk valued at £0.500m for this in Month 6.

Included within the table is a medium risk of at least £1.5m for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This would be costs incurred later in the financial year, as some of these are currently now confirmed to be funded up until at least Mid-August by our main commissioner EASC, therefore the above has been reduced from £2.000m to £1.500m. The £1.500m relates to activities not currently commenced which funding has not been received (**Action Point 5.2**). However, the risk remains that other elements may not be funded for the full financial year, if required, although the Trust's starting point from a financial perspective would clearly be that costs could not continue if the additional funding previously provided to support these is not then available. This includes some of the ED cohorting that was put in place last winter and rolled over into 2022/23 and some continued support earlier in the financial year from St Johns Cymru.

In Month 6 the £5.064m medium risk relating to 'WG exceptional cost pressures and Covid funding' has reduced from £5.8m, this is following revised estimates to ongoing monitoring of energy prices, as requested in the email from Eiddig Morgan from the Finance Delivery Unit and also the revision to the ENIC Levy. Please also refer to the supplementary Other C-19 and Exceptional Costs 2022-23 submission for more detail. Again, once funding routes for these costs are fully confirmed, this risk will be removed.

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

As advised recently, included now within the risk table is the narrative addition for the additional bank holiday following the State Funeral. This is assumed to be fully funded by WG and the costs of this are currently being worked through for the impact of the additional annual leave day and unsocial hour payments incurred.

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the **impact of IFRS16, the 2022/23 pay award** of which new rates and arrears were paid in September 22 and also **holiday pay on overtime will all be fully funded by WG and hence not included in the risk table**. Confirmation of the funding levels and funds flow routes to access this funding as soon as possible would now be appreciated, to confirm this approach.

As noted above, whilst there are no additional individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks described within these returns is clearly greater than in recent financial years, which in itself raises the level of risks in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will be a challenging financial year, despite the broadly continued good financial performance to M06. Full consideration and management of all these risks will continue to be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

#### **4. Monthly Profiles (Table B)**

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

Included within Table B is the impact of the transitional leases, thank you for the confirmation around the funding adjustment, and additional time to ensure the adjustments are correct prior to the invoicing taking place towards the end of the financial year.

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

Agency costs for Month 6 totalled £0.130m. The current percentage of agency costs against the total pay figure is 0.7%, this is to cover vacancies along with additional agency costs associated with the 111-website development and the Cohorting costs mentioned below. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

The forecasted costs are based on the Trust ambition to reduce agency expenditure and as mentioned in previous months the uplift in these costs, related to Cohorting, stopped in Mid-August resulting in a reduction in the Additional Clinical Services line, however the Trust anticipates it agency expenditure to reduce in line with the forecast over the coming months. (**Action Point 3.3**)

## **6. COVID-19 (Table B3)**

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

It was acknowledged that the rate of spend in relation to the PPE was lower than previously forecasted and following some further detailed work in month with operational colleagues the forecast has been re-modelled based on the latest trends and forecasts, resulting in a reduction from £1.000m to £0.535m.

It should also be noted that the COVID-19 table continues to include the MTU pay and non-pay costs as requested by Adrian Davies within Welsh Government, these again will be billed for at the end of quarter 2, the increased costs forecast for March 2023 are included to cover any redundancy payments if contract not further extended.

The brought forward value of Annual Leave accrual into 2022/23 was £3.227m. The remaining value after 'Sell Back' is £2.958m, no payments were processed in month 6, A further review will be undertaken now at the mid-point of this financial year, and we will be seeking to discuss proposed treatment of this at the upcoming mid-year review meeting on 24<sup>th</sup> October, noting that we were previously expected a national proposed approach to managing any remaining elements of this as part of the overall NHS Wales financial position.

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

For Month 6 the Trust is reporting planned savings of £2.158m and actual savings of £2.233m, this is a small over achievement to plan.

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

## **8. Exceptional Costs Template**

The 'Other' templates have again been completed in relation to energy costs and is now consistent with table E1 as requested.

It should be noted as requested this sheet has been revised to factor in the UK Government decision to remove the additional ENIC from 6<sup>th</sup> November and also the energy and fuel costs have been revised based on the latest forecasts received.

As discussed between Edward Roberts and yourself the Trust had always been assuming the full funding for the additional ENIC and had included this in both the E1 and A2. **(Action Point 5.3)**

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

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

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

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

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

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

At Month 6 there was 4 invoices over 11 weeks with a total value of just over £0.034m. Investigations are ongoing to ensure these invoices are either paid or adjusted during month 7, it should be noted that one of these invoices relates to WG for £0.029m, however no query has been raised against this to date.

## 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
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	18	19	22	16	16	18	16	17	16	16	16	17	207
Other Non NHS Income	1,913	135	326	235	1,210	198	0	0	0	0	0	0	4,017
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	609	719	84	833	302	350	350	300	350	4,950
Risk Pool Refund	0	0	339	0	518	0	0	0	0	0	0	0	857
<b>Total</b>	<b>2,396</b>	<b>586</b>	<b>858</b>	<b>860</b>	<b>2,463</b>	<b>300</b>	<b>849</b>	<b>319</b>	<b>366</b>	<b>366</b>	<b>316</b>	<b>367</b>	<b>10,046</b>
<b>PAYMENTS</b>													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	232	122	0	0	0	0	0	0	0	578
<b>Total</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>232</b>	<b>122</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>578</b>

As a result of requirements within the capital programme, we are at present highlighting a need for £10m cash to be drawn down in December 2022 to support the forecast cash flow. This may of course change as we move through the financial year.

## 12. Public Sector Payment Compliance (Table I)

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

Up to quarter 2 the cumulative percentage of non-NHS invoices paid within 30 days by number was 97.2% against a target of 95%, this will be updated again in the December return.

## 13. Capital & EFL (Tables I, K and L)

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

Works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for the remainder of the financial year, at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses. The Trust's initial discretionary capital programme for this financial year was approved at the Trust Board meeting on 26th May 2022, with a further update on some estate's schemes affordable within the Trust's remaining discretionary funding also recently approved by the Exec Team.

Correspondence has also recently been provided in relation to the current position with respect to the 111 IIS scheme funding within the AWCP. Separate correspondence has also recently been sent in relation to ESMCP financial impacts (capital and revenue), including a further extension of Airwave. Confirmation in relation to the funding requirements for this would be appreciated, given the national UK timelines for this extension that we are bound to and have no influence over, as discussed again in the last CRM.

The Trust is happy to confirm that the adjustment for the transitional leases have been reflected within the ledger, as discussed between a number of the finance team and WG colleagues, the Trust is in the process of finalising these numbers and will provide a further update as soon as we can.

## 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 6 financial performance of the Trust will be presented to the Finance and Performance Committee on 14<sup>th</sup> November then on to the Trust Board meeting on 24<sup>th</sup> November 2022.

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

## 15. Other Issues

### Overtime and Pay for Annual Leave (Flowers case)

Due to ongoing complexities with delivering a technical solution within ESR to enable the application of ongoing payments i.e. from 1 April 2021, employers and trade union partners discussed the specific arrangements for making the ongoing payments from 1 April 2021 and agreed that further lump sum payments will be made during the 2021/22 and 2022/23 financial years to ensure payments can be made on an ongoing basis. A final payment was paid in July 2022 to cover the period April 2022 – June 2022 and this was paid using the 13% multiplier and this equated to £0.308m.

Agreement was reached and a technical solution identified from 1 July 2022 and payments will be made monthly based on the following multipliers (depending on annual leave entitlement) and will be applied to any overtime paid:

34 days leave - 15.04%  
30 days leave – 13.04%  
28 days leave - 12.07%

This has resulted in payments made in July of £0.121m, August of £0.125m and September of £0.143m. Future month's forecast cost are estimated at £0.130m and hence assumed income from WG for 2022/23 is estimated at £1.500m (**Action Point 4.2**)

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

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

Yours sincerely



Chris Turley  
Executive Director of Finance & Corporate Resources



Jason Killens  
Chief Executive

Enc

cc:

Mr C Dennis, Chairman  
Non-Executive Directors Executive Directors



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

Cadeirydd  
Chair: Colin Dennis

Prif Weithredwr  
Chief Executive: Jason Killens

## Swyddfa Cyllid ac Adnoddau Corfforaethol

## Finance and Corporate Resource Office

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

11<sup>th</sup> November 2022

Your ref: WAST\m6\ajh\ry

Dear Andrea

### Re: **OCTOBER 2022 (MONTH 7 2022/23) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for October 2022. All automatic validation rules incorporated in the reporting template have been successfully passed.

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

The Trust's performance against financial targets for Month 7 2022/23 is as follows: -

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

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

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

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

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

Anfonwch unrhyw  
ohebiaeth i'r cyfeiriad  
canlynol:-

Please forward any  
correspondence to the  
following address:-

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



As such, Month 7 2022/23 continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £0.908m as shown in Table B3.

The resulting reported performance at Month 7 as per Table B continues to be a very small under-spend against budget of £0.001m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 7 is an underspend of £2.035m.

The non-pay position at Month 7 is a reported overspend of £1.959m, this is made up of overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 7 totalled £0.554m.

Income at Month 7 shows an underachievement of £0.075m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures. As advised in Month 6 the adjustment has now been undertaken in Month 7 to realign the non-recovery of income from EASC with the offset being the removal of ACA (Band 3) positions with pay.

In addition, included in income expectations from Month 7 is an additional £3m amount of funding for emergency ambulance capacity, following the previously received confirmation to the Trust from the Emergency Ambulance Services Committee. We continue to work with the commissioner to agree the drawdown mechanisms for this from WG.

## **2. Movement (Table A)**

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

## **3. Risk (Table A2)**

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

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

Non delivery of in year saving schemes has been removed this month given the current achievement of savings following discussions in the mid-year review meeting with WG and FDU colleagues, and as we attempt to further de-risk our current reported and forecast position. Savings delivery will of course continue to be very closely monitored.

Following a detailed review in month 7 and following the discussions at the mid-year review meeting the £1.5m medium risk for system wide pressures has also been removed, but these areas will continue to be closely monitored. **(Action Point 6.2)**

In Month 6 the £5.064m medium risk relating to 'WG exceptional cost pressures and Covid funding' was reduced from £5.8m, this was following revised estimates to ongoing monitoring of energy prices, as requested in the email from Eiddig Morgan from the Finance Delivery Unit and also the revision to the ENIC Levy. It should be noted that energy prices are clearly still fluctuating.

Please also refer to the supplementary Other C-19 and Exceptional Costs 2022-23 submission for more detail. Again, once funding routes for these costs are fully confirmed and received, this risk will be removed.

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

As advised recently, included now within the risk table is an addition for the additional bank holiday following the State Funeral of HM Queen Elizabeth II. This is currently assumed to be fully funded by WG and the direct costs of this are c£0.050m for the impact of the overtime and unsocial hour payments incurred.

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the **impact of IFRS16, the 2022/23 pay award** of which new rates and arrears were paid in September 22 and also **holiday pay on overtime will all be fully funded by WG and hence not included in the risk table**. Confirmation of the funding levels and funds flow routes to access any outstanding elements of funding as soon as possible would now be appreciated.

As requested following the email from Gwen Kohler the Trust has now however raised an invoice to WG for £8.5m for the Pay award funding.

As noted above, whilst there are no additional individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks described within these returns has clearly greater than in recent financial years, which in itself raises the level of risks in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this is a challenging financial year to deliver balance position, despite the broadly continued good financial performance to M07. Full consideration and management of all these risks will continue to be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties is included on the Trust's Corporate Risk Register.

#### **4. Monthly Profiles (Table B)**

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

Included within Table B is the impact of the transitional leases, thank you for the confirmation around the funding adjustment, and additional time to ensure the adjustments are correct prior to the invoicing taking place towards the end of the financial year.

The monthly Pay and Non-pay profiles are reviewed monthly when completing the tables, the reason for the movements seen in future months relates to a number of factors, including an increase for the expenditure associated with the above additional £3m funding, winter support for overtime and private provider resources funded via EASC. **(Action Point 6.1)**

Annual leave accrual **(Action Point 4.2)** The brought forward value of Annual Leave accrual into 2022/23 was £3.227m. The remaining value after 'Sell Back' is £2.958m, no further payments were processed in month 7. Noting the discussion at both the mid-year review and with DoFs since on the revised agreed position on how the in year impact of this is to be treated, any likely financial benefit of this in 2022/23 continues to be estimated and refined, including with WoD colleagues to ensure this is consistent locally with that assumed for this financial year end in terms of annual leave arrangements and an expected return to pre Covid arrangements. As discussed in the mid-year review and further acknowledged in the recent DoF discussions, should this result in a benefit greater than that required to balance (for a small number of organisations, of which we are likely to be one) we would then look to work with you to agree how this is managed between now and the year end and how, for example, this may impact on other funding being assumed elsewhere within these returns for other costs, e.g. exceptional pressures.

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

Agency costs for Month 7 totalled £0.025m **(Action Point 3.3)**. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

#### **6. COVID-19 (Table B3)**

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

It was acknowledged that the rate of spend in relation to the PPE was lower than previously forecasted and following some further detailed work in month 6 with operational colleagues the forecast was re-modelled based on the latest trends and forecasts, resulting in a reduction from £1.000m to £0.535m, as at month 7 this forecast still stands and will be reviewed on a monthly basis.

It should also be noted that the COVID-19 table continues to include the MTU pay and non-pay costs as requested by Adrian Davies within Welsh Government, these were billed for at the end of quarter 2 along with the cost incurred for PPE, the costs in relation to cleaning standards were not invoiced and these are still included with the other costs at Risk in the Risk tables. Confirmation on whether this will be funded in year or not would be welcomed as soon as possible.

The increased costs for the MTU forecast for March 2023 are included to cover any redundancy payments if the contract is not further extended.

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

For Month 7 the Trust is reporting planned savings of £2.514m and actual savings of £2.590m, this is a small over achievement to plan.

## 8. Exceptional Costs Template

The 'Other' templates have again been completed in relation to energy costs and is now consistent with table E1 as requested.

It should be noted as requested this sheet has been revised to factor in the UK Government decision to remove the additional ENIC from 6<sup>th</sup> November.

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

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

Confirmation has now also been received from the CASC that funding in relation to some system wide support to end of this financial year is available, on an actual cost recovery basis. Additional cost pressures will be discussed with EASC as we move through the remaining months of the financial year. The teams continue in constant contact to seek to ensure that the funding sources and mechanisms for this spend alongside other outstanding values agreed, are identified as soon as possible, alongside the agreed required recharging mechanism(s).

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

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

At Month 7 there was 1 invoice over 11 weeks with a total value of just over £0.007m. A review is ongoing to ensure this invoice is either paid or adjusted during month 8.

## 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
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	18	19	22	16	16	18	15	17	16	16	16	17	206
Other Non NHS Income	1,913	135	326	235	1,210	198	626	0	0	0	0	0	4,643
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	609	719	84	428	628	350	350	300	350	4,871
Risk Pool Refund	0	0	339	0	518	0	5	0	0	0	0	0	862
<b>Total</b>	<b>2,396</b>	<b>586</b>	<b>858</b>	<b>860</b>	<b>2,463</b>	<b>300</b>	<b>1,074</b>	<b>645</b>	<b>366</b>	<b>366</b>	<b>316</b>	<b>367</b>	<b>10,597</b>
<b>PAYMENTS</b>													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	232	122	0	222	0	0	0	0	0	800
<b>Total</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>232</b>	<b>122</b>	<b>0</b>	<b>222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>800</b>

As a result of requirements within the capital programme, we are at present highlighting a need for £6.906m cash to be drawn down in November 2022 to support the forecast cash flow.

## **12. Public Sector Payment Compliance (Table I)**

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

Up to quarter 2 the cumulative percentage of non-NHS invoices paid within 30 days by number was 97.2% against a target of 95%, this will be updated again in the December return.

## **13. Capital & EFL (Tables I, K and L)**

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

Following detailed work during month 7 a revised profile was provided to WG Capital Team which resulted in a revised CEL being issued before the end of the month, this is reflected in the tables.

The non-cash submission was submitted on the 8<sup>th</sup> November per the agreement, however these figures are yet to be included with the ledger and are therefore not included within the enclosed tables.

The Trust is happy to confirm that the adjustment for the transitional leases have been reflected within the ledger, as discussed between a number of the finance team and WG colleagues, the Trust is in the process of finalising these numbers and will provide a further update as soon as we can and which point we are assuming WG will invoice WAST.

## **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 7 financial performance of the Trust will be presented to the Trust Board meeting on 24<sup>th</sup> November 2022.

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

## **15. Other Issues**

### **Overtime and Pay for Annual Leave (Flowers case)**

Due to ongoing complexities with delivering a technical solution within ESR to enable the application of ongoing payments i.e. from 1 April 2021, employers and trade union partners discussed the specific arrangements for making the ongoing payments from 1 April 2021 and agreed that further lump sum payments will be made during the 2021/22 and 2022/23 financial years to ensure payments can be made on an ongoing basis. A final payment was paid in July 2022 to cover the period April 2022 – June 2022 and this was paid using the 13% multiplier and this equated to £0.308m.

Agreement was reached and a technical solution identified from 1 July 2022 and payments will be made monthly based on the following multipliers (depending on annual leave entitlement) and will be applied to any overtime paid:

34 days leave - 15.04%  
30 days leave – 13.04%  
28 days leave - 12.07%

This has resulted in payments made in July of £0.121m, August of £0.125m, September of £0.143m and October of £0.128m. Future month's forecast cost are estimated at c£0.130m and hence assumed income from WG for 2022/23 is estimated at £1.500m, the Trust is also assuming that this funding will also be made available to the Trust in future years.


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

A handwritten signature in black ink, appearing to read 'Chris Turley'.

Chris Turley  
Executive Director of Finance & Corporate Resources

A handwritten signature in blue ink, appearing to read 'Jason Killens'.

Jason Killens  
Chief Executive

Enc

cc:

Mr C Dennis, Chairman  
Non-Executive Directors Executive Directors



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

<b>AGENDA ITEM No</b>	13
<b>OPEN or CLOSED</b>	Open
<b>No of ANNEXES ATTACHED</b>	

## **Integrated Medium Term Plan (IMTP) 2022-2025 Interim Quarter 3 Progress Report**

<b>MEETING</b>	Trust Board
<b>DATE</b>	24 November 2022
<b>EXECUTIVE</b>	Rachel Marsh- Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Alexander Crawford - Assistant Director of Planning and Transformation
<b>CONTACT</b>	Alexander.Crawford2@wales.nhs.uk

### **EXECUTIVE SUMMARY**

The purpose of this paper is to update the Board on the progress and delivery of actions in the IMTP 2022-25 to date in Q3 2022/23 including the Accountability Conditions set by Welsh Government.

#### **RECOMMENDED:**

**That the Board:**

- 1. Notes the update against WAST's IMTP Accountability Conditions;**
- 2. Notes the overall delivery of the IMTP detailed in this paper;**
- 3. Notes the update on the next IMTP planning cycle.**



## KEY ISSUES/IMPLICATIONS

The WAST IMTP for 2022-25 was approved by Welsh Government on 13 July 2022 with the following conditions set out in a subsequent accountability letter dated 22 July 2022:

- Six Goals for Urgent and Emergency Care – requirement to articulate how our actions relating to the six goals programme will translate into improved outcomes and performance;
- Value Based HealthCare – strengthen our approach to Value Based HealthCare;
- Minimum Data Set (MDS) – further expansion of the data provided through the MDS quarterly refreshes;
- Improvement of sickness and absence rates;
- Delivery of workforce efficiencies, notably the delivery of the EMS roster review project.

Progress against these specific conditions are as follows:

<b>Six Goals</b>	A mapping exercise has been undertaken to understand WAST linkages into the programme at both a national and local health board level. Intelligence around the six goals programme is fed into the Integrated Strategic Planning Group in WAST which reports into Strategic Transformation Board every 6 weeks. At a local level WAST is working with the National Collaborative Commissioning Unit (NCCU) and health boards to develop Integrated Commissioning Action Plans which will be the mechanism for local commissioning of WAST services, linked to the delivery of the six goals in each health board.
<b>Value Based Healthcare</b>	Finance and Performance Committee received an update on Value Based Healthcare with a focus on Patient Level Information and Costing (PLIC) in September. The Value Based Healthcare working group has establish a programme of work with project support now in place. Progress has been made on the PLICs implementation. Furthermore, it has been agreed with Aneurin Bevan University Health Board to pilot Patient Reported Experience Measures (PREMs) relating to the Grange Hospital Transfer Service. Our bid through the Value Based Healthcare Fund from Welsh Government for additional APPs was not funded. A key issue is WAST's ability to demonstrate Patient Reported Outcome Measures (PROMs) and WAST is seeking to work with Value in Health colleagues to consider how PROMs can be applied to emergency services.
<b>Minimum Data Set</b>	This is now being refreshed quarterly with the required data applied.
<b>Improvement in sickness absence</b>	The Managing Attendance programme is working through the actions required to address absences with regular reporting through EMT and assurance provided at People and Culture Committee. This will also be a key metric at Board level through the Monthly Integrated Quality and Performance Report.
<b>Delivery of workforce efficiencies</b>	The EMS Roster Review project remains on track for delivery by end of November.

**Strategic Transformation Board** (2<sup>nd</sup> November 2022) and **Finance and Performance Committee** (14<sup>th</sup> November 2022) have received a full assurance report which provided detailed information about transformation and enabling programme activity which commenced in quarters one to three and any risks going into future quarters, covering:

- Programme Governance;
- IMTP Delivery;
- Achievements;
- Escalation of barriers and challenges to Strategic Transformation Board (STB);
- Key risks to delivery in line with strategic risks that will be raised and monitored through the Corporate Risk Register;
- Remedial actions against any deviation from IMTP delivery timescales.

An IMTP delivery tracker is also in place which maps back all 2022-23 priorities into the agreed transformation and enabling programmes established within the IMTP delivery structure.

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

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

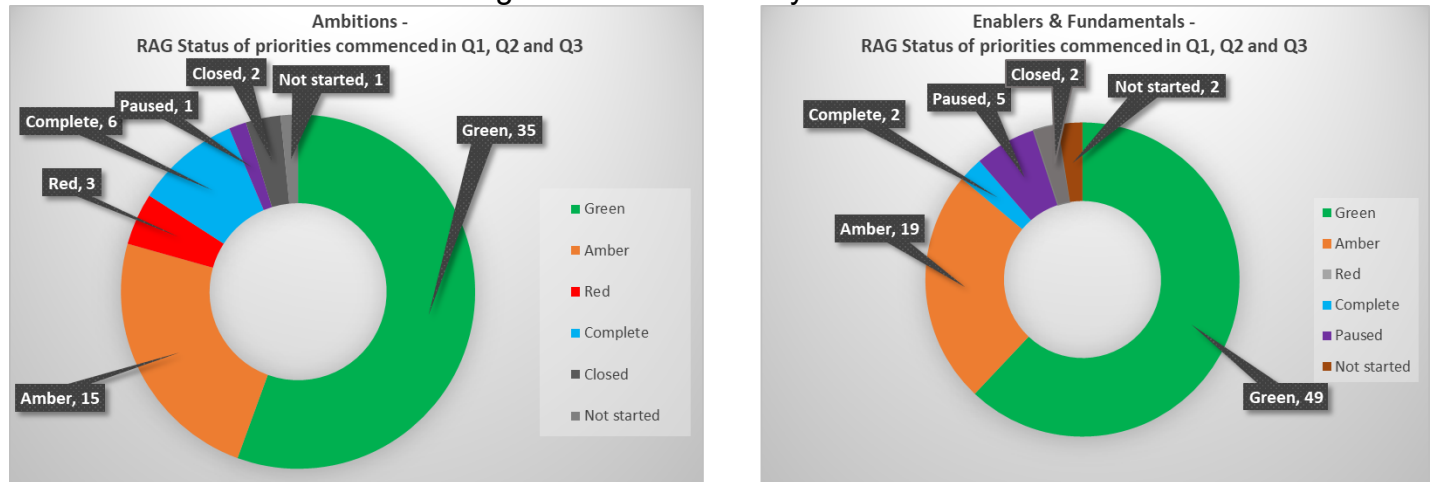
- **Enabling workstreams** – Our People (including the comprehensive programme of work to improve our sickness absence rates), Innovation and Technology, estates, fleet and our wider strategic partnerships.
- **Fundamentals** – the key programmes and pieces of work required to ensure that WAST is a quality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

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

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

The following dashboard sets out the current position of IMTP delivery priorities that commenced in quarters one through to three.

Figure 1: IMTP Delivery Dashboard



This is an interim position for Q3. There continues to be good progress, despite ongoing operational challenges across the system and despite lack of available investment in key areas of transformation (e.g. APP expansion).

However, **three (3) priorities are rated Red** (Urgent Attention Required):

- **Implement the new 111 system; SALUS** (due Q4) – A revised plan for go live from the supplier is due by the end of October 2022 (NB updates for paper received before end of October).
- **Work in partnership with HEIW on developing a Faculty of Emergency Mental Health Practice** (due Q4) – awaiting decision on funding.
- **Pilot use of Mental Health Practitioners in Response Cars** (due Q4) – awaiting decision on funding.

The priority to train and recruit 50 APPs (which was Red rated) last quarter has been closed due to lack of investment, however WAST has committed to training an additional 18 APPs this year which is underway.

There was also a RAG change from Red to Amber for the following since Quarter 2:

- **Scope opportunities for and benefits of eReferral mechanisms for frontline patient facing clinicians** – due to:
  - TerraPACE Change Request Form was approved by CC2HG (16/08/22) to reflect updated Paramedic Fieldguide criteria within the application
  - Assistant Director of Operations, Resourcing & EMS Coordination recommended a tech solution to mitigate against the Health Information capacity risk.
  - Meeting held 29/09/22 to overcome concerns around patient referrals being received by the correct falls team and safeguarding risks. These have been mitigated subject to confirmation from the Health Informatics Team and Robotic Process Automation process.
- **Re-roster of NET centre staff** – Updated information provided through the Ambulance Care programme has given the programme board assurance that this is now in progress, albeit off track.

There are a further **34 Amber** (in progress, off track) rated priorities. For these amber rated actions, a proportion are delayed due to external factors and/or funding/approval decisions.

Finance and Performance Committee received a detailed extract from the IMTP delivery tracker setting out the progress, status and remedial actions in place for these Amber rated priorities. The Committee did not report any concerns at this stage. These priorities will be continually monitored by the relevant programme boards and STB.

Board and subcommittees may receive specific updates/ “deep dives” on projects or programmes as determined by the relevant committee or by Finance and Performance Committee where further assurance is needed.

### **Risks and benefits**

Risks to delivery continue to be developed through the risk improvement process and escalated to the corporate risk register where they are identified as strategic risks, via ADLT, EMT and reported to Trust Board.

Overarching performance measures affected by IMTP delivery can be seen in the Integrated Quality and Performance Report. A new Head of Transformation has now commenced in post and will be working with the Performance Team to map benefits realisation back to transformation programmes to establish, where possible, the programme contribution to those measures.

### **Health Board Service Changes**

A paper was submitted to the closed session of Finance and Performance Committee providing an update on some of the key areas of focus for WAST in support of Health Board Service Changes. A summary is included in the AAA report from the committee.

### **IMTP Planning Cycle 2023-26**

The planning team has continued to engage internally and externally on IMTP priorities for 2023-26, including:

- Collaborative Planning Workshop 04.10.2022
- Senior Operations Team 18.10.2022
- Board development session 27.10.2022
- CEO Roadshows 19.10.2022 – 26.10.2022
- ADLT/EMT direction setting meeting 17.11.22
- CASC Assurance Meeting 18.11.22

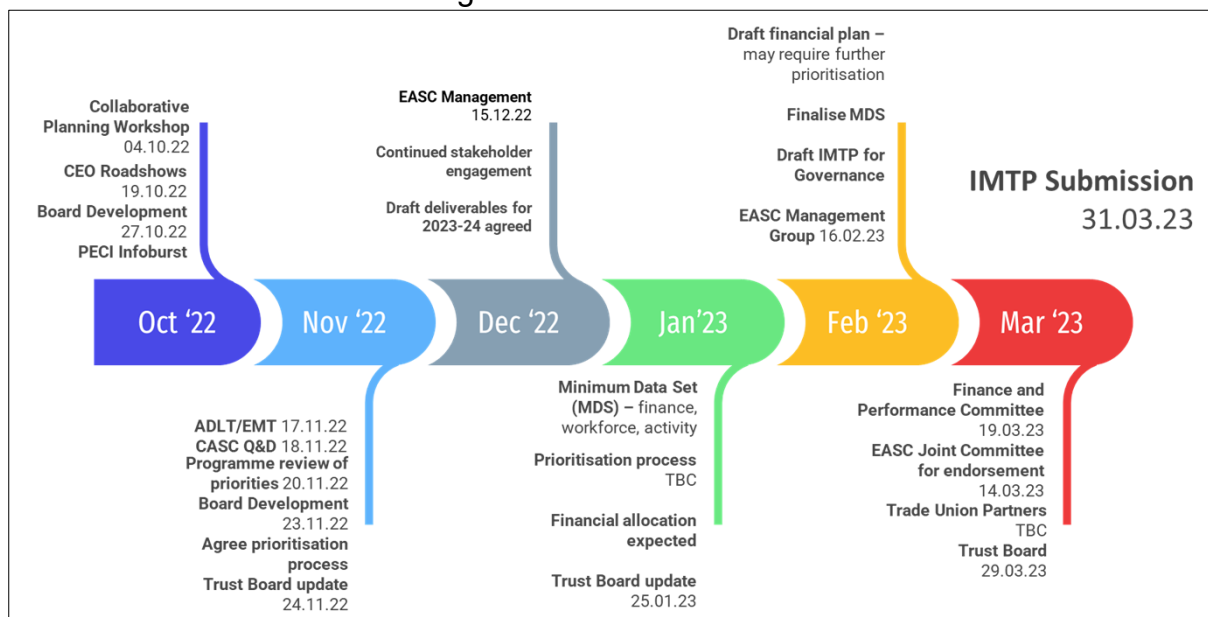
Feedback from the roadshows has been helpful in understanding the priorities for our frontline staff and volunteers. There were a mix of strategic and operational views expressed, which will be reflected in the IMTP, notably how we can further support our people to have a better experience in the workplace from digital improvements to supporting a better work-life balance.

The NHS Wales Planning Framework is currently being finalised which will inform a refreshed timeline which will be notified to EMT and Board members when available. WAST has received notice that the deadline for submission will now be end of March 2022, given the need (nationally) to undertake further work to understand the financial outlook for NHS Wales next year.

Further areas of engagement over the coming weeks include:

- Continual work with programme SROs and directorates around the detailed action plans for next year
- Ongoing PECl engagement with the public, including “Infobursts” to ensure a wide range of views are received
- Operations Senior Leadership Team
- Board Development
- Welsh Government IMTP touchpoint meetings.
- Touchpoint meetings with the EASC commissioning team and regular meetings between the Exec Team and the CASC

Figure 2: IMTP Timetable



## REPORT APPROVAL ROUTE

**Strategic Transformation Board 02.11.2022**  
**Finance and Performance Committee 14.11.2022**

## REPORT APPENDICES

## REPORT CHECKLIST

**Confirm that the issues below have been considered and addressed**

**Confirm that the issues below have been considered and addressed**

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



# Healthcare Inspectorate Wales Annual Report 2021-2022



Healthcare Inspectorate Wales (HIW) is the independent inspectorate of the NHS and regulator of independent healthcare in Wales.

#### Our purpose

To check that people in Wales receive good quality healthcare.

#### Our values

We place patients at the heart of what we do.

#### We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative



#### Goal

To encourage improvement in healthcare by doing the right work at the right time in the right place; ensuring what we do is communicated well and makes a difference.

Through our work we aim to:

#### Provide assurance

Provide an independent view on the quality of care.

#### Promote improvement

Encourage improvement through reporting and sharing of good practice.

#### Influence policy and standards

Use what we find to influence policy, standards and practice.

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## Page 4 Foreword

Welcome to our Annual Report for 2021-2022, a year which continued to be unpredictable and with significant ongoing challenges in both healthcare, and daily life



## Page 7-12 Priority 1

To maximise the impact of our work to support improvement in healthcare

## Page 15-62 Priority 2

To take action when standards are not met

NHS Health Boards and NHS Trusts



## Page 64-65 Priority 3

To be more visible

Collaboration and joint working with other organisations is an integral part of the way in which we work

## Page 66 Priority 4

To develop our people and our organisation to do the best job possible

Although the last year has been one of significant change, we have continued to invest in the development HIW



# Foreword



Alun Jones  
Chief Executive

**“I once again commend the strength and resilience shown by staff working at all levels within healthcare services, who continue to deliver care and treatment in the best way they can, despite the many challenges they face daily.”**

**Welcome to our Annual Report for 2021-2022, a year which continued to be unpredictable and with significant ongoing challenges in both healthcare, and daily life.**

Healthcare services continued to be under intense pressure from the impact of the COVID-19 pandemic and our role has been crucial in supporting the delivery of safe healthcare for the people of Wales. Our core purpose of checking the quality and safety of healthcare services did not change, and we continued to adapt our processes and approach to work in response to the ongoing unprecedented situation.

The report sets out our key findings from the regulation, inspection and review of healthcare services in Wales. It outlines how we carried out our functions and the number of inspections and quality checks we undertook across Wales.

Change and flexibility have been key features of life since March 2020 and as an organisation we have learned much about how and where our work can add value to the healthcare

improvement agenda. Through this report we will offer an insight into our work over the 12-month period, outlining how we adapted and used our resources most effectively to deliver our work and support improvement. This involved continuing with quality checks which we introduced earlier in the pandemic and enabled us to gain assurance remotely. We worked collaboratively with others to harness insight and understanding, building on lessons learnt. We also used new styles of reporting which enabled us to share our findings quickly to enable healthcare services to take improvement action more quickly.

In a year which has seen healthcare services work hard on recovery from the early days of the pandemic, to restore services which had been paused, whilst continuing to deal with emerging variants, outbreaks and further peaks of COVID-19, we have seen significant turbulence. I once again commend the strength and resilience shown by staff working at all levels within healthcare services, who continue to deliver care and treatment in the best way they can, despite the many challenges they face daily.

Senior managers leading services have demonstrated tenacity and ability to continue innovating and supporting their organisations. Staff working on the front line have continued to demonstrate their compassion and resilience, as once again, patients have told us of their positive experiences of staff despite highly challenging circumstances.

It is clear that there remain many challenges ahead, for services, for the staff who work within them and for the people of Wales whilst the gargantuan task of service recovery continues. For healthcare organisations, it will be staff who will be the key to the success of this recovery. Supporting staff wellbeing, continuing to invest in training and support services for them and continuing to innovate within existing service delivery will be key to the effective recovery of staff and services from the fatigue brought on by the pandemic.

The year in question reflects a time when we worked on the commitments we made in our one year Strategy and Operational plan. We made good progress in meeting the achievements we set out to deliver. I am proud to have continued leading the organisation through this time,

working daily alongside a team of professional and committed staff who work hard to support the organisation as we deliver our vision of improving healthcare for the people of Wales.

In March 2022, we published our new and ambitious **strategy**, and we are fully committed over the next three years, to implementing and delivering our new priorities which further our aim to drive improvement in healthcare. We will continue to use our role to encourage improvement in healthcare, building on the best of what we have done to date to deliver the greatest impact.

If you have any questions, comments, ideas or feedback on our work, please do get in touch with us - we would love to hear from you.

**Alun Jones**

Chief Executive, Healthcare Inspectorate Wales





# Overview



## Our 2021-2022 Strategic Priorities:

1. To maximise the impact of our work to support improvement in healthcare
2. To take action when standards are not met
3. To be more visible
4. To develop our people and our organisation to do the best job possible

For HIW, as for many healthcare services and organisations, it was a year of continued and significant change, where we had to adapt to ensure that we continued to check that people in Wales were receiving good quality healthcare. We introduced new ways of working to ensure we discharged our statutory functions, whilst being as flexible and adaptable as possible to ensure we did not add undue burden to a system already under significant pressure following the COVID-19 pandemic.

We continued with a full range of assurance and inspection activities, building on our enhanced ways of working, allowing us take action where standards were not met but to also support a broader recovery of healthcare services. During the year, we kept our activity under regular review to ensure that we targeted our resources most effectively. We operated responsively, with our work underpinned by our strategic priorities. This report describes our progress against these priorities as we aim to drive improvement and promote quality in healthcare services across Wales.





# To maximise the impact of our work to support improvement in healthcare

HIW has an ongoing programme of national and local reviews which helps us to evaluate how healthcare services in Wales are delivered.

Local reviews are pieces of work which explore an aspect of one organisation or region, whilst national reviews explore healthcare services across Wales.



## National and Local Reviews

### COVID-19 National Review - How healthcare services across Wales met the needs of people and maintained their safety during the pandemic

The purpose of our COVID-19 review was to understand how healthcare services across Wales met the needs of people and maintained their safety during the pandemic. We also considered how services managed their environments of care, infection prevention and control measures, and how the physical and mental well-being of staff was supported.

A key theme to have emerged from our review was the need for healthcare services to further strengthen their infection prevention and control arrangements to mitigate the risk of cross infection or further outbreaks of COVID-19. In addition, the arrangements for supporting and maintaining the physical and mental well-being of staff required attention and focus as healthcare services continued through the recovery phase of the pandemic. However, in general, our review found the quality of care being provided across Wales was good and was delivered by hugely committed and dedicated groups of staff.



