

Bundle Trust Board (Open Session) 24 March 2022

Agenda attachments

ITEM 0 Open Agenda 24 March 2022 Cymraeg.docx

ITEM 0 Open Agenda 24 March 2022 (2) (003).docx

- 1 09:30 - Chair's welcome, apologies, and confirmation of quorum
- 2 09:31 - Declarations of Interest
Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.
The board noted the standing declarations of interest in respect of: (If in attendance)
Mr Emrys Davies, Retired Member of UNITE
Professor Kevin Davies, Trustee of St John Cymru
Ceri Jackson, Trustee of the Stroke Association
Claire Vaughan, Independent Member of Aberystwyth University
- 3 09:32 - Minutes of last meeting
ITEM 3 Trust Board Minutes Open 27 January 2022 TM.docx
- 4 09:33 - Matters arising and action log
ITEM 4 Action Log.docx
- 5 09:35 - Chair's report
ITEM 5 Chair's Report.docx
Item 5.1 Chair's Report Annex 1 English.jpg
Item 5.2 Chair's Report Annex 1 Welsh.jpg.png
Item 5.3 Chair's Report Board and Committee Member Representation 010422 Annex 2.pdf
- 6 09:45 - Chief Executive Update
ITEM 6 CEO REPORT TO TRUST BOARD 24 MARCH 2022 FINAL.pdf
- 7 10:00 - Questions from Members of the Public
- 8 10:05 - Patient Experience
- 9 10:20 - Integrated Medium Term Plan and Financial Plan 2022-25
ITEM 9 - Trust Board IMTP Exec Summary 210322 rm.docx
ITEM 9.1 - WAST IMTP 2022-25 draft v0.7.docx
ITEM 9.2 - Appendix 1 - EASC Commissioning Intentions 22-23 WAST IMTP.xlsx
ITEM 9.3 - Appendix 2 - IMTP 2022 3 year priorities.docx
ITEM 9.4 - Appendix 3 - Financial Plan 2022-23 - FINAL 210322.docx
- 10 10:50 - Quality and Performance Management Framework
ITEM 10 QPMF SBAR TB hb20220304.docx
ITEM 10.1 WASTQualityPerformanceFramework (13 F&P) hb20220309.docx
ITEM 10.2 Appendix 1 - Assurance & Review Governance Map HB_20220304.pdf
ITEM 10.3 Appendix 2 - Q&PMF Tools & Techniqueshb20220202.docx
ITEM 10.4 Appendix 3 - Q&PMF Steering Group ToR hb20220309.docx
ITEM 10.5 Appendix 4 - Quality&PerformanceCyclehb20220304.pdf
- 10.1 11:00 - COMFORT BREAK
- 11 11:15 - Risk Management and Board Assurance Framework
ITEM 11 Executive Summary Risk Management Report Trust Board 240322.docx
- 12 11:30 - WAST Approach to improving Attendance
<http://www.wales.nhs.uk/easc/committee-meetings>
ITEM 12 WAST Approach to Improving Attendance.docx

	<u>ITEM 12.1 Improving Attendance Deck for Board March 22.pdf</u>
13	12:00 - Benefits of additional EMS investment in 21/22 <u>ITEM 13 - EMSDCPBenefitsScorecard to end January 22.pptx rm.pptx</u>
14	12:15 - Financial Performance Month 11 <u>ITEM 14 Finance Report Month 11 FINAL.DOCX</u> <u>ITEM 14.2.pdf</u> <u>ITEM 14.4.pdf</u>
15	12:30 - Monthly Integrated Quality and Performance Report <u>ITEM 15 MIQPR SBAR February 2022 TB.docx final.docx</u> <u>ITEM 15.1 Annex 1 MIQPR February 2022 TB.pptx final.pdf</u>
15.A	13:00 - LUNCH BREAK
16	BOARD COMMITTEE REPORTS
16.1	14:30 - Charitable Funds Committee <u>ITEM 16.1 Charitable Funds Committee Report FEB 22 for Board (003).docx</u>
16.2	14:35 - Quality, Patient Safety and Experience <u>ITEM 16.2 QUEST Highlight Report Feb Meeting for March Board.docx</u>
16.3	14:40 - People and Culture Committee <u>ITEM 16.3 People and Culture Committee Highlight Report - Feb 22 (2).docx</u>
16.4	14:45 - Audit Committee <u>ITEM 16.4 Audit Committee Report to Trust Board from March meeting (2).docx</u>
16.5	14:50 - Finance and Performance Committee <u>ITEM 16.5 Finance and Performance Committee Report - March 22 (3).docx</u>
16.6	14:55 - Academic Partnership Committee <u>ITEM 16.5 APC Highlight Report 8 March 2022.docx</u>
16.7	15:00 - Remuneration Committee <u>Item 16.7 Remuneration CommitteeHighlight Report Mar 22.docx</u>
17	15:05 - In appreciation: Emrys Davies and Claire Vaughan
18	15:20 - Audit Wales Annual Audit Report <u>ITEM 18 2798A2022-23_WAST_Annual_Audit_Report_2021_Final_Eng.pdf</u>
19	15:22 - Minutes of Board Committees 20.1 Charitable Funds Committee 20.2 Quality, Patient Safety and Experience 20.3 People and Culture Committee 20.4 Audit Committee 20.5 Academic Partnership Committee 20.6 Finance and Performance Committee <u>ITEM 19.1 CONFIRMED CFC JANUARY 22 MINUTES.docx</u> <u>ITEM 19.2 QUEST OPEN MINUTES 16 November 2021 TM.doc</u> <u>ITEM 19.3 OPEN P and C mins 30 November 2021.docx</u> <u>ITEM 19.4 Audit Committee OPEN Minutes 2 December 2021. v3.doc</u> <u>ITEM 19.5 APC Minutes.doc</u> <u>ITEM 19.6 OPEN F and P Minutes 20 January 2022.doc</u>
20	15:24 - Reports from EASC and NWSSP <u>ITEM 20.1 minutes_EASC_9Nov2021.doc</u> <u>ITEM 20.2 SSPC Assurance Report 20 January 2022.doc</u> <u>ITEM 20.3 WHSSC JC Briefing (Public) 18 January 2022.pdf</u>
21	Trust Seal <u>ITEM 21 Trust Seal.docx</u>
22	15:25 - Any other business
23	Date and time of next meeting –26 May 2022 at 09.30
24	Exclusion of the press and members of the public. <i>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)</i>



AGENDA

CYFARFOD BWRDD YR YMDDIREDOLAETH

Sesiwn Agored Ddydd Iau, 24 Mawrth 2022 o 09.30 hyd 15.30

Cynhelir y Cyfarfod o bell trwy Zoom

Rhif	Eitem Agenda	Pwrpas	Arweinydd	Fformat	Amser
EITEMAU AGORIADOL					
1.	Croeso'r Cadeirydd, ymddiheuriadau, a chadarnhad o gworwm	Gwybodaeth	Martin Woodford	Ar lafar	09.30
2.	Datganiadau o fuddiant	Gwybodaeth	Martin Woodford	Ar lafar	
3.	Cofnodion y cyfarfod diwethaf	Cymeradwyo	Martin Woodford	Ar bapur	
4.	Materion sy'n codi a log gweithredu	Adolygu	Martin Woodford	Ar bapur	
5.	Adroddiad y Cadeirydd	Gwybodaeth / Cadarnhau	Martin Woodford	Ar bapur	9.35
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Ar bapur	9.45
7.	Cwestiynau gan Aelodau'r Cyhoedd	Trafodaeth	Estelle Hitchon	Ar lafar	10.00
PROFIAD CLAF/STAFF					
8.	Profiad y Claf	Gwybodaeth Trafodaeth	Wendy Herbert	Ar lafar	10.05
EITEMAU AR GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH					
9.	Cynllun Tymor Canolig Integredig 2022-2025 Adolygiad o'r Cynllun Ariannol	Cymeradwyo	Rachel Marsh	Ar bapur	10.20
10.	Fframwaith Rheoli Ansawdd a Pherfformiad	Cymeradwyo	Rachel Marsh	Ar bapur	11.50
Egwyl – 11.05 i 11.15					
11.	Fframwaith Sicrwydd y Bwrdd a'r Gofrestr Risg Gorfforaethol	Sicrwydd Cymeradwyo	Trish Mills	Ar bapur	11.15
12.	Dull WAST o wella presenoldeb	Trafodaeth Sicrwydd	Claire Vaughan	Ar bapur	11.30
13.	Manteision buddsoddiad EMS ychwanegol yn 21/22	Trafodaeth Sicrwydd	Rachel Marsh	Ar bapur	12.00
14.	Perfformiad Ariannol Mis 11	Sicrwydd	Chris Turley	Ar bapur	12.15
15.	Adroddiad Ansawdd a Pherfformiad Integredig Misol	Sicrwydd	Rachel Marsh	Ar bapur	12.30
Cinio – 13.00 i 14.30					
16.	Adroddiadau Pwyllgorau y Bwrdd				
	16.1. Pwyllgor Cronfeydd Elusennol	Sicrwydd	Emrys Davies	Ar bapur	14.30
	16.2. Pwyllgor Ansawdd, Diogelwch Cleifion a Phrofiad	Sicrwydd	Bethan Evans	Ar bapur	14.35



Rhif	Eitem Agenda	Pwrpas	Arweinydd	Fformat	Amser
	16.3. Y Pwyllgor Pobl a Diwylliant	Sicrwydd	Paul Hollard	Ar bapur	14.40
	16.4. Pwyllgor Archwilio	Sicrwydd	Martin Turner	Ar bapur	14.45
	16.5. Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Emrys Davies	Ar bapur	14.50
	16.6. Pwyllgor Partneriaeth Academaidd	Sicrwydd	Kevin Davies	Ar bapur	14.55
	16.7. Pwyllgor Cydnabyddiaeth Ariannol	Sicrwydd	Martin Woodford	Ar bapur	15.00
17.	Mewn gwerthfawrogiad: Emrys Davies a Claire Vaughan	Nodi	Martin Woodford	Ar lafar	15.05

EITEMAU AR GYFER CYDSYNIAD

Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd aelod yn awyddus i drafod unrhyw rai o'r eitemau hyn, gofynnir iddo roi gwybod i'r Cadeirydd fel bod modd dynodi amser i wneud hynny

18.	Adroddiad Archwilio Blynyddol Archwilio Cymru	Gwybodaeth	Martin Turner	Ar bapur	15.20
19.	Cofnodion Pwyllgorau'r Bwrdd 20.1 Pwyllgor Cronfeydd Elusennol 20.2 Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch 20.3 Pwyllgor Pobl a Diwylliant 20.4 Pwyllgor Archwilio 20.5 Pwyllgor Cyllid a Pherfformiad 20.6 Pwyllgor Partneriaeth Academaidd	Gwybodaeth	Martin Woodford	Ar bapur	
20.	Adroddiadau gan EASC ac NWSSP	Gwybodaeth	Martin Woodford	Ar bapur	
21.	Sêl yr Ymddiriedolaeth	Gwybodaeth	Martin Woodford	Ar bapur	

EITEMAU I GLOI

22.	Unrhyw fater arall	Trafodaeth	Martin Woodford	Ar lafar	15.25
23.	Dyddiad ac amser y cyfarfod nesaf –26 Mai 2022 am 09.30	Gwybodaeth	Martin Woodford	Ar lafar	
24.	Gwahardd y wasg ac aelodau o'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Penderfyniad	Martin Woodford	Ar lafar	



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cyflwynwyr Arweiniol

Enw'r Arweinydd	Swydd yr Arweinydd
Mr Lee Brooks	Cyfarwyddwr Gweithrediadau
Mr Emrys Davies	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Prof Kevin Davies	Is-gadeirydd Bwrdd yr Ymddiriedolaeth, Cadeirydd y Pwyllgor Cronfeydd Elusennol a'r Pwyllgor Partneriaethau Academaidd
Ms Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch
Mr Andy Haywood	Cyfarwyddwr Digidol
Ms Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Mr Paul Hollard	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Pobl a Diwylliant
Mrs Ceri Jackson	Cyfarwyddwr Anweithredol
Mr Jason Killens	Prif Swyddog Gweithredol
Dr Brendan Lloyd	Cyfarwyddwr Meddygol
Ms Rachel Marsh	Cyfarwyddwr Strategaeth a Chynllunio
Mrs Trish Mills	Ysgrifennydd y Bwrdd
Ms Wendy Herbert	Cyfarwyddwr Gweithredol Dros Dro Ansawdd a Nyrsio
Mr Andy Swinburn	Cyfarwyddwr Parafeddygon
Mr Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol
Mr Martin Turner	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Archwilio
Mr Joga Singh	Cyfarwyddwr Anweithredol
Mr Martin Woodford	Cadeirydd Bwrdd yr Ymddiriedolaeth
Ms Claire Vaughan	Cyfarwyddwr Gweithlu a Datblygu Sefydliadol



AGENDA

MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 24 March 2022 from 09.30 to 15.30

Meeting held remotely via Zoom

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Martin Woodford	Verbal	09.30
2.	Declarations of interest	Information	Martin Woodford	Verbal	
3.	Minutes of last meeting	Approval	Martin Woodford	Paper	
4.	Matters arising and action log	Review	Martin Woodford	Paper	
5.	Chair's Report	Information / Ratification	Martin Woodford	Verbal Paper	9.35
6.	Chief Executive's Report	Information	Jason Killens	Paper	9.45
7.	Questions from Members of the Public	Discussion	Estelle Hitchon	Verbal	10.00
PATIENT/STAFF EXPERIENCE					
8.	Patient Experience	Information Discussion	Wendy Herbert	Verbal	10.05
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
9.	Integrated Medium Term Plan and Financial Plan 2022-25	Approval	Rachel Marsh	Paper	10.20
10.	Quality and Performance Management Framework	Approval	Rachel Marsh	Paper	10.50
Comfort break – 11.05 to 11.15					
11.	Board Assurance Framework and Corporate Risk Register	Assurance Approval	Trish Mills	Paper	11.15
12.	WAST Approach to improving Attendance	Discussion Assurance	Claire Vaughan	Paper	11.30
13.	Benefits of additional EMS investment in 21/22	Discussion Assurance	Rachel Marsh	Paper	12.00
14.	Financial Performance Month 11	Assurance	Chris Turley	Paper	12.15
15.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	12.30
Lunch break – 13.00 to 14.30					
16.	Board Committee Reports				
	16.1. Charitable Funds Committee	Assurance	Emrys Davies	Paper	14.30
	16.2. Quality, Patient Safety and Experience Committee	Assurance	Bethan Evans	Paper	14.35
	16.3. People and Culture Committee	Assurance	Paul Hollard	Paper	14.40
	16.4. Audit Committee	Assurance	Martin Turner	Paper	14.45



No.	Agenda Item	Purpose	Lead	Format	Time
	16.5. Finance and Performance Committee	Assurance	Emrys Davies	Paper	14.50
	16.6. Academic Partnership Committee	Assurance	Kevin Davies	Paper	14.55
	16.7. Remuneration Committee	Assurance	Martin Woodford	Paper	15.00
17.	In appreciation: Emrys Davies and Claire Vaughan	Noting	Martin Woodford	Verbal	15.05

CONSENT ITEMS

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

18.	Audit Wales Annual Audit Report	Information	Martin Turner	Paper	15.20
19.	Minutes of Board Committees 20.1 Charitable Funds Committee 20.2 Quality, Patient Safety and Experience 20.3 People and Culture Committee 20.4 Audit Committee 20.5 Finance and Performance Committee 20.6 Academic Partnership Committee	Information	Martin Woodford	Paper	
20.	Reports from EASC and NWSSP	Information	Martin Woodford	Paper	
21.	Trust Seal	Information	Martin Woodford	Paper	

CLOSING ITEMS

22.	Any other business	Discussion	Martin Woodford	Verbal	15.25
23.	Date and time of next meeting –26 May 2022 at 09.30	Information	Martin Woodford	Verbal	
24.	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	Martin Woodford	Verbal	



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Lead Presenters

Name of Lead	Position of Lead
Mr Lee Brooks	Director of Operations
Mr Emrys Davies	Non-Executive Director, Chair of Finance and Performance Committee
Prof Kevin Davies	Vice Chair of Trust Board, Chair of Charitable Funds Committee and Academic Partnership Committee
Ms Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Mr Andy Haywood	Director of Digital
Ms Estelle Hitchon	Director of Partnership and Engagement
Mr Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Mrs Ceri Jackson	Non-Executive Director
Mr Jason Killens	Chief Executive Officer
Dr Brendan Lloyd	Medical Director
Ms Rachel Marsh	Director of Strategy and Planning
Mrs Trish Mills	Board Secretary
Ms Wendy Herbert	Interim Executive Director of Quality and Nursing
Mr Andy Swinburn	Director of Paramedicine
Mr Chris Turley	Executive Director of Finance and Corporate Resources
Mr Martin Turner	Non-Executive Director; Chair of Audit Committee
Mr Joga Singh	Non-Executive Director
Mr Martin Woodford	Chair of Trust Board
Ms Claire Vaughan	Director of Workforce and Organisational Development

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 27 JANUARY 2022
MEETING HELD VIA ZOOM**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive (Left meeting at 12:45)
Craig Brown	Trade Union Partner
Lee Brooks	Director of Operations
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director and Vice Chair
Bethan Evans	Non Executive Director
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Claire Roche	Executive Director of Quality and Nursing
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce & Organisational Development

Member of British Sign
Language, staff in
attendance and viewers on
Facebook: 20

Apologies

Joga Singh Non Executive Director

01/22 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting explaining the need to continue using the Zoom facility for Board meetings. In particular, he welcomed; Damon Turner, Trade Union representative, Bethan Williams who was sharing her staff experience and

colleagues from the Emergency Ambulance Services Committee (EASC), Dr Chris Turner and Stephen Harrhy.

The Chair advised attendees that the meeting was being recorded and that apologies had been received from Joga Singh, Non Executive Director.

Declarations of interest

The standing declarations of interest were formally recorded in respect of:

Professor Kevin Davies, Independent Trustee of St John Cymru, Emrys Davies, retired member of Unite, Ceri Jackson, a Trustee of the Stroke Association and Claire Vaughan Independent Member of Aberystwyth University.

RESOLVED: That the standing declarations and apologies as described above were formally recorded.

02/22

PROCEDURAL MATTERS

Minutes: The Minutes of the last Board meeting on 25 November 2021 were presented and approved as a correct record

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

Action 88/21: Formal question received from a member of the public in connection with ambulance response times not being met. Estelle Hitchon confirmed this action had been addressed. Action closed.

Action 89/21. Monthly Integrated Performance Report – clarity on post production lost hours. Rachel Marsh advised the information was contained in the update report on today's agenda. Action Closed.

RESOLVED: That

- (1) the Minutes of the meeting on 25 November 2021 were confirmed and approved as a correct record; and**
- (2) the action log was noted**

03/22

CHAIR'S REPORT AND UPDATE

The Chair reported on the following for the Board's attention:

1. Chair's actions taken since the last Trust Board meeting:

3 December 2021:

- (a) Additional Welsh Government Capital Funding 2021/22.

Approval was provided for the spend on the two schemes identified that were above current delegated spend approval limits i.e. mobile simulation units (mannequins only) and mechanical chest compression devices to support CHARU.

(b) Affixing of the Trust Seal on the following three documents:

- (1) HM Land Registry Transfer of part of registered title(s) from WAST to Betsi Cadwaladr UHB.
- (2) Lease Renewal at Aberdare Ambulance Station
- (3) Lease Renewal at Caernarfon Ambulance Stations

13 January 2022:

Chair's action was taken to authorise the settlement of a clinical negligence claim to a maximum limit of £663,176.15 in respect of damages.

2. Private Board decisions made since the last Trust Board meeting:

The Trust Board met in private session on 25 November and 16 December 2021. On both occasions the need to meet in private session related to commercial sensitivities. The following were approved:

- (a) Fleet replacement Programme – Business Justification Case ahead of submission into Welsh Government for funding consideration:
 - (i) the development of the 2022/23 BJC is in line with the Fleet SOP and subsequent refreshes which has previously been approved was NOTED.
 - (ii) the work undertaken to review and confirm vehicle requirements for 2022/23 was NOTED.
 - (iii) the BJC was endorsed by the Fleet SOP Delivery Group on 8th November 2021, Capital Management Board on 12th November 2021 and Finance and Performance Committee on Thursday 18th November 2021 was NOTED, and
 - (iv) the 2022/23 BJC for formal submission to Welsh Government, as recommended it does so by Finance & Performance Committee was APPROVED.
- (b) A revision to the previous Board approved – Outline Business Case (OBC) for a new SE Wales workshop identifying a proposed new site in Merthyr Tydfil.

The OBC addendum for onward submission to Welsh Government, for updated funding consideration was APPROVED

3. Details of the purpose of the Chairs Working Group

The Chair's Working Group (CWG) met on 10 December 2021 and agreed its purpose and process as outlined in the report.

Furthermore the Board were reminded of Board Development sessions since the last Board meeting wherein the following was discussed: The Trust's Long Term

Strategy, plans around equality, diversity and inclusion, behavioural standards, development of the Integrated Medium Term Plan (IMTP), and cyber security.

RESOLVED: That

- (1) the Chair's Actions as described were ratified;**
- (2) the decisions made in private session since the last Board meeting were noted;**
- (3) the purpose and process of the CWG was approved; and**
- (4) details of the Board Development Sessions were noted.**

04/22 CHIEF EXECUTIVE UPDATE

Prior to his update, Jason shared the sad loss of Deb Berry, a Non-Emergency Patient Transport Service (NEPTS) colleague who was a strong and popular member of the team. The Board paused and reflected a moment noting their thoughts were with Deb's family, friends and colleagues at this sad time.

Furthermore he added it was Holocaust Memorial Day, and it was a time to remember all those who had lost their lives through, not only the Holocaust but also the many other horrific genocides of the past.

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

1. Significant progress had been made on a number of estate schemes including Cwmbwla and Tredomen with work due to complete early in 2022.
2. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) 2022/23, had been approved by the Welsh Government. Part of this included the delivery of fifteen Toyota plug-in petrol hybrid vehicles which will shortly undergo conversion into Rapid Response Vehicles. This would enable the Trust to support its decarbonisation agenda.
3. The introduction of the rotational palliative care paramedic role on 29 November 2021 has been extremely well received. The impact of specialist paramedics being deployed in the community with the palliative care team has been very positive, benefiting patients and their relatives alike. Collaboration between WAST and Swansea Bay UHB has received positive media attention both in the UK and globally. Additionally, a degree of interest has been shown by other UK ambulance services looking to imitate the role. It was also pleasing to note that the Trust has already been approached by another Health Board wishing to explore the opportunity of taking on rotational palliative care paramedics into their specialist palliative care team.
4. To assist with rollout of the Trust's electronic Patient Clinical Record (ePCR) and remote productivity, funding has been agreed for procurement of iPads for all bank staff. The devices have been ordered and will be delivered before the end of this financial year.

5. The first Consultant Clinician for 111 commenced in post in December 2021. They will lead a new Clinical Leadership Team including a Clinical Lead for the 111 Website.

The Board welcomed the report and raised the following comments:

1. Covid vaccination programme, how many staff were refusing vaccines and how was the Trust addressing this? Jason Killens explained that the uptake on the vaccination had been excellent with 94% of all front line staff having received two vaccinations. He added there were a number of reasons why staff had elected not to have the vaccine. Claire Vaughan added that the refusal numbers were not recorded and that the Trust positively encouraged staff to have the vaccine. Moreover guidance had been issued to staff on vaccinations, shielding and isolation and all front line staff were issued with Personal Protection Equipment (PPE) to be worn when applicable. Claire Roche explained that full and local risk assessments were carried out on the wearing of PPE as part of the package to protect staff and patients. Jason Killens stressed that Welsh Government will not be mandating the vaccine for NHS and social care staff.
2. Were there any other initiatives for specialist paramedics which would reduce conveyances to hospital? Andy Swinburn praised the work of the specialist paramedics involved in palliative care. Going forward he added that in respect of paramedicine there were several opportunities which would be developed. Rachel Marsh added that part of the commissioning intentions for next year was to develop a strategy to optimise conveyance.
3. An enquiry was made in terms of the timelines for the Trust's strategic ambitions. Jason Killens outlined the Trust's ambitions which were in the main to convey less patients to the Emergency Department, close more episodes of care in the community, refer patients to other pathways where appropriate and give care closer to home. In terms of a realistic timeline, this would be on an incremental basis and differ across the health board areas, and would be over a 2 to 3 year period; assuming the support from Welsh Government and commissioners continued. Rachel Marsh echoed Jason's comments adding that several initiatives and schemes were in train which were critical and key to the strategy.
4. Members welcomed the report noting the positive points in particular the work on mental health and the falls team.

RESOLVED: That the update was noted and commented upon.

05/22 QUESTIONS FROM MEMBERS OF THE PUBLIC

There had been one question sent in advance to the Trust Board.

It was understood that the Military personnel assisting WAST at this time have not been trained to drive using blue lights. Therefore if military colleagues cannot drive

on blue lights what role are they playing and what benefit is this to the service, staff and patients?

Lee Brooks commented that the military continue to be with WAST and have been since October 2021 and are likely to remain until March 2022. They provide further capacity to the front line staff which equates to around an additional 10-15% of Unit Hours Production. Blue light driving is a qualification that required a minimum of four weeks training. The requirement to train 250 military personnel to drive on blue lights was unmanageable taking into account that the priority for training was given to Trust staff. The rationale and modelling that was applied indicated on balancing the risk of driving on blue lights or not was in the region of minutes. On balance it was felt that sending an ambulance to a patient using a military colleague was clearly better than not being able to send an ambulance at all, or the patient experiencing an extended or prolonged wait for one.

During the meeting there had been several positive comments from members of the public which Estelle gave further details on.

RESOLVED: That the update was noted.

06/22 WAST CHARITY ACCOUNTS 2020/21

In presenting the accounts, Chris Turley explained that as Trustees, the Board was required to approve them ahead of submission to the Charities Commission (CC) by 31 January 2022.

The accounts were predominantly cash based and was an income and expenditure set of accounts which had resulted in a fund balance at the year end. It had been agreed through the Charitable Funds Committee (CFC) that the scrutiny, by way of an independent evaluation of the accounts as opposed to a full audit, would be undertaken by Audit Wales, consistent with that required by the CC, given the size of the fund. On 17 January 2022 a representative from Audit Wales had attended the CFC and provided a clean opinion on the accounts. It was noted that for the 2021/22 accounts, these would be subject to a full audit.

The Board were reminded that the Charity's financial situation as a going concern was to be confirmed by the Trustees

Comments:

Professor Kevin Davies as Chair of the Charitable Funds Committee, reiterated the comments by Chris Turley adding that there were no concerns regarding the accounts.

RESOLVED: That

- (1) the Trust Board, as Trustees, approved the Trust Charity Annual Report and Accounts for 2020/21 and the Trustees confirmed their assessment of the Charity's financial situation as a going concern, prior to submission to the Charity Commission by the prescribed deadline of 31 January 2022; and**

- (2) a note of thanks was recorded for Jill Gill and her team in preparing the accounts and also to other directorates involved in the process.

07/22

STANDING ORDERS, SCHEME OF RESERVATION AND DELEGATION, STANDING FINANCIAL INSTRUCTIONS

Trish Mills explained to the Board that the Trust's Standing Orders (SO) had been reviewed taking into account the changes made by Welsh Government to their model SO last year. The SO included the Scheme of Reservation and Delegation of Powers (SoRD), and the (SFI) and the Terms of Reference for the Board and advisory committees.

Trish Mills drew out the key highlights:

1. Several substantial changes had been made to Standing Financial Instructions at schedule 2.1, and these were primarily for clarification and not material in nature. These had been made to improve the overall flow to the document.
2. Changes had been also been to the SoRD at schedule 1 and these were to improve clarity; several material changes had also been made to reflect current portfolios. The Board were asked to approve an increase to the financial delegated limit for the Chief Executive from £250K to £500k.
3. In respect of the Terms of Reference for the Boards' Committees as illustrated in Schedules 3 and 4 of the operating arrangements, they were yet to be amended from March 2021; any changes as a result of effectiveness reviews will be reflected and presented at the July Board meeting.
4. The changes had been revised both by the Executive Management Team and the Audit Committee.

Comments:

1. The Board recognised the changes noting the technical formalities within Standing Orders. The Chair commented that areas of detail such as the mechanics involved with the appointment of Chief Executive and dialogue with Community Health Boards should have more clarity. It was noted these would be discussed offline with Trish Mills.

RESOLVED: That the Trust Board;

- (1) Reviewed and discussed the amendments to the SO, SoRD and SFI; and
- (2) Approved the changes to the SO, SoRD and SFI.

08/22

ANNUAL EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) UPDATE – POWERPOINT PRESENTATION

Chris Turner, Chair of EASC, initially explained the Minister's priorities going forward which were listed below:

1. Planning arrangements around known/predicted peaks
2. Better public messaging and education around use of services
3. Better manage patients in community – remote clinical triage or advice and guidance from senior clinicians
4. Maximise alternative community pathways or to directly refer patients to the right hospital setting.
5. Develop outcomes measures for patients with time sensitive conditions.
6. Develop a value-based approach to collaborative commissioning and exploring opportunities around levers for change as incentives and sanctions.
7. Delivery of a more robust commissioning approach.

Stephen Harrhy, Chief Ambulance Services Commissioner set out EASC's approach to Transformation with health and social care services going forward.

He made reference to the 6 goals for urgent and emergency care and provided further explanation on each of them:

1. Coordination, planning and support for those at greater risk of needing unscheduled emergency care.
2. Signposting people with urgent care need to the right place, first time
3. Access to clinically safe alternatives to admission to hospital
4. Rapid response in a physical or mental health crisis
5. Optimal hospital care and discharge practice following admission
6. Homefirst approach and reduce the risk of readmission

In respect of the 111 service, this was due to be pan Wales in the near future and going forward he added that the transparency of activity, performance and recourse should match that of the 999 service.

The EASC IMTP 2022-2025 had outlined the priorities for the following areas: Emergency Medical Services, Non Emergency Patient Transport Service, Emergency Medical and Retrieval System, Transfer and Discharge, 111 Commissioning and system change.

WAST would continue to adopt a pragmatic and considered approach and it was expected that WAST's IMTP would reflect EACS's priorities.

Stephen Harrhy further explained EASC's improvement plan and expectations as follows:

1. Handover Delays – Commitment to deliver “red lines”
2. Demand and Capacity - Efficiencies must be delivered to realise the benefits of investment
3. Remote Clinical Support & Physician Triage, Assessment and Screening (PTAS) – Considered a core enabler and area for growth
4. Mental Health – Balanced approach with system partners to address the 999 requirements for mental health demand
5. Utilisation – To be the core metric for operational service delivery and improvement

Comments:

1. Was discharge planning being considered early on in the patient's pathway? Stephen Harrhy explained that patient flow was a priority and a common approach to escalation plans in health boards was being developed; this would encourage best practice. The Minister has published a set of key measures and delayed transfers was one of these.
2. Following a query on Mental Health and patients receiving a timely and correct response, Stephen Harrhy explained that one of the initiatives was when patients called 111 they had the option to be allocated to mental health and well-being services by pressing 2. Also, resources will be made available in order to provide transport services for mental health patients.
3. In terms of the Trust's approach to working with EASC was there anything further to the Trust could do. Stephen Harrhy commented that the relationship with EASC and WAST was developing well. He further commented that an understanding and being clear of risks going forward would assist in the Trust's transformation. The Chair advised it would be beneficial for the Trust and EASC to discuss going forward the mutual concept of risk and risk appetite.

RESOLVED: That the Board noted and thanked EASC colleagues for the presentation.

09/22

STAFF EXPERIENCE – BETHAN WILLIAMS – 111 NURSE

Claire Roche introduced Bethan Williams, a nurse who worked in the 111 service. Bethan had previously shared her story of working through the early stages of the pandemic at the professional nurse forum several months ago.

Bethan commenced working in the Trust in 2019 and started as a Nurse in 111, more recently she has since gone over to the Clinical Support Desk. During the early stages of the pandemic she had faced some challenges; her husband was pre-dialysis prior to Covid/lockdown and went onto dialysis a couple of months into lockdown. He was currently on a kidney transplant list. Furthermore, She was also having to home school her children.

Bethan was afraid to go to work in case she caught Covid and passed it on to her family and she wanted to work from home. She faced the challenging dilemma; give up her job as a Nurse or stay in work but move out of the family home.

Her family was a one income family and giving up her job would put financial pressure on them. Moving out of the home was an upsetting prospect; there was an outbreak of Covid in the building where she was based; her husband was clinically vulnerable; her eldest child was also as an asthmatic and her youngest child was a specialist baby. Beth said she felt broken; she cried for a few days and didn't know what to do for the best.

With support from the union she was able to be afforded the opportunity to work from home, for which she was hugely grateful.

Working from home brought its own tests such as feelings of isolation and detachment. But there have been more positives. The Trust has been able to retain a skilled clinician within its service.

As a result of Covid, Bethan explained that it had given her the drive to challenge herself further, be the best she can and focus on the positives going forward.

Comments:

1. The Board asked Bethan to consider whether she would be willing to share her powerful story with nursing standards or other similar authorities; and should she wish to, to contact Estelle Hitchon.
2. Craig Brown, Trade Union representative, praised the work of the IT directorate for enabling staff to work from home.
3. Bethan's story was representative of many other people in similar circumstances and the Board thanked her for her frankness and honesty.
4. Should the Trust experience a similar situation in the future, what advice would you give to do things differently? Bethan advised that a key element would be to encourage and promote improved empathy from all concerned.

RESOLVED: That the staff experience was noted and Bethan was thanked for sharing her story.

10/22 INTEGRATED MEDIUM TERM PLAN 2021-2024 PROGRESS REPORT

Rachel Marsh explained that the purpose of the report was to update the Board on the progress and delivery of actions in the 2021-24 IMTP, end of quarter three 2021/22 position. It should be noted that the report had been considered by the Finance and Performance Committee, who requested some further detail added around confidence of delivering some of the amber deliverables into Quarter 4. This work was highlighted in the Committee report.

The main highlights for the Board's attention were as follows:

1. There were 20 deliverables that were reported Amber at end of Quarter 3. 11 of these were due by end of Quarter 3 (Including Q1 & Q2) as reported to Finance and Performance Committee on 20th January 2022 and an additional 9 that were due by Quarter 4.
2. The Board were given details of the IMTP 2022-25 timetable. The IMTP would be further considered at two future Board development sessions. A final plan will be presented to the Board on 24 March with the deadline for submission of 31 March to Welsh Government.

Comments:

The Chair of the Finance and Performance Committee, Emrys Davies, gave an overview of its discussion of the plan, adding it had fully supported the progress to date.

RESOLVED: That the Board;

- (1) Noted the progress made against the plan and the confidence in delivering further progress by the end of quarter 4;and**
- (2) Noted the progress of the developing 2022-25 IMTP.**

11/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT (BAF)

In updating the Board, Trish Mills drew their attention to the following areas:

1. There were currently 16 risks on the Corporate Risk Register (CRR).
2. Work was underway to review the high rated risks in more detail and this will be monitored through the Assistant Directors Leadership Team and Executive Management Team, prior to the March Board. This will include a fresh look at how the risks are described, as well as updating the controls, assurances and actions, particularly where they have completed and should positively influence the rating review.
3. Discussions were also taking place to consider and develop any new risks that were emerging which would require inclusion on the CRR.
4. One risk was recommended for closure, Risk ID 225 (on call CCA ability to cover 24/7 command) as this had reduced in score from 16 to 8.

Comments:

1. Has the desktop exercise to determine how health boards assess risks on their CRR's been completed? Trish Mills explained this work continued especially in relation to hand over delays to determine if there was a correlation.
2. Was there a method the Trust used to determine whether risks married up across the system? An all Wales risk group was established which would enhance more collaborative work across the health boards.
3. The Chair suggested it would be prudent to allocate time at a future Board development day to consider the higher risks in more detail. Trish Mills explained that going forward, the work emerging from the risk management project included a series of Board development sessions on risk and risk appetite, and the higher risks and their re-articulation would be reflected in the Board Assurance Framework. The work would also ensure there was limited duplication of reporting to Committees and the Board.
4. The Board recognised this was work in progress and acknowledged the ongoing work of Julie Boalch as the Head of risk and Corporate Governance.

RESOLVED: That Members received assurances on the contents of the report; specifically relating to:

- (1) The risk management activity since the last Trust Board in November 2021;
- (2) The BAF report; and
- (3) To approve the closure of Risk ID 225.

12/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh updated the Committee and more specifically on the areas below:

1. Call answering – the speed at which the Trust was able to answer a 999 or 111 call. This remained a concern for the Trust as they continued to remain at unacceptable levels; actions were in place to improve these areas, including the recruitment of additional call handlers.
2. Ambulance response times (Red and Amber), these had further increased in December 2021 due to an increase in patient demand and extreme lost hours at hospitals and were not at acceptable levels. The recruitment of an additional 127 staff and the additional temporary assistance from a range of different sources, significantly military support, will provide positive impacts going forward.
3. Ambulance Care. The targets, especially for enhanced renal patients' arrivals had improved significantly.
4. The number of ambulance unit hours being produced was up in December; this was due to additional capacity and support from the military, fire and rescue services and St John. This was reflected in greater detail and further analysis within the graph at slide 17 at Annex A to the report.
5. Staff abstraction levels remained high with staff sickness being around 15%. The Trust's sickness benchmark was 5.99%. Workforce fatigue was emerging as an issue and concern.
6. Shift Left, reducing the number of patients who require conveyance to hospital. Excellent progress has been made thus far with the Trust achieving a rate of 11% against the benchmark of 10.2%. The Trust had conveyed 34% of patients to ED's in December compared to 37% in November.
7. Handover hours lost. These levels continue to be unprecedented and extreme. EASC intentions were for these hours not to exceed a monthly loss of approximately 5,000 hours, 18,733 hours were lost in December 2021.
8. The indicators used at this high-level show, in many areas, a deteriorating picture in terms of the quality and safety of the service that the Trust provides. This was due in part to increasing demand across all areas of the service, the onset of the Omicron CoVID-19 variant, coupled with increasing levels of sickness and CoVID-19 related absence. The Trust has undertaken a prioritisation exercise with the result that some IMTP actions have been paused or slowed down to allow the Trust to concentrate on those

programmes which will have the highest impact on patient safety and staff well-being.

Comments:

Lee Brooks shared an up to date position for the Trust to note:

1. 111 Service, during the last couple of weeks the abandonment rate was in the region of 2%; the lowest rate for some time which was positive for the Trust.
2. Covid related abstractions across the Operations Directorate, this related to between 150-160 staff which amounted to approximately 4-5%, this was down from a peak of 10-11% at the end of December.
3. Demand through 999 calls was beginning to settle and was more in aligned to the demand patterns of the previous 3 years.
4. Last week, 70% of verified incident demand was responded to; this had not been seen since May 2021
5. Patient waiting times; the Red 8 minute performance had reached 56% last week and still remained below the target of 65%.
6. In terms of Covid activity at the call triage stage this was reducing, it was currently down from a peak of 17% to 11%.
7. Handover delays remain very high, January looks as though it would exceed December and continued to remain the Trust's greatest challenge.
8. Emrys Davies advised the Board that this report had been considered at the last Finance and Performance Committee meeting; noting as ongoing concerns, the levels of staff sickness and the impact of military support cessation from the end of March.
9. Claire Vaughan reassured the Board that staff sickness remained a high focus for the Trust and outlined details of the sickness action plan going forward. It was important to note that detailed updates would be provided at the next People and Culture Committee meeting.
10. In respect of staff Personal Appraisal Development Reviews (PADR) the Board were assured by Claire Vaughan that this was being monitored at the People and Culture Committee; there was a high level of confidence that rates of completion would improve.

RESOLVED: That

- (1) the Board considered the December 2021 Integrated Quality and Performance Report and the actions being taken and determined; and**
- (2) the report provided sufficient assurance, noting the oversight on sickness and PADRs through the People and Culture Committee.**

13/22 FINANCIAL PERFORMANCE MONTH 9

Chris Turley provided an update to the Board drawing out the following key points for their attention:

1. The cumulative year to date revenue financial position reported was a small underspend against budget of £0.051m. The year-end forecast for 2021/22 continued to be a balanced position.
2. The residual risks to delivery of the balanced position were very few, and were very low.
3. In terms of the Covid spend the final element of funding from Welsh Government has been confirmed.
4. Capital. The Trust has expended £5.507m against the All Wales capital scheme budget of £14.149m and £1.635m against the revised discretionary budget of £9.854m.
5. Going forward, the Trust was now focussing on the year end accounts and financial planning for 2022/23 and beyond.

Comments:

Emrys Davies advised at the Finance and Performance Meeting a new risk had been identified, ID 458, related to ongoing commitments for in year funded items and whether recurrent funding was required and the need to secure this ahead of recurring cost commitment. Chris Turley explained that this risk would be monitored going forward.

RESOLVED: That the Trust Board:

- (1) **Noted and gained assurance in relation to the Month 9 and forecast revenue and capital financial position and performance of the Trust as at 31st December 2021, noting that this was also presented to the F&PC meeting on 20th January 2022; and**
- (2) **Noted the Months 8 & 9 Welsh Government monitoring return submissions as required by Welsh Government.**

14/22 PEOPLE AND CULTURE COMMITTEE UPDATE

The Chair of the Committee, Paul Hollard referred to the highlight report and drew the Board's attention to the following:

1. Staff vaccinations, actions were in hand to improve and increase the uptake.
2. The People Strategy refresh, which was due in 2022 would be carried forward into next year and this would allow the Trust to deliver key outstanding items.

3. A new facilities agreement had been agreed with Trade Union partners.
4. A staff story from a NEPTS colleague who had contracted Covid in 2020 was presented at the meeting.
5. The Committee were updated on emerging themes as a result of the behaviours refresh which had been commissioned by the Trust in March 2021.
6. The Committee received an update on those Welsh Language Standards which the Trust has yet to comply with, and the plans to address these.

RESOLVED: That the Board noted the update.

15/22 AUDIT COMMITTEE UPDATE

1. The Chair of the Committee, Martin Turner referred to the highlight report advising the Board that several items had already been discussed during this Board meeting.
2. He added that the meetings were well supported by Audit Wales and Internal Audit who provided full discussion.
3. In respect of note for the Board he referred to a non-compliance relating to the process of affixing the Trust Seal in the correct manner as prescribed in the Standing Orders. A process had been developed to remedy this for all future uses and would be reviewed by the Audit Committee at its next meeting.
4. He added that the Audit Wales Structured Assessment (phase 2) was appended to the highlight report and it illustrated how the Trust continued to conduct its Board and Committee affairs effectively.
5. The Board discussed the work of the informal Board Strategy Group and reinforced the importance of feeding its outputs on a regular basis into discussions at full Board.

RESOLVED: That the Board noted the update.

16/22 ACADEMIC PARTNERSHIP COMMITTEE UPDATE

The Chair of the Committee, Professor Kevin Davies presented the report and drew attention to the following:

1. Confirmation of the Trust's university status was still awaited; noting that further engagement with Universities of Wales and Welsh Government in terms of structure and partners continued.
2. The Board noted that work was ongoing in relation to ensure Trade Union partners became members of the Committee.

RESOLVED: That the Board noted the update.

17/22 CHARITABLE FUNDS COMMITTEE

The Chair of the Committee, Professor Kevin Davies presented the report and drew attention to the following:

1. The Committee received and reviewed the annual report and accounts for the WAST Charity for the financial year ended 31st March 2021 following an independent review by Audit Wales.
2. Recruitment of the consultancy post had proven to be more complex than originally envisaged and work was underway to address this.

RESOLVED: That the Board noted the update.

18/22 FINANCE AND PERFORMANCE COMMITTEE

The Chair of the Committee, Emrys Davies presented the report and drew attention to the following bearing in mind that several issues had previously been captured earlier in the Board meeting.

It was noted that implementation of the new 111 system with the delivery of Salus had slipped until at least Oct/Nov 2022.

RESOLVED: That the Board noted the update.

19/22 BOARD AND COMMITTEE CALENDAR 2022/23

Trish Mills presented the Board and Committee calendar to the Board.

The 6 full Board meetings have been scheduled to alternate between Cardiff and St Asaph and will be supplemented with a Board Development Day the day before. All meetings have been planned to meet at 09:30hrs. In terms of the Quest meeting which historically had always started in the afternoon it was agreed that Trish Mills and the Chair of Quest would discuss this offline.

Members acknowledged that the calendar had been reviewed by the Executive Management Team and Chairs Working Group.

RESOLVED: That the Board approved the schedule of dates for 2022/23 Board and Committee meetings and noted the long-term ambition to align dates for key Committees to the Board.

20/22 CONSENT ITEMS

The following items were included in the consent item section of the agenda, and were noted for information.

The Trust Board noted the affixing of the Trust Seal on 7 December 2021 for the following three documents:

- a) HM Land Registry Transfer of part of registered title(s) from WAST to Betsi Cadwaladr University Health Board.

- b) Lease Renewal at Aberdare Ambulance Station
- c) Lease Renewal at Caernarfon Ambulance Stations

The Trust Board noted the minutes of Board Committees as follows:

- a) 16 September 2021 - Audit Committee
- b) 21 September 2021 - Academic Partnership Committee
- c) 18 November 2021 - Finance and Performance Committee
- d) 4 November 2021 - Charitable Funds Committee

The Trust Board noted the updates from the following:

- a) Emergency Ambulance Services Committee (EASC) meeting of 7 September 2021.
- b) Welsh Health Specialised Services Committee (WHSSC) meeting of 7 September 2021 and 11 January 2022
- c) NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 12 October 2021.

RESOLVED: That the reports were noted.

21/22

CLOSING ITEMS

EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 27 JANUARY 2022 and 25 FEBRUARY 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 27 January 2022. Furthermore there was a distinct possibility that there would be a need to hold a Closed Session on 25 February 2022 to discuss and consider elements of the Integrated Medium Term Plan.

RESOLVED: That the Board would meet in private on 27 January 2022 and 25 February 2022.

Date of next Open meeting: 24 March 2022

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
8.22	27 January 2022	Annual EASC update	Chair and Chief Executive to hold discussions with Chair of EASC and the Commissioner to consider mutual concept of risk and risk appetite	Chair and CEO	24 March 2022	Update for 24 March meeting A verbal update will be provided at the meeting.	Open
9.22	27 January 2022	Board and Committee Calendar	Quest Committee Revised start time of 09:30. Trish Mills and Bethan Evans to confirm offline.	Trish Mills	24 March 2022	Update for 24th March meeting: Start time of 9.30am has been agreed.	Complete



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

AGENDA ITEM No	5
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

CHAIR'S REPORT

MEETING	Trust Board
DATE	24 March 2022
EXECUTIVE	Martin Woodford, Chair
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. In addition to the verbal update from the Chair at the meeting, this report sets out:

- 1.1 Chair's Actions taken since the last Trust Board meeting
- 1.2 Private Board decisions made since the last Trust Board meeting
- 1.3 Membership of Board Committees for 2022/23

Recommendation: The Trust Board is requested to ratify the Chair's Actions taken and note the other updates.

KEY ISSUES/IMPLICATIONS

Not applicable

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

- 1. Annex 1 – WAST Behaviours
- 2. Annex 2 – Membership matrix as at 1st April 2022

REPORT CHECKLIST

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

CHAIR'S REPORT – MARCH 2022

1. Chair's Actions Taken Since the Last Meeting

- 1.1. The Trust's Standing Orders provides at paragraph 2.2.1 that *'There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings and it is not practicable to call a meeting. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification'*.
- 1.2. Urgent action was required between the January and March 2022 scheduled Trust Board meetings as follows:
- (a) On 14th February 2022 Chair's action was made for settlement of a clinical negligence claim.
 - (b) On 15th February 2022 Chair's action was made to extend the Mobile Testing Unit from March to June 2022.

2. Decisions made in Private Session Since the Last Meeting

- 2.1. The Trust Board met in private session on 27th January 2022 to discuss matters of commercial sensitivity, the 2022/23 financial plan, and the Remuneration Committee highlight report. The Trust's new behaviours were approved at this meeting to enable them to be launched at the Chief Executive Roadshows in March. The behaviours are attached at Annex 1.
- 2.2. The Trust Board also met in private session on 25th February 2022 to discuss the 2022/23 financial plan and to approve the affixing of the Trust common seal to the license for alterations (minor works) at Vantage Point House.

3. Trust Board and Committee Membership for 2022/23

The Board Committees undertook their effectiveness reviews in Quarter 4 which have resulted in amendments to their terms of reference and membership. The full Committee annual reports and revisions to those terms of reference will be before the May Board for approval.

However, in order to ensure clarity with respect to Non-Executive and Director membership as we start the new financial year, attached at Annex 2 is the revised membership matrix, which also specifies the champion roles – both as mandated by Welsh Government and those related to specific themes.

The matrix notes that there are two Non-Executive Directors who are not named at this point (NED1 and NED2). These appointments were made in March

however they have not yet been announced in the Senedd therefore we are not in a position to announce the appointments at this meeting.

The Trust Board is requested to note the changes in membership ahead of the revised terms of reference being formally presented in May.

Built on TeamWAST Cultural DNA:

Through effective strategy, communication, ways of working and behaviours, these are what we want to continually develop in our culture at WAST

A Clear Purpose

Pride in what we achieve

A Strong Community

Commitment to each other

A Healthy Workplace

Compassion and care for each other

A Professional Service

Everyone able to play their part

A Developing Workforce

Growth and opportunity for everyone

Developed through the essential TeamWAST Behaviours:

Work in partnership with patients, communities, colleagues, NHS Wales and our stakeholders





		Martin Woodford (Chair)	Kevin Davies (Vice Chair)	Martin Turner (NED)	Paul Holland (NED)	Bethan Evans (NED)	Jaga Singh (NED)	New NED (1)	New NED 2	Chief Executive	Director of Finance & Corp. Res.	Medical Director	Director Quality & Nursing	Dir - Strategy, Planning & Performance	Director Workforce & OD	Digital Director	Director of Paramedicine	Board Secretary	Trade Union Rep	Committee Officer	
Trust Board	★																	DT/CB	SO/JP	Lead Executive: Jason Killens	
Board Committees																					
Academic Partnership Committee		★									Assistant Director							CB/MM	CJ	Lead Executive: Estelle Hitchon	
Audit Committee			★															DT/PS	SO	Lead Executive: Chris Turley	
Charitable Funds Committee						★												DT/HP	CJ	Lead Executive: Chris Turley	
Finance & Performance Committee		★												Deputy Director				HP/DT	SO	Lead Executive: Chris Turley and Rachel Marsh	
People & Culture Committee				★							Assistant Director		Assistant Director					AR/IJ/ CB/PS	JP	Lead Executive: Claire Vaughan	
Quality, Patient Experience & Safety Committee					★													HP/AR/ CB	SO	Lead Executive: Director of Quality & Nursing	
Remuneration Committee	★																	DT/CB	JP	Lead Executive: Claire Vaughan	
Committees Attending	1	5	3	5	5	4	5	5	1	4	0	3	5	2	5	3	2	4	8		
CHAMPION ROLES																					
Strategic Themes																					
Strategy development																					
Equality, diversity and inclusion																					
Governance and risk																					Also a WG mandated champion role
Quality, safety and patient experience																					
Digital and transformation																					
Environment and sustainability																					
Resources and value for money																					
Partnerships and engagement																					
Workforce and organisational development																					
Operational delivery																					
Charitable fundraising																					
Volunteering																					
Academic partnerships																					
Trade Union relationships																					
Portfolios Mandated by Welsh Government																					
Fire Safety (Executive)																					
Emergency Planning (Executive)																					
Caldicott (Executive)																					
Violence and Aggression (Executive)																					
Infection Prevention & Control (NED)																					
Armed Forces and Veterans (NED)																					
Mental Health (VC)																					
Children and Young People (Executive & NED)																					
Older Persons (NED)																					
Putting Things Right [& patient safety] (Executive & NED)																					
Raising Concerns (Staff) (Executive OR NED)																					
Welsh Language (Executive)																					
Research (NED)																					

Key:
★
Chair

Trade Union Representatives
DT - Damon Turner (Unison)
HP - Hugh Parry (Unite)
CB - Craig Brown (RCN)
AR - Angela Roberts (Unison)
PS - Paul Seppman (Unite)
GP - Gareth Price (GMB)
RM - Robert Morgan (Unison)
IJ - Ian James
MM - Mark Marsden



GIG
CYMRU
NHS
WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambiwlsans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	One

CHIEF EXECUTIVE REPORT: 24 MARCH 2022

MEETING	TRUST BOARD
DATE	24 MARCH 2022
EXECUTIVE	JASON KILLENS
AUTHOR	JASON KILLENS
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 27th January 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 24th March 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 27th January 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 members of local authorities.
- Claire Roche, left the Trust to take up a new role as Director of Nursing and Midwifery at Powys Teaching Health Board. Claire contributed so much to the Trust, especially during the pandemic and I'm sure she will be equally successful in her new role. Wendy Herbert has accepted the role of Interim Director of Quality and Nursing while an external recruitment process is completed. I shall keep Trust Board colleagues up to date with the appointment process and interviews are currently scheduled for 27 April.
- A two-day workshop was held with senior colleagues to continue the development of the Trust's strategic long term strategy.
- A number of executive colleagues and I have met with Swansea University Paramedicine students to inform them of the Trust's current and future plans and to underline the benefits of working for the Trust as a forward-looking employer of choice.
- I attended the 111 Implementation Board. Consideration will be given to future governance arrangements for the service once the rollout is completed later this month.
- The Trust's second Management and Leadership Symposium was held on 10th March when approximately 100 of the Trust's most senior managers attended. The focus of discussion was around sustainability and de-carbonisation challenges, planning and the long-term strategy and the launch of the Trust's refreshed behaviours.
- The latest round of CEO staff roadshows was held last week. Nine separate roadshows were held across the country.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Mental Health

4. The first cohort of Clinical Support Desk Mental Health Practitioners commenced their learning programme on 7 March 2022, with the second cohort starting on 4 April.

The 7-day service will operate in shadow form from April and will be fully operational by early June.

5. Our proposal to Health Education and Improvement Wales for a Faculty of Emergency Mental Health Practice and Mental Health Response Vehicles is currently out for consultation as part of the wider Mental Health Workforce Plan for Wales. It is expected that the consultation will close at the end of March 2022 and an indicative funding envelope confirmed by the end of May 2022.

Clinical Team Overview

6. Recognising how increasingly integral telephone triage, telehealth, digital care, and remote clinical decision making is to the service we provide to patients, a new team of senior clinicians have been appointed to develop, support and clinically lead the transformation of this exciting area of clinical practice. This new team comprises of the Trust's first Consultant Clinician of remote clinical decision making, and earlier this month saw the final member of the three regional Specialist Clinicians join the team. Additionally, the team has a Specialist Clinician focusing purely on our digital offering and NHS 111 website. April will see this team begin work on their soon to be published strategy document, outlining how they will work with all areas of the organisation to provide clear and visible clinical leadership for telephone triage, telehealth, digital care, and remote clinical decision making.

Coroner Concerns

7. The Trust received 2 Regulation 28 Reports from coroners in February 2022. Both were in relation to timeliness to respond and occurred during a period of time whereby the Trust was experiencing significant handover delays. The Trust's solicitor has been alerted by the North Wales Coroner that it is highly likely that he will be calling a Prevention of Future Deaths hearing. Mr Gittins has reviewed a number of imminent inquest cases and has identified timeliness to respond to be a key feature in a significant number of cases.

Serious Case Incident Forum (SCIF)

8. Sadly, it remains that the vast majority of incidents reviewed at SCIF are in relation to patients being correctly categorised as Amber1 priority calls, and sadly deteriorating while waiting in the community for a response. This has resulted in many of the patients discussed at SCIF being ROLED (Recognition of Life Extinct) at scene.

Welsh Government Delivery Unit

9. The Welsh Government Delivery Unit have informed the Trust of an analysis that has been carried out regarding Appendix B cases (those referred to health boards). Meetings have taken place with the Delivery Unit to discuss the contents, the governance arrangements and process for sharing the report.

Quality Improvement

10. The Quality Improvement (QI) Team have continued to work with the Operations Directorate to introduce two regional falls assistant vehicles within South East and South Central territories. These vehicles enhance our response capability and will operate at night from 19:30hrs to 07:30hrs until 31 March 2022. A further resource has

been funded by Cardiff and Vale Health Board and will provide enhanced night cover for 3 days per week, until 31 March 2022.

11. The Research, Innovation, Improvement and Collaboration Lead (RIIC) has successfully secured four spaces on the Spread and Scale Academy Training. Attendees include colleagues from the Quality, Medical & Clinical and Workforce and Organisational Development Directorates. This training will provide colleagues with the skills to scale up improvement from a local to a national level, which will assist in the Trusts transformation journey. At the end of March, the WIIN (Welsh Ambulance Services NHS Trust Innovation and Improvement Network) Business Team have organised an exciting 'WIIN Summit'. Hosted in Mid Wales, core members and key representatives from across Directorates will meet to review all of the improvement ideas submitted. The 'Summit' will ensure all ideas can be reviewed, feedback provided to staff and shared with the wider organisation to determine wider organisational improvements.

CORPORATE GOVERNANCE

12. The Risk Management Team have been working with risk owners to re-articulate the highest rated risks and conduct a wholesale review of ratings, controls and assurances, and the actions to address the gaps. As set out in the Audit Committee Highlight Report on the agenda, reporting of the Board Assurance Framework (BAF) has been suspended to allow for a transitional BAF which captures this work and which will be reported to the Audit Committee in June and the Board in July. Corporate risks will continue to be reported throughout this period to the Board and relevant Committees. The Risk Management Transformation Programme has been included in the IMTP for 2022-25 and it has been identified as a priority programme for the Audit Committee for 2022/23.

13. The 2022/23 Internal Audit Plan has been approved by the Audit Committee and progress against recommendations continue to be centrally tracked and reported to the relevant Committees for oversight.

14. The effectiveness reviews of the Board Committees have concluded and Committee annual reports are being prepared for presentation to the Board in May alongside a review of the Board's effectiveness. Committee terms of reference have been revised to support their scrutiny and oversight responsibilities and membership increased where appropriate to reflect the work being carried out by the Committees.

15. The timetable for the production of the 2021/22 annual report has been agreed by the Audit Committee and work has commenced, with a task and finish group supporting that work.

16. A Shadow Board programme has been introduced with the Assistant Directors Leadership Team (ADLT). This is a leadership development programme for aspirant Board members, offering both experiential and modular learning which equips ADLT members with the right level of knowledge and understanding of working at Board level. The Shadow Board will meet separately from the Trust Board, giving participants practical skills-based development and the opportunity to consider, discuss and challenge real life strategic issues. The feedback from the Shadow Board will be reported to the Trust Board by the Shadow Board Secretary, Julie Boalch (Head of Risk and Deputy Board Secretary). The Programme which also provides an

opportunity to succession plan, will be chaired by the Trust's Vice Chair, Professor Kevin Davies.

17. Work has commenced on the development of a Bilingual Skills Strategy with the mapping of Welsh language skill levels and capacity across the workforce to meet the Welsh language needs of service users. Compliance with the Welsh Language Standards has seen a significant increase in demand for translation and as result future translation arrangements are being investigated in order to provide value for money, quality and speed of service to the Trust.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

18. February and March has been marked by a significant increase in media and stakeholder enquiries, a number of which have proven particularly contentious in respect of poor patient experience and/or outcome and concerns over structural changes, notably in relation to the Trust's EMS roster review. This reflects the performance pressures experienced and has been mirrored in political correspondence and Freedom of Information requests.

19. There has been considerable focus on stakeholder engagement, including the issuing of a stakeholder briefing on the roster review, various meetings, correspondence etc.

20. February also marked the Trust's annual Defibuary campaign designed to educate the public about the important of early CPR and defibrillation in a cardiac arrest scenario, and the Partnerships and Engagement Directorate supported this with media and PR activity.

21. The anti-violence campaign #WithUsNotAgainstUs – which the Trust is leading on behalf of all emergency services in Wales, as well as NHS Wales partners, reached a milestone with the rollout of vehicle graphics across its rapid response cars and emergency ambulances.

22. The Director of Partnerships and Engagement has attended a number of RPB meetings of late, including Cardiff and Vale, North Wales and Powys, with some interest in Powys about the opportunity to work collaboratively as the county explores the concept of the further development of health and care community hubs.

23. Plans are underway to support the drafting of the 2021/22 annual report, which this year will be led by the Board Secretary. The AGM will be held in July and planning will commence shortly.

24. The commemorative coins issued by the Trust to staff and volunteers in recognition of their efforts during the pandemic have been well received. The Trust's Charitable Funds Committee has agreed to extend the eligibility for receipt of a coin to December 31, 2021 and the Communications Team is currently working through the mechanics of re-ordering coins for those staff now eligible to receive one.

25. A tender for a national programme of communication around 111 has been issued with responses now in the process of being assessed. Subject to the securing of Welsh Government funding, a new national campaign will go live in the spring to raise awareness of the now all-Wales nature of the service and supporting use of the 111 digital offer in particular. Work continues to update and refresh the 111 website, with

a revised homepage and attendant content due to go live by the end of March. A national 111 week is also planned for April.

FINANCE AND CORPORATE RESOURCES

Finance

26. During quarter 4, the Finance Team has been undertaking detailed planning work both internally and externally with Audit Wales (AW) colleagues in preparation for the year end accounts and audit processes. As part of this an interim Audit of early issues and systems has been taking place virtually by the AW team during February and March 2022.

27. The Finance Team has continued to implement plans to manage the 2021/22 year end revenue and capital position to assist in the achievement of its core statutory financial targets, as detailed in the separate paper to Board.

28. In addition, in conjunction with Executive Team and senior budget holders work has continued on the 2022/23 draft financial plan and the Finance Team are fully engaged with commissioners to assist in the finalisation of a financial plan to support the IMTP. Work continues across all directorates and via ADLT to identify topics to ensure the delivery of the current savings and efficiency target for 2022/23. Again, further updates will be provided separately to Board.

Capital & Estates

29. A brief update on the main Capital and Estates projects previously notified to Board are as follows:

- 111 Training – additional capacity was created at VPH, Ty Elwy and Matrix House to support 111 training by 10th January. Further requests have now been made for the ongoing use of space in VPH to accommodate additional training requirements.
- Vantage Point House (VPH) reconfiguration work is progressing at pace, following programme reinstatement after a short COVID Omicron wave pause. The work is focussing on operations management accommodation, ICT, reception and associated areas.
- Aberaeron Ambulance Station – work now in its final stages and operational relocation commenced on 14th March.
- Beacon House – the programme of works is progressing to schedule, with building handover planned before the end of the financial year. Operational commissioning and induction will take place in early April 2022. The final lease has been agreed and prepared for approval on completion of the works.
- Cardiff Ambulance Station – an updated and agreed date for relocating Operations staff has been confirmed to take place before the end of the financial year. Progress continues to be made on the confirmation of plans for the training school and work will commence on this before the end of March.
- EMS Interim Solutions Programme – significant progress has been made on Cwmbwrla and Tredomen with works now complete. Work continues to progress on solutions for the Betsi Cadwaladr and Aneurin Bevan areas. It has not been possible to identify sites in Llanelli for additional facilities, but discussions are ongoing with partners to scope options using the existing estate.

- South East Fleet Workshop – the Trust has completed the purchase of a site in Merthyr Tydfil and work will now begin to establish the Project Board to support the next stage of the project.
- Work to establish a Project Board in support of the Swansea ARC Outline Business Case has been delayed by operational and wider pressures. It is anticipated that this will now commence in April as part of the wider scope of the 2022/25 IMTP objectives.
- Work continues on the Welsh Government funded decarbonisation project in Dobshill, due for completion by the end of March. Other renewable schemes at Porthcawl, Lampeter and Bargoed are progressing with the majority substantially complete by year end. Fire precautionary improvements at several stations will also be complete by year end.
- Finally, revenue monies have been allocated in year to support some redecoration and minor improvement works at 16 other stations.

Fleet

30. The delivery of the Vehicle Replacement Project for 2021/22 continues in earnest with 44 Emergency Ambulance conversions close to completion, however, there has been a small delay owing to the global shortage of electronic components for the emergency systems being fitted. Delivery will continue throughout March and they will be commissioned into service shortly. Ten NEPTS Ford Transit Customs are undergoing conversion to single wheel chair accessible vehicles and 17 Renault Masters will be converted into a mixture of double wheel chair accessible vehicles and stretcher bearing vehicles are due to be delivered to the conversion supplier. All of the stretcher bearing vehicles will be equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads.

31. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) 2022/23, was approved by Welsh Government, which enabled a section of the 2022/23 BJC to be accelerated. Unfortunately, the 8 Emergency Ambulances previously identified as part of the accelerated scheme cannot be progressed as the base chassis delivery dates have been extended. However, 15 RRVs which were originally brought forward has been increased to 23 to offset spend slippage in some elements of this year's programme. The entire 23 Toyota plug-in petrol hybrid RRV vehicles have been delivered and the conversions are underway.

MEDICAL AND CLINICAL SERVICES DIRECTORATE

Queens Ambulance Medal

32. Andy Swinburn, the Trust's Director of Paramedicine was formally presented with the Queen's Ambulance Medal on the 23 February at Windsor Castle. He was recognised for his contribution, innovation and dedication to the paramedic profession.

Cymru High Acuity Response Unit (CHARU) Task and Finish Group

33. Members of the CHARU Task and Finish Group recently held five engagement workshops with those staff who are on a permanent RRV rota. The aim of the meetings was to provide individuals with an overview of the clinical and operational rationale for CHARU. The workshops were well attended, and discussions were focussed on the transition process, rota options and the content of the training and education package.

Next steps include the approval of the course content and pre-learning material and for it to be shared with those colleagues expressing an interest in CHARU.

Major Trauma Peer Review

34. WAST's Major Trauma Annual Report along with a future workplan and pre-hospital quality indicator assessment were submitted to the South Wales Trauma Network peer review team, which were all successfully assessed as compliant.

Clinical Supervision Framework

35. Following advice from AACE that all ambulance services need to adopt the use of a Clinical Supervision Framework. A project group has been developed to effectively plan and deliver on this significant piece of work. Staff from all directorates are represented in the group, to include those with both direct and indirect patient contact responsibilities as well as our Trade Union and Organisational Development colleagues. The inaugural meeting sought to scope the current provision within the Trust and benchmark this against the AACE clinical supervision framework. Whilst recognising the need for a consistent and equitable provision throughout the organisation, the group recognised that due to the multidisciplinary workforce and differing operational models, clinical supervision provision could vary within different working areas of the organisation.

ePCR Programme

36. ePCR has been deployed with just one Health Board remaining to go live before the end of March. As at the 4 March, 78% of EMS users had completed the necessary training with numbers increasing each week. The WIIN Portal is being used successfully to collate ideas for change which will be reviewed to enable improvements to the next version of the application. Health informatics colleagues are working closely with the Clinical Audit Team to build the current suite of clinical indicators against the matched criteria.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

37. In addition to providing an effective Job Evaluation service across the Trust, the team has provided support to Public Health Wales in the form of supporting job description development and the job matching process.

38. Recruitment and training continues to take place to fill core 111 vacancies.

39. Sickness absence rates in January 2022 have reported a small decrease from December 2021 to 11.96%. As the last wave of the Omicron wave eases there is evidence of a further reduction in sickness absence. Chest & Respiratory problems, Stress & Anxiety and Infectious Diseases are the top three reasons for sickness absence which are predominantly linked to the pandemic. There has also been a 1% decrease in long term absence throughout January.

40. Since launching the Ally Programme at Trust Board in December 2021, a number of awareness sessions have been held across the Trust leading to 80 colleagues starting their allyship journey. The programme has been well received and we continue to see engagement from colleagues in the EDI agenda, including attendance at standalone events such as our coffee morning to celebrate International Women's

Day. The programme was featured as part of AACE's Spotlight on Anti Racism campaign which can be viewed [here](#).

41. We have recorded a number of 'Learning about what you do' conversations with different colleagues to share with new starters at their 'Warm WAST Welcome' session. Our first 'Mind Over Mountains' event took place in Snowdonia where colleagues could access mental health support whilst spending time in nature. A further 3 events across Wales have been planned.

42. The Education & Training Team continue to support the development of the new Level 4 Diploma for Associate Ambulance Practitioners (L4DAAP) qualification with FutureQuals and in the support of other UK ambulance services with their delivery of regulated clinical and educational programmes.

43. We are in the process of recruiting four additional Learning & Development Managers following the successful application to retain some of the seconded Educational Support Manager roles funding; these will hopefully be appointed and in position by 1 May 2022.

44. It is anticipated the Trust will shortly take delivery of two additional bespoke driver training ambulances which will increase the training fleet of crew cab training vehicles to ten. This will enhance the learning experience and support the delivery of the ambitious training plans.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Commissioning & Performance

45. The review of the monthly Quality & Performance Report is complete but will continue to be refined based on feedback from recipients of the report. The team supplies the Operations Directorate, Senior Leadership Team and the Executive Leadership Team with quality and performance reports every two weeks on one of the three services that the Trust is responsible for (111, EMS and Ambulance Care).

46. This quarter will see the finalisation of the Quality & Performance Management Framework, which will be considered at this meeting. The framework will be supported by a steering group and work programme so that the framework will be dynamic and further developed over the next three years.

47. The Roster Review Project restarted in January and has completed three of the four working party stages. The Roster Review is a large, complex and emotive project affecting every ambulance station across Wales. The project is on-target for go live between September and November 2022 and will see 34 more EAs at peak and 33 CHARUs (subject to funding). The Roster Review Project is one of 10 projects in the EMS Operational Transformation Programme.

48. The Team also continues to supply regular quality and performance information to the commissioning assurance mechanisms e.g. CASC assurance meetings and EASC etc. and to support Executive Directors and the wider Trust Board in making the case for more investment through the provision of this information.

49. Forecasting and modelling in quarter 4 has included: rest break modelling, Transition Plan modelling and "inverting the triangle"/transformational shift left

modelling. The Team is also exploring the use of machine learning for estimating ambulance times of arrival, is supporting various MSC students on forecasting and modelling projects in WAST and gave a talk at the Welsh Modelling Collaborative on the Trust's arrangements in this regard, which was well received.

50. Finally, quarter 4 will see the year end Joint Executive Team meeting on 31 March 2022. In addition to the monthly update provided to the Minister on the Performance Improvement Plan.

Planning and Transformation

51. There has been continued leadership to engage with key contributors across the organisation to develop the 2022/23 IMTP. Over the last 2 months the plan has been through a number of cycles of review and detailed refinement. The team continues to be engaged in, leading, and supporting the delivery of the IMTP across the transformation programme structures. Work has continued to closely monitor each of the programmes to capture the end of year progress position for 2021/22, whilst also planning the work programmes aligned to the priorities outlined in next years' IMTP.

52. The Assistant Director of Strategy and Planning chairs the Business Continuity and Recovery Team (BCRT) with a focus on supporting the response phase, whilst maintaining a line of sight to further recovery following the COVID Omicron wave.

53. The Director of Strategy, Planning and Performance continues to lead work continuing to develop the future strategic model for EMS and the concept of 'Inverting the Triangle'.

54. The Trust submitted the Transition Plan to commissioners in December and met with a scrutiny panel of Health Board Directors of Finance, Planning and Operations in February to discuss the detail of the proposal. The Transition Plan remains a key element of the IMTP for 2022/23 and we continue to work with commissioners to seek the funding to take the plan forward.

55. The Planning and Transformation teams have also continued to provide planning and project support to the ongoing pandemic response and winter pressures including cohorting arrangements across hospital sites in key areas in Wales, management of an Omicron specific tactical response plan and delivery of Performance Improvement Plan priorities.

56. The team continues to keep appraised of Health Board recovery and service changes through established planning and operational relationships, and this reports into the Integrated Strategic Planning Group.

OPERATIONS DIRECTORATE

Pandemic Response

57. Case rates of COVID 19 have continue to decline across Wales and Public Health Wales and Welsh Government have arguably commenced a transition from pandemic to endemic. Now that community transmission has declined and generally at a steady and sustained state, the use of the pandemic call handling protocol has been reviewed. Protocol 36 was first de-escalated to the surveillance level on 24 February

2022, with a subsequent removal of the protocol in its entirety and a move to Emerging Infectious Diseases Surveillance on 10th March 2022.

58. The Executive Pandemic Team approved a recommendation from the Senior Pandemic Team to transition from the Pandemic Plan 'Monitor Position' to the 'Recovery Phase'. This coincides with a phased withdrawal of the military as part of military aid to civil agency arrangements with a full withdrawal of military colleagues effected by 31st March. We place on record our full and unreserved thanks to our military partners for the support they have given to the Trust since October 2021. Our Business Continuity and Recovery Team (BCRT) will have primacy for the organisation's recovery efforts.

National Operations & Support

59. The Mobile Testing Unit (MTU) Programme has been extended by Welsh Government with a until the end of June 2022. Welsh Government continues to determine testing needs for Wales, however, we are now starting to consider what opportunities may exist for staff in the organisation who were employed on fixed term arrangements.

60. In response to broader health and social care system pressures, a period of reset took place from 3rd March for two weeks. To coordinate the WAST response in support of the reset a coordination group was established. The Trust Coordination Group implemented a range of actions with our partners across the system to contribute to delivering the ambitions of the reset with particular focus on clinically safe admission avoidance. An internal debrief is scheduled to capture the learning from our approach with an emphasis on identifying the Trust's activity that has been of most benefit, with a view to then considering the sustainability and appetite for continuation of support for these most beneficial activities.

61. This year we are due to a revision of our business continuity arrangements. Ahead of this revision, a lot of work has already been done, however, whilst there is not any specific threat we have brought forward some planing activity given events occurring within Europe at the moment. A tabletop exercise has been undertaken and in response, some further work is being completed to review plans, determine and agree critical systems and exercise these plans once again.

Emergency Medical Service (EMS) Roster Review

62. The purpose of the EMS Roster Review project is to: deliver EMS Response rosters for Rapid Response Vehicles (RRV), Emergency Ambulance (EA) and Uniformed Care Service (UCS) aligned to patient demand; improve staff well-being and achieve an efficiency gain (not saving) of 72 FTEs, by December 2024.

Working Parties are supported by Working Time Solutions Consultants (WTS) who assist the Operational Lead chairing the meeting, staff and TU colleagues engaged in the process. 'Working Parties 3' commenced on 28th February 2022. These further sessions provide an opportunity for staff to feedback on iterations of roster options with final amendments expected.

Integrated Care

63. Building on the success of the EMS Physician Triage and Streaming (PTaS), two trials using two different models have commenced in the 111 environment. One with

the South West Clinical Support Hub and the second with Aneurin Bevan Health Board. Evaluation of both models is taking place to inform a wider 111 PTaS approach.

64. The expansion of the Clinical Support Desk (CSD) continues apace with 35.2FTEs of the additional 36 FTEs recruited, 20 FTEs of which are now trained and operating on the CSD with the rest expected by early April. Early indications are positive as this growth, combined with the 111 contribution, is showing increased consult and close outcomes. In March some daily levels have been as high as 14%. As the remaining 16 FTEs become operational it is expected this contribution to grow in volume.

65. Training of CSD staff in the new Emergency Communication Nurse System (ECNS) has commenced alongside other areas of the project. A go live date is being honed by the Project Board with a view to sometime in April or May.

DIGITAL DIRECTORATE

Digital

66. The biggest development within WAST Digital since the last board has been the growth of the leadership team. Dr Leanne Smith joins the team as Assistant Director of Digital – Data and Analytics, in a new role, reflecting the importance we place on data and information. Dr Smith joins us from Babylon Health, one of the world's fastest growing digital health companies, after previous roles in Optima and the London Ambulance Service. In addition, a host of new capability continues to be procured and delivered for the Trust.

Cyber Security

67. With tensions growing in the international community and a heightened risk of cyber-attacks on UK critical infrastructure, WAST held a large-scale table top exercise with the Operations Directorate and business continuity leads to review our business continuity plans for digital infrastructure failure. In addition, board colleagues spent development time reviewing the risk of a cyber-attack and potential mitigations, elevating the risk formally within our corporate register.

IPad upgrade for EPCR

68. After feedback from the front-line, with support from Welsh Government, WAST has procured new keyboard cases for all staff iPads. These will be issued in the coming months, giving staff more options to input data in our new flagship software solution.

Robotic Process Automation (RPA)

69. WAST has formally commenced a pilot utilising robotics to automate routine processes with procurement of the technology. Teams from across directorates will shortly be workshopping which areas of Trust business drain staff time, reducing their ability to excel in their core roles. Processes will then be automated in a trial to see what value can be released back to the Trust as a result.

111.Wales

70. By the end of March, 111.wales.nhs will have a completely new look. The homepage of our national website has been redesigned and released into live, along with other areas of the site such as 'services near you.'

111 Integrated Information Solution / SALUS

71. The national 111 programme and WAST are working with the supplier of the new IIS solution to structure a revised delivery plan. Progress will be briefed at closed board, with an item on a future open agenda once commercial negotiations are complete.

EPCR

72. As initial rollout of our new electronic record nears completion, attention is now turning to the next series of developments planned for the technology. This includes integration with GP records and planning for integration with the new Welsh Emergency Department System (WEDS) later in the year.

Estates Support

73. As WAST continues to expand its estate, ICT are supporting with the fit out of new spaces with the latest digital infrastructure. This includes state of the art video conferencing and media technology in the office space at the new Cardiff Make Ready Depot.

RECOMMENDATION

74. 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	
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

WAST Integrated Medium Term Plan 2021-2024

MEETING	Trust Board
DATE	24 March 2022
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Strategy and Planning
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to present the final draft of the 2022-2025 Integrated Medium Term Plan (IMTP) for approval in the context of NHS Wales Planning Framework and the Emergency Ambulance Services Committee (EASC) Commissioning Intentions for 2022/23. The report will highlight the key issues in the plan and the risks to delivery.

It is **RECOMMENDED** that the Board:

- **APPROVES** the IMTP to enable submission to Welsh Government by 31st March 2022.

KEY ISSUES/IMPLICATIONS

1. Welsh Government issued Annual Planning Guidance on 9th November 2021, with supplementary guidance in letters from Judith Paget (NHS Wales Chief Executive) on 20th December 2021 and 7th February 2022.

Key elements of the guidance that have guided the development of the WAST IMTP are:

- The plan is to be a three year plan with a renewed focus on recovery;
- In line with the Ministerial Priorities set out in July 2021, and in relation to urgent and emergency care we are guided by the Six Goals policy and programme;
- Ambulance Care will also be impacted by the requirement to recover planned care in health boards;
- The plan will be accompanied by a Minimum Data Set to establish activity, workforce and financial forecasts into next year.

2. Factors influencing our plan include:

- Our continued experience of the pandemic;
- Feedback from patients and colleagues;
- Our demand, capacity, quality and performance;
- The significant risks we seek to mitigate through the plan;

- Commissioning intentions for Emergency Medical Services (EMS) and Non-Emergency Patient Transport Service (NEPTS);
 - National strategic, policy and legislative drivers including the six goals for urgent and emergency care;
 - Our own strategic ambitions;
3. The plan will commence from a good platform. Despite the pandemic, good progress has been made against most of the deliverables in the 2021-2024 IMTP. Finance and Performance Committee received a copy of the 2021/22 assurance report on 17th March 2022 and the IMTP itself includes a graphic presenting a number of the achievements made in 2021/22.
4. The plan has moved on from last year, whereby we described four service ambitions supported by enabling programmes of work. We now describe transformation across three service lines:
- **Gateway to Care** comprising our integrated clinical service offer across 111 and Clinical Support Desk;
 - **Emergency Medical Services** both operationally and clinically as we seek to transform our service delivery through “inverting the triangles”;
 - **Ambulance Care** comprising NEPTS, the Urgent Care Service (from July 2022) and a national transfer and discharge model to be developed through this plan.
5. We have also set out the programme of work to further **develop our strategy**, including our plans for wider system engagement and developing our organisational purpose.
6. There has been regular engagement in developing the plan with key internal and external stakeholders:
- Regular meetings with the Chief Ambulance Services Commissioner (CASC) and his team to ensure alignment of commissioning intentions and income assumptions;
 - EASC Management Group on 24th February 2022;
 - EASC on 15th March 2022;
 - Formal planning meetings with Welsh Government;
 - Focussed Board development, strategic development and informal IMTP sessions;
 - A joint Executive Management Team (EMT) / Assistant Directors Leadership Team (ADLT) strategy session;
 - Engagement with directorates in developing the plan through Integrated Strategic Planning Group and an IMTP Technical Planning group, supported by the ongoing work of the Planning and Performance Business Partners across the organisation;
 - Discussion with Trade Union (TU) Partners at TU Partner Cell – a full review of the plan was scheduled for 22nd March 2022. However, it should be noted a previous version was also presented at TU partner cell in February 2022 and the financial plan was discussed at TU partner cell on 1st March 2022.
7. For each of the services and enabling programmes, the plan sets out strategic ambitions, 2/3 year deliverable, priority actions for years 1, 2 and 3 and the

measures that we will use to demonstrate progress. Key priorities emerging through the plan for 2022/23 include:

111/999 – ‘Gateway to Care’

- Stabilise and sustain the **core 111 service**, now operational across the whole of Wales, by maintaining numbers of call takers and clinicians at funded levels, taking steps to improve productivity and deliver improved call answering and clinical ring back times;
- Roll-out the 111 press 2 service to ensure patients with urgent mental health needs get immediate access to 24/7 mental health services provided by health boards locally;
- Implement the new SALUS system within 111;
- Maximise the impact and benefit of the increased number of clinicians within the Clinical Support Desk and their new clinical assessment tool (ECNS), with a target of a 15% consult and close rate;
- Develop and agree a Remote Clinical Assessment Strategy with commissioners and partners;
- Further roll out of the Think 111 First pathways, subject to further discussions on funding and agreement of approach with health boards;
- Further improvements to the 111 website (subject to funding);
- Develop clearer vision and strategy for 111 and digital 111 in Wales with partners.

EMS Operational and Clinical Transformation

The key offer to the system is the Transition Plan taking us towards “inverting the triangles” which includes:

Stability

- Up to **294 additional staff** to enable transformation as well as driving UHP toward 100% (subject to funding);
- Fully staff the Cymru High Acuity Response Unit (**CHARU**) model to improve clinical outcomes for the most time critical incidents, as well as an improvement in red performance (model itself will be implemented in 2022/23 but will require additional resource for rosters to be fully staffed);
- Review opportunities to develop services for specific groups of patients, such as **Level 2 Falls** response services;
- Efficiencies through **modernised working practices, completion of the roster reviews in Sept-Nov 2022 and reductions in sickness absence levels;**
- The **Leading Service Change Together** project, which continues to consider opportunities for modernising workforce patterns, seeking to collaboratively identify an accurate baseline of post-production lost hours and identify appropriate and achievable reductions.
- Increased **consult and close** to a target of 15% (linked to Gateway to Care)
- **System wide efficiencies** including continued work with health boards to identify alternative pathways and to reduce the impact of handover delays

Transformation

- Increased skill set by recruiting and training more people into Advanced Practice and independent prescribing to manage patients more effectively in the community (subject to funding);
- Further exploration of our public health offer, development of our older people and falls frameworks and our offer for people in mental health crisis

Ambulance Care

- Develop a **procurement framework** to enable effective implementation of the plurality model;
- Review recommendations from the **NEPTS Demand and Capacity (D&C) Review** and agree action plan with CASC;
- Work with commissioners on the agreement and implementation of the **eligibility criteria for NEPTS**;
- Develop in partnership with the National Collaborative Commissioning Unit (NCCU) a sustainable model to meet the needs of the future system for **Transfer and Discharge** across Wales;
- Exploration of the future strategic ambitions for Ambulance Care.

8. These priorities will be supported by key developments across the Trust including:

- **Our People** plan, setting out how we will be a more inclusive organisation, the roll out of our behaviours and cultural reset as well as continuing to work on improving and strengthening our partnerships with Trade Unions and engaging with the workforce;
- **Innovation and Technology** plan, setting out the further development and implementation of our digital strategy as well as our research and innovation priorities next year;
- **Infrastructure plan** setting out our delivery priorities for fleet and estates, taking account of the constrained capital position next year, and our decarbonisation priorities. We have also set out where each area of the plan plays its part in decarbonisation, and the final IMTP will be accompanied by WAST's Decarbonisation Action plan;
- **Partnerships and the wider system** section sets out how we will be working with the health and care partners going forward including our academic partnerships;
- **Fundamentals section** sets out our priorities to ensure transformation and service delivery are quality driven, clinically led and value focussed.

9. The plan is now underpinned by a balanced financial plan. Following the Trust Board meeting on 25th February, (held ahead of submitting an Accountable Officer letter to Welsh Government (WG) on 28th February detailing the revenue forecast for 2022/23 at that time), further urgent work has taken place to identify additional income for committed costs, choices and actions to reduce costs not now being funded, and agree with WG and other colleagues how some specific residual costs and exceptional cost pressures for 2022/23 are to be treated within the plan. Alongside this we continued to both explore further savings opportunities whilst ensuring savings already assumed within the plan is robust and deliverable. There has been ongoing engagement with WG, the Finance Delivery Unit and the CASC in developing what is now a balanced plan, albeit there remain risks from some of the unavoidable cost pressures.

10. The financial settlement in years 2 and 3 of this plan is likely to be even more challenging, and the organisation will need to spend time early in 2022/23 considering how we might need to re-prioritise our resources into the future, how we effect change without pump priming monies, how we might secure alternative sources of income and take opportunities for further savings through use of a value based approach.
11. The IMTP sets out the mechanisms to show how the Trust will deliver, and track delivery of, the plan and ensure viability of the Trust's strategic ambitions. This will be monitored through the Strategic Transformation Board with support for key programmes of work from the Transformation Support Office. There will also be regular reporting to Trust Board and its sub-committees. The Quality and Performance Management Framework has also been developed to support a clearer focus on patient safety and experience and benefits realisation, ensuring that we evaluate service investment through value based methodologies.
12. The deliverables set out in the main documents are three year deliverables, with priorities set out for year 1. A high level summary of priorities for action in **year 2 and 3** are included as appendix 1 to the IMTP.
13. The key risks to delivery set out in the plan include:
- Availability of **revenue funding** for core and transformational elements of the plan. At present, no revenue has been identified to support any growth in any of the service areas to take account of growing demand, short term system pressures, or the need to pump prime transformation;
 - The reduction in **capital available to NHS Wales**, which will impact on delivery of some of our core enabling plans such as our estates improvement plans, but also poses a risk in terms of transformational elements of the plan;
 - **Securing internal stakeholder support.** Work will be ongoing within the next few months to find a way to work more effectively together with TU partners in the delivery of this plan, acknowledging the difficulties that have been evident over the last 12 months;
 - **Securing external stakeholder support**, particularly for the EMS transition plan;
 - **Ongoing impacts of COVID-19 recovery** both internally within WAST and as the Health Boards recover their activity;
 - **Capacity within the organisation to deliver** the change required, within the resource envelope available. The previously planned growth in corporate support is not currently included in this plan.
 - **Demand for our services increasing** at a greater rate than the demand and capacity forecasts;
 - **Pressures on the service arising from external factors**, particularly the continuing impact of hospital handover delays;
 - **Health and wellbeing of the workforce** in the face of continued pressure.
14. The issues in the report checklist have been considered and addressed throughout the plan and engagement on the plan. A full Equality Impact Assessment (EqIA) has been completed. Welsh Language has been strengthened within the plan

following feedback at Finance and Performance Committee, along with key messages within our patient experience and feedback section of the plan.

REPORT APPROVAL ROUTE

The following table outlines the report approvals:

Milestone	Actions	Date
EMT	EMT review of financial plan	10 th March 2022
EASC Support	EASC support to enable CASC to endorse ahead of submission to WG	15 th March 2022
Finance and Performance Committee	Endorse the plan ahead of Trust Board	17 th March 2022
Review/Sign off plan (vFINAL)	Trade Union Partner Cell	22 nd March 2022
	Trust Board sign off	24 th March 2022

REPORT APPENDICES

Draft IMTP v0.7

Appendix 1: 3 year deliverables table

The IMTP will also be supported by a minimum data set required by Welsh Government setting out activity, workforce and financial assumptions in the plan. Also appended will be a more detailed review of how the plan meeting the EASC commissioning intentions for EMS and NEPTS.

REPORT CHECKLIST

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



GIG
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Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust

Integrated Medium-Term Plan

2022/23 – 2024/25



Contents

Foreword from the Chairman and Chief Executive	3
1.0 Executive Summary.....	4
2.0 Introduction.....	7
3.0 Our Key Achievements in 2021/22	7
4.0 Challenges and Opportunities Shaping our Plan	8
4.1 How will we respond to and recover from the COVID-19 pandemic?	8
4.2 What do our patients say about our service?	9
4.3 What are our colleagues' priorities?	10
4.4 What are our legislative, strategic, financial and policy drivers?	11
4.5 How well have we performed?	13
4.6 What do our commissioners and partners say?	18
4.7 How will Health Board plans affect us?	19
4.8 What are the operational risks that we are managing?	20
5.0 Our Service Offers to Patients and the System	21
5.1 Our Long-Term Strategy	21
5.2 Gateway to Care – Our Integrated Care (111 and CSD) services	23
5.3 Emergency Medical Services	25
5.4 Ambulance Care	30
5.5 Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations	32
6.0 Our Enablers	33
6.1 Our people	33
6.1.1 Equality, Inclusion and the Welsh Language	35
6.2 Innovation and Technology	36
6.2.1 Research and Innovation	38
6.3 Infrastructure	39
6.4 Partnerships and Engagement	41
7.0 Our Fundamentals	42
7.1 Quality Driven, Clinically Led, Value Focused	42
8.0 Our Workforce Plan	44
8.1 Current workforce profile	44
8.2 Our Plan	45
9.0 Our Financial Plan	46
10.0 Delivering Our Plan	49
10.1 Managing transformation	49
10.2 Risks to delivery	50
11.0 Conclusion	51

Foreword from the Chairman and Chief Executive

In last year's plan we reflected on 2020 being the toughest in our organisation's history. It is fair to say that 2021/22 has been no less challenging.

Our people have not only worked through further waves of the COVID-19 pandemic but, as society opened, they have also had to deal with increased pressure across the urgent and emergency care system. In our EMS service, demand from the most serious of calls has significantly increased whilst delays at hospital have never been so high, which has meant that we're not able to respond to patients as quickly as we should. For some, we know that this has resulted in significant harm. This has taken a toll on our people, and it is not the safe, high-quality service that any of us want to provide.

But as the pandemic moves into an endemic phase, there is some cause for optimism as we learn to live with COVID-19 and we once again scale back our response to what we hope is a sustainable recovery phase. We will stand down our response structures and embed new ways of working and learning from the pandemic.

Our achievements during this second year of the pandemic have once again been amazing. Working together across and at all levels of the organisation is becoming second nature and it has enabled us to deliver more of our plan than we expected.

We have continued to see growth in our Emergency Medical Services (EMS), recruiting an additional 127 Full Time Equivalent (FTE) front line staff. We rolled out the core 111 service into Cardiff & Vale University Health Board and we now provide 111 across the whole of Wales. We completed the final transfers of Non-Emergency Patient Transport Service activity from health boards, making WAST the sole provider of these services in Wales. We have also rolled out our electronic patient care record system (ePCR) across Wales.

Our ability to **improve the quality and safety of the service** we provide to patients remains at the heart of this plan, whilst maintaining a focus on the **wellbeing of our people**. We have therefore set out an **ambitious, clinically led offer to the system** to not only grow to meet demand but also to transform our services, so that we add **value** to a pressured health and care system. This offer includes up to 294 additional FTEs in front line EMS to address the quality and safety concerns and to provide the capacity to develop specialist roles which will mean we can care for people closer to home. We aim to increase what we can do remotely through an integrated 111 and Clinical Support Desk. We also want to further develop our plans in Ambulance Care.

Our plan is shaped by the EASC Commissioning Intentions, the requirements of the 111 Programme Board and policies & strategies developed at Welsh Government level, notably the Six Goals for Urgent and Emergency Care but also by our belief that we can play a greater part in delivering the right care and advice, in the right place, every time.

The financial outlook is difficult, as NHS Wales recovers from two years of a pandemic response. We have been fortunate that commissioners have previously supported growth in our services. But, as for many NHS organisations, there are now choices to be made in where we focus current and, where available, future investment. We will need the support from our partners and the wider system to realise our plans and we will need to prioritise those services that deliver most value to our patients, our people, and the system.

Despite the challenges, our plan is ambitious but deliverable. We will be **working closely with partners** and continue to **listen to our colleagues and service users** to refine, and potentially redefine, **our organisational purpose** as we continue to develop our ambitions.



Jason Killens
Chief Executive

Thank you for taking the time to read our plan, and we look forward to working with colleagues, patients and partners as we continue to grow and transform our services for the benefit of the population of Wales.



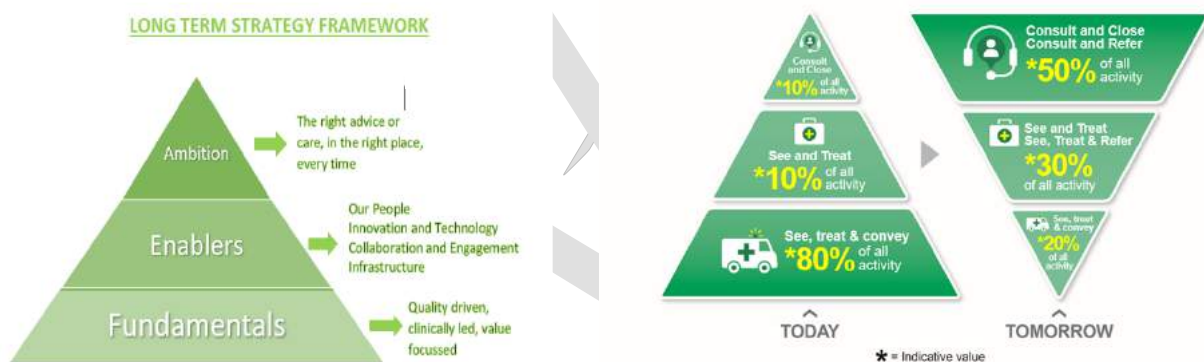
Martin Woodford
Chairman

1.0 Executive Summary

The challenges throughout 2021/22 have once again been significant, as the Trust has continued to respond effectively to the second year of the **COVID-19 pandemic**. Staff across the organisation have risen to the challenge and worked across traditional directorate and organisational boundaries to **deliver change at pace** throughout the year. Many staff are tired, and our plan takes account of the need for a continued emphasis on **staff well-being and support**.

Alongside the many actions we had to take to respond effectively to the COVID-19 pandemic, we also made very good progress towards delivering the **key strategic commitments and deliverables** in our 2021/24 IMTP. Achievements have included: the recruitment of an additional 127 FTE staff into the EMS service; a doubling of capacity within the Clinical Support Desk including appointment of our first mental health practitioners; completion of the roll out of core 111 services across Wales, conclusion of the transfer of non-emergency ambulance services (known internally as Ambulance Care) from Health Boards, making WAST the lead provider of non-emergency transport for Wales; and a complete refresh of our values and behaviours.

This plan is the vehicle by which we articulate the steps we will be taking over the next 3 years to move us towards our long term strategic ambitions and goals. '**Delivering Excellence**', our Long Term Strategy Framework, was agreed in 2019 and sets out an ambition to ensure that patients receive the **right advice and care, in the right place, every time**. Through the last year, we have worked to express what this might mean in practice for a transformed and modernised ambulance service, with presentations on our '**Inverting the Triangle**' ambition well received at EASC and in Welsh Government. A key deliverable in this year's IMTP is the establishment and delivery of a wide-ranging, collaborative programme of work to take this forward at pace. Similar energy will be needed to work with commissioners and partners over the coming months to identify how the 111 and Ambulance Care services can transform to meet these longer term goals.



In addition, our 2022/25 plan is shaped by several other key factors including intelligence on what is important to our patients, staff and commissioners (including commissioning intentions), a review of our own performance and the risks we are managing, and the opportunities presented by emerging strategies and plans from Welsh Government, key partners and groups across Wales. This year, Welsh Government have published their Six Goals for Urgent and Emergency Care, and our plan sets out clearly how we will contribute to delivery of these.

We are particularly conscious of the need to take action with others to bring down the unacceptably **long waiting times for an ambulance**. The lengthening waits for both red and amber categories of patients have led directly to patient harm, resulting in National Reportable Incidents and this must be addressed sustainably in partnership with commissioners and health board partners. There are several immediate actions that can be taken, alongside and in parallel with the transformative work being taken forward through our strategy.

Within our 'Gateway to Care' services (111 and 999 clinical assessment), our key agreed and funded priorities will be to:

- Stabilise and sustain the **core 111 service**, now operational across the whole of Wales, by maintaining numbers of call takers and clinicians at funded levels, taking steps to improve productivity and deliver improved call answering and clinical ring back times;

- Roll-out the **111 press 2** service to ensure patients with urgent mental health needs get immediate access to 24/7 mental health services;
- Implement the new **SALUS** system within 111;
- Maximise the impact and benefit of the increased number of **clinicians within the Clinical Support Desk** and their new clinical assessment tool (**ECNS**), with a target of a **15%** consult and close rate
- Develop and agree a **Remote Clinical Assessment Strategy** with commissioners and partners.

We would like to make further significant strides in improving the **111-website**, and maximising the benefit of a 'digital first' offer for people in Wales, but this will be subject to additional funding being made available after the first 2 months. We will work with others to develop a more robust case for change for consideration.

For our Emergency Medical Services, the immediate priority is to stabilise our core service, improving response times to patients and reducing patient harm. This is pressing in the light of sustained **growth in red demand**, and a need in the short term to mitigate losses in capacity through ongoing system / pandemic pressures including very high levels of **hospital handover delays** and **sickness absence**. At present, no additional funding has been made available to grow the service, but an offer to commissioners and the NHS system has been made through our **Transition Plan** to significantly increase capacity by up to 294 WTE, and we are ready to mobilise recruitment and training plans if funding is made available. This additional capacity would allow us to:

- Fully staff a **Cymru High Acuity Response Unit (CHARU)** model which has been shown to improve clinical outcomes for the most time critical incidents, improve ROSC rates and provide a boost to red performance (whilst we will introduce the model in 2022/23, funding to fully staff this is not available);
- Review **opportunities to develop services for specific groups of patients**, such as **Level 2 Falls response** services;
- Support the numbers of **hours produced** in the core rosters, increasing UHP levels towards 100%;
- Crucially, improve patient response times, improve patient safety and reduce harm.

Without growth, we will be making every effort to improve the **internal use of resources**, with a view to increasing capacity available to respond and improve patient safety. This includes:

- a **renewed focus on reducing abstractions due to sickness absence**. Our target is to bring sickness abstractions down to 6%, in line with the original demand and capacity review, with a trajectory for improvement over the course of the IMTP having been agreed with commissioners. Significant improvements are expected in 2022/23.
- the implementation of **new rosters** designed to better align capacity with demand, to be implemented between September and November 2022, and which will have the equivalent efficiency impact of 72 WTE.
- the **Leading Service Change Together** project, which continues to consider opportunities for modernising work practices, including to collaboratively identify an accurate baseline of post-production lost hours and identify appropriate and achievable reductions.

Work also continues with Health Boards and with Welsh Government to increase the appropriate **alternative pathways** available to provide care for patients closer to home and to safely avoid an ED attendance or hospital admission. Work is progressing on a national referral pathway into **Same Day Emergency Care**, on the development of **24/7 single points of access** for mental health in each Health Board, and local pathways for specific groups of patients such as fallers, chest pain and breathing problems.

Whilst we will make progress at pace in these improvement areas, it is highly probable that, with no additional capacity currently funded or substantial improvements in hospital handover delays, **response times will remain unacceptably long** and patients will continue to come to harm.

In parallel, we will also establish and take forward a formal programme of work to implement the '**inverting the triangles**' model, which will deliver a more sustainable service for the future. Some of this will be achievable and deliverable within existing resources, but to accelerate the pace of change, some pump priming is required. No funding has been made available at present to pump prime this change. We want to develop a workforce that is skilled and

equipped with the right resources and information to be able to increase levels of see, treat and refer, enabling patients to be treated closer to home and avoiding a conveyance to EDs where appropriate. This will include:

- the continued development of the **Advanced Paramedic Practitioner (APP)** rotational model, supporting not just WAST but the wider health care system. Up to 50 APPs could commence training this year subject to funding being available;
- **the Older People and Falls Framework** development;
- review and refinement of our **Public Health Plan**
- further exploration of our offer for people in **mental health and dementia crisis**, with the intention of testing and implementing a new model within the life of this IMTP.

Within our NEPTS service, as well as continuing to make improvements in productivity and efficiency following the Demand and Capacity review and developing improved quality assurance mechanisms to manage external providers, we will also actively seek to engage commissioners and wider partners in how to effectively **manage demand** and support patients in the light of the extant eligibility criteria, including the use of the **transport solutions** approach – in the current financial climate we believe that resources should be deployed to areas of greatest risk within EMS for example. We will also be working closely with commissioners on the development of a national **transfer and discharge** model, considering carefully how this could bring coherence to a potentially fragmented offering at present and improve services for the benefit of patients and flow across the system.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and plans including our Quality Plan, Clinical Plan, People and Culture Plan, Digital Transformation Plan and Volunteering Plan. The Estates and Fleet Strategic Outline Programmes will be driven forward as well as, importantly, work to deliver on our Environmental Sustainability Plan taking us towards delivery of our **carbon targets** by 2030.

Our plan cannot be delivered by us in isolation. It will be ever more important for us, in what is an increasingly complex and ever changing landscape, to **collaborate with partners** – Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public – to both create and implement the best solutions and services for the people of Wales. We want to continue to engage on how we can play a strengthened role within the urgent and emergency care system, turning the current way of working on its head, increasing the numbers of patients whose needs are met through our integrated remote clinical assessment service, our see and treat services or collaborative community referral pathways, and reducing the numbers conveyed to hospital.

The plan is now underpinned by a **balanced financial plan**. Following the submission of an Accountable Officer letter to Welsh Government at the end of February detailing the revenue forecast for 2022/23 at that time, further urgent work has taken place to identify additional income for committed costs, take actions to reduce costs not now being funded, and agree with Welsh Government and other colleagues how some specific residual costs and exceptional cost pressures for 2022/23 are to be treated within the plan. The plan includes a **challenging savings** target, but we will continue to explore further savings opportunities should they arise. There remain risks to delivery from some of the unavoidable cost pressures.

We know that the financial settlement in **years 2 and 3** of this plan is likely to be even more challenging, and we will be spending time early in 2022/23 considering how we might need to re-prioritise our resources into the future, how we effect change without pump priming monies, how we might secure alternative sources of income and take opportunities for further savings through use of a value based approach.

The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. We will continue utilising a robust **programme management approach** to support the transformation programme and manage and mitigate identified risks, together with structures to support ongoing **strategy development**. The key, however, will be continued **dialogue and engagement** internally and externally, which we are committed to doing in pursuit of a better service for the people of Wales.

