

Bundle Trust Board (Open Session) 25 January 2024

Agenda attachments

- ITEM 0 Trust Board Open Agenda 25 January 2024 (002)-en-cy-C
- ITEM 0 Trust Board Open Agenda 25 January 2024
- 0 09:30 – OPENING ITEMS
- 1 Chair’s welcome, apologies, and confirmation of quorum
- 2 Declarations of Interest
Board Member Register of Interests
- 3 Minutes of Previous Meeting: 23 November 2023
23 November 2023
ITEM 3 Trust Board Minutes Open 23 November 2023
- 4 Action Log and Matters Arising
ITEM 4 Trust Board (Public) Action and Decisions Log
ITEM 4.1 NEPTS Memo Cancellation Briefing for Board 111223
- 5 09:35 – Chair’s Report
ITEM 5 Chair's Report to Trust Board January 2024
- 6 09:45 – Chief Executive’s Report
ITEM 6 CEO Report to TB January 2024 FINAL
- 7 10:00 – Questions from Members of the Public
- 8 10:10 – Staff Story
Peter Brown, Head of Service 111
‘111 Conversations in 111’
- 8.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 9 10:40 – Progress on Actions to Mitigate Avoidable Patient Harm
ITEM 9 Realtime Mitigations
ITEM 9.1 Reducing Patient Harm Action Plan
- 10 11:00 – Risk Management and Board Assurance Framework
ITEM 10 Executive Summary Risk Management Report Trust Board
- 10.1 11:10 – COMFORT BREAK
- 11 11:25 – Structured Assessment – 2023
ITEM 11 WAST Structured Assessment 2023 Report FINAL
- 12 11:40 – Integrated Medium–Term Plan 2023–2026 – Update
12.1 Integrated Medium–Term Plan 2024–2027 – Progress in developing the plan.
ITEM 12 Executive Summary – IMTP Q3Q4 Delivery & Assurance Trust Board
ITEM 12.1 Executive Summary – IMTP Planning Progress Jan 24 FINAL Board
- 13 11:55 – Financial Performance Month 9
13.1 Monitoring report
13.2 Worksheet (Sent separately by e mail)
ITEM 13 Finance Report Month 9 2023–24 – FINAL
ITEM 13.1 Month 9 Monitoring return
- 14 12:05 – Monthly Integrated Quality and Performance Report
ITEM 14 MIQPR SBAR TB November December 2023
ITEM 14.1 Annex 1 MIQPR TB November December 2023
- 15 12:20 – Governance Report
15.1 SBAR Annual Board and Committees Calendar 2024/25
15.1a Board and Committee Planner
ITEM 15 Governance Report – January 2024 – Open
ITEM 15.1 Board and Committee Calendar 2024–25
ITEM 15.1a 2024–25 Board and Committee Planner – Draft for Board January 2024
- 16 12:25 – Board Committee Reports
16.1 Audit Committee: 30 November 2023
16.1a Workforce report
ITEM 16.1 Audit Committee Highlight Report November 2023
ITEM 16.1a WAST Workforce Report final

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.

- 17 Minutes of Board Committees:
 - 17.1 *Audit Committee: 14 September 2023*
 - 17.2 *Academic Partnerships Committee: 24 October 2023*
 - 17.3 *Finance and Performance Committee: 13 November 2023*
 - ITEM 17.1 Audit OPEN Minutes 14 September 2023
 - ITEM 17.2 APC CONFIRMED MINUTES 24 OCTOBER
 - ITEM 17.3 OPEN FPC Minutes 13 November 2023
- 18 NHS Wales Joint Committee Update Reports:
 - 18.1 *Welsh Health Specialised Services Committee Joint Committee Briefing: 21 November 2023*
 - 18.2 *NHS Wales Shared Services Partnership Committee Assurance report: 23 November 2023*
 - 18.3 *Emergency Ambulance Services Committee Summary: 21 December 2023*
 - ITEM 18.1 JC Briefing (Public) 21 November 2023
 - ITEM 18.2 SSPC Assurance Report 23 November 2023
 - ITEM 18.3 Chair's EASC Summary from 21 December 2023
- 18.1 12:55 – CLOSING ITEMS
- 19 Any Other Business
- 20 Date and time of next meeting –Thursday 28 March at 09:30 in Cardiff MRD
Thursday 28 March 2024 at 09:30 in Cardiff MRD
- 21 Exclusion of the press and members of the public.
To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).
- 22 Acronyms
 - ITEM 22 Acronyms



Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

CYFARFOD BWRDD YR YMDDIRIEDOLAETH

Cynhelir mewn Sesiwn Agored ddydd Iau 25 Ionawr 2024 o 09.30 tan 13:00

Cyfarfod a gynhaliwyd yn MRD Caerdydd, Tŷ Merton , Croescadarn Close, Pontprennau, Caerdydd, CF23
8HF a thrwy Zoom

AGENDA

Rhif.	Eitem ar yr agenda	Diben	Arweinydd	Fformat	Amser
EITEMAU AGORIADOL					
1.	Croeso'r Cadeirydd, ymddiheuriadau, a chadarnhad o gworwm	Gwybodaeth	Colin Dennis	Ar lafar	5 munud
2.	Datganiadau o Fuddiannau	Gwybodaeth	Colin Dennis	Ar lafar	
3.	Cofnodion y Cyfarfod Blaenorol: 23 Tachwedd 2023	Cymeradwyaeth	Colin Dennis	Papur	
4.	Cofnodion Gweithredu a Materion sy'n Codi	Adolygu	Colin Dennis	Ar lafar	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Colin Dennis	Papur	10 munud
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	15 munud
7.	Cwestiynau gan Aelodau'r Cyhoedd	Gwybodaeth	Estelle Hitchon	Ar lafar	10 munud
PROFIAD STAFF/CLEIFION					
8.	Stori Staff: Peter Brown - Pennaeth y Gwasanaeth 111 '111 o Sgyrsiau mewn 111'	Trafodaeth	Angela Lewis	Ar lafar	30 munud
EITEMAU I'W CYMERADWYO, SICRWYDD A THRAFODAETH					
9.	Cynnydd ar Gamau i liniaru niwed cleifion y gellir ei osgoi	Sicrwydd	Jason Killens	Papur	20 munud
10.	Rheoli Risg a Fframwaith Sicrwydd y Bwrdd	Sicrwydd	Trish Mills	Papur	10 munud
EGWYL – 15 munud					



Rhif.	Eitem ar yr agenda	Diben	Arweinydd	Fformat	Amser
11.	Asesiad Strwythuredig - 2023	Sicrwydd	Fflur Jones	Papur	15 Munud
12.	Cynllun Tymor Canolig Integredig 2023-2026 Ch3/Ch4 Cyflenwi a Sicrwydd 12.1 Cynllun Tymor Canolig Integredig 2024-2027 Diweddariad ar gynnydd y Cynllun Tymor Canolig Integredig	Sicrwydd	Rachel Marsh	Papur Cyflwyniad	15 munud
13.	Mis Perfformiad Ariannol 9	Sicrwydd	Chris Turley	Papur	10 munud
14.	Adroddiad Ansawdd a Pherfformiad Integredig Misol	Sicrwydd	Rachel Marsh	Papur	15 Munud
15.	15 Adroddiad Llywodraethu 15.1. Calendr Bwrdd a Phwyllgorau Blynnyddol 2024/25	Cymeradwyaeth	Trish Mills	Papur	5 Munud
16.	Adroddiadau Pwyllgorau'r Bwrdd				
	16.1. Pwyllgor Archwilio: 30 Tachwedd 2023 16.1a Adroddiad y gweithlu	Sicrwydd	Paul Hollard	Papur	10 Munud
	16.2. Pwyllgor Cyllid a Pherfformiad: 15 Ionawr 2024	Sicrwydd	Joga Singh	Ar lafar	10 Munud
	16.3. Y Pwyllgor Partneriaethau Academiaidd: 16 Ionawr 2024	Sicrwydd	Kevin Davies	Ar lafar	10 munud
EITEMAU CYDSYNIO Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd aelod yn dymuno trafod unrhyw rai o'r eitemau hyn gofynnir iddo hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.					
17.	Cofnodion Pwyllgorau'r Bwrdd: 17.1 Y Pwyllgor Archwilio: 14 Medi 2023 17.2 Y Pwyllgor Partneriaethau Academiaidd: 24 Hydref 2023 17.3 Y Pwyllgor Cyllid a Pherfformiad: 13 Tachwedd 2023	Gwybodaeth	Colin Dennis	Papur	



Rhif.	Eitem ar yr agenda	Diben	Arweinydd	Fformat	Amser
18.	Adroddiadau Diweddarau Cydbwyllgor GIG Cymru: 18.1 - Briff Cyd-bwyllgor Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru: 21 Tachwedd 2023 18.2 - Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru: 23 Tachwedd 2023 18.3 – Crynodeb Pwyllgor Gwasanaethau Ambiwylans Brys: 21 Rhagfyr 2023	Gwybodaeth	Colin Dennis	Papur	
EITEMAU CAU					
19.	Unrhyw Fater Arall	Trafodaeth	Colin Dennis	Ar lafar	5 Munud
20.	Dyddiad ac amser y cyfarfod nesaf – Dydd Iau 28 Mawrth 2024 am 09:30 yn MRD Caerdydd	Gwybodaeth	Colin Dennis	Ar lafar	
21.	Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960).	Penderfyniad	Colin Dennis	Ar lafar	
22.	Acronymau	Gwybodaeth	Colin Dennis	Papur	

Prif Gyflwynwyr

Enw'r Arweinydd	Swydd yr Arweinydd
Colin Dennis	Cadeirydd y Bwrdd
Fflur Jones	Archwilio Cymru
Jason Killens	Prif Swyddog Gweithredol
Angela Lewis	Cyfarwyddwr Pobl a Diwylliant
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Ysgrifennydd y Bwrdd
Joga Singh	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Paul Hollard	Cyfarwyddwr Anweithredol a Chadeirydd y Pwyllgor Pobl a Diwylliant



GIG
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WALES

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Welsh Ambulance Services
NHS Trust

Kevin Davies	Cyfarwyddwr Anweithredol
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol



MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 25 January 2024 from 09.30 to 13:00

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

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Colin Dennis	Verbal	5 mins
2.	Board Member Register of Interests	Information	Colin Dennis	Verbal	
3.	Minutes of Previous Meeting: 23 November 2023	Approval	Colin Dennis	Paper	
4.	Action Log and Matters Arising	Review	Colin Dennis	Verbal	
5.	Chair's Report	Information	Colin Dennis	Paper	10 mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 mins
7.	Questions from Members of the Public	Information	Estelle Hitchon	Verbal	10 mins
STAFF/PATIENT EXPERIENCE					
8.	Staff Story: Peter Brown – Head of Service 111 '111 Conversations in 111'	Discussion	Angela Lewis	Verbal	30 mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
9.	Progress on Actions to Mitigate Avoidable Patient Harm	Assurance	Jason Killens	Paper	20 mins
10.	Risk Management and Board Assurance Framework	Assurance	Trish Mills	Paper	10 mins
COMFORT BREAK – 15 Minutes					
11.	Structured Assessment - 2023	Assurance	Fflur Jones	Paper	15 Mins



No.	Agenda Item	Purpose	Lead	Format	Time
12.	Integrated Medium-Term Plan 2023-2026 Q3/Q4 Delivery and Assurance 12.1 Integrated Medium-Term Plan 2024-2027 – Progress in developing the plan.	Assurance	Rachel Marsh	Paper Paper	15 mins
13.	Financial Performance Month 9	Assurance	Chris Turley	Paper	10 mins
14.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 Mins
15.	15 Governance Report 15.1. Annual Board and Committees Calendar 2024/25	Approval	Trish Mills	Paper	5 Mins
16.	Board Committee Reports				
	16.1. Audit Committee: 30 November 2023 16.1a Workforce report	Assurance	Paul Hollard	Paper	10 Mins
	16.2. Finance and Performance Committee: 15 January 2024	Assurance	Joga Singh	Verbal	10 Mins
	16.3. Academic Partnerships Committee: 16 January 2024	Assurance	Kevin Davies	Verbal	10 mins

CONSENT ITEMS

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

17.	Minutes of Board Committees: 17.1 Audit Committee: 14 September 2023 17.2 Academic Partnerships Committee: 24 October 2023 17.3 Finance and Performance Committee: 13 November 2023	Information	Colin Dennis	Paper	
18.	NHS Wales Joint Committee Update Reports:	Information	Colin Dennis	Paper	



No.	Agenda Item	Purpose	Lead	Format	Time
	18.1 - Welsh Health Specialised Services Committee Joint Committee Briefing: 21 November 2023 18.2 - NHS Wales Shared Services Partnership Committee Assurance report: 23 November 2023 18.3 – Emergency Ambulance Services Committee Summary: 21 December 2023				
CLOSING ITEMS					
19.	Any Other Business	Discussion	Colin Dennis	Verbal	5 Mins
20.	Date and time of next meeting – Thursday 28 March 2024 at 09:30 in Cardiff MRD	Information	Colin Dennis	Verbal	
21.	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Colin Dennis	Verbal	
22.	Acronyms	Information	Colin Dennis	Paper	

Lead Presenters

Name of Lead	Position of Lead
Colin Dennis	Chair of the Board
Fflur Jones	Audit Wales
Jason Killens	Chief Executive Officer
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Joga Singh	Non-Executive Director; Chair of the Finance and Performance Committee
Paul Hollard	Non- Executive Director and Chair of the People and Culture Committee
Kevin Davies	Non-Executive Director
Chris Turley	Executive Director of Finance and Corporate Resources

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 23 NOVEMBER 2023
MEETING HELD IN CARDIFF AMBULANCE STATION, and VIA ZOOM**

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Executive Director of Operations
Professor Kevin Davies	Non-Executive Director and Vice Chair of the Board
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director
Angela Lewis	Director of People and Culture
Dr Brendan Lloyd	Executive Director of Medical and Clinical Services
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital Services
Joga Singh	Non-Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Non-Executive Director
Martin Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

Attendees

Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager
Anthony Evans	British Sign Language (left meeting at 10:00am)

Apologies

Bethan Evans	Non-Executive Director
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93/23 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

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

Declarations of interest

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

RESOLVED: That the declarations of interest on the register were formally recorded and the apologies from Bethan Evans was formally recorded.

94/23 PROCEDURAL MATTERS

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

Minutes:

The Minutes of the Board meeting held on 28 September 2023 were presented and confirmed as a correct record.

Action Log:

The Board received the action log:

Action Number 82/23: Progress on Actions to Mitigate Avoidable Patient Harm. For the corresponding paper at the next meeting of the Trust Board to include further information on Same Day Emergency Care (SDEC). Details were contained in the report later in the agenda. Action Closed

RESOLVED: That

- (1) the Minutes of the meeting held on 28 September 2023 were confirmed as a correct record; and**
- (2) the update on the action log was noted.**

95/23 CHAIR'S REPORT AND UPDATE

The Chair provided a verbal report noting that at the next meeting of the Trust Board on 25 January 2024, the report will be a written Chair's Report.

He advised Members this was the last formal Board meeting that Professor Kevin Davies would attend as Vice Chair, but he was remaining in post as a Non-Executive Director (NED) for the foreseeable future. Ceri Jackson will assume the role of Interim Vice Chair with effect from 1 December 2023.

A recruitment programme was underway to appoint two Non-Executive Directors (NEDs) to replace those standing down, with interviews taking place during December 2023. This recruitment is to replace Martin Turner and Paul Hollard. Martin's term comes to an end in December but has agreed to continue until his replacement is in post in January 2024.

The Association of Ambulance Chief Executives (AACE) leadership forum held their annual meeting in Cardiff which he attended. This was a great opportunity to meet some of the leaders from the English, Northern Ireland, and Scottish ambulance services and to showcase the Trust's strategic direction.

During the last few weeks several CEO Roadshows Road shows had taken place across Wales, and these had proven to be very successful with a good representation from staff. The Chair was honoured to have attended the Roadshows in Narberth, Swansea, Cardiff, and Cwmbran.

A Board Development Day was held on the 26 October during which attendees discussed the Trust's long-term strategy and were also updated on the new Citizen's Voice initiative. The CEO of Llais, the Citizen's Voice body attended and spoke on the ambitious work that Llais have planned and the Trust's role

Lastly, I was also able to come along to the Charity Committee and People and Culture Committee meetings both held recently.

RESOLVED: The update was noted.

96/23 CHIEF EXECUTIVE'S UPDATE

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

It was with great sadness to advise the Board of the passing of colleague Michelle Perry. Michelle joined the Trust in 1999 having previously worked for Mid and West Wales Fire and Rescue Service. She progressed from a 999-call handler into dispatch and then into learning and development roles within EMSC before becoming a

Medical Priority Despatch System (MPDS) Facilitator in 2011. The funeral will take place tomorrow, and the Board reflected on Michelle's passing in a moment of respectful silence.

More than 200 volunteers attended two volunteering conferences in September and October with one held in Llandudno and one in Swansea. Our volunteers were also presented with awards aligned to our behaviours at a gala dinner in the evening of both conferences. The volunteers recognised the Trust's investment in volunteering over the past two years, particularly the improvements in training.

The Trust was awarded re-accreditation for MPDS by the International Academies of Emergency Despatch (IAED) at the UK Navigator Conference. The Trust was now a dual accredited organisation as it was awarded Emergency Communication Nurse System (ECNS) accreditation for the first time.

The Trust was the first in the UK to utilise the new Control Room Solution (CRS) and Mobile Data Vehicle Solution (MDVS) systems with the MDVS first vehicle hardware installations taking place on Wednesday 23 October. This will replace the ageing technology currently in vehicles.

With regards to the Estate, there was an update on the South-East Fleet workshop. The new Merthyr facility was operational following the relocation of Fleet Teams from Blackwood and Blackweir in early October 2023. Decommissioning work at Blackweir was well underway, with anticipated formal handover of the premises on 1st December. Decommissioning work for Blackwood was also underway alongside discussions about future operational use of the space and potential investment requirements at the site. It was anticipated that the official opening of the new workshop will take place early in the New Year. There were several other areas of improvement work across the Trust's Estate, notably that a business case has been approved to allow work to commence on the Dolgellau site in early January 2024.

The Trust's 2023/24 Mandatory In-Service Training (MIST) now includes an update on two new Emergency Preparedness Resilience Response (EPRR) approaches that will be operational across all UK Emergency Services from March 2024. Ten Second Triage (TST) and Major Incident Triage Tool (MITT) were introduced during the MIST Day with opportunities to practice the skills and understand better how roles operate during a major incident in a safe, simulated environment. This has emerged following recommendations from the Manchester Arena Inquiry.

Comments:

The Board welcomed and acknowledged the tremendous work by the Trust's volunteers adding it was important to celebrate their success.

Members were keen to understand more detail regarding the Joint Emergency Services Group (JESG), Clinical Support Desk (CSD) Police Pilot. Lee Brooks advised that the second pilot had commenced on Monday 18th September 2023. An earlier pilot did not generate the level of activity to make it worthwhile, and subsequently the second pilot encompasses a greater geographical area. The trial includes South Wales Police and Gwent Police and will run for 3 months. The purpose of the trial is to broaden the Remote Clinical Support offer to Police for circumstances where Officers on scene with a patient are waiting for an ambulance response.

RESOLVED: That the update was noted.

97/23 QUESTIONS FROM MEMBERS OF THE PUBLIC

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

The Board received the following question: *"Can the Trust confirm why it doesn't make more use of private providers during times of peak demand on the 999 system?"*

Lee Brooks explained that there was use of some private providers. In terms of the Non-Emergency Patient Transport Services (NEPTS) there has been a period of transition over the past two years. Whilst the Trust was a provider of this service it did not provide all of it on its own. There were contractual arrangements with several private providers to deliver NEPTS.

The Trust has been liaising with Health Board partners to consider how additional capacity can be arranged to aid patient flow at hospital, particularly in terms of discharge and taking more patients home.

In terms of the position with emergency care, the Trust had used private provision in the past predominantly for the Trust's Urgent Care Service. The Trust was currently renewing the framework arrangements for additional support should it be required. Should there be a need for the additional support, it was important to note it would have cost implications. He added that additional capacity was not the ultimate solution, and the Trust must continue to design a model that was fit for future challenges.

Liam Williams introduced the story which was an experience shared at the last Quest Committee meeting by Steven Parsons, who described his experience as he cared for and conveyed his grandfather to hospital. Liam added that the delay in reaching patients in a timely manner was causing psychological trauma for some families.

Through a video being shown to the Board, Steven Parsons recounted his distressing experience of being unable to get an ambulance for his grandfather, who he thought was suffering a stroke. On this day, Steven's grandfather called him asked to come over to the house as he was not feeling very well. Initially Steven called 111 that night and was told by a doctor that if his grandfather was well enough, he could wait and see the GP in the morning. A brief time later, Steven's grandfather collapsed, and he called 999 but was told there were no ambulances available at that time because of the system pressures.

Believing it was a stroke, Steven decided to transport his grandfather to the hospital himself. Upon arrival Steven began to assist his grandfather and on arrival at reception his grandfather collapsed. His grandfather was rushed to A&E and Steven was advised that he was in cardiac arrest. Fortunately, he was resuscitated in the Emergency Department.

Whilst the Trust was operating under extremely high demand on the service at the time of Steven's call, the experience that Steven and his family had underlined the trauma families experience when there are no resources to send in response to their call. Steven raised a formal concern with the Trust with the incident being formally investigated and a written explanation of the findings was sent to Steven.

Steven and his family completely understood that the NHS was understaffed and overworked. He stressed that the ordeal his grandfather and his family endured should not have happened and expressed a desire to share his experience to help others understand that impact.

Comments:

The Board thanked Steven for sharing this powerful experience acknowledging it was clear that his actions on the day had contributed to saving his grandfather's life. This case has highlighted the impact on people when the Trust was not able to respond.

Steven's story was very informative, it illustrated details of the Trust's two highest scoring risks and the wider impacts on the whole system. It brought to life in explicit detail of what the Trust Board and management discuss routinely, and was the type of story that will continue to happen unless there are improvements in the healthcare system.

This story has demonstrated the difficulty the Trust has in balancing the risk of the patient against the system pressures. As Winter approaches there should be a strong message across NHS Wales around the appropriate use of the emergency services with an explanation on the alternatives that are available for the public to seek clinical advice ahead of calling 999.

It was queried whether Steven had been directed to seek the appropriate help and support post-event. Jason Killens explained that in the meeting with his family the relevant support available was discussed. The Chair expressed the need to continue to spotlight the issues at the highest levels.

Liam Williams advised the Board that the Putting Things Right (PTR) Team was in the process of enhancing the personalisation of the correspondence it sent in response to concerns raised. He added it was important to note there were many issues outside the Trust's control and stressed that things within its control were addressed effectively and efficiently and continued to be a focus.

The Board considered it important that stories such as Steven's were publicised across the wider healthcare system. Jason Killens added that the Emergency Ambulance Services Committee (EASC) have recently received patient stories, commenting that this story will be put forward.

RESOLVED: That the patient story was noted.

99/23

WINTER PLANNING AND PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

The Chair remarked that the Board had continued to receive update reports on the progress on action to mitigate avoidable harm. At the last Board meeting it was requested that a refresh of the report to include the Trust's winter planning be brought to this meeting. Jason Killens advised the Board that this update was the basis for the Trust's response to WG in respect of its winter planning and that this content was included in this report.

Further to the report he expanded on the following areas:

The main reason the Trust was unable to respond to patients in the community in a timely way was due to the loss of capacity at Emergency Departments across Wales due to the system pressures. The target for the Trust was to see the 12,000 hours lost at the end of Quarter 3; this was increasing with the total lost hours in October more than 23,000. In effect, 25% of the entire Trust's emergency fleet was unavailable to respond. He reminded Members that the current operational model and rosters deployed were established on an assumption of 6,000 lost hours per month.

There has been a further commitment to eradicate hospital handover waits over 4 hours; There were 1,888 patient handovers in October 2023 which were over the 4-hour mark. It was noted in some Health Board areas there had been an improving trend.

The actions the Trust was undertaking within its own control which included reducing staff sickness and consult and close efficiency were resulting in adding more capacity; however, this was being outweighed by the hospital handover delays.

It was noted that the Trust was responding to more Red incidents in eight minutes, but with the level of Red demand increasing, the percentage seen in 8 minutes remained lower than the target of 65%.

In terms of ambulances waiting outside hospital and when comparing with other services across the UK, the position in Wales was by far the worst.

With regards to winter forecasting and modelling. The modelling looks at 4 periods across the winter and uses demand forecasts and other variables to consider best case, most likely scenario, and a reasonable worst-case scenario for each period. All the assumptions within the modelling were discussed and agreed through the Forecasting and Modelling group, including representatives from across the Trust.

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

The Board discussed in more detail the following points:

The Chair reiterated that the issues illustrated in the report were well known in the system with extensive discussion at all fora across the NHS, including meetings with

the Minister for Health. The Minister for Health has shown a commitment to consider ways to transform the ambulance service going forward. He added that in terms of the red responses, even though the target was not being met, there would be significant numbers of patients being reached within 9 or 10 Minutes. Furthermore, there was a huge variation in performance at Health Boards across Wales, this was also replicated across the UK.

Lee Brooks added that success for a patient was not always measured in the 8-minute target, it was dependant on their outcome. There were patients being reached outside of the 8 minutes who still have a positive outcome; clearly, the timelier the response the more positive the outcome was.

The Board recognised that winter forecasting had been a focus of discussion at the last Finance and Performance Committee meeting.

Liam Williams explained that the level of complexity of need in the Community has over the past few years exceeded expectations.

Andy Swinburn added that the more occasions the Trust was unable to respond, the more patients will likely make their own way to Emergency Departments, which adds to the system pressures and drives the worsening situation.

Angela Lewis commented that as the service pressure increases, there was an added impact on Trust staff.

Lee Brooks reiterated the current challenges in the healthcare environment especially the delays in emergency response which were primarily attributed to the hospital handover delays. Discussions with colleagues in other Health Boards were ongoing with a focus on addressing the issues to ensure timely and effective care, particularly those patients in high acuity situations. Whilst the success in managing delays in some Health Boards was commendable, the issues continued to persist in other Health Boards.

The Chair added there was a significant disparity between Red and Amber Immediate Releases across Health Boards in Wales. Whilst it was recognised that Red releases were generally adhered to, there was significant non-compliance with the Amber releases. He suggested this issue be explored in future meetings potentially through the MIQPR.

Dr Brendan Lloyd highlighted the ongoing efforts of the Trust to improve the data it analyses relating to chest pain and heart attacks. The recent integration of Electronic Patient Care Record (ePCR) data has enabled the Trust to be provided with richer information and subsequently allow it to refine current protocols. The key focus was

the need to optimise health and social care systems to avoid unnecessary hospitalisation.

The Board felt that despite the significant efforts by the Trust the report appeared to demonstrate minimal change overall particularly with the Immediate Releases. It was queried if it was possible to illustrate, of those Immediate Releases declined, as to why. Jason Killens advised the Board that a weekly compliance report was shared with Chief Executives and Operations Officers which breaks down cases by Health Board. In terms of the Amber cases, compliance in this area had been identified as an area to address. Lee Brooks acknowledged that occasionally there were errors in the Trust's processes however he added that compliance trends were generally satisfactory. There was a structured escalation process from the Control room to Health Boards for addressing any Immediate Release related issues. The effectiveness of this escalation was monitored by the Trust as part of its compliance checks.

Following a query as to how the Trust would be advising the public as Winter approached, Jason Killens advised that the Trust was actively involved in preparing a stakeholder briefing for key partners and politicians regarding system messaging for communities. It was anticipated this communication would be released early next week.

Members acknowledged that the Trust was doing everything in its gift to improve the situation and expected more from the Health Boards in terms of their escalation of the problems through more effective leadership. Jason Killens referenced the Association Ambulance Chief Executives' (AACE) recent report, which highlighted there was a general decay across the system. The report had drawn on best practice from areas like Walsall, which provided a value insight particularly around leadership. He added that sharing and adopting successful approaches could contribute to addressing the significant growing issues facing the NHS.

Members referred to the Trust's two highest scoring risks 223 (the Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients) and the fact they were constantly debated on; acknowledging the challenges associated with managing and mitigating the risks. It was likely they would remain the Trust's two highest scoring risks, rated at 25, for the foreseeable future because of the sustained and extreme pressure across the Welsh NHS urgent and emergency care system.

Rachel Marsh informed Members that something radical will need to happen for positive change to take place. The Trust has engaged in discussions with The Emergency Ambulance Services Committee (EASC) to consider both short term strategies and the longer-term transformational changes.

The Chair welcomed the discussion and recognised the need for the Board to spend more time to consider how to improve the situation regarding the Amber Immediate Release, and for this to be programmed into a future Board Development Day. Collaborating with the wider system and obtaining feedback from other Chief Executives would be a useful exercise and essential for effective transformation.

RESOLVED: The Trust Board:

- (1) Noted the report and the progress the Trust was making on actions within its control; and**
- (2) Considered whether there were any further actions available to the Trust to mitigate patient harm.**

100/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report indicating there were 15 principal risks listed on the Corporate Risk Register (CRR) all of which had been reviewed by the relevant Committee. The report highlights the Trust's two highest scoring risks which have been discussed comprehensively throughout the meeting and reviewed on a regular basis. The other higher rated risks were reviewed monthly by the Executive Leadership Team (ELT) and the Assistant Directors Leadership Team (ADLT).

Updates were highlighted in blue on the BAF which show changes to actions, controls, and assurances. There has been one material change made during this period, and this was in relation to the risk rating of Risk 199 (Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation) which has achieved its target risk score of 10 (2x5). This was due to the demonstrable work that has been undertaken across the Trust in relation to the Working Safely Programme and Health & Safety. This risk will be de-escalated to the Directorate register and monitored by the Executive Director and his team on a quarterly basis.

Comments

The Board welcomed the comprehensive and maturing report and were please to see the de-escalation of risk 199.

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

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

- (2) **Noted the ratings and mitigating actions for each principal risk.**
- (3) **Noted the de-escalation of risk 199,**
- (4) **Noted that there have been no material changes to the risks or scores during this period.**

101/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 – 2026 - CONFIRMED END OF Q1/Q2 DELIVERY & ASSURANCE POSITION & Q3 INTERIM UPDATE

Rachel Marsh presented the report adding that the purpose was to provide the Board with confirmation of the end of Q2 position and an interim update on Q3 by exception in delivery of the IMTP 2023/26. This was an interim position by exception due to the change in timing of reporting into Strategic Transformation Board (STB).

Following Trust Board approval on 30 March 2023, the Trust submitted its last IMTP (2023-26) to Welsh Government on 31 March 2023. Welsh Government recently approved the Trusts IMTP on 12 September 2023. Following approval, the Director General issued Accountability Conditions on which approval was based as follows:

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

Comments.

Members sought to understand the impact of more calls being taken through 111 in relation to dental services and how this will impact on the Trust's ability to meet its objectives. Rachel Marsh explained that the idea eventually was that this will all come across to 111, however there will need to be more resource, and this was a programme of work being undertaken with Commissioners.

Lee Brooks added that work continued in terms of dental provision and how 111 was involved. The Board further discussed the issue of people accessing routine dental care, whilst recognising this was not directly the Trust's responsibility.

RESOLVED: The Board noted the overall delivery of the IMTP detailed in this paper and the SBAR relating to our accountability conditions (notably the Ministerial priorities).

102/23 FINANCIAL PERFORMANCE MONTH 7

Chris Turley presented the report noting that a presentation had been reviewed and discussed in detail at the last Finance and Performance Committee meeting it. In terms of highlights, he drew the Board's attention to the following:

1. The Trust was reporting a small revenue surplus (£0.108m) for month 7 2023/24;
2. In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust was currently forecasting to breakeven for the 2023/24 financial year;
3. In line with the financial plans that support the IMTP, gross savings of £4.272m have been achieved in month 7 against a target of £3.650m;
4. Following receipt of further clarity over some areas of outstanding funding issues, the level of financial risk within the current and forecast reported financial position has reduced;
5. Capital expenditure plans were being finalised with plans to fully achieve in year;
6. Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.1% for the number, and 98.7% of the value of non NHS invoices paid within 30 days.

More clarity has been received from Welsh Government in terms of its position around funding issues and the impact on the Trust and this has allowed the Trust to further consolidate its in-year funding assumptions as follows:

1. Greater confidence, as part of the overall funding being confirmed for the NHS in Wales, that the costs of the 2023/24 pay deal will be separately funded by WG in full;
2. Confirmation received from WG that the Trust will not see any reduction in its funding in year, as any contribution to the overall NHS Wales deficit reduction plans;
3. The previously assumed funding outstanding of £2m for the agreed employment of 100 front line WTEs has now been removed, and this income is now not continuing to be assumed by the Trust in year.

He advised the Board there would be a more detailed update on the Trust's capital position at the next Finance and Performance Committee meeting.

Comments:

The Board noted that the £2m non recurrent funding, whilst it was being managed for this year, queried if there were concerns for managing it for next and subsequent years. concern for subsequent years. Chris Turley explained this potential issue would be part of the underlying financial planning for next year's budget.

The Chair of the Finance and Performance Committee (FPC), Joga Singh assured the Board that detailed discussions had focused on prudent planning, cost savings and a achieving a balanced position for this year. At the next FPC meeting the Committee would receive a set plan for next year with details on how the Trust would be addressing any ongoing savings strategies.

RESOLVED: The Board;

- (1) Noted and gained assurance in relation to the Month 7 revenue financial position and performance of the Trust as at 31 October 2023;**
- (2) Noted the capital programme update for 2023/24, and;**
- (3) Noted the Month 7 Welsh Government monitoring return submissions included within Appendices 1 – 2 (as required by WG).**

103/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

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

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

For the first time, the Trust was now able to report on call to door times for Stroke and STEMI (a type of heart attack) patients. These show in October, call to hospital door times of 2 hours 20 minutes for stroke patients and 2 hours 30 minutes for STEMI patients. Clearly these times are too long and were representative of the longer response times for all calls because of the system pressures and issues.

In October 2023 complaint response times dropped to 21% and remained significantly below the 75% target, with cases remaining complex. Reviews of lower graded concerns were being undertaken to ensure proportionate investigations were undertaken. The Trust has put more capacity into the Putting Things Right (PTR) Team, which has had a positive impact for the Legal Team. The Trust was concerned for the welfare of the team, given the nature and volume of the PTR work across all

functions and several supportive actions were progressing/planned for both the corporate team and EMS Coordination & Resourcing.

Comments:

Jason Killens drew the Board's attention to the detail contained in slide 25 of the MIQPR report which illustrated the number of formal staff disciplinary cases recorded as at the end of October 2023. A recent benchmarking exercise against other trusts in England has revealed that the Trust compares favourably dispelling any myths of widespread disciplinary issue with the workforce. Angela Lewis added that the Trust actively addresses its cultural metrics to ensure this theme around disciplinary cases was discussed at a range of forums. Whilst acknowledging there could potentially be some under reporting of cases it was reassuring to note the relatively low number of cases for an organisation of this size. Angela Lewis added that the key challenge was in the compassionate and timely response to the cases.

In terms of the percentage of applicants shortlisted from underrepresented groups, it was questioned if there was further detailed analysis on the fluctuation in shortlisting percentages among these groups and if so, had it revealed an insight into any potential barriers between application and shortlisting. Furthermore, the Board were keen to understand if there had been any tailored support and training for candidates to foster inclusivity and improve recruitment outcomes. Angela Lewis assured the Board that the Trust has taken a comprehensive approach through its People and Culture Committee to understand more in terms of why people were not applying for roles in the first place. The Committee will also look to identify any hurdles for these groups as part of the Trust's long-term commitment to improve representation.

Members noted that the Ambulance care indicators, demonstrated that the proportion of journeys cancelled on the day the primary reason for which was that the patient was not located. Further clarity was sought on what was being done, to tackle the causes of cancellations. Lee Brooks agreed to provide further detail outlining the reasons for cancellations at the next Board meeting.

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

104/23 AMENDMENT TO STANDING ORDERS AND SCHEME OF RESERVATION AND DELEGATION

Trish Mills presented the report indicating that on 27 July 2023 the Board noted the decision the previous day of the Remuneration Committee, which considered changes to

the senior leadership in the clinical services directorate because of the retirement of Dr Brendan Lloyd on 31 December 2023.

The Remuneration Committee approved the recommendation that the Director of Paramedicine would become an Executive Director with full voting rights on the Board on 1 January 2024. As a result of this change, the Scheme of Reservation and Delegation (Schedule 1 to the Trust's Standing Orders) has been amended.

There is a raft of changes annotated in table A in the annex to this report for approval with effect from 1 January 2024.

Additionally, there has been a further minor update to the Main Document of the Standing Orders stating that the publication of papers must be at least *seven* calendar days before formal Board meetings as opposed to ten, the change for which was effective immediately.

RESOLVED: The Trust Board

- (1) Approved the amendments to the Scheme of Reservation and Delegation of Powers to take effect from 1 January 2024; and**
- (2) Approved the changes to the Main Document of the Standing Orders as detailed above should take effect immediately.**

105/23 BOARD COMMITTEE REPORTS

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

Academic Partnership Committee – 24 October 2023

Hannah Rowan updated the Board on several points from the report as below:

The Committee received a presentation from Jo Kelso about interprofessional simulation-based education and training. This training involved the bringing together of colleagues across the NHS to improve learning and best practice.

A focus for the Committee now was the oversight of the recruitment of a new Non-Executive Director (NED), and interviews are scheduled for December. Appointment of an academic NED will support the application for University Trust Status, and it is expected that there will be further progress by the next Committee in January.

The Committee were pleased to welcome Jonny Sammut as the new Director of Digital Services as a member of the Committee, and thanked Leanne Smith who

heled the interim role until Jonny's arrival.

Quest Committee – 31 October 2023

Professor Kevin Davies Chaired this meeting of the Committee on behalf of Bethan Evans.

There were two alerts from the report for the Board's attention:

Lost hours due to handover delays and the associated patient safety incidents continue to be a concern. The extended wait times, like the patient who waited nearly 40 hours has highlighted the critical issues that need immediate attention. A total of 19,610 hours were lost due to handover delays in September. 1,588 patients experienced wait times in excess of 12 hours. The impact on patients and their families was acutely felt by Members when hearing the patient story from Steven Parsons and learning of a further three Regulation 28 notices issues from the North Wales Coroner.

Handover delays, coupled with many patients waiting more than four hours outside Emergency Departments, continue to present patient safety risks and extended waits in the community. The ways in which the Trust is continually working with partners to influence system change ran through the agenda and the Trust Board will receive an update to the paper on the system actions to mitigate avoidable harm at its November meeting.

The following two reports were presented at the Committee and were for the Board's information:

The Mental Health and Dementia Annual Report and the Infection Prevention Control Annual Report.

The Committee were pleased to see the positive trends in the Return of Spontaneous Circulation (ROSC) rates.

The enhancements to the PTR Team will have a positive impact on the responses to concerns and foster improved relationships with the Community.

The Committee were updated on the trajectory in meeting the requirements of the Duty of Candour legislation.

Liam Williams added that the integration of Quality Impact Assessments at the Committee was a positive step in ensuring that the Duty of Quality informs decision making at all levels.

Finance and Performance Committee – 13 November 2023

Joga Singh updated the Board on the following areas:

The Business Continuity Annual Report was presented for the Board's information.

The main issue was the funding for the 100 WTE with the position for this year already known, plans were in train to identify how this can be funded for future years.

In terms of winter forecasting the Committee discussed this area in detail and were mindful the Trust was doing everything it could, appreciating the difficulties and challenges going forward.

Generally, with regards to finance, the Committee were assured that the Trust continued to make savings where it could.

People and Culture Committee – 16 November 2023

Paul Hollard provided a verbal update from the last meeting noting it had been a hybrid meeting:

The following two reports were presented:

Health and Safety Policy. For Ratification

Speaking Up Safely Framework. For Ratification

The following points were discussed at the meeting:

1. Issues around the NHS staff survey
2. Acknowledged the passing of Michelle Perry
3. Volunteer conferences and the success of these
4. Innovation work on 111 and the feedback provided.
5. Feedback from CEO roadshows, this had resulted in colleagues sharing their poor cultural conditions and workload,
6. A Pulse survey was being conducted, and this would look at any cultural issues.
7. The IMTP for next year was discussed with the Committee recognising the ambition.
8. The Speaking up safely framework was discussed and adopted.
9. The Cultural review tool was considered; this tool was an aid for managers to consider culture within their team.
10. The Engagement Framework was discussed recognising things had

- changed and needed further review.
11. Assurance on registration revaluation was provided which ensured processes were in place for the professional revaluation for members of the Health Care Profession and the Nursing and Midwifery Council.
 12. An Audit report on the approach to workforce planning will be presented to the Committee at its next meeting.
 13. Metrics on People and Culture, which have now been integrated into the MIQPR, were reviewed.
 14. The Committee recognised that TU relations continued to improve which was borne out in the earlier metrics.
 15. Pleased to see that the Corporate Partnership forum has now commenced; this will provide further insight into partnership working across the Trust.
 16. The work around Health and safety was recognised.
 17. The Audit Tracker was reviewed noting that many recommendations had been closed during the quarter with no 21/22 recommendations now outstanding.
 18. Risks were discussed, particularly 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), and all the factors and improvements that have been made in terms of the Health and Safety policy. No new risks had been identified.

Comments

In response to a query regarding the feedback from CEO roadshows particularly around cultural issues, Angela Lewis explained that the insights gained from the roadshows had been valuable particularly around workload, handover delays and cultural challenges. The Trust will continue to monitor feedback which will also be drawn out from a pulse survey, the results for which will be available at the next PCC meeting. It was anticipated this would contain more information regarding the cultural issues fed back from the CEO roadshows. Members were updated on an innovation, the Cultural Early Warning Score tool which was designed for organisations to assess culture through identifying any risks. If proved to be successful it could contribute to broader research in understanding workplace satisfaction and well-being.

RESOLVED: The Board;

- (1) Received the above Committee Highlight Reports and received assurance that each of the Committees had fulfilled their Terms of Reference, and that matters of concern had been escalated in line with the Alert, Advise: and**
- (2) Ratified The Health and Safety Policy and the Speaking up Safely**

Framework.

106/23 MINUTES OF COMMITTEES

The minutes of the following Board Committees were received.

1. Quest Committee: 10 August 2023
2. Academic Partnerships Committee: 15 August 2023
3. People and Culture Committee: 17 August 2023
4. Finance and Performance Committee: 18 September 2023

The following NHS Wales Joint Committee update reports were received:

1. WHSSC Joint Committee Meeting dated 19 September 2023;
2. NHS Wales Shared Services Partnership Committee Assurance report dated 21 September 2023

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

107/23 ANY OTHER BUSINESS

The Chair thanked Professor Kevin Davies for his valuable contribution over several years as Vice Chair of the Board, noting it was his last meeting in that role, however he would continue as a Non-Executive Director on the Board. He welcomed Ceri Jackson who would be the Interim Vice Chair from 1 December 2023.

This was the last public Board meeting that Dr Brendan Lloyd would be in attendance due to his imminent retirement. The Chair and Jason Killens thanked Dr Brendan Lloyd and expressed their gratitude and respect acknowledging his significant contribution to the NHS over the past four decades. His contribution to the Trust over the past 10 years has been exceptional, with many notable achievements, particularly the implementation of the revised clinical model for the Trust.

Dr Brendan Lloyd responded by saying he has had a very fulfilling career, particularly enjoying his time with the Trust. He has seen some positive changes including developing clinical leadership and advancing professionalism in Paramedics. He has every confidence in the current Team and added that the Trust was well positioned for any future challenges going forward.

108/23

EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 23 November 2023

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

RESOLVED: The Board would meet in private on 23 November 2023.

Date of next Open meeting: 25 January 2024

Meeting closed at 12:35

DRAFT

ACTION LOG
WELSH AMBULANCE SERVICES NHS TRUST BOARD - FOLLOWING NOVEMBER MEETING

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
99/23	23 November 2023	Winter Planning and progress on Actions to Mitigate Avoidable Harm	At its meeting on 23 November 2023, the Board discussed at length the actions it was taking to mitigate avoidable harm to patients. It was suggested that further discussion on whether there were there any other actions the Trust could take to mitigate avoidable harm be a topic of conversation programmed into a future Board Development Day.	Rachel Marsh	25 January 2024	<u>Update for 25 January 2024</u> Verbal update	Open
103/23	23 November 2023	MIQPR	Proportion of Ambulance Care Journeys being cancelled on the day. Clarity was sought on the actions and progress being made to tackle the causes of late cancellations.	Lee Brooks Rachel Marsh	25 January 2024	<u>Update for 25 January 2024</u> See Item 4.1	Complete



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa'r Cyfarwyddwr Gweithredol Gweithrediadau

Executive Director of Operations' Office

Memorandum

From: Executive Director of Operations
To: Trust Board Members
Date: 11 December 23
Subject: Briefing Paper re: Non-Emergency Patient Transport Service Cancellations

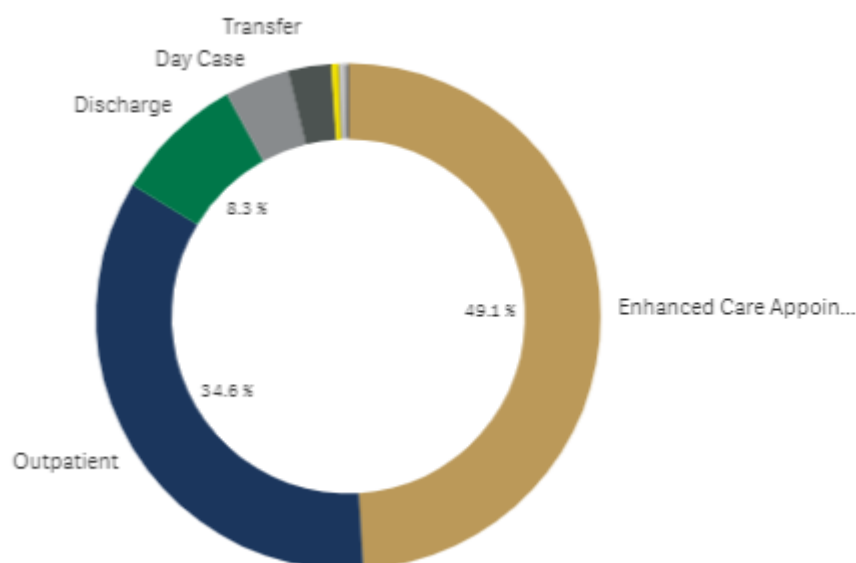
Background

To date in 2023/24, the Non-Emergency Patient Transport Service (NEPTS) completed an average of 48 – 50,000 journeys per month. The journeys are split by the service into the following main categories:

- Enhanced Care – Transport to receive renal dialysis treatment
- Enhanced Care – Transport to receive oncology treatment e.g. Radiotherapy or chemotherapy
- Core Outpatients – Transport to attend a planned outpatient appointment
- Day Case – Transport for day treatment e.g. day surgery
- Discharge– Transport from hospital back to the patients home
- Transfer – Transport from one healthcare setting to another healthcare setting

The split of completed journeys by journey type can be seen in the below chart.

You will note that enhanced journeys form almost half of all journeys completed, this is driven by renal dialysis transport which accounts for 38% of all journeys completed by the service so far in 2023/24.



NEPTS Completed journeys by Journey Type

Cancellation Reasons

So far in 2023/24, there have been 90,204 journeys cancelled to date. This equates to 18.9% of overall activity booked.

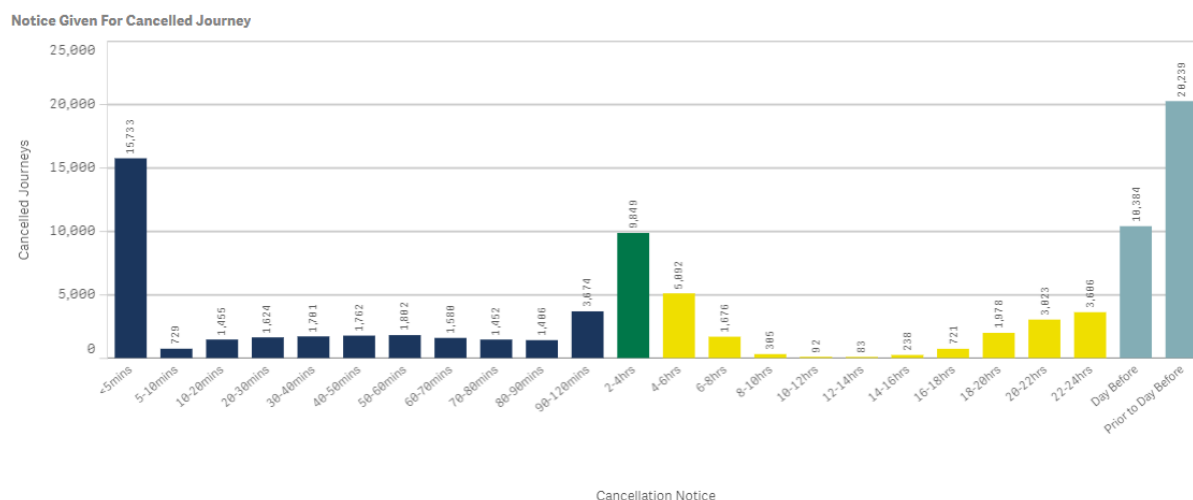
The top 10 reasons for cancellation are as follows:

CancelReason	Total Cancelled Journeys	% Cancelled
Totals	90,204	18.9%
Cancelled By Hospital	33,215	7.0%
Cancelled By Patient	28,181	5.9%
Cmp - No Resource At Planning	3,807	0.8%
Patient Not Located	3,797	0.8%
Incorrect Booking Information	2,864	0.6%
Unwell	2,785	0.6%
No Resource On The Day	2,064	0.4%
Cancelled By Amb Service	1,604	0.3%
Cancelled By Nursing Home	1,496	0.3%
Duplication	1,121	0.2%

Cancellations by Time

When analysed by the time of cancellation relative to the appointment time, it can be seen that 47,263 or 52.7% of cancellations occur prior to the day of travel. Whilst not ideal, these impact service delivery much less than shorter notice cancellations and can be planned for when estimating resource requirement. Some of these will come from the work implemented to minimise on the day cancellations.

The most significant operational impacts are felt when a journey is cancelled with minimal notice as this reduced available operational time. From the chart below, you can observe that just over 1/3 of journeys happen within 2 hours of the planned pickup time.



The spike to the left hand side of the chart marked less than 5 mins, captures mostly journeys where a crew has arrived at a patients home or clinic/ward and is then advised that the journey is to be cancelled or when there is no answer at the pick up point.

Cancellation by reason

Further analysis of these show that the journey being cancelled by the hospital as the main cancellation cause with patient cancellations the next most common reason. The majority of these will either be from discharges where the patient is not ready or where the healthcare appointment has been cancelled and transport has not been cancelled.

CancelReason	Total Cancelled Journeys	% Cancelled
Totals	15,733	100.0%
Cancelled By Hospital	6,061	38.5%
Cancelled By Patient	3,285	20.9%
Patient Not Located	994	6.3%
Incorrect Booking Information	899	5.7%
No Resource On The Day	782	5.0%
Conveyed By Another Service	750	4.8%
Wast Punctuality	508	3.2%
Duplication	496	3.2%
Unwell	443	2.8%
Punctuality Other	375	2.4%

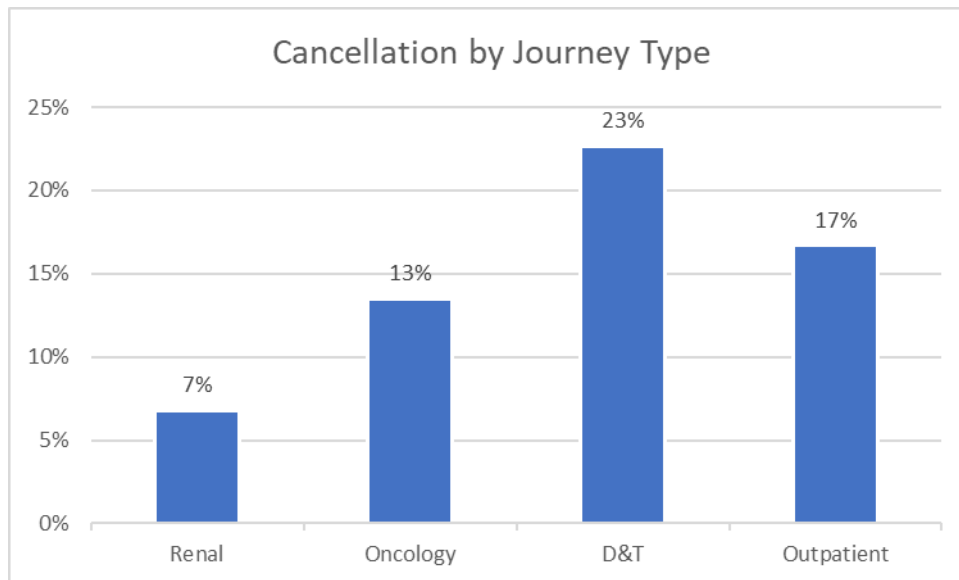
Cancellation by Journey Type

Broken down by Journey Type, you will note from the chart below that the largest proportion of on the day cancellations are within the Discharge & Transfer (D&T) category where 23% of all bookings made were cancelled on the day.

Some of the reasons for D&T cancellations being so high relate to

- An internal process where we cancel and rebook the journey if the patient is not ready, this is often due to the patient becoming unwell or an element of the discharge package not being ready e.g. medication, care package
- Hospitals pre-emptively booking transport and the discharge is then cancelled/postponed

For Outpatient appointments, the main driver is patients not informing us when the appointment is cancelled or transport is no longer needed.



Actions to Address

This area continues to be an area of focus for the service and there are a number of tactics and plans underway to address the current position, these can be split broadly into system wide and service driven actions.

Service Driven Actions

- Communications actions to share messaging on cancellations at hospital sites e.g local comms to teams, posters at site, WAST website updated, external comms to patients, internal comms to patients using WAST booking line messaging.
- Engagement with Health Board outpatient booking centres to focus on requesting reminders regarding transport cancellation when bookings are cancelled or changed.

- Introduced text reminder service, sent out 2 days prior to day of travel.
- Introduced a dedicated cancellation line to make cancelling much easier and quicker when calling
- Staff undertaking positive confirmation calls prior to day of travel to establish if a patient is still travelling
- Operational staff ringing ahead to check patient is still travelling prior to leaving for pick up
- Review of cancellation reasons completed to improve reporting
- Planner/controllers checking patient ready times prior to discharge or transfer
- WAST liaison staff engaging with hospitals and clinics where high levels of cancellation identified
- Inclusion of cancellation data in weekly performance review

System Wide Partnership Actions

The team work with Health Boards and Commissioners to identify and tackle the systemic issues that are leading to some of the reasons driving cancellations. This work is being focused through the NEPTS Delivery Assurance Group led by the EASC team.

Monthly performance reports are sent to each Health Board, detailing cancellation levels. These are also discussed at local commissioning meetings and focus is placed on hot spots. A task and finish group was established in October 23 with colleagues from Cwm Taf Morgannwg to use their sites as a test-bed for some of the agreed actions and to consider other local actions that will help improve the position. This joint organisational work should start to deliver on actions in January 24 and will form a template that can be applied across other Health Boards across Wales. This follows work in BCU, which was suspended due to Health Board pressures.

It should be noted that engagement with Health Boards on this matter is challenging as their systems are complex and difficult to join up in a coherent manner that affects the required change across a whole system. There can be multiple outpatient administration processes in place across a single health board. Moving this agenda on and getting alignment within a single Health Board would require prioritisation and significant investment in time from Health Boards, which to date has not been available.

Ultimately, a connection between all health board patient administration systems and WAST Cleric application where appointments and transport were connected would address a number of the reasons driving cancellations. Local work is underway on this with Hywel Dda Health Board, replicating this nationally remains the aspiration but will require the Health Boards to have commonality between systems and process, which does not currently exist.



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

CHAIR'S REPORT

MEETING	Trust Board
DATE	25 January 2024
EXECUTIVE	Colin Dennis, Chair
AUTHOR	Colin Dennis and Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. I am pleased to advise that the outcome of the recruitment activity for two Non-Executive Directors (NEDS) has been successful and candidates Peter Curran (Finance NED) and Ian Mathieson (Academic NED) have been appointed to the Trust Board, effective 01 February, and 01 April respectively. I thoroughly look forward to Peter and Ian joining the Trust Board and supporting their induction.
2. This is the last meeting for Martin Turner, Non-Executive Director. Martin has been the Chair of the Audit Committee since March 2021, and previously Chaired the Finance and Performance Committee (between April 2019 and November 2020). I would like to formally thank Martin on behalf of the Board for his contribution to the Trust over the years and wish him the very best for the future.
3. On 13 December the Chairs of the Welsh NHS bodies met with the Minister for Health and Social Services. At this meeting the system pressures across the NHS in Wales were discussed, with handover delays being significant point of discussion. I took the opportunity to reiterate the significant pressures on the Trust and the impact that handover delays have on the well-being of our people.
4. On 14 December we held a Board Development session where we received a facilitated session by Ranjit Sidhu (Change Quest) regarding the importance of leading and directing change. We also had the opportunity as a Board to further contribute to the development of the Integrated Medium-Term Plan for 2024-27. The latter session included discussions around strategic transformation of clinical services.

5. I have been busy since our last meeting in November with the following: -
 - Regular meetings and briefings with Jason Killens, Chief Executive, and other Executives; including involvement with the Welsh Government sponsored 'Two at the Top' programme;
 - Regular meeting with the Minister for Health and Social Care together with Jason Killens;
 - Regular meetings with Ceri Jackson, newly appointed Interim Vice-Chair, who herself has been very active in visiting Trust colleagues;
 - Bi-monthly meetings with Non-Executive colleagues to discuss a wide range of issues. Jason Killens joins us for the first half hour of that meeting and briefs us on current pressing matters;
 - Routine meeting with Head of Internal Audit, Osian Lloyd;
 - Panel membership of the 'WAST Live' events;
 - Routine meetings with TU colleagues;
 - On 05 January, I and Ceri Jackson visited colleagues in the Clinical Contact Centre at Vantage Point House (VPH) – specifically meeting with colleagues from 999 and 111 contact centres, and the Clinical Support Desk. This was a valuable experience to better understand the operations of the Trust. This was also the day the Minister for Health and Social Services visited VPH following a morning spent with an ambulance crew. I had the opportunity to meet the Minister in the 999 Contact Centre, and again later before she left;
 - Attended the regular Chairs Peer Group (all Health Body Chairs) on 09 January, and took the opportunity to comment on hand over issues;
 - On 16 January I visited 111 colleagues in North Wales at St Asaph, toured the proposed site for the new EMS 999 CC on the same premises, and travelled to Llanfairfechan to visit the current EMS 999 facility.

6. Lastly, I was able to attend the meeting of the Audit Committee on the 30 November 2023, the Finance and Performance Committee meeting on the 15 January 2024 and the Charity Committee on the 18 January 2024.