## National Review of Mental Health Crisis Prevention in the Community

The focus of our review was to understand the adequacy of the measures in place across Wales, to help mental health crisis being prevented in the community, through timely and appropriate care. We considered the experiences of people who accessed care and treatment to support their mental health and prevent crisis. In addition, whether the services provided were safe and effective, and how healthcare teams worked collaboratively throughout the community to help prevent mental health crisis. Furthermore, we explored how third sector organisations support this.

Our review found challenges across Wales inhibiting the ability of people to access timely support for their mental health, which could increase the risk to their safety (or to others) and may result in hospital admission.



Key findings included inefficiencies in process, particularly for direct referrals where patients were caught in a cycle of continually accessing GP services to re-commence the referral process. This resulted in individuals experiencing lengthy waiting times and a lack of support for their mental health. HIW's review urged health boards to consider how they can address this gap in provision, strengthening the engagement between GPs and other primary and community care services and secondary mental health services. The review did find healthcare staff were committed and dedicated to providing support and care to people with mental health needs.

HIW noted several positive initiatives across Wales, including the implementation of a single point of access. Where this was in place, it ensured that specialist mental health professionals were available to provide clinical triage, onward referral, and effective signposting to individuals in crisis. HIW made a recommendation that health boards must ensure that single point of access services are implemented across Wales and are accessible to all those experiencing mental health crisis.



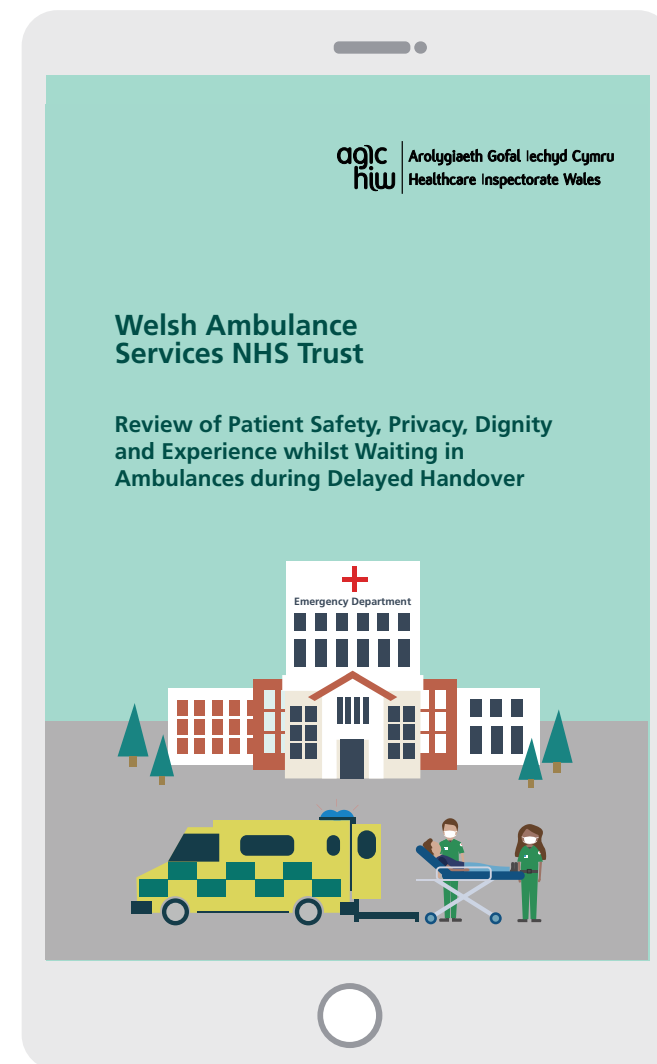
## Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances During Delayed Handover

Our review found that the issue of prolonged handover delays is a regular occurrence with ambulance wait times outside Emergency Departments (EDs) across Wales. The delays and variations in process between and within health boards was having a detrimental impact upon the ability of the healthcare system to provide responsive, safe, and dignified care to patients.

Whilst there are expectations and guidance for NHS Wales to follow, and a clear will to meet these guidelines, there are substantial challenges to achieve timely patient handover across Wales which inhibit efforts to consistently achieve these. The challenges are indicative of the wider patient flow issues across all hospitals. Our review team found some inconsistencies and a lack of clarity between the Welsh Ambulance Services NHS Trust (WAST) and ED staff about responsibility for patient care, until transfer of care to health board teams. These types of inconsistencies were increasing risk and having a detrimental impact on patient care and safety.

Patients were generally positive about their experiences and provided good feedback about ambulance crews and ED staff, however, this should not detract from the issues associated with delayed handover.

A significant amount of work is already underway across NHS Wales to tackle these issues. Progress has been made in some areas, and improvement work is ongoing between WAST, health boards and Welsh Government to meet these challenges.



## Current Ongoing Reviews

### National Review of Patient Flow (Stroke Pathway)

Ineffective and inefficient patient flow can have a significant impact on the quality and safety of patient care. As a result, we decided to undertake a national review of Patient Flow. In order to assess the impact of patient flow challenges on the quality and safety of patients awaiting assessment and treatment, we elected to focus our review on the stroke pathway. We want to understand what is being done to mitigate any harm to those awaiting care, as well as understand how the quality and safety of care is being maintained throughout the stroke pathway.

The planning of the review commenced in autumn 2021, and the field work began in March 2022. Throughout our review we will consider how NHS Wales addresses peoples' access to acute care at the right time and if care is received in the right place, by people with the right skills, through to timely discharge from hospital services. We want to understand what is being done to mitigate any harm to those awaiting care, as well as understand how the quality and safety of care is being maintained throughout the stroke pathway. We aim to publish the review report during winter 2022-2023.







## Review of Discharge Arrangements for Adult Patients from Inpatient Mental Health Services in Cwm Taf Morgannwg University Health Board

We made the decision to undertake this review following our assessment of a range of information sources which indicated significant concerns around mental health services within Cwm Taf Morgannwg University Health Board (CTMUHB). We commenced the review in January 2022 which will progress into late summer and the report will be published later in 2022. The focus of the review is to explore the quality and safety of discharge arrangements of adult patients from inpatient mental health units, back into the community.

### Local Review of the Quality Governance Arrangements in Place within Swansea Bay University Health Board (SBUHB) for the delivery of Healthcare Services to Her Majesty's Prison (HMP) Swansea

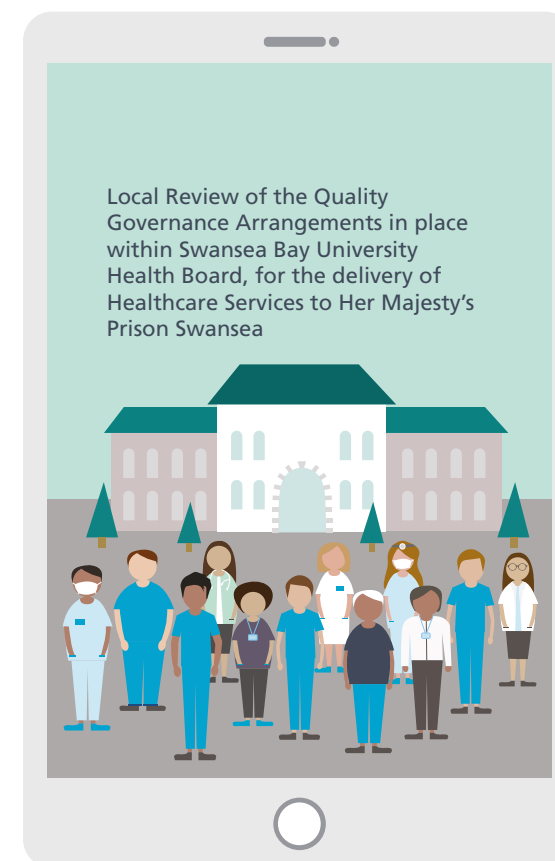
We decided to undertake a review of the effectiveness of Swansea Bay University Health Board's quality governance arrangements for the provision and oversight of healthcare services in HMP Swansea.

The review assessed the actions taken by the health board to address the issues highlighted following previous inspections by Her Majesty's Inspectorate of Prisons, which we contributed to, and how effective the health board's quality governance arrangements are regarding prison healthcare. Our review concluded that the health board's quality governance arrangements do not adequately support the delivery of good quality, safe and effective healthcare services to the population of HMP Swansea.

We identified a need to strengthen these arrangements and raise the profile of prison healthcare within the health board to ensure that the quality of prison healthcare is designed, delivered, and monitored effectively. The review report details our findings and recommendations for improvement within several areas of the health board and Prison Partnership Board.

HIW recommended that prison healthcare, including the quality of the service, needs to feature more prominently on the health board's quality agenda, so that safe, effective care can be provided to the prison residents. HIW asked the health board and Prison Partnership Board to carefully consider the findings from this review and act upon the recommendations set out within the report.

HIW continue to work with the health board to ensure improvements are made in a timely manner and will monitor the progress made. The report was circulated to other health boards to share lessons learnt, and to consider the findings against their own quality governance arrangements.



## Joint Inspection of Child Protection Arrangements (JICPA)

During 2021, we worked jointly with four other inspectorates on a second pilot review of child protection arrangements. The review was undertaken in the Neath Port Talbot local authority which is situated within Swansea Bay University Health Board. It was led by Care Inspectorate Wales (CIW), and included HIW, Estyn, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation.

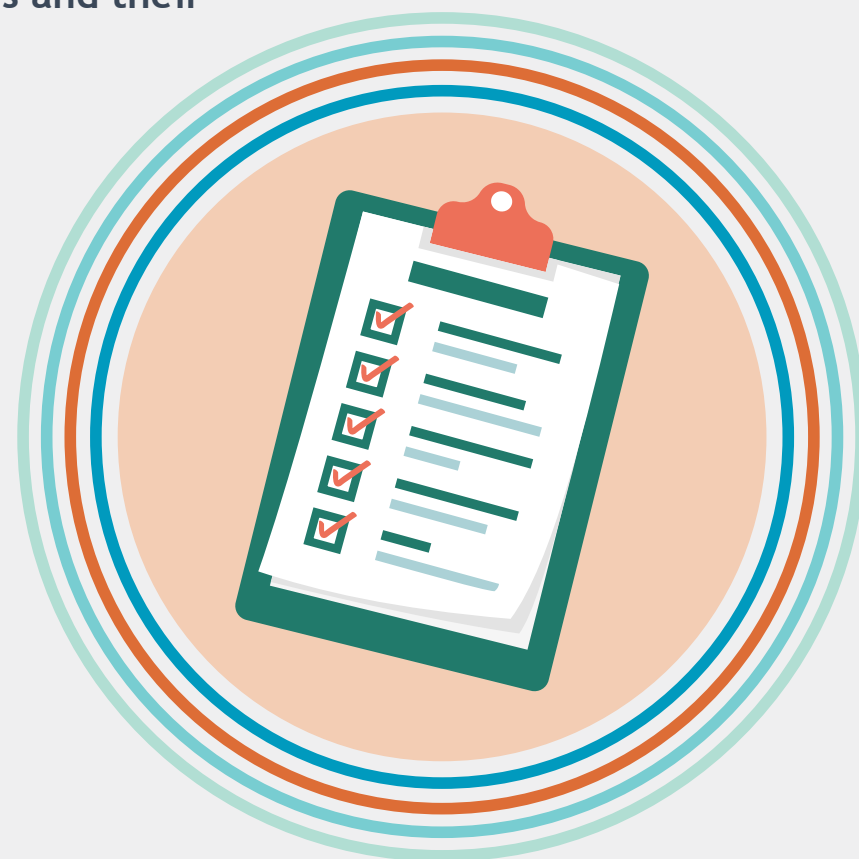
The focus of the review was to explore the arrangements in place for the multi-agency response to children at risk of criminal and sexual exploitation. On completion of the review, we identified several key strengths across the multi-agency partnership in relation to processes, structures and relationships which helped to facilitate effective partnership working where a child was at risk of exploitation. We also identified areas for improvement throughout the review, which included the need to strengthen contextual safeguarding, and the need to reduce the waiting times for Children and Adolescent Mental Health Services (CAMHS) assessment following referral.

In the last quarter of 2021-2022, HIW, CIW and Estyn submitted a joint business case to Welsh Government to secure additional funding to continue the JICPA work, to enable us to review processes within a further four local authorities across Wales. As part of the plan, we would complete work in six further local authorities and evaluate all JICPA reviews undertaken to produce a national report, which would be published in summer 2024 once all work is complete. A provisional agreement is now in place for the funding early in quarter one of 2022-2023.



## To take action when standards are not met

We are responsible for inspecting, reviewing, and investigating NHS services and independent healthcare services throughout Wales. We inspect NHS services and regulate independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. When through our work we find this is not the case, we will take action so that health boards and their services know where they need to make improvements.



## Service of Concern process introduced for NHS Bodies in Wales

One of the key priorities set out within our [strategic plan](#) was to take action when standards are not met. In line with this priority and wishing to increase transparency about how we discharge our role in providing assurance to the public regarding the quality and safety of healthcare services, we introduced a Service of Concern process for the NHS in November 2021.

This process is used when we identify significant service failures, or when there is an accumulation of concerns about a service or setting. The intention of the process is to support improvement and learning, both for the service in question, and across NHS services more broadly. Our escalation and enforcement process for independent healthcare currently utilises such a process.

The process may lead us to make a Service Requiring Significant Improvement designation. This enables us to plan and deliver future activities necessary to gain assurance about the quality and safety of care by a service. We then work with the health board and services to ensure improvements and effective actions are made in a timely manner. We will then consider and review whether the service can be de-escalated and removed from the process.

This process enables a range of stakeholders including health boards to take the rapid action necessary to ensure safe and effective care can be provided to people. The Service of Concern process has strengthened the action we take to drive improvement when services fall significantly short of the required standard. Examples of our use of this process are outlined later within this report.



## Use of HIW's legal powers

In February 2022 following a criminal investigation relating to an unregistered service, HIW issued a caution for a breach of section 11 of the Care Standards Act 2000.

As the regulator of independent healthcare services in Wales, HIW is committed to taking action when standards are not met. In order to ensure that patients receive safe effective care the use of legal powers on this occasion highlights how HIW will take action when a healthcare provider does not comply with the regulatory requirements.

## Concerns

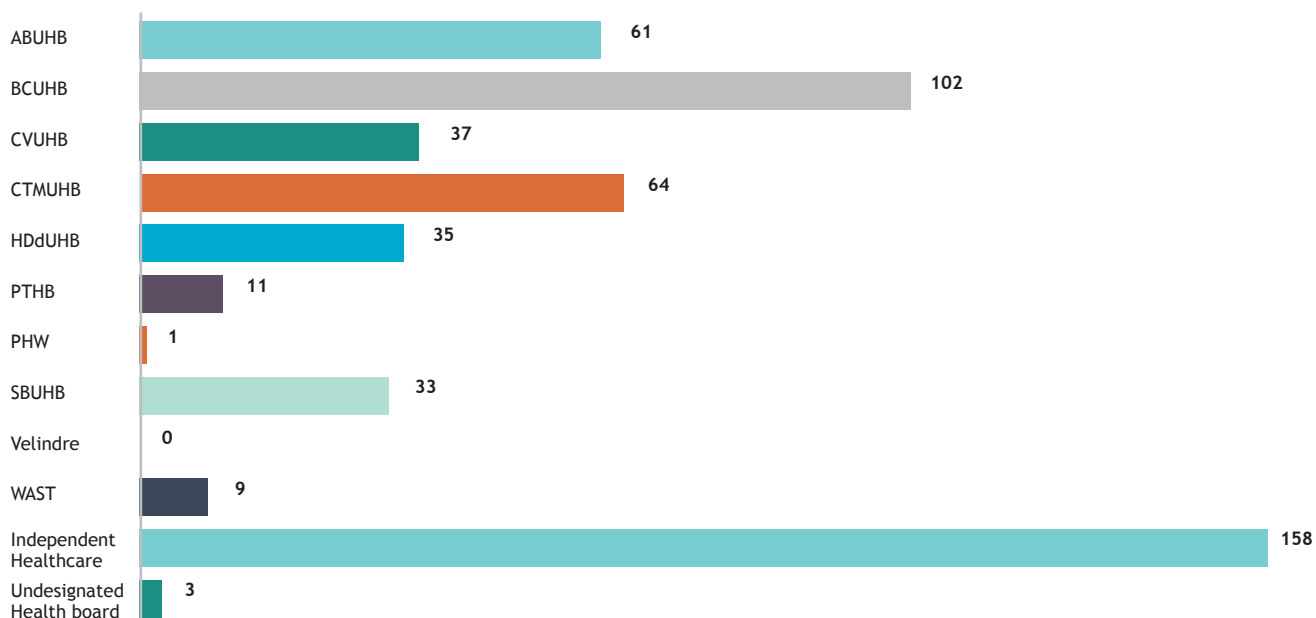
The concerns we receive continue to be an invaluable source of intelligence to the organisation and their importance cannot be underestimated. Some of the onsite inspection work we undertook during 2021-2022 was as a direct result of concerns that had been raised with us. In addition to the evidence we have gathered directly from our inspection and Quality Check activity, we have also sought assurance from healthcare organisations in relation to concerns received.

In total, we received 514 concerns from April 2021 to March 2022. This represents an increase of eighty compared to the previous year. Of note, however, is that HIW is seeing a sustained increase in numbers of concerns being raised since the start of the COVID-19 pandemic.



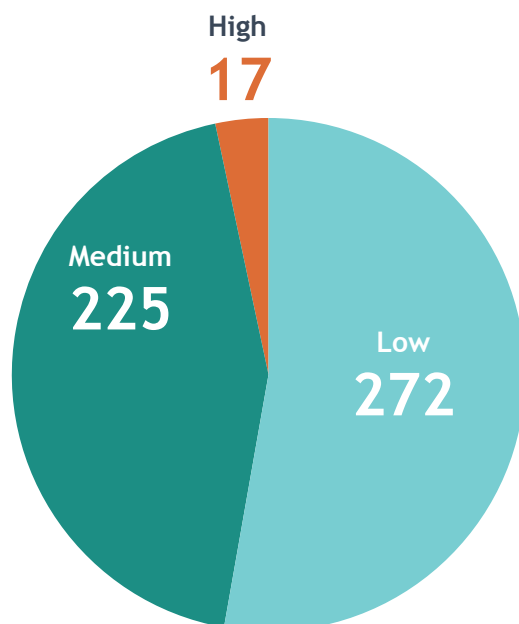
We have seen a **40% increase** in the number of concerns being raised since the 2019-2020 year.

### Location of concerns



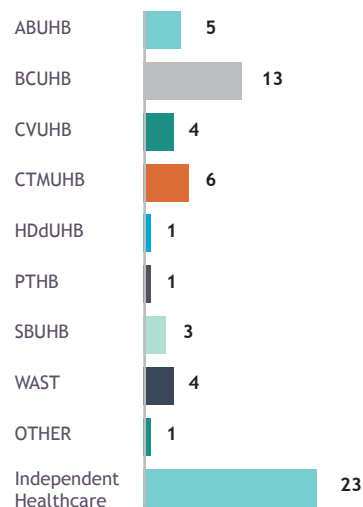
## Concerns, Whistleblowing and Safeguarding

### Risk levels of concerns received



- High-risk concerns require immediate action and response within 2 working days, either by HIW or other agency.
- Medium-risk concerns may require more direct HIW input, and responses should be actioned within 5 working days.
- Low-risk concerns are those concerns that are generally dealt with by way of signposting towards Putting Things Right or the respective local complaints process for independent health providers and responses should be actioned within 7 working days.

### Whistleblowing Concerns



In total, we received 17 high risk concerns in 2021-2022. All high-risk concerns were evaluated, actioned and escalated and assurances requested from health boards / trusts or independent healthcare settings. Where appropriate we also contacted the local safeguarding team and shared any safeguarding concerns that we may have identified. At times we have also had to share information with the emergency services such as the police due to the nature of concerns raised or due to concerns over a person's well-being.

Concerns were received from a range of individuals including, patients, their families, friends, staff, and allied health professionals. It is important to note that of 61 concerns received from whistle-blowers, 37 were in relation to NHS health boards / trusts and 24 were in relation to independent healthcare settings. Common themes identified from concerns received were mainly in relation to two key areas. The first group of concerns were in relation to clinical assessments and treatment. The second group of concerns related to infrastructure, staffing, and facilities.



### Whistleblowing Concerns

25 received for 2019-2020

100 received for 2020-2021

61 received for 2021-2022



# 404

Safeguarding referrals  
from local authorities

In total we received 404 safeguarding referrals from local authorities.

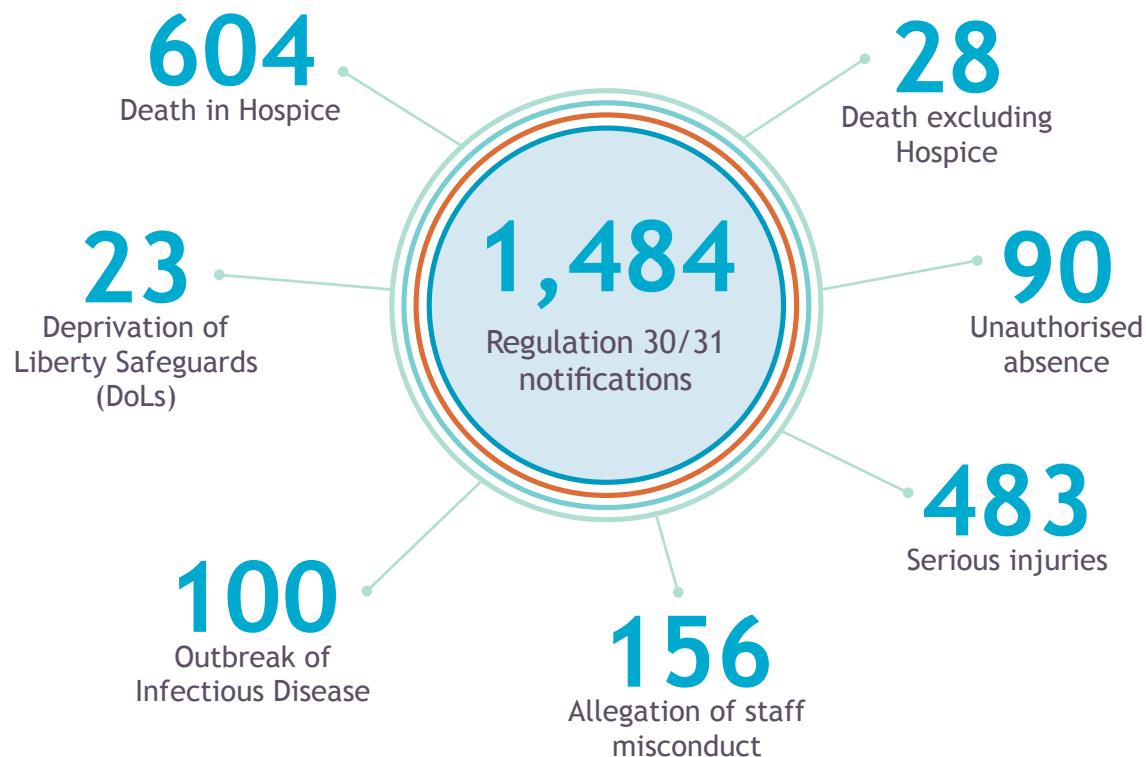
Local authorities and the police are the statutory lead for all safeguarding referrals and the final decision on action is made by them. HIW is invited to initial strategy meetings where we can have an input into any potential actions that are taken. We also review all referrals that are submitted, and the information is shared internally with relationship managers for intelligence. Relationship managers are the first point of contact for HIW staff and health boards/ trusts. They also take the lead in determining the inspection and assurance activity within each health board. If there is a need for further action, we write out to the health boards / trusts or independent healthcare setting and request assurance or a regulatory notification where applicable.



## Regulatory Notifications

Independent healthcare providers are required to inform us of significant events and developments in their service submitting notifications against Regulation 30/31 of the Independent Healthcare (Wales) Regulations 2011.

In total we received 1,484 Regulation 30/31 notifications. A breakdown of the notifications is as follows:



This is a **36% increase** in the number of notifications we received, compared to 2020-2021. The number of serious injuries reported within independent healthcare services has increased significantly by **72%** over the last year.

During 2021-2022 we received 156 Regulation 25 notifications (The Private Dentistry (Wales) Regulations 2017).

They are as follows:



All notifications are reviewed by a case manager when they are submitted and then reviewed weekly by the Investigation team. For every notification submitted we request follow up information to provide reassurance that the incident has been handled appropriately and that the setting has attempted to mitigate the risk of similar incidents happening again. When similar themes are noted, we refer the information to the enforcement team and the escalation and enforcement pathway starts.



## Death in Custody Reviews

It is the responsibility of the Prisons and Probation Ombudsman (PPO) to undertake an investigation of every death that occurs in a prison or approved premises in Wales. HIW supports these investigations by undertaking a clinical review of all deaths within a Welsh prison or approved premises. This collaboration has been formally outlined within a Memorandum of Understanding between the PPO and HIW. A link to the agreement can be found on our website.

The purpose of our clinical reviews is to critically examine and evaluate the quality of healthcare services provided to prisoners during their time within a prison or approved premises.

From 1 April 2021 to 31 March 2022, we were commissioned by the PPO to undertake 15 clinical reviews. This is one less compared to 2020-2021. These clinical reviews were conducted at four out of the six prisons located in Wales. No clinical reviews were undertaken in relation to HMP Prescoed or HMP Usk.

The table below identifies the number of reviews and their locations:

Location	Total
HMP Parc	7
HMP Berwyn	2
HMP Cardiff	5
HMP Swansea	1

Overall, our death in custody reviews highlighted that the care provided to prisoners in Wales was equitable with the expected level of care a person in the community would receive. Access to GPs, nursing staff and allied health professionals was deemed sufficient in the vast majority of our reviews.

In all of our clinical reviews we identified the need for improvement and highlighted good practice. There were two key areas highlighted for improvement, these were the need to ensure comprehensive and detailed documentation was completed for all patients and improvement in relation to the timely undertaking of investigations such as blood tests and x-rays.

Good record keeping is a fundamental part of delivering safe and effective patient care. An accurate documented record that details all aspects of the patient's care and treatment is fundamental as it contributes to the dissemination of information amongst different care practitioners involved in the patient's treatment or care. A specific area of documentation that was identified as needing improvement was the recording of physical observations as part of patient assessments. These observations provide a significant insight into a patient's state of health and can alert practitioners to the clinical deterioration of an individual.

It was acknowledged that on some occasions, delays were experienced by prisoners in obtaining blood tests and x-rays. Numerous factors were identified which can impact on the timeliness of these investigations being undertaken, such as transport and the availability of specific staff. In addition, vulnerabilities were identified in alerting healthcare staff when a prisoner had not attended an appointment. The importance of recognising these missed appointments need to be clearly embedded in policies and procedures and escalated accordingly to ensure individuals receive the required investigations.

Our clinical reviews highlighted that healthcare professionals working in prisons were motivated, dedicated and committed. Evidence showed that staff endeavoured to provide high levels of holistic care and treatment to their patients. HIW's findings following a review into the effectiveness of Swansea Bay University Health Board's quality governance arrangements for the provision and oversight of healthcare services in HMP Swansea did provide a differing perspective. Our review concluded that the health board's quality governance arrangements do not adequately support the delivery of good quality, safe and effective healthcare services to the prison population. We identified a need to raise the profile of prison healthcare within the health board to ensure that the quality healthcare is designed, delivered, and monitored effectively. HIW recommended that prison healthcare needs to feature more prominently on the health board's quality agenda, so that safe, effective care can be provided to the prison residents.



## NHS Assurance and Inspection Findings

We continued to deliver a blended approach to assurance and inspection via onsite inspections and remote Quality Checks. There was ongoing work to develop and enhance current methodologies, which are the tools used to undertake inspection and assurance work. All methodologies continued to include a specific focus on COVID-19.

### Hospitals

COVID-19 continued to impact the way in which we inspected and sought assurance of NHS hospitals throughout 2021-2022. During Winter 2021, rates of COVID-19 transmission continued to increase, including the emergence of the Omicron variant. It was important that we took a cautious approach to reduce burden on the services most affected. We therefore cancelled all routine NHS onsite inspection work throughout December and January. We still undertook onsite inspection work where we considered there to be a high risk to patient safety as a result of specific issues that we were aware of and was not possible to gain assurance remotely. All other work during this period

we conducted remotely. In February 2022, we resumed all our routine NHS onsite inspections following the move to alert level 0 across Wales and the general decreasing trend in rates of COVID-19. We provided 24 hours' notice for inspections to elective, scheduled care areas where the flow of patients is planned, and COVID-19 precautions are structured around patients who are being admitted for planned surgery, or where there are patients with compromised immunity due to the treatment they are receiving and in maternity services. This allowed our inspection teams to communicate with NHS staff and for arrangements to be put in place so that the inspection could be undertaken safely. We continued to conduct unannounced inspections (no notice provided) of clinical areas within unscheduled care areas.

During this period, we undertook:



Of the eight onsite inspections we completed, two of those were categorised as a ‘green’ pathway<sup>1</sup>.

Our onsite inspections and Quality Checks covered a variety of different types of hospital wards including emergency departments, maternity, oncology, cardiac, paediatric units, step down facilities and one minor injury unit.

It was clear, from work carried out throughout the year, that there was significant and sustained pressure on the emergency care system, and that this directly impacted patient care. Through our inspection and assurance work we identified a clear difference between scheduled and unscheduled care. We identified many more areas requiring improvement within unscheduled care compared to scheduled care. In particular, scheduled care areas, such as oncology and cardiac wards, where the staff have more control over admission and can provide more patient centred care had fewer areas for improvement.

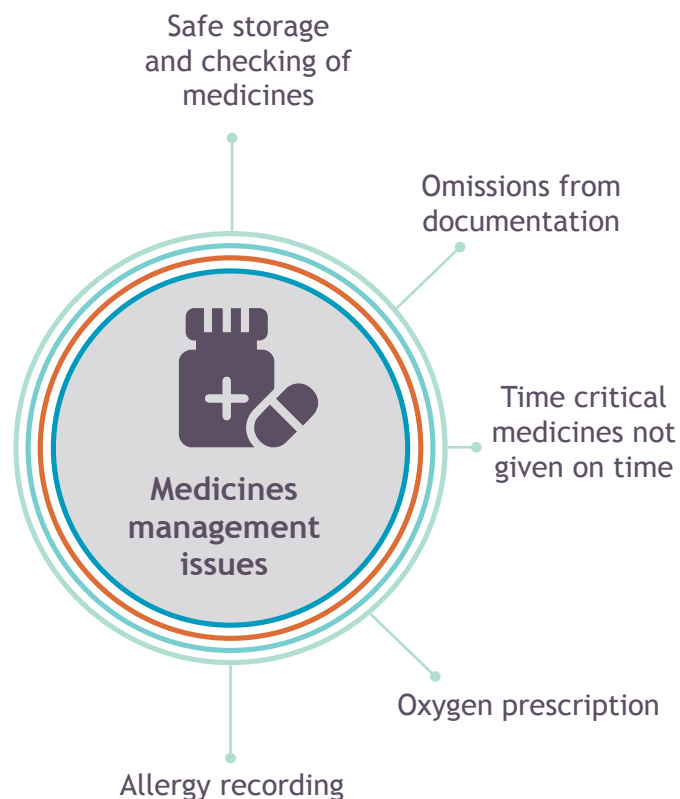
<sup>1</sup>The Green Pathway is the term given to COVID-free areas of a hospital. Within the pathway there are specific pathways such as surgical pathways. Measures taken can include patients being assessed as having no current risk of COVID and patients booked for surgery may be asked to self-isolate in their homes.

Although responses we received to our staff questionnaires indicated low staff morale, particularly related to challenges around staffing numbers and high demand for services, this did not generally seem to impact on the experience patients had of staff. Patients told us staff were kind and compassionate.

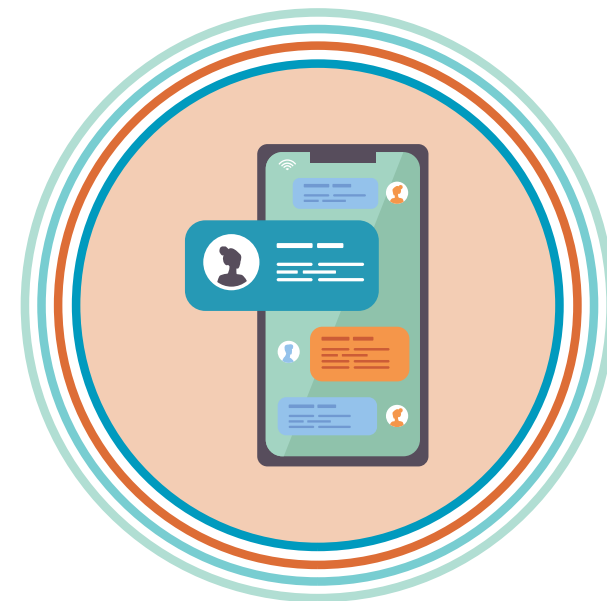
Our inspections continued to note low levels of compliance with mandatory training for staff. Mandatory training plays a key role in ensuring staff can provide safe and effective care to patients.



Medicines management continues to be a concern for HIW, as we identified issues across all of our hospital inspections in relation to:



Through our work we experience many clinical areas. We encounter patients who receive their care within and from services, and when visiting is possible, we also meet relatives, carers and others involved in their lives away from healthcare. We also encounter the staff working within services day to day; therapy staff whose work takes them to departments to support with specific issues, housekeeping staff whose input supports the smooth running of departments, and managers and senior leaders who provide the governance and leadership that is needed daily to ensure services achieve and maintain standards, and where necessary, improve. We have observed services at times of significant pressure, and the staff within them working relentlessly to deliver care. We have seen services at times when pressure is not significant, but staff still working hard to deliver care. We acknowledge the challenge and stress that sustained high pressure can cause. The case studies below demonstrate the way in which we continued to focus on patient safety in 2021-2022, challenging services and health boards to look for different ways of doing things when outcomes for patients could be improved.





## Case Study - Inspection of the Emergency Department, Prince Charles Hospital, Cwm Taf Morgannwg University Health Board

In the following case study, we have focussed on the findings and outcome of an inspection we carried out of the Emergency Department (ED) in Prince Charles Hospital. This example of our work illustrates a department working under significant pressures leading to issues with patient safety. What happened next was an example of a health board working responsively and constructively to tackle the issues our work highlighted. By responding in this way, early progress was made in improving patient safety and outcomes for patients.


During our inspection in September 2021, we found that the ED, as the front door to a wider healthcare system, was experiencing a period of heightened pressure due to high demand on services. Patient flow throughout the hospital was clearly an issue.

We acknowledged that this was a very challenging and stressful environment for staff, who continued to work above and beyond in exceptional and challenging conditions.

The inspection revealed extensive issues in relation to patient safety, meaning that we could not be assured that patients in attendance at the ED were receiving safe

care. These concerns related to inadequate infection prevention and control arrangements, ineffective arrangements for the segregation of COVID-19 patients, inappropriate or incorrect usage of Personal Protective Equipment, and numerous environmental factors impacting on the ability of staff to provide safe and dignified care. The department and GP assessment unit were significantly overcrowded to a level where this affected patients' dignity and safety. The paediatric area was not sufficiently staffed, and the environment was not conducive to safe and dignified care. Patients were not always monitored at a frequency which would identify deterioration and changes in their condition. Our discussions with staff also revealed concerns about their well-being, due to the environment that they were working within.

We used our Immediate Assurance process, where we formally write to a health board immediately after the inspection, to outline the urgent remedial actions that were needed to ensure patient safety. [Our full inspection report](#) identified the longer-term improvements that were required.




Key staff at the health board were positive in their response to our feedback, and in our subsequent engagement, with a clear commitment to addressing the issues highlighted. The health board's responses included a comprehensive set of actions, with much progress already made at the time our report was published.

Due to the significance of the issues found in the inspection, we undertook a [follow-up inspection in January 2022](#).

At the time of the follow-up inspection, we found that the ED continued to experience a period of heightened pressure due to high demand on services. Once again, we acknowledged that this remained a very challenging and stressful environment for some staff, who continued to work above and beyond in exceptional and challenging conditions. Whilst some areas still needed attention, there were no urgent patient safety issues.

There was a clear commitment to addressing the issues highlighted in the initial inspection and we found that the health board had made significant progress in addressing most of the improvements raised in a sustainable way, rather than quick fixes to issues which cannot be maintained. The rapid and positive outcome achieved within this example is of note, with this being achieved through a constructive and supportive style adopted by senior leaders in supporting staff in the department. Staff felt there was a shared responsibility for improvement. Our work provided an insight into challenges at the department, and this will support the health board in continuing to improve delivery of care provided by the ED. The outcome of our work and the effort from the health board was improved patient safety in the department.



## Case Study - Enhanced Quality Check Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board

In May 2022, we identified the Emergency Department (ED) at Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board as a Service Requiring Significant Improvement.

This designation was based on an accumulation of evidence where HIW identified specific risks following a No Surprises Notification in January 2022, concerning potential unsafe discharge from the ED. A patient was unfortunately found deceased after discharge. Following insufficient assurances from the health board in response to HIW's initial correspondence, HIW undertook an in-depth review of the case notes of the patient involved. This review highlighted a number of concerns and significant patient safety concerns. This was fed back to the health board and assurance and actions were provided to HIW that safe care and treatment was being provided at this time.


HIW subsequently completed an enhanced Quality Check of the department in March 2022. Quality Checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas: infection prevention and control,

governance (specifically around staffing) and the environment of care.

Due to the issues noted in January 2022, we expanded our usual methodology to seek assurance on how the health board ensures patients are cared for, and discharged, safely.

Our work identified numerous patient safety issues. We issued an Immediate Assurance letter, where we write to the health board immediately after the Quality Check, outlining urgent remedial actions to ensure patient safety.