2.0 Introduction

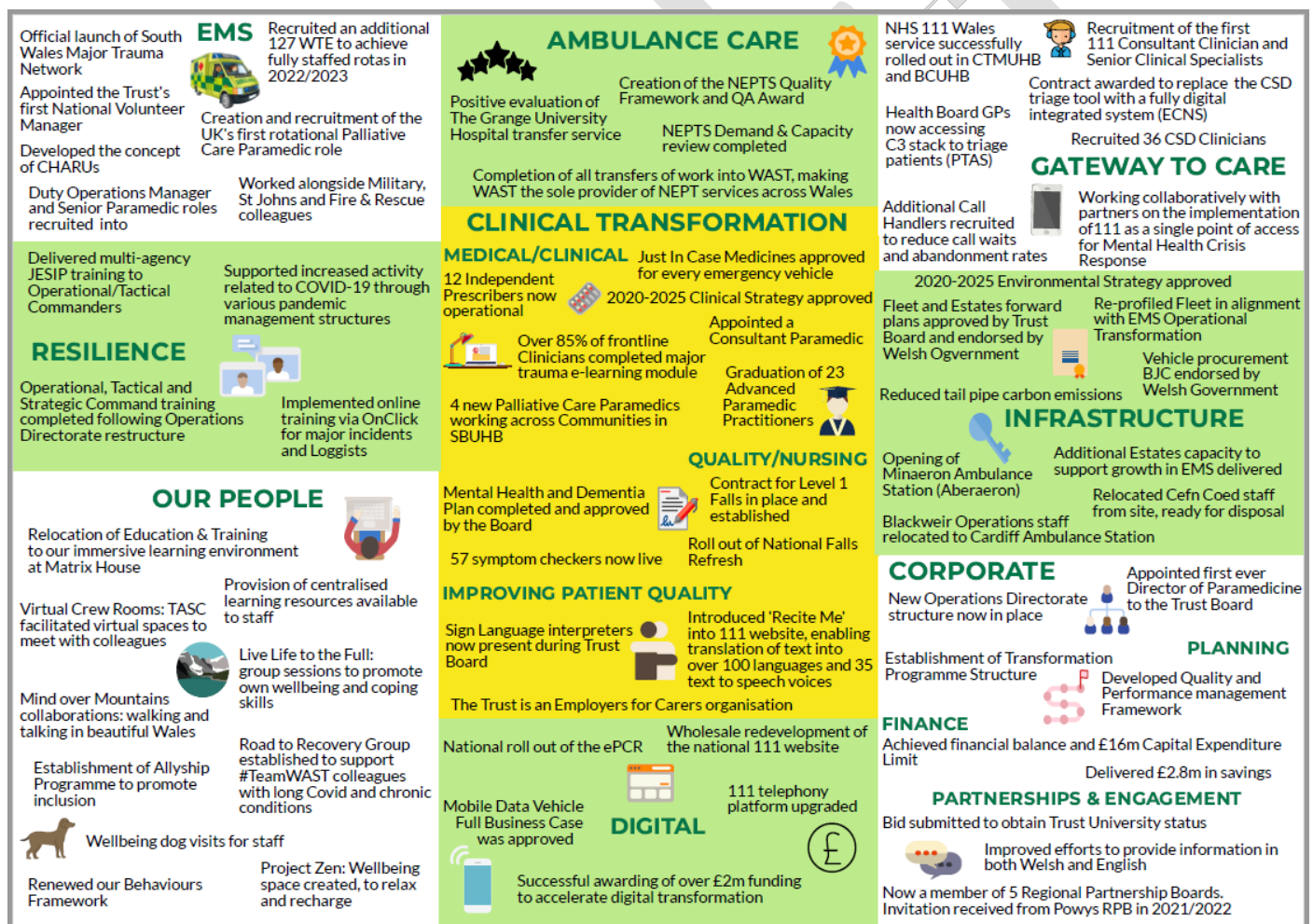
This document sets out the Welsh Ambulance Services NHS Trust's (WAST) Plan for 2022-25, written in line with the [NHS Wales Planning Framework for 2022-2025](#) and the Emergency Ambulance Services Committee (EASC) Commissioning Intentions.

The document is supported by the Minimum Data Set as required by WG, along with a number of appendices which provide more detail on areas of our plan and also provide detail on planned actions in years 2 and 3. Further information is available on request.

3.0 Our Key Achievements in 2021/22

Alongside the many actions we have continued to take to respond effectively to the COVID-19 pandemic and seasonal surges in demand, we also made very good progress towards delivering our key strategic and commissioning commitments and deliverables in our 2021-24 IMTP. These initiatives prepare the environment for further strategic change in WAST as we strive to improve performance, outcomes and wellbeing for both our patients and our people, whilst also adding value to the wider urgent and emergency care system.

Some of our key achievements are highlighted in the infographic below.

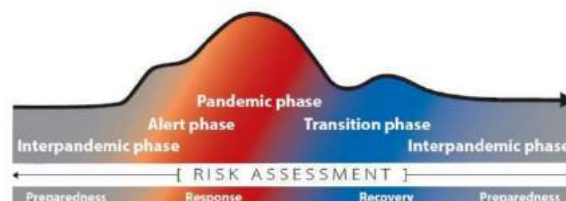


4.0 Challenges and Opportunities Shaping our Plan

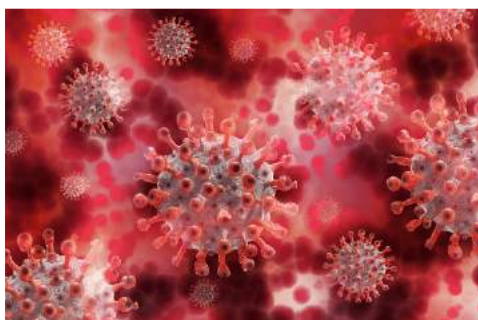
In developing our plans for 2022/23 and beyond, we have gathered intelligence on what is important to our patients, our people and commissioners, reviewed our own performance and the risks we are managing, and carefully considered the opportunities presented by emerging strategies and plans from key partners and committees across Wales. A short summary of what we have learnt and how our plan responds to these influences is set out in the sections below.

4.1 How will we respond to and recover from the COVID-19 pandemic?

WAST's planning over the last two years has been responsive to a rapidly changing environment. There has been a significant amount of learning about the role of ambulance services and NHS 111 Wales in responding to a health crisis, but also, with a focus on recovery, how our plans can shape and influence the way in which people in Wales access and receive urgent and emergency care in the future.



The last year has been particularly challenging with waves of COVID-19 community transmission, including more recent variants, driving either direct or indirect pressure on flow across the health and care system. At the same time, the wider community is unlocking and pressure has built around the need to recover planned care and manage growth in urgent and emergency presentations. Seasonal pressures, some not experienced before, alongside waves of COVID-19 transmission, have contributed to pressures.



The response has required (and will continue to require) difficult decisions to be made about the way we prioritise our resources. We re-established our response structures in a Monitor position on 13 September 2021 and, considering a worsening picture in terms of the Omicron variant, escalated to a full response structure on 8 December 2021. We have subsequently de-escalated to a Recovery phase from 21st March 2021 as we implement a programme of “Living with COVID” and Wales potentially moves to an endemic phase. This will particularly focus on the plans for how we will continue to ensure strong infection prevention and control measures going forward, and the ability to

escalate and de-escalate having learnt lessons during the pandemic.

Our learning from this last year suggests that we, and the system, need to do something fundamentally different as we recover from the pandemic, to ensure that we can deliver safe and effective services in the short, medium, and longer term. Our strategic ambitions set out in this plan are our offer to the system as it recovers across all areas of the health economy. We therefore need to plan ambitiously but cautiously, considering the likelihood that COVID-19 will be with us now and into the future, alongside other endemic and seasonal infections.

A further concern for WAST, and NHS Wales in general, is staff health and wellbeing and the rise in sickness rates leading to high absences from our Clinical Contact Centres, frontline EMS response and ambulance care services. This is not only the result of COVID-19 transmission itself, but also the physical and mental strain that our people have been experiencing in meeting the challenge of a prolonged response, alongside surges in seasonal pressure throughout the year. Prior to the pandemic WAST had seen a reduction in sickness absence that brought us close (in EMS) to the levels set out in the 2019 demand and capacity review. Our ambition in this plan is to significantly reduce sickness.

Over the last three years WAST has significantly invested in and developed its wellbeing offer to staff from the introduction of the WAST Keep Talking Portal to growing its Occupational Health and Wellbeing Teams to changing to a trauma informed Employee Assistance Programme (EAP) and these foundations have been vital to provide support where and when people need it most. There are multiple platforms from digital apps and programmes, text services, phonelines and face to face sessions, group support and our two significant achievements – the Road to Recovery

Group for Long Covid and more recently Project Zen, providing an oasis of calm for colleagues to take time out when service pressures were at their height.

WAST has welcomed the support of the military, fire and rescue services, St. John Ambulance Cymru and student paramedics alongside other partners over the last two years to support our EMS service. However, it has not always been easy for our people to adjust to working with non-clinical colleagues. Furthermore, such levels of support are unsustainable and military support will conclude at the end of March 2022.

This plan therefore sets out our priorities for recovery, transition and transformation which have taken account of the continued and growing pressure that is anticipated both as a result of COVID-19 and the wider health profile of our communities in Wales. WAST will also support the recovery of the NHS Wales system in general, ensuring that our 111, EMS and Ambulance Care including Transfer & Discharge offers align to both the recovery of urgent, emergency, and planned care in Health Boards and strategic local and regional plans for change across NHS Wales.

Key areas of recovery planning for the Trust include:

- Recovery within our Estate, addressing NEPTS displacement and re-accommodating corporate and clinical staff who have been working from home during the pandemic, in an agile way;
- How Infection Prevention & Control measures continue to apply in a post-pandemic phase taking account of national and AACE guidance, particularly in our contact centres;
- Ensuring the lessons learnt during COVID-19 and establishing the systems that have been put in place that need to continue as business as usual;
- Taking a quarterly approach to tactical planning, using forecasting & modelling to guide decision making around capacity in frontline resources and consideration of how we monitor future COVID-19 clusters and outbreaks following closure of national early warning and reporting mechanisms;
- Planned care recovery in Health Boards, and its impact on WAST service delivery.

4.2 What do our patients say about our service?

Due to the pandemic, we had moved our continuous engagement with people across Wales online whilst maintaining contact with those not digitally connected through more traditional methods. Through engagement with communities and citizens. In 2021, despite a backdrop of ongoing coronavirus restrictions, the PECTI Team attended over 200 engagement sessions, engaging with over 3,000 people. For example, people's concerns around safe practices during the pandemic and their appetite for digital systems has influenced our approach to capturing patient experiences/stories through the establishment of an online system enabling people to submit their experiences themselves. Furthermore, people wanting to be more involved has meant that we have refreshed and relaunched the Trust's 'People and Community' Network offering people the opportunity to participate in a range of service improvement activities.



This engagement has included conversations with carers, meetings with older people, people with learning disabilities and people with sensory loss. We have spoken to people with mental health illnesses, children and young people and people from Diverse & Minority Ethnic backgrounds. This ongoing engagement contributes to the Trust's continuous engagement model, which opens up a rich, ongoing conversation between the public and the Trust. It creates and nurtures a sustained relationship with the public that stimulates interest, encourages involvement and builds the trust needed to achieve service improvement and ensure quality services.

In 2021 this engagement was recognised with an award from the Patient Experience Network, with the trust's Patient Experience & Community Involvement Team winning the 'Engaging & Championing the Public' award at the Patient Experience Network National Awards.

Using a variety of methods to capture feedback including surveys, face-to-face online events, a dedicated 'have your say' facility and email / phone service, public and patient feedback and observations have been captured and summarised as follows:

Table 1: Patient Feedback

What we have heard from our patients in the last year...	What we will do to respond...
<ul style="list-style-type: none"> • People contacting 999 are experiencing long waits for an ambulance for good care. • People accessing NHS 111 Wales have said they are generally satisfied with the service received, they followed the advice given and would use the service again if they needed to. However, people are still reporting long waits for their calls to be answered • People found the NHS 111 Wales website useful for quick access to online self-help symptom checkers. • Those with sensory loss (Deaf) felt they faced barriers to accessing information and emergency service. • Patients and their carers have continued to tell us that long waits for hospital handover outside EDs can be very distressing for all involved. • People have told us they appreciate the work of the ambulance service and praised staff for their dedication and commitment to working through the pandemic. • Carers have told us that our staff recognise them and involve them in the care and treatment being delivered to the person they care for. • People from communities where English or Welsh are not the main languages spoken have told us they appreciate our efforts to make information available to them in their language. 	<ul style="list-style-type: none"> • There are a range of actions in the plan designed to improve performance in EMS response times to improve patient safety (see section 5.3) • We have a stabilisation and transformation plan for 111 which will likely see expansion of the workforce (subject to funding) to improve call answering performance. We will also further develop the NHS 111 Wales website to help people to access advice to support them to safely care for themselves or access services in the community (see section 5.2). • We co-produced a service improvement plan with members of the deaf community and set up a dedicated 'task and finish' group to implement the plan, monitor the introduction and impact of Sign Video in NEPTS, Complaints and Patient Experience teams as well as preparing for the introduction of Sign Video for emergency service access in June 2022. • We continue to work with Health Boards on improvements to handover times. Our transformational plans in EMS response aim to reduce conveyance to ED which will have positive impact on handover delays (see section 5.3) • Our colleagues are our biggest asset and we have a range of plans to ensure their wellbeing is prioritised (see section 6.1) • We have pledged an annual commitment to undertaking a carers survey and online event is built into the National Carers day activities. The Trust is also an Employers for Carers organisation supporting staff who are themselves carers. • We are committed to equality of access to our services and we have taken practical steps to ensure language is not a barrier to access including increasing to 172 bilingual symptom web guides on 111 website (see section 6.1.1).

4.3 What are our colleagues' priorities?

The most recent NHS staff survey in 2020 indicated that our colleagues felt we had demonstrated good collaboration and communication and a positive service mindset. This was supported by the findings from the work undertaken in 2021 to reset our behaviours and culture. WAST has been working in partnership with an external agent and our people to refresh our behaviours and the new refreshed behaviours were launched in March 2022 with a plan to address the key findings and recommendations from the report which include a focus on wellbeing, leadership and inclusion.

Through this work there was a real sense of belonging and commitment to the service experienced by many. However, the areas identified as priorities in 2020 continue to be so: improved development for our leaders; greater chance to be heard; an increased focus on staff wellbeing; putting an end to bullying and harassment; and increased professionalism and positive behaviours. Clarity of vision and purpose about our shared future is also high on colleagues' list of priorities.

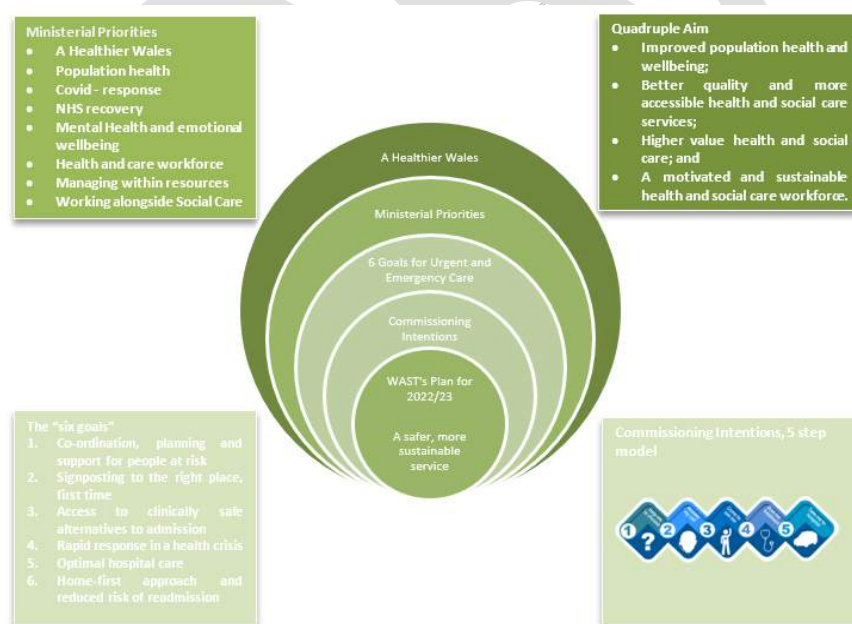
WAST also held a series of Chief Executive Roadshows across Wales and two Leadership Symposiums in 2021/22, inviting colleagues from all parts of the organisation to come together to discuss directly with the Executive Team the

concerns, challenges and issues they face on a day-to-day basis. It was also an opportunity to share the strategic ambitions for our services. Some key areas of feedback included the concern over the sustained need for mutual aid such as military support and a general feeling that we cannot sustain the way we are currently working, particularly the experience many have of delays outside hospitals. There was general support for WAST's strategic ambitions, with broad agreement that something needs to change across the system and we cannot continue to do things the way we have been doing in the current operating environment.

Table 2: Feedback from our colleagues

What we have heard from our people in the last year...	What we will do to respond...
<ul style="list-style-type: none"> Colleagues recognise and want to see the promotion of positive behaviours and a sense of psychological safety across the Trust People are not always aware of where they can access wellbeing support There is a continued desire for leadership development There is a need to focus on inclusion Colleagues continue to feel the negative impact of handover delays outside hospitals Support from colleagues in the military and other partners was generally welcome, but there were also concerns about working with non-clinicians Colleagues who attended CEO roadshows generally supported the need for change 	<ul style="list-style-type: none"> Plan to launch and embed our refreshed behaviours to foster a culture of belonging, wellbeing and engagement (see section 6.1) Continue to implement strategies to support the health and wellbeing of colleagues to help them stay in work (see section 6.1) Implement leadership development programmes from aspiring leaders to shadow board development (see section 6.1) We are continuing to deliver our strategic equality objectives including delivering the Allyship programme (see section 6.1) We continue to work with Health Boards on improvements to handover times. Our transformational plans in EMS response aim to reduce conveyance to ED which will have positive impact on handover delays (see section 5.3) Our plans for quarter 1 set out to address the immediate impact of the military withdrawing. Our transition plan for EMS identifies an increase in core capacity to reduce the need for mutual aid in future years, funding is required. (see section 5.3) We have a set of strategic ambitions for clinical transformation within EMS (see section 5.3), increased awareness and use of NHS 111 Wales and our integrated care offer as the Gateway to Care in Wales (see section 5.2) and further transformation in Ambulance Care (see section 5.4)

4.4 What are our legislative, strategic, financial and policy drivers?



Our plan must support the delivery of relevant national strategies and policies. The **Wellbeing of Future Generations (Wales) Act** underpins the Programme for Government, and **'A Healthier Wales'** remains the long-term strategy for the health and social care system. In its new term, the Welsh Government (WG) appointed a new Minister for Health and Social Care, and in July 2021 she set out her **priorities** for the wider NHS, as well as specifically establishing **'six goals for urgent and emergency care'** which, together, will enable delivery of the Programme for Government and **'A Healthier Wales'** commitments.

To accompany this WG has set out Phase 1 of a set of Ministerial measures, including a specific measure for WAST around reduction in conveyances to emergency departments.

The Urgent and Emergency Care system is struggling to cope with growing patient needs resulting in increased demand on secondary care. There is a renewed focus nationally on driving forward the Six Goals programme which focuses on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission. Our strategic ambitions for EMS, 111 and Ambulance Care align closely to this national ambition to provide the right care, in the right place, every time.



Each of the six goals includes a quality statement that sets out ambitions for consistent and reliable delivery by health and social care organisations across Wales. They describe the outcomes and standards individuals should expect when they may need urgent and emergency care services, and will inform national oversight of service provision through planning frameworks and the Welsh Government quality, planning and delivery assurance system. The COVID-19 pandemic and associated challenges make delivery of every element of each quality statement testing and some elements are considered as aspirational.

Set out in the table below is a summary of the immediate priorities that we will need to deliver on within the timeframe of this IMTP, specifically in relation to Goals 2, 3 and 4. However, WAST has a role to play across all of the goals.

Goal	Immediate Priorities	What we will do to respond...
Goal 2: Signposting people with urgent care needs to the right place, first time <ul style="list-style-type: none"> When people need or want urgent care they can access a 24/7 urgent care service via the NHS 111 Wales online or telephone service where they will be given advice and, where necessary, signposted or referred to the right community or hospital-based service, first time. 	<ul style="list-style-type: none"> Following national roll out of NHS 111 Wales: <ul style="list-style-type: none"> significantly improve the 111 digital offer and increase use of web or app access improve access to urgent dental provision establish a palliative care pathway to access a specialist 24/7 after dialling 111 establish the 111 press 2 pathway supporting people with emotional health, mental illness and wellbeing issues develop the 111 Clinical Support Hub at a national and regional level. Implement a 24/7 urgent care service, accessible via NHS 111 Wales, to provide clinical advice remotely. This should integrate services and schedule arrival slots in MIUs, EDs or SDECs. 	Section 5.2 <ul style="list-style-type: none"> Additional funding sought to continue digital improvements Work with 111 Programme Board to agree a new strategy for the service after roll-out of core 111 service Plans in place to deliver 111 press 2 Continue to develop our clinical teams to provide excellent clinical advice remotely Implement SALUS
Goal 3: Clinically safe alternatives to admission to hospital <ul style="list-style-type: none"> People access appropriate and safe care close to home. Admission to an acute hospital bed should only occur if clinically necessary. 	<ul style="list-style-type: none"> Implementation of SDEC services so that they support 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis, and treatment, and discharge home same day where clinically appropriate Effective community infrastructure model for intermediate care, based upon the principles of 'right sizing' available capacity in the community, 	Section 5.3 <ul style="list-style-type: none"> Work with Health Boards to ensure access to SDECs for paramedics, through national referral pathway
Goal 4: Rapid response in physical or mental health crisis <ul style="list-style-type: none"> Individuals who are seriously ill or injured or in a mental health crisis should receive the quickest and 	<ul style="list-style-type: none"> Deliver safe alternatives to ambulance conveyance to Emergency Departments. Procurement of a new 999 remote clinical triage system to support more accurate clinical assessment, increasing 'hear and treat' (consult 	Section 5.2 <ul style="list-style-type: none"> Implementation of ECNS Section 5.3 <ul style="list-style-type: none"> Work with HBs to expand alternative pathways as a key element of our

best response commensurate with their clinical need – and, if necessary, be transported to the right place for definitive care to optimise their experience and outcome.	and close) capacity, and video and text triage and follow-up advice. <ul style="list-style-type: none"> Increasing ambulance availability to ensure people in danger of loss of life or with time-sensitive complaints are prioritised, receive the right kind of rapid response and are transported to the right place. Improving ambulance patient handover. 	ambitions for the EMS service transformation <ul style="list-style-type: none"> Actions to improve hours available to respond, including sickness management, roster reviews and growth in WTEs if funding available.
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There are many other legislative, policy, strategic and financial drivers, not mentioned above, which shape our approach to planning and delivery as a Trust and we have taken account of those set out in the NHS Wales Annual Planning Framework. Some of the more recent include (but not limited to):

- Health and Social Care (Quality and Engagement (Wales)) Act 2020 ([Link](#))
- ISO14001 ([Link](#)) and the Welsh Government ambition for carbon neutrality by 2030 ([Link](#))
- Socio-Economic Duty ([Link](#))
- The Race Equality Plan for Wales ([Link](#))

As a national organisation in Wales, we have also ensured a renewed focus on our commitment within the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards.

4.5 How well have we performed?

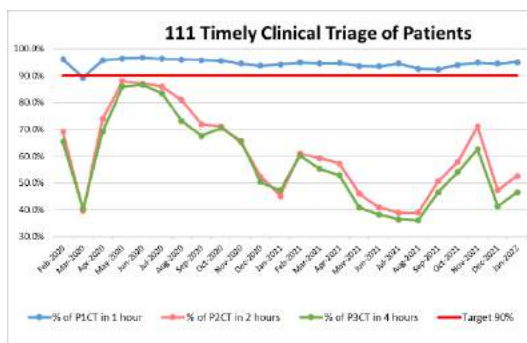
We are committed to improving the quality of our services based on a clear understanding of what is driving current performance levels. We do this in a way that is consistent with the Quadruple Aim set out 'A Healthier Wales'. Our Board and its sub committees receive a monthly report on a series of agreed, balanced, key indicators which provide a lens on the quality of our services to patients, how our staff are supported, the value we offer, and the contribution we make to the wider system. This section of the IMTP summarises some of the key elements of this report, but the latest version is available by emailing here ([link](#)).

Our Patients

Patients have not been receiving the quality of service they require, and patient safety has been compromised by a difficult operating environment across the urgent and emergency care system in Wales.

In the **111 service**, we measure the quality of the service we provide through call answering times and clinical ring back times. We aim to answer 95% of calls within 60 seconds, and to have an abandonment rate of less than 5%, but the graph demonstrates that the service has been significantly off target during 2021/22. As a result of a concerted recruitment and training effort, as well as internal improvement and efficiency work, we have started to see improvements towards the latter part of the year.

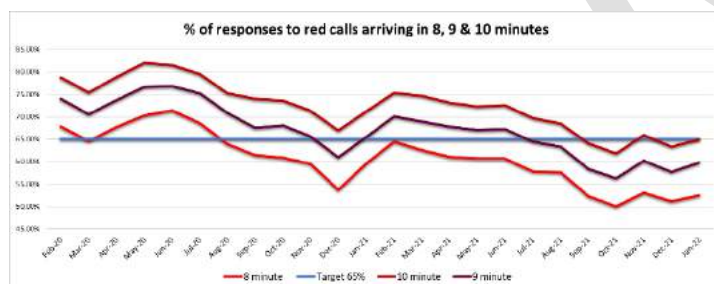
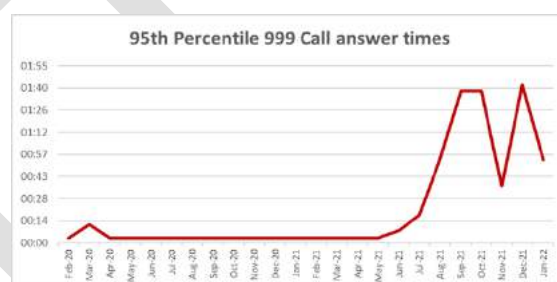




In relation to clinical ring back for triage, we consistently achieve the one hour target for highest priority patients, but did not achieve the targets for other patient acuity categories. Patients have provided feedback on long waits and there is potential for these waits to have a knock on impact to both 999 and the rest of the urgent and emergency care system. We are therefore currently undertaking a strategic demand and capacity review of 111 at the time of writing this plan, and the actions set out in **section 5.2** seek to further address and improve the quality of the service we provide.

One of the factors in our response times is demand. 111 demand has increased significantly, but this can be attributed to the service going live across Wales (bringing higher than expected demand in the North) alongside government announcements relating to the pandemic, which have the effect of creating spikes in demand, and also an increasing use of the service which is increasingly seen as the “Gateway to Care” across the system.

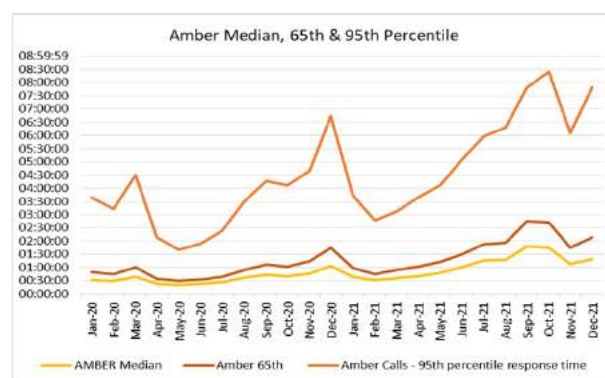
Within the **999 service**, we assess the quality of the service we provide through a range of response times metrics, clinical indicators, and outcome measures. Call answering performance began to worsen during the summer as the Trust moved to a sustained period of maximum escalation. This could have a significant impact for patients who dial 999 for the most life threatening incidents. Some additional call taking capacity was built through the year, and may be required into the future, subject to funding availability.

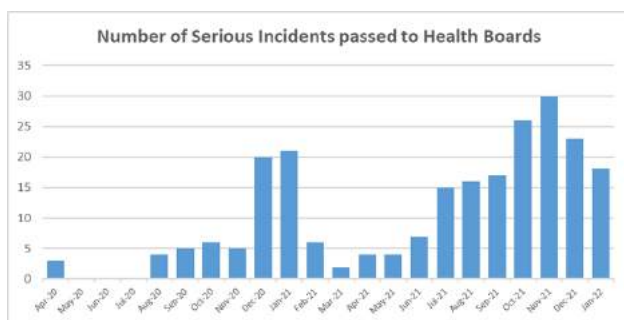


We have unfortunately seen a continued deterioration in performance against the Red 8 minute target, together with lengthening response times for our amber calls which includes stroke and heart attacks. We know that the bulk of patient safety incidents occur in the Amber category, and that these long response times directly impact on patient outcomes. We believe strongly that this is one of the greatest clinical risks that the system faces, and that

we need to collaboratively and urgently address this so that patients are not left alone for hours in the community with no clinical assessment or treatment.

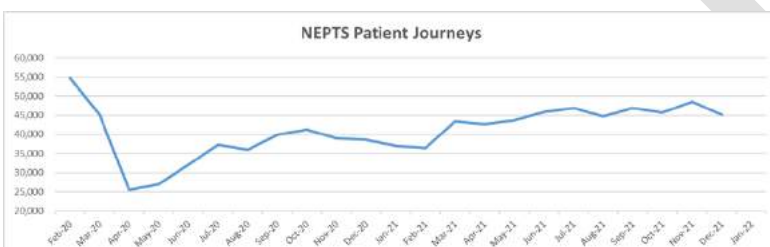
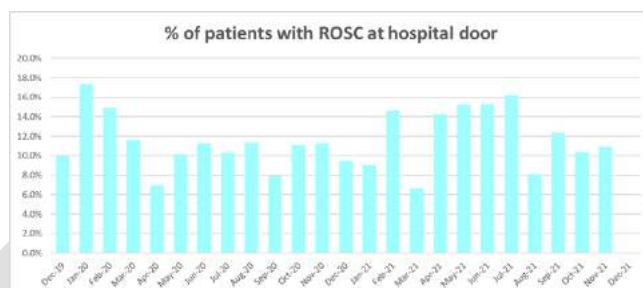
There are many reasons for these longer response times, which include increases in red demand and overall acuity, a loss of capacity through increased sickness absence, and a loss of capacity through hospital handover delays. During the pandemic, we have also prioritised our conveying capacity (Emergency Ambulances EAs) over Rapid Response Vehicles (RRV) which influences red response times, and staff are also required to don and doff Level 3 PPE in line with Infection Prevention and Control (IPC) guidance, which can add minutes to the response time.





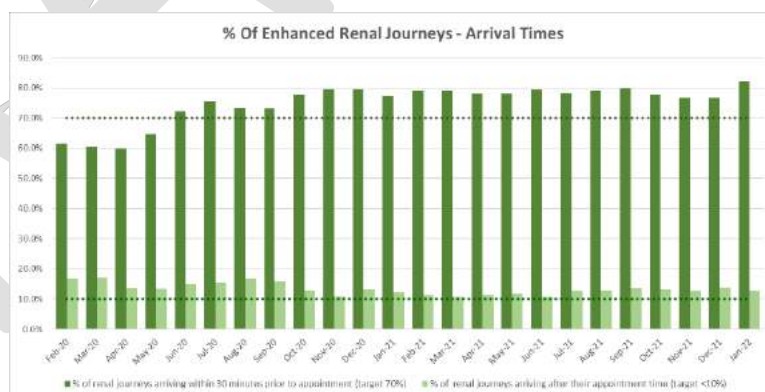
We are seeing higher levels of National Reportable Incidents (NRIs); and also higher levels of serious incidents referred to health boards for them to investigate. Incidents referred to health boards are often due to long waits in the community because of handover delays at hospitals. In the period April - December 2021 there were 4,020 patient waits of 12 hours or over, compared to 1,634 in the same period in 2020.

One of the clinical outcomes we measure is the % of patients who have return of spontaneous circulation, and this remains lower than we would want. Whilst there are many factors outside our direct control, we have developed a new service response – Cymru High Acuity Response Unit – to improve outcomes in this area, but these changes are currently not fully funded at this time (see section 5.3 for the plan).



In relation to our **NEPTS service**, demand has not recovered to pre-pandemic levels. Whilst renal and oncology demand has been stable, outpatient demand is down and discharge and transfer variable. A further consideration for NEPTS is that social distancing reduces the number of patients who can be conveyed per journey.

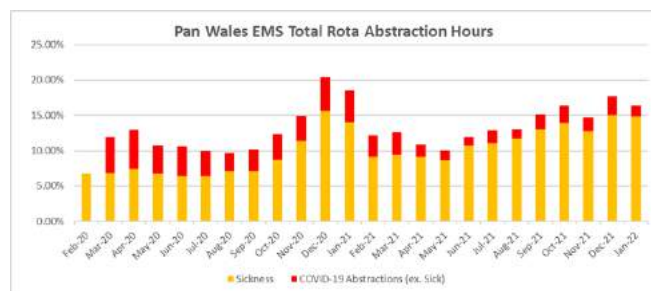
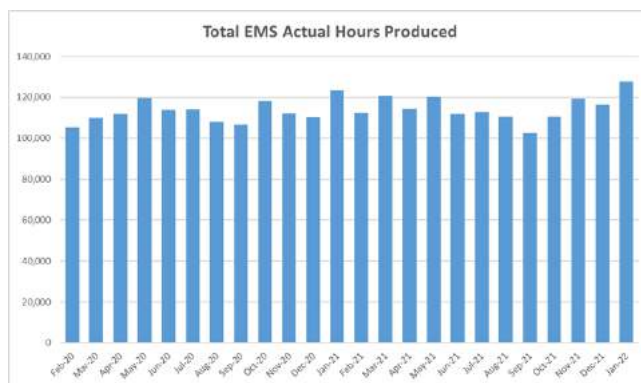
This has impacted on transport capacity and led to in-year investment of £2m as part of winter planning, which will cease on 31 Mar-22. As a result, the quality of the service as measured through the various arrival / collection times indicators has been more stable with in-bound renal performance being achieved in every month in 2021/22. Oncology performance remains off target, recognised as an area of difficulty within the Demand and Capacity review, which is being addressed through the Ambulance Care Transformation Programme (see section 5.4).



Our People

In relation to our workforce, the indicators we review at Board relate to whether we have the right workforce capacity in place to meet demand, how we are keeping staff safe and well, and how they are being developed. More detailed and numerous indicators are also considered at the People and Culture Committee.

In relation to the EMS service, the EMS Demand and Capacity review in 2019 determined the required capacity to respond to demand based on a 30% abstraction assumption, with levels of investment provided by commissioners to increase WTEs by 263 over 2 years. The Trust is on target to broadly achieve this growth by the end of March 2022. This is a significant milestone for the Trust that will bear fruit in the medium term. However, as the graph to the side demonstrates, despite having more staff in post, we have not been able to produce many more hours, other than in the last quarter because of military aid.



A key factor in our ability to ensure capacity to meet the demand is the impact of abstractions, and this also provides an indicator of our people's well-being. The significant impact of the last two years on our people at all levels in the organisation cannot be underestimated. To support the workforce there has been an ongoing focus on wellbeing activities across all areas of the Trust including those in frontline and support roles. Despite this, sickness has remained one of the key causes for rota abstraction. The

graphs show the levels of abstraction due to sickness and due to COVID-19 factors. Similar pictures are seen in 111 and Ambulance Care, with a 17% abstraction due to sickness in the 111 service in January. We know that this will need to be a major focus of our plan going forward and actions are set out in **sections 5.2 to 5.4**.

Other indicators of how we are keeping our staff safe and well include vaccination rates and statutory / mandatory training levels. As of 07 February 2022 84% of patient facing staff have received a COVID-19 booster vaccine and 94% are double jabbed. However, the flu vaccination level for the Trust is 40.57% and whilst flu has not significantly affected the Trust this year, we would aim to increase the figure going forward. In January 2022 Statutory & Mandatory Training rates had not achieved the 85% target overall, with levels of 61% for Fire Safety, and 72% for Moving & Handling. It is worth noting that sustained and prolonged periods at high escalation (REAP 3 and REAP 4) levels, meant that we had to prioritise front line delivery which would have had an impact on these metrics. The Working Safely Transformation Plan sets out to improve this, and more detail is seen in **section 7.1**.

In terms of staff development, we review levels of Personal Appraisal and Development reviews (PADR) as the best way of representing development at a high level, and in January 2022 levels remained largely static at 59%. They continue to remain below the 85% target, despite a revised 'lite' approach during the pandemic.

The plan for our people is set out in **section 6.1**

Finance & Value

We review a number of indicators which aim to demonstrate how we provide a service in line with statutory financial duties, and of high value and efficiency. Clearly, we have managed and delivered all aspects of our statutory financial duties in 2021/22.

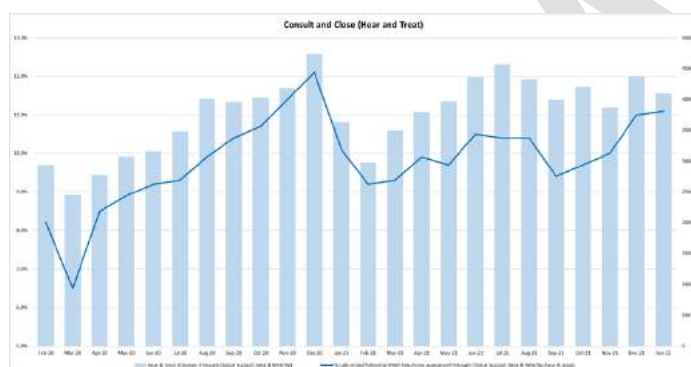
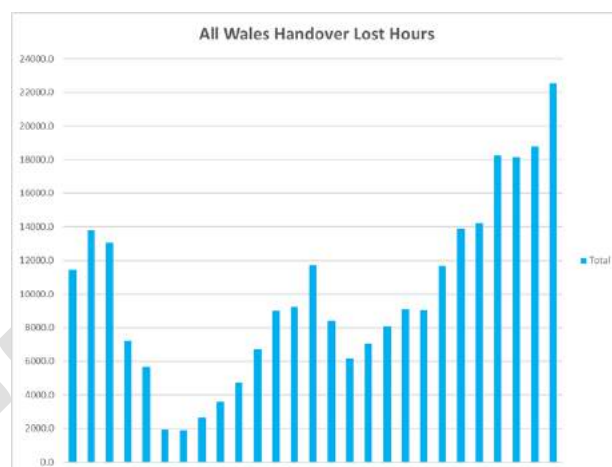
In relation to the value and efficiency of our service, we have developed in the last year, a utilisation measure for the EMS service, which we are working on with commissioners to make best use of it both as a tool to review retrospective performance, but also to look ahead, forecast performance and take mitigating actions where necessary.

We measure the number of hours that are lost post production as these potentially indicate areas where we could improve efficiency. There are many legitimate reasons for crews needing to stand down post production and we benchmarked well on Post Production Lost Hours (PPLHs) in the 2019 EMS Demand & Capacity Review with the exception of return to base meal breaks. Some concerns have been raised about the accuracy of the data which we

are reviewing, and hope to conclude soon. Further internal modelling work is ongoing to quantify any potential efficiency gain (see section 5.3).

System Contribution

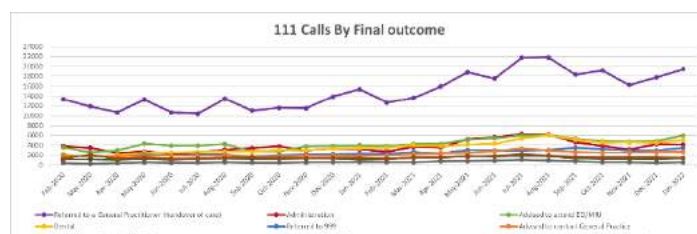
We aim to consider both our impact on the wider system, but also the wider system's impact on our service. Handover lost hours were already extremely high and Wales was an international outlier even before the pandemic. The levels seen this winter are unprecedented and have had catastrophic outcomes. In December 2021 the Trust lost over 18,000 ambulance hours, equivalent to 36,000 people hours or 3,000 twelve hours shifts. This worsened further in January and February where hours lost reached more than 23,000 hours. The Trust is aware that health boards are introducing urgent and emergency care escalation frameworks, and that there has been strong messaging from Welsh Government and the Minister that this must be tackled as a matter of priority. However, given the scale of the challenge and its links to wider system pressures, we are planning on the basis that these levels will remain high for many months. The 6 goals policy handbook sets out an expectation of no handover being longer than an hour by 2025.



We are committed to transforming our services to become more sustainable, to get patients to the right service, in the right place, every time, and to reduce the reliance on emergency departments as the default location for definitive urgent and emergency care. One of the areas where we already support the system in reducing demand is in consult and close (previously known as 'hear and treat') through the work of the Clinical Support Desk (CSD). Through investment from commissioners, the CSD has expanded this year to include an additional 36FTE paramedics and 6FTE mental health practitioners, and this growth has already

begun. The 2019 EMS Demand and Capacity review assumed the Trust should achieve around 10.2% consult and close rates, which has largely been achieved, and with the expansion as described, we are developing a trajectory to 15% in 2022/23. We also monitor our 'see and treat' rates which have broadly remained static. Our ambition, articulated through the 'inverting the triangle' work we have been doing, again is to increase this shift left activity, and more can be found in section 5.3.

In relation to our 111 service, one of the success factors for NHS 111 Wales is getting the patient to the right service, first time. At the moment, we measure outcomes in terms of where patients are directed, but further work is required to identify whether these are the most appropriate and best outcomes.



Forecasting Performance

As well as reviewing historic quality and performance measures, we have made huge strides in our forecasting and modelling capabilities within the EMS service, in partnership with Optima. Looking forward to 2022/23, we have undertaken a forecasting and modelling exercise for Quarter 1 which allows us to determine a detailed tactical plan to ensure capacity is available across all service areas. This will complement the medium term plan set out in this IMTP.

The outlook is bleak, and the modelling suggests that without a change in the current levels of abstractions, lost hours or demand, the waits for patients in the community will be at unacceptable levels. The alternative, shown in the table below, is that we would have to escalate to the higher levels within our clinical safety plan (CSP), the consequence of which is that many patients would not receive a response at all, and some will likely come to harm.

Scenario	RED (%) < 8mins	RED (%) < 9mins	RED (%) < 10mins	AMBER1 Median (minutes)	AMBER2 Median (minutes)	Simulated Utilisation (%) EA/RRV/UCS
MLS - Normal	Simulation not finished – infinite queuing					
MLS – CSP2b	Simulation not finished – infinite queuing					
MLS – CSP2c	54%	59%	64%	120+ minutes	240+ minutes	72% (78% / 65% / 55%)
MLS – CSP3a	56%	62%	67%	120+ minutes	191 minutes	70% (77% / 60% / 47%)
MLS – CSP3b	57%	62%	67%	105 minutes	147 minutes	67% (76% / 58% / 40%)
MLS – CSP4a	61%	67%	72%	41 minutes	62 minutes	57% (65% / 46% / 29%)
MLS – CSP4b	68%	74%	79%	19 minutes		40% (48% / 31% / 16%)

Actions being taken within the EMS service are set out in **Section 5.3**.

4.6 What do our commissioners and partners say?

The Emergency Ambulance Services Committee (EASC) commissioning intentions are not intended to set out all activity that will be undertaken this year by commissioners or the Trust but provide a clear indication of the key strategic priorities of the Committee for the Trust in 2022/23.

Some of the commissioning intentions have been rolled forward from 2021/22. However, we regularly report progress on them to EASC Management Group and it is considered that we have made good progress within the context of the pandemic. The following table provides a summary of some of the key commissioning intentions for 2022/23. A full reflection of commissioning intentions and how this plan addresses them can be seen in appendix 1.

Commissioned Service	Summary of Priorities	Outcomes	Response in this IMTP
Emergency Medical Services	<ul style="list-style-type: none"> Increase the proportion of activity resolved at Step 2. Right response first time and optimising conveyance Workforce: stability, growth & modernisation of practices. Efficiency: resources aligned to patient demand, reduced lost hours. Value. Improving clinical outcomes and reducing harm pro-actively. Support to the wider health care system 	<ul style="list-style-type: none"> Significant increase in hear & treat (consult and close) rate. Improvement in the multiple response rate Transformative reduction in conveyance to EDs Increased capacity, improved staff well-being and reduced patient harm. Maintenance of the increased staff base following closure of the relief gap Improvement in availability of staff through reducing sickness levels Further growth in the workforce in line with the strategic ambition, subject to agreed financial allocations Completion of roster reviews, with increased capacity aligned to patient demand Reduced hospital handover delays (health board actions, WAST will support where required) Improved levels of efficiency in use of resources Value-based approach embedded enabling better collective decision making across the whole urgent and emergency care system Investment in initiatives that provide value (and disinvestment in those that do not). Appropriately shared clinical safety risk across the whole system. Delivery of a national discharge & transfer service model. 	<ul style="list-style-type: none"> Section 5.2 & 5.3 Section 5.3 Section 5.3 Section 5.3 Section 5.3 Section 6.1 Section 5.3 Section 5.3 Section 5.3 Section 5.3 Section 7.1 Section 7.1 Section 5.3 Section 5.4
Ambulance Care (NEPTS)	<ul style="list-style-type: none"> Efficiency: benefits from national service, resources aligned to 	<ul style="list-style-type: none"> The best patient transport model for Wales ensuring value and efficiency of utilisation. 	<ul style="list-style-type: none"> Section 5.4 Section 5.4

Commissioned Service	Summary of Priorities	Outcomes	Response in this IMTP
	<p>demand, reduced lost hours.</p> <ul style="list-style-type: none"> • Plurality: expand and improve availability of providers. • Improved dynamic planning processes • Demand management: effective use or resources, effective rostering and appropriate transport. • Transforming and increasing capacity from within current resources. • Reducing lost capacity including minimising lost time at hospitals 	<ul style="list-style-type: none"> • A procurement strategy which determines the best mix of provision to ensure NEPTS objectives and standards are met. • More dynamic flexibility to respond to demand. • A range of quality assured providers that deliver improved patient outcomes, experience, value and sustainability. • More effective utilisation of capacity to ensure stability and resilience to meet future demand. • Increased understanding of demand from patients and stakeholders and more effective management of that demand. • Improved quality and performance. • Continuous learning based on patient feedback and data. • Effective use of internal and external resources. • Improved collaboration and communication with Health Boards to ensure timely, equitable, integrated and efficient service provision. 	<ul style="list-style-type: none"> • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4

As set out previously, handover times in our EMS service are extreme and put us as an international outlier. Reference is included in the Six Goals Policy Programme to reducing handover delays through driving improvements in the urgent and emergency care system, by 2025. Given the urgency of this situation, WAST welcomes EASC's position that individual improvement trajectories will be agreed for each site and will be included in the new EMS Commissioning Framework.

The NEPTS commissioning intentions do not identify any increase in capacity during 2022/23. Currently, the Trust is in receipt of additional non-recurring investment (£2m) to support NEPTS capacity; consideration between EASC and the Trust needs to be given to levels of performance post the 31 March 2022 when this investment stops whilst social distancing, which affects NEPTS capacity, continues.

4.7 How will Health Board plans affect us?

The NHS Wales Planning Framework sets out a need for Health Boards to work together, across organisational boundaries, to plan and deliver on a regional basis. The framework also sets out the need for a whole system approach to recovery from the pandemic and for NHS organisations to build on the learning and experiences across health and care. We will engage fully with the continuing development and implementation of the National Clinical Framework in respect of its key workstreams and how WAST can play its part in facilitating regional working, improvements in quality, clinical pathways and value based healthcare.

There has been significant disruption to "normal" Health Board activity over a sustained period but also significant progress across the system in delivering care differently to ensure NHS Wales could reduce the impact of the pandemic. Services have changed and adapted at pace including the use of remote and mobile solutions for outpatient and primary care appointments. The framework asks Health Boards to go further with accelerating and embedding digital technology and innovation.

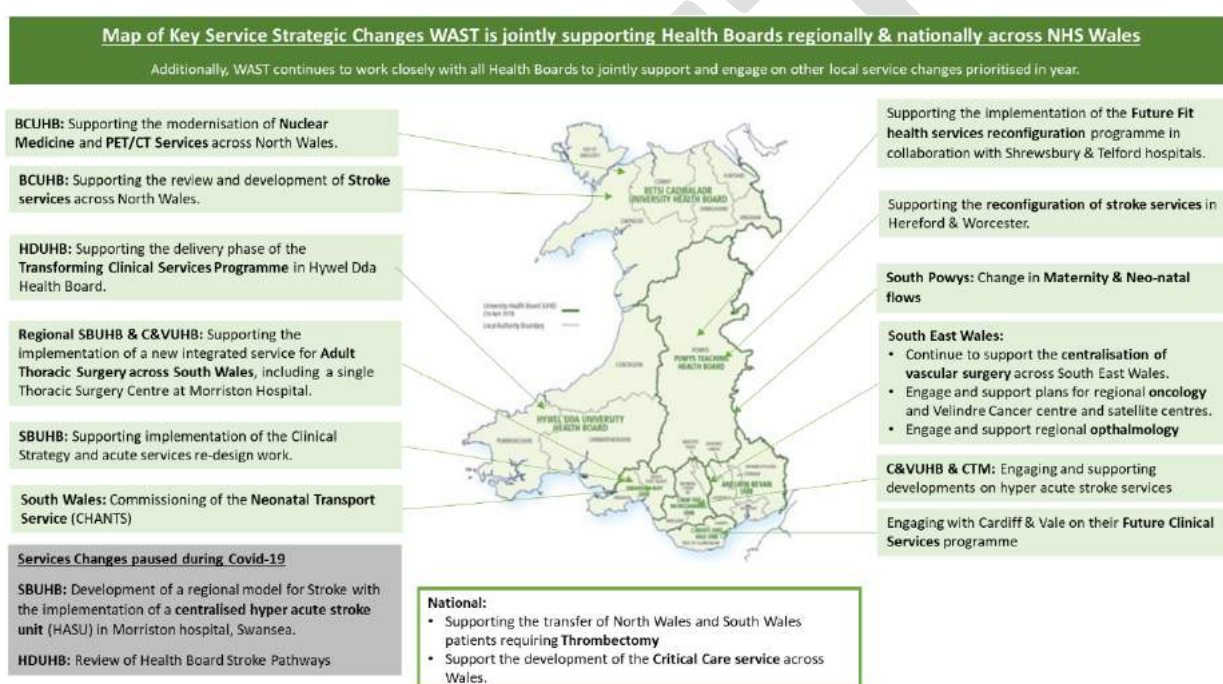
Such operational and strategic changes at local, regional, and national level can often have an impact on our EMS and Ambulance Care services but also on NHS 111 Wales, as the location, frequency or priority of services or pathways change. A consequence of these rapid and emerging changes is often a change and/or increase in emergency, transfer, and discharge ambulance activity. We will have a key role to play in delivering solutions to support these changes, and it is imperative that Health Board plans are shared at the earliest opportunity.

We continue to work collaboratively and proactively with Health Boards to support strategic, transformational service changes (regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales. However, this cannot be a set of fragmented service developments and need to be scoped, quantified, and aggregated in some cases to develop a consistent transfer and discharge model that could be rolled out across Wales.

Some of the priorities emerging include:

- Final go-live of the South East Wales Vascular Network
- Recovery of regional cataract services
- Emerging plans for the regional configuration of specialist stroke services
- Acute services redesign in Swansea Bay UHB
- Cardiac pathways in Cardiff and Vale UHB

The map below provides an overview of the main service change proposals we are working on collaboratively with partner organisations to drive forward sustainable changes in health provision. Our service needs to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace.



4.8 What are the operational risks that we are managing?

We are mindful of our role in supporting NHS Wales to mitigate the **harms experienced** by the people of Wales during the pandemic over the last two years. The direct and indirect impact of COVID-19 will continue to be prevalent as we move forward out of the pandemic and our plan has taken this continued impact into account. This includes the continued pressure that has resulted from abstractions, lost hours and increases in demand in different patterns (compared with pre-pandemic seasonal patterns) throughout the year.

This will be underpinned by our internal approach to risk management through regular review of our **Corporate Risk Register** and the Trust's **Board Assurance Framework** that provides a clear line of sight to the controls and related assurances on those controls, and the actions we are able to take (and that are within our gift) to mitigate the risks. We know that there are several high scoring risks within the service that need to be managed and mitigated.

The Trust's highest corporate risks are described in the table below, including a brief description of what we will do to contribute to the mitigation and reduction of these risks through this plan.

Table 3: Our highest Corporate Risks

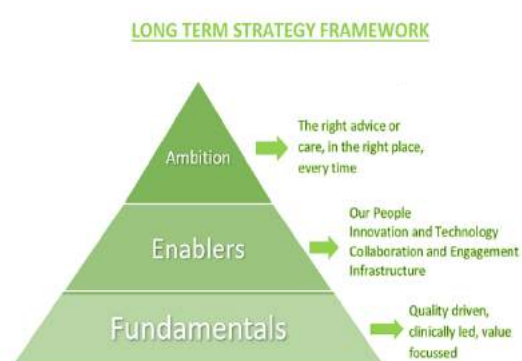
Risk	Level	What we will do in this plan to respond...
ID 223: Unable to attend patients in community who require See & Treat	25	A key part of our IMTP is transition plan for EMS (see section 5.3) which is focussed on the patient safety benefits of further implementing the operational and clinical transformation in this key part of our service offer. This however is not currently funded and although we will undertake actions to increase utilisation of existing resources, we are not confident that this risk will reduce.
ID 224: Patients delayed on ambulances outside A&E Departments	25	
ID 199: Compliance with Health and Safety Legislation	20	A range of actions in our Gateway to Care programme focus on a further shift left in the pathway to improve consult and close rates, whereby patients can have their needs resolved without the need to send a physical response (see section 5.2). Having set up the programme structure and recruited to key posts during 2021/22, the Trust will deliver its "Working Safely" Health & Safety Transformation Plan to support and foster a culture of safe working across the Trust (see section 7.1).
ID 160: High sickness absence rates	16	The plans set out in Our People (see section 6.1) include a programme approach to reducing sickness absence. We have several established support mechanisms in place specifically around COVID-19 related absence including long COVID support and we regularly review the Test Trace and Protect guidance to inform our Infection Prevention and Control policies and staff action cards.
ID 311: Failure to manage the cumulative impact on estate of the Demand & Capacity Review and the NEPTS Demand & Capacity Review	16	Our Infrastructure plan (see section 6.3) details the Estates and Fleet SOPs which were updated in line with recommendations from the EMS Demand and Capacity Review and the implications of the NEPTS Demand and Capacity Review. However, capital constraints in 2022/23 may impact on our ability to mitigate this particular risk.

The Trust remains committed to implementing a positive Risk Management culture through our Risk Management improvement plan. The plan has been developed and is a key part of the Fundamentals of a Quality Driven, Clinically Led, Value Focussed organisation ([see section 7.1](#)).

5.0 Our Service Offers to Patients and the System

The Right Care in the Right Place Every Time

5.1 Our Long-Term Strategy

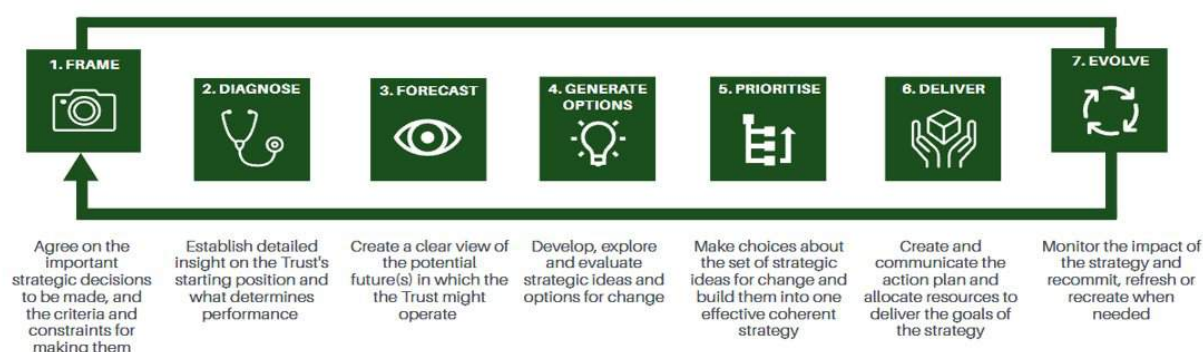


Following publication of our long-term strategic framework "Delivering Excellence" which set out an exciting vision for the service in Wales up to 2030, we have developed and continue to evolve strategic ambitions for an integrated set of service offers for the people of Wales over the next 3-5 years.

We live in a world where the needs of our population are changing. People are living longer, and care needs are becoming more complex, placing different demands on ambulance and NHS 111 Wales services. We do not underestimate the challenge that this creates and recognise that this is not something that we can meet wholly on our own.

In 2021/22 we established two new groups to help the organisation to continue to develop its strategy, one of which is a Board level Strategy Advisory Group. A model of strategy development has been agreed which we will continue to work through, recognising that in this changing world, strategy cannot be immovable.

The seven-stage framework of strategy development for WAST



Alongside the evolution of our longer term strategy, we will be taking forward two other substantial areas of supporting work. Firstly, we will be undertaking continuous engagement, talking to staff about framing our **'Purpose'** as an organisation, as this is something we believe will bind and unite the organisation towards a common goal. This provides the 'why' of our existence as an organisation, with vision and mission statements providing the where and the what.



We will also be thinking about and engaging with **key players**. This will involve undertaking a reputation audit with our partner stakeholders (either by commissioning support or through an in-house project) and working to refine our thinking about who our key players are in respect of strategy development and design appropriate engagement methodologies.

Secondly, we will continue our work to further develop our strategic ambitions and models for each of our service offers: NHS 111 Wales; EMS; and Ambulance Care. This will involve bringing internal and external partners together through collaborative workshops and specific programmes, and more detail is set out in the sections below.

In each section of the plan, we describe our strategic ambitions, what we aim to deliver over the next three years (our 'deliverables') and the priority actions/milestones that we will need to achieve (in some cases subject to funding) in 2022/23 towards those medium term deliverables and how we will measure progress. We will also include in each section a decarbonisation statement that links to our decarbonisation action plan, setting out what each service or enabler can do to reduce or offset carbon emissions.

Decarbonisation and Sustainability

In 2022-23 : We will integrate decarbonisation and sustainability throughout the Trust, contributing to a safer local and global outcome, both for humanity and biodiversity.

Appendix 2 then has further detail about the timescales for delivery in year 1 and the actions/milestones we are developing for years 2 and 3 of this plan. Following our learning from the last two years, where pressure has escalated and de-escalated at points in the year, Appendix 2 sets out a forward view of our priorities during escalation where Tier 1 priorities would need to be achieved, even at our highest escalation levels (REAP 3&4) and Tier 2 priorities could be paused at REAP 4 (and possibly 3) if required.

	Ambitions	Deliverable	Priorities for Year 1	Measures
	We will be well placed to influence system thinking	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	<ul style="list-style-type: none"> Refresh and embed the brand and positioning of our 111 service, reflecting the completion of its roll-out across Wales Undertake a reputation audit as part of the strategic development programme Engage on the "Purpose" of the organisation 	<ul style="list-style-type: none"> Improved level of engagement – no. of responses or no. of people engaged 111 brand recognition WAST reputation measure
	Our long-term strategies and service models will be agreed with commissioners and aligned to wider health and social care plans	We will develop and deliver a collaborative programme of work to design and implement new models within EMS (Inverting the Triangles)	<ul style="list-style-type: none"> Engage with stakeholders on our emerging long term strategic direction in line with a refreshed engagement framework Agree a programme plan for the 'inverting the triangle' model, including governance structures, project resources, and broad timelines for delivery Implement year 1 actions from the 'inverting the triangles' programme 	

5.2 Gateway to Care – Our Integrated Care (111 and CSD) services

WAST operates Clinical Contact Centre call handling and clinical triage/assessment nationally for both the 111 and 999 services 365 days a year, 24/7 hours a day. Patients ringing 999 either receive advice over the phone (Consult and Close) or a response to scene from our Emergency Medical Service (EMS) or Urgent Care Service. Callers ringing the 111 service, which is now live across all Health Boards, receive advice over the phone and broadly receive self-care guidance, advice to attend an Emergency Department or a referral into local urgent primary care or Out-Of-Hours services for further clinical assessment and treatment.

Having completed the roll out of the core 111 service across the whole of Wales, the next three-year planning cycle is a pivotal period for WAST and the system as we seek to set out on the next stage of transformation of the service. Goal 2 of the Six Goals (Signposting people with urgent care needs to the right place, first time) signals that **‘when people need or want urgent care, they will be able to access a 24/7 urgent care service via the NHS 111 Wales online or telephone service’**. This is consistent with our strategic ambition to become the ‘Gateway to Care’ for patients to seamlessly access urgent & emergency care services. In developing our priorities, we have carefully considered the relationship between our ambition to formalise the Gateway model and the emerging plans being identified as we commence our transformational plans to ‘Invert the Triangle’ as described in section 5.3. A key priority for us will be to work with the 111 Programme Board to develop a national strategy for the 111 service, which delivers on the commitments within the 6 goals framework, and clearly sets out priorities for development and transformation over the next 3 years.



In last year's IMTP we set out 5 strategic ambitions and deliverables, which remain consistent with national direction of travel.

The first is to continue to take action with partners to **promote and expand the use of 111 across Wales**. In the next year, we will be evaluating delivery of the core 111 service, as well as implementing the 111 Press 2 service, to ensure those with urgent mental health needs can access local services quickly. Subject to funding being available, we are also working with partners to develop a communication campaign to ensure consistent and robust messaging to the public about the service. Over the last year, the Think 111 First pathway has been introduced into 3 health board areas. This was originally designed,

because of the pandemic, to encourage people to ring 111 first rather than attend an ED department, with pathways from 111 into health board clinical assessment hubs to determine the most appropriate local service. Whilst consistent with the longer-term statements in the six-goal framework, there is further work to be undertaken nationally before any further roll-out.

The second ambition is that callers (111 or 999) with urgent care needs should be able to access a **timely, high quality clinical assessment**, either on the phone or by video. In the future, we anticipate that for many callers, no further intervention will be needed. We currently have two groups of clinicians undertaking these assessments for 111 callers and 999 callers, and we are keen to work with commissioners to explore how best to utilise this scarce resource, potentially considering ways in which these teams could work more closely together over time.

Remote clinician decision-making is fast being recognised as a clinical speciality within the UK and internationally. Remote clinical decision-making (RCDM), commonly referred to as ‘telephone triage’, describes clinicians’ non-face-to-face involvement in patient care. This remote interaction is typically undertaken by telephone or visual-audio format, by paramedics, nurses, doctors and pharmacists.

To be recognised as a clinical speciality a clear educational foundation and clearer framework is needed. This does not currently exist for RCDM in Wales, and we will be working with HEIW to develop thinking in this area.



We have had a significant investment in the clinical team supporting 999 callers, with an increase of 36 WTE paramedics and 6 WTE mental health practitioners. This doubling of capacity, coupled with the implementation of the new clinical assessment software (ECNS) will allow for a transformation of this service, with an expectation that we will be able to increase consult and close rates to 15% over the next year. We will be working over the next 12 months on how we can also increase rates of consult and close within the 111 clinical team. It is important to note that at the time of production of this plan, funding is not available to support the backfill of these 41 WTE meaning that there will be gaps in the core EMS rosters.

The fourth ambition is to continuously **improve the quality of the service** we provide to patients, and this links to earlier sections of the IMTP which set out the poor call answering and ring back times within the 111 service. We developed a Stabilisation and Transformation plan in 2021/22, with actions to continue through into 2022/23, targeting recruitment and training efforts and implementing performance and process improvement measures to effectively manage current demand, whilst also putting in the foundations to implement the exciting transformation ideas to enhance our service offer to patients and the wider system. We are also working to better understand our data, review data definitions and quality of data alongside those definitions.

The fifth ambition is to improve **accessibility, content and user experience of the 111 digital front end**, which is in line with the urgent priorities set out in Goal 2 of the six goals. In many areas of modern life, websites and applications provide the front door to major services such as banking and taxation. As part of our transformation, we plan to significantly increase the accessibility of services via digital means. This will initially be through continued development of the 111.wales website, but over time will also leverage the new SALUS platform for 111 and the new NHS Wales App with NHS Login, delivered by Digital Healthcare Wales (DHCW). These new services will work together to significantly increase access to, and interaction with NHS Wales and WAST through digital means, including the ability to book into some services direct. However, this cannot be achieved within existing resources, and cases for investment are being developed for consideration by WG and commissioners.

Implementation of SALUS will also deliver a **fully integrated and modernised 111 and OOHs system across Wales**. The new platform will allow seamless access to a single patient record by our remote clinicians and GPOOH, whilst also integrating seamlessly with national systems to ensure patient data is accurate and as up to date as possible. As part of its functionality, SALUS will provide 160 new clinical algorithms, or webguides. These will allow patients to begin their assessment on the website, transferring seamlessly to the phone where required. If needed, a video consultation will then be available, along with electronic prescription of any medication and dispatch of and liaison with a GP where necessary. This will be a first of type in terms of the level of integration it offers across, digital, telephony and traditional clinical platforms.

The strategic **development of our 111 workforce** will be pivotal to help stabilise the service whilst enabling our transformational plans. The outcome from the recent 111 Demand & Capacity review will help inform and shape our future workforce profile, ensuring service capacity is aligned to future demand profiles. Alongside this we will implement plans to reduce sickness levels in the service. We will be undertaking a strategic review of our workforce plans ensuring a consistent service across 7 days of the week, reviewing skill mix and career progression opportunities, and realising the benefits from the SALUS implementation. Further consideration is required to also look at the model and makeup of the 111 Clinical Hubs as these are expanded and to identify the wider opportunities across the whole system to optimise virtual clinical assessment across Wales.


What will this mean for patients?

- Over time, more patients will access the service as their preferred first point of call to help meet their urgent health care needs.
- Increasing numbers will also be able to access the digital 111 front end to meet their routine and urgent health care needs.
- Patients will be able to access a timely, high quality clinical assessment to meet their needs.
- Patients who do need further specialist or face to face assessment or treatment will be booked directly into the right service to meet their needs, with more care delivered closer to home.
- The quality of the service will be that of a leading service, with excellent patient outcomes and experience.



Decarbonisation and Sustainability

In 2022-25 : We will continue to support patients by using various forms of digital technology, aiding the reduction of transportation emissions.

	Ambitions	Deliverable	Priorities for Year 1	Measures / Indicators
	More people will access the Gateway to Care service as their preferred port of call to meet their urgent health care needs	We will work with partners to promote and expand use of 111 across Wales	<ul style="list-style-type: none"> Develop national 111 strategy and service model with partners Evaluate core 111 service Roll out of 111 First across Wales (subject to further discussions) Roll out mental health service ring 111 press 2 Robust national communication campaign / messaging (subject to funding) 	<ul style="list-style-type: none"> Total number of callers - increase
	Patients with urgent care needs will be able to access a timely, high quality clinical assessment with the most appropriate clinician to meet their needs, either on the phone or by video. For many callers, no further intervention will be needed.	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	<ul style="list-style-type: none"> Implementation of recommendations from CCC Clinical Review Develop remote clinical support strategy Develop a clinical specialty educational and career framework for Remote Clinical Decision-making (RCDM) Increase proportion of 999 callers who have a clinical assessment and increase consult and close rates for physical and mental health patients – 15% used in modelling Implement 999 Triage system (ECNS) Develop a case for change on the integration of clinical teams across 111 & 999 Identify opportunities to increase 'consult and close' rates (subject to funding) 	<ul style="list-style-type: none"> Total number of clinicians in post - increase (to funded levels) Proportion of 999 callers receiving clinical assessment - increase Consult and close increase for 999 callers – increase to 15% target Consult and close rates for 111 calls – increase (no target) – improving patient experience and outcomes and increasing value to the system
	Patients who need further specialist or face to face assessment or treatment will be booked seamlessly and directly into the right service to meet their needs, at the right time. More care will be delivered closer to home.	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	<ul style="list-style-type: none"> Identify pilot opportunities to test direct booking system for 111 patients to Health Board services Implement the new 111 system; SALUS 	<ul style="list-style-type: none"> Numbers and proportions of callers into each pathway Proportion that receive a booked next step
	The quality and safety of the service will be that of a leading ambulance service, providing an excellent patient experience.	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> Continue to implement the 111 Stabilisation & Transformation Plan designed to deliver agreed staffing levels, utilized as effectively and efficiently as possible to meet demand and reduce call answer / clinical ring back times Develop a strategic 111 workforce plan 	<ul style="list-style-type: none"> Call answering times / abandonment rates – to meet targets Clinical call back times for 111 – meet targets set 95% UHP by resource type Clinical outcome measures?
	Increasing numbers will use the digital 111 front end to meet their routine and urgent health care needs	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice	<ul style="list-style-type: none"> Deliver an improved Directory of Services Improve 111.Wales website, and enable better digital self-service (subject to funding) Develop a clearer vision with partners for a digital 111 offer in Wales, including case for longer term / recurrent investment Further enhance and develop WAST internal reporting functions for 111/111 First 	<ul style="list-style-type: none"> No. of website hits Self-service hits and complete use of self-service Feedback from website such as no. of smiley faces or via PECI team

5.3 Emergency Medical Services



As outlined in an earlier section of the IMTP, significant pressures within the 999 service in the last 12 months have led to very poor patient experience and outcomes, with response times lengthening for all categories of patients, and too many patients coming to serious harm as a result.

This has been because of a number of factors, some of which are related to (directly and indirectly) or exacerbated by the continuing impacts of the COVID-19 pandemic. These include:

- increases in overall demand, but more importantly a significant shift in the acuity of demand;
- an increase in sickness levels and other absences, which has meant that hours produced have not increased, despite the successful recruitment of almost 263 FTE over the last two years following commissioner investment;
- a continued rise in the numbers of hours lost waiting for hospital handover to levels never previously seen, reducing capacity to respond to patients waiting in the community, and bringing with it further harm, as evidenced in the recent national AACE report;
- resources not being utilised or deployed as effectively and efficiently as they could be;
- a continuing traditional response model which sees ambulances dispatched to the majority of 999 calls and large numbers of patients conveyed to ED, contributing to overall system pressures, and not always getting patients to the right service at the right time to meet their needs.

In mitigation and in the short term the Trust has secured significant levels of additional temporary capacity during the winter from the military, Fire and Rescue Services and St John Cymru. However, this is not sustainable, and the military resource will not be available into 2022/23, which will lead to a large drop in responding resource in April 2022. As

outlined, if current levels of demand, abstraction and handover lost hours continue into the first quarter of the year, we will see a worsening picture, and it is imperative that action is taken where this is possible, to mitigate these risks. This is consistent with the statements in Goal 4 which requires ‘**rapid response in a physical or mental health crisis**’.

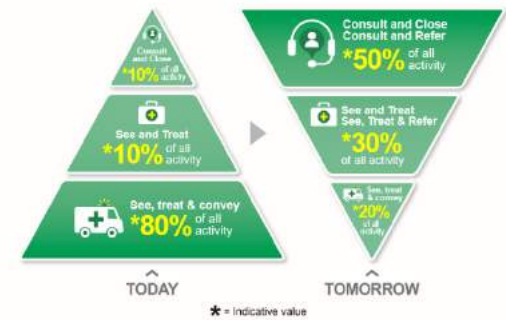


The response to the challenges we face, however, is complex and multi-faceted, requiring both an acceleration of the WAST focused clinical transformation work, alongside a collaborative approach with Health Boards and wider partners to enhance access to appropriate services within primary, community, mental health, and social care settings along with voluntary and third sector providers.

The ambition for the EMS service is to be an integral part of a community based national urgent and emergency care system which will bring together the increasing

expertise of our clinicians, together with specialised primary, community and mental health resources across the NHS, local authorities and third sector to See, Treat and Refer or Discharge people such that only life-threatening calls to 999 or calls of a sufficiently serious nature require immediate response and conveyance.

This ambition is commonly known within WAST as “inverting the triangle”. Full transformation of the service offer will not be possible in one step.



In the light of these issues, we have developed a **transition plan** which has been submitted and considered by commissioners. The plan identifies actions which are required in the **immediate and short term** to stabilise the core service model, enabling us to mitigate the loss of capacity from the military and other partners and the losses due to sickness absence and hospital handover lost hours, which despite all best efforts are not going to be resolved immediately. The plan also identifies the next steps in delivery of a transformed service which are required now in order that the system and patient benefit can be seen in year 2 and 3 of the IMTP, with these being changes that will take time to enact.

Elements of the plan can be actioned within existing resource, but other elements would require additional resource, **which at the current time is not available**. Elements of the plan can be delivered by WAST on its own, other elements will require Health Board engagement and action.

Stabilisation of the core service

The Trust has used further modelling, with updated assumptions agreed with commissioners, to help it to determine what level of resource would be required to improve response times given current levels of demand and lost capacity. This determined that **around 333 additional frontline staff** would be required, and a series of efficiency improvements would need to be delivered.

Assumptions	Resources required
Demand: <ul style="list-style-type: none">- Acuity profile re-set + yearly increases- Consult and close increasing to 15%- See and treat increases through 50 more APPs	283 front line staff 50 APPs
Efficiency <ul style="list-style-type: none">- Roster reviews completed – action required- Sickness levels remain high at 10%- Handover lost hours stay high	
Safer outcomes for patients <ul style="list-style-type: none">- Red 65% in each health board- Amber 1 at 30 mins average	Benefits <ul style="list-style-type: none">- Reduced patient harm- Improved work experience for staff- Reduction of 120- 240 conveyances a week

The original demand and capacity review assumed a level of efficiencies which are not currently being achieved across the whole system and internally within WAST, including sickness absence, rosters aligned to demand, working practices and handover delays.

The Trust has considered its ability to recruit and train staff to this level and acknowledges that this would not be possible. In developing a plan to deliver additional capacity, a variety of options were appraised, and it was concluded that by maximising recruitment and training effort and capacity, **the front-line establishment could be increased by up to 294 WTE** by the end of 2022/23, requiring the recruitment and training of over 500 WTEs in total. Training would need to be undertaken by both internal and external providers to deliver at this level.

Staff group	Additional FTEs
Paramedics	72
EMTs	198
ACAs	24
Total additional	294

This is not an absolute number and there are risks and variables including variations to modelled planning assumptions for areas such as turnover, the availability of people with the right qualifications to recruit, the number of internal candidates seeking promotion, and availability and capacity of external provider to support the training plan.

No resources are currently available to increase capacity in this way, but we are moving ahead, where we can, with plans to accelerate recruitment and training, in the knowledge that this can be scaled back if resources do not become available.

If resources do become available, the way in which they would be deployed has also been considered:

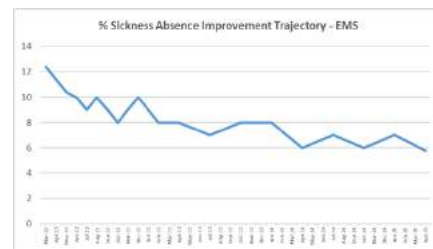
- Implementing a **Cymru High Acuity Response Unit (CHARU)** model which has been shown in other parts of the UK to improve clinical outcomes for the most time critical incidents such as ROSC and trauma and would also provide a boost to red performance. Around 100 paramedics would be refocussed if this were implemented across Wales. It should be noted that this model will be implemented in 2022/23, but with no additional investment, we will not achieve 100% UHP for this or the core rosters;
- Reviewing with health boards the **opportunities to develop services for specific groups of patients**, such as **Level 2 Falls response** services;
- Supporting the numbers of **hours produced** in the core rosters, increasing UHP levels towards 100%. The increased use of paramedics for CHARU cars may mean that there are slightly more double EMT crews, and any impact on conveyance rates is currently being assessed. As noted in the Gateway to Care section above, there is currently an unfunded gap within core rosters as a result of the transfer of 41 WTE into the CSD.



Improvement is not just about increasing numbers of staff in post. The transition plan also sets out the work that is already underway, and committed to, to improve the **internal use of resources**. This includes:

- the implementation of **new rosters** designed to better align capacity with demand which will be implemented between September and November 2022, and which will have the equivalent performance improvement effect of 72 WTE. Whilst we are currently on track, this project is not without its risks. The increasing numbers of Emergency Ambulances that this will bring are balanced by decreasing numbers of RRVs, and this change in model which will deliver improved performance is not well understood. We are working to develop better briefing materials to support discussions with staff and with external stakeholders
- the **Leading Service Change Together** project, which continues to consider opportunities for modernising work practices, including seeking to collaboratively identify an accurate baseline of post-production lost hours and identify appropriate and achievable reductions. There are risks here too, as any changes will impact staff and will need to be developed, consulted and implemented with TU partners.

- A renewed focus on reducing absences due to sickness absence, with a comprehensive action plan having been developed which will be performance managed through the Executive Management Team. The Trust acknowledges that its target is to bring sickness absences down to 6%, in line with the original demand and capacity review, and has agreed with commissioners a trajectory for improvement over the course of the IMTP. Improvements are expected in 2022/23.



Work also continues with Health Boards and with WG to increase the **alternative pathways** available to WAST to provide care for patients closer to home and to avoid an ED attendance or hospital admission where appropriate. Work is progressing on a national referral pathway into Same Day Emergency Services, on the development of 24/7 single points of access for mental health in each Health Board, and local pathways for specific groups of patients such as fallers, chest pain and breathing difficulties. Despite efforts over recent years, the numbers and proportions of patients referred into alternative pathways has remained stubbornly low, and it needs to be acknowledged that changes in this area are unlikely to be of a scale to meet the challenge in the short term. An optimising conveyance plan will be developed collaboratively with commissioners, which will link to the Ministerial Measure in this area.

As alluded to earlier, we are aware that Health Boards have also been asked to focus on improving the current extreme levels of **hospital handover**, and any improvements will be very welcome. Again, our view is that improvements are unlikely to be made at sufficient pace to mitigate risks in the short term. Having reviewed collaborative improvement work on this issue elsewhere in the UK, we will also be recommending a further consideration of 'fit to sit' and other improvement opportunities.

Transformation

One of our main priorities in the next year is to establish and take forward a formal programme of work to implement the '**inverting the triangles**' model. Some of this will be achievable and deliverable within existing resources, but to accelerate the pace of change, some pump priming is required.

In relation to the top part of the inverted triangle, we want to work to provide greater numbers of callers with a remote clinical assessment before making any decision on dispatch. As set out in the previous 'Gateway to Care' section, the investment provided in 2021/22 to double the size of the CSD will stand us in good stead in making progress in this area, with a target of a 15% consult and close rate being achieved in the next 12 months.

Within the middle section of the inverted triangle, for those callers who need a face to face assessment, we want to develop a workforce that is skilled and equipped with the right resources and information to be able to increase levels of see, treat and refer, enabling patients to be treated closer to home and avoiding a conveyance to EDs where appropriate. This will include continued development of the **Advanced Paramedic Practitioner (APP)** rotational model, Independent Prescribing (IP) capability, **Older People and Falls** Framework development and our Public Health Plan, and will form a programme of work to drive forward the scaling up of successful services in support of the urgent and emergency care system. We will continue to explore our offer for people in **mental health and dementia crisis**, with the intention of testing and implementing our model within the life of this IMTP.

To make progress, proposals are set out in the transition plan to put 50 paramedics into a 12 month full time APP course in the coming year and to put existing APPs through the independent prescribing course, so that they become available to support the system in 2023/24. This will require additional resource and would also need to be carefully planned in the light of the immediate pressures and risks as outlined above. However, currently no investment is available, and



Decarbonisation and Sustainability



In 2022-25: We will continue to support patients in their own home. A transition to ULEV fleet will see Clinical professionals travelling in low emission vehicles driving less miles and supporting alternative care pathways

we will need to undertake work internally on how we can prioritise this work to ensure that progress continues to be made, and a sustainable service will not be able to be delivered into the future.

In the medium term (2023/24 and 2024/25) the Trust's ambition is to make significant progress on the full inversion of the triangle. The Trust has recently completed initial collaborative modelling of this strategic shift, which considers the impact of further expansion of consult and close and further increases in advanced practice alongside reductions in lost capacity through sickness and hospital handovers. Significant reductions in ED conveyances are seen in the modelling, alongside dramatic improvements in response times for those that need an ambulance. Further consideration of the modelling results is required between the Trust and its stakeholders, but the initial results indicate significant scope for further shift left and optimisation of conveyance in support of the wider urgent and emergency care system.





Our Volunteer Strategy

In 2021/22 the Trust approved its Volunteer Strategy. The Volunteer Strategy concentrates on the themes of Governance, Value and Engagement. Year one brought together the Volunteer Car Service, Community First Responders and Alternative Responders services under the portfolio of the new National Volunteer Manager. The COVID-19 pandemic has impacted WAST ability to implement year one ambitions and so the ambitions for year two have been revised.

Year two will focus on a governance review to ensure our volunteers are supported by a suite of fit for purpose policies and procedures. We aim to develop a robust volunteer-led steering committee which will provide a structure across the volunteering portfolio, ensuring the voice of volunteers is heard across the organisation. We will also develop an engagement plan, working with colleagues across the Trust to extend our volunteer reach across diverse communities within Wales to ensure these communities are represented within the volunteer portfolio (aligned to our ambitions set out in **section 6.1.1**).

As we further implement the strategy, we will focus on developing mechanisms to capture and measure value across the volunteer portfolio, exploring how value is shared between WAST, our volunteers, local communities and our patients (aligned to our value based healthcare development in **section 7.1**). We want to build resilience within the communities we serve, identifying stakeholders and building relationships to develop the alternative responders service across Wales.

Across year two, we will pro-actively engage with colleagues in our Operational Delivery Unit (ODU), Clinical Contact Centres and Quality directorate as well as stakeholders, patients and volunteers to identify opportunities for volunteers to enhance our service provision across remote and isolated communities in Wales.

	Ambitions	Deliverable	Priorities for Year 1	Measures / Indicators
	We will have the right capacity and capability in place across Wales to consistently respond immediately to life-threatening / emergency situations	We will increase and balance response capacity and capability across urban and rural areas of Wales	<ul style="list-style-type: none"> Maintain closure of relief gap and implement transition plan, increasing by up to 294 WTE subject to funding Continue to work with rural areas to improve red response times Take forward year 2 actions of our volunteering strategy Improve internal use of resources to increase capacity available to respond <ul style="list-style-type: none"> implement roster changes Consider appropriate and achievable reductions in PPLHs Reduce roster absences due to sickness absence through implementation of robust action plan 	<ul style="list-style-type: none"> Amber 1 response times - reduce Red 8 minute performance – improve Red 8/9/10 in rural areas – improve WTE's in post against establishment Efficiency measures <ul style="list-style-type: none"> 72 FTE efficiency gain from re-rostering Reduction in PPLH Sickness absence levels – reduce. Target to be set Utilisation measures – reduce to target
	Clinicians attending scene will have access to the right training, equipment and information to allow them to assess and treat patients and effectively meet their clinical needs	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	<ul style="list-style-type: none"> Grow and embed use of APPs within the organisation <ul style="list-style-type: none"> Additional 50 APPs to commence training (subject to funding) Existing APPs to do independent prescribing training (subject to funding) Agree case for longer term growth in APPs Develop and grow our response to mental health patients <ul style="list-style-type: none"> Pilot use of mental health practitioners in response cars Work in partnership with HEIW on developing a faculty of emergency mental health practice Expand utilisation of Level 2 falls response model across Wales Embed the TerraPACE electronic Patient Care Record (ePCR) system and realise short term benefits Develop optimising conveyance improvement plan Pilot or extend use of video / phone consultation Enhancing our provision of analgesia across our EMS and volunteers 	<ul style="list-style-type: none"> See and treat rates - increase Conveyance rates Proportion of incidents attended by APPs / other advanced or specialist practitioners - increase Conveyance from deployment of specific resource : mental health; Falls. - reduce Improved clinical practice / outcome review enabled by EPCR – to be determined
	Patients who ring 999 but who don't have a life threatening or emergency need receive the appropriate level of care and access to the most appropriate pathway 24/7	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover.	<ul style="list-style-type: none"> Work with partners to develop other referral pathways, using linked data, including aim to roll out national respiratory pathway in all health boards - individual health board plans Scope opportunities for and benefits of eReferral mechanisms for frontline patient facing clinicians Scope our pathways development work for mental health and dementia Determine key improvements and opportunities for collaboration following the introduction of the Older Persons Framework Supporting the urgent primary care and same day emergency care centres Work with partners to significantly reduce handover delays Embed preferred technical platform to access senior clinical support (subject to announcement from Welsh Government on provider 2021/22 Q4) 	<ul style="list-style-type: none"> Numbers referred or conveyed to alternative pathways - increase Conveyance to ED Handover lost hours
	The quality and safety of the service will be world class and provide an excellent patient experience	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> Implement a CHARU model to improve clinical outcomes, ROSC rates and response times Develop a clinical Indicator plan and audit cycle Deliver new Mental Health and Dementia Plan Assess and evaluate system wide improvements following the introduction of the Falls & Frailty Framework including the Falls & Frailty Response Model 	<ul style="list-style-type: none"> ROSC rate – increase to benchmark 65% of red calls responded to within 8 minutes 95% target for non-ROSC clinical indicators (7) NRIs/adverse patient events - reduce

5.4 Ambulance Care

Ambulance Care comprises the Non-Emergency Patient Transport Service (NEPTS), our Transfer and Discharge Service (provided as part of the Aneurin Bevan University Health Board model of care) and from 1st July 22 the Urgent Care Service. It is also the area of the service that will work with commissioners to develop and deliver a joined up and consistent Transfer and Discharge model for the whole of Wales. These services have a fundamental role to play in both the recovery and reconfiguration of planned care services in Wales, as well as a critical role in enabling system flow in urgent and emergency care. NEPTS particularly plays a vital role in goals 5 and 6 of the Six Goals.



The plan for Ambulance Care builds on the progress made in 2021/22 which saw the final transfers of NEPTS activity from Health Boards.

Whilst the NEPTS service is already the lead provider of non-emergency transport across Wales, there is also a future ambition for Ambulance Care and WAST to be the provider of choice for NEPTS and transfer & discharge services across Wales.

The NEPTS service aims to ensure that the right capacity and capability exists across Wales to:

- transport eligible people efficiently and safely to and from their planned outpatient appointments at hospital;
- transfer them between hospitals in a safe and timely manner when they need to access specialist treatment;
- repatriate them from specialist centres to local hospitals when they have ongoing care needs;
- And to take them home when they are discharged.

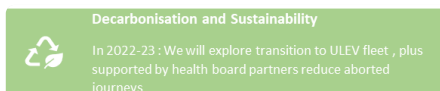


With our help and in partnership with the third sector, patients who are not eligible for our service will be assisted to access suitable alternative transport provision (transport solutions) to meet their care needs.

The NEPTS Demand and Capacity Review identified that NEPTS has higher levels of activity than EMS and more complexity (types of demand, resource types, plurality of providers, multiple patients on journeys and return journeys). The outcome of the review has helped the service to refine and develop a number of service improvement initiatives.



Development of a Transfer and Discharge model will require an integrated approach with EMS, as the most time critical transfers for specialist treatment may require a blue light, paramedic response. The ability to respond to these requests is often hampered by the delays experienced across the system and so we plan to work with commissioners to source an interim solution in year one of this plan whilst the model for Transfer and Discharge is developed during 2022/23 and implemented in 2023/24.



The key areas of focus in NEPTS over the next year are:

Efficiency

- Delivering on **efficiencies within the NET Centre** through automation and re-rostering;
- **Driving out efficiencies** from the now completed transfer of all remaining health board non-emergency transport services (Transfer of Works) (an area of focus for EASC);
- Consider any potential **improvements to delayed inter-hospital transfers** and discharges to support system flow;
- **T1 walker eligibility** and sourcing alternative options – currently we know that a significant proportion of patients are not eligible for the service we provide. In the current financial climate, it is our view that this is an area of service that could reasonably, and with little clinical risk, be reduced and will enable us to provide an improved service for those that are eligible, also recognising the context of increasing demand and implications of COVID. We have in place the systems to be able to source alternative appropriate transport options to support these patients. This would also reduce costs and contribute to the overall Trust's financial plan.

Capacity

- **Re-rostering within NEPTS** (rightsizing) which will align capacity to changing patterns of demand, noting that the modelling was based on 5.99% sickness and may therefore need to be adjusted;
- **Proposed additional 12 FTEs** planning/day control to provide the capacity for planning the levels of activity.





Recovery and service reconfiguration

- **COVID-19 Recovery** - recognising the shifting models of outpatient care and health board recovery plans, the impact on our capacity and funding beyond 31/03/22;
- **Supporting strategic reconfigurations in health boards** to provide and implement appropriate inter hospital transfers, repatriations and discharges (impact of / funding for) (an area of focus for EASC with potential funding in future years).

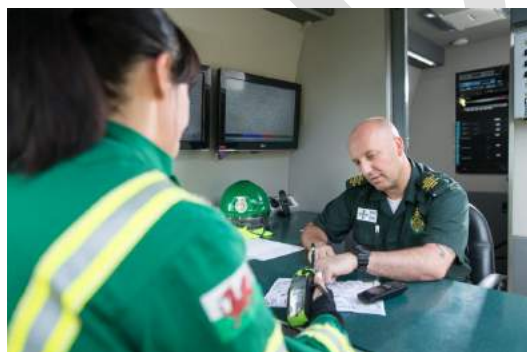
Transfer and discharge

- **Develop a Transfer & Discharge National Model** to match commissioning intention and WAST strategic ambition – it is WAST's ambition that it be the provider of choice for transfers and discharge to ensure it is joined up and consistent, but which recognises the way in which we work with other providers. As such we will support the NCCU in developing the model, commissioning framework and any required business case.

In quarter 1, the Trust will undertake a strategic review of the Ambulance Care services to determine the next steps and strategic direction for the service. This will likely drive further transformation in years 2 and 3 of the plan which will be brought through in next year's IMTP. This should also take account of the development of our people in Ambulance Care, focussing on their learning and development pathways.

Ambitions	Deliverable	Priorities for Year 1	Measures
 We will have the right capacity and capability in place across Wales to transport eligible people efficiently and safely to and from their planned appointments at hospital and to take them home when they're discharged.	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand.	<ul style="list-style-type: none"> Continue to implement the recommendations from the Demand & Capacity Review: <ul style="list-style-type: none"> Agree Roster keys pan-Wales (NEPTS ambulance staff); Possible 12 FTEs for planning and day control (subject to funding); Re-roster of NET centre staff; and Reduction in T1 walkers demand – work with commissioners on eligibility criteria. Review and consider use of ambulance car service Review post-production lost hours 	<ul style="list-style-type: none"> % of NET centre calls answered within 30 seconds – 75% target Call abandonment rate – target below 5% Oncology patient experience metrics (to be determined) Alignment between booked outward journey time and patient ready time - improve Taxi use - reduce Number of ineligible T1 walker journeys Utilisation of ambulance care service - increase Post Production Lost Hours (PPLH) – reduce On the day cancellations by health boards - reduce Other Efficiency measures – to be determined
 We will be the provider of choice for the safe and timely transfer of patients between hospitals in support of clinical needs and system flow.	We will develop and implement with partners an All-Wales Transfer and Discharge Service	<ul style="list-style-type: none"> Work in partnership on Commissioning Framework / business case for Transfer and Discharge services (including mental health) Implementation of the Vascular Network in SE Wales Respond to and introduce agreed recommendations from Peer Review of the Major Trauma Network 	<ul style="list-style-type: none"> Benefits will be defined within business case
 With our help and in partnership with the third sector, patients who are not eligible for our service will be assisted to access suitable alternative provision to meet their healthcare needs.	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-usual approach to service delivery.	<ul style="list-style-type: none"> Transfer of IMTP as 'business as usual' and benefits realisation of the use the PNA and signposting document. Work with commissioners on agreement and implementation of eligibility criteria 	<ul style="list-style-type: none"> Measure around alternatives offered – to be developed
 The quality and safety of the service will be world-class and provide an excellent patient experience	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> Development of quality standards approach for external providers Agreed Standard Operating Practice document for bookings Work with a local hospital to maximise the usage of the discharge lounge, to reduce cancellations. Finalise the National standardised guidance and risk assessments. 	<ul style="list-style-type: none"> Reduced variation in practice Patient experience measures – to be determined

5.5 Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations



Since the beginning of the pandemic in 2020 the EPRR & Specialist Operations team have been providing ongoing support and advice to the Trust's Senior Pandemic Team (SPT), Executive Pandemic Team (EPT) and the Business Continuity and Recovery Team (BCRT) as part of the Trusts Pandemic response.

Now forming part of the National Operations and Support function of the Operations Directorate, in parallel with the above the team have also maintained their business-as-usual responsibilities including managing the potential impacts of Brexit, reinforcing the Business Continuity arrangements, supporting day to day Local Resilience Forum (LRF) business, provision of a National Interagency Liaison Officer (NILO) role to

support our commanders. We have also taken forward more training for Operational, Tactical and Strategic Commanders and delivered virtual JESIP training with partner organisations in order to ensure we remain capable of managing the challenging situations we are faced with. Following significant learning during the pandemic we intend to embed business continuity within our routine planning cycle to enhance the existing preparedness across all parts of the organisation.

Looking ahead we anticipate that there will be significant pressure on the team due to a number of issues identified through our horizon scanning process, such as:

- Potential impacts on us from the review of the UK Civil Contingencies Act (CCA) and the likely legislative implications on our workstreams



Decarbonisation and Sustainability

In 2022-23: We will support decarbonisation project teams to ensure resilience measures are embedded into fleet and infrastructure action plans.

- Review of the Civil Contingencies structures in Wales as the Welsh Government fully embed Part One of the CCA which has been devolved to Wales, the impact of this on LRF structures and also any enhanced governance and assurance processes that will need to be met
- Implementation of a Protect duty (relates to counter-terrorism preparedness) on all public bodies
- Outcomes of the UK Covid Inquiry and implementing lessons identified
- Outcomes of the Manchester Arena inquiry and implementing lessons identified
- Taking online management responsibility for the Trusts Make Ready teams

Our partnership work with the Wales Resilience Partnership Forum, the Wales Resilience Team, the CONTEST Cymru Board, Prepare and Protect Board, the four LRFs, Wales Learning and Development Group, LRF sub groups, the Wales Extremism and Counter-terrorism Unit (WECTU), the UK Ambulance EPRRG and its sub groups and a multitude of other partnership forums will continue, and this will ensure that WAST is formally represented with skilled, experienced and capable individuals at the highest levels both in Wales and the wider UK.



6.0 Our Enablers

6.1 Our people



Our 2022/23 deliverables are ambitious and support our strategic objectives, and are based on well-evidenced and researched practice of what works. We have solid foundations now in place, and our people have access to far more avenues of support and development than ever before – however, we continue to grow our aspirations to create an inclusive workplace where our people feel psychologically safe, have equity of access to a range of education and development opportunities, are well led and therefore fully engaged. **Our People and Culture strategy** and enabling plans including our leadership philosophy and coaching framework are due for a refresh and **will be reviewed in the coming year**.

The challenge of COVID-19 continues to impact on our people directly and indirectly, having a significant effect on personal and organisational wellbeing. Our focus, as we emerge from the pandemic, is therefore to build a strong, capable, connected and healthy workforce. We have designed a programme of work that starts with the launch of our new behaviours, and will enable us to continue to build a diverse, inclusive and compassionate culture where our people can be the best they can be and provide outstanding care to patients.

Our strategic wellbeing thinking is based on our understanding of the need to ensure we are meeting the “core needs of work” for our people to ensure a productive, inclusive and innovative workforce; the ABC – autonomy, belonging and contribution (source: The King’s Fund). The staff survey and behaviours refresh work demonstrated that these areas were a priority for our people, and we know that striving to meet these core conditions will positively impact on wellbeing and engagement.



The King's Fund <https://www.kingsfund.org.uk/publications/autonomy-contribution-supporting-futures-midwives>
<https://www.gpc-uk.org/media/documents/caring-for-doctors-caring-for-patients.pdf/2776141.pdf>

Learning from our recent behaviours and culture listening exercise and our wellbeing challenges also gives us a unique opportunity to identify opportunities to be proactive in creating a healthy working environment. This goes beyond the need to further develop our wellbeing offer, which is already robust, and extends to the need to promote agile working opportunities from a location and role perspective, create rotational and flexible, self-rostering options and varied career pathways, and seek ways to introduce mandatory decompression breaks for frontline staff, achievement of which would genuinely set us apart from other ambulance services.

Decarbonisation and Sustainability



In 2022-23: We will explore a long term agile working plan which will reduce commuting emissions, we will also support Estates with a 'nature connection' wellbeing concept.

Our organisational journey to a refreshed culture and new model of delivery will require meaningful, effective partnership working with Trade Union partners, mechanisms to ensure the voices of our people continue to be heard and amplified, and the introduction of new roles and responsibilities to WAST and broader skills sets. Our Strategic Workforce Plan will enable us to both articulate the shape of our future workforce and outline the actions necessary to meet the challenge. It remains the case that change is the only constant, and our WAST team will therefore need to be prepared for and ready – both in understanding the need for change and its impact, and agile in thinking and approach; the need for effective change management skills and increased capability for line managers will therefore be front and centre.



Our tactical/operational workforce planning has already proven to be effective and will continue play an important role in ensuring short to medium term operational staffing needs are met; especially in the context of a 'fallow year' for graduates where the university course structure has changed so no paramedics will graduate from Welsh universities in 2022. We are exploring new recruitment routes such as growing our apprenticeship offer and career pathways to 'grow our own' and testing overseas recruitment opportunities to fulfil demand.

There is also more to do to improve succession planning routes, supported by strong leadership and management development which include the use of assessment centres to identify a pool of internal candidates for senior vacancies who can compete with the wider market. We will provide education and development interventions for our existing and aspiring leaders and managers, developing coaching and mentoring skills and capabilities to manage multi-disciplined teams across an integrated, collaborative system of care, and reinforce the importance of the role of leaders and managers in creating a compassionate, inclusive and fair/just culture.



Reducing sickness absence remains a key organisational priority. A project plan with a range of workstreams has been developed to enable a reduction in sickness absence. Our leadership and management teams are fully engaged in the approach and will be key in supporting delivery. A trajectory of improvement has been agreed, with the aim of achieving a significant and sustained reduction in figures over the next three years to bring WAST into line with other UK ambulance services and into the median quartile with aspirations to be in the top quartile in three years. Our aim is to ensure our people are supported to understand the expectations upon them and where and how they can access support and our managers are supported to recognise how they set the conditions for wellbeing and happiness for themselves and their teams, and trained to promote and effectively manage attendance, and to implement policy in the right way.

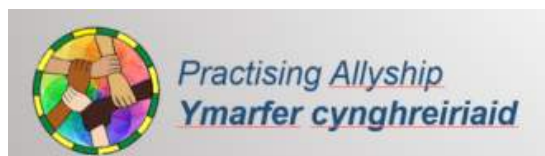
There are a range of caveats to achievement of our aims including the obvious risk of further COVID variants and the uncertainty of the impact of the pandemic on population health and therefore our workforce health; REAP levels and events outside of the control of WAST such as the length of time employees are waiting for medical treatment and the impact on wellbeing to frontline staff of handover delays. There

will also be the impact of normal seasonal trends. The work of the project will be regularly monitored at our Executive Management Team meetings.

6.1.1 Equality, Inclusion and the Welsh Language

We want all our people to know they are valued and experience a true sense of belonging at WAST. We will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued, and respected at work.

Our Strategic Equality Plan 2020-2024 sets out our meaningful commitment to work with staff and volunteers to help them recognise, promote and celebrate equality, diversity and inclusion. It also outlines how the organisation will ensure the people who use ambulance services, including those with protected characteristics, have equal access and outcomes. The organisation supports working carers and is an active member of Carers UK's business forum, Employers for Carers. Our membership includes access to efcdigital.org which offers a range of resources that can help us support our staff who juggle work and caring responsibilities. We have an established Flexible Working Policy, whose aim is to help create a more flexible workplace to enable the recruitment and retention of staff and to facilitate a healthy work-life balance that is essential to the health and wellbeing of our workforce. As part of our on-going work, we will identify and review any gender pay gap and any other pay gaps, understand the reasons for them and develop action plans to enable us to work in partnership with organisations, such as Chwarae Teg, to address this and other gender equality related issues that impact on the organisation.




In December 2021 we launched the Allyship Programme with our Board with a commitment by the Board to take forward their allyship journey, demonstrating WAST's view of the importance of ensuring a diverse and inclusive organisation. A faith panel is ready to launch, providing a forum for all colleagues to ask questions to increase their

knowledge and confidence at working with people from different faiths within WAST and those we serve. We have an interactive neurodiversity resource accessible to all on our learning launchpad and a growing inclusion network.

Great strides have also been made in meeting the Welsh Language Standards in 2021/22, however given the significant increase in demand for translation to meet compliance with the Standards, and to provide a well-rounded and more strategic outlook, a case has been prepared for an in-house Welsh language translator. The intention is to centralise those translation services where that would provide value for money, and quality and speed of service to the Trust.

With the increase in calls to the 111 service since the Betsi Cadwaladr University Health Board roll out in July 2021 the Trust has identified times where the concentration of Welsh language callers to the 111 service is higher and as a result more Welsh speaking Call Handlers are being deployed at these identified times to meet the demand. In addition, the 111 service are actively recruiting Welsh speakers. As part of the National 111 programme SALUS solution, 172 bilingual symptom web guides are being developed for the public to access and will be hosted on the 111 website



Ambitions		Deliverable	Priorities for year 1	Benefit
We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long-term strategy.		We will improve resource availability, tackling absence and recruitment challenges to deliver improved performance.	<ul style="list-style-type: none"> Deliver the Recruitment and Training plan for the EMS Operational Transformation programme in the context of the transition plan Find opportunities to create operational efficiencies so the workforce can maximise productivity by working smarter, exploring creative, longer term workforce solutions to forecast needs and planned growth. Implement our absence management recovery plan and develop resources and sensitive interventions designed to ensure colleagues remain healthy and well at work. Develop our recruitment plans to enhance 'grow our own' into employment, with a focus on growing apprenticeship opportunities, access pathways, new routes of supply (overseas recruitment) and school engagement Work on our approach to succession planning for future senior leadership posts including development centres. 	<ul style="list-style-type: none"> Delivery of transition plan 294 FTEs Consistent reduction in sickness absence (5.99% target post pandemic) Establishment for clinicians meets demand Clinical establishment achieved
We will develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust.		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.	<ul style="list-style-type: none"> Appropriately respond to the legislative changes associated with Section 19 of the Road Traffic Act regarding driver education. Work with the governance team to build on the People and Culture Committee effectiveness and empower its sub-groups to effectively discharge its accountabilities. Implement the All Wales Speaking Up Safely Guidance, provide improved training for managers and ensuring appropriate systems and processes are in place for concerns to be raised and dealt with in a positive and constructive way. Improve the effectiveness and safety of our internal disciplinary, capability and resolution processes, learning from Just Culture principles and other learning. 	<ul style="list-style-type: none"> Full benefits and associated measures to be developed
Our people will enjoy a long, healthy, happy and productive (working) life.		We will purposefully shape our future People & Culture Strategy to equip our people to thrive in a changing environment	<ul style="list-style-type: none"> Develop a strategic workforce plan that defines the shape and skill mix of the workforce needed to deliver our long-term ambitions including transferrable and digital skills. Identify and develop agile ways of working such as opportunities for matrix working and organisation re-design to address future business challenges and make sustainable change. Create a shared vision for WAST as a learning organisation, ensuring systematic individual, team, organisational and Board learning to inform service and policy design, strategy development and decision making. Develop change capacity and expertise within the WOD team and across the Trust to support and enable the organisation to deliver its transformational plans. 	<ul style="list-style-type: none"> Full benefits and associated measures to be developed
We will be recognised and renowned as an exceptional place to work, volunteer, develop and grow.		We will foster a culture of belonging and wellbeing where our people can engage, feel supported and represented.	<ul style="list-style-type: none"> Embed and demonstrate the refreshed partnership working arrangements and behaviours with Trade Union partners and managers, regularly reviewing and reflecting and leading change together. Launch and embed our new behaviours to make tangible change by continuing to build a diverse, inclusive and compassionate culture, promoting a sense of belonging. Develop opportunities to listen, such as pulse surveys, to temperature check how people are feeling and act on feedback by using a 'you said, we did' approach. Continue to deliver the strategic equality objectives making a demonstrable organisational commitment to promote and roll out the Allyship programme to all colleagues and Non-Executive Directors. Continue to identify and promote access to development opportunities, CPD, experiences and support for WAST leaders and managers through a refreshed Leadership and Management Development Plan. Actively support Board and Board development activities so Non-Executive Directors feel confident to role model the new WAST behaviours. Develop a case for Welsh translation within WAST 	<ul style="list-style-type: none"> Full benefits and associated measures to be developed

6.2 Innovation and Technology

Innovation and technology are increasingly seen as one of the most important enablers of transformation within urgent and emergency care and particularly across our ambulance and NHS 111 Wales service offers. Over the course of the next year, we will be embedding and deploying digital platforms and services that will fundamentally change the way we conduct our business. These are;

Electronic Patient Clinical Record (EPCR)

Whilst the Terrapace Application went live in 2021 and completed its initial rollout last financial year, 2022/23 is the first full year that the Trust has used an EPCR at scale. The App will be developed throughout the year with big milestones including the integration with GP records and the pilot of a fully digital handover within Swansea Bay UHB. In addition, 2022/23 is the first year we will have EPCR data at scale on a rolling monthly basis for analysis.