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES	
Not applicable.	

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



Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

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

CHIEF EXECUTIVE REPORT: 25 JANUARY 2024

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

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 23rd November 2023. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

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

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

The Trust Board meeting held on 25 January 2024.

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 23rd November 2023.

BACKGROUND

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

ASSESSMENT

CHIEF EXECUTIVE

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, AACE, EASC and senior elected representatives.
- Attending a number of National Commissioning Implementation Board meetings in preparation for the commissioning changes coming into force on 1 April 2024.
- The Trust continues to make progress in implementing the Manchester Area Inquiry recommendations which are being regularly monitored by the Executive Leadership Team. As part of the organisational learning, I attended the Manchester Arena Inquiry Assurance Programme Victims Engagement Event on 20th November.
- A joint Exec to Exec meeting was held with Betsi Cadwaladr University Health Board to discuss strategies to improve patient flow and future strategic ambitions.
- A positive mid year Joint Executive Team meeting was held with Welsh Government where many achievements within the gift of the Trust were recognised.
- I attended a meeting of the Wales Resilience Forum chaired by the First Minister.
- Along with other members of the Trust, I was proud to attend the emergency services carol services held in North Wales and South Wales.
- A workshop was held earlier this month to develop the next iteration of the Trust's IMTP 2024/27. As the document is further developed, they will be shared with the Trust Board.
- I undertook a rideout in North Wales on an emergency ambulance for a 12 hour shift in the first week of January experiencing the impact first hand of the wider system pressure on our people and our patients.
- This will be Martin Turners last meeting as a WAST Non-Executive Director. I would like to put on record my grateful thanks for his significant contribution to the leadership of the Trust over the last 8 years.

- Finally, I was delighted that 3 Welsh Ambulance Service colleagues were recognised in the King's New Year Honours List. Wendy Herbert, the Trust's Assistant Director of Quality and Nursing, was awarded the King's Ambulance Service Medal (KAM) for distinguished service. Community First Responder Gerry Adams was appointed a Member of the Most Excellent Order of the British Empire (MBE) for voluntary services to the community in Barry. Linda Williams, Volunteer Support Administrator, was awarded a British Empire Medal (BEM) for services to the Community First Responder scheme in north Wales.

CORPORATE GOVERNANCE

4. Interviews were held in December for the Non-Executive Director (NED) positions which will be vacant when Martin Turner and Paul Hollard leave the Board on 31 January and 31 March respectively. The campaigns were focused on filling these positions with Non-Executive Directors with finance and academic backgrounds, skills and experience. These positions are Welsh Government appointments and the Minister for Health and Social Care has confirmed the appointment of Peter Curran to the finance NED role and Ian Mathieson to the academic NED role. Thanks to Martin Turner for agreeing to extend his term to allow the interview process to take its course and we look forward to welcoming Peter and Ian through our Board induction programme over the coming weeks.

5. A managed approach is underway in introducing Trust service areas to the new internal Welsh language translation service and reducing reliance on service areas using external translation providers. The translation service is currently in operation as part of a soft launch with an expected hard launch later this month.

6. An opportunity has arisen for the 111 staff to receive Welsh language confidence building sessions which are funded by Welsh Government. These sessions are aimed at individuals who have Welsh speaking skills but who like to increase their confidence in using their language skills with our Welsh speaking service users.

7. Closer alignment of the Welsh language framework to the equality, diversity and inclusion plans at the Trust will be strengthened by the current Welsh Language Advisory Group forming part of the Equality, Diversity and Inclusion Steering Group in 2024. The team held an away day on 23rd January to review the direction of travel of Trust's first Welsh Language Policy which underpins the framework.

8. Effectiveness reviews are underway of the Board Committees and WASPT, with the Academic Partnerships Committee and the Charity Committee having reviewed the outputs at their January meeting. A similar process has been completed for the Executive Leadership Team and the Assistant Directors Leadership Team (ADLT) which has led to improved practices and changes in operating arrangements.

9. The work plan for the prioritised policy review for 2023/25 is on track and the Policy Group is meeting regularly to clear the backlog of policies. The Executive Leadership

Team and the Audit Committee have oversight of this work plan and the 2024/25 work plan. The Trust's Policy for Policies is undergoing a 'light touch' review and will be presented to the Executive Leadership Team (ELT) for endorsement in early 2024 and submitted to Audit Committee and Trust Board in March 2024 for approval.

10. External support is being sourced to review best practice process in developing our strategic risks (Board Assurance Framework) and appetite statements. This work will take place in Quarter 4 and the Audit Committee will be updated on progress and its effect on our risk transformation programme. The intention is to ensure our new Board Assurance Framework is future proofed and is a tool that the Board can use effectively to ensure we are achieving our strategic objectives.

11. The team are leading a task and finish group which is looking at the various impact assessments that the Trust is required to carry out, initially with a view to developing a document which signposts users to the right impact assessments at the right time and will include what triggers them. A general maturity of each of the impact assessments is also part of this group that currently meets monthly and reports into ADLT.

12. Further task and finish groups are in place for the charity annual filings which will shortly finish its work, and the corporate annual filings task and finish group has commenced for 2023/24. This group steers the work of drawing together the requirements of the manual for accounts in the preparation of the Annual Report and aligns to the Annual Accounts audit work. The Quality Report will be reintroduced this year and this group will also ensure alignment with that report.

OPERATIONS DIRECTORATE

Manchester Arena Inquiry Recommendations

13. The work on the Manchester Arena Inquiry (MAI) recommendations has been ongoing for 6 months, and a mid-year review was completed in December. This reviewed progress and scope and subsequently recategorized some of the recommendations, all of which have been approved through the Senior Leadership Team governance process as supported by the Executive Leadership Team (ELT). Twenty seven of the 68 recommendations are complete with a few others nearing completion. Work is now focussed on the completion of the assessment of our capacity to respond to an incident and the subsequent outline resource case to the Commissioner which specifically connects to one of the recommendations.

14. The following table is a status reflection of the 68 recommendations that WAST is working on. It should be noted that the RAG coding is to aid areas for focus for the team; they are not used conventionally.

Priority	Number of Recommendations	Status
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Red	7	
Amber	19	
Green	10	
Deferred	5	Other organisation dependency
Complete	27	For approval/closure

15. One of the recommendations from the MAI is the introduction of two new triage tools for mass casualty incidents. Ten Second Triage (TST) is designed to be used by anyone responding to a major incident to provide care to casualties prior to the arrival of clinicians on scene, and the Major Incident Triage Tool (MITT) is for use by NHS Responders at scene. Work has been ongoing to introduce this new tool within WAST with the UK Ambulance Services go live date set for 1 April 2024.

16. New Marauding Terrorist Attack (MTA) Joint Operating Procedures have been rolled out through Pan Wales multiagency training courses; this has been the first-time tri-service courses have been delivered on this scale to so many emergency service personnel.

17. The ELT is to receive a full update on progress in its face-to-face meeting in January 2024, and work will continue to bring to the ELT the case for investment in response to recommendations for consideration in March 2024. Alongside this, it will be necessary to also provide updates to the EASC Management meeting in February 2024.

Review of Key Plans During Quarter 3, a number of key plans have been refreshed or rewritten as part of the annual review process. These include:

REAP – Resource Escalation Action Plan - In November version 4.1 of the Trust's REAP plan was published. This plan provides the ability to manage our response in situations where demand or other significant factors within the service see an increase, and any challenge to the capacity to manage this demand.

Incident Response Plan (IRP) - In November, Version 2.0 of the IRP was released. In light of a number of incidents, changes to key pieces of national guidance, and the release of the Manchester Arena Inquiry reports alongside learning from internal debriefs, the IRP underwent a significant rewrite rather than a simple refresh. It was approved by the ELT and will be presented to the Finance and Performance Committee.

Clinical Safety Plan (CSP) - In December, Version 2.2.1 of the CSP was released. The CSP provides a framework for WAST to respond to situations where the demand for emergency services is greater than the available resources. This update was a relatively minor update reflecting evolutionary change to CSP with a wider review planned for 2024.

EMS Coordination Reconfiguration

18. The current IMTP deliverable of reconfiguring EMSC has been replaced by a proposal for a revised leadership structure, which will also incorporate the original single allocator model and dispatch boundaries recommendations.

19. Initial work was carried out to progress the boundaries recommendation in early 2023 and it became clear that the Project Board were keen to refresh the data to ensure that the original (2017) paper and therefore data remained valid in the current context. As a result, further modelling was carried out by ORH in September 2023 that considered more recent and up to date data (Sept 2022 to May 2023). The revised Demand and Capacity recommendations (Sept 2023) were considered as part of the wider EMS Coordination Reconfiguration Project and an initial paper has set out a proposed structure that will provide a leadership structure that is fit for purpose but will also address the two outstanding recommendations (noted above) from the original ORH Report in 2017.

20. The final paper will be submitted to colleagues and will be shared with Trade Union partners in January and all elements will feature as part of an Organisational Change Process (OCP).

Bryn Tirion Relocation

21. On the 9 October 2023, the inaugural Bryn Tirion Project Board was held to explore options available to relocate staff from the Bryn Tirion site. It has been broadly accepted that the site is not fit for purpose and as a consequence, monies have been set aside from this years' Discretionary Capital budget to relocate staff to a more suitable premises. At the Project Board meeting on the 16 November 2023 an options appraisal of three potential new locations was undertaken, with Ty Elwy being selected as the preferred relocation site. This was ratified by the Strategic Transformation Programme Board on the 27 November 2023.

22. It is recognised that the decision to move from Bryn Tirion to Ty Elwy, which is some 25 miles further east, is going to be challenging for some of our staff. As a result, a small space has been identified in the Snowdon House facility in Bangor to accommodate staff who would be unable to move to Ty Elwy. This does not in any way reduce the 111 desk numbers in Snowdon House but does involve some minor alterations to the internal infrastructure to release the additional capacity. An OCP process has began and People Services have been engaged to support staff with identifying issues and 1:1 sessions offered to scope the impact on individuals.

23. It is acknowledged that the actual relocation of staff from Bryn Tirion is unlikely to happen before June/July 2024 as there is work required to ensure the space set aside in Ty Elwy meets the specific requirements set out by the teams and to enable the necessary technology requirements to be delivered.

Visit from Health Minister, Eluned Morgan

24. In December, we were pleased to host a visit from the Health Minister, Eluned Morgan MS. The Minister spoke with operational crews and attended two incidents including a red release to a cardiac arrest patient. Following this, the Minister visited Vantage Point House and spoke to EMS Coordination and CSD staff. The Minister subsequently thanked the Trust for hosting the visit.

DIGITAL SERVICES

Mobile Data Vehicle Solution

25. The new Mobile Data Vehicle Solution (MDVS) has successfully begun deployment from two dedicated installation facilities; one at Panasonic, Cardiff and another at Amlwch Ambulance Station. Since beginning deployment in late October nearly 200 EMS vehicles have been fitted with the new technology and over 1100 staff undertaken the training in its use. The Trust currently has the second highest number of vehicles installed across all UK Ambulance services, with only Yorkshire Ambulance Service, who were the original pilot site, ahead of WAST.

26. Significant progress continues to be made with a dedicated solution for the Non-Emergency Patient Transport Service (NEPTS) which we are seeking to take to a live operational pilot early in February 2024.

Data & Analytics Recruitment Drive

27. Following the release of the recent WAST recruitment video created by the People & Culture Team, the digital focused version of this video was used in support of recent Health Informatics vacancy advertisement. Two posts, Principal Data Warehouse Developer and Principal Applications (Web) Developer were both advertised in November 2023, and shared via usual recruitment channels, as well as pushed via social media using the video to help generate greater engagement. The Principal Data Engineer post resulted in 19 applications and 2 appointable candidates following interview, and the Principal Applications Developer received 21 applications, an increase from previous unsuccessful recruitment attempts to fill this post where fewer than 10 applications were made. It is believed the video had a positive impact on attracting strong candidates to the Trust and helped successfully appoint talented individuals into both positions.

Data and Analytics – ePCR Compliance Analysis

28. In Q3 2023/24, a significant upgrade to the ePCR Compliance Dashboard was released to support the Clinical Intelligence Assurance Group (CIAG) in better understanding how the ePCR application is used and how crew experience might be enhanced. The work focused on ePCR records without closure codes – i.e. scenarios where the crew have not entered a closure code, and instead the record is

automatically closed by the system after a period of inactivity in the record. Enhancing crew-closure rates is crucial for accurately capturing Clinical Indicator performance.

29. Intelligence added to the Compliance Dashboard now enables users to track volume, resource types which responded, and any emerging 'hot-spots' in location of incidents resulting in auto-closure. It is recognised that ePCR is not yet available across all parts of the service; as such, if the last attending crew for an incident do not have access to ePCR, this will result in an auto-closure of the record(s). Another theme captured in the dashboard is crew interaction with the report closure page; insight gained showed although many crews interact with the page and record conveyance decisions, there is a drop-off after this point when diagnostic codes are selected and the record is closed.

30. With the addition of this information to the dashboard, steps can now be taken to support crews with the challenges they encounter when attempting to close ePCR records, improving the process, shaping the future upgrade to the ePCR application, and ensuring valid and quality documentation of patient care.

ICT Lock Screen Displays

31. At the end of 2023, we were able to successfully utilise the lock-screen display on Windows devices to disseminate Cyber security information to the Trust during cyber security month. There is now a huge opportunity to continue to utilise lock-screen displays to publish other types of messages in the same way, with the next theme already under design.

32. Utilising the lock-screen displays for distributing messages within the Trust offers numerous advantages, including high visibility and engagement due to the lock screen's unavoidable presence on every employee's device. This method ensures timely and targeted communication, allowing for the immediate dissemination of information, reminders, or notices, directly reaching a wide audience. Moreover, this approach is cost-effective, leveraging existing technological infrastructure without the need for additional investment.

Sustaining Digital Operational Continuity

33. Outside of digital innovation and advancement, there continues to be key developments across the Trust's infrastructure, which enable us to maintain strong and secure digital operational continuity. The first development to highlight is the ongoing work to migrate our existing servers to the new Nutanix system for backup and storage. This is progressing well, and we are now beginning to migrate existing departmental (local) file shares to SharePoint cloud storage.

34. The second development is the ongoing ICT support with various estates projects such as Ty Elwy, Dolgellau and Ruthin. This work ranges from acquiring technical requirements for each site to delivery and installation of each requirement.

STRATEGY, PLANNING AND PERFORMANCE

Strategy, Planning and Transformation

35. The Strategy Planning and Transformation Team have been busy over the lead up to the festive period and throughout January as we move closer to the development and submission of the next iteration of our IMTP.

36. The Strategy Team facilitated an all day internal workshop with colleagues from across the organisation to support the continued development of our future service model. The team also facilitated an all day workshop with the Ambulance Care Team and wider colleagues from across the organisation to discuss the future vision and vision for the Ambulance Care service. As part of the continuing 'Test of Change' work stream, the team focussed on testing the concept of early clinical screening prior to resource dispatch to help maximise the volume of patients whose needs can be met through 'Consult & Close'. Further Tests of Change are planned for January onwards.

37. The Planning Team has continued with its engagement and 'gathering intelligence' phases of the IMTP planning cycle, holding sessions with the Board, ADLT & ELT, directorates & transformation programmes and bringing in important feedback from CEO Roadshows held during November. The next steps for the team now will be to synthesise the wide ranging feedback into the key priorities for the organisation over the next three years, demonstrating clear progress towards our Long Term strategy, as well as addressing Ministerial priorities and EASC/111 commissioning intentions. Alongside the work to develop the IMTP the team has been integral to wider system transformation and strategic development across NHS Wales. Some notable developments include:

- Continued engagement in strategic service development programmes and clinical networks across Wales
- Engagement in the national stroke programme and particularly the South Central region which has hosted workshops on the options for South Central going forward.
- Supported, at pace, the move to centralise stroke rehabilitation services in Aneurin Bevan at YYF, utilising our existing resources in the area.
- Review of South Wales major trauma activity to further engage on discussions about peer review recommendations to develop a 24/7 clinical desk within WAST and potentially an all Wales solution.
- Supporting the implementation of new protocols within the CAD for patient transfers.
- Receiving the final report on Transfer and Discharge modelling and developing options for consideration in the context of the wider service reconfigurations across Wales.

- Successful in bids to Gwent RPB for additional falls level 1 resource at night and a level 2 service, also for funding for a pilot of a mental health response vehicle with implementation underway.
- Working with Aneurin Bevan and Cwm Taf Morgannwg to strengthen collaborative working and benefits from strategic overview of initiatives across the organisations.

38. The Transformation Support Office has recently recruited a band 7 Senior Project Manager, 2 x project managers on secondment (to cover maternity and take forward a short term piece of work under the Financial Sustainability Programme) and a band 5 project support role which will ensure the team and the IMTP delivery programmes have the right level of administrative support to be efficient, given the scale and pace of change. The team has also developed a Project Path Framework to replace the existing Programme and Project Management Framework to act as a guide to colleagues across the organisation who undertake project roles, to help deliver the IMTP and other projects more effectively, with reduced burden of bureaucracy where it is unnecessary. The team will also be leading work to address some of the recommendations from the recent Administration and Support Services Review around project management efficiencies.

Commissioning & Performance

39. The Commissioning and Performance Team continue to service the accountability mechanisms that the Trust is subject to; 111 commissioning, EASC commissioning and Welsh Government along with the Joint Executive Team (JET) meeting in December and internal committees and Trust Board.

40. The Patient Harm Mitigations report was updated with new actions for winter and will be updated again for the January iteration to reflect further dialogue with commissioners and Welsh Government. The Team has responded formally to the draft 111 2024/25 commissioning intentions and will do for the EMS and NEPTS intentions early in Quarter 4. A report also went to January's Finance & Performance Committee providing a further update on the developing new commissioning arrangements i.e. the Joint Commissioning Committee (JCC). A key area of focus in Quarter 4 will be the commissioning resource envelopes for 111, EMS and NEPTS respectively, with the 111 envelope being a particular area of concern. As part of this work the Team has been working on what "additionality" it could contribute to the Six Goals Programme, consistent with the "inverting the triangle" ambition.

41. The second strategic EMS Demand & Capacity Review is nearing completion, with the final results on target to be reported to March's Emergency Ambulance Services Committee (EASC). The Review is aligned to the Trust's Long Term Strategy and IMTP ambitions. The winter forecasting and modelling is proving accurate, with the focus on being on spring modelling, along with modelling around stroke times, responding to major incidents linked to the Manchester Area Inquiry recommendations and aligning the Trust's clinical response model with the English equivalent. The EMS Operational Programme is nearing completion with the roster review evaluation drafted and the

one major area of work now restarted, the EMSC reconfiguration, which has been repeatedly delayed due to the pandemic and escalation levels.

42. Finally, the Quality & Performance Management Steering Group has been refocused via an updated terms of reference and is making progress into its work programme.

CLINICAL DIRECTORATE

Clinical Directorate Leadership Structure

43. The 31st December saw the retirement of the Trust's Executive Medical Director Dr Brendan Lloyd. Numerous tributes have been offered to Brendan upon his departure, recognising his significant contribution to the clinical development of the organisation. 2024 brings forward a revised clinical leadership structure with Andy Swinburn taking on the position of Executive Director of Paramedicine with the support of two Associate Medical Directors (AMDs). Whilst Dr Jonathan Whelan has been seconded to the organisation for some time, this year will see his position become permanent as well as the creation of an additional AMD role with a General Practice/frailty focus. Job descriptions for both roles are in the final stages of development, and we look forward to enhancing the Directorate further with continued and additional expertise of our medical colleagues in the final quarter of this year.

Clinical Support Desk (CSD) Clinical Structure

44. The Clinical Support Desk (CSD) has recently appointed two Integrated Care Clinical Leads; Ben Jenkins and Mark Horrigan. They join Paula Jeffery, Consultant Clinician for Integrated Care who has also become substantive in her position. Together these roles will help to bring strong professional clinical leadership, structure and supervision to all Health Professionals working within the Clinical Contact Centres or remote working locations. They will work to develop the governance surrounding CSD, as well as contributing towards the direction of organisational transformation and change in increasing the Trust's remote clinical service offer.

Clinical Directorate Achievements

45. Members of the Clinical Directorate's Research and Innovation Department have been formally recognised for their contributions to the field with Dr Nigel Rees, Assistant Director of Research and Innovation being appointed as visiting Professor at the University of Warwick, Medical School Clinical Trials Unit. This success is also reflected in his team with Cendle Xanthe winning best poster at the Health and Care Research Wales Conference in October 2023 and fellow Research Support Officers, Lauren Smythe and Lauren Williams being shortlisted, along with Andeep Chohan Project Manager as finalists in the recent WAST awards.

Anna Parry

46. Anna Parry, the newly appointed Managing Director of the Association of Ambulance Chief Executives (AACE), visited the Trust on the 8th December 2023, with the Clinical Team hosting her attendance, supported by colleagues from the Strategy and Planning, People and Culture, Operations and Quality Directorates. Discussions were comprehensive, and colleagues explored many of the areas where WAST is taking a more diverse approach from other organisations. Anna was keen to express how impressed she was with the degree of innovation and collaboration within the Trust.

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Duty of Quality

47. Progress is being made on the implementation of the Duty of Quality. As part of the roadmap to 'Always On' quality reporting the Monthly Integrated Quality Performance Report (MIQPR) is now available on Siren Sharepoint so that our teams can easily access quality and performance reporting. The next phase on this journey is to deliver a dashboard of data based on the MIQPR and teams across Directorates are working together to deliver this. Initial training has been released by the NHS Executive and a Communication Strategy to share the link for all our staff to undertake baseline training is underway. Quality teams are working with the Learning & Development Hub to identify what additional training our people need as we embed the new legislation and quality standards into our everyday business.

Connected Support Cymru

48. The Trust continues to work the Welsh Government Small Business Research Initiative (SBRI) Team and Health Board partners to implement Connected Support Cymru (CSC). A full Business Case for 2024/25 has been submitted for consideration and the ongoing test of change continues to demonstrate a significant and positive impact for remote clinical care.

PEOPLE AND CULTURE DIRECTORATE

49. Over 12% of our people responded to our recent, first HIVE survey, sharing their perspectives on the speaking up culture within WAST, yielding valuable insights. The majority expressed confidence in raising concerns, feeling supported in speaking up, and being comfortable expressing diverse opinions, a crucial aspect for fostering a psychologically safe and innovative organisation.

50. Noteworthy feedback does, however, indicate a lack of confidence in the resolution of raised concerns. As a leadership team, we are actively addressing this concern by delving into the underlying barriers that may hinder colleagues from speaking up, with a commitment to eliminating these obstacles.

51. The People and Culture Team have developed a toolkit for managers that provides practical steps and resources they can use to influence, shift and shape culture positively. The toolkit is designed to involve the team in the work of identifying what needs to change, what needs to be cherished and what collectively the team can do to improve team culture and workplace experience. Tools specific to WAST enable managers to take the 'cultural temperature' in their team, helping to identify issues that may need attention and supporting conversations about underlying causes and potential solutions. The toolkit is currently being piloted with teams to determine what works well and where improvements need to be made. Following this phase, workshops will be held to familiarise managers with the tools, resources and process of culture change.

52. The Trust has embarked on a review of the current flexible working processes and how requests are supported. This work will align with the revised All Wales Flexible Working Policy that incorporates the 2024 pending legislation changes. The changes to Employee Relations (Flexible Working) Act 2023 include: employee no longer needs to explain what the impact of the request will have on the employer, an employee can make 2 requests in any 12 month period, the employer has 2 months to respond and must consult with the employee when refusing a request. Employees will be entitled to request flexible working arrangements from day one of their employment and permitted flexible working arrangements could become implied terms. Frontline operational colleagues will be sent a short Hive survey (Jan/Feb 2024) and it is hoped that the feedback will assist us in improving flexible working opportunities for colleagues.

53. Good progress has been made against the actions set out in Welsh Government's Anti-Racist Wales Action Plan (ARWAP). Highlights include:

- Positive feedback and up-take of the Active Bystander and Allyship training programmes
- Options being explored to introduce an EDI personal objective for every Board Member
- Assisted Diverse Cymru to undertake an audit of workforce policies through an anti-racist lens, the results of which will be shared with NHS Wales organisations in 2024.

54. In line with our ambition to create a safe, positive workplace for everyone, a successful session around 'Understanding Sexual Safety in the Workplace' was recently facilitated in conjunction with Legal and Risk colleagues, with over 140 professionals in NHS Wales attending.

55. In December 2023, the Trust launched the National Partial Retirement process which provides colleagues with the option within the NHS Pension scheme to access their pension without the need to retire. This is another example of measures we are putting in place to retain staff and support their wellbeing.

56. Compassionate Practices continues to be at the forefront of the work we are focusing on in terms of how we deal with employee relations and managing attendance issues. We have revised the process which is to be trialled within an EMS locality before being rolled out more widely. The aim of the revised process is to support managers in reviewing facts before deciding how an issue should proceed. To support and enhance understanding of the investigation process, a number of colleagues have attended training provided by NWSSP Legal and Risk. At the heart of this work is a continued commitment to listen to and improve the experience of all those affected.

57. Progress continues on the ACAS workplan regarding the WAST Partnership Framework. We are holding 3 sessions for leadership and TU partners to demystify partnership working, achieve clarity on roles and build effective relationships. The partnership statement has also been reviewed and TU Partners will be invited to share their views, with expectations to finalise in early 2024.

PARTNERSHIPS AND ENGAGEMENT

58. Media relations work has been extensive in this most recent period. The Communications Team facilitated a two-day visit for BBC Wales in December for a package about how the Trust is thinking differently about the way it delivers services. Health correspondent Owain Clarke spent a day-in-the-life of a Cymru High Acuity Response Unit (CHARU) paramedic responding to the most urgent calls and also profiled the work of our Clinical Support Desk. Similarly, the team worked with The Leader newspaper in North Wales on a subsequent feature about the new CHARU role and are in tentative talks with Channel 5 producers for a package in the spring about how we are working with partners across the health and social care system to keep more of our patients at home, where that is safe and appropriate. This aligns with our approach of beginning to surface our strategic narrative in our media relations work. Meanwhile, a new BBC One series called SOS Extreme Rescues – which profiles the work of emergency responders in Eryri National Park, including WAST crews, aired earlier this month.

59. In December, we hosted a visit from the Minister for Health and Social Services. Eluned Morgan MS spent time with an ambulance crew in Merthyr Tydfil and observed first-hand the work of our Clinical Contact Centre colleagues. This resulted in the Minister sharing a video on social media outlining her experiences and represented one of a number of touchpoints with the Minister in recent weeks. The team also organised a series of Christmas carol events for the community, jointly hosted with blue light partners. The event in north Wales raised more than £1,000 for the North Wales Mountain Rescue Association.

60. In terms of the strategic narrative, work is being undertaken to review the content of media statements and the general thrust of our media relations work, to focus more clearly on building interest in, and support for, our longer-term strategy. This will mean less focus on handover issues and more focus on new ways of working, collaboration

etc. Similarly, significant work is underway on refreshing and gaining assurance on the engagement plan for the strategy more broadly, with support coming from the Consultation Institute to provide input and assurance. This work is being done in partnership with the Head of Strategy and the Strategy Engagement Manager, to ensure that our approach to engagement on the longer term strategy is both suitably targeted and effective.

61. The Chief Executive and the Director of Partnerships and Engagement have held a number of meetings with political stakeholders during the period, including the Leader of Plaid Cymru. Significant political and stakeholder interest in a broad range of issues remains, including in response times. Again, the opportunity is being taken to begin to talk about the strategy, rather than focus on the current challenges. As part of the mitigation of reputational risk, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue. To support this, a new 'WAST Connects' newsletter has been launched, a monthly digest designed to be a one-stop shop for important news and updates about WAST services, as well as a celebration of staff and volunteers. Similarly, and listening to feedback from the recent round of staff roadshows, media coverage is now being shared with all staff so that the work to promote their work in the media, as well as respond to often challenging enquiries, is visible to all.

62. The Director of Partnerships and Engagement and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context. Work is underway to review the corporate risk around reputation, which remains at 20, with a refreshed narrative and a review of controls and gaps.

FINANCE AND CORPORATE RESOURCES

Finance

63. The outturn revenue financial position for the period ending 31st December 2023 was a surplus of £108k. The year end forecast position remains balanced with any risks and proposed mitigations noted.

64. The 2023/24 capital programme has been agreed through the relevant governance routes and work is progressing well with scheme leads ensuring tenders are submitted and orders placed to ensure new schemes are delivered in year, along with the completion of existing schemes.

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

66. The independent examination (IE) of the Trust's Charity's 2022/23 financial statement by the Audit Wales has finished with no major issues to report with the aim

of getting the IE approved by both the Charity Committee and Trust Board/Corporate Trustees ahead of submission to the Charities Commission on 31st January 2024.

67. Audit Wales is looking to provide the year end audit timetable for the audit of the main WAST accounts in January.

68. The Finance Team continues to play a key part in helping the organisation to fully deliver the significant savings plan and delivery required for the 2023/24 financial year which totals £6m. Focus over the next few months will continue to build on the financial plan for next the financial year to support the emerging IMTP cycle for 2024/25 and beyond. The Health Board funding allocation letter for 2024/25 was released just before Christmas; the Finance Team will now be working through the implications of this funding allocation for the Trust with our respective commissioners.

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

Capital and Estates

70. **South East Fleet Workshop** – The facility is operational following the relocation of Fleet Teams from Blackwood and Blackweir in early October 2023. Blackweir was returned to the Landlord on 1st December 2023. Decommissioning work for Blackwood has taken place and a small revenue investment has been made to make good recently vacated areas. Further discussions are ongoing about future requirements for the site, including potential investment requirements. It is anticipated that the official opening of the new facility will take place in Spring of this year.

71. **Dolgellau** – Discussions continue between NWSSP and the landlord regarding the lease. The full planning application has been granted. The procurement process is ongoing, with some further work required to bring this to a conclusion during January. As yet the programme of works is not yet known, but it is anticipated that works will conclude for staff occupation by late Spring 2024 at this point (subject to confirmation once the contractor has been appointed and the programme confirmed).

72. **Ruthin** – Full planning permission was granted in August 2023 for the construction of an extension to the Fire Station. The tender process has concluded, and further discussions have taken place regarding the costs quoted which exceed the project budget. Options are currently being considered and it is anticipated that a paper will

be received by Capital Management Board at the end of January to confirm the next steps.

73. **Monmouth** – Options continue to be developed in collaboration with South Wales Fire & Rescue Service and Gwent Police. Early indications are that the total investment required for this project by the Trust would be significantly more than the costs estimated for an independent project. A meeting took place with all partners to explore the cost estimates in further detail, and it was confirmed that costs are unlikely to significantly reduce from the estimates. The Trust will need to consider its preferred approach to this scheme and next steps, as part of capital planning for 2024/25.

74. **Swansea** – A preferred site within Fforestfach is being explored following discussion at the Project Board and heads of terms are being considered. The project is currently in RIBA stage 1 which involves block planning for the site. A resource schedule is in development to quantify further resources required for the initial stages of developing the proposals needed for inclusion within any BJC to Welsh Government.

75. **Decarbonisation/EFAB** – The EFAB Project Team is meeting on a regular basis to manage the project through its 2-year timeframe. Tenders have been returned for all projects and further work is now required to consider quotations which are generally in excess of the specific budgets for these schemes. Work has commenced on the first of the projects at Blaenau Ffestiniog which will complete by mid March 2024. Work is also commencing on planning for 2024/25 schemes to ensure that the Team can confirm the specifications for work this financial year in advance of procurement processes.

76. **Newport Ambulance Station** – this project has been established with the development of a Project Initiation Document, Terms of Reference and site searches. Meetings have been held on the sites of 2 potential locations with operational colleagues and findings fed back to the Capital Project Team. That said, this work has been overtaken in recent months by more urgent work required in the South East region.

77. **Llangunnor** – this project was prioritised for progression in 2023/24 with an anticipated completion in 2024/25. The Project Board continues to meet and is refining the design and layout plans. Discussions are ongoing with Dyfed Powys Police partners regarding their timescales and investment proposals to facilitate the enabling works to allow occupation of the space.

78. **North Wales CCC Estate** – The North Wales CCC Project Board has been established, with an identified project management resource. The estates work package is a component part of the wider project. Initial space planning has been undertaken and the Project Board maintains oversight of the development of plans. Initial work to clear spaces within Ty Elwy and support preliminary works has concluded.

Fleet

79. In relation to the completion of the 2022/23 programme, which included some planned carry over of monies to the early part of this financial year by Welsh Government, only the following remain outstanding:

- The delayed 15 Ford Transit Customs ordered in April 2022, have now been delivered to the nominated convertor. Confirmation has been received that the conversions of these are scheduled for May 2024, with detailed pre-build and specification confirmation discussions being held in February.
- 22 Renault Masters also ordered in early 2022 were delivered to our nominated convertor previously and underwent conversion. 11 were converted to stretcher bearing variants have been through the Renault Dealership for PDI and registration and delivered into the new commissioning centre at Merthyr Tydfil Workshop. The second 11 were converted into double wheelchair accessible vehicles and they are now starting to go into the Renault Dealership.
- The 2023/24 Fleet BJC which contained further potential for decarbonisation and EV initiatives was approved by the Board in November 2022 and submitted to Welsh Government. The level of funding Welsh Government were able to provide against that which was submitted was a significantly lesser sum than required. The reduced funding instigated a detailed re-prioritisation process, and the result of that work was that the Trust made the decision to order 41 Emergency Ambulance chassis.
- Those 41 Mercedes chassis have been delivered to the nominated contractor and conversions are well underway. The contractor Wietmarscher Ambulanz-und Sonderfahrzeug GmbH was awarded a 3-year contract with options to extend up to 2 years following a NWSSP led tender exercise and they will be undertaking the conversions of the chassis to coach-built box bodied Emergency Ambulances. The Trust will start to take delivery of the ambulances in February 2024.

80. The 2024/25 Trust Board approved Fleet replacement programme and BJC was submitted to Welsh Government on 23 November 2023 requesting funding for the replacement of 157 vehicles at a cost of £24.4m including an element of catch up from 2023/24. The funding decision from Welsh Government is still awaited.

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



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

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

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

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

EXECUTIVE SUMMARY

1. At its July 2022 meeting Trust Board received and discussed a report relating to avoidable harm. The original report was accompanied by a supporting action plan designed to mitigate patient harm. Updates have been provided at every subsequent Board meeting.
2. In September 2023 and November 2023 the Trust received correspondence from Welsh Government (WG) on winter resilience actions. The Trust has a strong track record of winter planning and considers the action plan for this report to be its response. A letter and the action plan for this report were sent to Welsh Government, and as a consequence of these responses from all health organisations, weekly national meetings are being held with WG for all organisations to provide updates on the actions that they are taking to reduce risk.
3. The forecasting and modelling undertaken for the winter period indicated that performance was likely to be challenged. The modelled most likely scenario (MLS) performance for December 2023 was Red 8 minute 45% and Amber 1 median three hours and 29 minutes. Actual performance was 49% and one hour and 36 minutes respectively, which whilst significantly better than predicted performance remains some distance from the Red 8 minute 65% target and aspirations for Amber 1 response times. The improved actual performance was likely due in the main to actual handover lost hours being lower than those modelled, with a more detailed analysis currently being undertaken. It should be noted that the Trust still lost 25% of its conveying capacity in December 2023 to handover lost hours.
4. Good progress continues to be made on actions that the Trust can control both

from a tactical and more strategic perspective. The Trust does not control the biggest variable that is affecting patient safety, namely, the levels of handover lost hours. Handover lost hours in December 2023 were nearly 23,000 compared to over 32,000 in December 2022: this is a material improvement, but the levels remain extreme with a consequent impact on patient safety.

5. For the 3-month period October 2023 to December 2023;
 - 1,649 patients could have come to severe harm as a result of being held on an ambulance for longer than an hour outside an ED;
 - 28,241 patients will not have received a response due to the operation of the Clinical Safety Plan or through the patient cancelling the ambulance; and
 - There were 46 severe cases of avoidable harm, including death, referred to health boards under the Joint Investigation Framework.
6. It is also recognised that this situation leads to harm to staff and volunteers.

RECOMMENDATIONS: Trust Board is asked to:

- (1) **NOTE the report and the progress the Trust is making on actions within its control; and**
- (2) **CONSIDER whether there are any further actions available to the Trust to mitigate patient harm.**

KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE

Date	Meeting
17 Jan-24	Executive Director of Strategy, Planning & Performance & Executive Director of Operations
25 Jan-24	Trust Board

REPORT APPENDICES

Appendix 1 – Action Plan Progress Update Status

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x

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

SITUATION

1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death. This report provides the Board with an update on actions being taken to mitigate this patient harm.

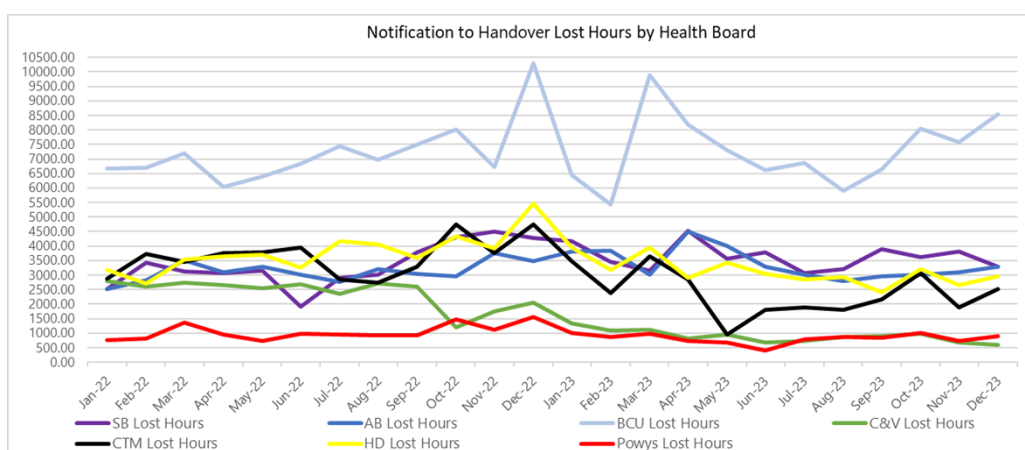
BACKGROUND

2. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm which has then been updated for every Board meeting.

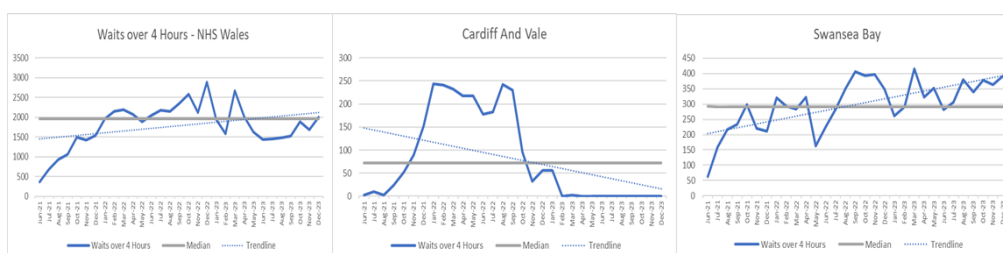
ASSESSMENT

Patient Harm & Mitigations

3. *Appendix 1* contains an updated action plan with a narrative update on each action. Many of the actions contained in the Board report from July 2022 have been completed and removed. Of the 29 actions live when last reported to Board:
 - 4 are red (significantly off target): three health board and one Audit Wales action;
 - 6 are amber (off target);
 - 17 are green (on target); and
 - 2 have been completed since the last report.
4. The previous report was updated to reflect a range of additional actions associated with system resilience and winter planning along with some more strategic actions e.g. strategic EMS demand & capacity review.
5. The four red (off target) health board actions are:
 - **The Audit Wales investigation of Urgent and Emergency Care System:** "Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?" The Trust has not received this report to date.
 - **Reduction in emergency department handover lost hours:** EASC set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. December 2023's handover lost hours were 22,756 compared to 32,098 in December 2022: this is a material improvement; however, levels remain extreme. The current rosters are predicated on 6,000 lost hours and are not designed to cope with the current losses.

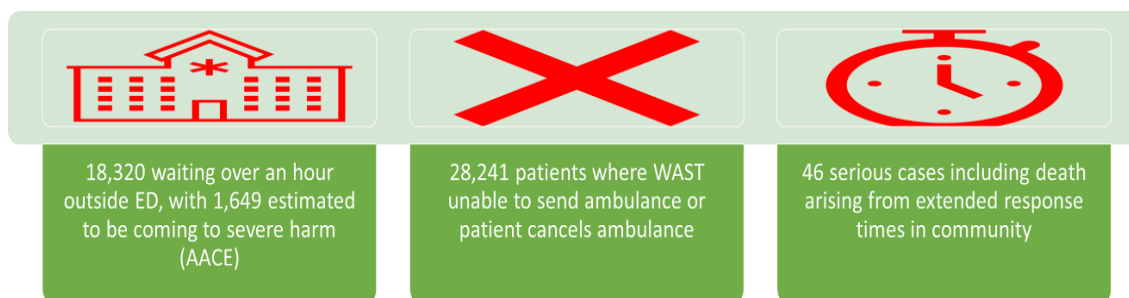


- **Eradication of handover waits of > 4 hours:** there were 2,008 patient handovers in December 2023 which were over 4 hours. The expectation is that these will be eradicated by end of 2023/24. Given the current levels of handover, the financial pressures in health boards, industrial action and the onset of winter, it is unlikely that this will be achieved. Cardiff & Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards.



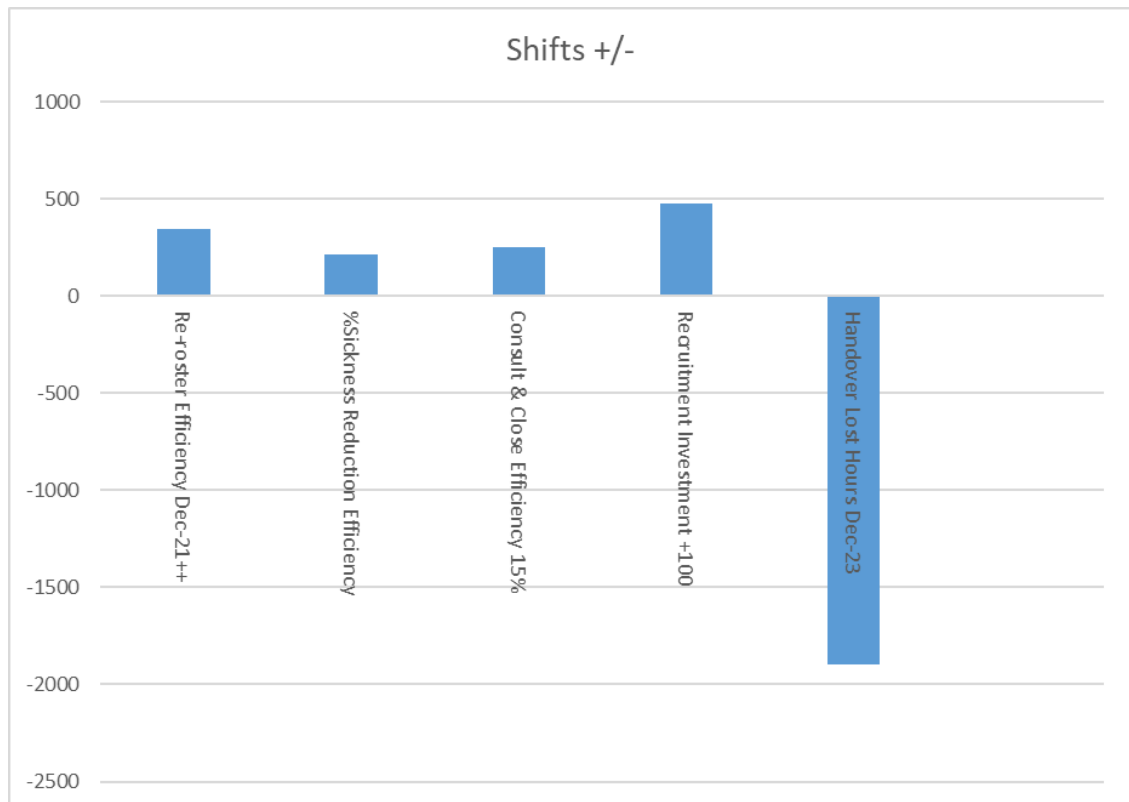
- **Implementation of Same Day Emergency Care (SDEC) services in each Health Board:** SDEC referrals currently account for less than 1% of the Trust's verified EMS demand. The modelling indicates 4% of the Trust's verified EMS demand could go into SDECs if the nationally agreed referral pathways were in place.

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



7. To contextualise the impact of lost hours to handover the graph shows the positive impact of the improvements the Trust has made compared with the

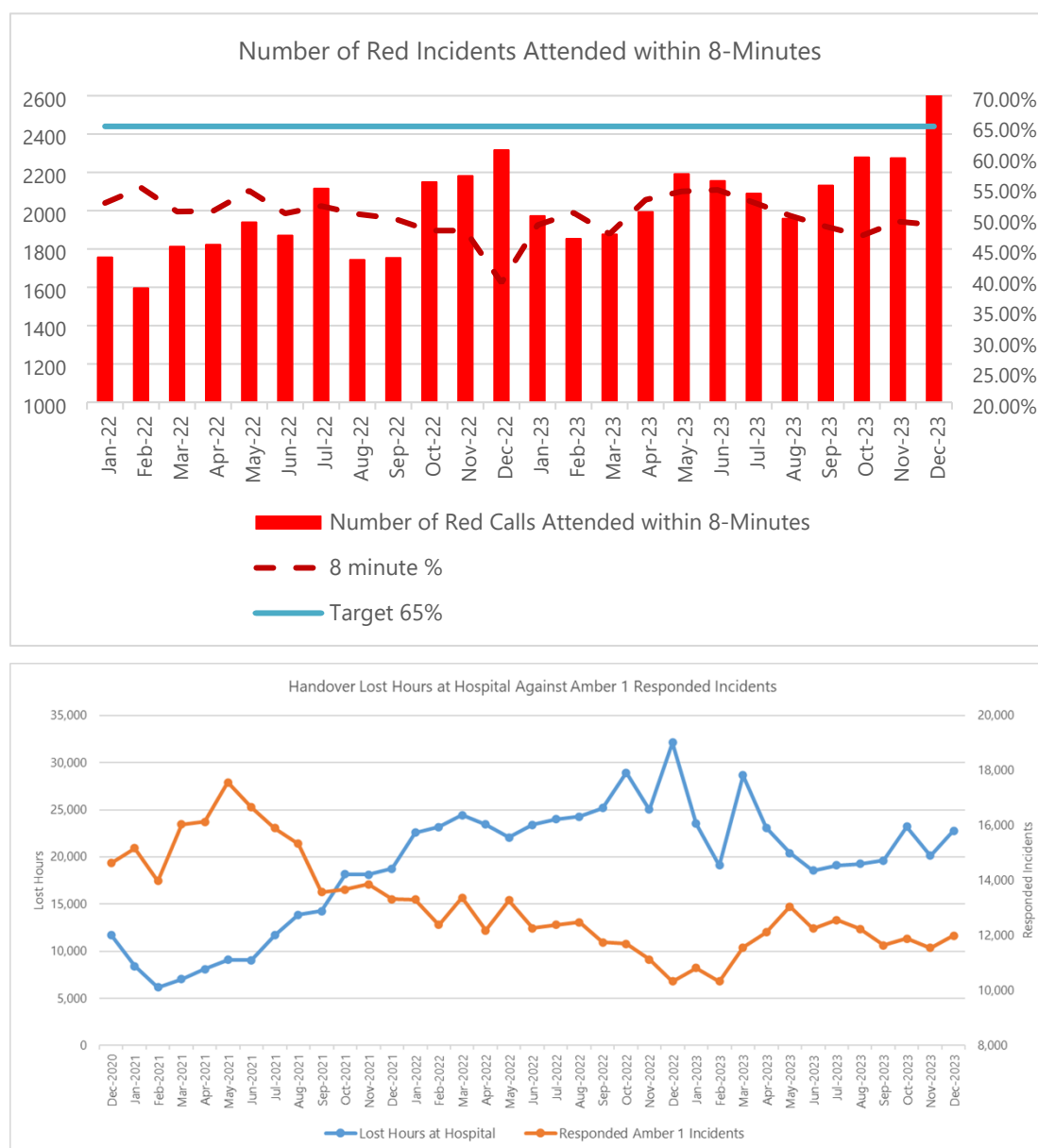
effect of lost capacity at hospital.



8. The Trust will have put an equivalent of 1,282 EA/UCS 12 hour shifts back into the system in 2023/24 through efficiencies and investment: re-roster (343), sickness reduction (214), consult & close (249) and +100 FTE recruitment (476), but the Trust lost 1,896 EA/UCS 12 hour shifts to hospital handover in December 2023, which offsets all of the investment and efficiencies.
9. Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings which are held monthly between the CASC, the Trust and each health board. Given how stubbornly high handover lost hours have remained the NHS Leadership Board agreed, in December, to a Winter Ambulance Improvement Plan, with a health board focus on:-
 - Direct admission pathways for stroke and #NOF (fractured neck of femur) patients;
 - Increased clinical advice via navigation hubs and flow centres;
 - Increased ambulance patient activity through SDECs;
 - Fit for purpose local escalation policies, being more pro-active than reactive; and
 - Increased oversight on delivery led by the NHS Executive.

10. The Trust is also required to ensure that it takes action in support of this Winter Ambulance Improvement Plan, with oversight through its existing accountability mechanisms but also through newly established weekly meetings chaired by WG and attended by all health organisations.
11. The Trust was asked to identify five key priorities. The Trust's response identified the following five:-
 - Capacity: targeted production of ambulance resources, with actual production in December 2023 being 11% higher than December 2022, along with a range of more specialist resource e.g. mobile foot teams, alcohol treatment centres etc., deployed as part of winter planning. Capacity is also a product of reduced absences and sickness absence with sickness absence at 8.79% in November 2023;
 - Demand Management: including improvements to the 111 digital platform (in hand, but not yet delivered due to timings of monies being made available); increasing the Consult & Close rate to the IMTP ambition of 17% (14.1% in December 2023) with a correction action plan in place and the new telephony system considered key to improvement. The Community Welfare Response pilot is also adding to what the Trust can contribute here;
 - Efficient Use of Resources: reducing the multiple response ratio for Red incidents (most recent data under review by the Executive Director of Operations), reducing the use of the clinical advice line (CAL) by 111 call handlers (16% reduction comparing December 2023 with December 2022)
 - Pathways: the Trust is supporting the NHS Executive with information on ambulance activity into SDECs, including improved data accuracy using ePCR; and
 - Staff Well-Being: for example, the establishment of pods at various key hospital sites to enable crews to finish on time/take their meal break on time, with initial staff survey feedback being very positive.
12. As outlined in the previous report to Trust Board, in the light of the continued pressures, patient (community and ED handover) waiting times are likely to remain under significant stress. The delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed are likely to lead to a continuing number of cases of avoidable harm or death to patients. This situation will also continue to be one which is likely to have an adverse effect on our people.
13. The Trust has received some degree of challenge from those health boards where handover levels have improved with a perceived view that performance is not improving. The CASC and the Trust have collaborated on explaining the relationship between handover and performance for health board. It is noted that the Trust is responding to more Red incidents in eight minutes, but with the level of Red demand increasing, the percentage seen in 8 minutes remains lower than target. In addition, as handover hours start to decrease, what is seen is that the Trust can respond to previously unmet demand (patient cancellations decrease),

so the initial change is that responded activity increases, rather than response times improving.



14. Clearly there is a much stronger system focus now on handover lost hours and its impact on patients and staff. December 2023 did see a material reduction in lost hours, compared to December 2022, but the levels remain extreme, and the Trust lost 25% of its conveying capacity.
15. The previous iteration of this report included forecasting and modelling for the winter period. The modelled most likely scenario (MLS) for December 2023 was Red 8 minute 45% and Amber 1 median three hours and 29 minutes. Actual performance was 49% and one hour and 36 minutes respectively. Whilst it is a positive that the Trust delivered a level of performance better than the MLS, performance remains some distance from the Red 8 minute 65% target and Amber 1 median interim benchmark of 30 minutes.
16. The modelling indicates abstractions management (delivering the 30% benchmark) and increasing the consult & close rate to 17%, are the two biggest things the Trust can do to influence performance. The modelling estimates a MLS,

based on these two of 54% Red 8 minute performance and Amber 1 median of under one hour.

17. Lastly, whilst retaining a strong operational grip and tactical focus, the Trust needs to continue to deliver strategic transformation at pace. The Trust has undertaken work over the festive period on its offer to the system, supported by more detailed planning on what could be delivered in 2024/25. This is as the request of the Deputy CEO NHS Wales via the Integrated Quality, Planning & Delivery (IQPD) accountability mechanism, with the Trust expecting to present to next available Six Goals Programme meeting and next IQPD.
18. In addition, in support of the need to transform services to deliver better care and outcomes, the Chief Executive has written to all Health Board CEOs and a series of meetings have been arranged to enable us to listen to health board views on how we can support them in this system wide transformation in partnership.
19. Lastly, our IMTP 24-27 will need to set out the organisations priorities in terms of service transformation and change, with clear milestones set across the 3 years.