Whilst the health board responded positively with a detailed action plan, the severity of the issues identified led HIW to remain concerned about wider patient safety at the department. Consequently, we undertook a full onsite inspection in May 2022 to inspect the full environment of care, and ensure the actions set out in the health board's response to the March Quality Check were completed and sustained.




Our onsite inspection identified further significant patient safety issues. We also identified areas where the health board's actions in response to the March Quality Check had been ineffective. We escalated our concerns to senior staff at the health board during the inspection, as well as at our standard feedback meeting at the end of the inspection. We received verbal assurances from the health board on actions that would ensure patient safety, and we issued a further Immediate Assurance letter on 9 May 2022.

Having considered the findings and evidence gathered since January 2022, HIW determined that the health board had not been able to demonstrate sufficient progress against several key areas of concern relating to patient safety and quality of care, with particular concern regarding the poor standard of nursing documentation. Our May 2022 onsite inspection highlighted that the health board had not demonstrated improvement to an acceptable standard in response to the Immediate Assurance issues identified during the

March 2022 Quality Check. Furthermore, the May 2022 inspection identified several additional areas of concern relating to patient safety. As a result, we were concerned there was a risk to the safety of patients seeking care at the Emergency Department in Ysbyty Glan Clwyd.

The designation of Ysbyty Glan Clwyd Emergency Department as a Service Requiring Significant Improvement enabled HIW to plan and deliver any future activities necessary to gain assurance about the quality and safety of care in the service. This process considers the timing of any follow up activity, to enable HIW to decide whether the service can be de-escalated and removed from this process.



## General Practice



**We continued to use Quality Checks to seek assurance on the quality of care being provided by GP practices during 2021-2022. Our Quality Checks continued with a specific focus on COVID-19. During this period, we undertook 25 Quality Checks of GP practices across health boards in Wales.**

It was positive to note from our assurance work that there was good evidence of GP practices using their membership of a cluster<sup>2</sup> to support the provision of patient care and sharing of ideas and good practice between GP practices. We noted that most GP practices had

made significant changes to their practice environments to ensure that they were safe for patients and could be easily cleaned in response to the challenges of the COVID-19 pandemic.

However, it was disappointing to discover that at some GP practices there was a lack of cleaning policies and full cleaning schedules. We also noted a lack of completed risk assessments at some practices for home visits, practice staff and the environment. Policies and risk assessments are management tools which help to ensure that all staff are aware of what is expected of them, they can be used to help outline and ensure safe practice and they can help to maintain consistency in standards and support improvements in quality. Where these tools are absent or are not kept up to date it indicates a weakness in management practices, and this is of concern. GP practices and primary care leaders within health boards should ensure there are processes and systems in place to support effective management of these services.

We identified a theme through our activity and intelligence relating to the accessibility and availability of face-to-face appointments. This showed that although practices were doing their best to recover services affected by the pandemic, issues of access still persisted. People told us that they could not always get appointments when they needed them and found it difficult in some areas to access practices by phone. We also found that an element of digital exclusion has continued, with some people unable to access services in an equal way due to a focus on online and telephone consultations. We found that practices had continued to respond well to the challenges of the pandemic. This included releasing staff to provide vital support to vaccination programs and clinics. A number of areas had developed innovative approaches to manage consultations and meet the demands of their communities. As a result, we have redesigned our methodology for GP inspections and introduced new peer reviewers to this process. This will ensure that HIW keeps pace with the developments in this sector.

<sup>2</sup>A cluster is a group of GP surgeries working together to pool resources and share best practice in a bid to help patients remain fit and healthy, and to improve the way patients are cared for if they become unwell.



## Mental Health

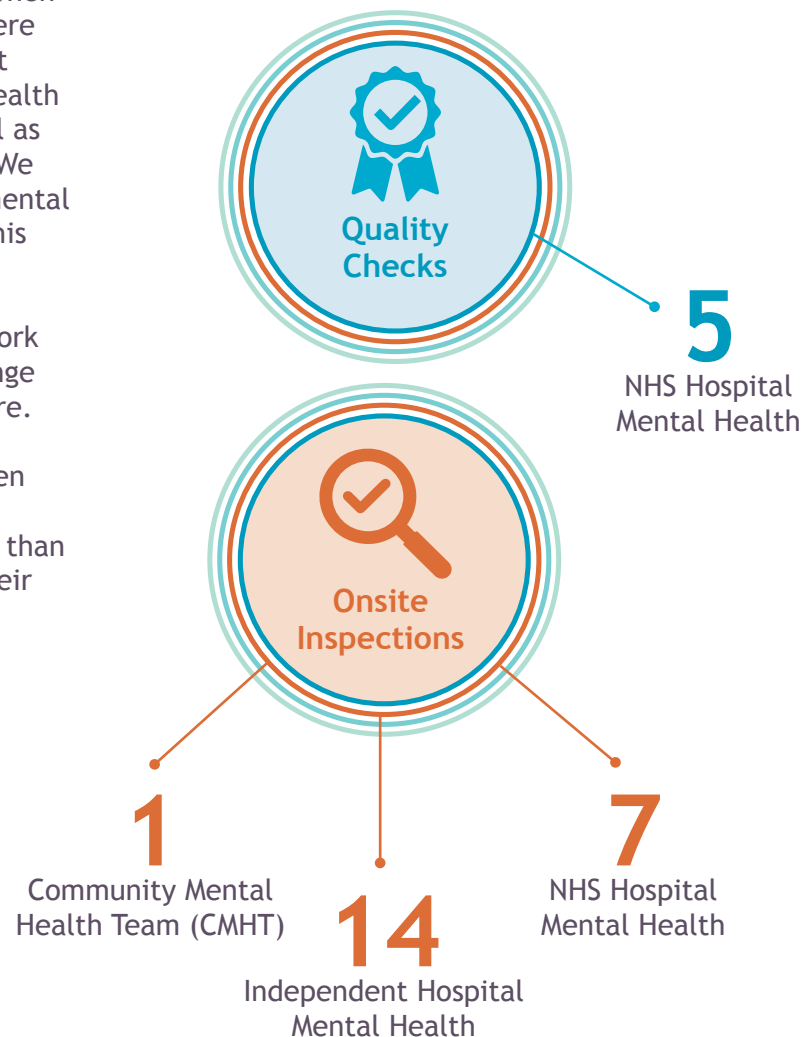
We look at how NHS mental health and independent mental health care services meet and comply with a range of professional standards and guidance, including the Mental Health Act 1983 and the Independent Healthcare (Wales) Regulations 2011.

The provision of mental health care during the pandemic has been challenging and complex for both the NHS and independent healthcare service providers. We continued to use a mix of remote Quality Checks and onsite inspections for our work to mental health care settings. This hybrid approach enabled us to seek assurance from services at a time when the

risk threshold for conducting inspection visits was high and to conduct our work onsite when either the COVID-19 risk was lower, or where the risk to patient safety was of significant concern. Our Review Service for Mental Health (RSMH) continued during this time, as well as our concerns and notifications processes. We also continued to respond to patients in mental health settings who contacted us during this period.

Over the past 12 months, our assurance work evidenced several key themes across a range of settings in relation to mental health care. Mental health is challenging and complex and inspections highlighted staff were often required to intervene to manage patient behaviours and ensure their safety, rather than provide care and treatment bespoke to their needs.

During 2021-2022 we undertook:



#### Inspections also highlighted instances of:

- **Mandatory training for staff not being completed or up to date**
- **Poor medication management including incomplete administration charts and medication being stored incorrectly**
- **Risks being identified and subsequently not addressed in a timely manner or not addressed at all**
- **An over reliance on agency staff and repeat periods of inadequate resourcing**
- **Care and treatment plans not being monitored and regularly updated**
- **A lack of governance oversight including collaborative working and sharing information for future improvement.**

In most cases we found that staff working in services providing mental health care and treatment, treated patients with kindness and respect. We also saw that most services continued to work well to adapt to the changing needs presented by the pandemic. Patients were receiving compassionate care in most cases which promoted their independence and autonomy. We also saw that in some cases the recovery from the pandemic was going well, with improvements on previous inspections noted.

During 2021-2022 we inspected two out of the three children and adolescent mental health units in Wales, Tŷ Llidiard in Bridgend, and Hillview Hospital in Ebbw Vale.



## Learning Disability

5

Onsite  
Inspections

8

Quality Checks



HIW undertook eight Quality Checks and five inspections of facilities providing learning disability services. In most cases, we found that patients accessing care in these

facilities were receiving person centred and compassionate care and treatment. Tailored care plans were in place and allowed staff and patients to work towards common goals for the benefit of patients. We saw that staff interacted with patients in a kind and compassionate manner and worked hard to meet patient needs. However, we did find that staffing numbers were not always at a level which met patient needs. We also saw that the COVID-19 pandemic had negatively affected the promotion of independence in some of these settings. We saw in one case that there were significant issues relating to the environment, governance and safety of the unit. As a result, an Immediate Assurance letter was issued, and significant improvements were implemented by the Hywel Dda University Health Board.

## The Second Opinion Appointed Doctor (SOAD) Service

HIW operates the SOAD service for Wales, and we appoint registered medical practitioners to approve some forms of treatment. The role of the SOADs is to safeguard the rights of patients who are detained under the Mental Health Act and either do not consent or are considered incapable of consenting to treatment (section 58 and 58A type treatments). Individual SOADs come to their own opinion about the degree and nature of an individual patient's mental disorder and whether the patient has capacity to consent.

They must be satisfied that the patient's views and rights have been taken into consideration. After careful consideration of the patient and approved clinician's views, a SOAD has the right to change the proposed treatment. For example, a SOAD may decide to authorise only part of the proposed treatment or limit the number of electroconvulsive therapies (ECTs) given.

The SOADs have a responsibility to ensure the proposed treatment is in the best interest of the patient. The appropriate approved clinician should make a referral to HIW for a SOAD opinion relating to:

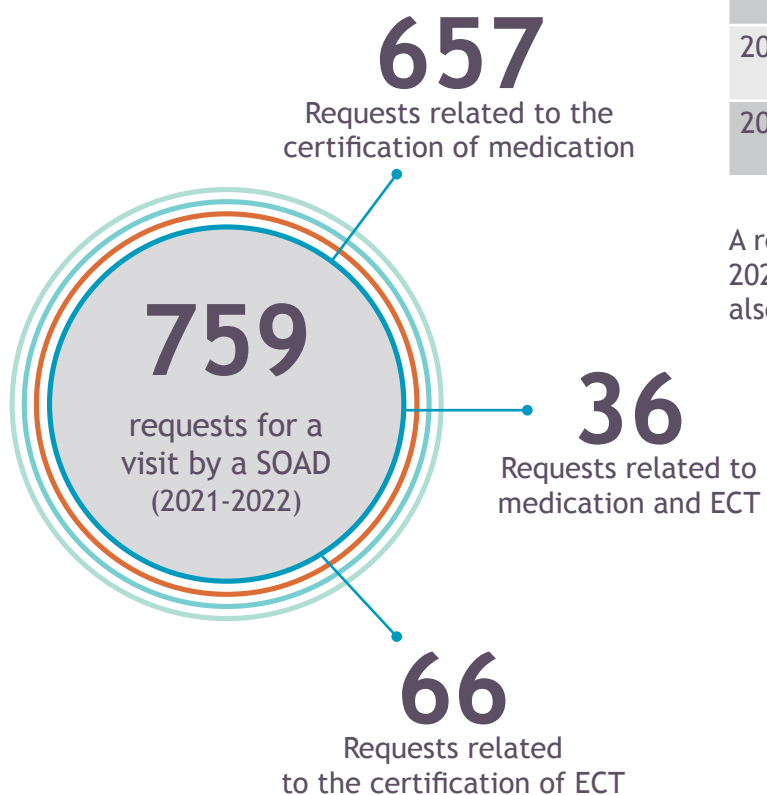
- liable to be detained patients on Community Treatment Orders (CTO) (Section 17A) who lack the capacity to proposed treatment or who do not consent for Part 4A patients
- serious and invasive treatments such as psychosurgery or surgical implements for the purpose of reducing male sex drive (Section 57)
- detained patients of any age who do not consent or lack the capacity to consent to Section 58 type treatments (section 58)
- patients under eighteen years of age, whether detained or informal, for whom Electroconvulsive Therapy (ECT) is proposed, when the patient is consenting having the competency to do so (Section 58A), and
- detained patients of any age who lack the capacity to consent to electroconvulsive therapy (ECT) (Section 58A).

Due to the ongoing COVID-19 pandemic and health and safety concerns regarding on site visits for the SOADs, in 2020-2021 we operated a temporary COVID-19 safe methodology for the SOAD service, wherein onsite hospital visits were temporarily suspended and replaced with teleconference or telephone call appointments. As we move to a post-pandemic operating model, the SOAD service now operates a hybrid methodology where onsite visits, where safe and practicable, are carried out, however, remote certification is still also utilised enabling the efficiencies gained from the remote methodology to continue, whilst ensuring patients safety and rights are prioritised.

We continue to work with Mental Health Act administrators in health boards and independent providers to ensure that patients get timely access to a SOAD and that the process is as smooth as possible to ensure that the rights of patients are protected. We attended the Mental Health Act Administrators annual forum and engaged with stakeholders directly to support understanding of our hybrid methodology.

In Wales during 2021-2022, there were 759 requests for a visit by a SOAD. This figure is a slight drop from the previous year, although it remains broadly consistent with figures from previous years.

These were:



The following table provides a breakdown of requests per year:

Requests for visits by a SOAD in 2021-2022

Year	Medication	ECT	Both	Total
2019-2020	855	50	27	932
2020-2021	869	60	27	956
2021-2022	657	66	36	759

A regular programme of training is provided to all SOADs to encourage best practice. In the year 2021-2022 training which focussed on depression treatment and medications was provided. SOADs also attended a session in winter 2022 focussing on Legal Updates to the Mental Health Act 1983.

## Review of Treatment (Section 61)

Following the authorisation of a treatment plan by an authorised medical practitioner (SOAD) that has been appointed by HIW, a report on the treatment and the patient's condition must be provided by the responsible clinician in charge of the patient's treatment and given to HIW. The designated form is provided to the Mental Health Act Administrators office for all local health boards and independent settings for the Responsible Clinician to complete. For the sixth consecutive year HIW undertook an audit of these forms to ensure that adequate patient safeguards were in place. The treatments are reviewed by our lead SOAD for Wales on a monthly basis.

**There remain very few instances where discrepancies are identified by the reviewer. Further improvements from our previous report continue in relation to the following areas:**

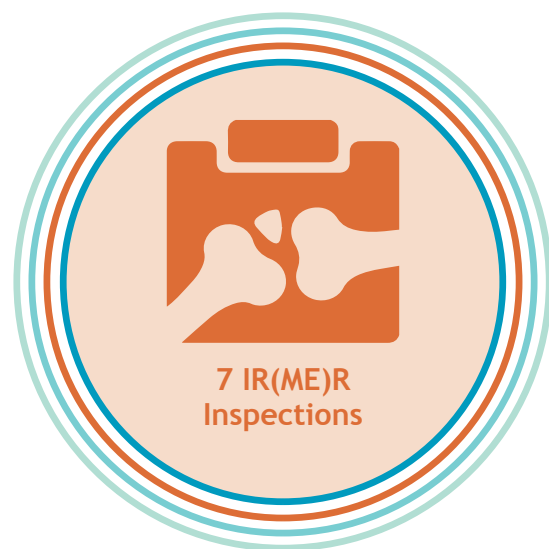
- There continue to be minimal occasions where more medication is listed under the treatment description than is authorised on the CO3 form. In these instances, the reviewer highlights the need for a SOAD request to be submitted by the setting.

<sup>3</sup> The Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 are the principle regulations dealing with the exercise of compulsory powers in respect of persons liable to be detained in hospital or under guardianship, together with community patients, under the Mental Health Act 1983. The Regulations prescribe the forms that are to be used in the exercise of powers under the Act, and these are set out in Schedule 1 of the Regulations. These Regulations (and the prescribed forms) came into force on 3 November 2008 and include CO forms.



## Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)

HIW is responsible for monitoring compliance against the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). The regulations are intended to protect people from hazards associated with ionising radiation. Our inspection approach checks that services are compliant with these (IR(ME)R) regulations and looks at whether care and treatment is being provided in line with the Welsh Government's Health and Care Standards.



During 2021-2022 HIW completed seven IR(ME)R inspections, covering the three modalities of medical exposures. Six of these inspections covered the NHS and one covered independent hospitals.

HIW was assisted in these inspections by a Senior Clinical Diagnostic Officer from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity. All the inspections were undertaken onsite. As part of the process, we asked providers to undertake a full self-assessment and then we held discussions with staff about the content of the self-assessments and the supplementary evidence provided to support the self-assessment. Whilst onsite we also reviewed clinical and other relevant records as well as observing the environment in which services were delivered. We also requested patient and staff feedback through online surveys. The QR code to access the survey was displayed on posters in the services we inspected, and we promoted the surveys through our social media channels. Paper copies of the patient survey are also provided in advance of the inspection to the setting to accommodate patients who are unable to access the online survey. HIW received 273

completed patient questionnaires and 214 staff questionnaires covering these seven inspections.

Feedback from patients was overwhelmingly positive with patients confirming that they had been treated with dignity and respect and had been helped to understand the risks and benefits of the procedure they were receiving. During our IR(ME)R assurance activity we continued to meet experienced and committed teams of professionals, with a good team working ethos. Overall, staff we spoke with demonstrated a good awareness of their responsibilities under IR(ME)R and we were assured that examinations at all sites inspected were undertaken safely.

Medical Physics Experts (MPEs) are qualified staff who are able to act or give advice on matters relating to radiation physics applied to medical exposure in diagnostic radiology, nuclear medicine, and radiotherapy. We noted that the relationships between the various IR(ME)R locations inspected and the MPEs was good, whether this was provided as part of a service level agreement with another health board or by staff employed directly by the health board.



Some common themes have emerged across our IR(ME)R inspections this year. They are summarised as follows:

**Employer's Procedures** - on several occasions we identified that these did not provide enough detail and did not reflect the actual agreed practices staff described to us. We also saw examples where procedures were not up to date and had not been reviewed. Therefore, whilst staff could describe safe practises to us, we could not be assured that the written procedures would provide new, locum or agency

staff with the required level of information to guide them in performing their relevant roles. Examples of common areas where detail was lacking in Employer's Procedures included:

- The information supplied in the self-assessment form contained additional information which should be included in the employer's procedures to explain the process in more detail.
- Pregnancy employer's procedures and relevant documents did not always reflect the terminology used in IR(ME)R 2017. Also, pregnancy enquiry EPs were a common area where agreed practise described by staff was not reflected accurately in the employer's procedures itself.

**Entitlement** - is the process of defining the roles and tasks that individuals, referred to as duty holders, are allowed to undertake. We identified that duty holders had not always been formally notified of their entitlement and scope of practice under IR(ME)R.

**Clinical audit** - is a key component of improving patient care through identifying areas for improvement and to promote effective use of resources and enhance clinical services. Audits should also highlight any discrepancies between actual practice and standards. Some instances were noted where the difference between IR(ME)R audit and clinical audits was not fully understood and as a result clinical audits had not been completed.

**Staff Capacity** - in most cases staff told us that they felt supported by senior management and the wider organisation. However, they did tell us that they struggled in terms of capacity to undertake all relevant tasks required as part of their duty holder roles. This may have been evident in the number of recommendations made in relation to mandatory training levels being low and appraisals not being completed in a timely manner.

We identified recommendations for improvement relating to collecting feedback from patients and informing staff of the results of this feedback. In most cases this was due to the COVID-19 pandemic which had reduced the collection of feedback. It is hoped that the process of collecting feedback would return to pre-pandemic levels in 2022-2023.



## Dental Practices



Earlier in the pandemic, dental practices worked under a Red Alert which was issued by the Chief Dental Officer for Wales and which prevented them from undertaking any Aerosol Generating Procedures (AGPs). Enhanced cleaning and the requirement for time in between patients, led to a much more limited dental care provision than pre-pandemic. In summer of 2020 dental practices were able to increase the treatment they could provide and during 2021-2022 we saw them steadily increase service provision, working to recover back towards pre-pandemic levels.

During the year we undertook 77 pieces of assurance work across dental practices across Wales. Due to COVID-19 risk levels, we conducted most of this work remotely, and undertook ten onsite inspections where the level of risk to patient safety could not be explored remotely.

In three Quality Checks we had concerns which meant we needed to ask the practices to take immediate action to reduce risks to patient safety; we did this either via our Immediate Assurance process or issuing a Non-Compliance Notice, dependant on whether the practice provided NHS dental treatment, private dental treatment or a mixture of both. In one instance, a health and safety assessment had been

correctly carried out by the practice, but the findings had not subsequently been acted on, leaving outstanding areas of health and safety concern. In the other two instances we found that there were inadequate seals to either flooring or to the flooring and worksurfaces in clinical decontamination rooms. Appropriately sealed floors and worksurfaces are necessary to reduce the risk of contamination and to support good standards of infection prevention and control.

Overall, we found evidence that dental practices had effective COVID-19 procedures in place to reduce the risk of virus transmission. This included social distancing, fallow time (settle time in between patients which is necessary for reducing levels of circulating air particles), and quick methods of communication with staff teams to ensure they received timely updates on COVID-19 procedures.

We also found evidence that many dental practices had considered the Welsh language needs of the patient population and were able to provide bilingual information to patients and a bilingual service where possible.



We were also pleased to note the efforts made by some practices to support and accommodate patients with additional needs to receive their treatment. One practice, 'MyDentist' in Wrexham told us that they held dedicated sessions, twice per year, for patients diagnosed with autism to receive treatment in a calming environment. Extra time was set aside for each appointment, lights are dimmed, and the radio volume lowered. We were also told that there were sensory toys, light blocking glasses and ear defenders available for patients to use.

Bryant Dental Practice also told us that during the pandemic, the practice utilised the 'Attend Anywhere' service and remote triage to reach patients who were too nervous to attend the practice due to COVID-19. We were also told that protected appointment slots are made available for vulnerable or at-risk patients at the start or end of each day.

We did find some common areas for improvement through our work. The majority of dental practices needed to improve their documentation recording staff training and ensure that all staff completed mandatory training sessions. We recognise that training has been challenging to source at times during the pandemic, but practices must continue to prioritise this as up to date training supports with quality and patient safety.

We found some areas of management and governance which needed strengthening:

- **A number of practices did not have a system which ensured all risk assessments were being kept up to date. We noted that some fire risk assessments were out of date. Risk assessments are an important management tool which helps to keep patients and staff safe and should be reviewed and updated regularly to reduce risks.**
- **Some dental practices did not have an up-to-date Infection Prevention and Control policy to work from. Whilst we acknowledge there have been some frequent updates to infection control advice over the course of the pandemic, correct IPC procedures (which should be governed through a policy) are crucial for maintaining patient safety.**
- **We also found numerous examples of practices not undertaking audits of their work. Audits offer an opportunity to review the consistency.**

Practices should ensure they take account of the above findings, considering whether they can apply any of this learning to their service to improve the quality and safety of care and treatment that is provided.

## Independent Healthcare



### Acute Hospitals

Due to the impact of NHS waiting times, independent healthcare is being utilised by patients now more than ever. After exclusively making use of remote Quality Checks throughout 2020-2021, it was important for our inspectors to return to onsite visits of independent hospitals to ensure patients received safe and effective care.

During 2021-2022 we completed four onsite inspections of Independent Hospitals.

Overall, our inspections found that safe and effective care is being provided to patients. Most patients who participated in the inspection expressed satisfaction with the care and treatment received.

Patients told us that staff were kind and caring and we observed good interactions between staff and patients, with staff supporting patients in a calm, dignified and respectful manner.

We found that the staff teams were committed to providing patients with safe and effective care and patients' care needs had been assessed by staff and monitored to promote patient well-being and safety.

The hospitals we inspected were clean and tidy and arrangements were in place to reduce cross infection. This is of high importance as during the time of our inspections, COVID-19 was still prevalent. However, even our most positive of inspections identified issues in medicines management procedures, for example, daily controlled drugs checklists not fully completed. We also noted issues with medications security, storage, and temperature checks.

We found good management and leadership in the hospitals with staff commenting positively on the support that they received from the management team. There was a clear multi-disciplinary approach to provisions of care across all three inspections.

## Hospices

Hospices provide care to adults, young people and children who have a terminal illness or a long-term condition that cannot be cured. Due to the vulnerability of the patients, it is imperative that hospices have policies and procedures in place to protect patients from COVID-19.

During the year we completed:



Overall, our assurance and inspection work of hospices throughout the year was positive with evidence that services provided safe and effective care.

### Adults

We noted the interaction between staff and patients was good and it was evidence that family members were engaged and involved in their relative's care. There were good examples of multi-disciplinary working to improve provisions of care.

Staff emphasised the importance of maintaining visiting as far as possible for the well-being of patients and their relatives, particularly for patients in their last days of life. Staff described how this was achieved in a timely and effective manner in line with public health guidance at that time. This included initially restricting visiting numbers and COVID-19 testing for relatives before visiting.

We did find some common areas for improvement through our work:

- Environmental risk assessments and action plans were not always complete.
- Low levels of completed mandatory training.

### Young People and Children

During our inspection we observed staff being kind and respectful to children. We saw staff making efforts to protect children's privacy and dignity when providing assistance with personal care needs. We viewed staff communicating with children in a calm, friendly and cheerful manner. Staff were observed communicating with children in an encouraging and inclusive manner.

The multi-disciplinary team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as tissue viability nurses, speech and language therapists and dieticians.

Children who completed the online survey told us that they were involved in the planning and provision of their own care. Parents/guardians told us that they were being consulted and encouraged to ask questions and make decisions around care provision.

## Treatment using a Class 3B/4 laser or Intense Pulsed Light (IPL)

The 2021-2022 year saw many registered lasers and IPL providers re-open their services to patients following a period of closure due to the COVID-19 pandemic.



<sup>4</sup> <https://gov.wales/sites/default/files/publications/2019-07/the-national-minimum-standards-for-independent-health-care-services-in-wales-2011-no-16.pdf>

Once these services reopened, we returned to seeking assurance that laser and IPL services were safe for patients through our Quality Checks.

During this period, we conducted 15 Quality Checks and one onsite inspection of laser and IPL registered providers across Wales.

The themes from our work during this time are set out below and providers should use these as learning points, considering whether they can make any improvements based on what we have found and recommended.

Registered laser and IPL services provided us with good evidence of COVID-19 procedures, such as social distancing arrangements for patients and staff in waiting areas. Many services also had comprehensive COVID-19 risk assessments in place. It was reassuring to find that many of the services had taken time during their period of closure to understand the COVID-19 regulations and put safe practices in place to reduce the transmission of COVID-19. We found that nearly all providers ensured that a face-to-face consultation was carried out on prospective patients prior to the start of any treatment. They also ensured consent was obtained from patients ahead of treatment taking place.

During our Quality Checks we discovered that not all providers had an up-to-date safeguarding policy. Safeguarding policies and procedures which are accurate and up to date are an important means of supporting safe practices. We also noted that not all providers had a valid set of local rules that refer to the current IPL device in place. Local rules are set by the Laser Protections Adviser (LPA) which outline the safe and correct use of the laser machine. Providers must have a contract in place with an LPA to be able to provide laser treatments safely and legally.

Many providers were required to update their Infection and Prevention Control Policy. By ensuring the policy is up to date, providers can be assured that staff and patients are protected infectious diseases and infections.

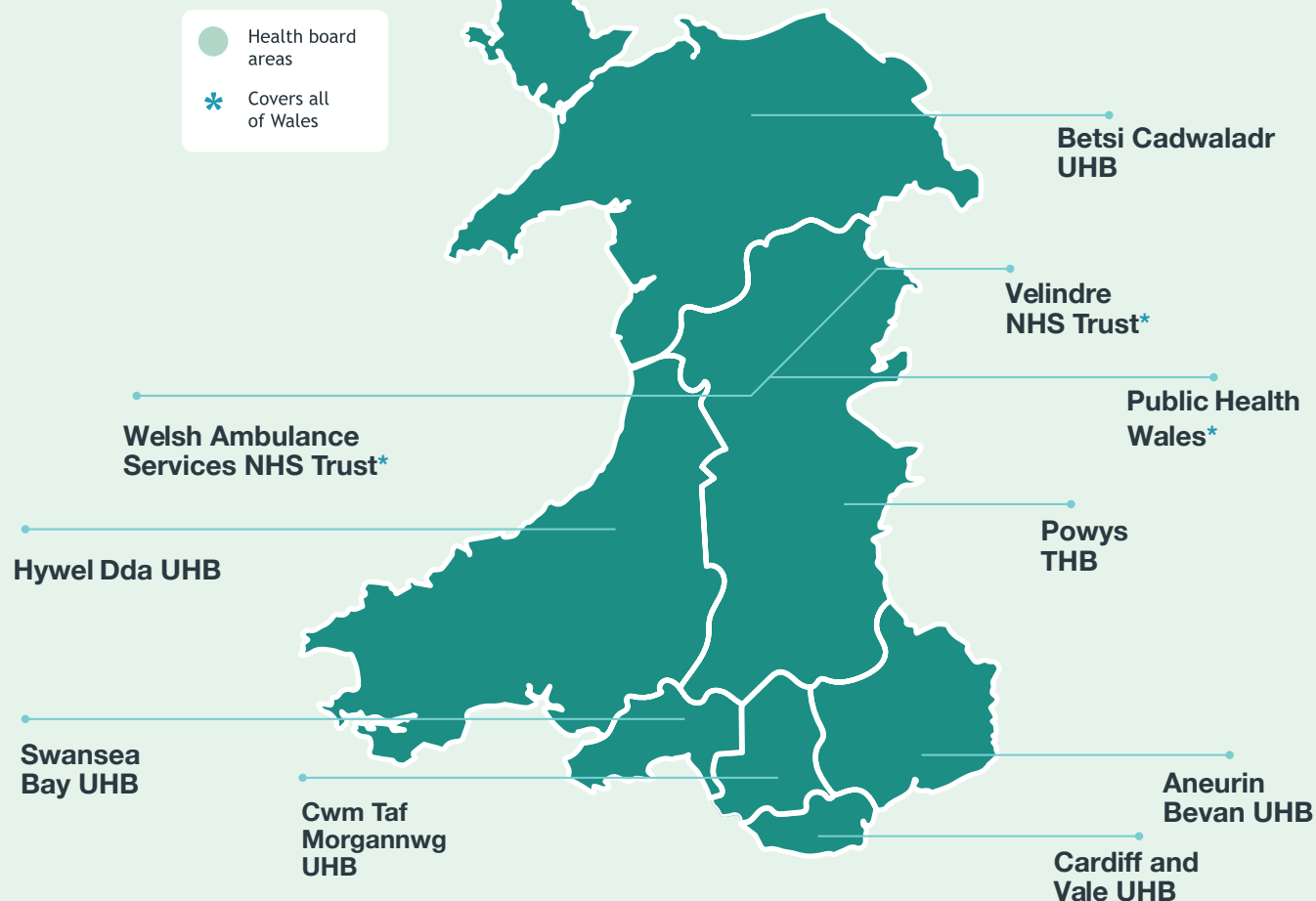
Nearly half of the providers did not have a policy in place which outlined how the service would approach the need to communicate and provide information in Welsh should the patient request it. Standard 18 of the National Minimum Standards of Independent Health Care Services in Wales<sup>4</sup> states that services should comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and address all language and communication needs.

# NHS Health Boards and NHS Trusts

The period covered by this report, 1 April 2021 - 31 March 2022, continued to present healthcare services, and health boards with unique pressures and challenges.

This year they have faced not just the challenge of dealing with COVID-19 itself, but the added challenge of recovering services, tackling long waiting lists and demand for services as a result of many being paused in the initial pandemic response.

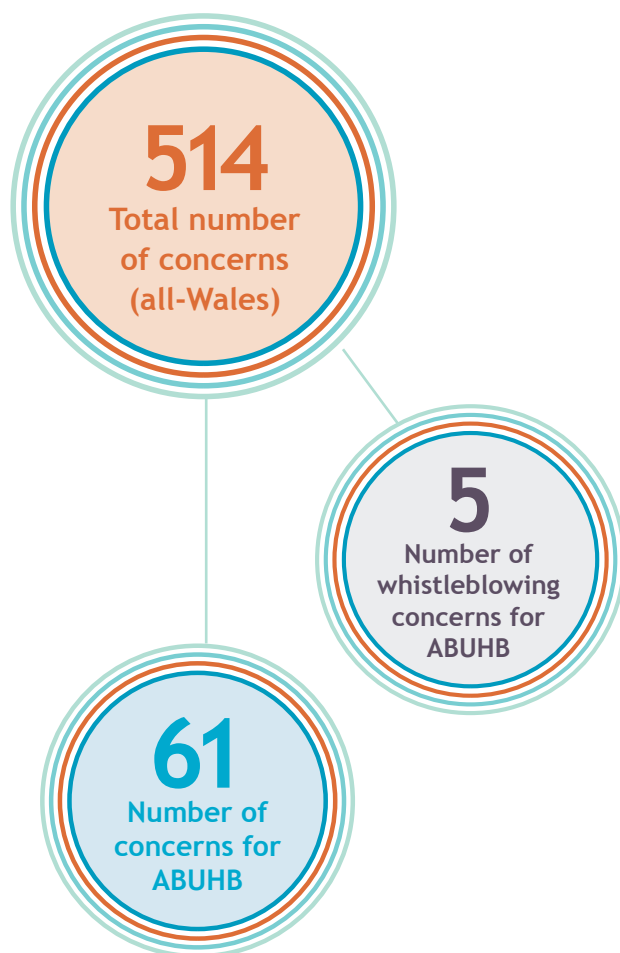
Across Wales we noted some common areas of concern through our work; in general, these were pressures associated with recovery of services, waiting times for treatment and significant issues with patient flow in hospitals, and notable pressure and demand on children's services, mental health services and primary care.



## Aneurin Bevan University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board



Quality Checks	9
GP	5
Hospital	2
Learning Disability	1
Community Hospital	1

Onsite	3
Hospital	2
IRMER	1
Mental Health Hospital	1

Within Aneurin Bevan University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit | Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

During this period, we have seen evidence of Aneurin Bevan University Health Board working hard through difficult times to resolve the issues that have arisen from the pandemic and in specific service areas where there have been particular challenges.

Changes made to governance structures during the pandemic have been carried forward due to the beneficial impact the health board found these had. We noted that engagement with senior leaders continued to be positive and considered that communication between the health board and HIW had shown improvement.

The health board has been proactive in sharing the learning from our assurance and inspection work across its services and has also proactively worked to deliver and embed actions for improvement that we have recommended through our work. The health board has kept us up to date on its progress on a regular basis.

A challenge for the health board throughout this time has been the newly opened Grange hospital. We undertook an onsite inspection to the emergency department and found several issues, some of which required immediate attention to improve patient safety. Staff who responded to our questionnaire told us about feeling pressured and struggling to cope with high levels of demand. High levels of demand for emergency department treatment have been seen across Wales, but this coupled with a new department, new building and new team pose an additional challenge and we urged the health

board to continue with the positive input to support the department as it matures as a service.

In many of our Quality Checks, our findings were positive, in particular around access to PPE, with minimal improvements required in any area. However, we were disappointed to note that compliance rates with mandatory training continued to need improvement.

During this period, we noted the health board working hard to maintain service delivery in the face of some substantial staffing challenges. At times, emergency actions have needed to be taken, such as temporarily pausing some services until staffing levels were safe again. Recruitment drives and promoting positive working cultures across services will need to be areas of focus for the health board as it continues to tackle this challenge.



The concerns we received the most for Aneurin Bevan UHB related to:

- **Clinical Assessment**
- **Infrastructure (Staff facilities and the environment)**
- **Treatment / Procedure**

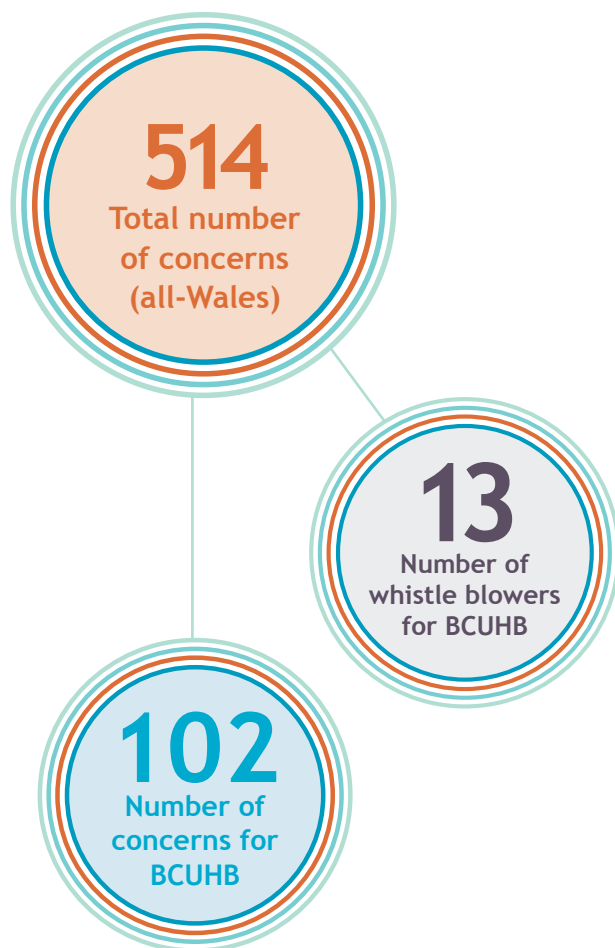


## Betsi Cadwaladr University Health Board



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	7
GP	3
Hospital	2
Learning Disability	2

Onsite	4
Mental Health Hospital	2
IRMER	1
Learning Disability	1

Within Betsi Cadwaladr University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit | Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the health board developed over this time is a culmination of all the above sources of evidence. During the period in question, the health board had recently come under the leadership of a

new Chief Executive, Jo Whitehead, who was appointed in January 2021. We noted positive evidence of change at this most senior level through open dialogue and a commitment to working together with us and other partners to help bring about change and improvement in services throughout the health board.