Integrated Information Solution (IIS) / SALUS

Whilst it has been delayed significantly from its original implementation date, the SALUS product delivered into WAST by the 111 national programme represents a step change in capability for our 111 teams and GP Out of Hours (GPOOH) across NHS Wales. The new system will enhance our ability to employ remote staff, enable prescribing, as well as providing a seamless link from symptom checkers on the internet to the telephony service.

111.wales.nhs

Our 111.wales website is used by millions of people across Wales as the first point of contact in their journey within the health and care system. In 2021, work began to improve the site's accessibility and usability and is planned to continue this year with a new homepage, ability to use location services on a mobile device to see local services relevant to your search and improved content. This will prepare the way for a more significant programme of improvements that will integrate the site with the new SALUS platform, the NHS Wales App and the new NHS Wales Login, allowing for much more interactive, personalised content.



Electronic Clinical Nursing System (ECNS)

ECNS achieves a similar transformation for our 999 Clinical Support Desk, moving it from paper/PDF based assessment solution to a fully digital record. As with EPCR, the system going live is only the first step and 2022/23 will see significant work undertaken by WAST Digital teams to integrate with national services and glean important insights from the available data.

Control Room Solution (CRS)

Part of the UK wide Emergency Services Mobile Communication Programme (ESMCP), CRS will replace the ageing Integrated Command and Control System (ICCS) used by dispatchers in our control rooms. The upgrade to this critical system will allow us

to operate more easily with other services, whilst readying us for the replacement of the Airwave communication service.

Mobile Data Vehicle Solution (MDVS)

Again, as part of ESMCP, later in 2022/23, we will replace the Mobile Data Tablets (MDT) across our Emergency Ambulance Fleet. The new technology provides a suite of increased capability above our existing MDTs, whilst also equipping our Ambulances with vehicle wi-fi.

Core Infrastructure

In terms of physical infrastructure, WAST ICT is heavily involved in both the expansion of our Fleet and our Estates. All new buildings require fitting out with the latest ICT equipment, networking and audio-visual equipment to enable hybrid working, whilst we continue to modernise the digital offer within both our 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.

Robotic Process Automation (RPA) pilot

WAST has been successful in gaining funding from the Welsh Government Digital Priorities Investment Fund (DPIF) and we will use this to test RPA in support functions within the Trust enabling our people to focus time on high value activity.

Other Projects and Programmes

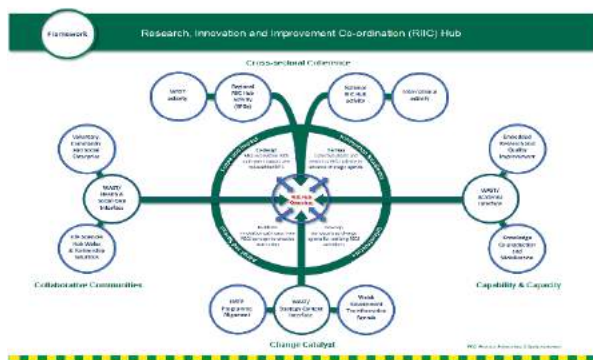
In addition to the major programmes mentioned above, WAST will also continue to be part of the £60 million National Data Resource (NDR) Programme, run by Digital Health Care Wales (DHCW) and will continue to deliver component activity supporting the 4 missions of the Digital Strategy.

Decarbonisation and Sustainability



In 2022-23 : Technological solutions will see a significant reduction in paper use, with the addition of upgrading systems to more efficient alternatives, inline to support fleet transition to EV

6.2.1 Research and Innovation



During the COVID-19 pandemic studies were paused across the health and care system and we have now fully recovered our research portfolio in line with National Institute for Health Research (NIHR) guiding principles. We supported two COVID-19 urgent Public Health studies, and whilst organisational challenges continue, these remain our research priorities. It has been challenging to strike a balance between restoring our active portfolio against the need to continue to support the COVID-19 effort. Our COVID-19 recovery planning recognises the need for resilience, growth and the potential high-value environment of WAST for clinical research. We continue to reflect Wales and UK wide

research strategic aims, set out in the Health and Care Research Wales Strategic Plan and Support and Delivery Service Strategic Framework 2017-2022.

We continue to increase opportunities for patients and the public to participate in research, build our research community, attract and deploy appropriately skilled staff, and embed our shared values and behaviours. During our recent clinical restructure, we purposefully included R&I as a core element within job descriptions, and are therefore well placed to realise and release further research capacity through our clinical leadership teams. Whilst competing operational pressures continue, we remain steadfast in our aspirations for R&I in clinical leadership, along with the research paramedic role which is vital to support safe and efficient delivery of studies.

We are glad to have continued to support and influence UK research and have representation on Research Specialty Lead, ambulance research groups, funding committees such as HCRW RfPPB and NIHR HTA. We also continue to support our current Chief Investigators who have continued to work with research teams to develop and submit high quality grant applications to programs such as HCRW RfPPB and NIHR HTA. We are encouraged by two of our Advanced Paramedic Practitioners successfully securing RCBC Wales PhD Fellowships, and whilst we have faced challenges securing their operational release, we are keen to address such issues in response to the results of the HCRW Review of Research Career Pathways in health and social care in Wales.

We have continued to build on longstanding partnerships such as those with PRIME Centre Wales, Warwick University, and others to develop and deliver high quality studies, and as we recover, we look forwards to delivering large studies which we have developed with partners such as PARAMEDIC 3 and RAPID 2. We are also seeking out new partnerships and emerging opportunities to conduct innovative research in faster and more efficient ways. We have worked with local, national, and international partners to explore Innovative digital tools and infrastructure, and continue to seek and secure funding in areas such as Assuring Safe artificial Intelligence in ambulance Service 999 Triaging (ASSIST). We have developed effective partnerships on the use of drones in healthcare, including Beyond Line of Visual Sight deployment of a defibrillator by drone with Snowdonia Aerospace and the 3D project with Warwick University. We are also developing high quality research on Violence and Aggression directed towards Ambulance staff which is a high priority.

Key priority areas:




- WAST is actively pursuing University Trust Status (UTS) (**see section 6.4**) which recognises that being a research active organisation is a distinguishing characteristic of, and a key enabler for NHS Wales to deliver 'A Healthier Wales'.
- We recognise the need for sound financial management and planning, and continue to benefit from WAST R&I Finance policy which is based on the WHC (2018) 005 – NHS R&D Finance Policy. We will review our finances to provide more resilience in roles.
- We will continue to deliver our portfolio including the PARAMEDIC 3 Trial which is now close to final set across all Wales.

Decarbonisation and Sustainability



In 2022-23: We will look at the feasibility of reducing our use of Entonox and replacing it with a medical gas that have a lower GWP.

- We will explore future innovative collaborations such as those with Drones, AI and Virtual Reality.

	Ambitions	Deliverable	Priorities for Year 1	Benefits
	Patients and carers should have all the skills, information and tools required to independently manage their care, but know exactly where to go for help and what to expect when that's no longer possible.	<ul style="list-style-type: none"> • We will improve access to, and availability of services via the 111.wales website and other digital channels (NHS Wales App). • Improved signposting to the most appropriate service. 	<ul style="list-style-type: none"> • Continuation of 111.wales development under the existing interim team. • Develop a proposal for a longer-term future for digital access, including the website as part of the strategic ambition. • SALUS implementation (rolled over from 2021/22) • ePCR / WEDS integration 	<ul style="list-style-type: none"> • Linked benefits in Gateway to Care and EMS
	Our people will have all the training, tools, support and information required to perform their role to the highest level, anywhere, anytime, from any device	<ul style="list-style-type: none"> • Improved digital tools and services to empower our teams to do their best. • We will use modern technology to reduce repeat tasks and improve processes. 	<ul style="list-style-type: none"> • Deliver the new Control Room Solution as part of ESMCP • Mobile Data Vehicle Solution • Robotic Process Automation Pilot • Pilot Microsoft Viva as part of the national centre of excellence. 	<ul style="list-style-type: none"> • Linked benefits in EMS • Increased administrative efficiency
	We will provide the best data, at the best time, presented in the best manner to drive the best decisions	<ul style="list-style-type: none"> • Standardised information architecture and common approach to data and analytics across the organisation. • We will deliver greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation. 	<ul style="list-style-type: none"> • Deliver a modernised, more stable data warehouse. • Simplify the number of reporting tools and improve access and availability. • Deliver our part of the National Data Resource Programme. • Develop a forecasting and modelling framework 	<ul style="list-style-type: none"> • Improvement in data usage and linkage
	Flexible, Resilient, Secure Digital Infrastructure fit to carry our ambition	<ul style="list-style-type: none"> • Improved resilience, flexibility and interoperability for the 999 call platform. • We will provide an improved financial plan to support our ambitions. 	<ul style="list-style-type: none"> • 999 Platform upgrade • Digital Strategic Outline Case 	<ul style="list-style-type: none"> • Safe and effective 999 system • Increased administrative efficiency • Strategic benefits plan to be developed
	To deliver enhanced development opportunities for our staff, improve patient care and drive forward our organisational learning	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation	<ul style="list-style-type: none"> • Consolidate and further enhance our relationships with higher and further education and commercial partners to build on our UTS status bid • Increase opportunities for patients and the public to participate in research • Build our research community, attracting and deploying appropriately skilled staff • Seek out new partnerships and emerging opportunities to conduct innovative research • Align our research, innovation and transformation activity to best support our strategic ambitions 	<ul style="list-style-type: none"> • Enhanced opportunities for staff to engage in learning and development opportunities • Opportunities to attract wider field of recruits • Increased participation in Health and Care Research Wales Portfolio studies and commercially sponsored studies (4 measures in IPR) • Survey/feedback required

6.3 Infrastructure

Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our estates and fleet.



The continued growth in the number of people we will employ throughout this plan, as well as changes driven by the COVID-19 pandemic and recovery and wider system pressures, mean that we will need to respond flexibly to ensure we have the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales. Our continued increased focus on the start of the patient pathway and improvements in 999, 111 and Contact First call handling is supported by significant improvement schemes across all of our main sites; for example, significant work is underway at VPH, Cwmbran and Ty Elwy, St Asaph to improve facilities for our staff. A key component of a modern infrastructure is that it supports the Trust's and Welsh Government ambition for

carbon neutrality by 2030. The Trust-wide ownership of actions in support of the decarbonisation is demonstrated throughout this IMTP, with all directorates taking ownership of actions to improve the Trust's position and working towards Welsh Government targets.

In 2021/22 we refreshed, and received Welsh Government endorsement for, our Estates SOP and Fleet SOP and have commenced work on a series of business cases to begin to realise this vision. The SOPs were updated in line with the recommendations of the EMS Demand and Capacity (D&C) Review, responding to the major challenges and risks to ensure we have the right estate in the right place to support the growth in the EMS service, and we continue to consider the implications of the NEPTS D&C Review.

We have made significant progress in supporting additional capacity for increased numbers of EMS staff in 2021/22 and the future years of this plan will see this embedded within the Capital Programme, as we consider large schemes of work in key locations. In refreshing the SOPs, the “Make Ready” concept continues to be at the forefront of operational site business case development and operational teams are a vital component in ensuring our premises are fit for the future. We are demonstrating delivery on realising this concept including the opening of Cardiff Ambulance Station in Q4 of 21/22. COVID-19 impacts continue to exacerbate the risk around space to accommodate growth and challenges us to provide further space to enable social distancing, without compromising the facilities available to our staff. A further challenge has been the deteriorating condition of some of our estate and the impact that this has on our colleagues. This plan will take us on a journey to start addressing these challenges.



A modern and efficient fleet is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. We have submitted the Business Justification Case to Welsh Government for the next year of our ongoing vehicle replacement scheme and, subject to approval, over the next 12 months we will be replacing 111 vehicles across our fleet including EMS and NEPTS. As part of our commitment to reducing our carbon and vehicle emissions, we have focused procurement on smaller and more efficient vehicles to reduce our CO2 vehicle emissions. In 2021/22 we have taken delivery of 15 plug-in petrol hybrid RRVs as part of an accelerated programme for 22/23 and reinforcing our commitment to low

carbon emission vehicles. In support of further decarbonisation of the fleet, we continue to explore opportunities for lighter and/or electric vehicles particularly for our cars and NEPTS vehicles and considering use of technology. As part of this, we will continue to develop our electric vehicle charging network across Wales.

The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for WAST. In response to this, we have a key action next year 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.



In conjunction with the decarbonisation agenda and in order to address the WG priority on the Foundational Economy, the organisation continues its work with Procurement colleagues as NWSSP brings together key metrics that enable WAST to identify if the Welsh pound is being spent in Wales, and that prior to awarding of a key contract to a supplier highlighting if the supplier is from Wales and scores highly on a sustainability score covering areas such as environmental management systems, local sourcing of materials, recycling and appropriate disposal of equipment that does not adversely impact on the environment.

	Ambitions	Deliverable	Priorities for Year 1	Benefits
	We will have the right buildings in the right place for all our staff to provide the best and safest care across Wales	We will deliver the Estates Strategic Outline Plan	<p>Capital development planning:</p> <ul style="list-style-type: none"> • Develop OBC for Swansea MRD Replacement (AWC) • Development of business case for Llanelli solution (AWC) • Development of business case for Newport solution (AWC) • Development of business case for Llandrindod Wells (AWC) • Development of business case for Bangor Fleet Workshop (AWC) • Full Business Case for the South East Fleet Workshop solution (AWC) • Consider implications of NEPTS D&C Review and alignment with SOP • Develop a permanent solution for challenges of increased numbers and poor estate condition in the north of Anglesey (Amlwch) (DC) • Develop long term solution for EMS CCC at Llangunnor (DC) <p>Capital development implementation:</p> <ul style="list-style-type: none"> • Implement a permanent solution for Ruthin working with Fire and Rescue partners (DC) • Complete the redevelopment of Vantage Point House as an Operational Hub including enhanced facilities for CCC staff • Secure additional resources for further implementation of Transition Plan arrangements (if required) • Implement a permanent solution for EMS/NEPTS in Dolgellau (DC) • Implement a medium term solution for NEPTS in Bridgend (DC) • Implement a solution for NEPTS in Crosshands (DC) 	<p>Confirmed solutions for current estate challenges, providing fit for purpose, modern buildings for our staff.</p> <p>Reduced maintenance and energy costs in newer, carbon neutral buildings</p> <p>Sufficient capacity for the size of the workforce in operationally suitable locations</p>
	We will continue preparing the Trust to be carbon neutral by 2030	We will implement the Environmental and Sustainability Strategy	<ul style="list-style-type: none"> • Implement our Carbon Reduction Plan looking forward to 2025-2030 • Further progression of the decarbonisation agenda • Develop an Electric Vehicle Strategy including a charging network • Modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels. • Access further funding to support decarbonisation of the estate and our travel which will enable us to implement a Sustainable Travel Plan • Develop work packages arising from the condition surveys • Development of an Infrastructure and Sustainability Strategic Outline Process and recruitment to support this. 	Reduction in carbon emissions has wide ranging benefits to the climate emergency and wider population health
	We will ensure that we have the right vehicles in the right place so that Ambulance Care and EMS are able to respond in a timely way	Deliver the Fleet SOP	<ul style="list-style-type: none"> • Deliver the vehicle replacement scheme as per the 2022/23 Business Justification Case (BJC) 	Modern, fit for purpose and reliable vehicles which incorporate up to date technology and clinical equipment

6.4 Partnerships and Engagement

It has been clear for many years that no single organisation can operate in isolation within the NHS and this has been made even more obvious over the last two years, where working collaboratively, particularly during the early days of the pandemic, was critical. As we now move forward, there are a number of areas where we want to capitalise on existing, and build renewed relationships, to support our ambitious programme of transformation which will see the Welsh Ambulance Service “invert the triangles” of its delivery.

This will mean a sharpened focus on working with organisations within and beyond the NHS on managing many more patients in the community, with referral access to a range of health and care services provided by both statutory services (NHS and local government), as well as the Third Sector.

It will also mean using our most skilled clinical staff in new and different ways, whether that be via remote clinical triage, including the use of video, or at scene, managing more complex patients or those with particular needs, such as mental health, more effectively often involving a number of professionals from different partner organisations.

Our work with Regional Partnership Boards will look at how we are able to work more effectively on a regional footprint to establish proofs of concept. For example, initial work is currently being scoped with local authorities in the Aneurin Bevan University Health Board area to look at which services are currently available, how our colleagues could use them better. The health board will also be involved in this work, particularly in respect of identifying any relevant gaps in health and social care provision which, if filled, could reduce conveyance, and improve patient experience and outcomes.

In terms of stakeholders, we will consolidate and improve our relationships with partners in higher and further education, reflecting our commitment to being a learning organisation and in line with the organisation’s current submission to Welsh Government to be accredited as a “university trust”.

While formal confirmation of university trust status (UTS) is awaited, initial feedback has been positive and our recently established Academic Partnership Committee will now drive development and delivery of our plans, in line with our

submitted priorities, regardless of outcome of that submission. The UTS priorities as submitted to Welsh Government comprise:

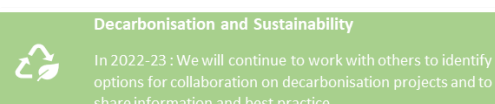
Priority One: Digitisation enabling better outcomes (see section 5.2 and 6.2)

- a. Deployment of our digitised patient record system (ePCR) resulting in reduced reliance on paper records and improved capability to share secure information with other healthcare providers.
- b. Improved access to integrated intelligent information, enhancing opportunity for research/clinical audit working with academic partners to understand patient profile and outcomes
- c. Explore development and deployment of artificial intelligence and machine learning to reduce clinical risk and improve optimisation of operations.
- d. Introduction of video triage in the remote clinical assessment environment (111/999 Clinical Support Desk) to assist in assessing patients, resulting in improved patient management and system benefit. Partnering opportunity with industry and academia to integrate systems and identify patient and system-level impacts to evaluate benefit and continue to refine and develop accordingly

Priority Two: Advanced practice and specialist working, consult and close and service transformation, including research (see section 5.3):

- a. Significantly enhance quota of clinicians working at advanced practice level (with ongoing professional development), both in community and clinical contact centre environments, requiring extensive continued engagement with academic partners, including for example curriculum development and opportunity for PhD level study and beyond.
- b. In addition to advanced practice, further development of clinicians working in specialist roles, to further enhance the Trust's current portfolio that includes paramedics specialising in trauma and critical care as well as the Trust's new palliative care paramedics.
- c. Mobilise and grow research capacity & capability in our workforce and develop research leaders for the future.
- d. Development of the "consult and close" clinical triage approach within clinical contact centres, with appropriate opportunities for academic review of audit data and resultant research into patient experience and outcome to inform future steps
- e. Reduced conveyance as a result of a) and b) above, with an opportunity to work with academic partners on ongoing data collection, review and interrogation as part of action research in the live environment

Priority Three: Decarbonisation, fleet modernisation and sustainability (see section 6.3)



- a. Work with academic and commercial partners on options in relation to further decarbonisation of fleet and estate, including alternative fuel vehicles etc
- b. Work with academic and commercial partners on further approaches to sustainable working practices, reduced consumption, eco building design etc.

7.0 Our Fundamentals

7.1 Quality Driven, Clinically Led, Value Focused

The NHS Quality and Safety Framework was published on 17 September 2021. The framework provides guidance and direction for all NHS organisations with a focus on having a strong quality management system in place at all levels, in turn reducing variation in quality. It also serves to provide a stepping stone to the new legal duties of quality and candour expected to be enforced from April 2023 as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Our revised Quality Strategy, ratified in April 2021 at Quality, Experience and Safety Committee (QuEst) sets out how WAST will comply with the Act. Aiming for a culture of candour across our workforce, creating an environment that is transparent, honest, and open to learning which enables citizens across Wales to have a voice, underpinned by a

culture of quality and quality improvement. We continue to listen to our communities through a continuous engagement model and this will be crucial to informing and shaping our future strategic ambitions.

Our Quality and Clinical Strategies outline the Trust's strategic direction towards an integrated quality driven, clinically led, value-based organisation. The general theme is towards integration i.e. a move away from departmental responses to a whole organisation/whole system approach to planning and delivery which drives improved performance, outcomes and benefits and deliver upon our statutory duties.

In 2022/23 a key response to our statutory requirements will be the agreement and on-going delivery of an Integrated Quality & Performance Framework (in effect the quality management & control system), supported by two new key Trust wide groups:

- Integrated Quality & Performance Management Steering Group; and
- A pilot Integrated Governance Group

The Trust has made significant strides over the last five years in improving its approach to both quality and performance management, with a good grip on both issues. The Framework sets out the building blocks for success and starts to reflect on how the organisation currently applies these across all areas, in order that we can prioritise areas for further improvement, that will be discharged through the Integrated Quality & Performance Management Steering Group.

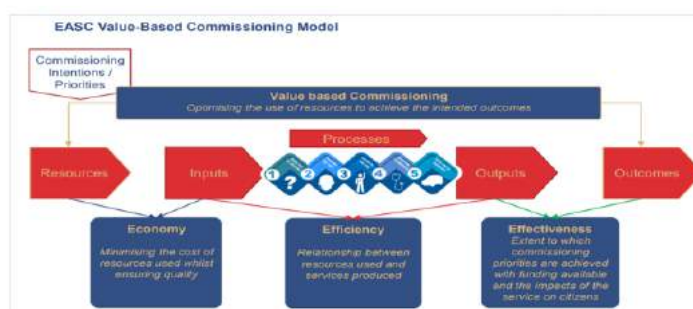
We have now developed our "Working Safely" Health & Safety Transformation Plan to support and develop a culture of safe working across the Trust. Key roles to support this transformation programme have been appointed to and this year the Working Safely programme will deliver significant improvements in Health and Safety, Occupational Health and Well-being.

Both our Clinical and Quality Strategies play an important role to lead our ambitions to shift left in the patient pathway. We are creating and building on a culture of strong clinical leadership, strengthened partnerships and engagement with key clinical leaders and teams within health boards and Welsh Government, and smarter ways of working that allow us to embrace technology and develop our clinical offering to deliver on our ambition for an integrated system of care across all our service offers. This will be supported by developing our value based healthcare offer within the urgent and emergency care sector.

Internally, a key enabler to this has been the establishment of the Clinical Quality Governance Group, jointly led by our Director of Paramedicine, Medical Director and Director of Quality and Nursing.

This year, we will review our existing Public Health Plan. This will be influenced by the context of the pandemic and its effect on public health (because of the virus itself, the impact of the lockdown of society and the harm of behaviours as a result). We will work in partnership with colleagues in PHW to understand our priorities and where we can have the most impact on population health.

We will also continue our development of Value Based Healthcare within the Trust. In 2021/22 we developed a collaborative approach to Value Based Commissioning with the NCCU, with the aim of further developing our internal approach within WAST. Whilst some of the work on developing tools, techniques and training was paused during the Omicron wave, our general ethos and approach to Value remains integral within the quality and performance management framework and our balanced scorecard approach to benefits realisation and performance management. We will further embed a culture of Value through:



- Ensuring alignment with the Quality and Performance Management framework so that Value is not seen as an “add on” but an integral part of how we understand the impact of the services we provide;
- The implementation of the Patient Level Information Costing System (PLICS) tool to understand where variation exists across the services we provide;
- Embedding value based techniques into evaluation of key service investments and revenue business cases;
- Delivering training across the organisation to support a Value based approach.

Risk management is an integral part of the Trust’s governance arrangements, and the Trust Board has a responsibility to ensure that the principles of good governance are underpinned by such frameworks for risk and assurance, performance, and quality improvement to provide safe and effective care for patients and staff and ensure the safety of the environment around them.

A risk management transformation programme has been developed to support this which will further strengthen and positively impact the development of the Trust’s future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

A revised risk management strategy and framework will be developed with a focus on strengthening the articulation and management of risks.

	Ambitions	Deliverable	Priorities for Year 1	Benefits
	A “Working Safely” culture will be inherent across the organisation and evident in our quality control systems	We will secure and implement Quality Management and control systems	<ul style="list-style-type: none"> • Embed the Trust Quality Management System (QMS), evaluate and mature • Evaluate the Trust Quality Governance Sub-structure to our Quality, Experience and Safety Committee (QuES) • Implement the “Working Safely” Health and Safety Transformation Plan, incorporating Health, Safety & Wellbeing and Infection Prevention & Control 	<ul style="list-style-type: none"> • Q&PMF agreed and embedded • NRIs - National Reportable Incidents reduction • Improvement in concerns responded to within 30 days (Target 75%)
	We will listen to people, work with communities and respond to them with candour to help shape services we provide	We will transform the way we work and engage with people	<ul style="list-style-type: none"> • Implementation of the Once for Wales Service User Experience System (roll over from 2021/22) • Continued development of the People & Community Network 	<ul style="list-style-type: none"> • Engaged with WG and communities
	We will support our communities through our thousands of daily contacts to improve health and wellbeing and through programmes of engagement and education	We will revisit and implement the Public Health Plan	<ul style="list-style-type: none"> • Review and redraft the Public Health Plan in light of COVID and the health inequalities that have arisen as a result. • Scope the opportunity to work in partnership with PHW and Velindre Trust on a joint appointment to lead the plan. • Scope utilising the 111 website for public health messaging in partnership with PHW 	<ul style="list-style-type: none"> • Needs discussion with QSPE
	Clinical leadership and evidence based practice will underpin our long term strategic ambitions	We will implement the Clinical Strategy to support developments across our service ambitions	<ul style="list-style-type: none"> • Review the strategy to incorporate activity related to “inverting the triangle” and Clinical Leadership • Continue the delivery of the Clinical Strategy through the Clinical Transformation Programme Board 	<ul style="list-style-type: none"> • Improved clinical leadership
	Value will be at the heart of everything we do	We will deliver a value-based approach	<ul style="list-style-type: none"> • Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources • Improvement in ability to identify areas of unwarranted variation in service delivery across Wales, utilising PLICS 	<ul style="list-style-type: none"> • Reduction in variation
	We will develop and deliver a strategic risk management framework as a key enabler of our long term strategy and decision making	We will deliver strong risk management processes and embed a Trust-wide wide risk culture that underpins the principles of good governance	<ul style="list-style-type: none"> • Implement the new Once for Wales Datix Risk Module • Undertake a detailed review of each Corporate Risk strengthening the articulation and management • Development of a Risk Management Policy • Refresh of the Risk Management Strategy and procedures • Board education on risk management and development of Risk Appetite Statements • Develop a new BAF • Develop and deliver a programme of training and education for the whole organisation 	<ul style="list-style-type: none"> • Well articulated risks that support effective decision making • A positive risk culture with clarity on roles, responsibilities and overall risk management • Improved decision making • A well-informed workforce

8.0 Our Workforce Plan

8.1 Current workforce profile

WAST currently employs approximately 4,000 people (December 2021). The largest staff group is Additional Clinical Services at 52%, which includes our ACAs/UCAs, EMTs, and Call Operators, followed by our Allied Health Professional staff group at 26%, which includes our paramedics. This is an increase of 5.6% (211 FTE) in post compared to December 2020.

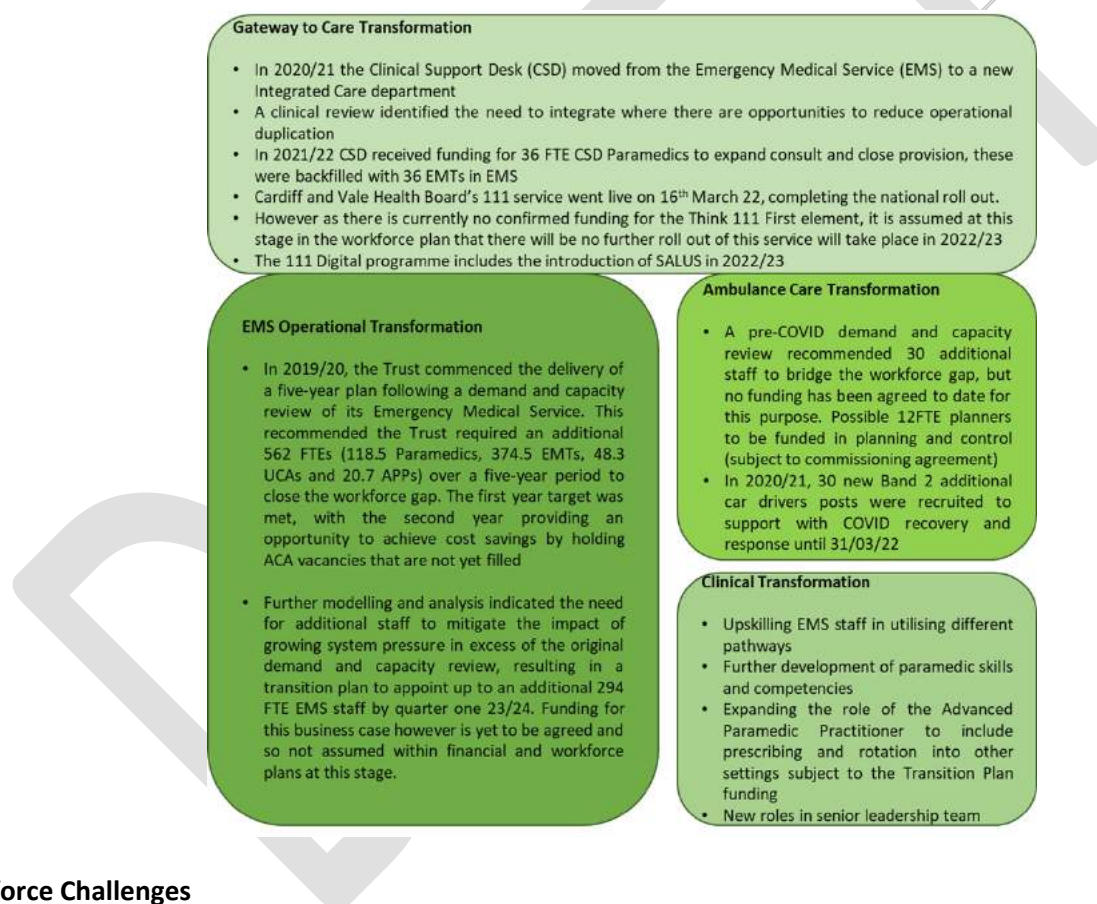
48% of our workforce are female, which is an increase of 2% since December 2020. 21% of the workforce are part-time, which is a 1% reduction compared to the previous year. 21% of our workforce are aged 56 or over, suggesting an ageing workforce profile. Our hard to recruit roles are Trainee Emergency Medical Technicians, Paramedics, 111 Clinical Advisors (nurses) and Digital Specialists.

8.2 Our Plan

WAST's vision and aspiration to expand services to reduce demand on the wider health and social care system is underpinned by an ambitious workforce transformation plan, which will be challenging to fulfil as well as having a range of identified workforce challenges which will need to be addressed. Where there are Workforce and OD solutions to these challenges these are recognised in the service priorities.

Transformation Programmes – Workforce Plans

The Trust has four programmes delivering transformative change across the services areas of EMS Operational and Clinical response, our Gateway to Care services (comprising NHS 111 Wales and CSD) and Ambulance Care (comprising NEPTS, Urgent Care Service and transfer & discharge services):



Workforce Challenges

- Delivering a robust workforce transformation plan to deliver on the Trust's strategic ambition incorporating sufficient education commissioning numbers, workforce redesign, service expansion and redistribution activities.
- Creating a culture where workforce transformation becomes the norm and is underpinned by supportive and enabling workforce policies and processes.
- Supporting our existing Emergency Medical Service staff to have the right skills and behaviours to deliver our expanding remote consult and close services and face to face see and treat services in the community (e.g. developing advanced paramedics with prescribing skills).

- Sourcing a supply of additional EMS staff to meet increased demand on our existing conveyance services, which is particularly challenging this year for our paramedic workforce due to it being the fallow year of their education programme.
- Attracting applicants for entry level roles into the EMS service where a C1 category is held on their driving licence, given the costs and requirements associated with obtaining this.
- Focussing on the wellbeing and retention of our staff given the pressures experienced due to increased pressures in the health and social care system.
- Improving resource availability by reducing sickness and absences.
- Maintaining the national 111 service.. This is currently a nurse led service who are in low supply across the health and social care system.
- Meeting the demand for our non-emergency transport services as the Trust continues to support Health Boards with the effects of the pandemic and beyond.
- Equipping staff to utilise new digital technologies.

Education Commissioning Requirements

Our education commissioning submission continues to reflect our assumptions regarding the anticipated long-term effect of COVID-19 and our aging workforce profile, likely resulting in a higher turnover rate and greater number of internal movements and reductions in working hours.

Notes to Accompany Minimum Dataset Workforce Numbers:

- **Nursing & Midwifery projections:** incorporates the nurses required to complete the national roll out of 111 First and the 4 mental health clinicians for the Clinical Support Desk (CSD).
- **Allied Health professional projections:** includes the funded paramedic and senior paramedic posts to support the delivery of year 2 of the EMS demand and capacity review. It excludes the 36 newly funded CCC clinicians for CSD as these were filled using existing paramedics and backfilled with 36 additionally funded EMTs.
- **Additional Clinical Services projections:** incorporates the call handlers required to complete the national roll out of 111 First but then assumes no further changes; the temporary funding for 6FTE 999 call handlers to support increased demand; additional ACA2 and EMT roles to support the delivery of year 2 of the EMS demand and capacity review and 36 newly funded EMT posts to backfill the 36 FTE paramedics moving across to CSD. Assumes the 80 funded posts for the Mobile testing Units (MTUs) and the 6FTE for the MRD at Singleton will cease as of year 1, Q2. No additionality agreed for Ambulance Care posts.
- **Admin and clerical projections:** includes 2 A&C roles for CSD and 19 corporate roles from CASC monies (all other CASC roles on hold so have been omitted).

9.0 Our Financial Plan

The full revenue and capital financial plan for the Trust is provided in Appendix 3.

REVENUE

This section of our plan builds on and updates that provided to WG via an Accountable Officer (AO) letter dated 28th February 2022.

The plan is presented as a revenue balanced financial plan for the 2022/23, and the following two, financial years. This is following some significant and urgent focus that the Trust has placed on this, alongside continuing discussions with Commissioners, since the submission of the AO letter, which at the time suggested a forecast deficit for 2022/23 of just under £6m. It maps out the key assumptions the Trust is making in presenting a balanced financial plan, key actions which have been agreed through March and in particular that which has impacted on the details contained within the AO letter, and the subsequent delivery risk associated with all this.

It also updates some of the costs relevant to a range of significant system wide cost pressures, and the updated financial planning assumptions for 2022/23 for these contained in Judith Paget's letter to CEOs dated 14th March 2022.

The incremental financial plan of the Trust for 2022/23 is essentially presented in four parts, as follows:

- An underlying position, including the current funding now assumed for a range of costs initially committed as we enter 2022/23, as a result of previously agreed schemes and developments, for which full funding for costs incurred has been provided in 2021/22 (and in some cases prior to this), and the current residual costs of these through the coming financial year;
- A “core” incremental financial plan for 2022/23, identifying the impact of expected cost pressures, inflationary and other costs the Trust is facing in the coming financial year; savings expected to offset any resulting financial gaps within this;
- An update on a range of exceptional and unprecedented system wide additional cost pressures that the Trust is currently facing for 2022/23, the current most likely cost estimate for these, and the application and impact of the financial planning principles now more recently provided from WG in relation to these, and
- A range of costs associated with further developments the Trust strongly advises be seriously considered for funding in the 2022/23 financial year, as part of Covid recovery and the continuing impacts of a range of system wide pressures, outside of the Trust’s direct control. However, costs for these will not be incurred if funding is not made available to support them, and from a financial plan perspective therefore are considered neutral.

The updated revenue financial plan for 2022/23 is therefore summarised in the following table. The financial plan in Appendix 3 and the accompanying finance MDS tables provide further details.

Summary financial plan - 2022/23 AS AT 31/03/22	Current confirmed funding £m	Current assumed additional funding £m	Current estimated costs £m	(Surplus) / deficit £m
Recurring position bfwd	242.6	0.0	242.6	0.0
1. Previously committed developments:				
EMS D&C Phase 2	5.6	0.0	5.6	0.0
ODU	0.9	0.0	0.9	0.0
MRD - Singleton	0.0	0.0	0.0	0.0
Neonatal	0.1	0.0	0.1	0.0
ECNS software	0.0	0.0	0.2	0.2
Transfer of MH pilot from NCCU to WAST	1.0	0.0	1.0	0.0
CSD Enhancement (MHP) - additional 2021/22 plus that previously funded by WG	0.3	0.0	0.3	0.0
	0.3	0.0	0.3	0.0
Additional 36 T/EMTs to backfill CSD clinicians	0.0	1.8	1.8	0.0
Additional EMDs	0.0	0.0	0.2	0.2
Major Trauma Network	0.6	0.0	0.6	0.0
Think 111 First	0.0	0.0	3.0	3.0
2. "Core" 2022/23 financial plan:				
- Expected funding uplift - 2.8%	5.7	0.0	0.0	
- Cost and inflationary pressures	0.0	0.0	6.6	0.8
3. System wide exceptional pressures - 2022/23:				
Gas, electricity and fuel	0.0	3.5	3.5	0.0
Additional employers NI	0.0	1.9	1.9	0.0
Covid continuation (cleaning, etc)	0.0	0.4	0.4	0.0
4. Savings plan 2022/23	0.0	0.0	-4.3	-4.3
5. Additionality 2022/23 (assumed cost neutral at this stage)				
Total	257.2	7.6	264.8	0.0

Years 2 and 3

The plan also highlights the expected further significant financial pressure the Trust, alongside the rest of the NHS in Wales, is expected to see from 2023/24 onwards, and is consistent with that outlined in the WG 3 year budget published in late 2021. Even if the Trust is now able to present and deliver financial balance in the coming financial year, the ability to do so beyond this is clearly going to be an even greater challenge, and one for which the Trust needs to keep the pace and urgency injected over the last few months to at least get to a balanced financial plan for 2022/23 going forward, to ensure even more robust financial sustainability in the future. As a minimum this will need to include:

- A different approach to the delivery of savings and efficiencies;
- The likely potential of further hard choices and decisions having to be made to reduce / take down / decommission some services in order to maintain or grow other areas, if additional funding to do so is not going to be available;
- Make much more use of cost and other benchmarking to seek areas of potential opportunities;
- Greater use of collaboration with other services to reduce costs;
- Further exploration of the benefits from potentially outsourcing elements of support services;
- Further identification of areas of greater value and system wide impact, especially in relation to service developments;
- More robust evaluation of previous investments made and ensuring that the benefits expected from these are both being delivered and maximised. Where this is not the case, consider how these can be disinvested in;
- The ability to generate more income, including from more non-traditional sources.

On top of the above, what is also not yet clear is how much of any additional funding made available for some of the system wide exceptional cost pressures in 2022/23 will be recurrent, set against what the eventual recurring cost impacts of these will be.

A much more structured approach to the progression for all this will be required, which will need to start now to include the ability to explore what else may be available to support other areas of development required for the coming financial year as well as ensuring robust plans are generated as early as possible in 2022/23 for future financial years. This will need full support across the organisation.

Risks

No financial plan is risk free. However, as we head into 2022/23 the level of financial risk of delivering a balanced in year and year end position is clearly greater than in the recent past. This has therefore already been reflected in an agreed increase of the risk scoring for this on the Corporate Risk Register.

The main risks that will need close monitoring and mitigating actions should they materialise, through the upcoming financial year, include:

- The recovery of all of the updated income assumptions this balanced financial plan now makes;
- The ability to deliver a minimum of a 54% increase in savings over that made in 2021/22. Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the 2022/23 savings plan;
- The ability to manage cost reductions for schemes already agreed to be taken down / decommissioned, through natural wastage, turnover and attrition, and in line with the expected profile of these assumed within this plan;
- The ability to also do likewise for any other areas where this may be further required due to ongoing funding discussions, including re Think 111 First and the eventual agreed “core” 111 staffing establishments post the finalisation of the national rollout in March 2022 and what is now required for this service post pandemic;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

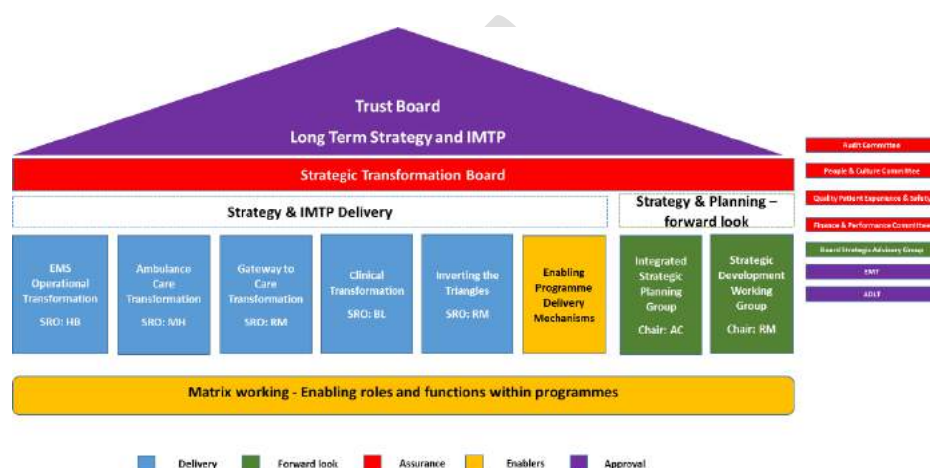
CAPITAL

Appendix 3 also summarises the initial capital programme for the Trust for 2022/23, both from an AWCP funding and discretionary allocation perspective, noting the already confirmed c24% reduction in discretionary capital funding for the 2022/23 financial year.

10.0 Delivering Our Plan

10.1 Managing transformation

The Trust Board remains the overarching accountable committee for delivery of the Trust's IMTP and long-term strategic plans, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. In 2022 a new programme board will be established (identified in the delivery structure as "Inverting the Triangles") to take forward the further development of our strategy.



Assurance is provided through the **Board Assurance Framework (BAF)** and further work will take place in 2022/23 to ensure the BAF reflects the refinement of our strategic objectives and assures the Board around mitigations to the key strategic risks held on the corporate risk register. Thereby the BAF ensures that our approach to managing risk aligns with our long-term strategy, delivered through the IMTP. To further support the Trust Board to retain an overarching view of IMTP delivery, the **Strategic Transformation Board (STB)** chaired by the Chief Executive, will continue to provide monitoring, oversight and governance over the implementation of the deliverables in this IMTP.

STB has a portfolio management approach and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation. These programmes were established in 2021 and have embedded themselves as the delivery vehicles for change and transformation.

We will re-commence work which was paused during the pandemic to develop portfolio, programme and project management software that will link with **Microsoft 365 and Power Business Intelligence (BI)** to support the strategic and programme level oversight of our IMTP delivery.

The **Transformation Support Office** will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes internally and across the system. We will synergise our quality improvement and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by a value based, data driven, evidence based, and patient focussed quality improvement methodology.

In 2021, we reviewed our programme and project management framework to have a pragmatic and uniform approach to applying **MSP®** (Managing Successful Programmes) and **PRINCE2®** (Projects In Controlled Environments) methodologies and closely linking in with approach set out in the Quality and Performance Management Framework as set out above and in **section 7.1**. This work will also focus on further developing a robust value-based benefit realisation methodology.

The way in which we can seamlessly link improvement activity through research and innovation activity, particularly through our networks, notably **WIIN**, to the transformative programmes of work overseen by STB will enable the scale up of improvements seen in local and regional initiatives to support the challenges in and delivery of this IMTP and EASC's commissioning intentions.

10.2 Risks to delivery

The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. Whilst, as described above, we will be putting in place a robust **programme management approach** to support the transformation programme, there will nevertheless be risks to delivery which we will need to identify, manage, and mitigate.

Managing risk is a key organisational responsibility and remains an integral part of our governance arrangements that will further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

The Trust Board receives a report on the highly scored operational risks and the Board Assurance Framework at every meeting, and the Board Committees receive reports on risks within their remit for oversight, scrutiny, and challenge. The Audit Committee has oversight of the risk systems and processes in place.

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards, escalating to STB where necessary and raising to the Corporate Risk Register if Board level awareness and scrutiny is required.

The key risks to delivery of this IMTP will be:

- Availability of **revenue funding** for core and transformational elements of the plan. At present, no revenue has been identified to support any growth in any of the service areas to take account of growing demand, short term system pressures, or the need to pump prime transformation;
- The reduction in **capital available to NHS Wales**, which will impact on delivery of some of our core enabling plans such as our estates improvement plans, but also poses a risk in terms of transformational elements of the plan;
- **Securing internal stakeholder support**. Work will be ongoing within the next few months to find a way to work more effectively together with TU partners in the delivery of this plan, acknowledging the difficulties that have been evident over the last 12 months;
- **Securing external stakeholder support**, particularly for the EMS transition plan;
- **Ongoing impacts of COVID-19 recovery** both internally within WAST and as the Health Boards recover their activity;
- **Capacity within the organisation to deliver** the change required, within the resource envelope available. The previously planned growth in corporate support is not currently included in this plan.
- **Demand for our services increasing** at a greater rate than the demand and capacity forecasts;
- **Pressures on the service arising from external factors**, particularly the continuing impact of hospital handover delays;
- **Health and wellbeing of the workforce** in the face of continued pressure.

These risks will be captured on the corporate risk register, with mitigating actions and controls aligned to this IMTP and operational level plans.

11.0 Conclusion

In this plan we have presented our ambitions for our Gateway to Care services across 111 and CSD, EMS and Ambulance Care over the next three years. We have set out the priorities for year one and the anticipated benefits of our deliverables, with further detail around timescales and priorities in years 2 and 3 of the plan in Appendix 2. The plan builds on our previous IMTP and is shaped by a number of key drivers including: the recovery from the COVID-19 pandemic; our long term strategic ambitions; commissioning intentions and stakeholder ambitions; the voice of our patients and colleagues; the performance improvements we need to make; and the risks that we need to address.

Through the plan we have also reflected the priorities for the Minister, how we might achieve the ambulance specific targets for conveyance set out in the Ministerial phase one measures and importantly how we will deliver on our commitments to the Six Goals for Urgent and Emergency Care. The plan therefore reflects those things that we *must* do to deliver high quality and safe services to patients but also those things that we think would add value across urgent & emergency, primary care and community services in Wales. We measure the success of our plans in a balanced way, and in keeping with the Healthier Wales Quadruple Aim.

The scale of change required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. We achieved many of our priorities in 2021/22 whilst continuing to respond to further waves of the pandemic and rising pressure across the whole system. We are mindful of the health and wellbeing of our people, and we will continue to ensure that mechanisms are in place to support their physical and mental wellbeing. But we focus our attention now on being a more diverse and inclusive organisation, being curious about and understanding difference. This will enable WAST to become an even better, safer place to work and volunteer and an organisation where quality and innovation culturally the norm.

We have solid foundations on which to deliver our plan. We are continuing to drive forward the development of our long term strategy, and delivery through our Strategic Transformation Board and assured through a Quality and Performance Management Framework and strong governance structures and processes.

We are therefore confident in our ability to deliver this plan. Some of our ambitions will require support, including financially and we are working with stakeholders and commissioners to prioritise the transformation required to address the challenges we face in Wales. However, we have presented a balanced financial plan allied with a robust workforce plan.

We therefore look forward to working with our commissioners, Welsh Government, citizens of Wales and other key internal and external stakeholders through continued dialogue and engagement, which we are committed to doing in pursuit of a better service for the people of Wales.

If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP please contact AMB_Planning_And_Performance@wales.nhs.uk

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
EMS				
EMS Commissioning Intention – CI1 Clinical Response Model				
Aims				
CI1-A1	Increase the proportion of activity resolved at Step 2 – Using the activity within the demand and capacity review as a baseline, this aim requires the proportion of activity resolved at step 2 to increase. The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022	30-Sep-22	Section 5.2 page 24 Section 5.3, page 28 & 30	Uplift to 15% for consult & close (previously hear & treat) linked to modelling and increased Clinical Support Desk establishment.
CI1-A2	Right response first time – Optimising multiple responses at Step 3 – Using activity within the demand and capacity review as a baseline, this aim requires an improvement in the multiple response rate (excluding Red as multiple responses expected). The improvement trajectory will be included in the new commissioning framework.	31-Dec-22	5.3, page 27	Roster review project (if fully funded) aims to improve the alignment between the Trust's ambulance resource e.g. CHARUs, more EAs and patient demand, which should improve this metric.
Products				
CI1-P1	Remote Clinical Support Strategy – The first element will be to finalise an integrated remote clinical support strategy and infrastructure that outlines the organisational ambition for remote clinical support at the forefront of ambulance service care.	30-Jun-22	5.3, page 28	Initial modelling completed. Further discussion with NCCU and stakeholders required before production of strategy. Remote clinical strategy part of WAST's overall strategy as an organisation and our ambition to “flip the triangle”, bringing together the Clinical Strategy and Digital Patient/Workplace missions within the Digital Strategy.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
CI1-P2	Optimising Conveyance Improvement Plan – Development and implementation of an improvement plan or programme that supports the optimisation of decisions about conveyance. This will include non-conveyance as well as improving conveyance destination decisions and reducing variation for example.	31-Mar-22	5.3, page 28	Initial modelling completed. Further discussion with NCCU and stakeholders required before production of strategy. Optimising Conveyance Improvement Plan part of WAST's overall strategy as an organisation and our ambition to “flip the triangle”, bringing together the Clinical Strategy and Digital Patient/Workplace missions within the Digital Strategy.
Indicators				
CI1-I1	Clinical Support Desk Outcomes – The development of quarterly reports that describe the patient level outcomes for clinical support desk care episodes.	30-Jun-22	4.4, page 12	Work already commenced with initial dashboard available. When clinical triage software (ECNS) is implemented the data captured and how this is reported will be revisited. Huge capability out of linked NHS number data and clinical triage software.
CI1-I2	Outcome by Response Type – The development of quarterly reports will be available that describe the patient level outcomes for different response types.	31-Mar-23	6.2, page 36	EPCR

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
EMS Commissioning Intention – CI2 Availability				
Aims				
CI2-A1	Workforce Stability - Maintaining the increased staff base following closure of the relief gap identified in the ORH Demand and Capacity Review (2019). Maximising the availability of these staff through reducing sickness levels and abstractions by ensuring that their wellbeing needs are appropriately supported.	31-Mar-23	3.0, page 7 & 4.5, page 15 & 6.1, page 32	The current budget discussions mean that the relief gap for Response will not close as planned this year, with a gap of 52 FTEs. This will remain the case next year unless the funding is found. The Trust has prioritised +36 FTEs into the Clinical Support Desk.
CI2-A2	Workforce Availability - Grow the workforce in line with the strategic ambition, agreed forecasting and modelling and within financial allocation when made available by Commissioners.	31-Mar-23	5.3, page 27	The Trust has put forward the Transition Plan (+294 FTEs), which could be delivered if funded.
CI2-A3	Rosters Aligned to Demand - The current demand profile is not matched by available resource. This has a significant impact on quality of service for patients and wellbeing of staff. Roster reviews have been undertaken with partners throughout 2021-22 to agree core principles and working parties have progressed the design and building of rosters. Rosters aligned to demand will be available for each area in 2022-23 and an implementation programme will be developed and delivered.	30-Nov-22	5.3, page 27	The Trust is on target to deliver the roster review project by 30 Nov-22. The roster keys being used in the roster review are predicated on funding being available for CHARUs (91 FTEs) and no removal of EAs in HD (16.9 FTEs).
Products				
CI2-P1	Forecasting and Modelling Framework - A collaboratively developed forecasting and modelling framework that underpins a demand and capacity approach that will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led iterative forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.	30-Sep-22	4.5, page 17 (do we reference that we are going to build a framework?)	The Trust is just completing the Quality & Performance Management Framework. Once this is launched, the Trust will start on the Forecasting & Modelling Framework. The Trust is well placed to write this Framework.
Indicators				
CI2-I1	Workforce Additionality Measure – A collaboratively agreed baseline and workforce additionality requirement will continue to be reported and refined, including vacancy factors, turnover and other confounders.	Live	3.0 & 5.3 & 8.1	The Trust reports on this measure every three weeks to the EMS Operational Transformation Programme Board. The Trust will continue to refine the measure through the Integrated Technical Planning Support Group.
EMS Commissioning Intention – CI3 – Productivity				
Aims				
CI3-A1	Reducing Post-Production Lost Hours – Post-production lost hours have long been a significant contributor to reduced productivity. Using an agreed baseline measurement period, post-production lost hours will be reduced in line with a quarterly agreed improvement trajectory. The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022.	Dependent on TU negotiations	4.5 page 16, 5.3 page 27	Work on data accuracy being finalised before further consideration can be given on baseline and next steps.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
CI3-A2	<p>Reducing Notification to Handover Time – NHS Wales is a significant outlier in the UK and internationally for lost productivity due to extended notification to handover times. EASC is committed to delivering less than 150 hours per day across Wales and 95% of handovers completed within 1 hour, with a backstop of no handover taking more than 4 hours.</p> <p>Individual improvement trajectories will be agreed for each site and will be included in the new commissioning framework.</p>	Health Board responsibility	4.5 page 16, 5.3 page 26	The Trust will seek to support the NCCU and health boards with information to aid the determining of trajectories and if funded, can offset some of the impact of the extreme levels of handover through the Transition Plan; however, reducing handover is a health board responsibility.

Products

CI3-P1	<p>Modernising Workplace Practices Implementation Plan – There will be an implementation plan and supporting structures in place to ensure workforce practices and policies are reviewed, modernised and improved. The wellbeing of the workforce and safety of patients will be paramount within this.</p> <p>The improvement trajectory will be included in the new commissioning framework.</p>	Dependent on TU negotiations	5.3 page 27	A draft report has been made available to Executives. Further dialogue planned with TU partners in Q1.
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Indicators

CI3-I1	<p>Unit Hour Utilisation Metric – continue to refine the approach and reporting in order to actively improve patient safety, performance and efficiency.</p>	On-going	4.5 page 16	The Trust is already reporting on this metric, but further refinement is required during the first half of 22/23.
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Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
EMS Commissioning Intention – CI4 - Value				
Aims				
C14- A1	Value-Based Healthcare for the Welsh Ambulance Service Building on the engagement already undertaken, develop and embed a value-based approach for the Welsh Ambulance Service which enables better collective decision making across the whole urgent and emergency care system and accounts for WAST’s use of, and impact on, economic, social and environmental resources over the short, medium and long term. This will include: <ul style="list-style-type: none"> • Development of WAST’s strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources • Implementation of a costing model for “5 step” pathway • Improvement in ability to identify areas of unwarranted variation in service delivery across Wales 	31-Mar-23	7.1 page 42	The Trust is aiming to: ensure alignment with the Quality and Performance Management framework so that Value is not seen as an “add on” but an integral part of how we understand the impact of the services we provide; implement a Patient Level Information Costing System (PLICS) tool to understand where variation exists across the services we provide; embed value based techniques into evaluation of key service investments and revenue business cases; and deliver training across the organisation to support a Value based approach.
Products				
CI4-P1	Value-Based Strategy The Trust will develop a strategy to implement a value-based approach across the organisation and outline its role in delivering value across the wider UEC system. The value-based strategy will be integrated with and align to existing organisational strategies (e.g. clinical, quality, long term, digital, environmental etc.) and the Commissioning Intentions outlined in this document in order to ensure goal congruence.	Live	7.1 page 42	The Trust has delivered a presentation to Finance & Performance Committee on its proposals for Value Based Healthcare and is now moving into the delivery phase. There is no plan to write up the approach into a formal strategy as such.
CI4-P2	Value-Based Tools and Methods In order to monitor and measure value-based performance, the Trust will need to design, develop and implement a range of tools including, but not limited to, the following: <ul style="list-style-type: none"> • Patient Level Costing Model • Benchmarking Dashboard(s) 	31-Mar-23	7.1 page 42	See Value Based Healthcare above.
CI4-P3	Value-Based Reporting WAST will enable a clear line of sight from commissioner allocation through to utilisation and the outcomes delivered by the services. WAST will holistically demonstrate through its reporting all separate revenue streams and associated costs of broader service provision (e.g. 111, NEPTS etc.). WAST receives a capital allocation directly from Welsh Government. The utilisation of the capital budget and the use of the ring-fenced depreciation allocation will need to be clearly identified in any report. As a result, WAST will be able to demonstrate how its capital allocation is being invested to deliver on the commissioning intentions.	31-Mar-23	7.1 page 42	See Value Based Healthcare above.
Indicators				

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
CI4-I1	Value-Based Core Requirement to be agreed with Commissioner by the end of quarter 2: <ul style="list-style-type: none"> • WAST Value Based Strategy • Plan for Value Based Tools and Methods design, development and implementation • Value Based Reports developed for revenue and capital • Value-Based indicators developed in line with broader indicators outlined in CI1 to CI5 • Connections to system-wide urgent and emergency care performance measures as identified in CI6 – Wider Health System 	30-Sep-22	7.1 page 42	See Value Based Healthcare above.

EMS Commissioning Intention – CI5 – Harm & Outcomes

Aims				
CI5-A1	Proactively Identifying Harm – There will be a process for identifying harm/near misses prior to a complaint or report being logged. This will include process for reviewing patient clinical records and engagement with the wider health system (i.e. sharing information around patients impacted by CSP levels).	Live		

Products				
CI5-P1	Clinical Indicator Plan and Audit Cycle – Implementation of the clinical indicator plan and audit cycle, this will provide a forward view of the type, content and regularity of clinical indicator and audit reporting. Specific seasonal and responsive (to emerging trends) reports and audits will be included within the plan.	Plan and cycle e agreed (prior to the roll-out of ePCR).	6.2 page 35 onwards	Work being led by the Clinical Intelligence Assurance Group. A clinical indicator plan and cycle developed including a forward view of the type, content and regularity of clinical indicator reporting. Specific seasonal and responsive (to emerging trends) reports included within the plan.

Indicators				
CI5-I1	Call to Door Times – Call to door times for STEMI and stroke will be produced on a monthly basis.	See commentary	6.2 page 35 onwards	This indicator is reliant on linked data between the PCR and CAD systems. This has been looked at in the past and cannot be easily and reliably achieved at this stage. Discussions have been held around possibly using MINAP data for some of the times but this did not progress or look like an easy or reliable option (other UK Trusts had issues with this). This work is also dependent on implementation, testing and assurance of ePCR which will include the necessary times to produce this metric. Further discussions with NCCU on agreeing the definition of and delivery date of this indicator.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
EMS Commissioning Intention – CI6 – Wider Health System				
Aims				
CI6-A1	System Flow – Optimise the flow of ambulances in to hospital sites in Wales, reducing batching and increasing the timeliness of patients accessing secondary care. The implementation of rosters aligned to demand for each area in 2022-23 will address this, with the improvement trajectory included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022.	30-Nov-22	5.3, page 27	The Trust is on target to deliver the roster review project by 30 Nov-22. The roster keys being used in the roster review are predicated on funding being available for CHARUs (91 FTEs) and no removal of EAs in HD (16.9 FTEs).
CI6-A2	Transfer and Discharge Service – To reduce the number of transfers and discharges being undertaken by the EMS fleet. This will include the development of a case for a new national transfer and discharge service.	31-Mar-23	5.4, page 30	WAST plans to work in partnership with on a commissioning framework/business case for this service (including mental health).
Products				
CI6-P1	Aligned Escalation and Clinical Safety Plan – A single WAST escalation and clinical safety plan will be in place that is aligned with system-wide escalation processes, responding to areas of greatest clinical risk.	30-Apr-22	Health Board Action	WAST is live with its CSP and has supported the system wide approach with data and the development of the ODU. The aligned health board CSP is due to go live in Apr-22.
CI6-P2	National Transfer and Discharge Commissioning Framework – A collaborative commissioning framework for a national transfer and discharge service will be agreed following the development of the business case.	31-Mar-23	5.4, page 30	WAST plans to work in partnership with on a commissioning framework/business case for this service (including mental health).
Indicators				
CI6-I1	System Pressures Dashboard – WAST and Health Boards will collaborate to ensure that a live system pressures dashboard is in place that enables users to understand current and emerging pressures.	NCCU Lead	NCCU	A systems pressure dashboard with a focus on the utilisation measure (Commissioning Intention 3) has been included within the Urgent & Emergency Care Improvement Plan as part of the work around system escalation. Work required with HB colleagues and WG (DU etc.) in the development of this.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
NEPTS				
NEPTS Commissioning Intention 1- Plurality Model				
CI1a	Resource Efficiency - Demonstrate that resources are being utilised effectively following transfer of work. This will include the re-design and renewal of patient contracts inherited via the transfers of work to deliver the best patient transport model for Wales ensuring value and efficiency of utilisation. The second phase will of this work will focus on the procurement strategy, fully reviewing who is best placed to deliver the various aspects of patient transport in accordance with NEPTS objectives and standards.	31-Mar-23	5.4, page 29 onwards	A range of performance metrics are in place as part of our reporting and engagement process with NEPTS DAG/HBs. These are reviewed regularly internally at a Team and at a senior level. A procurement improvement plan is also being developed which will set out the principles and delivery methods that we will deploy to transform the shape of current provision.
CI1b	Plurality Providers - Continue to expand and improve the availability of plurality providers and to increase the focus on quality, improved patient experience, value and sustainability.	31-Mar-23	5.4, page 29 onwards	Provider engagement sessions have been held (for providers in and outside of Wales) to increase capacity. The NEPTS team are working with existing providers to identify capacity and assist them in developing additional and new type capacity to support delivery. The team is also developing a procurement improvement plan to put structure around this work.
NEPTS Commissioning Intention 2 – Demand				
CI2a	Planning - Implement improved and dynamic planning process that maximises the utilisation of resources and ensure stability and resilience for future demand.	31-Mar-23	5.4, page 29 onwards	The NEPTS D&C Review identified a need for +12 FTEs in planning and day control. This is unlikely to be funded. This forms part of the Ambulance Care Transformation Programme. The other key change identified by ORH was the alignment of patient ready outbound times with vehicle availability. PDSAs are currently being undertake as test of change in this area.
CI2b	Demand Management - Utilise a range of options including effective use of resources, effective rostering and closer working with the patient and Health Board colleagues to deliver appropriate transport requirements.	31-Mar-22	5.4, page 29 onwards	Agreement with NCCU not to re-roster in 2022/23 and let the system reset. 2022/23 being used to review ORH keys, finalise on a set of roster keys and prepare for re-rostering in 23/24.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
NEPTS Commissioning Intention 3 – Capacity				
CI3a	Transforming Capacity - Implement processes to increase NEPTS capacity within current internal and external resources including workforce and fleet.	31-Mar-23	5.4, page 29 onwards	This links to previous commissioning intention. As part of the development process for the roster review, WAST will review its workforce, fleet and estate requirements as it fixes on the right roster keys to service demand. Also about PPLH reporting and management.
CI3b	Reducing Lost Capacity - Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficacies. This includes a requirement on WAST to ensure more effective use of internal resources (workforce, fleet and estates), there is also a requirement for improved collaboration and communication with Health Boards to minimise lost time at hospital sites.	31-Mar-23		Ongoing. This is about matching outpatient ready times with vehicle arrival times. A PDSA type approach is being adopted here, again, project brief currently being prepared. See also CI2a above.
NEPTS Commissioning Intention 4 – System Transformation				
CI4a	Forecasting and Modelling Framework - A collaboratively developed forecasting and modelling framework will set out the ongoing arrangements for proactively undertaking this work for the next decade, this will include demand-led forecasting and modelling and health economic evaluations. This will ensure the required strategic, tactical and operational focus to tactically plan and forecast seasonal fluctuation and to ensure resource and resilience during times of system pressure.	30-Sep-22	4.5 page 17	Framework will be for 111, EMS and Ambulance Care and be similar in style the Quality & Performance Management Framework going to Trust Board 24/03/22. Will be led by collaborative Forecasting & Modelling Group.

Ref	Commissioning Intention	WAST Proposed Delivery Date	WAST 22-25 IMTP Reference	Comments
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Appendix 1 – WAST IMTP Deliverables 2022-25

The timescales set out in this plan are indicative and, in some cases, subject to development of programme plans. This will be monitored through Strategic Transformation Board.

Priorities have been aligned to REAP escalation levels and indicatively assigned based on the following key: Priority 1 = do not stand down at REAP 3/4; Priority 2 = consider standing down at REAP 3/4.

The following tables set out the full detail of the deliverables and priorities for years 1 – 3 of the IMTP.

Gateway to Care

Ambitions	Deliverable	Priorities for Year 1	Timescale	Year 1 Priority Tier	Priorities Year 2 and 3
More people will access the Gateway to Care service as their preferred port of call to meet their urgent health care needs	We will work with partners to promote and expand use of 111 across Wales	• Develop national 111 strategy and service model with partners	Q2-Q4	1	• Implement strategy.
		• Evaluate core 111 service	Q2-Q4	1	• No year 2&3 actions identified
		• Roll out of 111 First across Wales (subject to further discussions)	Q1	1	• Identify opportunities to enhance 111 First process.
		• Roll out mental health service ring 111 press 2	Q1-Q4	1	• Continue to support the roll out of 111 Press 2 Mental Health Single Point of Access across Wales
		• Robust national communication campaign / messaging (subject to funding)	Q1-Q3	1	• Frequent/ongoing updates to messaging in line with health boards messaging.
Patients with urgent care needs will be able to access a timely, high quality clinical assessment with the most appropriate clinician to meet their needs, either on the phone or by video. For many callers, no further intervention will be needed.	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	• Implementation of recommendations from CCC Clinical Review	Q1-Q4	1	• Deliver remaining CCC Clinical review recommendations.
		• Develop remote clinical support strategy	Q1	2	Further actions to be determined
		• Develop a clinical specialty educational and career framework for Remote Clinical Decision-making (RCDM)	Q1-Q4	1	
			Q1-Q3	2	

		<ul style="list-style-type: none"> Develop a case for change on the integration of clinical teams across 111 & 999 Implement 999 Triage system (ECNS) Increase proportion of 999 callers who have a clinical assessment and increase consult and close rates for physical and mental health patients – 15% used in modelling Identify opportunities to increase ‘consult and close’ rates (subject to funding) 	Q1-Q4	1	
			Q1-Q4	1	
Patients who need further specialist or face to face assessment or treatment will be booked seamlessly and directly into the right service to meet their needs, at the right time. More care will be delivered closer to home.	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	<ul style="list-style-type: none"> Identify pilot opportunities to test direct booking system for 111 patients to Health Board services Implement the new 111 system; SALUS Continue to develop offer around trusted assessor roles 	Q1-Q4	2	Actions for direct booking to be determined. <ul style="list-style-type: none"> Monitor delivery of the SALUS system and deliver any required improvements / system developments. Support evaluation of SALUS system.
The quality and safety of the service will be that of a leading ambulance service, providing an excellent patient experience.	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> Continue to implement the 111 Stabilisation & Transformation Plan designed to deliver agreed staffing levels, utilized as effectively and efficiently as possible to meet demand and reduce call answer / clinical ring back times Develop a strategic 111 workforce plan 	Q1-Q4	1	<ul style="list-style-type: none"> Review stabilisation plan and identify new opportunities. Explore opportunities to open an additional 111 call centre (location to be identified).
			Q2-Q4	2	<ul style="list-style-type: none"> Deliver core recommendations outlined in the approved 111 w/f strategy.

Increasing numbers will use the digital 111 front end to meet their routine and urgent health care needs	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice	• Deliver an improved Directory of Services	Q1-Q4	1	<ul style="list-style-type: none"> • Deliver key work streams / actions in the DOS plan. • No year 2 or 3 actions identified – further discussion required. • Continue to review and develop reporting requirements.
		• Improve 111.Wales website, and enable better digital self-service	Q1-Q4	1	
		• Further enhance and develop WAST internal reporting functions for 111/111 First	Q3-Q4	2	
		• Develop a clearer vision with partners for a digital 111 offer in Wales, including case for longer term / recurrent investment	Q1-Q2	2	

EMS Operational and Clinical Transformation

Ambitions	Deliverable	Priorities for Year 1	Timescale	Year 1 Priority Tier	Priorities for years 2 and 3
We will have the right capacity and capability in place across Wales to consistently respond immediately to life-threatening / emergency situations	We will increase and balance response capacity and capability across urban and rural areas of Wales	• Maintain closure of relief gap and implement transition plan, increasing by up to 294 WTE subject to funding	Q1 – Q4	TBD	<ul style="list-style-type: none"> • Further consideration of the transformation modelling results with key stakeholders • Transformation Plan, linked to modelling and dialogue with stakeholders – develop and implement the plan for Inverting the Triangles
		• Continue to work with rural areas to improve red response times	Q1 – Q4	1	
		• Take forward year 2 actions of our volunteering strategy	Q1 – Q4	1	
		• Improve internal use of resources to increase capacity available to respond	Q1 – Q3	1	
		• implement roster changes	Q1 – Q3	1	
		• Consider appropriate and achievable reductions in PPLHs	Q1 – Q2	2	
		• Reduce roster absences due to sickness absence through implementation of robust action plan	Q1 – Q4	1	
Clinicians attending scene will have access to the right training, equipment and information to allow them to assess and treat patients and effectively meet their clinical needs	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	• Grow and embed use of APPs within the organisation	Q1 – Q4	1	<ul style="list-style-type: none"> • Change DCR table so that the APP becomes the first resource for the vast majority of incident codes • Continue with the implementation of the APP Expansion Workforce Plan • Further increase the number of Independent Prescribers • Implementation of future APP Expansion Workforce Plan • Undertake evaluation of mental health practitioners in response cars • Undertake and deliver service evaluation of Falls & Frailty Response Framework and Model (post L2 implementation)
		• Additional 50 APPs to commence training (subject to funding)	Q1 – Q4	2	
		• Existing APPs to commence independent prescribing training (subject to funding)	Q3 – Q4	1	
		• Agree case for longer term growth in APPs	Q3 – Q4	1	
		• Develop and grow our response to mental health patients			

		<ul style="list-style-type: none"> Pilot use of mental health practitioners in response cars Work in partnership with HEIW on developing a faculty of emergency mental health practice 	Q1 – Q4	1	<ul style="list-style-type: none"> Embedding and improving process to support the Clinical Strategy and Organisational direction
			Q1 – Q4	1	<ul style="list-style-type: none"> Develop Business Case for contract extension / re-procurement of ePCR Deliver Year 3 Benefits of ePCR FBC Review and develop the optimising conveyance improvement plan to support the "Inverting the Triangle" strategic direction
		<ul style="list-style-type: none"> Expand utilisation of Level 2 falls response model across Wales 	Q1 – Q4	1	
		<ul style="list-style-type: none"> Complete implementation of the full TerraPACE electronic patient care system (ePCR) 	Q1 – Q4	1	
		<ul style="list-style-type: none"> Deliver Year 2 Benefits of ePCR FBC 	Q1 – Q4	1	
		<ul style="list-style-type: none"> Develop optimising conveyance strategy 	Q1 – Q4	2	
		<ul style="list-style-type: none"> Pilot or extend use of video / phone consultation 	TBD	TBD	
Patients who ring 999 but who don't have a life threatening or emergency need receive the appropriate level of care and access to the most appropriate pathway 24/7	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover	<ul style="list-style-type: none"> Work with partners to develop other referral pathways, using linked data, including aim to roll out national respiratory pathway in all health boards - individual health board plans 	Q1 – Q4	1	<ul style="list-style-type: none"> Further consideration of the transformation modelling results with key stakeholders Further expansion of CSD function, including dedicated secondary triage Prioritisation and continued roll out of national high user ED avoidance pathway
		<ul style="list-style-type: none"> Scope opportunities for and benefits of eReferral mechanisms for frontline patient facing clinicians 	Q1 – Q4	2	<ul style="list-style-type: none"> Identification of future pathways to accommodate ePCR for eReferral
		<ul style="list-style-type: none"> Scope our pathways development work for mental health and dementia 	Q1 – Q4	1	<ul style="list-style-type: none"> Continue to review and evaluate the Consult and Close Mental Health Referral Pathway

		<ul style="list-style-type: none"> Determine key improvements and opportunities for collaboration following the introduction of the Older Persons Framework Supporting the urgent primary care and same day emergency care centres Work with partners to significantly reduce handover delays Embed preferred technical platform to access senior clinical support (subject to announcement from Welsh Government on provider 2021/22 Q4) 	Q1 – Q4	2	<ul style="list-style-type: none"> Continue support the roll out of urgent primary care and same day emergency care centres
The quality and safety of the service will be world class and provide an excellent patient experience	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> Implement a CHARU model to improve clinical outcomes, ROSC rates and response times Develop a clinical indicator plan Deliver the Mental Health and Dementia Plan Assess and evaluate system wide improvements following the introduction of the Falls & Frailty Framework including the Falls & Frailty Response Model 	Q2 – Q3	1	<ul style="list-style-type: none"> Refine and test Clinical Audits to develop future Clinical Indicators Continue to deliver and implement the Mental Health and Dementia Plan to improve WAST services
		<ul style="list-style-type: none"> Supporting the urgent primary care and same day emergency care centres Work with partners to significantly reduce handover delays Embed preferred technical platform to access senior clinical support (subject to announcement from Welsh Government on provider 2021/22 Q4) 	Q1 - Q4	1	
		<ul style="list-style-type: none"> Work with partners to significantly reduce handover delays Embed preferred technical platform to access senior clinical support (subject to announcement from Welsh Government on provider 2021/22 Q4) 	Q1 - Q4	1	
		<ul style="list-style-type: none"> Embed preferred technical platform to access senior clinical support (subject to announcement from Welsh Government on provider 2021/22 Q4) 	Q1	2	

Ambulance Care Transformation

Ambitions	Deliverable	Priorities for year 1	Year 1 Priority Tier	Priorities for years 2 and 3	
We will have the right capacity and capability in place across Wales to transport eligible people efficiently and safely to and from their planned appointments at hospital and to take them home when they’re discharged.	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand.	• Continue to implement the recommendations from the Demand & Capacity Review:	Q1 – Q4	1	• Continue to implement the recommendations from the Demand & Capacity Review and realise the benefits • Implement the new roster pan-Wales (NEPTS ambulance staff) • Work with local Health Boards to understand the impact of their reconfiguration on NEPTS demand • Ensure the Commissioning process accurately reflects the type and level of Patient demand • Core services e.g. Outpatient services (cumulative impact of changes) • Specific services e.g. T&D • Realise the benefits from year 1 IMTP actions
		• Agree Roster keys pan-Wales (NEPTS ambulance staff);	Q1 – Q2	1	
		• Possible 12 FTEs for planning and day control (subject to funding);	Q1 – Q2	1	
		• Re-roster of NET centre staff; and	Q1 – Q4	1	
		• Reduction in T1 walkers demand – work with commissioners on eligibility criteria.	Q1 – Q4	2	
		• Review and consider use of ambulance car service	Q1 – Q2	1	
		• Review post-production lost hours	Q1 – Q4	2	
We will be the provider of choice for the safe and timely transfer of patients between hospitals in support of clinical needs and system flow.	We will develop and implement with partners an All-Wales Transfer and Discharge Service	• Respond to Peer Review of the Major Trauma Network	Q1 – Q2	2	• Understand the outcome of the T&D business case and develop a plan for implementation – fleet, workforce, estates, clinical etc
		• Implementation of the Vascular Network in SE Wales	Q1 – Q2	1	
		• Work in partnership on Commissioning Framework / business case for Transfer and Discharge services (including mental health)	Q2 – Q4	2	
With our help and in partnership with the third sector, patients who are not eligible for our service will be assisted to access	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-	• Transfer of IMTP as ‘business as usual’ and benefits realisation of the use the PNA and signposting document.	Q1 – Q4	2	• Continue to review and develop to ensure Transport Solutions continues to deliver against the needs of the service

suitable alternative provision to meet their healthcare needs.	usual approach to service delivery.	<ul style="list-style-type: none"> Work with commissioners on agreement and implementation of eligibility criteria 	Q1 – Q4	1	
The quality and safety of the service will be world-class and provide an excellent patient experience	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	Development of quality standards approach for external providers	Q1 – Q4	2	<ul style="list-style-type: none"> Completion of the Business Justification Case for the new CAD system Implementation of new CAD system
		Agreed Standard Operating Practice document for bookings	Q1 – Q4	2	
		Work with a local hospital to maximise the usage of the discharge lounge, to reduce cancellations .	Q1 – Q4	2	
		Finalise the National standardised guidance and risk assessments.	Q1 – Q4	2	

Our People

Ambitions will be updated in line with refresh of people and culture strategies in 2022/23

Ambitions	Deliverable	Priorities for Year 1	Timescale	Year 1 Priority Tier	Priorities for Years 2 & 3
We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long-term strategy.	We will take actions to increase the level of resources and support available to our people in relation to their well-being	• Deliver the Recruitment and Training plan for the EMS Operational Transformation programme in the context of the transition plan	Q1 – Q4	1	To be confirmed post the development of the new People and Culture Strategy.
		• Find opportunities to create operational efficiencies so the workforce can maximise productivity by working smarter, exploring creative, longer term workforce solutions to forecast needs and planned growth.	Q1 – Q4	2	
		• Implement our absence management recovery plan and develop resources and sensitive interventions designed to ensure colleagues remain healthy and well at work.	Q1 – Q4	1	
		• Develop our recruitment plans to enhance 'grow our own' into employment, with a focus on growing apprenticeship opportunities, access pathways, new routes of supply (overseas recruitment) and school engagement	Q1 – Q4	2	
We will develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust.		• Work on our approach to succession planning for future senior leadership posts including development centres.	Q1 – Q4	2	
Our people will enjoy a long, healthy, happy and productive (working) life.	We will effectively manage risk, governance and compliance	• Appropriately respond to the legislative changes associated with Section 19 of the Road Traffic Act regarding driver education.	Q1 – Q4	1	To be confirmed post the development of the new People and Culture Strategy.
We will be recognised and renowned as an exceptional place to work, volunteer, develop and grow.		• Work with the governance team to build on the People and Culture Committee effectiveness and empower its sub-groups to effectively discharge its accountabilities.	Q1 – Q2	2	
		• Implement the All Wales Speaking Up Safely Guidance , provide improved training for managers and ensuring appropriate systems and processes are in place for concerns to be raised and dealt with in a positive and constructive way.	Q1 – Q3	1	
		• Improve the effectiveness and safety of our internal disciplinary, capability and resolution processes , learning from Just Culture principles and other learning.	Q1 – Q2	1	

	We will purposefully shape our future ways of working and equip our people to thrive in a changing environment through our refreshed People and Culture Strategy.	<ul style="list-style-type: none"> • Develop a strategic workforce plan that defines the shape and skill mix of the workforce needed to deliver our long-term ambitions including transferrable and digital skills. • Identify and develop agile ways of working such as opportunities for matrix working and organisation re-design to address future business challenges and make sustainable change. • Create a shared vision for WAST as a learning organisation, ensuring systematic individual, team, organisational and Board learning to inform service and policy design, strategy development and decision making. • Develop change capacity and expertise within the WOD team and across the Trust to support and enable the organisation to deliver its transformational plans. 	Q1 – Q3	2	To be confirmed post the development of the new People and Culture Strategy.
			Q2 – Q4	2	
			Q1 – Q4	2	
			Q1 – Q4	2	
	We will take actions to foster a culture of belonging and wellbeing where our people can engage, feel supported and represented.	<ul style="list-style-type: none"> • Embed and demonstrate the refreshed partnership working arrangements and behaviours with Trade Union partners and managers, regularly reviewing and reflecting and leading change together. • Launch and embed our new behaviours to make tangible change by continuing to build a diverse, inclusive and compassionate culture, promoting a sense of belonging. • Develop opportunities to listen, such as pulse surveys, to temperature check how people are feeling and act on feedback by using a ‘you said, we did’ approach. • Continue to deliver the strategic equality objectives making a demonstrable organisational commitment to promote and roll out the Allyship programme to all colleagues and Non-Executive Directors. • Continue to identify and promote access to development opportunities, CPD, experiences and support for WAST leaders and managers through a refreshed Leadership and Management Development Plan. • Actively support Board and Board development activities so Non-Executive Directors feel confident to role model the new WAST behaviours. 	Q1 – Q4	1	To be confirmed post the development of the new People and Culture Strategy.
			Q1 – Q3	1	
			Q1 – Q4	1	
			Q1 – Q4	1	
			Q1 – Q4	2	
			Q1 – Q4	2	

Innovation and Technology

Ambitions	Deliverable	Priorities for Year 1	Timescale	Year 1 Priority Tier	Priorities for years 2 and 3
Our people will have all the training, tools, support and information required to perform their role to the highest level, anywhere, anytime, from any device	We will improve access to, and availability of services via the 111.wales website and other digital channels (NHS Wales App).	<ul style="list-style-type: none"> Continuation of 111.wales development under the existing interim team. Develop a proposal for a longer-term future for digital access, including the website as part of the strategic ambition. 	Q1 - 4	1	<ul style="list-style-type: none"> Integration with the NHS Wales App and NHS Wales login.
	Improved signposting to the most appropriate service.	<ul style="list-style-type: none"> SALUS Implementation (rolled over from 2021/22) ePCR / WEDS Integration 	Q3 Q4 Q3	2 1 1	<ul style="list-style-type: none"> Personalised web content and access to 111 services via NHS Wales App. Develop a recurrent, permanent web team and improvement programme.
	Improved digital tools and services to empower our teams to do their best.	<ul style="list-style-type: none"> Deliver the new Control Room Solution as part of ESMCP Mobile Data Vehicle Solution Robotic Process Automation Pilot Pilot Microsoft Viva as part of the national centre of excellence. 	Q1 - Q2 Q3 - Q4 Q1 - Q4 Q1 - Q4	1 1 2 2	<ul style="list-style-type: none"> Replace staff issue personal devices (iPads) in year 2. Evaluate year 1 RPA pilot and roll our more widely as a sustained programme if successful.
	We will use modern technology to reduce repeat tasks and improve processes.				<ul style="list-style-type: none"> Rollout further Emergency Services Network (ESN) technology to replace Airwave.
We will provide the best data, at the best time, presented in the best manner to drive the best decisions	Standardised information architecture and common approach to data and analytics across the organisation. We will deliver greater insights to WAST and NHS Wales, through improved data	<ul style="list-style-type: none"> Deliver a modernised, more stable data warehouse. Simplify the number of reporting tools and improve access and availability. Deliver our part of the National Data Resource Programme. Develop a forecasting and modelling framework 	Q2 Q1 - Q4 Q1 - Q4 Q1 - Q2	1 1 1 2	<ul style="list-style-type: none"> Define and transition to a unified approach to data and analytics across WAST, reducing duplication. Build skills and training to deliver more capability in house.

Flexible, Resilient, Secure Digital Infrastructure fit to carry our ambition	sharing, analytics and visualisation.				
	Improved resilience, flexibility and interoperability for the 999 call platform. We will provide an improved financial plan to support our ambitions.	<ul style="list-style-type: none"> • 999 Platform upgrade • Digital Strategic Outline Case 		1 1	<ul style="list-style-type: none"> • Transition more services to the cloud where appropriate. • Build and develop our information security posture.
To deliver enhanced development opportunities for our staff, improve patient care and drive forward our organisational learning	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation	<ul style="list-style-type: none"> • Consolidate and further enhance our relationships with higher and further education and commercial partners to build on our UTS bid 	Q1 – Q4	2	<ul style="list-style-type: none"> • TBD - Dependent on outcome of UTS status bid – in the interim continue to develop relationships in line with the bid • Continuing to engage with research partners to build on existing and develop future research activity including grants. • Develop a framework for research, innovation and transformation activity that releases capacity to support strategic development.
		<ul style="list-style-type: none"> • Increase opportunities for patients and the public to participate in research 	Q1 – Q4	1	
		<ul style="list-style-type: none"> • Build our research community, attracting and deploying appropriately skilled staff 	Q1 – Q4	1	
		<ul style="list-style-type: none"> • Seek out new partnerships and emerging opportunities to conduct innovative research 	Q1 – Q4	1	
		<ul style="list-style-type: none"> • Align our research, innovation and transformation activity to best support our strategic ambitions 	Q1 – Q2	1	

Infrastructure

Ambitions	Deliverable	Priorities for Year 1	Timescale	Year 1 Priority Tier	Priorities for years 2 and 3
We will have the right buildings in the right place for all our staff to provide the best and safest care across Wales	We will deliver the Estates Strategic Outline Plan	Capital development planning:		All priority 1	<ul style="list-style-type: none"> Develop FBC for Swansea MRD replacement Commissioning of SE Fleet Workshop facility Develop FBC for Llanelli solution Develop FBC for Newport solution Develop FBC for Llandrindod Wells Develop FBC for Bangor FW
		<ul style="list-style-type: none"> Develop OBC for Swansea MRD Replacement (AWC) 	Q1 – Q4		
		<ul style="list-style-type: none"> Development of business case for Llanelli solution (AWC) 	Q1 - Q4		
		<ul style="list-style-type: none"> Development of business case for Newport solution (AWC) 	Q1 - Q4		
		<ul style="list-style-type: none"> Development of business case for Llandrindod Wells (AWC) 	Q1 - Q4		
		<ul style="list-style-type: none"> Development of business case for Bangor Fleet Workshop (AWC) 	Q3 - Q4		
		<ul style="list-style-type: none"> Full Business Case for the South East Fleet Workshop solution (AWC) 	Q1 – Q2		
		<ul style="list-style-type: none"> Consider implications of NEPTS D&C Review and alignment with SOP 	Q1 - Q4		
		<ul style="list-style-type: none"> Develop a permanent solution for challenges of increased numbers and poor estate condition in the north of Anglesey (Amlwch) (DC) 	Q1 - Q3		
		<ul style="list-style-type: none"> Develop long term solution for EMS CCC at Llangunnor (DC) 	Q1 – Q3		
		Capital development implementation:			
		<ul style="list-style-type: none"> Implement a permanent solution for Ruthin working with Fire and Rescue partners (DC) 	Q1 - Q4		
		<ul style="list-style-type: none"> Complete the redevelopment of VPH as an Operational Hub including enhanced facilities for CCC staff 	Q1 – Q3		
			Q1 – Q2		

		<ul style="list-style-type: none"> Secure additional resources for further implementation of Transition Plan arrangements (if required) Implement a permanent solution for EMS/NEPTS in Dolgellau (DC) Implement a medium term solution for NEPTS in Bridgend (DC) Implement a solution for NEPTS in Crosshands (DC) 	Q1 – Q3		
			Q1 – Q3		
			Q1 - Q3		
We will continue preparing the Trust to be carbon neutral by 2030	We will implement the Environmental and Sustainability Strategy	<ul style="list-style-type: none"> Implement our Carbon Reduction Plan looking forward to 2025-2030 Further progression of the decarbonisation agenda Develop an Electric Vehicle Strategy including a charging network Modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels. Access further funding to support decarbonisation of the estate and our travel which will enable us to implement a Sustainable Travel Plan Develop work packages arising from the condition surveys Development of an Infrastructure and Sustainability Strategic Outline Process and recruitment to support this. 	Q1 - Q4	1	<ul style="list-style-type: none"> Decarbonisation plan attached as appendix to the plan
				1	
				2	
				1	
				2	
				1	
				2	
We will ensure that we have the right vehicles in the right place so that Ambulance Care and EMS are able to respond in a timely way	Deliver the Fleet SOP	<ul style="list-style-type: none"> Deliver the vehicle replacement scheme as per the 2022/23 Business Justification Case 	Q1 – Q4	1	<ul style="list-style-type: none"> Deliver the vehicle replacement scheme as per the SOP refresh

Partnerships and the wider system

Ambitions	Deliverable	Priorities for Year 1	Timescale	Year 1 Priority Tier	Priorities for years 2 and 3
We will work with key stakeholders to ensure they support our longer-term ambitions with genuine pan-Wales representation on partnership structures and strong political and media relationships across the spectrum	We will engage with a range of stakeholders to ensure that we are well placed to influence system thinking / strategy development	<ul style="list-style-type: none"> Engage with stakeholders on our emerging long term strategic direction in line with a refreshed engagement framework 	Q1 – Q4	2	To be determined through strategic development programme and engagement framework refresh
		<ul style="list-style-type: none"> Refresh and embed the brand and positioning of our 111 service, reflecting the completion of its roll-out across Wales 	Q1 – Q4	2	
		<ul style="list-style-type: none"> Work with local authority and other partners on interventions which support reduced conveyance, deliver more appropriate care for patients and improve referral pathways (e.g. social care) 	Q1 – Q4	2	
		<ul style="list-style-type: none"> Undertake a reputation audit as part of the strategic development programme 	Q1 – Q4	2	
		<ul style="list-style-type: none"> Engage on the “Purpose” of the organisation 	Q1	1	

Fundamentals – Quality Driven, Clinically Led, Value Focussed

Ambitions	Deliverable	Priorities for Year 1	Timescale	Year 1 Priority Tier	Priorities for years 2 and 3
A culture of quality and safety will be inherent across the organisation and evident in our quality control systems	We will secure and implement Quality Management and control systems	• Develop the Trust Quality Management System (QMS)	Q1 – Q4	1	<ul style="list-style-type: none"> Embed, evaluate and mature the Trust Quality Management system (QMS) Further implementation of the Working Safely programme
		• Evaluate the Trust Quality Governance Sub-structure to our Quality, Experience and Safety Committee (QuESt)	Q1 - Q2	2	
		• Implement the “Working Safely” Health and Safety Transformation Plan, incorporating Health, Safety & Wellbeing and Infection Prevention & Control	Q1 – Q4	1	
We will listen to people, work with communities and respond to them with candour to help shape services we provide	We will transform the way we work and engage with people	• Implementation of the Once for Wales Service User Experience System	Q1	1	<ul style="list-style-type: none"> Embedding citizen voice into service development and transformation
		• Continued development of the People & Community Network	Q1 – Q4	1	
We will support our communities through our thousands of daily contacts to improve health and wellbeing and through programmes of engagement and education	We will revisit and implement the Public Health Plan	• Review and redraft the Public Health Plan in light of COVID and the health inequalities that have arisen as a result.	Q1	1	TBD upon refresh of the public health plan
		• Scope the opportunity to work in partnership with PHW and Velindre Trust on a joint appointment to lead the plan.	Q1 – Q2	2	
		• Scope utilising the 111 website for public health messaging in partnership with PHW	Q1 – Q4	2	
Clinical leadership and evidence based practice will underpin our long term strategic ambitions	We will implement the Clinical Strategy to support developments across our service ambitions	• Review the strategy to incorporate activity related to “inverting the triangle” and Clinical Leadership	Q1 – Q4	2	TDB upon review of strategy
			Q1 - Q3	2	

		<ul style="list-style-type: none"> Continue the delivery of the Clinical Strategy through the Clinical Transformation Programme Board 			
Value will be at the heart of everything we do	We will deliver a value-based approach	<ul style="list-style-type: none"> Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources 	Q1 – Q4	2	Future priority to be determined through further development of a strategy
		<ul style="list-style-type: none"> Improvement in ability to identify areas of unwarranted variation in service delivery across Wales, utilising PLICS 	Q1 – Q4	2	
We will develop and deliver a strategic risk management framework as a key enabler of our business strategy and decision making	We will deliver strong risk management processes and embed an enterprise wide risk culture that underpins the principles of good governance	<ul style="list-style-type: none"> Implement the new Once for Wales Datix Risk Module 	Q1-3	1	<ul style="list-style-type: none"> Roll out, the new Once for Wales Datix Risk Module including training, reporting and migration of current Datix system Training on and implementation of new corporate Risk Management Policy and procedures Training on local and corporate risk management procedures Training and roll out of new BAF Embedding of positive Risk Management culture through local and corporate training
		<ul style="list-style-type: none"> Undertake a detailed review of each Corporate Risk strengthening the articulation and management 	Q2-Q4	2	
		<ul style="list-style-type: none"> Development of a Risk Management Policy 	Q3	2	
		<ul style="list-style-type: none"> Refresh of the Risk Management Strategy and procedures 	Q3	2	
		<ul style="list-style-type: none"> Board education on Risk Management and development of Risk Appetite Statements 	Q1-Q4	2	
		<ul style="list-style-type: none"> Develop a new BAF 	Q4	2	
		<ul style="list-style-type: none"> Develop and deliver a programme of training and education for the organisation 	Q1-Q4	2	

Appendix 3

Financial Plan 2022/23

REVENUE

The revenue financial plan for the financial year 2022/23 has been the most challenging plan the Trust has had to develop over recent financial years.

Despite the confirmed pass through of the full 2.8% discretionary allocation uplift provided to health boards through our commissioning process, the committed costs for developments alongside the significant financial challenges and cost pressures facing the Trust and the wider NHS in Wales has already meant that some hard choices and decisions have been made in order to contain costs, manage some of these pressures and in some cases take back down developments that had previously been in place and funded in the 2020/21 financial year. This, coupled with recent updates in the financial planning and funding principles from WG, has now allowed for the Trust to be in a position to present a balanced financial plan, albeit with some much higher risks of delivery than in the recent past.

The plan is therefore presented as a revenue balanced financial plan for the 2022/23, and the following two, financial years. This is following some significant and urgent focus that the Trust has placed on this, alongside continuing discussions with Commissioners, since the submission of the Accountable Officer (AO) letter to WG on 28th February 2022, which at the time suggested a forecast deficit for 2022/23 of just under £6m. It will map out the key assumptions the Trust is making in presenting a balanced financial plan, key actions which have been agreed through March and in particular that which has impacted on the details contained within the AO letter, and the subsequent delivery risk associated with all this.

It also now updates some of the costs relevant to a range of significant system wide cost pressures, and the updated financial planning assumptions for 2022/23 for these contained in Judith Paget's letter to CEOs dated 14th March 2022.

The incremental financial plan of the Trust for 2022/23 is essentially presented in four parts, as follows:

- An underlying position, including the current funding now assumed for a range of costs initially committed as we enter 2022/23, as a result of previously agreed schemes and developments, for which full funding for costs incurred has been provided in 2021/22 (and in some cases prior to this), and the current residual costs of these through the coming financial year;
- A "core" incremental financial plan for 2022/23, identifying the impact of expected cost pressures, inflationary and other costs the Trust is facing in the coming financial year; savings expected to offset any resulting financial gaps within this;
- An update on a range of exceptional and unprecedented system wide additional cost pressures that the Trust is currently facing for 2022/23, the

current most likely cost estimate for these, and the application and impact of the financial planning principles now more recently provided from WG in relation to these, and

- A range of costs associated with further developments the Trust strongly advises be seriously considered for funding in the 2022/23 financial year, as part of Covid recovery and the continuing impacts of a range of system wide pressures, outside of the Trust's direct control. However, costs for these will not be incurred if funding is not made available to support them, and from a financial plan perspective therefore are considered neutral.

WAST has been in a financially stable position for at least the last 7 financial years, since some historical funding and financial sustainability issues were agreed with Commissioners and Welsh Government alongside the introduction of the new Clinical Response Model in October 2015, delivering financial balance each and every financial year since within the national uplifts provided and specific additional funding and investment for agreed schemes, service enhancements and system wide developments (e.g. 111, EMS D&C impacts, ODU). This has also been achieved through the continuing delivery of a range of cost savings, efficiencies, cost avoidance and sound financial management, accepting that the total value of these has been variable with inevitably the last two years seeing the ability to deliver on these even more challenging. However, the Trust has always delivered on the savings target it has set at the outset of the financial year.

Moreover, the Trust has also got into a position of having a stable monthly run rate for a number of financial years, balancing each and every month, not seeing a financial challenge and deficit position emerge through the first half of the financial year which then needs recovering toward the financial year end. Whilst the ability to again continue this in 2022/23 will be a significant challenge, this at least gives us a sound financial baseline on which to build our next 3 year financial plan.

Position as at AO letter 28th February 2022

The forecast financial position for 2022/23 at the time of submitting the AO letter to WG was a revenue deficit of £5.9m, as per the following table:

Summary financial plan - 2022/23 AS AT 28/02/22	Current expected funding £m	Current estimated costs £m	(Surplus) / deficit £m
Recurring position bfwd	239.1	239.1	0.0
1. Previously committed developments <i>(excluding those now treated alongside cost pressures below)</i>	9.1	15.0	5.9
2. "Core" 2022/23 financial plan: - Expected funding uplift - 2.8% - Cost and inflationary pressures	6.1	6.1	-0.1
3. System wide exceptional pressures - 2022/23	0.0	4.4	4.4
4. Savings plan 2022/23	0.0	-4.3	-4.3
5. Additionality 2022/23 <i>(assumed cost neutral at this stage)</i>			
Total	254.3	260.3	5.9

This confirmed that the forecast deficit was broadly driven by two of the above four elements of the 2022/23 financial plan:

- A residual cost value, after the inclusion of some elements alongside other cost pressures, for items previously funded in the 2021/22 financial year and which it had initially been expected would continue to be so through 2022/23 and beyond, and
- The estimated cost impact of a small range of more exceptional system wide cost pressures the Trust, alongside the rest of the NHS in Wales, is facing in 2022/23,

and after allowing for what was currently identified through the work on the Trust's emerging savings plans for 2022/23, noting that this represented a 54% increase on that planned and delivered in 2021/22.

It should also be noted that, even within this forecast position, a range of choices and decisions had already been assumed and / or made to reduce costs, without which this forecast deficit at the time would have been significantly higher. This includes the following:

- The decision to already cease some elements of previously funded schemes, where it was clear from ongoing funding discussions with the CASC and Commissioners that a line of sight to 2022/23 funding was, in the short term at least, unlikely, and for which decisions could be made now to cease costs from 31st March 2022. Included in this is the Singleton MRD development that has been in place for most of the last two financial years;

- An assumption already made that there would be no further expansion or continued roll out of the “Think 111 First” service enhancement to the core 111 service and staffing (see below);
- A decision to reduce back down any level of APP “over recruitment” that may have taken place over the last few months, to return to current funded establishments, noting that APP growth costs have also been included in the EMS Transition Plan outline case submitted to Commissioners for funding consideration as part of any potential additionality in the 2022/23 financial year;
- That the presented forecast deficit will only currently include costs of c£0.7m for a range of corporate posts required to support a number of developments over recent financial years. Whilst no funding has yet been confirmed for even this level, this is set against an initial expectation of c£2.7m of such costs being supported, which in itself represented less than 10% overhead when compared to the direct front line costs of a number of commissioned developments the Trust has been asked to deliver over the last financial year or so. The £0.7m only represents the actual appointments made to date (and again funded in 2021/22) and would equate to a less than 3% enhancement on the direct costs, unlikely to be nowhere near that reasonably expected or required to support such developments. Again however with no current line of sight for the funding for any of this, this has currently now been assumed at this level, now treated alongside other unavoidable cost pressures and for which further increases will not be progressed until such time that funding is made available to do so, and
- As noted above, an estimated savings plan of £4.3m, which represents a 54% increase on the £2.8m planned and delivered in 2021/22.

What now follows is an update, where applicable, against the above draft 2022/23 financial plan, further progress made and how this plan is now presented as financially balanced.

Key financial plan funding updates since submission of the AO letter

Since the submission of the AO letter, there has been two significant updates in the funding assumptions the Trust is now making for the 2022/23 financial year, as follows:

- As provided in the letter from Judith Paget to CEOs dated 14th March 2022, additional funding coverage from WG will now be assumed for the significant and exceptional cost pressures the Trust, alongside the rest of the NHS in Wales, is facing for 2022/23. Specifically in terms of the material elements within the previously presented forecast deficit that this will be applicable to include:
 - The cost pressures associated with significant increases in energy (gas and electricity) and fuel prices;
 - The additional costs in 2022/23 of employers NI, and
 - The costs associated with the continuation of enhanced cleaning regimes put in as part of the Trust’s Covid response.

The latest estimate of cost for these will be updated below, noting the continuing volatility in some of the pricing and resulting forecast cost estimates, and the acceptance of the need to minimise these cost impacts where at all possible. It is also noted that at this stage confirmed additional funding from WG is not available to support an allocation to cover such cost pressures, but that the updated financial planning principle for 2022/23 now issued to all NHS organisations does allow for submitted plans to assume funding coverage for these, with the actual mechanism by which this will be monitored and progressed to be worked through across the system and when some of the actual costs impacts are greater known, as we move through the financial year.

Whilst the current estimate of these cost pressures is therefore updated below, the effect this has on the draft forecast position submitted as part of the AO letter is to reduce the financial gap / deficit by £4.4m.

- Progress made with the CASC over additional funding to support the continuation of some more of the schemes previously committed to. In particular this relates to an updated commitment to fund £1.8m in relation to the backfill costs for the additional 36 clinicians recruited to work on the CSD.

How these updated funding assumptions, and other progress and updates made on other aspects of the draft financial plan submitted via the AO letter on 28th February 2022 impact on the four elements of the Trust's final revenue financial plan for 2022/23 is now provided below.

Underlying position / current costs committed

Whilst focusing on the incremental elements of the revenue financial plan as we move into 2022/23, which is possible due to the delivery of financial balance over a number of years and the flat monthly run rate in year, it is important to note both the underlying and recurring income assumptions on which this is based, and the recurring cost base this generates. This is detailed in the accompanying financial tables to this plan.

On top of this, any elements that are now considered to be non recurring in the current financial year have been picked up as part of one of the four elements describing the 2022/23 incremental elements of this financial plan. An example of this is any element of savings delivery in 2021/22 initially delivered more on a non recurring basis, that is captured as part of the core financial plan below. Within all this an underlying small contingency of £1m also remains and is proposed to be held centrally at the outset of the financial year, subject to confirmation via separate Board approval of a subsequent detailed budget.

In terms of any remaining costs committed as we enter the 2022/23 financial year, at the time of submitting the AO letter the value of the financial gap for these items in 2022/23, being the estimated costs v. that which had been confirmed as funded via EASC as part of the planning process, was c£5.9m, excluding some of the costs now being treated alongside unavoidable cost pressures (see below). This was essentially made up of three remaining developments not now being funded, as follows:

- Think 111 First – at an estimated cost of £3m;

- The backfill (planned to be through the appointment of trainee EMTs) for an additional 36 clinicians agreed for the clinical support desk (CSD), and the CSD supervisory posts needed for these - £1.8m, and
- The appointment of an additional 32 EMS EMDs at a cost of £1m.

The updated financial plan as we head into 2022/23 for each of these is now as follows:

Think 111 First

The £3m cost assumes that all staff in post as at 31st March 2022 would remain, but that no further staff would be recruited over and above this to facilitate any further rollout. This had already reduced the costs down from an initial c£5.7m estimated cost of providing this across Wales.

Discussions over the future of the additionality put in in 2021/22 to enhance the core 111 staffing to provide this are ongoing, including that required to further enhance the clinical and operational leadership across the 111 service. This will also include ongoing discussions and required confirmation and clarity need in relation to the call handler and clinical triage staffing required for the core 111 service, now fully national and as we come out of the pandemic. This will also need to be fully cognisant of the current staff in post and how any variations from this will need to be managed, over what period and what additional funding to support this the Trust will need in any intervening period.

However, as there is currently no confirmed line of sight for the continuation of any further funding for this, none continues to be assumed for 2022/23 within this financial plan.

In all of this it is noted that the pathways developed to access flow centres and other clinical hubs for those who call 111 ahead of seeking to attend an ED will remain and be used.

Additional CSD clinicians and backfill

This cost was made up of the planned and expected backfill for 36 EMTs and the clinical supervision and management required to double the size of the CSD clinicians.

As noted above, the latest discussions with the CASC has now indicated that this will be funded, and this final financial plan for 2022/23 assumes this.

Until this is confirmed however the Trust has continued to work on a cost management plan for these costs previously committed. Whilst the recruitment of the backfilling EMTs has progressed at pace, alongside the other significant additionality recruited to front line EMS staff through 2021/22, including the 127 WTEs agreed for the 2nd year of the D&C implementation, there does remain an opportunity to not progress one final element of this. Whilst not at the EMT level but more focusing in ACA staffing, this does result in an option to not progress and finalise the recruitment to c46 WTEs vacancies that were about to be appointed to, the cost of which broadly equates to this £1.8m.