RECOMMENDATIONS: Trust Board is asked to:

(1) NOTE the report; and

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

Patient Harm Mitigations & Winter Resilience Actions

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
WAST ACTIONS – Operational				
1.	Immediate Release: Continue working with health boards to increase compliance, focusing on the validation process	Lee Brooks	<ul style="list-style-type: none"> There were 739 requests made to health board EDs for immediate release of Red or Amber 1 calls in December 2023, significantly less than the 1,234 requested in December 2022. In the Red category 202 were accepted and released, eleven were not. In the Amber 1 category, 189 were released, but 337 were not. The Red position is relatively positive, but Amber 1 remains a concern. There was some challenge from health boards at Oct-23's EASC Management Group meeting in relation to validation of the data. The Trust's position is that the fundamental issue is the level of handover lost hours and that there also needs to be improved health board escalation arrangements. The Trust attended a positive workshop with health boards, chaired by the NCCU, on immediate release with various actions arising. The NCCU will call another meeting to ensure these agreed actions are completed. 	Dec 2023
2.	Clinical Safety Plan (CSP) & Resource Escalation Action Plan (REAP) annual review	Lee Brooks	<ul style="list-style-type: none"> Both the CSP and the REAP were reviewed in advance of the festive season. Both are considered robust. 	Complete
3.	Introduction of limited Emergency Department "cohorting" to support reduction in shift overruns	Lee Brooks	<ul style="list-style-type: none"> Some further "cohorting" (pods) was reintroduced for winter 2023/24 at sites where accommodation can be made available by health boards to alleviate shift overruns and release crews to return to base. Initial results are positive a crew survey indicating that 89% of felt their shift would not have finished on time without the pods. 	Dec 23 Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
4.	Patient handover actions.	Exec team	<ul style="list-style-type: none"> Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period of time e.g. WMAS and LAS. This will be reviewed by the Executive team. 	Keep under review.
WAST ACTIONS – Tactical				
5.	Sickness absence (and abstractions): Improve internal sickness efficiency to IMTP 2023/24 target and abstractions to ORH benchmark	Lee Brooks Angie Lewis	<ul style="list-style-type: none"> Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP. In November 2023, sickness absence was 8.79%, an improvement on the previous month (target 6% by March 2024). The Trust will continue its focus through the Managing Attendance Programme into 2023/24, with a wider focus on abstractions as well. Abstractions have come down, currently at 34% (December 2023), with the pre-pandemic benchmark of 30% almost achieved in November 2023 (31%). There are risks associated with this plan however, in the light of the continued sustained pressures on our staff. 	6% by 31 March 2024
6.	National 111 awareness campaign	Estelle Hitchon	<ul style="list-style-type: none"> The Director of Partnerships & Engagement previously provided Welsh Government with planned communications through the winter period. The Trust has then applied the range of communication tools it has at its disposal through the winter period to raise awareness of 111, its services and when to use them, as well as demand messaging etc. 	Ongoing 31 Mar-24
7.	Winter Forecasting & Modelling		<ul style="list-style-type: none"> The Trust has undertaken winter modelling which it has made available to Welsh Government and reported to EASC. The modelled most likely scenario (MLS) for December 2023 was Red 8 minute 45% and Amber 1 median three hours and 29 minutes. Actual performance was 49% and one hour and 36 minutes respectively. Focus now switches to forecasting and modelling for the spring. 	19 Nov-23 Complete

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
8.	Additional Winter 111 Mitigations	Lee Brooks	<ul style="list-style-type: none"> The Trust has comprehensive winter plans for the 111 service, which were further supported by monies from the 111 Commissioners. The service materially boosted the hours produced for call handlers and clinicians and 13.4% more patients were clinically triaged compared to December 2022; however, demand was up 36% compared to November 2023 (one less day in month) and as a result the abandonment rate was above target for the first time in seven months at 13.1% (target 5%). In year monies for website development currently being actioned. 	Actioned / being actioned Demand outstripped capacity
9.	Winter Overtime		<ul style="list-style-type: none"> The Trust targeted production and overtime to forecast demand peaks in the first half of winter. Total ambulance production (all resource types) was 104,467 unit hours in December 2023, compared to 94,197 in December 2022 an uplift of 11%. 	Ongoing
10.	Additional Winter NEPTS Discharge Capacity		<ul style="list-style-type: none"> The Six Goals Programme made an allocation of £10,000 per health board. As of 10 January, BCU had committed the allocation in full for YGC & Maelor, no commitment recorded at YG though. Others have committed some of it: HD (50% in total across their sites); and SB (15%). For all other health boards there is no recorded commitment specifically against this allocation; however, C&V and CTM do regularly put on extra capacity in addition to already commissioned resource, so they may be coding additionality differently. 	Offer made. £70,000 allocation
11.	Operations Senior Planning Team (winter)		<ul style="list-style-type: none"> The Operations Senior Planning Team is live and meeting every week. 	From 20 Nov-23 Live
WAST ACTIONS – Strategic / Transformational				
12.	Maximise the opportunity from Consult & Close for 999 calls – stretch	Lee Brooks Andy	<ul style="list-style-type: none"> The IMTP 2023/24 ambition to move this up to 17% within existing resource constraints i.e. by delivering more efficiencies, by quarter 	March 24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
	to 15% and beyond	Swinburn	<p>four 2023/24.</p> <ul style="list-style-type: none"> Performance is currently at 14.1%. A corrective action plan is in place and performance has recovered somewhat, but the 17% ambition looks challenging currently. The corrective action plan has a number of threads: capacity , technology, process, culture and abstractions, with the new telephone system considered key by the Executive Director of Operations. Also, the Trust is proceeding with the EMS strategic demand & capacity review, which will develop the CSD First concept and quantify the cost/benefits of this approach. The Trust is also in dialogue with key stakeholders on capacity as part of the 2024/25 budget deliberations. 	
13.	Recruit and train more Advanced Paramedic Practitioners	Andy Swinburn	<ul style="list-style-type: none"> Whilst no additional funding has been secured, ELT has agreed to offer places to all APPs completing their education, funded from a reduction in technician posts (1/2s) i.e. internal movement. The net uplift to the APP establishment (after filling vacancies) is 15.7 FTEs. The Trust expects to see the APP establishment increase to over 100 FTEs in 2024/25. The current staff in post to establishment is 86.5 FTEs / 88.7 FTEs. The Trust is currently undertaken the next strategic EMS demand & capacity review, which includes a future service model and expansion of APPs. The review should be available in Jan-23 (being reported to ELT 31 January 2024, with final report to March EASC). The Trust engaged with HEIW and commissioners in Dec-23 as part of developing the future education requirements for EMS and is aiming to have a draft strategic workforce plan, subject to final approval, by 31 Mar-24. An internal workshop on APPs workforce planning is arranged for 29 January 2024. 	Q4 2023/24
14.	Senior system influencing	Jason Killens Colin Dennis	<ul style="list-style-type: none"> CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for settings. A presentation is being given to the 6 Goals Board in January 24 setting out the potential opportunities that exist for WAST to 	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>support the system across each of the 6 goal areas.</p> <ul style="list-style-type: none"> A series of meetings has been arranged with each of the Health Board CEOs in order to listen to their priorities and understand how we might work more productively at a strategic level with them 	
15.	Overnight falls service extension and future modelling	Wendy Herbert	<ul style="list-style-type: none"> Night Car Scheme extension agreed to 31 March 2024 (2 regional resources) Utilisation rates continue to be monitored: Nighttime utilisation:- Q2 65% Q3 64% Daytime utilisation:- Q2 57% Q3 56% Combined day and night Q2-Q3 58% Initial Optima modelling has now been completed on Falls Level 1 and 2, with further modelling now being built into the strategic (five year) demand & capacity review: initial result available to Executives on 31 January 2024. 	Live. Information being fed into EMS strategic demand & capacity review in Q3.
16.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Audit Wales	<ul style="list-style-type: none"> Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support) WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. The audit is proceeding. Trust awaiting the outcome. AD Commissioning & Performance has requested an update from Audit Wales. 	Q1 23/24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
17.	Full roll out of CHARU	Andy Swinburn	<ul style="list-style-type: none"> Current position (December 2023 EMS Operational Transformation Programme Board) is 38 FTE vacancies (25%) against the 153 FTEs modelled requirement. Recruitment into more rural areas remains challenging. Ops SLT have asked the CHARU Task & Finish Group to consider the actual levels of utilisation against the modelled levels. The Group has received feedback from CHARU Paramedics and is currently looking at the CHARU dispatch criteria. 	Revised completion date: Q1 24/25 (recruitment into hard to reach areas)
18.	Virtual Ward now Connected Support Cymru (CSC)	Liam Williams	<ul style="list-style-type: none"> Awaiting feedback on business case. Executive Director Strategy, Planning & Performance presenting to Six Goals Programme in January on Trust's offer to the system, which will include CSC. Preliminary end date for the community welfare responders (CWR) pilot identified as 8 February 2023. This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data continuing to suggest a 35% consult & close rate for the cohort of patients responded to. PDSA cycles being undertaken on Luscii (remote diagnostic technology). 	Apr-24 subject to funding
19.	Red screening		<ul style="list-style-type: none"> Red review went live on 19 June 2023. Red review for protocol six breathing difficulties, currently undertaken when CSD UHP is over 100%. The Trust has now formally modelled the resource required for red screening and CSD First, which is now being undertaken by the EMS demand & capacity review, which is expecting to report in Q4. 	Live
20.	Response Logic		<ul style="list-style-type: none"> The change in dispatch logic for Red incidents (aimed at improving the 65% 8 minute performance and improving patient safety) went live on 19 June 2023. Work is progressing based upon a planning assumption that the desired ratio is between 1.1 and 1.3. The Trust's analysis is now focusing upon: <ul style="list-style-type: none"> CHARU even if they are not the first response. 	Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> ○ Appropriate level of double dispatch, including if CHARU is first on scene. ○ Reviewing what is included in the double dispatch criteria e.g. ensuring exclusion of EMRTS, CFRs, UFRs, HART. ○ Evidencing that patients are receiving an appropriate response and that no harm is being incurred as a result of reduction in double dispatch. • Most recent informatics analysis with the Executive Director of Operations for review. 	
21.	Integrated Commissioning Action Plans (ICAPs)	Rachel Marsh	<ul style="list-style-type: none"> • The ICAP meetings focus on ambulance response performance, handover delay performance and the development of actions to reduce handover delays and improve ambulance response times. • NCCU have sought confirmation from health boards regarding the impact of financial savings plans on the delivery of actions aligned to the ICAP's. • Health boards have not identified any direct impact, but there may be a potential impact on health board's abilities to flex some services due periods of increased demand. • NCCU secured financial support from the Six Goals Programme for additional ED discharge transport. • Key initiatives being discussed across ICAPs: <ul style="list-style-type: none"> ○ MDT Navigation Hubs; ○ Falls & frailty pathways ○ System Escalation Processes ○ SDEC ○ System Flow (Continuous Flow Model & Effective Discharge) • WAST's 'Menu of options' are being updated and reviewed to include evidence to support initiatives and prioritisation in each health board. • The 2024/25 ICAP structure is being reviewed by the NCCU to consider the planned changes with regards to the new Joint Commissioning Committee (JCC). 	Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
22.	Inverting the Triangle Programme		<p><i>Future Service Model Design</i></p> <ul style="list-style-type: none"> ▪ Collaborative future service model 'visioning' workshop held in December with over forty leads from across the organisation. ▪ Collaborative sessions also held with Integrated Care & Ambulance Care services to consider future role, vision and transformation opportunities. <p><i>Communication & Engagement</i></p> <ul style="list-style-type: none"> ▪ Focussed internal communications campaign undertaken in Q3 to inform and update 'our people' regarding transformational change and key progress. ▪ Work has re-commenced with the Consultation Institute to support our approach to stakeholder engagement. ▪ Continued 'soft discussions' with wider stakeholders where opportunities are presented. <p><i>Developing the Evidence Base</i></p> <ul style="list-style-type: none"> • Three formal cycles of PDSAs have been undertaken focused upon 'APP Flooding' during Q2 & Q3. • Initial PDSAs undertaken to evaluate the concept of 'Early Clinical Screening' in Q3 and into Q4. • Connected Support Cymru Business Case submitted for consideration. • APP Navigator services continue in HDda & Swansea Bay. • Close working with Hywel Dda and Cardiff & Vale Health Boards to support emerging 'integrated hubs' concept. 	Live
23.	Strategic EMS Demand & Capacity Review		<ul style="list-style-type: none"> • The five year strategic review of EMSC and EMS is now well advanced, with the final report expected in Jan-24. • ORH are presenting to ELT on 31 January, but the final report will now go to March EASC. The results are sufficiently in time 	Jan-24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			to influence thinking for 2024/25.	
SYSTEM STAKEHOLDER ACTIONS				
24.	Reduction in handover lost hours to 15,000 by Q2 and 12,000 hours in Q3	HB CEOs	<ul style="list-style-type: none"> December 2023's handover lost hours were 22,756 compared to 32,098 in December 2022. C&V UHB being a clear outlier from other health board in demonstrating sustained improvement and no +4 hour waits The Trust lost 25% of its conveying capacity to handover in December 2023. Production is good and the Trust is reaching more Red patients in 8 minutes (the Clinical Safety Plan protects Red), but the number of Amber responses is affected by higher handover. 	Q3 / Q4 targets
25.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	HB CEOs	<ul style="list-style-type: none"> There were 2,008 +4 hour patient handovers in December 2023, compared to 2,883 in December 2022. The target was originally to have 0 by September 2022. The EASC expectation now that these will be eradicated by end of 2023/24. 	End of 2023/24
26.	Alternative capacity equivalent to 1,000 beds	HB CEOs	<ul style="list-style-type: none"> 678 additional beds delivered, a significant achievement, but short of the target of 1,000. The current financial situation in health boards means that the ability to staff beds may be reduced this winter, as agency and overtime are cut back and vacancies held open, 	Q3
28.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	<ul style="list-style-type: none"> The Trust has provided Welsh Government with information which indicates that SDEC referrals account for less than 1% of the Trust's verified EMS demand. The modelling indicates 4% of the Trust's verified EMS demand, using the acceptance criteria and opening times used in the modelling, could go into SDECs. In December 2023 0.12% of verified demand was referred into SDECs. 	Q4 22/23

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> The Trust is working on improving the accuracy of reporting SDEC demand, by using ePCR, but the activity is still expected to be low. The current position of the EMS demand & capacity review is not to build in a higher impact of health boards and instead focus on what mitigations the Trust can control (if funded). The Trust has been asked to look at how it may make use of additional monies, if SDEC investment was redirected towards the Trust. 	
29.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. The Trust also has a presence on all the individual goal boards. The Trust has been asked to provide a presentation on its offer to the system at the next Six Goals Programme Board (24 January 2024). 	Ongoing



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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	25 th January 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk, Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.
3. The more detailed description contained within the BAF provides the Board with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the framework in Annex 2.
4. The principal risks are updated as at 13th December 2023 and each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3. Focus has been given to ratings, controls, assurances, gaps and mitigating actions.
5. Updates are highlighted in blue on the BAF which show changes to actions, controls, and assurances.
6. The focus for the forthcoming round of reviews will predominantly be in relation to the mitigating actions identified and taken to support risks to achieve their target score.
7. This executive summary draws together the broader discussions across the senior leadership teams and the Committees on the higher rated risks and signposts the Board accordingly. The Risk Owners have an opportunity to further add to this narrative and detail of any assurances or escalations during the meeting and Committee Chairs will also contribute to this as appropriate, drawing from the Alert, Advise, Assure reports (AAA).

8. **Risks 223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) both continue to be rated 25 because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death.
- 10.1. As reported to the November 2023 Trust Board, whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. Because of this, the likelihood is that the levels of avoidable harm will continue. That does not mean that the Trust is not continually seeking additional actions to mitigate these risks and the actions are articulated in the avoidable harm paper that the Board receive at each meeting.
- 10.2. The Quality, Patient Experience and Safety Committee (QUEST) reviewed both risks at its meeting in October 2023 with the theme of these risks arising throughout the agenda items discussed at this meeting and are escalated in the QUEST AAA report for this meeting.
- 10.3. The risks were presented to the Finance & Performance Committee (FPC) and the People & Culture Committee (PCC) meetings in November 2023 to ensure all perspectives and elements of these risks are considered and reviewed.
- 10.4. The Executive Director of Quality & Nursing and Executive Director of Operations continue to report to Committees on the depth of review that is undertaken on these risks during the reporting cycle.
- 10.5. Whilst both risks remain static at the highest score of 25, it is anticipated that this will be the case for the foreseeable future as long as the Trust is in a position where it is highly likely to have an incidence of premature death or avoidable harm because of being unable to respond in a way that it would wish to. The score is not based on the volume of cases of catastrophic harm, it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.
- 10.6. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions related to these risks.
9. **Risk 160** (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) is rated 20.
- 9.1. The ELT continue to review the sickness absence management programme and discussed the mitigations and rating of this risk in November 2023. The risk score remains static; however, whilst there has been a significant reduction in sickness absence levels over the past 18 months, rates remain higher than desired. A further review of the score and mitigations will be undertaken ahead of the March 2024 Board meeting.

10. **Risk 201** (*damage to the Trust's reputation following a loss of stakeholder confidence*) is currently rated 20:
- 10.1. The current risk score remains at 20 given that many of the mitigations are outside the Trust's control.
 - 10.2. The PCC held a deep dive of this risk at its last meeting in November 2023 and it was a topic of discussion at the ELT away day in December 2023.
 - 10.3. As a result, it is likely that the risk summary description will change in the next review and the "resulting in" element will be strengthened to describe the difficulties in being able to progress the organisation's long term strategic ambition because of lack of stakeholder confidence and support.
 - 10.4. Additional controls and mitigations will be articulated to support this change during the detailed review.
 - 10.5. The reputation audit will be the subject of a future Board development discussion.
11. As foreshadowed at the last Board meeting; **Risk 139** *Failure to Deliver our Statutory Financial Duties in accordance with legislation* has achieved its target risk score of 8 (2x4). The risk has reduced in score from 16 (4x4) and will remain on the CRR and continue to be monitored in month and it is expected that the risk score will increase in the next financial year due to the challenging financial climate.
12. **Risk 594** *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death* has increased in score from 15 (3x5) to 20 (4x5) and **Risk 163** *Maintaining Effective and Strong Trade Union Partnerships* has increased in score from 16 (4x4) to 20 (5x4).
13. The title of **Risk 424** has been amended to include a reference to revenue, capital and staff capacity and now reads *Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)*.
14. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static or increased.
15. Notwithstanding, a detailed review, discussion and challenge takes place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on each of the risks monthly.

RECOMMENDATION:

- a) Members are asked to consider and discuss the contents of the report and:
- b) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.
- c) Note the reduction in risk score of Risk 139 to the target score of 8.

- d) The increase in risk score of Risk 594 from 15 to 20.
- e) Increase in risk score of Risk 163 from 16 to 20.
- f) Note the amendment to the title of Risk 424.
- g) Note the ratings and mitigating actions for each principal risk.

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

Each of the Principal Risks have been or are due to be considered by the following Committees, as relevant to their remit, during the forthcoming reporting period:

EMT (13 December 2023)
 Finance & Performance Committee (15 January 2024)
 Charity Committee (18 January 2024)
 Quality, Safety & Patient Experience (08 February 2024)
 People & Culture Committee (20 February 2024)

Additionally, all Principal Risks will be considered by the Audit Committee at its forthcoming meeting on 01 March 2024.

REPORT ANNEXES

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

REPORT CHECKLIST

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, an overview of the current risk management framework with particular focus on assurance to Committees and the Board.
2. A summary of the Trust's 14 principal risks on the corporate risk register as at 13 December 2023 is detailed in Annex 1; each of these risks have been fully and formally reviewed in accordance with the review schedule.

BACKGROUND

3. Risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the Trust's principal risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the CRR.
4. This report highlights the focus that is maintained on management of these risks, not only as a result of risk discussions in the various forums but also as a result of broader attention to planned mitigations across the system.

ASSESSMENT

5. The summary of the 14 principal risks is set out in Annex 1 with the full risk detail including controls, assurances, gaps and mitigating actions contained within the Board Assurance Framework (BAF) in Annex 4.
6. The Executive Leadership Team (ELT) has approved the Principal Risk activity described in this paper and considered the full review of each risk undertaken throughout December 2023 by Risk Owners and the Assistant Directors Leadership Team (ADLT).

Principal Risks

7. Each of the risks have been reviewed during this reporting period in line with the agreed review schedule detailed at Annex 3. Focus has been given to each of the risk ratings and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the regular review of controls, assurances, and any gaps.
8. Specifically, The Trust's highest rated Risks 223 and 224, scoring 25, remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and

emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death. These risks continue to be closely monitored by management, Board Committees, and at the Trust Board meetings.

9. As reported to the November 2023 Trust Board, whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. As a result, the likelihood is that the levels of avoidable harm will continue. That does not mean that the Trust is not continually seeking additional actions to mitigate these risks and the actions are articulated in the avoidable harm paper that the Board receive at each meeting.
10. Several updates have been made to the controls and assurances in relation to Risk 223 and 224 during this period and these are highlighted on the BAF to address gaps in assurance.
11. These two risks will be reviewed closely in conjunction with each other to ensure the synergy between them both and that they reflect the actions from the avoidable harm paper in the same way.
12. Additionally, these risks will be considered further as to how the Trust can approach them by applying the risk appetite methodology as part of the Risk Management Improvement Programme and the most efficient and effective way of managing them internally.
13. In relation to Risk 201 *Reputation*, whilst it is acknowledged that the rating for this risk remains high and has been static for some time given the status, the Trust is not able to de-escalate it. This risk is reviewed by the People and Culture Committee at each meeting and a deep dive was held at the last meeting in November 2023 and it was a topic of discussion at the ELT away day in December 2023.
14. As a result of these discussions, it is likely that the risk summary description will be amended in the next review and the “resulting in” element will be strengthened to describe the difficulties in being able to progress the organisation’s long term strategic ambition because of lack of stakeholder confidence and support. Additional controls and mitigations will be articulated to support this change during the detailed review.
15. Risk 160 *High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service*, whilst good progress is being made to reduce sickness absence, a decision has been made to keep the risk rating under review.
16. Risk 163 *Maintaining Effective & Strong Trade Union Partnerships* – It was recognised that there would need to be a period of healing across the organisation following the industrial action in 2023. Since this has ended, there has been a significant focus placed on maintaining effective and strong trade union relationships at all levels. Whilst this

has helped to improve communication and understanding of different styles and approaches there is still work to do particularly in relation to clarity of roles, openness and building trust. Several issues are currently being discussed where concerns have been raised by the TUs in relation to progressing respect and resolution processes due to dissatisfaction with management response.

17. On this basis, the score has increased from 16 (4x4) to 20 (5x4). Work will be undertaken in the next review to draw out and strengthen the mitigating actions and seek to reduce the score.
18. As foreshadowed at the last Board meeting; Risk 139 *Failure to Deliver our Statutory Financial Duties in accordance with legislation* has achieved its target risk score of 8 (2x4). The risk has been considered in conjunction with the level of financial risk detailed in the Trust's financial monitoring returns submitted to Welsh Government. The score has shown to improve in year as a result, in part due to the Trust being able to resource the remaining cost of the Emergency Medical Service (EMS) staff increase itself in year, whilst further confirmation and assurance has been received from Welsh Government on any pay award funding due. In addition, a recent letter from Welsh Government confirmed that the Trust does not need to contribute anything further to the wider NHS Wales deficit reduction plan or will see any further reduction in its income to do so, providing further confidence that for this financial year, the risk has reduced. It must be noted that even though the level of risk has reduced during this year, the current challenging financial climate for all public sector organisations means that the risk will remain elevated as focus turns towards financial planning for the new financial year, for example, recurrent funding will still need to be agreed with Commissioners for 2024/25 for the 100 wte EMS staff.
19. Because of this, the risk will remain on the CRR and continue to be monitored in month and it is expected that the risk score will increase in the next financial year.
20. The risk title has been amended on Risk 424 from *Prioritisation or Availability of Resources to Deliver the Trust's IMTP* to *Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)*. Additional work will be undertaken to ensure that the change is reflected in the controls, assurances, and mitigating actions.
21. Risk 458 *A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning*, the risk is linked to 139; however, the score remains unchanged currently.
22. All original actions are now complete in relation to Risk 260 *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems*; however, a review of the recent Cyber Resilience Unit (CRU) assessment is to be undertaken to identify any further actions. On this basis the score remains the same given continued activity by cyber actors due to wider world

events. There is a general heightened alert for government and public sector bodies although no specific threat has been identified against NHS bodies.

23. Risk 543 *Major disruptive incident resulting in a loss of critical IT systems* - Most mitigating actions are complete on Risk 543; however, the score remains unchanged as further reviews of the CE assessor and CRU reports are required to identify any further actions that need to be undertaken.
24. Risk 594 *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death* has increased in from 15 (3x5) to 20 (4x5) which reflects Health Board's declining to include the testing of plans to release ambulances in a recent mass casualty exercise. Additionally, the Trust was unable to fulfil its PDA as part of the Manchester Arena Inquiry recommendation due to ambulance being delayed at hospital and Health Boards being unable or unwilling to release them in three out of four scenarios. The lack of assurance has led to the increased risk score.
25. Risks 100 *Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience* and Risk 283 *Failure to implement the EMS Operational Transformation Programme* are not due for review until January 2024.

Development of New Principal Risks

26. Work continues to consider and develop potential new Risks for inclusion on the CRR in the following areas:
 - a) 111 Service Risks including the replacement CAS system, Symptom Checkers, Website, Clinical Workforce training and funding.
 - b) Decarbonisation Risk (overarching the programme risks).
 - c) Covid-19 Inquiry risk.
 - d) Charity Risks.
 - e) Volunteer Fundraising Risk.
 - f) Clinicians delivering fundamentals of care outside their scope of practice.

RECOMMENDED

27. Members are asked to consider and discuss the contents of the report and:
 - a) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.
 - b) Note the reduction in risk score of Risk 139 to the target score of 8.
 - c) The increase in risk score of Risk 594 from 15 to 20.
 - d) Increase in risk score of Risk 163 from 16 to 20.
 - e) Note the amendment to the title of Risk 424.
 - f) Note the ratings and mitigating actions for each principal risk.



Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Director of Operations	<p>25 (5x5)</p> <p>➔</p>
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	Director of Quality & Nursing	<p>25 (5x5)</p> <p>➔</p>
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of Workforce & Organisational Development	<p>20 (5x4)</p> <p>➔</p>
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	<p>IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained</p> <p>THEN there is a risk that Trade Union partnership relationships</p>	Director of Workforce & Organisational Development	<p>20 (5x4)</p> <p>⬆</p> <p>16 (4x4)</p>




CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		increase in fragility and the ability to effectively deliver change is compromised RESULTING IN a negative impact on colleague experience and/or services to patients.		
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations THEN there is a risk of a loss of stakeholder confidence in the Trust RESULTING IN damage to reputation and increased external scrutiny	Director of Partnerships & Engagement	20 (4x5) ➡
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	IF a major incident or mass casualty incident is declared THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.	Director of Operations	20 (4x5) ↑ 15 (3x5)
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139) THEN there is a risk that there is insufficient capacity to deliver the IMTP	Director of Strategy Planning and Performance	16 (4x4) ➡

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	<p>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</p> <p>THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p>RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage.</p>	Director of Finance & Corporate Resources	16 (4x4) 
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p>THEN there is a risk of a significant information security incident</p>	Director of Digital Services	15 (3x5) 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	<p>IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems</p> <p>THEN there is a risk of a loss of critical IT systems</p> <p>RESULTING IN a partial or total interruption in WAST's effective ability to deliver essential services</p>	Director of Digital Services	15 (3x5) 
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST</p> <p>RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm</p>	Director of Workforce & Organisational Development	15 (3x5) 
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	<p>IF WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p>THEN there is a risk of a delay or failure to receive funding and support</p> <p>RESULTING IN a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	12 (3x4) 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
283 FPC	Failure to implement the EMS Operational Transformation Programme	<p>IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme</p> <p>THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p>RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage</p>	Director of Strategy Planning & Performance	<p>12 (3x4)</p> <p>➔</p>
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p>IF the Trust does:</p> <ul style="list-style-type: none"> • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458) <p>THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p>RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Director of Finance & Corporate Resources	<p>8 (2x4)</p> <p>↓</p> <p>16 (4x4)</p>

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		21/11/2023		TREND	25 (5x5)	
				Date of Next Review:		21/12/2023		➡		
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community		RESULTING IN patient harm and death			Likelihood	Consequence	Score	
						Inherent		4	5	20
						Current		5	5	25
						Target		2	5	10
IMTP Deliverable Numbers:										
EXECUTIVE OWNER		Director of Operations			ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
Risk Commentary Q2 2023/24										
The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. In October 2023, over 23,232 hours were lost, equivalent to losing 25% of the Trust’s conveying capacity. This is a significant increase on previous months as we approach the winter months. Only Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.										
Improvement actions led by Welsh Government and system partners include: - a) Audit Wales’s investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b) Consideration of additional WAST schemes to support risk mitigation through winter (I) c) NHS Wales reduces emergency department handover lost hours by 25% (E) d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e) Alterative capacity equivalent to 1000 beds (E) f) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E) g) Implementation of Same Day Emergency Care services in each Health Board (E) h) National Six Goals programme for Urgent and Emergency Car (E)										
CONTROLS				ASSURANCES						
				Internal Management (1 st Line of Assurance)						
1. Regional Escalation Protocol				1. Daily conference calls to agree RE levels in conjunction with Health Boards						
2. Immediate release protocol				2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)						
3. Resource Escalation Action Plan (REAP)				3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP is currently undergoing annual review with an updated to be released December 2023.						
4. 24/7 Operational Delivery Unit (ODU)				4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.						
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans				5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.						
6. Limited Alternative Care Pathways in place				6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.						
7. Consult and Close (previously Hear and Treat)				7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting.						
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation				8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured.						

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	21/11/2023		TREND	25 (5x5)
			Date of Next Review:	21/12/2023		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
		However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.					
9. Clinical Safety Plan		9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. Clinical Safety Plan is currently under review with a release date December 2023.					
10. Recruitment and deployment of CFRs		10. CFR numbers have grown during 2022/23 which alongside a cleanse of the volunteer database has realised 500 current active volunteers with an ambition to recruit a further 100 by end of Q4. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR's, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1's and volunteer highlight report (IMTP).					
11. ETA scripting		11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.					
12. Clinical Contact Centre (CCC) emergency rule		12. Emergency Rule is incorporated into CSP 999 levels.					
13. National Risk Huddle		13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
14. Summer/Winter initiatives		14. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.					
15. CHARU implementation		15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.					
16. Clinical Model and clinical review of code sets		16. Reported through CPAS and DCR Review reporting through CQGG					
17. Remote clinical support enabling discharge at scene		17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%					
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)		18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.					
19. Information sharing		19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
20. Completed EMS Roster Review		20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.					
21. Delivered a reduction in the number of multiple attendances dispatched to red calls		21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.					
22. Transfer of Care		22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief					
		23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. <ul style="list-style-type: none"> Phase 1 delivered through St John Ambulance Cymru Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers. 					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		21/11/2023		TREND	25 (5x5)
			Date of Next Review:		21/12/2023		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.					
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow								
3. Local delivery units mirroring WAST ODU								
4. Handover delays link to risk 224								
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.			The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.					
6. Handover Improvement Plans agreed between WAST and Health Boards			12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays (see above)					
18. Access to Same Day Emergency Care (SDEC) for paramedic referrals			18. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the acceptance of paramedic referrals is low (less than 1%). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.					
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST								
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.			Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)			
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)			ADLT Sub-Group	30.09.22 - Superseded				
3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]			Director of Paramedicine / Director of People & Culture	Extended to March 2024	WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.			
4. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]			Assistant Director of Operations, Integrated Care	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.			
5. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]			Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.			

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		21/11/2023		TREND	25 (5x5)
			Date of Next Review:		21/12/2023		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death			Likelihood	Consequence	Score	
			Inherent		4	5	20	
			Current		5	5	25	
			Target		2	5	10	
6. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]		Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc. and determine REAP level.				
7. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.				
8. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]			Superseded					
9. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.				
10. New 2023 EMS Demand and Capacity (roster) review		Assistant Director of Planning & Performance	March 2024	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March				
11. Swansea Bay Winter actions		Assistant Director of Operations, EMS	December 2023	Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.				
12. Mental Health response pilot		Assistant Director of Operations, EMS	November 2023	Pilot to commence in Aneurin Bevan Health Board area Nov 2023				
13.Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Assistant Director of Quality Governance		Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. Phase 1 delivered through St John Ambulance Cymru Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers.				
14.Maximise the opportunity from Consult and Close – stretch to 17%				Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates.				
15. Development of new model of care		Head of Strategy Development	2024/25	Development of the model remains ongoing				
16. Development of the pathway which connects mental health users connecting via the 999 system to 111 Press 2 services		Assistant Director of Operations, Integrated Care	March 2024	Development of the model remains ongoing				

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Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients				Date of Review:		10/12/2023		TREND	25 (5x5)
					Date of Next Review:		10/01/2024		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score	
						Inherent	5	5	25	
						Current	5	5	25	
						Target	3	2	6	
IMTP Deliverable Numbers:										
EXECUTIVE OWNER		Director of Quality & Nursing			ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
Risk Commentary Q2 2023/24										
<p>The risk score remains constant at 25 for quarter 2 2023/24 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. There were 1,888 patient handovers in October 2023 which were over 4 hours. The target was originally to have zero by September 2022. In October 2023over 23,232 hours were lost, equivalent to losing 25% of the Trust’s conveying capacity. Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. The Trust received three Prevention of Future Death Reports (Regulation 28) during this quarter. Two reports were issued to the Trust, Betsi Cadwaladr University Health Board and the North Wales Local Authorities due to extended community response and handover of care delays. To date (Q2 2023/24) the Trust has received 6 Prevention of Future Death Reports, 5 of which relate to delays in response and handover of care issues.</p> <p>The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. The Joint Investigation Framework in place to review incidents across the system is now approved and included in the recently published National Policy on Patient Safety Incident Reporting & Management (May 2023). Themes from system partners following review of incidents remains the consequences of high escalation levels in acute care and crowded emergency departments.</p> <p>Improvement actions led by Welsh Government and system partners include:</p> <ul style="list-style-type: none">a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) by the end of April 2025b) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) revised to March 2023/24.c) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000.d) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)e) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (Welsh Government: Chief Medical Officer and Chief Nursing Officer).										
CONTROLS					ASSURANCES					
					Internal Management (1 st Line of Assurance)					
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.					1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.					
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.					2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.					
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)					3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.					
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).					4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.					

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				Date of Next Review:		10/01/2024	➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.				5. Monthly Integrated Quality and Performance Report					
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).				6.					
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.				7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.					
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.				8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST					
9. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.				9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays					
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.				10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end.					
11. Escalation forums to discuss reducing and mitigating system pressures.				11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.				12. Monthly Integrated Quality and Performance Report (October 2023 overall 76% - Safeguarding and dementia awareness remains over 91%.					
13. Clinical audit programme in place.				13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.					
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.				14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.					
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals. Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time				15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board November 2023) and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.					

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						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”									
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.				16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of July 2023 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candor Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical Quality Governance Group.					
17. Clinical Support Desk First in place				17.					
				External Sources of Assurance Management (1st Line of Assurance)					
				1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).					
				2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC					
				3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures.				1.					
2.				2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 38 overdue nationally reportable incident investigations. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.					
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.				3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.					
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.				4. Strengthening of patient safety reports and audit processes as e PCR system embeds.					
5. Variation pan Wales / England as position not implemented across all emergency departments*.				5.					
6. Variation pan Wales / England as position not implemented across all emergency departments*.				6. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.					
7. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				7.					
8. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				8.					
9. Transition to ePCR impacting on data temporarily				9.					
10. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.				10. HIW approve and sign off WAST elements of recommendations.					
				External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators					

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						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project			WAST QI Team (QSPE)	• TBC – Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).				
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.			Assistant Director of Quality & Nursing	• Q4 2023/24	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety and health board dashboards.				
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.			Executive Director of Quality & Nursing	• Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.				
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE			Director of Paramedicine	• Q4 2023/24	• WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.				
5. Overnight falls service extension			Executive Director of Quality & Nursing	• 31.03.2024	• Night Car Scheme extension agreed to 31 March 2024 (2 regional resources) • Utilization rates continue to be monitoring. Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023); Nighttime falls assistance 66% Utilisation (July – Oct 2023); Daytime utilisation sustained: July -August 58%. September- October 58% utilisation. • Optima modelling has now been completed. The modelling clearly identifies that the level two falls’ vehicles are the more effective resource. The modelling has identified an estimated need of 48 (38 day and 10 overnight) falls vehicle level 2 12 hours shifts. The modelling is now being built into the strategic (five year) demand & capacity review.				
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded.			Executive Director of Quality & Nursing	• Q3 2023/24	• Monthly updates to progress against actions following the baseline assessment and readiness returns. • RL Datix Dashboards and KPIs under development nationally. • Key policies updated and approved. • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.				
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.			Executive Director of Quality & Nursing	• Q3 2023/24	• Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru • SJAC funded ended on 31 October 2023. • Proof of concept using WAST CFR volunteers as CWRs is underway. Grant funding is being used to put in place roles and processes to recruit and train to new volunteer role. • This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data suggesting a 35% consult & close rate for the cohort of patients covered by the pilot. • The business case has now been completed and can be made available to key stakeholders. Now awaiting business case approval. • The CWR will be modelled as part of the options being considered by the current EMS				

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					Date of Next Review:		10/01/2024	➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	• Q4 2023/24	• OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by April 2024 (taking notice periods into account).					
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.		Assistant Director Quality & Nursing	• Q4 2023/24	• Positive meeting held in August 2023 as planned with the Chair of the TVN network. Next steps are for the Patient Safety Team to attend a TVN leads meeting to discuss opportunities for collaborative working and data / information sharing. Date to be confirmed and there has been good engagement from Health Board Tissue Viability Nurses. Workshop date confirmed in January 2024.					
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	• Q4 2023/24	<ul style="list-style-type: none"> Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support) WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. 					
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework		Executive Director of Quality & Nursing	• Q4 2023/24	• Internal audit in progress. Delays due to sickness in internal audit team.					

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		28/11/2023	TREND	20 (5x4)
				Date of Next Review:		28/12/2023	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	5	4	20	
				Target	3	4	12	
IMTP Deliverable Numbers:								
EXECUTIVE OWNER		Director of People & Culture	ASSURANCE COMMITTEE	People and Culture Committee				
Risk Commentary Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. As we move into winter, we also see increased absence due to respiratory illness and Covid. The outcome of this is to maintain the risk at a score of 20 and review the level at the end of Q4 2023/24.								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
Managing Attendance at Work Policy/Procedures in place.			1. (a) (b)					
1. Respect and Resolution Policy- recognising issues at work may contribute to sick absence			2.					
2. Updated Freedom to Speak Up Policy replacing the Raising Concerns Policy- recognising issues at work may contribute to sick absence			3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Freedom to speak Up Safely process introduced from the start of October 2023 including three trust guardians.					
3. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture			4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan 28/11/2023 Health and Wellbeing Strategy coming to an end in 2024 to be replaced with a new plan with a focus on employee experience in line with the All Wales Framework and the People and Culture Plan 2023-2026					
4. Operational Workforce Recruitment Plans- provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure			5.					
5. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels			6. Roster Review for EMS completed. Review in 111 underway					
6. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required			7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly					
7. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained			8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood					
8. Directors receives monthly email with setting out ESR sickness data- ensures ownership and awareness			9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director					
9. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness			10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers					
10. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support			11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.					
11. WAST Keep Talking (mental health portal) additional measures to offer support			12. Quarterly reporting on numbers accessing and regular promotion of service.					
12. Suicide first aiders- additional layer of support			13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have accessed.					
13. TRiM- additional layer of support			14. Quarterly reporting on access to TRiM and promotion of service					
14. Peer Support network- additional level of support			15. Promotion of network and support provided					
15. Coaching and mentoring framework- additional level of support			16. Promotion of network and support provided 28/11/2023 on pause to focus on Leadership Framework with a focus on culture and its impact on the experience of work and workplace wellbeing					
16. Staff surveys- assess levels of engagement and wellbeing			17. New HIVE survey tool will provide data on overall engagement and wellbeing 28/11/2023 the NHS Wales Staff Survey has also just closed and will provide information in the new year to inform us further.					
17. Stress risk assessments- identify measures that can be taken to address issues			18. Reference to the assessments during attendance management line manager training and to the TUS 28/11/2023 OH to lead on a refresh of stress risk assessments use					

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		28/11/2023	TREND	20 (5x4)
				Date of Next Review:		28/12/2023	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience			Likelihood	Consequence	Score
					Inherent	4	4	16
					Current	5	4	20
					Target	3	4	12
18. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC			19. Sickness forms part of Workforce Scorecard to People & Culture Committee and is also supported by PCC deep dives into sickness. Reporting is also shared with CASC and EASC. Discussions on sickness are reported in minutes and AAA to Board					
19. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure			20.					
20. Monthly reviews of colleagues on Alternative duties			21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings					
21. Manager guidance on managing Alternative duties			22. Evidence of managers guidance in place and referenced in attendance management training					
22. Monthly report on absence to ELT and report to every meeting of People & Culture Committee via the Workforce Report and provision of deep dives when requested.			23.					
23. Sickness audits for localities- provides additional level of detail			24. Audits carried out and actions taken forward					
24. Additional support for areas with higher-than-average absence – emphasis is on understanding reasons and developing action plans			25. Dedicated meetings taking place and support from people services for areas with absence with local plans in place to address specific issues					
25. Review of top 100 cases -carried out monthly			26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.					
26. Deep dives on specific issues and reasons for absence			27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management e.g. – mental health and causes 28/11/23 Recognition of the impact of employee experience and workplace conditions and link to absence					
27. Implementation of the Managing Attendance Project 2022-23 completed and ongoing activities maintained			28.					
28. Implementation of Behaviours Refresh Plan completed			29.					
29. 3128 2023 10-point action plans shared with EMT for assurance and RAG rated to track progress quarter			30. Offers assurance to ELMT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports					
31. Work in Confidence system implemented and Freedom to Speak Up Month in October 2023 focused attention on this			31. External Management (2nd Line of Assurance)					
32.Actions from Audit of Nov 22 nearing completion								
33. 1. Freedom to Speak Up training in place.			Independent Assurance (3 rd Line of Assurance)					
			1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24). Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)					
			2. Audit Wales – Taking Care of the Carers report in October 2021 (controls 1 - 24)					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
(a) Consistency and Application in Managing Attendance at Work Policy			There are other factors that impact on sickness which can’t be controlled					
1. 9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received			1. 9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers					
1 – 22 Education and communication with managers about resources available and how to implement it e.g., stress risk assessments								
			External Gaps in Assurance None identified at the present moment					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner					
Implementation of Improving Attendance project			Deputy Director of People & Culture	By When/Milestone		Progress Notes:		
1. Implementation of Behaviours Refresh Plan			Assistant Director – Inclusion, Culture and Wellbeing					
2. Long term sickness absence deep dive - long term absence cases being managed in line with the policy, more support for redeployments where this is the best option for an			Deputy Director of People & Culture					

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Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		28/11/2023	TREND	20 (5x4)
				Date of Next Review:		28/12/2023	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	5	4	20	
				Target	3	4	12	
employee. Increased wrap around support. Long term cases where someone is unable to return then conclusions and options explored.								
3. Develop guidance for line managers to support addressing challenging conversations and change				Deputy Director of People & Culture	31.07.23 Extend to 31.01.24 based on new plan for 2023/24	Underway and ongoing. Downward trajectory in levels of long-term absence- proposed that this is extended until 31/12/23 to enable more detailed work of reasons, measures being implemented and impact.		
4. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)				Freedom to Speak Up Arrangements Task & Finish Group Ownership moving to DWOD	31.07.22 Complete	Training produced and rolled out. Now BAU		
5. Strengthen Freedom to Speak Up Arrangements policy and advice				Assistant Director of Inclusion, Culture and Wellbeing	Extended from 31.07.22 to 31.03.23. Extended to 31.05.23 Extended to 31.08.23 Completed September 2023 with platform launched and Guardians appointed. 28/11/23 Freedom to Speak up Month in October and successful launch. First report due in January. CLOSED	Extended date in terms of project plans and impact of Industrial Action. 21.3 The task and finish group has completed its work, and the project is now going to be handed to DWOD as SRO for the work. 21.06 soft launch of the platform in August with official launch in September in line with Practice Ethically behaviour. 03/08/23 - Soft launch commenced 1 August 2023, full launch moved to October as it is freedom to speak up month. 28/11/23 BAU		
6. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements				Assistant Director Inclusion, Culture and Wellbeing	31.05.23 Extended to 31/08/23 Completed	Deadline extended to coincide with launch of new platform, although Guardians are in place and weekly review meetings taking place. They are receiving the highly confidential Datix, and concerns raised through networks and attendance at ER monthly review from July. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Behaviours reinforced via culture champions group, rotating through behaviours, currently broaden our understanding. Head of Culture and OD in post from August to further this work. 03/08/23 - Share point page published, comms plan in place. complete		
7. Accountability meetings with senior ops managers				Deputy Director of People & Culture	31.05.23 extended to 30/9/23 Complete as ongoing part of the OD workplan as BAU. 28/11/2023 Training available on ESR for all.	Ongoing – extended until 30/9/23 to enable soft launch with feedback and policy and advice to be shared. Training plan will be produced with an emphasis on making the platform and use of freedom to speak up as simple and accessible as possible. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders.		

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		28/11/2023	TREND	20 (5x4)
				Date of Next Review:		28/12/2023	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	5	4	20	
				Target	3	4	12	
				CLOSED	Head of Culture and OD in post from August to further this work. 03/08/23 - Training plan identified. 26/10/2023 ESR module to be available to all staff. Training video available to all for using the platform. Emphasis on creating a psychologically safe culture to encourage speaking up as the norm in teams. Culture tool developed.			
8. Attendance Management training for managers			Deputy Director of People & Culture	30.09.22 Complete and ongoing BAU	Underway, conversations re sickness absence well established and continuing			
9. PADR review including wellness questions			Assistant Director – Inclusion, Culture and Wellbeing	31.12.22 Complete and BAU	Underway and ongoing – now BAU 1.11.22			
10. Restart the Health and Wellbeing Steering Group			Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete. New PADR distributed October 22.			
11. Review of top 100 cases by the team on a monthly basis			Deputy Director of People & Culture	Complete Aug 23 – Paused 26/10/2023 Complete and BAU	Complete – group started 17.10.22 and will meet quarterly. 03/08/23 - Paused until key vacant posts, i.e., Head of Workplace Wellbeing and OH Manager, are filled. 26/10/2023 Head of Workplace Wellbeing in post and OH Manager due to start in December 2023. Group arranged for first week of December.			
12. Actions identified from the Managing Attendance Audit			Deputy Director, People and Culture	Commenced and ongoing – review 30.06.23 BAU	Underway and now BAU			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		04/12/2023		TREND	20 (5x4)
				Date of Next Review:		04/01/2024		↑	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score		
				Inherent	5	3	15		
				Current	5	4	20		
				Target	4	3	12		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee			
Risk Commentary This risk is regularly reviewed. Work is underway to seek to improve partnership working and an action plan has been created to deliver this. The engagement structures below WASPT are in place and running. The Deputy Director of P&C is currently writing a workshop session with TU partners to deliver to managers are TU reps across the organisation and a second session for senior TUPs and senior managers to improve the understanding of the challenges for both groups. Individual relationships with TUPs are quite good; however, there is a view that collective trust needs to be greater than it currently is with regards to shared purpose and working in partnership. However, there is a further prospective risk as discussions on pay commence for 2024/25 which are out of the gift of WAST but may result in further tension and industrial action if an offer made is not accepted by the trade unions. This is in the context of the current financial pressures for Welsh Government who are seeking to make significant savings. At a local level there are challenging issues to be managed such as USH payments for those off sick and EMT 2-3, demand and capacity reviews, industrial injury appeals and changes to the workforce profile by increasing APPs. Some of these issues are escalating and will likely result in R&R processes. When there are discussions on one area then there appears to be difficulty disengaging different issues. The fact that there is a significant amount of change taking place that impacts on our staff, does mean that this will continue to be an issue. Our focus has to be on building relationships, open communication, and clear understanding of what needs to be achieved.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership			1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.						
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement			2. Both parties refer to the documents and are signed up/committed to it						
3. IPA Workshops			3. Meetings completed with participation from TUs and senior managers. Attendance lists are available						
4. Trade Union representation at Trust Board, Committees			4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in						
5. Monthly Informal Lead TU representatives and Chief Executive meetings			5. Diarised meetings						
6. Staff representative management in Task & Finish Groups			6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference						
7. WASPT re-established post stand down of cell structure post pandemic.			7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.						
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team			8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings						
9. Quarterly Report on TU activity to People and Culture Committee			9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes						
10. Structures below WASPT in place from June 2023			10. Triple A reports through to WASPT and to PCC.						
11. Project plan in place to support the improvement in relationships based on the ACAS report from 2022.			11. Development of mentoring and training opportunities for TUPs to support their roles.						
12.			12. Training for local managers and TUPs in development						
13. Action plan developed from the recommendations of the ACAS report			13. Action Plan for delivery created and shared with TU Secretary for feedback from TUPs						
14. ToR agreed for refreshed Partnership Forum meeting and back to a business-as-usual footing			14. WASPT re-established. Third meeting scheduled T&F group undertaking work on the engagement model below WASPT through SLT and SOT is in progress with TU engagement. TU cell stood down.						
15. Externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree			15. Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26th Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt. Report received in²⁹ October. Action plan developed and shared with TUs. Implementation underway						

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		04/12/2023		TREND	20 (5x4)
				Date of Next Review:		04/01/2024			
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score		
				Inherent	5	3	15		
				Current	5	4	20		
				Target	4	3	12		
16. WASPT feeding into PCC			16. Minutes of formal Partnership Forum reported to PCC or Board along with AAA						
17. Formal meeting structures below WASPT agreed and established. Structures for Local Partnership Forums and SOT/ SLT for operations and Partnership Meeting for Corporate Services agreed including ToR.			17. Highlight reports shared at WASPT.						
18. TUs meet CEO Monthly, Chair and NED for PCC			18. Quarterly informal discussion held with Chair of TU and TU Sec to ensure information flow to address urgent and emerging issues						
19. Representation at All Wales Partnership and Business Forum to ensure effective information flow and strong communication is maintained with FTOs. Horizon scanning			19. Minutes, AL feed back into WASPT						
			External - Not applicable						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Need to move back to business-as-usual footing			None identified						
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Effectiveness review of WASPT		Board Secretary	February 2024	Survey is already live and results will be ready for March 2024 meeting.					
2. Workshop session with Committee Chairs and TU Representatives on clarity of TU Roles at Committee meeting		Board Secretary/ Director of People & Culture	January 2024						
3. Refresh of engagement/ development programme post Industrial Action and establish work		Deputy Director of People & Culture	30/08/23 Underway and work ongoing. Plan delivery to be completed in 2024. However, this will be subject to the national picture.	<ul style="list-style-type: none">Plan agreed and being monitored via WASPT.Draft training development underway in partnership with TUPs for Feb and Mar 2024Range of development interventions underway – insights workshop, 4 additional workshops with TU reps and managers from across the country in terms of clarity of roles, responsibilities, relationships.Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated.Dedicated training on Change Management for TUs					

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		25/10/2023		TREND	20 (4x5)
				Date of Next Review:		25/11/2023		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust	RESULTING IN damage to reputation and increased external scrutiny		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	4	5	20		
				Target	3	5	15		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee			
Risk Commentary Q4 2022/23									
The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues (including the impact of extended handover delays at hospitals), the impact of recent industrial action and the levels of patient harm which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue, but are not sufficient to outweigh the impact of the core issues which affect reputation. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Regular engagement with senior stakeholders e.g., Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders			1. Agendas, minutes, and documents of engagement events						
2. Challenging of media reports to ensure accuracy			2. Programme of daily media engagement						
3. Media liaison to ensure relationships developed with key media stakeholders			3. Programme of daily media engagement						
4. Engagement Framework approved by the Board July 2022			4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.						
5. Engagement Framework Delivery Plan approved by the Board January 2023			5. The Director of Partnerships and the Head of Strategy are working closely with colleagues from PWC to inform further detail regarding future engagement including stakeholder analysis, case for change etc. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.						
6. Engagement governance and reporting structures are in place			6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g., EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs. Outcome of recent reputation audit to be reported through EMT in April and onward, as a minimum, to PCC.						
7. Escalation procedure for issues to the Board			7. Minuted meetings, action logs and Board papers						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1.			1.						
2.			2.						
3. The delivery plan is in abeyance pending outcome of the work underway by PWC in relation to the Trust’s strategic ambitions.			3.						
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone		Progress Notes:		
1. Submit refreshed Board Engagement Framework to Trust Board for approval			Director of Partnerships & Engagement		26.05.22 Complete		Approved July 2022		
2. Roll out of the Engagement Framework Delivery Plan			Director of Partnerships & Engagement		Ongoing		Currently being revised in respect of both timelines and specifics to align with further emerging broader strategy work (the move from ‘Inverting the Triangle’ to transforming care more broadly). Implementation had been delayed by delays to completion of strategy consultancy work. Work has been undertaken to capture engagement on strategy to-date to inform future ³¹ iterations. BAU stakeholder engagement continues, including with politicians, key influencers, and media.		


Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		25/10/2023		TREND	20 (4x5)
				Date of Next Review:		25/11/2023		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust		RESULTING IN damage to reputation and increased external scrutiny			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	3	5	15
3. Board oversight, scrutiny and challenge of performance, concerns, quality			CEO / Executive Management Team		Ongoing				
4. Monitoring internal Quality and Performance of Trust and raising system issues			Executive Management Team, Finance and Performance Committee Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee		Ongoing				
5. Engaging with internal and external stakeholders to develop confidence			CEO & Director of Partnerships & Engagement		Ongoing BAU		Regular engagement continued with staff, TU partners and a range of external stakeholders such as AMs, MPs, Local Authorities etc. BAU.		
6. Monitoring external factors that may affect the Trust			CEO & Director of Partnerships & Engagement		Ongoing BAU				
7. Llais (the new Citizens Voice Body attending October 2023 Board Development			Director of Partnerships & Engagement		October 2023		Llais attending Board Development session on 26/10		
8. Reputation Audit deep dive on findings to be presented at Board Development			Director of Partnerships & Engagement		Q1 2024/25		Given pressure on agenda and time elapsed, it is proposed that further audit be undertaken (it was always the plan to make this annual), which will allow for comparison of data and analysis with a view to taking through governance structures in Q1 2024/25.		

RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:		21/11/2023		TREND	20
				Date of Next Review:		21/12/2023		↑	(4x5)
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	4	5	20		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance & Performance Committee			
Risk Commentary									
The challenges across the unscheduled care system are increasing on the approach to winter with more than 23,000 hours lost to handover delays during October 2023. There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. A number of incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Immediate release protocol			1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.						
2. Resource Escalation Action Plan (REAP)			2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP is currently undergoing annual review with an updated to be released December 2023.						
3. Regional Escalation Protocol			3. Daily conference calls to agree RES levels in conjunction with Health Boards						
4. Incident Response Plan			4. The Incident Response Plan has been ratified via EMT						
5. Mutual Aid arrangement with NARU			5. AACE National Policy on mutual aid in place						
6. Clinical Safety Plan			6. CSP adopted by EMT and operational; reviewed annually by SLT with review currently underway with an expected release date in December 2023.						
7. Operational Delivery Unit 24/7 cover			7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting						
8. In hours and Out of hours command cover			8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings						
9. Notification and Escalation Procedure			9. Published procedure in operation, reviewed 3 yearly by SLT						
10. Continued escalation of risk to partners and stakeholders			10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.						
			External Independent Assurance N/A						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.			The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.						
			Following two incidents (Pembroke Dock Ferry fire on 11 th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust’s ability to fulfil the PDA in North Wales and South Wales in the event of						

RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:		21/11/2023	TREND	20	
				Date of Next Review:		21/12/2023		(4x5)	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites		RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	2	5	10
				a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA.					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans		CEO/DOO	3 Jan 2023 Complete	Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.					
2. Multi Agency Exercise to be arranged		4 x LRF	October 2023 Complete	This exercise has taken place although Health Boards declined to incorporate vehicle release plans					
3. Review of Manchester Arena Inquiry		Assistant Director of Operations	Dec 2023	This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios.					
4. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration		DOO	Feb 2023 Complete	All Health Boards responded with assurance of plans except BCU.					
5. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.		Assistant Director Operations	May 2023 Complete	WG have confirmed that they have written to HB EPRR leads.					
6. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans		Assistant Director of Operations	December 2023						

Risk ID 424	Resource availability (revenue, capital, and staff capacity) to deliver the organisation’s			Date of Review:		08/12/2023		TREND	16 (4x4)
	Integrated Medium-Term Plan (IMTP)			Date of Next Review:		08/01/2024		➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)		THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	4	4	16		
				Target	1	4	4		
IMTP Deliverable Numbers: All									
EXECUTIVE OWNER		Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE		Strategic Transformation Board and Finance and Performance Committee			
Risk Commentary Risk score remains currently at 16 as some outstanding gaps in controls and, linked to risk 458, some continued risk with regards to recurrent funding. There are also currently sickness & vacancies in the Transformation team resulting in gaps to support delivery of key workstreams and delivery of mitigations listed in this BAF, however these are in the recruitment and managing attendance processes. IMTP planning for 2024-2027 underway to refresh our priorities for the next three years, taking into account the external context in which the Trust is working. This risk will therefore remain under review as we put further controls in place but also taking account of the new commissioning landscape, financial context and our strategic developments.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Prioritisation of IMTP deliverables			1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board						
2. Financial policy and procedures			2.						
3. Governance and reporting structures e.g., Strategic Transformation Board (STB)			3. IMTP sets out delivery structures and meeting minutes are available						
4. Assurance meetings with Welsh Government and Commissioners			4. Agendas, minutes, and slide decks available						
5. Transformation Support Office (TSO) which supports the major delivery programmes			5. Paper on TSO to Strategic Transformation Board						
6. Project and programme management framework			6. PowerPoint pack detailing PPM						
7. Regular engagement with key stakeholders			7. Stakeholder Engagement Framework						
8. Financial Sustainability Programme – savings and income work streams			8. FSP programme highlight reports						
			Independent Assurance (3 rd Line of Assurance) 2. Subject to Internal Audit						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Project and programme management (PPM) framework to be reviewed			1. PPM needs to be reviewed and approved through STB						
2.—			2. Benefits have not been fully linked to benefits realisation						
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Recruit a Head of Transformation		Assistant Director of Planning	30.09.22 complete	Recruited 02.08.22 in post on 01.11.22					
2. Review the PPM		Head of Transformation	Extended from 31.03.23 – To 31.06.23 and then to 30.09.23 in line with milestone for delivery Extend to 31.12.23 in line with timescales for sign off. Extend to 31.01.24 in line with timescales for sign off.	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3. Planning Framework approved by STB on 04.07.2023 which sets out the Project Path framework at a high level. Project Path Framework presented at ISPG on 27.10.23 and is scheduled for approval at STB on 27.11.23. STB reviewed the Project Path Framework and generally good feedback but some alterations to be made and brought back to STB in January 2024 for approval.					

Risk ID 424	Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)			Date of Review:		08/12/2023		TREND	16 (4x4)
				Date of Next Review:		08/01/2024		➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)		THEN there is a risk that there is insufficient capacity to deliver the IMTP		RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	4	4	16
						Target	1	4	4
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework		Assistant Director of Planning/Assistant Director, Commissioning & Performance		Extended from 30.09.22 – to 31.03.23. Further extend to 31.06.23 and then to 30.09.23 in line with milestone for delivery Extend to 31.12.23 as priorities have taken precedence but there is work ongoing in this space. Extend to 29.02.24 as other priorities have taken precedence but there is work ongoing in this space.		Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3 as part of Project Path Framework. Work continues with the Commissioning and Performance Team to align performance metrics with programme/IMTP deliverables. An evaluation methodology is being trialled with Swansea University to look at benefits realisation of small, agile projects and PDSA cycles. Work continues on this but will be rolled out as part of the PPF.			
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)		Director of Finance		31.12.22 – checkpoint date 31.06.23 and then to 30.09.23 Extend to 31.12.23		Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner. A business case panel process has been developed and trialled as part of the development of the project path framework and is factored into the IMTP planning cycle, to give finance colleagues a timelier view of potential developments into the next 3-year cycle. Extended in line with the roll out of PPF as the business case process is within that framework, however it has been utilised to review the recent CSC Business Case and was found to be helpful and supportive – albeit the model for developing business cases needs to be reviewed further to make the actual output more streamlined			

Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services			Date of Review:	14/11/2023		TREND	16
				Date of Next Review:	13/12/2023			(4x4)
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.		THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients.	RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		Likelihood	Consequence	Score	
				Inherent	3	4	12	
				Current	4	4	16	
				Target	2	4	8	
IMTP Deliverable Numbers:								
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary Linked to risk 139, though funding has been sourced internally for the EMS staff, and non-recurrently from EASC, the score remains the same as clarity from Commissioners has still not been provided on any recurrent funding ask on this topic which could have a negative recurrent impact on the Trusts financial position. Other key item to note is funding for 111, WAST continues dialogue with commissioners of the service and any financial risk is mitigated by operating on a spend and cost recovery basis with commissioners.								
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. Financial governance and reporting structures in place				1. Risk is reviewed quarterly at FPC, and a report is submitted bimonthly to Trust Board				
2. Financial policies and procedures in place				2.				
3. Setting and agreement of recurrent resources				3.				
4. Budget management meetings				4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.				
5. Budget holder training				5. Diarised dates for budget holder training				
6. Annual Financial Plan				6. Submission to Trust Board in March annually				
7. Regular financial reporting to EFG & FPC in place				7. Diarised dates for EFG and FPC with full financial reports				
8. Regular engagement with commissioners of Trust’s services				External Management (1 st Line of Assurance) 1. Accountability Officer letter to Welsh Government 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised. 9. Monthly monitoring returns				
9. Welsh Government reporting monthly				Independent Assurance (3 rd Line of Assurance) 2. Internal Audit reviews of financial policies & procedures as part of their audit plan				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding				1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.			Executive Leadership Team	31.3.24	Update: 23/24 Recurrent funding remains an issue for the 100 WTE £6m funding from commissioners. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.			
2.Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.			Deputy Director of Finance	31.3.24	Update: Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.			