We noted that the culture in many areas across the health board still required work to ensure that staff feel empowered to challenge issues and raise concerns. It is critical that the health board continue to work on this area, empowering staff and developing a culture where staff feel confident to raise concerns and constructively challenge.

As a result of ongoing concern about standards of care in mental health inpatient services at the health board we conducted two onsite inspections to the Hergest unit. We were concerned to find issues relating to staffing levels and significant staff fatigue, and infection prevention and control during our inspection work to Hergest.

The health board responded constructively to the challenges we raised as a result of this work, but continued input from the health board will be necessary to bring about and sustain the level of improvement needed in this service. We will continue to monitor the progress made against the specific recommendations we made following our inspection to Hergest and will consider how the learning is shared to other services across the health board.

Poor record keeping was also an area of concern emerging through our ongoing work and monitoring of the health board. As a result of this emerging trend, we specifically focussed on record keeping in work within the health board during this year. We undertook an offsite Quality Check of the emergency department at Ysbyty Glan Clwyd in March 2022, with a significant focus on the evidence drawn from patient record keeping. We found a high level of risk to patient safety through this work and requested the health board take immediate action to reduce the risk. The outcome and findings of this work have contributed to the overall view of this specific service as an emergency department in Wales. We will continue to monitor the progress the health board makes in this specific department and how the learning is shared and used to shape improvement across their services.

The concerns we received the most for Betsi Cadwaladr UHB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Whistleblowing**
- **Clinical Assessment**

## Cardiff and Vale University Health Board



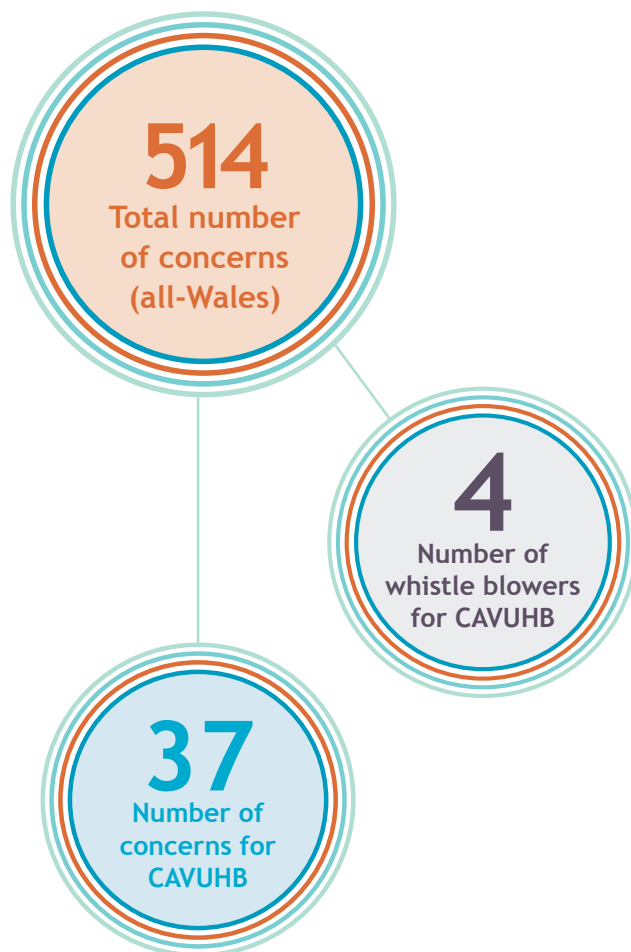
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	6
GP	5
Hospital	1

Onsite	3
Hospital	1
IRMER	1



Within Cardiff and Vale University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care provided by the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit | Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

Through our assurance work, we did not identify any significant concerns during the year. However, we noted a significant increase in demand for services, as the health board began recovery from the pandemic. This was also evident within the University Hospital for Wales Emergency Unit, which saw a rapid rise in demand at a time where additional measures were required to help maintain adequate infection prevention and control. The health board is undertaking a significant amount of work to improve the infrastructure, environment, and processes to manage this. We also noted significant pressure within the health board's Mental Health services including Child and Adolescent Mental Health Services (CAMHS).

This includes the timely compliance with referral, assessments, and treatment times. However, the health board has made progress with some improvements already in these areas.

Bed availability within inpatient CAMHS units nationally, is at a premium. Challenges remain in the health board, with its ability access CAHMS inpatient services in other localities.

As a result, where children and adolescents require inpatient treatment, and beds are not available in a specialist unit, some patients require admission to general paediatric areas, with the support of registered mental health nurses, and at times, older adolescents have been admitted to the adult inpatient services located in Hafan Y Coed. The challenge for the health board will be to sustain and continue improvements in this area, particularly when

the demand for CAMHS services remains high. We will continue to monitor our findings for the past year throughout the 2022-2023 inspection year. This will include undertaking planned and reactive inspection and assurance work as necessary, maintaining our relationship manager communication with the health board and partner organisations and through our engagement with service users and staff. This will enable us to check that healthcare services are provided in a way which maximises the health and well-being of people who use services within the health board's hospitals and its community services.

Throughout the year, we identified that the health board teams have continued to work tirelessly during several significant challenges which remain as a result of the pandemic. These challenges include an increase in staff absences and vacancies, stretched services

and the resulting impact these challenges can have on staff well-being and patient safety. The health board has been proactive in supporting its staff, with a plan in place to support their health and well-being.

Our engagement with the executive team has continued to be positive and constructive, both to HIW and the health board. There has been number of changes within the executive team which included the appointment of a new Chief Executive, and the recruitment process in place to obtain additional key executives, which included the Executive Director of Nursing, Medical Director, and Chief Operating Officer. We endeavour to maintain our positive relationships with the executive team and other senior leaders.

The concerns we received the most for Cardiff and Vale UHB related to:

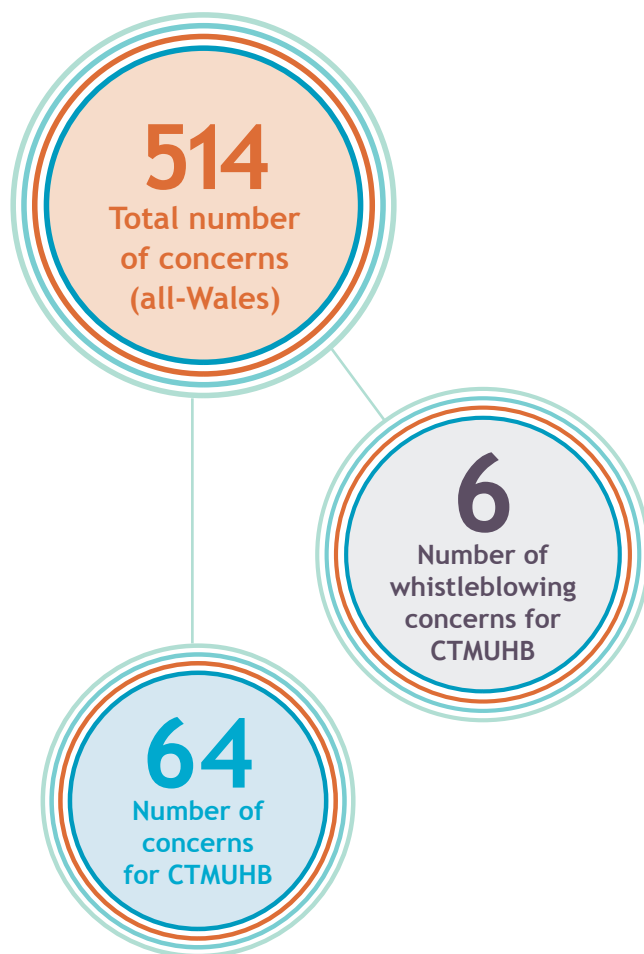
- **Infrastructure (Staff facilities and the environment)**
- **Mental Health Act**
- **Clinical Assessment**

## Cwm Taf Morgannwg University Health Board



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf  
University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	9
GP	3
Mental Health Hospital	3
Learning Disability	2
Hospital	1

Onsite	5
Hospital	3
IRMER	1
Mental Health Hospital	1

Within Cwm Taf Morgannwg University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit](#) | [Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

Overall, we found that the health board was continuing to make progress against the joint [Audit Wales and HIW review of governance conducted in 2019](#). Both organisations jointly followed this up during 2020, [reporting in May 2021](#). We found that there was a greater strategic focus on quality, safety and risk than had been previously found. However, we noted that it was too early to fully assess the effectiveness of the improvements and consequently we will be undertaking a further follow-up review during 2022-2023.

As a result of growing concern about the Emergency Department in Prince Charles Hospital, we carried out an unannounced inspection of the unit. We had significant concerns about patient safety and the potential high levels of risk to patients because of our findings. We were pleased that the health board responded very positively to our findings, noting their openness and willingness to work on tackling and addressing the issues we had highlighted through our work. We returned to the department unannounced four months later to consider their progress and could see several improvement initiatives in place which were already beginning to make a difference. We noted, however, that there were still areas which needed more work and urged the health board to maintain the momentum behind the improvement.

A challenge for Cwm Taf Morgannwg University Health Board will be around sustaining these improvements. Some of the issues we identified indicated that the culture at the department needed to be addressed. Where there are cultural issues, the challenge of maintaining the impetus and embedding changes may be greater. In a health board that has previously faced challenges with quality governance, it was positive to note the beginnings of change and the progress made by the health board to improve and sustain those improvements. The work done on improving the culture, values and behaviours across the organisation is a positive step for the whole health board but one that will need continued focus to make sustainable change.



The concerns we received the most for Cwm Taf Morgannwg UHB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Treatment / Procedure**
- **Clinical Assessment**

## Hywel Dda University Health Board



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	8
GP	2
Mental Health Hospital	2
Learning Disability	2
Hospital	2

Onsite	3
Hospital	2
IRMER	1

Within Hywel Dda University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit | Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

During this period, we have seen evidence of Hywel Dda University Health Board working hard through difficult times to recover services following the early restrictions of the pandemic. Through our engagement with senior leaders in the health board and observing at quality and safety meetings, it has been evident that quality is clearly embedded in their approach to leading the health board, and we have seen a strong focus on a learning culture.

Difficulty in recruiting qualified staff continues to be a challenge for the health board, although there had been an increase in numbers of applicants for roles as healthcare support workers. The health board has continued



to tackle recruitment challenges through initiatives such as the use of an apprenticeship scheme, which enables people to work and gain healthcare qualifications. Resilience across their services has been fragile at times due to the staffing issues and compounded by the rurality and geographical spread of the health board and their hospitals. We note that senior leaders continue to plan and work proactively in an attempt to develop sustainable services for the future.

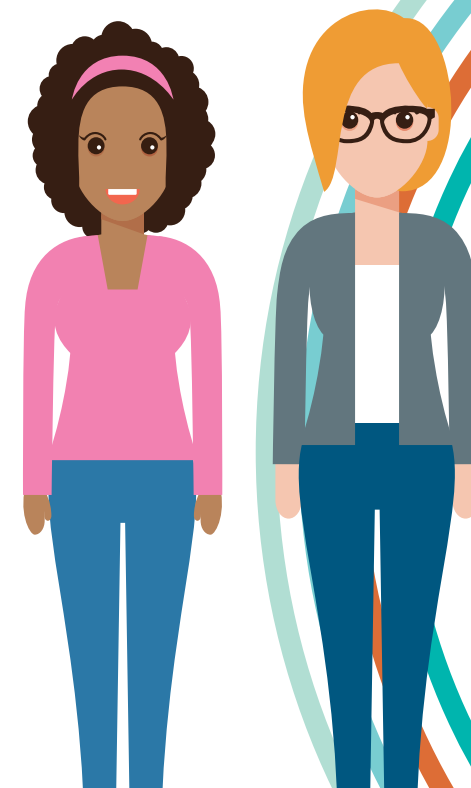
We carried out an offsite Quality Check of one of the health board's inpatient learning disability services and had significant concerns about the safety of the environment and the day-to-day management of risks in a service which was caring for vulnerable patients. The health board responded very quickly and constructively to the issues we identified and sped up their intention to discharge the

patients to alternative placements. This action meant the service was empty and the health board did not admit any further patients for the remainder of the year while they worked to tackle the numerous service delivery issues that were present. We will continue to closely monitor the progress and re-opening of this service through our work and will consider further intervention and escalation if necessary. Through our partnership working with the Community Health Council (CHC), we were made aware of reports of poor patient experience within maternity services provided by the health board. The CHC ran a survey asking for experiences of maternity services within the health board. The results were mixed and saw several negative responses from patients. We engaged with the health board and have monitored their initial response to the issues; the challenge for them will be to fully embed the changes and maintain the

momentum behind the improvements. We will continue to engage with the CHC to understand whether the patient experience within these services is improving and will consider future assurance work to check on the improvements in service delivery that have been made because of these interventions.

The concerns we received the most for Hywel Dda UHB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Treatment / Procedure**
- **Self-harming behaviour**



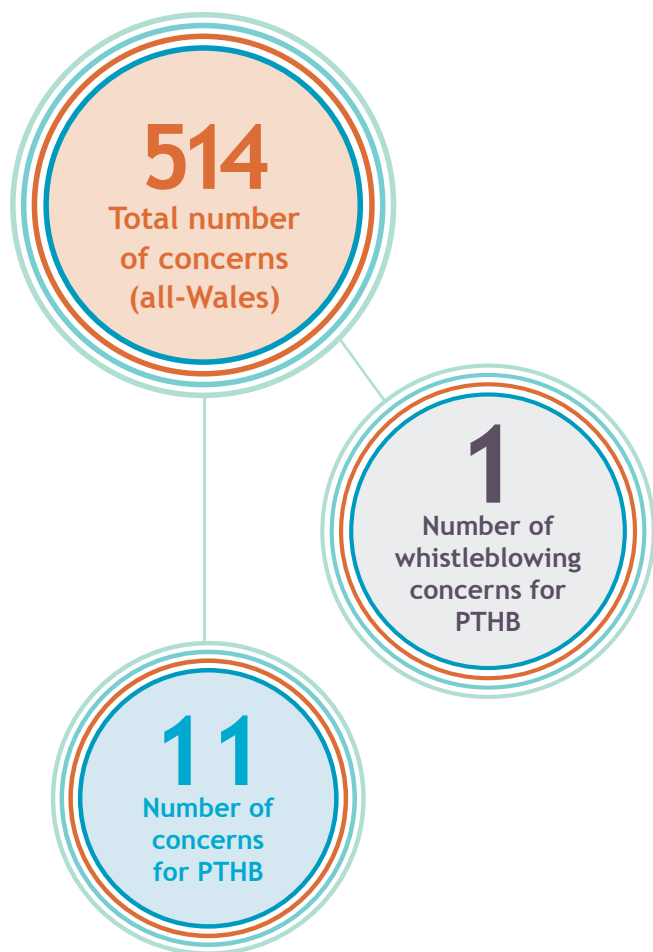
## Powys Teaching Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	2
GP	2

Onsite	3
Hospital	1
CMHT	1



Within Powys Teaching Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit](#) | [Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

During this period there have been several changes to senior leadership and management within the health board. This includes staff leaving, retiring, and undertaking secondments elsewhere within the organisation. Due to the level of recruitment, this is an area which may take time to stabilise, but it has been positive to note that the executive team is focusing on supporting and embedding leadership changes as a priority in support of their workforce and the continued delivery of frontline patient care.

There has been continued positive engagement with the leadership team, including regular and ongoing meetings with the Director of Nursing and Medical Director throughout the year.

Powys Teaching Health Board commissions a significant proportion of its services from providers in both England and Wales. There are arrangements in place to monitor the performance of the providers used to deliver services to Powys patients via a Commissioning Assurance Framework. However, some of the performance data was paused earlier in the COVID-19 pandemic, therefore this monitoring arrangement has not been fully functional throughout the year. As some services are provided by other health boards and trusts, the restarting of services has been variable, leading to a potential inconsistency and impact on Powys residents.

The health board has been monitoring this closely, reporting issues openly at quality, safety, and performance forums. We will continue to engage with the health board on this to ensure we remain up to date on this

complex situation, and we will consider future work to better understand commissioning arrangements.

We undertook an onsite inspection to the mental health ward at Bronllys Hospital and identified that there had been limited improvements to some of the recommendations we had made at an inspection we carried out there in 2019. The lack of progress seemed to be particularly around the buildings and maintenance issues that we had identified. We urged the health board to improve their oversight of this area and make progress on these actions. Since then, it has been pleasing to observe updates provided by the health board to their quality and safety committee regarding the overall progress made against HIW recommendations and their subsequent completion.



The concerns we received the most for Powys THB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Treatment / Procedure**
- **Clinical Assessment**

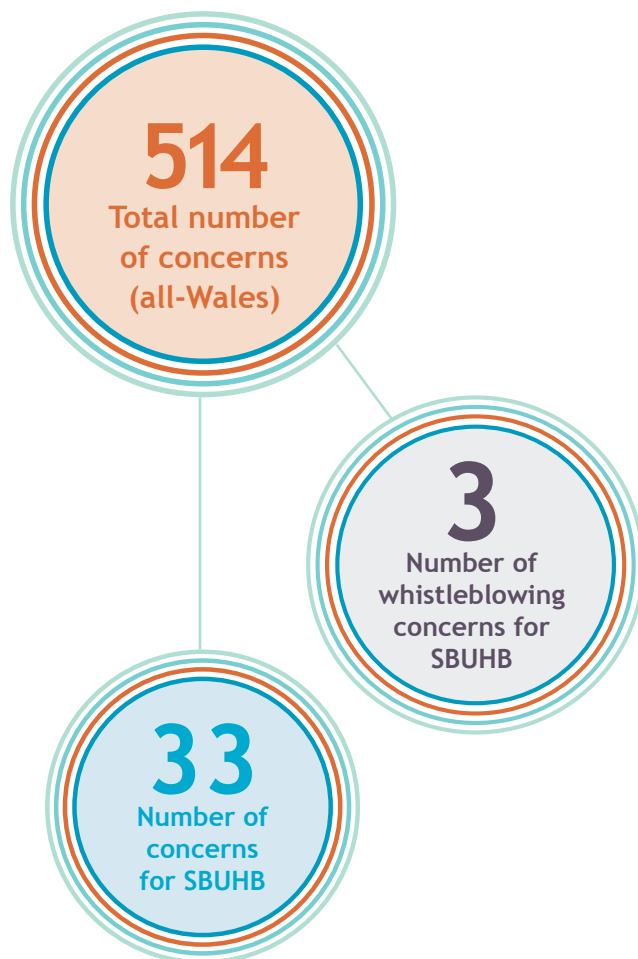
## Swansea Bay University Health Board



Below is a breakdown of quality checks and onsite inspections that took place within the health board

Quality Checks	8
GP	5
Hospital	2
Learning Disability	1

Onsite	4
Learning Disability	1
Mental Health Hospital	1
IRMER	1
HMP	1



Within Swansea Bay University Health Board, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the health board comprised of a mix of Quality Checks and onsite inspections, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit | Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the health board developed over this time is a culmination of all the above sources of evidence.

During this period, we have seen evidence of Swansea Bay University Health Board working hard through difficult times to resolve the issues that have arisen from the pandemic and also in specific service areas where there have been particular challenges.

There have been changes in the executive team over a number of years, however, the health board has made new executive appointments, including a new CEO and Executive Nurse Director. We also note the positive impact of stability in the executive team will require time to achieve and will continue to monitor progress through our work.

As a result of negative findings from a previous HIW inspection to Morriston Hospital Emergency Department in January 2020, we undertook an offsite Quality Check to check on progress and to consider how the department was responding to the ongoing challenges of the pandemic. We found that there had been improvements made but a significant demand for emergency care and lack of capacity elsewhere in the hospital due to the high number of inpatients was continuing to be a challenge. We were concerned to find that the training data being maintained by the department was not up to date so we could not be assured that there was an appropriate number of trained staff covering the area. The health board responded positively to this challenge and was able to assure us of

sufficient numbers of trained staff by providing additional evidence. Whilst this is one specific example, we noted that demand and capacity challenges were present in other areas, these can present immediate challenges and divert the focus away from longer term improvement work. We were pleased to see that the health board was continuing to look for solutions to demand and capacity issues, such as dedicating the Neath Port Talbot site for planned and elective surgical procedures, supporting a better flow of patients at acute sites and to ensure continued attempts to reduce lengthy waiting lists. We recognise this is an ongoing challenge for the health board which will need to support and maintain the resilience of its workforce to meet continued high demand.

We also carried out a review of the governance arrangements in place by the health board in the provision of healthcare services to the prison population in HMP Swansea. **This review** was as a result of previous concerns raised by Her Majesty's Inspectorate of Prisons (HMIP) regarding the prison. The evidence we gathered pointed to gaps in oversight by the health board and processes that were not robust enough to ensure an effective service was being provided. The health board responded constructively and positively to our findings on this and will need to continue working on the recommended actions in order to create and sustain improvement.

The concerns we received the most for Swansea Bay UHB related to:

- **Infrastructure (Staff facilities and the environment)**
- **Safeguarding**
- **Clinical Assessment**

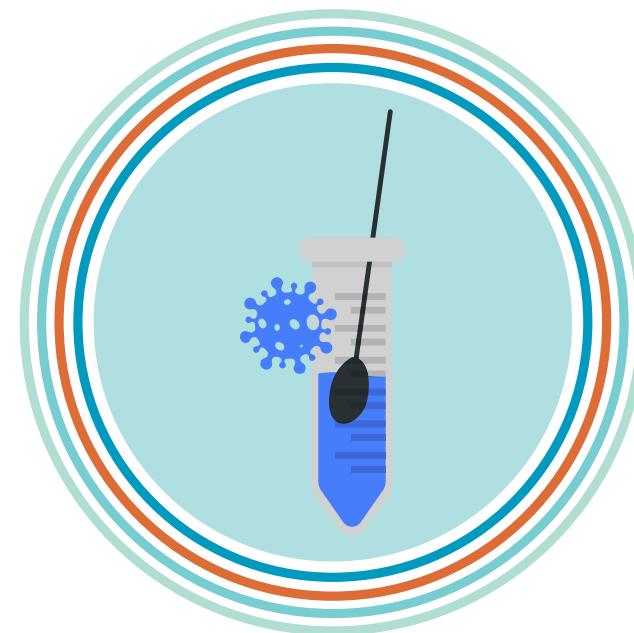
## Public Health Wales

Within Public Health Wales, during the 2021-2022 period, our work to seek assurance on the safety and quality of care within the trust comprised of consideration of the themes and trends arising from concerns, attendance at quality and safety meetings, engagement with the senior executive team, monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit | Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the trust developed over this time is a culmination of all the above sources of evidence.

During this period, we observed Public Health Wales providing an important contribution to the ongoing surveillance of COVID-19 rates and communication of this to the public. Health Improvement programmes demonstrated innovation to delivering services remotely. Valued work was undertaken to support schools and businesses look after the emotional and mental well-being of pupils and staff as the nation came out of the pandemic. The delivery of vital public health screening services provided by the trust continued to be impacted by the COVID-19 pandemic. We saw evidence of services working to overcome these challenges in line with agreed recovery plans. Dedicated

resource has been invested to tackle demand for each service and find solutions to the loss of community facilities which were used to host clinics pre-pandemic.

We recognised improvements with the recovery of services such as bowel and cervical screening and activities operating at pre-pandemic capacities for services such as breast screening and abdominal aortic aneurysm screening. We have noted the trust has an open and constructive culture amongst their staff and senior leaders which is positive as they continue working post-COVID-19. Through our work and engagement with the trust we will continue to monitor these areas which have been a particular challenge and will consider undertaking assurance work to further investigate issues as appropriate.



## Velindre University NHS Trust

Our work to seek assurance on the safety and quality of care within Velindre University NHS Trust during the 2021-2022 period comprised of an offsite Quality Check of the inpatient service and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit](#) | [Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the trust developed over this time is a culmination of all the above sources of evidence.

We saw evidence of Velindre University NHS Trust working very hard to maintain the services they provide through specialist cancer inpatient and outpatient services, and also across Wales through the Welsh Blood Service. COVID-19 remained the biggest risk to service delivery with staff absences, capacity reductions and increasing patient numbers impacting on the trusts ability to reduce waiting times for treatment and services such as radiotherapy. Attempts to undertake HIW assurance work at the trust were hindered by an increase in infections in early 2022. This work will now take place in 2022-2023 and will provide us with a sense of how services are recovering from the pandemic.

We noted the efforts of the Welsh Blood Service to build and sustain blood stocks throughout the pandemic. We noted evidence of the organisation continuing to plan for future service requirements and monitored progress with the Transforming Cancer Service Programme. We have seen transparent and constructive challenge taking place by independent members on all aspects of the trust at committee meetings. Engagement between HIW and the executive team for the trust remains positive and constructive, with a welcome for the scrutiny we are able to provide.





## Welsh Ambulance Services NHS Trust

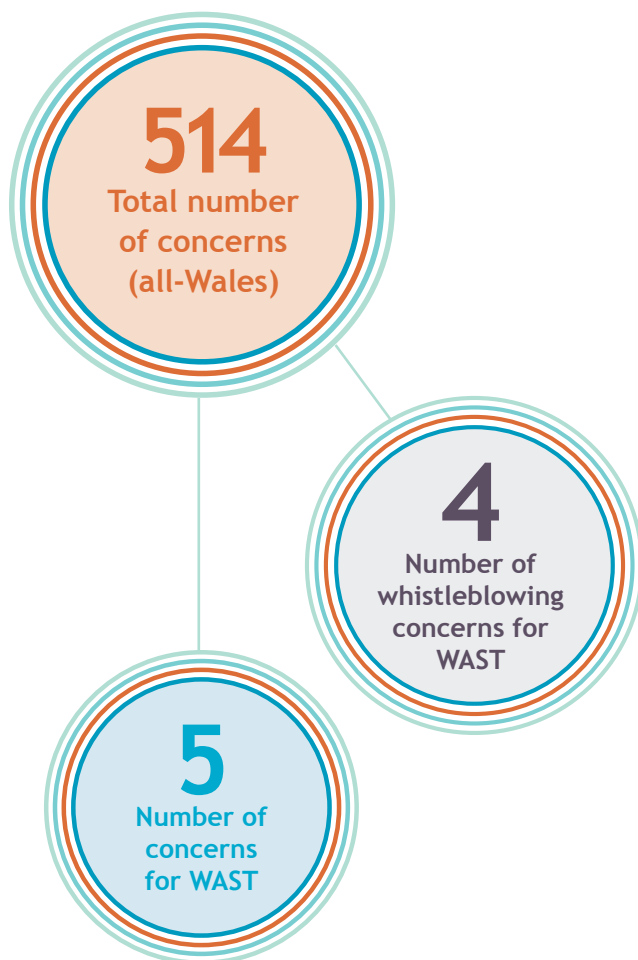


During the 2021-2022 period, our work to seek assurance on the safety and quality of care within the trust comprised of the final part of our local review exploring the impact of patients being delayed on the back of ambulances, consideration of the themes and trends presented by concerns and whistleblowing reports received directly by us, and monitoring of data sets and intelligence shared with us from partner organisations who make up our National Healthcare Summit members [[Healthcare Summit](#) | [Healthcare Inspectorate Wales \(hiw.org.uk\)](#)]. The view of the trust developed over this time is a culmination of all the above sources of evidence.

During this period, we noted the trust working through highly challenging times to provide their services and expertise across all parts of Wales.

Throughout the year the trust has been very open and honest with HIW, responding promptly to requests for information and data. We observed good levels of scrutiny and challenge at quality and safety meetings and have been assured that senior leaders seem to clearly recognise the issues they are facing and are committed to improvement. However, we also noted ongoing issues in service delivery despite this commitment to improvement.

Staffing has been a particular and significant challenge for the trust as it continues to see COVID-19 related absences impacting their workforce. Military personnel were brought in to support on community response vehicles and whilst this may have provided a temporary solution, once this resource is no longer available, the trust will need to continue to find solutions to their workforce challenge. We realise that this will not be simple to resolve and we will continue to monitor the trust's approach to service design and workforce planning through our work.



Our local review of patient experience whilst waiting in the back of ambulances found a number of examples where delays in handover had impacted extremely negatively on patients, but also on the ambulance staff providing their care. Staff told us that they were frustrated to find themselves waiting for long periods of time, sometimes entire shifts, waiting outside a hospital to transfer a patient and felt demoralised at not being able to provide care to patients in need of their help within the community. Whilst patients reported being cared for well by the ambulance staff who looked after them, they did not report positively about the length of time spent in the ambulance environment.

We made several recommendations through our review which we recognised were a substantial challenge to the trust and wider NHS system, however, to improve patient safety and tackle the impact on staff well-being, these recommendations must be acted on. The challenge for the trust will be the need to collaborate with health boards across Wales, all of whom have their own unique features and challenges. Supporting the well-being of ambulance staff who provide direct patient care and have direct contact with patients as call handlers will need to be of the utmost priority to the trust as it continues working on the recommendations and through this challenging time.



# To be more visible



## Collaboration and Engagement

Collaboration and joint working with other organisations are an integral part of the way in which we work. This year we continued to build on the strong relationships we have in place with our partners, once again acknowledging the additional insight this provided and the positive impact on our work that this gave us.

### Collaboration

We continued to work with partners to explore how we can share data and intelligence. This included hosting two Healthcare Summits, in May and November 2021.

The summits were attended by the key regulatory and improvement bodies for healthcare in Wales. We agreed a collective view on the key national issues and risks across Wales, for example access to Child and Adolescent Mental Health Services (CAMHS). We shared these concerns, on behalf of all partners, with the NHS Wales Chief Executive. The purpose of this was to help us better understand what improvement action is underway at a national level. This forum continued to be a rich and valuable source of information and route for information sharing. We also started working with partners to develop a new mechanism, for members of the Healthcare Summit to share emerging serious patient safety risks and concerns across the sector. The work to develop this new mechanism will continue into 2022-2023.

During the year we continued to work closely with our partner, Care Inspectorate Wales (CIW).

In March 2022 we jointly published our report into the use of **Deprivation of Liberty Safeguards (DoLS) in Wales**. The safeguards apply to people over the age of 18 in hospitals or care homes, who cannot consent to treatment or care. We worked alongside CIW again, plus Her Majesty's Inspectorates of Probation (HMIP) and of Constabulary and Fire Services (HMICFRS), as well as Estyn, the education and training inspectorate for Wales to review **the child protection arrangements in place in the Neath Port Talbot area**.

We also work closely with Audit Wales, and in May 2021 we published a report providing detail on the progress made by Cwm Taf Morgannwg University Health Board in addressing the recommendations from our 2019 joint review into their governance arrangements. HIW's clinical team has been actively working in collaboration with training providers and professional organisations to support training delivered by the General Medical Council and to pre-registration nursing students. This supports greater awareness and understanding of the role of HIW in Wales. The clinical team has also been sharing good practice we have identified through our inspection work by signposting health board teams to the services they can approach to learn from.

## Engagement



**Speaking and listening to people who use healthcare services and who work within healthcare services is of the highest priority to us.** By doing this, we can better understand what matters to people and can gain a greater understanding of the culture within a service and insight into the experience patients receive.

During our inspection and review work we ask patients to tell us about the care they receive by completing a short survey, and when we are able to speak to patients in person during onsite visits, we gather views directly. This year, for example, we used a short engaging video on social media to help explain our **National Review of Patient Flow** and to encourage people to tell us about their personal experience, or the experience of their loved ones if they have been treated for a stroke. In January 2022, we launched a refreshed area on our website, keeping all our **surveys** in one place and making it easier for people to find out what active work we have ongoing, and provide their comments. Work on our 2022-2025 strategy was a key focus during the year and as part of this we undertook two large scale online surveys open to stakeholders and the public. We used these surveys to help shape our future direction through the increased understanding the responses gave us about the impact of our work on people and services.

In February 2022, we increased our social media presence and launched on LinkedIn. We recognised this as an important additional avenue for engagement with healthcare professionals. We have continued to use Twitter and Facebook to engage widely with social

media users about our work, encouraging people to click through to our website where they can find out more about our work and role in Wales. Across our digital platforms we have seen an increase in engagement with a higher number of impressions and a wider reach of our content.

We also developed a new methodology for onsite inspections of Mental Health Units. One important change in this area is the implementation of a process to use questionnaires for patients, staff, friends, and family members. This will increase our engagement with people who use mental health services and those who work within them.

In response to previous feedback from the public that our reports can be hard to understand, we concluded a project to implement a new reporting style for onsite inspections. This new approach was implemented in April 2022 and involves publishing a public summary and a full detailed report for the setting. We also reviewed how we report to remove unnecessary duplication and make the reports easier to read. The outcome of this will be reports that are easier to understand and engage with.

# To develop our people and our organisation to do the best job possible

## Internal Update

Although the last year has been one of significant change, we have continued to invest in the development of HIW and its people in order to ensure we monitor and check that people in Wales are receiving good quality healthcare. We introduced many new ways of working to continue to fulfil our organisational functions, whilst being flexible to any emerging risks. People are at the heart of what we do, and it is important we strive to share lessons learnt, reflect on what has worked well and take forward this learning to continuously improve.

We listened to and supported the well-being of our people to enable them and our organisation to do the best possible job and keep our communities safe and well. Our Corporate Service department developed a bespoke Learning and Development programme for our staff, tailoring unique opportunities to enable our workforce to build on vital skills. Following the launch and implementation of our internal Well-being Strategy our staff survey scores have shown clear signs of improvement across our key themes including inclusion, leadership and change.

We have also recruited to several new roles including Mental Health Act and peer reviewers to strengthen our access to clinical expertise alongside developing a professional pathway for all our HIW inspectors. Over the past 12 months we have recruited a number of peer reviewers with experience in specialised nursing roles including stroke and child and adolescent mental health.

We implemented a new Customer Relationship Management system in March 2022. The new system replaced many of our existing spreadsheets and documentation. The system has been successfully rolled out and allows

our staff to use data and information more effectively and efficiently to strengthen our ability to generate intelligence and insight. We have continued to work with partners to explore how we can share data and intelligence. This includes early collaborative work to develop a new process for healthcare organisations and partners in Wales to share serious patient safety risks and concerns across the sector. We have held regular staff forums to discuss lessons learnt, areas of improvement and empower our workforce to have their say. The forum and anonymous staff suggestion box are monitored and fed back to senior leadership, where ideas, concerns and proposals are reviewed and actioned.



# Commitment Matrix

The following table is a list of the objectives HIW set itself for 2021-2022, together with details of how we met the objective.

What we said	Measured by	Outcome
Regulating independent healthcare		
Deliverable 1		
<p>Process applications to register, or changes to registration, in a timely manner.</p> <p>Ensure all applicants can demonstrate they meet relevant regulation and minimum standards.</p>	<p>Registration applications determined within 12 weeks of full and complete submission.</p>	<p>The following registration work was completed during 2021-2022</p> <p><b>Independent Healthcare Services</b></p> <ul style="list-style-type: none"> <li>• 44 New Registrations</li> <li>• 28 Changes of Registered Managers</li> <li>• 12 Changes of Responsible Individuals</li> <li>• 22 Variations of HIW Registration Conditions</li> </ul> <p><b>Private Dental Practices</b></p> <ul style="list-style-type: none"> <li>• 14 New Registrations</li> <li>• 37 Changes of Registered Managers</li> <li>• 12 Changes of Responsible Individuals</li> <li>• 1 Variation of HIW Registration Conditions</li> </ul>

What we said	Measured by	Outcome
Regulating independent healthcare		
Deliverable 2		
Conduct a programme of visits to suspected unregistered providers as required.	Number of visits undertaken.	We carried out three visits to unregistered providers.
Deliver a programme of assurance and inspection work on independent settings in line with our frequency rules.	Number of Quality Checks undertaken.	We carried out 91 Quality Checks of independent services.
Continue to plan and deliver the rest of our work programme in areas where we believe there is the highest level of risk to patient safety.	Number of reports published four weeks following Quality Check.	We carried out 34 onsite inspections of independent services.
	Number of full inspections undertaken.	We published 91 Quality Checks during 2021-2022. 75 of these were published within four weeks.
	Number of reports published three months following an inspection.	We published 34 onsite inspections reports during 2021-2022. 28 of these were published within three months following the inspection.
	Where urgent action is required, following assurance working the independent sector, the service will be issued with a Non-Compliance Notice within two days.	We issued 16 Non-Compliance Notices.