It is not currently suggested that this level of ACA WTEs be permanently removed from the Trust's rosters, given the impact this will also have on the upcoming roster review, but adjustments will need to be made for the Trust's target UHP for these should this

have to be implemented, and robust controls put in place to ensure that the cost of these vacancies isn't then just replaced by other variable pay costs in an attempt to fill and replace them, for example through overtime.

EMS EMDs

The costs here were for a further increase in 32 EMDs at a cost of £1m, the part year costs of which were funded as part of extra monies direct from WG in 2021/22 as a consequence of the pandemic.

This is one area where both the recruitment hasn't been as rapid as initially anticipated, and turnover levels have exceeded that assumed through this period, resulting in the net increase by 31st March 2022 now forecast at 6 WTEs. A decision has therefore now been made, due to the fact that no funding is currently being made available for this in 2022/23, to cease any further recruitment of these up to that previously assumed, and in fact manage the total numbers back down to the funded establishment before this proposed 32 increase. The worst case scenario cost wise therefore is that this will cost c£0.2m in 2022/23.

ECNS Software

It is noted that the forecast gap within the AO letter assumed this would be funded. However, it is now also noted that, in the current version of the EASC IMTP this is still to be confirmed, and is now alongside the discussions being progressed with the CASC over the above £1.8m funding for CSD backfill. However, unlike the above £1.8m, this does not now have a readily available "exit strategy" should this funding not now be available. For the purposes of the financial plan therefore, this is currently now not being assumed as funded, until this is able to be confirmed. This values c£0.2m.

"Core" financial plan – 2022/23

This part of the plan sets a range of expected and "more typical" cost and inflationary pressures against the expected funding uplift the Trust will see passed through from Commissioners at the full 2.8% provided to them within the NHS Wales Allocation Letter issued just before Christmas 2021. This uplift value has also been revised for this update of the plan, reflecting both a further update in the recurring baseline brought forward and the applicable element that this 2.8% uplift needs to be set against.

A summary of the current estimated cost pressures for 2022/23 captured in this part of the plan is as follows. This has been further updated with the latest estimate of costs since that included in the AO letter:

	£m
"Core" cost pressures - 2022/23	
Welsh Risk Pool - increasing contribution	0.2
Microsoft Licences and impacts of national recontracting	0.5
Non Pay Inflation at 2%	1.0
Previously committed costs	2.0
Non Recurring Savings 2021/22 b/f	1.0
Additional 1 day annual leave to 'Rostered staff'	0.7
Residual costs from previously funded developments:	
Respiratory / USC consultant	0.1
Corporate and leadership posts	0.7
Staffing elements of ECNS implementation	0.3
Total	6.6

The plan also assumes that the following additional costs incurred through 2022/23 will be separately funded:

- The total cost impacts of the 2022/23 pay deal;
- The ongoing impact of the payment of holiday pay on overtime;
- Any revenue cost implications of the introduction of IFRS16.

Exceptional and unprecedented system wide cost pressures

On top of the more typical cost and inflationary pressures there are a small, but hugely significant range of additional pressures the Trust, alongside the rest of the NHS in Wales, now face.

Accepting that some of these costs are still, even at this stage, difficult to fully estimate for the full year ahead, with some pricing remaining volatile even on a day to day basis, but within this context, our current best estimate of the total cost pressure impact of these in 2022/23 is now **£5.8m**. To put the variability of this in context, as noted above, at the time of submitting the AO letter, these costs were estimated to be £4.4m.

Below is therefore a current analysis of this:

- **Energy, utilities and fuel.** We are all aware of the varying but significant cost pressure estimates currently circulating, especially in relation to electricity and, in particular, gas prices. However, the knock on impact of this on fuel and forecourt pump prices will also clearly have a disproportionately greater impact for the Trust, even after the discounts we are currently able to access. The unknown nature of this is no doubt even greater following recent events in Eastern Europe and the resulting significant increase in diesel costs, especially over the last few weeks. Whilst we would not necessarily expect these to remain at this level for the whole of the coming financial year, there is clearly a risk that they could do so.

In terms of gas and electricity, based on the very latest updates provided from NWSSP, and a reasonable allowance for the knock on impacts of this on leased buildings, the current cost pressure for this alone is now over £1.7m, as follows:

Gas & Power Estimated Costs							
Estimates Based on NK e-mail 14/3/22 15:08 (from NWSSP)							
NHS Sites							
	21/22	Estimates Provided at			Cost Pressure Estimates		
	£m	Dec-21	Jan-22	Feb-22	Dec-21	Jan-22	Feb-22
		£m	£m	£m	£m	£m	£m
Forecast	0.600	1.000	0.800	1.400	0.400	0.200	0.800
% increase					66.67%	33.33%	133.33%
Leased Buildings							
	21/22				Cost Pressure Estimates		
	£m				Dec-21	Jan-22	Feb-22
					£m	£m	£m
WAST Budget 21/22	0.894						
Estate Additions (MRD etc)	0.250						
Leased Buildings Budget	0.544				0.363	0.181	0.725
Commercial Premium (Non NHS negotiated)					25%	25%	25%
					0.453	0.227	0.907
Overall Cost Pressure based on Feb 22 estimates							1.707

The increased cost impact is even greater felt on the Trust in relation to vehicle fuel, something the Trust clearly is impacted on disproportionality to the rest of the NHS in Wales. Recent hikes in pump prices have clearly been very significant in this regard, and if they were to continue at this level would again see a material increase in the costs previously estimated. At the time of the AO letter, the cost pressure for vehicle fuel was based on an average price of £1.47 per litre. Increasing this now to £1.75 sees the resulting cost pressure rise to just under £1.8m, as follows:

Welsh Ambulance Services NHS Trust				
Fuel Costs 21/22 and 22/23				
Financial Year 21/22				
		£m	litres m	Cost Per Litre £
21/22	Budgeted	5.504	4.200	1.3105
	Actual / forecast	6.183	4.158	1.4870
Financial Year 22/23				
		£m	litres m	Cost Per Litre £
21/22 rollover		5.504	4.158	1.3237
22/23	Original Cost Pressure	0.600		
		6.104	4.158	1.4680
	Current PPL £			1.7500
	Further Cost Pressure / Increase in PPL	1.173	4.158	0.2820
Total Cost Pressure 22/23		1.773		

- The impact of the upcoming increase to **Employers National Insurance**, which is a cost of c£1.9m for WAST;
- Some of the **continuing costs relating to additionality put in as result of the pandemic**, and for which costs are likely to continue for at least part of 2022/23, if not the full year. Included in this is the costs of continuing to provide as much social distancing in our sites as we can, and some IPC elements including enhanced cleaning. This currently totals an estimated pressure of c£0.4m for 2022/23. This cost does **not** include the continuing additional costs of PPE, which is assumed to continue to be separately funded.

As previously noted, it is accepted that, particularly in the case of energy and fuel costs, these estimates remain very indicative and subject to change, due to the continuing volatility in current and forecast prices. Whilst all will also be done to minimise these cost impacts, as now confirmed in the WG letter of 14th March, funding coverage for the eventual cost pressure impacts of this will now be assumed within this final draft of the financial plan. For the purposes of the accompanying tables, this will be set at the latest estimated cost values above.

Savings

The Trust is fully committed to delivering all it can to offset and contribute to the financial challenge much of the above results in for the coming financial year. In doing so it is accepting that the level of savings, efficiencies and cost avoidance and containment in 2022/23 will inevitably have to step up from that delivered in the last few years. However, this will also of course need to be set in the context of what is achievable and deliverable.

The plan is currently based on achievement of a total savings plan in year of £4.3m. To put this in context, this would represent a 54% increase in the savings forecast to be delivered in the current financial year (£2.8m). The current plan for this £4.3m is summarised in the table below:

Schedule of Savings 2022/23 - DRAFT				Rec	Non Rec
	£M	£M	Assumption	£M	£M
Operations					
Workforce Efficiencies	1.80		Overtime, Sickness, Skill Mix, Vacancy Management (non frontline)	1.80	
Uniform	0.03		Utilise 21/22 purchased stock - cfwd benefit / stock control / new uniform supplier from Sept 22	0.03	
Fuel	0.05		Savings from swipe and save / Fuel provider contract	0.05	
M&S Stock Control	0.13		Stock control - minimum / maximum levels	0.13	
Medical Gases	0.02		Reduce cylinder holdings	0.02	
Travel & Subsistence	0.05		linked to overtime reduction	0.05	
Additional Income / External Contracts	0.24		seek to maximise / Contract reviews		0.24
In House Training (previously outsourced)	0.02		ad hoc	0.02	
		2.34			
Vacancy Management (Corporate Departments)		1.30			1.30
Estate utilisation, efficiencies and sustainability impacts		0.33		0.33	
Fleet Maintenance Efficiencies		0.08		0.08	
Non Pay Local Schemes / CIP / budget management (Corporate Directorates)		0.09		0.09	
Balance Sheet Management		0.16			0.16
Current Total Savings Plan		4.30		2.60	1.70

Potential further developments / Covid recovery

On top of all of the above, which essentially is required to put the Trust into a revised recurring balanced position going into the financial year, are a range of further items of additionality that have been submitted to Commissioners for consideration as part of this planning round. These build on that supported in recent financial years, is in line with the strategic direction and intent of the Trust and in large part is as a result of the continuing (and growing) pressures and challenges we face, many of which are outside of the Trust's control.

The biggest single element of this being the proposed EMS Transitional Plan submitted to Commissioners in December 2021, which, if supported has a significant additional revenue and capital cost impact for 2022/23 (and beyond), which is over and above anything expressed elsewhere in this financial plan.

Whilst this is fairly simply expressed from a financial planning perspective, the wider impacts of, in particular, the EMS Transitional Plan not being supported are clearly significant. This will inevitably also result in more financial pressure on the organisation as we move through 2022/23 and in particular the financial years that follow. Other alternatives to simple additional funding may need to again be considered, with Commissioners and WG, to ensure that the overall resource envelope currently provided to the Trust, both now and in the future, is prioritised to that of greatest impact. A few examples of how this could further impact on the Trust in the near future includes:

- The ability to further recruit and train APPs to significantly move forward the Trust's strategic intent, in particular the lead time some of the training for these takes and the choices the Trust may need to take to progress some of this either at risk or by choosing not to do something else;

- The continued pressure that is no doubt going to be placed on the Trust to make even more savings and efficiencies going forward. Noting the current sizable jump in planned savings for 2022/23 from that over the last few financial years, this is still less than that being described in some other parts of the NHS in Wales;
- The no doubt further need to ensure that all areas of the services provided by the Trust are both fully and properly funded, but also then delivering within that agreed with Commissioners, including in relation to eligibility for access to transport within the Ambulance Care Service and that able to be delivered from what will likely be a rebasing of staffing establishments across 111.

The final thing to note here is that this plan also assumes that a range of other measures implemented during 2021/22, that were intended to be more non-recurring in nature and which were implemented in this way, do indeed cease by 31st March 2022 at the very latest, and for which no costs will therefore be incurred in the new financial year. Again, if there is any requests from Commissioners or elsewhere that these continue, this will need further funding confirmation in advance of doing so, and on top of that already required for other unfunded costs within our plan. Included in these are:

- Additional NEPTS capacity, including as a result of the need to socially distance on vehicles;
- Continuation of St John support for UCS, and
- Any areas of hospital cohorting we have been able to put in through the current winter, in an attempt to at least mitigate against some of the significant and increasing ED handover delays.

Separate correspondence on these has also be sent to the CASC, to ensure clarity on the position of all these for, at the very least, Q1 2022/23. At the time of writing, a response is awaited.

Summary financial plan 2022/23 – as at 31st March 2022

The impact of all of the above results in the updated revenue financial plan for 2022/23 as summarised in the following table. The accompanying finance MDS tables provide further details.

Summary financial plan - 2022/23 AS AT 31/03/22	Current confirmed funding £m	Current assumed additional funding £m	Current estimated costs £m	(Surplus) / deficit £m
Recurring position bfwd	242.6	0.0	242.6	0.0
1. Previously committed developments:				
EMS D&C Phase 2	5.6	0.0	5.6	0.0
ODU	0.9	0.0	0.9	0.0
MRD - Singleton	0.0	0.0	0.0	0.0
Neonatal	0.1	0.0	0.1	0.0
ECNS software	0.0	0.0	0.2	0.2
Transfer of MH pilot from NCCU to WAST	1.0	0.0	1.0	0.0
CSD Enhancement (MHP) - additional 2021/22 plus that previously funded by WG	0.3	0.0	0.3	0.0
Additional 36 T/EMTs to backfill CSD clinicians	0.0	1.8	1.8	0.0
Additional EMDs	0.0	0.0	0.2	0.2
Major Trauma Network	0.6	0.0	0.6	0.0
Think 111 First	0.0	0.0	3.0	3.0
2. "Core" 2022/23 financial plan:				
- Expected funding uplift - 2.8%	5.7	0.0	0.0	
- Cost and inflationary pressures	0.0	0.0	6.6	0.8
3. System wide exceptional pressures - 2022/23:				
Gas, electricity and fuel	0.0	3.5	3.5	0.0
Additional employers NI	0.0	1.9	1.9	0.0
Covid continuation (cleaning, etc)	0.0	0.4	0.4	0.0
4. Savings plan 2022/23	0.0	0.0	-4.3	-4.3
5. Additionality 2022/23 (assumed cost neutral at this stage)				
Total	257.2	7.6	264.8	0.0

Whilst therefore presented as a balanced plan, the assumptions within which this is currently forecast, and previously highlighted, need to be fully understood and agreed, alongside the resulting residual risks of fully delivering on this as we go through the 2022/23 financial year, and the undoubtedly challenging and competing service risks of the actions being taken to seek to achieve this.

Years 2 and 3

The focus of this financial plan within the 2022-25 IMTP has inevitably been on the coming financial year. Whilst this is always the case, with year 1 of any 3 year plan being more detailed, given the current financial challenges and in some areas continuing uncertainty, this is even more so this case this time. However, this does continue to be presented in the accompanying financial tables as a 3 year plan, with years 2 and 3 based on the following high level assumptions:

- In terms of future year's core funding uplifts, as per financial planning principles issued in December 2021 following the publication of the draft WG 3 year budget, these have been assumed at 1.5% for 2023/24 and 0.75% for 2024/25;
- On top of this is the assumed funding for the in year pay award in each of the following two years, consistent with 2022/23;
- Initially anyway, the recurring cost impact of the system wide exceptional cost pressures that can now be assumed as covered for 2022/23 are also assumed going forward;
- Cost pressures are assumed at a level at least to the value of the coming financial year.

All this, especially the reduced funding growth expected in years 2 and 3, clearly result in the strong likelihood of even further increases in savings and efficiency requirement going forward and clearly highlights the expected further significant financial pressure the Trust, alongside the rest of the NHS in Wales, is expected to see from 2023/24 onwards. Even if the Trust is now able to not only present but deliver financial balance in the coming financial year, the ability to do so beyond this is clearly going to be an even greater challenge, and one for which the Trust needs to keep the pace and urgency injected over the last few months to at least get to a balanced financial plan for 2022/23 going forward, to ensure even more robust financial sustainability in the future. As a minimum this will need to include:

- A different approach to the delivery of savings and efficiencies;
- The likely potential of further hard choices and decisions having to be made to reduce / take down / decommission some services in order to maintain or grow other areas, if additional funding to do so is not going to be available;
- Make much more use of cost and other benchmarking to seek areas of potential opportunities;
- Greater use of collaboration with other services to reduce costs;
- Further exploration of the benefits from potentially outsourcing elements of support services;
- Further identification of areas of greater value and system wide impact, especially in relation to service developments;
- More robust evaluation of previous investments made and ensuring that the benefits expected from these are both being delivered and maximised. Where this is not the case, consider how these can be disinvested in;
- The ability to generate more income, including from more non traditional sources.

On top of the above, what is also not yet clear is how much of any additional funding made available for some of the system wide exceptional cost pressures in 2022/23 will be recurrent, set against what the eventual recurring cost impacts of these will be.

Whilst focussing here on the revenue financial plan, such approaches will be equally relevant to the capital programme, given the current financial outlook from a capital perspective.

A much more structured approach to the progression for all this will be required, which will need to start now to include the ability to explore what else may be available to support other areas of development required for the coming financial year as well as ensuring robust plans are generated as early as possible in 2022/23 for future financial years. This will need full support across the organisation.

Risks

No financial plan is risk free. However as we head into 2022/23 the level of financial risk of delivering a balanced in year and year end position is clearly greater than in the recent past. This has therefore already been reflected in an agreed increase of the risk scoring for this on the Corporate Risk Register.

The main risks that will need close monitoring and mitigating actions should they materialise, through the upcoming financial year, include:

- The recovery of all of the updated income assumptions this balanced financial plan now makes;
- The ability to deliver a minimum of a 54% increase in savings over that made in 2021/22. Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the 2022/23 savings plan;
- The ability to manage cost reductions for schemes already agreed to be taken down / decommissioned, through natural wastage, turnover and attrition, and in line with the expected profile of these assumed within this plan;
- The ability to also do likewise for any other areas where this may be further required due to ongoing funding discussions, including re Think 111 First and the eventual agreed “core” 111 staffing establishments post the finalisation of the national rollout in March 2022 and what is now required for this service post pandemic;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

CAPITAL

The capital programme has been developed in parallel with our service, estate and fleet plans. The Trust is in a good position with WG endorsed 10 year SOPs for both fleet and estates, with a number of business cases aligned to these in varying stages of development. Recognising the current capital funding outlook, the Trust is progressing with business cases so that when funding does become available that this can be accessed.

The Trust has already secured funding for major capital development in 2022/23 which are currently progressing at pace including ePCR, VPH renovations, 2022/23 fleet replacement programme and the new 111 system. The Trust has also demonstrated value for money from the investments it has made from is discretionary capital allocation over recent years.

Discretionary Capital

The Trust was notified in January 2022 of a discretionary capital allocation reduction of 24% from that received over the last four to five years, which has resulted in only £4.431m being currently made available for the Trust, from which it will need to fund a range of estates, Information and Communications Technology (ICT), medical equipment and other schemes.

This reduction in funding is going to have a noticeable impact on the Trust's ability to deliver on its strategic aims especial around the decarbonisation agenda, which the Trust has made good progress on over the past 12 months.

The organisation has continued to strengthen its overall approach to capital planning, with the establishment of an Internal Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversees all aspects of capital planning. On top of this there is a specific discretionary capital Task & Finish Group that meets twice yearly to prioritise the discretionary capital schemes. These are all then taken to the Trust Board's F&PC via a Capital Management Board, and, where required, Trust Board for approval.

The table below is as a result of the above processes and shows the plan for 2022/23 considering items which the Trust has contractable obligations to complete along with the top slice funds which allow the Trust to progress with smaller less convoluted schemes, these however have also had to be reduced as a result of the overall reduction in allocation.

Per the table below there are 3 high priority schemes which have been sighted at Board as key developments for the Trust, this therefore only leaves c£0.6m to spend for the remainder of the financial year, this is in line with the contingency amount we would normally retain to cover off any future urgent capital schemes which may materialise later in the financial year.

Work is however also progressing through the above groups and Boards to ensure cases are available for additional capital schemes, it is envisioned that the schemes which are unable to progress at this stage will be held in reserve should further monies become available throughout 2022/23, this will include the schemes around the development of the SE workshops which the Trust received Ministerial support in 2021/22 to purchase the site.

	2022/23 £m
Current confirmed Discretionary Capital funding	<u>4.431</u>
Trust Board commitment carried forward - to complete VPH scheme	1.458
Seek to minimise impact of other cost slippages 2021/22	0.300
Set "top slices" as follows:	
- Estates - c15% reduction	0.300
- Estates fees - maintain as needed for future business cases	0.150
- Fleet - 15% reduction	0.255
- ICT - c15% reduction	0.215
- Project costs (already reduced)	0.180
Progress current remaining priorities, @ following levels of maximum spend:	
Dolgellau	0.350
Bennett Street, Bridgend	0.300
Crosshands	0.300
Balance remaining at outset of the financial year	0.623



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Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	5

QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK 2022-2025

MEETING	Trust Board
DATE	24 Mar-22
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance Claire Roche – Executive Director of Quality & Nursing Trish Mills – Corporate Secretary
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance
CONTACT	Hugh.bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

Trust Board is asked to approve the Quality & Performance Management Framework.

Trust Board approved a Planning & Performance Management Framework in 2016. This is now out of date and does not reflect the significant improvement in practices since 2016 or future plans. The update has been delayed as a result of the pandemic response. The purpose of the Framework is to deliver appropriate (prudent) patient care and staff well-being across the Trust's responsibilities, through the application of quality and performance management practice.

The Framework provides a formal document to give assurance to Trust Board that the Trust has a clearly defined approach for the delivery of quality and performance at all levels of the Trust. The Framework is designed to be integrated and combines quality and performance; and reflects the statutory duty of quality as per the Health & Social Care (Quality & Engagement Act) and the Trust's Quality Strategy.

There has been positive engagement in a range of fora across the Trust and with the National Collaborative Commissioning Unit. Each committee has been engaged and Finance & Performance Committee formally endorsed the Framework at its 17 Mar-22 meeting, noting the above.

RECOMMENDATION

Trust Board is asked to:-

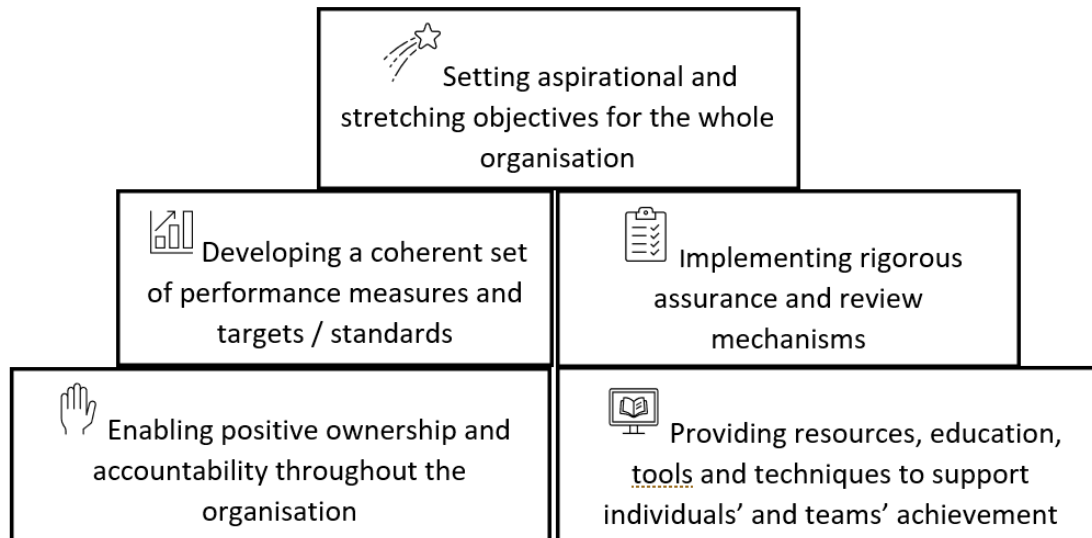
- **Consider** the Quality & Performance Management Framework 2022-2025;
- **Approve the** Quality & Performance Management Framework 2022-2025.

KEY ISSUES/IMPLICATIONS

The Framework and its supporting appendices are attached at Appendix 1.

Five Building Blocks

The Framework has five component parts or building blocks.



Organisational Requirements

Each component has “Organisational Requirements”. These are the principles or the rules that define how the Trust will discharge quality and performance at every level in the Trust. There are 23 proposed Organisational Requirements.

Dynamic

The Framework is designed to be dynamic and reflect the fact that quality and performance management practice is being continuously improved. The Framework proposes the formal establishment of a Quality & Performance Management Steering Group to oversee the on-going development of the Framework before its next formal update to Trust Board in Mar-25

Priorities for Improvement

The Framework maps elements of the “as is” quality & performance management arrangements of the Trust at a Trust wide level, in particular, a quality and Performance Management Cycle that feeds through the meetings detailed in the Assurance & Review Governance Map.

The Trust’s current arrangements are considered good, but the ambition is excellence. Priority areas for improvement include:

- Local-frameworks: the development of documents in each area of the Trust which set out how the Framework will be enacted in that area. This will include an assessment of current practice v the Organisational Requirements as a guide to future improvement activity;
- Strategic partner or expert reference group: which enables the Trust to lever in excellent practice, looking to health economies across the world and different sectors as well as the NHS family;

- A formal dynamic and prioritised work programme for the Steering Group.

On-going Assurance for Committee and Trust Board

The Finance & Performance Committee's terms of reference has the following duty:-

- Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework.

As part of on-going assurance, the Board Secretary has recommended that the committee receive a six month update on the Framework and the work of the Steering Group and a short annual report.

Communications

The Steering Group will also liaise with the Trust's Communications Team to launch the Framework after its approval, with a focus on the "why" and "what will this mean to me".

REPORT APPROVAL ROUTE

Date	Meeting
09 Feb-22	EMT
17 Feb-22	QUEST
22 Feb-22	People & Culture Committee
09 Mar-22	EMT
17 Mar-22	Finance & Performance Committee
24 Mar-22	Trust Board

REPORT APPENDICES

Appendix 1 – Quality & Performance Management Framework (and supporting 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)	y	Financial Implications	y
Environmental/Sustainability	y	Legal Implications	y
Estate	y	Patient Safety/Safeguarding	y
Ethical Matters	y	Risks (Inc. Reputational)	y
Health Improvement	y	Socio Economic Duty	y
Health and Safety	y	TU Partner Consultation	y



Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust



WAST QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK

VERSION: (13)

09 Mar-22

Contents

1. Purpose	3
2. Background	4
3. Framework Overview	5
4. Setting Aspirational and Stretching Objectives.....	6
5. Balanced & Coherent Measures and Targets	8
6. Ownership & Accountability.....	11
7. Assurance & Review Mechanisms	12
8. Support to Individuals and Teams	13
9. Quality & Performance Management Cycle.....	14
10. Roles & Responsibilities.....	17
11. Developing the Framework	19
12. Further Advice & Guidance.....	19

Appendices

1.	WAST Assurance & Review Governance Map
2.	Quality & Performance Improvement Techniques
3.	Quality & Performance Management Steering Group Terms of Reference
4.	Quality & Performance Management Cycle

1. Purpose

This Quality & Performance Management Framework sets out an integrated approach to helping the Trust **improve the quality of its services and outcomes for patients** and **achieve its ambitions and objectives** by monitoring and improving the performance of people, teams, and the organisation.

It establishes a framework for developing a **shared understanding** about what is to be achieved and an approach to leading and developing people which will ensure that it is achieved. It should **empower** colleagues at every level in the organisation to do their jobs more effectively and help remove barriers that are preventing them from giving their best.

The Framework also provides a formal document to give assurance to Trust Board that the Trust has a clearly defined approach for delivering quality and performance at all levels of the organisation.

Quality is defined within the Health and Social Care (Quality & Engagement) (Wales) Act 2020 as:

- the effectiveness of health services;
- the safety of health services; and
- the positive experience of individuals to whom health services are provided.

Performance Management is the process of actively managing delivery of a plan, in particular, regular review and corrective action to remain on target to deliver a plan and the process of making change to a process or system that is key to delivering improved performance, normally involving a service redesign technique.

2. Background

The Framework builds on the Trust Board **approved 2016 Planning & Performance Framework**. Whilst the Trust has not formally updated the Framework since that time, significant strides have been made in quality and performance management over the last 5 years.

Both the Trust's **Structured Assessment** and a recent internal audit of Clinical Contact Centre (CCC) performance management identified the need to formally update the Framework.

In developing this updated Framework, consideration has been given to similar frameworks in other public sector organisations, literature on quality and performance, external stakeholder requirements and feedback from internal stakeholders.

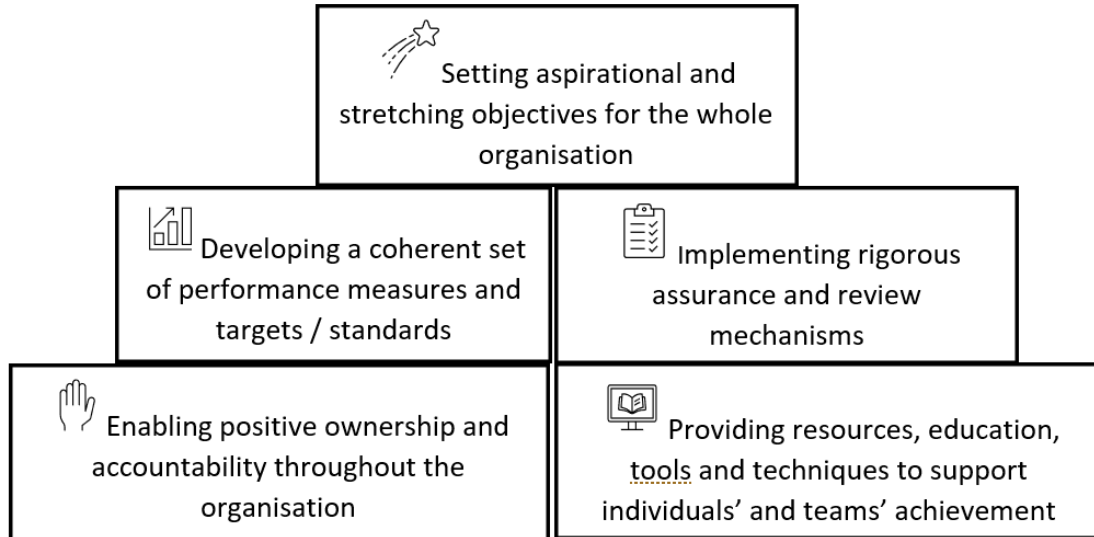
Importantly, this Framework is also a key facet of the Trust's action plan in relation to its **Quality Strategy**. The Quality Strategy 2021-24 is aligned to the Trust's *Delivering Excellence 2030* vision and complements the organisation's wider strategic plans and priorities. The strategy has been driven by new legislative requirements for health and care organisations in Wales; the *Health and Social Care (Quality and Engagement) (Wales) Act 2020*. This places legal duties upon the Trust including, the *Duty of Quality*, the *Duty of Candour*, and engagement requirements with Wales' *Citizen Voice Body*. One of the key components of the Quality Strategy is to develop and embed **Quality Management Systems**, and this Framework should be read as the organisation's response to this element.

The Quality & Performance Management Framework also forms part of the wider assurance arrangements within the organisation. The **Risk Management Framework** is an integral part of our governance arrangements and is central to the management of the Trust's objectives. It includes the components that enable the Trust to effectively manage risk supporting the delivery of continuous quality improvement, safer patient care and the safety of our staff and visitors. This is strengthened by embedding a positive risk management culture and the principles of good governance throughout the organisation.

The **Board Assurance Framework** sets out WAST's overall arrangements for providing assurance to the Board by aligning these closely to the Board's strategic goals and objectives as described within its 3 year Integrated Medium Term Plan. In addition, the framework informs the Board on the principal risks that threaten the delivery of those objectives.

3. Framework Overview

The Trust's Quality & Performance Management Framework is a broad organisational framework made up of **5 key building blocks**, set out in the visual below. These set out both the **processes** that need to be in place across the organisation, but also importantly also touch on the **values and culture** of the organisation that will need to be embedded around **supporting people and teams** to take positive ownership and accountability for improvement.



The Trust is a complex and diverse organisation, and there will need to be some flexibility in terms of how this Framework is implemented. However, the Framework sets out some core principles or **organisational requirements** for each of these building blocks, which are set out in more detail in the following sections.

In each part of the organisation, whether that be in corporate or operational Directorates and teams, managers will be required to assess their own systems and processes against the requirements in this Framework, and where necessary, implement changes and improvements. The arrangements for quality and performance management, aligned to this Framework, for a particular part of the Trust, will be documented in a series of **local Frameworks**.

The Framework is designed to be a dynamic document, reflecting the fact that quality and performance management practices are being amended and improved on a weekly basis to reflect the fast moving and changing nature of the Trust's work, and later on the document, how this will happen will be described.

A **work programme** will be developed by the newly formulated Quality and Performance Framework Steering Group to take forward the development and implementation of this Framework across the organisation, reporting in to EMT and to the Finance and Performance Committee,

4. Setting Aspirational and Stretching Objectives

OR1	The Trust will clearly set out its long-term ambitions in a Board approved strategy or strategies . It will be easily accessible and understood by staff across the organisation and by stakeholders.
OR2	The Trust will operationalise these long-term ambitions through a Trust wide, rolling, three year Integrated Medium Term Plan (IMTP) .
OR3	More detailed Delivery Plans will be developed as required at Directorate, Team or Programme level, setting out how they will contribute to achievement of the Trust's Strategy and IMTP.
OR4	All staff will have annual Performance Appraisal Development Review (PADR) with an individual plan for the year, connecting the individual's contribution to Trust ambitions and plans.
OR5	All plans at every level will be balanced , taking into account quality, our people, resources & value, and how the plan contributes to the wider system. The plans will also consider risks and how they might be mitigated.
OR6	The Trust will give due regard to Welsh Government, Commissioner and other strategies and statutory requirements when developing its plans and planning arrangements.
OR7	All plans should include objectives that are FAST : frequently discussed, ambitious, specific and transparent.
OR8	All plans should be dynamic and responsive to changing circumstances, with supplementary plans being produced (as agreed) where required

The Trust is committed to developing, evolving and clearly articulating its longer-term strategy and ambitions, taking into account the wider context in which it operates, and working in collaboration with internal and external stakeholders. The process of **production of plans** that then turns these longer-term ambitions into specific aims and objectives that are stretching and focused is a key component of the Framework.

The Trust has a **statutory requirement** to think and plan in a generational way (the Well-Being of Future Generations (Wales) Act 2015), plan in a way that is consistent with the NHS Wales Planning Framework, Commissioning requirements, Welsh Government strategy (currently A Healthier Wales) and a statutory requirement to think of quality and engagement through the Trust's work – the Health & Social Care (Quality & Engagement) (Wales) Act 2020. But plans

The Trust will develop plans at every level of the organisation - **strategic, tactical and operational**. This will produce a **hierarchy of plans** that link together, aligning the Trust and all its people towards achieving its agreed, overall vision.

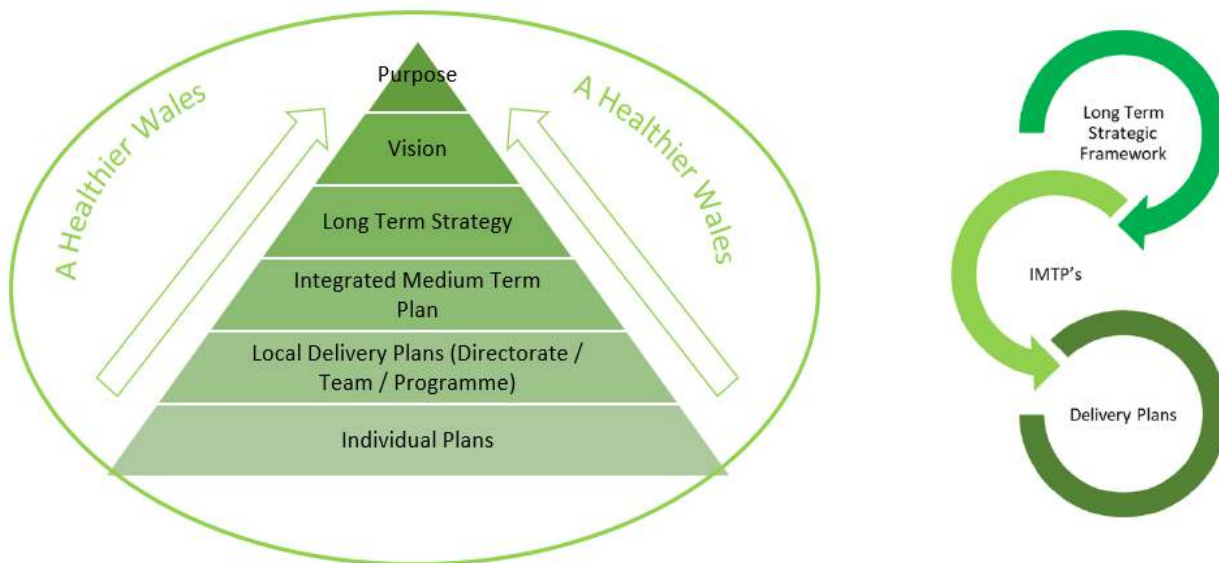
At an organisational level, **the Integrated Medium Term Plan** will set out, on a three-year rolling basis, the prioritised actions that the organisation will take to move it towards its strategic ambitions. The IMTP will take into account the national planning guidance issued by Welsh Government annually, the external environment in which we operate including statutory requirements and commissioning intentions, as well as intelligence gathered from patients and staff.

Underneath the IMTP, a range of more detailed **delivery plans** will be developed. These may be at a programme level, a Directorate level, or a sub-Directorate level. These are important mechanisms which set out the actions that individuals and teams need to take at all levels of the organisation, linked back to the IMTP.

Lastly, these plans will all be linked back to individuals through their **PADRs**, which will allow each member of staff to understand how they contribute to the organisations aims and objectives.

In addition, emergency and business continuity plans should be produced to deal with unplanned situations that interrupt the planned delivery of strategic ambitions and impact on the quality and performance delivery.

All plans will set out clear objectives which should be FAST (frequently discussed, ambitious, specific and transparent). Actions should have clear milestones for delivery.



5. Balanced & Coherent Measures and Targets

OR9	The Trust will develop appropriate measures at every level of the organisation, aligned to plans that demonstrate progress in achieving long term ambitions and objectives.
OR10	The measures will be proportionate and balanced reflecting the quality of services to our patients, our people, finance & value and partnership & system contribution.
OR11	In reviewing progress against quantitative measures, consideration will be given to progress over time , and information will be simply presented to ensure that it is clearly understood.
OR12	Everyone in the Trust should have easy access to information on the measures relevant to their role, empowering quality and performance management in their job.
OR13	Everyone in the Trust should have access to and be aware of the corporate level measures and metrics to understand the progress that is being made.
OR14	All reports setting out progress against these measures will be quality assured in terms of the data, with clarity provided on data definitions.

Quantification of Aims & Objectives

The development and monitoring of measures is the mechanism by which the organisation can assess whether its strategy, aims and objectives are being achieved. If an aim or objective does not have an agreed quantifiable measure, then assessing progress becomes subjective and difficult. Aims and objectives, normally contained in plans, projects or programmes should be supported by measures. These measures should be FAST.

Balanced, Logical & Coherent Metrics

There is plenty of quality and performance literature that identifies that setting the wrong measures can cause perverse incentives or sub-optimize performance i.e. an over focus on one measure to the detriment of another. The origins of the **balanced scorecard** approach to measures came from a number of high-profile organisational failures, where there was an over focus on profit at the expense of wider considerations like safety. The Welsh Government paper “A Healthier Wales”, set out the Quadruple Aims, which is based on this approach.

Welsh Government Quadruple Aim



The Trust agrees with this balanced approach and has interpreted it into the Trust setting with the following 4 areas of focus.

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

The metrics chosen should be logical (based on evidence) and **connected to one another** so that they provide a coherent picture of the interaction between variables that affect quality and performance.

A coherent set of metrics will usually look at the links between **inputs, processes and outputs and outcomes**, for example, ambulance hours produced, speed of mobilisation, Red 8 minute performance and lives saved, which helps determine value achieved from the initial investment of taxpayers' money.

The Institute of Health Improvement (IHI) similarly advise that metrics should be **proportionate**, focusing on the "the vital few" i.e. the key metrics that need to be affected in order to improve quality and performance.

Vanguard Systems Thinking also recommends the avoidance of hit/miss targets to help manage quality, safety and patient experience, so the use of **distribution curves** (median, 65th and 95th percentiles). This is not to say that hit/miss targets cannot be used, but that they should be supported by distribution measures e.g. Red A8 hit/miss, but also Red 95th percentile. The Trust has also learnt that a focus on what is happening in the last five percentile points is also an important aspect to patient safety.

Both IHI and Vanguard recommend the use of **time series analysis** graphs. Time series analysis enables colleagues to identify trends, variations, and changes in the metrics over time which may be driven by service change or presenting demand (user or patient). Time series analysis can be further supported using supporting techniques like statistical process control (SPC) and pathway/system mapping of flow (work, users and patients).

Metrics should be presented in a way that are **easy to read** and use, with an emphasis on graphical presentation that provides the reader with a coherent narrative of what is happening and why.

There will need to be an appropriate level work undertaken within the organisation to ensure that data is of sufficient **quality** to be used in reporting of these measures, and an appropriate clear definition of each measure.

And finally, **predictive techniques** are encouraged, for example forecasting patient demand and simulation modelling, which enable decision makers to get upstream and have sufficient time to take balanced, coherent and FAST actions to mitigate potential identified quality and performance issues.

Clearly, not all quality and performance reports need to be balanced and coherent, they may rightly have a specific focus, but **decision-makers should be receiving either balanced and coherent quality and performance reports or a suite of reports that together provide this balance and coherence.**

Drill Down

Most performance literature agrees that for senior decision makers quality and performance reports need to focus on the “vital few” metrics; however, it is also possible to “drill down” from key high level metrics and obtain more detailed information. This may be by geography (health board, locality, station) or by time (month, day, hour) or both. This ability to drill down enables colleagues to identify the geographic area or time period that is most important to improving quality and performance.

Alignment

The Trust operates in a data rich environment. Whilst this is a good thing, an issue can be that colleagues cannot always easily understand how the metrics they are working on align to what the Trust is trying to achieve overall. Most quality and performance literature agree that organisations are more effective if employees at every level in an organisation understand how their work and the metrics they are working on fit into the “**big picture**”. The most famous example of this is the NASA janitor who was helping to put a man on the moon.

This alignment has traditionally been done through PADRs. The Trust is currently developing IMTP posts that will provide colleagues with an overview of the Trust’s aims and objectives linked to key metrics. The Trust knows that this is an area, particularly with the growth of ICT, where there are opportunities for further development over the three years of this Framework.

6. Ownership & Accountability

The requirements for Ownership & Accountability are:-

OR15	Everyone in the Trust has a level of ownership and accountability for quality and performance management and improvement, commensurate with their job description.
OR16	The plans at every level of the organisation will clearly set out the owners of each action and deliverable, although matrix working is a key part of the way in which owners can ensure actions are delivered
OR17	The individual owner is accountable for the action, deliverable and outcome achieved, and is provided with the support to deliver.

Overall accountability for quality and performance rests at Trust Board level, but **everyone** in the Trust has a responsibility for quality and performance. Accountability and responsibility are detailed through a variety of management mechanisms, for example, formal schemes of delegation, job descriptions, scope of practice, plans and PADRs.

However, quality and performance management theory points to **one person** needing to be identified as **owning an aim, objective or measure**, to avoid confusion, create clarity and ensure ownership and accountability. The Trust makes extensive use of action logs, risk registers, project plans, programme plans, tactical plans as well as the Board level IMTP and Monthly Quality & Performance Report. It is established practice in the Trust that these management mechanisms include a column which identifies the Lead so that ownership and accountability are clear.

The identified lead is the person who is deemed to be **accountable** for a particular aim, objective or measure. The level of accountability should be appropriate to their job description with increasing breadth of responsibility and delegation to deliver the aim, objective or measure.

Accountability means that the lead will be **held to account**. This will normally be in a quality and performance forum (see next chapter) and will involve challenge and scrutiny if an aim, objective or measure is not being delivered. This process should lead to the identification of corrective actions to aid the delivery of the aim, objective or measure, which should be recorded.

Whilst it is right and proper that colleagues are held to account it is equally important that colleagues have the tools, techniques and capacity to deliver on what they are accountable for i.e. we set up to succeed.

7. Assurance & Review Mechanisms

OR18	There will be regular meetings at every level across the Trust (Trust wide, Directorate, team, individual) where quality and performance delivery is reviewed and assured, linked to the relevant plans.
OR19	These meetings will form part of a quality and performance management cycle (Trust, departmental or functional)
OR20	Where assurance is not achieved, corrective action will be agreed with a supporting improvement tool or the issue will be escalated.
OR21	The Trust will comply with and support all external quality and performance management assurance requirements (JET / EASC / 111 Programme Board)

Assurance is positive declaration intended to give confidence that a key deliverable/action and the associated measures are being delivered. **Assurance is achieved through review.** Review invariably requires formal organisational mechanisms. A lack of assurance should lead to corrective action in order to achieve assurance.

Assurance & Review Governance Map

Appendix 1 contains the Framework's Assurance & Review Governance Map i.e. the current standing meetings at a Trust wide level that focus on quality and performance management at a corporate level. This map itself will need to be reviewed against the requirements in this Framework.

Performance management theory and practice identifies that **regular meetings** provide a clear process for reviewing quality and performance, an organisational rhythm and through repetition the development of knowledge and insight.

For the Trust wide level meetings identified in *Appendix 1* the expectation is that:-

- They are formal meetings, with clear terms of reference;
- Receive a regular supply of timely quality and performance information;
- Quality and performance information is historic, but also predictive;
- There is a supporting action log and maybe also an action plan (optional);
- The meetings are undertaken in collaboration, in a matrix style.

Corrective Action

The acid test of quality and performance meetings is whether quality and performance improves or the impact of system pressures is mitigated. In more formal meetings there should be a clear action log with a focus on corrective/remedial actions allocated to attendees. In less formal meetings email notes or hand written notes in a daily log book may suffice. The actions/notes should be returned to in the next meeting.

8. Support to Individuals and Teams

OR22	The Trust will ensure that colleagues at every level in the Trust have access to the resources, education, training & development and tools and techniques to enable them to deliver and improve quality and performance.
OR23	Appropriate quality and performance management training will be available for colleagues at all levels in the Trust, including training in data, analytics and behaviours.

Access to Improvement Tools and Techniques

The Trust will ensure that colleagues at every level in the Trust are supported to deliver and improve quality and performance through the **availability of good improvement tools and techniques**.

The Trust acknowledges that the current range of improvement tools and techniques have emerged over time and not been subject to a more formal analysis of what each type of role in the Trust requires. This will be an area of development for the Framework over the next three years.

Nevertheless the Trust does have access to an extensive range of good improvement tools and techniques (see *Appendix 2*).

Quality & Performance Management Training

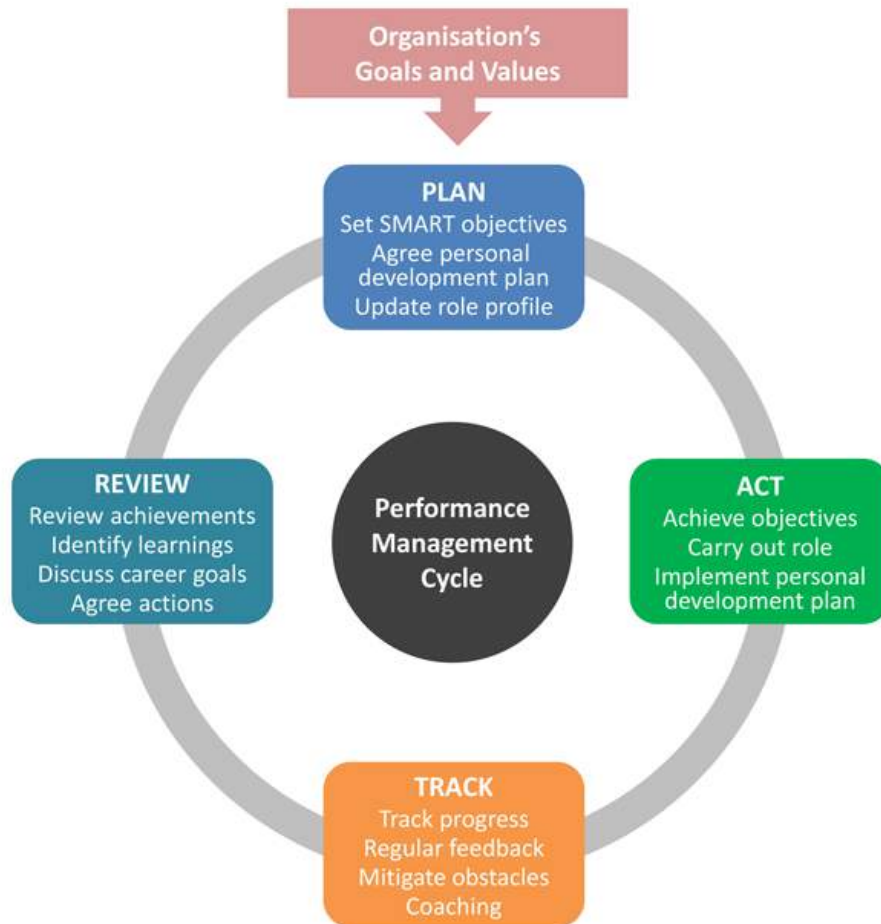
Similarly training on improvement tools and techniques is largely the responsibility of individual managers and staff via the PADR process; there is no real corporate overview (horizon scanning or needs analysis) of the Trust's quality, performance management and improvement tools & techniques. The proposed Quality & Performance Management Framework Steering Group will collaborate with the Workforce & OD Directorate to ensure appropriate quality and performance management training for colleagues at all levels in the Trust.

The overall approach should be that of a learning organisation.

9. Quality & Performance Management Cycle

The process of developing a stretching aims and objectives in plans, the development of balanced, coherent and FAST measures and delivering these through ownership, accountability, assurance, review and improvement can be brought together and articulated into a formal quality & performance cycle.

Quality & Performance Management Cycle



Organizational Effectiveness Cycle



Quality & Performance Management Cycle

In Chapter 7 the Framework identified an Assurance & Review Governance Map (*Appendix 1*) i.e. the series of meetings that make up the Trust wide approach to quality and performance. In order for these meetings to be fully effective they need to fit together around a cycle that has the following characteristics:-

- i. sufficiently upstream to enable good planning for quality and performance;
- ii. integrated to ensure that plans are aligned to each other, what has been referred to as “planning advantage” (rather than competitive advantage);
- iii. Delivery focused, in particular, sufficient mechanisms are in place in year to ensure that a plan is supported and delivered; and
- iv. Evaluates, that the cycle asks “have we delivered what we set out to deliver?” and has “what we planned delivered the intended benefits and outcomes?”

Appendix 4 sets out the Trust’s Quality & Performance Cycle.

10.Roles & Responsibilities

Every colleague in the Trust has a role and responsibility for quality and performance management. There are also specific roles within the Framework.

The **Chair** has oversight and ultimate Board level accountability and responsibility for the Trust's quality and performance. In discharging this responsibility the Chair is supported by the Board made up of Non-Executive Directors and directors. The Quality & Performance Management Framework provides a key assurance mechanism for the Chair and Board to discharge their overall responsibility for quality and performance. The Chair has a specific role within this Framework to undertake a PADR with the CEO and monthly one to ones.

Non-Executive Directors support the Chair in discharging Board level accountability and responsibility for the Trust's quality and performance, in particular, act as Chairs and Vice Chairs of sub-committees to the Board with a specific focus as per the committee's terms of reference.

The **Chief Executive Officer** has ultimate officer accountability and responsibility for the Trust's quality and performance. The Chief Executive Officer will primarily discharge these responsibilities, in line with this Framework, through the Strategic Transformation Board, weekly Executive Management Team (EMT), monthly one to one meetings with Directors and PADRs.

The **Director of Operations** has lead officer responsibility for Operations quality and performance across the Trust's three patient pathways: 111, EMS and Ambulance Care; a specific lead responsibility for an Operation's Quality & Performance Management Sub-Framework.

The **Executive Director of Finance & Resource** has lead responsibility for the Trust's financial & resource planning, financial & resource monitoring and delivery and financial & resource benefits and outcomes, including financial balance. The Executive Director of Finance & Resource also has specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Clinical & Medical Director** has lead officer responsibility for the Trust's overall Clinical Strategy, clinical practices and a specific lead responsibility for the Clinical & Medical Quality & Performance Management Sub-Framework.

The **Director of Paramedicine** has lead officer responsibility for the Trust's paramedicine and quality and performance management practices within this context. The Director of Paramedicine also has a director level responsibility for the paramedicine aspects of the Clinical & Medical Quality & Performance Management Sub-Framework.

The **Executive Director of Quality & Nursing** has lead responsibility for the regulation of registered nurses and professional standards in the Trust and the Trust's Quality Strategy. The Executive Director of Quality & Nursing has a specific lead responsibility for the QSPE Quality & Performance Management Sub-Framework. The Executive Director of Quality & Nursing is a member of the Quality & Performance Management Steering Group.

The **Executive Director of Workforce & OD** has lead responsibility for the Trust's People Strategy including workforce & OD aspects of the Quality & Performance Management Framework e.g. training, PADRs etc. The Executive Director of Workforce & OD also has specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Director of Partnerships and Engagement** has lead responsibility for communications, engagement and partnership aspects of the Quality & Performance Management Framework e.g. communication

metrics etc. The Director of Partnerships and Engagement has a specific responsibility for the Trust's Annual Report and specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Board Secretary** has lead responsibility for the Trust's Board Assurance Framework and overall governance of the Trust. The Quality & Performance Management Framework is a key part of the Trust's Board Assurance Framework. The Board Secretary has lead responsibility for managing the flow of reports to the Board and its sub-committees including quality and performance management reports. The Board Secretary has a specific responsibility for overseeing the management of the Trust's integrated year end reporting and specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Director of Strategy, Planning and Performance** has lead responsibility for the Trust's planning and performance management processes, including the commissioning of the Trust's services by its funders. The Director of Strategy, Planning & Performance has lead responsibility for the Quality & Performance Management Framework and chairs the Quality & Performance Management Steering Group. The Director of Strategy, Planning & Performance also has specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

All **senior managers** have a responsibility to contribute to the on-going development of the Framework, in particular, its content and then application of the Organisational Requirements at every level of the Trust.

The following members of the Assistant Directors Leadership Team (ADLT) have AD lead responsibility for the Quality & Performance Management Framework and are members of the Quality & Performance Management Steering Group:-

- Assistant Director Strategy, Planning & Performance;
- Assistant Director Commissioning & Performance;
- Assistant Director Quality Governance;
- Assistant Director of Data & Analytics; and
- Head of Risk & Corporate Governance

Every member of staff has a responsibility to contribute to the on-going development of the Framework, in particular, its content and then application of the Organisational Requirements at every level of the Trust, in a way that is consistent with the Trust's behaviours.

11. Developing the Framework

The Framework will be formally reviewed (and Trust Board approved) every three years, but will also be dynamic and updated in the intervening three years if required. The Executive accountability for dynamically updating the Framework resides with the Director of Strategy, Planning & Performance, working in collaboration with the Executive Director of Quality & Nursing and engaging with the wider Executive team.

Responsibility for the ongoing development and implementation of this Framework will be discharged through a formal **Quality & Performance Management Framework Steering Group**, which will meet quarterly and ensure the Framework is dynamic, live and reflecting changes in theory, practice and the health care system. The terms of reference for the Quality & Performance Management Steering Group is attached at *Appendix 3*.

12. Further Advice & Guidance

Please contact:-

Hugh Bennett, Assistant Director Commissioning & Performance

Hugh.bennett2@wales.nhs.uk

Jonathan Turnbull-Ross, Assistant Director of Quality Governance

Jonathan.Turnbull-Ross@wales.nhs.uk

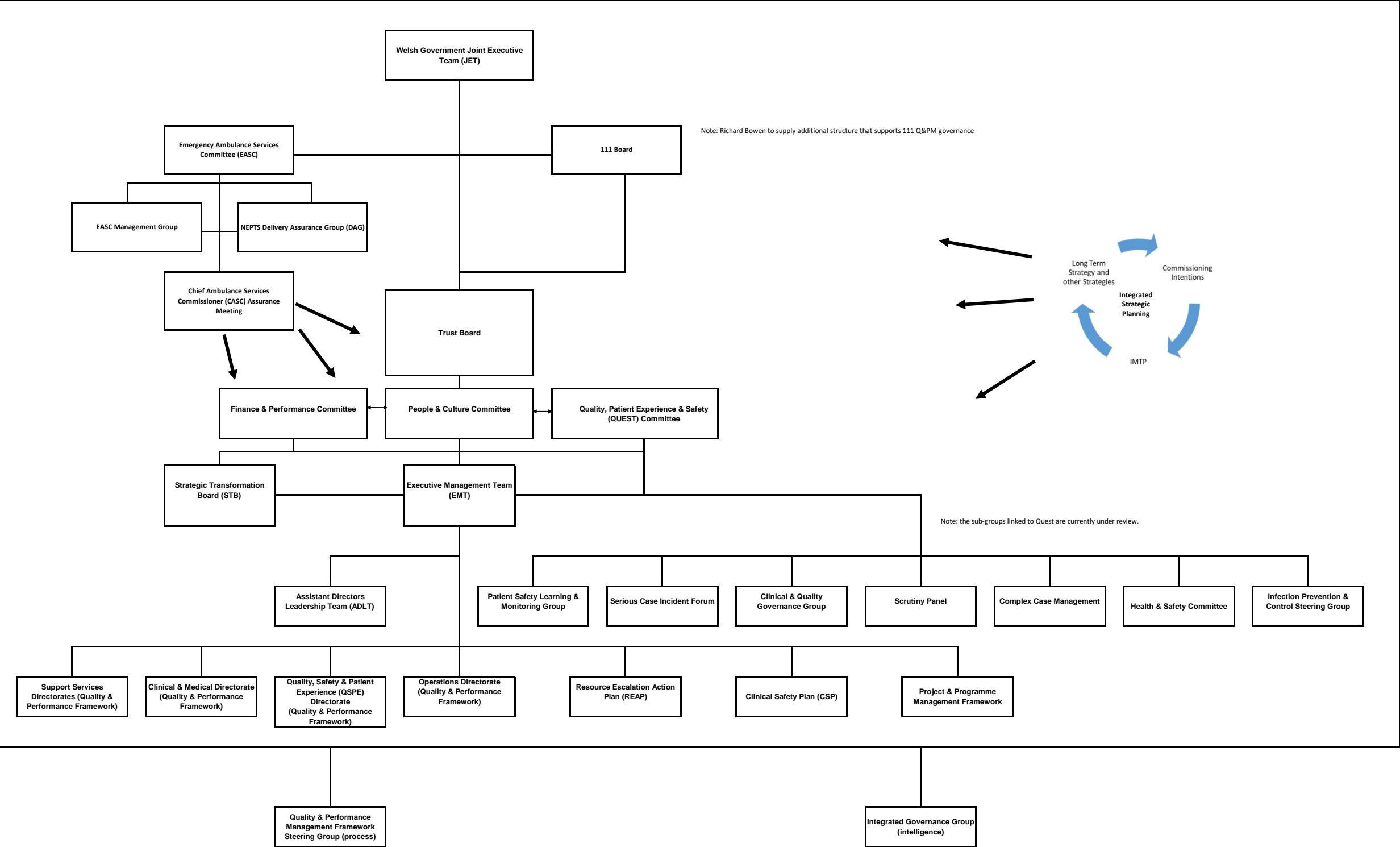
Alex Crawford, Interim Assistant Director of Planning & Transformation

Alexander.Crawford2@wales.nhs.uk

Julie Boalch, Head of Risk & Corporate Governance

Julie.Boalch@wales.nhs.uk

WAST Quality & Performance Governance Framework



Quality & Performance Improvement Techniques

Tools & Techniques	Description	Lead
Benchmarks	Normally a level of quality or performance on a measurement which is considered best-performing, an industry standard or a "gold standard". The Trust has access to a range of benchmarks.	AD Commissioning & Performance
Benchmarking	The process of finding good practice in other organisations than can be applied into the Trust.	AD Commissioning & Performance AD of Quality Governance
Forecasting	Predicting or estimating a future trend, for example patient demand based on extrapolation of historic data using statistical techniques and software. The Trust has access to techniques and software.	AD Commissioning & Performance
Simulation Modelling	Simulation modelling is the process of creating a digital model of part of the health care system to help predict quality and performance in the real world. The Trust has access to a range of powerful simulation software.	AD Commissioning & Performance
QlikSense, Report Manager & Power BI (quality and performance software)	Qlik Sense is an application released by QlikSense, which is specifically used for visualizing and analyzing data. It helps in building interactive dashboards and reports, and also to extract the data from various data sources. It is the Trust's main quality and performance software. The Trust also uses Report Manager, which is internal software that provides set reports. Power BI is a business analytics solution that lets a user visualize data and share insights across an organisation, or embed them in an	AD Data & Analytics

Tools & Techniques	Description	Lead
	app or website. It is part of MS365 and is expected to replace QlikSense.	
Hackathons	A meeting or series of meetings, where interested parties and the Trust's experts in quality and performance data analytics get together to collaborate on drilling into data with a view to finding areas of focus for improvements.	AD Commissioning & Performance
Deep Dives	Deep dives involve drilling down into a particular quality and performance issue and writing up the findings with a focus on resulting improvement actions.	AD Commissioning & Performance
Surveys	A method of investigating the opinions and experience of a cohort of people often using statements and scale of response e.g. strongly agree to strongly disagree that enables quantification of the results.	Head of Patient Experience & Community Involvement
User Feedback (non-survey)	A qualitative rather than quantitative method of investigating opinions and experience, for example, focus groups, structured interviews, stories of experiences.	Head of Patient Experience & Community Involvement
Process Mapping	<p>Process maps are diagrams that show – in varying levels of detail – how the Trust delivers something through an interconnected series of steps.</p> <p>Mapping a process aids thinking about how a process or service can be redesigned to improve quality and performance.</p>	AD Commissioning & Performance AD of Quality Governance
Systems Thinking	<p>A system is an interconnected series of processes that make up a system that delivers an outcome.</p> <p>Mapping a system (which will normally span several organizations) aids thinking about how a system can be redesigned to improve quality and performance and outcomes.</p>	AD Commissioning & Performance AD of Quality Governance
Project and Programme Management	Project management is the application of processes, methods, skills, knowledge and experience to achieve	Alex Crawford AD Strategy & Planning

Tools & Techniques	Description	Lead
	<p>specific objectives within an agreed time frame.</p> <p>Programme management involves the management of a dossier of linked projects around a shared objective.</p> <p>The Trust has a Project & Programme Management Framework</p>	
Statistical Process Control (SPC)	<p>The use of time series analysis (run charts) linked to statistical techniques that seek to identify quality and performance variation and its causes.</p> <p>The Trust has software to support SPC.</p> <p>The Trust also has a number of colleagues trained as Improvement Advisors.</p>	<p>AD Commissioning & Performance</p> <p>AD of Quality Governance</p>
Plan Do Study Act (PDSA) Cycles	<p>PDSAs are tests of changes (normally in a series) that are undertaken in a planned and controlled manner to study the impact on quality and performance, linked to SPC.</p>	<p>AD Commissioning & Performance</p> <p>AD of Quality Governance</p>
Roster Reviews	<p>Roster reviews aim to improve the alignment between patient demand capacity and improve staff health and well-being through improved working patterns.</p> <p>The Trust has access to powerful roster design software.</p>	<p>AD Commissioning & Performance</p> <p>AD Operations, Resourcing & EMS Coordination</p>



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Quality & Performance Management Steering Group

Terms of Reference

Introduction

The Quality & Performance Management Steering Group will manage the on-going development of the Trust's Quality & Performance Management Framework and its formal review every three years.

Background

The Trust's current Planning & Performance Management Framework was approved by Trust Board in 2016. It was due for review in 2019, but was delayed which was then compounded by the pandemic response.

The Trust's Structural Assessment and an internal audit of CCC Performance Management identified the need to update the Framework.

The updated Framework, now the Quality & Performance Management Framework, will be approved by Trust Board in Mar-22.

The Framework will be formally reviewed again in Mar-25, but there is an organisational requirement to keep on developing the Framework over the next three years and to also dynamically respond to changes in the Trust's operating environment.

Purpose

The purpose of the Steering Group will be to:-

- Align the Trust to the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- Move the Trust to a level of consistent excellence of practice for quality and performance management;
- Provide a Trust wide setting responsible for the on-going development of the Framework;
- Undertake the formal three year review of the Framework, engaging with stakeholders (internal and external) with the Framework being Trust Board approved;
- Provide a collaborative setting and guiding coalition for undertaking the development and review;
- Identify priorities for development, based on stakeholder feedback;
- Manage the delivery of these priorities linked to a work programme for the Group;
- Scan the Trust's operating environment and update the priorities and work programme, based on this scanning; and
- Co-opt additional internal and external expertise into the Group to facilitate the development of the Framework.

Duties (roles within the Steering Group)

Executive Sponsors	Director of Strategy, Planning & Performance Executive (quarterly) Director Quality & Nursing (quarterly) Corporate Secretary (quarterly)
Chair Vice-Chair	AD Commissioning & Performance AD Quality & Governance
Steering Group Manager	Commissioning & Performance Manager
Other Attendees	AD Planning & Transformation AD Data & Analytics AD Operations Resourcing & EMS Co-ordination Head of Risk & Corporate Governance TU Representative (quarterly)
Steering Group Administrator	Planning & Performance Support Officer

Exclusions

Whilst linked forecasting and modelling will have its own framework (commissioning intention) and already has a steering group.

The Steering Group will focus on the process of quality and performance management and not reviewing quality and performance, which will be discharged through the assurance mechanisms identified in the Framework.

Structures and Relationships

The Steering Group will report in the first instance to Executive Management Team.

It will be accountable to the Finance & Performance Committee.

It will engage with external stakeholders e.g. NCCU, WG.

It will engage at all levels within the Trust.

Core Membership

Core membership of the Steering Group will be as per duties above.

Other individuals will be co-opted as required.

The core membership is designed to be small (with a focus on delivery), but will engage widely.

Meeting Frequency

The Steering Group will meet monthly (or more regularly if the work programme requires) and be chaired by the AD Commissioning & Performance with the Executive Sponsors attending quarterly. :

Quorum

For Steering Group will be quorate if:

- One of the Chair/Vice Chair is present; and

- Two of the other ADs are present.

Quality & Performance Cycle

Ref	Activity	Lead	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	IMTP Away Day	DSP&P	x																						
	EASC Commissioning Intentions Received	CASC	x																						
	WG IMTP Guidance Issued	DSP&P		x																					
	IMTP First Cut to Trust Board	DSP&P					x																		
	Trust Board of Approval of IMTP	DSP&P							x																
	LDP Guidance Issued	DSP&P					x																		
	LDPs Approved by EMT	CEO										x													
	Chair's PADR (with Minister)	Minister											x												
	CEO PADR (with Chair)	Chair									x														
	Directors' PADRs (with CEO)	CEO							x	x															
	Seasonal Tactical Plans (Winter & Summer) Approval	SP&P	x							x															
	Patient Safety Related Incidents Report (monthly)	QSPE	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Significant Claims Report	QSPE		x			x			x			x			x			x			x			x
	Annual Safeguarding Report	QSPE										x												x	
	Health & Safety (Monthly & Quarterly Mgt Report)	QSPE	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Patient Experience and Community Involvement Report	QSPE		x			x			x			x			x			x			x			x
	WIIN Report	QSPE		x			x			x			x			x			x			x			x
	Corporate Risk Register Quarterly Report	CS	x		x		x		x		x		x		x		x		x		x		x		x
	STB IMTP Delivery Report (overall and per programme)	DSP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Trust Board IMTP Delivery Report	SP&P	x		x		x		x		x		x		x		x		x		x		x		x
	Seasonal Tactical Plans (Winter & Summer) Monitoring	SP&P		x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x			x	x
	Mid-Year JET	CEO			x												x								
	Year End JET	CEO										x												x	
	Integrated Quality & Performance Report to EMT (111, EMS, NEPTS)	DSP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Integrated Quality & Performance Report to Committees (combined)	DSP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Integrated Quality & Performance Report to TB	DSP&P	x		x		x		x		x		x		x		x		x		x				
	Subscription Reports (daily, weekly etc.)	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Live Reports e.g. ODU Dashboard etc.	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	CASC Assurance Meeting (QSPE and Workforce)	DSP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	EASC (including IMTP, WAST Provider Report etc.)	DSP&P	x		x		x		x		x		x		x		x		x		x		x		
	EASC Management Group (including AQIs, programme updates etc.)	DSP&P		x		x		x		x		x				x		x		x		x		x	
	EASC NEPTS DAG	DSP&P		x		x		x		x		x				x		x		x		x		x	
	EASC Ambulance Quality Indicators (AQIs) Published	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	WG Statistical Release	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Annual Report to AGM	DP&E											x												x



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AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	24 th March 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Trust Board with an update in respect of the Trust's corporate risks.

RECOMMENDATION:

2. **The Trust Board is asked to receive assurances on the report and specifically note:**
 - a) **The suspension of the Board Assurance Framework (BAF) for 3 months.**
 - b) **The rearticulation of the Trust's highest scoring risks.**
 - c) **The transfer of Risk 224 from the Director of Operations to the Director of Quality and Nursing.**
 - d) **The closure of Risk 109 and Risk 316 from the Corporate Risk Register.**
 - e) **The increase in score of Risk 458 from 12 to 16.**
 - f) **The increase in score of Risk 160 from 16 to 20.**
 - g) **The change in title of Risk 139 and the increase in score from 12 to 16.**
 - h) **The escalation of Risks 163 and 260 to the Corporate Risk Register.**

KEY ISSUES/IMPLICATIONS

3. On the 3rd March 2022, the Audit Committee approved a request to suspend reporting of the BAF for a period of 3 months to enable the Governance team time to develop a transitional BAF that will be presented at the Audit Committee in June 2022 and the Trust Board in July 2022.
4. By way of assurance, a high level report will be provided to the Trust Board and each scrutiny Committee during May 2022 on each of the corporate risks with a particular focus on the developing controls and assurances of the Trust's 5 highest scoring risks.
5. The Executive Management Team (EMT) received formal, monthly feedback from Assistant Director Leadership Team (ADLT) on activity relating to the corporate risks for approval.
6. Furthermore, each of the Corporate Risks were considered by the following Committees, as relevant to their remit, during the reporting period:
 - a) **Quality, Safety & Patient Experience** (17th February 2022)
 - b) **People & Culture Committee** (22nd February 2022)
 - c) **Finance & Performance Committee** (17th March 2022)

REPORT APPROVAL ROUTE

7. The report has been considered by:
- ADLT – 21st February 2022
 - ADLT – 7th March 2022
 - EMT – 9th March 2022

REPORT ANNEXES

8. An SBAR report is attached to this Executive Summary.
9. A short summary table describing each of the 16 Corporate Risks as at 1st March 2022 is contained in Annex 1.

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 update in relation to the Trust's corporate risks with a particular focus on the work that has taken place to rearticulate and strengthen the highest scoring corporate risks.
- 2 A short summary report describing each of the corporate risks as at 1st March 2022 is detailed in Annex 1 as an extract from the Corporate Risk Register (CRR).

BACKGROUND

- 3 The Risk Management and Board Assurance Framework Transformation Programme was supported as the direction of travel at the Audit Committee in December 2021 and has been included in the IMTP (2022/25). A full progress report will be presented to the June 2022 Audit Committee as agreed.
- 4 The immediate priority was for a detailed review of the Trust's 5 highest scoring risks with the remaining corporate risks to follow and a programme of work has commenced to strengthen the articulation of the corporate risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
- 5 The ADLT continue to review the risk assessments on all new risks in addition to reviewing any changes to existing risks and mitigating actions, reporting activity to the EMT, Board Committees and Trust Board.


ASSESSMENT

- 6 There are currently 16 Corporate Risks on the register which are described in the summary table in Annex 1; these have been extracted from the Datix E-Risk module.

Highest Scoring Risks

- 7 Sessions have taken place during February and March 2022 to undertake a full review of the Trust's highest scoring risks: Risks 223, 224, 199, 316 and 160. Firstly, to determine new titles and to clearly articulate the risks, descriptions and map controls and assurances. Secondly, to identify any gaps and articulate further actions to mitigate the risks in addition to reviewing the scores and controls rating assurances.
- 8 The EMT have approved the rearticulation of the highest scoring risks as described in the table below and where the risk score has changed as a result of the review, it is articulated in the risk score column.
- 9 The next step is to present the controls, assurances, and any mitigating actions in relation to each of these risks and this will be presented to the Board at the next meeting in May 2022.

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223	<p>The Trust's inability to reach patients in the community causing patient harm and death</p> <p>Previous title: <i>Unable to attend patients in community who require See & Treat</i></p>	<p>IF significant internal and external system pressures and abstractions continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Director of Operations	<p>25 (5x5)</p> <p>➡</p>
224	<p>Significant handover delays outside A&E impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service</p> <p>Previous title: <i>Patients delayed on ambulances outside A&E Departments</i></p>	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN access to definitive care is delayed and standards of patient care are compromised, and the environment of care will deteriorate</p> <p>RESULTING IN patients potentially coming to harm</p>	<p>Director of Operations</p> <p>Transferred to: Director of Quality & Nursing</p>	<p>25 (5x5)</p> <p>➡</p>
199	<p>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> <p>Previous title: <i>Compliance with Health and Safety legislation</i></p>	<p>IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p>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</p> <p>RESULTING IN 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	<p>20 (4x5)</p> <p>➡</p>
160	<p>High sickness absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service</p> <p>Previous title: <i>High Sickness Absence Rates</i></p>	<p>IF there are high levels of sickness absence rates</p> <p>THEN there is a risk of a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of Workforce & Organisational Development	<p>16 (4x4)</p> <p>⬆</p> <p>New score 20 (5x4)</p>

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
316	Potential for a high volume of personal injury claims due to work acquired covid infection Previous title: <i>Increased risk of personal injury claims citing COVID exposure</i>	IF we are unable to determine the point of Covid infection due to a lack of documented evidence that proves the point of exposure THEN there is a risk of a high increase in personal injury claims being awarded against WAST citing work acquired Covid infection RESULTING IN potential, significant financial loss and adverse media coverage and reputational damage	Director of Quality & Nursing	16 (4x4)  New Score 12 (3x4)

- 10 In addition to the rearticulation of the highest scoring risks the following risk activity has been approved by the EMT during the reporting period.

Closure and De-Escalation of Risks

- 11 **Risk 109** - *Resource availability (revenue) to deliver the organisation's IMTP* was approved for closure by the EMT and reported to Audit Committee in March 2022 as this element is included in Corporate Risk 458 which is *A confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning*. This risk scored 8 (2x4).
- 12 **Risk 316** - *Potential for a high volume of personal injury claims due to work acquired covid infection* was approved for closure by the EMT as, following a detailed review of the controls and assurances, the score reduced from 16 (4x4) to 12 (3x4) and it was noted that the mechanisms are in place to undertake claims and that the long term impact is being managed.

Changes to Risk Scores

- 13 **Risk 458** - *A confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning* was approved by EMT to increase the risk score from a 12 (3x4) to 16 (4x4) as a reflection of the current funding discussions with Commissioners for the 2022/23 financial year which may lead to an increased likelihood of the organisation having to submit an unbalanced 2022/23 financial plan due to a lack of recurrent funding support.

The risk has been rearticulated with a new summary description as follows:

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 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.*

- 14 **Risk 139** is under further review; however, the new title is described as the *Failure to deliver our Statutory Financial Duties in accordance with legislation*. The previous title was *Non Delivery of Financial Balance*. The score has increased to 16 (4x4) from 12 (3x4) and has been approved by the EMT.

The risk has been rearticulated with a new summary description as follows:

IF *the Trust does not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target*

THEN *the Trust will fail to deliver its outcomes on financial plans and statutory responsibilities*

RESULTING IN *overall failure to meet statutory obligations and reputational damage*

Escalation of Risks

- 15 **Risk 163** – the *Maintaining Effective and Strong Trade Union Partnerships* risk was approved by the EMT to escalate to the Corporate Register. This has been considered by the Trade Union Partners Cell and ADLT and it was agreed to escalate the risk which has increased in score from 9 (3x3) to 12 (4x3). The new summary description for this risk is as follows:

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 will 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.*

- 16 **Risk 260** – the previously titled *Cyber Risk* has been approved by the EMT to escalate to the Corporate Register during the period. The risk has been rearticulated and has a new title of *A significant and sustained cyber attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems*. The risk is scored at 15 (3x5) and work continues to strengthen the controls, assurances, and actions of this risk.

The new summary description is as follows:

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.

Further Review of Risks

- 17 **Risk 201 – Trust Reputation**, a working group has been established for the review and rearticulation of this risk. The outcome of this work will be reported during the May 2022 Committee and Board reporting cycles.
- 18 **Risk 100 - Failure to collaborate and engage with EASC on developing ambitions and plans for WAST** is undergoing a full review following discussions at the Finance & Performance Committee in January 2022 and ADLT in February 2022 particularly in relation to the title and scoring.
- 19 Work is ongoing to consider and develop potential new Risks for inclusion on the CRR and consideration will be given during the coming weeks to the following:
- *Patient Safety/Putting Things Right Team*
 - *NHS Decarbonisation*
 - *Supply Chain Issues – Digital Equipment*
 - *Securing Stakeholder Support to Deliver the Strategy and IMTP*
 - *Capacity to deliver change (IMTP)*
 - *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP).*
- 20 No risks have been de-escalated to Directorate Registers during this period.

RECOMMENDED:

- 21 **The Trust Board is asked to receive assurances on the report and specifically note:**
- a) **The suspension of the Board Assurance Framework for 3 months.**
 - b) **The rearticulation of the Trust's highest scoring risks.**
 - c) **The transfer of Risk 224 from the Director of Operations to the Director of Quality and Nursing.**
 - d) **The closure of Risk 109 and Risk 316 from the Corporate Risk Register.**
 - e) **The increase in score of Risk 160 from 16 to 20.**
 - f) **The increase in score of Risk 458 from 12 to 16.**
 - g) **The change in title of Risk 139 and the increase in score from 12 to 16.**
 - h) **The escalation of Risks 163 and 260 to the Corporate Risk Register.**

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	EXECUTIVE OWNER	CURRENT RISK SCORE	COMMITTEE
223	The Trust's inability to reach patients in the community causing patient harm and death	Service Delivery	Director of Operations	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Significant handover delays outside A&E impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	Quality & Safety	Director of Quality & Nursing	25 (5x5)	Quality, Patient Experience and Safety Committee
160	High sickness absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Resource Availability	Director of Workforce & Organisational Development	20 (5x4)	People and Culture Committee
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	Statutory Duties	Director of Quality & Nursing	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
139	Failure to Deliver our Statutory Financial Duties in accordance with legislation	Statutory Duties	Director of Finance and Corporate Resources	16 (4x4)	Finance and Performance Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Director of Operations	16 (4x4)	Finance and Performance Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Director of Finance & Corporate Resources	16 (4x4)	Finance and Performance
458	A confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning	Service Delivery	Director of Finance and Corporate Resources	16 (4x4)	Finance and Performance Committee

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	EXECUTIVE OWNER	CURRENT RISK SCORE	COMMITTEE
201	Trust Reputation	Stakeholder Relationships	Director of Partnerships and Engagement	15 (3x5)	People & Culture Committee
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Director of Operations	15 (3x5)	Finance & Performance Committee
260	A significant and sustained cyber attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	Service Delivery	Director of Digital	15 (3x5)	Finance & Performance Committee
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST.	Service Developments	Director of Planning and Performance	12 (3x4)	Finance and Performance Committee
163	Maintaining Effective and Strong Trade Union Partnerships	Stakeholder Relationships	Director of Workforce & Organisational Development	12 (3x4)	People and Culture Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Director of Planning and Performance	12 (3x4)	Finance and Performance Committee
316	Potential for a high volume of personal injury claims due to work acquired covid infection <i>** Risk closed during this period</i>	Statutory Duties	Director of Quality & Nursing	12 (3x4)	Quality, Patient Experience and Safety Committee
424	Resource Availability (capital) to deliver the organisation's IMTP	Service Developments	Director of Planning & Performance	12 (3x4)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical & Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
109	Resource availability (revenue) to deliver the organisations IMTP <i>** Risk closed during this period</i>	Service Developments	Director of Planning and Performance	8 (2x4)	Audit Committee; Finance and Performance Committee



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

WAST APPROACH TO IMPROVING ATTENDANCE

MEETING	Trust Board
DATE	24th March 2022
EXECUTIVE	Claire Vaughan, Executive Director of Workforce and OD
AUTHOR	Liz Rogers, Deputy Director of Workforce and OD
CONTACT	Liz Rogers, Deputy Director of Workforce and OD

EXECUTIVE SUMMARY

Sickness Absence levels are recognised as a significant concern in WAST. To address the levels, an Improving Attendance Project Plan has been developed and is being delivered into the organisation.

The Plan has recently been received and supported by the People and Culture Committee.

KEY ISSUES/IMPLICATIONS

WAST has seen a significant increase in sickness absence levels through 2021 which has been regularly reported to Board.

There is a need to address the levels of absence in a sensitive way, aligned to policy and being mindful of the general wellbeing of the workforce.

To address the challenges, an improving attendance project plan is being implemented which has a range of workstreams.

The project plan pulls together the activities already being delivered and introduces new activities to support attendance in a connected way. In the interest of making a difference quickly, workstreams are running in parallel where possible.

The Deputy Director of WOD is currently working with the Director of Operations on a suitable support model for managers to help them address attendance issues in their teams.

The project will report to EMT fortnightly, with a monthly formal report, aligned to the production of sickness absence data and a monthly informal verbal update. A formal report will be presented to every P&C Committee and Trust Board to share feedback on progress against the plan, confirm what is on track, highlight successes and

outline any areas which are behind where they are expected to be and challenges highlighted.

Over the three year period of the IMTP, the intention is to see a downward trajectory with the aim of reaching 10% at the end of year 1, 8% at the end of year 2 and 6% at the end of year 3. This however needs to be caveated with events and impacts such as the pandemic on WAST which may be seen in the future.

The Board is asked to:

- **NOTE** and **COMMENT** on the Plan
- **AGREE** to receive project updates

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	15 March 2022	For noting
Trust Board	24 March 2022	For approval

REPORT APPENDICES

Improving Attendance PowerPoint Deck for Board

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)	Para 17	Financial Implications	Para 2
Environmental/Sustainability	N/A	Legal Implications	N/A
Estate	N/A	Patient Safety/Safeguarding	N/A
Ethical Matters	N/A	Risks (Inc. Reputational)	Para 2,14
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety		TU Partner Consultation	Para 16

SITUATION

1. WAST has seen a significant increase in sickness absence levels through 2021 which have been regularly reported to Board. The highest figure was 12.33% in December 2021 compared to a rate of 6.48% in May 2019, 5.59% in July 2020, 10.26% in December 2020, 7.00% in March 2021.

2. The impact of high levels of sickness absence is wide and includes a significant cost to the business, lost productivity, increased overtime requirements, poorer patient outcomes, a negative impact on morale and reputational damage. There is a need to address the levels of absence in a sensitive way, aligned to policy and being mindful of the general wellbeing of the workforce as we emerge from the pandemic and learn to live with the virus. There is work at a national level on the approach to 'normalising' COVID absence into the business as usual model and changes to pay for colleagues with long COVID come into effect on 1st April 2022.
3. To address the challenges, an improving attendance project plan has been developed and delivery is underway. The plan has a range of workstreams to support different elements such as line manager support, data and information, wellbeing, communications and key wider organisational projects. The plan workstreams have been shared with People and Culture Committee and a copy of the presentation is attached for Trust Board for information.

BACKGROUND

4. Whilst some of the increase in sickness can be attributed to COVID related absences, there has also been an increase in non-COVID absences which impacts the figures.
5. It is also relevant to note from a background perspective that there have been other factors which are impacting on attendance including delays in employees waiting for treatment meaning they are absent from work for longer or are redeployed into alternative posts for longer.
6. There is recognition that the workforce across the whole of the organisation has been under pressure and the risk of burnout is ever present. Anecdotal evidence via conversations, feedback from employees attending the CEO roadshows and TU partner feedback suggests long hand over delays are having an impact on morale. Trade Union partners have raised their concerns that sickness levels are also due to crews having to work with the military, however, there is no correlation to support this concern as mental health absences do not reflect this feedback.
7. WAST has a significant and robust wellbeing offer for employees to access and whilst it is difficult to measure the direct impact of the interventions in place such as the Employee Assistance Programme, there is data on the take up of this service and anecdotal evidence suggests that should the range of services not be in place, then the levels of absence could be higher.
8. Where possible, if a colleague is unable to undertake their substantive role as a result of their condition/illness, but they are able to carry out alternative duties, then this put in place. However, this does take people off the front line so alternative duty duration and activities will be monitored to ensure that temporary redeployment is time limited, duties undertaken do add value and there is a clear pathway to resumption to the substantive role.

ASSESSMENT

9. The purpose of the project plan is to pull together the activities which are underway and to introduce new activities to support attendance in a connected way. Each workstream has a lead and the team meet every two weeks to inject pace, unblock any challenges quickly and review the progress and impact of activities being delivered.
10. In an ideal world, the project would roll out a workstream at a time and measure the impact of that intervention on attendance figures before moving onto the next. This would give insight into the impact of the activity, however, in the interest of making a difference quickly, workstreams will run in parallel where possible.
11. The headings for each workstream can be seen in the appended PowerPoint deck which highlights the key activities being undertaken. There will be a strong focus on supporting managers to undertake their role in terms of managing attendance within their team and for them to access the data they need to make decisions as well as signposting and accessing support for team members where needed.
12. The Deputy Director of WOD is currently working with the Director of Operations on a suitable support model in terms of skills and resource as there will be considerable attention on ensuring that managers have the information, skills and knowledge they need to support their teams and make a significant and sustainable improvement where required as well as being held accountable for progressing cases in a timely way.
13. The senior leadership team recognise the need to maintain a high level of engagement and therefore the project will report to EMT fortnightly with a monthly formal report aligned to the production of sickness absence data and an informal verbal report. Every P&C Committee and Trust Board will receive a report to share feedback on progress against the plan, confirm what is on track, highlight successes, outline any areas running behind where they are expected to be and call out any challenges.
14. In terms of improvement, over the three year period of the IMTP, the intention is to see a downward trajectory with the aim of reaching 10% at the end of year 1, 8% at the end of year 2 and 6% at the end of year 3. Other expectations include a reduction in the average length of long term sick cases, fewer long term sick cases and a reduction in short term sickness instances. There is a caveat to the figures proposed and a straight line trajectory is not expected. There will be events outside of the organisation's control and seasonal variations which will impact on the figures. (There is currently an increase in COVID cases in North Wales which is directly impacting on attendance as colleagues are testing positive and having to isolate.)
15. The project plan workstreams have been shared with the Commissioner who has reacted positively to the actions highlighted and has welcomed the project plan approach for improving attendance.

16. There have been a variety of conversations with TU partners including at TU Cell. There is a further discussion scheduled for 22nd March.
17. An EQIA of the plan is in progress. Where a colleague has an underlying medical condition covered by the Equalities Act then reasonable adjustments in terms of processes will be adhered to in line with the corporate policy.

RECOMMENDED

18. The Board is asked to:

19. **NOTE** and **COMMENT** on the Plan

20. **AGREE** to receive project updates

Managing Attendance Project Plan Workstreams



Workstream 1

Wellbeing Support

Promotion of the wellbeing offer across the organisation

Mental Health training for managers

Wider implementation of stress risk assessment processes

Cultural interventions reflected through new IMTP and impact on attendance

Implementation of the All Wales 'Speaking Up Safely' Guidance

Just culture principles for internal processes

Building change management capacity and resilience

Workstream 2

Data and Information

Review monthly provision of attendance data for EMT and organisation e.g. hot spot reporting

Training for managers on accessing data from ESR for their teams

Sickness audits reviewing application of policy, RTW and identify missed interventions

Roll out 'Keep me well in work' conversations

Shared drive for sickness absence data

Roll out e-learning package (All Wales) for sickness absence for managers

Build interfaces to maximise data flow between systems

Workstream 3

Management Support

Local sickness reporting pilot (EMS North)

Additional training for People Services Team to better support managers

Sickness Absence deep dives in hot spot areas

Data audits and trend analysis by area

Sickness Management Audits including RTW compliance, alignment to policy

Case conferences with OH, People Services and management

Refresh and delivery of Attendance at Work Training

Manager coaching on complex cases

Closer support from People Services team and specific Operations resource

Quarterly 121s with managers on attendance

ESR self-service training for managers

Workstream 4

Workforce Engagement & Ownership



Establish workforce views on attendance



Build findings into the project plan



Identify data to report to the whole organisation



Develop communications plan around communicating attendance information to the whole team and its impacts

Workstream 5

Long Term Absence Support (inc COVID)

Roll out All Wales guidance on Management of Long COVID

Engagement with colleagues with long covid on options available

Monthly case reviews and conferences on 100 day plus cases

Develop and implement recovery pathways

All LTS Covid cases referred to OH for review

Workstream 6

Projects

Absence calls
to line
managers

Launch of new
behaviours

Alternative
rostering
arrangements

Overruns

Decompression
Breaks

Bank

Engagement
with paramedic
students

Line Manager
mandatory
training

Workstream 7 – Stress and Anxiety

Stress Risk
Assessment
Process
Implementation &
management

Communications
and training plan on
stress RA for
managers

Training video and
FAQ production

Assessment review
by OH

Review referral
pathways to
wellbeing support

Develop pathway
and support process
for violence and
aggression cases



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EMS Demand & Capacity Programme: Benefits Scorecard

14th February 2022





Demand and Capacity Review Assumptions and Outcomes

December 21 position

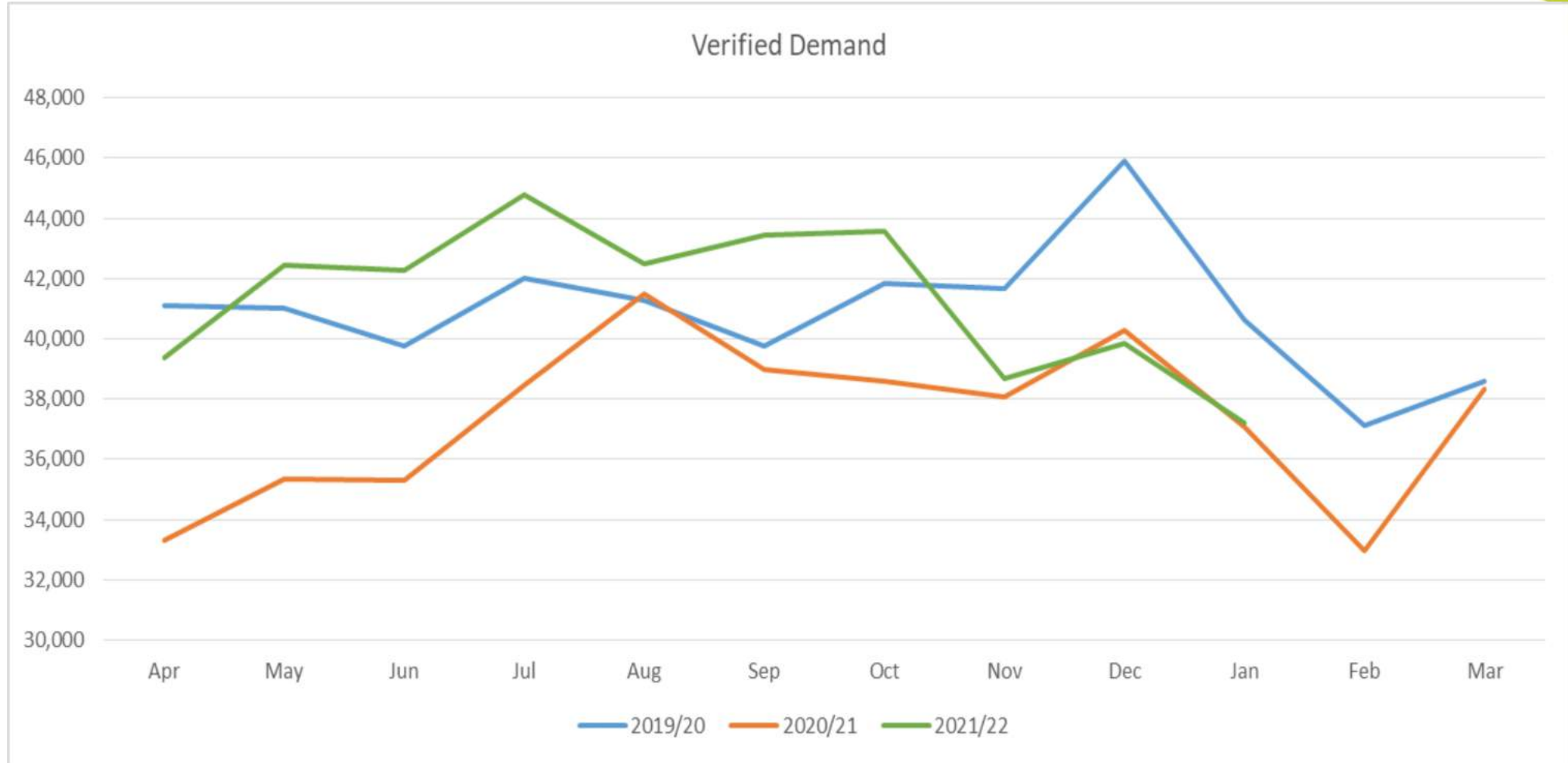
The Demand and Capacity Review outlined a model of the future, based on a certain number of assumptions, including

- Demand: Demand (incident) would continue to grow by 2.3% each year
- Capacity:
 - Investment to allow for growth of 262 WTE assumed by Dec 2021
 - Lost capacity due to hospital handover delays to be brought back to December 2018 levels (c 6000 hours)
 - Lost capacity due to abstractions from the roster would decrease to c30%, with improvements delivered through reductions in sickness absence abstractions to 5.99%
- Efficiency
 - Hear and treat rate to increase to 10.2%
 - New rosters to be in place once relief gap closed, bringing an efficiency gain of 72 WTE

Outcomes

Red
response at
67.3%

Amber 1
median 35
minutes

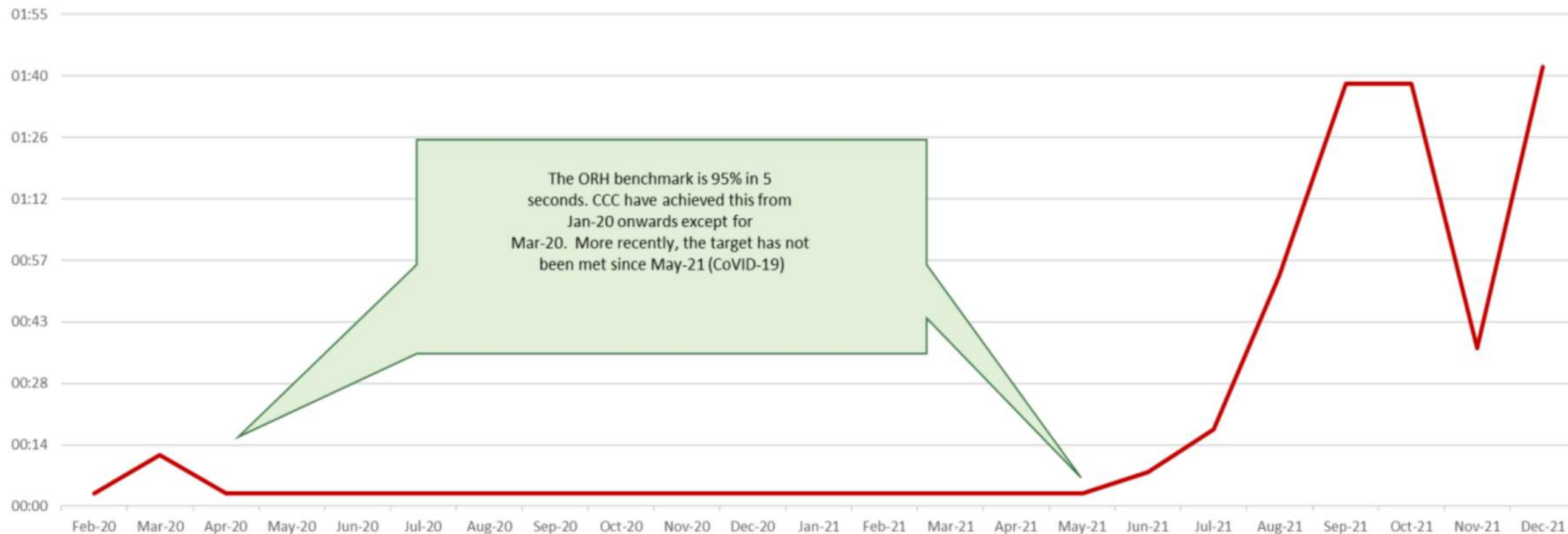




**NB: Jan-22 data unavailable
as AQIs not published

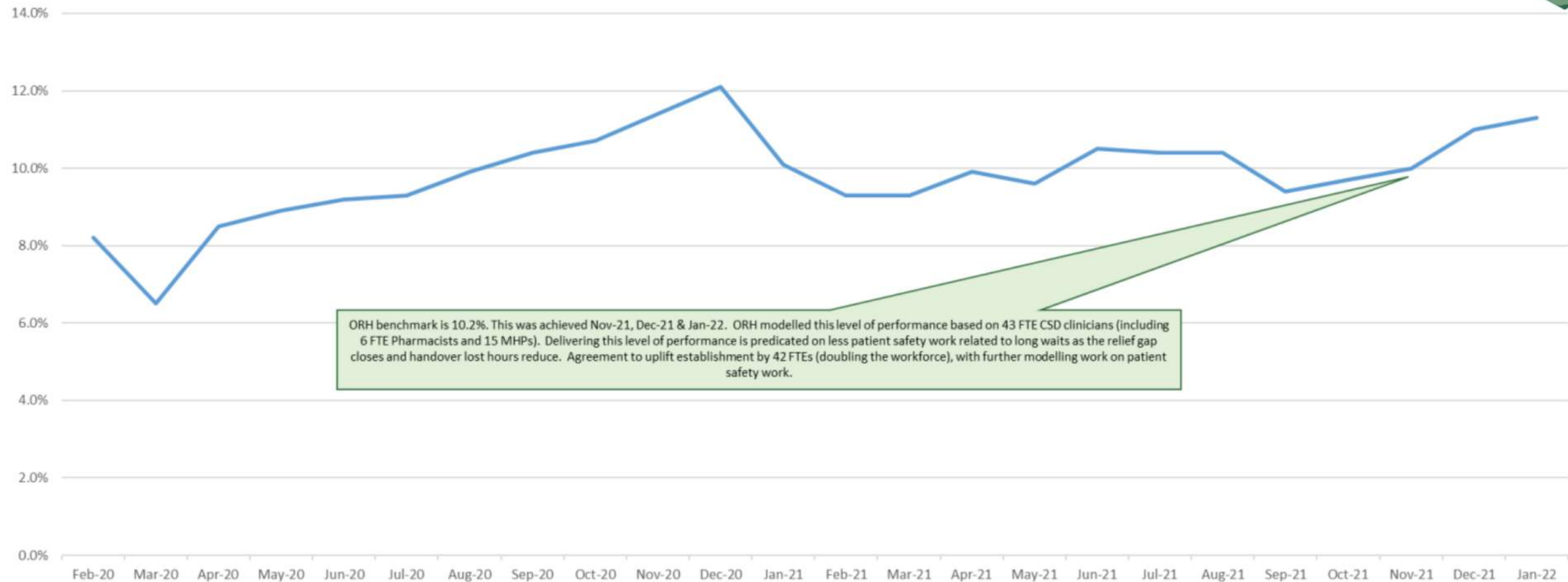


95th Percentile Call Answer Times



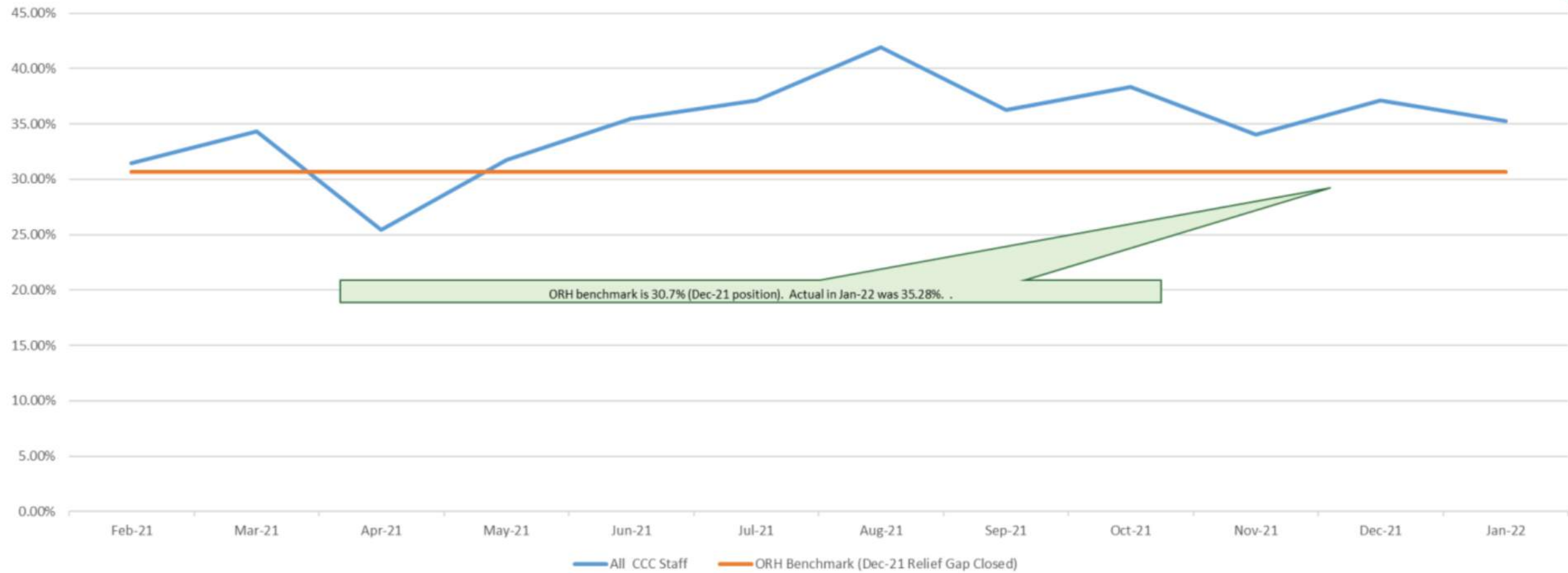


Hear & Treat %



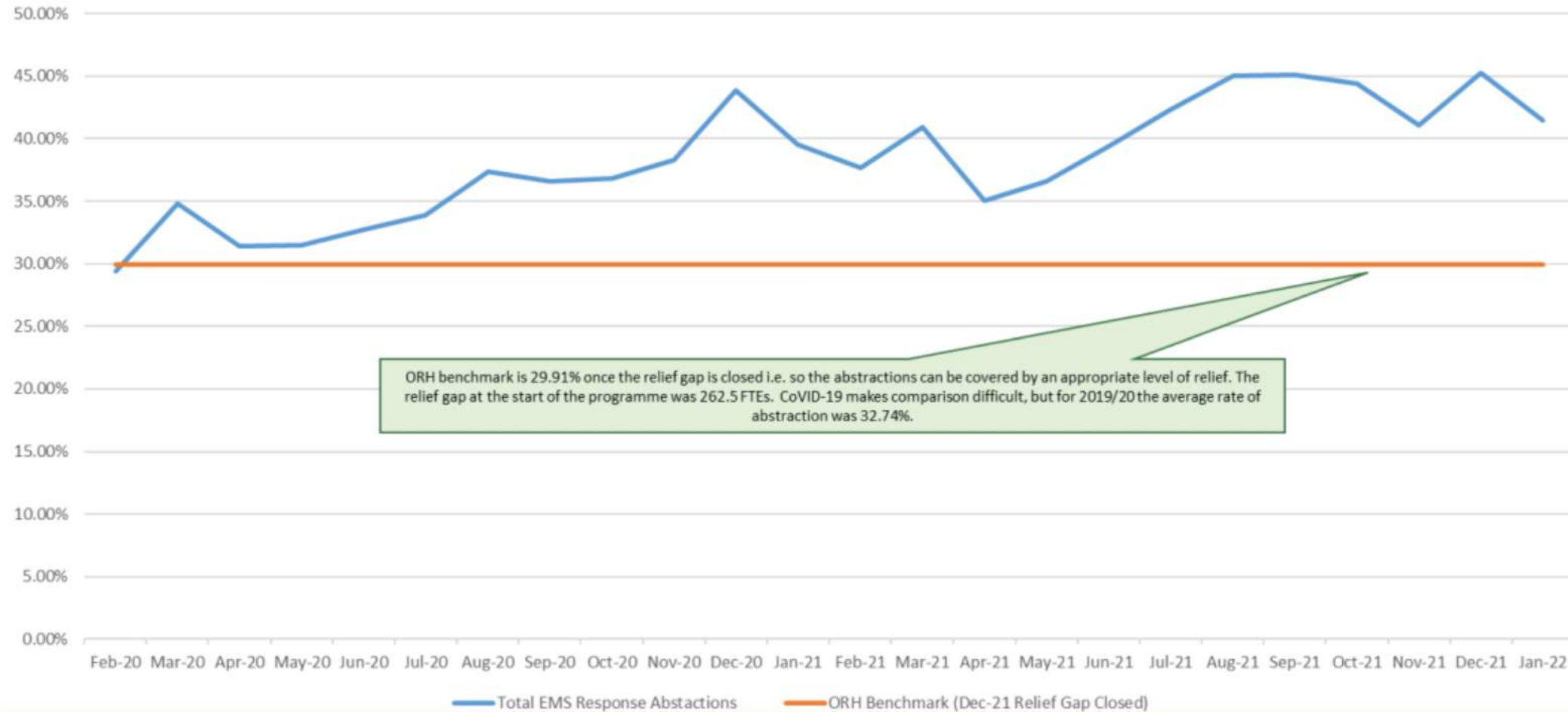


CCC All Staff Abstractions





EMS Response Abstractions %

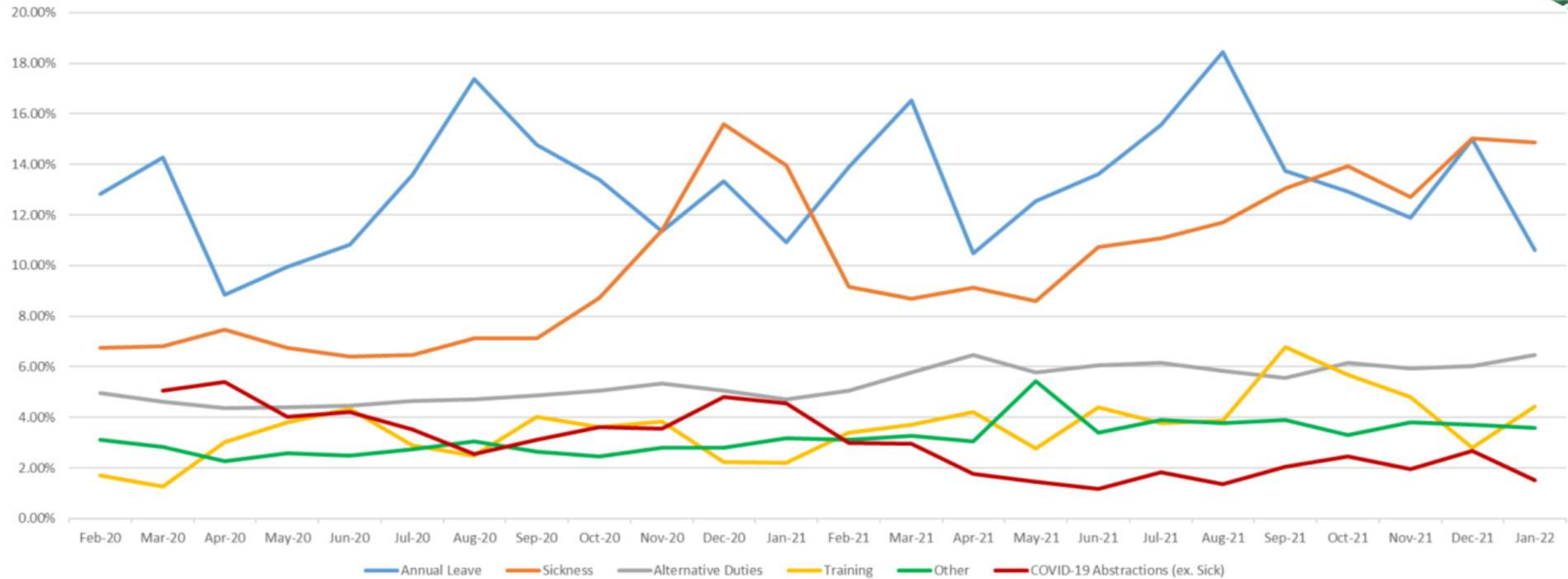


			ORH	Jan-22
Annual Leave			15.73%	10.59%
Sickness			5.99%	14.88%
Alternative Duties			3.00%	6.46%
Training			3.00%	4.43%
Other			2.20%	3.57%
(ex. Sick)				1.52%
		Total	29.92%	41.45%