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		06/12/2023		TREND	15 (3x5)
				Date of Next Review:		29/12/2023		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance and Performance Committee				
Risk Commentary The latest National Cyber Security Centre (NCSC) assessment indicates that the threat of Cyber-attacks remains unchanged with activities of state actors and criminal gangs still high. Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. To raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Appropriate policy and procedures in place for Information/Cyber Security			1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.						
2. Trust Business Continuity Procedure and Incident Response Plan			2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing						
3. IT Disaster Recovery Plan			3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.						
4. Relevant expertise in Trust with respect to information security			4. Staff undertake relevant training courses e.g., CISSP to increase knowledge and expertise						
5. Data Protection Officer in post			5. In job description of Head of ICT						
6. Cyber and information security training and awareness			6. Training statistics are available on ESR and from Phish threat module						
7. Mandatory Information Governance training which includes GDPR			7. Training statistics reported on by Information Governance department						
8. ICT tests and monitoring on networks & servers			8. Any issues would be identified and flagged and actioned						
9. Information Governance framework			9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.						
10. Internal and NHS Wales governance reporting structures in place			10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.						
11. Checks undertaken on inactive user accounts			11. Software in place to run check on inactive accounts as and when						
12. Business Continuity exercises			12. Annual schedule of testing						
13. Operational ICT controls e.g., penetration testing, firewalls, patching			13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when. 04/08/23 – Exploring procurement of additional penetration tests with the aim of annual testing of all critical systems.						
14. Security alerts			14. Daily alerts are received. Anti-virus alerts received as and when threat discovered						
15. Cyber/Info Security KPI are reported to senior management and committees			15. Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group, ELT, IGSG and FPC						
16. Regular cyber awareness campaigns are conducted			16. Cyber training is provided to staff and regular phishing campaigns are conducted. These are reported as part of the KPI reports						
17 IT recovery Plan does not include a cyber response			17. Cyber response incorporated into IT Disaster Recovery Plan						
			External Independent Assurance						
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Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		06/12/2023		TREND	15 (3x5)
				Date of Next Review:		29/12/2023		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
			NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1.			1.						
2. Lack of understanding and compliance with policy and procedures by all staff members			2. Information Security Policy refreshed and in Trust wide consultation						
3. No organisational information security management system in place			3. SIRO in place and ISMS evolving in line with refresh of Trust information Security Policy						
4.									
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects, and procurement and this has a cyber security, information governance and resource impact									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Establish Cyber and Information Security KPIs		Director of Digital Services	31.03.23 complete	KPI format agreed and will be produced from Q1 2023-24 with a retrospective annual report produced for 2022-23.					
2. Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	28.10.22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.					
3. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	28.10.22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness					
4. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 - Complete	Exercise reports being drafted.					
5. Formalise Cyber Incident Response Plan		Head of ICT	30.06.23 – complete Checkpoint Date 31.03.2024	Cyber Incident Response Plan adopted, and CRU Assessment conducted during May 2023 with report expected by end June 2023. Implementation ongoing of CRU Cyber assessment action plan in response to any recommendations.					
6. Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	30.06.23 – Complete Checkpoint Date 31.03.2024	Additional learning modules purchased, and both will be rolled out from Q1 2023-24. Drive up staff compliance of IG & Cyber training					

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems			Date of Review:	06/12/2023		TREND	15 (3x5)
				Date of Next Review:	29/12/2023		➡	
IF there is an unexpected or uncontrolled event e.g., flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems		THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
IMTP Deliverable Numbers: TBC								
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance and Performance Committee			
Risk Commentary								
The risk remains static as work continues to migrate services to the new infrastructure. In addition, controlled cut over of key systems to backup sites was undertaken during this quarter. Maintenance works has been undertaken by estates on power systems supporting key ICT sites which will provide additional assurance for sites in the event of incoming mains disruption. Further desktop exercises are being considered to test both department BCP and ICT recovery plans. Internal audit have completed an audit on ICT system resilience which was rated as reasonable assurance . Work will be undertaken to address the recommendations .								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Trust Incident Response Plan and Department Business Continuity Plans			1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.					
2. IT Disaster Recovery Plan			2. Recent ICT tabletop exercise undertaken					
3. Recovery/contingency plans for critical systems			3. Reports from tabletop exercises					
4. Service management processes in place			4. Documented and approved service management processes in place					
5. Incident Management Policy, Procedure and Process			5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier					
6. Regular data back ups			6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken					
7. Resilient and high availability ICT infrastructure in place			7. 04/08/23 – New back-up system ordered with the aim of implementation before the end of Nov23.					
8. Robust security architecture and protocols			8.					
9. Diverse IT network (both data and voice) delivery at key operational sites			9.					
10. Regular routine maintenance and patching			10. 04/08/23 – Ongoing continual update of servers and replacement of out-of-date equipment					
11. Environmental controls			11.					
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements			12. Via email and webinars					
			External Independent Assurance <ul style="list-style-type: none">2021_16 Internal Audit review of IM&T Control Assessment – baseline exercise2021_19 Internal Audit review of ICT Disaster Recovery – Limited AssuranceWAST_2324-14 Internal Audit review of ICT Technical Assurance – Reasonable AssuranceNIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
Non identified			Undertaking Cyber Essentials assessment					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone		Progress Notes:			
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	31.12.22 extend to 30.06.23 now complete		Suite of exercise available via BC teams’ channel.			
2. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 extend to 30.06.23 now complete		Joshua and Joshua 2 reports produced and circulated.			
3. Cyber Essentials assessment to be completed.		Head of ICT	30.06.23 Extend to 31.03.24 - ongoing.		Evidence submitted to assessor – further works required to meet requirement. Implementation of action plan in response to CRU Cyber assessment recommendations			
4. Implement recommendations of IA Technical resilience audit		Head of ICT	30.06.2024		Implementation of recommendations from the internal audit technical resilience			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		28/11/2023		TREND	15 (3x5)
				Date of Next Review:		28/12/2023		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee			
Risk Commentary The ongoing system challenges remain with long handover delays which are likely to worsen again as we head into winter pressures. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Front line operations had little respite over the summer months.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Health and wellbeing strategy in place and shared across the Trust.			1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually. 28/11/23 Health and Wellbeing Strategy coming to a close in 2024 and new plan with emphasis on workplace experience being developed in line with the All Wales framework proposals and the People and Culture Plan 2023-2026.						
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme			2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.						
3. Self-referrals or managerial referrals to Occupational Health			3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.						
4. Wellbeing support and training for line managers			4. Diarised meetings, webinars and workshops in place through a rolling programme.						
5. Development of range of wellbeing resources for staff and line manager			5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E, CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.						
6. Peer support network forum			6. Network supported by Assistant Psychologist and TRiM lead. 28/11/23						
7. WAST Keep Talking (mental health portal) and Sway on the Intranet			7. Available on intranet for staff to access easily.						
8. TRiM			8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.						
9. Coaching and mentoring framework			9. Information on intranet on Learning launch pad available to all staff.						
10. Acting on results of staff surveys relating to staff experience			10. Each Directorate has developed their own action plan to address staff surveys. 28/11/23 NHS Wales Staff Survey has just closed with results due in the new year.						
11. HSE stress risk assessments			11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.						
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity			12. Received at People and culture Business Meetings monthly.						
13. Wellbeing drop-in sessions for CCC and 111 staff			13. Diarised sessions in place as part of the programme.						
14. Fast track physiotherapy			14. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings.						
15. Specialist trauma counselling service			15. Same as 15.						
16. Regular psycho-educational sessions with managers and staff			16. Diarised sessions						
17. Compassionate leadership training sessions			17. Same as 17 in place as part of the programme.						
18. Chaplaincy programme			18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.						
19. Occupational Health team inclusion in sickness and absence meetings			19. Diarised meetings in place.						
20. Procure a pulse survey tool to benchmark how colleagues are feeling and get feedback on the employee experience			20. HIVE went live in September 2023.						
			External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
			4. Reporting on wellbeing training take up						

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		28/11/2023		TREND	15 (3x5)
				Date of Next Review:		28/12/2023		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety.			Lack of awareness about staff wellbeing services						
			Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing.						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Restart the Health and Wellbeing Steering Group (link to risk 160)		Assistant Director Inclusion, Culture and Wellbeing	Completed 03.08.23 Group paused due to two key vacancies. Completed 26/10 /23. Steering Group in place 28/11/2023 CLOSED	First meeting was on 17/10/2022. This however does not yet bring down the score of the risk as the Steering Group meeting was to re-establish a way forward. Next meeting to be scheduled within 2 months. 03/08/23 - Head of workplace Wellbeing due to be in post in October and OH Manager about to go to advert. No capacity within the team to restart the group. 26/10/23 Head of Workplace Wellbeing in Post, OH Manager starting in December. Steering Group arranged for first week of December.					
2. Increase the education and communication with managers about stress risk assessments		Head of Health & Safety	Completed	This is part of the IOSH Managing Safety Training BAU. OH to undertake workshops with CCC managers – dates to be confirmed this week.					
3. Deliver the employee engagement tool into WAST		Deputy Director of People and Culture	30.09.23 26/10/23 Complete 28/11/2023 First HIVE survey carried out November 2023 CLOSED	Software has been procured. Planning for rollout is underway. First survey delivery in October/ November 2023. 03/08/23 - Working on the timing of launch based on the rollout of the Freedom to Speak up platform. 26/10/23 Questions Finalised and first survey due to be distributed in November					


Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		25/10/2023		TREND	12 (3x4)
				Date of Next Review:		25/01/2023		➡	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34									
EXECUTIVE OWNER		Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE			Finance and Performance Committee		
Risk Commentary The ambition is appropriate levels of patient safety and good working conditions for our staff. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels being around 20,000. EASC has an ambition to achieve 12,000 handover lost hours by the beginning of quarter four 2023/24, which looks very unlikely, but even if it was achieved, it would still be double what the EMS rosters are predicated on. The Trust is not fully funded on these rosters either. The Trust is not fully funded for the CHARU roster lines, with an identified shortfall of -89.5 FTEs. The Trust has made the decision to transfer staff from emergency ambulance roster lines to CHARU roster lines, which is almost complete, but does not add more staff. Similarly, the Trust has made the decision to recruit another intake of APPs, an additional 16 FTEs, but this is also being funded through internal movements, with a planned reduction in emergency ambulance numbers. The 2023 EMS Demand & Capacity Review is live with an estimated completion date of Christmas. This strategic review will enable the Trust to articulate the type and level of resource that optimises response and conveyance to deliver appropriate levels of patient safety and good working conditions for our staff i.e., the ambition. Health boards are clearly under substantial financial pressures, so whether EASC can then support the ambition as articulated by the review, remains to be seen. The Trust has largely delivered on its side of the bargain, with the focus clearly shifting to health boards and handover improvement. The one area that the Trust needs to address is abstractions (including sickness), which are materially above the benchmark of 30%. If further funding is not forthcoming, post the 2023 EMS Demand & Capacity Review, the risk may need to be revise its score upwards.									
CONTROLS			ASSURANCES						
			Internal & External Management (1 st Line of Assurance)						
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings			1. Minutes of meetings and a standard agenda item						
2. EASC and its 2 sub-committees established as a forum to discuss WAST’s strategy			2. Minutes of meetings and a standard agenda item						
3. Weekly catch up between CASC/CEO			3. Meetings are diarised every week						
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme			4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.						
5. Monthly CASC Quality and Delivery Meeting established			5. Formal meeting with agendas, minutes, and action logs available.						
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced			6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder’s fortnightly						
7. Programme structure has been established for ‘inverting the triangles’ including EASC			7. It exists and has had its first meeting						
			External Management (1 st Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. EASC meetings focus largely on EMS and cursory note of NEPTS			1. NEPTS is covered in the WAST Provider Report to EASC.						
2. Governance coordination between NCCU and WAST to be improved.			2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface. Actioned but has lapsed due to capacity and resourcing in NCCU team. HB to reboot.						
3. WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility)			3. Ministerial direction on handover reduction						
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST’s control)			4. Strategic demand and capacity review being undertaken with output due to be reported to EASC in Jan-24.						

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Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience				Date of Review:		25/10/2023		TREND	12
					Date of Next Review:		25/01/2023		➡	(3x4)
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support		RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered			Likelihood	Consequence	Score	
						Inherent	4	4	16	
						Current	3	4	12	
						Target	2	4	8	
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:			
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST		CEO WAST		02/08/23 Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure. 28.07.23 Funding secure for 23/24, but not recurring.					
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours		CEO WAST		02/08/23 Checkpoint Date	30.09.22 4-hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023. 28.07.23 There has been some reduction, but levels remain extreme.					
3. Increased understanding of NEPTS by EASC		Director of Strategy Planning and Performance		02/08/23 Checkpoint Date	30.09.22 "Focus on" session in May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme. 28.07.23 EASC want WAST to develop a LTS for NEPTS, which will increase the focus on it.					
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface		Assistant Director Commissioning & Performance		02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU.					
5. Utilising the engagement framework to engage with the stakeholders		Director of Partnerships & Engagement AD Planning & Transformation		02/08/23 Checkpoint Date	30.09.22 Significant engagement through roster review briefings. 12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas. 02.05.23 Continued interest from various stakeholders as the roster review concludes. 28.07.23 New engagement manager appointed linked to inverting the triangle work.					

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		25/10/2023		TREND	12 (3x4)
				Date of Next Review:		25/01/2023		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Strategy Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee			
Risk Commentary									
The EMS Operational Transformation Programme is the Trust’s strategic delivery response to the 2019 EMS Demand & Capacity Review. The programme has now largely been delivered e.g., closure of relief gap (recruitment of +300 staff), increase consult & close above the 10.2% benchmark, re-roster EMS, ensure that there was sufficient fleet and estate to support these changes and roll out the new CHARU resource. The main area outstanding is the reconfiguration of EMSC, which was initially delayed by the pandemic and then further delayed by the need to update the data used to ensure the recommended actions were still correct. This update has just been completed, so the focus is now on finishing the EMSC project within this programme.									
Whilst the programme has largely delivered on its agreed outputs, it has not delivered the required levels of patient safety and staff working conditions for two main reasons: extreme handover (20,000 lost hours v the 6,000 that the programme was predicated on) and abstractions (37% v the 30% benchmark).									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership			1. Minutes and papers of Implementation Programme Board						
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place			2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board						
3. Programme Manager and Programme support office in place (for delivery of the programme)			3. Same as 2						
4. Programme risk register			4. Highlight reports showing key risks reported to STB every 6 weeks						
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks			5. Highlight reports presented to STB every 6 weeks						
6. Programme budget in place (including additional £3m funding for 22/23)			6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23						
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report.			7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.						
8. Regular engagement with the Commissioner and Trade Unions and representation			8. Commissioner and TU participation at the Implementation Programme Board						
9. Management of external stakeholder and political concerns			9. Communications and Engagement Plan sets out WAST’s arrangements for engagement with stakeholders						
10. Secured specialist consultancy to support decision making			10. Reports and contractual compliance						
			External Management (1 st Line of Assurance)						
			a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board						
			b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months						
			c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Current controls on workforce buy in are not sufficient due to changes in working practices			1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position. The PID has been updated for 2023/24 and reflects the budget, commissioning intentions and IMTP.						
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)			2. No prompts from STB for programme PID or risk register updates. The SRO continues to provide the HL45 but the PID needs to be signed off by the Executive Sponsors. This can be done outside of STB.						

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		25/10/2023		TREND	12 (3x4)
				Date of Next Review:		25/01/2023		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters		RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Increase in engagement on the specifics of change through facilitation mechanisms			Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete. 02.05.23 There remains some minor engagement as the project concludes.				
2. More capacity requested (transition plan)			Assistant Director of Planning & Transformation	02.08.23 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure. 02.05.23 this has not been forthcoming, and handover lost hours are offsetting all of the gains that the Trust has made. 03.08.23 More capacity unlikely within current financial pressures, but Trust has recently started the next iteration of the strategic EMS Demand & Capacity Review.				
3. Engage with key stakeholders to reduce handover delays			CASC	02.08.23 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme. 28.07.23 Increasing focus through ICAP meetings, with C&V showing notable progress and early signs of progress in some other health boards.				
4. Reduce abstractions in particular sickness absence			Deputy Director of Workforce & OD	02.08.23 Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.05.23 the Trust achieved 7.99% in Feb-23, but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23. 28.07.23 Abstractions, which includes sickness now less than 35% with benchmark to 30%				
5. Engage with Assistant Director of Planning and Transformation on process for PID updates			Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but needs to be signed off by Executive Sponsors. 28.07.23 PID updated and programme aligned to new arrangements required by HoT.				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		14/11/2023		TREND	8 (2x4)
				Date of Next Review:		13/12/2023			
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)			THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
					Inherent	3	4	12	
					Current	2	4	10	
					Target	2	4	8	
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary Q4 2022/23 The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust’s financial monitoring returns submitted to WG. The score has improved in year as a result, in part due to WAST being able to resource the remaining cost of the EMS staff increase itself in year, whilst further confirmation and assurance has been received from WG on any pay award funding due. In addition, a recent letter from WG confirmed that the Trust does not need to contribute anything further to the wider NHS Wales deficit reduction plan or will see any further reduction in its income to do so, providing further confidence that for this financial the risk has reduced. It must be noted that even though the risk has reduced for this year, in the current challenging financial climate for all public sector organisations the risk will remain elevated especially as focus turns towards financial planning for the new financial year e.g., recurrent funding will still need to be agreed with Commissioners for the new financial year for the 100 WTE EMS staff.									
CONTROLS					ASSURANCES				
					Internal Management (1 st Line of Assurance)				
1.	Financial governance and reporting structures in place			1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board					
2.	Financial policies and procedures in place								
3.	Budget management meetings			3. Diarised dates for budget management meetings					
4.	Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place			4. Diarised dates for EFG and FPC and monthly reports					
5.	Welsh government reporting								
6.	Monthly review of savings targets			6. ADLT monthly review					
7.	Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.								
8.	Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.			8. Diarised dates for ICMB meetings with regular monthly report					
9.	PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications			9. Regular PSPP communications (Trust wide) on Siren					
10.	Forecasting of revenue and capital budgets			a) Monthly monitoring returns to ADLT, EFG, ELT and FPC (b) Reliance on available intelligence to inform future forecasting.					
11.	Business cases and benefits realisation (both revenue and capital)			11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, ELT, FPC prior to Trust Board for approval as appropriate according to value.					
					External Assurances Management (1 st Line of Assurance)				
					5. Monthly Monitoring Returns to Welsh Government				
					7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.				
					8. Bi-monthly Capital CRL meetings with Trust and WG capital leads				
					9. Regular P2P meetings diarised (bi-monthly)				
					10. Monthly monitoring returns into Welsh Government				
					Independent Assurances (3 rd Line of Assurance)				
					1-10 Internal audit reviews covering				
					1-10 External audit reviews				

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Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:		14/11/2023		TREND	8 (2x4)
			Date of Next Review:		13/12/2023			
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)			THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
					Inherent	3	4	12
					Current	2	4	10
					Target	2	4	8
GAPS IN CONTROLS				GAPS IN ASSURANCE				
• Lack of formalised service contracts between Commissioner and WAST as a commissioned body				4. None identified.				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone		Progress Notes:	
9. Continuing negotiations with Commissioners			Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance		31/03/24 – Checkpoint Date		In line with the recent WAST financial position and monthly monitoring letter sent to WG, WAST can resource the cost of the EMS staff itself. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.	
10. Embed a transformative savings plan and ensure organisational buy in			ADLT and Savings subgroup		31/03/24 – Checkpoint Date		The Financial Sustainability workstreams that were launched in May 2023 have now been rebranded as the Financial Sustainability Program (FSP) and the work of the program underpins the need of the organisation to deliver transformative savings via the Achieving Efficiencies and Income Generation subgroups. WAST is currently over delivering against its savings plan.	
11. Embed value-based healthcare working through the organisation			Executive Leadership Team and Value Based Healthcare Group		31/03/24 – Checkpoint Date		Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.	
12. WIIN support for procurement, savings, and efficiencies			WAST Improvement and Innovation Network group		31/03/24 – Checkpoint Date		WIIN ideas are regularly communicated across to the Achieving Efficiencies subgroup of the FSP.	
13. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales			Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership		31/03/24 – Checkpoint Date		The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales.	

Structured Assessment 2023 – Welsh Ambulance Services NHS Trust

Audit year: 2023

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2023 structured assessment work at the Welsh Ambulance Services NHS Trust (the Trust). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.
- 2 Our 2023 Structured Assessment work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies are also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is taken to deliver high-quality, safe, and responsive services, and that public money is spent wisely.
- 3 The key focus of the work has been on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on Board transparency, cohesion, and effectiveness; corporate systems of assurance, corporate approach to planning, and corporate approach to financial management. We have not reviewed the Trust's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:
 - Model Standing Orders, Reservation and Delegation of Powers
 - Model Standing Financial Instructions
 - Relevant Welsh Government health circulars and guidance
 - The Good Governance Guide for NHS Wales Boards (Second Edition)
 - Other relevant good practice guidesWe undertook our work between July 2023 and October 2023. The methods we used to deliver our work are summarised in **Appendix 1**.
- 5 We also provide an update in this report on the Trust's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

- 6 Overall, we found that **the Trust demonstrates a focus on improving its arrangements for governance, planning and finance. However, significant operational pressures, inefficiencies caused by handover delays, reliance on non-recurrent savings and lack of available funding is limiting its ability to transform services.**

Board transparency, effectiveness, and cohesion

- 7 **We found that Board and Committee arrangements are effective, however the Trust has a significant backlog of policies due for review, and there is scope to make some improvements to other areas of administrative governance.**
- 8 The Board remains committed to public transparency. Meetings are livestreamed, there are opportunities for the public to ask questions in advance of meetings and private/closed meeting actions are reported in public Board papers. The Trust publishes most meeting papers in advance of meetings. However, to further increase the transparency of Board business, the Trust should publish unconfirmed Board and committee minutes sooner, and a written version of the Chair's Report should be provided. The Trust has a significant backlog of policies that are overdue for review. However, it has developed a realistic and prioritised plan to review key policies and to improve its process for maintaining written control documents.
- 9 The Board and committees operate well, supported by up-to-date terms of reference and cycles of business. Meetings are well-chaired, and members provide meaningful contribution to support, scrutinise, and seek assurance on areas of performance. Papers are generally of a good standard and there is ongoing work to encourage more succinct presentations of key risks and issues. Patient and staff stories are key features of board and committee agendas that are highly valued forms of intelligence to set the tone of meetings. Work continues to enable and encourage members to make greater use of board member visits to allow members to triangulate intelligence from board and committee meetings with their observations. There will be some changes to the membership of the Board over coming months due to Non-Executive Director turnover. The Trust has taken reasonable and well-considered action to manage these changes.

Corporate systems of assurance

- 10 **We found that the Trust is strengthening its corporate systems of assurance, however there is more to do in key areas including the BAF and handling concerns and incidents. Operational performance continues to be extremely challenging due to increased demand and wider system pressures.**
- 11 The Trust maintains reasonable arrangements for managing and overseeing corporate risks. It continues to progress its risk transformation programme with several actions expected to be complete by April 2024. There are factors beyond

the Trust's control which contribute significantly to its highest risks and the Trust demonstrates a commitment to collaborating with partners to establish a shared understanding and response to these risks. The Trust has been developing its Board Assurance Framework since 2022. However, there needs to be greater Board and committee focus on the risks to the achievement of the Trust's strategic objectives.

- 12 The Trust maintains reasonable performance management arrangements, however operational performance remains extremely challenged due to increased demand, wider system pressures and the consequential inefficiencies created. The Trust has taken positive steps to improve its quality governance arrangements, including work to prepare for the requirements under the new Health and Social Care (Quality and Engagement) Act (2020). However, timeliness of response to concerns has deteriorated due to increased demand and capacity issues. Arrangements for tracking audit recommendations are strengthening, with greater clarity on the closure of actions and the impact achieved.

Corporate approach to planning

- 13 **We found that the Trust has a good corporate approach to developing strategies and plans, but plans do not include SMART milestones and delivery reports do not provide enough clarity on whether intended outcomes are being achieved.**
- 14 The Trust's arrangements for producing and overseeing the development of strategies and plans are reasonably sound. The Trust continues to produce Integrated Medium-Term Plans (IMTPs) as a vehicle for achieving its long-term strategic ambition. The IMTP again received approval from Welsh Government and the Trust strengthened its engagement of staff when developing its 2023-2026 plan. However, the Trust should ensure that all actions set out in the IMTP are SMART with measurable outcomes and clear delivery milestones. The Trust needs to strengthen reporting of delivery of the IMTP by increasing the focus on outcomes and impact achieved, rather than focussing solely on activity.

Corporate approach to managing financial resources

- 15 **We found that the Trust demonstrates strong financial performance, a good approach to financial planning and appropriate Board and committee oversight. However, the reliance on non-recurrent savings schemes, operational inefficiencies caused by handover delays and lack of available additional funding may limit the Trust's ability to support its service modernisation plans.**
- 16 The Trust continued its good financial track-record of meeting its financial objectives and duties both for 2022-23 and the rolling three-year period of 2020-21 to 2022-23. As of month seven (October) 2023-24, the Trust is again on track to

achieve its financial duties, which is significant given the incredibly challenging current financial challenges facing NHS Wales.

- 17 The Trust has robust arrangements for financial planning, which clearly identifies key risks and issues. The risks include a lack of clarity around availability of recurrent funding for ambulance staff who were originally recruited to address winter service pressures in 2022 using short-term funding.
- 18 The Trust had a savings gap at the time of approving its financial plan but was able to identify the necessary savings to meet this gap by month four. However, we have concerns about the level of non-recurrent savings within the Trust's plan and how this may impact the Trust in future years.
- 19 Inefficiencies such as ambulance handover delays and difficulties accessing additional funding limit the Trust's ability to pursue transformational change and service modernisation. Last year, we highlighted that the notional cost of handover delays was £50 million, and those delays continue to remain high. This inefficiency inhibits the ability of the Trust to redeploy its resource to support preventative treatment in the community and reduce ambulance conveyancing to hospital. We will also be considering arrangements for delivering financial efficiencies as part of our audit programme early in 2024.

Recommendations

- 20 **Exhibit 1** details the recommendations arising from our work. These include timescales and our assessment of priority. The Trust's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: 2023 recommendations

Recommendations

Transparency of Board and committee business

- R1 Opportunities exist to further enhance the transparency of Board and Committee business. The Trust should:
 - a) provide a written Chair's Report to each Board meeting. (**Medium Priority**)
 - b) review and publish unconfirmed minutes of committee and Board meetings within 14 days of the meeting. (**Medium Priority**)

Public access to key strategies and plans

- R2 The Trust should publish key plans on the Trust website, including the most recent IMTP and the People and Culture Plan. (**High Priority**)

Recommendations

Clarity of IMTP objectives/actions

- R3 We found that the Trust's IMTP does not include SMART actions, many do not include a specific measurable outcome and it is also unclear in the IMTP which year each action is due for delivery. However, delivery milestones are set out elsewhere. The Trust should ensure all actions set out in future IMTPs are SMART by specifying measurable outcomes and delivery milestones. **(High Priority)**
-

Oversight of IMTP delivery

- R4 Whilst there have been recent improvements to the reporting of IMTP progress to Committee and Board, there is scope to provide better clarity on whether the actions delivered have achieved the intended impact. The Trust should ensure all plan delivery progress reports include information about the impact achieved. **(High priority)**
-

Oversight of Savings plans

- R5 The Trust does not clearly specify in its finance plans and reports whether savings schemes are recurrent or non-recurrent. To strengthen oversight of savings, the Trust specify whether schemes are recurrent or non-recurrent in its financial plans and reports. **(High Priority)**

Detailed report

Board transparency, effectiveness, and cohesion

- 21 We considered whether the Trust Board conducts its business appropriately, effectively, and transparently.
- 22 We found that **Board and Committee arrangements are effective, however the Trust has a significant backlog of policies due for review, and there is scope to make some improvements to other areas of administrative governance.**

Public transparency of Board business

- 23 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of:
- board and committee meetings that are accessible to the public;
 - board and committee papers are publicly available in advance of meetings;
 - board and committee business and decision-making is conducted transparently; and
 - board and committee meeting minutes are publicly available in a timely manner.
- 24 We found that **The Trust is committed to operating transparently but there are opportunities to increase public access to Board business.**
- 25 The Trusts holds Board meetings in-person and broadcasts live online via Facebook. Recorded meetings are available on YouTube shortly after meetings. The Trust provides appropriate signposting and guidance to enable members of the public to access meetings and submit questions to the Board. Given that members of the public can observe meetings virtually from any location, the Trust now holds each of its Board meetings in Cardiff rather than rotating meetings around Wales. This reduces lost work time to travel for most Board members. Committee meetings are virtual rather than in-person. Although not broadcast live, members of the public can request to observe committee meetings virtually.
- 26 The Trust altered its Standing Orders in May and September 2023, including altering the requirement to publish papers for both Board and committees from ten days in advance to seven days in advance. The Office of the Board Secretary has issued guidance and support to all directorates on the process and timelines for submitting papers for board and committee meetings. These changes, together with the establishment of clear cycles of business and timely agenda setting meetings, is improving the compliance of publishing Board and committee papers by the agreed deadline (see **Appendix 2, Recommendation 1a 2022**). Reasonable exceptions include finance reports to the Finance and Performance Committee, which are not uploaded in advance due to the need to present the most up-to-date position.

- 27 The Trust minimises the use of private (closed) meetings, reserving these for confidential and sensitive matters only. When the Board takes decisions in private, it reports those in the following public session alongside any Chair's Actions taken since the previous meeting. The Trust is reducing the use of Chair's Actions and when they do occur, public reporting of those is sufficiently detailed (see **Appendix 2, Recommendation 1b 2022**).
- 28 We have also noted a general decrease in the number of verbal presentations without accompanying papers. This supports good governance as it allows Board members to read papers in advance. However, we do note that the Chair's Report provided at each Board meeting is a verbal update. The Trust should seek to provide the Chair's Report in a written format as well as a verbal presentation (**Recommendation 1a**). This is important given that the Trust does not publish minutes of committee and board meetings until confirmed at the following meeting. To increase the transparency of Board business, and enable timely public access, the Trust should publish unconfirmed minutes within 14 days of the meeting, once reviewed by the committee chair and lead executive (**Recommendation 1b**).

Arrangements to support the conduct of Board business

- 29 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of:
- a formal, up-to-date, and publicly available Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
 - formal, up-to-date, and publicly available Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
 - formal, up-to-date, and publicly available policies and procedures in place to promote and ensure probity and propriety.
- 30 We found that **while there are proper and transparent arrangements to support the effective conduct of Board and committee business, the Trust has a significant backlog of policies that are overdue for review.**
- 31 The Audit Committee and Board annually review the Trust's Standing Orders, including the Standing Financial Instructions and Scheme of Reservation and Delegation. This ensures they remain up-to-date and aligned to the organisational structure. The Scheme of Reservation and Delegation clearly set out accountabilities within the Trust. Amendments to Standing Orders made in 2023 ensure they now reflect the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. Officers clearly explained the changes made to Standing Orders at the Audit Committee and Board in May and September 2023 and ensured the latest approved version was publicly accessible.

- 32 The Trust is strengthening its approach for registering declarations of interests and recording gifts and hospitality. Its new Standards of Business Conduct policy, approved by the Board in July 2023, sets out clear expectations. During summer 2023, the Trust issued revised guidance to staff. We note, however, that the number of submissions remains low, which may mean it will take time to embed the new arrangements. The Board Secretary routinely reviews gifts and hospitality submissions issuing advice and guidance where needed.
- 33 At present only the Board and Executive Leadership Team are required to submit declarations of interest, although we understand that the Trust intends to broaden this requirement to include further senior decision makers in 2024. Both the Register of Declarations of Interest for the Board and Executive Leadership Team and the Register of Gifts, Hospitality and Sponsorship are now publicly available on the Trust's website (see **Appendix 2, Recommendation 1c 2022**).
- 34 In 2022, we highlighted concerns about timely policy review. In August 2023, the Trust reported that only 14% (13 out of 93) of its policies were within review date. While this remains a clear concern, the Trust has developed a robust and prioritised plan to address this significant backlog, including an urgent review of its policy on policies. In the longer-term, the Trust also intends to strengthen its process for developing written control documents. The Trust's Audit Committee is routinely and appropriately monitoring progress of all work to improve the timing of policy reviews.

Effectiveness of Board and committee meetings

- 35 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
 - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
 - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and
 - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
 - clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.
- 36 We found that **in general, Board and committee meetings are conducted appropriately and effectively.**

- 37 The Trust has an integrated and well-functioning committee structure which aligns to and provides good coverage of key strategic priorities and risks. The Trust has a broadly effective approach for committee agenda setting which involves the chair, committee lead director and secretariat. During 2022-23, all committees reviewed their terms of reference and 'cycles of business'¹ to ensure full coverage of their remit and to ensure their responsibilities are discharged. We also note that the Trust's Academic Partnership Committee, originally established to achieve University Trust status, has expanded its remit to have a broader focus on research and innovation.
- 38 Our recent observations indicate that committee chairs manage meetings well, encouraging member discussion and identifying issues for timely and effective escalation to the Board. During 2023, issues escalated to Board included out of date policies, poor Putting Things Right² response times and continuing concerns relating to the impact of operational pressures on patient care and staff wellbeing.
- 39 The Board and its committees generally receive good quality information to support effective scrutiny, support, and challenge. Papers are available in advance of meetings, and their quality is generally good. However, some papers are lengthy, which is reflected in feedback in committee self-assessments and comments from committee members. Recent guidance from the Office of the Board Secretary on concise report writing should help to support improvements in this area. Additionally, the Trust could also use post-meeting reflections, agenda setting meetings and board development sessions to reflect on progress to improve papers and clarify expectations.
- 40 In our Structured Assessment 2022, we commented that non-executive directors needed to improve scrutiny so that they are assured that the Trust is taking all necessary actions to address areas of poor service quality. The Trust carefully considered and reflected upon this feedback, including by inviting us to observe more committee meetings and provide committee-specific feedback. Our recent observations found improved and well-balanced constructive challenge. Examples include discussion of stakeholder engagement results and the Trust's annual review of performance metrics used for the Trust's regular performance monitoring.

Board commitment to hearing from patients/service users and staff

- 41 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of the Board using a range of suitable approaches to hear from patients/service users and staff.

¹ Committee 'cycles of business' refer to the programme of work committees have oversight for during the year, including items they have a statutory duty to oversee.

² Putting Things Right is the process for raising concerns or complaints in NHS Wales

- 42 We found that **the Trust makes effective use of staff and patient stories and is strengthening its approach to make use of board visits.**
- 43 The Trust continues to make good use of patient and staff stories to assist Board and committee members' understanding of the experiences of service users and staff. Our observations indicate that Board and committee members highly value these stories, and they prompt further discussion and usefully set the tone for meetings. In our 2022 Structured Assessment, we raised the need for the Trust to identify the action it can take to address issues identified in patient experience reports. Our work this year indicates that there is more to do (see **Appendix 2, Recommendation 2, 2022**).
- 44 It is important that Board members also have access to information outside of formal meetings to enable them to triangulate information and hear directly from patients and staff. The Board approved a Standard Operating Procedure for Board member visits in May 2023. The Trust is establishing a reporting process and planning the next round of visits, including ensuring appropriate geographic and organisational coverage.

Board cohesiveness and commitment to continuous improvement

- 45 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
 - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
 - a relevant programme of Board development, support, and training in place.
- 46 We found that **the Trust is taking appropriate action to maintain Board stability and cohesion and there is a commitment to continuous improvement.**
- 47 Since our previous Structured Assessment, the Board has been largely stable, with only one change in membership, a new Director of Digital. However, over the coming months the Trust anticipates several changes to its non-executive director membership with some reaching the end of their fixed term appointment.³ While recruitment activity is ongoing, the Trust has been constrained during 2023 by

³ We also note that the Trust's Executive Medical Director is due to retire in December 2023. Whilst the post of Executive Medical Director will not be replaced, the Director of Paramedicine will hold the executive portfolio from 1 January 2024. The Clinical Services Directorate will include two part time Associate Medical Director positions, one for an Acute Care Specialist and one for a Primary Care Specialist. They will report to the Executive Director of Paramedicine.

having to wait several months for a direct Ministerial appointment for its new Vice Chair. To cover this vacancy, the Board has appointed an existing non-executive director as interim Vice Chair from December 2023 to September 2024.

- 48 The Trust has prepared well for its board member recruitment by analysing its board member skill-mix to identify where it may need to secure additional specific experience. It also has a comprehensive induction programme which incorporates learning from the experiences of the most recent Board appointments.
- 49 The Board and committees regularly review their effectiveness via annual self-assessments. This work included a self-assessment of compliance with the Corporate Governance in Central Government Departments: Code of Practice 2017. Findings from the 2023 round were reported to the Board, including a summary of strengths and areas for improvement identified by members. Feedback showed members were happy with committee agendas and the process for escalating concerns to the board but would like to see improvements such as reducing the length of committee papers and greater focus on outcomes. As discussed in **paragraph 39**, the Trust is already demonstrating action to address this feedback.
- 50 The Trust's bi-monthly board development programme provides formal briefings and open discussions about strategy and performance. Recent topics include organisational strategy, board maturity and collaboration with other emergency, 'blue light' services. The Trust is developing a medium-term board development programme with the intention of becoming a high-performing Board. It intends to roll out the new programme in 2024, once it has filled all non-executive director positions.

Corporate systems of assurance

- 51 We considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 52 We found that **the Trust is strengthening its corporate systems of assurance, however there is more to do in key areas including the BAF and handling concerns and incidents. Operational performance continues to be extremely challenging due to increased demand and wider system pressures.**

Corporate approach to overseeing corporate and strategic risks

- 53 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising corporate and strategic risks. We were specifically looking for evidence of:
- an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities;

- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system;
- the Board providing effective oversight and scrutiny of corporate risks;
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all the relevant information on the risks to achieving the organisation's strategic priorities / objectives; and
- the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.

54 We found that **the Trust has reasonable arrangements for overseeing corporate risks, but it needs to reframe the BAF as a tool that brings together all relevant information on the risks to achieving strategic objectives.**

55 The Audit Committee continues to appropriately oversee the Trust's corporate risk management arrangements. The Trust's arrangements for developing and maintaining its corporate risk register appear to be working well. The Assistant Director Leadership Team routinely review the corporate risk register prior to committee and Board oversight. Our observations of committee and Board meetings indicate that discussions frequently focus on the Trust's most concerning risks. This includes red and amber performance, quality of care and outcomes, financial performance and workforce, matters, such as sickness absence.

56 The Trust recognises that several of its key risks are not wholly within its sphere of control. Management of key risks specifically relating to ambulance response times and related harm relies on close partnership working to identify and implement risk mitigating actions. The Trust discusses its highest scoring risks regularly with external stakeholders. This includes peer networks such as the Directors of Nursing and Chief Operating Officer groups, the All-Wales Chief Executive's forum and with Welsh Government. Despite these discussions, and the Trust's actions to mitigate risks, often the overall level of risk isn't reducing.

57 The Trust has a significant programme of work to further progress its risk transformation programme by April 2024. The Trust is working to develop a new risk management policy along with underpinning staff guidance on the organisation's approach and available support to manage operational risks. Work to improve the consistency of risk management and escalation is underway. This includes delivery of virtual risk training sessions with key groups in the organisation, including the Assistant Directors' Leadership Team and Operational Heads of Service. By April 2024, the Board also intends to develop risk appetite statements.

58 The Trust's Board Assurance Framework (BAF) maps the organisation's corporate risks against the deliverables of its IMTP. The Trust regularly updates its BAF and reports this to the Board and specific risks allocated to each committee. However, the BAF is focussed on the corporate operational risks, and therefore limits the extent that it provides a framework for assurances on achievement of the Trusts strategic objectives. We also observed little Board and committee discussion on

the BAF. The Trust plans to develop the BAF by April 2024 to focus on the risks relating to achieving the Trust's strategic objectives.

Corporate approach to overseeing organisational performance

- 59 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
 - the Board and committees providing effective oversight and scrutiny of organisational performance.
- 60 We found that **whilst the Trust has reasonable performance management and monitoring arrangements, operational performance continues to be extremely challenging.**
- 61 The Trust's Performance and Quality Framework, approved in March 2022, is comprehensive and sets out clear roles and responsibilities for staff. The Quality and Performance Management Steering Group oversees the ongoing development of the framework which includes trialling and reviewing best approaches for effectively incorporating the new requirements placed by the Duty of Quality and Duty of Candour. Despite this, operational performance remains extremely challenged due to increased demand, wider system pressures and the consequential inefficiencies. Together, these challenges are leading to avoidable patient harm.
- 62 The Trust reports its performance in Monthly Integrated Quality and Performance Reports which it provides to every committee and Board meeting. Despite consistent performance issues the Board continues to provide challenge and scrutiny that seek to encourage improvement. The Trust reviewed its approach for performance reporting in May 2023. This led to an improved and more rounded set of performance metrics. The Trust implemented its electronic Patient Clinical Record system during 2022-23. Once embedded, this system should enable the Trust to better link delivery activity to patient outcomes.

Corporate approach to overseeing the quality and safety of services

- 63 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:
- corporate arrangements in place that set out how the organisation will deliver its requirements under the new Health and Social Care (Quality and Engagement) Act (2020);
 - a framework (or similar) in place that supports effective quality governance; and

- the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.

- 64 We found that **the Trust is focussing on service quality, with good committee oversight, however performance for incidents and concerns has deteriorated and additional staff are required to enable the Trust to ensure compliance with the new Duty of Candour.**
- 65 The Board approved its Quality Strategy in 2021, and it is due for review in 2024. Its Quality, Patient Experience and Safety Committee (QuEST) continues to appropriately review key quality information, focussing on the high level of risk of patient harm. This includes increases⁴ in the numbers of incidents, concerns and coroner's requests and regular regulation 28 reports⁵. As of September 2023, the Trust reported a backlog of 200 concerns, due to capacity constraints and increasing number of complaints. The QuEST Committee is applying constructive challenge, support, and it is escalating concerns such as these to the Board.
- 66 The Trust has reviewed its arrangements to deliver new requirements under the Health and Social Care (Quality and Engagement) Act (2020). It undertook a self-assessment against the governance, leadership and accountability domains of the Health and Care Standards 2015. The Trust has identified a £300,000 staffing resource shortfall needed to enable the Trust to fully respond to the requirements of the Duty of Candour. At the time of our fieldwork, the Trust was considering options to fund this resource requirement.

Corporate approach to tracking recommendations

- 67 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.
- 68 We found that **the Trust is strengthening its systems for tracking responses to audit recommendations.**
- 69 The Trust is seeking to improve how it monitors implementation of internal and external audit recommendations. The Trust is working with Digital Health Care Wales to develop an automated tracker system for March 2024. This should reduce the manual work required to keep the tracker up to date. In the meantime, the Trust has developed an interim tracker which provides clear information on actions which it closed during the previous quarter and revised dates for actions,

⁴ During Quarter 2 of 2023-24 the Trust received 285 incidents, 58 concerns, 183 coroner's requests and three regulation 28 reports.

⁵ Regulation 28 Reports are issued by coroners to an individual, organisations, local authorities or government departments and their agencies where they believe that action should be taken to prevent further deaths.

where required. The Trust has also developed an audit guide to explain the role of audit, the mechanism for developing management responses to audit recommendations, and responsibilities for maintaining the audit tracker. These actions have also increased understanding of the purpose of audit work as well as the oversight role of each committee for their respective trackers. Focussed work has enabled the Trust to close and substantially reduce the number of outstanding recommendations on its audit tracker.

Corporate approach to planning

- 70 We considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 71 We found that **the Trust has a good corporate approach to developing strategies and plans, but plans do not include SMART milestones and delivery reports do not provide enough clarity on whether intended outcomes are being achieved.**

Corporate approach to producing strategies and plans

- 72 We considered whether the Trust has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- a clear Board approved vision and long-term strategy in place which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - an appropriate Board approved long-term clinical strategy;
 - appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
 - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 73 We found that **the Trust has a good corporate approach for developing strategies and plans and they receive appropriate Board scrutiny.**
- 74 The Trust continues to pursue the ambitions and vision outlined in its long-term strategic framework (the Framework) titled 'Delivering Excellence, Our Vision for 2030' and the supporting Clinical Strategy 2020-2025. These strategic documents explain the Trust's vision of altering its traditional service model and how it will manage demand differently. This includes increasing telephone consultations and expanding the provision of treatment in the community with the aim of reducing the levels of ambulance conveyance to hospital.
- 75 During 2023, the Trust has reflected on the Framework, and in a board development session, the board reviewed and re-confirmed its continued

commitment to the strategic objectives. The Trust will soon become a listed organisation under the Wellbeing of Future Generations (Wales) Act 2015 and will then also need to set well-being objectives in accordance with the sustainable development principle.

- 76 The Trust's Integrated Medium-Term Plan (IMTP) 2023-26 met Welsh Government requirements and secured Ministerial approval. The Trust demonstrated a good approach for internal and external engagement to support IMTP development. This included Trust senior leaders, the Chief Ambulance Services Commissioner and Health Board partners to ensure the plan was well informed and aligned to the broader health system. There were also increased levels of engagement with the Trust's staff (see **Appendix 2, Recommendation 3**). The Finance and Performance Committee and the Board had appropriate opportunities to review the draft IMTP before formally scrutinising the Plan in the March 2023 Board meeting. The Emergency Ambulance Services Committee also discussed and noted the IMTP in March 2023.
- 77 In terms of wider planning arrangements, the Board approved the delayed People and Culture Plan in May 2023. To inform its development of the People and Culture Plan, the Trust effectively engaged with staff, trade union representatives, non-executive directors, and other stakeholders, including peer Workforce and Organisational Development Directors, and other UK ambulance services. In addition, the Board approved the Delivery Plan to accompany the Trust's refreshed Engagement Framework in February 2023. This sets out the way in which the Trust will continue to inform, communicate, engage with and influence key partners (see **Appendix 2, Recommendation 4**). We note that neither the most recent IMTP nor the People and Culture Plan are yet published on the Trust's public website (**Recommendation 2**).

Corporate approach to overseeing the delivery of strategies and plans

- 78 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART⁶ milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.

⁶ Specific, measurable, achievable, relevant, and time-bound

- 79 We found that **plans do not contain SMART actions and progress reports on their delivery do not provide enough clarity on whether intended outcomes are being achieved.**
- 80 The Trust's Long-Term Strategic Framework is now nearly five years old. Whilst the Board reviewed and confirmed the ongoing relevance of the objectives set out in the Framework in 2022, it is now seeking to evaluate the delivery progress to date and plans to report this early in 2024. In addition, while no significant issues were highlighted in relation to the Trust's IMTP 2023-26 development process for this year, the Board intends to ensure the IMTP 2024-27 has increased clarity on what the Trust is seeking to deliver in years two and three.
- 81 The IMTP 2023-26 contains five delivery programmes including Emergency Medical Service operations and four enabling programmes, including financial sustainability workstreams. The IMTP 2023-26 sets out what the Trust hopes to deliver. However, the actions in the IMTP 2023-26 are not all SMART, many actions do not contain specific measurable outcomes and it is unclear which year each action is due for delivery (**Recommendation 3**). However, Delivery Assurance Reports that set out IMTP delivery progress to the Finance and Performance Committee include delivery milestones for each action. The delivery milestones should be explicit within the IMTP to aid readers in their understanding of when IMTP actions are intended to be completed.
- 82 Directorates generally manage their respective corporate enabling programmes. However, strategic delivery programmes are co-ordinated and monitored by transformation boards that feed into the Strategic Transformation Board. The Strategic Transformation Board receives quarterly written assurance reports for each delivery programme, including progress against agreed delivery milestones. However, we note that the Strategic Transformation Board does not routinely consider performance, which should be a key tool to understand whether the delivery programmes are achieving the intended impact, or whether a different course of action may be necessary.
- 83 The Finance and Performance Committee and Board receive quarterly IMTP progress updates. It is positive to note that the delivery reports now contain richer information than previous reports which reported only whether actions were on track or not. In particular, the Finance and Performance Committee now receives a significant amount of detail showing the progress of each delivery programme. However, we note that reports continue to focus primarily on the status of actions, rather than the outcome achieved (**Recommendation 4**).

Corporate approach to managing financial resources

- 84 We considered whether the Trust has a sound corporate approach to managing its financial resources.
- 85 We found that **the Trust demonstrates strong financial performance and a good approach to planning with appropriate Board and committee oversight. However, the reliance on non-recurrent savings schemes, operational inefficiencies caused by handover delays and lack of available additional funding may limit the ability to support the Trust's service modernisation plans.**

Financial objectives

- 86 We considered whether the Trust has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of:
- the organisation meeting its financial objectives and duties for 2022-23, and the rolling three-year period of 2020-21 to 2022-23; and
 - the organisation being on course to meet its objectives and duties in 2023-24.
- 87 We found that **the Trust has continued its good financial track-record and is currently on course to meet its objectives and duties for 2023-24.**
- 88 The Trust continued to maintain a good record of meeting its financial duties in 2022-23, recording a small surplus of £62,000, and achieving breakeven over the rolling three-year period 2020-23. The Trust spent its capital expenditure in line with the plans and public sector payment policy was on track.
- 89 As of month seven (October), 2023-24, the Trust is reporting a small surplus of £108,000 and forecasting a year-end breakeven position. However, capital expenditure plans are not yet finalised. The Trust is also facing greater financial challenges than in previous years. The Trust has been awaiting confirmation of recurrent funding for the additional frontline staff recruited during 2022 which were required to manage winter pressures. The Trust received £3 million to cover the additional staff pay costs in 2022-23 but has been unclear as to whether Welsh Government or Commissioners would provide the recurrent full-year costs, amounting to £5.7 million in 2023-24. The Trust has been in frequent contact with Welsh Government and, as of month seven, Welsh Government confirmed £3.5m of funding for 2023-24. The Trust is forecasting meeting the remaining funding gap through over-delivery of savings schemes and use of a contingency reserve.

Corporate approach to financial planning

- 90 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
 - effective financial arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives;
 - the Board appropriately scrutinising financial plans prior to their approval;
 - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
 - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 91 We found that **the Trust has a robust corporate approach to financial planning, however, the reliance on non-recurrent savings schemes may create significant financial challenges in future years and costly operational inefficiencies caused ambulance handover delays may limit the ability to transform services.**
- 92 The Board and Finance and Performance Committee scrutinised the Trust's financial plan as part of its IMTP 2023-26 in March 2023. The financial plan appropriately identifies the current financial challenges and risks, including the lack of clarity for funding additional frontline staff (see **paragraph 89**) and inflationary pressures. The Trust is aware of its cost drivers, which again for 2023-24 included the significant inflationary costs for power and fuel, digital licenses and non-recurrent savings brought forward from 2022-23. Against this context, the financial plan reasonably sets out areas that the Trust is prioritising for funding, and the Trust sought to agree all changes with commissioners.
- 93 At the time of approving the financial plan for 2023-24, the Trust had a £6 million funding gap. The Trust identified £3.5 million of savings by March 2023, with the Board proceeding at risk until month four, when the remaining saving schemes were fully identified and formed. As of month seven (October), 2023-24 the Trust has achieved savings of £4.3 million against its year-to-date target of £3.7 million.
- 94 Currently, the Trust does not explicitly specify whether its savings schemes are recurrent or non-recurrent. Going forward, financial plans should focus on financially sustainable service models to reduce reliance on short term 'cost control' fixes (**Recommendation 5**). We have previously highlighted risks around the Trust's reliance on vacancy management to achieve savings. It has increased its non-operational staff vacancy savings target from £907,000 in 2022-23 to £2.6 million in 2023-24. As of month seven, the Trust was overachieving against the savings plan by £45,000 having achieved £228,000. In addition, the Trust is also seeking to control the level of staff overtime allocation. These are short-term

solutions that may create further pressures or prompt additional agency spending to compensate for unplanned resource gaps over the winter.

- 95 In addition, in our 2022 Structured Assessment we described how handover delays amounted to inefficiencies costing £50 million in 2021-22, and handover delays remain unacceptably high in 2023. Operational pressures and associated inefficiency mean that the Trust is limited in its ability to transform and modernise its workforce according to the Trust's longer-term ambitions.

Corporate approach to financial management

- 96 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
 - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud; and
 - the organisation's financial statements for 2022-23 were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 97 We found that **the Trust has sound arrangements in place to oversee and scrutinise financial management.**
- 98 The Trust's financial systems and controls continue to operate effectively. As mentioned in **paragraph 31**, the Audit Committee and the Board reviewed the Standing Financial Instructions in May and September 2023. The Trust's Audit Committee appropriately oversees and scrutinises information on losses and special payments in its public session, and counter-fraud activity, procurement controls and single tender actions in the private session of each meeting. The programme of Internal Audit work during the previous year (to the time of reporting) has not identified any significant concerns relating to financial or budgetary control. No significant financial control issues have been reported to the Audit Committee this year.
- 99 The Trust submitted good quality draft financial statements for 2022-23 for audit within the required Welsh Government timeframe. Our audit identified no material or uncorrected misstatements. Following Board approval of the accounts, we issued an unqualified audit opinion on 25 July 2023.

Board oversight of financial performance

- 100 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of:
- the Board receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
 - the Board appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 101 We found that **the Trust provides timely and accurate reports on financial performance to committee and Board, however reporting could be clearer to strengthen assurance and scrutiny.**
- 102 There is regular oversight of financial spending and saving performance at both executive and Board level. The Trust regularly submits finance reports to the Strategic Transformation Board, the Executive Leadership Team, and the Finance and Performance Committee.
- 103 In September 2023 the Trust reflected on the increasing public sector financial challenges and their impact on NHS Wales. As a result, the Trust expanded its financial sustainability programme reporting to the Finance and Performance Committee. Our Board and committee observations shows that Board members understand the current financial situation and provide appropriate scrutiny as well as supporting improvements where possible.
- 104 Financial reports during 2023 have included a mix of PowerPoint presentations containing the most up-to-date position to the Finance and Performance Committee, followed by a written report to the following Board meeting. Whilst both the PowerPoint presentations and the subsequent written reports highlight the most current financial situation and associated risks, the written reports presented to Board provide greater detail and clarity. As highlighted in **paragraph 26**, due to timing, finance presentations are not consistently shared ahead of Finance and Performance Committee meetings, which means members cannot prepare in advance. While this approach is understandable, the Trust should remain mindful that verbal presentations provide the necessary clarity and detail to support the presentations to enable members to understand and scrutinize key issues. In addition, as discussed in **paragraph 93** the Trust does not currently make clear within finance reports which of its savings are recurrent or non-recurrent.

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	<p>We observed Board meetings as well as meetings of the following committees:</p> <ul style="list-style-type: none">• Audit Committee;• Finance and Performance Committee;• Quality, Experience and Patient Safety Committee;• People and Culture Committee; and• Academic Partnerships Committee.
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;• key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;• key organisational strategies and plans, including the IMTP;• key risk management documents, including the Board Assurance Framework and Corporate Risk Register;• key reports relating to organisational performance and finances;• Annual Report, including the Annual Governance Statement;

Element of audit approach	Description
	<ul style="list-style-type: none"> • relevant policies and procedures; and • reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none"> • Chief Executive Officer; • Chair; • Board Secretary; • Chair of Audit Committee; • Chair of Academic Partnerships Committee; • Executive Director of Strategy, Planning and Performance; • Executive Director of Finance & Corporate Resources; and • Director of Partnerships and Engagement.

Appendix 2

Progress made on previous-year recommendations

Exhibit 3 below sets out the progress made by the Trust in implementing recommendations from previous structured assessment reports.

Recommendations from 2022	Description of progress
<p>Administrative governance</p> <p>R1 We have identified opportunities for the Trust to further increase transparency by strengthening administrative governance by:</p> <ul style="list-style-type: none">a) Ensuring the timely publication of committee papers in advance of meetings and minutes following the end of meetings to the Trust website;b) Enhancing the recording of chair's actions and decisions taken in private session, for example by identifying the costs and delivery risks relating to decisions made;c) Providing the declarations of interest, gifts, and hospitality as a specific document available to be publicly viewed; andd) Reconsidering receiving all counter fraud information within the private session of the audit committee.	<ul style="list-style-type: none">a) Superseded by R1b 2023. While there has been increase in the number of papers published in advance of meetings, the Trust continues to only publish meeting minutes once they have the committee has approved at the following meeting, which is two to three months later.b) Complete. There has been a clear reduction in the use of Chair's Actions during 2023, as well as improvements to the way these are reported to the Board. Reporting of Chair's Actions provide sufficient detail including assurance that the Trust appropriately followed governance and process requirements.c) Complete. The Trust's register of declarations of interest and register of gifts, hospitality and sponsorships are accessible via the Trust website.d) Complete. The Trust has considered reporting its counter fraud activity within the public session of the audit committee, however, has decided not to.

Recommendations from 2022	Description of progress
<p>Patient experience reporting</p> <p>R2 Improve quarterly patient experience reporting to QuEST by ensuring a balance of both positive and negative feedback and providing information on what is being done to address the negative themes arising in the report.</p>	<p>In progress. While the Trust does report negative feedback received within its patient experience reports, there is little narrative on actions in place or planned to address any issues identified. While generally negative feedback requires actions by other organisations, in areas within the Trust's control, such as ensuring timely translation services, we would expect to see further narrative on the actions the Trust will take to improve.</p>
<p>Staff involvement in the development of future key plans</p> <p>R3 The Trust should take steps to ensure its key strategic plans, including the IMTP, are developed with, and informed by its staff.</p>	<p>Complete. The process for developing the IMTP 2023-26 involved more staff engagement than in 2022-25. The Trust recognises that this should be an ongoing feature of IMTP planning.</p>
<p>Develop engagement delivery plans</p> <p>R4 While the Trust has recently refreshed its high-level engagement framework, it should seek to urgently publish and progress detailed plans to support it in providing external in relation to unscheduled care system pressures.</p>	<p>Complete. The Board approved the Engagement Framework phased delivery plan at the January 2023 meeting.</p>
<p>Ensure evaluation of effective staff wellbeing services</p> <p>R5 While the Trust has introduced a programme of services to support staff wellbeing, it is not currently undertaking sufficient evaluation and review to ensure these are meeting the needs of staff. The Trust should introduce a regular process to evaluate its staff wellbeing services, such as via pulse surveys or participant questionnaires. This evaluation should inform long-term investment decisions for such services.</p>	<p>Complete. The Trust worked with Swansea University to conduct a wellbeing survey and a report of the survey results was shared with the Trust's Executive Leadership Team in February 2023. The report contained insight into the wellbeing services offered by the Trust as well as suggested areas for further focus.</p>

Appendix 3

Organisational response to audit recommendations

Exhibit 4: Trust response to our audit recommendations

Ref	Recommendations	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	<p>Transparency of Board and committee business</p> <p>Opportunities exist to further enhance the transparency of Board and Committee business. The Trust should:</p> <p>a) provide a written Chair's Report to each Board meeting. (Medium Priority)</p> <p>b) review and publish unconfirmed</p>	<p>(a) Agreed. A written Chair's Report will be provided to each Board meeting effective the January 2024 Board meeting</p> <p>(b) Agreed that minutes should be drafted and approved by the Chair and Executive Lead within 14 days. However, these are not final until approved by the Board/Committee. To facilitate transparent and timely communication, it is proposed that the AAA report from the Committee Chair to the Board is published within 14 days of the meeting. These AAA reports provide a summary of the meeting and gives the attendance and agenda items also.</p>	<p>To commence in January 2024 and ongoing thereafter</p> <p>To commence in January 2024 and ongoing thereafter</p>	<p>Trish Mills, Board Secretary</p> <p>Trish Mills, Board Secretary</p>

Ref	Recommendations	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	minutes of committee and Board meetings within 14 days of the meeting. (Medium Priority)			
R2	Public access to key strategies and plans Publish key plans on the Trust website, including the most recent IMTP and the People and Culture Plan. (High Priority)	Agreed – these are both now on the website	Completed	Trish Mills, Board Secretary
R3	Clarity of IMTP objectives/actions We found that the Trust's IMTP does not include SMART actions, many do not include a specific measurable outcome and it is also unclear in the IMTP which year each action is due for	The IMTP is a three year plan. Assurance on delivery of the plan in year is to the Finance and Performance Committee and the Board via the Strategic Transformation Board. These in year actions will be SMART and wherever possible specify measurable outcomes and delivery milestones.	May 2024 reporting to Finance and Performance Committee	Rachel Marsh, Executive Director of Strategy, Planning and Performance

Ref	Recommendations	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	delivery. However, delivery milestones are set out elsewhere. The Trust should ensure all actions set out in future IMTPs are SMART by specifying measurable outcomes and delivery milestones. (High Priority)			
R4	Oversight of IMTP delivery Whilst there have been recent improvements to the reporting of IMTP progress to Committee and Board, there is scope to provide better clarity on whether the actions delivered have achieved the intended impact. The Trust should ensure all plan delivery progress reports include information about the	Agreed. Consideration will be given as to how this can best be achieved, and this will be taken forward into the 2024/25 reporting processes.	June 2024	Rachel Marsh, Executive Director of Strategy, Planning and Performance

Ref	Recommendations	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	impact achieved. (High priority)			
R5	Oversight of Savings plans The Trust does not clearly specify in its finance plans and reports whether savings schemes are recurrent or non-recurrent. To strengthen oversight of savings, the Trust specify whether schemes are recurrent or non-recurrent in its financial plans and reports. (High Priority)	<p>Agreed</p> <p>Whist not always specifically called out in the main report, the Trust is required to provide a monthly financial return to WG that details recurrent schemes. The latest return is provided as an appendix to every financial report. Consideration will be given to more explicitly calling some of this out in the main body of the report.</p> <p>Recognising the current and future climate for the public sector and the NHS specifically, the organisation has instigated a strategy of pursuing a Financial Sustainability Program to identify increases in recurrent savings schemes via two separate working group lenses of Achieving Efficiency and Income Generation in mitigation.</p> <p>This should also allow for greater clarity of the split between recurring and non-recurring savings within future financial plans. It is inevitable however that an element of any in year delivery of financial balance will include an element of non-</p>	March 2024	Chris Turley, Executive Director of Finance & Corporate Resources

Ref	Recommendations	Organisational response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		recurrency, whether that be spend or savings.		