What we said	Measured by	Outcome
Regulating independent healthcare		
Deliverable 3		
Ensure that concerns and Regulation 30/31 notifications are dealt with in a timely and professional manner.	<p>Number of concerns received.</p> <p>Number of Regulation 30/31 notifications received.</p> <p>Analysis of source and action taken.</p>	<p>During 2021-2022 we received 144 concerns from the public or staff. We also received 16 concerns in relation to unregistered providers or settings that do not require registration with HIW.</p> <p>All concerns are reviewed and evaluated on a weekly basis and inform decisions about our inspection activities and priorities.</p> <p>Independent healthcare providers are required to inform us of significant events and developments in their service. These Regulation 30/31 notifications continue to be managed in line with our process and dealt with effectively.</p> <p>In total we received 1,484 Regulation 30/31 notifications. A breakdown of the notifications are as follows:</p> <ul style="list-style-type: none"> <li>• Death in Hospice - 604</li> <li>• Death excluding Hospice -28</li> <li>• Unauthorised absence - 90</li> <li>• Serious injuries - 483</li> <li>• Allegation of staff misconduct - 156</li> <li>• Outbreak of Infectious Disease - 100</li> <li>• Deprivation of Liberty Safeguards (DoLs) - 23</li> </ul>

What we said	Measured by	Outcome
Regulating independent healthcare		
Deliverable 3		
		<p>In total we received 156 Regulation 25 (The Private Dentistry (Wales) Regulations 2017) notifications during 2021-2022.</p> <p>They are as follows:</p> <ul style="list-style-type: none"> <li>• Serious injuries - 8</li> <li>• Outbreak of an Infectious Disease - 147</li> <li>• Allegation of staff misconduct - 1</li> <li>• Death of a patient - 0</li> </ul> <p>All notifications were evaluated, and additional assurances were sought where necessary.</p>

What we said	Measured by	Outcome
Inspecting the NHS		
Deliverable 4		
<p>Deliver a programme of assurance and inspection work in the NHS across all settings informed by analysis of risk and how our resources are best deployed.</p> <p>Continue to plan and deliver the rest of our work programme in areas where we believe there is the highest level of risk to patient safety.</p>	<p>Number of Quality Checks undertaken.</p> <p>Number of reports published five weeks following Quality Check.</p> <p>Number of full inspections undertaken. Number of reports published three months following an inspection.</p> <p>Where immediate assurance is required following an NHS assurance process, letters will be issued to the Chief Executive of the organisation within two days.</p>	<p>We carried out the following Quality Checks and inspections:</p> <p><b>Quality Checks</b></p> <p>25 GP 10 NHS Hospital 5 NHS Mental Health Hospitals 8 Learning Disability 1 Step Down Community Hospital</p> <p><b>Onsite Inspections</b></p> <p>8 NHS Hospitals 7 NHS Mental Health Hospitals 5 Learning Disability 6 IR(ME)R</p> <p>We published 49 Quality Checks during 2021-2022. 26 of these were published within four weeks.</p> <p>We published 23 onsite inspection reports during 2021-2022. 17 of these were published within three months following the inspection.</p> <p>We issued 12 out of 14 Immediate Assurance letters within two days of inspection/Quality Check.</p>

What we said	Measured by	Outcome
Inspecting the NHS		
Deliverable 5		
<p>Continue our programme of reviews including:</p> <ul style="list-style-type: none"> <li>• Mental health crisis prevention in the community.</li> <li>• Medicines management review.</li> <li>• Focused local reviews; one of these will be a local review of WAST. That will consider the safety, dignity, well-being and overall experience of patients whilst waiting in ambulances at hospital emergency departments.</li> <li>• COVID-19: Themes and learning from our work.</li> </ul> <p>Undertake follow-up work on previously published local or national reviews, including:</p> <ul style="list-style-type: none"> <li>• Phase one of our National Review of Maternity Services.</li> <li>• Review of Patient Discharge from hospital to GP Practices.</li> <li>• Review of Integrated Care: Focus on Falls.</li> <li>• Substance Misuse Services in Wales.</li> <li>• WAST - Assessment of Patient Management Arrangements within Emergency Medical Service Clinical Contact Centers.</li> <li>• PHW - Assessment of how the breast screening process is managed in a timely manner for women who have an abnormal screening mammogram.</li> </ul>	<p>Analysis, production and publication of the review.</p> <p>Publication of terms of reference for these reviews.</p> <p>Commence programme of follow up work.</p>	<p>During the year we published:</p> <ul style="list-style-type: none"> <li>• COVID-19 National Review</li> <li>• National Review of Mental Health Crisis Prevention in the Community</li> <li>• Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</li> </ul> <p>We also completed our local review of Governance Arrangements at Swansea Bay University Health Board for the Provision of Healthcare services to Her Majesty's Prison Swansea.</p> <p>We started work on our National Review of Patient Flow (Stroke Pathway) and Local Review of Discharge Arrangements for Adult Patients from Inpatient Mental Health Services in Cwm Taf Morgannwg University Health Board.</p>

What we said	Measured by	Outcome
Inspecting the NHS		
Deliverable 6		
<p>Conduct a high-level review of each NHS body through:</p> <ul style="list-style-type: none"> <li>• Further development of the Relationship Management function.</li> <li>• Producing an annual statement for each health board and NHS trust.</li> </ul>	Publication of health board and NHS trust annual statements.	As part of our 2021-2022 annual report, we have undertaken a high level review of each NHS health board and trust. We have produced a statement for each health board and trust, and these can be found in the ' <i>To take action when standards are not met</i> ' section of this report.

What we said	Measured by	Outcome
Our work in mental health		
Deliverable 7		
<p>Undertake a programme of assurance and inspection work on NHS, independent mental health and learning disability settings.</p> <p>Continue to plan and deliver the rest of our work programme in areas where we believe there is the highest level of risk to patient safety.</p> <p>Undertake a minimum of one piece of Learning Disability assurance work in each Health Board area in this inspection year.</p>	Number of assurance and inspection activities undertaken.	<p>During 2021-2022, we undertook the following assurance and inspection work across NHS, independent mental health and learning disability settings:</p> <p><b>Quality Checks</b></p> <ul style="list-style-type: none"> <li>• 5 NHS Mental Health Hospitals</li> <li>• 8 Learning Disability</li> </ul> <p><b>Inspections</b></p> <ul style="list-style-type: none"> <li>• 14 Independent Mental Health Hospitals</li> <li>• 7 NHS Mental Health Hospitals</li> <li>• 5 Learning Disability</li> </ul>

What we said	Measured by	Outcome
Our work in mental health		
Deliverable 8		
Provide a Second Opinion Appointed Doctor service for approximately 1000 SOAD requests.	Publication of Key Performance Indicators.	<p>The SOAD services undertook 759 case reviews. These were:</p> <ul style="list-style-type: none"> <li>• 657 - Medication</li> <li>• 66 - ECT</li> <li>• 36 - Medication and ECT</li> </ul>

What we said	Measured by	Outcome
Sharing what we find		
Deliverable 9		
Publish reports from all our assurance activity in accordance with our performance standards.	Publication of reports according to our Publication Schedule.	We published 140 Quality Checks during 2021-2022. 101 of these were published within four weeks.
	Publication of HIW performance against targets.	We published 57 inspection reports during 2021-2022. 45 of these were published within three months following the inspection.
	Publication of Annual Report for 2020-2021.	



What we said	Measured by	Outcome
Sharing what we find		
Deliverable 10		
<p>To actively share our findings and recommendations with stakeholders, service providers and the public to influence and drive improvements in healthcare. In particular in relation to:</p> <ul style="list-style-type: none"> <li>• Hospital Assurance activity</li> <li>• GP Practices</li> <li>• Dental Practices</li> <li>• Mental Health Act Annual Monitoring Report</li> <li>• Deprivation of Liberty Safeguards (DOLS)</li> <li>• IR(ME)R</li> <li>• Lasers</li> <li>• HIW Annual Report</li> </ul>	<p>Publication and dissemination of our findings in a number of ways including:</p> <p>Learning bulletins distributed.</p> <p>Case studies of good practice distributed.</p> <p>Improved website content.</p>	<p>We held regular workshops with Community Health Councils and quarterly summits key stakeholders for the NHS and independent healthcare sector.</p> <p>We issued 19 newsletters throughout the year ranging from updates and guidance to dental practices, winter update to stakeholders, and monthly newsletters.</p> <p>We have supported improvements to our website in 2021-2022 including:</p> <ul style="list-style-type: none"> <li>• created a new surveys section on our website.</li> <li>• created a new social media feature on our website.</li> <li>• Made regular improvements to the functionality of the website to provide a better user experience including engaging features, streamlined navigation tools and the use of branded imagery.</li> </ul>

What we said	Measured by	Outcome
<b>Working with others</b>		
<b>Deliverable 11</b>		
Continue our joint inspection work with UK agencies. Details to be agreed on a quarterly basis.	Number of inspections undertaken.	<p>We carried out 15 death in custody investigations.</p> <p>We undertook two prison inspections with HMI Prisons and HMI Probation.</p>

What we said	Measured by	Outcome
<b>Working with others</b>		
<b>Deliverable 12</b>		
<p>Continue working with other agencies on inspections and influencing best practice.</p> <p>Our five planned reviews with other Inspection Wales and Her Majesty's Inspectorate services are:</p> <ul style="list-style-type: none"> <li>Review of Health Board and Trust Quality Governance arrangements (Governance reviews with Audit Wales).</li> </ul>	Participation in joint work. Consolidation of the key findings and emerging themes from our joint work, and consider how these can inform our future work programmes.	<p>CIW had involvement in design of work through our stakeholder group for our Mental Health Crisis review.</p> <p>We continued to work with Audit Wales to review Health Board and Trust Quality Governance arrangements.</p> <p>We undertook a JICPA second pilot review with all relevant agencies of child protection arrangements.</p>

What we said	Measured by	Outcome
<b>Working with others</b>		
<b>Deliverable 12</b>		
<ul style="list-style-type: none"> <li>• CIW providing support to our Mental Health Crisis Prevention review.</li> <li>• Joint Inspectorate of Child Protection Arrangements (JICPA) review (with CIW, Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services, Her Majesty's Inspectorate of Probation (HMI Probation) and Estyn).</li> <li>• Supporting HMI Probation with their joint thematic inspection of community-based drug treatment and recovery work with probation service users (for intelligence to support our Mental Health Crisis Prevention review).</li> <li>• Supporting HMI Prisons with their inspections of prison services in Wales.</li> <li>• Work with the Welsh Government, Care Inspectorate Wales and other stakeholders to review the effectiveness of Regional Partnership Board joint working.</li> </ul>		<p>HIW, CIW and Estyn submitted a joint business case to Welsh Government to secure additional funding to continue our JICPA work, to enable us to review processes within a further four local authorities across Wales. Within the plan, we would conclude the work undertaken in six local authorities and will evaluate all JICPA reviews undertaken to produce a national picture within a report, which would be published in summer 2024 once all work is complete. A provisional agreement is now in place for the funding early in quarter one of 2022-2023.</p> <p>HIW continued to work closely with CIW and Welsh Government to undertake work with and assess the effectiveness of the regional partnership boards. Our newly appointed Director of Strategy and Engagement will be leading this work through work with the partnership boards and providing regular updates to our review steering board.</p>

## Our priorities for 2022-2025

Healthcare exists for people and communities, and the work we carry out looks at whether it meets the needs of a community and whether it is of a good quality. Where we find inequalities in healthcare provision, where a service is not designed for the needs of the community it serves, we will challenge this.

Equality and diversity is embedded in the work we do and we consider how healthcare services reach those who face the greatest barriers to accessing quality healthcare.

Our responsibilities in relation to mental health span both the NHS and the independent sector. HIW also works with other review and inspectorate bodies to consider the quality of healthcare delivered in non-healthcare settings such as prisons.

As we head into the next three years we will be working to our new **strategy**.

Our goal is:

**To be a trusted voice which influences and drives improvement in healthcare.**



These priorities will help us to consider whether healthcare meets the needs of a community and whether it is of a good quality. Equality and diversity will be core to the work we do and our strategy supports us to consider how healthcare services reach those who face the greatest barriers to access, and poorest outcomes in health.

## Our Resources



For 2021-2022 we had a budget of approximately £4.3m. Although the pandemic impacted our ability to deliver a full programme of onsite activity, we continued to make use of our new method for gaining assurance offsite, known as a Quality Check, where appropriate. We strengthened this approach during 2021-2022 following an evaluation of its effectiveness and suitability for its use beyond the pandemic. However, we continued to respond to emerging in-year intelligence which gave us immediate cause for concern or where the risk to patient safety was such that onsite activity was the most appropriate method for gaining assurance.

We have posts equivalent to approximately 83 full-time equivalent staff. We currently have a panel of over 200 specialist peer reviewers with backgrounds including specialist and general nurses, GPs, dentists, anaesthetists, and GP practice managers. We also have specialists in Mental Health Act Administration and a panel of psychiatrists who provide our Second Opinion Appointed Doctor (SOAD) service. We have over 30 Patient Experience Reviewers and Experts by Experience.

The table shows the number of full or part time posts in each team within HIW during 2021-2022.

Team	Whole time posts
Senior Executive	3
Inspection, Regulation and Concerns	39
Partnerships, Intelligence, and Methodology	14
Strategy, Policy and Communication	5
Clinical advice (including SOAD service)	4
Corporate Services (including business support)	18
Total	83

## Finance

The table shows how we used the financial resources available to us in the last financial year to deliver our 2021-2022 Operational Plan.

	£000's
HIW Total Budget	£4,376,000

Expenditure	£000's
Staff costs	3,882,624
Travel and Subsistence	13,150
Learning & Development	18,883
Non staff costs	45,944
Translation	59,939
Reviewer costs	414,358
ICT Change Program costs	333,816
ICT Non CRM costs	15,102
Depreciation of assets	13,866
Total expenditure (a) £	4,797,682

Income	£000's
Independent healthcare	311,790
Private dental registrations	241,900
Total income (b) £	553,690
Total Net Expenditure (a-b) £	4,243,992



## Contact us

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Find us on:



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# HIW Annual Findings

*2021-2022*

Welsh Ambulance Services NHS Trust

Gerallt Jones

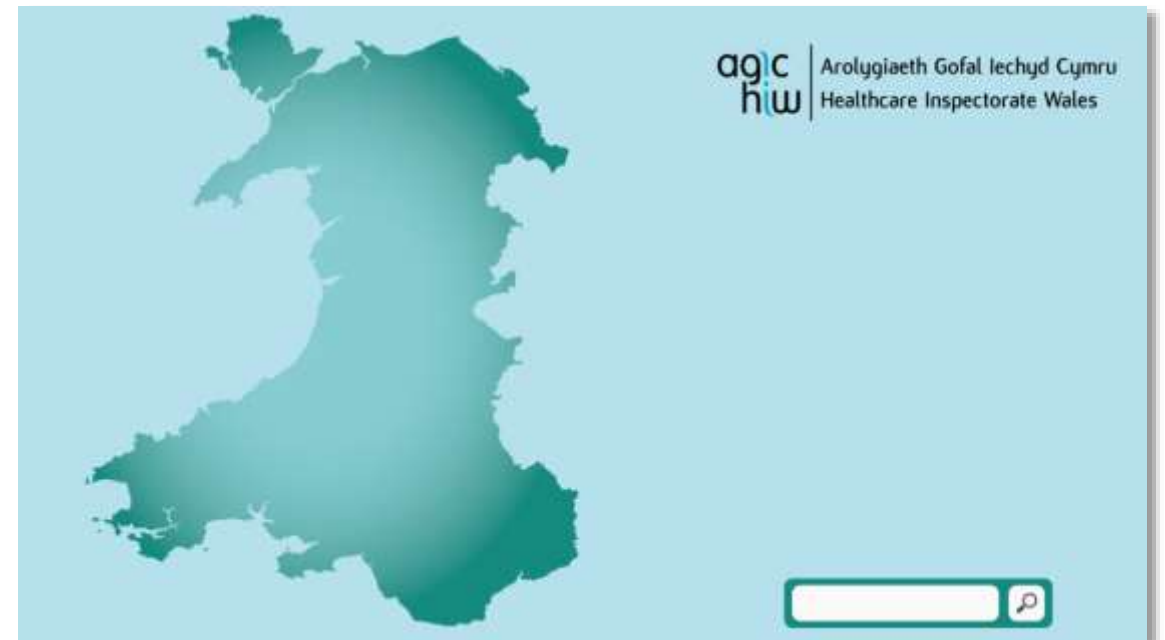
Senior Healthcare Inspector



# Agenda

Each year HIW publishes an annual report setting out our **key findings** from the regulation, inspection and review of healthcare services in Wales. It also reports on how we carried out our functions and the number of inspections undertaken in each type of healthcare setting.

- Introduction
- Our Adapted Approach
- All Wales Summary
- Our Work
- Key Themes / Findings
- Future Priorities



# About Us

## Who we are

HIW is the regulator of independent healthcare and the inspectorate of NHS healthcare in Wales. Our purpose is to check that healthcare services are provided in a way which maximises the health and wellbeing of people.

## What we do

We look at the **quality, safety and effectiveness** of the services being provided to people and communities, drawing attention to **good practice** where we find it and calling out practice that could cause harm to those who are receiving it.

## We aim to

- Provide assurance
- Promote improvement
- Influence policy and standards



# Our Adapted Approach

For HIW, as for all services, it was a year of **significant change**, where we adapted to ensure that we continued to check that people in Wales were receiving **good quality healthcare**.

We introduced new ways of working to ensure we discharge our statutory functions, whilst being as **flexible and adaptable** as possible to ensure we did not add undue burden to a system under significant pressure.

We continued with a full range of assurance and inspection activities, building on our **enhanced ways of working**, to both **take action** where standards are not met but to also support a broader recovery of health and care services.



# Our Adapted Approach

To be **agile and responsive**, our strategic priorities underpinned our work, allowing us to keep our activity **under regular review** to target our resources most effectively.

## How we did this:

- Continued to discharge our statutory function
- Introduction of flexible, adaptable approach
- Reducing burden to a system under significant pressure
- Considering safety of our own staff
- Rapid development of approaches to look at short and long term changes in healthcare provision.



# HIW in Numbers - All Wales

In 2021 - 2022 HIW completed:

- 60 Onsite Inspection
- 139 Quality Checks
- 7 IR(ME)R Inspections
- Dealt with 514 concerns, 241 of these were classified as medium to high risk
- Handled over 1440 calls through our first point of contact service

Our onsite inspections and quality checks covered a variety of different types of hospital wards including emergency departments, maternity, oncology, cardiac, paediatric units, step down facilities and one minor injury unit.



# All Wales Summary



COVID-19 continued to impact the way in which we inspected and sought assurance of NHS hospitals throughout 2021-2022. We resumed all our routine NHS onsite inspections following the move to alert level 0 in Wales.

We provided 24 hours' notice for inspections to 'green pathway' wards and areas, to enable arrangements for our team to be present as safely as possible in an area where the flow of patients is planned. We continued to conduct unannounced inspections of clinical areas within unscheduled care areas.



# Key Themes - Secondary Care

During our assurance and inspection work we uncovered key themes within NHS secondary care settings...

- There was **significant and sustained pressure** on emergency care providers, due to the volume of patients which impacted patient care.
- A clear difference between scheduled and unscheduled care, with more areas **requiring improvement** within unscheduled care.
- Staff questionnaires indicated low morale, however this did not seem to impact on the experience patients who said staff were **kind and compassionate**.
- Lack of **compliance** in mandatory training for staff.
- Medicines management continues to be a concern for HIW



# Key Themes - General Practice

We continued to use quality checks to seek assurance on the quality of care being provided by GP practices during 2021-2022.

During this period, we undertook **25** checks of GP practices across of health boards in Wales.

## Findings

- Evidence of practices of **sharing of ideas** and **good practice**
- Change implemented to ensure environments were safe and could be easily cleaned in response to the **challenges of COVID-19**
- Evidence of a lack of cleaning policies and full cleaning schedules
- Lack of completed/up-to-date policies and risk assessments



# Key Themes - Dental Practices

Due to COVID-19 risk levels, we conducted most of our dental practice assurance work remotely, and undertook **nine onsite inspections** where the level of risk to patient safety could not be explored remotely.

## Positive Findings

- Efforts made to accommodate patients with additional needs
- Good consideration of bilingual requirements
- Effective COVID-19 procedures in place to reduce the risk.

## Improvements

- Recording and ensuring staff had completed mandatory training
- Lack of up-to-date risk assessments and Infection Prevention and Control policies
- Not undertaking regular audits to review the quality of care and treatment.

76

Pieces of  
Assurance  
Work



We have seen a strong focus on maintaining the services provided

# Overview

## Welsh Ambulance Services NHS Trust

Our work to seek assurance on the **safety and quality** of the care within the trust comprised of the final part of our local review, exploring impact of patients being delayed on the back of ambulances.

We gave consideration to themes and trends presented by **concerns and whistleblowing** reports, and we also monitored data sets and intelligence shared with us.

During this period, we have seen evidence of the trust working very hard to **maintain the services** they provide with a clear understanding that there are significant pressures and issues within the entire healthcare system which is out of your control.



# Our Work

## Welsh Ambulance Services NHS Trust

The trust has been very **open and honest** with HIW, responding promptly to requests for information and data. We observed **good levels of scrutiny and challenge** at quality and safety meetings and have been assured that senior leaders recognise the issues and are committed to improvement.

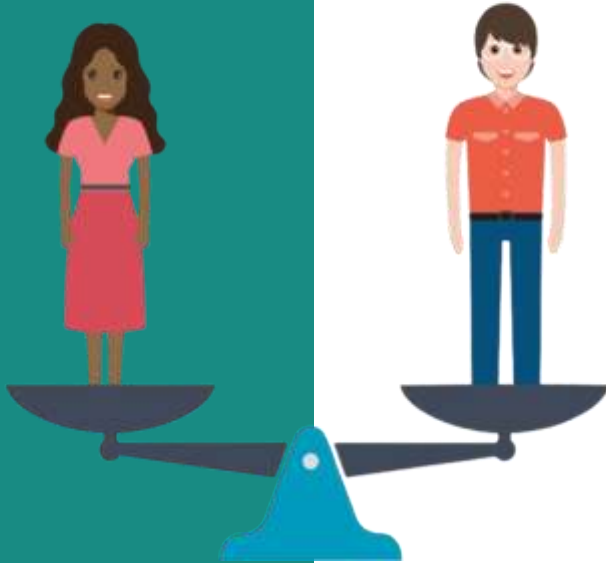
Staffing has been a particular and significant challenge for the trust as it continues to see COVID-19 related absences impacting their workforce.

We understand this will not be simple to resolve and will monitor the trusts approach through our work.



# Key Themes

## Welsh Ambulance Services NHS Trust



Our local review of patient experience whilst waiting in the back of ambulances found:

The delays in handover had impacted negatively on patients and also ambulance staff.

Staff told us that they were frustrated waiting for long periods of time and felt **demoralised**. We made recommendations through our review which we recognised were a **substantial challenge** to the trust and wider NHS system, however, to **improve patient safety** and tackle the impact on staff well-being, these recommendations must be acted on.

Engagement between HIW and the executive team for the trust remains **positive and constructive**, with a welcome for the scrutiny.

# Future Priorities

This year includes a focus on **driving** and **strengthening engagement**, **improving**, and **modernising** our ways of working and **understanding** our communities better in relation to equality, diversity and inclusion.

- Focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- Adapt our approach to ensure we are responsive to emerging risks to patient safety.
- Work collaboratively to drive system and service improvement within healthcare.
- Support and develop our workforce to enable them, and the organisation, to deliver our priorities.





Thank you...



Any Questions?



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Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

## CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	24 November 2022
Committee Meeting Date	10 October 2022
Chair	Ceri Jackson

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. No areas of alert for the Trust Board.

#### ADVISE

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

2. Patrick Boggan of Tarnside has been engaged to provide recommendations for the **charity's strategic direction**. Patrick will also look at options for the charity in respect of support for staff during the current cost of living crisis. Patrick has started reviewing documents and engaging with stakeholders. The Committee will receive an update at their 21 November meeting.
3. Nicola Llewellyn, Head of the **Hywel Dda University Health Board Charity** attended the meeting and shared lessons learned by Hywel Dda in growing their charity over the last 9 years. A focus on staff engagement, accessibility of funding for staff, streamlining funds, automated processes, and conflicts of interests were key to bear in mind for us as we embark on our own journey with the WAST charity.
4. An amount of £15K was approved to fund the next round of **Bursaries**.
5. The terms of reference and work programme for the **Charitable Funds Task and Finish Group** were approved by the Committee, noting that much of the work will be done in parallel with the development of the Charity's strategy.
6. The Committee's **cycle of business** for 2022/23 was approved. The Committee will continue to support the sub-committees of the Bids Panel and Bursary Panel as the longer-term strategy and governance of the Charity is established.
7. Applications for a number of **grants made available by NHS Charities Together** have now been made as foreshadowed in the Committee's last highlight report to the Board. One such application is geared towards supporting a recruitment programme for Community First Responders. The Committee will continue to be updated as these applications are determined, which is likely to be Q4 2022/23 and beyond.



## ASSURE

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

8. **Fund balances** at 30 September 2022 are £494K.
9. The **investment fund** has rallied slightly in Q2 2022/23, with a market value of £248K, however this represents a £15K drop in value since 1 April 2022 and closer (weekly) scrutiny of the volatile markets continues. The investment policy provides we must not hold more than 50% of total cash funds in long-term investments, therefore a small number of units may need to be sold to be in line with this policy, particularly as we spend more money on charitable grants.
10. The **Bids Panel** approved a number of bids at three meetings they held since the last Committee meeting, and this generated a good deal of discussion at the meeting. Those approved included commemorative coins £12,521; TV for Hawthorn Station £500; branded vacuum flasks £16,500; HART welfare garden £5,000; WAST Zen room standardisation £7,500; Christmas Dinners/Hampers for staff working 25<sup>th</sup> December £17,000; Women's Rugby Kit £1300; outside furniture £1200; celebration of Robin Parry Jones' life £250; and TV and plants in Llangunnor - £500.
11. The **Bursary Panel** approved nine applications to a value of £13,400.50, four of which were for the MSc Palliative Care programme.
12. The **Committee's priorities** set for 2022/23 are on track and making good progress.

## RISKS

**Risks Discussed:** No specific risks were discussed however the Committee noted that a review of risks specific to the charity forms part of the work programme for the task and finish group.

**New Risks Identified:** None identified

### COMMITTEE AGENDA FOR MEETING

Bids Panel story	Strategic review update	HDUHB Charity presentation
Finance Update to 30 September	Charitable Funds Task and Finish Group Update	Charitable Funds Committee cycle of business
Bids Panel highlight report	Bursary Panel highlight report	Committee priorities update



GIG  
CYMRU  
NHS  
WALES

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NHS Trust

COMMITTEE ATTENDANCE					
Name	5 May 2022	6 July 2022	10 Oct 2022	21 Nov 2022	9 Jan 2023
Ceri Jackson					
Bethan Evans					
Prof Kevin Davies					
Hannah Rowan					
Chris Turley					
Lee Brooks		Mark Harris	Jon Edwards		
Catherine Goodwin		Sarah Davies			
Angela Lewis					
Estelle Hitchon					
Andy Swinburn					
Trish Mills					
Hugh Parry					
Damon Turner					
Marcus Viggers					
Julie Boalch					
Andrew Challenger					
Jo Kelso					

	Attended
	Deputy attended
	Apologies received
	No longer member/not member



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Welsh Ambulance Services  
NHS Trust

## ACADEMIC PARTNERSHIP COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	24 November 2022
Committee Meeting Date	25 October 2022
Chair	Professor Kevin Davies

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. No alerts raised from this meeting.

#### ADVISE

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

2. The Committee approved its **cycle of business** and agreed that, at present, there are no sub-committees that report into the Committee. The cycle is a maturing document that will grow organically over the next 12 months. It reflects the maturing University Trust Status (UTS) journey and the fact that this is a newly established committee that approaches its remit with a mixture of *scrutiny* (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), *partnering* (ensuring the right partners are on the Committee, that appropriate arrangements are in place with partners), *connecting* (existing and new partners to research/programmes of work in WAST), and *inquisitorial* (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote).
3. The Committee received an update on the **UTS application** and held a discussion in closed session on the impact on Board level governance.
4. A **mapping of engagement interfaces** to illustrate where and how the organisation connects with its academic and industry stakeholders was presented. Discussions were earmarked for the effectiveness reviews to consider where and in what form the Board receives assurance on research and innovation frameworks.
5. This was the last meeting of the Chair, **Prof Kevin Davies** and the first for **Angie Lewis**, Director of Workforce and Organisational Development. Estelle Hitchon, Director of Partnerships and Engagement thanked Prof Davies on behalf of the Committee for the momentum and drive he has given to the work of the Committee.

#### ASSURE

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

6. As part of the Trust's continued efforts to formally secure UTS a **mid-term progress update against UTS priorities** was presented to a panel of Welsh Government and other colleagues in October.



The presentation and outcomes were well received by Welsh Government with positive feedback in terms of innovation and applied research, however they recommended greater focus on evaluation of research impact and ties to academia. There was good discussion in the Committee meeting on the need to capture the lived experience of our staff and those we serve as a result of innovation and research, drawing out the qualitative elements as well as the quantitative. The Committee thanked all those who had been involved in the mid-term review and celebrated the breadth and depth of the work underway.

The UTS priorities are (1) digitisation enabling better outcomes; (2) advanced practice and specialist working, consult and close and service transformation, including research; and (3) decarbonisation, fleet modernisation and sustainability

7. An update was provided on the **Committee's priorities** for 2022-23, with steady progress being made.

## RISKS

**Risks Discussed:** No risks raised

**New Risks Identified:** No risks raised

## COMMITTEE AGENDA FOR MEETING

1. Cycles of Business	2. Mid-year University Trust Status review for Welsh Government	3. Mapping of engagement interfaces
4. Committee priorities	5. Governance issues related to university trust status were discussed in closed session	

## COMMITTEE ATTENDANCE

Name	26 April 2022	19 July 2022	25 Oct 2022	17 Jan 2023
Prof Kevin Davies				
Paul Hollard				
Martin Turner				
Hannah Rowan				
Estelle Hitchon				
Catherine Goodwin	part meeting			
Angela Lewis				
Andy Swinburn				
Jonathan Turnbull-Ross			Chris Evans	
Duncan Robertson				
Trish Mills		Julie Boalch		
Craig Brown				
Mark Marsden				
Keith Rogers				
Representative from Academia				

	Attended
	Deputy attended
	Apologies received
	No longer member



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Welsh Ambulance Services  
NHS Trust





## QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	24 November 2022
Committee Meeting Date	10 November 2022
Chair	Bethan Evans

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. With handover lost hours in October in excess of 28,940 representing 36% of our conveyancing capacity, and sustained high levels of CSP<sup>1</sup> there is **clear evidence of continued harm to patients** who are having to wait for an ambulance. The very poor patient experience and risk of continued harm ran through most of the items discussed at this meeting, with the patient story bringing the full impact of delays starkly to the Committee.

The Committee is aware of the actions being taken by WAST to mitigate harm and of the escalations and actions in the system and with Welsh Government. Progress against these actions is a focus at the November Public Board, however a continued high number of concerns raised, and incidents reviewed regarding timeliness demonstrates that **more pace is required to address the issue at a system and strategic level**. The potential to reduce increasing numbers of conveyances with investment in advance practice paramedics and the clinical support desk was evident when looking at the performance in this area over the last year. Whilst this will not completely counter the unprecedented lost hours due to handover delays, it could reduce them by 7,000 hours a month, significantly improve patient experience and support our ambition to close more episodes at care closer to home.

Members will continue to challenge on further actions that can be put in place, raise the issue in their respective forums, and will keep a close eye on the national review by Audit Wales into the effectiveness of unscheduled care services in Wales to provide further insight into the root causes of flow and delays.

2. **Risks 223 and 224** remain at scores of 25, with further information in the risk section of this report.

#### ADVISE

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

3. **The patient story from Fiona Philpott** told of the extremely poor patient experience of her 99 year old mother Brenda Patton who fell at home and had a 8.5 hour wait for the ambulance to arrive.

<sup>1</sup> The clinical safety plan (CSP) allows the Trust to prioritize acutely unwell patients when demand is greater than available resources, primarily as a result of handover delays



During that time Brenda was in pain and her condition deteriorated. Fiona told the Committee of the stress and anguish this caused for both her and her mother, particularly as there was no-one available to administer pain relief while they waited for the ambulance to arrive. Fiona said this was outrageous and shameful and did not afford her mother any levels of dignity. The impact of Fiona and Brenda's story was acutely felt by members, particularly in the context of the very long delays being experienced by so many of our patients in the community at the moment and the very real prospect of that worsening over the winter months.

The Committee heard that there was a high number of 999 calls and long handover delays in the Betsi Cadwaladr University Health Board (BCUHB) area at the time which meant there were no resources available to get to Brenda in a timely way, and for that the Trust was extremely sorry. There is work underway with BCUHB to develop the falls response service and a second falls response vehicle is due to start in November covering Conwy and Denbighshire subject to funding being confirmed.

The Committee expressed their thanks to Fiona and Brenda for sharing their story and will review the learning that was taken from this incident when they meet in February.

4. The Committee received the quarterly **Operational Update** as a standing agenda item. This report in its new format continues to provide helpful context for the Committee in its oversight role for quality, patient experience and safety.
5. The **Healthcare Inspectorate Wales (HIW) Annual Review 2021-21** was reviewed by the Committee and is before the Trust Board at its meeting on 24<sup>th</sup> November presented by HIW. The contents were noted and in particular the work of the Operational Delivery Unit to manage variance across emergency departments and health boards.
6. Following a review of the Appendix B process by the Emergency Ambulance Services Committee (EASC) and the NHS Wales Delivery Unit (DU) a **revised joint investigations process** was approved that will begin with a pilot reported through to EASC and the DU. It is expected that this new process will see higher levels of engagement from general practice and social care. The Committee will be updated on the pilot at future meetings.
7. The Committee continues to receive updates on the introduction of **Pentrox** and the challenges with respect to funding, however the ability for Community First Responders to administer oral paracetamol was welcomed.

## ASSURE

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

8. The Audit **Wales review of quality governance arrangements report** was received by the Committee. The report acknowledges the "extreme service pressures driven by whole system issues" that impact upon the Trust. Overall, the report demonstrates that many components of the Trust's quality governance arrangement are working effectively and made recommendations for improvement in a number of areas to ensure the Trust is more fully informed of safety and quality issues. Specific areas identified were Clinical Audit planning and information sharing, assurance and information arising from mortality reviews and, quality performance reporting & learning. The Committee will continue to review progress against the recommendations in the review. Implementation of the Quality Strategy Implementation Plan commenced in April 2022 but has been delayed and this is noted in the review. The February 2023 meeting will receive the revised implementation plan.
9. The **Dementia Update** was received by the Committee and the team were commended on the significant number of achievements and its alignment to the Trust's strategy to shift left and provide



more care closer to home. It was noted that funding for the dementia programme since 2018 has been through the Integrated Care Funds and that the WAST team is leading the refresh of the UK Emergency Services Dementia Commitment. The link to a previous QUEST patient story was noted with respect to the work underway to develop dementia training for 111 and CSD staff.

10. The **Monthly Integrated Performance Report (MIQPR)** for September and the **Q2 Patient Safety Highlight Report** were received and reviewed in detail with the following focus:

- Continued high numbers of concerns being received and whilst there was a slight improvement in 30-day response times they are significantly behind the 75% target at 28%. More resources are being put into the Putting Things Right team and as a result the 2-day acknowledgement time has improved significantly.
- The continued escalated level of incidents being reviewed at the Serious Case Incident Forum.
- The increase in the number of Appendix B incidents passed to Health Boards, with the DU noting there has been visible improvement in local assessment of these.
- The slight decrease in the number of Nationally Reportable Incidents (NRIs) identified.
- Continued increase in Coroner activity and the resource intense aspect of this particularly for clinical contact centre staff in responding to requests for information.
- Whilst during the quarter 47% of immediate release directives were declined, there has been an improving position for red releases in September however the number of amber releases declined was concerning. A process is in place to investigate those declined with reporting to Health Board Chief Executives weekly. The Committee will review an internal audit on immediate release requests at the next meeting to determine any internal improvements that can also be made.
- 111 clinical ring back is much improved following the introduction of tactical actions as part of the recent business continuity incident. This improvement is despite the difficulty to recruit clinicians into post.
- Work on capturing stroke patient outcomes as well as the call to door target was reviewed at EASC and further progress on linking the end-to-end pathway will be reported back to the Committee.
- With respect to clinical outcome measures, work is underway to ensure all users of the electronic patient care record (ePCR) are aware of the adjusted workflows and data points with respect to the clinical indicator for stroke and a deep dive audit into return of spontaneous circulation (ROSC) at hospital will be completed in November with resultant recommendations for reporting

11. **Learning from incidents** was presented and will be used to develop messaging so that frontline staff have increased confidence in the support they will receive following incidents and aligned this to the preceptorship and clinical supervision model.

12. The **Patient Experience and Community Involvement (PECI)** quarterly report for July to September 2022 was received and although there were largely positive comments in respect to the 999 and NEPTS survey, the continued theme is long delays for ambulances in the community and harm which is coming to patients waiting in the community.

13. The **audit tracker** was reviewed for audits within the remit of the Committee and noted that overdue recommendations had recovery plans in place.

14. Progress against the **Committee Priority for 2022/23** was reviewed and progress is being made. However, following the Welsh Government's presentation on the Duty of Quality and the Duty of Candour at the Board development session in October, the February 2023 meeting of the Committee will focus on the Trust's readiness for implement the Health and Social Care (Quality and Engagement) (Wales) Act.



## RISKS

**Risks Discussed:** There are three corporate risks assigned to the Committee, two of which are rated as high risks with no changes to scores since the last review. **Risk 223:** the Trust's inability to reach patients in the community causing patient harm and death and **risk 224:** significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service are both rated at 25. The theme of these risks arose throughout the agenda items discussed at this meeting and the Committee noted that despite further controls being added to the risks in the last quarter, there was no movement on either the likelihood or consequence scores for these risks, therefore they remain at the highest scoring of 25. Additional actions – both from WAST and the wider system – were added to both risks and were reviewed by the Committee.

**Risk 303:** delayed administration of chest compressions to patients as part of resuscitation has been closed as all actions have been completed and the score reduced to its target.