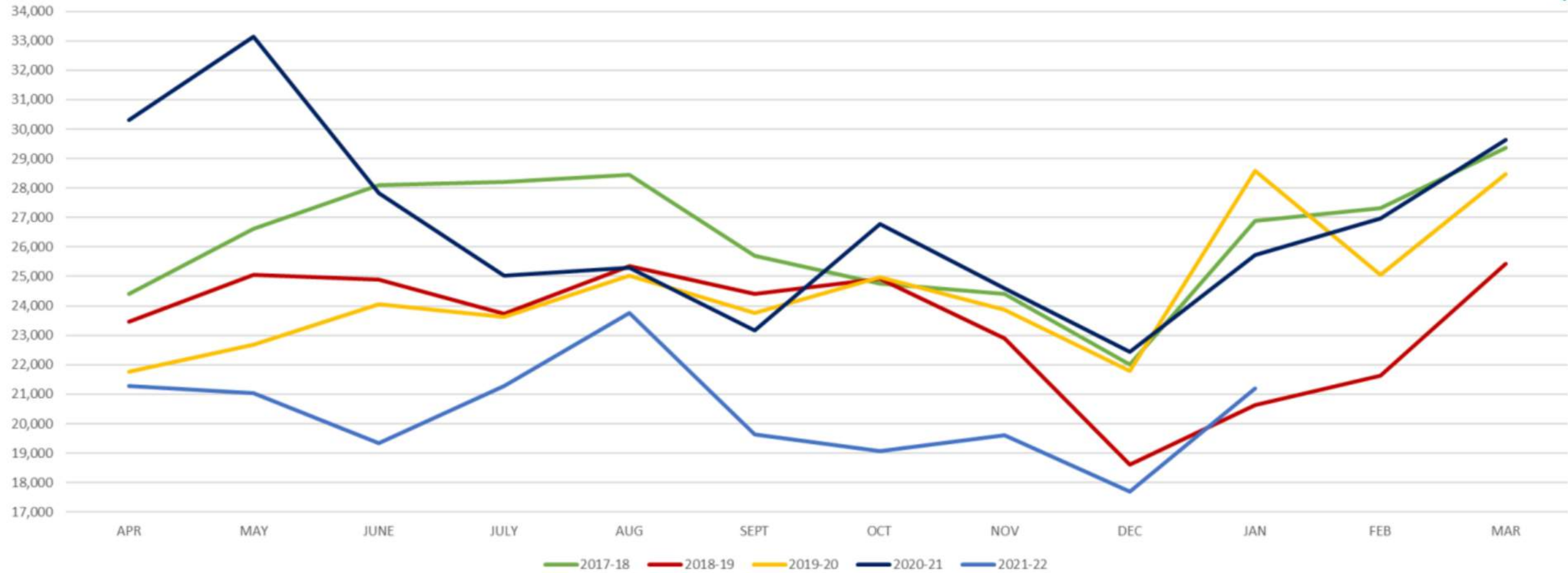


Pan Wales Total EMS Abstraction Hours



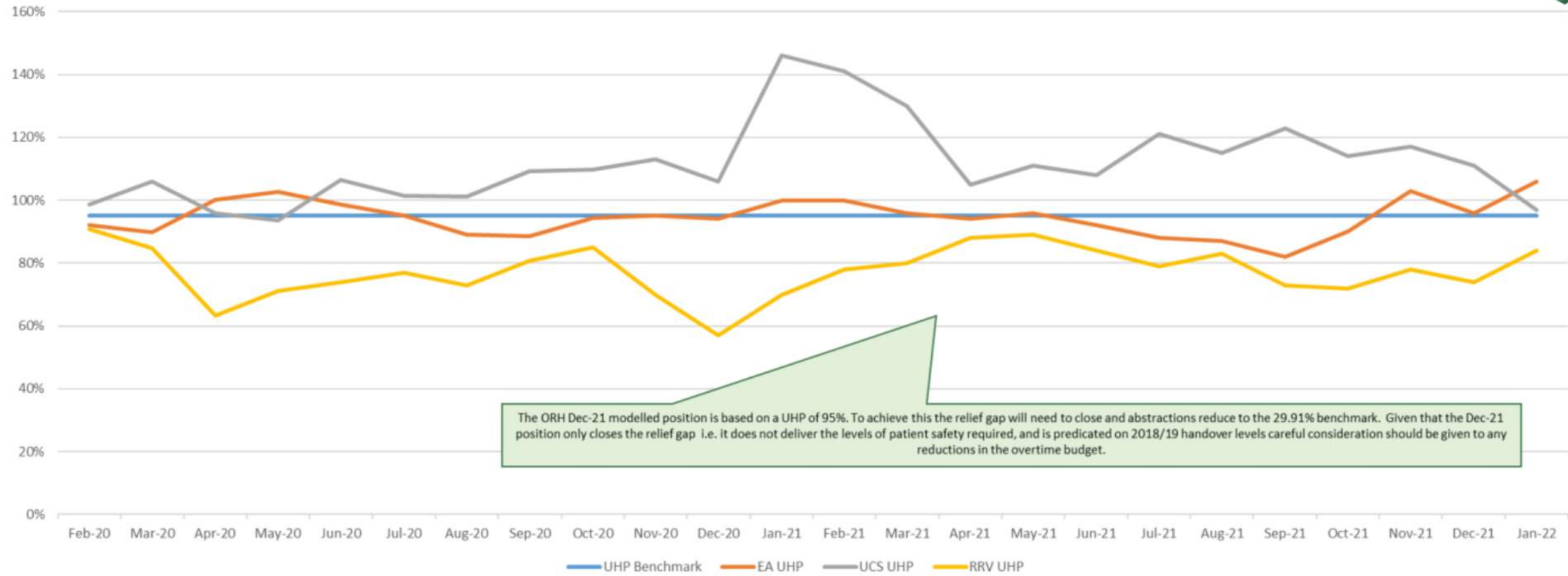


Response Overtime Hours Apr 2018 - Jan 2022



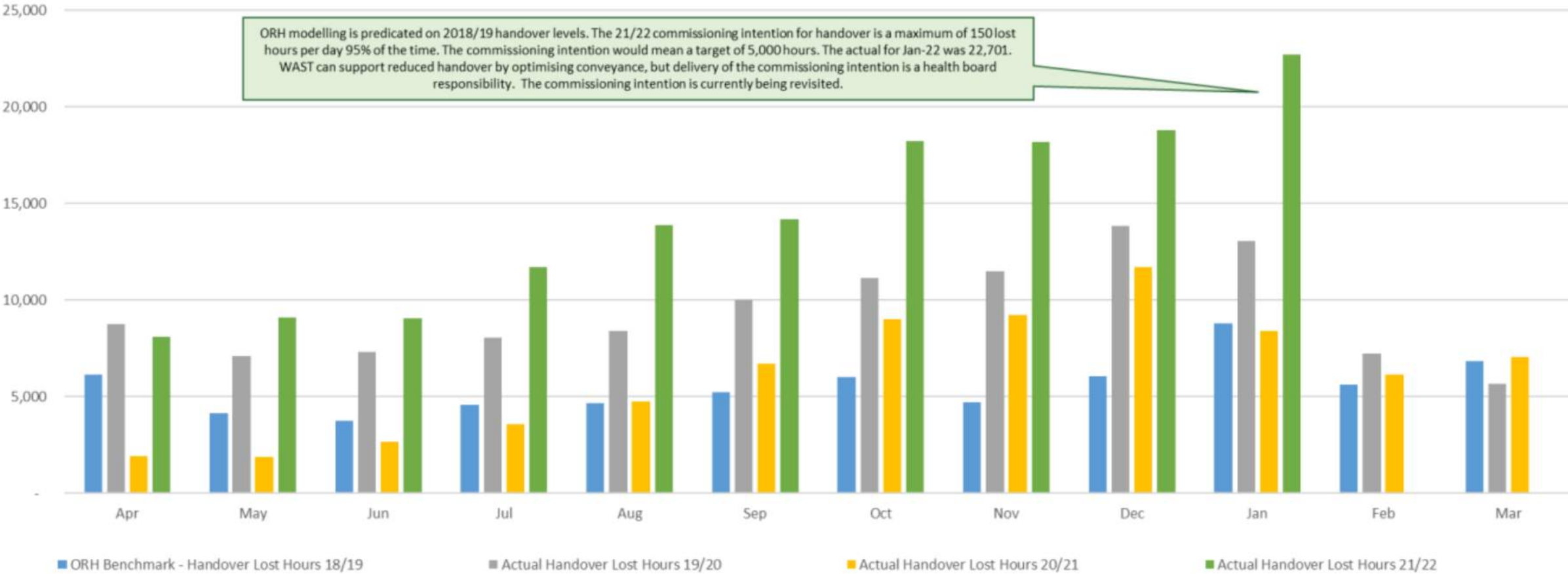


Unit Hours Production





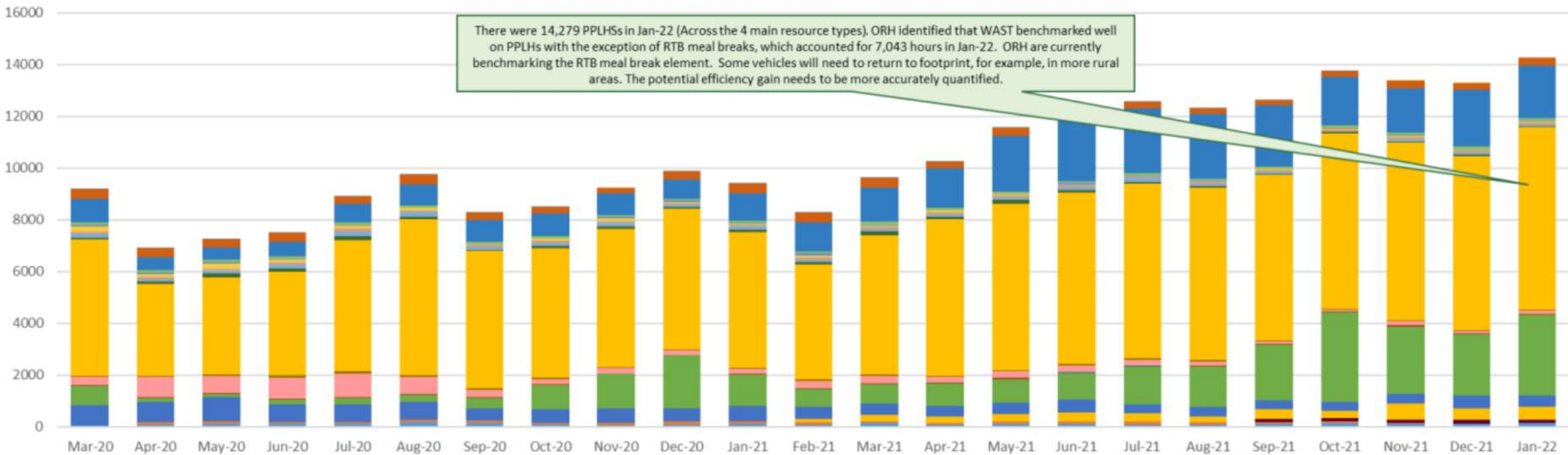
Handover Lost Hours





Post Production Lost Hours - By Unavailability Reason

There were 14,279 PPLHs in Jan-22 (Across the 4 main resource types). ORH identified that WAST benchmarked well on PPLHs with the exception of RTB meal breaks, which accounted for 7,043 hours in Jan-22. ORH are currently benchmarking the RTB meal break element. Some vehicles will need to return to footprint, for example, in more rural areas. The potential efficiency gain needs to be more accurately quantified.



- COMMUNICATIONS - NOT AVAILABLE
- HALO DUTIES
- RTB S/D MEALBREAK - NOT AVAILABLE
- TRAINING ON BASE - NOT AVAILABLE
- VEHICLE DEFECT NOT AT W/SHOPS
- COVID 19 RTB/ Awaiting Decontamination Cleaning
- L3 PPE Cool Down
- SAFEGUARDING/POVA - NOT AVAILABLE
- TRAINING VEHICLE
- Tactical Approach to Production Crew Concren
- Crew Documentation
- LEAVE - NOT AVAILABLE
- SOILED UNIFORM - NOT AVAILABLE
- TRAUMATIC STAND DOWN - NOT AVAILABLE
- Duty Operations Manager Duties
- Paper Operations
- STAFF ILLNESS - NOT AVAILABLE
- VEHICLE CLEANING - NOT AVAILABLE
- EQUIPMENT - NOT AVAILABLE
- POLICE INTERVIEW - NOT AVAILABLE -
- STAFF INJURY - NOT AVAILABLE
- VEHICLE DEFECT - NOT AVAILABLE





Where we
were

Year 2
Target

Where we
are

Eye to the
future

	2021 Budgeted Establishment 31/03/21	Target Position: 2022 Budgeted Establishment 31/03/22 (Including Increase of 127 FTE FTEs)	FTE Additionality	Additionality Delivered	% Progress against 127 FTE	Temporary Over-Establishment	Actual Staff in Post 31/12/21	Forecasted March 2022 Staff in Post	31/12/21 SIP vs. 31/03/21 SIP (difference)	32/12/21 SIP vs. Target Budgeted Establishment 31/03/22 (difference)
UCA / ACA2	219.06	238.24	19.18	-13.92	-73%	0	205.14	154.6	-10.7	-33.1
EMT	479.4	563.22	83.82	54.72	65%	0	534.12	616.43	36.92	-29.1
PARA	872.08	896.5	24.42	24.42	100%	25.52	899.24	904.68	8.96	2.74
TOTAL:	1570.54	1697.96	127.42	65.22	51%	0	1638.5	1675.71	35.18	-59.46

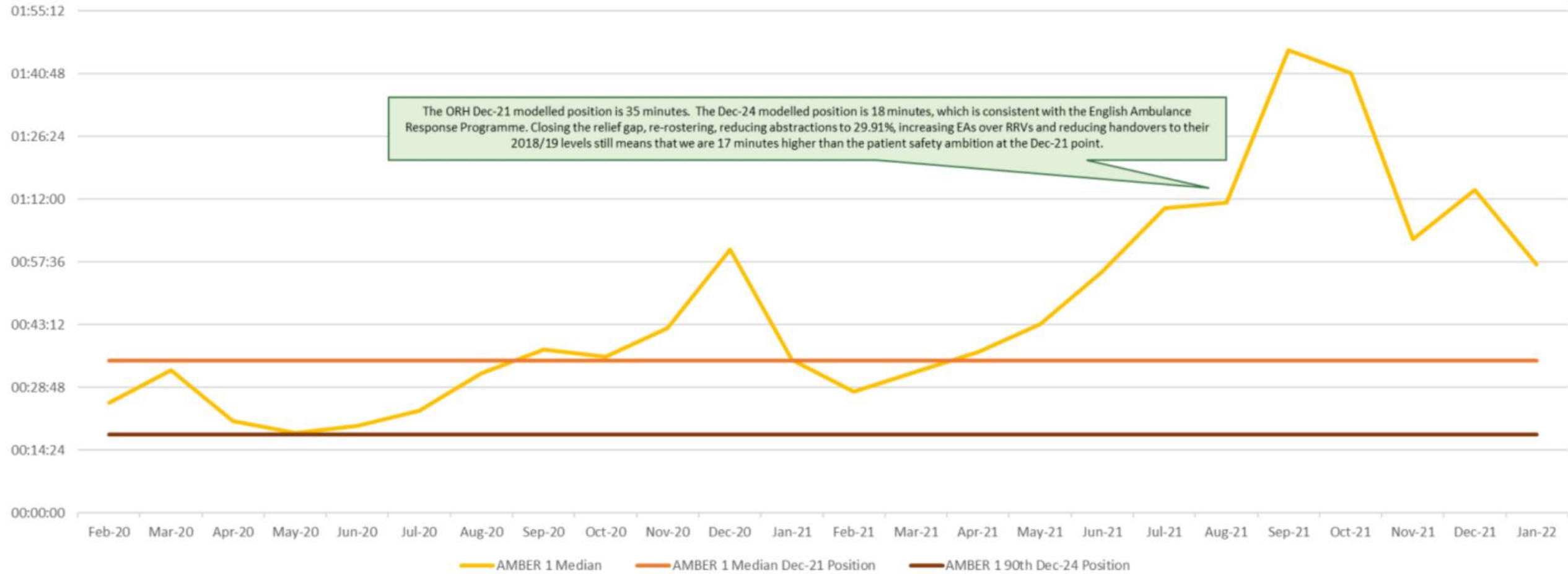


Red A8



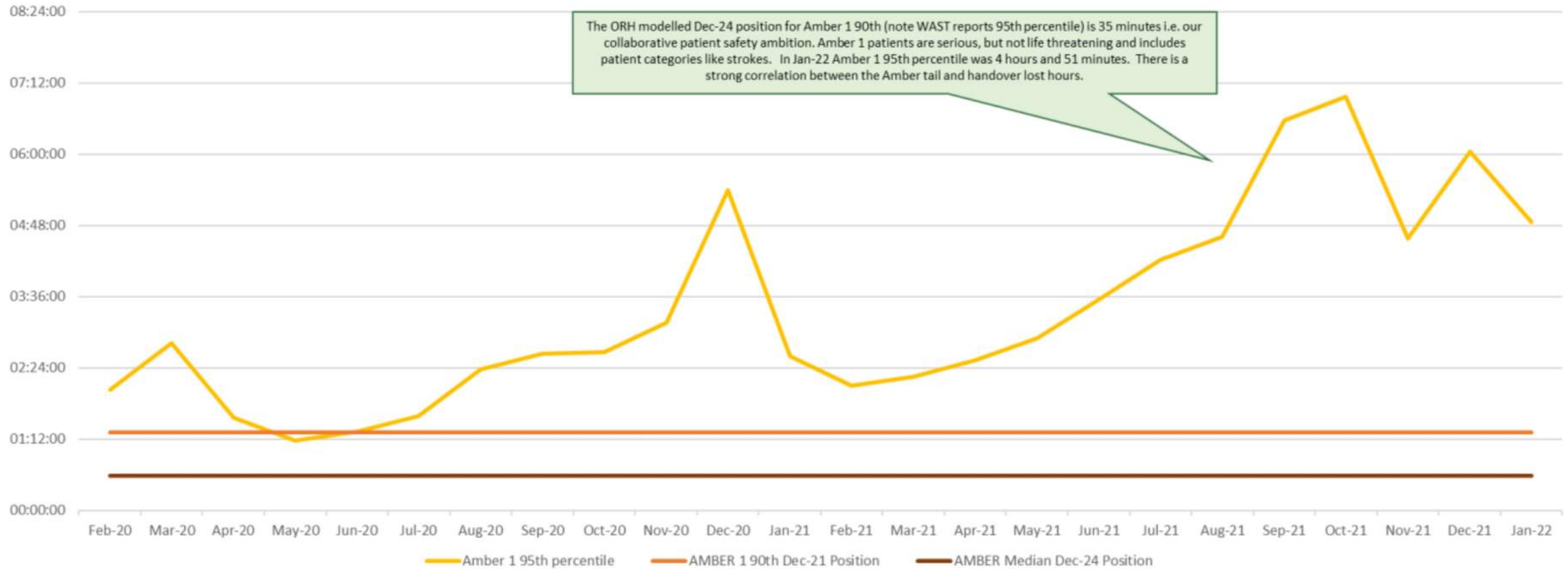


Amber 1 Median





QSPE - Amber 1 Tail





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AGENDA ITEM No	15
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

Financial Performance as at Month 11 – 2021/22

MEETING	Trust Board
DATE	24 th March 2022
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Navin Kalia (Deputy Director of Finance & Corporate Resources) Jill Gill (Head of Financial Accounting)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2021/22 financial year, as at Month 11 (February 2022).

The Board is asked to scrutinise, comment, and receive assurance on the financial position and 2021/22 year end forecast of the Trust, noting that this was discussed following an initial presentation of the position at the Finance & Performance Committee on 17th March 2022.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small year to date revenue surplus (£69k) for Month 11 2021/22;
- The Trust continues to forecast an underlying breakeven position for the 2021/22 financial year, noting the required treatment of a donated asset as explained within this paper;
- 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 £2.756m have been achieved against a year to date target of £2.649m;
- Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.1% for the number, and 98.2% of the value** of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE
<ul style="list-style-type: none"> • EMT – verbal update on Month 11 position – 9th March 2022 • F&PC (presentation) – 17th March 2022 • Trust Board – 24th March 2022

REPORT APPENDICES
<i>Appendices 1 – 4 – Monitoring returns submitted to Welsh Government for months 10 and 11 – as required by WG</i>

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 11 2021/22

INTRODUCTION

1. This report provides the Board with a summary update on the revenue financial performance of the Trust as at 28th February 2022 (Month 11 2021/22), along with a capital spend update. This position was also presented to the Finance & Performance Committee meeting on 17th March 2022.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2021/22 year to date** (1st April 2021 – 28th February 2022) are that:
 - The cumulative year to date revenue financial position reported is a small **underspend against budget of £0.069m**. The underlying year-end forecast for 2021/22 is 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 £2.756m have been achieved against a year to date target of £2.649m.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.1% for the number, and 98.2% of the value** of non-NHS invoices paid within 30 days.
3. Any remaining risks continue to be reported, however at present it is considered that there are now no high likelihood risks for this financial year. Even at this late stage of the financial year we will continue to review risks to ensure that the level of likelihood is assessed together with the financial value, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions

REVENUE FINANCIAL PERFORMANCE

4. The table below presents an overview of the financial position for the period 1st April 2021 to 28th February 2022.

Revenue Financial Position for the period 1st April - 28th February				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-263,085	-239,146	-240,733	-1,587
Expenditure				
Pay	184,020	168,355	166,317	-2,038
Non-pay	55,953	49,094	52,655	3,561
Total pay & non-pay expenditure	239,973	217,449	218,972	1,523
Depreciation & Impairments / interest payable & receivable	23,112	21,697	21,692	-5
Total	0	0	-69	-69

Treatment of Covid-19 spend

- Due to the Covid-19 pandemic, the Trust has recorded additional unavoidable spend up to the Month 11 position totalling **£10.092m**, of which **£5.477m** are pay costs, and **£4.615m** are non-pay costs. This is in line with that suggested in the submitted financial Annual Plan within the IMTP.
- A summary of the Covid-19 revenue costs reported in the Month 11 financial position are shown in the table below including an update of the full year forecast:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	5,477	7,151
Total Non Pay	4,615	5,164
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	10,092	12,315

- All of this cost has been separately funded by Welsh Government.

Income

- Reported Income against the budget set to Month 11 shows an overachievement of **£1.587m**.

Pay costs

- Overall, the total pay variance at Month 11 is an underspend of **£2.038m**.
- As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£5.477m**.

Non-pay Costs

- The overall non-pay position at Month 11 is an overspend of **£3.556m**, this was due to overspends on fleet maintenance costs, fuel and Taxis.

12. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 11 totalled **£4.615m**. Areas of additional spend included:

- Clinical and General Supplies, Rent, Rates and Equipment - £0.794m;
- PPE - £1.029m;
- Health care services provided by other NHS Bodies - £2.400m;
- Cleaning Standards - £0.367m
- Think 111 First Campaign - £0.025m

EMS Ambulance Donation

13. Following a generous donation to our associated charity during 2020/21, an ambulance to the value of £0.185m was procured during Quarter 3.

14. In accordance with guidance supplied by the WG this donation will be included within the Trust's income for 2021/22 and the associated asset purchased will be disclosed separately.

15. This will mean that, directly as a result of the accounting treatment for this, the Trust will now be forecast to achieve a technical surplus of £0.185m, however this donation will then be deducted from the reported surplus within the notes to the statutory accounts for the purposes of the revenue performance target.

Savings

16. The continued assumption is that the Trust will achieve its original saving target of £2.800m in order to achieve a breakeven.

17. For Month 11 the Trust is reporting planned savings of £2.649m and actual savings of £2.756m.

Financial Performance by Directorate

18. Whilst there is a small surplus reported at Month 11 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.

19. As would be expected at this time of the financial year now, some of this is offset by additional expenditure which has able to be agreed, some of which is being managed through either the Trust reserves and contingencies, or other centrally held budgets within F&CR, as also highlighted in the table below.

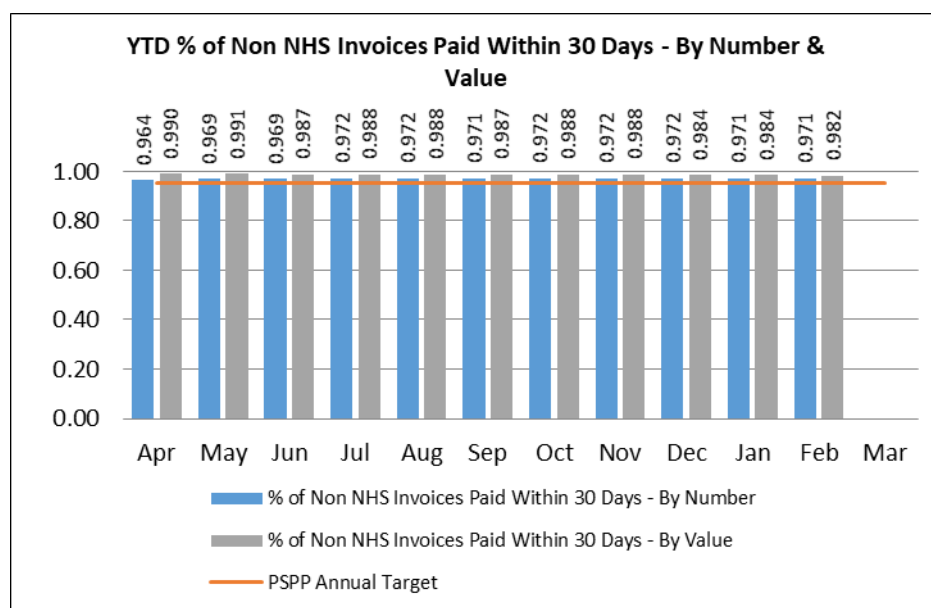
Financial position by Directorate @ 28th February	Annual Budget £000	Year to date			
		Budget	Actual	Variance	Tolerance 5%
		£000	£000	£000	%
Directorate					
Operations Directorate	134,732	122,092	122,092	-0	0.0%
Chief Executive Directorate	1,895	1,729	1,707	-23	-1.3%
Board Secretary	340	311	287	-24	-7.7%
Partnerships & Engagement Directorate	702	640	593	-47	-7.3%
Finance and Corporate Resources Directorate	31,802	29,443	29,939	496	1.7%
Planning and Performance Directorate	1,212	1,065	940	-125	-11.7%
Quality, Safety and Patient Experience Directorate	4,816	4,365	3,773	-593	-13.6%
Digital Directorate	10,993	9,593	9,417	-176	-1.8%
Workforce and OD Directorate	4,487	4,111	4,021	-90	-2.2%
Medical & Clinical Services Directorate	2,723	2,406	2,314	-92	-3.8%
Trust Reserves	-1,537	-3,544	-2,964	580	16.4%
Trust Income (mainly WHSSC)	-192,165	-172,212	-172,188	24	0.0%
Overall Trust Position	0	0	-69	-69	

20. Comments on highlighted variances above follow:-

- Board Secretary - Funded vacancies from turnover of staff together with time taken to recruit as well as travel reduction and some software savings;
- Partnerships & Engagement - Funded vacancies from turnover of staff together with time taken to recruit. Travel reductions and majority of awards ceremonies currently arranged online;
- Planning & Performance - Funded vacancies savings from maternity, staff funded via development projects and turnover of staff together with time taken to recruit;
- Quality, Safety & Patient Experience – the vast majority of this underspend is on pay budgets and is broadly due to some recruitment challenges in filling vacancies linked to recruitment routes and limitations of talent pool once posts have been advertised, with a number of posts needing multiple attempts before suitable candidates can be appointed. This is across the varied portfolio of the directorate and not therefore necessarily concentrated in one area with the team progressing appointments as soon as possible, accepting the pressure such vacancies can put on remaining teams. As with other corporate areas there has also been a significant reduction in travel and subsistence spend;
- Trust Reserves – agreed additional expenditure such as equipment & consumable purchases and provisions to offset underspends in other areas. Much of which is accelerating spend that would be required in early 2022/23.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

21. Public Sector Payment Policy (PSPP) compliance up to Month 11 was **97.1%** against the **95%** WG target set for non-NHS invoices by number and **98.2%** by value.



CAPITAL

22. Following receipt of the latest CEL the Trust has again updated its plan in line with current intelligence and continues detailed monitoring of ongoing schemes.
23. The Trust now has a balanced forecast, with a few contingencies in place to ensure it can achieve the CEL at the 31st March, subject to all programmes delivering to schedule.
24. The Trust has to date expended and accounted for £16.488m against a budget of £26.652m, this is in line with plan.
25. Whilst this is circa £10m less than the year end forecast this is in line with the plan based on timing of cash flows for some larger schemes, year-end accruals and deliveries planned for the final weeks of the year.
26. Below is a summary of the current capital position showing current budget and expenditure. This table is presented in the WG MR format and as such, some vehicles are included within the equipment line below.

	Actual* £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP – Control Room Solution	17	26
111 Project Costs	684	1,094
WAST - Make Ready Depot - Cardiff	2,846	3,162
GUH transfer vehicles	33	412
WAST vehicle replacement programme	3,295	6,250
EPCR	614	822
National Programme – Fire	109	109
National Programme – Infrastructure	27	478
National Programme – Decarbonisation	226	465
COVID-19 Recovery Plans - 2021-22	200	200
NDR Programme	238	250
Additional Capital Funding - November - 2021-22	603	881
Purchase of Unit 2 Triangle Business Park, Merthyr Tydfil.	1,654	1,650
WAST vehicle replacement programme b/f 22-23	898	3,473
Additional DPIF Capital Allocations	782	1,158
Wrexham ARC Land Transfer to BCUHB	(29)	(29)
Sub Total	12,198	20,401
Discretionary:		
I.T.	677	677
Equipment	344	344
Statutory Compliance	0	0
Estates	3,103	5,130
Other	137	230
Unallocated Discretionary Capital	29	29
Sub Total	4,291	6,410
Total	16,488	26,811
Less NBV reinvested		(159)
Total Funding from WG	16,488	26,652

RISKS AND ASSUMPTIONS

27. The financial risks continue to be reviewed and fully assessed, however there are no high likelihood financial risks and as we move through the final weeks 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.
28. Following the receipt of confirmation of funding from WG in respect of £0.5m to reflect the additional day of annual leave for all staff, which was announced in December 2021, this low level risk has been removed at Month 11.
29. In respect of the low level risk of £1.0m re PIBS (Permanent Injury Benefit Scheme) verbal confirmation has been provided from WG of the availability of this funding. Matched funding for this highly volatile area is provided by WG on an annual basis.

RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 11 and forecast revenue and capital financial position and performance of the Trust as at 28th February 2022, noting that this was also presented to the F&PC meeting on 17th March 2022.
- b) **Notes** the Months 10 & 11 Welsh Government monitoring return submissions included within Appendices 1- 4 attached (as required by WG).



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd

Chair: Martin Woodford

Prif Weithredwr

Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

Your ref: WAST\m09\ajh\ry

Our Ref: JK/CT/18/nm

11 February 2022

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

Dear Andrea

Re: JANUARY 2022 (MONTH 10 2021/22) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for January 2022.

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

In line with our submitted Annual Plan, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and submitted to our Commissioners and approved by the Trust Board in March 2021.

The Trust's performance against financial targets for Month 10 2021/22 is as follows:-

1. Actual Year to Date 21/22 (Tables A & B)

Income assumptions reflect those agreed within the Annual Plan and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2021/22 being that the 2020/21 funding is, where applicable, fully recurrent, and the 2021/22 funding includes:-

- The nationally made available uplift for core cost growth, which includes funding to meet the 2021/22 pay award costs,
- Impact of previously agreed developments/other adjustments including income support to implement the EMS Demand & Capacity Review, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects, including 111 First and the Operational Delivery Unit.

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwylans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

Tŷ Vantage Point
Vantage Point House
Tŷ Coch Way
Cwmbran NP44 7HF

Ffôn/Tel
01633 626262

Month 10 2021/22 also continues to include an income assumption to offset the net additional unavoidable direct revenue costs incurred by WAST in its planning and continuing response to COVID-19. The year to date COVID-19 value stands at £8.847m as shown in Table B3. Table B3 includes estimates for the whole of 21/22, a total of £11.315m. We can confirm that the £11.315m has been invoiced in full.

The resulting reported performance at Month 10 as per Table B is therefore a very small under-spend against budget of £0.069m, after allowing for the above COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 10 is an underspend of £1.900m. As per Table B3 the cumulative COVID-19 pay related costs up to Month 10 totalled £4.782m.

The non-pay position at Month 10 is a reported overspend of £2.788m, this is made up of overspends on fleet maintenance costs, fuel, and Taxis. As per Table B3 the cumulative COVID-19 non pay related costs (including cleaning) up to Month 10 totalled £4.065m.

Income at Month 10 shows a small over achievement of £0.957m.

The Trust is forecast to achieve its full savings target of £2.8m in order to achieve a breakeven.

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 routinely assessed, however at present it is considered that there are no high likelihood risks that the Trust is aware of. As we move through the closing months of this financial year we will continue to review the risks to ensure that the level of likelihood is assessed together with the financial value, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

Following the receipt of confirmation of funding from WG in respect of £0.7m relating to pay enhancements of 1% for Bands 1-5 the low-level likelihood risk of £1.8m has been reduced down to £0.5m to reflect only the additional day of annual leave for all staff which was announced in December 2021 this will continue until the funding route for this is confirmed.

In respect of the low level risk of £1.0m re PIBS (Permanent Injury Benefit Scheme) verbal confirmation has been provided by Jackie Salmon from WG of the availability of this funding. Matched funding for this highly volatile area is provided by WG on an annual basis. This is included within Table E1 at line 11.

Following receipt of the e-mail from Gary Young of WG on 27th January 2022 containing guidance on invoicing arrangements, the protective risk of £9.187m relating to funding for depreciation and impairments has been removed as at Month 10.

The one other risk flagged last month re 111 First funding not being received for the additional costs incurred in year has also now been removed following receipt of the funding to cover these costs via EASC.

4. Monthly Profiles (Table B)

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

Total bonus payments paid to staff during May amounted to £3.600m a credit note for £0.045m was issued to the WG in Month 7 in respect of the residual balance.

The Trust has now concluded the work to collate information from our relevant sub-contractors to determine the eligibility for bonus payments for sub-contracted staff. The final outcome of this was that costs of £0.190m were identified and reported back to the WG within the prescribed timescales. The cutoff date for any outstanding invoices from suppliers of 17th January has now passed. The most recent submission under the duplicate payments checking exercise has identified a number of potential duplicates within the claims submitted to WAST. Data Cymru on our

behalf have asked WG for further clarification regarding the next steps required following this identification and are awaiting a response.

The full year forecast for DEL Depreciation for 21/22 has been reviewed in month and reduced to £16.966m (additional funding of £2.067m now being required over agreed baseline), an overall reduction of £0.985m. This £0.985m relates to £0.635m slippage of in year schemes together with £0.350m contingency, included within this is £0.069m relating to DEL strategic depreciation support not included in baseline.

In respect of AME Impairments this area has also been reviewed and funding of £6.152m is now required a small reduction of £0.013m. These forecasts are reflected within the Month 10 Table B and also within Table E1. Following receipt of the e-mail from Gary Young of WG on 27 January 2022 containing guidance on invoicing arrangements, the protective risk of £9.187m relating to funding for depreciation and impairments has been removed.

Following the receipt of funding confirmation from you in respect of the Bands 1-5 1% pay awards we have made arrangements for the £0.7m allocated to be invoiced to you in Month 11 and have accrued for this income within the Month 10 position as appropriate.

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

Agency costs for Month 10 totalled £0.234m. The current percentage of agency costs against the total pay figure is 0.6%, this is to cover vacancies and additional activity and we are currently reporting a rise both in actual and forecast as additional resources are being brought in as a result of the recent Omicron wave. The Trust is always attempting to minimise agency costs by recruiting into permanent positions where possible.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance.

The year to date COVID-19 value stands at £8.847m as shown in Table B3. Table B3 has now been updated to include estimates for the whole of 21/22, a total of £11.315m, the whole of this £11.315m has been invoiced (net of £0.045m returned unused bonus accrual).

These costs exclude any costs relating to assistance from the military which will be made under MACA under the assumption that, as with previous such agreements, WG will be paying directly for these services.

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

For Month 10 the Trust is reporting planned savings of £2.506m and actual savings of £2.634m.

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

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

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance.

In regard to WHSSC / EASC and WAST values, whilst the teams continue to work to agree the final income and expenditure values for this financial year now, the income figures have been updated and included in Table D. The funding to cover the additional costs incurred this financial year for 111 First have also now been confirmed, with the source funding of this now being clarified with EASC colleagues. **(Action Point 9.1)**

The recurring cost impact of 21/22 developments for the 22/23 financial year has been submitted to EASC to form the basis of continuing contractual negotiations and discussions as we progress 22/23 financial planning over the next month or so as part of the IMTP process.

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

The Statement of Financial Position for Month 10 has been completed as per the guidance.

At Month 10 there are four invoices with a total value of £0.085m over 11 weeks. Three of these have been paid since the end of the month and agreement to pay has been received in respect of the remaining invoice.

10. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance.

MONTHLY CASHFLOW FORECAST 2021-22	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	25	18	17	22	20	16	19	19	23	16	15	11	221
Other Non NHS Income	164	141	71	237	85	84	2,329	167	372	249	150	570	4,619
Pensions Agency	0	0	0	0	0	0	0	0	59	0	0	0	59
Vat Refund	388	375	264	0	545	324	405	418	763	368	380	320	4,550
Risk Pool Refund	0	0	0	0	0	4	0	0	0	0	0	0	4
Total	577	534	352	259	650	428	2,753	604	1,217	633	545	901	9,453
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	127	6	0	0	0	127	0	125	0	0	133	0	518
Total	0	0	0	0	0	127	0	125	0	0	133	0	518

Details of 'Other' receipts and 'Other' payments as shown within lines 10 and 22 of Table G are shown above.

11. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through the final quarter of 2021/22 with regular staff communications being made. **(Action Point 9.3)**

Up to quarter 3 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 97.4% against a target of 95%.

12. Capital (Tables I, J and K)

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

Most capital schemes are progressing well against the latest CEL issued and the Trust is engaging with key project leads to ensure that it can continue to deliver on the CEL. Whilst the Trust is experiencing some delays on a few schemes, due to the confirmation of available funding in 2022/23 it has been able to develop plans to accelerate this expenditure in 2021/22, in order to balance the position. The principle of the brokerage between years has been agreed with WG Capital team.

The sale of HM Stanley is yet to take place, table I will be updated following the sale. **(Action Point 9.2)**

13. Committee to receive Financial Monitoring Return

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

The Month 10 Financial Monitoring Return will be presented to Trust Board on 24th March 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 Executive Director of Finance & Corporate Resources and Jason Killens, Chief Executive.

14. Other Issues

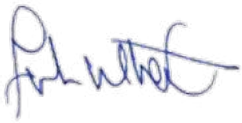
As requested a full update of our forecast position relating to annual leave and the sell back scheme was provided to the WG on 8th February 2022. The Trust is currently forecasting a total increase of £1.521m in respect of our year end annual leave accrual, this includes £0.534m in respect of the additional day's annual leave awarded to all staff recently and excludes any employer's pension element. To be clear, we have not included the £1.521m within the risk table as we wait for guidance from WG on source of funding which we expect to be cost neutral.

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 M Woodford, Chairman
Non-Executive Directors Executive Directors



GIG
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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Martin Woodford

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

11th March 2022

Your ref: WAST\m10\ajh

Dear Andrea

Re: FEBRUARY 2022 (MONTH 11 2021/22) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for February 2022.

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

In line with our submitted Annual Plan, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and submitted to our Commissioners and approved by the Trust Board in March 2021.

The Trust's performance against financial targets for Month 11 2021/22 is as follows:-

1. Actual Year to Date 21/22 (Tables A & B)

Income assumptions reflect those agreed within the Annual Plan and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2021/22 being that the 2020/21 funding is, where applicable, fully recurrent, and the 2021/22 funding includes:-

- The nationally made available uplift for core cost growth, which includes funding to meet the 2021/22 pay award costs,
- Impact of previously agreed developments/other adjustments including income support to implement the EMS Demand & Capacity Review, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects, including 111 First and the Operational Delivery Unit.

Month 11 2021/22 also continues to include an income assumption to offset the net additional unavoidable direct revenue costs incurred by WAST in its planning and continuing response to COVID-19. The year to date COVID-

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

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

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Pencadlys Rhanbarthol
Ambiwylans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

Tŷ Vantage Point
Vantage Point House
Tŷ Coch Way
Cwmbran NP44 7HF

Ffôn/Tel
01633 626262

19 value stands at £10.092m as shown in Table B3. Table B3 includes estimates for the whole of 2021/22, a total of £12.315m. We can confirm that £11.315m has been invoiced to date and a further £0.500m in respect of the Annual Leave impact will be invoiced in Month 12, as agreed the residual £0.500m relating to Annual Leave impact will be absorbed by existing funding within the Trust. This is reflected within Table E1 lines 12, 48 and 49.

The resulting reported performance at Month 11 as per Table B is therefore a very small under-spend against budget of £0.069m, after allowing for the above COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 11 is an underspend of £2.038m. As per Table B3 the cumulative COVID-19 pay related costs up to Month 11 totalled £5.477m.

The non-pay position at Month 11 is a reported overspend of £3.556m, this is made up of overspends on fleet maintenance costs, fuel, and Taxis. As per Table B3 the cumulative COVID-19 non pay related costs (including cleaning) up to Month 11 totalled £4.615m.

Income at Month 11 shows a small over achievement of £1.587m.

The Trust is forecast to achieve its full savings target of £2.8m in order to achieve its forecast position of breakeven, subject to that detailed in section 12 below.

2. Movement (Table A)

The Movement table has been completed in accordance with the 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)

Any remaining risks continue to be reported in Table A2, however at present it is considered that there are now no high likelihood risks for this financial year. Even at this late stage of the financial year we will continue to review risks to ensure that the level of likelihood is assessed together with the financial value, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

Following the receipt of confirmation of funding from WG in respect of £0.5m to reflect the additional day of annual leave for all staff which was announced in December 2021 this low level risk has been removed at Month 11. **(Action Point 10.1)**

In respect of the low level risk of £1.0m re PIBS (Permanent Injury Benefit Scheme) verbal confirmation has been provided by Jackie Salmon from WG of the availability of this funding. Matched funding for this highly volatile area is provided by WG on an annual basis. This is included within Table E1 at line 11.

4. Monthly Profiles (Table B)

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

The full year forecast for DEL Depreciation for 2021/22 has been reviewed in month and reduced to £16.933m (additional funding of £2.004m now being required over agreed baseline), an overall reduction of £0.033m. This relates to a reduction in previously included contingency. The full year forecast AME Depreciation for 2021/22 in relation to WAST's one donated asset has been reviewed and funding of £0.008m is required.

In respect of AME Impairments this area has also been reviewed and funding of £6.136m is now required a small reduction of £0.016m. These forecasts are reflected within the Month 11 Table B and also within Table E1.

Action Point 10.2 relating to non-cash issues was covered off by return to your email of 15 February 2022.

Following the receipt of funding confirmation from you in respect of the Bands 1-5 1% pay awards we have now invoiced for this.

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

Agency costs for Month 11 totalled £0.281m. The current percentage of agency costs against the total pay figure is 0.7%, this is to cover vacancies and additional activity. The Trust is always attempting to minimise agency costs by recruiting into permanent positions where possible.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance.

The year to date COVID-19 value stands at £10.092m as shown in Table B3. Table B3 has been updated to include £1.000m in respect of the impact on annual leave, a total of £12.315m. To date £11.315m has been invoiced (net of £0.045m returned unused bonus accrual). A further £0.500m will be invoiced in Month 12 with the residual £0.500m being managed within existing resources by the Trust, which relates to the expected movement in accrual for untaken annual leave.

These costs exclude any costs relating to assistance from the military which will be made under MACA on the basis that, as with previous such agreements, WG will be paying directly for these services.

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

For Month 11 the Trust is reporting planned savings of £2.649m and actual savings of £2.756m.

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

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

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance.

In regard to WHSSC / EASC and WAST values, a full and final reconciled position for 2021/22 has been agreed for Month 11 and this is reflected in Table D. It is my understanding that EASC have also confirmed with WG the treatment in relation to any outstanding elements from the UEC funding this financial year, and how any remaining elements, for previously agreed costs incurred will now be accessed, which now includes WAST receiving an element of this direct (confirmed by email from Richard Dudley on 10th March). **(Action Point 9.1)**

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

The Statement of Financial Position for Month 11 has been completed as per the guidance.

At Month 11 there are four invoices with a total value of £0.874m over 11 weeks all relating to Aneurin Bevan ULHB. There are no known queries raised against these.

10. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance.

MONTHLY CASHFLOW FORECAST 2021-22	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	25	18	17	22	20	16	19	19	23	16	15	11	221
Other Non NHS Income	164	141	71	237	85	84	2,329	167	372	249	920	570	5,389
Pensions Agency	0	0	0	0	0	0	0	0	59	0	0	0	59
Vat Refund	388	375	264	0	545	324	405	418	763	368	380	450	4,680
Risk Pool Refund	0	0	0	0	0	4	0	0	0	0	0	0	4
Total	577	534	352	259	650	428	2,753	604	1,217	633	1,315	1,031	10,353
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	127	6	0	0	0	127	0	125	0	0	133	0	518
Total	0	0	0	0	0	127	0	125	0	0	133	0	518

Details of 'Other' receipts and 'Other' payments as shown within lines 10 and 22 of Table G are shown above.

11. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through the final quarter of 2021/22 with regular staff communications being made

Up to quarter 3 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 97.4% against a target of 95%.

12. Capital (Tables I, J and K)

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

Most of the capital schemes are progressing well, to their revised programmes and are forecast to deliver. As previously discussed following the completion of the Month 12 reporting, details around the internal brokerage and management within the overall total will be shared with the WG Capital team to ensure that any final minor adjustments are reflected within the CEL in order for the 2022/23 CEL to be adjusted accordingly.

The sale of HM Stanley is yet to take place, table I will be updated following the sale.

Following a generous donation to our associated charity during 2020/21, an ambulance to the value of £0.185m was procured recently. In accordance with guidance supplied by the WG this donation will be included within the Trust's income for 2021/22 and the associated asset purchased will be disclosed separately. The £0.185m will mean that the Trust is now planning to achieve a technical surplus of £0.185m, however this donation will then be deducted from the reported surplus within the statutory accounts for the purposes of the revenue performance target. For the purposes of the monitoring returns for Months 11 and 12 we are currently not planning to include this technical adjustment within income (or therefore within the year end forecast position), as for Trust's there does not appear to be a mechanism for this, please advise if this treatment is not acceptable and we will adjust in Month 12.

13. Committee to receive Financial Monitoring Return

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

The Month 11 Financial Monitoring Return will be presented to the Finance and Performance Committee on 17th March 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 Executive Director of Finance & Corporate Resources and Jason Killens, Chief Executive.

14. Other Issues

As noted above, but just for further clarity in relation to this, the Trust is currently forecasting a total increase of £1.000m in respect of our year end annual leave accrual, this includes £0.500m in respect of the additional day's annual leave awarded to all staff recently. As per guidance received from the WG we have included the full £1.000m within Table B3 and have included anticipated income of just £0.500m in respect of this within Table E1 (lines 12, 48 and 49 refer to this based on how we plan to manage this. This approach is in line with that agreed a recent DDoF discussions.

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 M Woodford, Chairman
Non-Executive Directors Executive Directors



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	16
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – February 2022

MEETING	Trust Board
DATE	24 March-22
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Kerri Hitchings – Commissioning & Performance Manager Nicola Quiller – Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Nicola.Quiller@wales.nhs.uk

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 **Jan-22** and (where data is available) **Feb-22**.

RECOMMENDATION

Trust Board is asked to:-

- **Consider** the Feb-22 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.

KEY ISSUES/IMPLICATIONS

Overview

Mar-21 Trust Board & QUEST received a revised Integrated Quality & Performance Report which contained 28 key indicators at a highly summarised level and demonstrated 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.

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

The Strategy, Planning & Performance Directorate has continued the formal update of the report, based on feedback from Board, committees and individual responses from non-executive directors and executives. The report will continue to be reviewed on an iterative basis, likely to be on an annual basis in line with the IMTP.

The review of the Quality & Performance Management Framework has stopped and started, due to the on-going pandemic response; however, it is now on the agenda for Trust Board approval. This Framework has several components, one of which will relate to the use of metrics and indicators across all areas and levels of the Trust to demonstrate progress towards the Trust's strategic objectives and goals as well as to point to areas where improvement is required. The Framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at locality level.

Our Patients – Quality, Safety and Patient Experience

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

999 answering times have been challenged through significant increases in demand. The median and 65th percentile performance remain good, but the call answering tail remains at just under one minute. 111 call answering performance (answered within 60 seconds/abandoned after 60 seconds), saw a significant improvement in Feb-22 linked to increasing capacity and improvements in efficiency, with a call abandonment rate of less than 5% (meeting the target).

Actions to improve both of these areas involve the recruitment of additional call handlers. For the 999 calls, additional staff recruitment has been agreed by EMT in this financial year, with the recruitment and training of up to 32 WTE due to have been completed by mid February 2022; however, increased attrition means this target date has been revised to the financial year end (completed). It is important to note however that funding is not yet secure to continue this level of additional capacity into next financial year, and is being worked through with the Chief Ambulance Services Commissoiner (CASC).

Similarly, within the 111 service, recruitment continues with a further 30 WTE funded by the 111 Programme Board. The teams have, at pace, increased the capacity (including physical capacity) in the training cohorts planned from January onwards in

order to achieve this uplift in Q4 (complete). Again, this funding was non-recurrent and meetings are being held to agree a funded establishment level for 2022/23.

Within the 111 service, a recently implemented telephony system for interactive voice response provides callers with expected answer times and sets out alternative options as the caller waits (for example, informing callers that they may find answers on the 111 website). In due course, there will also be an option for the caller to be called back rather than hold on. This will improve the patient experience, reduce numbers of calls that end up with the call handler and reduce abandonment rates.

111 Clinical response: whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance was seen in Dec-21 in the lower priority calls, but improvements in Jan-22 and Feb-22. The Trust knows that the waits for a clinical ring back are too long. Clinical Advisor recruitment continues with a training course started on 10 Jan-22 with a further cycle planned to commence mid-Feb-22 (across the 3 sites for up to 29 staff; subject to workforce supply and ability to recruit – 12.8 FTEs currently in training against target of 29). As with the call handler recruitment, the Trust is also urgently looking to secure additional numbers into each of the cohorts. A demand and capacity review has been undertaken by ORH with a view to providing a better indication of the staff required to meet performance standards.

Ambulance response (safety / patient experience): Red and Amber response times have improved into Jan/Feb-22 supported by a decrease in patient demand; however, the number of hours lost at hospitals remains extreme and cannot be offset by increased ambulance production. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

Capacity:

- Recruitment of an agreed funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme. The Trust is on course to close the relief gap early in 2022/23; however, negotiations continue in relation to recurrent funding to close the relief gap. The Trust is currently predicting +252 FTEs versus the target for closing the relief gap of +263 FTEs.
- Securing of additional temporary capacity from alternative sources, including St John Cymru, Fire & Rescue Services and the military. A significant number of additional hours have now started to be added as part of this capacity with emergency ambulance unit hour's production (UHP) at 110% in Feb-22 i.e. above the benchmark of 95%.

Efficiency:

- Work is ongoing on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency. This programme of work commenced in the autumn and has included 3 to 4 months of negotiations and performance study before there is agreement and subsequent implementation. The response to Omicron has cut into the time for this work, but an initial report was provided to EMT for the end of Feb-22 as planned;
- The roster review programme, designed to optimise the alignment of planned hours with patient demand patterns across Wales, has re-commenced; significant elements of the project had already been completed. The project was paused whilst consideration was given to Red performance and further

modelling on patient safety. The revised implementation timeframe is Sep-Nov 22 i.e. in time for winter 2022, with some rosters going live before this implementation timeframe where a station wants to go live early.

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, with on-boarding and full go live occurring through Feb-22 and Mar-22. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in hear and treat rates.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported to the Executive Management Team every two weeks (and onto the CASC). Actions are set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Forecasting and modelling was completed for the winter period, which was fed into the PIP. Good progress has been made on the PIP.

The current concern is quarter one 2022/23, in particular, Apr-22 when the Trust will see the end of military support, the Transition Plan (if funded) will not have taken effect and it is likely there will be continued high handover levels. Forecasting and modelling on this has been completed and made available to Executives, including mitigation options, which would require funding. This information has been sent onto the CASC.

Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in Feb-22 and has improved for patients requiring discharge; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels. As the system “re-sets” the Trust anticipates a situation where Ambulance Care demand returns or surpasses previous levels; this coupled with reduced capacity caused by social distancing could mean that Ambulance Care will have insufficient capacity to service patient demand. The Trust has received external funding to increase its Ambulance Care capacity through the procurement of third party providers which is now live, but further discussions are now taking place on what happens beyond 31 Mar-22 as part of the 2022-25 Integrated Medium Term Plan (IMTP) process.

National Reportable Incidents (NRIs) / Concerns Response: The Trust reported 2 NRIs to the Delivery Unit in Feb-22, compared to 5 in Jan-22; and 17 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 18 in Jan-22. Complaint response times declined to 64%, which, given the continued high volumes is good (target 75%). In the main, many of these incidents will be as a result of continued longer response times and the actions outlined below therefore are key.

Our People (workforce resourcing, experience and safety)

Hours Produced: 115,339 EMS ambulance unit hours were produced in Feb-22. The emergency ambulance UHP was 110% in Feb-22, however, RRV UHP was 79%. The emergency ambulance UHP has improved as a result of military aid, Fire & Rescue Services support and St John Ambulance capacity; however, the level of abstractions means that the capacity gain from this recruitment is less than the Trust would expect under more normal operating conditions.

Response Abstractions: Abstraction levels decreased in Feb-22, however, remain very high at 41% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 13% in Feb-22 (benchmark 5.99%). Workforce fatigue is also an issue.

Trust Sickness absence: The Trust's overall sickness percentage (Jan-22) was 11.96% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. As outlined above, the PIP contains additional actions being taken in relation to staff well-being. A specific programme of work is being 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.

Staff training and PADRs: PADR compliance and Stat / Mand training compliance are below target. This has been impacted on by the pandemic. The Learning and Development Team will continue to utilise Siren using the #WASTMakeltHappen tagline to reinvigorate My Learning on ESR to improve compliance rates for corporate staff.

Finance and Value

Financial Balance: The Trust's year to date (YTD) expenditure to budget position is 100% i.e. balance.

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). EMS Response lost over 12,000 PPLHs in Feb-22, compared to the 115,000 hours produced. The reasons for PPLHs are many and varied, with around 52% in February being attributed to return to base for meal break. The PPLH figure needs to be treated with a degree of caution, with further work currently being undertaken on data input accuracy which could significantly reduce the figure. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base. The Trust and TU partners are currently collaborating on PPLHs through the Leading Service Change Together workshops which started in Sep-21. At this moment in time there is no agreed benchmark for PPLHs. Further benchmarking work with Operational Research in Health (with three other ambulance services) indicated that the Trust benchmarked favourably with two of the three. Initial contact has been made with the third ambulance service to compare practices around PPLH.

Partnerships/ System Contribution

Shift left: much of our work as a Trust 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 **hear and treat** rates after 999 calls; and the Trust achieved 10.8% in Feb-22, compared to the benchmark of 10.2%.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both hear & treat and see & treat (Finance & Performance Committee received a separate Deep Dive report on their agenda, which is available to all Trust Board members), a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and a 5 mental health professionals FTEs into the Clinical Support Desk (CSD). Recruitment is complete with staff on-boarding and going live in quarter four. The Trust is also implementing new clinical triage software and working with health boards on how they can support remote demand management. There will be a revised benchmark of 15% for hear & treat into 2022/23.

The Trust **conveyed** 35% of patients to emergency departments in Feb-22, an improvement compared to 37% in Jan-22; analysis shows that this may be 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. Further strategic modelling work has recently been completed on “inverting the triangle”.

Handover lost hours: The 2021/22 EASC commissioning intentions include an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of approximately 5,000 hours. 23,232 hours were lost in Feb-22. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022.

Summary

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 patients. This is despite demand across all areas of the service in Feb-22 declining with other factors such as the continuation of the Omicron CoVID-19 variant, high levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continuing to impact on the Trust. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, supporting a range of mitigations; however, whilst the patient safety concerns are set to increase in 2022/23 as system pressure remains high, short term mitigations are due to end e.g. military. Recurrent and increased funding for more permanent patient safety initiatives into 2022/23 now also looks unlikely at this point in time.

REPORT APPROVAL ROUTE	
Date	Meeting
17 Mar-22	Commissioning & Performance Manager Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
17 Mar-22	Finance & Performance Committee
24 Mar-22	Trust Board

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Monthly Integrated Quality & Performance Report

February 2022

Annex 1 – Top Indicator Dashboard





Section 1: Monthly Indicators /Top Indicators Dashboard

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Jan-22	Feb-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
111 Abandoned Calls	< 5%	11.00%	10.8%	4.6%		G
111 Patients called back within 1 hour (P1)	90%	95.30%	94.9%	94.8%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	00:54	00:59		R
999 Red Response within 8 minutes	65%	63.6%	52.5%	55.0%		R
Red 95th percentile	00:14:00	00:17:59	00:21:54	00:21:18		R
999 Amber 1 95th percentile	01:18:00	02:24:10	04:51:35	05:03:44		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	-	-		G
Stroke Patients with Appropriate Care	95%	95.83%	-	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	-	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	82%	82%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	87%	88%		A
National Reportable Incidents reports (NRI)	-	4	5	2		A
Concerns Response within 30 Days	75%	75%	66%	64%		R

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Jan-22	Feb-22	2 Year Trend	RAG
Our People						
EMS Abstraction Rate	29.92%	37.00%	42%	42%		R
Hours Produced for Emergency Ambulances	95%	96.0%	109%	110%		G
Sickness Absence (all staff)	5.99%	7.30%	11.96%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	4,270	4,276		-
Statutory & Mandatory Training	>85%	83.1%	82.23%	83.34%		A
PADR/Medical Appraisal	>85%	52%	58.34%	54.19%		R
Ambulance Response FTEs in Post	1700	1702	1644	-		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1703	1754		-
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric	57%	-				-
Post-Production Lost Hours (All Vehicle Types)	Reduction Trend	11,053	17,106	15,153		R
Partnerships / System Contribution						
111 Consult and Close	Improve	5,612	6,943	6,699		G
999 Hear & Treat	10.2%	9.9%	11.1%	10.8%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	36.65%	35.34%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	22,563	23,214		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)

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)





CoVID-19 Circuit Breaker Dashboard

Headline Indicators



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6

Transmission, Incidence and/or prevalence of the virus



Figure 14

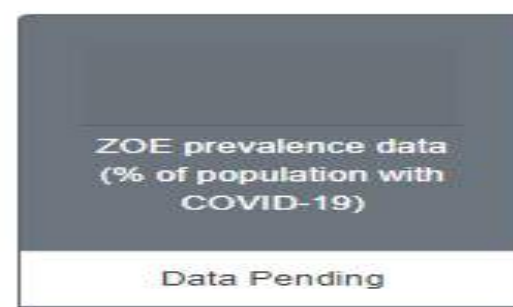


Figure 15



Figure 16



Figure 17

Cases in last 7 days per 100k population by local authority



Figure 22 - 16th Mar 2022

Data Source: Welsh Government CoVID-19 Dashboard - Updated: 16/03/22



(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Patient Safety & Experience

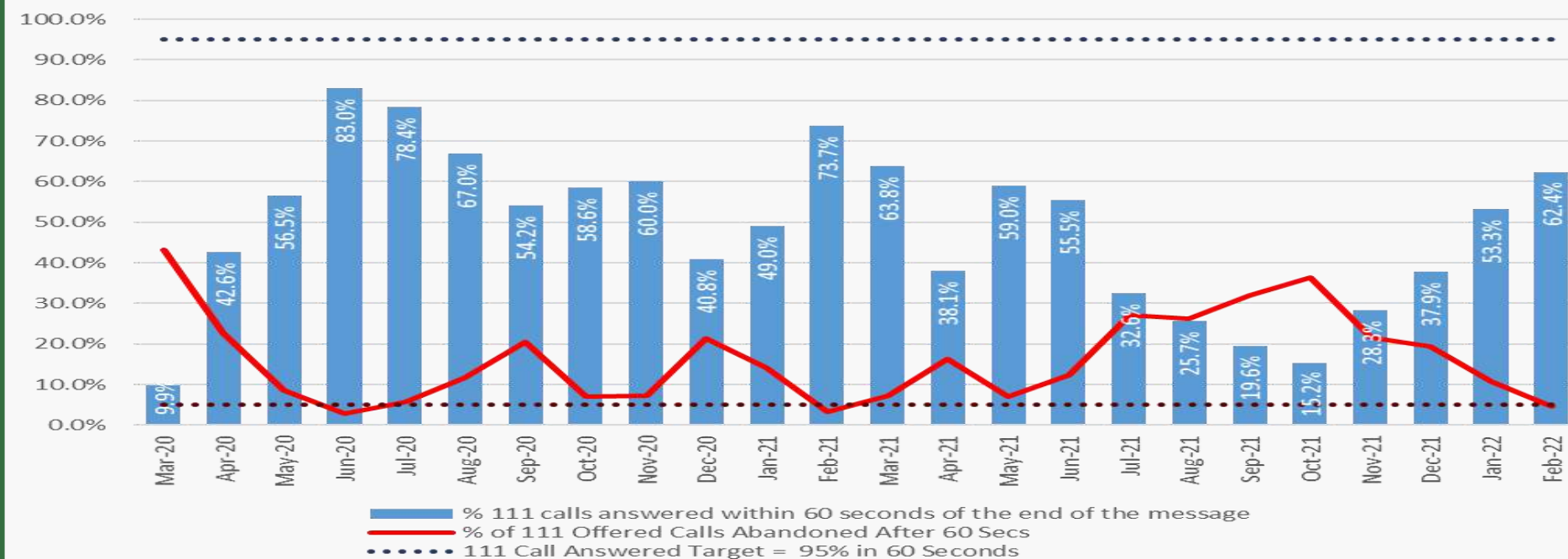
111 Call Answering/Abandoned Performance Indicators



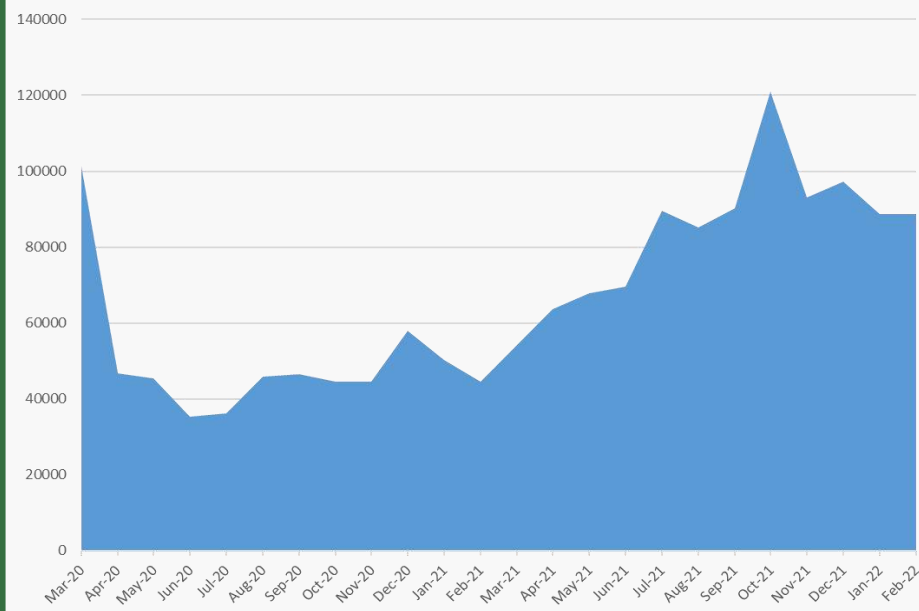
NB: 111 FTE data correct at 13/03/22

Influencing Factors – Demand and Call Handling Hours Produced

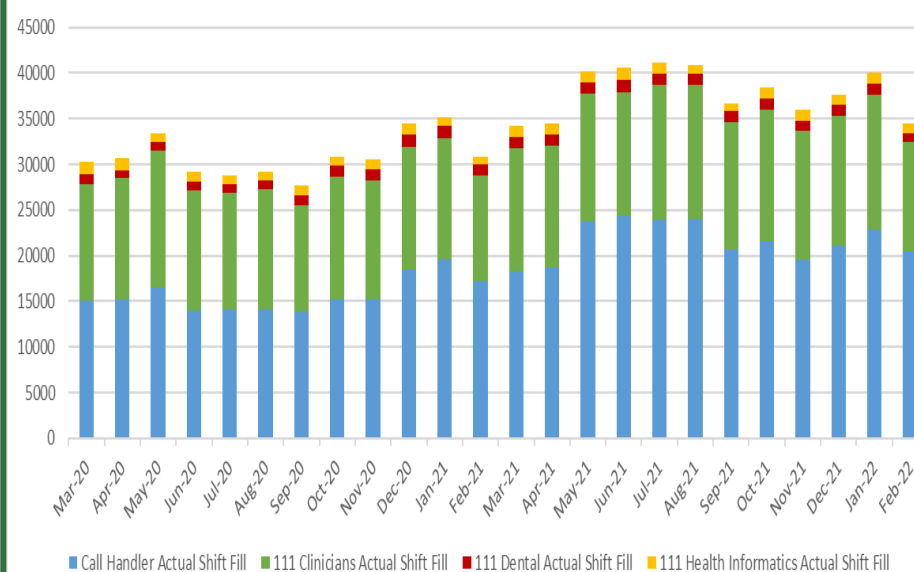
111 Calls Answered vs Calls Abandoned within 60 Seconds



Total 111 Calls



111 Shift Fill - Total Actual Hours



Analysis

111 call abandonment is a key patient safety indicator for the service. **Feb-22** saw a significant improvement in **abandonment rates** to 4.6%, therefore achieving the 5% or less target for the first time since Feb-21.

The percentage of 111 calls answered within 60 seconds of the end of the message also improved in Feb-22 to 62.4%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a poor patient experience.

111 call demand decreased in Jan-22 compared to the previous month, as seen in the graph. Demand for the service is higher than had been forecast following the BCU roll-out in June 2021.

The graph alongside also shows that **capacity (staff hours) has been increasing** in line with the roll-outs and as planned; however, despite recruiting significant numbers of additional staff as agreed with commissioners, there are very high sickness absences (which includes CoVID-19 Sickness), which sat at 10.39% for NHS111 in Feb-22. This means that demand is higher than forecast, capacity is lower than planned leading to the longer response times as seen.

Communication to 'Think 111 First' is regularly circulated to the public, which includes utilising online 111 Wales; in Dec-21 there were 426,608 visits to the website, the highest volume since Apr-20. Searches for CoVID remain the top reason for visits, accounting for 49,993 hits.

Remedial Plans and Actions

- Following a successful launch in Cardiff & Vale Health Board (C&VUHB) on the 16th March the 111 service is now live across Wales. Bringing an end to the NHS Direct Wales Service.
- To enable the launch of 111 service in C&VUHB strong progress has been made in Q3 & Q4 to deliver the accelerated 111 Recruitment & training plan to increase the Call Handler & Clinical Advisor workforce.
- The increased estates and training capacity enabled the January training cycle to deliver 24 X FTE Call Handlers & 11 FTE Clinicians, with a further 50 WTE Call Handlers and 11.6 WTE Clinical Advisors on the February cycle.
- The additional w/f numbers meet the Call handler requirements for the C&V core 111 roll out and the projected expansion for the 111 First Service. The Clinical Advisor numbers meet the requirements for C&V core 111 roll out, however further recruitment would be required to meet the 111 First service needs Pan Wales (if funded).
- Welsh Government have indicated that there is unlikely to be recurrent funding to continue the implementation of the 111 First Service across Wales. Discussions are continuing with WG and plans being considered to manage this impacts of this decision if recurrent funding is not made available.
- A number of service improvement initiatives including the introduction of new IVR messaging, review of the Clinical Advice Line (CAL) and the ongoing recruitment positions have had a positive impact to help stabilise the 111 call abandonment rate and improve call to answer times.

The workforce FTE table has been removed in this iteration as the numbers are linked to the budget deliberations, in particular, 111 First; consequently it is difficult to provide numbers with any degree of certainty at this point in time.

Expected Performance Trajectory

The new IVR system will improve patient experience and is likely to reduce abandonment rates (people take up option of call back); however, call answering times will only be improved through additional capacity and this relies on our continued recruitment into funded posts and improved efficiency gains, with work ongoing to develop innovative solutions



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



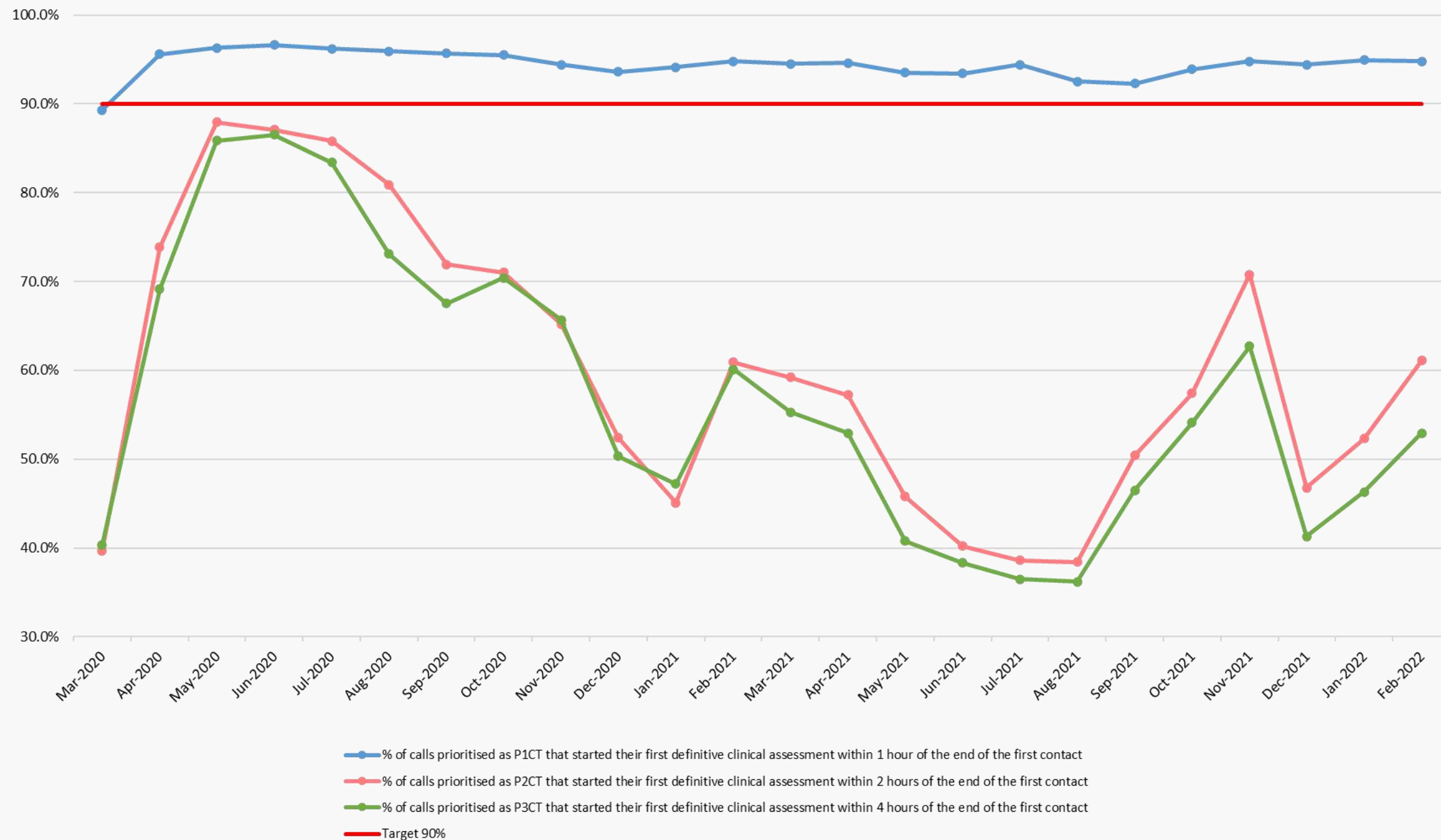
Our Patients: Quality, Safety & Patient Experience

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 remains a challenge, with the continuing exception of the highest priority calls.

The highest priority calls, P1CT, continue to receive a timely response which, with the exception of Mar-20, has continuously achieved the 90% target.

For lower category calls, we are not meeting the 90% target, in Jan-22 improvement was seen in all categories with the exception of P1CT.

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic, (see previous slide, now at 109.44 WTE for clinical Advisors (Nurse) against an FTE budgeted of 121.48), these are insufficient to meet demand.

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. Urgent work is now underway through the Gateway to Care Transformation Board to consider:

- Opportunities to widen the scope of clinicians who can apply, for example through offering remote working, exploring use of different clinicians or considering call centres in other areas.
- Opportunities to understand better and potentially reduce the number of tasks that clinicians have to undertake so that the Trust needs fewer in the future, in particular, work is focusing on the use of the Clinical Advice Line.

Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Urgent work is now underway to agree a series of actions that might help to increase recruitment, reduce turnover and reduce demand on clinicians, but performance is likely to be poorer than the Trust would want for some time to come.



(Responsible Officer: Lee Brooks)

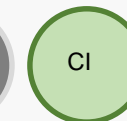
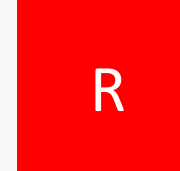
Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

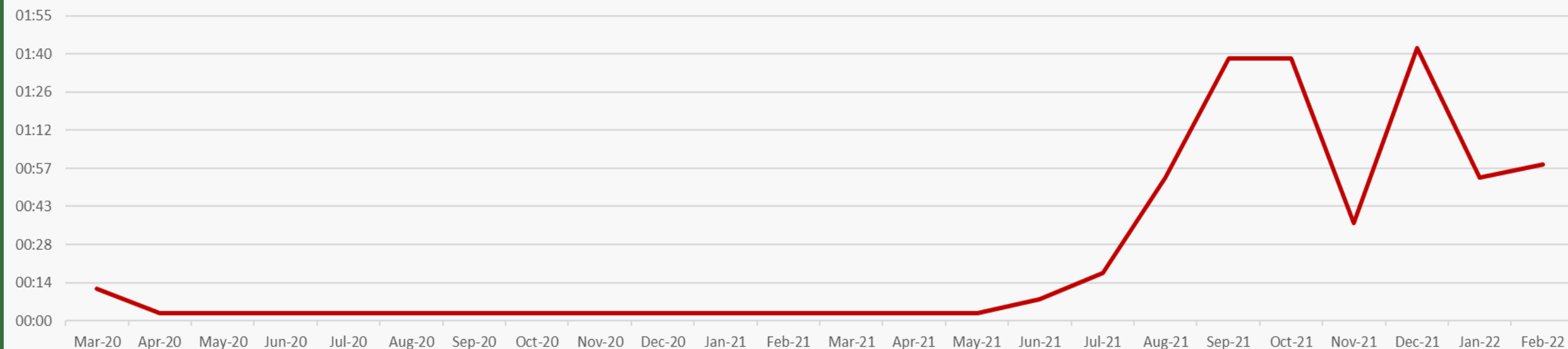
Influencing Factors – Demand and Clinical Hours Produced



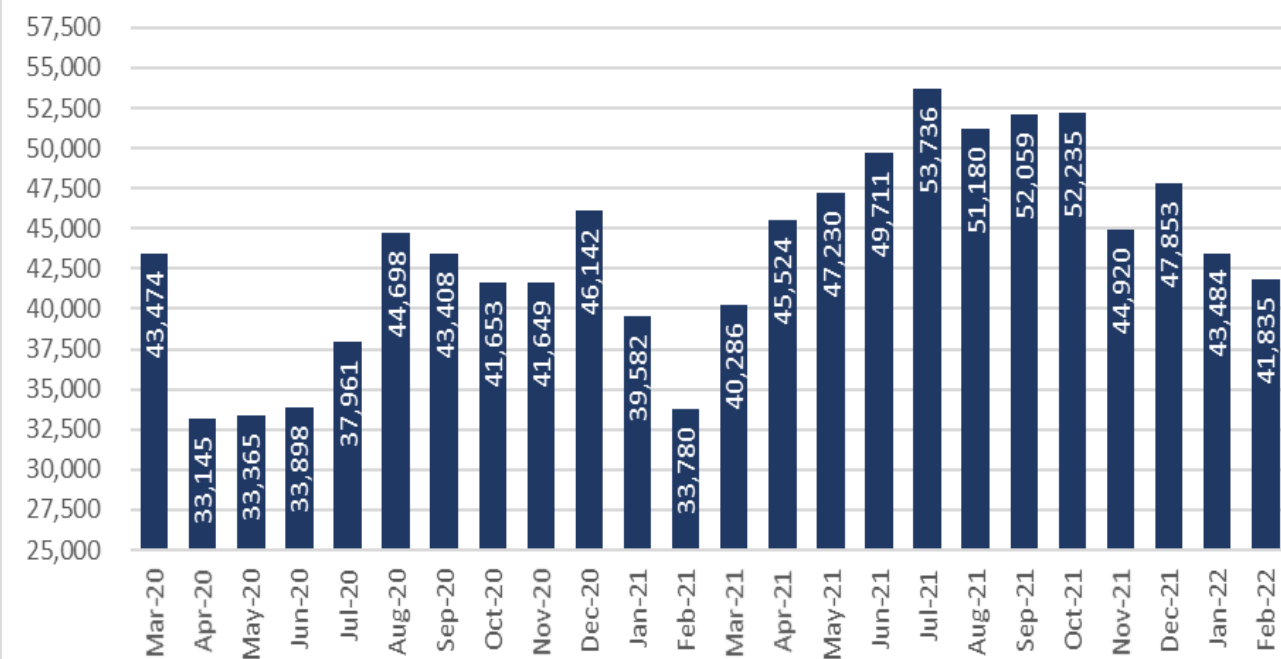
NB: Feb-22 Data unavailable as AQIs not yet published



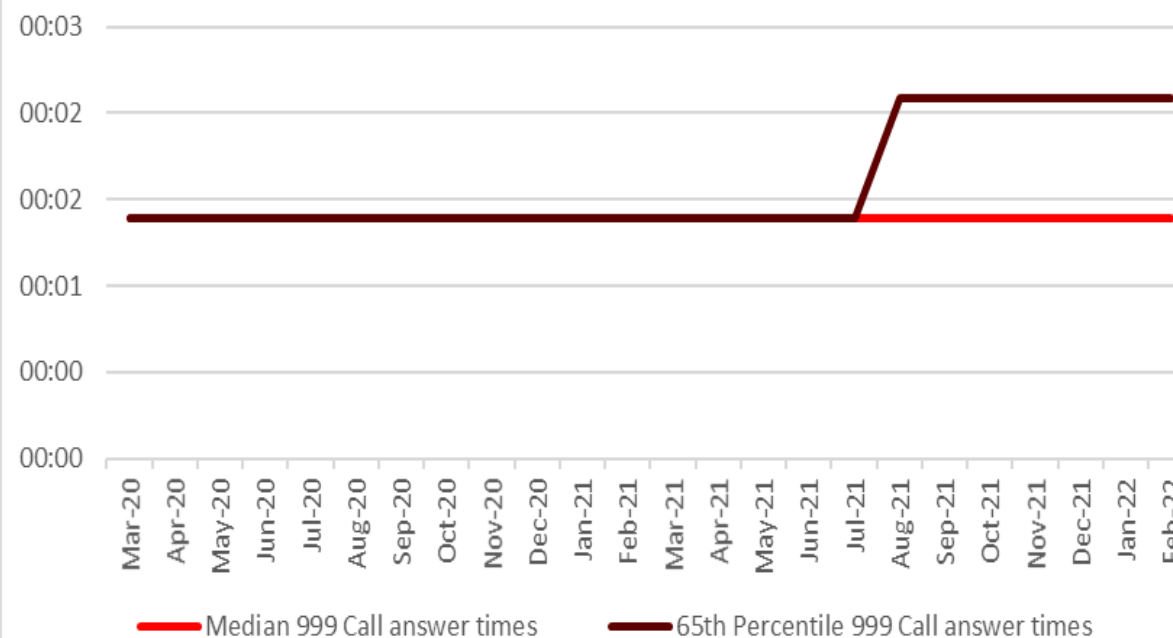
95th Percentile 999 Call answer times



999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



Analysis

The 95th percentile 999 call answering performance saw a decline in Feb-22 to 59 seconds, compared to 54 seconds Jan-22, failing to meet the 6 second answer target for the eighth consecutive month largely as a result of increased call demand, particularly at weekends. Increasing call answering times are a significant concern in relation to patient safety.

The median call answer times for 999 services remains consistently at 2 seconds. In Feb-22 65th percentile continued to average at 3 seconds.

The Trust received 41,835 emergency 999 calls in Feb-22, a decrease compared to Jan-22, however this is significantly higher than both Feb-20 and Feb-21. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (14%) in the call centres which is reducing capacity.

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.

EMT has approved additional funding into EMS CCC in this financial year to allow recruitment of EMDs to match the new baseline demand level being experienced, this funding includes additional relief capacity that will mitigate abstraction levels. Increased EMD capacity will allow more opportunity for current EMDs to reset and recover during shifts.

- The Trust had targeted Feb-22 as the point in time when the full impact of the uplift of 32.25 FTE EMDs would be felt in CCC; however, rates of attrition have increased and this will not be achieved (31 Mar-22 revised target date).
- The Omicron Tactical Action Plan includes additional Workforce & OD support to CCC to aid the recruitment process. This has been actioned.

Expected Performance Trajectory

Performance is expected to continue to be difficult until additional staff are recruited. It is difficult to set a trajectory because of attrition, but 29 of the 32.25 FTEs have been recruited with an advert for another 10 (to offset the attrition) going out imminently.



(Responsible Officer: Rachel Marsh)

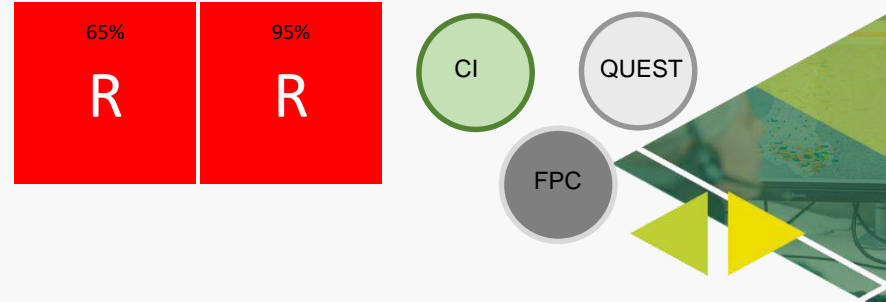
Welsh Ambulance Services NHS Trust



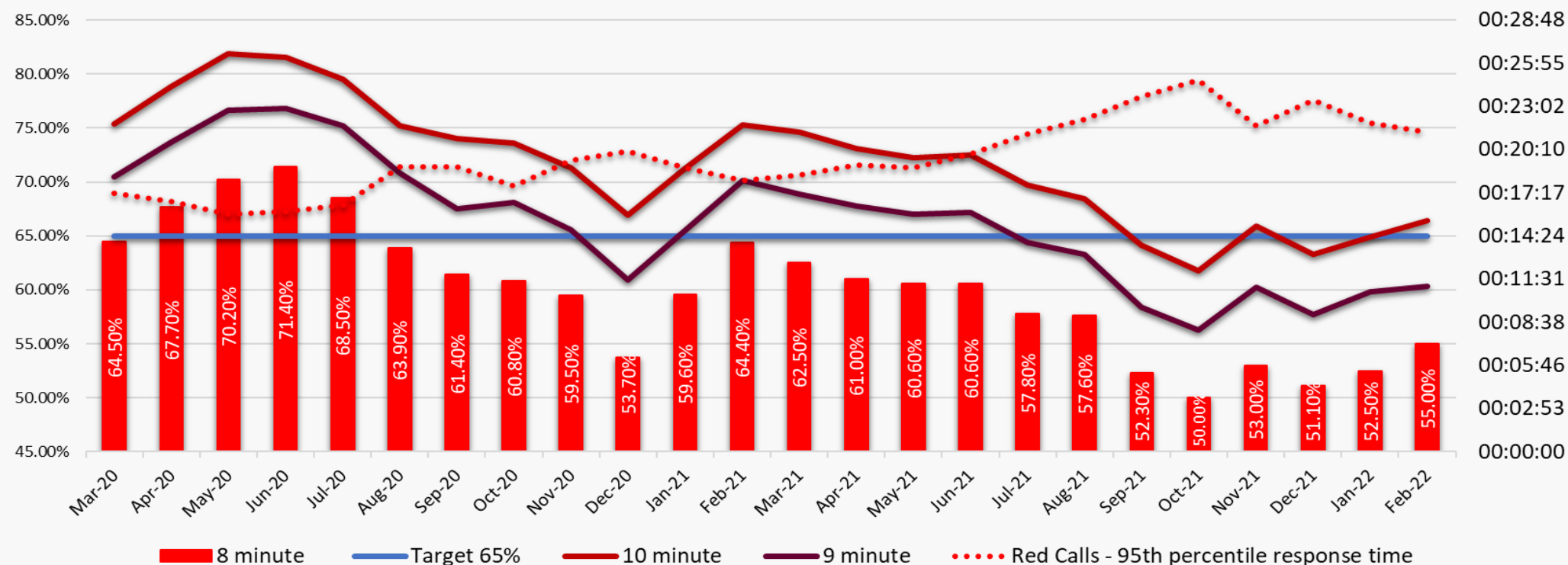
Our Patients: Quality, Safety & Patient Experience

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

Although improvements have been seen, red performance did not achieve the 65% target in Feb-22 and the target has not been achieved since Jul-20. There was also significant health board level variation and only one (Cardiff & Vale (68.1%)) of the seven health board areas achieved the 65% target. This level of performance was forecast in the winter plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance is continuing to affect Red 9 minute responses, which achieved 60.3% and Red 10 minute performance, achieving 66.4% in Feb-22.

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 lower centre graph demonstrates the correlation of performance with hospital handover lost hours with Feb-22 having the highest ever recorded. However, the number of hours produced was also higher than it has ever been, as a result of the military personnel in place (251).

During the pandemic there have been other factors that have also affected performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to all Red calls. The latter in particular was shown to add several minutes to a response, and this requirement remains in place.

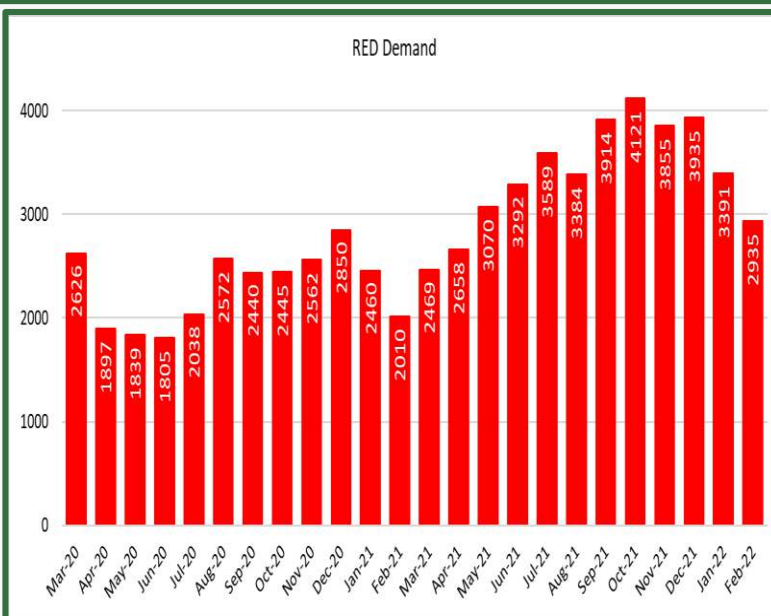
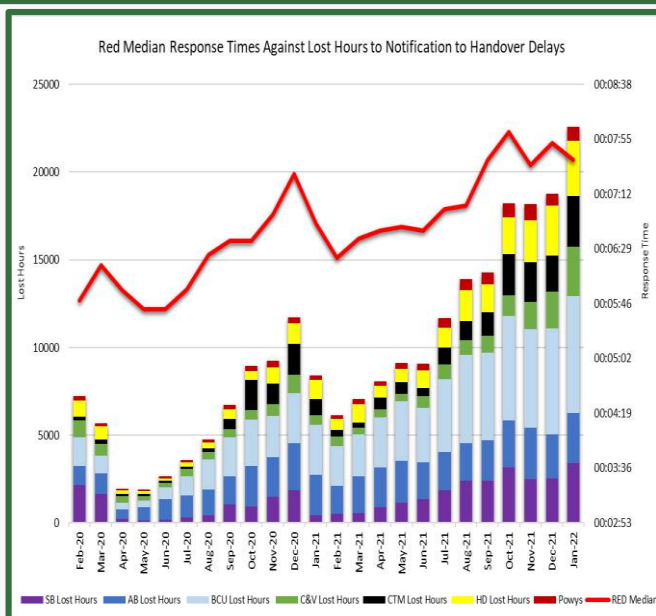
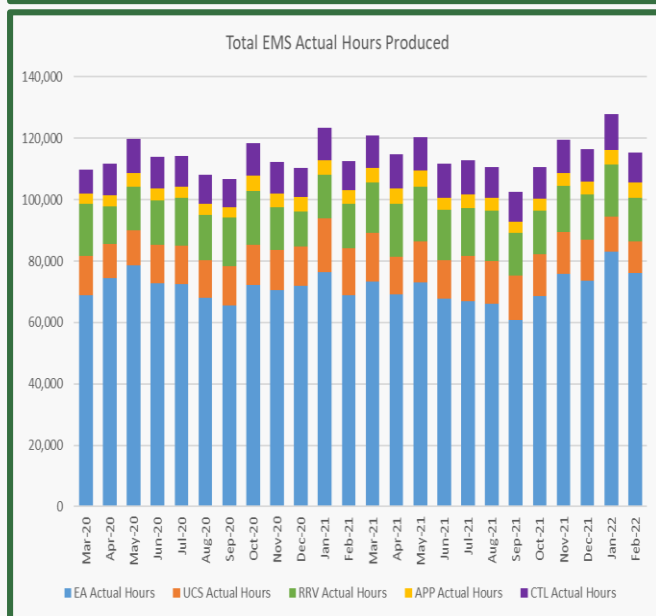
Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of Mar-21. This will be complemented by a further 127 by the end of Mar-22. This will close the relief gap and, other factors aside, would allow UHP / hours produced closer to 95%. Additional capacity is also being utilised non-recurrently through St John Ambulance, Fire & Rescue Services and the military. This has allowed the total hours to rise. Discussions are ongoing with commissioners about increased capacity for next year (transition plan)
- Reduce hours lost through modernisation of practices and supporting staff well-being. This work is being led through the Leading Service Change together programme in partnership with TU partners.
- Working with partners to reduce hours lost at hospital (to a maximum 150 lost hours per day, 95% of the year) . This is not within the gift of the Trust to achieve, although it continues to take all actions possible to influence this agenda.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

Expected Performance Trajectory

Unless Red demand reduces or the Trust is able to boost its RRV production Red performance is unlikely to achieve the 65% target; however, the Trust is building the CHARU keys into the re-rostering project, which along with other aspects of the Transition Plan (if funded) should stabilise performance. Looking ahead, it is expected that April will be a difficult month, as the military personnel leave.



(Responsible Officer: Lee Brooks)

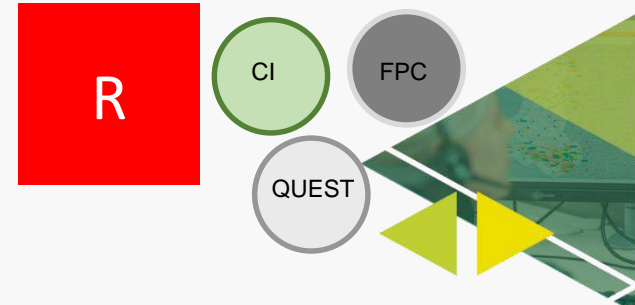
Welsh Ambulance Services NHS Trust



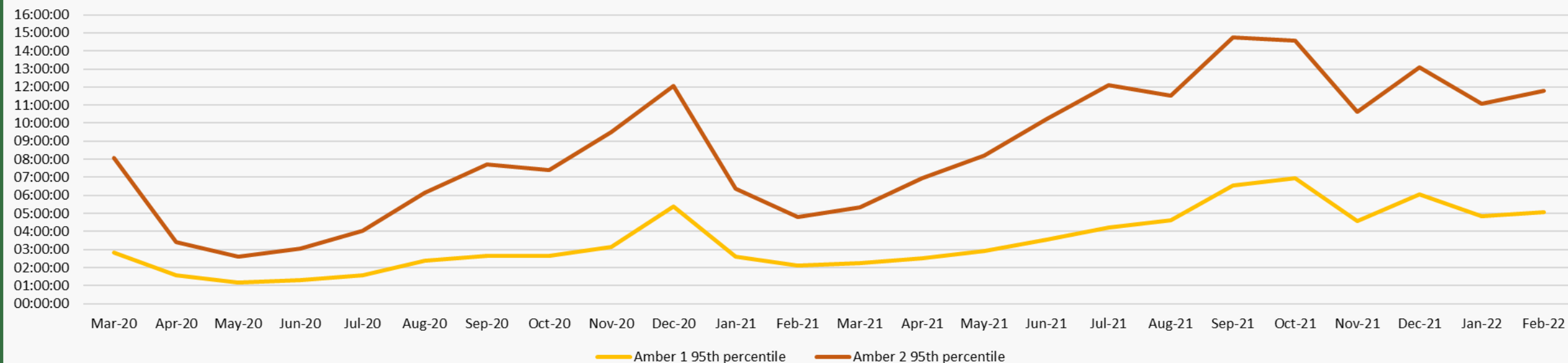
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 & 2 - 95th Percentile



Analysis

Amber performance declined across the percentiles in Feb-22; with some very long patient waits. The ideal Amber 1 median response time is 18 minutes.

In Feb-22, 614 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to Jan-22, continuing to represent a very poor quality and experience of service. 469 of these patients were in the Amber category.

Amber demand decreased in Feb-22 although activity remains at a high level and handover times continued to worsen.

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Feb-22 increased to 23,214. This remains higher than the worst recorded in Dec-19 (13,820).

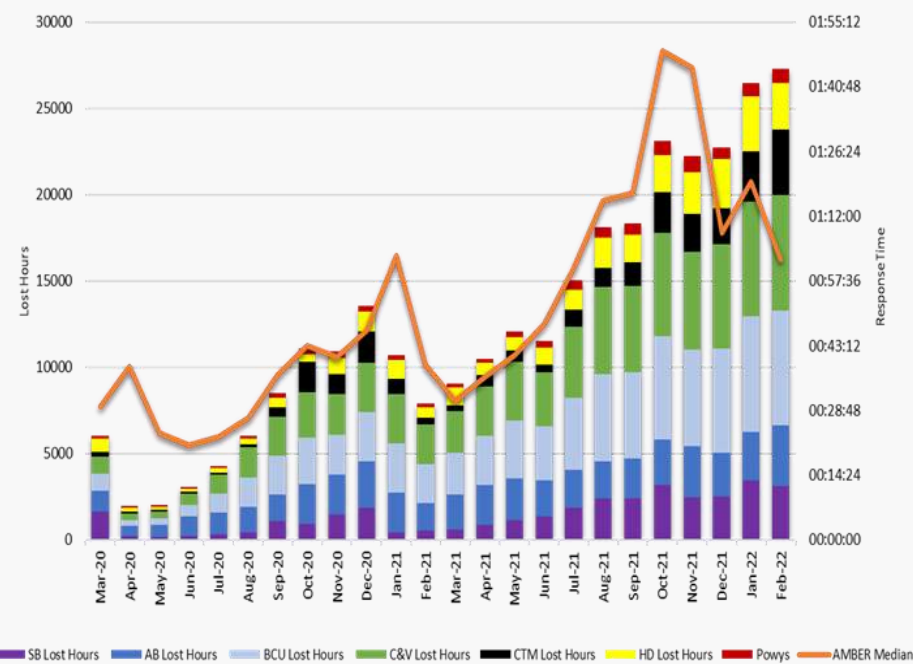
Remedial Plans and Actions

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 Nov-20 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.

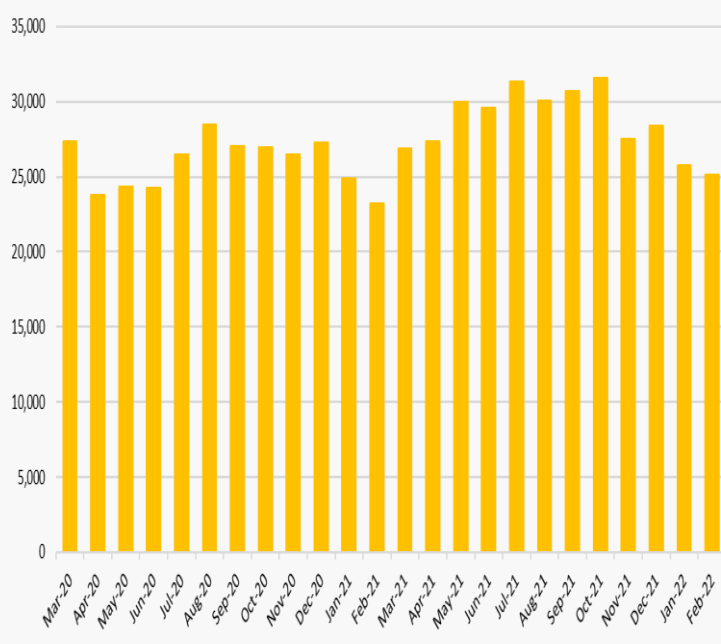
Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. The programme models an Amber 1 median of 35 minutes and 90th percentile of 78 minutes in Dec-21. These are key benchmarks for the Trust. 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.

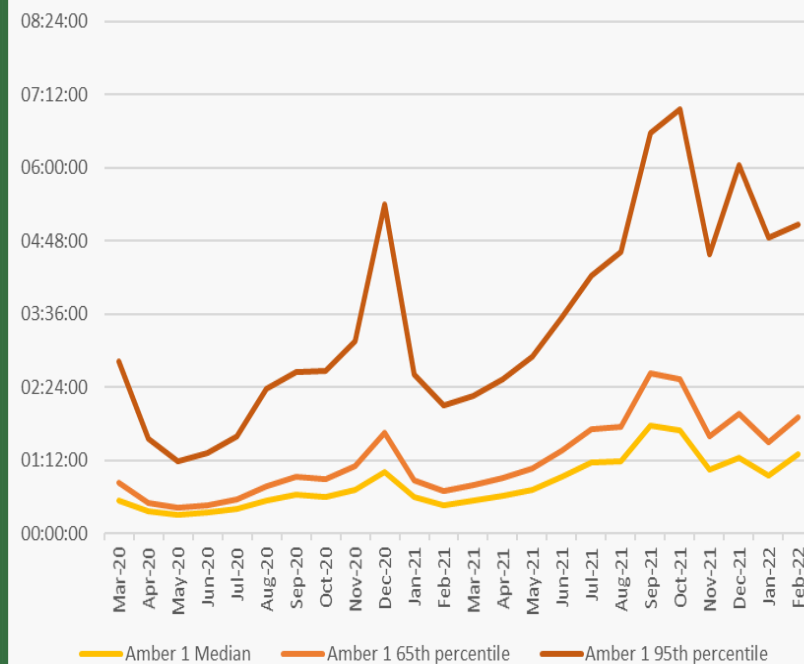
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 Median, 65th and 95th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

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

Stroke/ROSC/
Sepsis &
Febrile Con.
G

Hypoglycaemic, (STEMI)
Acute Coronary & Hip
fracture
A

QUEST

Self Assessment:
Strength of Internal
Control: Moderate

NB: Unable to report Dec-21 Clinical Indicators due to implementation of ePCR / Next reporting cycle Jan-Mar-22 due Apr-22

Analysis

Clinical Outcomes: The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 10.9% in Nov-21. Rates of ROSC are complex and determined by numerous factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 98.4% in Nov-21** a continued increase which saw it achieve the 95% target for the 6 of the last 7 months.