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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

Integrated Medium-Term Plan (IMTP) 2023 – 2026 Q3/Q4 Delivery & Assurance

MEETING	Trust Board
DATE	25 January 2024
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Deborah Kingsbury – Senior Planning & Performance Business Partner Gareth Taylor – Senior Project Manager
CONTACT	alex.crawford@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to provide the Board with an update on the progress and delivery of actions in the IMTP 2023-26.

Progress was also reported at Finance & Performance Committee on the 15th January against the Ministerial Priorities for the 2023-26 IMTP, and the Committee accepted the delivery report against each accountability condition.

The paper sets out (by exception) the overall RAG rating reported against Programme at F&P on the 15th January 2024, and at Strategic Transformation Board on the 15th January 2024.

Overall, good progress has been made in many areas. A number of actions have been paused deliberately as part of ongoing prioritisation of actions or where external factors have inhibited progress. It was noted at F&P Committee that a review will need to be undertaken of reporting against IMTP in the next financial year, with the structured assessment recommending that a closer link is made between actions and outcomes.

RECOMMENDED: That Trust Board:

- 1. Notes the overall delivery of the IMTP detailed in this paper.**
- 2. Notes the scrutiny of progress against Ministerial Priorities provided by Finance & Performance Committee.**

KEY ISSUES/IMPLICATIONS
None.
IMTP Delivery Programmes
EMS Operations Programme
<p>Overall RAG Status: AMBER</p> <p>Key Progress: This programme has largely overseen the delivery of the actions from the previous EMS Demand and Capacity review. It has included the recruitment of additional front-line staff, re-rostering, implementation of the new CHARU service and actions within the EMS Coordination service arising from the review. Overall progress is on track, or facing minor issues. The only area which is rated Red is the actions relating to the 'rightsizing' of EMS Response, which relates to the need to introduce a small relief gap as a result of the full roll out of CHARU and a small increase in the number of APPs. This post-roster change relief gap still needs to be finally agreed between WAST CEO and Chief Ambulance Services Commissioner in terms of how it impacts on numbers and unit hours production.</p>
Ambulance Care Programme
<p>Overall RAG Status: AMBER</p> <p>Key Progress: Overall significant progress is being made in the programme however some areas are paused or delayed due to funding to progress. Plans and mitigations have been discussed at the Programme Board and STB and assurance provided. The only Red deliverable relates to the revision and implementation of the new eligibility criteria for the NEPTS service which is subject to further dialogue with Commissioners, Llais and WG. It is planned that, following these further discussions, the new arrangements will go live by the end of March 2024. Internal measures to manage demand and capacity have been taken through CQGG, EMT and QuEST.</p>
Gateway to Care Programme
<p>Overall RAG Status: GREEN/AMBER</p> <p>Key Progress: The Gateway to Care Programme oversees all deliverables relating to 111 and CSD. It is currently reporting as Green/Amber, while the SALUS programme remains a risk.</p> <p>As a result of the decision to not proceed with the SALUS implementation, which has been recorded as a Red deliverable for some time, work has progressed at pace to develop and agree the preferred way forward for a CAS replacement. Ministerial approval and funding have been secured and the timescales for delivery will now be re-set.</p>

The Consult & Close action within CSD is also reported as **Red** owing to the risk to achieving the 17% target. Discussions took place at STB to identify further actions that might be possible to enable delivery.

Clinical Transformation Programme

Overall RAG Status: GREEN

Key Progress:

The Clinical Transformation Programme encompasses Advanced practice development, mental health and dementia, older people and falls, clinical information and Connected Support Cymru. Progress is overall reported as Green.

The workstream relating to Independent Prescribing workstream remains **Red**, as this is dependent on the additional capacity required for APP clinical supervision which has been flagged as a risk. The Clinical Supervision Policy is due to be presented at QUEST in February 2024, with a workplan in place to implement in Q4.

Also reported was the funding for a mental health response vehicle pilot approved for AB. There has been some delay in go live due to competing pressures on ABUHB mental health practitioners. Joint work is underway with AB to support with an aim to go live during January, with potential to revert to **Red** if support is not identified.

Financial Sustainability Programme - Income Generation

Overall RAG Status: GREEN/AMBER

Overall Position Against Savings Target: GREEN (Exceeding Financial Forecast)

Key Progress

Overall progress is noted as Green/Amber, while work is ongoing to undertake a viable market analysis on commercialisation.

Financial Sustainability Programme – Achieving Efficiency

Overall RAG Status: GREEN/AMBER

Overall Position Against Savings Target: GREEN (Exceeding Financial Forecast)

Key Progress

Overall progress is noted as Green/Amber, while work is ongoing to identify, scope, and deliver savings and efficiencies across the Trust.

The Services Review is in Phase 1 of data collection and analysis, with collection due to be completed by the 20th December, and analysis to commence on the 11th January. The timeframe for completion currently sits at April 30th 2024 following a decision by ELT to pursue an Advanced Review with a longer associated timeframe for completion.

IMTP Enabling Programmes (by exception only)

People & Culture

The People & Culture portfolio is monitored through a local Directorate Plan, with actions aligned to IMTP Objectives. The Directorate Plan has been reviewed and updates provided by exception:

CULTURE

Develop and articulate our target culture: GREEN/AMBER

On track overall, however there is an **Amber** status against rollout of EQIA training due to limited training capacity. Online video tutorials and Share Point information have been created as an interim solution. The EQIA form is being trialled.

Refresh TU partnership working arrangements: GREEN/AMBER

This work is on track overall, and an ACAS action plan has now been developed and agreed in partnership with TUPs. Implementation of the plan is underway, but timelines have been updated in the context of IA last financial year.

CAPACITY

Develop our employee offer: GREEN/AMBER

Delivery against our commitment to address the 3 biggest issues facing staff (flexible working, shift overruns, and digital experience) continue to progress.

1. **Shift Overruns – AMBER**
2. **Flexible Working Policy – GREEN**
3. **Digital Experience – GREEN**

CAPABILITY

Promote personal responsibility: GREEN/AMBER

On track overall, however there is a **Red** status against increasing Apprenticeship provision, due to inability to draw down previously secured funding (income), the financial implications of which have been highlighted. These financial implications have been partially mitigated by residual funding.

Digital

The Digital portfolio is monitored through a local Directorate Plan, with actions aligned to IMTP Objectives. The Directorate Plan has been reviewed and updates provided by exception:

National Data Resource Programme Support: GREEN/AMBER

Upgrade 999 Telephony Platform: AMBER

Digital Experience of Staff: GREEN /AMBER

Operations Communication Programme: GREEN

Fundamentals

These portfolios are monitored through local Directorate Plans, with actions aligned to IMTP Objectives. Directorate Plans have been reviewed and updates provided by exception:

Risk Management: GREEN

Welsh Language Policy: GREEN/AMBER

Quality Management System Implementation: AMBER

REPORT APPROVAL ROUTE

Executive Leadership Team - 03/01/2024

Finance and Performance Committee - 15/01/2024

REPORT APPENDICES

None

REPORT CHECKLIST

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



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

AGENDA ITEM No	12.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

Integrated Medium-Term Plan (IMTP) 2024 – 2027

Progress in developing the plan

MEETING	Trust Board
DATE	25 January 2024
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance Chris Turley – Executive Director of Finance and Corporate Resources
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation
CONTACT	Alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this paper is to provide Trust Board with an update on the progress and actions required to develop the next iteration of WAST's Integrated Medium Term Plan for 2024-27.

RECOMMENDED: That the Board:

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

KEY ISSUES/IMPLICATIONS

2. It is a legal requirement that NHS Health Boards and Trusts in Wales must submit to Welsh Government an IMTP covering three years, refreshed annually. However, importantly for WAST it is also the way in which we set out the priorities over the next three years for achieving our long term strategic objectives and deliver the transformation that needs to happen to improve our services, but closely aligned to the commissioning intentions for EMS, NEPTS and 111.

3. WAST's IMTP planning cycle runs from June 2023 to March 2024. Planning happens alongside delivery, making the plan dynamic and a live document. The key to good planning is not in the final written plan but in the processes, conversations and engagement that go into developing the plan.
4. Welsh Government has issued its Planning Guidance in letters from the Minister to Chairs and followed by more detail from the Director General to Health Board and Trust Chief Executives on 18th December 2023. Furthermore, following the 2024/25 draft budget for Welsh Government released on 19th December 2023, Health Boards have received their allocation letters for the 2024/25 financial year on 21st December 2023. Whilst this does not directly confirm funding for WAST, it does provide insight as to the level of funding our commissioners will receive and some assumptions can be made over the impact on the Trust, including the assumption from the CASC, as reported at EASC Management Group on 14th December 2023, that any uplift in Health Board allocations will be passed on in full to EASC.
5. Planning is going well, with lots of work being undertaken in the 'gathering intelligence' and 'engagement' workstreams which will lead to discussions over the coming months on our key priorities, and the scope and pace of change that is possible in an ever changing context in which the NHS is working. The final plan will need to be submitted to Welsh Government by the 29th March 2024.

REPORT APPROVAL ROUTE

Finance and Performance Committee 15th January 2024

REPORT APPENDICES

Appendix 1 – SBAR

Appendix 2 – Summary of the NHS Wales Planning Framework 2024-27

REPORT CHECKLIST

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

Approach to Developing the 2024-27 WAST IMTP

Situation

1. The purpose of this paper is to provide Board with an update on the progress and actions required to develop the next iteration of WAST's Integrated Medium Term Plan for 2024-27.

Background

2. It is a legal requirement that NHS Health Boards and Trusts in Wales must submit to Welsh Government an IMTP covering three years, refreshed annually. However, importantly for WAST it is also the way in which we set out the priorities over the next three years for achieving our long term strategic objectives and deliver the transformation that needs to happen to improve our services, but closely aligned to the commissioning intentions for EMS, NEPTS and 111.
3. WAST currently has an approved IMTP for 2023-26.
4. WAST is expected by WG to deliver its commitments in its IMTP, particularly ministerial templates and the focus for the next planning round will need to consider a more robust approach to these templates, as these are the means by which the minister seeks assurance against her priorities.
5. WAST's IMTP planning cycle runs from June 2023 to March 2024. WG Planning Guidance for the next round of plans requires that an accountable office letter will need to be submitted to the Director General by 16th February 2024 if the organisation is unable to produce a financially balanced IMTP. The plan itself then needs to be submitted by 29th March 2024, following Trust Board approval on 25th March 2024.
6. In November the Board was assured that the planning process would take a more holistic approach this year building the plan from floor to board in line with our Quality and Performance Management Framework organisational requirements. Planning has also taken account of the challenge from the Board to really focus in on what the organisation will look like in 1 – 3 years time, in line with the further development of our Trust long term strategy and the articulation of the ambitions set out in the strategy.
7. As an integrated plan, the planning approach needs to take account of the workforce, fleet, estate, digital and financial resources required to deliver the IMTP. At the same time it takes account of the system wide developments which impact on WAST's ability to deliver services to the quality, the influence WAST can have on the system and performance standards we hope to achieve through our own plan.
8. Our IMTP is developed at the same time as Commissioner plans and commissioning intentions, as well as key priorities for the Minister. Welsh Government will continue to scrutinise the extent to which the assumptions that underpin our planning (activity, income

etc.) align with those of Commissioners, key partners and the Ministerial priorities for NHS Wales.

9. WG Planning Guidance was issued by the Minister in letters to NHS Chairs and further supported by a letter from the Director General to Chief Executives on 18th December 2023. The requirement is to submit clear narrative plans set over three years, showing clear progression over those three years, together with templates setting out how organisations are delivering against the minister's key priorities for the NHS and aligned to a Minimum Dataset (activity and performance trajectories, workforce plans and financial plan).
10. Whilst the Planning Guidance is heavily weighted towards issues that affect Health Boards, some of the key issues set out by the Minister and Director General in the guidance is as follows (and summarised by the Assistant Directors of Planning network in Appendix 2):

10.1 Value and Sustainability

The Minister has been clear within the Value & Sustainability agenda her expectation that for 2024-25 there must be a consistent and significant impact in the following areas on both a local and national basis:

- Continued progress in reducing the reliance on high-cost agency staff.
- Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
- Maximising opportunities for regional working.
- Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster.
- Reducing unwarranted variation and low value interventions.
- Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base.

Whilst this will inevitably present challenges for the Trust, it also presents opportunities, particularly in the resource focus around primary and community care and WAST's strategic offers to the system. A key area of challenge will be digital enablers and our ability to deliver transformation in this space due to both financial and workforce constraints.

10.2 Ministerial Priorities

The Minister expects plans that demonstrate clear milestones, actions, risks and outcomes set out in a set of consistent templates issued to all NHS organisations across the following areas:

- Enhancing care in the community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
- Planned Care and Cancer, with a focus on reducing the longest waits.
- Mental Health, including Child and Adolescent Mental Health Services (CAMHS), with a focus on delivery of the national programme.

WAST plays a role in all of these areas, including planned care and cancer through its NEPTS service in particular and a workshop on 11th January spent some of its agenda looking at how we ensure we have clear milestones in place in 2024/25 to address these priorities.

10.3 Further developments and enabler in the NHS in 2024

There are a range of national developments that will impact across the NHS in 2024 that should be taken into account when developing the IMTP:

- A Healthier Wales Accountability Review.
- The new NHS Wales Joint Commissioning Committee.
- The continued work of Value and Sustainability Board.
- Phase two of the NHS Executive

Furthermore new legislation will be coming into force and/or requires strengthening:

- Social Partnership and Public Procurement (Wales) Act 2023 – complements the Wellbeing of Future Generations (Wales) Act 2015 and will require NHS bodies to refresh their wellbeing goals in light of the new requirements – as a potential named body under the WBFGA, WAST will need to be clear on its wellbeing goals.
- The Health Service Procurement (Wales) Bill is intended to gain royal assent in December 2023 and for associated regulations and statutory guidance to be laid in summer 2024. This legislation will give organisations such as the NHS and local authorities the ability to implement more flexible procurement practices when sourcing services provided as part of the health service in Wales.
- Strengthening our compliance with the Duties of Quality and Candour, ensuring our plans set out how we will deliver improvement in the safety and quality of services.

11. The aims for achieving a Board Approved Plan in readiness for 2024-2027 are as follows:

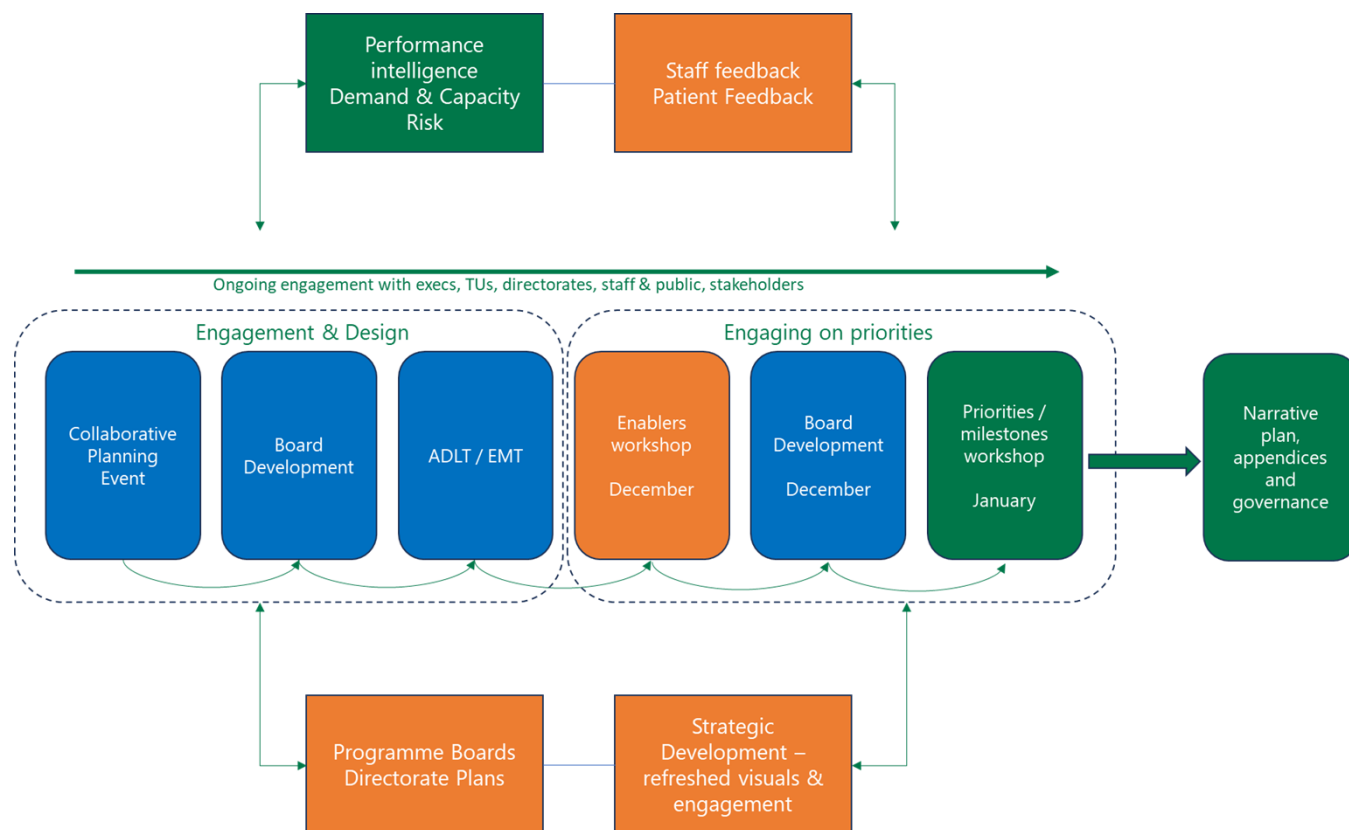
- Refresh of the current 3-year IMTP with a focus on how we are working towards our strategy, whilst also maintaining control of our spend in the challenging financial environment;
- To be clearer about our milestones across the whole period in years 1,2 and 3 – this is the direction set by the Board and WG;
- Ensure the IMTP meets the needs of patients, colleagues and the wider public and our people;
- That it showcases our commitment to delivering our statutory obligations and commissioning intent.

12. The approach to developing the IMTP this year as with previous years is through phases, or workstreams. The key workstreams are as follows:

- **Engagement** – with our people, public and patients, trade unions, commissioners and key partners;

- **Gathering intelligence** – through our performance data, NHS Wales data and information, risks, understanding the strategic and socio-economic context we are working in
- **Developing and agreeing priorities**, using a business case approval process as required
- **Integrated technical planning**, which considers fleet, estate, digital, workforce and financial consequences of our IMTP
- **Writing the plan**
- **Governance, assurance and approval**

The high level approach can be seen in the following diagram.



Assessment

13. The following paragraphs set out the process and progress to date in developing the next iteration of the WAST IMTP, by workstream.

Engagement

14. Since the last update to the Board we have collated the feedback from our collaborative planning event and Board development sessions where we undertook PESTLE (political, economic, social, technical, legal, environmental) analysis and from staff gathered particularly through the CEO Roadshows, but also through our Transforming Care surveys.

15. As well as some of the well understood issues such as population health and demographic change, system pressures, and policy direction in Wales the PESTLE analyses led us to understand that we have both challenges and opportunities in respect of technological

advances, but with the risk that we may not have the resources to embrace the opportunities, as well as a growing concern around the ability to prevent climate change and what we now need to do to adapt through planning to the changing environment around us.

16. Some of the key feedback from **our people** that we need to take account in the IMTP includes:

- Financial strain and cost of living impacting on them
- System pressures and demand and how it is taking its toll on staff
- Digital transformation – both the pace of change needed but also continued concerns about digital literacy and experience
- Staff well-being and mental health continues to be a key theme and accounts for just under 3% of staff being absent from work
- Public expectations and communication with the public about our services
- Climate change and sustainability became a new theme and the concern over the changing environment was a key issue in many discussions
- Career progression and training opportunities
- Collaboration and whole-system approach
- Media impact and public perception of WAST services

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

- a. We have a lot of data and information from patient engagement QUEST reports, as well as data from Putting Things Right, serious incident reporting and National Reportable Incidents. We will use this to inform the IMTP as we have done in previous years;
- b. Patient Stories also give us valuable and personalised information to help us develop our priorities;
- c. We are awaiting feedback from the first phase of the Bevan Commission Big Conversation, which asked the public for feedback about the future of the NHS in Wales;
- d. Continuous PEI engagement will give us some data and information on what is important to the public, albeit limited in terms of numbers; and
- e. We are awaiting any feedback from targeted engagement.

18. We are still analysing the feedback from staff on our transformation journey. Whilst the response rate was not high there are some valuable messages that we will follow up on. However it is clear that our people who did respond understand the key drivers for change, including a strong message that we have no choice but to do things differently to address the challenges we face.

19. The transformation communication campaign is just the beginning of what will be a continuous engagement approach that will use a range of different approaches including methods such as video messaging, staff briefings, podcasts and further opportunities for colleagues to get involved and share feedback and ideas. This will be a key component of

the IMTP deliverables in 2024-27 around our strategic ambitions and transformation journey.

20. We continue to engage with our **Commissioners** through the usual 111 and EASC commissioning meetings. We have now received 111 and EMS commissioning intentions. NEPTS commissioning intentions will be developed later in this planning cycle as there is a need for our Commissioners to work with WAST on the future vision for Ambulance Care.
21. We will continue to have regular touch point meetings with the NCCU, as well as collaborative discussions with HEIW and DHCW on areas such as workforce planning and digital, to complement the plans set out by commissioners in their commissioning intentions. We also continue to engage directly with Health Boards through ICAP meetings and through the Directors of Planning and Assistant Directors of Planning networks.
22. As well as direct engagement with staff we maintain open engagement on the IMTP through WASPT and its Corporate Partnership Forum sub-group. **Trade Unions** (TUs) are also part of Board Development sessions and the building up of the plan through our programmes.
23. We maintain engagement with **partners** across the health and care system and information flows through a framework approach into Integrated Strategic Planning group (ISPG) and STB. This includes our joint engagement sessions with Digital Health & Care Wales (DHCW) and Health Education and Improvement (HEIW). We are now also represented on all Regional Partnership Boards.

Gathering Intelligence

24. We are currently compiling the data pack which will be a 'compendium' of key challenges and opportunities as an Appendix to the IMTP and this will inform draft one of the plan which will be developed by the end of January 2024.

Developing and agreeing priorities

25. The Planning Team has undertaken a gap analysis against the feedback received through planning workshops, roadshows, PESTLE analyses and commissioning intentions to ensure that our emerging priorities have not missed anything. However, it is important to note that we have to be realistic about the scale and pace of our ambition in the current financial context and within the resources available to WAST. Thus it is important to prioritise our work along the full three years of the plan.
26. In order to write the first draft and undertake prioritisation, we now have intelligence from our key programmes and directorates about their view of priorities for 2024 and beyond. We have also undertaken internal workshops to consider the future shape of our service offer in the next 1, 3 and 7 years, a visioning workshop for Ambulance Care services in preparation for a joint workshop with commissioners around NEPTS in the new year, and we have undertaken a horizon scanning session for 111 on 12th January 2024. The IMTP will bring together these pieces of work into an integrated view of what we need to do to

achieve progress against our strategy, in line with commissioning intentions and system wide programmes over the next 3 years.

Integrated Technical Planning

27. The Integrated Technical Planning Group which reports into ISPG (which is responsible for overseeing IMTP development) meets regularly throughout the year and will provide the technical planning which considers our priorities in the context of fleet, estates and digital requirements. It also informs our workforce and financial planning (both revenue and capital). The agenda for the meetings has now been extended to ensure we have clear focus on the IMTP at every session between now and the end of March.

Financial Plan and key Budget setting assumptions

28. As noted above, the NHS Wales Health Board Allocation Letter for the 2024/25 financial year was issued by the Minister for Health and Social Services in Wales on 21st December 2023, providing some key insights to the levels of funding our commissioners will be receiving in the coming financial year. Whilst we are not directly funded through this allocation, being a commissioned organisation our funding is then agreed via (currently) EASC, it does provide some key assumptions for our 2024/25 financial plan.

29. The main headlines within the HBs allocations were as follows:

- a. An additional £330m being allocated to HBs for 2024/25, on top of that recurrently provided part way through the 2023/24 financial year;
- b. This includes the recurrent impact of current year forecast energy costs being fully funded. This does include an amount for WAST of c£450k;
- c. On top of this the recurrent costs of the 2023/24 pay award, plus that to be agreed for 2024/25, plus the recently announced changes to the minimum and real living wage (RLW) values will be separately and fully funded to all NHS Wales organisations;
- d. This all results in a residual general uplift for inflationary and other cost pressures for 2024/25 of 3.67%;
- e. An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.

30. Whilst the settlement for health across the NHS in Wales is therefore arguably significantly better than may have been expected, given the continuing levels of service demand, impact and cost pressures within the wider system, this is still being framed as an allocation for stability and inflationary pressures rather than being a budget for investment and growth. However, given the level of funding able to be made available, and subject to some of the remaining risks highlighted below, this should allow for the Trust to work towards being able to present a balanced financial plan for 2024/25.

31. Work will now continue over the coming weeks to translate the expected impact of the HB funding allocations on that expected to be applied to our financial plan, including:

- a. Ensuring that, as previously indicated and in line with previous financial years, the general uplift for 2024/25, now agreed at 3.67% is fully passed on to us by commissioners. To help with this the covering narrative which accompanied the allocation tables states *"Health Boards and the Welsh Health Specialised Services Committee are expected to pass on an appropriate level of funding for relevant non-pay inflationary cost increases in the Healthcare Agreements for services provided by other Boards and NHS Trusts, **equivalent to the additional funding provided to commissioners**"*;
 - b. Ensuring such uplifts are applied to all of the Trust's funding streams, including those for NEPTS and 111;
 - c. Ensuring that identified within the HB allocations as energy funding for WAST is similarly passed on in full, and
 - d. Ensuring in year that the actual costs incurred for pay awards and RLW impacts is funded in full.
32. Discussions will now continue with the CASC and / or wider commissioners to seek to confirm the above financial planning and funding assumptions for 2024/25 as soon as possible.
33. Whilst the likely settlement and funding increase for the coming financial year is therefore greater than may have been expected, no financial plan is risk free and there inevitably remains a number of risks and challenges that will need to be worked through over the coming weeks in order to finalise the financial plan and budget for 2024/25. This include the following:
- a. As above, ensuring all of the funding expected to be confirmed to the Trust, from a variety of sources, is fully recovered;
 - b. Agreeing with commissioners any other levels of outstanding recurring funding being made available, the impact or not on this of the 2024/25 funding and management of any residual costs / gaps;
 - c. Some recurrently committed levels of spend already made in 2023/24 and ensuring these are fully recognised and managed within the 2024/25 financial plan and budget setting;
 - d. Despite the additional funding provided, some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
 - e. The need to ensure a savings plan delivery, predominately via our Financial Sustainability Programme, of at least a minimum 2% increase in 2024/25, noting that an element of our 2023/24 delivery is non recurring;
 - f. How elements of our planned transformation journey, including that needed to mitigate service, demand and activity pressures and risks, may be able to be agreed from some of that now available;
 - g. Whilst hopefully relatively a low risk, there is also in 2024/25 a planned increase in the Trust's baseline depreciation charge, for which funding has been allocated to HBs and for which we will similarly need to ensure the money for this flows to us via EASC;

- h. The need to ensure no negative financial impact on the Trust of any upcoming changes to commissioning arrangements, potentially in particular in relation to 111. Discussions will continue with 111 commissioners over the level of funding required for the service, including that needed non recurrently for the implementation of the agreed new CAS system. Included in these discussions will be the continuing basis on which we are funded for the 111 service. For the first time now a quantum of value for this has been specified in the HB allocation letter but we need to also work through how the 2024/25 uplift is applied to this, what impact, if any, the wider funding uplift may have on this service and what impacts there may be to having to maintain a resource envelope in line with previous years and that which has been able to be managed non recurrently in some cases as an addition to this;
- i. That the upcoming proposed changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
- j. Whilst the current allocations deal with revenue costs and funding only, indications from WG is that capital funding for 2024/25 is not likely to be any greater than in the current financial year, which could impact on a number of key enablers to our plan;
- k. All of that provided so far is with a 1 year financial planning horizon, 2024/25, with any elements of the Trust's 3-year financial plan having to again be presented in this context.

34. As in previous years at this stage, all of this is likely to initially be presented over the next few weeks through a range of potential scenarios, fully discussed and hopefully agreed with commissioners, so that a final plan can be presented through the final drafts of the IMTP in March. At this stage it is hoped that this will be able to present a balanced financial plan for 2024-27.

Writing the plan

- 35. The first draft of the plan will be finalised early in February, following an Executive Finance Group meeting on the 31st January, which will consider priorities within the financial context.
- 36. Areas such as People & Culture, Quality, Research & Innovation etc. may take specific development of their aspects of the IMTP into their relevant committees (i.e. People and Culture committee, QUEST, Academic Partnerships committee).
- 37. During this workstream we will develop the detailed appendices which will include Ministerial Templates, our MDS, detailed finance plan, and Decarbonisation Action Plan.

Governance, assurance and approval

38. As set out in paragraph 31, certain aspects of the plan go through relevant committees for guidance and endorsement. However, the key governance routes are as follows:

- **Corporate Partnership Forum** (TU engagement) 22 January 2024 – ongoing engagement with TU partners on development of the IMTP
- **Trust Board** 25 January 2024 - update on progress
- **EASC Management** sessions January

- **111 Commissioning Board** sessions January
- **EASC/WHSSC joint committee** 30 January 2024
- **EFG** – 31st January - options developed for priorities within financial context
- **Board development 22nd February** – presentation of options developed for Board consideration and finalisation
- **STB** 26 February 2024 – updated draft
- **ELT** March 2023 – final draft for comment, amendment and endorsement
- **EASC/WHSCC joint committee** 19 March 2024 – final draft for endorsement
- **Finance & Performance Committee** 19 March 2024 – scrutiny and assurance of final draft and endorsement for approval at
- **WASPT** March 2024 tbc – engagement on the final draft plan
- **Trust Board** 28 March 2024 - final version of the IMTP for sign off prior to submission to WG
- **WG Submission** - 28 March 2024

RECOMMENDATION: The Board is asked to:

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

NHS Wales Planning Guidance 2024 - 2027

Planning Framework received 18 December 2023

Statutory requirement for approvable plans (Integrated Medium Term Plan/ IMTP) which comprises the duty to break-even, whilst setting out the improvements to services and their future sustainability within the resources available to reduce inequalities and to improve the health outcomes of the population served.

General Requirements (Director General & Minister's Letters)

- ❑ Plans targeted to pressures:
 - Challenging financial outlook;
 - Impact on CYPs and other disadvantaged sectors.
- ❑ Recovery and sustainability
 - Optimisation of resources to deliver the best care and treatment for the people of Wales;
 - Reduction in inequalities and improving health outcomes – focus on gaps in service provision;
 - Stabilisation of the NHS.

Golden Threads

- ✓ Recognition of external factors being the most challenging circumstances since the inception of the NHS; recognition that this is likely to continue;
- ✓ Improving population health outcomes – impact of burden of disease modelling and focus on prevention – incl. weight management and diabetes;
- ✓ Children's access to specific and universal care and services;
- ✓ Quality and value-based approaches to care – reduction in waste, harm and unwarranted variation;
- ✓ Shift to primary & community focused care;
- ✓ Role of the NHS as an **Anchor institution**;
- ✓ Foundational economy;
- ✓ Wellbeing of Future Generations (5 Ways of Working);
- ✓ Climate change;
- ✓ Plans to show clarity of delivery commitments – assessment and aggregation against *A Healthier Wales*.

Plans to include in year priorities with route map to medium term, in 3 years context, with longer term ambitions.

Ministerial Priorities (Planning Framework): The national programmes will continue to support the delivery of services, whilst reinforcing best practice (quality, efficiency and patient experience) and not driving costs. **Accountability Conditions for these programmes were issued in September 2023 and will provide continuity between 2023/24 Plans.**

Enhanced Care in the Community

- Focus on reducing delayed pathways of care

Primary and Community Care

- Focus on improving access and shifting resources into primary and community care

Urgent and Emergency Care

- Focus on delivering the 6 Goals Programme

Planned Care and Cancer

- Focus on reducing the longest waits

Mental Health, including CAMHS

- Focus on delivery of the national programme

Thematic Workstreams (Value & Sustainability Board)

To support and provide guidance, the VSB has agreed five workstreams to **maximise resource utilisation** across the system. These thematic areas cover:

- i. Workforce – continue reduction on reliance of high-cost agency staff; 'Once for Wales' arrangements for recruitment strengthened
- ii. Medicines Management
- iii. Continuing Healthcare (CHC) / Funded Nursing Care (FNC)
- iv. Procurement and non-pay, and
- v. Clinical Variation / Service Configuration – reduction in unwarranted variation and low-value interventions

The Board has already issued a range of requirements in relation to low value interventions, prescribing and continuing health care that must be implemented to ensure a consistent approach across Wales.

Further Requirements & Considerations (Director General & Minister's Letters)

Process & governance arrangements

- Consolidation of plans and ensuring collective progression against sustainability agenda and delivery of '*A Healthier Wales*'
- More detailed expectations are being produced – i.e. PHW mandate letter – follow in 2024.
- Three-year plan – incl. **Firm, indicative, Outline** levels of detail with clear progression captured.
- Detail of operational delivery, management of risk and financial sustainability.
- Agile and dynamic planning to adapt to changing environment.

Inclusions

- Quality, prevention, health inequity, impacts on CYPs particularly;
- Anti-Racism Action Plans – employment and service delivery;
- Duty of Quality – 12 Health and Care Quality Standards.

Financial

- Unprecedented level of financial deficit – continue to reduce funding deficits and ensure financial sustainability – driving down financial risk.

Integrated Arrangements

- Performance Framework will be issued ASAP and will reflect **key performance information**, complementing the Minimum Data Set (MDS)
- Templates – focus on areas of risk;
- Collaboration across HB and public sector boundaries.

Enablers & Influencers

- ✓ A Healthier Wales – Accountability Review
- ✓ NHS Wales Joint Commissioning Committee
- ✓ Value & Sustainability Board
- ✓ NHS Executive – phase two
- ✓ Social Partnership & Public Procurement (Wales) Act 2023
- ✓ Health Service Procurement (Wales) Bill
- ✓ Duty of Quality and Duty of Candour

Core Supporting Functions & Triangulations

- Plans must take advantage of transformation, innovation, partnership/regional working and digital opportunities.
- ✓ Embrace the Accelerated Cluster Development and Regional Partnership Board Plans;
 - ✓ Strengthen 'Once for Wales' arrangements for digital;
 - ✓ Maximise opportunities for regional working;
 - ✓ Redistribution of resources to community & primary care;
 - ✓ Maximise opportunities offered by **key policies** – i.e. **Further Faster**;
 - ✓ Increasing administrative efficiency, to enable a reduction in administrative/management costs as proportion of the spend base.



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

AGENDA ITEM No	13
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

Financial Performance as at Month 9 – 2023/24

MEETING	Trust Board
DATE	25 th January 2024
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2023/24 financial year, the reported position as at Month 9 (December 2023).

This builds on a presentation on the Month 9 financial performance given to the meeting of the Finance & Performance Committee (F&PC) on 15th January 2023.

The Board is asked to review, comment, note and receive assurance on the financial position and 2023/24 outlook and forecast of the Trust, noting any remaining assumptions and risks to in-year delivery in doing so.

RECOMMENDED that the Board:

- (1) Notes and gains assurance in relation to the Month 9 revenue financial position and performance of the Trust as at 31st December 2023;**
- (2) Notes the capital programme update for 2023/24, and;**
- (3) Notes the Month 9 Welsh Government monitoring return submissions included within Appendices 1 – 2 (as required by WG).**

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue year to date surplus (£0.108m) for month 9 2023/24;
- In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, and in year financial performance to date, the Trust continues to forecast a breakeven position for the 2023/24 financial year;
- Capital expenditure plans for Q4 continue to be finalised with plans to fully achieve in year;
- In line with the financial plans that support the IMTP, gross savings of £5.181m have been achieved in month 9 against a target of £4.574m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.2% for the number, and 98.5% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- ELT – 10th January 2024 – verbal update on M09 position
- F&PC – 15th January 2024 – Financial Presentation

REPORT APPENDICES

Appendices 1 – 2 – Monitoring return submitted to Welsh Government for month 9 – as required by WG

REPORT CHECKLIST

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

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

FINANCIAL PERFORMANCE AS AT MONTH 9 2023/24

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31st December 2023 (Month 9 2023/24), along with an update on the 2023/24 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 9 2023/24** (1st April 2023 – 31st December 2023) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.108m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2023/24. The underlying year-end forecast for 2023/24 is currently a balanced position;
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £5.181m have been achieved against a target of £4.574m;
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.2% for the number, and 98.5% of the value** of non-NHS invoices paid within 30 days.
3. In terms of the annual savings requirement in 2023/24, and that delivered to date, this is summarised in the following table. The 2023/24 financial plan identifies that a minimum of **£6.000m** of savings, cost avoidance and cost containment measures are required to achieve financial balance in 2023/24. This is a significant increase from that which has been able to be achieved in the recent past, and especially over the last couple of years.
4. As at Month 9 for the financial year 2023/24 the Trust achieved total savings of **£5.181m** against a target of **£4.574m**.
5. As we progress through the final months of the financial year, detailed monitoring and updates of the full savings programme will continue to be provided to Strategic

Transformation Board (via FSP updates), Finance & Performance Committee and Trust Board.

Savings Performance by Directorate Level 3 23-24										
Reporting Month	9									
	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Chief Executive Directorate	137	11	5	-6	104	44	-60	137	52	-85
Corporate Governance	32	2	1	-1	26	31	5	32	37	5
Digital Directorate	478	41	20	-21	437	583	146	478	624	146
Finance and Corporate Resources Directorate	1,655	150	119	-31	1,209	1,189	-20	1,655	1,502	-153
Medical & Clinical Services Directorate	296	25	21	-4	237	246	9	296	305	9
Operations Directorate	1,857	103	142	39	1,401	2,017	616	1,857	2,577	720
Partnerships & Engagement Directorate	50	3	4	1	41	60	19	50	69	19
People & Culture	735	60	40	-20	555	374	-181	735	429	-306
Planning and Performance Directorate	83	6	3	-3	65	62	-3	83	80	-3
Quality, Safety and Patient Experience Directorate	477	39	33	-6	360	436	76	477	539	62
Trust Reserves	200	20	20	0	140	140	0	200	200	0
Totals	6,000	460	408	-52	4,574	5,181	607	6,000	6,413	413

6. As we know, no plan, forecast or reported delivery even at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 9 are set in line with the submitted IMTP and summarised later in this report. As we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place.

REVENUE FINANCIAL PERFORMANCE – MONTH 09 2023/24

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

Revenue Financial Position for the period 1st April - 31st December				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-293,882	-219,141	-217,912	1,229
Expenditure				
Pay	212,856	159,616	157,119	-2,497
Non-pay	59,633	42,511	44,092	1,581
Total pay & non-pay expenditure	272,489	202,127	201,211	-916
Depreciation & Impairments / interest payable & receivable	21,393	17,014	16,593	-421
Total	0	0	-108	-108

Treatment of Covid-19 spend

8. In light of the lack of clarity around the funding methodology for the expenditure the Trust has now removed this and thusly the income assumptions from the Covid-19 costs previously included up to month 6. As previously reported to Trust Board, this has not had an adverse impact on the Trust's forecast year end position.

Income

9. Reported Income against the initial budget set to Month 9 shows an underachievement of **£1.229m**.

Pay Costs

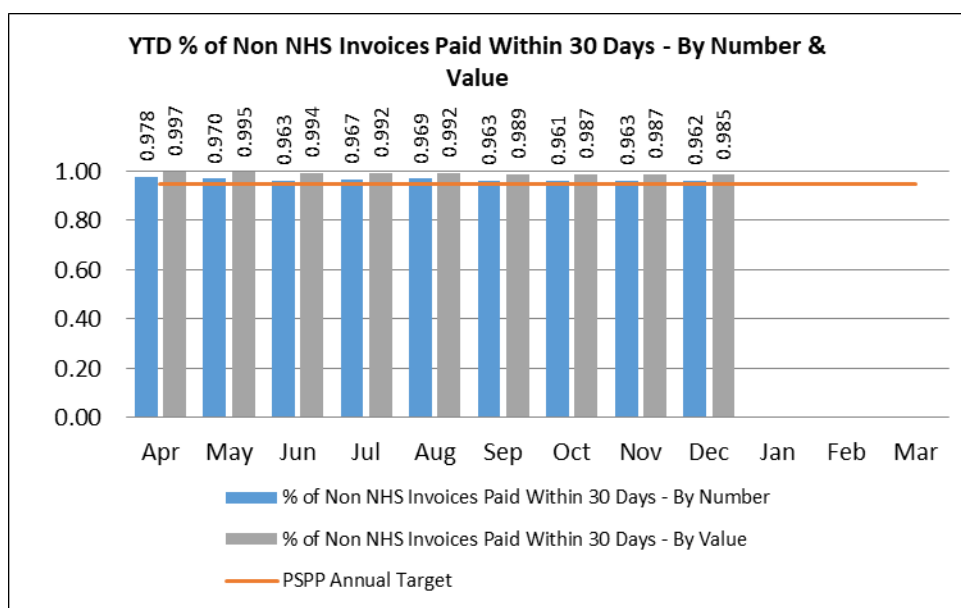
10. Overall, the total pay variance at Month 9 is an underspend of **£2.497m**.

Non-pay Costs

11. The overall non-pay position at Month 9 is an overspend of **£1.160m**.
12. It is however important to note that these variances are those set against the initial opening budgets of the Trust, as approved by the board in March 2023. As Trust Board members will be aware, one main update to the income, funding (and subsequent delegated budget funding) of the Trust in year was recently agreed, in relation to an element of funding previously expected for an additional 100 WTEs front line staff initially appointed to in the latter half of 2022/23. How this adjustment has been able to be delivered within a continued year end forecast balance position has previously been reported to the board, and we remain on track to deliver this. However, this does also mean some known and planned "netting off" is required to some of the above headline variances.
13. As also previously highlighted to board, the recurring cost impacts of this 100 WTEs will need to also be further explored and agreed as part of 2024/25 financial planning and budget setting, allowing for an expected realignment of some of the above, along with some meaningful analysis of headline variances across Directorates within the Trust, from 1st April 2024. In the meantime, the local reporting of the in year financial position remains robust with allowances made in doing so to that agreed now as the final levels of income in year.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

14. Public Sector Payment Policy (PSPP) compliance up to Month 9 was **96.2%** against the **95%** WG target set for non-NHS invoices by number and **98.5%** by value.



2023-24 CAPITAL PROGRAMME

15. At Month 9, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is **£21.139m**. This includes **£16.818m** of All Wales Approved schemes and **£4.321m** for Discretionary schemes.
16. Whilst the above values are now fully committed, to M9, the Trust has expended **£6.481m** against the current All Wales capital scheme full year budget of **£16.818m** (as detailed below), and **£3.471m** against the discretionary budget of **£4.321m**, also as per the table below.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP – Control Room Solution	402	801
111 Project Costs	242	1,570
MDVS	766	1,561
Ambulance Replacement Programme 23-24	3,698	8,732
Ambulance Replacement Programme 22-23	1,189	2,389
EFAB - Infrastructure	28	381
EFAB - Decarbonisation	21	569
Protective Equipment for Hazardous Incidents	135	242
DPIF for Improvements to NHS Wales Cyber Security (WAST) - FL-DPIF-WAST-Cyber-2023-24-1	0	93
Emergency Medical Services Computer Aided Despatch System (CAD) – Contingency funding	0	480
Sub Total	6,481	16,818
Discretionary:		
I.T.	932	975
Equipment	442	915
Statutory Compliance	0	0
Estates	1,903	1,903
Other	194	194
Unallocated Discretionary Capital	0	334
Sub Total	3,471	4,321
Total	9,952	21,139
Less NBV reinvested		
Total Funding from WG	9,952	21,139

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

18. It should be noted that whilst the majority of projects are on plan, as is typical with a capital programme of this nature, there are a small number of exceptions to this in regards to in year cost variation across the capital programme, with work continuing to ensure delivery of the overall budget.

South East Workshop

- The scheme was originally submitted as a BJC to Welsh Government and over the past several years has been funded through a number of allocations via All Wales Capital and elements of the Trust's discretionary allocation. Trust Board members will be aware from previous updates that the Trust has sought to maximise any and all available funding to deliver on this scheme, following the initial WG funded purchase of the facility and the increasing need to vacate the Blackweir site following the move of operational staff to the new Cardiff Ambulance Station in early 2022.

At the outset of this financial year there was an assumption that further money would be made available to the Trust (c£750k) either directly, via dedicated SE Workshop funding, via an increase in our discretionary funding, or dedicated funds to cover fees on existing discretionary schemes to allow these allocated funds to be repropose for SE Workshops costs. This was on

top of that agreed from within the Trust's discretionary capital funding for 2023/24 in order to complete the works on site.

- Following the usual October all Wales review of capital funding across all NHS Wales organisations, confirmation of current scheme spend and funding levels being fixed with WG it was confirmed by WG that no further funding in year would be made available to WAST. This was however also in part due to the Trusts prudent approach and known and emerging timelines and constraints in relation to a small number of other projects also agreed out of this year's discretionary funding, along with the need for the Trust to further prioritise some of the areas of capital funding requests into WG in year (e.g. for the new CAS replacement).
- This has however required an in-year repurposing of the funding back into the SE Workshop, the table below shows how this has been able to be managed in more detail. This will also inevitably have a knock on impact into 2024/25 (see below); further discussions will continue with WG over any ability to recognise any further funding retrospectively for this in the coming financial year and as part of the Trust's discretionary capital allocation for 2024/25.
- The key thing to note is that, with an overall spend of c£6.1m (including the site purchase price of c£2m inc VAT) the cost of the SE workshop came in less than the approved BJC for this development, despite all of the inflationary and other cost pressures over the last 2 years.

SE Fleet Workshop - Forecasted final cost	1,940
23-24 Discretionary Budget	- 503
Originally planned separate budgets	
EFAB - Renewable energy project	- 188
Estates Fees	- 80
Minaeron Reporting station refurbishment	- 88
Unallocated Discretionary Capital (incl NBV proceeds)	- 348
Additional budget required (Originally assumed WG)	733
Project Support Costs	- 100
Fleet Safety Costs - repairs to vehicles	- 105
Asset De-recognition - engine replacement	- 68
North Wales CCC	- 210
Llangunnor CCC	- 250
Additional funding	-

Other schemes

19. There has also been a small number of other schemes that have recently reported elements of slippage in their programme as we near the financial year end:

- NEPTS Small conversion – 15 Ford Transit Customs initially ordered in April 2022, which have now been received and delivered to the nominated convertor. Confirmation has been received that the conversions of these are

now scheduled for May 2024, with detailed pre-build and specification confirmation discussions being held in February. The value of this is estimated at c£0.630m and will need to be managed within the overall fleet replacement programme, via elements of WIP able to be accrued into this financial year and by accelerating elements of spend due in early 2024/25.

- MDVS – during month 9 a further small elements of slippage was reported on the scheme of c£0.185m, the plan to broker this between years will need to be reviewed over the coming month.

20. As noted above, in addition to the above the Trust has been supported by WG and provided additional funding to ensure a replacement for our CAS system can be procured prior to the contract termination, whilst this is not fully shown in the CEL at month 9, due to the timing of the Ministerial approval of this funding just before Christmas, it will appear in future months reports. As also highlighted above this also in part contributed to the inability of WG to be able to currently release any other monies to WAST for capital schemes following the October rebase.

21. Finally, as will also be separately updated to board, the Trust is assuming capital funding will also be made available to the Trust before the end of the financial year for the continuing unavoidable costs associated with the national UK wide extension of the Airwave contract.

Impact on 2024/25

22. As can be seen from above, some of the variation in in year spend for a small number of approved schemes will have an impact on next year's capital programmes in order to ensure these approved schemes can be completed as early in 2024/25 as possible. In particular this includes:

- North CCC works
- Llangunnor CCC
- The new Dolgellau ambulance station

23. The capital plan for 2024/25 continues to be developed alongside the revenue financial planning and the IMTP, and via Capital Management Board and Executive Finance Group. Further updates on this will be provided separately to Trust Board. It is envisaged that a draft will be presented to F&PC on 19th March 2024, with the initial final capital programme being able to be presented through governance routes in May 2024, and based on:

- Final spend in 2023/24
- Confirmed funding for 2024/25, and
- Prioritised schemes affordable within this, including that carried forward.

RISKS AND ASSUMPTIONS

24. As part of the WG reporting it is considered that there are currently no individual high likelihood risks but as we move through the final few months of the financial year, we will continue to review these risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.
25. There are a number of risks that have materialised and have had to be managed in year in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, this has however been reduced in month to £0.200m. Also included in line with the current financial climate is a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions, this has again however been reduced in month to £0.400m.
26. Given the pressures the Trust feels every winter, the Trust has included a figure of £0.700m, which has been reduced in month, to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.
27. Given the discussions ongoing with all of the NHS in Wales organisations, the repeated assurances previously provided and the previous agreement with WG to treat this in this way, the Trust continues to not consider any impact of the required funding to cover 2023/24 pay deal costs as a risk. This has yet to be fully recovered from WG, due to delays in confirming how all organisations in NHS Wales will do so, however this is now expected to be confirmed by WG in the next few weeks.
28. A low-level risk continues to be included re PIBS (Permanent Injury Benefit Scheme) now revised in line with the latest estimate of £0.984m. Matched funding for this highly volatile area is provided by WG on an annual basis.
29. Updated estimates have needed to be submitted this month for some technical items – impairments and depreciation and are also included in the Welsh Government submission for month 9 (including in part the financial impact of IIS contract cessation). As in all previous years, it is again not expected that this will provide any financial risk in accessing the required funding that will be needed for the costs incurred; in particular in relation to large elements of this, this is due to continuing discussions with WG and Audit Wales colleagues on how best some of the technical items need to be treated.

30. In addition, as also noted above, it also assumed the Airwave contract extension will be fully funded by Welsh Government in year and will be a capital requirement, albeit the funding sources from a WG perspective, linked to IFRS16 implementation, may be slightly different.
31. Full consideration and management of all these risks will clearly be high on the agenda for the EFG and the relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also recently been subject to a more detailed review of this risk on the Trust's Corporate Risk Register.

RECOMMENDED that the Board:

- (1) Notes and gains assurance in relation to the Month 9 revenue financial position and performance of the Trust as at 31st December 2023;**
- (2) Notes the capital programme update for 2023/24, and;**
- (3) Notes the Month 9 Welsh Government monitoring return submissions included within Appendices 1 – 2 (as required by WG).**

Appendix 1

Attached

Appendix 2

Circulated separately.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Cadeirydd

Chair: Colin Dennis

Prif Weithredwr Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

12th January 2024

Your ref:

Dear Claire,

Re: DECEMBER 2023 (MONTH 9 2023/24) MONITORING RETURN

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

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

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

The Trust's performance against financial targets for Month 9 2023/24 is as follows: -

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

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

- The nationally made available 1.5% uplift for core cost growth, which excludes any funding to meet the 2022/23 and 2023/24 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects.

It should be noted that as per the IMTP the income and corresponding pay cost in our opening plan did not include any allowances for the 2023/24 pay awards or any one-off allowances now agreed by WG. It is assumed that the

actual costs incurred for each pay award which includes the 1.5% consolidated paid in May 2023, recovery payment paid in June 2023 and the 5% award paid in July 2023 will be funded in full by WG and the calculated value yet to be invoiced but reflected in this return, is a further **£12.390m** - as per the plan this is the amount included within our forecast to ensure breakeven. Further to the latest meeting of the All Wales NHS Pay Modelling Group WAST have supplied the working papers for the pay award costs to WG. It would be appreciated if the process for recovering this funding could be confirmed now as soon as possible.

The resulting reported performance at Month 9 as per Table B remains a small under-spend against budget of **£0.108m**. The main funding and expenditure / savings assumptions within this reported position needs to be recognised, however.

The reported total pay variance against plan as at Month 9 is an underspend of £2.497m, set against the budgets set at the outset of the financial year.

The non-pay position at Month 9 is a reported overspend of £1.160m.

Income at Month 9 now shows an underachievement of £1.229m, including the impact if that adjusted for income assumptions and de-risking the Trust's income position in year, as described in last month's returns.

2. Movement (Table A)

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

The point raised by WG colleagues regarding the Planned and Additional Profit/Loss on disposal of Assets recorded on Table A has been amended. **(Action Point 8.1)**

3. Risk (Table A2)

The financial risks reported in Table A2 continue to be assessed on a monthly basis, and these have again been reduced from the risks stated within the Month 8 return and at present it is considered that there are no individually high likelihood risks, but as we move through the final few months of the financial year we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value, whilst also ensuring that the Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

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

The Trust is constantly monitoring these risks, looking for opportunities and ways to mitigate the risks. These include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has continued to be included for these, this has however been reduced in month to £0.200m, as reported at the All Wales Energy group this remains volatile due to the ongoing geopolitical events in Ukraine and Middle-East. Also included in line with the current financial climate is a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions, this has however been reduced in month to £0.400m based on current intelligence.

Given the pressures the Trust feels every winter, the Trust has included a figure of £0.700m which has been reduced in month, to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

Given the discussions ongoing with all of the NHS in Wales organisations, the above further information referenced, the repeated assurances previously provided and the previous agreement with WG to treat this in this way, the Trust continues to not consider any impact of the required funding to cover 2023/24 pay deal costs as a risk.

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

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

Your month 8 point on Action 8.2 is noted; we do not believe any of the risks are medium or high and have a strong confidence we will deliver a balanced financial position by the end of the financial year, based on the assumptions made within this return, and the confirmed receipt of any and all funding elements currently outstanding. **(Action Point 8.2)**

Updated impairment and depreciation estimates – 2023/24

Post month M8 reporting, as is the case at this stage of the financial year, the Trust has carried out a further and updated extensive review of our capital projects and any additional in year impact on impairments and depreciation; many of these schemes are as expected and in line with previously highlighted progress through a number of for a, including the CRM.

The result of this review has determined that there is a requirement for net additional funding of c£4.8m for impairments and depreciation compared to the latest available in year estimates provided in the November 2023 Non-Cash Submission. The net funding change comprises an increase in impairment funding of £5.8m and a decrease in depreciation funding of £1.0m.

This does however now include the estimated full in year impact of the cessation of the 111 Project, in its previous guise of the progression of the NHS Wales wide Integrated Information Solution (IIS), which is now not proceeding. The final value and treatment of this element has been discussed a number of times with WG colleagues and has also been linked to how some financial impacts of the cessation of the IIS needs to feature (or not) against this value and the impact of this on that also needing funding in year now for the replacement of the Trust's 111 CAS system as a result of the non progression of the IIS. Final agreement on all this will now be sought and confirmed as soon as possible, now that the funding assumptions, and capital funding letter for the CAS system replacement has been confirmed by WG.

The main element of the increase in funding required at this stage for impairments is an estimated impact of c£3.5m on our recently completed South East Fleet Workshop in Merthyr Tydfil which opened in October 2023. The building was purchased for £1.65m (plus VAT) in February 2022. We have since spent a further c£4.45m on improvements to the building, resulting in a £6.1m on the project in total. We now plan to have the building valued by a professional valuer in the next few weeks. However, whilst the spend incurred has been vital to the Trust's delivery of the service and adds great value for us, it is possible that the current external market value has only increased to about £2.6m as a result of the improvement works. We are therefore currently estimating a potential need to impair the building by up to £3.5m. We should stress at this stage that this is expected to be a very much a worst case scenario for the valuation, with the expectation that the valuer could well determine a valuation higher than this with a corresponding impact on the impairment required. On top of this some more expert and detailed assessment of the revised value of some of the specialist kit within such a facility will also need to be undertaken. We initially included an estimate of £1.5m for the unapproved impairment in our November Non-Cash Return, and will seek to do what is possible to get back as close to this value as we can.

The remaining increase in the impairment is c£1.5m of impairments on other buildings, which are mainly impairments on improvements carried out to leased buildings that do not necessarily add any value to the buildings for subsequent tenants. £0.2m was included as unapproved funding for this in our November Non-Cash Return.

As a result of the impairments and some delay / revised timings for a number of fleet vehicles and certain construction projects going live, our annual forecast depreciation has fallen by a £1.0m from £18.9m to £17.9m.

Olaide Kazeem (Head of Financial Accounts - WAST) has informed Jackie Salmon (Financial Control & Governance – WG) of the forecast impairment & depreciation movements that currently have occurred and the potential that these valuations may change further post the valuers appraisal taking place.

Given how these items are funded, WAST are **not** assuming any risk in relation to these with the assumption being that, as per previous financial years, they will be fully funded by WG and is line with a general trend across the NHS and wider economy in relation to asset valuations.

4. Monthly Profiles (Table B)

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

Increase in Month 8 spend levels was due to the continued 'transfer of services work' and novation of contracts for Ambulance Care services. These costs have now been re-aligned from previous reporting in general pay and nonpay forecast costs and have now been reviewed and rebased due for the remainder of the year and are now included in Table B. **(Action Points 8.3 and 8.4)**

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

Agency costs for Month 9 totalled £0.083m. The current percentage of agency costs against the total pay figure remains very small, at 0.5%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into, however it is hoped that some of these agency staff will be replaced by permanent staff in the near future.

6. COVID-19 (Table B3)

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

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

For Month 9 the Trust is reporting planned savings (including Income generation) of £4.578m and actual savings of £5.180m.

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

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

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

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

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

At Month 9 there were 10 invoices over 11 weeks, and 2 invoices over 17 weeks, one of which has since been paid and the remaining is a credit.

10. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance.

Included below is the details of 'Other' receipts and 'Other' payments as shown within lines 10 and 22 of Table G.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
RECEIPTS													
other (specify in narrative)													
CRU Income	12	15	15	17	16	12	13	14	13	15	15	15	172
Other Non NHS Income	214	231	186	64	59	227	370	206	110	200	200	200	2,267
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0

Vat Refund	164	1,078	0	397	858	322	1,039	440	535	298	300	300	5,731
Risk Pool Refund	108	0	41	0	0	0	4	0	80	0	0	0	233
Total	498	1,324	242	478	933	561	1,426	660	738	513	515	515	8,403

11. Public Sector Payment Compliance (Table H)

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

Up to quarter 3 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 96.2% against a target of 95%. This table will again be updated for quarter 4 in the March return.

12. Capital (Tables I, J and K)

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

At month 9, works continues well with Programme managers to continue to monitor spend against programmes, with schemes progressing well, and more detailed updates will be provided as the financial year concludes.

Following some detailed discussions and clarification from WG Capital team, the treatment of the required Airwave contract extension has been confirmed, with a funding request for the lease extension to be included on the next IFRS 16 submission due at the end of January. We are assuming there is no risk around this and WG will fully fund the unavoidable cost of the Airwave project, being £3.290m additional capital in this financial year and an estimated £2.923m additional revenue to match the cost of extension of Bundle 1 through to 2029, as per recent detailed correspondence shared with WG colleagues.

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 9 Financial Monitoring Return will be presented to the Trust Board on 25th January 2024.

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

14. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc cc:

Mr C Dennis, Chairman
Non-Executive Directors Executive Directors



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AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –
November/December 2023**

MEETING	Trust Board
DATE	25 th January 2024
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O'Connor - Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Melanie.O'Connor@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **November/December 2023**.
2. Red 8-minute performance was 48.9% (target 65%) in December 2023 and Amber 1 median one hour and 36 minutes. Clearly, these levels of performance remain concerning, but they are a material improvement on the levels seen in December 2022 of 39.5% and three hours and 30 minutes respectively.
3. This improvement was a product of good seasonal planning by the Trust, with a strong tactical focus on EMS production and related initiatives, underpinned by longer term investment and transformation. In December 2023 the Trust delivered 123,727 total unit hours (all emergency types) which was significantly above the 103,769 produced in December 2022. EMS abstractions were 33.75%, below the 36.79% recorded during the same month last year and almost achieving the pre-pandemic benchmark of 30%. The other big contributing factor was handover lost hours, with 22,756 lost hours, compared to 32,098 hours in December 2022. Whilst a material improvement the number of handover lost hours remain extreme and accounted for 25% of the Trust's conveying ambulance production.
4. The Trust has also identified with senior stakeholders the need to achieve its IMTP ambition of 17% consult and close. Performance had dipped earlier in the

year, but has now started to improve again, rising to 14.1% in December, with a corrective action plan in place. CHARU utilisation is just below 30% and an area of focus.

5. 111 is showing continued improvement and is in a more resilient place than last winter as seen in the improved performance when demand increased significantly during December 2023. Even though demand achieved its second highest monthly figure over the past two years, call answer performance and abandonment rates remained above those levels seen at any point during last winter, between October 2022 and March 2023. The abandonment rate in December 2023 was 13.1%, compared to the target of 5%, which the Trust achieved June to November 2023.
6. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology dropping just below target and renal performance achieving its target.
7. The Trust continues to focus on its people, with a range of tactical actions in place linked to winter planning e.g., reducing shift overruns, welfare vehicles etc., whilst it also continues with the more strategic focus on the People & Culture Plan. Sickness absence was 8.79% in November 2023 (9.41% rolling 2-year average).
8. Overall, the picture is more positive than December 2022, but performance levels for EMS remain a particular concern from a patient safety perspective. The Trust has recently been asked by Welsh Government to identify five areas of focus (see Patient Harm Mitigations report) which it is working on, but handover lost hours reduction remains critical. The Trust is currently making an offer to the system, via the Six Goals Programme, on how it can support handover reduction through reduced conveyance.
9. Finally, the indicators in this report are subject to annual review. All the updates from the most recent review have now been completed, with the exception of: a metric on the duty of candour – this will seek to mirror what is reported at a national level, which is currently being determined; and value indicators for 111/CSD – this needs further consideration linked to health economics data.

RECOMMENDATION Trust Board is asked to: Consider the November/December 2023 Integrated Quality and Performance Report and actions being taken and determine whether:

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

REPORT APPROVAL ROUTE	
Date	Meeting
18 January 2024	Executive Director Strategy, Planning & Performance
25 January 2024	Trust Board

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **November/December 2023**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
 - Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
3. These four areas of focus broadly correlate with the Quadruple aims set out in ‘A Healthier Wales’.
4. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (Integrated Medium-Term Plan - IMTP) and strategies. A revised set were agreed for 2023/24. All the updates for the revised set have now been completed, with the exception of: a metric on the duty of candour – this will seek to mirror what is reported at a national level, which is currently being determined; completed symptom checkers; and value indicators for 111/CSD – this needs further consideration linked to health economics data.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. **999** call answering times achieved the 6 second answering target during the early part of 2023; however, in the second half of the year the 95th percentile began to worsen; in November 2023 it was 18 seconds with an improvement to 12 seconds in December 2023. The 65th percentile and median performance remain very good.
7. **111 call answering decreased**, as expected over the holiday period, with the call abandonment target of <5% not being achieved in December 2023 for the first

time in seven months (13.1%). This was mainly as a consequence of a sharp rise in the number of calls being received during the month. The number of calls being answered within 60 seconds still remains significantly below the 95% target, with it being 46.1% in December 2023. Negotiations with commissioners have indicated that funding is available for 198 call handlers this year and recruitment has been underway to secure this number, but there remain a number of vacancies. It was agreed to recruit another cohort in November, with the aim of getting closer to the 198 level (current estimate for December is 181 FTEs, which is further boosted by bank and overtime). It should be noted that the Trust is anticipating a reduction in the commissioned level of FTEs next year. Significant improvement work has been undertaken on improving production and increasing productivity. There is also improved ICT in place since last winter. A priority was a commissioning intention to re-roster 111 (including demand & capacity work); however, the funding for this has been withdrawn.

8. **111 Clinical response:** saw the highest priority 111 calls (P1CT) remain stable and above target at 98.3%. P2 and P3 fell further below the 90% performance target in December 2023, with the respective figures being 63.2% and 62.3%. These decreases have been effected by an expected rise in call demand. The previous improvement has been driven by more efficient working practices and the alignment of capacity to demand. The numbers of clinicians was at 94 FTEs in December 2023 against agreed establishment levels of 106 FTEs.
9. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for December 2023 was 48.93%, a slight reduction when compared to November 2023, remaining below the 65% target. There was a slight monthly increase in the number of Red incidents that were actually attended within 8-minutes, rising to 2,615 in December 2023. The actual number of Red incidents attended within 8-minutes has seen a general increase over the past two years with the monthly average in 2023 being 2,115 compared to 1,921 in 2022 and 1,813 in 2021. The Amber 1 median was 1 hour 36 minutes (ideal is 30 minutes) and the Amber 1 95th percentile was 7 hours 6 minutes. These long response times have a direct impact on outcomes for many patients. Whilst the response times remain below target and too long, December 2023's performance was materially better than December 2022, which were December 2022 of 39.5% (Red 8 minute) and three hours and 30 minutes (Amber 1) respectively. Actions to further improve performance that are within the Trust's control include:

Capacity:

- Recruitment: The Trust currently has 95% of commissioned front-line posts in place. There is no significant recruitment planned over the next few months as forecasts identify that there is good coverage until March 2024.
- Some additional funding was made available to pilot the new Connected Support Cymru service in partnership with St John Cymru (SJA). This funding ended in Q3, but the National Collaborative Commissioning Unit (NCCU)

directly procured the service through to 31 March 2024. The Trust is also continuing with this project through the volunteer Community Welfare Responders, which is producing some positive early results.

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

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

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate over the past 12 months, with over 5000 successful consult and close outcomes achieved during December, which is the highest number recorded during 2023. However, the percentage achieved during the month (14.1%) was not quite as high as that seen earlier in the year due to an increase in overall verified demand during December. The Trust has been asked by senior external stakeholders what it can focus on through the winter, with the Trust identifying the 17% ambition as key, along with ambulance production (linked to targeted overtime and reduced abstractions).

Red Improvement Actions

- For Cymru High Acuity Response Units (CHARUs) the aim is to fully populate the CHARU roster keys (153 full time equivalents), with the current estimated staff in post of 115 FTEs. However, recruitment into the more rural parts of Wales is proving problematic. The Clinical Directorate is leading on CHARU recruitment and training, with more scheduled for February 2024. If this does not prove successful, the Integrated Technical Planning Group (ITPG) will look at whether the Trust can recruit fully qualified paramedics (FQP's) into these vacant posts, recognising that there has to be sufficient vacancies in the EA lines to fund this.
- Red review. This is being undertaken within additional resource, when possible, but ideally, as previously identified, would require additional FTEs. The resource requirement will be considered further through the 2023 EMS Strategic Demand & Capacity Review.
- A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.

10. One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 22,756 hours were lost during

December 2023, which is a material improvement on the 32,098 hours lost in December 2022. These levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss, which accounted for 25% of the Trust's conveying ambulance production in December 2023. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Wales Immediate Release figures for December 2023 were: Red 202 accepted and 11 declined; and Amber 1, 189 accepted and 337 declined. There has been some challenge from health boards on the accuracy of requests, with the Trust engaging in a workshop organised by the NCCU.

11. **Ambulance Care (formally NEPTS) (Patient Experience):** Oncology performance dropped below the 70% target in December 2023 at 68.16%. Renal performance increased in December 2023, and remained above target at 74.08%. Advanced discharge & transfer journey booked in advance performance decreased compared to the previous month (78%); remaining below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance.
12. **National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported one NRI to the NHS Executive in December 2023, a slight decrease from the three reported in November 2023; and 16 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In December 2023 complaint response times increased to 58%, a significant improvement on November 2023's 38%, but remains below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust is currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership.
13. **Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 75.3% in December 2023, a slight decrease from the 77.9% seen in November 2023, and remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate decreased to 17.6% in December compared to 22.2% in November 2023.
14. The Trust is now able to report on call to door times for Stroke and STEMI patients. For December 2023 these highlight call to hospital door times of two hours and 27 minutes for stroke patients and two hours and six minutes for STEMI. Clearly

these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.

Our People (workforce resourcing, experience, and safety)

15. **Hours Produced:** The Trust produced 123,727 Ambulance Response unit hours in December 2023, a slight increase from the 121,349 produced in November 2023 (longer month). Emergency ambulance unit hours production (UHP) was 93% in December 2023, thus not improving or achieving the 95% target. CHARU UHP increased to 145% (note this is of the commissioned level, not full roll out). Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving (see below).
16. **Response Abstractions:** EMS abstraction levels increased to 33.75% in December 2023 remaining above the 30% benchmark. EMS Response sickness abstractions stood at 10.68% (benchmark 5.99%).
17. **Trust sickness absence:** the Trust's overall sickness percentage was 8.79% in November 2023, a slight decrease on the 8.65% recorded in October 2023. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan.
18. **Staff training and PADRs:** PADR rates did not achieve the 85% target in December 2023 (78.16%). Compliance for Statutory and Mandatory training decreased very slightly to 76.55%.
19. **People & Culture Plan:** The Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working and the introduction of a staff pulse survey tool. The Executive Leadership Team have undertaken a pan-Wales round of CEO Roadshows in November 2023. Feedback from attendees identifies workloads as the main cause of stress and pressure.

Finance and Value

20. **Financial Balance:** The reported outturn performance at Month 9 is a surplus of £108,000, with a forecast to the year-end of breakeven.

Partnerships/ System Contribution

21. **Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 14.1% in December 2023, a slight increase from the 14% seen in November 2023, but below the Trust's 2023/24 IMTP ambition of 17%. In relation

to increasing the numbers conveyed to places other than a main Emergency Department, little progress has been made through the year. Work continues with health boards on gaining access to their Same Day Emergency Centres.

22. In December 2023, 9,900 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 793 callers. A formal programme to take forward “inverting the triangle” has been established. The Trust has proceeded with growing the numbers of APPs in training. The current focus is on developing a “strategic case for change”, a stakeholder engagement process and simulating the inversion through the 2023 EMS Demand & Capacity Review.

Summary

23. The indicators used at this high-level highlight that even though demand, and subsequently, system pressures increased during December 2023, performance remained relatively stable, across all areas, and significantly exceeded the levels achieved during December 2022.
24. Red performance remained relatively stable during December 2023. The number of Red incidents responded to within 8-minutes increased by 15.1% to match a 15.8% rise in Red incident numbers and although the overall percentage declined marginally to 48.9%, this is still above the rate seen during other months of last year when demand was lower.
25. Handover Lost Hours rose in December 2023, but this was expected as demand and system pressure increased, and the scale of this increase was lower than anticipated and significantly below that seen during December 2022. However, this level of handover is still having a serious impact on the quality, safety, and patient experience that the Trust can deliver (long waits and unmet patient demand).
26. 111 continued to show improvements with abandonment rates during the latter half of 2023 continuously achieving better than target levels. Even though these targets were not met in December 2023, as demand increased, call answering still achieved a far better performance level than that seen during December 2022. Ambulance Care, in particular, NEPTS performance has been relatively stable.
27. Overall, the picture remains one in which the Trust can demonstrate clear year on year improvement over some things it controls, even at times of higher demand, but there is a more mixed picture where there are system dependencies e.g., handover lost hours, and these pressures are beginning to increase as the Trust heads into winter.

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

November/December 2023

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator

Dashboard



Top Monthly Indicators		Target 2023/24	2 Year Average	Nov-23	Dec-23	RAG	Top Monthly Indicators		Target 2023/24	2 Year Average	Nov-23	Dec-23	RAG
Our Patients							Health & Well-being						
Timeliness Indicators							Sickness Absence (<i>all staff</i>)	6.0%	9.41%	8.79%	N/A	R	
NHS111 Call Handling Abandonment Rates	< 5%	11.5%	4.1%	13.1%	R		Mental Health Absence Rates	Reduction Trend	2.38%	2.51%	N/A	A	
111 Clinical Triage Call Back Time (P1)	90%	97.4%	99.0%	98.3%	G		Staff Turnover Rate	Reduction Trend	10.35%	9.34%	9.50%	R	
999 Call Answer Times 95th Percentile	00:06	00:40	00:18	00:12	R		Statutory & Mandatory Training	>85%	79.46%	76.56%	76.55%	R	
999 Red Response within 8 minutes	65%	50.4%	49.5%	48.9%	R		PADR/Medical Appraisal	>85%	70.34%	76.6%	78.2%	A	
999 Amber 1 Median	00:18	01:23	01:08	01:36	R		Number of Shift Overruns	Reduction Trend	3787	4021	4020	A	
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	73.1%	70.5%	68.2%	A		Inclusion & Engagement / Culture						
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	84.5%	81.3%	78.3%	R		NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.2%	1.5%	1.5%	G	
Clinical Outcomes / Quality Indicators							Value						
Return of Spontaneous Circulation (ROSC)	Increasing Trend	18.5%	22.2%	17.6%	A		Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	G	
Stroke Patients with Appropriate Care	95%	77.3%	77.9%	75.3%	A		EMS Utilisation Metric (CHARU)	Increasing Trend	31%	25.3%	29.0%	A	
Stroke Call to Hospital Door Times	Reduction Trend	02:27	2:06	2:27	A		Average Jobs per Shift (All Vehicles)	Increasing Trend	2.41	2.29	2.34	A	
Acute Coronary Syndrome Patients with Appropriate Care	95%	43.2%	42.6%	40.6%	R		NEPTS on the Day Cancellations	Reduction Trend	19.5%	19.9%	22.9%	A	
National Reportable Incidents reports (NRI)	Reduction Trend	5	3	1	G		Partnerships / System Contribution						
Can't Send & Cancelled by Patient Volumes	Reduction Trend	10951	8819	11790	R		Inverting the Triangle						
Concerns Response within 30 Days	75%	38.3%	38%	58%	A		Successful Consult & Close Outcome	17.0%	13.1%	14.0%	14.1%	R	
Our People							% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.4%	11.81%	11.88%	A	
Capacity							Number of Handover Lost Hours	15,000	23,129	20,124	22,756	R	
Hours Produced for Emergency Ambulances	95-100%	95%	96%	93%	A		NHS111						
							NHS111 Dental Calls	Increasing Trend	6,218	6,996	6,971	A	
							Consult & Close Volumes by NHS111	Increasing Trend	1,122	1,260	919	R	

In-Month RAG Indicates =
Green: Performance is at or has exceeded the target (*Indicates no action is required*)
Amber: Performance is at or within 10% of target (*Indicates some issues/risks to performance (monitoring is required)*)
Red: Performance is less than 10% of target (*Indicates close monitoring or significant action is required*)
TBD:Status cannot be calculated (To Be Determined)

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

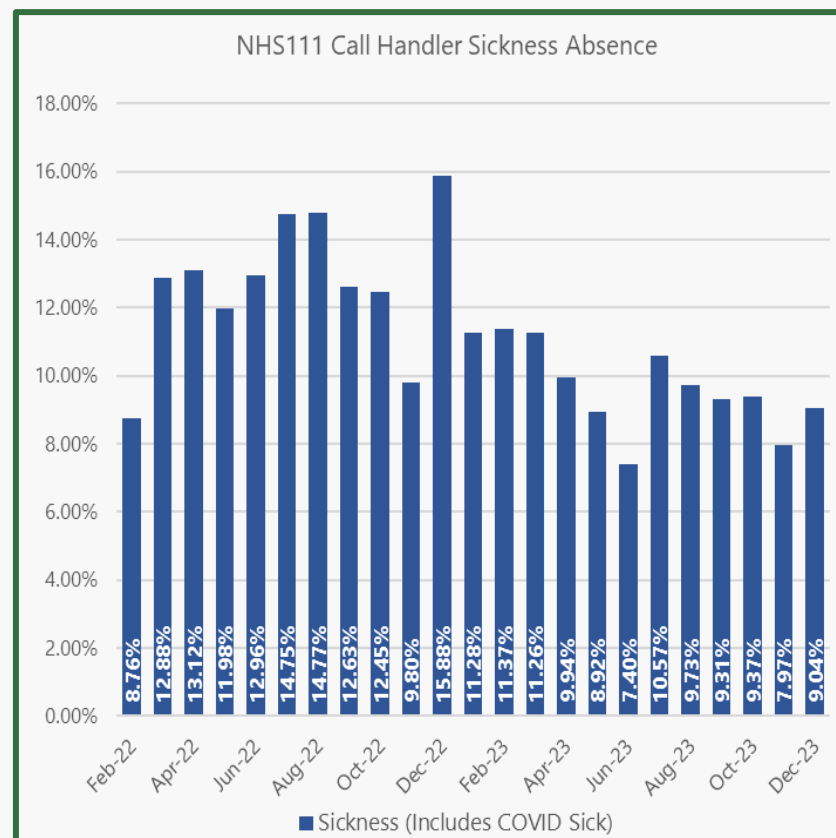
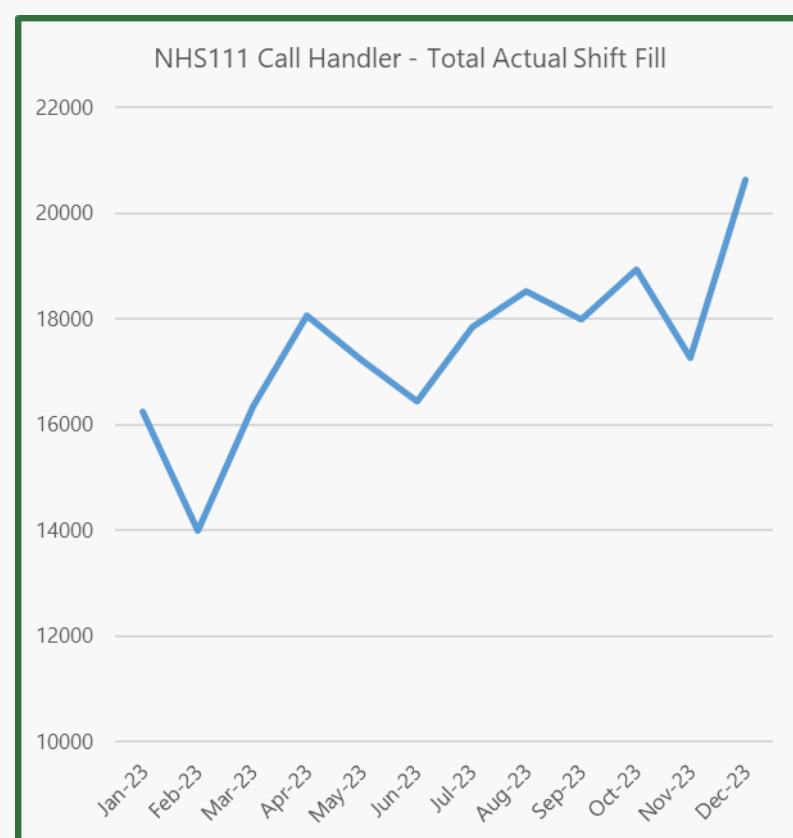
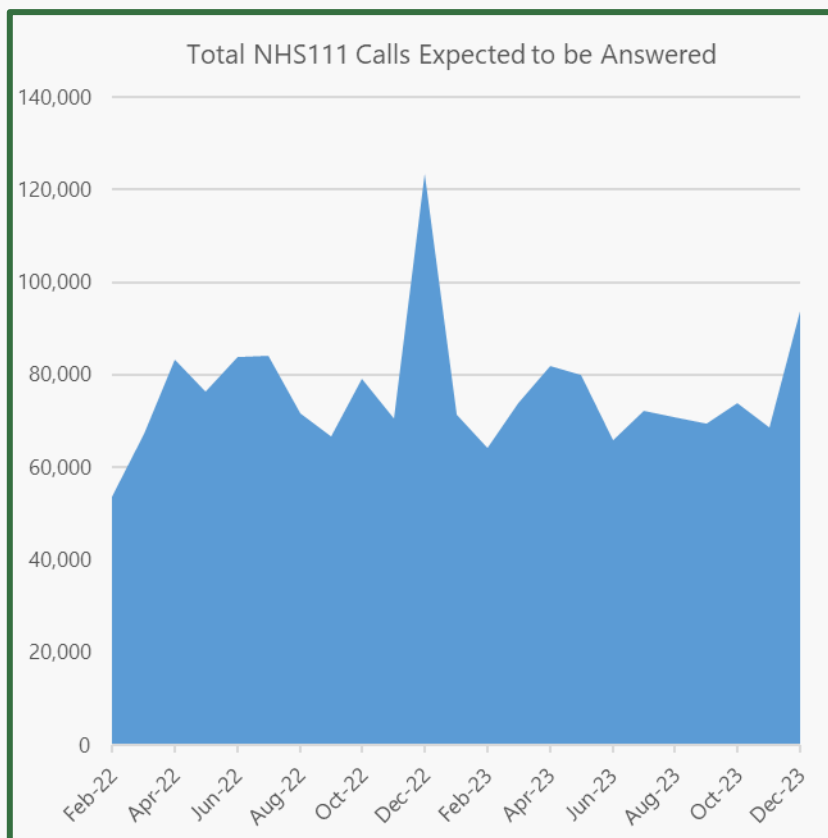
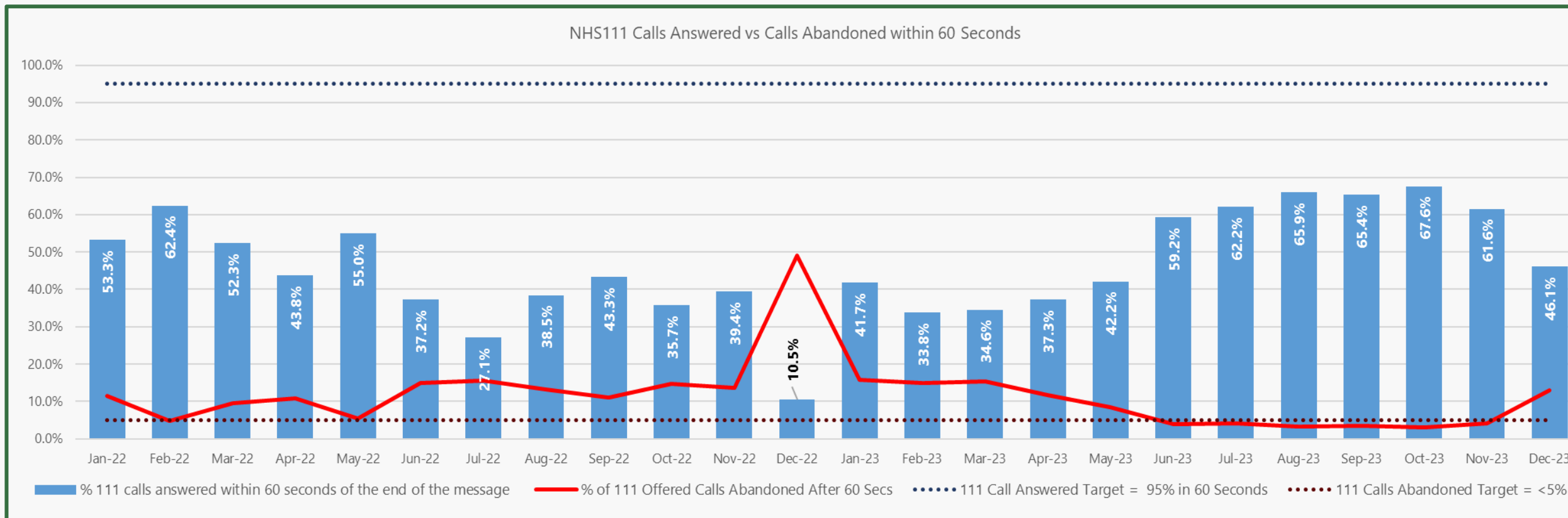
Influencing Factors – Demand and Call Handling Hours Produced

(Responsible Officer: Lee Brooks)

Abandonment
Rate

R

FPC



Analysis

The 111-call abandonment rate rose from 4.1% in November 2023 to 13.1% in December 2023. This is the first time the service failed to achieve the 5% target since May 2023. However, this figure is still well below the 49.1% abandonment rate recorded in December 2022 and, significantly, is also below the abandonment rates seen per month between January and March 2023, when demand was not as high as December 2023.

The percentage of 111 calls answered within 60 seconds also reduced, falling from 61.6% in November 2023 to 46.1% in December 2023. Although this remains below the 95% target, it again is an improvement on the 10.5% figure seen last December and is still higher than the figure recorded in 11 of the 12 months during 2022/23. The drop in performance during December 2023 was due in large to a spike in demand, to its second highest level over the past two years. However, due to increased staffing levels, now in place, the impact on performance was far less significant than seen in previous months of higher demand.

The percentage of 111 calls answered in Welsh decreased from 1.25% in November 2023 to 0.91% in December 2023.

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

Remedial Plans and Actions

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

- Agreement has been reached with commissioners that 198 WTE call handlers will be funded in 2023/24. The Trust is currently 21.25 FTE short of establishment. The Trust is aiming to address this in quarter three. The Trust is expecting the 111-resource envelope to reduce in 2024/25.
- Work continues on sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6%
- A roster review was planned in collaboration with the 111 commissioners to review rosters and ensure that capacity was aligned to demand, and to try and even out performance through the week. However, funding has been withdrawn, so this project is now paused.

Expected Performance Trajectory

The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals.

Our Patients: Quality, Safety & Patient Experience

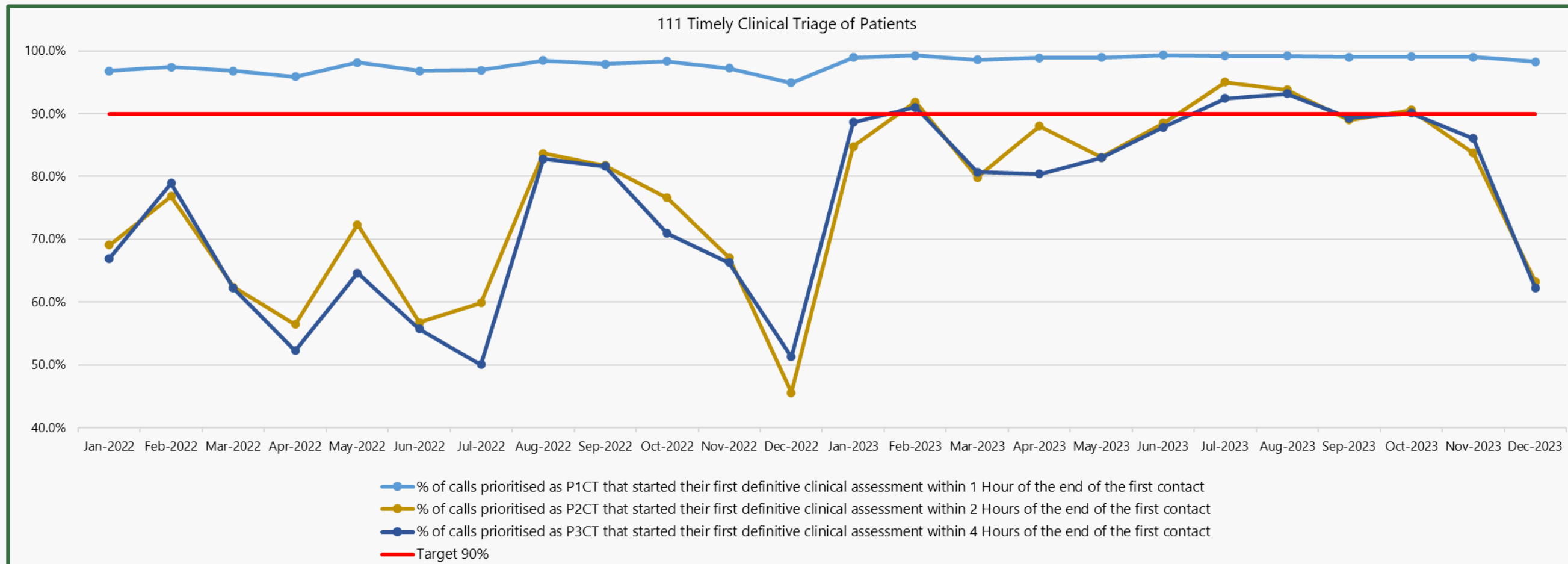
111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT
G

FPC



Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 98.3% in December 2023.

However, lower category calls both declined during December, in line with a deterioration in other 111 performance metrics, predominantly due to a significant increase in call demand during the month.

P2CT decreased from 83.7% in November 2023 to 63.2% in December 2023, while P3CT fell from 86% to 62.3%.

Clinical staff capacity increased to 11,435 hours during December 2023, an increase of 597 hours when compared to November 2023. Clinician sickness absence increased to 18.68% in December 2023 from the 15% reported in November 2023.

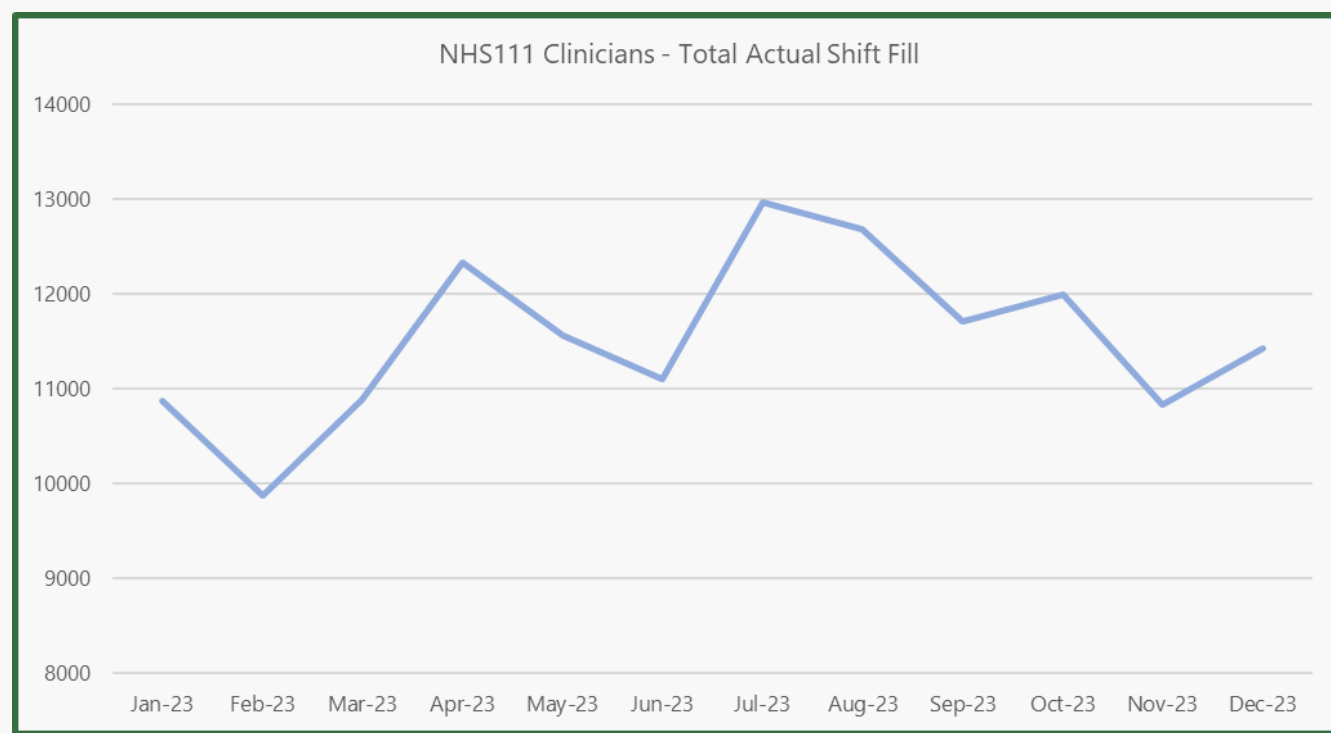
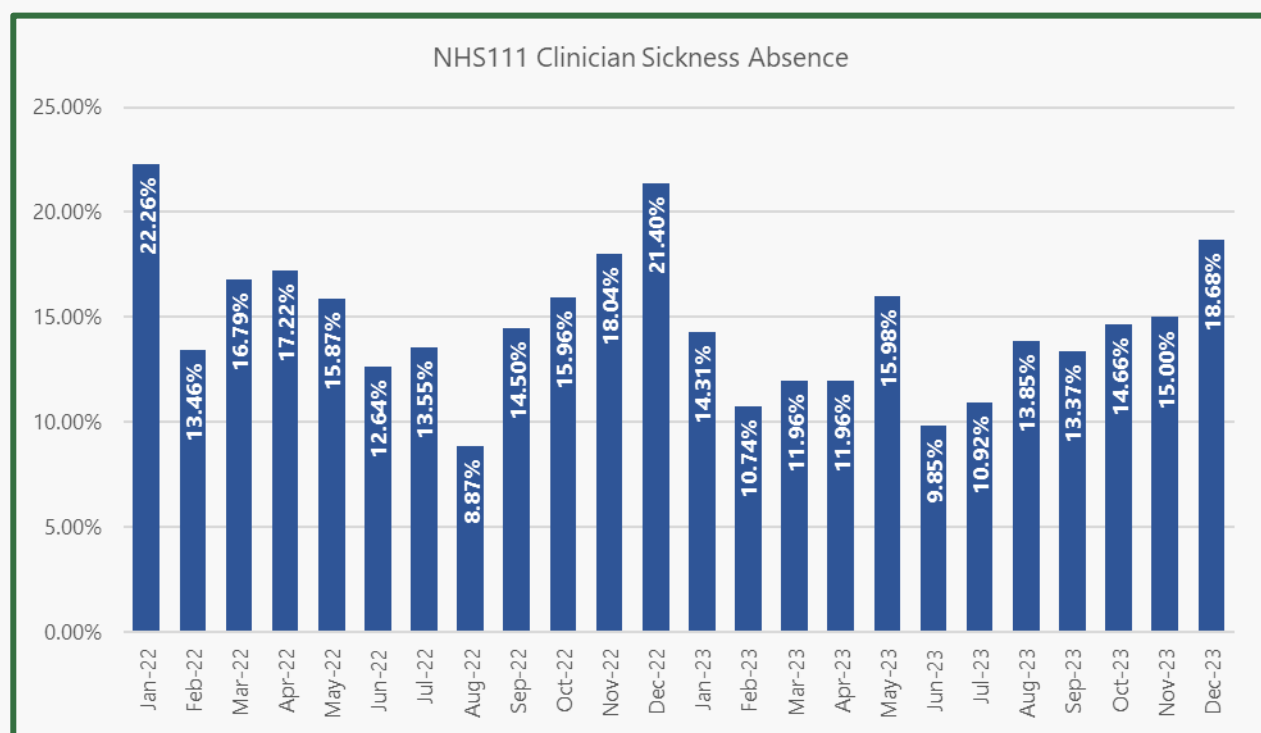
As during December 2022, there was a significant spike in demand during December 2023, although performance levels did not decline as much as in previous months of higher demand, due to the increased staffing levels in place, which has helped to mitigate against these increased demand levels.

Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. At present 100.71 FTE (Sep-23) nurses and paramedics are in post, and commissioners have indicated that they have funding available for 102 WTE., albeit this could change next year. ORH however have indicated that 140 FTE are required to achieve the KPIs.

Expected Performance Trajectory

The Trust has now moved into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. As highlighted above, the increased demand during December 2023 did negatively impact upon performance, albeit not to levels seen during previous demand spikes, and it is anticipated that the service will return to delivering and achieving the targets again, once demand returns to normal monthly levels.

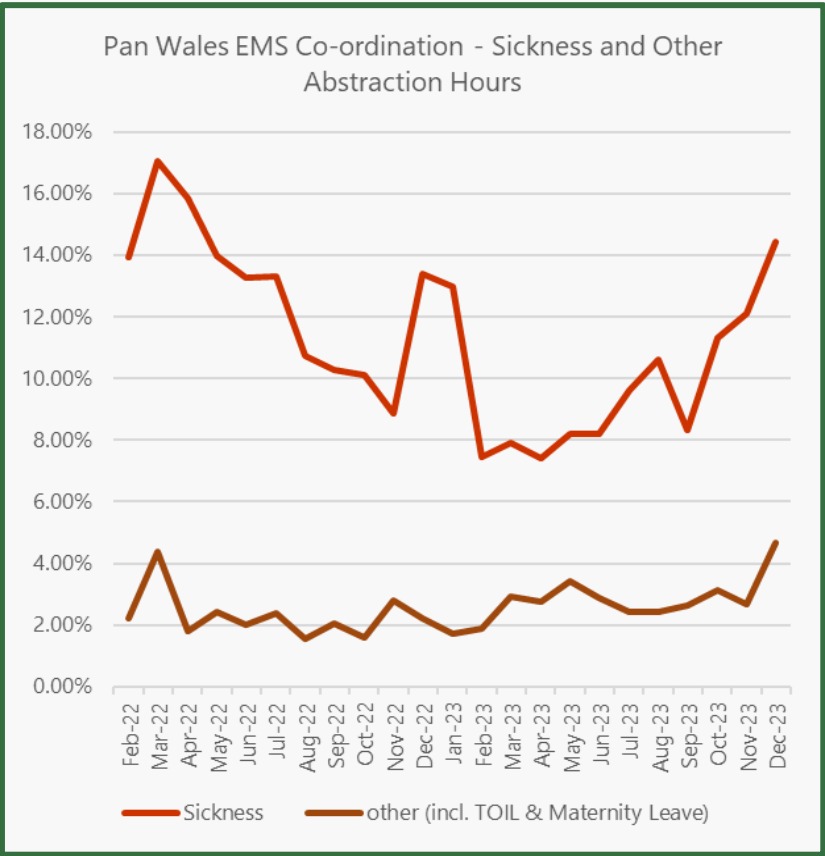
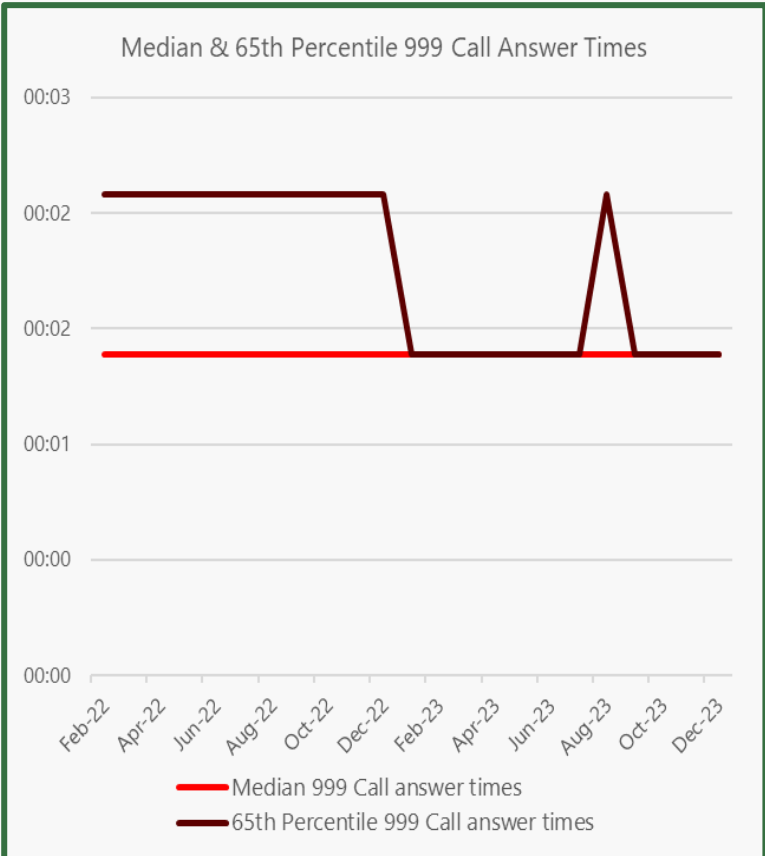
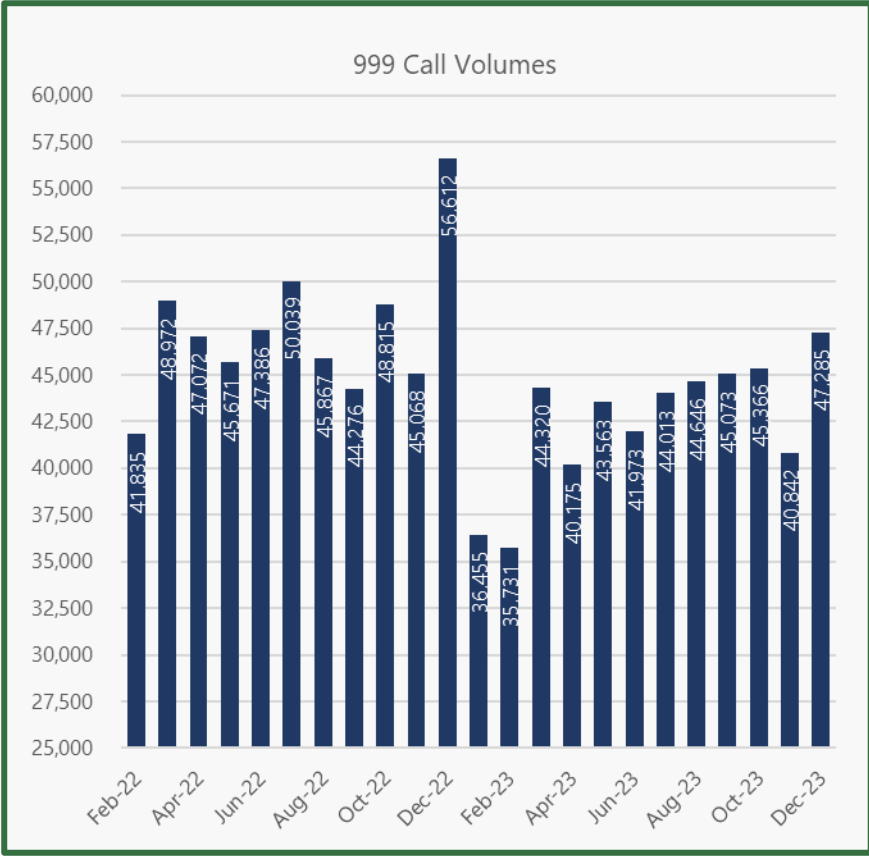
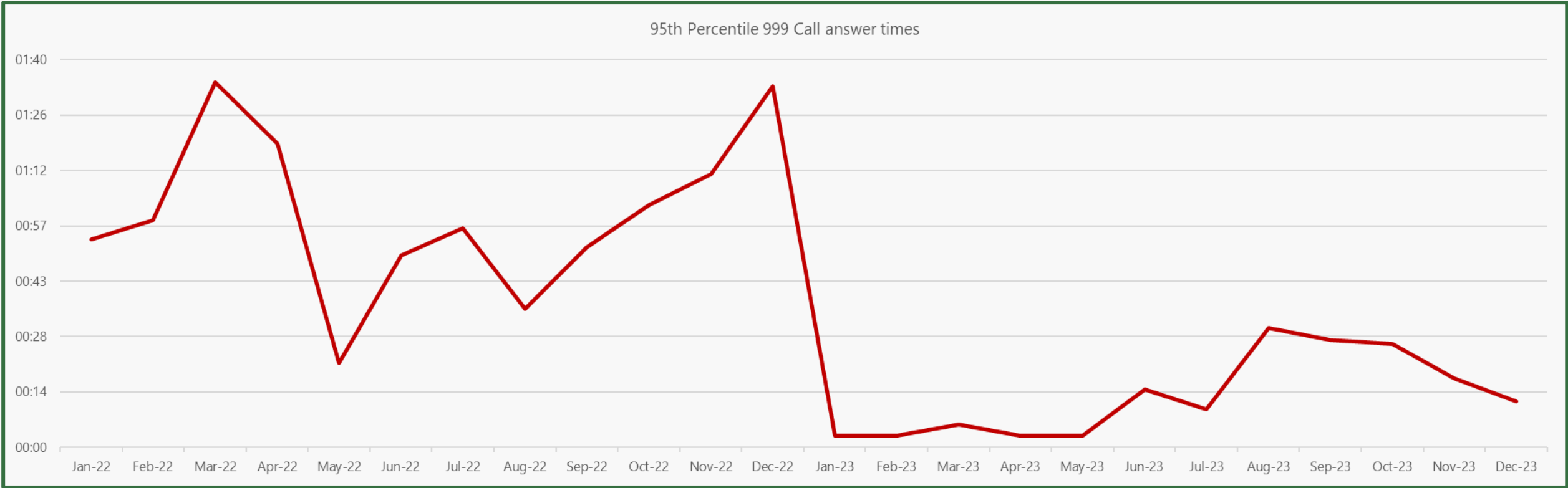
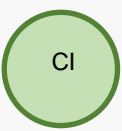


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



Analysis
The 95th percentile 999 call answering performance improved to 12 seconds in December 2023, down from 18 seconds in November 2023, but remained above the 6 second target. The median call answer time for the 999-service remained consistent at 2 seconds.

The Trust received 47,285 emergency 999 calls in December 2023, an increase from the 40,842 calls received during November 2023.

Overall sickness abstractions within EMS Coordination have risen over the past four months, after being on a downward trajectory until April 2023, rising to 14.4% in December 2023. The EA hours produced has declined slightly since June 2023, whilst overall sickness has been on an update trajectory since July 2023. These factors are likely to be having an impact on overall call answering performance which has not achieved the 6 second target since May 2023.

- Remedial Plans and Actions**
- Call takers are over established at call taker by 4.979 WTE, following ongoing recruitment.
 - There is a further recruitment drive ongoing for Feb and March which should provide an additional 36 WTE (if successful in recruiting) which would mitigate against attrition as well as the Bryn Tirion move to Ty Elwy.
 - Over establishment has been approved for EMSC by the Executive Director of Operations
 - Intelligent Routing Platform is now in operation following configuration changes.
 - Three workstreams are being progressed through the EMS Reconfiguration project (the complete reconfiguration has not commenced due to cost pressures required to fund the agreed model approved by ELT). This is on hold currently but will re commence in the next few weeks pending outcome and approval of a proposed new Structure for EMSC. This will require consultation.

Roster Review. Having successfully implemented an EMD roster review in February 23 the project has now progressed to commencing a dispatch roster review for Allocators and Dispatchers. About to restart, after the revised structures were agreed at Operations SLT in early January 2024.

Boundary changes. EMS Coordination intend to realign dispatch boundaries to balance workload and pressures for individual dispatch teams About to restart as above..

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

Expected Performance Trajectory
Performance is expected to get back on track as demand levels decrease and actions being taken to improve performance take effect.

Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

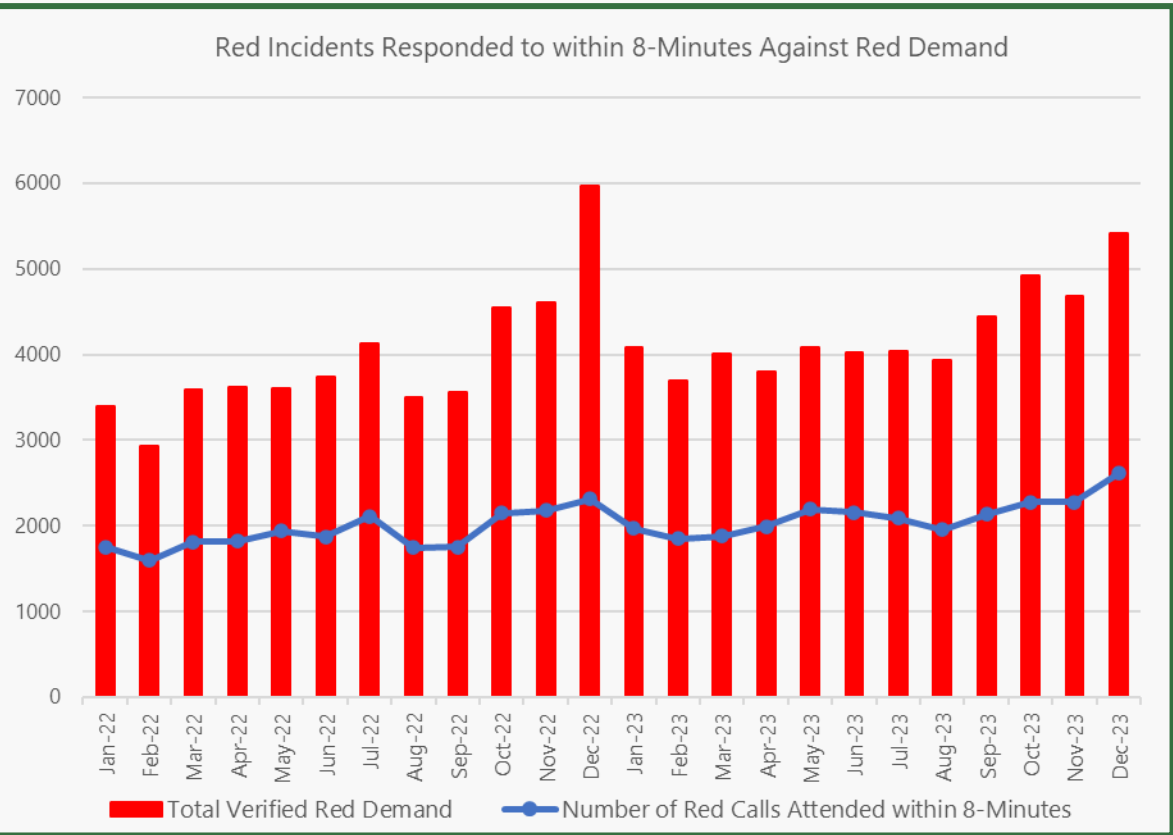
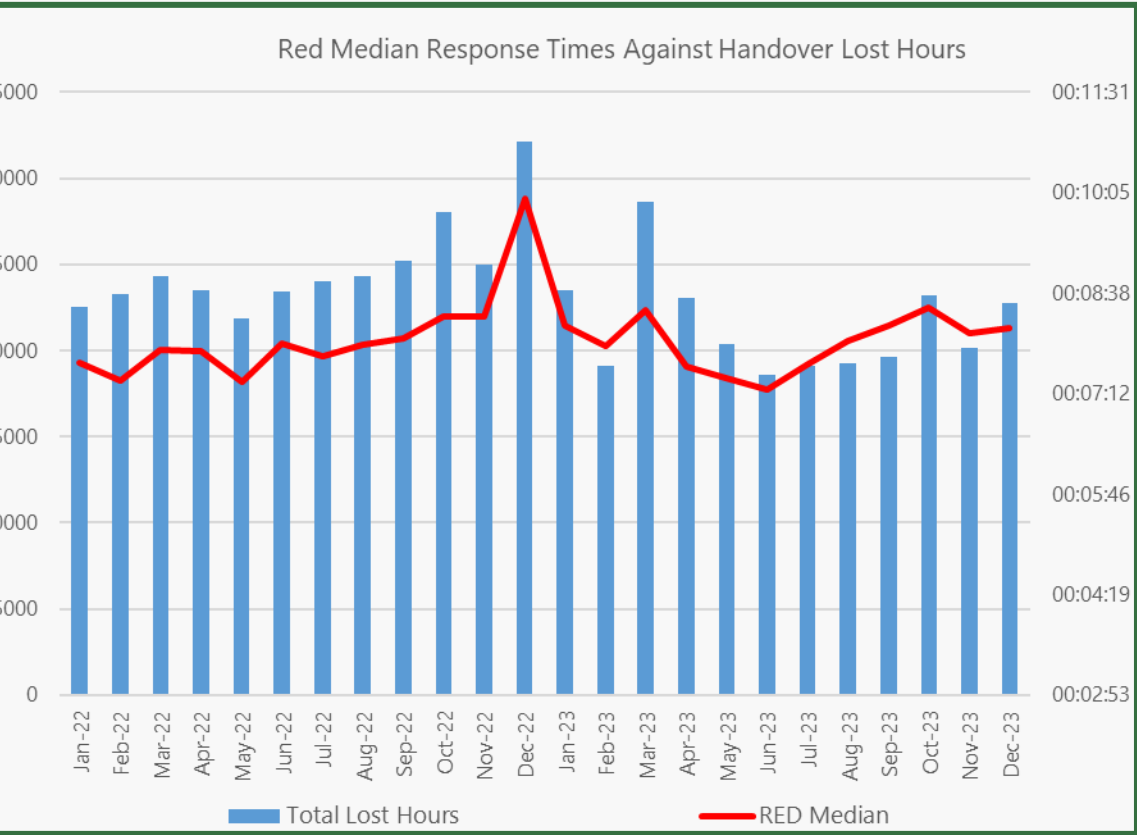
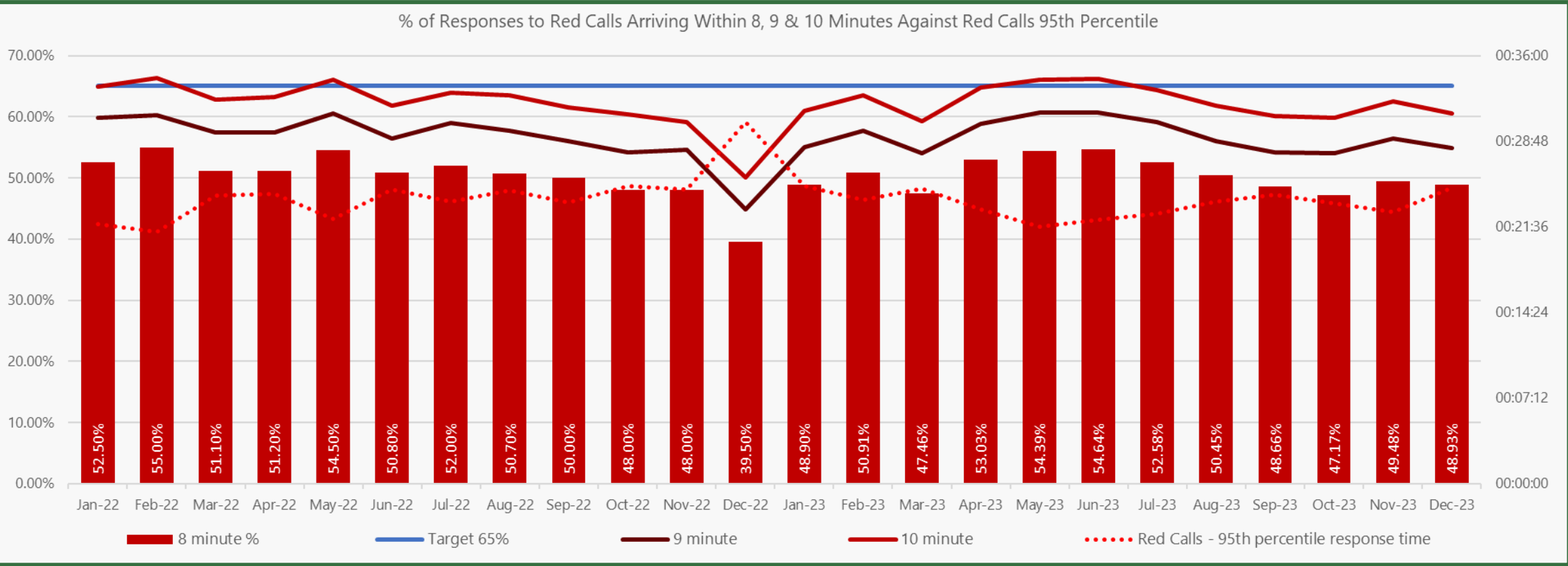
65%
R

95%
R

QUEST

FPC

CI



Analysis

Although Red 8-minute performance continues to remain below the 65% target, it only declined marginally during to December 2023 to 48.93%. Although this is a slight deterioration on the November 2023 percentage (49.48%), it is still an improvement on the figures recorded in both September and October 2023, when demand was significantly lower than that seen during December.

Red 10-minute performance for December 2023 was 60.5%, down slightly from 62.5% in November 2023.

The bottom right graph shows that as demand increased, so too did the number of Red incidents responded to within 8-minutes, with this figure increasing by 15% between November and December 2023 (n=341). This would indicate that performance in this area is remaining stable and is mirroring the rise experienced in demand during the month.

The lower left graph demonstrates the correlation between overall Red performance and hospital handover lost hours. December 2023 saw an increase in lost hours to 22,756 compared to 20,124 in November 2023, a rise of 13.1%. However, the December 2023 figure is significantly lower than the 32,098 recorded for December 2022. Overall, a decline is evident in the correlation between verified incidents and lost hours, with lost hours equating to 47 minutes per verified incident in December 2022 compared to 36 minutes per verified incident in 2023.