**New Risks Identified:** No new risks were discussed in this meeting.

### COMMITTEE AGENDA FOR MEETING

Patient experience	Operations Directorate Quarterly Report for Q2	Risk Management and Board Assurance Framework Report
Monthly Integrated Quality Performance Report	Patient Safety Report Q2	Audit Wales – Review of Quality Governance Arrangements
HIW Annual Report 2021-22	Patient Experience and Community Involvement Report	Public Health Safeguarding Annual Report 2021-22
Dementia update	Internal Audit Tracker Report	Joint Investigation Pilot
Patient Story Driver Diagram	Committee Priorities Update	

### COMMITTEE ATTENDANCE

Name	12 May 2022	11 August 2022	10 November 2022	9 February 2023
Bethan Evans				
Kevin Davies				
Paul Hollard				
Ceri Jackson				
Hannah Rowan				
Wendy Herbert		In attendance	In attendance	
Liam Williams		First meeting		
Andy Swinburn				
Lee Brooks				
Andy Haywood				
Leanne Smith		First meeting		
Rachel Marsh	Hugh Bennett			
Trish Mills				
Angela Roberts				
Mark Marsden			First meeting	
Hugh Parry				
Craig Brown				
Ian James		First meeting		

	Attended
	Deputy attended
	Apologies received
	No longer member



## FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

<b>Trust Board Meeting Date</b>	24 November 2022
<b>Committee Meeting Date</b>	14 November 2022
<b>Chair</b>	Prof Kevin Davies

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. The **Monthly Integrated Quality and Performance Report (MIQPR)** was reviewed for September. The indicators show a continued poor picture in many areas with performance not achieving the outcomes we would want.

Lost hours to handover delays at Emergency Departments in October were the highest recorded at 28,940, equating to 36% of the Trust's conveying capacity being unavailable to respond. Red and amber response times remain far longer than we would want to see, with red response below 50% for the first time in October - at 48%. Whilst an improving picture was seen at the start of November, this continues to be a significant area of concern for the safety and wellbeing of our patients and staff. The Committee was assured that the Trust has identified and is progressing with all mitigation strategies and actions to address this, however the actions which Health Board partners and the wider system are taking are key to ensuring that the handover delays are reduced to release resources from Emergency Departments. The Committee notes that the Trust Board will review progress against the totality of Trust and system actions at its November meeting and gain assurance on the impact these are having.

The Operations Quarterly Report illustrated the work being done to improve 999 answer times however the performance declined in September. By way of benchmarking, it was noted that, notwithstanding that our answer times are below target, the Trust compares favourably with other UK ambulance Trusts in this respect.

Winter will pose a potentially challenging picture for the Trust with Covid-19 community prevalence, resurgence of flu, capacity lost to handover lost hours and trade union industrial action. The Committee was assured that a strategy and structures for managing these pressures is in place.

#### ADVISE

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

2. The Committee received a presentation on the **financial position for Month 7 2022/23**. The Board will have a detailed paper on the financial position before it for the November meeting and will note a small underspend as at month 7 of £1K. Gross savings of £2.590m having been achieved against a





current year to date target of £2.514m. A continued break-even position is forecast for 2022/23, however the outlook for 2023/24 onwards is looking extremely challenging. The Board will receive an update at its meeting on the impact as far as it is known of the UK Government's Autumn Statement on 17<sup>th</sup> November. Further detail on the related finance risks which were discussed are set out in the risk section of this highlight report.

Capital expenditure is planned to be fully spent, with the Committee receiving an update on some changes agreed with Welsh Government on the timing of some capital funding and some additional monies being made available in year. The Committee discussed the work underway to ensure that the capital available for the remainder of 2022/23 is spent by March 2023 and were assured that would be achieved. It was noted that the September meeting reviewed a detailed update on the 2022/23 capital programme and the work undertaken by the financial sustainability workstreams.

3. The Director of Operations provided an **operations update** which provides good context for the Committee, particularly in the new format.
4. A six month update on the roll-out of the **Quality and Performance Management Framework (QPMF)** was provided to the Committee. Whilst there have been delays in the work plan due to resourcing, initial work on assessing two service areas (EMS co-ordination and the resource function) indicates that the approach of using the "organisational requirements" to assess a service, linked to the development of local quality & performance governance maps & cycles works well. A December workshop will draw on this work and further update will be provided to the Committee in May 2023.
5. The **All Wales Lease and Pool Car Policy** was approved for formal adoption in the Trust.
6. This was **Prof Kevin Davies' last meeting of the Committee** as his eight year tenure on the Board comes to an end on 31<sup>st</sup> December. The Director of Finance and Corporate Resources, Chris Turley, thanked Prof Davies for his support to the Committee since taking on the chair in April 2022. Prof Davies thanked Chris and the Committee for the kind words and thanked Joga Singh, Non-Executive Director, for taking on the chair of the Committee from 1<sup>st</sup> January.

## ASSURE

(Detail here assurance items the Committee receives)

7. The **Integrated Medium Term Plan (IMTP) interim Quarter 3** position was reported as was progress against the conditions set by Welsh Government related to Six Goals for Urgent and Emergency Care, value based healthcare, minimum data set, improvement of sickness and absence rates, and delivery of workforce efficiencies - notably the roster reviews. Further assurance on progress against these conditions will be drawn out in future reports.  
  
The IMTP delivery tracker was reviewed for the agreed transformation programmes, the enabling and fundamental programmes and further workstreams. The red and amber rated priorities were reviewed by members as were the remedial plans in place. The Committee noted good progress despite ongoing operational challenges.
8. Planning for the **2023/26 IMTP** is progressing well, with extensive engagement taking place through internal structures, the recent CEO roadshows, and development sessions with the Board in October and November. The deadline for submission is now March 2023 rather than January due to the need nationally to undertake further work regarding the financial outlook for NHS Wales in 2023/24 and beyond.
9. The alerts with respect to the **MIQPR** for September are set out above. As that the People and



Culture Committee would not be meeting before the November Trust Board meeting, this Committee discussed the improving picture with respect to sickness absence rates, noting that Winter will likely see peaks and troughs with community prevalence of Covid-19 and flu. A focus on sickness absence for WAST staff located in the Cwm Taf Morgannwg Health Board area is taking place and will be reviewed by the People and Culture Committee. A deep dive on the Non-Emergency Patient Transport Service (NEPTS) will be conducted for the next meeting. Some of the new metrics for the MIQPR continue to be developed and will be available for the January meeting.

10. Whilst there were some **audit recommendations** overdue from their original dates, the Committee was assured that revised dates were appropriate and agreed.

11. The **2022/23 Committee Priorities** were reviewed, with good progress being made.

## RISKS

**Risks Discussed:** There are 10 risks on the corporate risk register assigned to this Committee and no changes in risk score were seen from the September meeting. The highest rated financial risks are **139** (failure to deliver our statutory financial duties in accordance with legislation) and **458** (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) and both are rated 16. The Committee discussed whether, in the face of a break-even position for 2022/23 should risk 139 remain at a score of 16, however it was agreed that with the very challenging financial issues on the near horizon that that score was appropriate.

There are two estates related risks rated at a score of 16, those being **244** (estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service) and **245** (failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations). The Committee noted that these risks were overdue for a full review however they are on the agenda for the senior leadership team in the operations directorate on 15<sup>th</sup> November.

The two digital related high rated risks relating to cyber attack and loss of critical IT systems were reviewed also. A cyber security internal audit underway as part of the annual plan in Q3.

Whilst risks **223** and **224** are assigned to the Quality, Patient Experience and Safety Committee, they are included in the BAF for this Committee and were reviewed and discussed in light of the discussion in the MIQPR and actions in place.

**New Risks Identified:** Two risks are in development and going through the risk governance processes. They are risk 538 related to Salus and 542 related to decarbonisation. The risks to the decarbonisation action plan were discussed in some detail in the standalone agenda item at the September meeting.

## COMMITTEE AGENDA FOR MEETING

Operations Quarterly Report	Financial position for month 7	Monthly Integrated Quality and Performance Report
Quality Performance Management Framework Update	Integrated Medium Term Plan Delivery Update	Risk Management and Corporate Risk Register
Internal Audit tracker report	Lease Car Policy	Committee priorities update





COMMITTEE ATTENDANCE						
Name	16 May 2022	18 July 2022	20 Sep 2022	14 Nov 2022	16 Jan 2023	20 March 2022
Kevin Davies						
Bethan Evans						
Joga Singh						
Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks						
Andy Haywood						
Leanne Smith						
Wendy Herbert	J. Turnbull-Ross					
Liam Williams				Wendy Herbert		
Liz Rogers	Catherine Goodwin					
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member



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

<b>AGENDA ITEM No</b>	<b>16</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## GOVERNANCE REPORT

<b>MEETING</b>	Trust Board
<b>DATE</b>	24 November 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Trish Mills, Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. This report sets out:

- 1.1 Use of Trust Seal
- 1.2 Decision made in private session

**Recommendation:**

That the Board notes the use of the Trust Seal as described and the decision made in private since the last Board meeting.

### KEY ISSUES/IMPLICATIONS

Not applicable

### REPORT APPROVAL ROUTE

Not applicable

### REPORT APPENDICES

None

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

## **GOVERNANCE REPORT**

### **1. Use of Trust Seal**

**The Trust seal was applied to the following documents on 29 September 2022:**

Reference number: 0237, Standard building contract Vantage Point House phase 2 with Paramount Office Interiors Ltd; and

Reference number: 0238, Land Transfer, HM Stanley, St Asaph to Castle Green Homes Ltd.

### **2. Decision made in private session**

On 1 September 2022, the Trust Board met in private session and approved a number of WAST non-emergency patient transport contracts. This item was taken in private due to commercial sensitivities.

**Recommended: That the Board notes the use of the Trust Seal as described and the decision made in private since the last Board meeting.**

## **CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 6 JULY 2022 VIA TEAMS**

### **MEMBERS:**

Ceri Jackson	Chair & Non Executive Director
Bethan Evans	Non Executive Director

### **IN ATTENDANCE:**

Julie Boalch	Head of Risk and Deputy Board Secretary
Sarah Davies	Workforce and Organisational Development Directorate Business Manager
Jill Gill	Head of Financial Accounting
Mark Harris	Assistant Director of Ambulance Care
Estelle Hitchon	Director of Partnerships and Engagement
Caroline Jones	Corporate Governance Officer
Navin Kalia	Assistant Director of Finance and Corporate Resources
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Andy Swinburn	Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

### **APOLOGIES:**

Kevin Davies	Non Executive Director
Hannah Rowan	Non Executive Director
Lee Brooks	Executive Director of Operations
Catherine Goodwin	Interim Director of Workforce and OD

### **34/22 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting and introduced Marcus Viggers, an additional Trade Union Partner to the Committee, following the recent Trade Union elections.

## **35/22 DECLARATIONS OF INTEREST**

The member declarations on the register of interests were noted.

**RESOLVED: That the declarations as recorded on file be NOTED.**

## **36/22 MINUTES OF PREVIOUS MEETING**

The Minutes of 5 May 2022 were approved as a correct record.

**RESOLVED: That the minutes be approved as a correct record.**

## **37/22 ACTION LOG**

**14/22a– Finance Update- Full Audit discussions** - The committee noted that discussions with Audit Wales would be progressed and reported on later in the year. The action would remain open.

**14/22b – Applications to NHSCT** – this was covered as part of the finance update agenda item see minute ref 38/22 for full detail. Item to remain open until applications submitted.

**RESOLVED: That**

**1) action 14/22a and 14/22b to remain open with updates to the next meeting of the Committee.**

## **38/22 FINANCE UPDATE**

The Director of Finance and Corporate Resources confirmed the report contained a substantial amount of detail and brought to the Committee's attention some salient points.

Whilst there was an overall investment gain of £42K in the charity's investments due to stock market recovery in 2021/22, recent market volatility saw a dip in quarter one 2022/23 of £24K. He assured members that whilst the current investments are managed in line with the current Investment Policy, there would be increased and closer monitoring of the fund with escalation measures in place should it be required. The Committee did consider the possibility of reducing the risk by reducing the level of investments however, it was noted that this would also reduce any potential rewards. The Director of Finance and Corporate Resources informed members that the fund used by the Trust was a well established fund for charities and was a relatively low risk investment. He requested that the Committee allow himself and his team to utilise professional judgement to protect the fund going forward. Members noted that following the strategic review, should the charity grow significantly, advice from an investment advisor may be considered.

The Director went on to confirm that following the closure of the Trust accounts, discussions would now be progressed with Audit Wales relating to the full audit of the charity accounts, as previously requested by the Committee. There are

some ongoing concerns with regard to the likely timing of the audit and the ability to fully validate opening balances and a further update will be provided to the next meeting. The fund balances as at 1 April 2022 were noted.

The Head of Financial Accounting apprised members of the three different grants that were available for the Trust to apply for. A self assessment form had been completed as part of the criteria to determine key areas of focus for the Trust, to ensure the grant would be utilised in the most appropriate areas. Areas identified from the self assessment were operations; communications and fundraising. It was noted the self assessment could be used as a baseline for a maturity matrix going forward.

Members discussed how the delay in the strategic review would impact on the applications that needed to be submitted within a specified timeframe and requested that the applications, where possible, allowed for a broader area of focus to allow any future recommendations from the review to be incorporated. Members also requested that the recovery grant was utilised in a way that was of benefit to the majority of staff.

The Director of Finance and Corporate Resources confirmed that the applications would be delivered in time to meet the required deadline set by NHS Charities Together (NHSCT).

**RESOLVED: That**

- 1) the Director of Finance and Corporate Resources use his professional judgement in escalating any issues following the increased and closer monitoring measures of the investment fund in place;**
- 2) discussions to be progressed with Audit Wales around the full audit of the charity accounts; and**
- 3) the applications to NHSCT would be worked up in time to be submitted by the specified deadline later this year.**

**39/22 STRATEGIC REVIEW UPDATE**

The Director of Partnerships and Engagement confirmed that following the Committee's decision to re- tender for the consultancy post, no applications had been received by the initial closing date. The date was extended which resulted in four applications being received.

The Director went on to say that she had discussed the maturity journey that Hywel Dda had embarked on with the Head of Charities at Hywel Dda, Nicola Llewelyn. The Committee agreed that it would be useful to understand their journey and lessons learned as part of the journey the Trust was about to undertake and requested that she be invited to the next meeting of the Committee.

**RESOLVED: That**

- 1) a panel be convened to review the applications received and progress**



**the appointment of the consultancy post; and**

**2) the Head of Charities at Hywel Dda be invited to the next meeting of the Committee in October.**

#### **40/22 CHARITABLE FUNDS TASK & FINISH GROUP**

The Board Secretary explained that the group had met for the first time and had discussed the programme of work which included:

- Reviewing options as to how the Charity holds its funds
- Potential devolving of autonomy to directorate fund managers
- Support of Community First Responders and WISH fundraising
- Policy and risk management
- Panel effectiveness
- Statutory and regulatory compliance

There had been broad support for centralising funds currently held with the Head of Financial Accounting working up some options for discussion at a future Task and Finish Group meeting.

Members of the group voiced reservations around devolving autonomy to fund managers, which was echoed by the Director of Partnerships and Engagement. It was noted that strong governance would be required in order to progress this element.

At the next meeting of the Task and Finish Group, focus would be on Community First Responders, risks, and terms of reference, with a more detailed work programme from the group being presented to the next meeting of the Committee.

**RESOLVED: That the Task and Finish Group continue to work through the areas outlined above with a more detailed work programme being presented to the October meeting of the Committee.**

#### **41/22 BIDS PANEL UPDATE**

The Chair of the Bids Panel updated members on the extraordinary meeting of the Panel which had been called due to the time sensitive nature of one of the applications. The meeting also allowed for the members to revisit a previous application for which they had requested additional information, which was all captured within the highlight report.

She went on to explain that the Panel had also met on 5<sup>th</sup> July and had reviewed and approved a further three applications. The applications had generated some discussion points which included linking in with Communications colleagues for the promotion of territorial rugby teams across Wales for both men and women to establish an all Wales team WAST men and women's team.

The Committee was also informed of the Panel's decision to increase the amount for an application advising the requestor to procure more sustainable and

environmentally friendly products with support from the Trust's Environment and Sustainability Manager.

Committee members were keen to receive a lived example of a success story at its next meeting in October.

**RESOLVED: That**

- 1) the approval of the five applications over two meetings was noted;**
- 2) the promotion of both the men's and women's rugby teams with the support of Communication colleagues be progressed; and**
- 3) a success story be brought to the next meeting of the Committee.**

**42/22 KEY MESSAGES FOR BOARD**

- 1) the dip in the investment fund for Q1 2022/23 and the additional scrutiny put in place as a result.
- 2) the appointment of the consultancy post be progressed.
- 3) the work of the Task & Finish Group.
- 4) the applications to NHSCT.
- 5) the approval of five applications via the Bids Panel.

**43/22 DATE OF NEXT MEETING**

10 October 2022

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON TUESDAY 19 JULY 2022 VIA TEAMS**

#### **MEMBERS :**

Kevin Davies	Non Executive Director and Chair
Paul Hollard	Non Executive Director
Hannah Rowan	Non Executive Director

#### **IN ATTENDANCE :**

Julie Boalch	Head of Risk/Deputy Board Secretary
Catherine Goodwin	Interim Director of Workforce and OD
Estelle Hitchon	Director of Partnerships and Engagement
Jo Kelso	Head of Education Transformation
Mark Marsden	Trade Union Partner
Jeff Prescott	Corporate Governance Officer
Keith Rogers	TU Partner
Leanne Smith	Assistant Director of Digital

#### **APOLOGIES:**

Trish Mills	Board Secretary
Duncan Robertson	Interim Assistant Director of Research, Audit & Service Improvement
Andy Swinburn	Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Martin Turner	Non Executive Director

#### **35/22 WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the meeting, noting that the meeting was originally intended to be face to face in Swansea; however, had reverted to a virtual meeting due to the current pressures being faced by the Trust.

Members introduced themselves as it was the first meeting for both Leanne Smith and Keith Rogers.

#### **36/22 DECLARATIONS OF INTEREST**

The standing declaration of interest of Professor Kevin Davies being an independent Trustee of St John Ambulance Cymru was recorded. It was also noted he was a Professor of the

University of South Wales.

Hannah Rowan declared a working relationship with Cardiff Metropolitan University Education Department.

### **37/22 MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 26 April 2022 were approved as a correct record.

### **38/22 ACTION LOG**

**11/21 – Universities Wales letter of invitation** – The Director of Partnerships and Engagement agreed to update members as part of the update at agenda item 5. The action was closed.

**07/22 – Trust Priorities aligned with the ITMP** - The priorities are mapped to the IMTP with the Finance and Performance Committee monitoring these, with exception reporting to this Committee if needed. The action was closed.

**RESOLVED: That**

**1) 11/21 would be discussed as part of the agenda; and**

**2) 07/22 action was complete and could be closed.**

### **39/22 DIRECTOR OF PARTNERSHIPS AND ENGAGEMENT UPDATE**

The Director of Partnerships and Engagement began by updating members on the correspondence with Ben Arnold from Universities Wales and that a response was still awaited to allow the Committee to move forward with engaging an all Wales university representative.

At a recent event, it was recognised that a Health Board with a similar Academic Partnership Committee had secured multiple Higher Education partners and managed any potential conflicts of interest with strong governance.

It was suggested that the Chair, Director of Partnerships and Engagement, the Board Secretary, the Head of Education and Head of Risk/Deputy Board Secretary meet to discuss how best to approach universities and develop the relationships.. Members were keen to secure volunteers who would be willing to work with the Trust and look at the opportunities available.

The Director of Partnerships and Engagement continued to apprise members on the progress to date of mapping the engagement interfaces across the Trust, in order to review where relationships already existed. It was agreed that the full mapping exercise would be considered at the next meeting.

Members discussed and agreed that a primary Welsh University representative would be key to the Committee however also it was also agreed that to ensure best fit, innovation and relationship building, a national representative for niche areas could be considered.

The Director of Partnerships and Engagement had attended a recent University and Designation Showcase event involving all health organisations across Wales. Of those

organisations who already held university status, it would be a requirement from this year for them to provide a mid year review of their priorities in relation to activity and outcomes. This would be in addition to the routine IMTP monitoring reports that were also required. The Trust was also required to provide an update on its priorities as set out within the application for university status. It was anticipated that the report would need to be submitted early October to cover the April to September period.

The Head of Education reiterated the focus needed to be on improving the service through innovation, research, training and education.

Following a discussion on qualifications issued by institutions and the need to explore opportunities for innovation and improvement and connection with high quality, action research which can be applied in practice. The Chair asked the TU Partners to relay to colleagues the opportunities that university status/partnerships would bring to ensure that all staff felt included regardless of their academic status or ambition.

**RESOLVED: That**

- 1) a small group meet to discuss the way forward in approaching universities;**
- 2) the full mapping of engagement interfaces be brought to the next meeting; and**
- 3) a mid year review of priorities in relation to activity and outcome be presented to the Trust Board in September.**

**40/22 PRIORITY ONE: DIGITISATION ENABLING BETTER OUTCOMES: DIGITAL OPPORTUNITIES**

The Assistant Director of Digital set out the ambition to build on the work already ongoing within the Trust with regard to digital opportunities in partnership with academia.

The Assistant Director presented to the Committee on what successful partnerships look like and where potential opportunities may lie. The presentation included the Great Ormond Street Innovation Accelerator Data, Research, Innovation and Virtual Environments Unit (DRIVE) which was a data management platform. The innovation element involved staff across different sectors being able to turn ideas into implementation.

The University College London Industry Exchange Network was another example which saw students engage with industry as part of their computer science degrees.

With regard to opportunities, the Director confirmed that in order to engage with partners, problem areas first needed to be identified to look at the fields such as accessibility, efficiency, quality and equity for future engagement, aligning it with the Trust's strategy and aims. With these areas the potential digital interests such as speech recognition and artificial intelligence could be explored further.

There were a number of organisations who were keen to, or had previously collaborated with the Trust from a digital angle. The potential forms of collaboration were in education and training, research and innovation and industry/academic partnerships to problem solve.

The Assistant Director noted that the areas that the Trust would be seeking partnership with, could be pitched to academia who would welcome the opportunity to work with the Trust to provide solutions. It was noted that currently the Trust did not have the capacity to support

innovation streams.

Members welcomed the presentation and asked the Director of Partnerships and Engagement to contact a member of the WIIN team to liaise with Great Ormond Street team to look at what could be learnt. Members also requested that digital opportunities be highlighted across the Trust with a potential session for Board members at a development day.

**RESOLVED: That**

**1) the Director of Partnerships and Engagement ask a member of the WIIN team to contact Great Ormond Street and look at opportunities for learning; and**

**2) the Interim Director of Digital liaise with the Board Secretary on holding a Board Development session to explore digital partnership opportunities.**

**41/22 KEY MESSAGES FOR BOARD**

- 1) Development opportunities for digitisation across the Trust for a Board Development session
- 2) links with Academia to be established
- 3) emphasising the ambition, opportunities and development for career development for all staff
- 4) mid year review of university priorities to September Board for sight and sign off.
- 5) board be sighted on the change of process to progress an academic representative

**42/22 DATE OF NEXT MEETING:**

**25 October 2022**

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 20 September 2022 VIA TEAMS**

**Meeting Chaired by Bethan Evans**

### **PRESENT :**

Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Ceri Jackson	Non Executive Director

### **IN ATTENDANCE:**

Lee Brooks	Executive Director of Operations
Ross Hughes	Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Edward Roberts	Head of Financial Business Intelligence (for agenda item 12)
Liz Rogers	Deputy Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

### **APOLOGIES**

Julie Boalch	Head of Risk and Deputy Board Secretary
Professor Kevin Davies	Non Executive Director and Chair of Committee
Damon Turner	Trade Union Representative

## **56/22 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Apologies were received from Kevin Davies and Julie Boalch.

### **Minutes**

The minutes of the open session held on 18 July 2022 were considered by the Committee and agreed as a correct record.

### **Action Log**

The action log was considered:



1. Action number: F&P 1/21-22. The Quality, Patient Safety and Experience (Quest) Committee was to undertake a focused review of performance related to clinical outcome metrics. The Committee noted work was still ongoing, action would remain open.
2. Action number 34/22b. Deep dive report on Post Production Lost Hours. Work was ongoing in terms of Benchmarking against the best performing service and their reporting process. To remain open.
3. Action number 49/22. Escalate messages and concerns to Chair of the Board, action completed and to be closed.
4. Action number: 51/22. Audit Tracker – to include information on Taking care of the Carers National Audit review, action completed and closed.

**RESOLVED: That**

- (1) the Minutes of the meeting held on 18 July 2022 were confirmed as a correct record; and the action log was reviewed.**

**57/22 OPERATIONS QUARTERLY REPORT**

Lee Brooks verbally updated the Committee on the following points:

1. The Trust's involvement following the passing of HM Queen Elizabeth II and the proclamation in Wales of HM King Charles III.
2. The Business Continuity Incident in relation to the issues affecting the IT system Adastra was stood down on 15 September; several lessons had been learned and the Trust was considering new tactics in liaison with the 111 programme team.
3. Support from the Operations Directorate was provided to events on the Isle of Man, which included the TT and the Manx car rally.
4. The Emergency Medical Services (EMS) roster review remained on track with the first new rosters being deployed on 26 September in Ceredigion, and then Cardiff on 3 October 2022.
5. There had been a short period where the Trust had escalated to Recourse Escalation Action Plan (REAP) 4 in response to the heatwave.

Comments:

What had been the impact of the roster review? Lee Brooks commented that the overall message from staff had been a positive one; Hugh Parry added, that from a TU perspective, the whole process had been challenging but rewarding. He further commented that some staff had queried why the new rosters couldn't start until after the Christmas period.

**RESOLVED: That the Committee noted the report.**

Chris Turley gave an overview of the report and brought the following highlights to the Committee's attention:

1. The year to date month 5 revenue financial position reported a very small deficit of £2k, effectively a breakeven position. The year end forecast position also remained one of breakeven.
2. The current position continued to assume income assumptions to cover spend being incurred, which included some of the exceptional cost pressures, particularly energy costs.
3. Some additional funding, which had been held as a contingency by the NCCU, had been discussed with the Commissioner in order to seek to continue to establish how this can be accessed. This should help to offset some of the costs in the savings delivery, especially around overtime and also fund some of the schemes being progressed ahead of this winter.
4. It was recently confirmed by Welsh Government that an additional £3m of funding would be available in year for emergency ambulance capacity. This is funding an additional 100 WTEs front line staff due to be operational by mid January 2023.
5. In terms of other cost pressures, for example the additional bank holiday, conversations were ongoing on a national basis whether any funding would emerge.
6. The Committee were updated in some detail on the 2022/23 capital programme and Chris Turley gave an outline of the estates schemes that were now planned on being delivered from the discretionary programme.
7. Chris Turley commented on the delivery of savings and drew the Committee's attention to the table in the report which illustrated the savings performance by each Directorate, along with the detailed savings monitoring re-introduced for this month's reporting.

Comments:

1. The Committee recognised the ongoing challenges facing the Trust and complemented the team and the wider staff on their efforts in maintaining financial balance.
2. In terms of some of the capital update, what was the Trust's approach in terms of prioritising estates work and how were staff updated with ongoing work? Furthermore, what were the health and safety aspects in terms of the estates? Chris Turley advised that the priorities were defined in the Trust's Strategic Outline Programme endorsed by Welsh Government. He added that in terms of updating staff, this was also conducted at CEO Roadshows. Lee Brooks added that health and safety inspections on the Trust's estate were carried out on a regular basis.
3. Chris Turley explained that the Trust was continuing its work to develop more savings efficiencies through ADLT colleagues and the Financial Sustainability Workstreams will be keen to seeking financial balance from 2023/24 onwards.

**RESOLVED: The Committee**

- (1) **Noted and gained assurance in relation to the Month 5 revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> August 2022 along with current risks and mitigation plans;**
- (2) **Noted the delivery of the 2022/23 savings plan as at Month 5, and the context of this within the overall financial position of the Trust;**
- (3) **Noted the Months 4 and 5 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG); and**
- (4) **Noted the establishment and continuing work of the Financial Sustainability Work streams, and the detailed savings delivery now provided in Appendices 5 & 6.**

## **59/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Rachel Marsh presented the report and drew the Committee's attention to the following highlights:

1. 111 call answering performance had seen an improvement in May but had deteriorated during June and July; the Trust was considering ways to improve the capacity by looking at shift patterns and improving sickness absence. It was noted that no further funding would be available to support any additional capacity.
2. In terms of 111 clinical response call back times for the highest priority calls, this continued to be achieved. The Committee noted that recruitment for additional clinicians was ongoing.
3. Ambulance red response times had declined in August despite a reduction in patient demand; there had been an improvement in amber however there will still some long response times. In order to improve these response times, particularly for red, the Trust continued to implement initiatives within its control; this included recruitment and improving staff sickness levels.
4. The Ambulance Care (Formally NEPTS) performance was above target for renal patients and had improved for patients requiring discharge. It was noted that overall demand for this service had increased, although not yet at pre-Covid levels.
5. With regard to sickness absence, overall sickness in July was at 10.32%; this was improving throughout August and was hoped to continue through September.
6. There was an improvement with statutory and mandatory training and a steady increase in the completion of staff Personal Appraisal Development Reviews (PADR's).

### **Comments:**

1. Lee Brooks expressed his serious concern in terms of red performance which had the potential to worsen going forward. Early indications were that flu would be resurging this winter and with the combination of Covid-19 were very likely to have a significant impact. There were several initiatives in hand which were designed to improve performance but unless there was a significant improvement in hospital handover delays these initiatives would be futile. In terms of staff attendance it was unlikely this

would improve back to pre-pandemic levels without more clarity being provided by Welsh Government to the Trust on managing episodes of Covid sickness levels.

2. Members discussed the importance of recognising that the Trust was doing everything in its control to mitigate the associated quality and safety risks for patients and were reassured by the Executives this was the case.
3. What was the timescale involved in terms of the point of recruitment to starting the role? Rachel Marsh explained there were different training times for different roles. Liz Rogers added that work was ongoing to shorten the timescales; training time for EMT was 19 weeks, ACA 2's and 1's were 5 weeks, newly qualified paramedics had a short period of training time. The training team continued to review the training requirement times on a regular basis.
4. With respect to the sickness management plan, how was the response from staff being monitored. Lee Brooks commented this had received a mixed and broad spectrum of response; this ranged from being unreasonable and insensitive, with concern about the length of time taking to implement the plan.
5. There had been two National Reportable Incidents (NRI) in July compared to ten in August and the reason for this was queried. Liam Williams added that the process had been reviewed on a national basis. The majority of NRI's have been exclusively related to hospital handover delays. He added that the Quest Committee would be looking at the themes and trends of the NRI's focusing on the impact of handover delays.
6. Following a query on the capacity to support and respond to complaints and ongoing investigations, Liam Williams commented that additional resource was being made available going forward.
7. The Committee queried which forum the summer modelling would be discussed at and it was agreed it would be presented in the private session of the Board in 2023.

**RESOLVED: The Committee considered the July/August 2022 Integrated Quality and Performance Report and actions being taken and determined whether:**

- a) the report provided sufficient assurance;**
- b) whether further information, scrutiny or assurance was required, or**
- c) further remedial actions are to be undertaken through Executives.**

## **60/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 INTERIM QUARTER 2 PROGRESS REPORT**

1. Rachel Marsh gave an outline of the report and drew attention to the following:
2. The Committee were reminded that the IMTP was approved by Welsh Government (WG) on 13 July 2022 subject to several conditions as detailed in the report and which progress and feedback was provided to WG.
3. Members were advised and agreed that going forward, an item on Health Board service changes would be presented at the next Committee meeting in November and subsequently to the Board.

Comments:

Members welcomed the reference to value based healthcare within the report particularly in regard to the pilot scheme in Aneurin Bevan in relation to Patient Reported Experience Measures from the Grange Hospital Transfer Service.

**RESOLVED: That the Committee;**

- (1) Noted the update against WAST's IMTP Accountability Conditions;**
- (2) Noted the overall delivery of the IMTP detailed in the report, the IMTP Delivery Assurance Report and updates against Amber rated priorities;**
- (3) Agreed to include an item on Health Board service changes at the next Committee closed session and Trust Board meetings in November.**

## **61/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

Trish Mills presented the report and updated the Committee on the following:

1. Nine risks were assigned to the Committee for oversight, noting that the Quest Committee had oversight of risks 223 and 224.
2. The highest scoring risks for the Committee were 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning); both with a score of 16, noting that these may change going forward due to ongoing pressures and challenges. Two further scores of 16 were risks 244 and 245 which both relate to Emergency Medical Services (EMS) Clinical Contact Centre (CCC) accommodation limitations and capacity.
3. A new risk has been added to the register, risk 543 (major disruptive incident resulting in a loss of critical IT systems) with a score of 15.
4. One risk had reduced in score, 311 (inability of the estate to cope with the increase in full time equivalents), from 16 to 12.
5. There were new risks emerging which were still in the process of being articulated and these related to Salus and decarbonisation.

Comments:

Members acknowledged that risks 139 and 458 posed a more significant challenge than previously as they affected the Trust's ability to reach a breakeven position.

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

- (1) Noted that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 were described as further mitigations against Risks 223 and 224;**
- (2) Noted the decrease in score of Risk 311 from 16 to 12;**

- (3) Noted the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15.**

## **62/22 ENVIRONMENT AND SUSTAINABILITY UPDATE**

The Committee were updated by Chris Turley who drew their attention to the following areas:

1. Ongoing work continued to deliver the 106 actions as set out in the Trust's Decarbonisation action plan in response to the WG NHS Wales Decarbonisation Strategic Delivery Plan.
2. The Committee noted some positive aspects of the action plan which included the increase in installation of Electric Vehicle pod point chargers.
3. Members also recognised that the annual reaccreditation for ISO14001 (an internationally agreed standard that sets out the requirements for an environmental management system) had been successful

### **Comments**

1. The Committee welcomed the report, noting that this was a first attempt at presenting some of the progress of this in a detailed level and asked that a more succinct report be provided, where possible, going forward. Chris Turley suggested it may also be worthwhile to include an update on the decarbonisation action plan (DAP) at a future Board Development Day.
2. What was the risk for the Trust in missing some of the action deadlines? Chris Turley advised that at this stage it was not known what any penalty would be. He added that meeting many of the target deadlines would be challenging and resource dependant, although this was no different to anywhere else in the NHS.

### **RESOLVED: The Committee**

- (1) NOTED the update provided specifically in relation to the DAP reporting and work which will now commence on programme management arrangements in support of further progress;**
- (2) NOTED the initial quantitative report submission to WG, and the context and caveats with which this was currently provided, and**
- (3) NOTED the ISO14001 reaccreditation and the requirements for further work on non-conformities and preparation for future reviews.**

## **63/22 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS**

Trish Mills, in giving the update advised the Committee of the following highlights:

1. There were currently 22 audit recommendations under the remit of the Committee that were overdue; the majority of these had revised dates, with the three higher priority due for completion by the end of the calendar year.

2. In terms of the audit plan, the Decarbonisation audit is now due in Quarter three and the EPCR audit is due in Quarter one.

Comments:

1. The Committee noted that the two related audits, Fleet Maintenance and Major Incidents had been reviewed at the last Audit Committee meeting and did not raise any specific comments on these audits.
2. Members expressed their disappointment with the pause in work regarding the Clinical Contact Centre reconfiguration which was due to a funding issue.

**RESOLVED: The Committee;**

- (1) Noted and considered the contents of the report;**
- (2) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Committee;**
- (3) Received the 2 Internal Audit Reports that were presented to the Audit Committee in September 2022; and**
- (4) Considered the Internal Audit plan activity.**

**64/22 COMMITTEE CYCLE OF BUSINESS**

Trish Mills outlined the report explaining it was a maturing and iterative process and had been developed in parallel with the duties outlined in the Committee's terms of reference.

Comments

1. The Committee welcomed the report and found it very helpful and valuable going forward as it informed them of upcoming matters both in the public and private session.
2. Members queried whether Salus would come under the Digital systems and strategy title. Trish Mills advised that any similar digital business cases would be covered under this title.
3. Following a query regarding the waste management audit review, it was noted that any updates would be provided through the Trust's Audit tracker and would be presented in September 2023.
4. With respect to Value Based Healthcare (VBH), was it automatically assumed that this was driven primarily by finance or should it sit under a different heading? Chris Turley agreed that it spanned across all the headings. Trish Mills added that the cycle of business continued to be developed and that in conjunction with the Committee's effectiveness reviews will provide opportunities to consider where VBH would sit.



**RESOLVED: The Committee reviewed the cycle of business and approved it as a first version.**

**65/22 DELIVERY OF VALUE BASED HEALTHCARE VIA PATIENT LEVEL INFORMATION COSTING SYSTEM**

The Committee were shown a presentation in which Edward Roberts drew the Committees attention to the following areas:

1. Patient Level Information Costing System (PLICS) combines healthcare activity with financial information; it provides detailed information how resources are used at patient level, for example staff.
2. Improving value was a high priority in healthcare and this ensured that resources were used in the most effective way as possible.
3. PLICS will be able to provide an accurate way of determining the costs of each individual incident; for example, hear and treat and see and treat.
4. There were several benefits to using PLICS, these included learning lessons through obtaining better intelligence and data on costs, i.e. why a certain incident type would have different cost amounts.
5. It was anticipated that PLICS, following the mapping of data, reconciliation and error correction and sense checking, would be rolled out in 2023/24, however this would be heavily reliant on operational availability.