The ST segment elevation myocardial infarction (STEMI) indicator was previously an area of concern but has recovered in recent months, reporting 85.7% in Dec-21. The Clinical Audit and Effectiveness Department (CA&ED) undertook a deep dive of the STEMI compliance, and an improvement plan was agreed and is being progressed. These percentages refer to the application of a whole bundle of care.

Mortality Review: There remains a challenge in undertaking mortality reviews in a timely manner due to the inability to access to access Corplus records to support individual cases.

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 request for information from the Medical Examiner, this should then link with organisation Putting Things Right process.

Remedial Plans and Actions

Clinical Outcomes: A new chronic obstructive pulmonary disease (COPD) clinical indicator has been developed to support the Band 6 Paramedic project. The onward referral aspect of this indicator is work in progress and forms part of the national COPD pathway development. The Clinical Audit & Effectiveness Department have undertaken a benchmarking exercise to test the COPD Clinical Indicator which has been presented to the Clinical Intelligence Assurance Group. The testing highlighted the requirement for manual scrutiny of all COPD Patient Clinical Records and the need to refine the criteria to automatically capture more of the data. Feedback from the group will finalise the required criteria, Health Informatics can then develop the reporting dashboard.

In relation to ROSC rates, whilst there are many system-wide factors affecting performance, within WAST's control it is felt that the introduction of a Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will be developed and implemented through 2022/23, subject of course to funding being agreed.

It is anticipated that the ePCR will be implemented by the end of 2021 and once accomplished it will allow the Clinical Audit Team to quality assure data and provide better information on which to target improvement work.

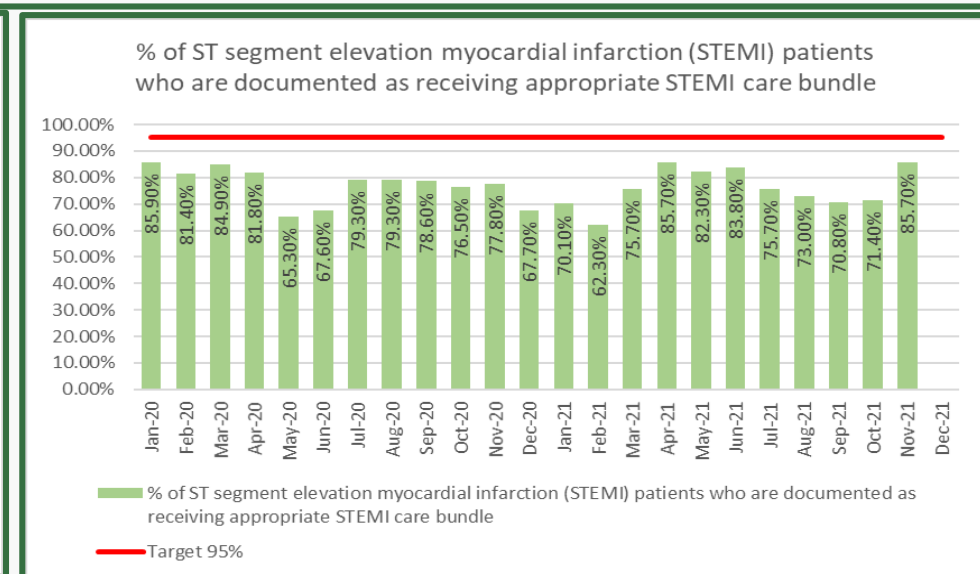
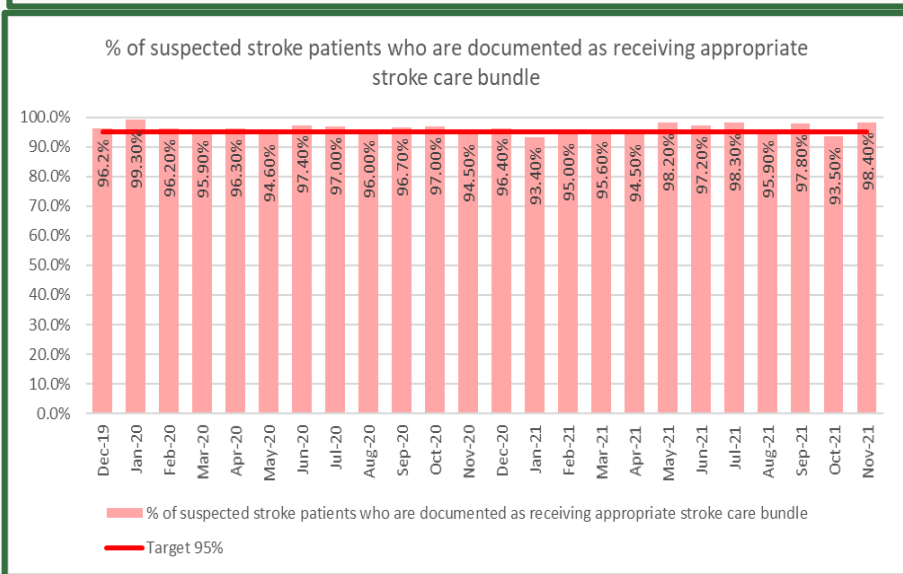
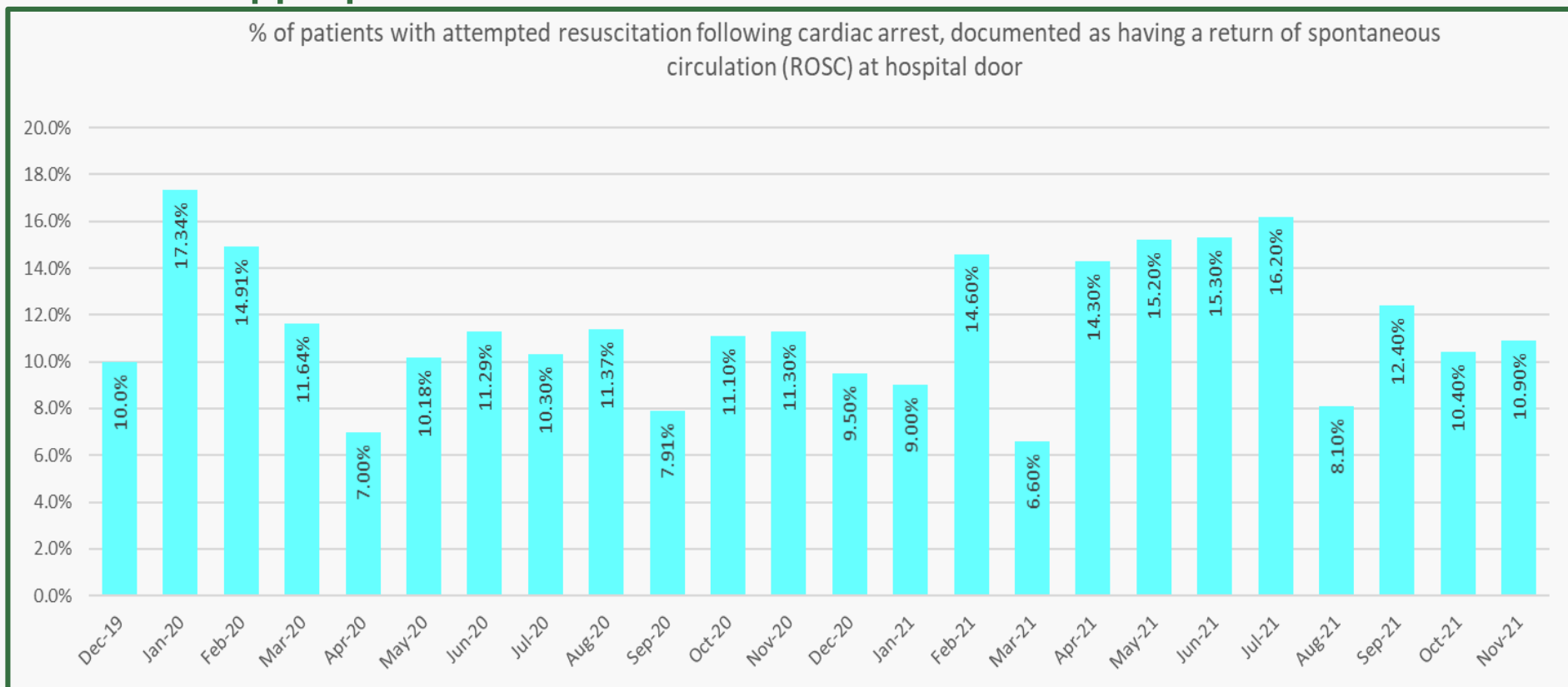
Mortality Review: There has been a workshop planned to review DU Guidance and consider how this would work within WAST and how it would influence the Trust's current method of undertaking Mortality Reviews. Outcomes from this workshop will be presented in the next update.

Expected Performance Trajectory

Clinical Outcomes: As part of its plans for 2021/22, the Trust is developing the concept of CHARU for implementation. This concept is in place in several areas across the UK and has been very successful in increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.

Mortality Review: The Senior Paramedic Role has now been fully implemented across the Trust, early evidence demonstrates the ability to implement learning from Mortality Reviews promptly supporting individual and organisational learning.

Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Andy Swinburn)

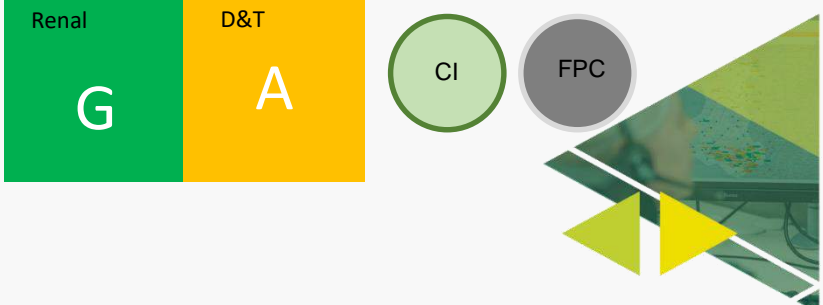
Welsh Ambulance Services NHS Trust



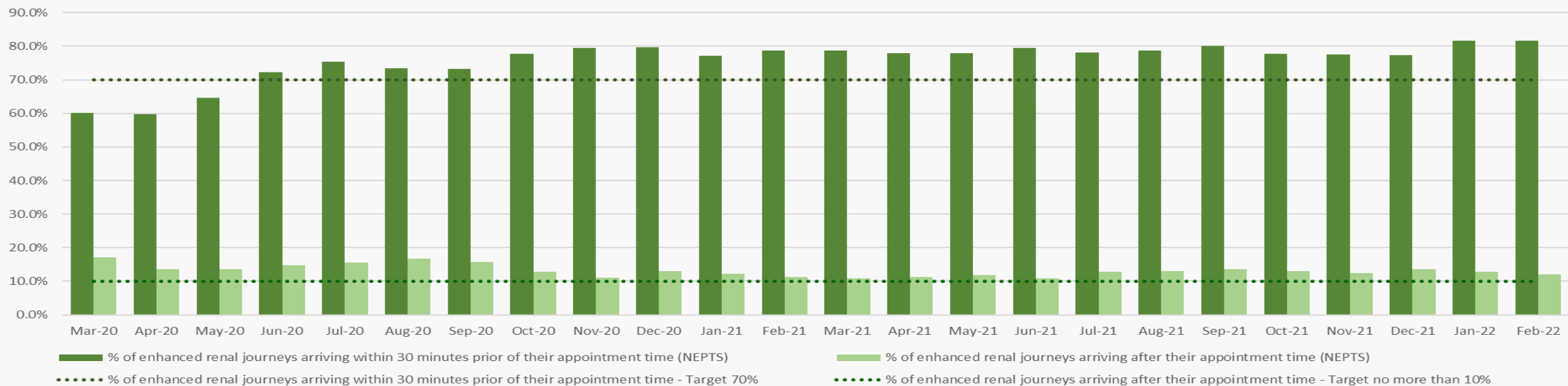
Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

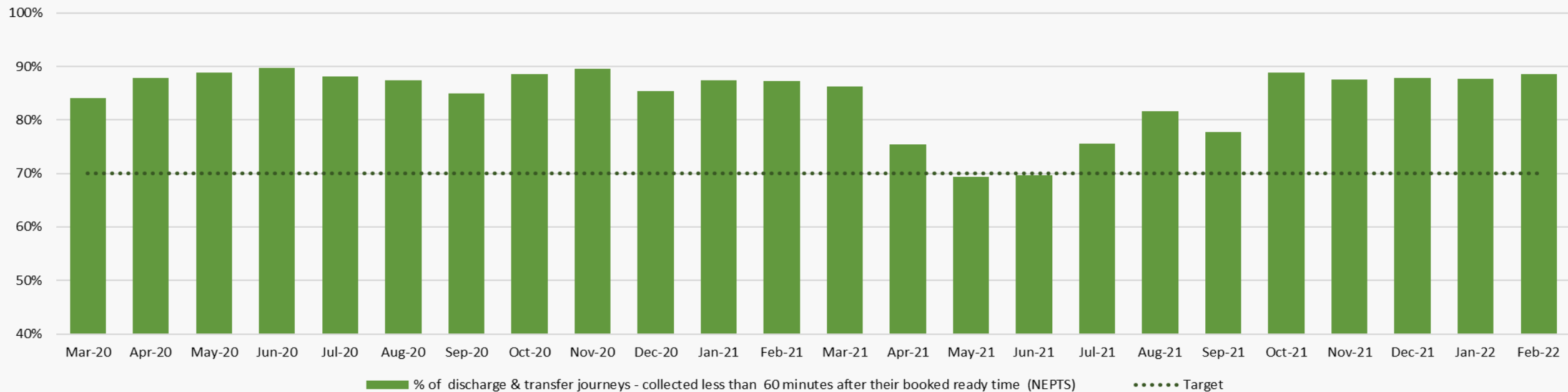
Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



% of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)



Analysis

Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience. In Feb-22 89% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, an improvement compared to Jan-22. 82% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 12% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- Social distancing means that the number of patients than can be transported per journey has reduced, which has reduced **capacity**;
- **Capacity** has also been adversely affected by other CoVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on;
- However, there has been a significant reduction in **demand** as a result of planned activity reductions in health boards. The reductions in demand have helped offset reductions in capacity.
- As we emerge out of pandemic response in 2021/22 and the health system is “re-set” we are seeing demand increase again for NEPTS at which point capacity may be an issue. This has been modelled and mitigations put in place.

Remedial Plans and Actions

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** As part of the Transport Solutions programme, work towards finding alternative transport solutions for non-eligible patients (to reduce demand);
- The NEPTS Demand & Capacity Review is completed and has been shared and discussed with commissioners during Q1, and action plans will be developed. The Review includes a range of benchmarks particularly around efficiency of our service, which will help to increase **capacity**;
- A recruitment campaign recently concluded to increase call taker numbers and work is ongoing regarding Patient Needs Assessment to reduce call times.
- Additional resources have now also been agreed with commissioners to secure additional capacity through the 365 framework (private providers) and this is being taken forward at pace (now live).
- Resource team are now at an advanced stage in reviewing UHP measurements to reflect current rosters and the plurality model.

Expected Performance Trajectory

At present, the uncertainty around demand means that it is difficult to forecast performance. The Trust is in dialogue with the CASC about short term funding beyond 31 Mar-22. The Trust, in agreement with the CASC, has agreed to further work in 22/23 on proposed roster keys with go live likely to be in Q1 23/24



(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



Analysis

The **percentage of responses to concerns declined** in Feb-22 to 64%, compared to 66% in Jan-22, this continues to be lower than the Trust would like, this is the result of several factors, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in Feb-22 (59) when compared to Jan-22 (72).

There were 6 SCIF forums held in Feb-22, during which 35 cases were discussed, 2 of these cases were reported to the Delivery Unit and 17 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of NRIs is on an increasing trend. The sharp increase seen in Mar-Apr-21 and through Sep-Nov-21 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In Feb-22 there were 0 NRIs relating to Red and Amber calls, however 1 NRI was prioritised Amber but should have been Red.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In Jan-22 there was 1 complex case, however at the date of reporting this has not been referred to redress panel.

In Feb-22 614 patients waited over 12 hours an increase compared to 41 in Feb-21 and 125 in Feb-19.

35 Compliments were received from patients and/or their families in Feb-22, a decrease compared to the previous month.

Remedial Plans and Actions

A range of actions are in place:-

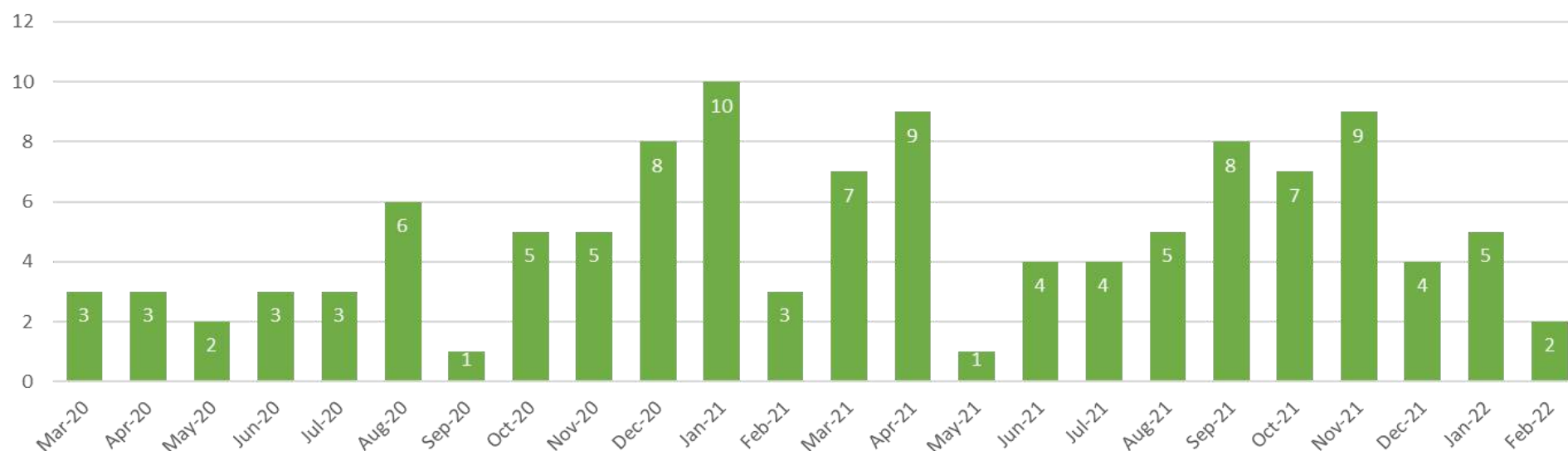
- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint SI investigations where the primary causal factor is in relation to delayed handover.
- The Trust continues to draw the learning from our most serious incidents, in particular the issue surrounding 'ineffective breathing' descriptor.
- A 'deep dive' was undertaken in relation to the utilisation of Protocol 36 and following this no National Reportable Incidents had been raised or cases being discussed at SCIF.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
- The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

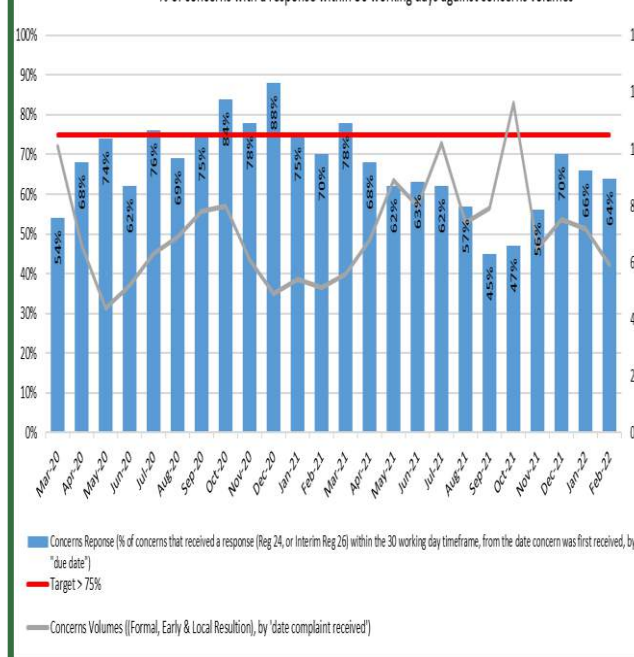
The Trust expects that the upward (worsening) trajectory will continue as we move through the winter period; however, the support from the FRS and military may mitigate this.

****NB: Feb-22 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

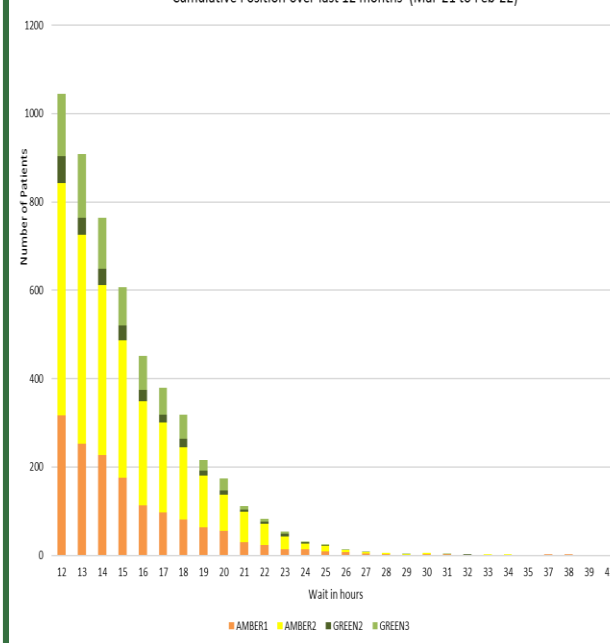
Number of SCIF cases reported as National Reportable Incidents (NRI) By Date Reported to the Delivery Unit by WAST



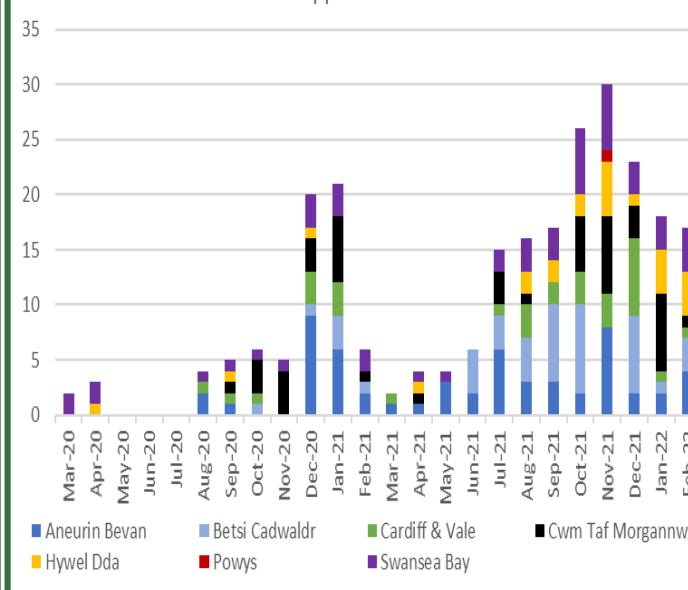
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (Mar-21 to Feb-22)



Number of National Reportable Incident cases agreed to refer to Health Board reported as Serious Incident
Framework 'Appendix B' HB referrals



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



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient Safety Indicators

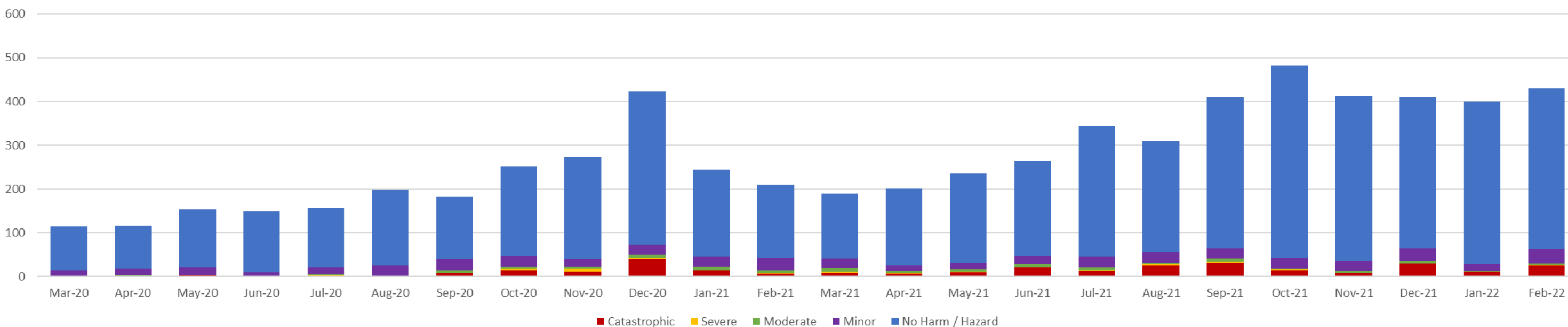
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

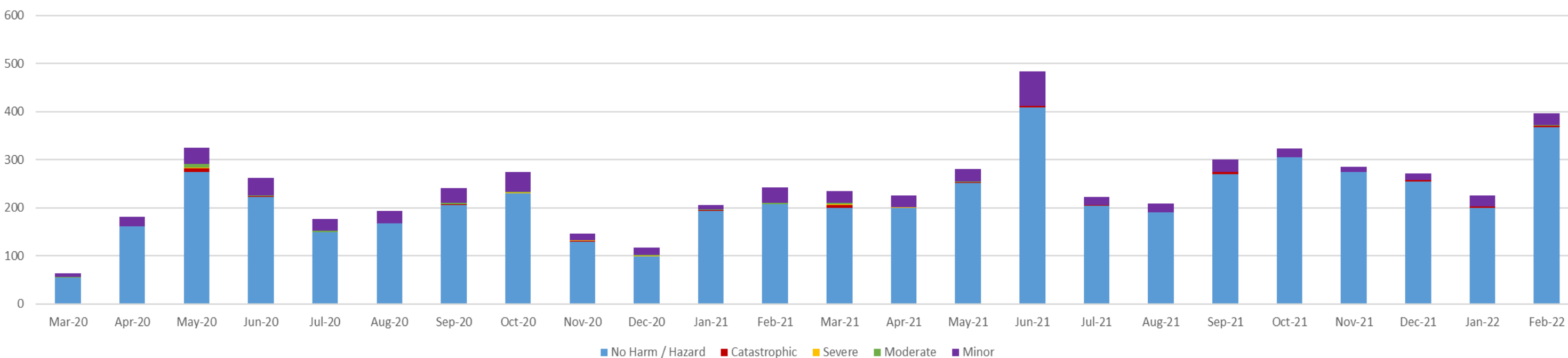
Health & Care
Standard
Health – Safe Care



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

Patient Safety: The number of patient safety adverse incidents submitted within Feb-22 increased to 430; 367 of these were in relation to incidents where there was no harm or hazard, 33 were minor, 3 was moderate, 1 were severe and 26 incidents were catastrophic. 402 cases were closed in Feb-22 in comparison to 227 in Jan-22.

Remedial Plans and Actions

Patient Safety: Capacity issues have impacted the ability of some teams in their ability to support investigations due to ongoing operational pressures related to the continued pandemic.

Expected 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.

Performance

****NB: Jan-22 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Coroners and Ombudsmen Indicators

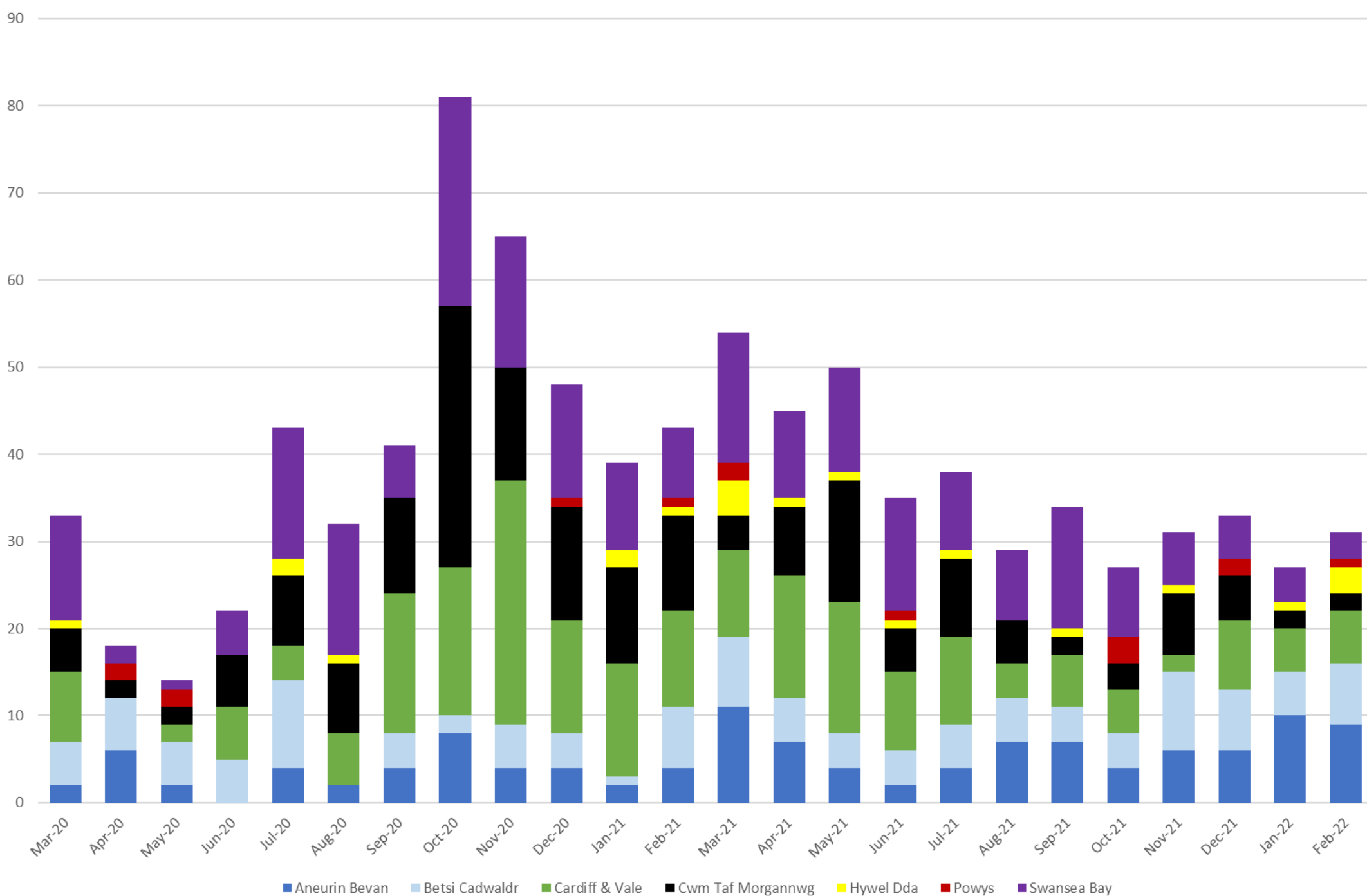
Self Assessment:
Strength of Internal
Control: Strong

QUEST

Health & Care
Standard
Health – Safe Care



Number of Coroner Requests by Health Board



Analysis

Coroners: The Trust has received 2 Reg 28 reports, which are being responded to. A plan is in place to ensure that the Trust responds within the 56 days allowed. The Trust has engaged with one of the families, who are eager to see any necessary changes. The number of in month requests continue to be increased from pre-pandemic request. The timeliness of our response and unexpected deaths continues to be the main themes. The complexity of the requests being received continues to be high.

Ombudsman: There are currently 14 open Ombudsman cases in Feb-22. At present cases are not being investigated, which supports the Trusts actions.

Remedial Plans and Actions

Coroners: The Team is recovering from the unprecedented number of requests for information from Coroner's courts, that have been received from July 2020. There has been an increase in the number of cases in which staff attend to provide continuity evidence. The complexity of the requests remains to be high, with multiple statements being requested for each inquest. The pandemic has brought many challenges in relation to these requests, however inquests, where possible, continue to be heard remotely or hybrid (mixture of video, telephone, in person).

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.

The Trust also continues to engage with our Health Board colleagues where the Trust has 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: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

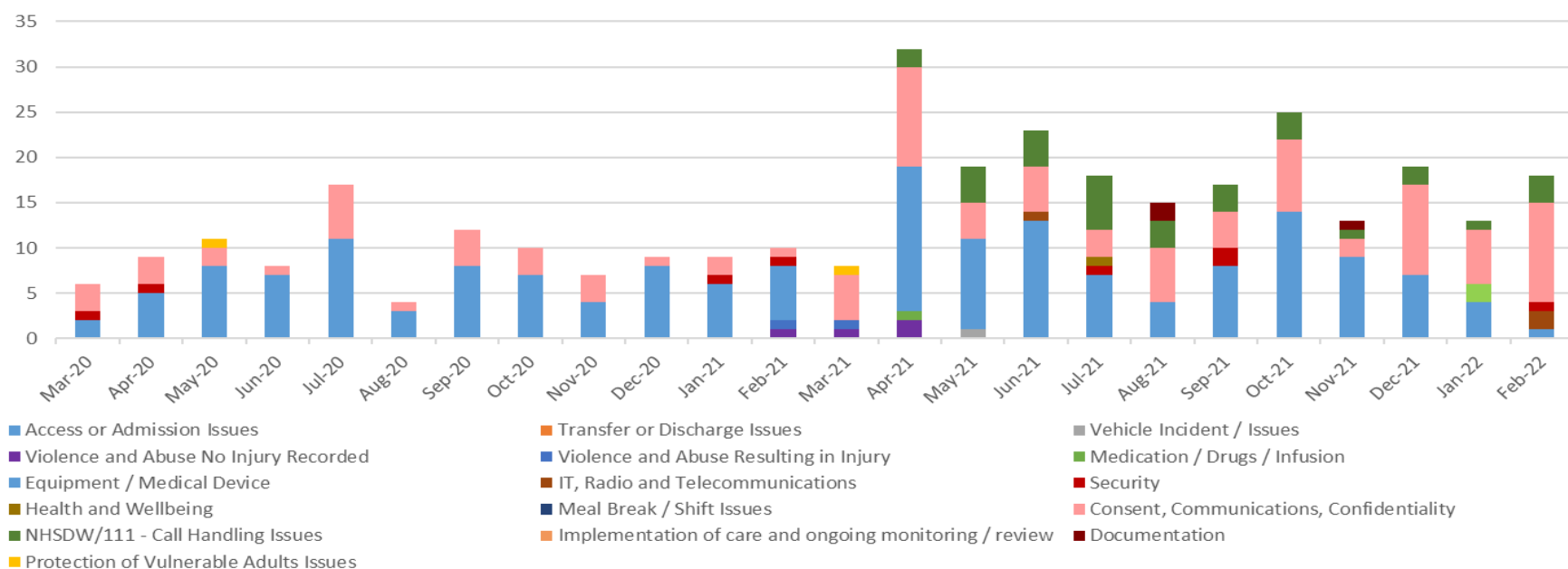
Health & Care
Standard
Health – Safe Care

Self Assessment:
Strength of Internal
Control: Strong

QUEST

NB: Public Engagement next update (Jan-Mar-22) due Apr-22

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



Analysis

Safeguarding: In Feb-22 staff completed a total of 93 Adult at Risk Reports, a decrease compared to Jan-22 when 99 were reported. 95% of these were processed within 24 hours during Feb-22.

There have been 186 Child Safeguarding Reports in Feb-22, a decrease from Jan-22 when 193 reports were made. In Feb-22 91% were sent within 24 hours.

Data Governance: In Feb-22 there were 18 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, an increase when compared to Jan-22. 11 related to Consent, Communications or Confidentiality; 3 related to 111 Call Handling issues, 2 related to IT, Radio and telecommunications and 1 related to Medical Devices or Equipment. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place

Public Engagement: There were 41 engagement events held this quarter (October – December 21), allowing engagement with 1,119 people. Due to the return of many coronavirus restrictions, a majority of these events were held virtually, though some were attended in person before restrictions were re-introduced. 122 surveys relating to the NHS 111 Wales website were returned. Working with colleagues in the NEPTS Team 264 NEPTS patient experience surveys were returned. 158 compliments were also logged and processed. Engaging with people and communities has continued to be a priority for the PECI Team, this engagement allows us to share important information about Welsh Ambulance services with communities and allows us to collect feedback and experiences from people which help us to understand if our services are meeting their needs and expectations.

Remedial Plans and Actions

Safeguarding: The Trust now primarily manages reports digitally via Docworks and since this move the majority of delays have been as a result of staff being unavailable during weekends and Bank holidays to forward the reports to local authorities. Commencing 08th Nov-21 any paper reports will be sent directly to the Safeguarding Team via email. With the launch of direct transfer the Trust expects to see an improvement.

Data Governance: During the reporting period of the 18 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

Public Engagement: Within this reporting period we began to see an easing of coronavirus restrictions which allowed us to start and make a return to face to face engagement; however, the emergence of the Omicron variant saw many restrictions re-introduced. To ensure the safety of our Team members and communities this means a majority of our engagement work will return to happening virtually using online and digital platforms. We have previously reviewed and updated our existing processes and risk assessments to incorporate coronavirus safety elements. We will continue to monitor the current coronavirus situation and will only attend engagement events in the community if we feel it is safe and appropriate to do so.

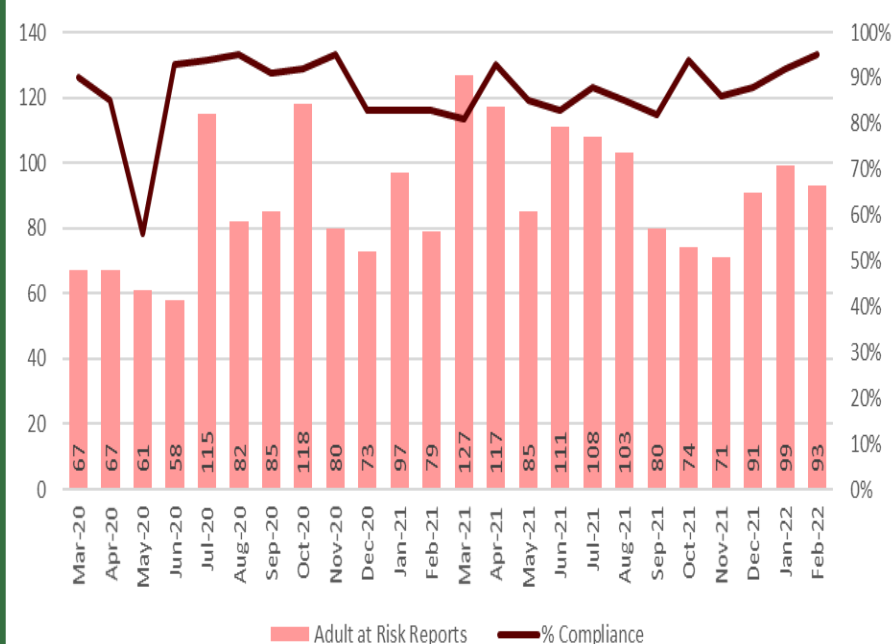
Expected Performance Trajectory

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

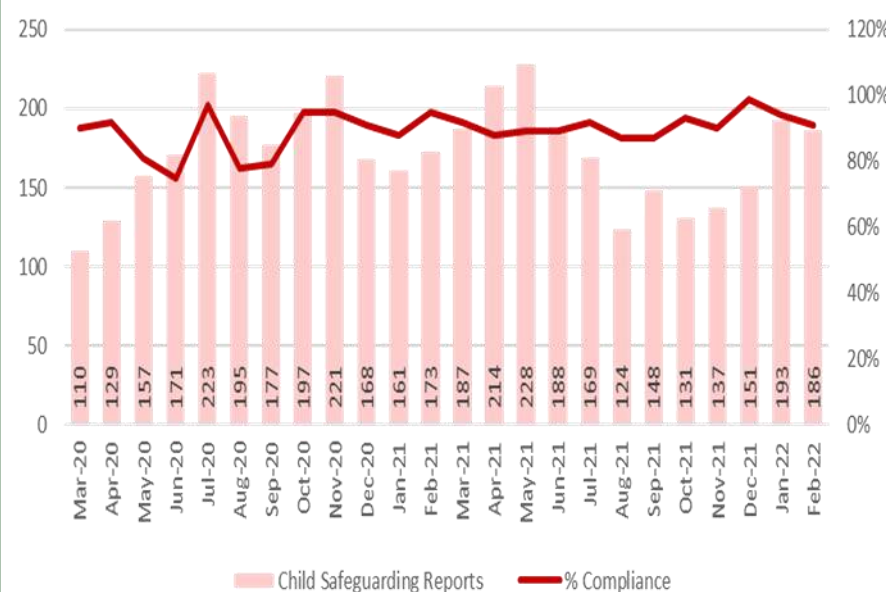
Data Governance: An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards. The next submission date for the IG Toolkit is due 31 Mar-21.

Public Engagement: The PECI Team will continue to share good practice with health boards, other stakeholders and colleagues at Ambulance Services across the UK. We will continue to proactively communicate with people and communities, sharing important information about Trust services and using them appropriately during the current period of increased demand. With the Trust currently being at its highest escalation levels, all non-essential work will be being paused and some PECI Team members will be offering support to the Operations Directorate.

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



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

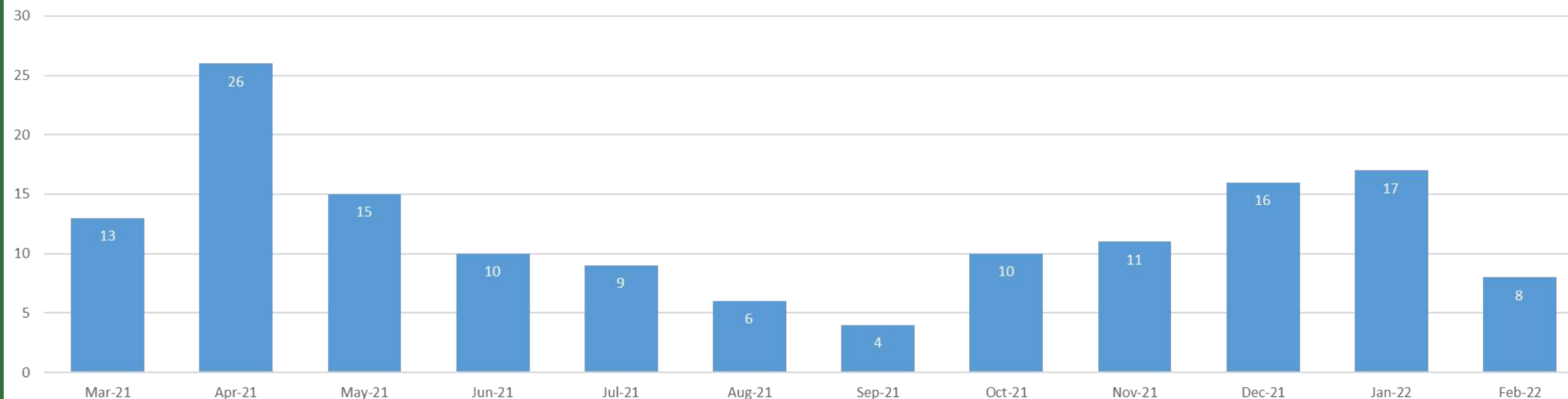
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

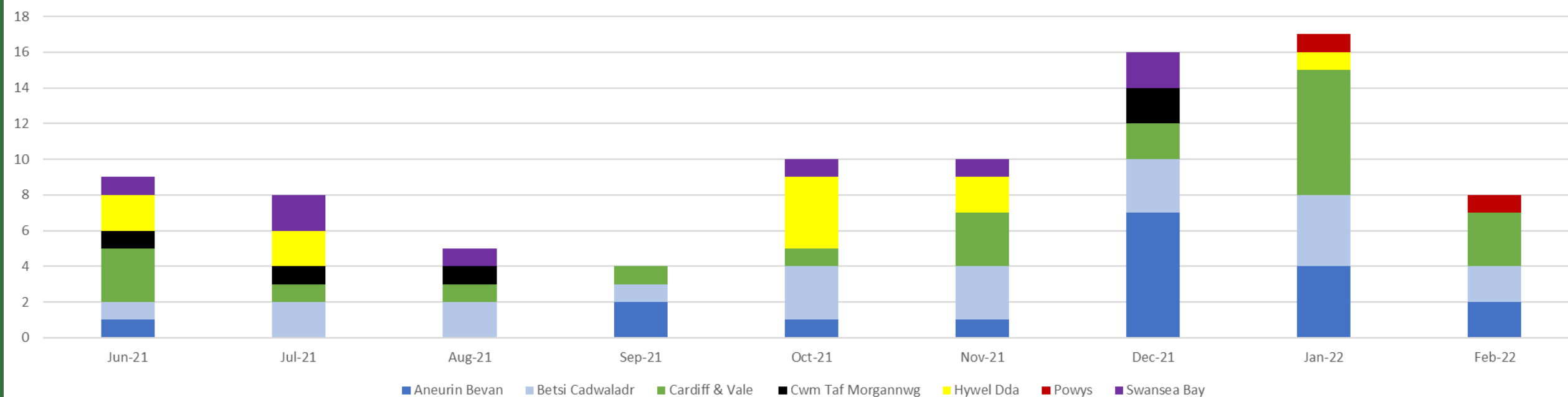
Health & Care
Standard
Health – Safe Care



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 GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 3 (Oct-Dec-21) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In Feb-22 RIDDORS reported were for ABUHB (2), BCUHB (2), CVUHB (3) and PTHB (1).

Remedial Plans and Actions

The Health & Safety Team has recently been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting.

The Trust's compliance with Health and Safety legislation requires further work to specify and detail areas to improve compliance. A draft transformation plan has been presented to Trust forums and ADLT endorsing the commencement of this action, through a Working Safely Programme.

Expected Performance Trajectory

The Trust continues to work towards improving internal controls and the timeliness of reporting RIDDORS.

The Trust has recently reviewed its reporting process and has developed new arrangements for reporting RIDDOR reportable incidents. This change will be reflected in the Trust's Health and Safety Policy and the Adverse Incident Reporting Policy. Both policies will be going through the Trust's policy approval process within the next couple of months

****NB: Feb-22 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Corporate Risk Indicators

Self Assessment: Strength
of Internal Control:
Moderate - Strong

See
Table

Health & Care
Standard
- GLA3

CORPORATE RISK REGISTER: Summary

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	20 (5x4)	Finance and Performance Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee

Analysis

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter. The full Corporate Risk Register will be presented to Trust Board on 27th January 2022.

Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and emergence of long handover delays at Hospital Emergency Departments.

Remedial Plans and Actions

Principal risks assigned to Committees detailed in the table and are considered for scrutiny and strategic oversight. The committees convened on the following dates:

- QuEST Committee: 16th November 2021
- Finance and Performance Committee: 18th November 2021
- People & Culture Committee: 30th November 2021
- Audit Committee: 2nd December 2021

A full review of the data stored within the Corporate Risk register is currently undergoing a full review.

NB: Next Update (Jan- Mar-22) due Apr-22

Data source: Electronic Risk Register



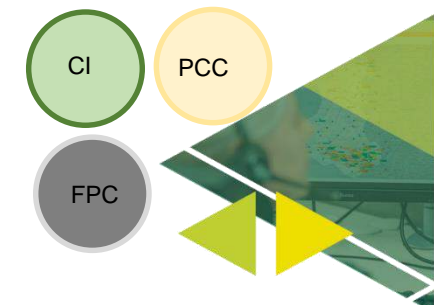
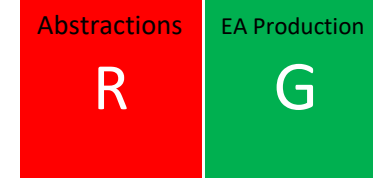
(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust

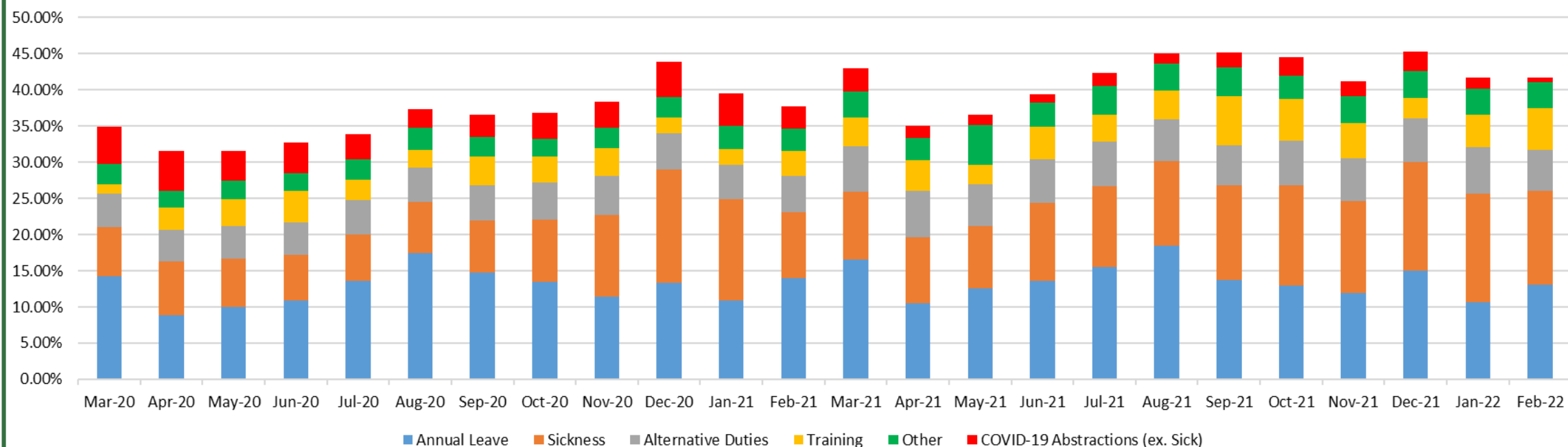


Our People

Ambulance Abstractions and Production Indicators



Pan Wales EMS Total Rota Abstraction Hours



Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours we produce. In Feb-22, total abstractions stood at 41.64%. 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 sickness at 14.88% and Annual Leave at 10.59%. Sickness abstractions for Feb-22 were higher than the previous year (9.16%); however, CoVID-19 related abstractions decreased in Feb-22 when compared to Feb-21 accounting for 0.66% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 110% in Feb-22 (76,177 Actual Hours), achieving the 95% benchmark. RRV UHP achieved 79% (14,274 Actual Hours) compared to 84% in Jan-22. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In Feb-22 the Trust produced 115,339 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably. From mid-Oct-21 Military support was re-introduced, and currently (from 05-Jan 22) 251 military personnel are providing support, this will now be phased out through a transition plan in preparation for it ceasing on 31 Mar-22.

The Trust de-escalated to REAP 3 on 18 Jan-22 however the Pandemic Plan Response Posture introduced on 20 Dec-21 remains in place. The Trust has introduced a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity have been actioned to help offset the level of abstractions.

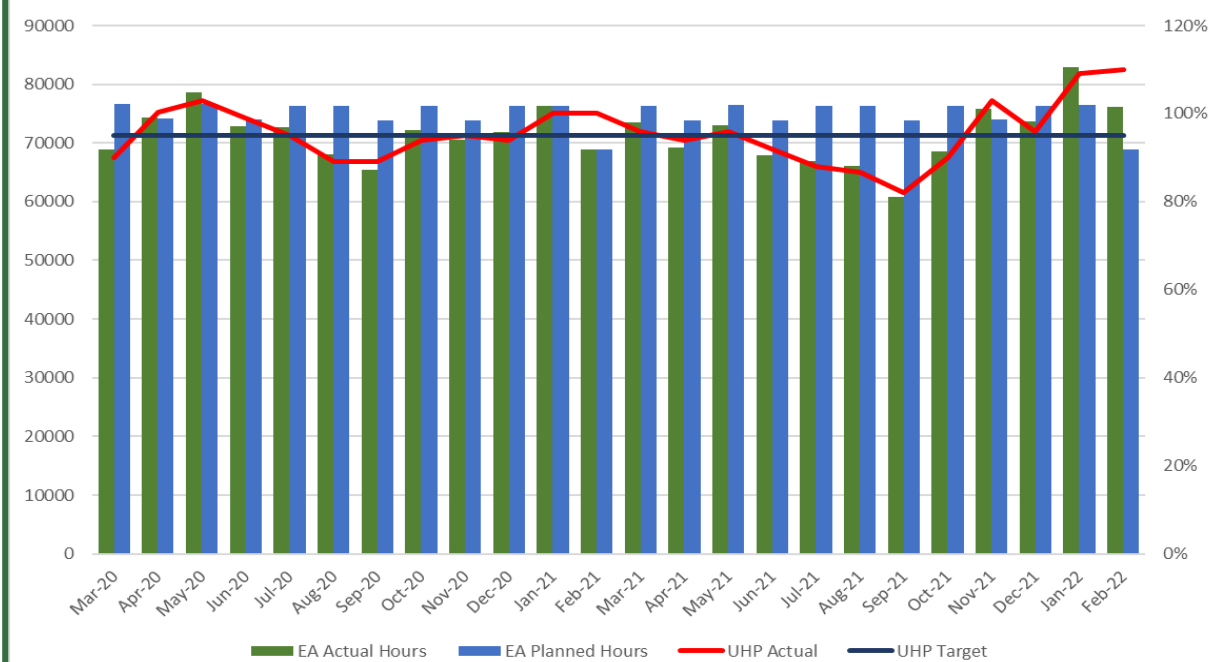
Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new programme of work is being commenced to review and take action to reduce sickness absence / alternative duties. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 127 WTE to be recruited this year; however, the current impact of CoVID-19 means that the Performance Improvement Plan contains a range of tactical responses to increasing capacity in the short term e.g. military aid.

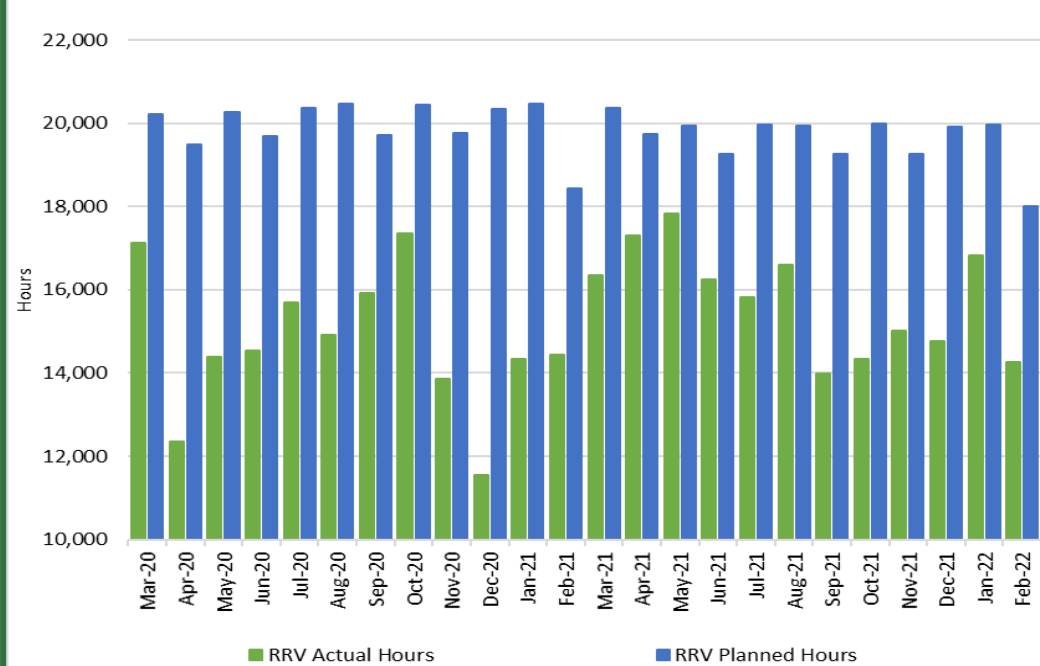
Expected Performance Trajectory

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%. The Trust is proposing, as part of the Transition Plan, that a higher level of abstractions (and relief) is used.

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

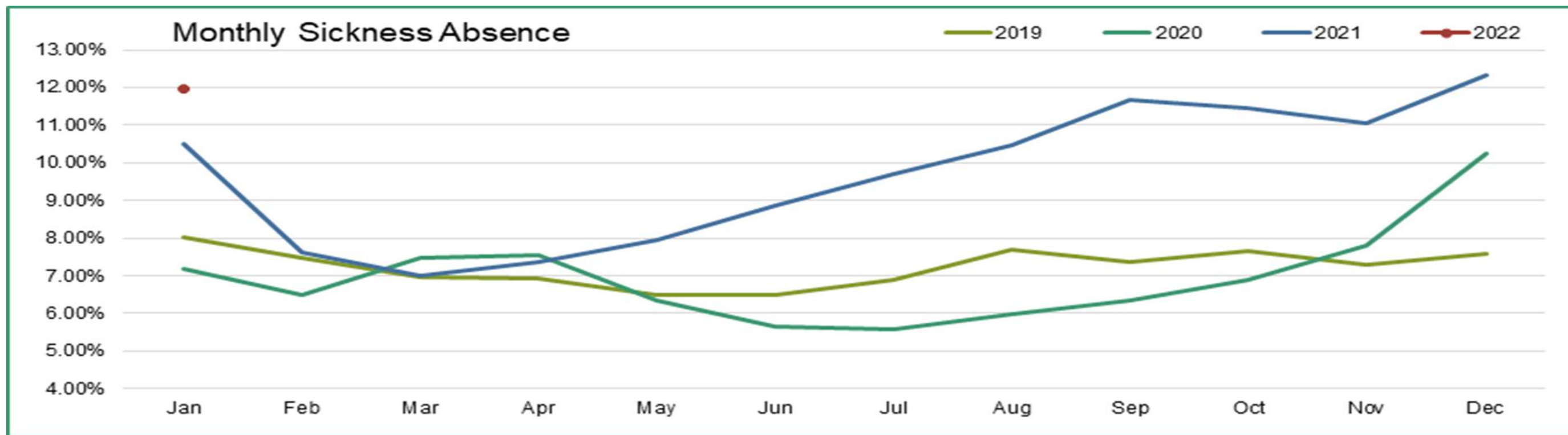


Our People Sickness Absence Indicators

R

CI

NB: Feb22 data not yet available to report



Analysis

The monthly sickness absence figure for Jan-22 was 11.96%, a decrease of 0.37% from last month; however, sickness levels are the highest recorded in a 5 year period with increases in both short term and long term absence.

- Decrease in Covid absence during the Omicron wave
- 1% decrease in LTS compared with December
- Chest & respiratory problems highest reason for absence in January
- Slight increase in Stress and Anxiety rates compared to December 21.

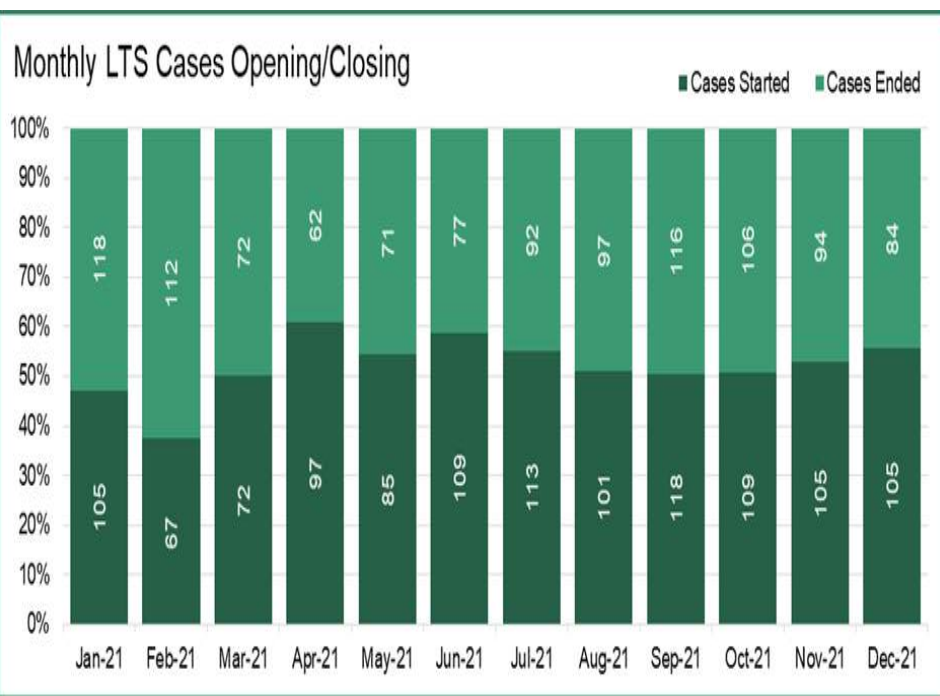
Remedial Plans and Actions

- Physiotherapy referrals increased to 30 referrals for this month, with 63% off work at time of referral (26% increase compared to December). Majority of referrals were for back symptoms, closely followed by shoulder issues. Referrals to our EAP were reduced against December slightly to 53 calls, top call reasons for Mental Health, Relationships and Work

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.

NB: Reporting for LTS Cases opening/closing will always be one month in arrears



Average working days lost per FTE (Annual)

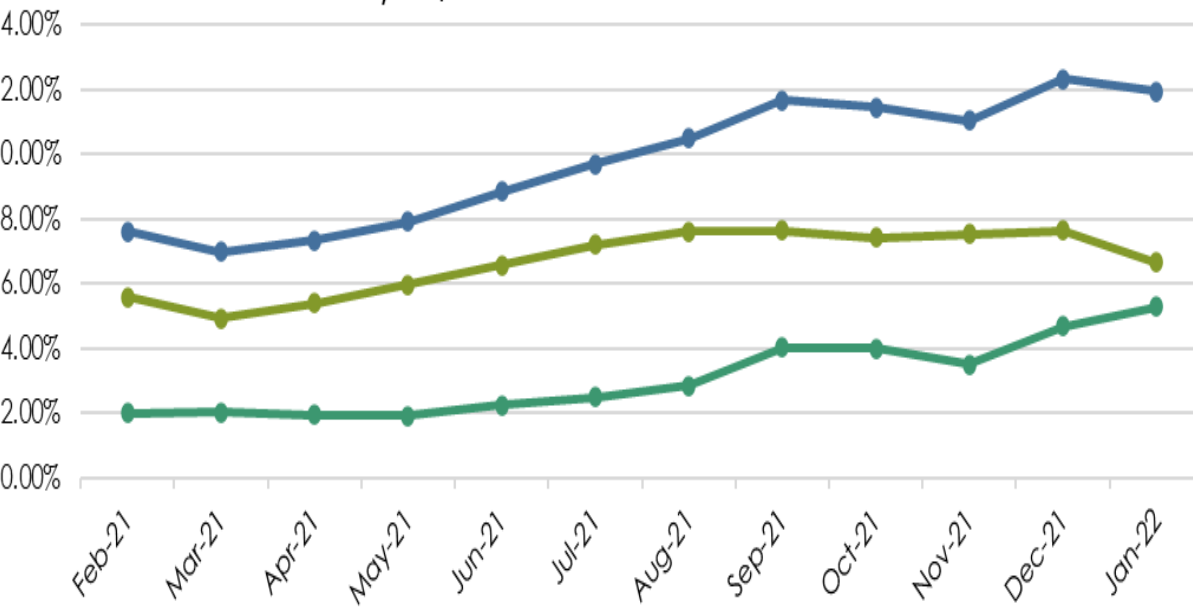
22.40 days

Single month Absence %

11.96%

Long Term	Short Term
6.65%	5.31%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.33%	(excluding Back) 1.31%

All Sickness Reasons LT/ST %



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



Our People

Staff Vaccination Indicators

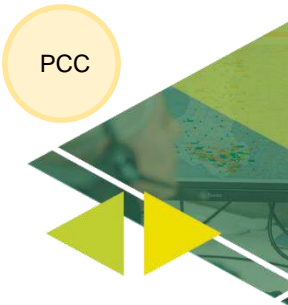
Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

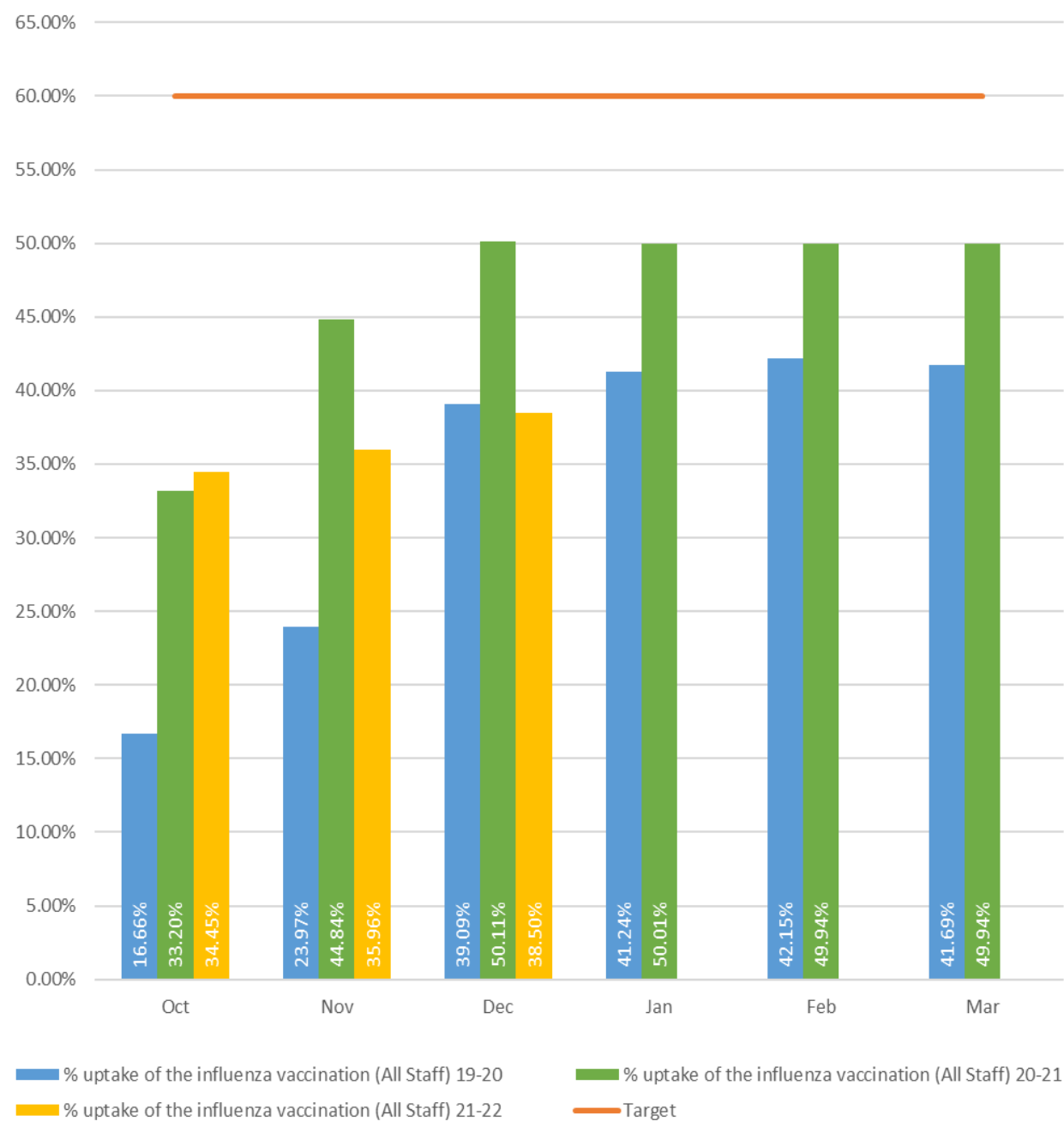
CI

PCC

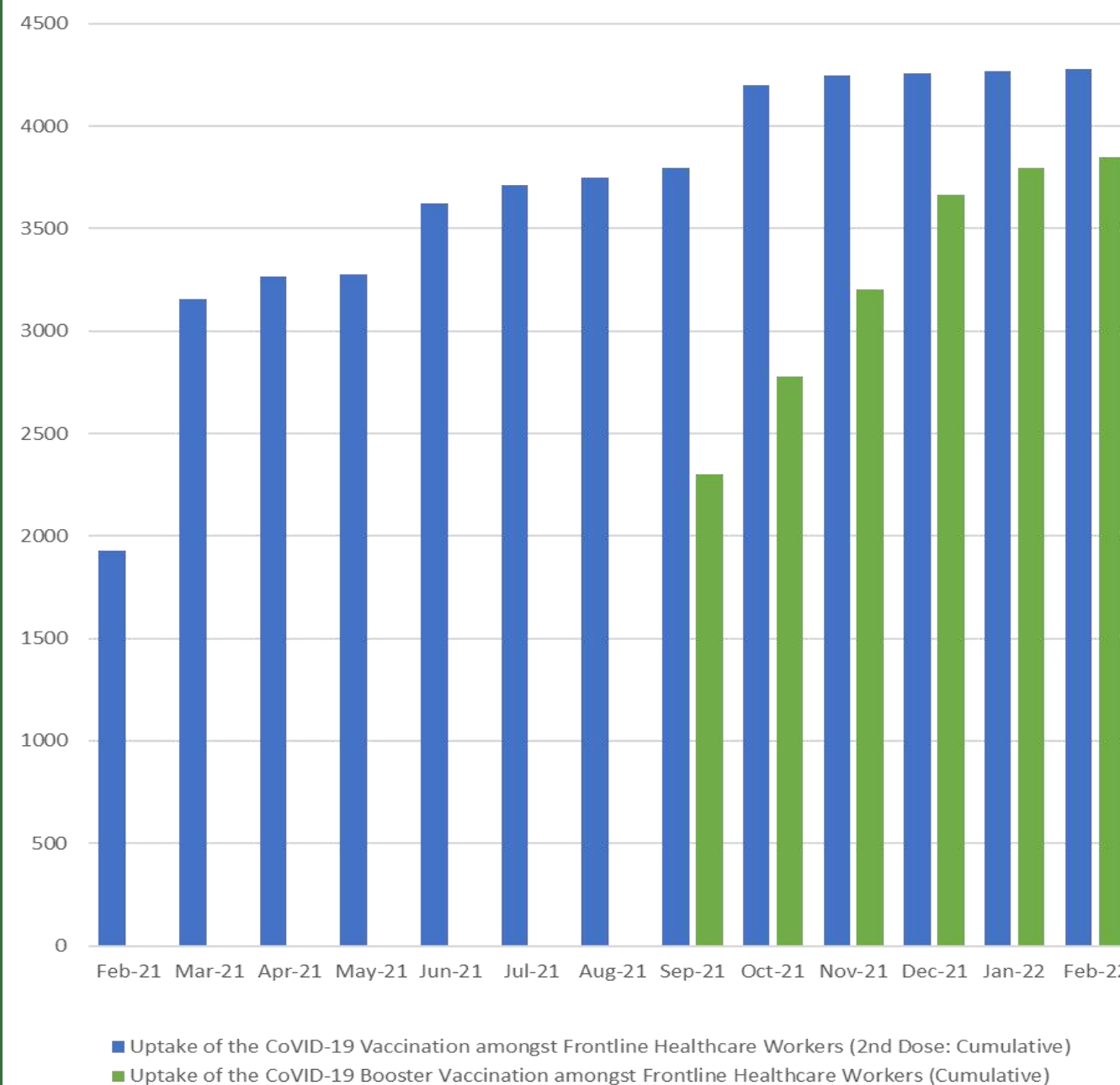
Health & Care
Standard
- Health (PPI)



% Uptake of the Influenza Vaccination amongst Healthcare Workers who have Direct Patient Contact



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



Analysis

The 2021-22 flu campaign got underway in Oct-21 and as indicated in the graph to the left 38.50% of EMS (response) and NEPTS staff. received a vaccination. Due to a technical error in the downloading of data for Jan & Feb-22 we are currently unable to provide an update to the flu vaccination.

Of the 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose CoVID-19 vaccination, 94% (4,278) have received a second dose and 85% (3,846 Staff) have received a booster vaccination. In addition 94% of volunteers have received a first dose vaccination, 93% have received a 2nd dose and 1.8% have received a booster vaccination.

Remedial Plans and Actions

Staff data has been refreshed to accurately staff numbers employed by WAST.

Expected Performance Trajectory

Due to the escalation to Alert Level 2 in Wales and a reduction in public mixing over the festive period, to date the expected surge in flu rates have not been seen in the 2021/22 winter period. This, combined with an uptake in vaccination across priority groups in Wales has meant that more people than ever before received an influenza vaccination and for the first time ever, over one million vaccinations were given in Wales. The Trust is still cautious that an easing of restrictions could see cases increase and winter planning has been key in preparing for this scenario.

NB: Flu Vaccines reports 1 month in arears

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



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust

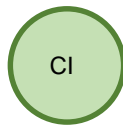


Our People

PADR and Training Rates Indicators



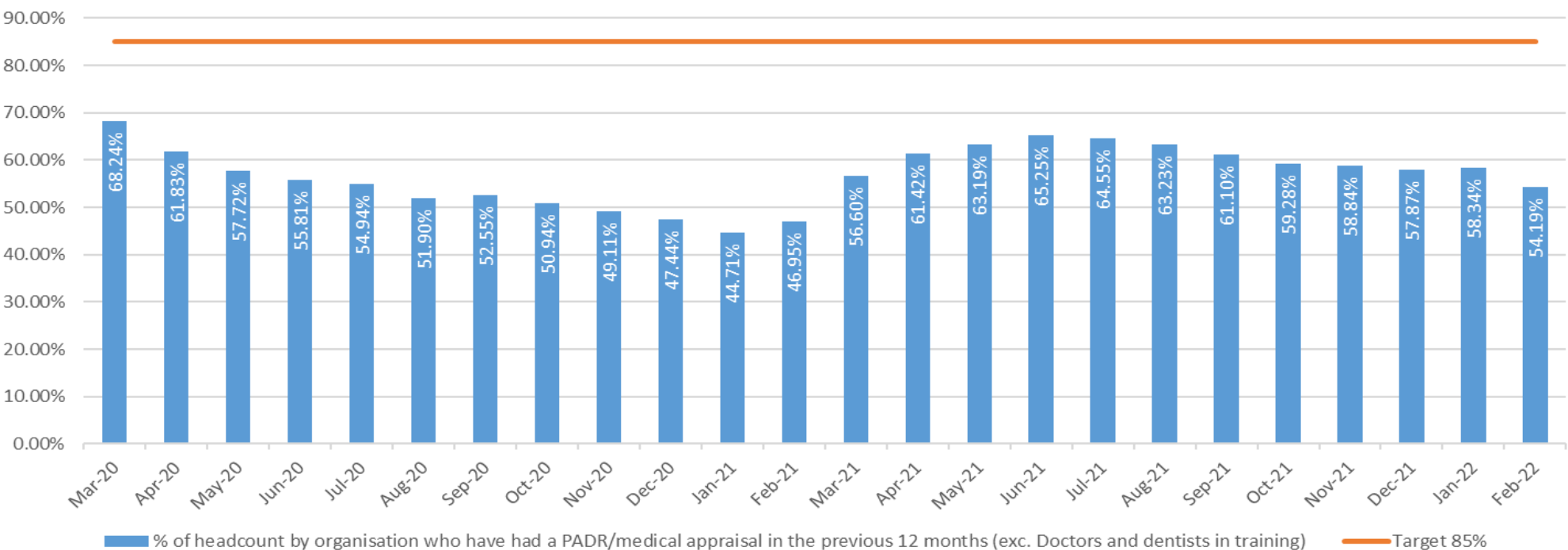
Self Assessment:
Strength of Internal
Control: Strong



Health & Care
Standard
Health – Staff &
Resources



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



Analysis

PADR rates for Feb-22 declined to 54.19% continuing to remain well below the 85% target. Feb-22 Statutory & Mandatory Training rates increased by 1.11% from the Jan-22 figure but still remains just under the 85% target. Fire Safety (63.21%), Information Governance (83.97%) and Moving & Handling (76.84%) all failed to achieve the 85% target; however Safeguarding Adults (86.92%) achieve the target again in Feb-22.

In Jan-22 Band 6 Paramedic Competency rates (All Staff) are 83.46% for year 1, 78.62% for year 2 and 69.79% for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity. Of the original Band 6 paramedic cohort, the rates are 100% for year 1, 99.86% for Year 2 and 89.21% for year 3.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These include:

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

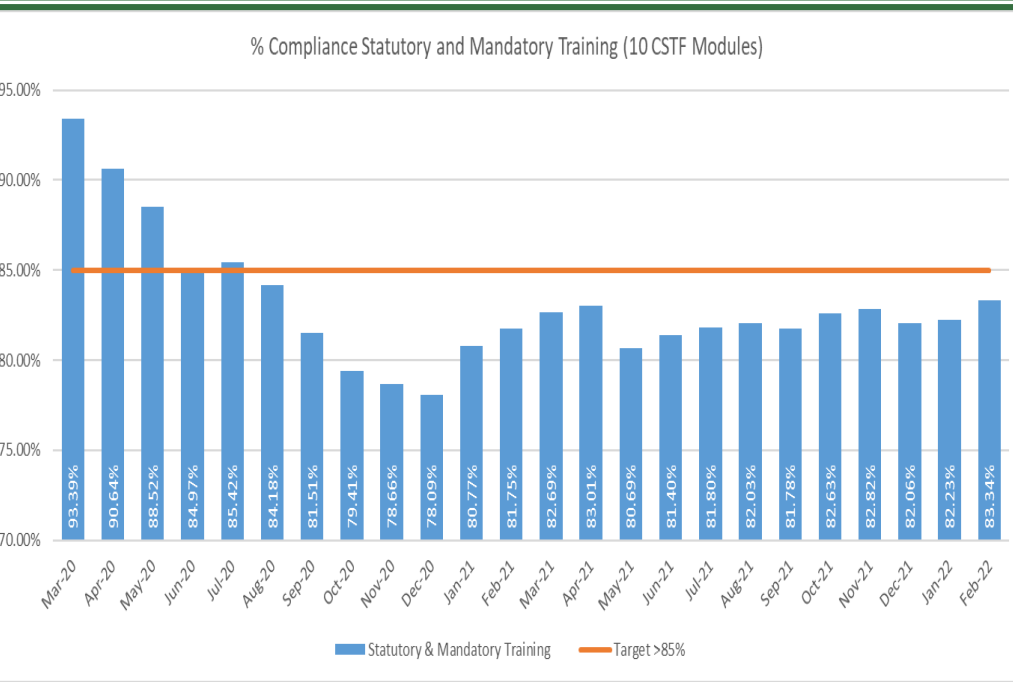
Remedial Plans and Actions

The Learning and Development team will continue to utilise targeted communication via Siren and Yammer using the #WASTMakeltHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via the WAST Facebook page.

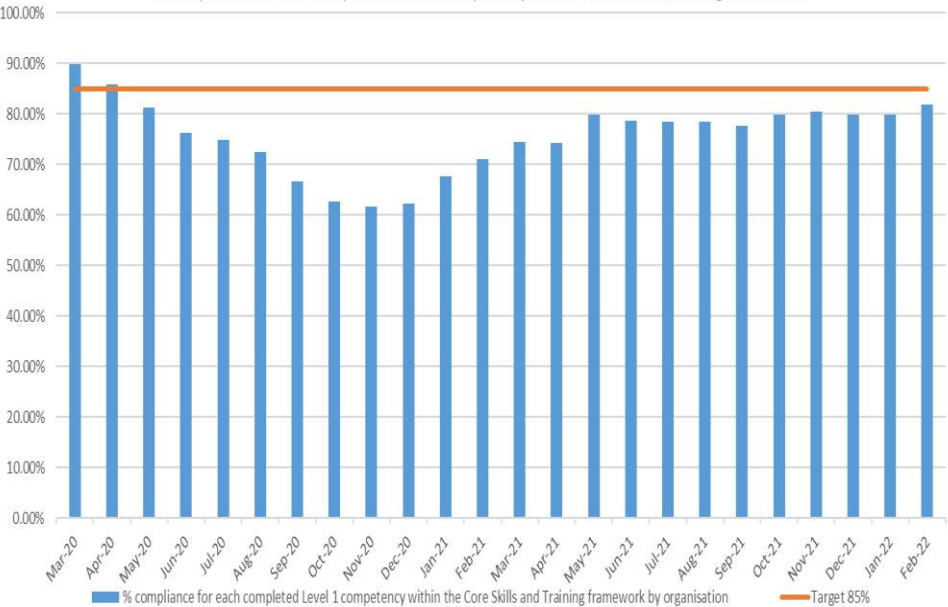
Expected Performance Trajectory

The outlook for 2021 is unclear, a third wave of the CoVid-19 pandemic has resulted in the Trust again moving out of the Monitor Phase and again into a Response Phase resulting in increased pressures in the work environment and less opportunity for training and development.

Data source: ESR



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



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust

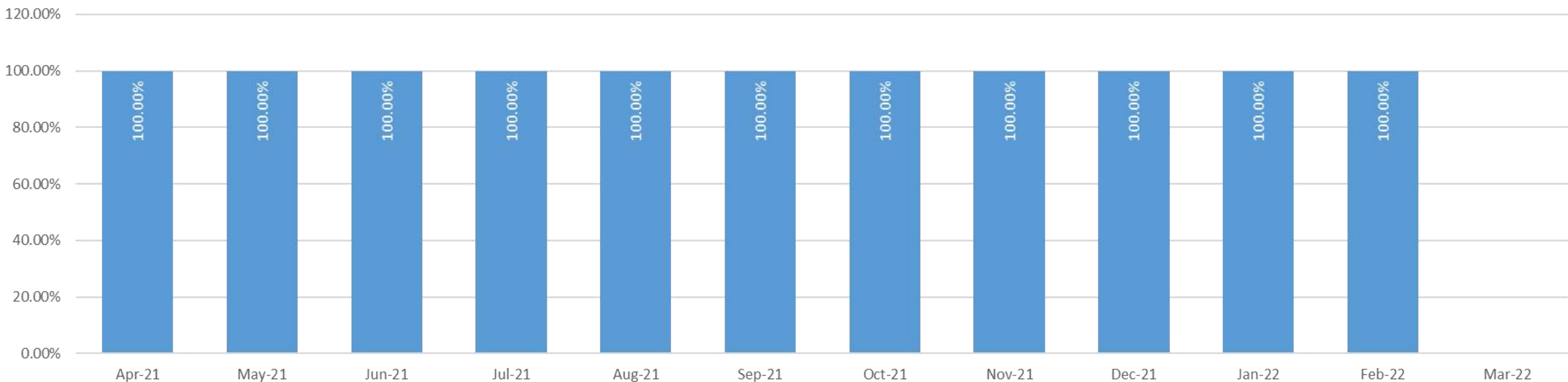


Finance and Value

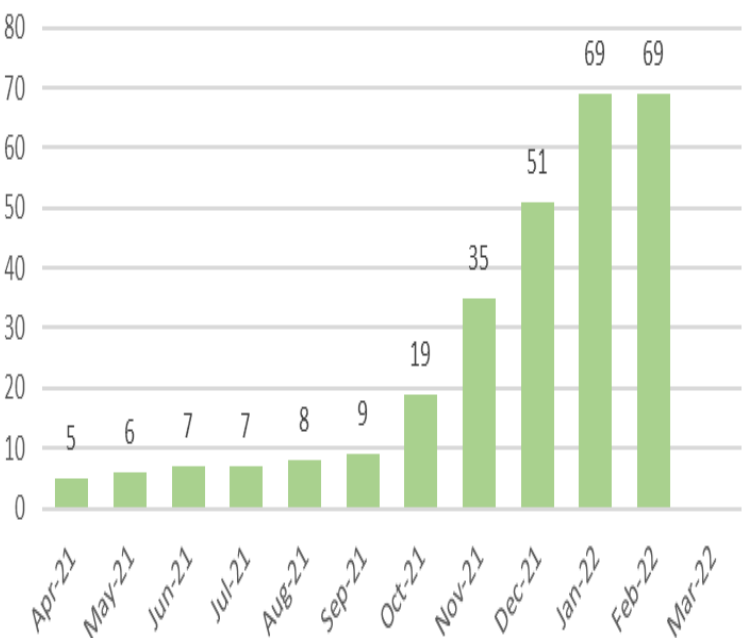
Finance Indicators



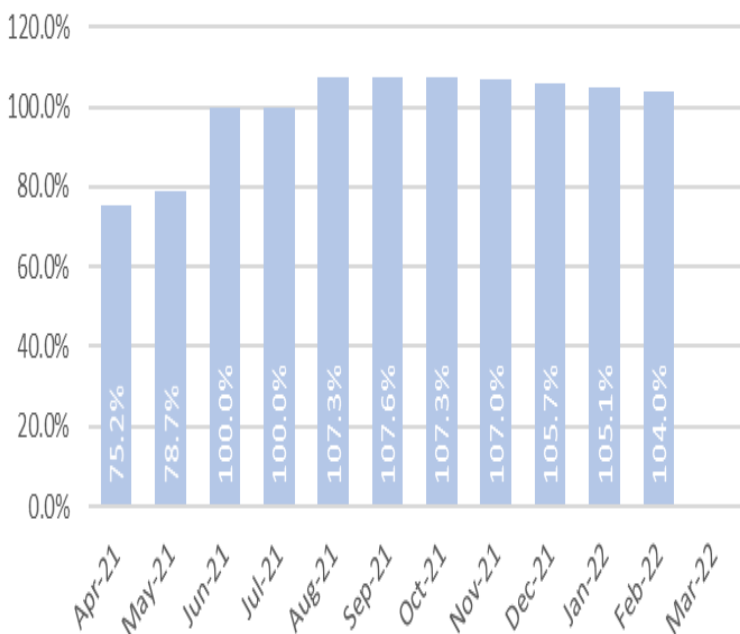
Financial balance - annual expenditure YTD as % of budget expenditure YTD



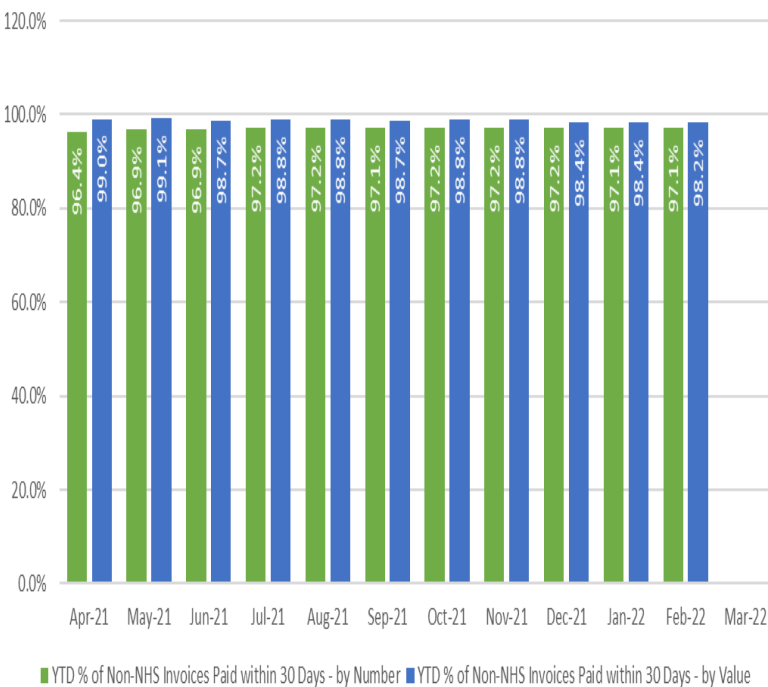
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Analysis

As of Feb-22 the reported outturn performance at month 11 is a surplus of £69k.

For month 11 the Trust is reporting planned savings of £2.649m and actual savings of £2.756m, an achievement rate of 104.0%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Feb-22 was 97.1% against a target of 95%.

As of Feb-22 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 2021-24 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the current 2021-24 plan is in development.

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 2021/22 financial plan include:

- Continuing financial support from Welsh Government in relation to Covid pandemic 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 into 2021/22.



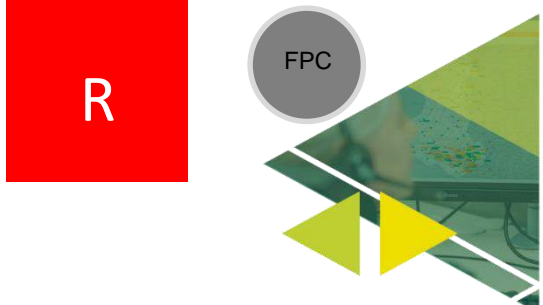
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

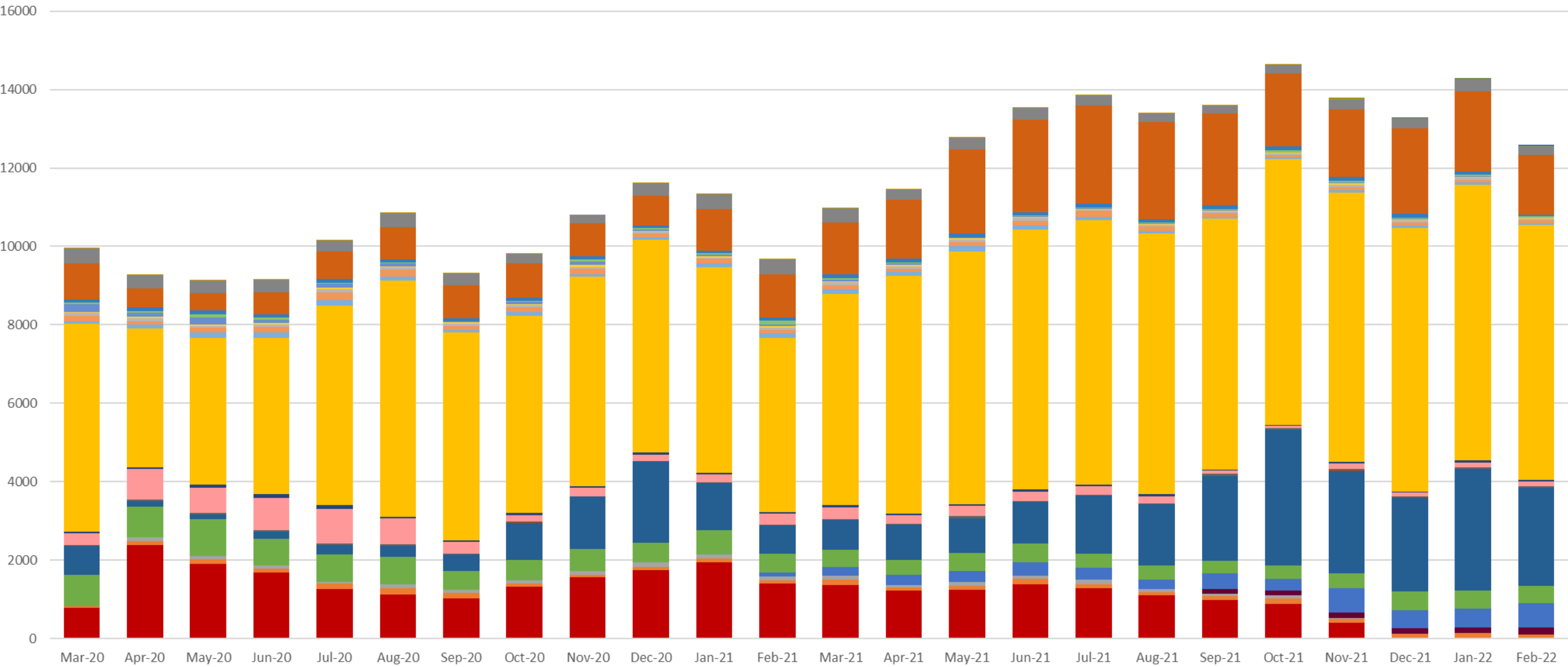


Value / Partnerships & System Contribution

EMS Utilisation & Post Production Lost Hours Indicators



Post Production Lost Hours - By Unavailability Reason



- | | | | | |
|--------------------------------------|-------------------------------------|---|--|------------------------------------|
| ■ CLEANING – CoVID19 | ■ COMMUNICATIONS - NOT AVAILABLE | ■ CoVID 19 RTB/ Awaiting Decontamination Cleaning | ■ Crew Documentation | ■ Duty Operations Manager Duties |
| ■ EQUIPMENT - NOT AVAILABLE | ■ HALO DUTIES | ■ L3 PPE Cool Down | ■ LEAVE - NOT AVAILABLE | ■ Paper Operations |
| ■ POLICE INTERVIEW - NOT AVAILABLE - | ■ RTB S/D MEALBREAK - NOT AVAILABLE | ■ SAFEGUARDING/POVA - NOT AVAILABLE | ■ SOILED UNIFORM - NOT AVAILABLE | ■ STAFF ILLNESS - NOT AVAILABLE |
| ■ STAFF INJURY - NOT AVAILABLE | ■ TRAINING ON BASE - NOT AVAILABLE | ■ TRAINING VEHICLE | ■ TRAUMATIC STAND DOWN - NOT AVAILABLE | ■ VEHICLE CLEANING - NOT AVAILABLE |
| ■ VEHICLE DEFECT - NOT AVAILABLE | ■ VEHICLE DEFECT NOT AT W/SHOPS | ■ Tactical Approach to Production Crew Concren | ■ Single Crew | |

Analysis

There were 15,163 hours lost in Feb-22; of this 12,586 were to APP, EA, RRV and UCS vehicles which continues to show high levels compared to previous months (PPLH). The highest number of hours were lost to EA vehicles, accounting for 9,348 in Feb-22.

In Feb-22 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (6,521 Hours), HALO duties (2,500 hours) and Vehicle cleaning (1,515 hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

Remedial Plans and Actions

This is currently an area of focus via a series of workshops with TU Partners, which commenced in Sep-21. The current focus continues to be on data accuracy, modelling of options and potential tests of change.

Expected Performance Trajectory

The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favorably with two other ambulance services, but less so with a third. Contact is being sought with this third service.

****NB: PPLH Data correct at time of extract 09/03/22**



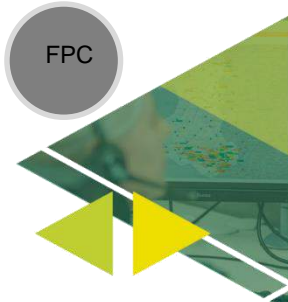
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



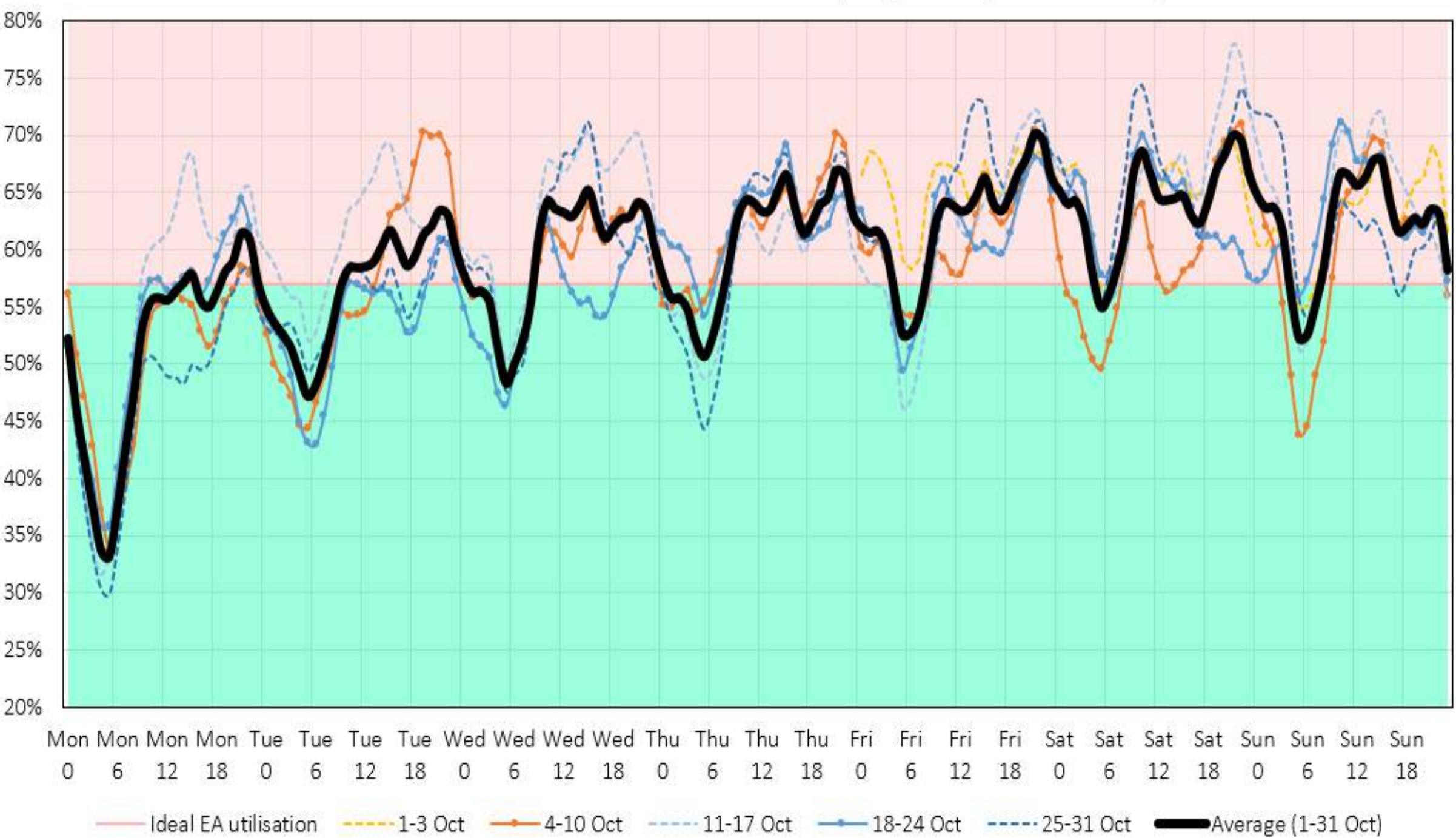
Value & Partnership Contribution

Utilisation Indicators



Slide Under Development to provide Net Utilisation – there is an issue with PPLH data that is preventing this indicator being further developed at this point of time. Optima liaising with new AD Data & Analytics

EA Historical Gross Utilisation October 2021 (Busy Hours / Actual Hours)



Analysis

The chart outlines the gross utilisation for WAST; the ideal gross utilisation has been set as 57% after an extensive data analysis (the split between green and pink area in the chart). Achieving this level of utilisation enables the Trust to exactly deliver a 30 minute Amber 1 response time.

In addition each health board area has their own ideal EA utilisation. Analysis has indicated that this is higher for urban areas and lower for rural areas. A high degree of rurality means that more resources need to remain available more often to achieve the 30 minute Amber 1 response times.

The chart shows that's the EA utilisation has consistently been much higher than we would like in Oct-21; this extensive utilisation also explains why response times have been much slower than desired.

The dip seen during the early hours on a Monday is as a result of the data being available in weekly blocks which causes some of the workload within the first few hours of the dataset to be invisible. The 'tuning' of the ideal utilisation is revised periodically on larger datasets that do not contain these dips.

NB: The thick black line identify the average hour-of-week EA utilisation for WAST, the thin lines indicate the values for every week within October. The green and pink indicate the split below and above ideal utilisation

Remedial Plans and Actions

The Trust is currently receiving support through additional hours obtained from the Military Aid to the Civil Aid (MACA) and Fire Service.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported into Executive Management Team every 2 weeks set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Application of the clinical Safety Plan is being utilised to ease pressures on the Trust during periods of excessive demand.

Expected Performance Trajectory

The Trust expects utilisation to improve as more hours are put into the system, however this is being offset by current handover levels.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



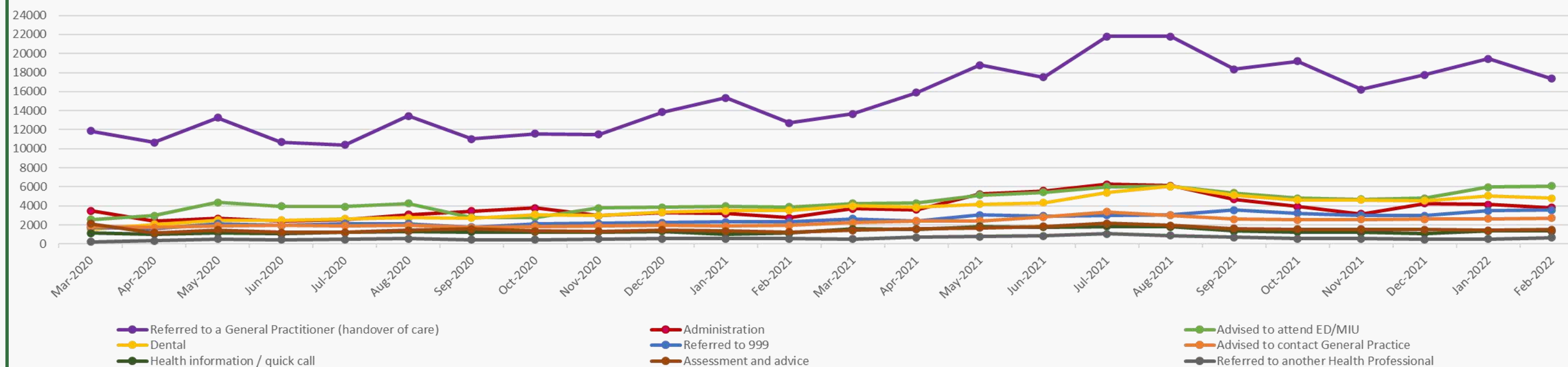
Our Patients: Quality, Safety & Patient Experience

111 Hand Off Metrics and 111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Calls By Final outcome



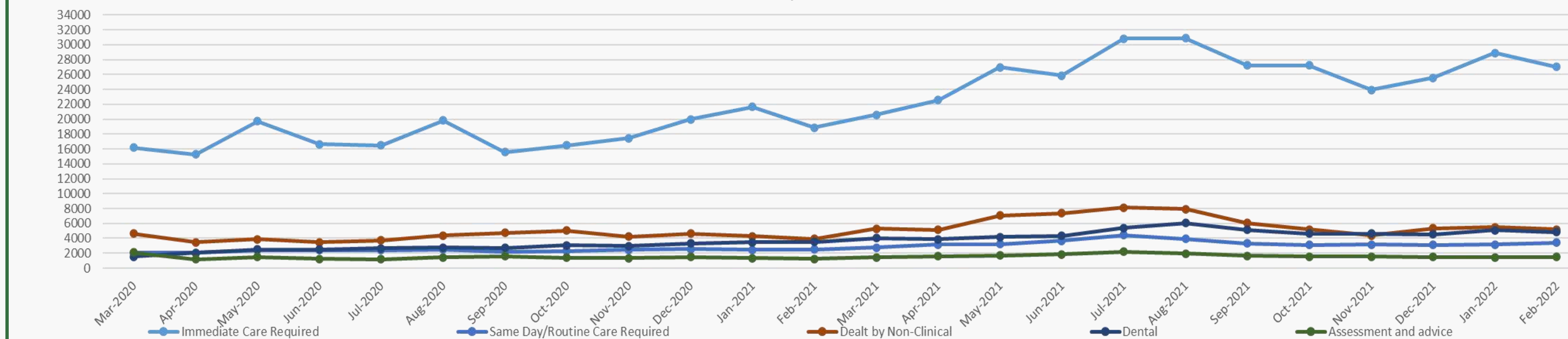
Analysis

In Feb-22 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 41% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (17,352), advised to attend ED/MIU (6,092) and Dental calls (4,816).