Comments:

1. The Committee welcomed the presentation on PLICS noting it will be critical in guiding the Trust's decision making process going forward and what the impact will be once it was rolled out.
2. Chris Turley commented that PLICS had several benefits from a value for money perspective. Also the Trust will be able to identify the variation in costs in different areas in Wales of each incident and once known this financial intelligence would be vital going forward.
3. Liam Williams added that PLICS was an enabler which will add to the outcome of the particular incident by knowing the financial cost base of each intervention. It will be extremely useful to understand the level of detail as a see and treat incident may differ in costs to a hear and treat incident due to the level of skill involved. This will be critical to align with the Electronic Patient Care Record in terms of outcomes and care bundles.
4. Navin Kalia added one of the key benefits of PLICS was that the Trust would be able to identify areas where it could improve its resource allocation.

**RESOLVED: The Committee noted the update and looked forward to receiving regular updates.**

**55/22 KEY MESSAGES**

The Chair advised that the Board Secretary would prepare the update report for the Trust Board.

**56/22 COMMITTEE PRIORITIES 2022/23**

**RESOLVED:** The report was noted.

**Date of next meeting: 14 November 2022**

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 11 August 2022 VIA TEAMS**

#### **PRESENT:**

Bethan Evans	Non Executive Director and Chair
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Hannah Rowan	Non Executive Director

#### **IN ATTENDANCE:**

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Interim Director of Quality and Nursing
Peter Hindley	Community Health Council
Carol Jones	Emergency Department Matron, Betsi Cadwaladr University Health Board
Sian Jones	Care Experience Manager, Betsi Cadwaladr University Health Board
Alison Kelly	Business and Quality Manager
Sue Last	Member of the public (Patient Experience)
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Duncan Robertson	Assistant Director of Research, Audit and Service Improvement (North)
Chris Scott	Audit Manager
Leanne Smith	Executive Director of Digital Services
Andy Swinburn	Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing

#### **Apologies:**

Angela Roberts	Trade Union Partner
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## **31/22 PROCEDURAL MATTERS**

The Chair extended a warm welcome to everyone. In particular, Liam Williams, the newly appointed Executive Director of Quality and Nursing, Carol Jones and Sian Jones from Betsi Cadwaladr University Health Board (BCUHB) and Peter Hindley from the Community Health Council and Sue Last who would be sharing her experience. Attendees were advised that the meeting was being audio recorded. Apologies were received from Angela Roberts, Trade Union Partner.

### **Minutes**

The minutes of the meeting held on 12 May 2022 were confirmed as a correct record.

The action log was considered:

Action Number: 16/21 - To provide updates on the viability of CFR's to administer pain relief. Andy Swinburn advised there was no further update and agreed to provide an update at the meeting on 10 November 2022.

Action Number F&P 1/21-22 – Quest was to undertake a focused review of performance related to clinical outcome metrics at their 17 February 2022 meeting. Duncan Robertson reported that the Clinical Intelligence and Assurance Group were conducting deep dive quality assurance audits on each of the clinical indicators. Learning in terms of improvements of the data quality within Electronic Patient Care Record (EPCR) have been identified. He explained there was still further work to be undertaken to consider other elements of the EPCR.

Comments:

1. It was queried whether EPCR would give the ability to input the reasons why the correct pathway was not achieved as in the past achievement of this has been poor. For example, would EPCR provide information on a patient with a fractured neck of femur where pain relief was not required or necessary? Duncan Robertson explained there were justified exceptions for clinical indicators. There were occasions where part of the care bundle would normally be expected to deliver but there may be an approved reason why it wasn't. He added that clinicians will be directed to be able to populate the clinical indicators correctly, this was part of the learning phase going forward.
2. The Committee wondered whether this was still the right action or should it be reshaped and have a clearer deadline. Duncan Robertson advised that the final audit will be available in September. It was a continually rolling programme and more time would be required to consider other areas within the EPCR which would be monitored through the Clinical Intelligence and Assurance Group. In terms of the action this will be updated as and when further information was available. Andy Swinburn stated that, EPCR will be a game changer – it would be useful for the Committee to be advised of activity regarding the data quality ensuring that progress was continually reported through to the Committee. He further commented that the main focus was on quality as opposed to pace, and agreed to bring an update to the next meeting in November. The Committee discussed this action in further detail and it was recognised it would be part of the Quest Committee cycle of business going forward.
3. Action Number: 50/21a - To provide an update on the ongoing work to improve functionality on the Website of symptom checkers etc... Leanne Smith advised this was ongoing work and a further update would be provided at the November meeting.

4. Action Number: 17/22 - To provide feedback on discussions at the older people's steering group and on the collaboration with health board colleagues to improve the falls processes and procedures; and also for the steering group to discuss the use of Mangar chairs in the Community. Jonathan Turnbull-Ross explained that a new group had been formed and an update will be provided at the next Quest meeting.
5. Action Number 23/22a - To consider the practical elements of promoting and integrating the Quality Strategy into everyone's role be a topic of discussion on a future Board development day. To also focus on the duties as part of the compliance element for development. This action was marked as closed as it is referenced later on in the Agenda under 41/22.
6. Action Number 23/22b - To provide feedback in terms of how to improve and influence the strategy going forward. To include how the Trust was embedding quality into the roles of others, i.e. what were the practical steps being taken to achieve this? This action was marked as closed as it is referenced later on in the Agenda under 41/22.

**RESOLVED: That**

- (1) the Minutes of the Open meeting held on 12 May 2022 were confirmed as a correct record; and**
- (2) consideration was given to the Action Log as described above.**

**32/22 PATIENT EXPERIENCE**

1. The Committee welcomed Sue Last who is a wife/carer for her husband John who is living with dementia. Sue was attending the meeting virtually and the Committee thanked her for sharing her story. Wendy Herbert, on behalf of the Board extended sincere apologies to Sue for the experience she and her husband John encountered on the evening of 22 June 2022. In addition the Committee welcomed colleagues from BCUHB who would be able to share Sue's story as well. Prior to listening to Sue, Wendy Herbert explained that during the timeframe involved activity was really high and challenging due to the overall system pressures. On 23 June 281 hours were lost as a consequence of hospital handover delays and on 24 June 228 hours were lost.
2. Sue recognised that the problem was across the whole NHS system and pointed out that her story was not a complaint but more of what lessons can be learned from it.
3. Her husband fell on the evening of 22 June. Along with a friend Sue managed to pick him up and put him in bed. Sue rang the ambulance service around 1.30 am and was advised there would be between a 7 to 10 hour wait. At this point John was in a chair by the bed. Sue rang again around 9.30 am to check on progress and received a call around 10 am from the ambulance service and went through the triage questions. By midday Sue's son had arrived and managed to return John to bed. John was in a lot of pain and was bordering on delirium.
4. Around midday, Sue then rang the GP, the district nurses and the one stop shop and nobody could provide any help. On reflection Sue says she should have asked the GP to provide a strong analgesic due to John's pain; all Sue could administer was paracetamol and fluids.
5. At around 4.45pm a first responder arrived who was excellent and was worried about

John, he called a clinician who agreed that the ambulance response should be escalated to Amber with blue lights. The ambulance did not arrive until about 8.30pm.

6. John was conveyed to the ED at Glan Clwyd and was taken in to the hospital within 30 minutes. Following x rays, ECG and a pain block he was returned to the ambulance, Sue was unsure how long he was in the ambulance for.
7. Following surgery on 24 June John's dementia has worsened. Sue now realises it is in John's best interest that he receives care on a 24 hours basis, which Sue is unable to provide. John is still in Denbigh Community hospital and has been there for the past 5 weeks. Sue is convinced that the wait combined with the surgery has had an impact on John's condition and understands it is very unlikely that John will be able to come home.
8. In terms of the questions Sue was asked during her call to the ambulance service she noted none of them related to dementia, especially regarding delirium and this should be considered going forward.

## Comments

1. Wendy Herbert reiterated her huge thanks to Sue for sharing her story which had a great impact and will have an influence on the way the Trust delivers its services going forward.
2. Andy Swinburn expressed his sadness that the Trust had failed in its delivery care for John and articulated his apologies. The Trust was continually looking for alternative initiatives to keep ambulances away from the ED; this included increasing the skills of paramedics to treat more people in the community. In terms of pathways the Trust continued to work actively in collaboration with other health board colleagues to improve this area. The Trust was in the process of transformation to become a better community provider and not just a conveying organisation. In terms of analgesia in the ambulance service, the Trust was limited by various legislations and was in the process of identifying funds to allow first responders to better manage pain relief.
3. Lee Brooks explained that over the last 2 years the Trust had recruited 260 staff and was committed to keep this growth happening; despite all the challenges. The Trust was working on the review of rosters in order to service the demand in all areas as best it could; and this should occur in September. Staff attendance, clearly Covid has had a massive impact and has led to less ambulances on the road. The Trust continued to provide a high standard of wellbeing to its staff. The Clinical Support Desk (CSD) has seen an increase in staff by 50% over the last 6 months. The Trust works on seasonal impacts and each season tactics are developed to maximise capacity and reduce waiting times in the community as much as possible.
4. Wendy Herbert updated the Committee on the dementia work the Trust was conducting which was to ensure the workforce was suitably trained and educated to provide the appropriate and proper care for patients with dementia and also their carers. Wendy Herbert agreed to look at how to improve the experience of families when calling the CSD.
5. Sue realised that that the issues spanned across the whole NHS. There was limited assistance available for people in the community who had suffered a fall and needed picking up. Also, the questions being asked through triage did not cater for the issues she was faced with. Jonathan Turnbull-Ross reported that the Trust was working to improve its response to fallers in the community; this included collaboration with St

John ambulance and health boards. He agreed to inform Sue with any progress in terms of the work and insight with regards to fallers specifically with BCUHB.

6. Sue was reassured by members of the Committee that the Trust Board had raised the concerns with the Health Minister and was doing everything in its power to improve the situation.
7. Was the Trust combining the information that were typically linked to having an ageing population and as inevitably more patients will present with dementia, were there any plans to accommodate this?
8. In terms of the questions from Clinical Service Desk staff, Sue was asked if there were any further questions that would have been useful. Sue said that once it was known the patient had dementia, there should be other specific and additional questions which could be posed on a case by case basis.
9. The Chair in summarising, reminded the Committee that the system pressures and the impact on patients and staff had been escalated to several forums. No one individual can make the change. It was important to continue to hear these stories which will incentivise the Trust to do the best it can and try and create some positive change in the system. This story will also help the Trust to develop its dementia plan and strategy going forward.
10. Carol Jones, on behalf of BCUHB offered their sincere apologies for the delays which were not acceptable. Sian Jones, ED Matron at BCUHB added that a great deal of work was underway in trying to manage and improve the ambulance handover delays.

**RESOLVED: That the patient experience was noted.**

## **33/22 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022 -23 Q1**

Lee Brooks presented the report recognising that most colleagues had seen the report at other meetings, with that in mind he provided the following update:

1. During the first heatwave the Trust escalated to Resource Escalation Action Plan (REAP) level 4; the measures taken had been very effective. Currently the UK was experiencing another heatwave and although not as severe as the first one still presented its own challenges. Media engagement with the public in terms of providing advice under the current heatwave circumstances was not as extensive as the initial one.
2. The Trust was currently experiencing an outage in the computer system used to refer patients from NHS 111 Wales to out of hours GP providers and had declared a Business Continuity Incident. Committee members were assured actions to mitigate impact had been put in place and were being evaluated to consider those that might be incorporated into its business as usual approach. As a result of the outage there have been some incidents raised on the Trust's incident reporting system, Datix, but none had been raised indicating harm to patients.

Comments:

1. Why was the media campaign during this current heatwave not the same as the first heatwave? Lee Brooks explained that a media statement has been released but the Trust's engagement will not be as significant. He was confident that members of the



public would have heeded the warning from the first media coverage.

2. The Committee discussed the merits of media coverage and the sustained coordinated campaign at an all Wales level which the Trust could benefit from; it should also help the public understand and recognise the role they can play in helping to minimise demand across the system.
3. The Chair referred to a recent visit she had made to the Hazardous Area Response Team and praised the positivity shown by them regardless of the demand and challenges they faced.

**RESOLVED: That the update was received and discussed.**

## **34/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT**

Julie Boalch drew the Committee to the following highlights from the report:

1. The two highest risks, 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service), details of actions to mitigate these risks will be contained in the Board and Committee reports in September.
2. Risk 199 (Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation) has been transferred to the People & Culture Committee for oversight given that the Health & Safety function and programme of work were now included in the Terms of Reference and cycles of business for that Committee.
3. It was noted that the Assistant Directors Leadership Team had identified new risks that would be reported to a future Committee.
4. The Committee's attention was drawn to the new nationally agreed risk matrices and the risk reporting timetable.
5. The Committee noted the improved Board Assurance Framework which reflected the work undertaken to strengthen the articulation of risks and describes the controls and assurances and any mitigations against the risks.

Comments:

In respect of risk 223 it was suggested the Trust highlight ongoing discussions in respect of Section 28 Coroners Reports and how these were considered nationally.

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

- (1) Noted that the 'avoidable harm' action plan would be incorporated into the BAF to support further mitigation of Risks 223 and 224;**
- (2) Noted the improved Board Assurance Framework;**
- (3) Noted the adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors;**
- (4) Noted the 2022/23 Risk reporting timetable; and**

**(5) Noted the transfer of Risk 199 to the People & Culture Committee.**

**35/22 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (INCLUDING REVISED KEY PERFORMANCE INDICATORS)**

Prior to the update, Rachel Marsh pointed out an error in the report, the recommendation was for the Committee, and not the Board as stated.

In terms of highlights the following was brought to the Committee's attention:

1. 111 Clinical response –call answering performance and clinical ring back times remain below target. Recruitment and retention of call handlers and clinicians remain a priority and urgent discussions are ongoing to identify how the Trust can increase clinician numbers.
2. Response times – red and amber response times remained at unacceptable levels, in particular the amber tail; the amber 1 95<sup>th</sup> percentile was at 6 hours and 50 minutes. Actions continued to be undertaken to maximise the Trust's ability to respond and to mitigate risks to patients.
3. Ambulance Care, it was noted that there was relatively good performance. In particular the Trust was above the target for enhanced renal patient arrivals prior to appointment in July 2022 and has improved for patients requiring discharge; however. Overall demand for the service continued to increase although it has not yet recovered to pre CoVID-19 levels.

**Comments:**

1. Ambulance response, patients waiting in the amber category for over 12 hours, what was the Trust's advice/answer to these patients? Rachel Marsh explained that the total number of patients using other transport means such as taxis has significantly increased. Lee Brooks added that the Trust worked on the principle of enabling the caller/patient to make their own decision. An estimated time of arrival (ETA) within a certain time banding was being developed and would be offered to the caller/patient. The Trust was looking to reduce the time banding width and to increase the ETA accuracy. The caller/patient would be able make an informed decision on the response time and wait or whether to make other arrangements. Call handlers could face a predicament whereby they may be asked for advice on what to do, the Trust's position on this would be to offer the ETA and leave the ultimate decision to the caller/patient. In the background, the Clinical Support Desk (CSD) will monitor and if a need to travel has been identified, the CSD will manage the situation.
2. In terms of stroke patients and the length of waiting time, once the EPCR and health board data was matched and stroke was confirmed as the chief complaint; the Trust could begin to understand the clock time start on the treatment window. Going forward early identification of a stroke, establishment of the clock start time and treatment window and the prioritisation of that patient moving through this time period should be explored. Dr Brendan Lloyd explained that this situation could become more complex, due to the clinical recommendations around the time window for a Thrombectomy (a type of surgery to remove a blood clot from inside an artery or vein) It was being proposed that this may be extended from five hours to ten hours which would mean a significant number of patients would fall outside of the therapeutic window currently being used, and would therefore be in the amber 2 category. Furthermore, in relation to this the Trust was also exploring a project looking at using direct video consultation for front line clinicians with specialists in the stroke unit.

3. Wendy Herbert updated the Committee on the situation regarding the poor performance for the two day response target to concerns. This was due in part to staff resourcing which had now been addressed. In terms of compliance of the 30 day response, this had also deteriorated due to staff vacancies. There has also been a large increase in coroners' activity and Medical Examiners requests, both of which compromised the ability to respond to the 30 day target.
4. What was the difference in outcome in sending an ambulance after 12 hours or not sending one? And why was the Trust taking patients to hospital after several hours? Andy Swinburn explained if the patient has waited over 12 hours a positive outcome would be highly variable depending on the nature of the patient's complaint. In terms of advising people going to hospital, he used the following scenario as an explanation. There were 10 ambulances outside the Emergency Department all with patients with elderly fallers with hip injuries. A 35 year old person with chest pain then calls and is advised to make their own way to hospital. The patient then arrives in the Emergency Department and is immediately prioritised above those waiting in the ambulances. If the patient had been clinically triaged and taken through the Emergency Communication Nurse System (ECNS) the likelihood of it being a cardiac issue would probably have been doubtful. In this scenario the Trust may potentially have contributed to its own delays. Liam Williams pointed out it was also very important to consider the risks involved when advising callers either to wait or to self-transport.
5. The Committee expressed their concern that the Trust was consistently losing around 30% of its conveying resources and the increase of Appendix B referrals.
6. What was the reason for the number of clinical vacancies in 111? Rachel Marsh explained that the turnover rate was relatively high; the Trust was looking at initiatives to improve recruitment and retention which included maximising home working opportunities.

**RESOLVED: That the Committee considered the June/July 2022 Integrated Quality and Performance Report and actions being taken and determined that it provided sufficient assurance.**

## **36/22 QUALITY HIGHLIGHT REPORT QUARTER 1**

Jonathan Turnbull-Ross presented the report and advised that it sought to provide assurance in line with Commissioning Core Standards, All Wales Health & Care Standards (2015) and the Health & Social Care (Quality & Engagement) (Wales) Act 2020, that promoted a Duty of Quality and Duty of Candour. He added that the report illustrated any governance concerns, issues, risks and area for improvement across the commissioned services.

In terms of key issues the Committee were updated on the following:

1. The once for Wales concerns management system; some of the older cases were being closed.
2. The new improvement group for older people and falls will be working on community resilience, volunteer strategy and patient experience and community involvement.

Comments:

1. Could the report be more succinct for the Committee and explain what was meant by the Paramedic Pathfinder? In terms of the length of the report, Jonathan Turnbull-Ross explained the report had been refined and agreed to further review it. In terms of the Paramedic Pathfinder this was a tool used to establish the relevant pathway for the patient, in a pre-hospital setting
2. Notification to handover lost hours, was there a way the Trust could evidence if the Trust was at the Commissioning intention target what the overall situation would look like? Rachel Marsh explained that Optima were conducting some modelling which will look at a 25% reduction but that would still be inadequate.
3. What were the governance arrangements for Allied Health Professionals (AHP)? Wendy Herbert advised that the Trust was discussing the role of AHP within the Trust with Welsh Government where clarity would be sought. She added that the Clinical Quality Governance Group within WAST were reviewing the role and function of the AHP. A discussion ensued whereby the Committee considered the merits, advantages and risks of AHP's from all types of background working within WAST.
4. Members were pleased to see how encouraging the Falls assistance service continued to be and felt it would be good to expand on this as it was having a positive impact on patients and reducing operational pressure for WAST .
5. In relation to older people Members asked why there wasn't more collaboration with the private sector and it was agreed that Wendy Herbert would investigate this further.
6. Going forward, the Committee requested to see more information relating to care home focused improvements work beyond the geographical area of Pembrokeshire.

**RESOLVED: The Committee discussed and noted the report**

**37/22 PATIENT SAFETY REPORT Q1 2022/23**

Wendy Herbert drew the Committee's attention following points to note:

1. Verified demands had decreased, however there had been an increase in red activity.
2. In terms of an amber response there had been a deterioration with this position and the impact to patient experience and outcomes will be noticeable. .
3. The Trust is currently not compliant with the two day and 30 day response targets due to the volume of complaints being received.
4. Appendix B activity had remained exceptionally high, 117 of the incidents were discussed Serious Case Incident Forums; 17 of these incidents met the National Reporting Incident Framework with 15 shared with the relevant health board. In addition to the Appendix B Report(s) being sent to the relevant Health Board's Patient Safety Team, the anonymised reports were now also sent to Health Care Inspectorate Wales (HIW).
5. There continued to be high levels of reporting for patient safety incidents which illustrated the excellent reporting culture.
6. During this quarter there were 1,807 immediate release requests, of which 43.7 % were declined. Work was ongoing with partners and July was showing signs of improvement.

Comments:

1. Whilst there had been an improvement in the immediate release compliance, the Committee expressed concern that BCUHB declines exceeded 50%. Wendy Herbert explained this figure had recently improved following liaison with health board colleagues. She added there had been an improvement across Wales for red release but amber still remained a challenge to achieve.
2. Going forward it would be useful to see, as improvements were made, how that translates into the Trust's ability to respond and how that was evidenced. Lee Brooks explained that a weekly report was produced which showed the numbers of red and all immediate releases. The Trust received a narrative report on the declined red, with a dip sample on the ambers. Heath boards received a regular report on the learning from the immediate release reports.

**RESOLVED: That the report was noted.**

**38/22 CORONER REGULATION 28 REPORTS RECEIVED**

Wendy Herbert presented the report to the Committee noting that the long wait for an ambulance had clearly impacted on the patient's death.

Comments:

What could the Trust have done differently and was the coroner in communication with the health board. Wendy Herbert explained that the Trust's response to the coroner clearly articulated this. The health board was not issued with this Regulation 28 report.

**RESOLVED: That the report was noted.**

**39/22 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) QUARTERLY REPORT**

Leanne Hawker gave an overview of the report and drew the Committee's attention to the following:

1. The Peci tem continued to hear concerns regarding response times and delays in the back of ambulances.
2. The team were also identifying anticipatory anxiety across all communities.
3. Digital exclusion was an issue for some members of the community; this included internet coverage which in some areas in Wales was poor.
4. The team continued to advise staff in recognising the issues of people with learning disabilities and the need to make reasonable adjustments in terms of the response and care. Also to recognise when people with learning disabilities were in pain.

Comments:

1. The Committee acknowledged the issues around digital accessibility and also the issues with affordability for some people.
2. In terms of older people some were categorised as 50 plus, what was the age

category in WAST. Leanne Hawker advised that WAST determined an older person to be 60 plus.

3. In terms of feedback from Community Health Councils (CHC) following the PECI team's engagement with them were there any themes and trends emerging? Leanne Hawker explained there was nothing particular but they very keen to understand how the Trust disseminated its messages to the public and how this was evidenced.
4. The Committee welcomed the report and acknowledged the excellent being undertaken by the PECI team.

**RESOLVED: The Committee;**

- (1) Approved the highlight report for release to the NHS Wales Patient Experience Network, the WAST People and Community Network and external stakeholders; and**
- (2) Noted and supported the actions being taken.**

**40/22 HEALTH INSPECTORATE WALES (HIW) EMS CCC PATIENT SAFETY REVIEW**

Lee Brooks explained this was the ongoing work in terms of the actions following the HIW review of the Clinical Contact Centre.

An update was given on the actions as follows:

1. The actions from the year 2019/20 had been completed.
2. There were 3 actions ongoing from year 2020/21 and 4 from year 2021/22.
3. The 3 actions from 2020/21 were now considered to be completed.
4. The 4 actions from 2021/22, 2 were completed and 2 were ongoing which were overdue and the Executive Management Team have concurred with the position in terms of the actions which have a timeline for closure.

Comments:

Following a query in terms of the action to ensure that protected time was given to staff for appraisal discussions, Lee Brooks advised that the action was on target and was being tracked.

**RESOLVED: That the Committee**

- (1) Noted that Executive Management Team received and approved the progress again the HIW Action Plan; and**
- (2) Noted the contents of the report to secure the necessary assurance that progress was being made by the Trust against the HIW recommendations.**

**41/22 QUALITY STRATEGY HIGHLIGHT REPORT QUARTER 1**

1. Jonathan Turnbull-Ross gave a verbal update commenting that progress during quarter 1 had been very challenging with some actions being delayed. There were

risks to delivering the strategy on time.

2. A workforce review has been undertaken and approval was expected to progress this into a formal consultation period with it becoming live in November. The Trust had originally requested funding for an additional four senior roles but had only received funding for two.
3. Jonathan Turnbull-Ross remained optimistic these posts would be recruited to by October.

Comments:

1. The Committee recognised that the Trust was operating in an increasingly tight financial environment and there were difficult choices to be made. There were other options the Trust could utilise, for example, local champions who would be critical to the delivery of the strategy.
2. Members acknowledged it was an ambitious strategy and would require collective cooperation from all involved to ensure its success, particularly at the grass root level.
3. The Chair made reference to the Committee action log discussed earlier at the meeting and those actions relating to the Quality Strategy; noting that the strategy should be integrated into everyone's role and what practical steps will be taken to develop this. Following on from this there will be broader discussion at Board Development and EMT after which more actions and clarity were likely to emerge.

**RESOLVED: The update was noted.**

#### **42/22 INTERNAL AUDIT TRACKER REPORT**

1. Julie Boalch explained that the purpose of the report was to provide the Committee with an update in relation to recommendations resulting from Internal Audit reviews and also give the Committee sight of the Internal Audit plan activity.
2. An internal audit review had been conducted on the Trust's Respiratory Protective Equipment which received a reasonable assurance rating.
3. There were currently three high priority recommendation shown as overdue and these related to the role of the Advance Paramedic Practitioner (APP) and the Respiratory Protective Equipment reports.

Comments

In terms of the Respiratory Protective Equipment, the Committee noted there was still further work for improvement, for example around fit testing. Jonathan Turnbull-Ross explained the Trust was more assured on current processes and that standards would need to be maintained. He added that the Trust had been approached by other organisations to provide them with fit testing which demonstrated some external validation.

**RESOLVED: The Committee:**

**(1) Noted and considered the report;**

**(2) Considered the Internal Audit Plan activity;**



- (3) Received one current Internal Audit Report relevant to the Committee; and**
- (4) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically those relevant to the Committee.**

#### **43/22 NHS WALES NATIONAL CLINICAL AUDIT AND OUTCOME REVIEW PLAN 2022/23**

1. Duncan Robertson advised the Committee that the Clinical Directorate had received a request to review WAST's contribution to the NHS Wales National Clinical Audit and Outcome Review Plan - Annual Rolling Programme for 2022/23 and provide the organisation's position.
2. The criteria for clinical audits included in the National Clinical Audit and Outcome Annual Review Plan do not directly relate to the pre-hospital environment or necessitate the inclusion of WAST clinical data. The Trust, following a review by the clinical audit and effectiveness team determined that no contribution was required.
3. The Clinical Audit Programme for quarter 1 2022/23 was presented for the Committee's approval.

#### **Comments:**

Trish Mills confirmed that the Quest Committee approved the programme and provided assurance to the Audit Committee. She proposed to complete a brief highlight report on this topic to the Audit Committee.

#### **RESOLVED: That the Committee;**

- (1) Noted the update for the NHS Wales National Clinical Audit and Outcome Review Plan;**
- (2) Approved the WAST Q1 Clinical Audit Programme; and**
- (3) Confirmed the submission route and frequency for approving the WAST Clinical Audit Programme**

#### **44/22 INFECTION PREVENTION CONTROL ANNUAL REPORT**

1. Jonathan Turnbull-Ross informed the Committee that In the last 12 months, activity for the Infection Prevention & Control (IPC) Team has largely remained pandemic focused however, more recently, business as usual activity has merged with pandemic work.
2. There have been many improvements with IPC, all aimed at providing and continuing to maintain safe services for both patients and staff.
3. The overall governance structure has been revised and was more pragmatic to meet the needs of the Trust.
4. Going forward, the Trust should continue to learn from the fallout of Covid-19; and to consider the ongoing risks.
5. A key factor had been to understand the needs of staff and this had resulted in the improved development of training.

Comments:

1. The IPC policy was due to be reviewed in June and would it be presented at this Committee for approval? – Jonathan Turnbull-Ross explained it was currently being reviewed and continued to be updated to take into account the current situation and was likely to be presented at the next meeting.
2. What was the plan when Fit testing failed? Jonathan Turnbull-Ross advised that other suitable devices were offered should any of the Fit testing masks fail.
3. The Committee noted that a new risk had been added Risk ID 536 (the ability to sustain a comprehensive fit testing programme within the Trust). Jonathan Turnbull-Ross explained that the risk score of 12 was to be confirmed following further work by the IPC team.

**RESOLVED: That the Committee noted the information within the paper and received assurance that the Trust was actively driving towards a consistent IPC culture, one in which high standards of patient care and staff safety were maintained.**

**45/22 PATIENT STORY DRIVER DIAGRAM**

The report was for information purposes only.

**RESOLVED: That the report was noted.**

**46/22 COMMITTEE PRIORITIES UPDATE**

The report was for information purposes only.

**RESOLVED: That the report was noted.**

**47/22 KEY MESSAGES FOR BOARD**

The Chair advised that Trish Mills would provide a detailed report for the Board's attention.

**48/22 ANY OTHER BUSINESS**

The Committee thanked Wendy Herbert in her role as the Interim Director of Quality and Nursing for the contribution and support she had provided to the Committee.

**Date of Next meeting: 10 November 2022**



<b>AGENDA ITEM No</b>	<b>18</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>3</b>

## NHS WALES JOINT COMMITTEE UPDATE REPORT

<b>MEETING</b>	Trust Board
<b>DATE</b>	24 November 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Steve Owen, Corporate Governance Officer
<b>CONTACT</b>	<a href="mailto:Steven.owen2@wales.nhs.uk">Steven.owen2@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.
2. Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
3. Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.
4. This report provides an update to Trust Board in respect of the following recently held meetings:
  - Emergency Ambulance Services Committee meeting of 18 August 2022
  - NHS Wales Shared Services Partnership Committee – Assurance Report dated 22 September 2022
  - Welsh Health Specialised Services Committee – Joint Committee Meeting - Briefing dated 8 November 2022
5. The minutes, agendas and additional reports from EASC, NWSSP and WHSSC meetings are available from each Committee's websites via the following links

<https://easc.nhs.wales/> <https://whssc.nhs.wales/> <https://nwssp.nhs.wales/>

**RECOMMENDED: That the Minutes in respect of recent, EASC, NWSSP and WHSSC meetings are received.**

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KEY ISSUES/IMPLICATIONS
Not Applicable

REPORT APPROVAL ROUTE
Not Applicable

REPORT APPENDICES
<p>Annex 1: Emergency Ambulance Services Committee meeting of 18 August 2022</p> <p>Annex 2: NHS Wales Shared Services Partnership Committee – Assurance Report dated 22 September 2022</p> <p>Annex 3: Welsh Health Specialised Services Committee – Joint Committee Meeting - Briefing dated 8 November 2022</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)	N/A	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	N/A
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

## Emergency Ambulance Services Committee Management Group

**Thursday 18 August 2022  
10:00am to 12:00pm**

**Via Microsoft Teams**

### Notes of the meeting

<b>Members</b>			
Ross Whitehead	(Chair)	Chris Turley	WAST
Kath Smith	ABUHB	Hugh Bennett	WAST
Sarah James	CTMUHB	Alex Crawford	WAST
Elizabeth Beadle	CTMUHB	Lee Brooks	WAST
Adam Wright	CVUHB	Sonia Thompson	WAST
Meurig Francis	CVUHB	Matthew Edwards	EASC T
Hannah Roan	SBUHB	Phill Taylor	EASC T
Matt Cann	EMRTS Cymru	Sian Ashford	EASC T
<b>In attendance</b>			
Chris Turner	EASC	Gwenan Roberts	NCCU
<b>Apologies</b>			
Stephen Harrhy	CASC	Rachel Marsh	WAST
Craige Wilson	SBUHB	Mark Winter	EMRTS Cymru
Stuart Davies	EASC T	Phil Orwin	BCUHB
Nicola Johnson	SBUHB	Sarah Perry	HDdUHB
David Hanks	ABUHB		

<b>Item</b>		<b>Actions</b>
1.	<b>Welcome, Introductions &amp; Apologies</b>  Ross Whitehead welcomed all present and thanked all for making time to attend the meeting.	
<b>Preliminary matters</b>		
2.	<b>Notes from last meeting</b>  The notes from the previous meeting held on 16 June 2022 were confirmed as an accurate record of the meeting.	Chair
3.	<b>Declarations of Interest</b>  There were no new declarations of interest.	Chair
4.	<b>Action Log</b>  The action log was received and noted.	Chair

	<p>Members noted that the majority of outstanding actions would be addressed during the course of the agenda items, with the exclusion of:</p> <ul style="list-style-type: none"> <li>• Close the CTMUHB (POW) action part of EASC Action Plan – superseded and closed</li> <li>• WAST and HB engagement – part of the discussions related to the Framework</li> <li>• Engagement with SB regarding changes to the acute medical services redesign, Members noted a meeting had taken place and the action was closed (although the work would continue)</li> <li>• Elements of the WAST update from 16 June had been completed although it was agreed that WAST update actions taken within EMS coordination to understand and respond to the variable position related to red performance would remain on the action log</li> <li>• Hywel Dda UHB – closer working relationships with WAST and related to the plans for changes and now everyone represented.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the action log</li> <li>• <b>AGREED</b> to close the actions as per the discussions held.</li> </ul>	
5.	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>	Chair
<b>Key items for discussion</b>		
6.	<p><b>'FOCUS ON' – EMERGENCY AMBULANCE SERVICES FRAMEWORK</b></p> <p>Ross Whitehead led the session and gave an overview of the progress of the development of the new Framework.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• The development of the Local Commissioning Action Plans to involve and co-create actions to invert the triangle / shift activity left building on the discussions at the EASC Management Group</li> <li>• This would build on the work captured during the fortnightly handover meetings (every health board and WAST)</li> <li>• The overview of the new commissioning framework and was similar to previous iterations – care standards and core requirements although some updates to nomenclature which had changed over time</li> </ul>	

	<ul style="list-style-type: none"> <li>• The range of activity measures across the 5 Step pathway</li> <li>• Little change to the national approach but building from local level into the national</li> <li>• Focus on and opportunities for LHB integrated commissioning action plans to build into the national Framework</li> <li>• Clarity on the process for aligning WAST strategic ambition and the development alongside HB plans</li> <li>• Reflection of various national programmes and expectations of national ambulance services and how goals would be delivered</li> <li>• Benefits identified and presented</li> <li>• The visual overview to show the expectations for delivery and the local actions combine for the national framework approach</li> <li>• Simplified approach for the EASC IMTP and HBs for ambulance commissioning next year</li> <li>• Opportunity for system improvement with an aim to identify impact and spend</li> <li>• Aim to have plans signed by local CEOs, part of the local approach and therefore owned by local health boards but co-created with WAST</li> <li>• Minimum data sets and key performance indicators – examples and not definitive – heavy process metrics not outcomes for patients and the system currently</li> <li>• Clarity on the total journey time for patients from the call to definitive care</li> <li>• Implementation overview provided and would bring together local level actions to become sections in the national Framework</li> <li>• Strategic alignment to support the Framework</li> <li>• Summary of the next steps to fit within the IMTP processes for next year and in the near future.</li> </ul> <p>Members asked:</p> <ul style="list-style-type: none"> <li>• Deliberately emergency ambulance services focused; regional footprint services may also be considered; clinical networks and other regional planning forums would be included – aiming to avoid any gaps related to emergency ambulance services (separate Framework for Non Emergency Ambulance Transport Service and for Emergency Medical Retrieval and Transfer Services EMRTS Cymru) this would require HB support and input</li> <li>• Cost benefits and impacts across the 5 steps; value-based healthcare approach would need to be wider than activity, performance and patient outcomes for the wider system and recognised more work to be done</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Style of local ICAPs would be coordinated by the EASC Team and need to work across the system and build on the approach already commenced in relation to handover improvement plans for both the HBs and WAST</li> <li>• Templates within the Framework including plans on a page</li> <li>• Handover reduction would also benefit from colleagues wider than operational colleagues</li> <li>• Set the key principles for the Framework and LCAPS and iterative process to develop and adapt to co-create the approach.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress in the development of the Framework including local commissioning action plans and the detail within the documents including templates</li> <li>• <b>NOTE</b> the plans to work together</li> <li>• <b>NOTE</b> the last slide in terms of WAST governance processes and co-creation opportunities.</li> </ul>	
7.	<p><b>PERFORMANCE REPORT AND DATA</b></p> <p>The Performance Report and accompanying Ambulance Service Indicators (previously known as Ambulance Quality Indicators) was received.</p> <p>Phill Taylor presented the report and highlighted:</p> <ul style="list-style-type: none"> <li>• Actions currently being taken</li> <li>• 999 calls vs 95<sup>th</sup> percentile answer times – changes in demand which was impacting on service delivery</li> <li>• Calls vs incidents and high levels of the Clinical Safety Plan (CSP) = more calls (patients calling back)</li> <li>• Hear and treat volumes – numbers increasing this year about 4,500 in the figures presented</li> <li>• Overall demand – reduction but high CSP levels would suppress demand overall</li> <li>• Post production lost hours (PPLH) – ongoing work to address the efficiencies in WAST</li> <li>• Red performance – at 50-60%</li> <li>• Amber performance decline in amber response particularly the 95<sup>th</sup> percentile</li> <li>• Conveyance volume reducing but high CSP may have an influence and suppress the numbers</li> <li>• Lost hours and handover delays current position presented</li> <li>• Fortnightly meetings with health boards and CASC which were being well received</li> <li>• Key information provided to CEOs in the information pack</li> <li>• Two appendices relating to 25% lost minutes improvement trajectory and ambulance 4 hour improvement trajectory.</li> </ul>	