In Feb-22 41,927 calls were received in the 9 categories displayed in the top graph, a decrease when compared to 44,102 in Jan-22, 29,755 in Feb-20 and 30,072 in Feb-21.

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.

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.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

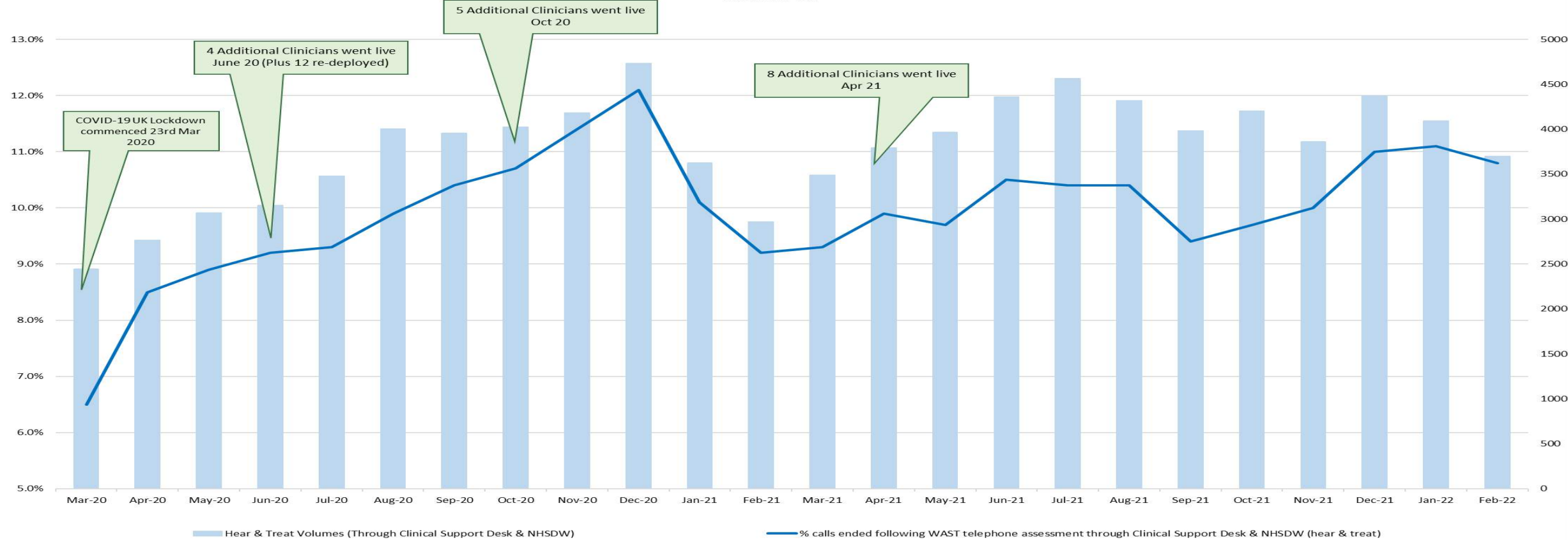


Partnerships / System Contribution

Hear & Treat Indicators



Hear & Treat



Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 10.8% performance in Feb-22, therefore continuing to achieve the 10.2% target for the fourth consecutive month.

7.1% of hear & treat volumes were achieved by the CSD in Feb-22. In comparison, 3.6% of hear & treat was by NHSDW/111.

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 Feb-22 were 6% an increase compared to 5.5% in Jan-22, also an increase compared to 5.5% in Feb-21.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services decreased month on month to 69.4% in Feb-22; by comparison, this figure was 56.1% in Feb-21.

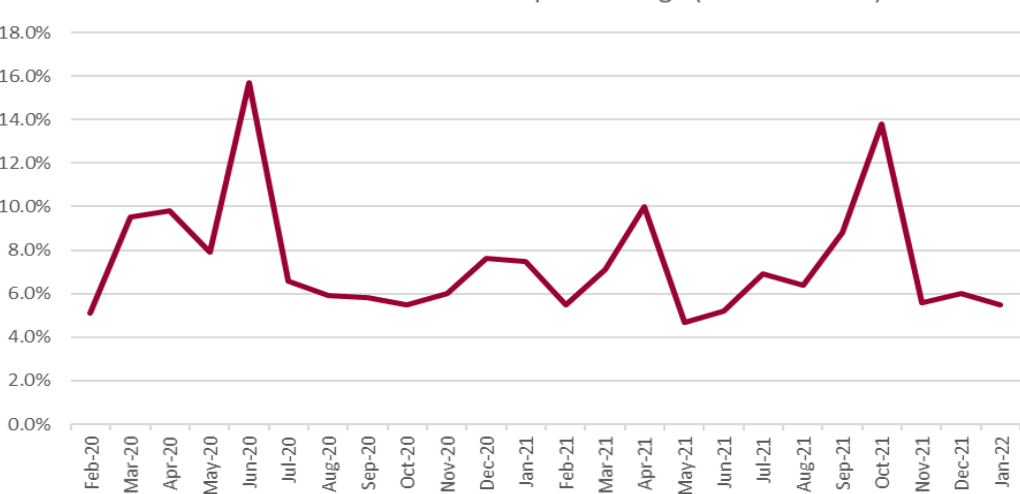
Remedial Plans and Actions

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. The predicted impact on hear and treat rates is currently being considered.
- Commissioners have agreed funding for 4 FTE mental health practitioners into the 999 clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Recruitment complete, onboarding in Feb-22.
- Commissioners have also agreed to fund an additional 36 paramedics (achieved) into the clinical service desk, to be backfilled through recruitment of additional EMTs and ACA2s respectively. Work is ongoing to develop the service model in a department that will therefore almost double in size.

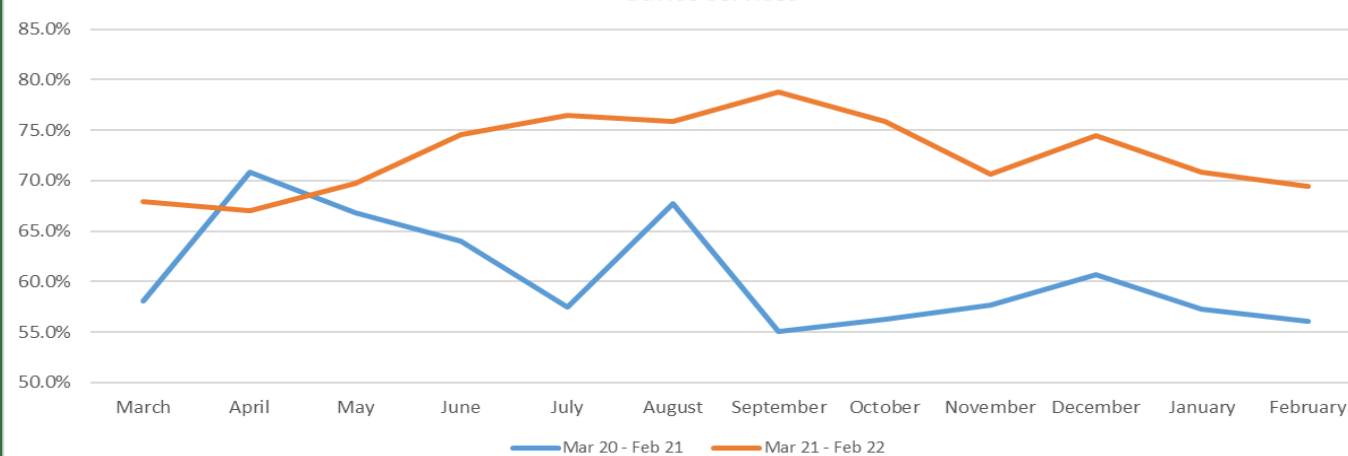
Expected Performance Trajectory

The current benchmark is 10.2% hear and treat rate. This benchmark is currently under review and expected to increase as part of the development of the 2022-25 IMTP and associated forecasting and modelling.

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



(Responsible Officer: Lee Brooks)

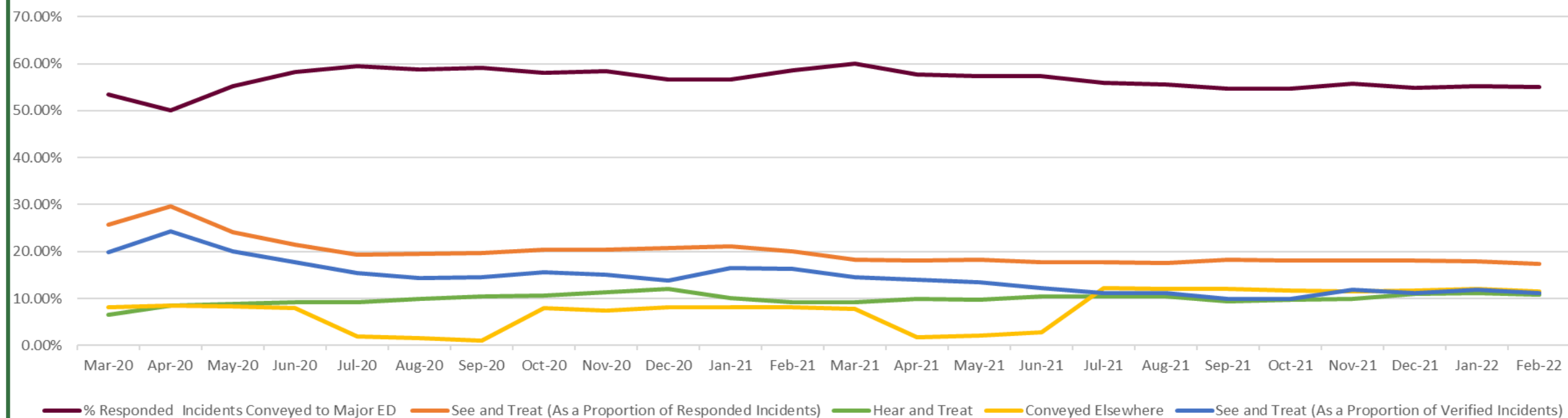
Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Conveyance to ED Indicators



% of Patients Conveyed to Major ED, Triaged through Hear or See and Treat or Conveyed Elsewhere



Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In Feb-22 conveyance to EDs as a proportion of total verified incidents was 35.34% (compared to 47.78% in Feb-21).

The combined number of incidents treated at scene and referred to alternate providers decreased further in Feb-22 when compared to Jan-22. 2,079 incidents were referred to alternative providers in Feb-22 and 1,795 incidents were treated at scene; however, a review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport remains an indicator which may mean patients reach hospital via another route. In Feb-22 9,045 ambulances were cancelled by patients, 132 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 311 patients made their way to hospital using their own transport.

Remedial Plans and Actions

This indicator captures the impact of all “shift left” activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. The initial results of this modelling are expected w/c 24 Jan-22 (received).

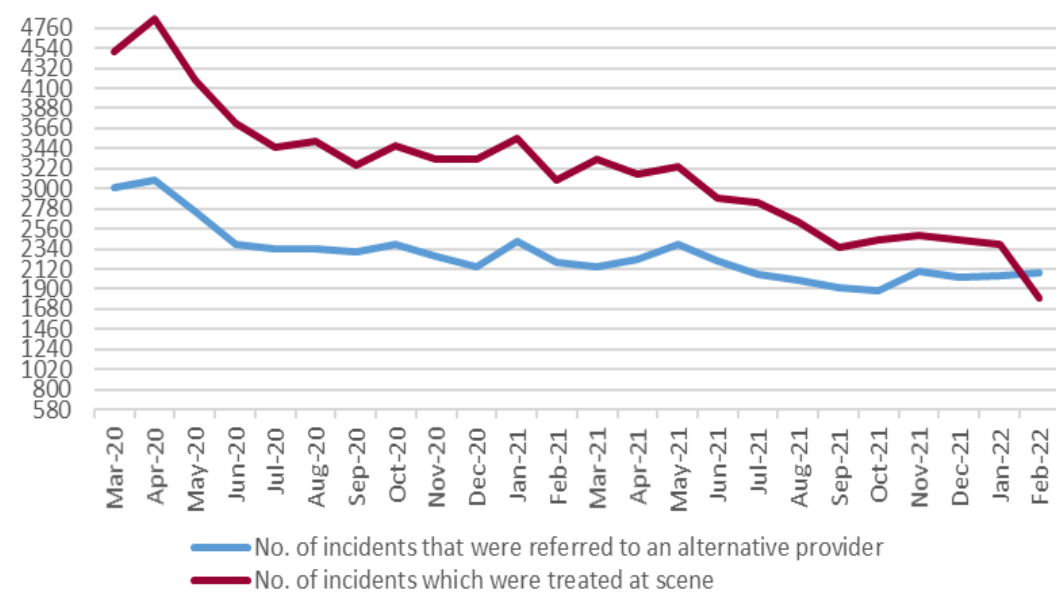
As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the national strategic direction and delivered in collaboration with Health Boards & key stakeholders: Delivery will be dependent on cooperation with health boards who will need to provide a service to refer into; however, this has the opportunity to increase referrals to alternative providers.

One of our 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.

Expected Performance Trajectory

The initial modelling results due w/c 24 Jan-22 should give the Trust a first indication of what an optimised shift left benchmark may be. Further work will probably be required on confirming that figure. The Trust can then start to plot actions and a trajectory towards that benchmark.

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



Number of Incidents Stopped by reason



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



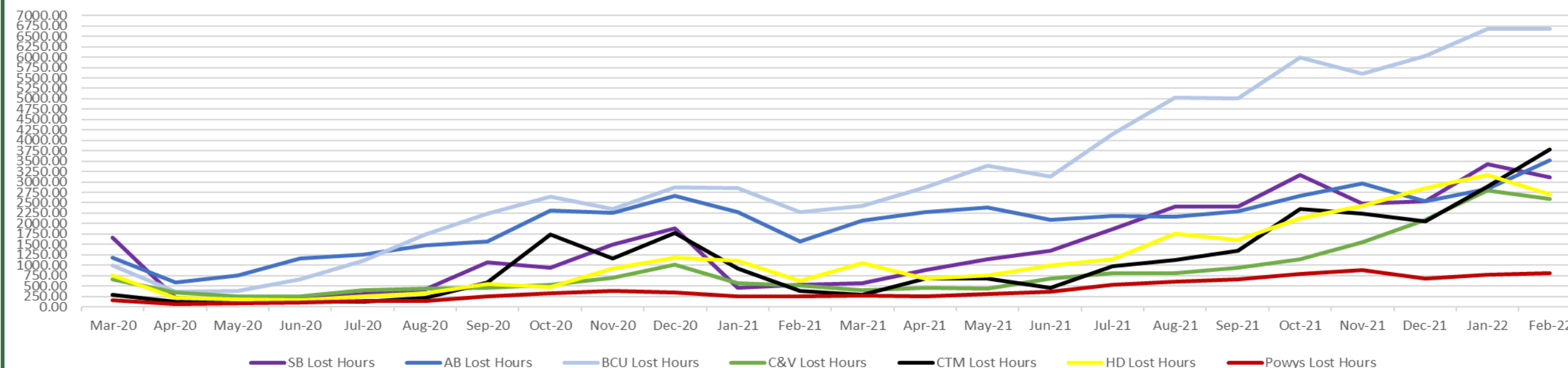
Partnerships / System Contribution Handover Indicators

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Notification to Handover Lost Hours by
Health Board



Analysis

174,016 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 71,741 in same period a year ago (Mar-20 to Feb-21). 23,214 hours were lost in Feb-22, a 73% increase compared to 6,157 lost hours in Feb-21 and also an increase when compared to 13,820 recorded in Dec-19, the previously worst recorded month, prior to Aug-21. The hospitals with highest levels of handover delays during Feb-22 were Grange University Hospital (ABUHB) at 3,148 lost hours Morriston Hospital (SBUHB) at 3,062 lost hours and Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,020 lost hours.

Notification to handover lost hours averaged 827 hours a day in Feb-22, 551% higher than the commissioning intention of no more than 150 hours per day.

Remedial Plans and Actions

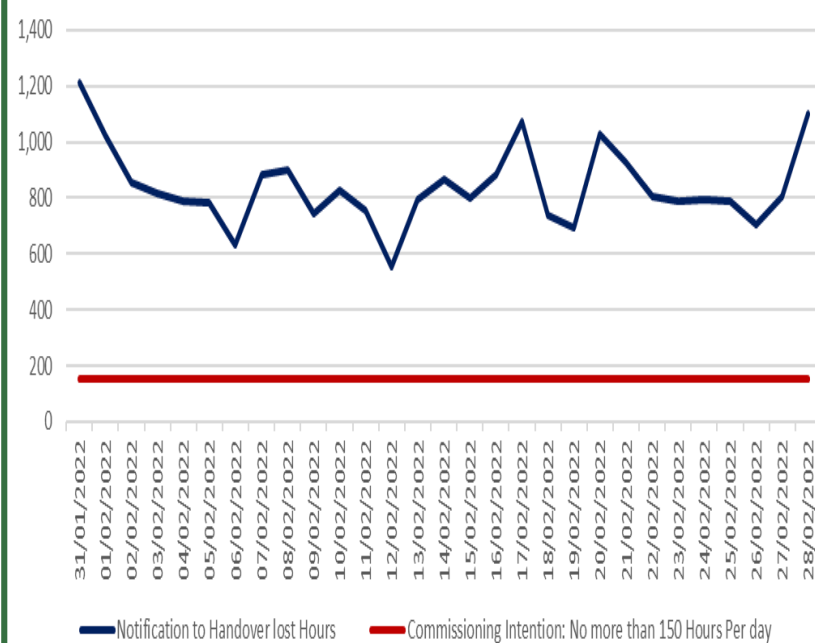
Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve.

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). 23 ideas have been received through the WIIN platform from staff in Dec-21

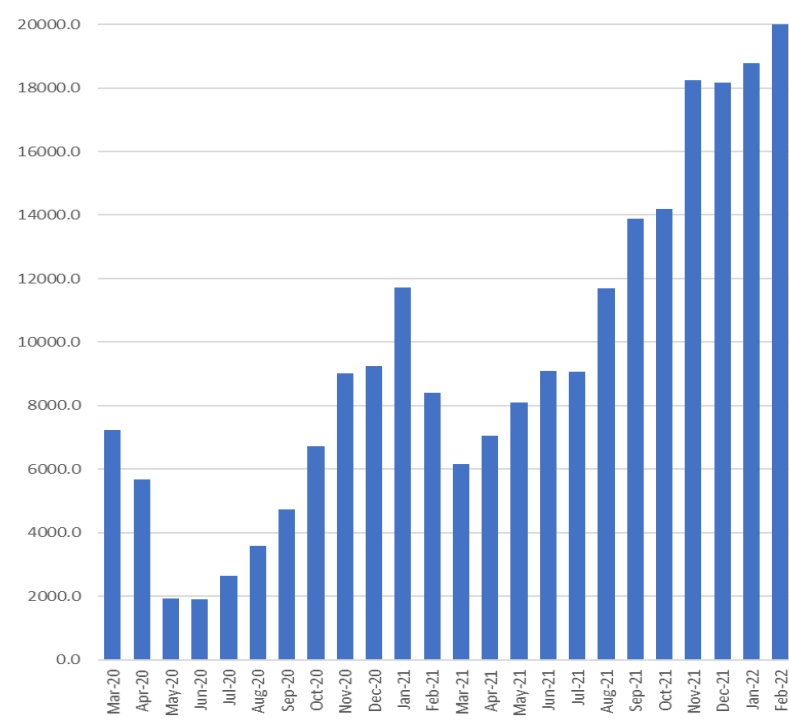
Expected Performance Trajectory

There is a 2021/22 EASC commissioning intention for handover, but this is clearly not going to be met. There is a recognition that handover must be reduced, but also that health boards ability to make a significant reduction before 2025 is unlikely; consequently current discussions in EASC are focused on clinical safety plans for health boards that are aligned and align to the Trust's; that these plans must include average handover patient waits as part of the escalation triggers with a probable red line/backstop of a maximum wait. It is not possible to provide a trajectory at this time.

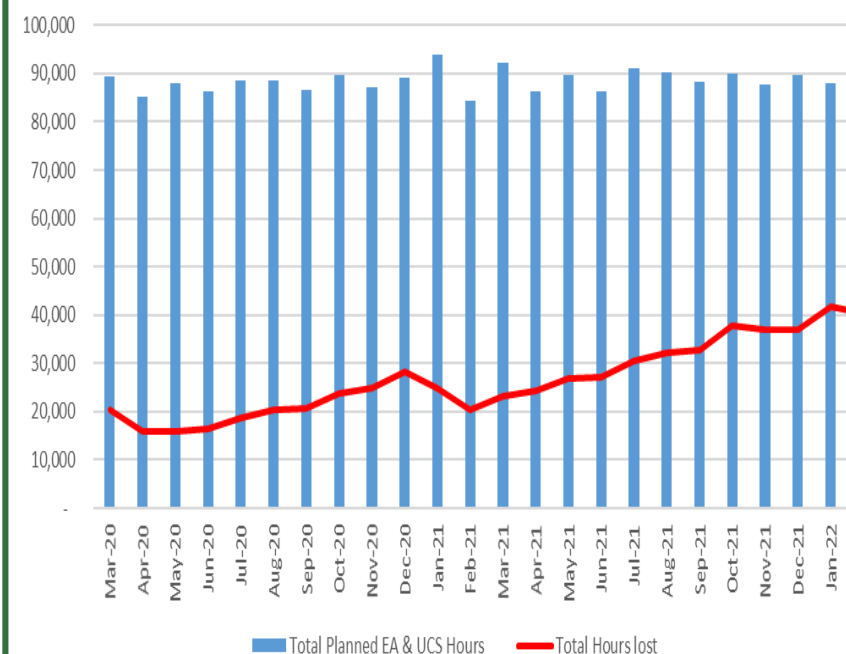
Notification to Handover Lost Hours - February 2022



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
AOM	Area Operations Manager	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
APP	Advanced Paramedic Practitioner	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 / PCRs	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		
CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation		





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CHARITABLE FUNDS COMMITTEE REPORT TO BOARD OF TRUSTEES

Trust Board Meeting Date	24 March 2022
Charitable Funds Meeting Date	10 th February 2022
Chair	Emrys Davies, Non Executive Director (in place of Prof. Kevin Davies)

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Committee to areas of escalation)

1. The full audit of the **2021/22 accounts** may be limited due to Audit Wales being unable to evidence opening fund balances, which could result in a qualification for this area of the accounts. Further discussions to take place with Audit Wales to try and resolve this issue.

ADVISE

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

2. The Emergency Ambulance, as part of the **legacy bequeathed to the Trust**, was purchased in quarter three.
3. A **dedicated finance resource** had been recruited to work on charitable funds. It had been anticipated that this post would be fully funded through a grant from NHS Charities Together (NHSCT) however the requirements for application of the grant have changed. The post is initially therefore being funded by the Trust, however there is still scope for some funding under this grant, which is continuing to be explored. The Committee will continue to monitor this, and will also need to assess what impact this may have on the Trust's management recharge to the Charity, in particular for the 2022/23 financial year onwards
4. An amount of **£315k remains available for WAST to apply for from NHSCT**, and the deadline for applications is the end of 2022. The Trust is therefore planning to make an application once the Trust's strategy has been further developed, noting the guidance now advises that "the programme aims to fund community based projects that result in measurable improvements in health outcomes for communities or services adversely affected by Covid-19".
5. Two bids for the **consultancy work** to develop the charity's strategy had been received and will be reviewed shortly. The Board will be updated on this current situation at its March meeting.
6. The recommendations of the **effectiveness review** were all agreed, terms of reference amendments and priorities for the Committee approved.
7. A new streamlined digital platform and scoring matrix process was approved for any new **bursary panel applications** from April 2022.
8. Amendments to the **membership of the Bids Panel** together with a new chair, were approved.



ASSURE

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

9. The **finance highlight report** covered the income and expenditure for the first six months noting much of the income received was due to the investment performance.
10. Those **bursary panel applications** already received were being monitored and progressed and would be presented to the next meeting for approval.

RISKS

Risks Discussed: None discussed

New Risks Identified: No new risks identified

COMMITTEE AGENDA FOR 17 JANUARY 2022 MEETING (PUBLIC)

1. Finance Update	2. Strategic Review Consultancy Post	3. Committee Effectiveness Review
4. Bursary Panel Revised Process	5. Bids Panel Report	

COMMITTEE ATTENDANCE 2021/22

Name	3 June 21	26 Aug 21	4 Nov 21	17 Jan 22	10 Feb 22
Kevin Davies (c)					
Bethan Evans					
Emrys Davies					Chair
Ceri Jackson					
Chris Turley					
Lee Brooks					
Claire Vaughan		A Challenger			
Keith Cox					
Trish Mills					
Hugh Parry					
Gareth Price					

	Attended
	Deputy attended
	Apologies received
	No longer member
	Not previously invited



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QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	24 th March 2022
Meeting Date	17 th February 2022
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. The **red performance indicators** have been consistently below the 65% target this quarter, being 50%, 53% and 51% respectfully, with some Health Board variation. Whilst this has improved into January 2022, response times continue to be much longer than the Trust would want. The Committee discussed the capacity, demand and efficiency actions being implemented and will continue to monitor performance. A rapid review process of ongoing red calls is in place to determine if the priority is appropriate. This was trialed successfully in the quarter and improved data capture and reporting will be put in place to roll out on further trials. Call handler and dispatcher bulletins have been issued on several different topics as well.
2. The Committee received concerning reports regarding the **patient safety impact** due to delays responding to patients in the community. Handover delays, which were 55,254 in Q3 – a significant increase on the previous quarter – were the root cause of most serious adverse incidents. Other causes include call prioritization issues, postproduction lost hours and staff sickness. 79 incidents were referred to Health Boards under Appendix B. These are shared and discussed with Health Boards to ensure they are aware of the volume of these cases, and the number of patients waiting in their communities for an emergency response. Whilst the Committee recognized the Trust has limited control over handover delays, members have asked for further information on the ways in which the Trust is addressing significant postproduction lost hours and sickness absence (noting the latter will be reviewed by the People and Culture Committee).
3. Forecasting and modelling was shared which indicates a **worsening position in April** following the military aid coming to an end. Whilst transition plans are proposed to Commissioners and performance improvement plans are in place, the Committee has asked for a further discussion before the March Board as to how this will be mitigated.

ADVISE

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

4. **Hannah shared her story via video** of the anger and distress her and her family experienced when they were told that it would be a two hour wait before an ambulance could reach her mother who had suffered a stroke. Hannah's mother was taken to the hospital by family members and is doing well, however Hannah's plain message of what could have been done differently was 'for the ambulance to come straight away'. The Committee was grateful for Hannah telling her story, showing as it did that providing an estimated time of arrival allows patients and/or their families to decide whether they will,



where they can, make their way to the hospital rather than wait. Whilst it was recognized that there were significant pressures on the service at the time of the call with the two closest hospitals experiencing extended 90 minutes average handover delays, a wait of two hours is not the service which the Trust would wish to provide. Hannah's story illustrated the expectations of the public in their time of most need.

5. The **patient experience of the 111 website** was poor, with just over half of respondents rating it as poor. The NHS Wales 111 project team are identifying areas where the website can be improved to enhance the user experience.
6. The Committee reviewed the **Quality and Performance Management Framework** and discussed the five building blocks approach for the delivery of quality and performance at all levels of the Trust. The framework will be presented to the Board in March for approval.
7. This was the **last Committee meeting for Emrys Davies** who chaired previously the Committee, and for **Claire Roche** who has been the executive lead for the Committee. Both were thanked for their significant contributions to the Committee, but also to quality and patient safety at the Trust.

ASSURE

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

8. The Committee were assured that the Trust, through its continuous engagement model, was capturing **patient experience** and providing access to general health information and skills necessary in responding to an emergency. The team continue to assess and plan for a return to in person engagement in the community, but in the meantime have a focused attention on delivering online engagement sessions to promote key messages, including mental health and wellbeing and carers. The Team has been invited to work with others to visit ethnic minority groups to deliver mental health support. The people and community network has been invited to help influence the direction of the Trust's IMTP for 22-25.
9. **Ambulance Care** (formally NEPTS) (Patient Experience) performance was above target for enhanced renal patient arrivals prior to appointment in January 2022 and has improved for patients requiring discharge; however, Ambulance Care core (outpatient) demand has not yet recovered to pre Covid-19 levels. The Committee will continue to monitor the plans to increase capacity as part of the 2022-25 IMTP. The Committee was assured that patient experience was positive for NEPTs, with the majority of people (92%) scoring their experience an 8 out of 10 or higher.
10. **999 answering times** have been challenged through significant increases in demand. The median and 65th percentile performance remain good, but the call answering tail remains over one minute.
11. The Committee **reviewed its effectiveness** and approved amendments to its Terms of Reference, agreeing to expand membership and provide clarity with respect to both its core duties and expansion of the information governance and information security duties. A Committee Annual Report is being prepared for the Trust Board.
12. The Committee heard of the operational and system challenges that has delayed the development of the **Quality Strategy Implementation Plan**, however a draft plan was reviewed, a working group established and recruitment to senior quality lead roles are ongoing to maintain progress.
13. The **audit tracker** was reviewed for audits within the remit of the Committee. Five recommendations were overdue, however these were not high priority recommendations. The reasons for the delay were discussed and revised dates noted.
14. **A deep dive on personal injury special payments** was received and the Committee was assured that



no concerning themes or trends have emerged.

RISKS

Risks Discussed: There are five risks assigned to the Committee (CR223, 224, 199, 316 and 303), four of which are rated 20-25. These high rated risks are currently being rearticulated to provide clarity on the risk and a re-evaluation of the controls, assurances, actions and ratings. A report will be provided to the 24th March Board on these risks.

New Risks Identified: There were no new risks identified or added to the register in the period.

COMMITTEE AGENDA FOR 17 FEBRUARY 2022 MEETING

1. Chair's welcome, apologies, and confirmation of quorum	2. Declarations of interest	3. Minutes of last meeting
4. Action log and matters arising	5. Patient Experience	6. Committee Effectiveness Review
7. Operations current/forward look	8. Quality Strategy Progress Report	9. Patient Experience and Community Involvement Highlight Report
10. Committee Assurance Report	11. Internal Audit Tracker Report	12. Quarterly Integrated Quality & Performance Report
13. Quarter 3 Patient Safety Report	14. Deep Dive: Losses and Special Payments, Personal Injury to Staff	15. Review of Red 999 Calls by Clinical Support Desk Clinicians
16. Patient Experience Driver Diagram	17. Key messages for Board	18. Any other business

COMMITTEE ATTENDANCE 2021/22

Name	7 May 2021	9 September 2021	16 November 2021	17 February 2022
Bethan Evans				
Kevin Davies				
Emrys Davies				
Paul Hollard				
Ceri Jackson				
Claire Roche				
Brendan Lloyd				
Lee Brooks				
Keith Cox				
Trish Mills				
Angela Roberts				
Hugh Parry				
Craig Brown				

	Attended
	Deputy attended
	Apologies received
	No longer member



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PEOPLE AND CULTURE COMMITTEE REPORT TO PUBLIC TRUST BOARD

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

Trust Board Meeting Date	24 th March 2022
Committee Meeting Date	22 nd February 2022
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. **Sickness absence levels** saw an increase for December 2021 to 12.45% (from 11.07% in November), however January 2022 is predicted to see a reduction in that figure. The Committee received a presentation on the attendance management action plan which will address absences through several workstreams. Whilst this approach was welcomed, the Committee requested a clear line of sight as to the assurances it will receive that the action plan is actively reducing sickness absence levels and the related corporate risk number 160.
2. **Personal Annual Development Review (PADR)** rates for January 2022 remain low at 58.84% against a target of 85%. There was lengthy discussion on the plans to address this, with the Committee noting the importance of regular wellbeing conversations with colleagues, particularly in times of pressure and stress, and when taking account of the high sickness absence levels. It was recognized that the model of an annual personal development review was not the vehicle through which high-quality, real-time feedback could be provided and that a fresh approach is being developed.
3. Following concerns raised by Trade Union (TU) Partners, it is proposed to **escalate the risk associated with TU relationships and partnership working** (risk 163). The Committee was assured that discussions are continuing with TU Partners to try and bring things back on track and that the Board would receive an update at their March meeting.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

4. The **staff story** at this meeting was presented by Lorna Woodley, a Paramedic Operational Driving Instructor for the Trust. Lorna told the Committee of her journey which began as a Paramedic from the second cohort of HEIW students, to her current role and the determination she had to succeed in areas of her job that she enjoyed – driving and education. The Committee recognized the hard work it took to qualify, particularly as she was working operationally during the pandemic and balancing a busy family life. The Committee stressed the importance of women who achieve success in roles which may more traditional have been held by men in the Trust, being visible in the organisation to encourage others to explore these types of opportunities.
5. The people and culture deliverables and priorities included in the 2022/25 **Integrated Medium Term**



Plan were reviewed. Two priorities from 2021/22 have been recast for 2022/23 relating to change management and the workforce planning strategy.

6. In November 2021 the Committee agreed that the refresh of the **People Strategy** (due in 2022) would be deferred, and the existing strategy rolled forward. At the February meeting the Committee reviewed the proposed approach and timelines for developing the next strategy from 2023 onwards. The Committee noted that the transition to a new Director of Workforce and Organisational Development, and Board level discussions regarding broader strategy development, may impact this.
7. The key achievements the **Leadership and Management Development Strategy 2019-2022** were shared. The approach in 2022/23 will be on the learning and management development framework as an enabler to the people and culture strategy, with the short to medium term focus on supporting the culture and behaviours work being launched next month during the Chief Executive's roadshows. A presentation on the successes of the **Education and Training Team** was also shared and the Committee was told of the enhanced ways of working introduced by harnessing technology which has improved the experience and outcomes of our colleagues. Both teams were commended on their significant achievements.
8. Work is underway on the refreshed **Engagement Framework** which, for 2022/23, will be focused on supporting engagement on the Trust's "inverting of the triangles" strategic work. The Chief Executive Roadshows will also be an invaluable opportunity to discuss 'purpose' with colleagues.
9. This was the **last Committee meeting for Claire Vaughan**, Executive Director of Workforce and Organisational Development, and executive lead for the Committee before she leaves the Trust in April. The Chair thanked Claire for her strong and thoughtful leadership and for the impact she has made in the short time the Committee has been operating.

ASSURE

(Areas of assurance the Committee has received)

10. The Trust continues to **recruit and train** large numbers of staff and the Committee commended those involved, given the current pressures and challenges.
11. The Director of Operations provided an **operational update**, and the Committee discussed the impact on staff because of unprecedented handover delays. These range from the crews transporting patients to hospital only to wait outside the emergency departments for hours, to the call handlers who have firsthand experience of the despair of patients and their families being told we are unable to send an ambulance to them as quickly as we would like. The Committee recognized solutions to this required a coordinated system wide response and expressed concern about a worsening position once military aid comes to an end in March. Colleagues will continue to be supported proactively with the Trust's wellbeing offer.
12. Nearly 128,000 EMS ambulance **unit hours** were produced in January 22, which was the highest ever level. The emergency ambulance unit hours produced (UHP) was 106% in January 2022, however, RRV UHP, although improved, was 84%. The emergency ambulance UHP has improved as a result of military aid, Fire & Rescue Services support and St John Ambulance capacity.
13. As of 31st December, the Trust has reached a rate of 86.09% for **statutory and mandatory training** compliance against a target of 85%.
14. The Committee **reviewed its effectiveness** and approved amendments to its Terms of Reference, agreeing to expand membership and provide clarity with respect to both its core duties. A Committee Annual Report is being prepared for the Trust Board.
15. **Welsh Language Standards** compliance was reviewed, and the Welsh Language Advisory Group will focus on options to address the standard relating to Welsh language capability at their next meeting, as



well as developing an action plan to address areas of compliance where more long-term measures are required. The Committee expressed its condolences on the passing of Welsh Language Commissioner.

16. The **audit tracker** was reviewed with no overdue recommendations. The teams were commended on this achievement.

17. In private session the Committee reviewed progress on **suspensions over four months** for six Trust employees and were assured on actions in place to manage these.

RISKS

Risks Discussed:

Risk 160 related to high levels of sickness absence is currently rated 16. See the alert section regarding the attendance management action plan which it is intended will reduce the rating, however the Committee noted that it is likely to rise in rating in the short term.

The potential increase to **risk 163** associated with TU relationships and partnership working was noted as set out in the alert section of this report.

New Risks Identified: N/A

COMMITTEE AGENDA FOR 22ND FEBRUARY 2022 MEETING (PUBLIC)

4. Director of Workforce and OD Update	5. Staff Story – Driving Instructor	6. Committee Assurance Framework – for Noting
7. Audit Recommendations – Progress Summary – for Noting	8. Welsh Language Update	9. Committee Effectiveness Review Update
10. Operations Quarterly Report – for Noting	11. Monthly Integrated Quality and Performance Report – for Discussion	12. Workforce Performance Scorecard Report – for Discussion
13. Our People and Culture Deliverables: IMTP 2022-2025 – for Discussion	14. Refreshing Our People and Culture Strategy – for Assurance	15. Education and Training Presentation for Assurance
16. Leadership and Management Development Strategy Update - for Discussion	17. Issues to be raised at Board	18. TU Cell Quarterly Update
19. Minutes of Sub-Groups		

ATTENDANCE

Name	Feb 21	May 21	Sep 21	Nov 21	Feb 22
Paul Hollard					
Kevin Davies					
Joga Singh					
Bethan Evans					
Claire Vaughan					
Estelle Hitchon					
Lee Brooks					
Angela Roberts					
Sharon Thorpe					
Craig Brown					
Paul Seppman					

	Attended
	Sent Deputy
	Apologies
	No longer member



AUDIT COMMITTEE REPORT TO PUBLIC TRUST BOARD

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

Trust Board Meeting Date	24 th March 2022
Committee Meeting Date	3 rd March 2022
Chair	Martin Turner

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. The Committee discussed the work that was underway to review the five high rated risks on the corporate risk register, the details of which are before the Board for its March meeting. The Committee agreed to suspend reporting on the **Board Assurance Framework (BAF)** until the June Audit Committee meeting to allow the team to develop a transitional BAF. The Board and Committees will continue to receive reporting on the corporate risk register, and internal processes for identification, management and escalation will continue unaffected. The Committee was assured that the risk management transformation programme was included in the IMTP, and it has set the oversight of this as one of the Committee priorities for 2022/23.
2. The Committee expressed their strong desire for the **All Wales Review of Unscheduled Care** being undertaken by Audit Wales to conclude as soon as possible, given the significant handover delays and patient safety issues.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

3. **Audit Wales presented their annual report 2021/22** which summarises the findings from the 2021 audit work at the Trust with respect to their audit of accounts and arrangements for securing efficiency, effectiveness, and economy in the use of resources. That report is provided to the Trust Board for information in the consent agenda section for its March meeting.
4. Management responses to the **All Wales Taking Care of the Carers Report** were reviewed and illustrated the range of wellbeing offers the Trust has in place for staff. Further actions will be monitored by the People and Culture Committee through the audit tracker.
5. **Governance practice notes** were approved to provide clarity on the application of the following aspects of the Standing Orders:
 - Use of the Trust seal
 - Private Board and Committee business
 - Chair's actions

These are attached for the information of the Board.



6. **Internal Audit provided an update on their 2021/22 plan**, noting good progress on all reviews, and excellent cooperation from Executive Directors and their teams. The Committee was informed that a positive year end opinion was anticipated.

7. The Committee approved the **Internal Audit Plan for 2022/23**, with the following reviews planned throughout the year:

No.	Review	Quarter
1.	Estates assurance – decarbonisation	Q1
2.	Electronic patient clinical record	Q1
3.	Fleet maintenance	Q1
4.	Major incidents	Q1
5.	Sickness absence management	Q1
6.	Infection prevention and control	Q2
7.	Hazardous area response team (HART)	Q2
8.	Immediate release request	Q2
9.	Trade union release time	Q2
10.	Data analysis	Q2
11.	Standards of business conduct: declarations	Q2
12.	Savings and efficiencies	Q3
13.	Clinical handover	Q3
14.	Pain management	Q3
15.	IMTP delivery	Q3
16.	Cyber security	Q3
17.	Strategy development	Q4
18.	Health and Safety	Q4
19.	IM&T Infrastructure	Q4
20.	Annual governance statement	Q4
21.	Risk management and assurance	Q4

8. The Committee approved the **timetable** for the development and approval of the annual report and accounts.

ASSURE

(Areas of assurance the Committee has received)

9. **Internal audits:** Five reviews were completed during the quarter and presented to Committee:

- NEPTS Transfer of Operations: Benefits Realisation – limited assurance. To provide assurance that benefits realised reflect those identified at the outset of the transfer of works project. One high and one medium recommendation was made. It was acknowledged that many of the benefits may have been realised now that the transfer has completed, and that the Trust needs to undertake an exercise to support and demonstrate this.
- Information Management – reasonable assurance. To assess, in respect of 999 calls, the availability of information on patient discharges through 'Consult and Close' ('Hear and Treat'), 'See and Treat' and 'Can't Send' emergency responses and how this is analysed to inform patient safety and quality improvement. Two medium priority recommendations were made.
- Digital Governance – reasonable assurance. To provide assurance to the Audit Committee that the Trust's governance of digital services is appropriate to provide oversight and deliver the organisation's digital strategic objectives. Four medium priority recommendations were made.
- Recruitment Practices: Equality, Diversity and Inclusion – reasonable assurance. To provide the



Trust with assurance that there are adequate arrangements in place to ensure that applicants from a diverse range of backgrounds are encouraged, supported and able to apply and be successful. Four medium priority recommendations were made.

- Cardiff Make Ready Depot – reasonable assurance. The review was undertaken to evaluate the processes and procedures put in place by the Trust to support the management and delivery of the Cardiff Make Ready Depot scheme. One high and four medium priority recommendations were made.

10. The **Audit Tracker** was reviewed with the committee was assured that Committees have reviewed recommendations relevant to their remit, and that overdue recommendations were in hand with revised dates.
11. The Committee **reviewed its effectiveness** and approved amendments to its Terms of Reference, agreeing to expand membership and provide clarity with respect to its core duties. A Committee Annual Report is being prepared for the Trust Board.
12. The **schedule of losses and special payments** made during the period 1st April 2021 to 31st January 2022 amounted to £1.385m, and losses written off during the financial year to 31st December 2021 amounted to £0.005m. The Committee reviewed the detail of these payments as well as a deep dive into special payments as a result of personal injury claims over the last two years. No concerning trends or themes were identified.
13. In **closed session** the committee received the counter fraud update, tender report and single tender waiver requests.
14. The Committee **thanked Emrys Davies** for his contribution and support of the Audit Committee, as this was his last meeting.

RISKS

Risks Discussed: The CRR and BAF were reviewed as above. The Committee approved the change of title and closure of risks, as well as the escalation to the CRR of risk 163 (maintaining effective and strong trade union partnerships)

New Risks Identified: Risk 458 – a confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning was discussed

COMMITTEE AGENDA FOR MEETING

1. Committee effectiveness review	2. Governance practice notes	3. Internal audit progress report; internal audit plan; individual audit reports (as set out above)
4. Taking care of the carers audit report	5. Audit Wales update and annual report	6. Annual report timetable
7. Accounts planning and timetable	8. Audit tracker	9. Risk management and Board Assurance framework
10. Losses and special payments		

ATTENDANCE

Name	4 Mar 21	3 Jun 21	16 Sep 21	2 Dec 21	3 Mar 22
Martin Turner					
Emrys Davies					
Paul Hollard					
Joga Singh					



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Chris Turley					
Trish Mills					
Keith Cox	Julie Boalch				
Internal Audit	Helen Higgs	Helen Higgs	Helen Higgs	Helen Higgs	Simon Cookson
Lee Brooks				Judith Bryce	Judith Bryce
Carl Window					
Audit Wales	Fflur Jones	David Poland	Emma Giles	Dave Thomas	Fflur Jones
Hugh Parry TU					
Paul Seppman TU					

	Attended
	Sent Deputy
	Apologies
	No longer member



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GOVERNANCE PRACTICE NOTE 001 MARCH 2022

TRUST SEAL

1. The Trust's Standing Orders at para 9.0 (see below) provides that the common seal of the Trust is only applied to documents where the Board has approved a transaction to which the document relates, or separately approves the common seal being applied. This practice note introduces a revised process to ensure that this information is provided at the time a request to apply the common seal to a document is made, and to reiterate the signing and witnessing process.
2. The common seal is often required to be applied to deeds and legal documents such as transfers of land or lease agreements. The common seal is not always required for a document to be signed as a deed, and the instructions from the Trust's solicitors or NWSSP legal and risk team should be followed in all circumstances. Where there is doubt the Board Secretary should be consulted on the correct process.
3. The following process should be followed where a document requires the Trust common seal:
 - 3.1. The requester completes the common seal proforma at Annex 1 and sends to the Board Secretary and the relevant Director with a copy of the document to be signed and sealed.
 - 3.2. Where the requester indicates the transaction to which the document relates has not been approved by the Board, the Board's approval to applying the common seal must be sought. It should be noted that such approval is not to approve the transaction – only the application of the seal to the document in accordance with standing order 9.0.1.
 - 3.3. Where Board approval to the application of the common seal is required the Board Secretary will advise the requester and the relevant Director of the next scheduled opportunity to do so. Where the document is required to be sealed before the next scheduled meeting of the Board, the Board Secretary will seek approval of the Chair and Chief Executive for a Chair's Action. However, all attempts must be made to provide notice to the Board Secretary of the forward plan for leases and/or land related documents in particular to be sealed in accordance with the estates strategy and renewal programme.
 - 3.4. The common seal is applied to the document by the Board Secretary or a member of the Corporate Governance Team in the presence of the Chair and the Chief Executive (or their formal deputy). This may be done virtually where all parties are unable to meet in person.
 - 3.5. The application of the common seal is noted in the register of seals and reported to the public Trust Board at the next opportunity. The Board Secretary will ensure this note is provided as part of the Chair's Report to Trust Board.



4. Documents, whether they be leases, deeds or contracts, are signed in accordance with the Scheme of Reservation and Delegation that forms part of the Standing Orders. The Standing Orders v.5 provides as follows:

Delegated Matter	Responsible Officer/Committee	Delegated To
32.1. Legal Proceedings/Advice		
(a) Engage Trust's solicitors/legal advisor	Chief Executive	Executive Director or Board Secretary
(b) Documents connected with legal proceedings ³	Chief Executive	Executive Director or Board Secretary
32.2. Documents which are required to be executed as a Deed ⁴	Chief Executive	Executive Director and Board Secretary
32.3. Other Agreements not required to be executed as a Deed	Chief Executive	Relevant Director
32.4. Lease Agreements ⁵	Chief Executive	Director of Finance and Corporate Resources and Board Secretary

5. Recognising that WAST is a national service and that hybrid and flexible ways of working have embedded since the Covid-19 pandemic, signatories to documents may not always be present in the same location. Accordingly, where a document requires a wet signature, all attempts will be made to have both the relevant Director and the Board Secretary present in person to sign the document, however where that is not possible, the Board Secretary will witness the Director's signature virtually (via Microsoft Teams or other medium) and will sign the document separately. A record of such virtual signings will be kept by the Board Secretary.
6. The Board Secretary will keep a record of all sealings in the Register of Sealings. The Register is currently in hard copy form and kept securely with the common seal by the Board Secretary. From 1 April 2022 the Register of Sealings will be recorded on an excel sheet and retained in the Corporate Governance Directorate shared drive.

Extract from Standing Orders:

9. SIGNING AND SEALING DOCUMENTS

- 9.0.1 *The common seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board or Committee of the Board.*
- 9.02. *Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.*

9.1 Register of Sealing

- 9.1.1 *The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.*

9.2 Signature of Documents

- 9.2.1 *Where a signature is required for any document connected with legal proceedings involving the Trust, it shall be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.*
- 9.2.2 *The Chief Executive or nominated officers may be authorised by the Board to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.*

9.3 Custody of Seal

- 9.3.1 *The Common Seal of the Trust shall be kept securely by the Board Secretary.*



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ANNEX 1

REQUEST FOR THE COMMON SEAL TO BE APLIED TO A DOCUMENT		
Name of Requester		
Name of Director		
Date of request		
Date by which document is required to be sealed		
Type of document (e.g., land transfer, lease agreement, deed) Please provide a copy of the document to be sealed		
Parties to the document		
<p>Please Note: The Trust's Standing Orders provide that the common seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts.</p> <p>The seal may only be fixed to a document if the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board or Committee of the Board.</p>		
Has the transaction to which the document relates been approved by the Board	Yes	Provide the date of Board approval:
	No	If no, Board approval will be required. Refer to Board Secretary for advice



GOVERNANCE PRACTICE NOTE 002 MARCH 2022

PRIVATE BOARD AND COMMITTEE MEETINGS

1. The Trust Board and its Committees, other than its Remuneration Committee, conduct as much of its formal business in public as possible to promote openness and transparency. However, some of the business conducted at these meetings may more appropriately need to be considered in private session.
2. Matters relating to the award of contracts, disciplinary matters and matters concerning staff or any identifiable patient information will usually be considered as unsuitable for discussion in public. Other issues are harder to identify in advance. In determining which matters should be reserved for private session, consideration is given to whether the information to be discussed would be exempt from disclosure under the Freedom of Information Act 2000 (FOI Act). If information would be exempt then it is likely that it should be considered during the private session.
3. This practice note outlines the situations most likely to apply to matters considered by the Board and Committees in private session, and the manner in which decisions made in private session are reported in the public session of the Board.

Matters considered appropriate for consideration in private session

4. The matters below relate to exemptions from the FOI Act, however those marked with an * are subject to the public interest test. This means they will only apply if the public interest in withholding the information is stronger than the public interest in releasing it.
 - 4.1. **Investigations into conduct of employees or Board systems that aim at identifying any improper conduct on behalf of staff and/or protecting patients^{1*}.**
Examples may include disciplinary or legal investigations into members of staff, and personal data including patient identifiable information.
 - 4.2. **Drafts of documents, not in final form, which will be published in the future^{2*}.**
Examples may include the draft annual report (which can only be made public once it has been laid before Parliament), or draft consultation documents.
 - 4.3. **Issues, the discussion of which in public would be likely to inhibit the free and frank provision of advice^{3*}.**
Examples may include matters in the initial stages of enquiry; early stages of strategic thinking; sensitive 'live' issues addressed or discussed in recommendations/advice from external organisations.
 - 4.4. **Issues, the discussion of which in public would be likely to prejudice the effective conduct of public affairs^{4*}.**
Examples may include issues the Board is 'working through', where discussion in

¹ FOI s.31(1)(g)

² FOI s.22

³ FOI s.36(2)(b)

⁴ FOI s.36(2)(c)



public may cause concern/alarm, or discussions about future public consultations where the Board wants to manage the timing and manner in which disclosures are made.

4.5. Information containing the personal data of any living patient, staff member or any other person if disclosure would not be fair to that person⁵.

Examples may include reports relating to the conduct of a particular employee, or serious Incident reports relating to a particular (living) patient.

4.6. Information provided in confidence from another person or organisation, if releasing that information would lead to a successful claim for breach of confidence⁶.

Examples may include patient records (including of patients who are no longer living), and some technical information from suppliers.

4.7. Legal professional privilege^{7*}.

Examples may include communications with solicitors and barristers and information created in order to seek legal advice or to help prepare for a legal claim.

4.8. Disclosure of the information would be likely to damage an organisation's commercial interests^{8*}.

Those interests may be those of the Board, one of its suppliers or one of its customers. Examples may include current pricing information contained in contracts or tenders Information that would damage the Board's negotiating position if disclosed.

4.9. Information, disclosure of which is prohibited by law⁹.

An example may be information prohibited from disclosure by Court Order.

5. Special regulations apply to requests for environmental information (the Environmental Information Regulations 2004). Similar exemptions to those outlined above are found in the Environmental Information Regulations. If the information to be discussed by the Board or Committee relates to the Board's estate, emissions, or decisions/policies likely to affect the environment, Directors should seek further guidance from the Board Secretary.
6. The final decision on whether material shall be discussed in private or public session shall be made by the Chair and Chief Executive, having taken advice from the Board Secretary and in accordance with this practice note.
7. The Board Secretary will keep under review the nature and volume of business considered in private to maintain openness and transparency.

Recording and Reporting Matters Considered in Private Session

8. Minutes of public meetings will be approved at the next public session, and minutes of private meetings will be approved at the next private session. Copies of approved

⁵ FOI s.40(2)

⁶ FOI s.41

⁷ FOI s.42

⁸ FOI s.43(2)

⁹ FOI s.44



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Committee minutes are provided to the Board for information, with private minutes in private session of the Board and public minutes in the public session of the Board.

9. When the Board or a Committee meets in private session it must formally report any decisions taken to the next meeting of the Board in public session. With respect to the Board, such decisions will be reported by the Chair in the Chair's report in public session. For Committees, these will ordinarily be reported through the Committee Chair's highlight report to the Board.
10. The Remuneration Committee meets exclusively in private session given the sensitive and confidential nature of its deliberations. Approved minutes of the Committee will be provided to the Board for information in private session, unless in the opinion of the Chair, they contain highly sensitive information. Notwithstanding this, the Remuneration Committee will report on its work through the Chair's Committee Highlight Report, which, depending upon issues of sensitivity and confidentiality, may be presented in public and/or private session of the Board.



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GOVERNANCE PRACTICE NOTE 003 MARCH 2022

CHAIR'S ACTION

1. The Trust Board meets on a bi-monthly basis, however there will be times when urgent issues arise that require the approval of the Board between these scheduled meeting.
2. The Trust's Standing Orders at para 2.1 (see below) provides that such urgent approvals may be made by the Chair and the Chief Executive on behalf of the Board, after first consulting with at least two other Non-Executive Directors. Where the Chair and the Chief Executive are satisfied that a decision cannot wait until the next scheduled meeting and the Director of Finance and Corporate Resources has reviewed the request where financial approvals are sought, the following process will ordinarily be followed:
 - 2.1. An SBAR will be prepared by the relevant Director in the same way as if the matter was to be decided at a scheduled Board meeting. Reasons for urgency must be included in the SBAR.
 - 2.2. Whilst the Standing Orders calls for consultation with at least two Non-Executive Directors, the Board Secretary will circulate the SBAR and the request for Chair's Action to the full Board by email (including Non-Executive Directors, voting and non-voting Directors, and Trade Union partners) to promote transparency.
 - 2.3. The email will include the recommendation(s) for approval and a request for responses within a particular time period. Where possible, that should be at least three working days, however in cases of extreme urgency that may be truncated with the approval of the Chair and Chief Executive.
 - 2.4. Once the deadline has been reached, the Board Secretary will confirm the outcome to the full Board.
 - 2.5. A note of the Chair's Action, together with copies of the email request and responses will be prepared by the Board Secretary and stored on the shared drive for audit purposes.
 - 2.6. The Board Secretary will ensure that a record of the Chair's Action is formally captured in the Chair's Report at the next meeting of the Trust Board for ratification, with such ratification captured in the minutes of that meeting.
3. There may be occasions when the Chair and Chief Executive wish to convene a meeting to consider a Chair's Action request. On such occasions there shall be at least two Non-Executive Directors present, together with the Director of Finance and Corporate Resources, the Board Secretary, and relevant Director.

Extract from Standing Orders:

2.1 Chair's action on urgent matters

- 2.1.1 *There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure*



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that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

- 2.1.2 *Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.*



FINANCE AND PERFORMANCE COMMITTEE REPORT TO PUBLIC TRUST 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 th March 2022
Committee Meeting Date	17 th March 2022
Chair	Emrys Davies

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. The Committee highlights to the Board the pressures that will be placed on the service in Quarter 1 2022/23, in particular April 2022, when the Trust will see the **end of military support**. The Transition Plan (if funded) will not have taken effect at that point, and it is likely there will be continued high handover lost hours which, in February, were 23,214 hours against a commissioning intention of approximately 5,000 hours per month.
2. The Committee reviewed the **2022/25 Integrated Medium Term Plan (IMTP)**, noting that the Board has been closely involved in its development and the financial plan to deliver it through Board Committees and Board Development sessions over recent months. The Committee was updated on continuing financial discussions with Commissioners and Welsh Government to seek to ensure the IMTP is presented to the Board underpinned by a balanced financial plan. These discussions are set to continue in the days following the Committee meeting, therefore the Committee endorsed the 2022/25 IMTP subject to some minor amendment and the inclusion of the financial plan ahead of its approval by the Trust Board at this meeting.
3. The Trust's **Decarbonisation Action Plan** was reviewed and approved by the Committee. The action plan is specifically linked within the 2022/25 IMTP as required by Welsh Government. The Committee draws to the Board's attention the significant volume of work the action plan will generate for the Trust, and the complexity and breadth of actions contained within it. The ownership of actions across all parts of the Trust was noted and will need to be reinforced and considered further during the coming months, especially in the context of a constrained financial position which may impact on the pace and/or scale at which progress can be made.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

4. The **roll-out of 111 to Cardiff and the Vale** from 16th March 2022, resulting in full coverage of the service in Wales, was celebrated.
5. The **Quality and Performance Management Framework** was endorsed by the Committee, noting the engagement in its development through Board Committees and Board Development sessions over recent months. The framework is recommended to the Board for approval at today's meeting, noting that a steering group has been established to manage communications to the organisation on implementation of the framework. The Committee commended the Trust for the development of the



framework and will review implementation in six months.

6. The Committee received the **Operational Update** as a standing agenda item. This report provides helpful context for the Committee in its oversight role for performance, and the Committee noted that the Trust is moving from response to recovery phase from 21st March. The two-week system reset has, thus far, seen little improvement to the pressures.
7. The Committee approved the **Fire Safety Policy**.
8. This was the **last meeting for Emrys Davies**, and he was thanked for his support of the finance and performance agenda both in his position as Chair and prior to that as a Non-Executive Director member. Professor Kevin Davies who attended the meeting was welcomed to the Chair from 1st April 2022.

ASSURE

(Areas of assurance the Committee has received)

9. The Board has the full **Month 11 Financial Report** before it for this Board meeting, however key items the Committee noted included that the Trust is on forecast to deliver financial balance by the end of the financial year, with capital expenditure forecast to be fully spent and the cumulative year to date revenue financial position reporting a small underspend against budget.
10. The Committee reviewed the February 2022 **Monthly Integrated Quality and Performance Report** (MIQPR) which is also before the Board for this meeting. The Committee noted:
 - (a) Challenges around 999 call answering times, however as foreshadowed at the January meeting, 111 call answering performance saw significant improvement in February due to increased capacity and improvements in efficiency.
 - (b) Whilst clinical response times for call backs in one hour continues to perform well, improvements are now being seen for other categories of callers. This is because of significant clinician recruitment efforts.
 - (c) Red and Amber response times have improved supported by a decrease in patient demand, however handover lost hours remains extreme. The capacity, efficiency and demand management actions to address this were discussed and will continue to be monitored by this and other relevant Board Committees. A paper was presented separately to the MIQPR with an analysis of Red activity, noting an increase in total verified incidence from 5% to 10% since November 2017 and the reasons for this. Further focused audits are underway in particular pockets of activity, however the Committee noted that this level of demand will continue for the foreseeable future, and that our Commissioners and Local Health Boards should be made aware of this.
 - (d) Sickness absence remains high at 11.96%. The Board will review the absence management action plan at its March meeting, which will be monitored by the People and Culture Committee.
 - (e) Work is underway to review data input accuracy with respect to postproduction lost hours and the Committee requested a more detailed report and discussion on this at their next meeting.
11. The Committee reviewed performance related to the Trust's **'shift left' ambition**, noting that the 'Consult and Close' rate is exceeding the 10.2% benchmark and is predicted to continue to do so with recent investment into the Clinical Support Desk. The APP model is having a positive impact on conveyance rates.
12. The Committee **reviewed its effectiveness** and approved amendments to its terms of reference, agreeing to expand membership, and the addition of estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response to its oversight responsibilities. A Committee Annual Report is being prepared for the Trust Board.
13. Whilst there were overdue **audit recommendations**, the majority were in hand to be completed in March 2022, with four more completed by July 2022. The recommendation related to 111 service



governance has been extended to March 2023.

14. The Committee agreed a focus on **value based healthcare** in July.

15. **In private session the Committee received an update on Salus and reviewed the Trust's major incident arrangements.** Both items were taken in private due to commercial sensitivities and confidential tactical information being discussed. The Annual Emergency Planning Report submitted to Welsh Government was reviewed, as was the Incident Response Plan and the Clinical Safety Plan. The assurance framework for the Committee on matters related to emergency preparedness, resilience and response will be developed with the cycle of business as one of the priorities for the Committee.

RISKS

Risks Discussed: The Committee noted the suspension of the BAF for three months, however it reviewed the corporate risks in its remit (risks 139, 244, 311, 458, 245, 100, 283 and 424).

New Risks Identified: No new risks were identified.

COMMITTEE AGENDA (PUBLIC)

Operations Quarterly Report	Quality and Performance Management Framework	Monthly Integrated Quality and Performance Report
Red Activity Analysis Report	Deep Dive on Shift Left Activity	Integrated Medium Term Plan
Financial Position for Month 11	2022-23 Budget Setting	Committee Effectiveness Review
Risk Management and Corporate Risk Register	Internal Audit Tracker Report	Decarbonisation Update and plan
Value Based Healthcare	Fire Safety Policy	

COMMITTEE AGENDA (PRIVATE)

111 SALUS implementation update	Assurance for Major Incident Arrangements	
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COMMITTEE ATTENDANCE

Name	13 May 21	22 Jul 21	23 Sep 21	18 Nov 21	20 Jan 22	17 Mar 22
Emrys Davies						
Bethan Evans						
Ceri Jackson						
Joga Singh						
Lee Brooks						
Rachel Marsh						
Chris Turley						
Trish Mills						
Keith Cox	Julie Boalch	Julie Boalch				
Nathan Holman TU						
Robert Morgan TU						
Gareth Price TU						

	Attended
	Sent Deputy
	Apologies
	No longer member



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Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

ACADEMIC PARTNERSHIP COMMITTEE REPORT TO PUBLIC TRUST BOARD

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

Trust Board Meeting Date	24 th March 2022
Committee Meeting Date	8 th March 2022
Chair	Professor Kevin Davies

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. No alerts arose from this meeting.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. The Trust's application for **University Trust Status** has not yet been determined by Welsh Government, however the Trust Board will be further updated at the next meeting.
3. The Committee discussed the **three priority areas** aligned to University Trust Status and proposed that a mapping exercise be carried out to enable the Committee to have overarching oversight of the success of these areas, whilst reducing duplication of assurance with other Committees. It was noted that all three priority areas are included in the IMTP 22-25, those being:

Priority 1: Digitisation Enabling Better Outcomes

Priority 2: Advanced Practice and Specialist Working, Consult and Close and Service Transformation, Including Research

Priority 3: Decarbonisation, Fleet Modernisation and Sustainability

ASSURE

(Areas of assurance the Committee has received)

4. The Committee **reviewed its effectiveness** and approved amendments to its Terms of Reference, agreeing to expand membership and provide clarity with respect to its core duties. A Committee Annual Report is being prepared for the Trust Board. It was noted that the Committee's duties will evolve through the year as will representation from academia. In this regard it was noted that discussions continue with Universities Wales with respect to representation on the Committee.

RISKS

Risks Discussed: The Committee does not have any corporate risks assigned to it at this stage.

New Risks Identified: N/A



COMMITTEE AGENDA FOR MEETING

1. University Trust Status Update	2. Committee Effectiveness Review	3. Trust Priorities aligned with IMTP
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ATTENDANCE

Name	Apr 21	Sep 21	Nov 21	March 22
Kevin Davies				
Paul Hollard				
Martin Turner				
Claire Vaughan		A Challenger		A Challenger
Estelle Hitchon				
Trish Mills				
Duncan Robertson				
Keith Cox				

	Attended
	Sent Deputy
	Apologies
	No longer member



REMUNERATION COMMITTEE TO PUBLIC TRUST BOARD

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

Trust Board Meeting Date	24 th March 2022
Committee Meeting Date	7 th and 21 st March 2022
Chair	Martin Woodford

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. The **National Health Service Trusts (Membership and Procedure) (Amendment) (Wales) Regulations 2022** are due to come into effect on 1st April 2022. The Regulations introduce a statutory Vice Chair position for NHS Wales Trusts, together with an additional voting Director position, bringing that number to six from five. The Committee considered the effect of the Regulations and were asked to consider a change to the designation of one of the Director roles as a voting member of the Board:
 - (a) Vice-Chair: To ensure good governance, the Board appointed Kevin Davies, Non-Executive Director to hold the Vice Chair position from 1 July 2019, notwithstanding this was not a statutory requirement at that time. The Commissioner for Public Appointments has confirmed that Kevin Davies will assume the statutory position when the Regulations come into effect. When his term ends on 31st December 2022 the Trust will recruit to the statutory Vice Chair position.
 - (b) Additional Voting Director: The Committee approved the assignment of the additional Executive Director under the Regulations to the Director of Operations with effect from 1 April 2022.
 - (c) Change of Voting Director: With the appointment of a new Director of Workforce and Organisational Development in the coming months following Claire Vaughan's resignation, the Remuneration Committee considered a request from the Chief Executive for the voting designation of this role to transfer to the Director of Strategy, Planning and Performance portfolio.

When considering this proposal, the Committee noted that both the internal and external environments are now very different to when the current Director designation was endorsed by the Board. Most notably considerable investment in line management capability and capacity has taken place in the last 24 months. Whilst it was recognised that we continue to have work to do to fully develop these new line management structures and individual post holders, it is line managers that will give effect to the cultural development and maturity of our people and our organisation. The Director of Operations holding a voting position and having accountability for the great majority of the workforce will strengthen this.



The Committee reiterated its agreement at recent Board Development last year that WAST operates a unitary Board with all members, whether they are voting or non-voting, having full and unfettered participation rights. It was with this in mind that it was felt the absence of a voting responsibility for the post of Director of Workforce and Organisational Development will not diminish such participation, and that the post will continue to be a vital workforce policy driver.

The rationale for the proposal to transfer the voting post to the Director of Strategy, Planning and Performance includes the need to ensure the optimal deployment of skills, knowledge and experience across the executive team when considered in the context of our unitary Trust Board; the growing importance of the successful delivery of our strategic direction to improving patient safety and the workplace experience for our people; the discharge of our day to day and strategic transformation agenda and to maximise our national and system influence.

Considering the above, the Committee approved the recommendation from the Chief Executive to the reassignment of the Executive Director portfolio from Executive Director of Workforce and Organisational Development to the Director of Strategy, Planning and Performance with effect from 25 April 2022.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. The Welsh Government job evaluation outcome and salary details for the **post of Executive Director of Quality and Nursing** was reviewed by the Committee. The changes to the job description were not substantive and accordingly it has not changed the ESP pay point of Band 10. The Committee approved the process for recruitment with interviews set for the end of April.
3. The Welsh Government job evaluation outcome and salary details for the **post of Director of Workforce and Organisational Development** was reviewed by the Committee. The job description has been refreshed and re-evaluated based at ESP Band 9, which is an increase from the previous ESP Band 8. The job description was based on the role being non-voting. The Committee approved the process for recruitment with shortlisting due to take place in May.
4. Three **Voluntary Early Release Scheme** applications were considered and approved subject to Welsh Government approval.
5. The Committee **thanked Emrys Davies** for his counsel and support to the Committee, given that this was his last meeting.

ASSURE

(Areas of assurance the Committee has received)

6. The Committee **reviewed its effectiveness** and approved amendments to its Terms of Reference, agreeing to expand membership to all Non-Executive Directors and provide clarity with respect to its core duties in line with recent changes to Standing Orders. A Committee Annual Report is being prepared for the Trust Board.
7. The **enhanced pay and annual leave arrangements** were noted for employees covered by the Agenda for Change, Medical and Dental and Executive and Senior Pay terms and conditions, in accordance with the [Welsh Government Pay Circular Letter](#). This includes:
 - A one off non-consolidated additional payment of 1% for those on Agenda for Change bands 1-5
 - Amendment of the bottom spine point for those on Agenda for Change band 2 and the pay point for band 1
 - An additional day's annual leave for all staff.



- A scheme to sell back a proportion of unused annual leave.

RISKS

Risks Discussed: The risks to the removal of the voting status of the Director of Workforce and Organisational Development were discussed and rationale for the change noted above.

New Risks Identified: N/A

COMMITTEE AGENDA MEETING

Job evaluation outcome and update on selection process for Executive Director of Quality and Nursing	Committee Effectiveness Review	VERS Applications
Update on review of Executive Director Job Descriptions	1% pay uplift amendment to pay deal	Job evaluation outcome and update on selection process for Director of Workforce and Organisational Development
Statutory Vice Chair and voting Executive Director positions		

ATTENDANCE All non-executive directors were invited to the March meetings however not all were members previous to that.

Name	Aug 21	Oct 21	Dec 21	7 Mar 22	21 Mar 22
Martin Woodford					
Jason Killens					
Trish Mills					
Claire Vaughan					Part meeting
Emrys Davies					
Kevin Davies					
Bethan Evans					
Paul Hollard					
Ceri Jackson					
Joga Singh					
Martin Turner					
Hugh Parry					
Craig Brown					
Damon Turner					

	Attended
	Sent Deputy
	Apologies
	Not a member at the time or no longer a member.

Annual Audit Report 2021 – Welsh Ambulance Services NHS Trust

Audit year: 2020-21

Date issued: January 2022

Document reference: 2798A2022-23

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

Summary report	
About this report	4
Key messages	5
Detailed report	
Audit of accounts	7
Arrangements for securing efficiency, effectiveness and economy in the use of resources	9
Appendices	
Appendix 1 – reports issued since my last annual audit report	15
Appendix 2 – audit fee	17
Appendix 3 – financial audit risks	18

Summary report

About this report

- 1 This report summarises the findings from my 2021 audit work at the Welsh Ambulance Services NHS Trust (the Trust) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Trust, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 This year's audit work took place at a time when public bodies continued responding to the unprecedented challenges presented by the COVID-19 pandemic, whilst at the same time recovering services. My work programme was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services. I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. On-site audit work continues to be restricted, and we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 4 As was the case in 2020, the delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of considerations for financial statements arising directly from the pandemic. The success in delivering it reflects a great collective effort by both my staff and the Trust's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. My programme of work has provided focus on themes, lessons and opportunities relating to NHS governance and NHS staff wellbeing. I have reviewed the Test, Trace, Protect programme and the rollout of the COVID-19 vaccine. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery.

- 6 This report is a summary of the issues presented in more detailed reports to the Trust this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2021 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2021 Audit Plan and how they were addressed through the audit.
- 9 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We are presenting it formally to the Audit Committee at its meeting on 3 March 2022 and it will later be received by the Trust Board at its meeting on 24 March 2022. We strongly encourage the Trust to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank the Trust's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 11 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Trust's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts in note 24 relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government.
- 12 I brought several issues to the attention of officers and the Audit Committee, which I will review and monitor as part of my audit of the 2021-22 accounts.
- 13 I identified no material financial transactions within the Trust's 2020-21 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2020-21 accounts.
- 14 The Trust achieved financial balance for the three-year period ending 31 March 2021. The Trust has an approved three-year plan in place. I placed a substantive report on the Trust's financial statements to set out further detail on the Emphasis of Matter paragraph that I included in my audit opinion. While I did not modify my audit opinion in respect of this matter, I did place a substantive report on the Trust's financial statements.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 15 My programme of Performance Audit work has led me to draw the following conclusions:
- the Test, Trace, Protect programme is making an important contribution to the management of COVID-19 in Wales. Whilst the programme struggled to cope with earlier peaks in virus transmission, it has demonstrated an ability to rapidly learn and evolve in response to the challenges it has faced.
 - the COVID-19 vaccination programme in Wales has been delivered at significant pace with local, national and UK partners working together to vaccinate a significant proportion of the Welsh population. A clear plan is now needed for the challenges which lie ahead.
 - all NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.
 - the Trust has continued to adapt and refine its planning approach to respond to new requirements, the challenges of the COVID-19 pandemic and maintain oversight of its long-term ambitions. However, as a result of operational pressures some aspects of monitoring and reporting of plan progress were paused or altered during the year and there is scope to clarify these arrangements going forward.
 - the Trust continues to improve governance and risk management arrangements. However, internal and external factors are putting services under severe pressure which presents risks to patient safety and delivery of agreed plans for service transformation.
 - the Trust continues to meet its financial duties and has appropriate arrangements for monitoring and reporting its finances.
- 16 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 17 This section of the report summarises the findings from my audit of the Trust's financial statements for 2020-21. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 18 My 2021 Audit Plan set out the financial audit risks for the audit of the Trust's 2020-21 financial statements. **Exhibit 4** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.
- 19 My responsibilities in auditing the Trust's financial statements are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2020-21 financial statements

- 20 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Trust's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts relating to note 24 of the financial statements which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. I did not qualify my audit opinion in respect of this matter.
- 21 I brought several issues to the attention of officers and the Audit Committee which are summarised in **Exhibit 1** below.
- 22 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Trust's Audit Committee on 3 June 2021. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	<p>There is one misstatement identified within the accounts, which remains uncorrected.</p> <p>Note 23 provisions 'other provisions' is overstated by £134,000. Our review determined that the conditions of the provision, for potential staff exit packages, does not comply with those required by International Accounting Standard (IAS) 37 'Provisions Contingent Liabilities and Contingent Assets' and therefore should not have been included within the financial statements.</p>
Corrected misstatements	<p>There were initially misstatements in the accounts that were corrected by management.</p>
Other issues	<ul style="list-style-type: none">• Assets under construction: we reported the need for the Trust continue to review and strengthen their processes to record and monitor assets under construction.• Defibrillators: we reported the need for the Trust to be able to easily identify the existence and location of all defibrillators held on the fixed asset register.• Inventories: we recommended that the Trust prepare clear and accurate working papers to support the value of inventories within the financial statements.

- 23 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Trust's financial position at 31 March 2021 and the return was prepared in accordance with the Treasury's instructions.
- 24 My separate independent examination of the charitable funds financial statements is complete with no issues arising.

Regularity of financial transactions

- 25 I identified no material financial transactions within the Trust's 2020-21 accounts that were not in accordance with authorities or not used for the purpose intended,

and so I issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2020-21 accounts.

- 26 The Trust's financial transactions must be in accordance with the authorities that govern them. It must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Trust does not have the powers to receive or incur.
- 27 The Trust achieved financial balance for the three-year period ending 31 March 2021. The Trust has an approved three-year plan in place. I have the power to place a substantive report on the Trust's accounts alongside my opinions where I want to highlight issues. I placed a substantive report on the Trust's 2020-21 accounts to set out more detail on the Emphasis of Matter paragraph in my audit opinion.

Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 28 I have a statutory requirement to satisfy myself that the Trust has proper arrangements in place to secure efficiency, effectiveness and economy in the use of resources. I have undertaken a range of performance audit work at the Trust over the last 12 months to help me discharge that responsibility. This work has involved:
- examining how NHS bodies have responded to the challenges of delivering the Test, Trace, Protect programme;
 - reviewing how well the rollout of the COVID-19 vaccination programme was progressing;
 - reviewing how NHS bodies supported staff wellbeing during the COVID-19 pandemic; and
 - undertaking a phased structured assessment of the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively and economically.
- 29 My conclusions based on this work are set out below.

Test, Trace, Protect programme

- 30 My work examined how public services responded to the challenges of delivering the Welsh Government's Test, Trace, Protect Programme (TTP). As well as commenting on the delivery of TTP up to and including December 2020, my report set out some key challenges and opportunities that will present themselves as part of the ongoing battle to control COVID-19.

- 31 I found that the different parts of the Welsh public and third sector had worked together well together to rapidly build the TTP programme. The configuration of the system blended national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.
- 32 Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these arrangements proved challenging in the face of increasing demand.
- 33 Despite increased testing and tracing activity, the virus continued to spread, and as in other parts of the UK and internationally, testing and tracing have needed to be supplemented with local and national lockdown restrictions in an attempt to reduce transmission rates.
- 34 While a range of support mechanisms exist, it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate.

Vaccination programme

- 35 My audit focused on the rollout of the COVID-19 programme in Wales up to June 2021, the factors that affected the rollout and future challenges and opportunities.
- 36 The vaccine programme has delivered at significant pace. At the time of reporting, vaccination rates in Wales were the highest of the four UK nations, and some of the highest in the world. The milestones in the Welsh Government's vaccination strategy provided a strong impetus to drive the programme and up to the time of reporting, the key milestones had been met.
- 37 The UK's Joint Committee on Vaccination and Immunisation guidance on priority groups was adopted but the process of identifying people within some of those groups has been challenging.
- 38 The organisations involved in the rollout have worked well to set up a range of vaccination models which make the best use of the vaccines available, while also providing opportunities to deliver vaccines close to the communities they serve.
- 39 Overall vaccine uptake to the time of reporting was high, but there was a lower uptake for some ethnic groups and in the most deprived communities. At the time of the audit, vaccine wastage was minimal, but concerns were emerging about non-attendance at booked appointments.
- 40 The international supply chain is the most significant factor affecting the rollout, with limited vaccine stock held in Wales. However, increasing awareness of future supply levels was allowing health boards to manage the vaccine rollout effectively.
- 41 As the programme moved into the second half of 2021, challenges presented themselves around encouraging take-up amongst some groups, vaccine workforce resilience and venue availability. A longer-term plan is needed to address these and other elements of the ongoing vaccination programme.

How NHS bodies supported staff wellbeing during the COVID-19 pandemic

- 42 My review considered how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.
- 43 NHS staff have shown tremendous resilience and dedication throughout the pandemic, despite facing huge strains to their mental and physical health.
- 44 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic, and the crisis has highlighted the importance of supporting the mental and physical health of the NHS workforce. Through my Structured Assessment work, I found that NHS bodies moved quickly at the beginning of the pandemic to enhance wellbeing initiatives to support staff through unprecedented times. As the pandemic unfolded, I found that NHS bodies in Wales implemented a range of measures to improve staff wellbeing, such as creating dedicated rest spaces, increasing mental health and psychological wellbeing provision, enhancing infection and prevention control measures, and enabling remote working.
- 45 My work also looked at how NHS bodies in Wales protected staff at higher risk from COVID-19. Amongst other safeguarding initiatives, I found that all bodies rolled out the All-Wales COVID-19 Workforce Risk Assessment Tool which identifies those at a higher risk and encourages a conversation about additional measures to be put in place to ensure staff are adequately protected. Although NHS bodies promoted and encouraged staff to complete the assessment tool, completion rates varied between NHS bodies.
- 46 While the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short term, the longer-term impacts cannot be underestimated.
- 47 With a more emotionally and physically exhausted workforce than ever, NHS bodies in Wales must maintain a focus on staff wellbeing and staff engagement to navigate through the longer-term impacts of the crisis. My report, therefore, is accompanied by a checklist which sets out some of the questions NHS Board members should be asking to ensure their health bodies have good arrangements in place to support staff wellbeing.

Structured assessment

- 48 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they continue to respond to the pandemic. My team undertook the work into two phases this year:

- phase 1 considered the planning arrangements underpinning the development and delivery of the operational plan for quarters three and four of 2020-21.
- phase 2 considered how corporate governance and financial management arrangements adapted over the year. Auditors also paid attention to progress made to address previous recommendations.

Operational planning arrangements

- 49 My work considered the Trust's operational planning arrangements underpinning the operational plan for quarters three and four of 2020-21. The planning framework covered the maintenance of effective and efficient operational planning arrangements in health bodies to guide their response to the pandemic as well as responding to winter pressures and laying the foundations for effective recovery of services.
- 50 My work found that the Trust has continued to adapt and refine its planning approach to respond to new requirements, the challenges of the COVID-19 pandemic and maintain oversight of its long-term ambitions. However, as a result of operational pressures, some aspects of monitoring and reporting of plan progress were paused or altered during the year and there is scope to clarify these arrangements going forward.
- 51 The Trust made a number of changes to the way it has planned during the pandemic to be able to react and respond to the challenges it faces. These included teams ('cells') that focussed on specific challenges, supported rapid decision making and informed the shorter-term planning cycles used during the year. The Trust's planning approach:
- responded to external challenges of responding to rapidly changing need for services;
 - supported internal factors such as the need to support staff-wellbeing; and
 - maintained focus on the longer-term need to transform services.
- 52 Since my initial phase 1 work, the Trust has developed its Integrated Medium Term Plan (IMTP) for 2021-2024 and is in the process of delivering it. However, pressures on ambulance services are resulting in a need to prioritise some aspects of this year's element of the plan, leaving other areas potentially delayed into next year.
- 53 During the early stages of the pandemic, some of the routine arrangements to monitor and track progress against delivery of plans, such as the Strategic Transformation Board were stood down. When I reported the phase 1 work, the Trust started to strengthen those arrangements again, with plans to bolster them supported by a Transformation Support Office, and in September 2021 revised the Terms of Reference for the Strategic Transformation Board to clarify roles and accountabilities. Progress is now reported to the Finance and Performance Committee in an IMTP Tracker and Delivery Assurance Report.

Governance arrangements

- 54 My work considered the Trust's ability to maintain sound governance arrangements while having to respond to the unprecedented challenges presented by the pandemic. The key focus of the work has been the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We also considered how business deferred in 2020 was reinstated and how learning from the pandemic is shaping future arrangements for ensuring continued good governance and recovery.
- 55 I found that the Trust continues to improve governance and risk management arrangements. However, internal and external factors are putting services under severe pressure, which presents risks to patient safety and delivery of agreed plans for service transformation.
- 56 My work found that, overall, the Trust has continued to operate its governance arrangements appropriately, with the Board and its committees discharging their requirements. A range of activities are helping the Trust refine and improve arrangements further, including use of a committee self-assessment and board development programme. The Trust is also taking further steps to strengthen its risk management arrangements and its Board Assurance Framework.
- 57 While the governance arrangements are continuing to develop and refine, the Trust is finding itself under extreme service pressures. High levels of demand, including increased demand for 'red' calls are combined with increased pressure in wider hospital and social care settings, which is affecting hospital patient flow and resulting in prolonged handover delays. These external pressures alongside internal challenges relating to staff sickness absence, capacity planning and current working practices present higher risks of service users coming to harm.

Managing financial resources

- 58 I considered the Trust's financial performance, financial controls and arrangements for monitoring and reporting financial performance. I found that the Trust continues to meet its financial duties and has appropriate arrangements for monitoring and reporting its finances.
- 59 The Trust met its financial duties for 2020-21 and whilst it is reporting it is on track to achieve breakeven in 2021-22, it will need to closely monitor achievement of savings plans. The Trust made a small surplus of £0.07 million in 2020-21 against operating expenditure of £241.8 million. It delivered £4.3 million in savings during that financial year and the £13.8 million of COVID-19 costs were covered by the Welsh Government.
- 60 For the current year, the Trust is forecasting a balanced position between revenue and expenditure. The Trust is continuing to make the assumption that this year's COVID-19 costs will again be covered by the Welsh Government and is in regular dialogue on the latest financial position and forecasts. The year-to-date savings

performance is currently exceeding expectations, but there will be a need to maintain focus on this for the remainder of the year.

I also found that the Trust has effective financial controls, suitable arrangements for preventing and detecting fraud, and improved processes for signing off COVID-19 expenditure.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Trust in 2021.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2021
Opinion on the Financial Statements	June 2021
Performance audit reports	
Doing it Differently, Doing it Right? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS governance during COVID-19)	January 2021
Test, Trace, Protect in Wales: An Overview of Progress to Date	March 2021
Rollout of the COVID-19 vaccination programme in Wales	June 2021
Taking care of the carers? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS staff wellbeing during COVID-19)	October 2021
Structured Assessment 2021: Phase 1 Operational Planning Arrangements	May 2021
Structured Assessment 2021: Phase 2 Corporate Governance and Financial Management Arrangements	November 2021

Report	Date
Other	
2021 Audit Plan	March 2021

My wider programme of national value for money studies in 2021 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: audit work still underway

There are a number of audits that are still underway at the Trust. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled care	Phase 1 – February 2022 Timing of further work included as part of the 2022 plan still to be confirmed.
Independent Examination of the Charitable Funds Financial Statements	Completed January 2022
Quality Governance	March 2022

Appendix 2

Audit fee

The 2021 Audit Plan set out the proposed audit fee which was to be confirmed due to ongoing discussions on the audit of the Charitable Funds accounts. An independent examination of the charitable funds accounts was agreed with the Trustees, so the overall fee is in line with the prior year of £151,618, (excluding VAT). My latest estimate of the actual fee is in keeping with this fee.

Appendix 3

Financial audit risks

Exhibit 4: financial audit risks

My 2021 Audit Plan set out the financial audit risks for the audit of the Trust's 2020-21 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	<p>I will:</p> <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for biases;• evaluate the rationale for any significant transactions outside the normal course of business; and• add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.	The work was carried out as proposed. We did not identify any issues.

Audit risk	Proposed audit response	Work done and outcome
<p>NHS Trusts have a financial duty to break even over a three-year rolling period. Although the Trust is forecasting a break-even position for the year-end, this duty increases the risk that management judgements, and estimates included in the financial statements, could be biased in an effort to achieve the financial duty. If the Trust fails to meet the three-year resource limits for revenue and/or capital, I would expect to qualify my regularity opinion on the 2020-21 financial statements. I may also place a substantive report on the financial statements to explain the basis of the qualification and the circumstances under which it had arisen.</p>	<p>My audit team will focus its testing on areas of the financial statements which could contain reporting bias such as judgements and estimates.</p>	<p>The work was carried out as proposed. We did not identify any issues.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>The COVID-19 national emergency continues and the pressures on staff resources and of remote working may impact on the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>I will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and monitor the accounts preparation process. I will help to identify areas where there may be gaps in arrangements.</p>	<p>The work was carried out as proposed. We did not identify any issues.</p>
<p>The increased funding streams and expenditure in 2020-21 to deal with the COVID-19 pandemic will have a significant impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include fraud, error, and regularity risks of additional spending; valuation of year-end inventory, including Property, Plant and Equipment (PPE); and estimation of annual leave balances.</p>	<p>I will identify the key issues and associated risks and plan our work to obtain the assurance needed for our audit.</p>	<p>The work was carried out as proposed. We did not identify any issues.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year I included an 'Emphasis of Matter' paragraph in my audit opinion drawing attention to your disclosure of the contingent liability. However, if any expenditure is made in-year, I would consider it to be irregular as it contravenes the requirements of 'Managing Welsh Public Money'.</p>	<p>I will review the evidence one year on in respect of the take-up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.</p>	<p>The work was carried out as proposed. No expenditure was incurred by the Trust. The Trust included the contingent liability in line with the prior year and we drew the reader's attention to this disclosure in an Emphasis of Matter paragraph in the audit report.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>Relevant auditing standards require auditors to attend and validate year-end stock balances where these balances are deemed material to the financial statements.</p> <p>Due to the impact of the COVID-19 pandemic and the statutory lockdown arrangements, we will be unable to observe and re-perform parts of the Trust's count of its inventories on 31 March 2021.</p> <p>Unless I can obtain the required audit assurance by alternative means, I would therefore be unable to determine whether the Trust's reported year-end inventory balance is materially true and fair, ie I would need to qualify my opinion.</p>	<p>We will assess the Trust's year-end stock balances, particularly from a materiality context.</p> <p>If we need to qualify our opinion, it is important to emphasise that qualification would not be due to shortcomings in the Trust's systems or actions, but because of the impact of COVID-19 on one of our key audit procedures.</p>	<p>The work was carried out as proposed.</p> <p>The Trust's year-end stock values were below the materiality set on the financial statements.</p> <p>We did identify some issues regarding the documentation and working papers supporting the values in the financial statements and reported these within our Audit of Accounts report.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>I reported within my Audit of Accounts Report 2019-20 my concerns over the level of Assets Under Construction (AUC) brought forward on 1 April 2019 that remained as AUC on 31 March 2020.</p> <p>We issued a recommendation within our Final Accounts Action Plan around the monitoring and recording of such expenditure to ensure assets are operationalised as soon as possible and to minimise the risk of obsolescence of the expenditure.</p>	<p>We have agreed a planned approach with officers in terms of how supporting documentation and evidence will be provided by the Trust to support the year-end AUC balances.</p> <p>We will review the audit evidence provided to gain assurance on the expenditure classified as AUC on 31 March 2021.</p>	<p>The work was carried out as proposed.</p> <p>We did identify some issues regarding the documentation provided to audit to support capital accruals and also difficulties in identifying the existence and location of some defibrillators held on the fixed asset register.</p> <p>We reported these matters within our Audit of Accounts report.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>I audit some of the disclosures in the Remuneration Report, such as the remuneration of senior officers and independent members, to a lower level of materiality. The disclosures are therefore inherently more prone to material misstatement.</p> <p>A number of changes have taken place to the senior management team and non-executive directors during the financial year. There is a risk that these changes are not correctly disclosed within the Trust's Remuneration Report.</p>	<p>I will review all entries in the Remuneration Report to verify that the Trust has reflected all known changes to senior positions, and that the disclosures are complete and accurate.</p> <p>I will also seek appropriate assurances from the Trust's Remuneration Committee which intends to review the Trust's draft Remuneration Report before it is presented to us for audit.</p>	<p>The work was carried out as proposed.</p> <p>Amendments were agreed with the Trust to ensure the final remuneration report was accurate and disclosures complied with the requirements of the NHS Manual for Accounts.</p>



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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 17 JANUARY 2022 VIA TEAMS

PRESENT:

Kevin Davies	Chairman & Non Executive Director
Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Jill Gill	Head of Financial Accounting
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Non Executive Director
Trish Mills	Board Secretary
Hugh Parry	TU Partner
Michelle Phoenix	Audit Manager, Audit Wales
Chris Turley	Director of Finance and Corporate Resources
Caroline Jones	Corporate Governance Officer

APOLOGIES:

Lee Brooks	Director of Operations
Claire Vaughan	Director of Workforce and OD

01/22 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and noted apologies from both the Director of Operations and the Director of Workforce and OD.

02/22 DECLARATIONS OF INTEREST

The standing declarations below were noted:
Professor Kevin Davies - Trustee of St John Ambulance Cymru;
Emrys Davies - A retired member of Unite; and
Ceri Jackson – Stroke Association Trustee.

RESOLVED: That the standing declarations as described above be NOTED.

03/22 MINUTES OF PREVIOUS MEETING

The Minutes of 4 November 2021 were approved as a correct record.

RESOLVED: That the minutes be approved as a correct record.

04/22 ACTION LOG

The committee noted that both actions 15/21b and 18/21 were not yet due. These related to the bid to NHS Charities Together and the digitisation of the bursary process.

The Director of Partnerships and Engagement updated members on action 25/2, the consultancy post to conduct a strategic review. A glitch in the online system had been identified. The Director, following engagement with shared services, proposed an extension to closing date by one week, with additional communication circulated for any interested parties to contact the communications team. The action could be closed.

Action 26/21 appeared as an agenda item to be discussed.

Action 28/21 was closed with the delegated limits from the Charitable Funds Committee to the Bids Panel updated within the scheme of delegation.

05/22 CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS FOR 2020/2021

The Director of Finance and Corporate Resource apprised the Committee on the background and position to date in receiving and reviewing the annual report and accounts, noting that in November the Trust Board was alerted to the fact that the Committee agreed for Audit Wales to undertake an independent review of the accounts, as opposed to a full audit, due to their resource constraints. The Audit fee had been amended within the final version of the accounts to reflect this.

The accounts for the charity were presented following an independent review by Audit Wales and were recommended to the Board of Trustees for approval. These would then be presented to the Auditor General for signing, prior to submission to the Charities Commission by the deadline of 31 January 2022.

RESOLVED: That the Committee endorsed the annual report and accounts for approval by the Board, prior to being submitted to the Charities Commission by 31 January 2022.

06/22 AUDIT WALES REPORT

Michelle Phoenix from Audit Wales confirmed that an independent review of the accounts had been undertaken in line with the charities regulations 2008, and noted that no area of concerns had been identified.

RESOLVED: That no areas of concern during the independent review of the charitable accounts for 2020/202, were identified.

07/22 ANY OTHER BUSINESS

It was noted that the annual review could be a key fundraising tool to bolster visibility and fundraising potential going forward, together with the statutory and mandatory elements that must be reported on.

08/22 KEY MESSAGES FOR BOARD

- 1) No areas of concern were identified through the independent review process of the 2020/21 accounts.
- 2) The 2020/21 accounts and annual report be recommended to the Trustees for approval
- 3) The glitch identified in the online recruitment advert for the consultancy post, resulted in extending the deadline by one week.

09/22 Date of next meeting: 10 February 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 16 November 2021 VIA TEAMS

PRESENT:

Bethan Evans	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Corporate Governance (joined for Items 10 and 11 only)
Lee Brooks	Director of Operations
Craig Brown	TU Partner
James Gough	Head of Quality Improvement
Nikki Harvey	Head of Safeguarding
Leanne Hawker	Head of Patient Experience and Community Involvement
Andy Haywood	Director of Digital
Wendy Herbert	Assistant Director of Quality and Nursing and Patient Experience
Stephen Johnson	Patient Safety/Clinical Risk Manager
Alison Kelly	Business and Quality Manager
Joseph Lewis	Service Manager, Non Emergency Patient Transfer Service North Wales
Dr Brendan Lloyd	Executive Medical Director (Left meeting after item 16)
Rachel Marsh	Director of Strategy and Planning
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	TU Partner
Angela Roberts	TU Partner
Claire Roche	Executive Director of Quality and Nursing
Andy Swinburn	Associate Director of Paramedicine
Gareth Thomas	Patient Experience and Community Involvement Manager
Duncan Robertson	Assistant Director of Research, Audit and Service Improvement (North)
Rachel Wright	Patient Carer Experience Lead (Betsi Cadwaladr University Health Board (Left meeting after Patient Experience)

45/21 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone. Attendees were advised that the meeting was being audio recorded. The Chair referred the Committee to Emrys Davies' declaration of interest as a retired member of UNITE, Professor Kevin Davies as a Trustee of St John Wales and Ceri Jackson as a Trustee of the Stroke Association.

Minutes

The minutes of the meeting held on 9 September 2021 were confirmed as a correct record.

The action log was considered:

Reference: 16/21 - To provide an update on the viability of Community First Responders to administer pain relief. An update was received from Andy Swinburn: Confirmation from the Chief Pharmaceutical Officer had been received for Community First Responders to administer pentrox. Two Business cases were being developed; one was to reconfigure the Omnicell cabinets (readjust for pentrox inclusion) and one from the revenue perspective (purchasing of pentrox). The latter business case would be funded internally. To remain on the Action log.

Reference: 33/21 - Quarterly Quality Assurance Report (QAR), further information be included to reflect patient outcomes in more detail: The QAR and Monthly Integrated Performance Report (IPR) have transitioned into a single Committee Item. The Quarter Quality Report details patient waits, to complement the monthly dataset provided. Further analysis of longest waits will be detailed within the revised Quarterly Quality report. Action Closed.

Reference 37/21 - Risk Management and Board Assurance Framework, have additional risks from ID 223 and ID 224 such as staff sickness been evaluated. Trish Mills advised a deep dive on this subject would be conducted at the People and Culture Committee, adding that a report would be presented to the Audit Committee in relation to the risk improvement programme. Action Closed.

Reference 40/21 – Health and Safety Quarterly updates to include fire safety information: Jonathan Turnbull-Ross advised that the Estates Department had confirmed that fire non-conformance/performance information would be provided to the Health & Safety Committee on a quarterly basis; activities of the Committee will be reported through a Health and Safety Quarterly report to Committee. Additionally, the Executive Management Team will discuss alignment and reporting of wider Estates department responsibilities (gas, electric, asbestos, water management) to ensure assurance to the Board. Action Closed.

RESOLVED: That

- (1) the Minutes of the Open meeting held on 9 September 2021 were confirmed as a correct record;**
- (2) the standing declarations of Mr Emrys Davies as a retired member of UNITE, Professor Kevin Davies as a Trustee of St John Wales and Ceri Jackson as a Trustee of the Stroke Association were noted; and**
- (3) consideration was given to the Action Log as described above.**

46/21 OPERATIONS UPDATE

Lee Brooks in presenting the report drew attention to the following areas:

1. Pandemic response, Senior Pandemic Team meetings had been restored
2. Military support; the Military Aid to Civil Authorities (MACA) would remain active until 30 November. This support contributed to around 10 -12% of the Emergency Ambulance production. This was clearly having a tangible and positive effect. An extension for MACA beyond November 30 had been submitted and was a repeat of the original request; 251 soldiers. A decision was still awaited.
3. In terms of red performance, there were signs of improvement. Amber performance, on average patients were now waiting less time and for green, the wait was slightly longer
4. The Trust had today deescalated from Resource Escalation Action Plan (REAP) 4 to REAP 3. The main reason for this was the additional capacity being provided by the military.
5. With regards to the 36 paramedics for the Clinical Support Desk, 50% had been achieved thus far.
6. The additional capacity for 999 call handlers should be realised in January 2022
7. In terms of Non Emergency Patient Transfer Service (NEPTS) activity, work was being developed to further enhance the overall quality of the service.
8. Organisational change within the Operations Directorate was now almost complete with many of the senior posts appointed.
9. In readiness for Winter the seasonal exercise had been completed and this included better management of duplicate calls

Comments:

1. When was the Trust expecting an answer regarding Military support? Lee Brooks explained at this stage it was not yet known.
2. If military support was not approved what impact would that have on the Trust? Lee Brooks explained that should this not been approved, inevitably patients will wait longer, the degree of the delay will be dictated by the activity.

47/21 STAFF EXPERIENCE

Prior to hearing the story, Leanne Hawker introduced Rachel Wright the Patient and Carer Experience Lead in Betsi Cadwaladr University Health Board and Joseph Lewis, the Service Manager for Non Emergency Patient Transfer Service (NEPTS) in North Wales.

Rachel Wright explained that this story expressed the personal view of NEPTS from Mr Parry's perspective, a dialysis patient who frequently used the service. Rachel stressed that Mr Parry had not made a complaint and had contacted the Patient Advise and Liaison Service at BCUHB to see if there was any flexibility in changing the dates and times he attended for dialysis

In the video, Mr Parry and his wife conveyed their thanks to the dialysis team for their continued work and making his life much easier. He explained that currently he attended dialysis in Glan Clwyd hospital three times a week in the morning and wanted to change this to afternoons, especially in the Winter. Mr Parry added that he lived on high ground and access to his house was via narrow and hilly roads and on winter mornings these roads became treacherous at times

Also in the video, Liz Cariello, the Dialysis Unit Manager at Glan Clwyd gave an overview of the dialysis shifts which ran from Mondays to Saturdays at various times. There were several challenges in coordinating the patients' needs and attributing the most suitable transport to meet those needs. For patients who required a dedicated crew, transport was only available on the afternoons of Monday, Wednesday and Friday. Whilst every effort was made to ensure the patient's and their family's needs were met, this was not currently possible as the six day service did not exist. Liz added that the lack of the six day service impacted on staff at the unit placing additional work on them. Liz referred to initiatives such as the home therapies team and self-care at Glan Clwyd hospital both of which gave the patients more independence. She reinforced the benefits of having a six day service which would enhance patient satisfaction and safety

Joseph Lewis informed the Committee on the work undertaken in partnership with the renal network and the local dialysis unit in BCUHB. In terms of the six day service this would require additional funding and this was being considered going forward.

Leanne added that this particular story demonstrated an excellent example in terms of having a once for Wales approach in experience and story-telling. Going forward, a once for Wales platform was being developed to illustrate stories like this on a collaborative basis

Claire Roche stressed the importance of sharing stories between organisations adding it had been a catalyst for change

Comments:

Was the Trust and BCUHB working together on value based healthcare? Rachel Wright advised that collaborative and value based work was welcomed and would liaise with Leanne to develop this going forward.

The Committee welcomed the positive story and suggested that the Trust should continue to pursue the possibility of providing six day cover in respect of dialysis patients

RESOLVED: That the patient experience was noted.

48/21 QUALITY STRATEGY PROGRESS REPORT – QUARTER TWO, 2021/2022

Jonathan Turnbull-Ross presented the report as read and drew attention to the following highlights:

1. There have been several Welsh Government workshops around the Duty of Quality and Candour.
2. The Patient Experience and Community Involvement (PECI) Team continue to champion the integration of the citizens voice.
3. The challenges of the Covid-19 continue to have an impact on the Trust in terms of capacity and demand issues and high staff sickness levels.

4. A draft quality strategy action plan was in development but still required further engagement.

Comments:

1. Following a query in terms of external partnership, Claire Roche added that developing external partnerships was part of the of the Trust's strategic ambition going forward. Rachel Marsh added that the work on the Board strategy group would focus on engaging with external partners.
2. Jonathan gave further details on the internal aspects including the quality performance management framework which would be key in developing the quality strategy going forward.

RESOLVED: That the

- (1) Committee received the report and noted the progress being made with the implementation of the Quality Strategy; and**
- (2) It was agreed that Jonathan Turnbull-Ross would provide an update on the feedback from internal engagements at the next meeting**

49/21 SAFEGUARDING ANNUAL REPORT – 2020-2021

Nikki Harvey explained that the Safeguarding Annual Report provided evidence on how the Trust had performed during the 2020-2021 period in relation to safeguarding people in its care.

The following headlines were drawn out for the Committee's attention:

1. Covid-19. This had a huge impact and there had been increased vulnerability for children and adults at risk of abuse.
2. A new system had been developed allowing staff to refer direct to the relevant local authority.
3. The introduction of the Coronavirus Act 2020 had relaxed certain obligations and enhanced multi agency working.
4. It was noted that safeguarding concerns had increased during periods of lockdown.
5. Safeguarding training for staff had achieved very high compliance

Comments:

1. Members acknowledged the well written report and noted the improvement in developing safeguarding. The Committee noted the work of staff during the pandemic and also the positive impact that the use of iPads had in reporting safeguarding incidents.
2. In terms of the breakdown of cases by age profile was there a correlation with that and the population percentage of those age groups? It was agreed that Nikki would highlight this demographic in next years' report.

3. Why was the report in November? Nikki Harvey advised of the significant delay, which was purely due to the pandemic. Going forward the reporting dates will be considered for next year.
4. Members welcomed the positive staff compliance rates in respect of training.
5. In terms of health board areas, was there a consistent level of understating from staff, in particular in the Cwm Taf area? Nikki explained that work was ongoing to address this.

RESOLVED: That the Committee approved the report.

50/21 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) HIGHLIGHT REPORT

Leanne Hawker presented the report as read and highlighted the following points:

1. One of the main themes of the feedback from patients was the long wait for ambulances.
2. Other themes included the frustration in accessing other services, particularly in primary care.
3. Patients were also confused as to which service to call; noting in some cases they were being signposted to 999 but did not feel this was appropriate.
4. My Health Online was now and had been for some time, in the top search terms on the NHS Website.
5. A series of online sessions were scheduled to showcase different elements of the NHS 111 website, information for carers and guidance for mental health and wellbeing support

Comments:

1. In terms of the challenges faced by some older people in accessing digital platforms, how was the Trust addressing the issue? Leanne explained that the Trust was working with other colleagues across Wales to reach out those not on line.
2. Andy Haywood updated the Committee on the new functionality with the Trust's website; which included making the symptom checker more accessible. Andy Haywood agreed to provide an update at the next meeting.
3. In respect of the responses to the NEPTS patient experience survey, the Committee queried the low response from Cwm Taf Health Board. Leanne Hawker agreed to liaise with NEPTS colleagues for more information

RESOLVED: That the report was approved for release to the NHS Wales Patient Experience Network; WAST People & Community Network and external stakeholders; and noted and supported the actions being taken forward.

51/21 COMMITTEE ASSURANCE REPORT

Julie Boalch presented the report as read. In respect of detail from the report the Committee were apprised of the following:

1. There had been no significant activity on the five risks assigned to the Committee for oversight. The risks had been reviewed by the Executive Management Team and the Assistant Directors Leadership Team.
2. Members were given assurance that each of the corporate risks were undergoing a full review; with priority on the highest scoring risks. Prior to the next meeting the highest rating risks would receive further attention, particularly on the articulation of the risk.
3. A proposal paper was being submitted to the Audit Committee highlighting the need to recruit a risk officer.

Comments:

There was a query on risk 224 in that it appeared it had not been reviewed for some time. Julie Boalch gave assurance this had been reviewed recently and would update the report accordingly.

RESOLVED: That the Committee noted, discussed and highlighted any concerns.

52/21 INTERNAL AUDIT TRACKER REPORT

Julie Boalch took the report as read and drew attention to the following key points:

1. There were currently 22 recommendations assigned to the Committee for oversight.
2. Five of these were high priority and none of these were overdue at this time.
3. There was one longstanding overdue recommendations from 2019/20 which was in relation to the once for Wales concerns system; this system had been postponed until April 2022.
4. The report highlighted there were three recommendations overdue, however one has since been marked as complete.
5. Each recommendation continues to be reviewed in detail.

RESOLVED: That

- (1) the Committee noted and considered the contents of the report; and**
- (2) considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Quest.**

53/21 OLDER PERSONS FRAMEWORK

James Gough provided the Committee with a PowerPoint presentation which outlined details of the Older Persons Framework.

1. The Older Persons Framework would ensure that the Trust was able to remain responsive to the changing needs of older people.
2. The Framework recognised there were five key elements which included
 - a. Access, this would focus on how the Trust could improve how older people access its services
 - b. Assessment and Action, how the Trust will improve its assessment and outcomes
 - c. Working Together, this involved how to identify opportunities in collaborative work to improve overall outcomes for older people
 - d. Ageing Well, This would focus on the development and the delivery of services helping Wales in its ambition to be the best place to grow older
 - e. Workforce, the ambition here was to strive for the Trust to be an exemplar employer for older people.

Comments

1. The Committee recognised this was an important and ambitious framework and looked forward to seeing it mature going forward and thanked the team involved for their efforts.
2. Going forward it may be prudent to differentiate between the older groups.
3. Wendy Herbert gave an overview of recent work which had looked into the learning from patient experience and potential patient harm and how to do things differently going forward. An example being the work surrounding the 'Care Line' service.
4. Claire Roche added that progress on the implementation plan would be reported on in future Committees.

RESOLVED: That the Committee received, noted and approved the framework.

54/21 HEALTHCARE INSPECTORATE WALES (HIW) REVIEW OF PATIENT EXPERIENCE AND HANDOVER DELAYS AND TRUST RESPONSE

1. Claire Roche made reference to the HIW report that had been published in October and which was on the agenda for the meeting.
2. A number of recommendations had been received and HIW specifically requested a coordinated system wide response from all Trust's. As yet HIW had not received the coordinated response from the Commissioner.
3. The Trust currently had an action plan in place and was waiting for the system wide response. Periodically, updates would be provided to the Committee in terms of the action plan.

Comments:

Members suggested it would be prudent that the Trust either had sight of the complete report or confirmation that the Trust's responses to the recommendations were unchanged. Claire Roche added that HIW had seen all the responses that have been sent to the

Commissioner

RESOLVED: That the Committee noted publication of the report and the current arrangements in place to respond to its recommendations.

55/21 CLINICAL CONTACT CENTRE: HEALTHCARE INSPECTORATE WALES REVIEW

Lee Brooks advised the Committee on progress with the action plan

1. Two actions required extensions, one required some Health Informatics and the other related to CAD realignment. The latter had been subject to EMT discussions.

Comments:

The Committee acknowledged there had been several challenges in respect of the organisational structure which impacted on the Clinical Contact Centre

RESOLVED: That the Committee:

- (1) noted the update provided and agreed to the closure of the actions detailed in the paper and in the appended tracker.
- (2) agreed to the additional closure of actions 3.1 and 18.1 given the evidence available to support this.
- (3) supported an extension for:
 - a. Action 5.1 until end of Quarter 3 2021/22 in order for Health Informatics colleagues to align capacity to achieve.
 - b. Action 17.3 until end of Quarter 2 2022/23
 - c. Action 21.2 until end of Quarter 1 2022/23 in order for WAST to fully explore the potential for a return to the workplace strategy.

56/21 AIRWAY POLICY

Andy Swinburn gave an outline in terms of the contents of the policy.

This Policy identified individual clinician's responsibilities when managing a patient's airway. It also supported the clinician in providing the necessary evidence to demonstrate competency.

Comments:

1. Members recognised it had been comprehensively reviewed by specialists.
2. Following a query in terms of intubation as described in the policy, Andy advised that it was only clinicians that intubated.
3. In terms of the FAQ, the Committee asked for the answer to the first question to be re-worded.

RESOLVED: That the policy was approved and adopted subject to re-wording of the first answer in the FAQ section.

57/21 QUARTERLY INTEGRATED QUALITY & PERFORMANCE REPORT

1. Jonathan Turnbull-Ross explained this was the first integrated report and gave a brief overview of the contents. The report highlighted several areas of performance that had given rise to challenges and also illustrated the actions being taken to overcome these.
2. He gave further information in terms of how the data within the reports would be collected; for example, the Integrated Performance Report element, which was essentially via the strategic directorate. It was planned to involve and integrate with several other directorates in order to discuss, monitor and learn from the key features emerging from the data sets.
3. The Committee recognised that the team was working through the expectations from the delivery unit and Welsh Government as expressed via the quality bill; in essence these were robust governance and quality arrangements.
4. Some of the key challenges being faced by the Trust which included significant waits for ambulances in the community had been drawn out within the report.

Comments:

1. Rachel Marsh advised there was still further work in order to ensure that any future reports were not duplicated.
2. The Committee welcomed the initial revised integrated report and noted the significant challenges with performance which were illustrated in the report.
3. Members discussed whether it would be useful, for the next report, to look in more detail at a particular theme/area and considered these further as follows; difficulty in engaging with primary care, and further detail around call answering by and after 60 seconds.
2. Jonathan Turnbull-Ross agreed to look at one of the areas of concern as discussed and incorporate a 'deep dive' analysis within the Quality Report as determined following liaison with Claire Roche and Rachel Marsh.

RESOLVED: That

- (1) the report was noted and discussed; and**
- (2) It was agreed that Jonathan Turnbull- Ross would consider, in liaison with Rachel Marsh and Claire Roche, and identify a key theme as discussed above for a deep dive analysis in the next report.**

58/21 QUARTER 2 PATIENT SAFETY REPORT

Wendy Herbert presented the report and drew the Committee's attention to the following points:

1. Volume of red and amber calls had increased significantly.
2. Hospital handover delays continued to have a dramatic impact on performance. A total of 39,774 hours had been lost.
3. Additional staff were being appointed to manage the increase in concerns activity.

4. The number of Serious Case Incident Forums have increased and continue to do so month on month.
5. A total of 1099 patient safety incidents had been reported during this quarter.
6. There remained 165 concerns open with a backlog of 64.
7. There was continued pressure on the staff involved in dealing with concerns.
8. There had been an increase in the number of political concerns received.
9. Coroners activity continued to increase with unprecedented levels.
10. Key achievements and learning had continued throughout the reporting quarter.

Comments:

1. Members noted that the report was indicative of the ongoing demand and service pressures.
2. The Committee recognised, following an update from Emrys Davies who had attended a recent scrutiny panel, that lessons continued to be learned in the CCC and that a programme had been implemented to provide support.

RESOLVED: That the Committee received the report for information and discussion.

59/21 EARLY IMPACT OF SENIOR PARAMEDIC ROLE

Andy Swinburn gave a PowerPoint presentation which outlined the early impact of Senior Paramedics (SP) attending cardiac arrests.

Members acknowledged there had been a positive impact specifically around the potential increase in Return of Spontaneous Circulation performance. Also the SP's had contributed to bringing a more focused lead role on CPR and not starting inappropriate CPR

The feedback from staff in terms of the SP being on operational ride outs had been overwhelmingly positive

Comments:

1. This was an excellent opportunity to bolster 2 way learning and continuous improvement.
2. How would these positive messages be shared with staff? Andy advised that in the main this would be by word of mouth and updates would be provided at the People and Culture Committee.

RESOLVED: That the update was noted

60/21 INFORMATION GOVERNANCE ANNUAL REPORT

Andy Haywood explained that the report provided assurance that the Trust was discharging its duty correctly in respect of data protection and governance.

The Committee noted that two potential data breaches had been reported to the

Information Commissioners Office; both of which have since been resolved without any further action required.

Members also noted that the Information Governance Steering Committee was due to be remodelled to reflect more pointed membership.

RESOLVED: That the report was accepted and a note of thanks was recorded for the Team involved in producing the report.

61/21 PATIENT EXPERIENCE DRIVER DIAGRAM

Gareth Thomas provided an update for the Committee relating to Tony's story.

RESOLVED: That the update was noted.

62/21 KEY MESSAGES FOR BOARD

The Chair and Claire Roche would review and finalise this after the meeting and gave a brief overview of the expected content.

63/21 HEALTHCARE INSPECTORATE WALES ANNUAL REPORT

Claire Roche explained that the report was for information and referred Members to a previous meeting whereby HIW had given an overview.

Date of Next meeting: 17 February 2022

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING
(OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON
30 NOVEMBER 2021**

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Trish Mills	Board Secretary
Chris Turley	Director of Finance and Corporate Resources
Hugh Bennett	Assistant Director, Commissioning & Performance
Bethan Evans	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Angela Roberts	Trade Union Partner
Lee Brooks	Director of Operations
Julie Stokes	Senior Workforce Transformation Manager
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Sarah Davies	Workforce and OD Business Manager
Nicola Quiller	Commissioning and Performance Officer
Liz Rogers	Deputy Director of Workforce and OD
Andy Swinburn	Associate Director of Paramedicine
Melfyn Hughes	Welsh Language Officer
Diane Harris	Ambulance Care Assistant, NEPTS
Paul Seppman	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Kevin Davies	Non Executive Director
Joga Singh	Non Executive Director
Craig Brown	Trade Union Partner
Andrew Challenger	Assistant Director, Professional Education & Training
Bronwen Biddle	Organisational Development Manager
Jeff Prescott	Corporate Governance Officer

APOLOGIES:

Claire Roche	Director of Quality and Nursing
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69/21 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Claire Roche.

70/21 DECLARATIONS OF INTEREST

The standing declarations of Claire Vaughan as an Independent Committee Member for Aberystwyth University and Professor Kevin Davies as Independent Trustee of St John Cymru were recorded.

RESOLVED: That the declaration as described above was RECORDED.

71/21 MINUTES OF PREVIOUS MEETING

The Minutes of the Open and Closed meetings held on 07 September 2021 were considered and agreed as a correct record.

RESOLVED: That the Minutes of the meetings held on 07 September 2021 were AGREED.

72/21 DIRECTOR OF WORKFORCE & OD UPDATE

Claire Vaughan presented the Workforce and OD update as read but gave a brief update on particular highlights within the Directorate. This included the successful recruitment of a number of individuals to key roles including Deputy Director of Workforce and OD, Head of Education Transformation, Head of Equality, Diversity and Engagement, Digital Learning Manager and Head of Workforce Transformation and Planning.

Claire Vaughan also highlighted the recent Leadership and Management initiatives which had seen the development of a series of Wellbeing Leadership interventions ranging from 30-minute drop-in listening sessions to 3 half day workshops with a wellbeing and resilience focus. These were due to be launched during November 2021 and would be available to all leaders and managers. In addition, work was well underway to prepare for the Shadow Board Development Programme for ADLT, with a February 2022 commencement date planned.

Members received the report and noted the developments with the Workforce and OD Directorate, particularly around the Wellbeing and Leadership interventions and queried the level of uptake so far from those eligible to take part. Dr Catherine Goodwin confirmed that the sessions had proven to be hugely popular with all available places now fully booked.

RESOLVED: That Members discussed and commented on the report and the update was NOTED.

73/21 STAFF STORY – LONG COVID

Dr. Catherine Goodwin introduced Committee Members to a member of staff who had contracted Covid-19 during the second wave of the pandemic and unfortunately, had experienced a very lengthy and difficult recovery with periods of extreme fatigue, vertigo, breathing difficulties and sickness over the 12 months since the initial infection.

The member of staff explained how Long Covid was not as well recognised as it was today and at the time, much of their symptoms were dismissed as being psychological rather than physical, with some colleagues, friends and family members questioning their illness.

Upon returning to work, the staff member experienced severe symptoms of Long Covid, including difficulty breathing and physical tremors. Following an initial assessment from a paramedic and then further examination by a GP, the staff member was given more medication and placed back on sick leave. The member of staff explained to Committee Members that their motivation for returning to work was based on a desire to get back and help out during the pandemic, something which they had done throughout the first wave. In addition, they had acute sense of loneliness and isolation from being away from their employment and colleagues.

In hindsight it was clear that they had returned to work too soon and they were not physically ready. Unfortunately, GP's could offer no immediate relief and could only advise sustained periods of rest and recuperation. The staff member explained how Long Covid had left them physically and mentally drained and they had gone from a fit, healthy and energetic person to someone who struggled to do even the simplest tasks. After several months away from work, a manager made contact and gave details of the Trust's Covid Recovery Group. During sessions with the group, the member of staff was able to discuss their experience with peers and colleagues who were able to empathise with their condition, having suffered similar effects from Covid-19. This proved to be enormously beneficial and helped lift their feelings of guilt and isolation. The group helped the member of staff realise that they were not alone and that many others had experienced the same symptoms and emotions. The group had also been very supportive and a great resource for guidance and advice in recovering from Covid-19.

Members received the staff story and thanked the member of staff for their courage in sharing their experience. Members commented on how the story had demonstrated the importance of good communication and support. This represented an opportunity for future learning, particularly around the role played by line managers. Members were also pleased to note the very positive impact of the Covid Recovery Group and the excellent work which had been undertaken to help colleagues who had struggled since contracting Covid-19.

RESOLVED: That the staff story was NOTED.

74/21

COMMITTEE ASSURANCE FRAMEWORK

Claire Vaughan presented the Committee Assurance Framework as read, noting that much of the items contained within the framework were due to be discussed in greater detail later on the agenda.

Members confirmed that they were happy with this approach and no further comments or queries were raised.

RESOLVED: That the update was NOTED.

AUDIT RECOMMENDATIONS – PROGRESS SUMMARY

Trish Mills gave a progress update on the Audit recommendations. The purpose of this was to provide the People & Culture Committee with a position statement in respect of recommendations resulting from internal audit reviews that were assigned to the Committee for oversight.

Members were informed that five recommendations were showing as overdue. Four of these related to the 2018/19 Trade Union Release Time Limited Assurance review with the remaining recommendation relating to the 2020/21 Job Evaluation Limited Assurance review.

Members were informed that significant progress had been made on these, particularly around the issue of Trade Union release time with the four recommendations now considered to be closed off. In addition, the final recommendation around Job Evaluations was due to be closed off by the end of the month. Consequently, the Committee could be assured that the Trust was now in a very good position in terms of the internal Audit recommendations.

RESOLVED: That:

- 1. the contents of the report were considered and NOTED.**
- 2. the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to the People and Culture Committee were CONSIDERED, and**
- 3. any specific items that the Committee wished to see raised to Senior Management and Audit Committee were AGREED.**

FACILITIES AGREEMENT

Claire Vaughan gave an update on the Facilities agreement which had been reviewed as part of a wider piece of work to reset the Trust's Trade Union Partnership working arrangements. The agreement had been subject to extensive discussion and consultation in order to ensure that it reflected agreed and appropriate processes and practices.

Claire Vaughan explained that the agreement represented compromise from both the Trust and TU Partners to ensure delivery of refreshed arrangements that provided greater clarity of the Trade Union Partnership, available facilities for Trade Union partners and arrangements for time off. However, Trade Union partners had voiced hesitation and reservation regarding the mechanism for recording time off. Consequently, it was recommended that the wording of the agreement reflected the need for common sense, pragmatism and mutual respect in applying the process, with guidance that requested line managers and Trade Union partners respect and balance individual and organisational needs, and recognise that adequate notice and consent for release should be sought and received wherever possible.

In addition, the amended process recommended, rather than mandated the use of a specific form for recording Trade Union activity, reminding individuals of their responsibility to be accountable for, and transparent in the appropriate use of paid facilities time.

Following the update and Trade Union Partners confirmed that they were supportive of the proposed approach and thanked all those involved for their hard work in bringing the agreement to its current position. In addition, it was noted that the agreement was testament to the good working relationship between the Trust and Trade Unions and although discussions had at times proven difficult, both sides has shown a desire to seek a satisfactory resolution.

RESOLVED: That the update was NOTED and the recommended changes to the arrangements were SUPPORTED.

77/21 REVISED PROCEDURE FOR STAFF TO RAISE CONCERNS

Julie Stokes introduced the revised Procedure for NHS Staff to Raise Concerns. Members were informed that the amended procedure had been agreed by the Welsh Partnership Forum Business Committee on 8 June 2021 and subsequently ratified by the Welsh Partnership Forum on 8 July 2021.

The revised version would replace the old procedure and could only be amended through agreement by the Welsh Partnership Forum. Julie Stokes explained how the revised procedure represented more than just a document which could be accessed and used for guidance. Instead, it detailed how the Trust would encourage and support staff to speak up safely when raising and responding to concerns within the NHS in Wales.

Members discussed the revised procedure and observed that many of the aims set out in the document tied in with the ongoing work around changing behaviours within the Trust. Members noted the positive and forward thinking nature of the procedure and gave their full support to its approval and adoption by the Trust.

RESOLVED: That the revised Procedure for NHS Staff to Raise Concerns was APPROVED and ADOPTED.

78/21 WELSH LANGUAGE UPDATE

Melfyn Hughes provided the People and Culture Committee with an update on the Trust's progress in implementing the Welsh Language Standards and gave an overview of standards that were currently either Partly compliant or non-compliant on the Trust's Welsh Language Standards tracker.

Members were informed that the Tracker was monitored by the Trust's Welsh Language Advisory Group and a number of standards had been identified as falling within these categories. For those standards identified as part compliant, actions had been put in place to reach compliance, however, assurance of compliance across the Trust could only be assessed via a compliance assurance exercise which was not due to be carried out until July 2022.

The report showed that the main areas where compliance had not been achieved were around correspondence, telephone calls, meetings, the Trusts 111 Website, the reception service and the Intranet. In regards to the Trust's ability to answer calls bilingually, it was proposed that a profile/mapping exercise of Welsh language skill levels and capacity across the workforce would be carried out in 2022, with the aim of matching Welsh language capacity available in the workforce with the language needs of service users through the development of a Bilingual Skills Strategy.

In addition, given that Welsh Language Rights Day was just a few days away, the Communication team would take the opportunity to remind staff of the standards through the Trust's social media platforms and also remind colleagues and service users of what they were entitled to through the medium of Welsh. Advice and guidance to Trust staff on how they could comply with the Welsh language standards would also be promoted.

Members received the report and queried when in 2022 the mapping exercise of Welsh language skill levels was likely to be carried out. Melfyn Hughes informed Members that the Trust aimed to begin this work in January 2022 and noted that in terms of reporting, the Trust had an excellent compliance rate with the vast majority of staff providing their Welsh Language skill levels. Members also noted the requirements under the Welsh Language Standards to facilitate meetings in Welsh and queried whether the Trust was currently able to provide this. Melfyn Hughes confirmed that while this may prove challenging, if someone were to request a meeting in Welsh, the Trust would be expected to facilitate this.

RESOLVED: That the Trust's progress in complying with the Welsh language standards compliance notice was NOTED.

79/21

COMMITTEE REVIEW

Trish Mills gave an update on the Committee Effectiveness reviews and advised Members of the latest position, plans and next steps in the process, explaining that the aim of the reviews was to provide assurance to the Board that the committees were functioning effectively, in line with their standing orders.

Members were informed that an initial review of the Committee's Terms of Reference had commenced with the Chair and executive lead and questionnaires would be sent out to Members and attendees in December, with responses expected to be compiled in January 2022. Discussions could then take place on the development of a draft annual report and any proposed amendments to the Terms of Reference at the next Committee meeting in February.

It was envisaged that these discussions would help to determine the Committee's cycle of business and work programme moving forward as well as gaining a better understanding of sub-groups and how they feed into the Committee.

Members received the update and welcomed the proposed plans, stating that they looked forward to working together to develop the overall effectiveness of the Committee and the elements within its remit, particularly those around sub-groups and how they feed into the Committee.

RESOLVED: That the update was NOTED.

80/21

OPERATIONS QUARTERLY REPORT

Lee Brooks reported on developments within the Operations Directorate over the last quarter. Members were informed that the Trust was now back in the Monitoring phase of its pandemic response, having previously being in a response phase. In addition, the Trust had taken the decision to move from REAP level 4, down to level 3. The Senior Pandemic Team would now be meeting twice per week, with a remit on anticipated seasonal pressures over the winter period, alongside the remaining challenges associated with the pandemic. Other highlights included:

- **Military Support** - A request for military support under the MACA arrangements had been granted and 110 military personnel were providing extra EMS capacity in addition to existing resources.
- **111 First** - Work on changes and improvements within 111 had continued at pace. A Transformation and Stabilisation plan had been developed which described and monitored the short, medium and long term actions now in place.
- **Volunteer Strategy** - On 30th September, Trust Board approved the inaugural volunteer strategy, underpinned by a detailed action plan. The strategy recognised the important and valuable contribution volunteers made in enhancing the service provided by the Trust's paid workforce, improving the experience of patients and service users across Wales.
- **EMS Clinical Contact Centres** - Over the last 6 months 999 call demand had increased significantly, placing additional pressures across EMS resources particularly in EMS Coordination. On average 999 demand was reporting at least 20% above baseline having peaked at 39% above baseline in October 2021, with demand forecasted to increase further around the festive period while maintaining a significantly elevated rate for the foreseeable future.

Members received the report and noted the sustained pressures being felt by staff across all areas of the service, particularly within Clinical Contact Centres, EMS coordination and frontline services. Claire Vaughan informed Members that discussions were ongoing with Welsh Government about the possibility of inviting retired clinicians and call handlers to return to work and provide additional support across the 111 and 999 services in order to relieve some of the pressures currently being faced by staff in those areas.

RESOLVED: That the update was NOTED.

Julie Stokes presented the Workforce Performance Scorecard report and noted that in light of other items on the agenda and discussions which were due to take place on a number of issues including sickness absence and wellbeing, the report would focus on the Trust's latest Covid-19 and Flu vaccination figures, the current state of employee relations and job evaluations.

- **Vaccination Figures** - 62% of all WAST staff had received the Covid 19 Booster with 66% of these being Front Line, patient facing staff. 93% of all staff were double vaccinated with 94% of front line receiving the full course. There were no records on the WIS system of 221 staff (data to WIS as of May 2021) indicating that they had not had a vaccine; of these, 152 were patient facing. Flu vaccination rates as of 5/11/2021 were 23.5%. Of these, 34.45% were patient facing. Julie Stokes informed Members that the figures did not include volunteers although work was underway to collate these figures on a separate report.
- **Employee Relations** - A sharp increase in employee relation cases could be seen in September, taking the total number of cases to 49, compared to 37 cases reported in August. The number of initial assessments being undertaken in accordance with the Disciplinary Policy also remained high for a third month in a row. The main reasons for initial assessments fell into three broad categories: inappropriate behaviour, misconduct /negligence, other allegations. Employee Relation cases continued to be reviewed in partnership with Trade Union Partners, in order that any process concerns/issues were identified at the earliest opportunity.
- **Job Evaluations** - The average number of days to complete job evaluations had increased slightly to 30 days from 24 days in August but continued to be constant. The number of job descriptions completed did see a reduction to 10 but this was affected by the quality of job descriptions and not as a result of the availability of panels which ran weekly. The Trust had also secured two places on the All Wales Job Evaluation 'Train the Trainer' course for one manager and one Trade Union partner so the Trust could start to deliver 'in house' job matching training.

Members received the report and noted the positive uptake and progress of the Covid-19 vaccination programme with the figures for double vaccinated and boosted staff members comparing well to other Trusts in the UK. However, it was observed that the uptake of Flu vaccination appeared low on first viewing. Andy Swinburn commented that the low take up of the Flu vaccine was in part a result of supply chain issues but more generally, people were prioritising the Covid-19 vaccination. This had resulted in a lower uptake of the Flu vaccine. However, efforts were underway to improve the uptake across the Trust.

Members then queried the job evaluations process and asked for further clarity around why the quality of these was impacting upon the time for them to be completed. Julie Stokes explained that a number of job descriptions did not have the required level of detail, which resulted in applications being held up. However, work was continuing to support managers with guidance on writing job descriptions especially in conjunction with organisational change processes.

RESOLVED: That the Committee received and COMMENTED on the report.

82/21

DEEP DIVE: SICKNESS ABSENCE AND STAFF WELLBEING

Julie Stokes and Dr Catherine Goodwin gave a presentation on the deep dive into sickness absence and staff wellbeing, looking at the underlying causes of staff sickness along with measures to help improve staff wellbeing and reduce absences. The data showed a direct correlation between sickness absence and peaks in demand as a result of Covid-19 with more absences reported during times of intense pressures on the service.

The report observed a change in sickness trends from August to October with mental health related absences such as stress, anxiety and depression being replaced as the leading cause of absence by chest and respiratory problems as the Trust entered the winter season. Analysis of the deep dive exercise indicated that sickness absence was at the highest recorded levels in five years with increases in both short term and long term absence. In 36% of cases sampled, the data revealed that when annual leave requests were declined, sickness absence occurred within 3 days of the period requested and the most frequently occurring day for sickness absence to commence in the Trust was a Monday.

Dr Catherine Goodwin then gave examples of staff stories where feelings of moral injury, stress and burn out had been reported. The most recent wellbeing survey showed that out of 264 responses, only 32% felt as though their wellbeing was being supported at work. 107 respondents cited workload as a reason for their wellbeing not being supported, expressing feelings of exhaustion, being deflated and feeling overwhelmed. Following this, Members were told of the high-level actions which were planned to address the issues and the initiatives already in place, including the potential to introduce mandatory decompression breaks and staff to speak directly with a line manager rather than central resources when calling in sick.

Members received the report and stressed the importance of equipping managers with the information, knowledge, and training to support staff and to use the tools which would be developed for them. Members noted that an appetite for significant change to working practices would be required if the sickness absence issues were to be successfully improved and allow colleagues the opportunity to come together, connect and give their best at work.

RESOLVED: That the report was NOTED.

Claire Vaughan updated Members on the Trust's current People & Culture Strategy which was due to come to the end of its term in March 2022. The Strategy set out clear objectives and a range of deliverables across its three-year life span. An earlier update of progress against these was provided to the Committee in February 2021, following the disruption caused by the first and second waves of the Covid-19 pandemic. A smaller number of key strategic priorities for year three of the strategy, 2020-21, were also agreed. This included an acknowledgement of the work that would be required to refresh and develop a new Strategy to run from 2022.

Members were informed that while good progress had been made, it had become apparent that the impact of the pandemic upon delivery had been significant with, in effect, at least 12 months' capacity to focus on delivery of key objectives being disrupted or lost. Consequently, there were a number of key deliverables that would need to be rolled forward into a new strategy and re-prioritised for delivery.

However, the work needed to develop a new strategy was far broader than simply a roll forward of deliverables and therefore, it was recommended that consideration be given to rolling forward the existing strategy for a further twelve months, with a re-prioritisation of 2022/23 deliverables, and a clear timetable for engagement on development of the new strategy that catered for greater involvement and consultation when service pressures allowed.

Members received the update and acknowledged the impacts of the Covid-19 pandemic upon the delivery of the current People and Culture strategy. Given this, Members agreed that rolling forward the strategy by one year was a pragmatic and reasonable approach.

RESOLVED: That the recommendation to roll forward the Strategy by one year was CONSIDERED and SUPPORTED.

Dr Catherine Goodwin informed Members that the Culture and Behaviour refresh commissioned by the Trust in March 2021 had now concluded and the new behaviours and findings were ready to be shared and embedded within the organisation. The report acknowledged concerns that given the current operational pressures, it may not be an appropriate time to continue with this work. However, Members were assured that this work was vital to Trust employees going forward and would be carried out in line with existing and continuing strategies which had already been agreed to continue as priority work such as wellbeing, inclusion and support for leaders, managers, and teams.

The report showed investment by the Trust in terms of this work had been substantial with many people sharing personal and at times distressing experiences with the understanding that this would contribute to culture change.

The OD, Wellbeing and HR teams continued to receive requests for support from other teams, individuals, and managers in relation to the key themes which had been identified and there was a feeling that if the work were to be paused now, there was no guarantee when the Trust would be able to resume the work given current and predicted pressures.

Members were informed that the implementation of the recommendations would be supported by the Workforce and Organisational Development teams, including Leadership, Occupational Health and Wellbeing, and HR. In addition to this, a manager toolkit would be distributed to all managers within the organisation and the overarching themes would be wellbeing, inclusion, belonging and leadership with compassionate conversations at the heart of all input.

Members received the report and agreed that despite system wide pressures, it was important to press ahead with the roll out as this would ultimately be beneficial to Trust staff and the organisation as a whole. Members then queried what the Trust could hope to see in the early stages of the roll out and whether any of these changes would have started to take effect when the Committee next met in February 2022. Dr Catherine Goodwin explained that although the timescales were relatively short between the roll out and the next meeting of the Committee, it was hoped that the Trust would be able to see much greater confidence from leaders within the organisation to have difficult conversations with staff around topics such as wellbeing and workload with better feedback from staff about how the Trust was managing allegations of discrimination, harassment and bullying with a real focus on openness.

RESOLVED: That the introduction of the refreshed behaviours and the implementation of the recommendations with a focus on wellbeing and inclusion was SUPPORTED.

85/21

QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK

The Quality and Performance Management Framework report was presented as read as Committee Members had seen the report previously and no questions or queries were raised.

RESOLVED: That the update report was NOTED.

86/21

MONTHLY INTEGRATED QUALITY & PERFORMANCE REPORT

High Bennett presented the Monthly Integrated Quality and Performance report (MIQPR) and drew Members attention to some of the key highlights and developments within the report. These included:

- Call answering - The speed at which the Trust was able to answer a 999 or 111 call was a key safety measure. 999 answering times had been challenging due to significant increases in demand. 111 call answering performance, measured by call abandonment rates, remained at unacceptable levels, also due in part to increases in demand over and above that forecast. In both areas, very high levels of staff sickness levels were impacting on capacity. Actions to improve both of these areas

involved the recruitment of additional call handlers. For 999 calls, additional staff recruitment has been agreed by EMT and was now being actioned, Similarly, within the 111 service, recruitment was ongoing with a further 30 WTE staff funded by the 111 Programme Board.

- Ambulance response times - Red and Amber response times had increased further in Oct-21 due to an increase in patient demand and increases in hours lost at hospital which could not be offset by increased ambulance production. Response times continued to be much longer than the Trust would want. Work was ongoing on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency.

- Ambulance Care (formally NEPTS) - Performance was above target for enhanced renal patient arrivals prior to appointment in Oct-21 and had improved for patients requiring discharge. However, Ambulance Care core (outpatient) demand had not yet recovered to pre Covid-19 levels. The Trust anticipated Ambulance Care demand would return to, or surpasses previous levels. This coupled with reduced capacity caused by social distancing could mean that Ambulance Care would have insufficient capacity to service patient demand. In response, the Trust had received funding from EASC to increase its Ambulance Care capacity through the procurement of third party providers which was now live.

- Trust Sickness absence - The Trust's overall sickness percentage (Sep-21) was 11.74% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas.

- Staff training and PADRs - PADR compliance and Statutory / Mandatory training compliance were below target as a result of the Covid-19 pandemic, although levels of compliance remained relatively high at circa 84%. The Learning and Development Team would continue their efforts to improve compliance rates for staff.

Members received the report and noted the key developments and ongoing issues. Members also observed that the MIQPR and the earlier monthly Workforce Performance report covered similar areas and therefore, could be aligned to provide a more rounded picture of performance for the Committee.

RESOLVED: That the People and Culture Committee received the Oct-21 Integrated Quality and Performance Report and actions being taken were CONSIDERED.

87/21

ENGAGEMENT FRAMEWORK

Estelle Hitchon gave a brief update on the Engagement Framework and informed Members that following a recent internal audit, the Framework had received reasonable assurance. However, the audit had picked up that the Framework was overdue for renewal although this was largely a result of delays caused by the pandemic.

Consequently, it was now envisaged that a revised Framework would be presented to the Trust Board in March 2022 and in the interim, engagement work would continue with partners and stakeholders in order to shape its direction and strategic objectives. Estelle Hitchon stated the importance of ensuring good quality engagement across all elements of the Trust, making the process as inclusive as possible and letting all those involved feel part of the process.

Members received the update and noted the importance of wider and more diverse engagement with focus not being limited to specific groups but instead, spread across as many individual groups as possible to build a more reflective and accurate picture of how the Trust is perceived by patients, the public, colleagues, volunteers, stakeholders, outside agencies and any other interested parties.

RESOLVED: That the update was NOTED.

88/21 ISSUES TO BE RAISED AT BOARD

The Chair informed Members that discussions with Trish Mills and Calire Vaughan would take place outside of the meeting to determine which items would be taken forward and raised at Board.

RESOLVED: That further discussions would take place to determine which items would be raised at Board.

89/21 TU CELL QUARTERLY UPDATE

The TU Cell quarterly update was presented as read and for information purposes only.

90/21 MINUTES OF SUB GROUPS

The Minutes of the sub-groups were presented as read and for information purposes only.

91/21 ANY OTHER BUSINESS

There was no other business.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 2 December 2021 VIA TEAMS

PRESENT :

Martin Turner	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE :

Julie Boalch	Head of Risk and Corporate Governance
Judith Bryce	Assistant Director of Operations
Andrew Doughton	Audit Wales
Helen Higgs	Head of Internal Audit NWSSP
Jill Gill	Financial Accountant
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Claire Roche	Executive Director of Quality Nursing (Minute 34/21 only)
Paul Seppman	Trade Union Partner
Dave Thomas	Audit Wales
Chris Turley	Executive Director of Finance and Corporate Resources
Carl Window	Counter Fraud Manager

APOLOGIES:

Brendan Lloyd	Medical Director
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26/21 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and advised that it was being audio recorded.

Declarations of Interest

The standing declaration of interest of Mr Emrys Davies as a former member of UNITE was recorded.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting held on 16 September 2021 were confirmed as a correct record.

Action Log

The Committee considered the action log:

Action 19/21a - Internal Audit Reports: Fire safety Recommendations. Chris Turley referred the Committee to the report attached to the action log. The Committee agreed to close the action.

Action 19/21b - NEPTS Procurement. Was the process used by NEPTS sufficient for other providers and could it be adopted by other third party providers? Chris Turley verbally updated the Committee and explained that the process had been reviewed and would continue to provide updates on NEPTS contractor and control management. Action Closed.

RESOLVED: That

- (1) the Minutes of the Audit Committee's open and closed sessions held on 16 September 2021 were confirmed as a correct record;**
- (2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded; and**
- (3) the actions referred to in the action log were considered and actioned as necessary.**

27/21 INTERNAL AUDIT REPORTS

Helen Higgs presented an overview of the Internal Audit Progress report and advised the Committee of the following highlights:

Proposed changes to the approved plan; there was a request to defer the following reviews to next year:

- a. Trade Union release time. Paul Hollard commented that the People and Culture Committee discussed the recommendations and advised it would be appropriate to defer the review
- b. Health and safety. Judith Bryce explained that the Trust would benefit from some additional assurance and agreed to the deferment. This will be replaced by a review of Respiratory Protective Equipment.
- c. Decarbonisation moves from the 2021/22 plan to quarter 1 of 2022/23. This is recognising that UHBs/Trusts are not required to publish their Decarbonisation Action Plans until March 2022 and the timing of expenditure of the initial capital allocations provided by Welsh Government. This will be replaced by a review of Waste Management.
- d. Savings plan review. Chris Turley explained that emphasis on the savings delivery

had, during the last 12 months, not needed to be as focused as in previous years and that the Trust would gain more value by deferring the review. The Committee discussed whether the review should be deferred completely or a limited review be conducted and on the basis that a fuller report would be received if deferred, it was agreed to defer the review. It was noted that the Finance and Performance Committee met bi-monthly for oversight over the financial position and the Committee took this into consideration in their decision to defer.

The Committee, following a further discussion decided it was appropriate for these four reviews to be deferred to the following year and be replaced with reviews more suited to this year's audit programme.

Individual audit reports

Osian Lloyd gave an overview of the following reports:

Collaboration (Reasonable assurance) – The purpose of the review was to assess how the Trust collaborated with stakeholders to ensure commitment was included in the Integrated Medium Term Plan and the appropriate action was being taken.

The review considered a sample of the Trust's Service Development Initiatives (SDI) which illustrated how it engaged with partners.

The review was reasonable and was based on two medium priority findings; these were in relation to, reviewing and updating the engagement framework and target setting with SDI's. The Executive Management Team had accepted the recommendations and Internal Audit were content with the actions in place to address them.

Comments:

Paul Hollard, Chair of the People and Culture Committee confirmed that work was ongoing to review and revise the Engagement Strategy

Asset Management (Real Asset Management (RAM) system) (Reasonable assurance) - The purpose of this review was to look at the extent to which benefits realised planned outcomes.

The review was based on one high priority finding and two medium priority findings. The high priority found that the Trust should implement a more proactive approach to the physical verification of assets; notwithstanding and recognising the challenges with locating the assets due to their mobile nature. The two medium priority findings related to ensuring there was adequate reporting of the benefits realised following implementation of the RAM system. The other finding was the need for the Trust to consider the requirement to use the proposed Radio Frequency ID system to validate assets.

Comments:

Chris Turley added that the recommendations were being worked through and further explained the challenges in managing mobile assets. He further added the outcomes of the recommendations were tracked through the Audit Tracker.

Medicines Management Controlled Drugs – (Reasonable assurance) – the purpose of this audit was to assess the effectiveness of the Abloy system (locking mechanism) for the Omnicell medical cabinets which was a follow up on a previous limited assurance.

There were still areas for improvement which were drawn out with three medium priority findings; to further analyse the cycle count results from Omnicell Cabinets, Vehicle medicine audits and to conduct a period review of the Abloy key system

Comments.

Members noted and recognised the significant improvement following the limited assurance review and acknowledged there was still further work to be undertaken. It was also noted that the introduction of the Omnicell cabinets had made a substantial and positive impact on the overall control of drugs.

The Committee discussed the process of audit reviews and how they were monitored and scrutinised by each particular Committee.

RESOLVED: That the reports were noted.

28/21 AUDIT WALES REPORTS

Audit Wales update report

Dave Thomas presented the report and gave an overview of the planned work which included the ongoing work on the unscheduled care system. It was anticipated that this ongoing work should be available for the next Audit Committee meeting.

Structured Assessment

1. Andrew Doughton explained the purpose of the structured assessment was to assist the Auditor General in being satisfied that NHS bodies had made appropriate arrangements to secure value for money.
2. The work had been conducted in two phases, the first had focused on operational and the Trust's planning arrangements and had been reported on earlier on in the year.
3. The second phase considered the corporate governance and financial arrangements and how they had performed over the last 12 months. It had been observed that both Board and Committees had been working well and had adapted to the virtual environment. It was also noted that the Trust continued to undertake self reviews of several aspects of governance arrangements; adopting a continuous improvement approach.
4. Chairs actions continued to be used frequently in the Trust, noting this method of making rapid decisions at Board level was widespread across the wider health sector in Wales.
5. The Trust had met its financial duties for the last five years and was currently on track to achieve break even for the current financial year. The Trust should

continue to focus on savings and efficiencies going forward.

Comments:

1. It was suggested that the Trust consider hybrid meetings for the Board going forward.
2. In terms of sickness absence, clarity was sought regarding the position. Andrew Doughton explained that the Trust continued to work on improving sickness absence whilst recognising it was still a challenge for the Trust. Paul Hollard added that as part of the work going forward, significant investment had been made in improving overall staff welfare.
3. Following a question regarding the performance management framework and the ongoing work in its development, Emrys Davies advised that considerable progress had been made.
4. The Committee discussed in further detail the wider governance responsibilities in terms of its oversight role.

Taking Care of the Carers Audit Review

Dave Thomas explained that the report described how NHS bodies had supported the wellbeing of staff during the pandemic.

The report also focused on the arrangements in place for safeguarding staff who were more at risk from Covid-19.

The key messages from the report were on the whole positive and included:

- a. There was a broad set of activities available to support NHS staff wellbeing
- b. The ability to signpost staff to the various issues could be challenging
- c. Recommendations have been to health bodies and Welsh Government that staff welfare continues to be a main focus.

Comments:

1. Trish Mills advised the Committee that a draft management response had been drafted.
2. In terms of timing it was recognised that the action plan would be presented at the next People and Culture Committee and then to the Board.

RESOLVED: That the update was noted and the reports were received.

29/21 AUDIT RECOMMENDATION TRACKER

Julie Boalch presented the report to the Committee and drew their attention to the following areas:

1. All 99 recommendations on the tracker had been appropriately scrutinised at the

Executive Management Team (EMT), the Assistant Directors Leadership Team (ADLT) and all of the relevant Committees.

2. Of the 99 recommendations, 29 were overdue, 7 of which were considered as a high priority
3. In terms of the 7 high priority recommendations, 3 related to the Trade Union release time, 3 to the Clinical Contact Centre (CCC) performance management report and 1 to the ICT disaster recovery report.
4. With regards to the conclusion of the high priorities, it was expected that the CCC performance management report would be completed between April and June 2022, and the ICT disaster recovery review in April 2022. In terms of the Trade Union release time, the People and Culture (P & C) Committee had reviewed these in detail and had supported a slight amendment to one of the recommendations; this was in relation to a standardised process for requesting the recording of time off facilities.
5. Structured assessment report, in relation to the recommendation in terms of how the Trust was complying with new legislation, Julie Boalch provided assurance that this would be brought back on to the tracker. Trish Mills added that the legislative requirements would be added to the appropriate Committee's cycle of business going forward.

Comments:

Paul Hollard advised that a detailed discussion had taken place on the minor amendment to the recommendation in the Trade Union Release Time report at P&C and that the proposal includes a recommended proforma for staff to use to record their activities; however, this will not be mandated and it will be the individual's responsibility to record their activity. Paul Seppman updated the Committee from a Trade Union perspective and noted that this was seen as a positive step going forward.

RESOLVED: That the Audit Committee received and discussed the contents of the report and:

- a) **Agreed to change the proposal relating to Audit Recommendation 225 (Trade Union Release Time);**
- b) **Noted the activity since the last Audit Committee in September 2021; and**
- c) **Considered the overdue recommendations and the revised completion dates.**

30/21 REVISED STANDING ORDERS

1. Trish Mills, in presenting the report reminded the Committee of the requirement for Standing Orders (SO) to be kept under review ensuring they remained correct and current. The SO's included the Scheme of Reservation and Delegation of Powers and the Standing Financial Instructions.
2. The Committee was asked to review the proposed changes which were illustrated in detail within the report and endorse those amendments for approval by the

Board.

3. In respect of SO's the main changes proposed were; adding the line under paragraph 1.1.8: Non Executive Directors should not normally serve on more than one NHS body in Wales and the requirement of the Annual Quality Statement was removed.
4. Scheme of Reservation and Delegation of Powers. There were several changes, and again these were highlighted in the report with the main ones relating to revisions to the Remuneration Committee under the Schedule of Matters reserved to the Board.
5. Scheme of Delegation of Executive Directors, Directors and Officers. The Committee noted this was an area where the most changes had been made. These included changes to Delegated Matters and Delegated Financial Limits. In respect of the former a change not included within the report was in respect of the Caldicott Guardian which replaces the Medical Director with the Director of Quality and Nursing, with effect from 1 January 2022. In terms of the Delegated Financial Limits, several changes had been made to overall layout; of note was the increase in the delegated limit of the Chief Executive from £250k to £500k.
6. Standing Financial Instructions – there were many changes to SFI's but they were not classed as material and not included within the report; they included expanding sections for more clarity in a particular area. Members were advised that should the table of changes be required they should contact Trish Mills.

Comments:

1. The Committee welcomed the change to the delegation of limits as these were more in line with inflation and also whilst not eliminating Chairs actions, would certainly reduce the requirement for them.
2. Chris Turley commented that the model version of SFI's had been refreshed through work led predominantly by Shared Services. He added that the Welsh NHS Finance Academy was developing user guides and tools on the new style of SFI's which would assist in implementing them.

RESOLVED: That the Committee:

- (1) Reviewed and discussed the amendments to the SO, SoRD and SFI; and**
- (2) Endorsed the changes to the SO, SoRD and SFI for approval by the Trust Board on 27 January 2022.**

31/21 STANDING ORDERS - TRUST SEAL USE

Trish Mills explained that the report advised the Committee on any non-compliance in respect of the provisions described in Standing Orders. The Committee were being informed that there had been non-compliance with regards to the use of the Trust Seal.

It had been noted that during a recent review of the process, the Trust seal had not been

affixed in the correct manner as prescribed in Standing Orders.

A process was being developed to ensure that the affixing of the seal was conducted correctly going forward.

Comments:

Following a query in respect of the seal being affixed to documents other than leases connected to land or property, Trish Mills advised that work was ongoing to ensure that they were all related to leases.

The Committee noted that the practise of affixing of the seal was prescribed in SO's and questioned if there was another option. Trish Mills advised that the Board Secretaries network would be considering the possibility of making any changes which would require escalation to Welsh Government.

RESOLVED: That the Committee;

- (1) Noted the non-compliance with the Standing Orders with respect to the Trust Seal; and**
- (2) The non-compliance will be reported to the Trust Board at its meeting on 27 January 2022 and the developing guidance which would address gaps in process through the Committee highlight report.**

32/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

1. Julie Boalch presented the report which drew out the corporate risk activity since the last meeting on 16 September 2021.
2. Work was continuing on the higher scoring risks to develop a process for them to be articulated with more clarity ensuring they were well described.
3. The Committee noted that Trust Board had recently agreed to close two risks and have them removed from the Corporate Risk Register (CRR). Risk 343 (seasonal planning) and 229 (Brexit).
4. Several new risks were being considered for inclusion on to the CRR and related to: Patient Safety/Putting Things Right Team, Leading Change Together – A Partnership Approach, Recurrent Funding and NHS Decarbonisation. The Committee noted that more detail on these risks would be provided at the next Audit Committee meeting on 3 March 2022.

Comments:

1. Highest scoring risks, should these be presented to Board as well as Committees? Trish Mills emphasised that the higher scoring risks should be considered at Board with the assurance that Committees were reviewing and scrutinising them.
2. Members were encouraged to see that other Committees were reviewing and managing more effectively the risks designated to them.

3. It was suggested that more narrative describing Executive Management Team ownership of risks and their involvement be included in future reports. Julie Boalch advised that this and how it was being reported at Board was part of the Corporate Governance's team risk improvement programme. Trish Mills added that once the Board Assurance Framework was aligned to the Integrated Medium Term Plan and illustrated the strategic risks; the Board would have sight of the higher risks through that mechanism.
4. The Committee discussed in further detail what the Board should consider in terms of ownership of risk, risk tolerance and appetite and what risks were in the Trust's control.
5. It was suggested that further consideration in terms of the risk reporting framework, i.e. how high risks were reported to the Board should be held at a future Board development session.

RESOLVED: That the Committee;

- (1) Noted the closure of Risk ID 343 (Failure to undertake tactical seasonal planning) and Risk ID 229 (Impact of Brexit) approved by Trust Board; and**
- (2) Considered and commented on the risk management activity since the last Audit Committee meeting on 16 September 2021.**

33/21 RISK MANAGEMENT IMPROVEMENT PROGRAMME

1. Trish Mills explained that the report detailed the future ambition of risk management and how it would be improved in the coming six months; the Committee were being asked to endorse the direction of travel and the focus over the next three to six months.
2. This work would include looking at how risks are expressed, escalation processes and the relevant training and education required across all levels of the Trust including the Board.
3. Members also noted that the Board Assurance Framework (BAF) would be improved as part of the programme given that the BAF is the mechanism by which the Board are made aware of the risks that might be detrimental to the Trust achieving its strategic objectives.
4. There were currently 365 risks on the risk register and with the migration to the Once for Wales Datix module, there was a need to focus on cleansing these risks and the resource required to undertake this work

RESOLVED: That the Committee considered and discussed the contents of the report and specifically:

- (a) Endorsed the direction of travel of the longer term risk management strategy and framework; and**

(b) Endorsed the focus over the next 3-6 months as set out in paragraph 13 of the report.

34/21 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 April 2021 – 31 October 2021

1. Chris Turley presented the report which detailed the losses and payments for the period 1 April 2021 – 31 October 2021.
2. He added that the report was intended to be accompanied by a deep dive report on personal injury to staff; however the report was not available at this time. The deep dive on personal injury to staff would have been the last report in the cycle of deep dives over an 18 month period.
3. Deep dive reports had provided the Committee with comprehensive information in a particular area and highlighted any themes and trends and what were driving the costs and had any lessons been learned.

Comments

1. The Committee had found the deep dive reports to be very useful and informative and appreciated the significant work involved in producing them.
2. Following further discussion the Committee felt it would be appropriate that the current losses and special payments report be enhanced to include on a selective basis any particular theme, patterns or trends the Committee needed to be made aware of. Depending on the particular themes and trends emerging, these could then be referred to another Committee for further review.
3. Claire Roche confirmed that a deep dive report on personal injury would be presented at the next Audit Committee meeting on 3 March 2022. She suggested two options going forward; deep dives be conducted in a more agile or responsive away in that any trends emerging should be the focus of the report or, that a formal timetable of deep dives be implemented to report on a specific area and presented to the relevant Committee.
4. Members recognised there were several lessons to be learned from the deep dives and what was being changed a consequence of these lessons; the lessons learned were from several perspectives including; clinical, financial and personnel.
5. It was agreed that Chris Turley and Claire Roche would review the reporting process on deep dives and provide a recommendation to the Committee in terms of instigating these reports going forward.

RESOLVED: That

- (1) the Losses and Special Payments Report for this period was received; and**
- (2) An update on the deep dive reporting process will be provided at the next meeting as agreed.**

35/21 COVID-19 PUBLIC INQUIRY PREPARADNESS REPORT

1. Julie Boalch presented the report which was designed to update the Committee on the Trust's position in respect of its preparedness for the upcoming Covid-19 public inquiry.
2. The Committee noted that a Chair to the inquiry would be announced in due course and the proposed start date for the inquiry was spring 2022.
3. There were several governance processes already in place; however there were still some fundamentals that required further consideration and these included, ICT, e mail and recording of social media.
4. Further preparation for the inquiry included the attendance of the Assistant Directors Leadership Team and the Executive Management Team at events aimed specifically at staff who were likely to attend public inquiries.
5. The Committee would be advised further on the scope of the programme of work required in preparing for the inquiry at the next meeting.

RESOLVED: That Members:

- a) **Noted the contents of the report and received assurances on the preparations for the inquiry to date.**
- b) **Noted the next steps the Corporate Governance team would take to:**
 - **Consider the full programme of work identified in the report and outlined how this could be managed and,**
 - **Provide a further update report early in the new year once the programme of work has been explored.**

36/21 2022/2023 TIMETABLE FOR PRODUCTION OF ANNUAL FILINGS – VERBAL UPDATE

Trish Mills reminded the Committee that the Manual of Accounts was the document adhered to in respect of the annual filings, however the report had not yet been published; hence the verbal update.

A schedule had been developed and once the Manual of Accounts was published the dates would be populated; and once the dates were received, the Committee would be updated.

37/21 KEY MESSAGES FOR BOARD

Trish Mills would be providing this report for the Board.

RESOLVED: That Trish Mills would provide this update for the Board.

Date of Next Meeting: 3 March 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 THURSDAY 9 DECEMBER 2021 VIA TEAMS

PRESENT :

Kevin Davies	Non Executive Director and Chair
Paul Hollard	Non Executive Director

IN ATTENDANCE :

Mike Brady	Consultant Clinician for 111
Estelle Hitchon	Director of Partnerships and Engagement (Part)
Caroline Jones	Corporate Governance Officer
Trish Mills	Board Secretary
Duncan Robertson	Assistant Director of Research, Audit & Service Improvement
Nicola Stephens	Estates Officer – Environmental Specialist
Andy Swinburn	Director of Paramedicine
Claire Vaughan	Director of Workforce and OD

APOLOGIES

Martin Turner	Non Executive Director
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15/21 WELCOME AND INTRODUCTION

The Chair welcomed everyone to the meeting.

16/21 DECLARATIONS OF INTEREST

The standing declaration of interest of Professor Kevin Davies being an independent Trustee of St John Ambulance Cymru was recorded together with that of Claire Vaughan being an Independent Committee Member of Aberystwyth University.

17/21 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 21st September 2021 were approved as a correct record.

18/21 ACTION LOG

03/21a TU representation – this action was not yet complete and a date for early 2022 was set for this to be completed.

03/21b HE/FE apprenticeship models – the action was reported as work in progress

however, the matter still required further thought and an extended timeframe to be completed in early 2022 was agreed.

11/21 Follow up letter to Chief Executive of Universities Wales –The Director of Partnerships and Engagement updated members on the recent meeting with Ben Arnold, who works closely with the Chief Executive on policy issues. He was positive the matter could be opened up and the Trust was awaiting his feedback.

19/21 UNIVERSITY TRUST STATUS UPDATE

The Director of Partnerships and Engagement informed the Committee that a response had not yet been received from Welsh Government on the Trust's university status application. Appreciating the pressures everyone was facing at this time, it was expected that the decision may be delayed.

The Director went on to say she would make contact with Welsh Government to enquire if it would be reasonable to expect a decision before Christmas.

RESOLVED: that the Director of Partnerships and Engagement contact Welsh Government to enquire if it would be reasonable to expect a decision before Christmas on the Trust's university status.

20/21 ADVANCED PRACTICE AND SPECIALIST WORKING, CONSULT AND CLOSE AND SERVICE TRANSFORMATION, INCLUDING RESEARCH

The Director of Paramedicine began his presentation on University Trust Status (UTS) Priority One by commenting on the link with electronic patient care record (ePCR) and how it would shape the emerging strategy and inform changes to the clinical workforce. He reminded members not to underestimate how ambitious the plan to "invert the triangle" was, resulting in a radical reform in how services were delivered. Significant clinical leadership would be needed and in which ePCR would be key. The intelligence put into the system currently was based around the medical priority dispatch system (MPDS), however this could be misplaced with ePCR shaping the way services would be delivered in future.

Education was seen as being the catalyst to change the workforce and how it operated. It needed to be viewed as education and not training.

Work was still to be undertaken in terms of the types and numbers of services required and how the specialist roles could be used most effectively and efficiently.

The Director referred to back to the research and innovation point, commenting on the need to be aware of the types of research to be undertaken to ensure the Trust was dynamic, looking more at action research.

The Consultant Clinician talked about the different types of clinicians and the work which was ongoing with advanced paramedic practitioners (APPs) in the contact centre, looking at comparative data with health informatics (HI), over what types of calls they closed versus the Band 6 paramedics and nurses also looking at code sets. This was the beginning of a programme, albeit time consuming, looking at getting the right care for the patient which could benefit from partnering with universities.

The Director of Workforce and Organisational Development asked the committee to note an upcoming internal audit on aspirations and ambitions looking at how the Trust was a learning organisation and where and how the learning was joined up.

The Committee recognised the need to ensure that the priorities were not viewed in a siloed fashion given that the other Board Committees would have oversight responsibilities for much of this work. The reviews which would be taking place of Board Committee remits will bear this in mind with a view to coalescing the oversight at Board level.

21/21 DIGITISATION ENABLING BETTER OUTCOMES

The Director of Partnerships and Engagement confirmed that the three priority areas Welsh Government had asked the Trust to identify were areas of work currently being progressed by the Trust. The staff involved in those areas had been asked to help the Committee understand what was ongoing and how the Committee could support each area going forward.

The Assistant Director of Research, Audit & Service Improvement, in presenting UTS Priority Two, updated members on the national rollout plan of ePCR, which was expected to be completed by the end of February 2022 and went on to outline the potential to make data easier to link to pathways and improving outcomes for patients. The data would allow the Trust to work with academia to look at how effective the pathways were and which pathways may need to be developed in the future. He noted the need for WAST to mature the system over the coming months before being able to look at the learning from the data.

He confirmed there would be a need for data quality and assurance to ensure ePCR data was of a high quality. Work was continuing with commissioners following which, annual quality indicators (AQIs) would be published.

Future work would be reliant on a common language of coding (SNOWMED CT) to ensure linked data sets are comparable, learning from the ambulance data set work already ongoing with English Trusts and also linking with data quality specialists in Digital Health Care Wales.

The Consultant Clinician for 111 noted the similarities between ePCR and the emergency communication nurse system (ECNS) programme, a new digitally integrated system with huge possibilities for linking data with the ePCR system from MPDS to ECNS to ePCR to hospital. Learning about the patients and at which point they are touching the Trust irrespective of the area eg non emergency patient transport (NEPTS), 111, 999. Recognising that the more detailed the data links, the greater the need to work with academic partners, utilising their expertise to provide a greater understanding of the data.

The Assistant Director then highlighted to members that currently for those individuals with research in their job descriptions, time needed to be built into work plans to ensure that the activity could take place and queried if the Committee could be the means to drive this forward. Members were also made aware of the need for the Trust to invest in research leaders of the future, noting the time it took to develop one.

The Consultant Clinician confirmed the difficulties faced by staff wishing to undertake

research currently and highlighted Prof Docs development programmes, designed for the workplace, as a potential way forward, moving away from the need to be a clinician to be in a research role, allowing those with lesser academic backgrounds to apply.

Members recognised the need to allow staff time to undertake research as part of their role and not as an additional duty, so as not to impair the timescales to drive the organisation forward.

The Board Secretary confirmed that a review of the Terms of Reference was planned and the purview of the Committee would be reviewed. The research governance framework could be brought forward and be expanded across the organisation.

22/21 DECARBONISATION, FLEET MODERNISATION AND SUSTAINABILITY

The Estates Officer - Environmental Specialist, in presenting UTS Priority Three, informed members of the Trust's requirement under the NHS Wales decarbonisation strategic plan to reduce carbon emissions by 50% by 2030.

Recognising 90% of the Trust's emissions come from the fleet, work had been and was still underway to work with manufacturers to build the most efficient vehicles possible with only electric rapid response vehicles being able to be purchased from the end of 2022. A new hydrogen/EV ambulance was showcased at COP 26 recently however further work still needed to be undertaken.

WAST was working with Swansea University and the Centre for Alternative Technology on designing net zero carbon buildings, looking at methods of modular construction and adaptable buildings.

The Trust was also installing its own renewable energy systems with a new photo voltaic (PV) system being installed in Dobshell and using the data from there to build bespoke management systems for the estate, working with Swansea university to achieve this.

The Trust is ISO14001 accredited and was looking to becoming ISO50001 compliant in energy management, observing that this would be a considerable task, working closely with Welsh Government energy services and the Carbon Trust on reducing energy consumption.

Members recognised the overlap of this priority with other areas across the Trust and that the responsibility was owned by everyone and not just estates colleagues.

The Consultant Clinician went on to build on the patients that were not taken to hospital, and how it could be linked back to the green agenda. Carbon savings were not currently reported on, however calculations could provide a greater understanding of not transporting a patient.

The Director of Partnerships and Engagement suggested the Trust should look at principles that it felt important. An example of which was staff being able to work from home and being able to apply for positions which were previously either North or South based.

The Director of Workforce explained that the link to the wellbeing strategy, with the

potential to build the evidence around staff and the environment in which they worked provided an opportunity to link with estates colleagues and looking ahead, could allow the Trust to go for the Platinum Corporate Health Standard which was linked to sustainability.

Each of the three priority presentations had provided members with an overview of the work that was already ongoing across the Trust and which highlighted areas the Trust needed to look at in more detail. Members thanked the presenters for their time and presentations.

23/21 KEY MESSAGES FOR BOARD

- 1) Update on Welsh Government response when it is received.
- 2) Brief update on the 3 priorities - The Committee recognised the need to ensure that the prioritized were not viewed in a siloed fashion given that the other Board Committees will have oversight responsibilities for much of this work. The reviews which will take place of Board Committee remits will bear this in mind with a view to coalescing the oversight at Board level.

24/21 ANY OTHER BUSINESS

It was agreed that the meeting scheduled for January was still required to consider the effectiveness review together with an initial high level review of the Terms of Reference.

25/21 DATE OF NEXT MEETING:

8 March 2022

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 20 January 2022 VIA TEAMS

Chair: Emrys Davies

PRESENT :

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Corporate Governance (Minute 8 and 9 only)
Lee Brooks	Director of Operations
Nadia Frangos	Graduate Trainee
Jonathan Jones	Principal Auditor Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES

Joga Singh	Non Executive Director
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01/22 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Ceri Jackson as a Trustee of the Stroke Association was noted.

Minutes

The minutes of the open and closed sessions held on 18 November 2021 were considered by the Committee and agreed as a correct record subject to adding the resolution to Item 73/21 on page eight.

Action Log

The action log was considered:

Action: 61/21: Consider whether individual staff objectives on environmental actions could be included in PADR's. Chris Turley updated the Committee advising there was still further

work required to be undertaken in terms of detail and it was noted that an update would be provided in the future once it was feasible to do so. Action to be closed.

Action 66/21: In respect of vacancies, mainly in the Quality and Safety Directorate it was requested that further information be provided at the next meeting and further information be provided regarding variations in spend across directorates. Chris Turley explained that the Information was illustrated in the Finance update report with a full report being presented to Board on 27 January – Action closed.

Action 66/21: Further detail was requested on the number of Mannequins. Chris Turley informed the Committee that this information was contained in the internal business case which had been disseminated through a Chairs Action to members. Action closed.

Action 68/21: Draft Quality and Performance Accountability Management Framework, Consider which Committee should receive updates going forward. Rachel Marsh advised that a steering group would be formed to oversee and develop the framework commenting that the Quest and Finance and Performance Committees should receive updates going forward as required. Action closed.

RESOLVED: That

- (1) the Minutes of the open and closed meeting held on 23 September 2021 were confirmed as a correct record subject to the amendment as described;**
- (2) the declaration of interests as stated were noted; and**
- (3) the action log was considered and updated as described.**

02/22 OPERATIONS QUARTERLY REPORT

Lee Brooks drew the Committee's attention to the following:

1. The main focus during the last quarter had been on the Trust's response to the pandemic. Support had been welcomed from other directorates and strategic command support from others would continue until the end of January 2022 when the winter cell will draw back.
2. The Clinical Safety Plan had been revised to introduce a phased approach to the Emergency Rule (999 call handling tactic); this incorporated a new design of a four-phase approach to the use of the emergency rule which can gradually create greater capacity.
3. Recent new developments in respect of plans would be submitted to the Committee as one document for assurance; these plans would include the Incident Response Plan, the Resource Escalation Action Plan, Clinical Safety Plan and probably the Pandemic Plan.
4. Good progress had been made on the Clinical Support Desk clinician recruitment with the required number of staff now identified.
5. A record number of around 7 thousand calls had been made through the 111 system during the Christmas bank holiday. There had been reported issues of some callers not being able to connect to the service; this was addressed in the short term and root cause analysis is underway.

6. Lee Brooks provided a verbal update relating to the current operational position. In terms of 999 demand this is beginning to return to levels as seen historically which was encouraging. Incident demand was falling below the modelling forecasts.
7. Capacity, there was a significant reduction in the abstraction of staff associated with Covid, these had reached pre-Omicron levels.
8. Production of hours, Rapid Response Vehicle production was in the region of 90% and conveyance resource capacity was in the region of 117% which included those hours provided by the military support. Military helping to provide a 10-15% uplift.
9. Handover delays at Emergency Departments; these have peaked at over 5 thousand hours per week for the last two weeks.

Comments:

1. Following a query regarding access and experience of the automated messaging on the 111 service by those with specific needs (for example learning difficulties), Lee Brooks advised that the messaging itself was not new and that moving to a new platform created an opportunity to refresh the messaging and options. The messaging had been co-designed with the PECL team. A focused survey through the PECL team had been requested to consider the needs of all Welsh citizens and the outcome shared with management and the Quality, Experience and Safety Committee.
2. Was there a view in terms of how the whole system may recover following the pandemic? Lee Brooks explained hospitals continue to experience challenges relating to discharge for those medically fit and some hospital-based isolation changes have been welcomed but these are not replicated for the care home setting yet. Delivery Unit also making some resource available to aid health boards to ease pressure related to flow. However, limitations lay in the challenges with respect to workforce within the social care sector.
3. Ambulance Care (formally NEPTS), in respect of the additional funding in place until the end of March to assist health boards with the backlog of planned care, an update was requested. Lee Brooks advised that WAST continues to liaise and engage with health boards about their plans, more time likely required to understand how services shall re-set. Our greatest capacity constraint are the social distancing requirements, and whilst health board activity has reduced so too has our capacity. Lee Brooks noted if health boards shift services to do more remotely in the future, our current reduced level of activity may remain. There would be an assessment of the Ambulance Car Service created temporarily with additional funding to understand if this presents an opportunity to change our fleet in a way that could be consistent with the outcomes of the demand and capacity review for NEPTS. Generally, under the current climate it was difficult to predict when the backlog would improve.
4. How confident was the Trust in receiving the requested trajectory from health board Chief Operating Officers in respect of future lost hours at their respective emergency departments? Lee Brooks had previously asked them for this information to assist WAST planning and anticipated that due to the challenges in gathering this information was doubtful it would be forthcoming in the near future. Rachel Marsh added this information was not on the list of Ministerial priority measures. The Chair commented that whilst this may not be a Ministerial priority it remained a key impact on the Trust and consideration be given for it to be annotated within the IMTP.
5. The Committee discussed in further detail what impact the recent easing of restrictions

in Wales would have on the Trust going forward.

RESOLVED: That the Committee noted the update and acknowledged the work of the Operations Directorate.

03/22 QUALITY AND PERFORMANCE FRAMEWORK UPDATE

Rachel Marsh confirmed that work was continuing and provided details of the timelines and where it was being reviewed with the ultimate aim of it being approved at the Board meeting on 24 March 2022.

RESOLVED: That the Committee noted the update.

04/22 FINANCIAL POSITION FOR MONTH 9

Due to meeting timing, Chris Turley provided the Committee with an overview of the financial performance of the Trust to date via a PowerPoint presentation and drew several key items for their attention which included:

1. The Trust was on target to deliver financial balance by the end of the financial year; the current revenue financial position showed a small underspend of £50k.
2. Capital expenditure was forecast to be fully spent for this financial year. £7.142m had been expended against a budget of £23.873m. The Committee were updated with details of the ongoing work which included the projects at Vantage Point House and Ty Elwy. The Committee were also advised that the full capital allocation for the 2022/23 fleet replacement programme had been supported by Welsh Government in the full amount of £15.1m
3. In terms of Directorate level budgets there was a small underspend in some areas offset by some additional non recurring spend, some of which is being managed through the Trust reserves.
4. The Net Covid -19 spend to date was £7.583m with an end of year forecast spend of £11.315m.
5. The Committee were informed of the remaining risks and whilst none of these were high, until formally confirmed they included; the funding for the pay enhancement of 1% for staff on Bands 1 -5 together with an additional days leave for all staff.
6. Interim audit work was underway for the 2021/22 Trust annual accounts, and this would as the previous year be conducted virtually.
7. The Committee recognised that the full financial report would be presented at the next Board meeting on 27 January 2022.

Comments:

1. Members acknowledged the ongoing work from the Finance Directorate.
2. In terms of Capital spend, the Committee remarked it would have been useful if details of the year to date spend forecast could be included against the actual incurred. Chris Turley explained that this was included in the more detailed report, once complete by means of a monthly cashflow statement. How this is then presented against future spend levels can be further considered

RESOLVED: That the update was noted and the Committee also noted a full written report would be provided to the Board at its meeting on 27 January 2022.

05/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

Rachel Marsh presented the Committee with the December report and drew their attention to the following highlights:

1. Call answering times for 999 and 111 continued to provide challenges for the Trust. Several actions were in place to improve performance and this included additional recruitment to expand capacity with the result that January's performance was expected to be enhanced.
2. Ambulance response times continued to be longer than the Trust would want and several actions to enhance these times included increases in capacity, efficiency measures and demand management.
3. Ambulance Care performance was having a positive impact on patient experience. Performance was above target for enhanced renal patient arrivals prior to appointment in Dec-21. However the Committee would continue to monitor any possible capacity issues.
4. The unprecedented high levels of hours lost to handover at Emergency Departments was impacting on red performance due to the unavailability of resources.
5. Staff absences. This remained high at 45.2% against a benchmark of 30%, with Covid – 19 being a significant impact. The Trust's overall sickness level remained high across all areas of the Trust.
6. In respect of the shift left initiatives (this related to the Trust working with health boards and other partners to provide the right care closer to home and reduce the number of patients who required conveyance to hospital) Good progress had been made on the hear and treat rates after 999 calls; an increase of 36 Paramedics had been agreed and supported by EASC and also a cohort of mental health professionals to work within the Clinical Support Desk.

Comments:

1. Concern was expressed in respect of performance relating to staff PADR's (Personal Appraisal Development Review) compliance which was below target accepting the challenges in meeting this target; the Committee noted that the People and Culture Committee monitored PADR compliance. Rachel Marsh and Lee Brooks accepted that PADR's required completing and championed the benefits associated both from an employer and employee perspective. The Trust had been under extreme pressure for a considerable amount of time and the focus was to respond to patients. This therefore had an impact on the completion of PADR's. Notwithstanding this, the Trust had increased the target by 10% from the same time the previous year.
2. Was there any update on Ombudsman cases? Lee Brooks advised that the number of cases where the Ombudsman had decided to investigate and seek additional information from the Trust had increased. The Committee noted that an update would be provided at Quest in due course and in the meantime Rachel Marsh would provide an update at the next F and P meeting.

RESOLVED: That the Committee considered the December 2021 Integrated Quality

and Performance Report and

- (1) It was recognised that the Committee would undertake a deep dive into performance related to the Trust's 'shift left' ambition at its next meeting.**
- (2) The Committee formally requested that the issues of performance related to PADRs and Ombudsman cases were referred to the People and Culture Committee and QuEST respectively for further analysis, and it was noted that QuEST was monitoring the significant number of national reportable incidents.**

06/22 INTEGRATED MEDIUM TERM PLAN (IMTP) PROGRESS REPORT

Rachel Marsh updated the Committee on progress against the 2021/22 Integrated Medium Term Plan (IMTP) and highlighted the following for the Committee's attention.

1. Implementation of the new 111 system with Salus delivery had slipped until Oct/Nov 2022.
2. It was noted that the development of the quality strategy implementation plan was advancing, with the QuEST Committee reviewing the plan at its February meeting.
3. Assurance was given to the Committee that remedial plans were in place and there was confidence that those plans marked as amber would be completed in year.

Comments:

1. The Committee commended the organisation for the substantial number of projects which had been completed during a challenging year
2. In terms of the Amber categories, what was the confidence level of completing these and should this be reported to Board; Rachel agreed this would be reflected in the report to Board.
3. The Committee were advised that the Quality strategy and implementation plan, which was in the red category, would receive an update on progress at the Quest Committee in February.

RESOLVED: That the report was noted.

07/22 INTEGRATED MEDIUM TERM PLAN PLANNING UPDATE – NEXT STEPS

1. Rachel Marsh provided the Committee with an overview in terms of the challenges and opportunities which were shaping the plan; these included:
 - a. The achievements from last year which will be incorporated in to the IMTP
 - b. The learning the Trust had gained from Covid-19
 - c. Feedback from the community which had been captured through engagement,
 - d. Feedback from Staff through staff surveys and CEO Roadshows.
2. In terms of developing the plan, the Trust was part of the overall system which was working towards a healthier Wales through the strategy for the health and social care in Wales. Several aims within the strategy in which the Trust contributed to included; improving the health of the population, improving the quality and accessibility of services, increasing the value of the care provided and the ongoing work to develop and maintain a sustainable workforce.

3. There were six goals set out which included coordinating for people at risk, signposting patients to the right place, access to clinically safe alternatives to hospital admission, a rapid response in a health crisis, optimal hospital care and a home first approach. These goals have been given measures by the Minister for Health and specifically for the Trust, the need to establish urgent primary care centres and to collect data on the percentage of total conveyances taken to a service other than an ED. Other measures included the detailing of progress against the health boards plans to deliver a same day emergency day care service.
4. Rachel Marsh made reference to EASC's IMTP and outlined their priorities for Members' attention; of note was the need to strengthen the collaborative work to develop services.
5. In respect of Ambulance Care (formerly NEPTS) and following completion of the transfers of work from health boards; the Trust amongst other initiatives, would work with the National Collaborative Commissioning Unit (NCCU) to strengthen quality, develop a robust forecasting and modelling service and collaborate with the system and suppliers to ensure that any inefficiencies were reduced.
6. In respect of the Long Term Strategy Development section of the IMTP, the Committee were briefed on the ongoing programme of work and how it would mature through a series of schemes.
7. In terms of the Gateway to Care section of the IMTP, the Trust's ambition was to develop a simplified system for people across Wales to access the Trust when they had a health care need. This would see an increase in the capacity and capability of the clinical teams for 111 and 999 callers. For example, patients who required further specialist or face to face assessment or treatment would be booked directly to the right place.
8. Emergency Medical Services – Rachel Marsh detailed the main areas of focus which included increasing overall capacity and efficiency through additional workforce.
9. Ambulance Care – Several actions had emerged from the demand and capacity review which continued to be implemented. Going forward an All Wales Transfer and Discharge service was being developed.
10. Enablers. This incorporated how the Trust would support its staff through several enterprises and schemes. Improvements to the Trust's estate were incorporated in the plan which would not only enhance working areas but also address any environmental and sustainability issues.
11. Partnership working. The plan would outline the work with key stakeholders to ensure they supported the Trust's longer term ambitions.
12. Fundamentals. The Committee were reminded that the Trust would focus on being quality driven and clinically led with value at the heart of everything it does.
13. Risks. Several risks had emerged which should be noted; these included, 111 commissioning intent remained unclear at this stage and the risk around health board recovery plans which may impact on the Trust.
14. Revised Timetable. Members were shown a slide which illustrated the timeline for board approval (24 March) with subsequent submission to Welsh Government on 31

March 2022.

Comments:

1. How does the Trust garner its feedback from the public which then influences the IMTP? Rachel Marsh explained that the Patient Experience Community Involvement Team, through engagement, captures and summarises any themes and trends relevant for the IMTP.
2. Members welcomed the update and looked forward to seeing some tangible evidence that will demonstrate the ambitions and aspirations set out in the plan.
3. Prior to finalisation at the March Board, was the Trust confident that sufficient engagement with key stakeholders would have occurred. Rachel Marsh advised that the stakeholder engagement plan was currently being refreshed and going forward for the following year the breadth of engagement will be enhanced.
4. The Committee recognised that due to Covid-19 many ambitions in last year's plan had been paused and these would need to be restarted at some point in the future; which may impact delivery of the current plan

RESOLVED: That the Committee noted the update.

08/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch provided an overview of the report and drew the Committee's attention to the following points:

1. The Risk Management and Board Assurance Framework improvement programme was presented to the Audit Committee in December 2021 and was fully supported.
2. A programme of work was underway to strengthen the articulation of the Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks; Risk ID's 223, 224, 199, 316 and 160.
3. A temporary risk officer had been appointed to support the Corporate Governance Team with the work mentioned above.
4. There were 8 of 15 Corporate Risks currently assigned to the Committee which were described in the summary table of the report
5. A new risk relevant to the Committee had been developed during the period which was Risk ID 458 - regarding funding for recurrent costs of commissioning. This was undergoing assessment and consideration by ADLT and EMT and would be presented to the Committee in March 2022.

Comments

Risk ID 100 'Failure to collaborate and engage with EASC on developing ambitions and plans for WAST'. Members queried whether this was the correct description. Trish Mills advised that this risk would be re-articulated to confirm if it was appropriately described. She added that as part of the work going forward some of the risk descriptions would be re-articulated.

RESOLVED: That the Committee received assurances on the report and specifically:

- (1) Noted and discussed the contents of the report; and**
- (2) Highlighted any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.**

09/22 INTERNAL AUDIT TRACKER REPORT

1. Julie Boalch advised the Committee of the up to date position in relation to the outstanding recommendations from internal and external audit reviews.
2. There were currently 57 of the 83 recommendations assigned to the Committee. There were 4 which were high priority and overdue
3. Of the 4 high priority recommendations showing as overdue these related to the 20/21 Clinical Contact Centres Performance Management Reasonable Assurance review

Comments:

The Chair advised that the Trust should continue to focus on the high and medium recommendations and suggested that the low priority recommendations should be closed. This would allow the Trust to concentrate on the critical items going forward.

RESOLVED: That the Committee:

- (1) Noted 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 FPC, and**
- (3) Agreed any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**

10/22 DECARBONISATION UPDATE

Chris Turley updated the Committee on progress since the previous meeting:

1. At the Flintshire Dobshell site, development of two hectares of land for planting trees, plus the installation of a substantial solar energy source, battery storage and of an air source heat pump should see the Trust's aspiration for its first Net Zero Carbon facility to be realised by the end of this financial year.
2. The Fleet transition to Ultra Low Emission Vehicle vehicles has continued with the purchase of three full Electric Vehicle 3.5 tonne workshop vans and fifteen plug in hybrid Rapid Response Vehicles, due for delivery before the end of this financial year accelerating the deliverables of the 2022/23 Fleet BJC

RESOLVED: That the Committee noted the update.

11/22 VALUE BASED HEALTHCARE

1. Chris Turley notified the Committee to the fact that development of the programme of work on Value Based Healthcare had been paused during the pandemic.
2. However work was continuing in the background, particularly with discussions around looking at some technical detail to underpin the programme going forward.
3. Members recognised that the Trust would be benchmarking costs and cost behaviour against other ambulance services who were developing similar systems.

RESOLVED: That the update was noted.

12/22 DEEP DIVE ON A PARTICULAR AREA ON PERFORMANCE FOR MARCH COMMITTEE MEETING

Rachel Marsh suggested that work be conducted on the 'shit left' activity, as this would be a key part of the Trust's strategy going forward.

RESOLVED: That a deep dive on the 'shift left' activity would be presented at the next meeting.

13/22 KEY MESSAGES TO BOARD

The Chair advised the Committee that the following items would be reported to the Board.

1. Quality framework was in development.
2. Finances were on track – low risk, however there may be challenges in the next financial year.
3. Operations Directorate, work had clearly been focused on the pandemic.
4. 111 work with the additional capacity had been resolved.
5. Ambulance Care – environmental impact of journeys had been considered.
6. Performance, the military support continued, high demand of 111 and 999 had affected ability to respond.
7. IMTP – Update on planning and delivery; Committee content with direction of travel.
8. Risk Management – no issues with the tracker
9. Environment and Sustainability – no issues
10. Value Based Healthcare – continued to be in development

RESOLVED: That the Key Messages were noted

Date of next meeting: 17 March 2022



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'UNCONFIRMED' MINUTES OF THE MEETING HELD ON
9 NOVEMBER 2021 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer (in part)	Chief Executive, Powys Teaching Health Board PthB
Stuart Walker	Interim Chief Executive, Cardiff and Vale CVUHB
Mark Hackett (in part)	Chief Executive, Swansea Bay SBUHB
Andrew Carruthers	Director of Operations, Hywel Dda HDdUHB
Linda Prosser	Director of Strategy and Transformation, Cwm Taf Morgannwg CTMUHB
In Attendance:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Stuart Davies (in part)	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Chris Moreton (in part)	Assistant Director Commissioning and Finance, National Collaborative Commissioning Unit (NCCU)
Matthew Edwards	Head of Commissioning and Performance, EASC Team, National Collaborative Commissioning Unit (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/66	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p> <p>Following some recent changes at Health Boards the Chair welcomed Glyn Jones and Stuart Walker as Interim Chief Executives of their respective Health Boards. The Chair also welcomed Linda Prosser Director of Strategy and Transformation from Cwm Taf Morgannwg University Health Board to her first meeting of the EAS Joint Committee.</p> <p>The Chair thanked Judith Paget in her absence for her significant contribution to the Committee's work over recent years and wished her every success in her new role with Welsh Government.</p>	Chair
EASC 21/67	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Jo Whitehead, Paul Mears, Steve Ham, Steve Moore and Gwenan Roberts.</p>	Chair
EASC 21/68	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared. The Chair reminded those that have not yet responded to the request for Declarations of Interests and asked that the EASC Team are contacted if there are any queries.</p>	Chair
EASC 21/69	<p>MINUTES OF THE MEETING HELD ON 7 SEPTEMBER</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 7 September.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 7 September. 	Chair
EASC 21/70	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 21/59 and EASC 21/44 WAST Provider Report It was agreed that Agenda item 2.4 covers these items.</p>	

	<p>EASC 21/26 Committee Effectiveness</p> <p>It was confirmed that members had agreed that a formal process of training for new Committee members is not required but that this is always available to all members on an individual basis</p> <p>The Chair noted the importance of the patient voice and how the EASC could facilitate a more inclusive approach, this will remain an ongoing issue for discussion. The Chair agreed to work with the Committee Secretary to ensure that progress would be made in all areas of the action log.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Action Log. 	<p>EASC Team</p> <p>Chair and Committee Secretary</p>
EASC 21/71	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 21/72	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>In presenting the report, Chris Turner explained that he had attended the meeting with Powys Teaching Health Board with the Chief Ambulance Services Commissioner on 20 October. Members noted that this had been a very positive and collaborative session focusing on such matters as reducing conveyance to ED and the "rural model". Again, it was very helpful that Jason Killens joined this session.</p> <p>Members noted that the Chair's end of year appraisal had taken place and that confirmed objectives for the Chair are awaited.</p> <p>The Chair stated that the NHS Wales Leadership Board meeting clashes with the Committee's next meeting on 18th January 2022. Members were asked to consider alternative arrangements and it was noted that nominated deputies have delegated authority to commit to the required decisions. It was agreed that the EASC Team would now seek the availability of nominated deputies to attend this meeting. The EASC team would ensure timely circulation of papers to facilitate the required internal consideration and discussion within Health Boards.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report <p>NOTE: Subsequent to the meeting Welsh Government</p>	<p>EASC Team</p> <p>EASC Team</p>

	confirmed that it had changed the date of the Leadership Board in which case the EASC meeting would proceed as planned.	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 21/73	<p>PERFORMANCE REPORT</p> <p>The Chair introduced the Performance Report as the first standing agenda item (for discussion) at all future Joint Committee meetings, as requested by the Minister. It was noted that this is the first iteration of the report and comments from members are welcomed.</p> <p>Ross Whitehead presented the update on current emergency ambulance performance setting out activity and performance across calls, incidents, response and output with a range of matters discussed including:</p> <ul style="list-style-type: none"> • The clear deterioration in the 95th percentile call answering time but members received some re-assurance around WAST's recruitment plans to resolve this • A growing gap between the number of calls answered and the number of incidents generated, a trend often seen at times of escalation related to individuals calling back due to a delayed response but is now become a consistent feature over many months • The volume of incidents resolved by "hear and treat" is improving, noting that recent investment in both staff and technology should support further improvements in this as well as providing more granular data on the outcomes for patients and the impact on the wider system • The categories of incidents receiving at least 1 ambulance response, noting an increase in Red incident volume and proportion. By their nature, red incidents often require multiple responses at scene and so have a disproportionate effect on resource availability for other incidents • The increased response times for red and amber incidents, with particular concern around the Amber median and 95th percentile for both categories • A reduction in both conveyance volume and percentage, this impact must be considered in light of the reduction in attendance at scene in response to escalation decisions and so is not necessarily in the best interest of patients. <p>However, the main focus of the discussion centred on the growing level of handover delays at hospital sites in Wales with over 18,000 hours lost in October, a growth of 4,000 hours on September. It was noted that the Committee had previously committed to delivering a maximum of 150 hours lost per day, or circa 5,000 hours a month however over 5,000 hours were already reported in November.</p>	

	<p>It recognised that many of the solutions to the handover issue were not at the front door of the hospital and Stuart Walker kindly shared information relating to patients medically fit for discharge. It was also recognised that, as a Committee charged with the provision of emergency ambulance services, we must draw a line at the level of handover hours we are prepared to tolerate.</p> <p>It was noted that a solution to mitigating the impact of handover delays could not be achieved solely via WAST employing additional staff and delivering efficiencies that they have previously committed to.</p> <p>Members agreed to the following deliverables as the start point of the commitment to reducing handover delays:</p> <ul style="list-style-type: none"> • No ambulance handover will take more than 4 hours • We will reduce the average lost time per arrival by 25% from the October 2021 level at each site (from 72 minute to 54 minutes at an all Wales level). <p>It was accepted that, whilst this commitment can be made as a Committee, further work will need to be done locally with clinical teams to deliver this. It was also agreed that the Committee would need to consider the organisational implications of failure to deliver this commitment.</p> <p>It was recognised that the scale of this challenge would vary by site, and the EASC Team agreed to work closely with Morriston, GUH and YGC in particular to support the improvements needed.</p> <p>There was broad agreement that this requirement must be included in the wider system escalation plans that are in development and that further discussions would be held on this at the next NHS Leadership Board, as well as continuing discussions with COOs, Medical Directors and Directors of Nursing.</p> <p>It was agreed that a note of this item and the agreed deliverables would be circulated to members following the meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the discussion and agreed actions 	<p>ALL</p> <p>EASC Team</p> <p>ALL</p> <p>EASC Team</p>
EASC 21/74	<p>FOCUS ON – Update on Demand and Capacity</p> <p>The 'Focus On' session provided the context in terms of the</p>	

	<p>demand and capacity reviews previously undertaken and how the wider system environment has changed. This also covered the key areas of improvement that have already been delivered and a number of updated assumptions that will be included within the modelling going forward.</p> <p>The next steps in WAST's transformation journey aligned to the key principles of additional capacity, improved efficiency and demand management and the progress made against each of these areas to date were confirmed, including:</p> <ul style="list-style-type: none"> • recruitment • increased 'hear and treat' rate and • the work that has commenced on realigning rosters with demand. <p>Members noted:</p> <ul style="list-style-type: none"> • the significant uplift in the number and proportion of red calls • an increase in sickness levels and abstractions • increased handover hours lost • deteriorating response times leading to significant patient harm • short term actions that have been undertaken including additional capacity (St John Ambulance, military and fire and rescue support), demand management (additional clinicians and mental health staff to increase the clinical support desk) and increased efficiency (working with Trade Union partners to look at modernisation in key areas). <p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • that it would be helpful to see the assumptions made as part of the modelling • the need to undertake additional forecasting to plot how demand may taper in future • the importance of understanding the opportunity costs of increasing the "see and treat" services rather than hospital admission avoidance • that modelling should also take account of any mitigating actions being taken locally by Health Boards in addition to WAST's own efficiency/cost improvement programme • the need to take account of the differing transfer requirements of Health Boards. <p>It was agreed that:</p> <ul style="list-style-type: none"> • the assumptions used in the modelling are available to members • there is a need to ensure a safer level of response • this has been a difficult year for making efficiencies but that WAST would also need to demonstrate progress on 	<p>WAST</p>
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	<p>efficiency gain</p> <ul style="list-style-type: none"> • WAST have had additional investment to deliver certain things and there was reasonable progress in all these • there is general support to continue to rotate the triangle but also to be practical in terms of likely additional recruitment in 2022-23 • the Committee supported their previous commitment to recurrently fund this year's non-recurrent investments and to agree an additional non-recurrent allocation for 2022-23 • it will be important to review options within the context of the wider health system and not in isolation. <p>Engagement would now be undertaken with planning and finance groups and would be forwarded to members in December.</p> <p>Next steps for WAST were noted to include a strategic outcome case to be developed by early December to start to realise the strategic ambition for the transformation of services, this will include recruitment deliverability, fleet and estates, capital and revenue, benefits and risks.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the discussion 	WAST
EASC 21/75	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen HARRY highlighted the following key items:</p> <ul style="list-style-type: none"> • Non-Emergency Patient Transport Services (NEPTS) – services at Cwm Taf Morgannwg University Health Board have now transferred to the Welsh Ambulance Services NHS Trust. It was noted that additional funding has also been secured from Welsh Government to support additional capacity within NEPTS for the remainder of this year • The EASC Action Plan details the key milestones as we work towards agreeing the vision of a modern high-performing emergency ambulance service, monthly performance meetings will now be held with Welsh Government officials • The new Commissioning for Value Framework was presented at the recent EASC Management Group meeting with the key principle of reflecting the extended offer already made, including 'hear and treat' and 'see and treat' services. This framework will now be refined in line with the discussions held with stakeholders, working with WAST colleagues as we work to sign off via EASC ahead of 1 April 2022 implementation 	

	<ul style="list-style-type: none"> An update was provided on the process of engagement undertaken during 2021 as part of the commissioning intentions process, including agreement of the commissioning cycle, a more timely and collaborative approach to development of next year's commissioning intentions, including the receipt of feedback from organisations. These commissioning intentions identify the strategic priorities as agreed by Health Boards The Commissioner Ambulance Availability Taskforce met in September and focussed on the future clinical workforce, the digital future of WAST and the revised commissioning for value framework that is being progressed A proposed system escalation process has been developed for Health Boards to work alongside the WAST Clinical Safety Plan, enabling clinical and operational leaders within organisations to respond to areas of greatest clinical risk. This process involves an integrated approach that requires collaboration and response across health and social care and is supported by local operational delivery units. Engagement with relevant peer and stakeholder groups is currently being undertaken to refine the plan The Adult Critical Care Transfer Service (ACCTS) has now gone live in both North and South Wales. The team recently presented at the Welsh Government Critical Care Summit and Health Board critical care colleagues noted the significant impact already made. <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the information within the report. 	
EASC 21/76	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received. Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:</p> <ul style="list-style-type: none"> CoVID-19 and the impact of CoVID-19 is having a severe impact on WAST with very high EMS demand, high roster abstractions, high handover lost hours and social distancing on NEPTS transport WAST is at maximum escalation and expects to remain so for the foreseeable future There were 586 12 hour and over patient waits in Sep-21 (the third highest recorded) The Red 8 minute 65% target has been missed for the last 14 months, with significant health board variation WAST remains concerned at the number of hours lost outside EDs, with 14,402 hours lost in Sep-21 	

	<ul style="list-style-type: none"> WAST continues to seek to efficiencies, in particular, the pan-Wales EMS Response roster review (temporarily paused) and modernising working practices (negotiations re-started with TU partners in Sep-21), in particular, post production lost hours return to base meal breaks The electronic patient clinical record (e-PCR) programme is in delivery phase with initial “go live” in Nov-21. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the WAST provider report. 	
EASC 21/77	<p>EASC FINANCIAL PLAN</p> <p>Following the operational discussions regarding additionality held earlier in the meeting, a first draft financial plan was also presented to ensure early sight of the financial requirements for 2022-23. It was agreed that engagement would now be undertaken with appropriate peer groups including finance and planning to ensure inclusion in IMTPs and taken through the EASC Management Group. Members discussed the information within the report and noted that a final draft would be presented for ratification at the January meeting of the Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the draft financial plan. 	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 21/78	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received. Members approved the current financial position and forecast year-end.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> APPROVE and NOTE the report. 	
EASC 21/79	<p>EASC SUB GROUP MINUTES</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> EASC Management Group – 26 August 2021 NEPTS Delivery Assurance Group – 10 August 2021 EMRTS Delivery Assurance Group – 15 June 2021 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> APPROVE the confirmed minutes as above. 	
EASC 21/80	<p>EASC GOVERNANCE</p> <p>The EASC Governance report was received. Members noted</p>	

	that the risk register had been received at the recent EASC Management Group meeting. Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the risk register. 	
EASC 21/81	FORWARD PLAN OF BUSINESS The forward plan of business was received. Members noted that a comprehensive annual plan would be received at the next meeting in line with the requirements within the Standing Orders. Following discussion, Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	
Part 4. OTHER MATTERS		ACTION
EASC 21/82	ANY OTHER BUSINESS There was none.	

DATE AND TIME OF NEXT MEETING		
EASC 21/83	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 18 January 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 January 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Support to Vaccination Booster Campaign

A presentation was received from Health Courier Services (HCS) on their role in supporting the booster campaign across Wales. Since Mid-December, almost 1m vaccines have been delivered to 155 separate sites with no delayed or failed deliveries. Over 8,500 journeys have been made to support the vaccination roll-out and 2.3 million miles driven by HCS staff to help NHS Wales to respond to the pandemic. The Committee were very appreciative of the presentation and the work to support their organisations and were keen to understand how they could assist in making the service even more effective through eliminating any unnecessary activities.

Procurement National Operating Model

The Committee also received a presentation on the new national operating model for Procurement Services which is currently out to staff consultation. This will facilitate a more regionalised approach and will enhance the relationship between national sourcing and frontline teams. It should also lead to a greater focus on strategic relationships with key suppliers and support the efforts to promote the Foundational Economy. The Committee were supportive of the proposed changes, and it was agreed that a summary information document would be produced for NHS bodies once the staff consultation period closes.

Chair's Report

This was the first meeting chaired by Tracy Myhill since her appointment to NWSSP on 1 December. Tracy outlined her delight in being appointed, the induction activities that she had undertaken to date, and her intention to meet regularly with key stakeholders across NHS Wales.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- In response to COVID and the Omicron variant, the NWSSP Planning and Response Group had been stepped up again. Thus far, no major issues have been noted and whilst there was an initial jump in sickness absence, figures have returned to the previous low levels. Where necessary, business continuity plans were implemented for drivers in Health Courier Services to ensure that services to the rest of NHS Wales were maintained;
- A Joint Executive Team meeting with Welsh Government was held on 14 January which generated a lot of positive feedback for NWSSP and during which NWSSP were requested to assist with the establishment of the Citizens Voice Body which will come into being from April 2023;
- The Medical Examiner Service, which is not devolved, is likely to become a statutory service from September 2022; and
- The NWSSP financial position is forecast to achieve a break-even position with all capital monies spent. The business case for the purchase of the Matrix House building in Swansea, has been signed off by the Minister.

Items Requiring SSPC Approval/Endorsement

IMTP

The Committee received the NWSSP IMTP for approval. The Director of Planning, Performance, and Informatics had met individually with SSPC members over recent weeks to inform the plan and has incorporated their comments and feedback into the final version. While, for now, there are no major changes to the overall goals and objectives, there is a greater focus on the Welsh Language, Equality and Diversity and outcome-based measures.

The IMTP is based on a solid foundation where NWSSP has continued to deliver all services despite the pandemic, and where we have a balanced financial plan. New services such as the Temporary Medicines Unit, Laundry Services, and more recently International Nurse Recruitment, have been introduced. The plan reflects ministerial priorities and positions NWSSP at the forefront of many national initiatives, particularly around climate change and the foundational economy.

In respect of the financial plan an additional savings target had been applied across directorates to generate a reserve to invest in IMTP priorities, but the plan will be challenging as it contains significant cost pressures including the hike in the price of energy and the O365 licences. The risk sharing agreement for clinical negligence claims is currently £16.5m but is forecast to rise to £28m in three years' time. The IMTP requires significant capital investment over the next five years particularly in respect of the laundry and TRAMs projects. The recently announced 24% cut in the discretionary budget will cause significant challenges for NWSSP in future years.

The Committee were supportive of the plan and highlighted NWSSP's role as an economic driver for change through the increased use of business intelligence to inform Health Boards and Trusts in both clinical and non-clinical settings. It also stressed the need for the various assurance processes (Internal Audit, Local Counter Fraud, National Counter Fraud, PPV) to be effectively co-ordinated to support delivery of the IMTP, and the Committee recommended that the current arrangements should be reviewed.

The Committee **APPROVED** the IMTP with the proviso that it may need to be revisited if there were any subsequent and significant changes to Health Board plans that impacted NWSSP.

Items For Noting

International Recruitment

The Committee received a paper relating to the recruitment of 436 nurses from overseas prior to financial year-end, to help fill vacancies within Health Boards and support the Covid recovery programme. Welsh Government have approved the funding for this initiative and contracts have been placed. Interviews are now being undertaken and although the deadline is challenging, there is confidence that this will be achieved. Invoices to the recruitment agencies will be paid at the offer acceptance stage, and if for any reason the recruitment is not followed through, the agencies have to find an acceptable replacement nurse or repay the amount. Nurses are only being recruited from countries with surplus staff and who are included on the Home Office Approved List.

The Committee **NOTED** and **ENDORSED** the paper.

Finance, Workforce, Programme and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed. It was agreed that the consequences of any slippage in project timelines would be more meaningfully described in the report.

Finance Report – The Committee reviewed the finance report and noted the position at the end of Quarter 3. The outturn position is still forecast to be break-even and there is a plan in place to utilise any additional savings generated in the year. The paper also highlighted the significant sums spent on PPE, and the further donations of PPE to both India and Namibia. The Welsh Risk Pool position is still in line with the IMTP. Capital spend is on schedule, but a large proportion of the funding has only recently been confirmed and/or received. Stock values, which in a normal year would be approximately £3m are currently around £80m due to the need to maintain 16-weeks' stock of PPE. However, this value is reducing and was in excess of £100m last summer.

People & OD Update – sickness absence rates, after an initial spike due to the

impact of the Omicron variant, have now returned back to the lower levels seen over recent months and currently stands at 2.93% for the last quarter. Headcount continues to grow due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. PADR rates were generally good although there were a few directorates where performance needed to be improved. The ESR database has now been modified such that the majority of the facilities it provides can be accessed and delivered in Welsh.

Corporate Risk Register – there is one red risk relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services.

Papers for Information

The following items were provided for information only:

- Annual Review 2020/21; and
- Finance Monitoring Returns (Months 8 & 9).

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting

24 March 2022

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 18 JANUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 18 January 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 9 November 2021 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. Chair's Report

Members received the Chair's Report and **noted**:

- That a Chair's action had been undertaken to update the Terms of Reference (ToR) for the Welsh Renal Clinical Network (WRCN) to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN,
- The proposal to extend the Interim Chair Arrangements for the Chair of the Welsh Renal Clinical Network (WRCN) until the end of March 2022,
- an update concerning WHSSC Independent Member (IM) Remuneration,
- attendance at the Integrated Governance Committee (IGC) held on the 13 December 2021,
- an update on the Royal College of Nursing Wales – Nurse of the Year Awards 2021 ceremony held on the 10 November and that WHSSC had sponsored the Health Care Support Worker (HCSW) Award category,
- that Professor Vivienne Harpwood had appointed Dr Ruth Alcolado, Medical Director, NHS Wales Shared Services Partnership (NWSSP) as the new Vice Chair for the All Wales Individual Patient Funding Request (IPFR) Panel with effect from the 16 December 2021 for 2 years, in accordance with the Standing Orders,
- that the Chair had attended 1 to 1 meetings with Health Board (HB) CEOs.

Members (1) **Noted** the report, (2) **Ratified** the Chairs action undertaken to update the Terms of Reference (ToR) for the Welsh Renal Clinical Network (WRCN) to ensure effective governance and in the interest of expediency to commence the recruitment exercise for the role of the substantive Chair to the WRCN, and (3) **Approved** the extension of the interim WRCN Chair arrangement until 31 March 2022 to ensure business continuity whilst the substantive post is recruited to.

4. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- Workshops held to consider options for WHSSC to commission Hepato-Pancreato-Biliary (HPB) Services,
- The extension of the Fast-Track Process for Military Personnel,
- Paediatric Inherited Metabolic Diseases (IMD),
- Discussions with SBUHB concerning the commissioning of Burns Treatment from the SBUHB Welsh Centre for Burns,
- The WHSSC Specialised Services Strategy,
- A request for WHSSC to support the National Collaborative Commissioning Unit (NCCU) to commission Surge Beds in response to the current omicron wave.

Members (1) **Noted** the report, (2) **Supported** that WHSSC provides support to the NCCU to enable them to commission mental health Surge Beds in response to the current omicron wave.

5. Individual Patient Funding Request (IPFR) Panel Update

Members received an update report on the Individual Patient Funding Request (IPFR) panel which outlined potential future proposals to change the terms of reference (ToR) of the All Wales Individual Patient Funding Request (IPFR) Panel, provided the JC with an update regarding the recent Judicial Review of an All Wales IPFR Panel decision, and provided an update on the outcome of a recent meeting with Welsh Government (WG) to discuss the governance arrangements of the All Wales IPFR Panel including the authority of the JC to amend the ToR of the Panel.

Members (1) **Noted** the issues with the current ToR of the All Wales IPFR Panel, (2) **Noted** the outcome of the recent Judicial Review and the implications for both the All Wales IPFR Panel and HB panels in Wales, (3) **Noted** the next steps agreed with Welsh Government regarding urgent changes to the existing All Wales IPFR Policy, (4) **Noted** the next steps agreed with Welsh Government regarding the authority of the Joint Committee to approve changes to the All Wales IPFR Panel ToR, and that a formal letter, from WG, confirming the position is awaited; and (5) **Noted** the suggestion from WHSSC officers regarding the need for a wider review of both the All Wales IPFR Policy and the governance arrangements for the policy.

6. Audit Wales WHSSC Committee Governance Arrangements Update

Members received an update on progress against the recommendations outlined in the Audit Wales "WHSSC Committee Governance Arrangements" report.

Audit Wales presented the report and advised that the management responses were comprehensive and well thought out and that positive progress had been made against the actions. The ongoing scrutiny being undertaken through the Integrated Governance Committee (IGC) was noted.

Members were informed that the updated audit tracker document will be shared with the NHS Wales Board Secretaries in HBs for inclusion on HB Audit Committee agendas in February/March 2022. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee (JC) of each HB in Wales.

Members (1) **Noted** the progress made against the WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (2) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (3) **Approved** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in February/March 2022.

7. Assurance on Patients Waiting for Specialised Services

Members received a report providing detail on the processes being used within WHSSC to seek assurance around how patients are being managed whilst on a waiting list.

Members (1) **Noted** the report, (2) **Noted** the robust processes in place to gain assurance that provider organisations are managing and supporting patients waiting for specialised care and treatment; and (3) **Noted** that the position in our NHS England specialised service providers has been generally more stable with recovery and activity across most contracts back to pre-pandemic levels. However given the rise in cases of the omicron variant and the reports in the media that Trusts in NHS England are suspending elective care, the WHSS Team will urgently ascertain the position in our main specialised service contractors in NHS England. This will be reported to Joint Committee in the routine activity report.

8. Independent Member Remuneration Update

Members received an update on discussions with Welsh Government (WG) to review the options to recruit and retain WHSSC Independent Members

(IMs) in response to the recommendation outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

Members (1) **Noted** the report, (2) **Discussed** and **approved** the proposal to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs, (3) **Discussed** and **approved** that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs, (4) **Discussed** and **approved** the suggested proposals to remunerate WHSSC IMs including the requirement for a review following the recruitment process, (5) **Discussed** and **approved** the additional annual cost of remunerating WHSSC IMs; and **approved** an uplift to the Direct Running Costs (DRC) budget to enable a financial pool of resource to recurrently fund the remunerated IM positions.

9. COVID-19 Period Activity Report for Month 8 2021-2022

COVID-19 Period

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members **noted** the report.

10. Financial Performance Report – Month 9 2021-2022

Members received a report providing the final outturn for the financial year. The financial position reported at Month 9 for WHSSC was a year-end outturn forecast under spend of £13,261k.

Members **noted** the report.

11. Corporate Governance Matters

Members received a report providing an update on corporate governance matters arising since the previous meeting.

Members **noted** the report.

12. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC)
- Management Group (MG),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel,

- Welsh Renal Clinical Network (WRCN).



Tîm Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team





GIG
CYMRU
NHS
WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambiwlaens Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	22
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	

TRUST SEAL

MEETING	Trust Board
DATE	24 March 2022
EXECUTIVE	Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

The Trust Board is asked to note the affixing of the Trust Seal on 15 February and 1 March 2022 for the following documents:

1. Transfer of land - Purchase of Unit 2, Triangle Business Park, Merthyr Tydfil, CF48 4TQ on 15 February 2022
2. Licence for Alterations for works at VPH on 1 March 2022.

Recommended: That the Trust Board is requested to note the use of the Trust seal as described.

KEY ISSUES/IMPLICATIONS

Not applicable

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

Not applicable

REPORT CHECKLIST

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