	<p>Ross Whitehead informed Members of discussions at the most recent EASC Integrated Quality Performance and Delivery meeting with Welsh Government officials including the reiteration of the requirements to improve ambulance performance. Members also noted the increase in serious incidents and the impact on safe patient care including reports by HM Coroners across Wales particularly in response to handover delays.</p> <p>Members noted the plans to improve the performance report to provide clarity regarding the overall trends. The Chief Ambulance Services Commissioner had also committed to reviewing the 25% lost minutes improvement and 4 hour improvement trajectories at the end of September. This review would be presented at the next meeting (added to Forward Look).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report.</li> <li>• <b>NOTE</b> the Ambulance Services Indicators</li> <li>• <b>NOTE</b> the handover improvement trajectories</li> <li>• <b>NOTE</b> the performance reporting information submissions.</li> </ul>	EASC T
8.	<p><b>EASC ACTION PLAN</b></p> <p>The latest version of the EASC Action Plan (August 2022) was received. In presenting the report, Matthew Edwards gave an overview of the work to date.</p> <p>Members noted:</p> <ul style="list-style-type: none"> <li>• The detail provided and the changes made to the Plan since the last report</li> <li>• Working with Welsh Government officials further worksheets had been developed for national daily views and 12-month overview</li> <li>• Hyperlinks had been provided to connect to further details</li> <li>• Ongoing discussions at fortnightly handover meetings</li> <li>• Discussion at the most recent meeting of the Directors of Planning and the emphasis from Welsh Government of its importance</li> <li>• Action plan to be reflected in organisations IMTP</li> <li>• The EASC Action Plan provided a collation of existing work across a range of actions</li> <li>• The intention to produce the Plan every month and submit on 5<sup>th</sup> day of the month.</li> </ul>	

	<p>Members comments included</p> <ul style="list-style-type: none"> <li>• The Plan was helpful in bringing together many areas of work</li> <li>• Important as was presented to the Minister</li> <li>• the WAST team highlighted that the information differed in the reports presented to the meeting and it was agreed that this would be addressed outside of the meeting and would include the assessment of progress.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the current EASC Action Plan.</li> </ul>	EAST T / WAST
9.	<p><b>QUALITY AND SAFETY REPORT</b></p> <p>The Quality and Safety Report was received. In presenting the report Matthew Edwards highlighted:</p> <ul style="list-style-type: none"> <li>• The link to the EASC Integrated Medium Term Plan in relation to increasing reporting on matters related to quality and safety for patients and the intention to present a Quality and Safety Report at every meeting</li> <li>• Progress of the Task and Finish group developed to respond to the Healthcare Inspectorate Wales (HIW) Review; a workshop related to Fundamentals of Care had been held which considered recommendations from HBs and WAST</li> <li>• The aim to meet in the near future with HIW to discuss the current position and to close as many actions as possible</li> <li>• The Task and Finish Group in relation to Appendix B following the NHS Wales Delivery Unit report and the first meeting was planned to take place on 19 August to set the context</li> <li>• Aim to develop a consistent approach to joint investigations and better reflect the requirements of the national policy</li> <li>• The anticipation that a growth would take place in serious incidents and Coroner's Inquests</li> <li>• Looking to strengthen and build and currently emergency ambulance services focused but would include Non-Emergency Patient Transport Services (NEPTS) and Emergency Medical Retrieval and Transfer Services (EMRTS Cymru)</li> <li>• Members were thanked for their organisational representation at the task and finish group meetings.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report and the progress made by both Task and Finish Groups</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>NOTE</b> the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services</li> <li>• <b>NOTE</b> the provision of Quality and Safety Reports relating to commissioned services at all future meetings.</li> </ul>	
10.	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER REPORT</b></p> <p>The report from the Chief Ambulance Services Commissioner (CASC) was received. In presenting the report, Ross Whitehead explained that some of the key areas were being discussed in more detail on the agenda.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the information within the report.</p>	
11.	<p><b>UPDATES FROM HEALTH BOARDS</b></p> <p>The Chair acknowledged the work being undertaken across each health board including meeting the requirements of the fortnightly handover improvement plan meetings being held and proposed a template be developed to receive written update in advance of each meeting to reflect the collaborative nature of the meeting (added to Action Log and Forward Look). The following health boards provided an overview:</p> <p><b>SBUHB (Hannah Roan)</b></p> <ul style="list-style-type: none"> <li>• Acute medical services redesign programme progressing in line with the timetable and currently in the evaluation and response stage</li> <li>• 4 additional virtual wards to come online in September 2022 and would be aligned to the GP clusters</li> <li>• Joint WAST and GPs stack review (with Advanced Paramedic Practitioners) showing really good results in terms of redirection of patients to alternate pathways and freeing up ambulance resources</li> <li>• High levels of occupancy in Morriston but aiming for improved flow and seeing a reduction in Covid.</li> </ul> <p>Ross Whitehead added that the evaluation of cohorting in Morriston and the Grange had been undertaken and further discussion would need to take place in terms of the future plans (Added to the Action Log).</p> <p><b>ABUHB (Kath Smith)</b></p> <ul style="list-style-type: none"> <li>• Immediate release – protecting a trolley and able to comply well (and validating results)</li> </ul>	EASC Team

	<ul style="list-style-type: none"> <li>• HALO vehicles lost from last Sunday so keeping an eye on the impact</li> <li>• Poor start to the week but getting improving – four times a day review to ensure keeping on top of actions</li> <li>• Submitted overarching action plan and potentially too much detail but working on the things that will improve ambulance handover</li> <li>• Actions on 6 Goals for ambulance handover</li> <li>• Same Day Emergency Care (SDEC) opened last week for surgical but not medical admissions yet (medical staffing issue)</li> <li>• Plans for winter and total realignment of all sites – will need to deliver</li> <li>• Over 65 year old pathway will be key</li> <li>• Lots of work in the urgency care centre including utilising advance paramedic practitioners and flow centre</li> <li>• Lots going on to impact on the local improvement plan.</li> </ul> <p><b>CVUHB (Adam Wright)</b></p> <ul style="list-style-type: none"> <li>• Lots of ongoing actions and similar to ABUHB)</li> <li>• Immediate release requests actions and all approved</li> <li>• Working hard on onboarding and escalation procedures</li> <li>• Work on 6 Goals programme</li> <li>• SDEC full for surgery since start of July and Medical SDEC open on weekends but challenging re workforce</li> <li>• Not seeing a huge improvement in lost hours and flow poor in the hospital and lots of work with partners in the local authority and whole system flow</li> <li>• Actions to improve 4 hours and lost hours metrics are the key focused</li> <li>• New staff and looking at other actions for the important metric - lots going on.</li> </ul> <p><b>CTMUHB (Elizabeth Beadle)</b></p> <ul style="list-style-type: none"> <li>• Agreed to send an update following the meeting.</li> </ul> <p>Ross Whitehead thanked all of the updates and noted the ongoing work in organisations he suggested it would be important to accurately record ambulance conveyance to SDEC and where this could be drawn from to understand the flow and to identify any hidden waits for patients. Work would continue with WAST outside of the meeting (Added to the Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the updates provide</li> <li>• <b>RECEIVE</b> written updates from all health boards at each meeting.</li> </ul>	<p>EASC T / WAST</p>
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12.	<p><b>IMPLEMENTATION OF THE EMERGENCY MEDICAL SERVICES (EMS) OPERATIONAL TRANSFORMATIONAL PROGRAMME (EMS DEMAND AND CAPACITY REVIEW)</b></p> <p>Members received the highlight report, summary and slides relating to the benefits scorecard. In presenting the report Hugh Bennett highlighted:</p> <p>Re-rostering (presentation slide used)</p> <ul style="list-style-type: none"> <li>• Complex and emotive work 140 affected ambulance stations across Wales</li> <li>• Reprofilng and alignment in the day to the peak which would be earlier in the day</li> <li>• Increasing emergency ambulances (+30 vehicles)</li> <li>• Re weighting and new resource (+72 FTE in the system)</li> <li>• Go live September to November and on target</li> <li>• Re rostered clinical support desk and the Clinical Contact Centres (CCC) modelling almost complete</li> <li>• NEPTS re-rostering</li> <li>• Generally good progress and on target.</li> </ul> <p>Sickness, Absence and Wellbeing (presentation pack)</p> <ul style="list-style-type: none"> <li>• Pre pandemic achieving the benchmark</li> <li>• Downward trend but still over 9%</li> <li>• 12% in CCC / emergency ambulances coordination</li> <li>• Strong focus organisationally</li> <li>• Report to CASC Quality and Delivery Meeting</li> <li>• Making progress (recognising currently too high).</li> </ul> <p>Ross Whitehead added:</p> <ul style="list-style-type: none"> <li>• Extensive improvement plan underpins and Welsh Government officials are content with the depth and breadth of the plan.</li> </ul> <p>Post production lost hours (presentation slide used)</p> <ul style="list-style-type: none"> <li>• Complex area and not simple comparison with hospital handovers and some are unavoidable</li> <li>• In dialogue with Trade Unions / Staff Side Representatives re workforce modernisation</li> <li>• Manual collection of data and interim fix in place and work with the computer aided dispatch (CAD) supplier to help data accuracy (automated fix)</li> <li>• Benchmark quite well against other Ambulance Trusts apart from one English NHS Trust</li> <li>• Using technology to better record return to base and other working practices – links to shift overruns and staff wellbeing</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Examples of the codes provided including meal breaks</li> <li>• Not anticipating PPLH will be zero</li> <li>• Shift over runs are significant in terms of the staff interest and wellbeing</li> <li>• ACAS session planned for next week.</li> </ul> <p>Ross Whitehead suggested that the data and trends over time clearly identified when the reporting was changed (shown in a different colour) as opposed to any organisational change.</p> <p>+100 FTEs (presentation slide used)</p> <ul style="list-style-type: none"> <li>• £3m funding for additional staff (90 emergency medical technician (EMTs) and 10 acute care assistants (ACA2s))</li> <li>• 25 vacancy factor in urgent care services (UCS)</li> <li>• Lack of C1 license key issue</li> <li>• Potential to release staff for the CHARU (Cymru High Acuity Response Unit)</li> <li>• Regular updates provided in the CASC Quality and Delivery meetings</li> <li>• Important mitigation to had sufficient capacity available.</li> </ul> <p>Summer modelling (presentation slide used)</p> <ul style="list-style-type: none"> <li>• Winter planning presentation</li> <li>• Pre summer / mid summer and Sept</li> <li>• Lots of red areas identified slightly higher units of hours produced (UHP) than modelled</li> <li>• 'Focus on' session in March assumed a level of demand and now undertaking more sophisticated modelling</li> <li>• Changes to dispatch criteria to align to the English system</li> <li>• Some modelling potential to be shared with health boards on a more local level once undertaken through the WAST governance processes and can show the potential of the improved performance perspective.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the reports.</p>	
13.	<p><b>TRANSFER AND DISCHARGE SERVICE</b></p> <p>Members received the presentation on the WAST Transfer and Discharge Service Project. Alex Crawford gave an overview of the content and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Update of work within WAST</li> <li>• IMTP ambition in WAST to create and all Wales service</li> <li>• Potential to develop a business case to include mental health</li> <li>• Response to Major Trauma Network</li> <li>• Project structure and HBs are represented by ABUHB EMRTS and ACCTS (Adult Critical Care Transfer Service)</li> </ul>	



	<ul style="list-style-type: none"> <li>• Aligned work – GUH (Grange University Hospital) evaluation and BCUHB Transfers (inter hospital)</li> <li>• Clinical networks</li> <li>• Need for consistency of approach</li> <li>• Progress to date and overview provided (lots of engagement in 2019 with health boards) recommenced in April 2022</li> <li>• UCS transferred in WAST ambulance care in July 2022</li> <li>• Data relating to transfers and discharges (21,000 by emergency ambulances and 13,500 by NEPTS)</li> <li>• Specialist inter hospital transfers (multiple routes of access)</li> <li>• Principles for Transfer and Discharge services – more cross boundary movements of patients to consider including equity in rural areas and one point of access – one system but separated from core 999</li> <li>• WAST expertise in this area</li> <li>• Potential concept explained using the 5-step model</li> <li>• WASTs potential timeline through to Spring 2023 anticipating HB views through the project which will align to the IMTP process.</li> </ul> <p>Members raised</p> <ul style="list-style-type: none"> <li>• The importance of the wider involvement of health boards currently one health board representing others but option for all health board to be involved</li> <li>• Clinical networks and highly specialised services</li> <li>• Recognition that services had grown organically</li> <li>• The need to identify clear commissioning intentions.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the presentation and the plans for the future of the project.</p>	
14.	<p><b>IMMEDIATE RELEASE PROTOCOL</b></p> <p>The WAST report on the Immediate Release Protocol was received by Members for information. This went live on 25 July 2022.</p>	
15.	<p><b>REGIONAL ESCALATION PROTOCOL</b></p> <p>The WAST report on the Regional Escalation Protocol was received by Members for information. Members noted this had been shared with health boards by the Chief Executive of WAST.</p>	
16.	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The EASC Commissioning Update report was received. Matthew Edwards presented the report and highlighted:</p>	

	<ul style="list-style-type: none"> <li>• The approach being taken to bring everything together for ease of reference for Members (and for EASC)</li> <li>• The EASC IMTP confirmation had been received from WG that it was an acceptable plan and the need to strengthen the areas of quality and safety</li> <li>• Scrutiny of the EASC IMTP Q1 and key areas of progress made; EASC Action plan and development of the new EAS Framework</li> <li>• Regular updates for EASC / quarterly updates</li> <li>• Commissioning intentions 2022-23 appended with detailed update recruitment and training plan, roster reviews WAST</li> </ul> <p>EAS key risks included re PPLH, handover lost hours, sickness and effective working practices.</p> <p>Ross Whitehead agreed to arrange a meeting with WAST to discuss the Ambulance Service Indicators (added to the Action Log).</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the collaborative commissioning approach</li> <li>• <b>NOTE</b> the progress made in terms of developing the EAS Commissioning Framework, as presented during the 'Focus on' session, including the development of the local Integrated Commissioning Action Plans</li> <li>• <b>NOTE</b> the intention for WAST to now take the framework through their own governance processes</li> <li>• <b>NOTE</b> the progress made against the EASC IMTP in Quarter 1 as set out in the update provided</li> <li>• <b>NOTE</b> the Quarter 1 update against the commissioning intentions for each of the commissioned services.</li> </ul>	
17.	<p><b>FINANCE REPORT MONTH 4</b></p> <p>The Month 4 finance report was received, the purpose of which was to set out the estimated financial position for EASC. Hugh Bennett raised a point related to the delivery date for the recruitment of additional staff in December where the WAST date was January 2023.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the current financial position</p>	
18.	<p><b>EASC GOVERNANCE INCLUDING THE RISK REGISTER</b></p> <p>The EASC Governance report was received. Gwenan Roberts presented the report and highlighted that:</p> <ul style="list-style-type: none"> <li>• The updated EASC Risk Register had recently been endorsed by the CTMUHB Audit and Risk Committee.</li> </ul>	

	<p>Members were asked to consider and comment on the risks and risk ratings</p> <ul style="list-style-type: none"> <li>• EASC Assurance Framework</li> <li>• EASC key organisational contacts – Members were asked to confirm that this was correct (Added to the Action Log).</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the risk register (Appendix 1)</li> <li>• <b>ENDORSE</b> the EASC Assurance Framework (Appendix 2)</li> <li>• <b>APPROVE</b> the information within the EASC Key Organisational Contacts (Appendix 3).</li> </ul>	
19.	<p><b>FORWARD LOOK</b></p> <p>The Forward Look was received and noted. Members were invited to make suggestions on suitable topics for 'Focus on' sessions. Other potential topics included changes to commissioning arrangements and the impact of planned care initiatives on NEPTS and transfer and discharge services.</p> <p>Members <b>RESOLVED</b> to: <b>APPROVE</b> the forward look.</p>	EASC Team
20.	<p><b>Any other urgent business (agreed in advance with the Chair)</b></p> <p>Ross Whitehead raised an additional item. Members were informed that EMRTS Cymru and the Wales Air Ambulance Charity had been reviewing their service provision which was in line with the Commissioning Intentions identified and approved for the service. Demand and capacity modelling had been undertaken and the Charity, responsible for the operating model and base locations had started an engagement process in relation to potential opportunities which had been identified.</p> <p>Members noted that EMRTS and the Charity would be presenting a 'Focus on session' to EASC at the September meeting. Members noted that this work had been subject to press interest particularly in relation to the base at Welshpool airport. Ross Whitehead suggested that this work should also be presented to the EASC Management Group (Added to the Forward Look). Members noted that a briefing would be prepared for EASC Members and the management group was asked to ensure that any queries raised locally were forwarded to the EASC Team / or Matt Cann at EMRTS or Steven Stokes at the Charity for coordinated responses in the first instance.</p>	EASC Team

<b>Future Meetings – Bi monthly</b>		
21.	Date of next meeting –20 October 2022 by Microsoft Teams or NCCU, Unit 1, Charnwood Court, Parc Nantgarw, Cardiff CF15 7QZ.	

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	22 September 2022
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Matters Arising – Recruitment</u></b>	
<p>G Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal update on the position with the pre-employment checks software system.</p> <p>The Home Office have announced that from 1<sup>st</sup> October 2022 organisations will be able to use a certified Identification Document Verification Technology service provider to carry out digital identity checks on their behalf for those appointees who have an in-date UK or Irish Passport or Share Code. Those who do not meet these criteria will still require a face-to-face pre-employment check from 1<sup>st</sup> October 2022. Without this system, all appointees would require a face-to-face pre-employment check meeting.</p> <p>NWSSP Recruitment Services have procured a service provider to enable digital identity checks for NHS Wales as part of the Recruitment Modernisation Programme, which will be implemented on 28<sup>th</sup> September 2022. This will improve the experience for appointees and also provide process efficiencies for NWSSP Recruitment Service and internal Health Board/Trust recruitment services such as Medical and Bank Recruitment, as most appointees will be able to complete their pre-employment checks via this route. NWSSP have agreed to fund this software for the first year for all organisations due to the benefits this will bring to NHS Wales.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b><u>Matters Arising – Programme Management Office Highlight Report (Student Awards).</u></b>	
<p>G Hardacre provided members with an update on the replacement of the Student Awards system which had been noted at the May Committee as a red risk within the Programme Management Office Report. He reported that good progress was</p>	

now being made with the new system having received confirmation of funding from Welsh Government and the conclusion of the procurement process he now expected the new system to be in place and fully operational by April 2023.

The Committee **NOTED** the update.

### **Deep Dive – Energy Price Risk Management Group**

Eifion Williams (EW), Chair of the Energy Price Risk Management Group (EPRMG), introduced a deep dive into the work of the Group, particularly focusing on recent weeks and months, due to the significant increase in energy prices.

EW has chaired the EPRMG since it was set up in 2005. Prior to that electricity and gas was purchased on behalf of NHS Wales by an individual Procurement Officer who would purchase for the year ahead with little strategic input. The Group was established with representation from all NHS Wales organisations together with a British Gas market specialist who provides an overview of the energy market at each meeting. Based on this, the Group considers its pricing strategy. Currently British Gas provide both electricity and gas to NHS Wales and there is an ability to purchase energy on a monthly or quarterly basis. The Group currently meets on a weekly basis to consider its purchasing strategy but in times of extreme volatility (e.g. when Russia first invaded Ukraine) it has met three times a week. Prices are monitored daily which enables tranches of volumes of energy to be secured when appropriate.

EW demonstrated the current volatility in the market through a comparison of prices in the month of August for the last five years. Between 2018 and 2021 inclusive, the price being paid for gas by NHS Wales in each August was in the range of 39p to 44p a therm. In August 2022, the price per therm was 281p. The same comparison for electricity saw a range of £40 to £47 per megawatt hour between 2018 and 2021 and the price in August 2022 was £218. The price had been falling prior to the Ukraine conflict, and is also affected by the weather, the world economy outlook, and the price of oil. Although the price of energy is totally unpredictable, the forward purchasing strategy adopted by the EPRMG delivered savings of £33.8m for NHS Wales against the actual average daily cost of gas and electricity in 2021/22. It is also important to note that the prices quoted are the global prices on the energy markets which all suppliers use.

The current contracts with British Gas are due to end in March 2025 for electricity and March 2027 for gas. British Gas has given notice that it will not seek new Commercial energy contracts but will fully support existing contracts. Whilst the EPRMG has served NHS Wales well, there was a need to consider whether the current approach remains the best option for NHS Wales given the volatility in the energy market. Liaison is currently taking place with Crown Commercial Services to assess the options that they have available. It was agreed that EW would come back to the Committee later in the year to provide an update on progress.

The Committee **NOTED** the presentation.

## **Chair's Report**

The main update was on the planned IMTP / Committee development sessions, where invites have been issued for Friday 11<sup>th</sup> November. The Chair stressed the importance of attending and that if members cannot make this date that they nominate another Executive Director to attend in their place.

The NWSSP Senior Leadership Group held a number of internal workshops to provide some initial reflections and ideas for the sessions. The indicative agenda will focus on where NWSSP will be in 2033, assessing where we feel NWSSP is now, identifying opportunities to improve and develop further, and taking a fresh look at our strategic objectives and overarching goals/outcomes. There will also be some discussion on our appetite for risk as a Committee.

The Committee **NOTED** the update.

## **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- The CEO NHS Wales / DG Health and Social Care Group WG wrote in July confirming acceptance of NWSSP IMTP recognising the continued development and maturing of integrated planning across NWSSP and demonstrating the positive position that the organisation is in as we move from the pandemic towards recovery. The letter highlights the continued role of the Committee to scrutinise and monitor progress against the plan throughout the year;
- As part of the decarbonisation work the NWSSP Head of Operations – Procurement Services, is currently working with Health Boards, Trusts, and Special Health Authorities, in reviewing fleet management arrangements with the purpose of defining a common set of data standards and management information to support the decarbonisation agenda. Specialist Estates Service is also supporting Health Boards in establishing a national infrastructure plan for electric vehicle charging. Health Boards have been approached to nominate representatives to sit on the various decarbonisation sub-groups that support the above agendas;
- The Payroll team within Employment Services are currently experiencing an exceptionally busy period responding to the implications of the recent pay rise and processing of pay arrears. This is in addition to implementing the changes to the pension tiers.
- The NWSSP Medical Director, has been asked to work with health organisations to review how the Single Lead Employer rotational and recruitment processes can be further streamlined to improve overall experiences for the trainees; and
- In terms of major projects, the Laundry and TrAMs projects are continuing but in the context of extreme limitations on available capital funding. In particular NWSSP were waiting for formal feedback from WG on the laundry OBC scrutiny panel.



The Committee **NOTED** the update.

## **Items Requiring SSPC Approval/Endorsement**

### **Chair's Appraisal Process**

G Hardacre, NWSSP Director of People, Organisational Development and Employment Services introduced a report setting out a proposed revised formal framework process for the appraisal of the Chair.

Following discussion, the Committee **APPROVED** the revised framework which will be implemented during the next few months and **AGREED** to increase the Chair's time commitment given the requirements of the role. Committee members asked to review the various time commitments of the other Chairs at other NHS organisations at the next November meeting.

### **Procurement SLA**

The Chair reminded Committee members that the Service Level Agreements for 2022/23 had already been agreed at the May meeting. However, it was previously agreed that the Procurement element of the SLA would be brought back for approval as it was important to reflect the recent changes which were as a direct result of implementation of the new procurement Operating Model.

The Committee **APPROVED** the Procurement SLA element.

### **Provision of Digital Patient Pathways and Remote Advice and Guidance**

A Butler, Director of Finance & Corporate Services introduced a number of reports which outlined the procurement for two separate contracts for which funding had already been secured and agreed by Welsh Government. Given the nature of the clinical digital elements of the contracts it was felt important to ensure that DHCW were clear on how they linked into the current strategy and processes.

Following discussion the Committee **NOTED** the reports and **ENDORSED** both contracts. Further discussions would be needed with DHCW to ensure the digital elements were aligned to the national strategies.

### **Welsh Risk Pool – Risk Sharing Agreement**

The Committee received a paper setting out the risk sharing details for the current financial year. Committee members were informed that the proposal within the paper had been endorsed at the Welsh Risk Pool Committee on the 21<sup>st</sup> September 2022.

The Welsh Risk Pool receives an annual funding stream to meet in-year costs associated with settled claims, the Departmental Expenditure Limit (DEL). When expenditure rises above the DEL allocation, the excess is recouped from Health Boards and Trusts via a Risk Sharing Agreement approved by the Shared Services Partnership Committee. The core DEL allocation is currently £109.435M per

annum for Clinical Negligence, Personal Injury and Redress claims. The 2022/23 IMTP DEL forecast is £134.780M and therefore the estimated Risk Share charge for 2022/23 is £25.345M. In 2021/22 this figure was £16.495m.

The current Risk Share methodology was approved by the Welsh Risk Pool Committee and Directors of Finance in March 2017. The overarching principles are set out below:

- a risk-based contribution, based on size and activity levels;
- a contribution based on paid claims experience over five years; and
- a contribution based on known outstanding claims.

These principles have been translated into five specific measures and a weighting applied to each. This results in those organisations that can demonstrate learning and who have implemented strategies to lower risk weightings benefitting as their share of the overall total should be lower.

Applying these measures to the forecast risk share for the current year has meant that although some Health Boards percentage share has reduced compared to last year, the expected 2022/23 monetary charge has increased for all, due to the substantial overall increase in the total charge to be apportioned.

The Committee **NOTED** the report and **APPROVED** the updated Risk Share charges to NHS Wales for 2022/23.

## Items for Noting

### All-Wales Agency Audit

The Committee received a paper on audit arrangements for agencies supplying nursing staff.

The Temporary Staffing Group is a workstream which reports directly to the National Nursing Workforce Group (NNWG). The Temporary Staffing Group is responsible for the award and monitoring of contracts for agency workers throughout Wales. The contract was awarded in March 2021 for a period of three years with an option to extend for a further year to February 2025. There are 146 agencies on contract and each agency is aware that failure to abide by the contract specification would result in their removal from the framework.

Implementing appropriate audit measures is essential to ensure that all contracted agencies supplying nurses and health care support staff to NHS Wales uphold the conditions of the contract. Agency audits have typically been undertaken internally on an ad-hoc basis when issues arose rather than via a proactive approach linked to a planned audit programme. Following discussions at the Temporary Staffing Group it was agreed that a robust audit programme should be put in place and that various options to achieve this should be explored, including the use of external audit firms and the potential use of NWSSP Audit & Assurance Services.

The Committee **NOTED** the Report and **AGREED** for NWSSP's Audit and Assurance team to carry out the necessary audits providing an audit specification (All-Wales Agency Audit Checklist) was developed and utilised. A risk-based programme of audits will be undertaken focussing initially on the highest spend and highest usage providers. Usage data will be used to agree a priority list of agencies to be audited. It is anticipated that:

- 30 audits will be carried out per year;
- Audit plans will be annually set out based on provider usage and spend; and
- The audit plan will be discussed and created annually by the Temporary Staffing Group led by procurement.

Based on 30 audits in the first year (2022/23), the total auditor time required would be 60 days at a cost of £19,870. This amounts to less than £3k per Health Board.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – A Butler, NWSSP Director of Finance and Corporate Services reported a balance position at Month 5. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the remaining months of the financial year. Divisions are currently reviewing budgets with a view to accelerating initiatives to generate further benefits to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding being allocated from Welsh Government.

The current Capital Expenditure Limit for 2022/23 is £1.947m. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September. Capital expenditure to Month 5 is £0.366m and plans are in place to fully utilise all available capital funding. A priority list of capital projects is being finalised in case additional funding becomes available later in the year. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service.

The Committee **NOTED** the Report.

**Performance** – The Committee Members reviewed the KPIs and felt that this was positive position with only six KPIs not meeting target. These in the main related to the recruitment position and call handling within the Payroll Helpdesk. Committee members were asked to advise their organisations that prior notice of local recruitment plans is very helpful in that it enables NWSSP to adapt demand and capacity within teams to meet those peaks in demand. There was also a short-term issue with Payroll call handling in August because of increases in activity driven by the new Doctor intake and rotation, and this was not helped by the loss of the phone system for a few hours. Peaks in demand are also anticipated in September because of the payment of pay award arrears and again

in October because of the pension changes. The Quarter Two individual Performance Reports will be issued at the end of October.

The Committee **NOTED** the Report.

**Project Management Office Update** – The Committee Members noted the report and in particular the ongoing supplier dispute with regard to the Legal & Risk Case Management system replacement which had temporarily halted the implementation. Contingency arrangements have been put in place to ensure that there is no risk to the continuity of services. A question was raised as to whether projects not covered by the PMO (e.g. the Once for Wales Concerns Management System) should be included in the report. This will be included going forward. It was also suggested that a separate and more detailed briefing on the TrAMs programme would be helpful – this will be issued in December.

The Committee **NOTED** the Report.

**People & OD Update** – The Committee **NOTED** the Report.

**Corporate Risk Register** – The Committee **NOTED** the Report. In particular members discussed the risk relating to the threat of industrial action had been added to the register.

#### **Papers for Information**

The following items were provided for information only:

- Disposal of Surplus Beds to Moldova;
- Audit Committee Assurance Report;
- Welsh Risk Pool Annual Report 2021/22
- Finance Monitoring Returns (Months 4 and 5)

#### **AOB**

**N/a**

#### **Matters requiring Board/Committee level consideration and/or approval**

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

#### **Matters referred to other Committees**

N/A

#### **Date of next meeting**

19 January 2023

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 8 NOVEMBER 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 8 November 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 6 September 2022 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

Members **noted** the progress on the actions outlined on the action log.

### **3. Draft Integrated Commissioning Plan (ICP) 2023-2026**

Members received an informative presentation on the draft Integrated Commissioning Plan (ICP) 2023-2026.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members noted that the draft ICP was brought to Joint Committee early on in the planning process in order to support Health Boards (HBs) in developing their own Integrated Medium Term Plans (IMTPs), and that WHSSC will work closely with HBs to develop the ICP in line with HB expectations.

Members **noted** the presentation and that the final plan will be considered at the next meeting 17 January 2023.

### **4. Recovery Update (incl Progress with Paediatric Surgery)**

Members received a presentation providing an update on recovery trajectories since the workshops held with the Joint Committee on the 12 July and 6 September 2022.

Member noted updates on recovery trajectories for paediatric surgery recovery and recovery in key speciality areas including for the six accountability conditions specialities – cardiac, neurosurgery, paediatric surgery, bariatrics, thoracics and plastics.

Members **noted** the presentation and that a further recovery update will be provided at the next meeting 17 January 2023.

## 5. Chair's Report

Members received the Chair's Report and **noted**:

- The recommendation to appoint two new WHSSC Independent Members (IMs) following a fair and open selection process,
- The recommendation to extend the tenure of the of the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel until 31 March 2023,
- Attendance at the Integrated Governance Committee 11 October 2022; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Approved** the recommendations to appoint two new WHSSC Independent Members (IMs) from 1 December 2022 for a period of 2 years; and (3) **Approved** the recommendation to extend the tenure of the Interim Chair for the Individual Patient Funding Request (IPFR) panel until 31 March 2023.

## 6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- **Paediatric Radiology Consultant Recruitment** - units in NHS England (NHSE) had agreed to host NHS Wales funded paediatric radiology training posts for trainees on the Wales Radiology Training Programme. HEIW are taking this forward,
- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update** – Further to the HBs agreeing the approach for engagement at their Board meetings in September 2022, it was planned that the engagement process would commence on 24 October 2022, however this had unfortunately been delayed and the engagement will now commence in November,
- **Evaluation of 4th Thoracic Surgeon activity** - WHSSC supporting the appointment of a 4th consultant surgeon post in CVUHB to provide continued support for the Major Trauma Centre (MTC) and to support the future needs of the service; and
- **Briefing Duty of Candour and Duty of Quality** – WHSSC received a briefing from Welsh Government (WG) on the Health & Social Care (Quality & Engagement) (Wales) Act 2022 with a specific focus on the consultation process for the duty of candour and the soon to be launched consultation process on the duty of quality.

Members **noted** the report.

## 7. Delivering Thrombectomy Capacity in South Wales

Members received a report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales.

Members noted the proposed plan for a Mechanical Thrombectomy service at the Neurosciences centre, CVUHB and that WHSSC continued to work with CVUHB to progress the Business Case to develop a Mechanical Thrombectomy centre in south Wales and the financial model had been shared and was being worked through. It was proposed that the service would be implemented in a phased approach over a number of years.

Members (1) **Noted** the report, (2) **Noted** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy and **requested** that a revised report be brought back to the Joint Committee to include additional detail on the networked approach, interdependencies around the network approach and to include additional elements concerning the stroke pathway, (3) **Noted** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and (4) **Noted** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.

## 8. Mental Health Strategy Development

Members received a report advising the Joint Committee of the stakeholder feedback received from the engagement exercise for the Specialised Services Strategy for Mental Health and outline the next steps and proposals to move into implementation of the strategy from April 2023.

Members discussed the need for the demand and capacity work to inform the final version of the strategy and to ensure that it is focussed on delivering sustainable services which offer value for money.

Members (1) **Noted** the stakeholder feedback received from the 12-week engagement exercise on the draft Specialist Mental Health Strategy; and (2) **Agreed** the proposals to:

- Undertake an 8 week consultation process using the draft consultation document,
- Commission demand and capacity modelling with immediate effect; and
- Develop a programme approach to implementation of the Strategy following the consultation exercise; and

(3) **Noted** that the final version of the strategy and the timescales for implementation will need to take into account the demand and capacity modelling.

## **9. Single Commissioner for Secure Mental Health Services**

### **Proposal**

Members received a report presenting the options for a single national organisation to commission integrated secure mental health services for Wales for HBs to consider. The report had been prepared following a request received from WG for the WHSSC Joint Committee to provide the mechanism for the recommendation from the "Making Days Count" review to be considered, and for the Joint Committee to make a recommendation to WG on the preferred option.

Members discussed the report and agreed to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022 in readiness for the Joint Committee meeting 17 January 2023.

Members (1) **Noted** the report, (2) **Considered** the options for a single national organisation to commission integrated Secure Mental Health Services for Wales; and (3) **Agreed** to share the report with HB colleagues and for a response to the options appraisal to be sent to WHSSC by the end of December 2022; and (4) **Noted** that the proposal will return to the Joint Committee for decision on 17 January 2023.

## **10. Gender Identity Development Service (GIDS)**

Members received a report updating members about the Gender Identity Development Service (GIDS) for Children and Young People including what the changes mean for children and young people in Wales and next steps.

Members (1) **Noted** the information presented within the report; and (2) **Noted** the information presented at Appendix 1 regarding the decommissioning of the Tavistock and Portman NHS Foundation Trust (TPNFT) and the NHS England (NHSE) transformation programme.

## **11. Individual Patient Funding Requests (IPFR) Engagement Update**

Members received a report seeking support for the proposed engagement process for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

Members noted that the engagement process would commence on the 10 November 2022 for a 6 week period with key stakeholders, including the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Members noted that the process adhered to the specific request from WG for the engagement for the IPFR panel ToR and the specific and limited review of the All Wales IPFR Policy.



Members (1) **Noted** the report; and (2) **Supported** the proposed process for engagement for the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy.

## **12. COVID-19 Period Activity Report for Month 5 2022-2023**

### **COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

## **13. Financial Performance Report – Month 6 2022-2023**

Members received the financial performance report setting out the financial position for WHSSC for month 6 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 6 for WHSSC is a year-end outturn forecast under spend of £13,711k.

Members **noted** the current financial position and forecast year-end position.

## **14. Corporate Governance Matters**

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

## **15. Other reports**

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel

## **16. Any Other Business**

- **Skin Camouflage Pilot Service** – members noted that on 28 October 2022 WHSSC received a formal request from WG following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service. This service will support the national commitment to “Pledge to be Seen”. A further formal update will be provide at the next meeting,
- **CMTUHB Audit Lead Independent Member (IM)** – on behalf of the Joint Committee the Chair formally thanked Ian Wells, IM

CTMUHB for all of his support since he was appointed as CTMUHB audit lead for WHSSC eighteen months ago. The Chair advised that he had been an invaluable member of the team and that WHSSC were extremely grateful to him for his commitment of time and effort, which was especially notable given his normal HB responsibilities; and

- **Retirement of CEO BCUHB** – The Chair acknowledged what would have been Joe Whitehead’s last meeting with the Joint Committee, and on behalf of the Joint Committee offered thanks for her time and commitment to the Joint Committee’s business and wished her well in her retirement.



GIG  
CYMRU  
NHS  
WALES

Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team



PARCH  
-  
RESPECT



PARTNERIAETH  
-  
PARTNERSHIP



GWELLA AC  
ARLOESI  
-  
IMPROVEMENT  
& INNOVATION



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

## Acronyms (WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AMPDS	Advanced Medical Priority Dispatch System
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BAU	Business as Usual
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAS	Clinical Assessment Software
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CPAS	Clinical Prioritisation Assessment Software Group
CHARU	Cymru High Acuity Response Unit
D&C	Demand and Capacity
DOM	Duty Operations Manager
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team



Abbreviation	Term
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ESMCP	Emergency Services Mobile Communications Programme
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
HEIW	Health and Education Improvement Wales
HoS	Head of Service
HCS	Health Courier Services
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MRD	Make Ready Depot
MTS	Manchester Triage System
MDT	Mobile Data Terminal
MDT	Multi Disciplinary Team
MTU	Mobile Testing Unit
NEPTS	Non Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NEDs	Non Executive Directors
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PPLH	Post Production Lost Hours
PRINCE2	Projects in a Controlled Environment (methodology)
PTaS	Physician Triage and Streaming
REAP	Resource Escalation Action Plan
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, diseases and dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team



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

Abbreviation	Term
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case
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