Remedial Plans and Actions

The main improvement actions are:

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

Expected Performance Trajectory

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

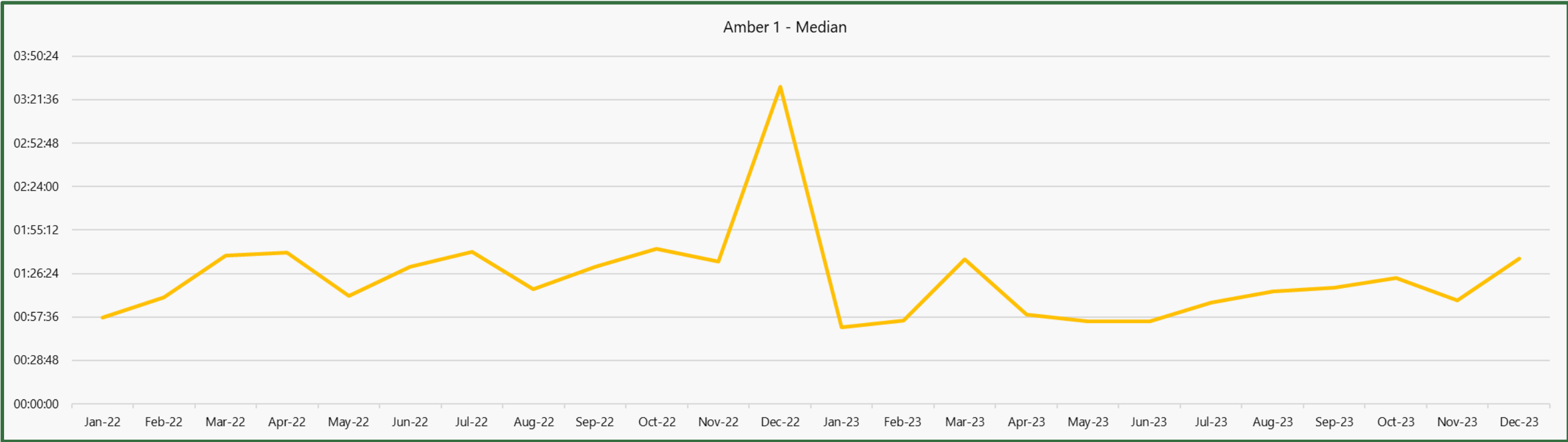
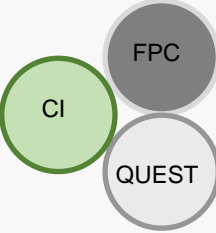
*NB: Data correct at time of abstraction

Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

Amber demand increased by 12.7% in December 2023 compared to November 2023, rising from 23,617 verified incidents to 26,622. This however remains considerably lower than the 28,632 incidents registered in December 2022.

Amber 1 median performance time increased during December 2023 to 1 hour 36 minutes, from the 1 hour 9 minutes recorded in November 2023. Although this is the highest figure recorded in this area over the past year, as with Red performance this increase is significantly lower than that seen during December 2022, when the Amber 1 median spiked to 3 hours 30 minutes. The ideal Amber 1 median response time remains at 18 minutes, although this has yet to be achieved during the 3-year reporting period.

The Amber 1 95th percentile also increased during December 2023 to 7 hours and 6 minutes from 4 hours 45 minutes in November 2023.

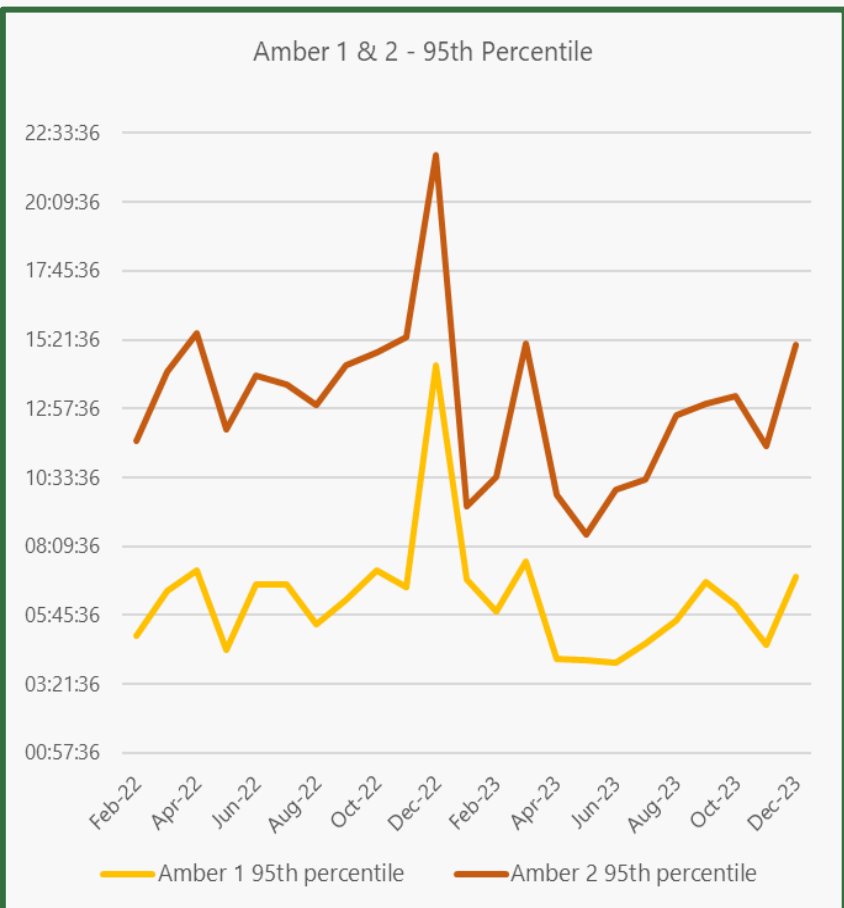
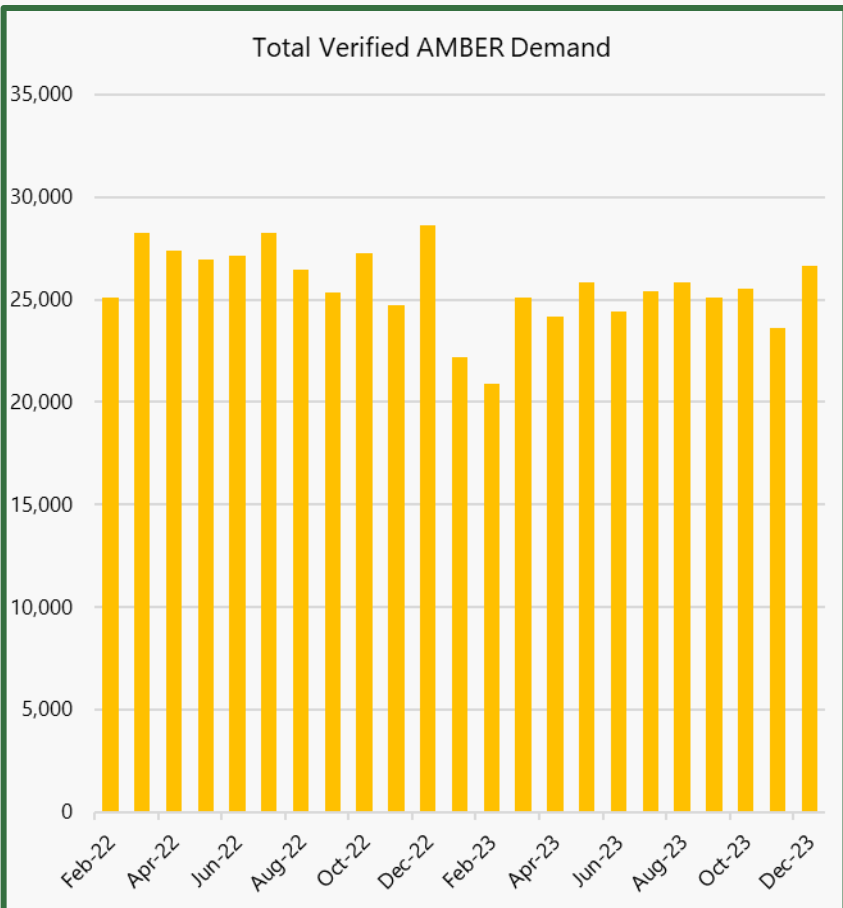
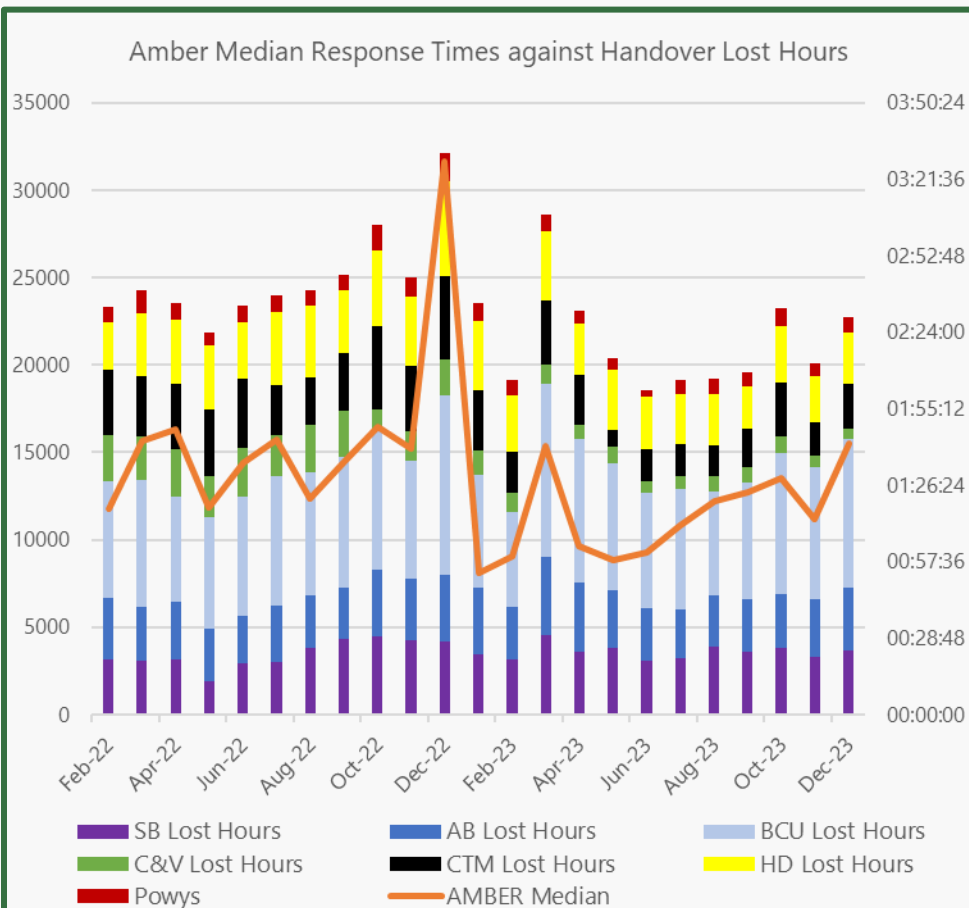
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

Remedial Plans and Actions

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

Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments and system efficiencies, not all of which are within the Trust's control. This programme is now coming to an end, but the Trust is now well advanced with the strategic EMS Demand & Capacity Review.



Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Oncology

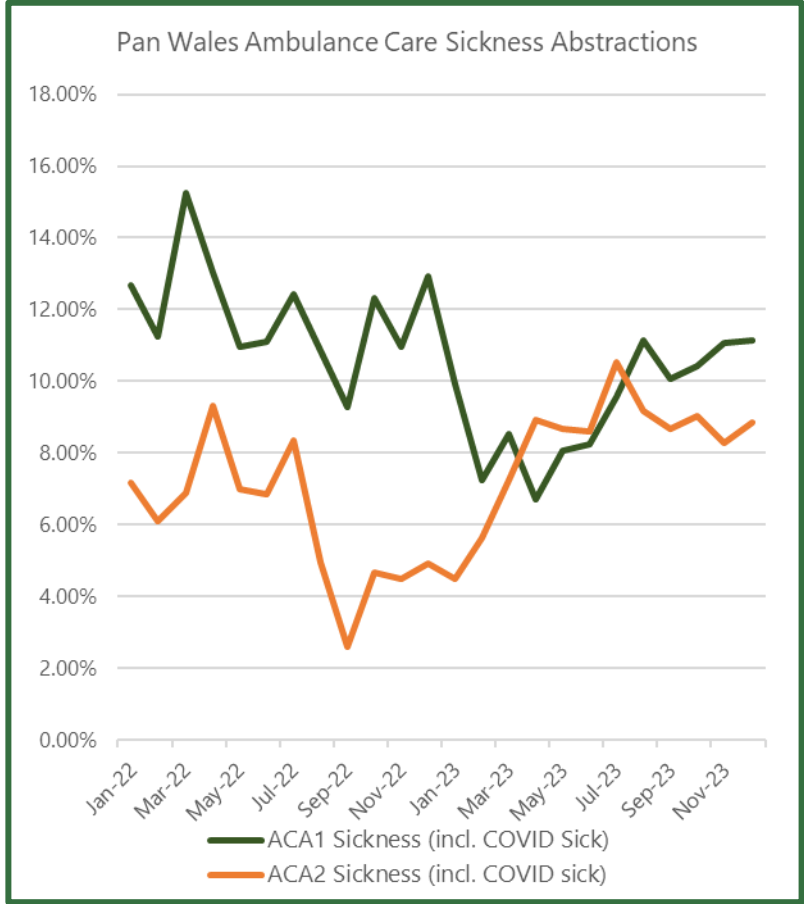
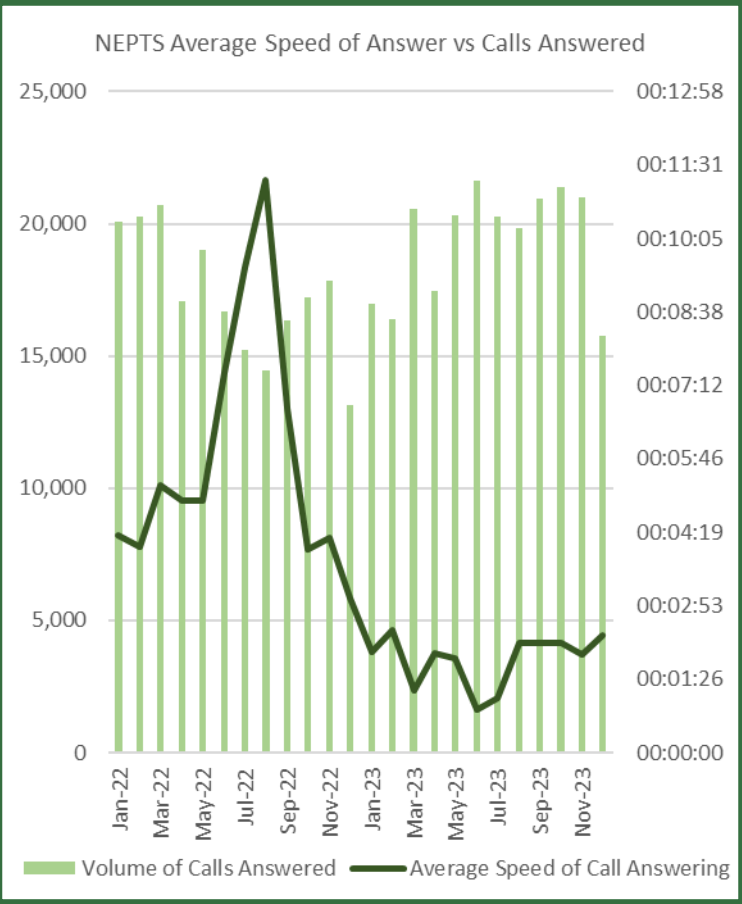
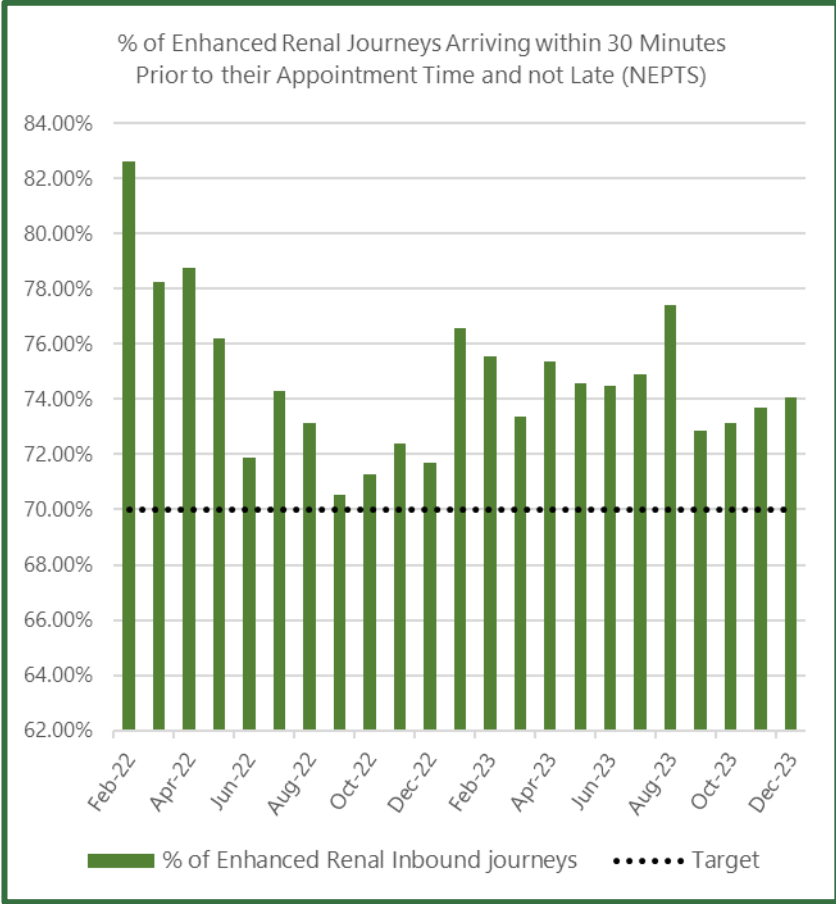
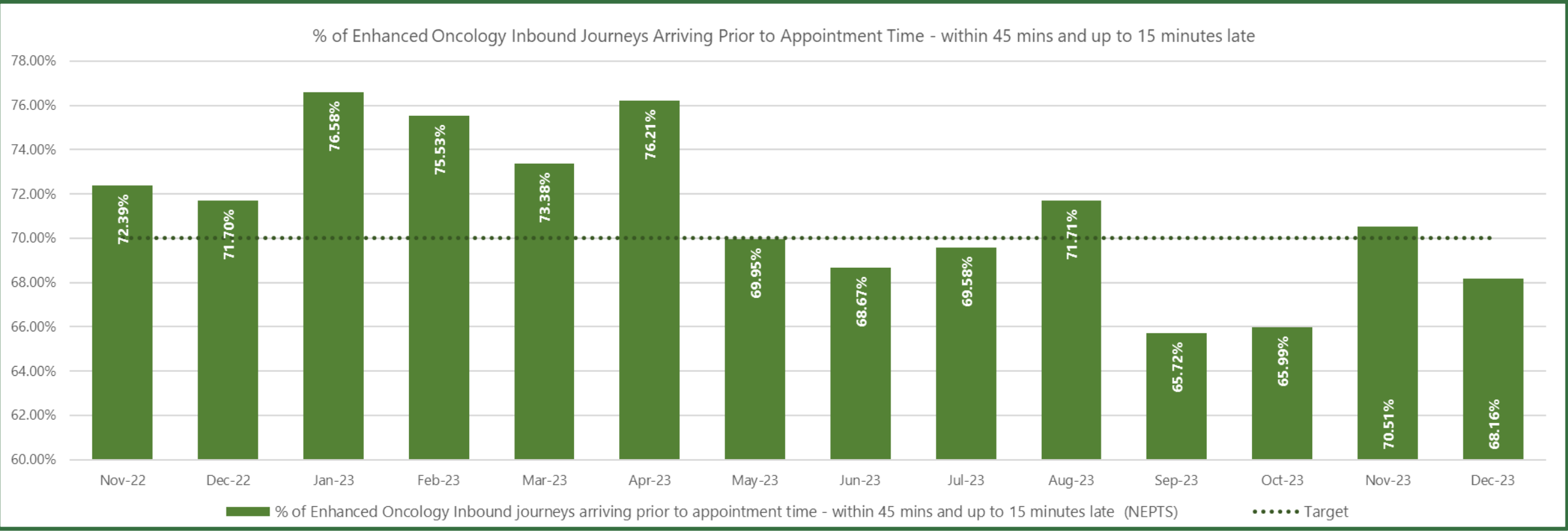
A

Welsh Calls

A

FPC

CI



Analysis
Ambulance Care (NEPTS element) performance decreased slightly during December 2023. 68.1% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, a decrease from 70.5% in November 2023, and failing to achieve the 70% target. Enhanced Renal journeys, however, saw an improvement, from 73.6% in November 2023 to 74% in December 2023.

Overall demand has continued to increase as the planned care system continues to reset. In particular:-

- Completed journeys for Patients requiring Ambulance Transport – Non T1 & C3 mobility (exc. Discharge & Transfer) are at or in excess of levels seen prior to the pandemic.
- Oncology journeys in particular have increased significantly since April 2023 and in June 2023 were at levels not seen since 2019.
- There has been a notable increase in requests for discharges from the ED. This correlates with EMS no longer facilitating these requests.

Call volumes answered decreased slightly in December 2023 (15,769) compared to November 2023 (21,023) which is to be expected with the reduced clinics running over the holiday period. Average speed of call answering increased in December 2023 (00:02:19) compared to November 2023 (00:01:55). The overall percentage of calls answered within 60 seconds declined slightly in December 2023 to 53.09%, compared to November 2023 (57.7%).

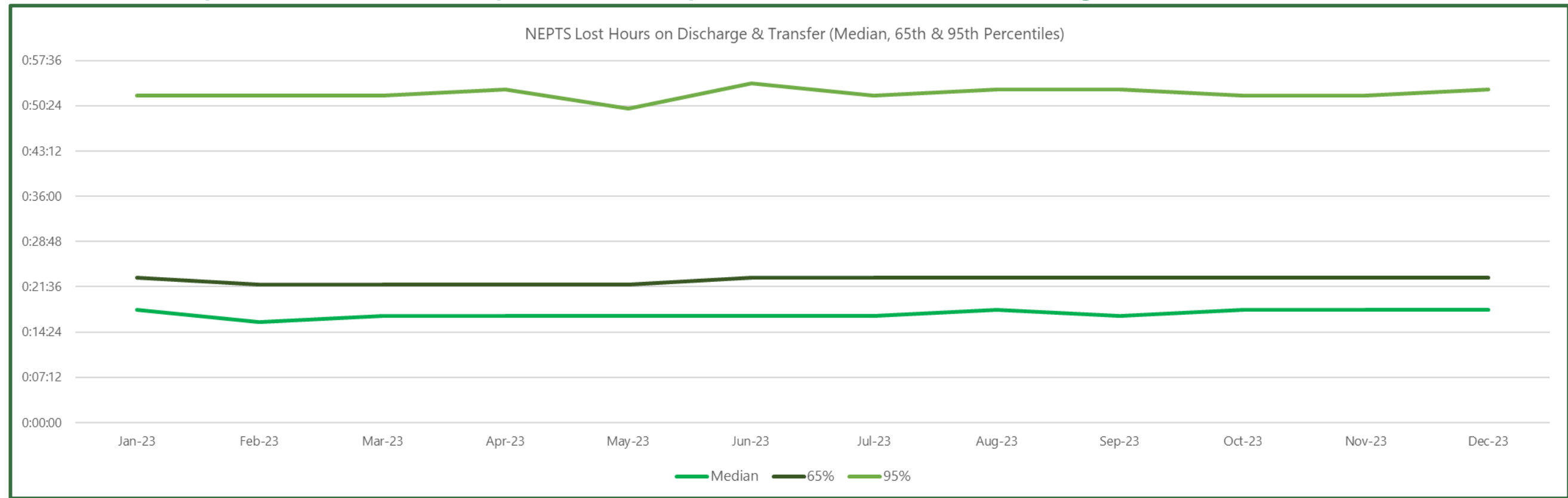
ACA1 (NEPTS) sickness increased in December 2023 to 11.16% compared to November 2023 (11.08%). ACA2 (UCS) sickness also increased to 8.84% in December 2023 compared to November 2023 (8.27%).

Remedial Plans and Actions

- Local management teams are working closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.
- The renal hub has begun the transformation from a renal only service into an enhanced service hub focused. The first piece of work they will focus on will be the creation of a group of oncology focused volunteers and a buddy system for those patients that have regular transport patterns. This will improve patient experience and performance.
- A separate workstream has also been created focused on data management on ready and pick up times. It is believed that this will improve overall performance and ensure a more robust data set.

Expected Performance Trajectory

With the implementation of the above actions, it is anticipated that Oncology performance will improve over Q3. Initial improvement trends have already been seen after just a few of the actions have been partly implemented.



Analysis
Time lost on discharge and transfer pickup has remained consistent for some time now with minimal variation experienced.

The data shows that the average time lost over the past 12 months is 17 minutes, which includes time from arrival at site to when the patient is loaded on the vehicle. The hope is that over time this can be reduced to 15 minutes.

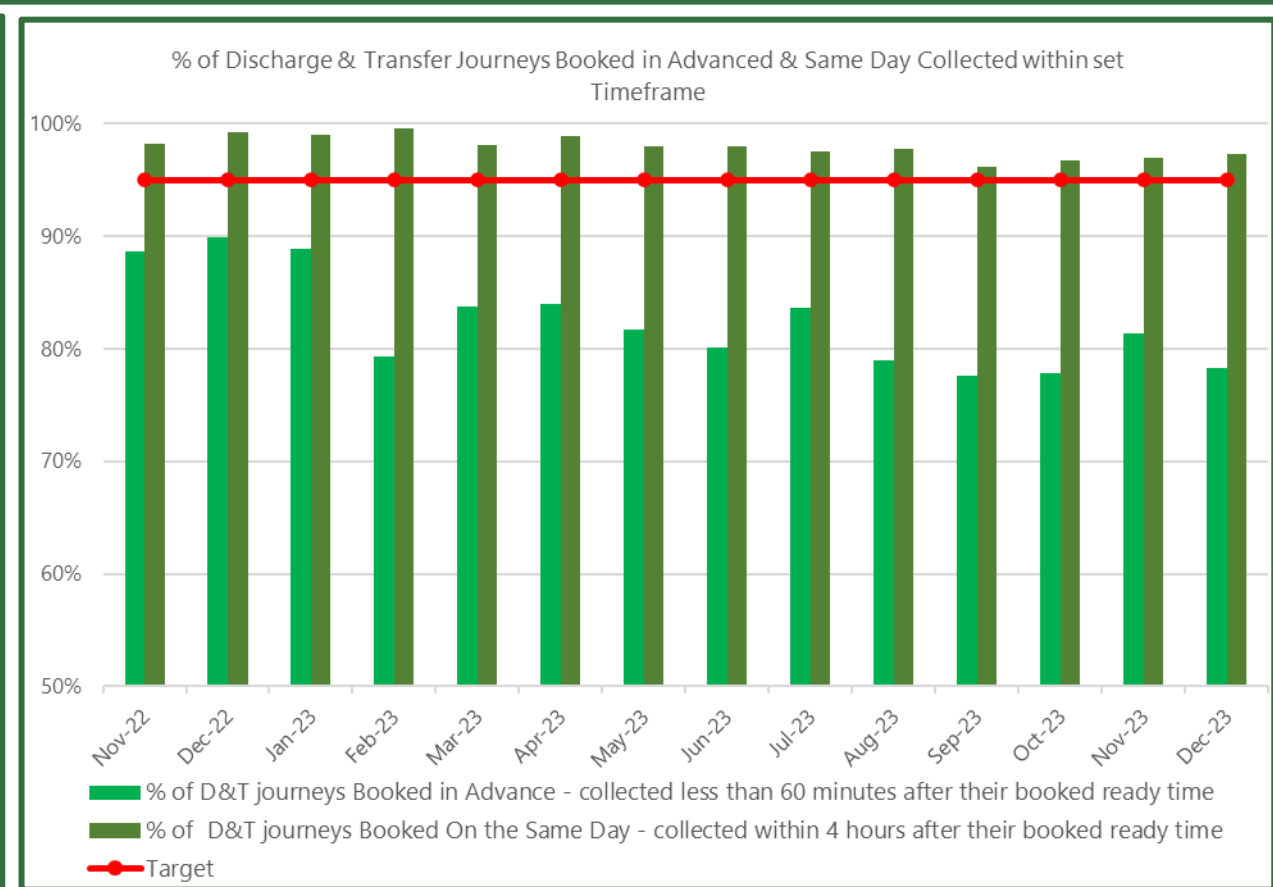
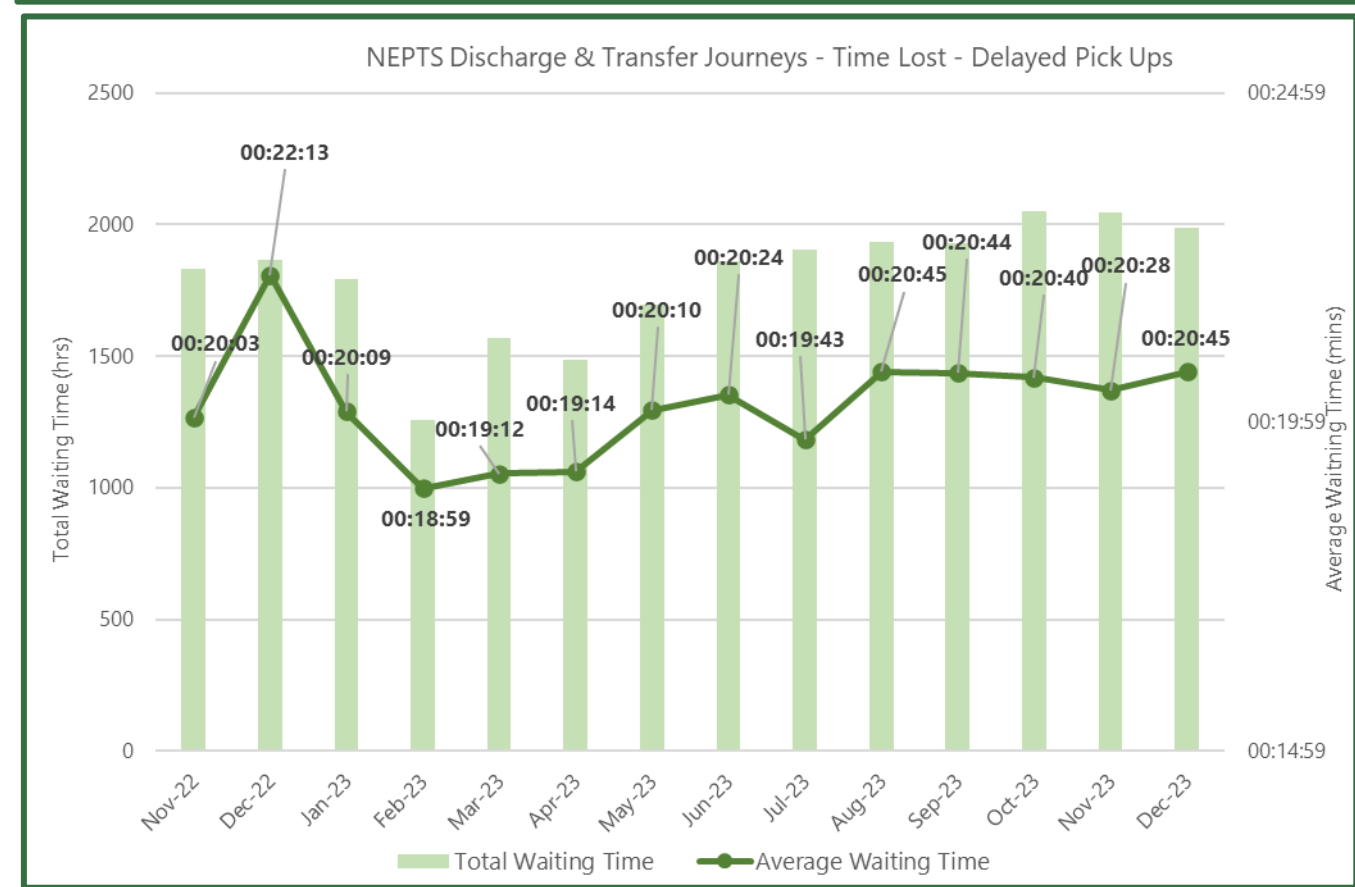
Where sites have discharge lounges, it may be possible to reduce current performance and within some sites this occurs regularly.

The main area of concern are those sites where no discharge lounge exists or where the discharge lounge is poorly located in addition to sites that have no robust process to make sure that a patient and their accompanying requirements are ready when crews arrive.

78% of discharge & transfer journeys booked in advance were collected within 60 minutes of their booked ready time, a decrease compared to November 2023 (81%), and below the 95% target. 97% of discharge & transfer journeys booked on the same day were collected within 4 hours of their booked ready time, consistent when compared to November 2023 (97%), and above the 95% target.

Remedial Plans and Actions
We have started work with BCU at YGC and CTM to develop an optimal discharge model to minimise this figure as close to the 15 minutes as is possible. This model can then be rolled out across all areas of Wales. In addition, our teams are refining our processes including making it clear to crews when to input to their MDT, the rollout of MDVS will assist with this.

Expected Performance Trajectory
Until the model is developed and rolled out, we do not anticipate any significant variation in this data. However, we continue to work with sites and the teams to identify opportunities to reduce.



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

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

ROSC/Stroke/STEMI

A

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST

Stroke

Month	Total Cases	Bundle Compliance (%)
Jul-22	332	82.5
Aug-22	372	78.6
Sep-22	342	79.1
Oct-22	347	78.2
Nov-22	362	80.2
Dec-22	310	79.4
Jan-23	435	76.2
Feb-23	418	76.6
Mar-23	428	72.2
Apr-23	375	80.1
May-23	452	74.5
Jun-23	422	74.6
Jul-23	478	78.8
Aug-23	410	74.6
Sep-23	415	75.7
Oct-23	415	76.4
Nov-23	442	77.9
Dec-23	408	75.3

Return of Spontaneous Circulation (ROSC) at Hospital

Month	Total Cases	Bundle Compliance (%)
Jul-22	285	16.9
Aug-22	280	18.4
Sep-22	280	16.7
Oct-22	275	21.6
Nov-22	255	15.9
Dec-22	432	14.2
Jan-23	305	17.8
Feb-23	255	15.9
Mar-23	305	14.0
Apr-23	265	16.0
May-23	295	20.1
Jun-23	247	22.3
Jul-23	247	19.1
Aug-23	255	23.8
Sep-23	262	22.1
Oct-23	290	17.1
Nov-23	252	22.2
Dec-23	300	17.6

ST Elevation Myocardial Infarction (STEMI)

Month	Total Cases	Bundle Compliance (%)
Jul-22	62	32.3
Aug-22	90	43.9
Sep-22	95	51.0
Oct-22	75	44.0
Nov-22	80	51.3
Dec-22	57	37.9
Jan-23	88	49.4
Feb-23	85	42.1
Mar-23	80	46.3
Apr-23	80	38.3
May-23	98	47.5
Jun-23	92	34.8
Jul-23	83	32.5
Aug-23	95	48.4
Sep-23	75	46.0
Oct-23	85	53.5
Nov-23	88	42.6
Dec-23	70	40.6

Analysis

The percentage of suspected stroke patients receiving an appropriate care bundle in December 2023 was 75.3%. This was a slight decrease from the 77.9% recorded in November 2023. This was against a total case number of 409 during the month of December. There is a correlation between documenting FAST and the care bundle, this will inform the improvement plan.

The ROSC rate for December 2023 was 17.6% a decrease from 22.2% in November 2023. This was against a total case number of 324 during the month of December. The highest rate recorded since the implementation was seen in August 2023, achieving 23.8% of ePCR.

Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts.

The factors that influence this may include:

- Response Times
- Bystander Resuscitation
- Response Type/Numbers

The percentage of suspected STEMI patients receiving an appropriate care bundle in November 2023 was 40.6%, a decrease from 42.6% in November 2023. This was against a total case number of 69 during the month of December. There is a correlation between documenting of Aspirin and the care bundle, this will inform the improvement plan.

All CIs remain within the normal bundle control limits

Updates to the UI for the ePCR were rolled out on 12th December 2023, in particular around elements of the application that affect the CIs

We were aware that changing from Digital Pen to ePCR necessitated a change in data collection and anticipated a reduction in compliance as Clinical Indicators are now compiled from data recorded by clinicians and is not subject to any validation process.

In addition, other UK ambulance services reported a reduction in clinical indicator compliance when using ePCR data only. We generated risk 535 with three key mitigations to work on:

- User understanding and behaviour with the ePCR application
- Adapting the user interface
- Reviewing the coding used to draw data from the data warehouse

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

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

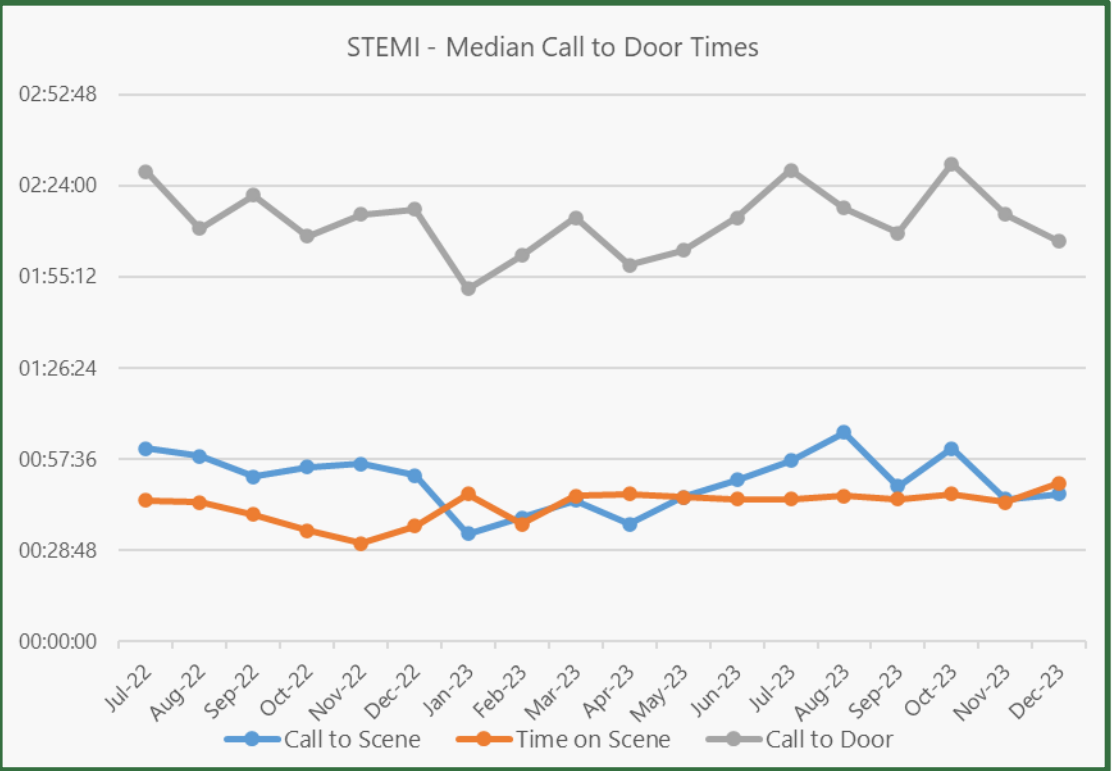
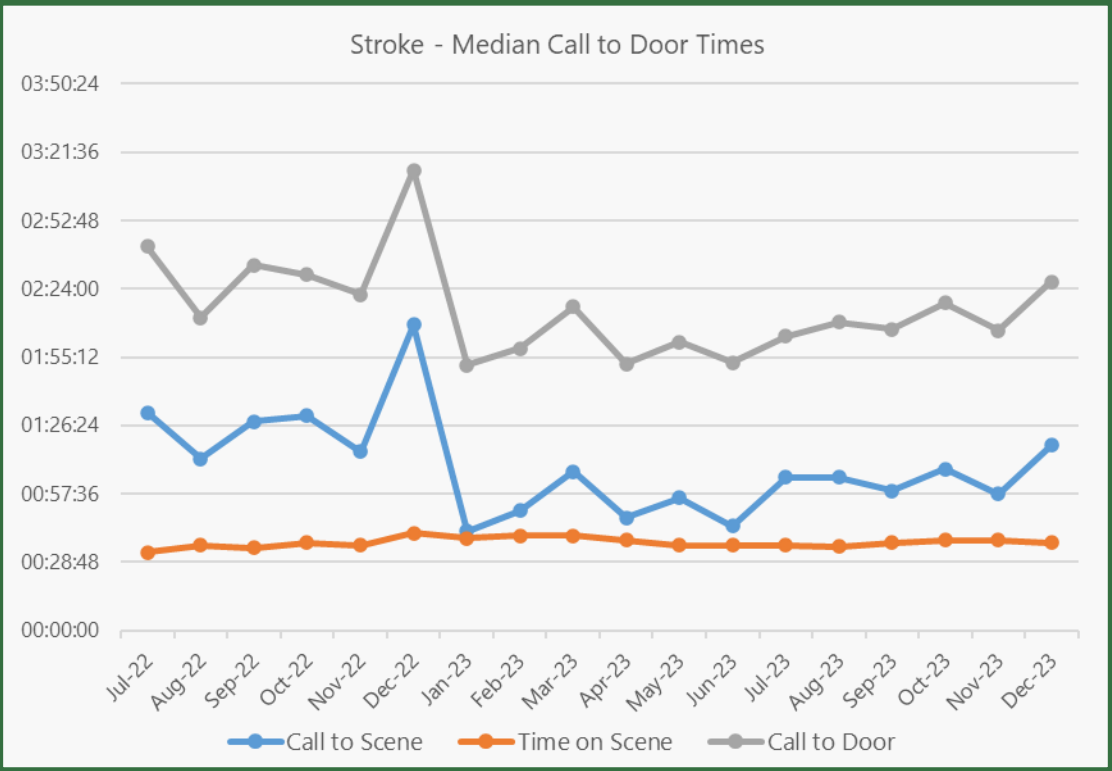
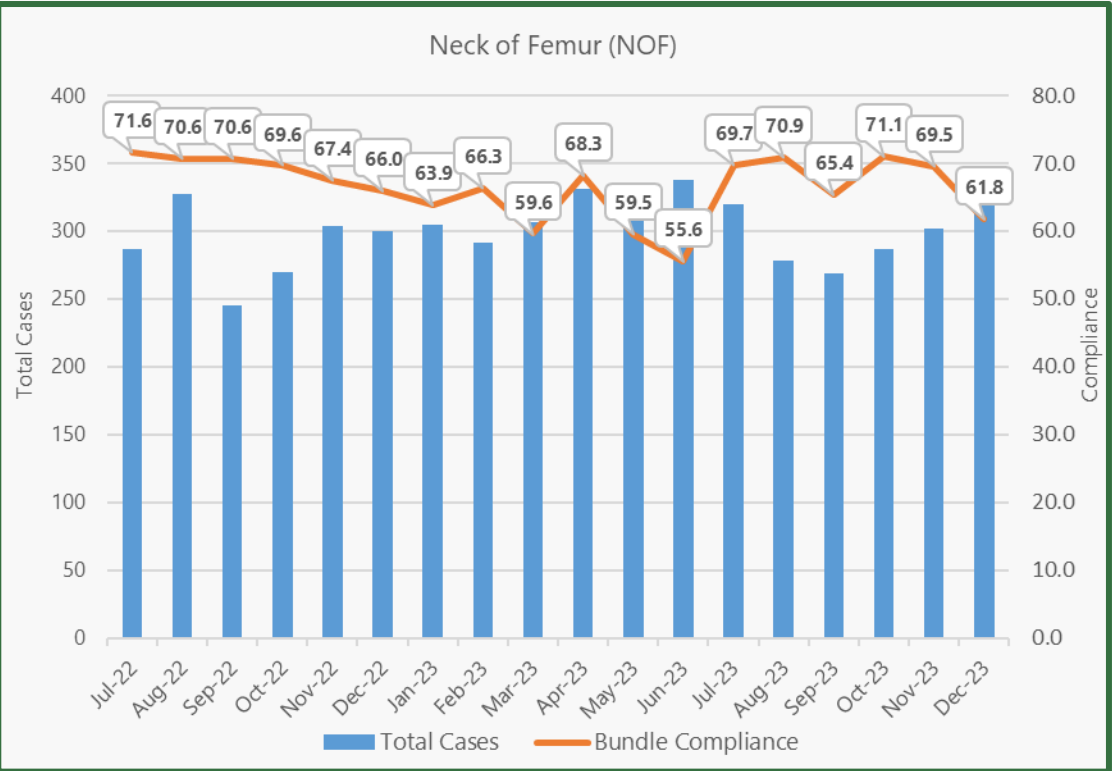
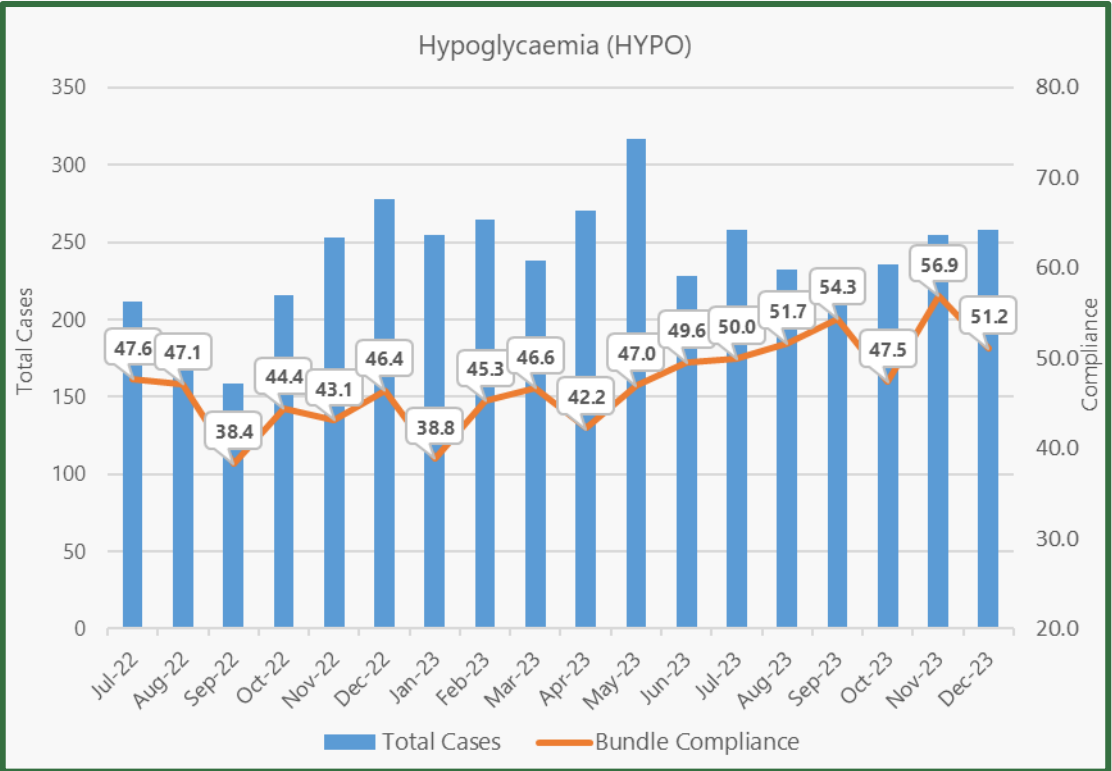
(Responsible Officer: Andy Swinburn)

Stroke Door to Doot

A

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST



Analysis
The percentage of hypoglycaemic patients receiving an appropriate care bundle in December 2023 was 51.16%, a decrease from 56.86% in November. This was against a total case number of 258 in December. There is a correlation between documenting BM readings and the care bundle, this will inform the improvement plan.

The percentage of #NOF patients receiving an appropriate care bundle in December 2023 was 61.83%, a decrease from 69.54% in November. There is a correlation between documenting pain score and analgesia and the care bundle which will inform the improvement plan.

The development to enable reporting new clinical indicators relating to call to door times for STEMI and Stroke has been completed and approved. These show the breakdown for:

- Time the call started to time of arrival at scene
- Time on scene of the conveying vehicle
- Time the call started to time of arrival at hospital

Remedial Plans and Actions
An improvement approach has been taken which includes Senior Paramedics support to discuss CIs with WAST clinicians as part of the ride-out process. A CI dashboard (v2) which includes separate diagnostic code pages for '000' & '1-183' was approved by CIAG and is now available, this illustrates performance by HB area and informs discussions.

ePCR User Interface (UI) changes resulting from recommendations based on quality assurance audits conducted for each of the CIs were implemented during December 2023. This includes a further change to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields which will improve compliance.

A pain management framework has been developed in response to an internal audit action to improve assurance on completeness of documented pain management for patients, and the ability to extract data, identifying and reporting themes and trends.

The Trust's introduction of the Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients and is our main response to improve ROSC rates. This has been in place in some areas since October 2022 and since May 2023 there has been an increase in numbers and availability.

Expected Performance Trajectory
The UI change to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields will be monitored by the ePCR Compliance Approval Group. This, along with continuing improvements in clinical supervision and the support of SPs working with the Clinical Improvement and Clinical Intelligence and Assurance Teams should increase compliance rates.

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

(Responsible Officer: Liam Williams)

Concerns.

A

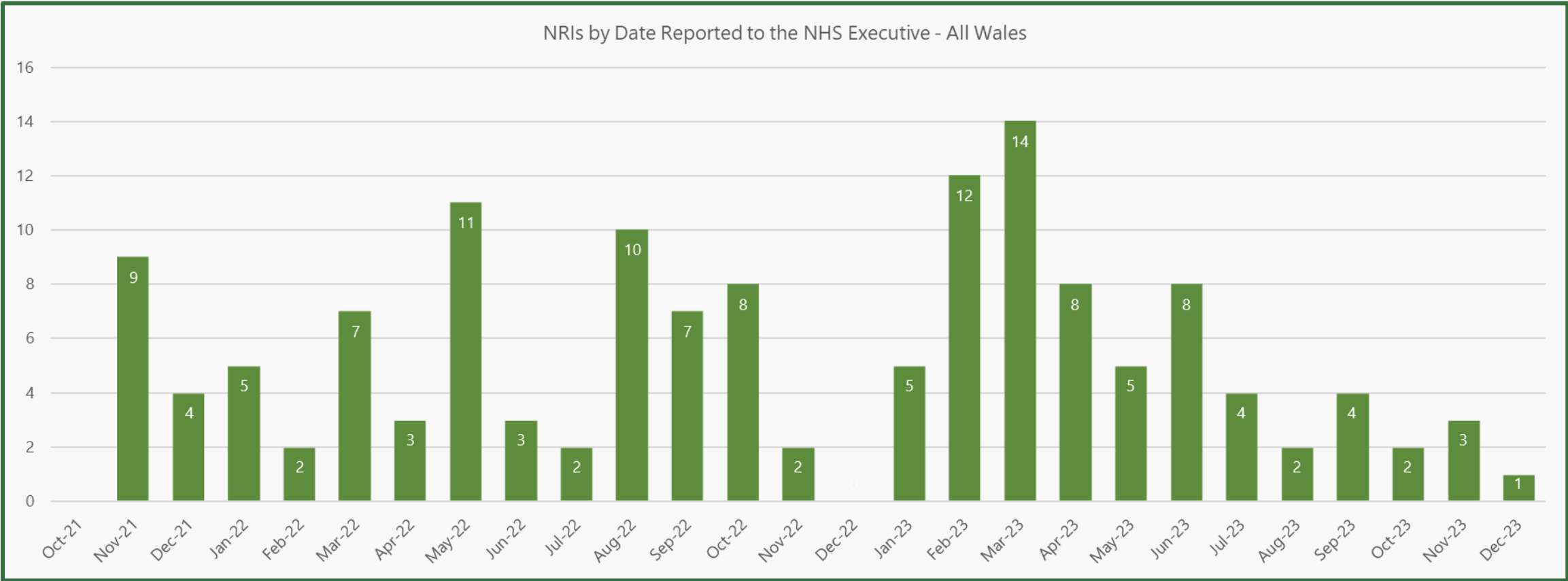
NRI.

G

Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health - Safe Care /
Timely Care



Analysis

The percentage of responses to concerns in December 2023 is 58% against a 75% target (30-day response) which is a slightly increased position. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns has increased with 95 complaints being received and processed in December 2023. These complaints are frequently complex with our concerns administrators taking lengthy calls from distressed patients or family members for up to one hour per call.

Six (6) Serious Case Incident Forums (SCIF) were held during the month and 17 cases were discussed. Following discussion 1 serious patient safety incident was reported to the NHS Wales Executive and 5 cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received no referrals from Health Boards under the Joint Investigation Framework during the period. Learning from the Joint Investigation Framework process remains limited with Health Boards citing high levels of escalation as causal factors.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families as appropriate.

Themes relating to serious patient safety incidents reported to the NHS Wales Executive (Delivery Unit) as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation, predominately ineffective breathing which is being discussed at national ambulance forums as a consistent theme.

In December 2023, 793 patients waited over 12 hours for an ambulance response and 45 compliments were received from patients and/or their families.

Remedial Plans and Actions

A range of actions are in place:-

Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the Operations Quality Team. Following financial agreement at the Executive Leadership Team in September 2023 an organisational change process commenced in the Putting Things Right Team on 25.09.2023 and posts are currently being recruited to. It is envisaged that the structure will be fully recruited to by April 2024.

Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions, both are considered at Board sub-committee level and at Trust Board.

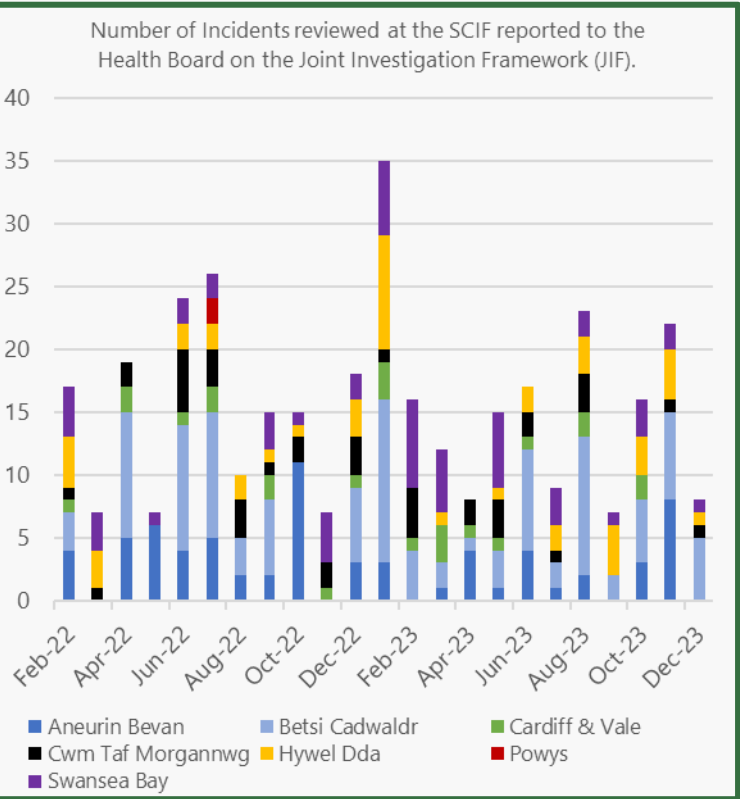
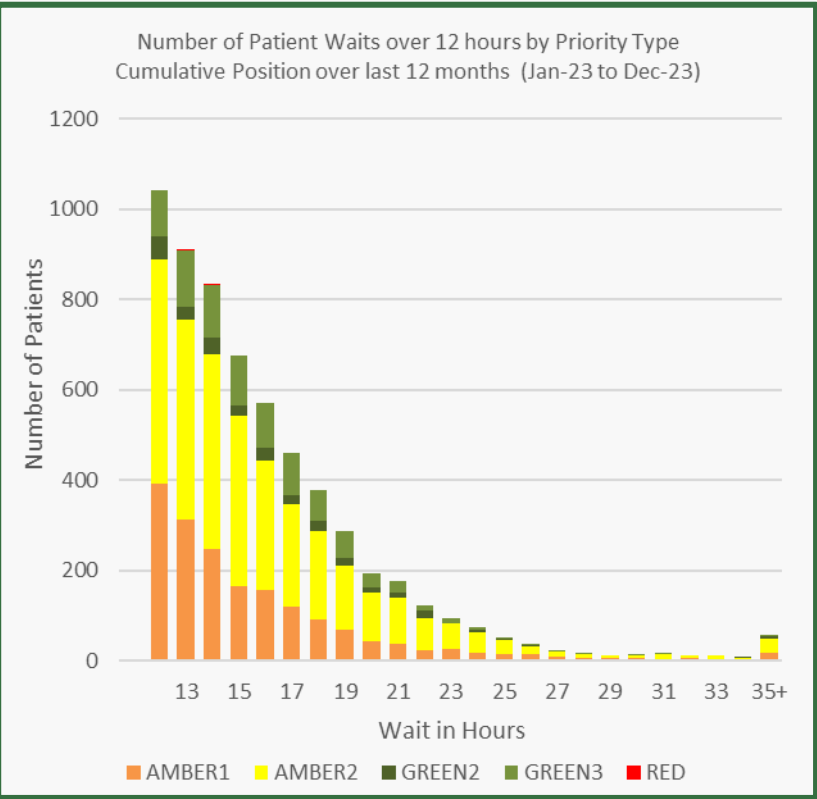
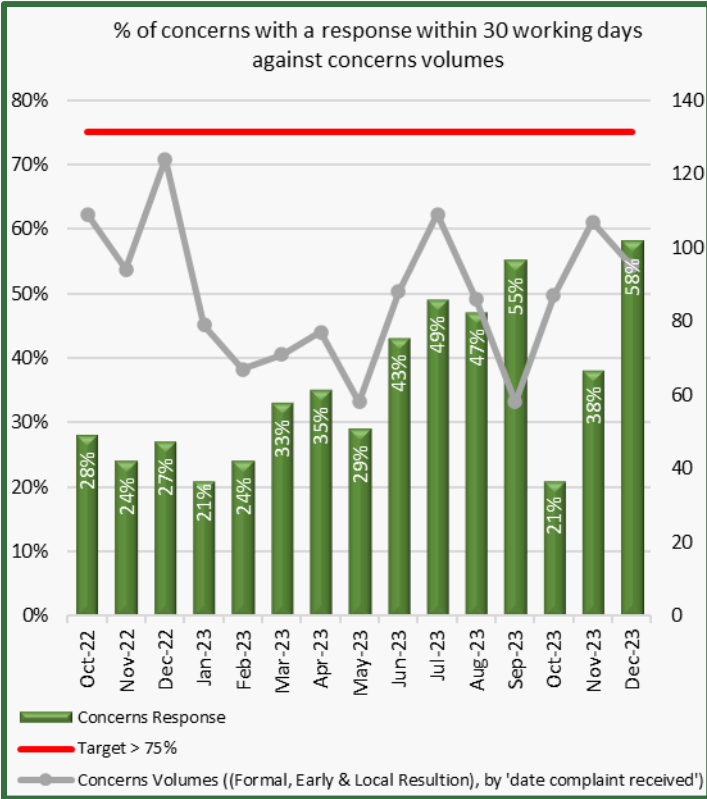
The key strategic action is the EMS Operational Transformation Programme.

Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions, both are considered at Board sub-committee level and at Trust Board. The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

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

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



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

**NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated

Our Patients: Quality, Safety & Patient Experience

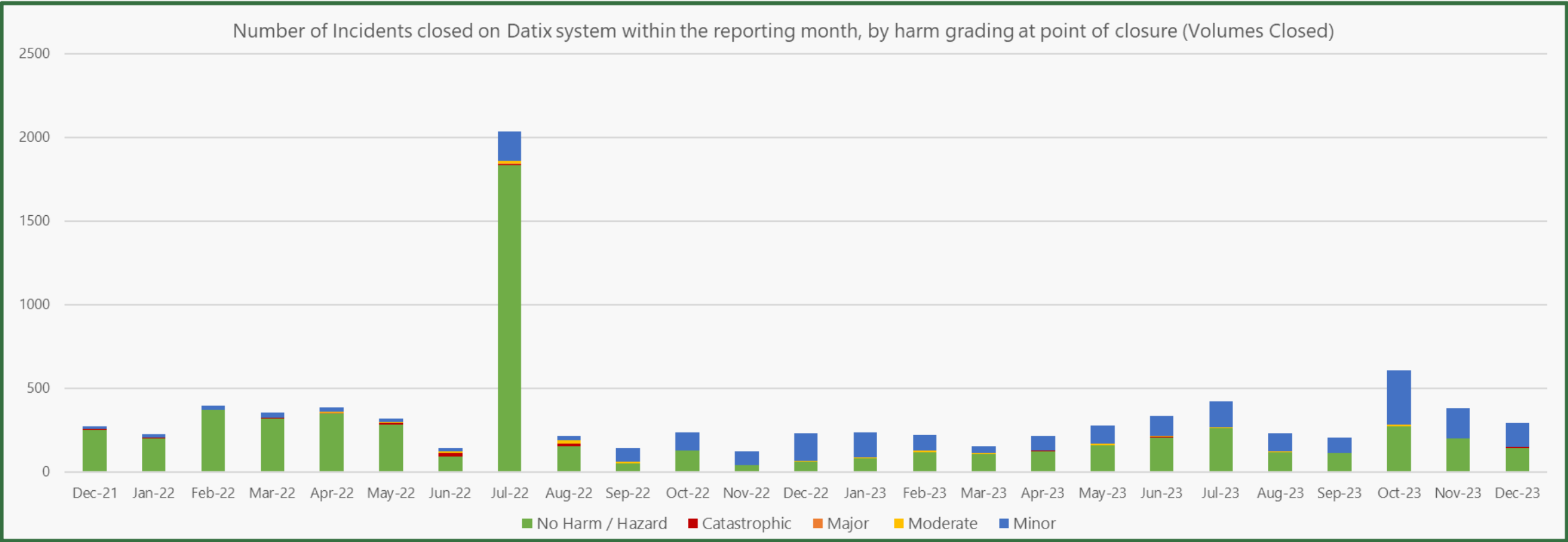
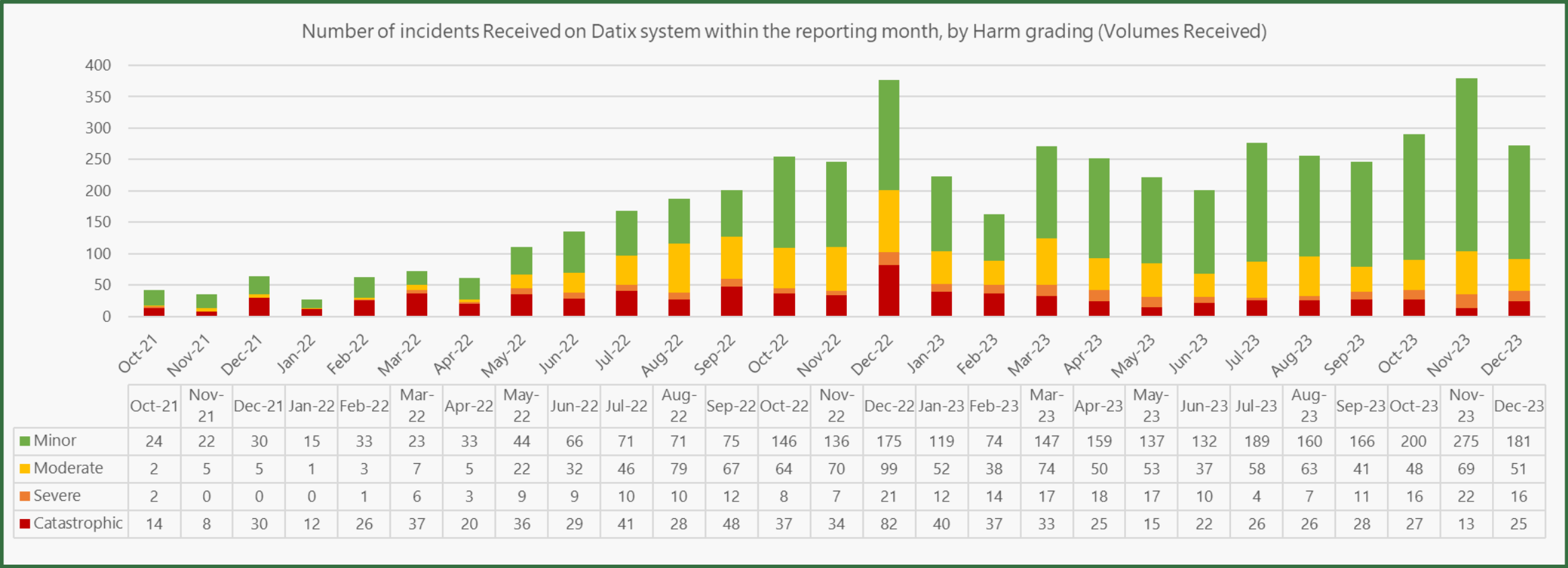
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis
Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed. All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported and further work to develop a dashboard is in progress. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

No harm or hazard – 97
Minor harm – 184
Moderate harm - 51
Severe Outcomes - 16
Catastrophic - 25

(*NB: Volumes received).

The bottom graph highlights the 293 Incidents that were closed on the Datix system in December 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions
Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. The combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service has meant additional activity for the Putting Things Right Team.

The Putting Things Right Team organisational change process is progressing with posts being recruited to. This new structure has considered our local and national priorities and resources to meet the needs of our patients and families and is expected to be fully recruited to by April 2024.

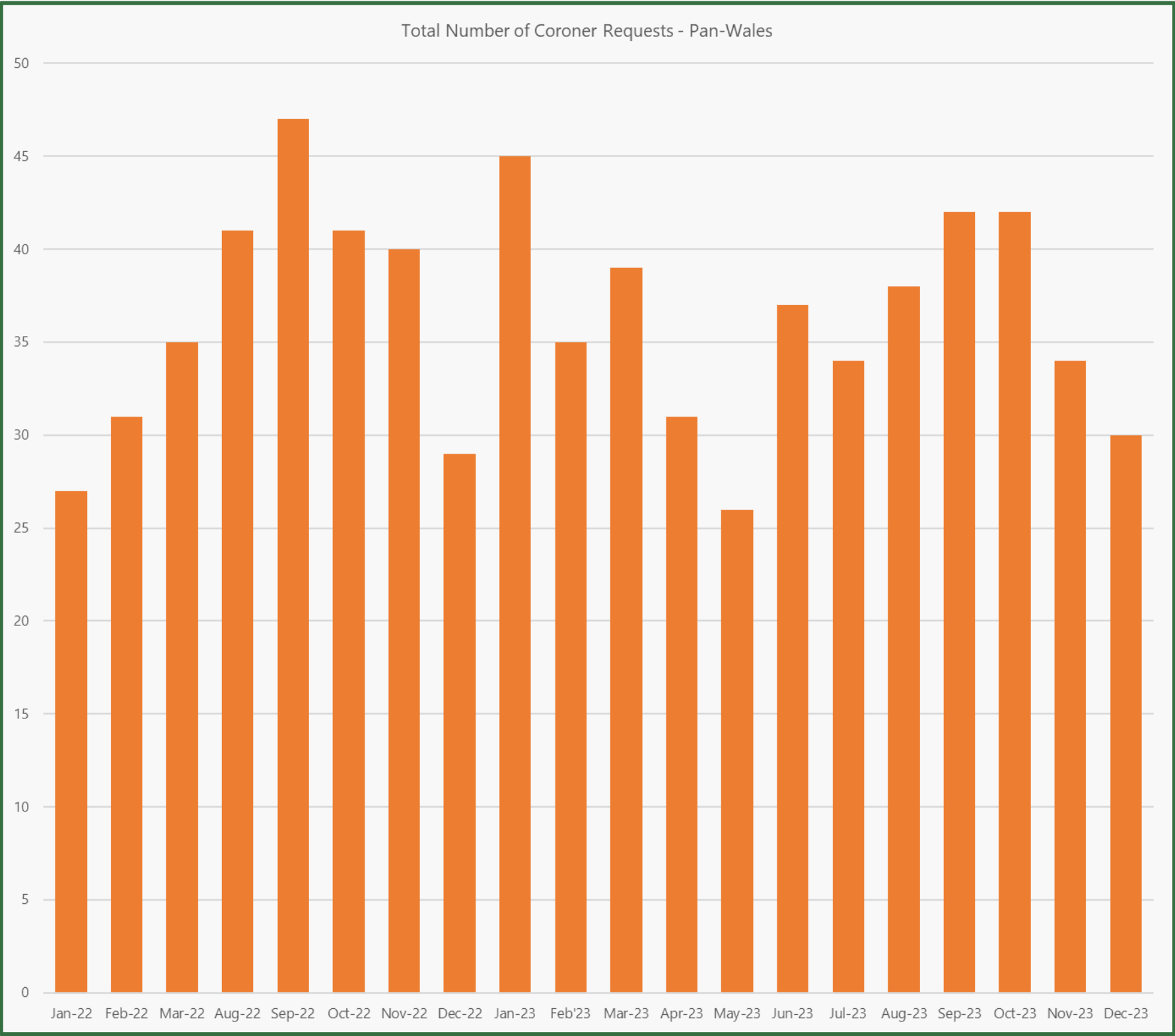
The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

Expected Performance Trajectory
The Trust will continue to identify quality and safety improvements through the Putting Things Right processes.

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

Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators



*NB: Temporary graph at All-Wales level: The Trust is currently unable to report Coroner requests at Health Board level due to the implementation of the new Datix system

(Responsible Officer: Liam Williams)

Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care

Analysis

Coroners: The complexity of the cases remains high, with multiple statements and actions per approach. This is in addition to the work required to manage cases where the Trust has been given IP status. Cases continue to be registered and distributed. Delayed statement requests are escalated to ensure that the Trust does not receive a Schedule 5 summons. At the national network, all Health Bodies reported an increase in both volume and complexity of the coronial work post pandemic. There continues to be additional work due to the illness of the Trust solicitor/claims manager.

Ombudsman: There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the Patient Safety Team and clinical colleagues as available. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. Feedback from the Medical Examiner Service in respect of themes and trends include timeliness in response to patients in the community, handover of care delays and patients on the end-of-life care pathway being conveyed to acute care. Currently the focus of the Medical Examiner Service is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service by April 2024. An increase in activity for requests / reviews for the Trust is expected when this occurs.

Remedial Plans and Actions

Coroners: There continues to be additional work due to the illness of the Trust solicitor/claims manager. A temporary staff member's contract has been extended to the end of the financial year to try and minimise the impact of the additional work. This has resulted in the Trust being represented by external counsel (such as Legal and Risk Solicitors), all these cases require the instruction of counsel (preparation of bundles, instruction,).

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

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews aligning to the national approach. This includes consideration of the resources required in the new Putting Things Right (PTR) Team structure with additional roles included in the Patient Safety Team. Recruitment to the new structure is expected to be completed by April 2024. Representation and contribution by the Trust at the All-Wales Mortality Working Group continues. The task and finish group established to review the process for contacting families following their meetings with the Medical Examiner Service has concluded with agreements in place that families will be signposted to current PTR processes in Health Boards and Trusts. The Patient Safety Team are engaged in the meetings lead by the Once for Wales Datix Cymru Team who are developing the Datix Cymru Mortality Module. The Learning from Deaths Forum, chaired by the Assistant Director of Quality & Nursing is established and is currently meeting on a monthly basis, with oversight and reporting to the Clinical Quality Governance Group. Following the finalisation of the All-Wales National Mortality Framework which will include the processes in primary care, the Learning from Deaths Forum will oversee the updates to the Trust's Framework.

Expected Performance Trajectory

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

Ombudsmen: Learning has been placed in a Patient Safety Newsletter, for sharing pan-Wales.

Mortality Review: Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by April 2024 and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via PTR processes internally through the Serious Case Incident Forum. Following the recruitment to the new PTR Structure (expected by April 2024) improvements in the timely review of MES referrals is expected.

Mortality Reviews Data source: Internal Web Application

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officer: Liam Williams)

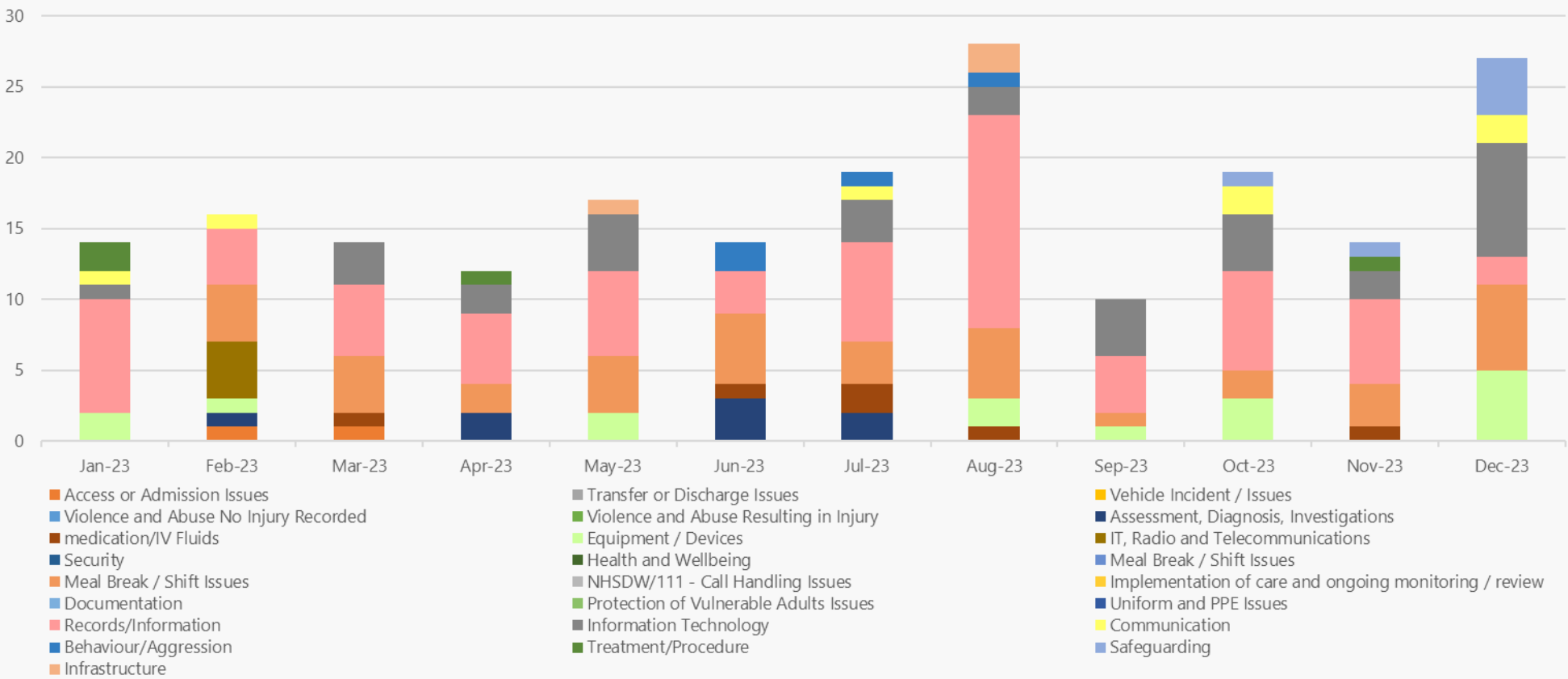
Self-Assessment:
Strength of
Internal Control:
Strong

QUEST

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Standard
Health – Safe Care

Safeguarding Data source: Doc Works

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



Analysis

Safeguarding: In December 2023 staff completed a total of 186 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 581 referrals were received and processed to the local authority. There have been 188 Child Safeguarding Reports in December 2023, 93% of these were processed within 24 hours.

Data Governance: In December 2022 there were 27 information governance (IG) related incidents reported on Datix Cymru categorised as an IG breach. Of these 6 related to information governance/confidentiality, 2 records/information, 8 Information Technology, 4 safeguarding, 2 communication, and 5 equipment/devices.

Public Engagement: During December, the Patient Experience and Community Involvement Team attended 19 community engagement opportunities, engaging with approximately 227 people. This month engagement has included attendance at a number of mental health events and coffee mornings, where we listened to people tell us about their experiences of using the services we provide and how their mental health impacts their ability to manage their physical health and wellbeing. We attended a number of co-production forums, sharing information and best practice about how we can work in partnership more effectively and we also continue to meet regularly with colleagues from Llais as the national Citizen Voice body for Wales, maintaining an open dialog and sharing relevant information and opportunities to collaborate. During December we continued to make a range of Patient Experience Surveys (PREMs) available, asking people to provide feedback about their interactions with our services. Engagement and survey outcomes remain largely consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999, but that people are generally happy with the care they eventually receive. 111 callers have told us they experienced long waits for their calls to be answered and long waits for call backs. NEPTS users said that overall, they continue to be happy with the transport they receive but experience longer than wanted delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

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

Data Governance: Of the 27-information governance related incidents reported on Datix, 0 incidents were reported to the Information Commissioner's Office (ICO). The IG Team will continue to review and provide advice on reported incidents.

Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECE Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PECE Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Response rates to some of our PREM's surveys is disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. We are actively working with colleagues across the Trust in a number of different departments to try and agree on solutions that would allow us to directly contact more patients to ask for feedback about their experiences with us. We have escalated our concerns to barriers which are preventing us from directly contacting patients to colleagues at the Welsh Risk Pool who oversee implementation of the Once for Wales Civica & Datix systems. We are seeking their advice on a way forward following a letter to WAST from the Welsh Risk Pool which highlighted WAST as an outlier in not fully utilising all of the available features in Civica to record and report on patient experience.

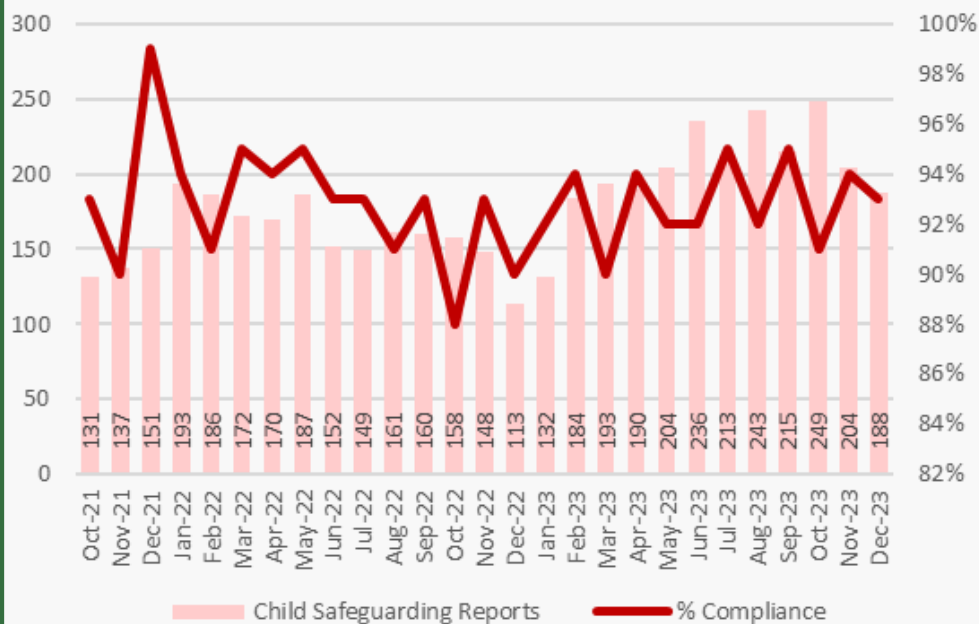
Expected Performance Trajectory

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

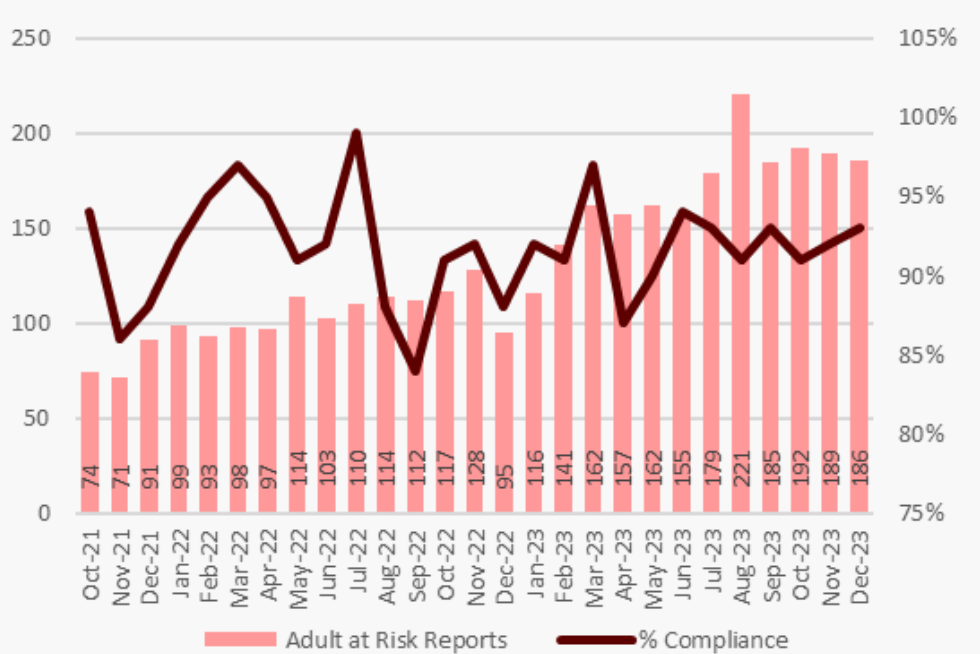
Data Governance: The IG Toolkit submission for FY22/23 continues to be populated. A weekly meeting has been established to monitor the population of the IG toolkit and outstanding actions. The action plan for the Minimum Expectations criteria currently stands at 52% completed.

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

Number and Percentage of Child Safeguarding Reports sent within 24 Hours



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



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

Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

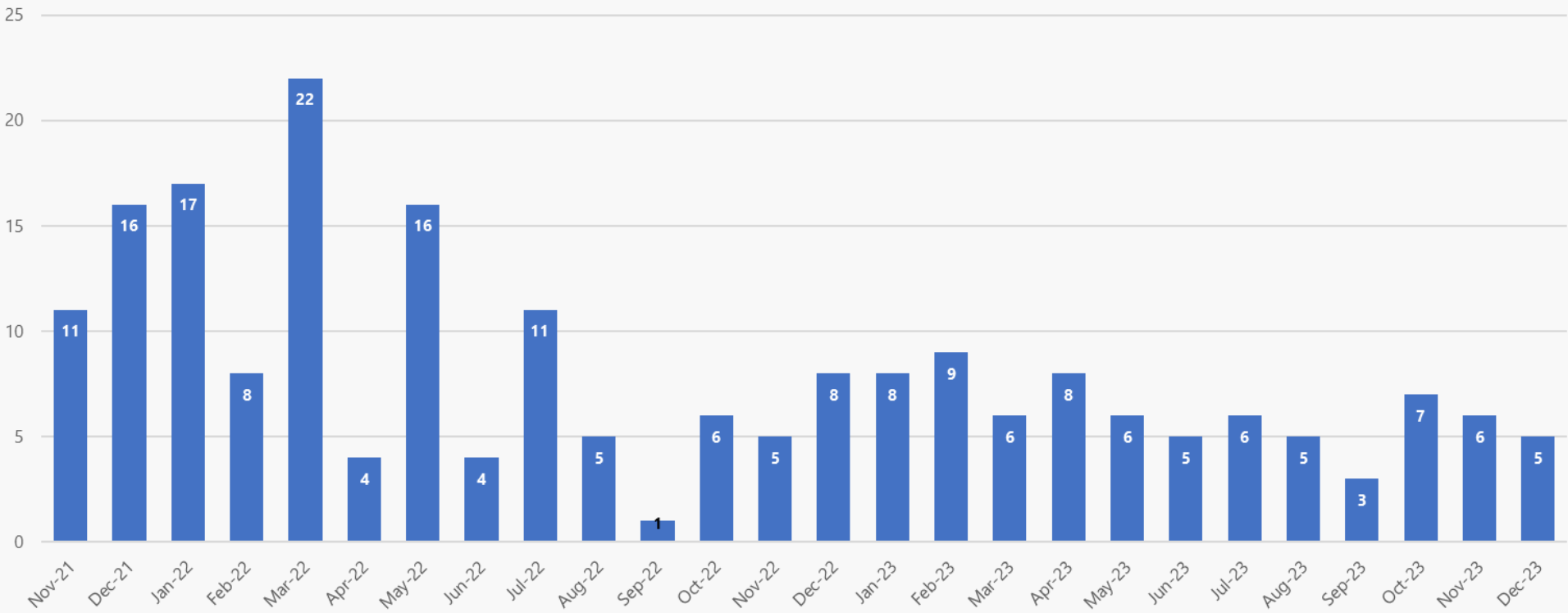
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

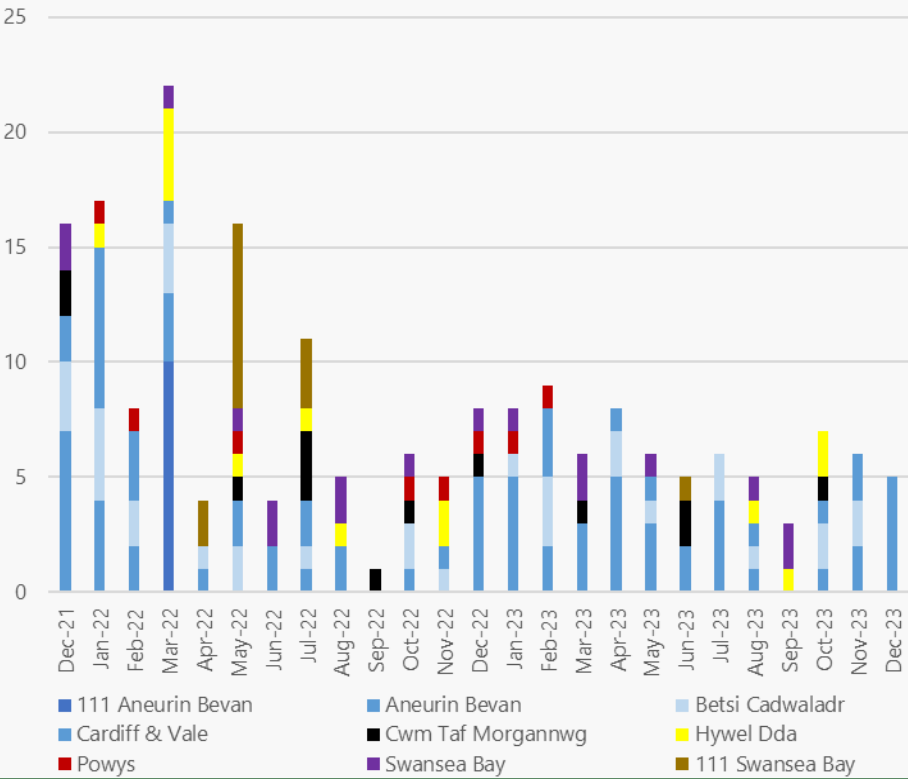
PCC

Health & Care
Standard
Health – Safe Care

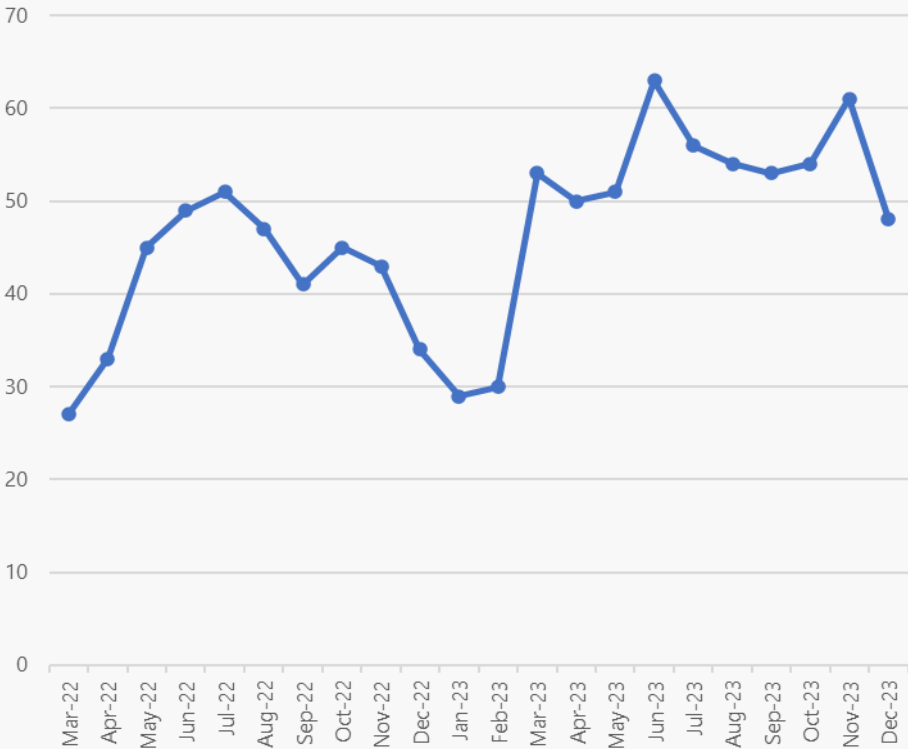
Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Total Violence & Aggression Reports by Month



Analysis

RIDDOR: There were 5 incidents requiring reporting under RIDDOR during December. All were due to staff being absent from work for over 7 days as a result of their injury. 100% of the reports were completed within the reporting required time frames.

Health and Safety team will continue to work with Incident Handlers to ensure reports are submitted within the required timescales

3 injuries are a result of manual handling operations were recorded during the month with 2 reports resulting from slip/trip or fall incidents.

Violence and Aggression: A total of 48 incidents have been reported of V&A in December. 1 Sexual Assault and 2 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 45 for the month.

Sexual assault occurred when a member of staff was assisting a previously verbally abusive patient to the Ambulance.

Physical assaults were as a result of one distressed patient's rapid arm movements and another incident where patient assaulted a member of staff whilst restraining them to prevent threat to life.

Aneurin Bevan and Betsi Cadwaladr Health Boards remain the highest reporting area with a total of 10 incidents in Aneurin Bevan and 14 in Betsi Cadwaladr.

14 incidents were reported as Moderate in harm and 21 noted as low harm which the first reduction in reports of moderate since August 2023.

Remedial Plans and Actions

RIDDOR: Bite-sized training modules have been produced to enable investigators to undertake quality investigations that identify the root cause of incidents. This training will be made available via Siren to allow easy access to staff members across Wales.

Violence and Aggression: A V&A Gap Analysis undertaken of V&A incidents across the Trusts was presented to the Senior Operations Team. The progress of work streams to further protect our work force from potential V&A incidents will be monitored at the meeting in the coming months. Site visits are planned by the V&A Team to provide support to Contact Centre staff with regard to the verbal aggression they experience.

The Case Manager continues to actively support staff who are involved cases being heard at Court to ensure they are given any help they require.

Expected Performance Trajectory

RIDDOR: During the start of winter period, we are seeing an increase in manual handling injuries and slip, trip and fall events. All staff have received advice in the H&S quarterly newsletter on how to reduce this risk during this period.

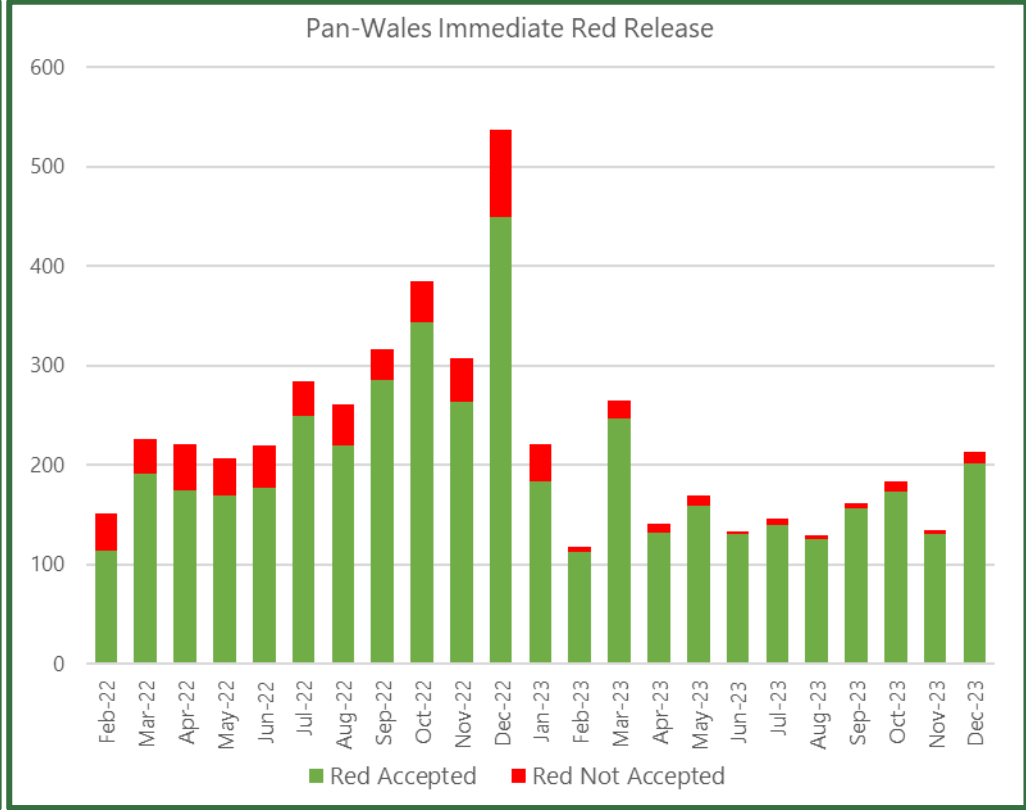
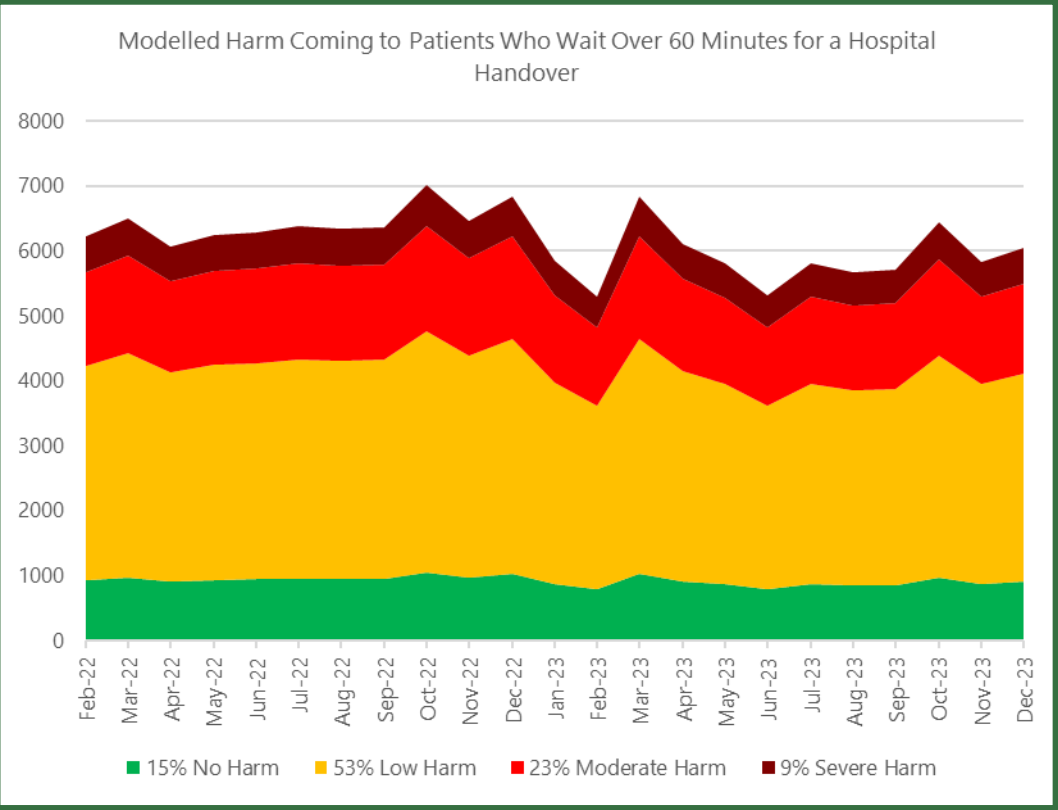
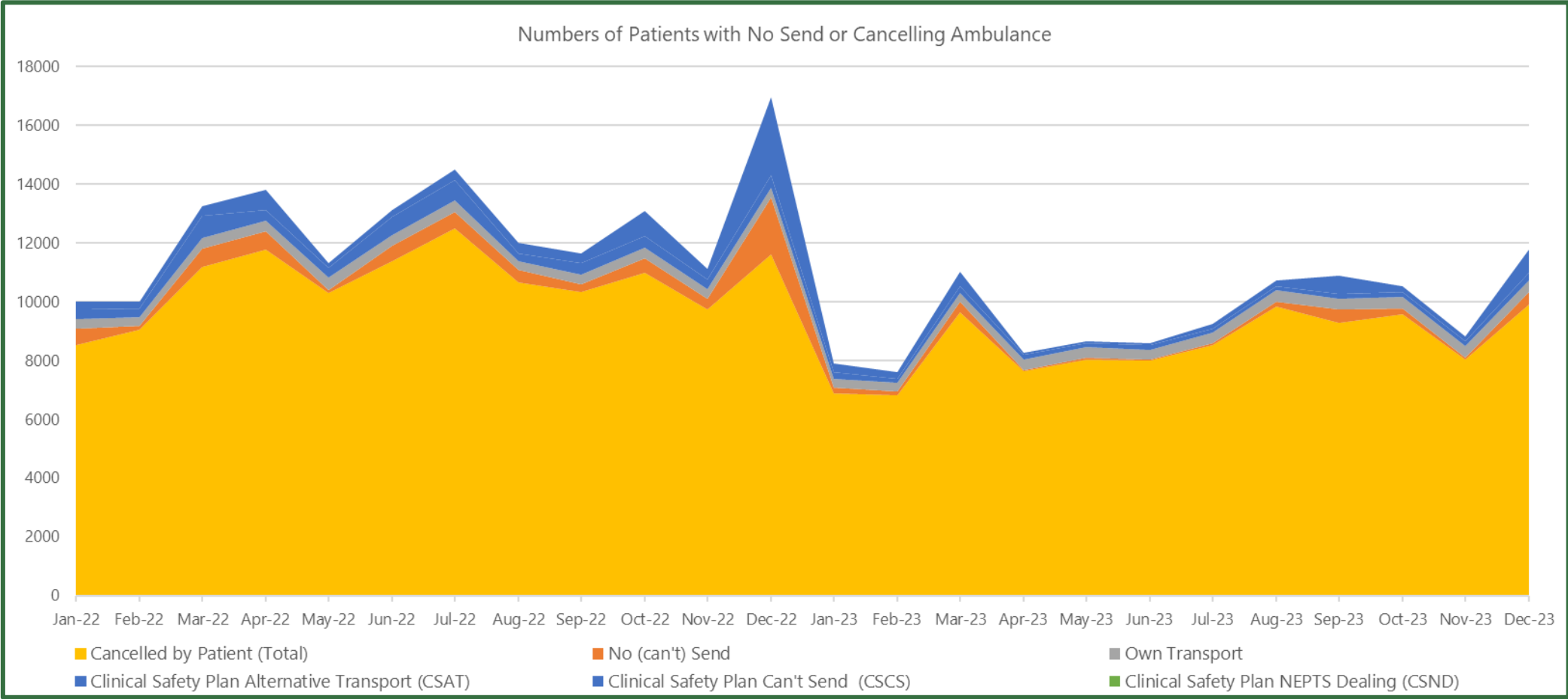
Violence and Aggression: The workstreams identified in the V&A Gap Analysis will assist in the classification and investigation of incidents. This will have the effect of more accurate reporting and improved investigations and outcomes for staff incidents.

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

Data source: Datix

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators



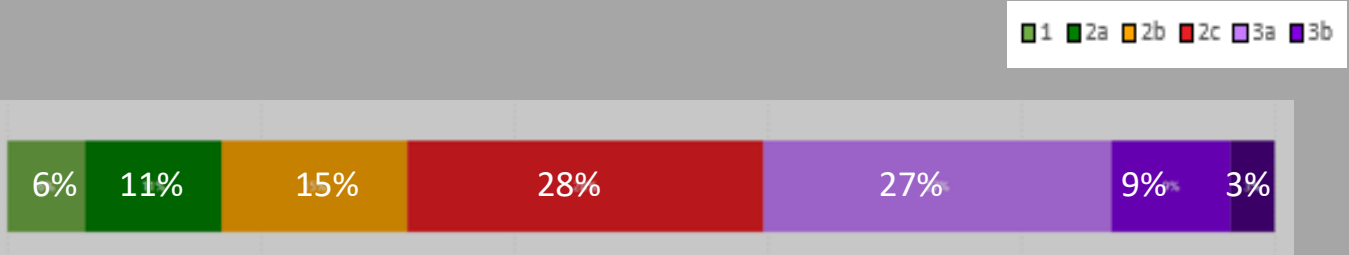
Analysis

In December 2023, 263 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 793 were stopped due to CSP 'Can't Send' options. In addition, 9,900 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from 8,041 in November 2023 and 389 patients made their way to hospital using their own transport.

There were 739 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in December 2023. Of these 202 were accepted and released in the Red category, with 11 not being accepted. Further to this, 189 ambulances were released to respond to Amber 1 calls, but 337 were not.

The graph in the bottom left shows that in December 2023 of the 6,044 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (906 patients) would experience no harm, 53% (3203 patients) would experience low harm, 23% (1390 patients) would experience moderate harm and 9% (543 patients) would experience severe harm.

In December 2023 CSP levels for the Trust were:



Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

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

Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

December 2023		
NEPTS (81 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	73
Were you happy with the transport you received?	85	89
999 (0 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	
The 999-call taker who answered your call explained what was going to happen next.	85	
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	
The length of time I waited for an ambulance to arrive was acceptable.	85	
111 (11 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	33
Did you follow the advice given to you by NHS Direct Wales?	85	78
Would you consider using NHS 111 Wales again?	85	67
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
○ Ambulance care	84.85% Good	9.09% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	33.33% Good	55.56% Poor
○ EMS (including CSD) No responses received	0% Good	0% Poor
○ NHS 111 Wales Online	56.52% Good	34.78% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Within the NEPTs survey the responses provided did not hit the benchmark in relation to the question ‘How long did you wait for your transport to take you home after your appointment, therefore not providing the level of service the patient expected. However, 90% were happy with the transport they did receive.

It is acknowledged that the small number of respondents for the 999 and 111 surveys does not provide a great enough response to reflect a true patient experience picture, but work is currently underway to develop a process that will increase response rates and make them more meaningful.

Remedial Plans and Actions

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

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

The Civica Experience platform provides some enhanced reporting facilities, including the ability to weight questions and produce ‘Heat Maps’ based on responses. A benchmark is set of 85, with aggregated scores of 85 and above representing a positive response. WAST is currently working through the requirements to add the SMS functionality within the Civica experience platform and other systems as well as strengthening information governance arrangements to increase the data experience returns.

The aim is to increase the number of patient experience feedback returns and to further integrate systems with Civica to push email/text surveys to patients. However, this requires input from the ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

These surveys are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.

Expected Performance Trajectory

Further integrate our systems with Civica to push email/text surveys to patients. Requires input from ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

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Abstractions

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CI

PCC

FPC

Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. In December 2023, total EMS abstractions (excluding Induction Training) stood at 33.75%. This was an increase from the 30.74% recorded in November 2023. This percentage continues to remain above the 30% benchmark figure set in the Demand & Capacity Review. The highest proportion of abstractions was due to annual leave at 14.42% followed by sickness at 10.68%. This figure for sickness abstractions for December 2023 was a decrease when compared to the same month last year (11.62%).

Emergency Ambulance Unit Hours Production (UHP) achieved 93% in December 2023 which equated to 80,326 Actual Hours. This is a 2.1% increase on the 78,660 Actual Hours produced during December 2022.

CHARU UHP achieved 146% (12,935 Actual Hours) compared to 142% in November 2023 (this is the commissioned level not the modelled level).

The total hours produced is a key metric for patient safety. The Trust produced 123,727 hours in December 2023, which is a slight increase on the 121,349 hours produced in November 2023, but a significant increase on the 112,225 hours produced during December 2022. This increase in UHP has helped to minimise the impact on performance levels at a time of increased demand.

Remedial Plans and Actions

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

The Trust is currently widening out its focus on sickness absence to look at all abstractions recognising that abstractions are already regularly reviewed in Operations performance meetings.

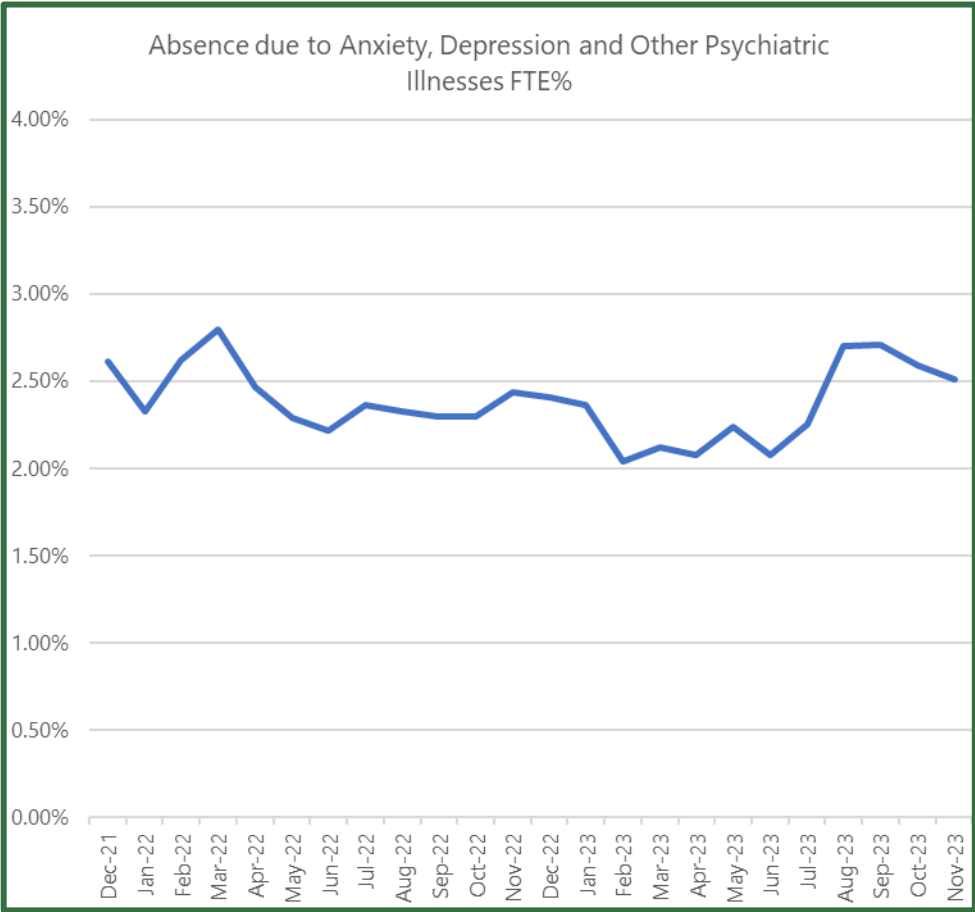
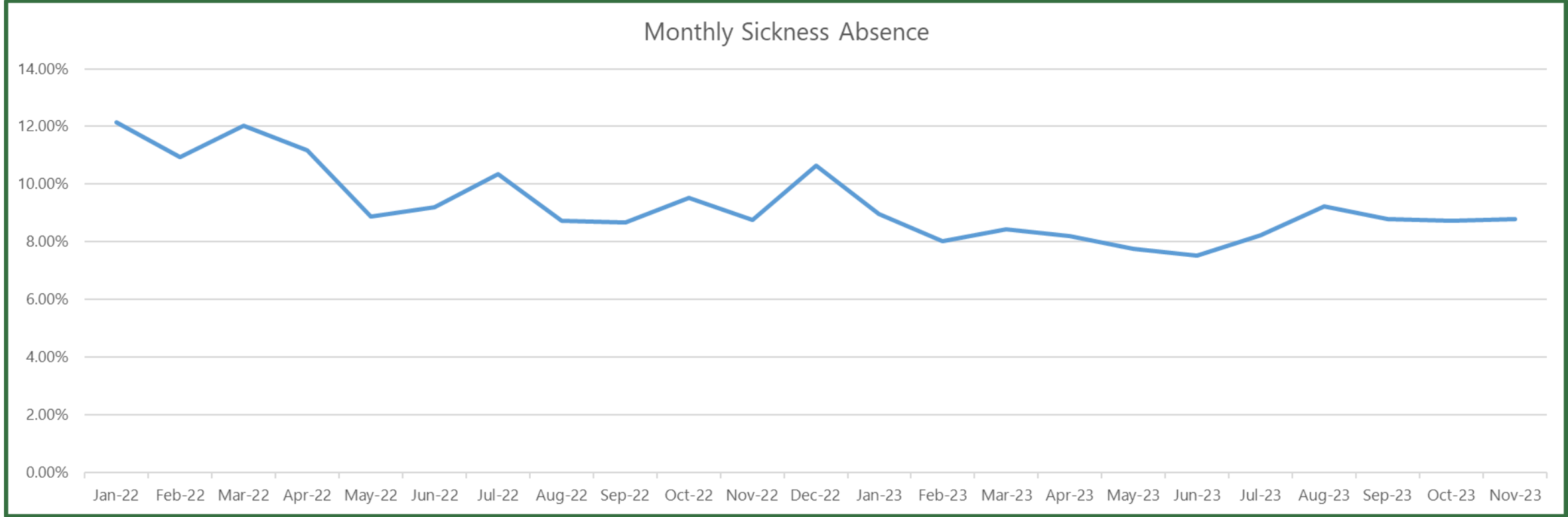
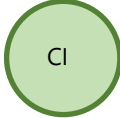
Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good. The Trust has an ambition to reduce sickness to 6% and abstractions to 30% by March 2024, which would further boost production; however, the handover levels are extreme, and the rosters are simply not designed to cope with over 23,000 lost hours; they were predicated on 6,000 hours.

Our People

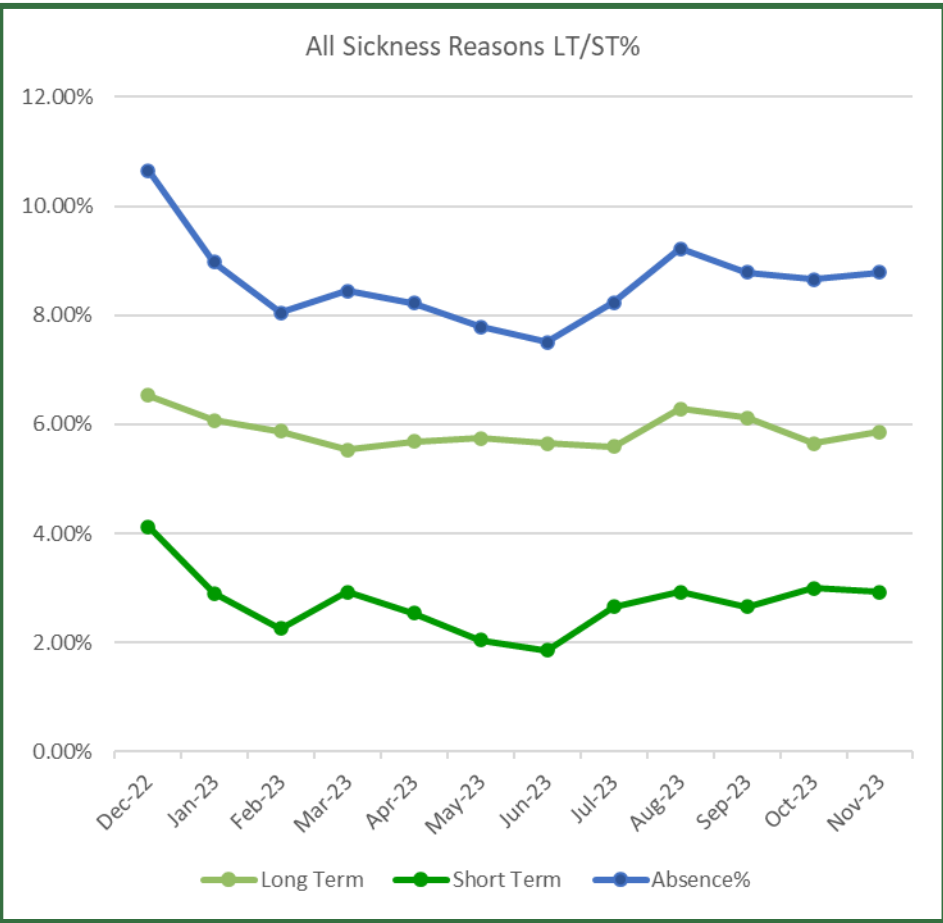
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



Average working days lost per FTE (Annual)	
19.64 days	
Single month Absence %	
8.79%	
Long Term	Short Term
5.86%	2.93%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.51%	1.19%

November 2023



Analysis

There was a slight increase in overall sickness absence rates between October and November 2023, rising from 8.73% to 8.79%.

Long term absence increased from 5.65% in October to 5.86% in November and short-term absence decreased from 3.00% in October to 2.93% in November.

Indicative figures show an increase in sickness absence in December to 9.33%, with long term absence increasing to 6.28% and short-term absence increasing to 3.05%.

The highest reason for short term absence in December was Anxiety/ Stress/ Depression, other musculoskeletal problems and gastrointestinal problems.

Absence due to Mental Health has risen slightly since June 23 and is now at 2.51%, which is back in line with figures seen during the early part of 2022.

Physiotherapy: 33 referrals were received in November – 11 more than in October (22)

Remedial Plans and Actions

- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support. MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions). Bespoke training sessions are provided when identified.
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
- The findings of the audit displayed common themes across all areas within the Operational Directorate, including missing paperwork, no return-to-work meeting and inappropriate discretion applied.
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.

Expected Performance Trajectory

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

NB: Sickness data will always be reported one month in arrears. It should be noted that the figures reported in this presentation are official to 30th November 2023. All figures for December 2023 are indicative only (as of 27.12.2023).

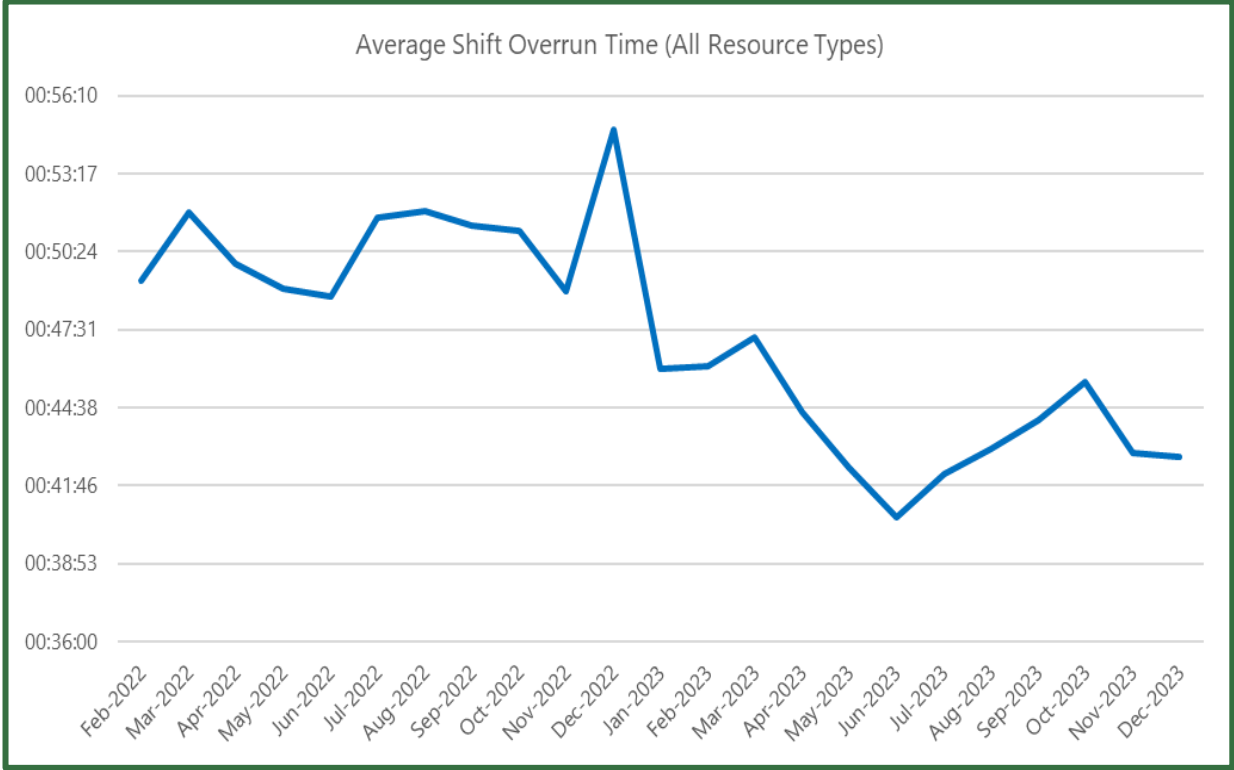
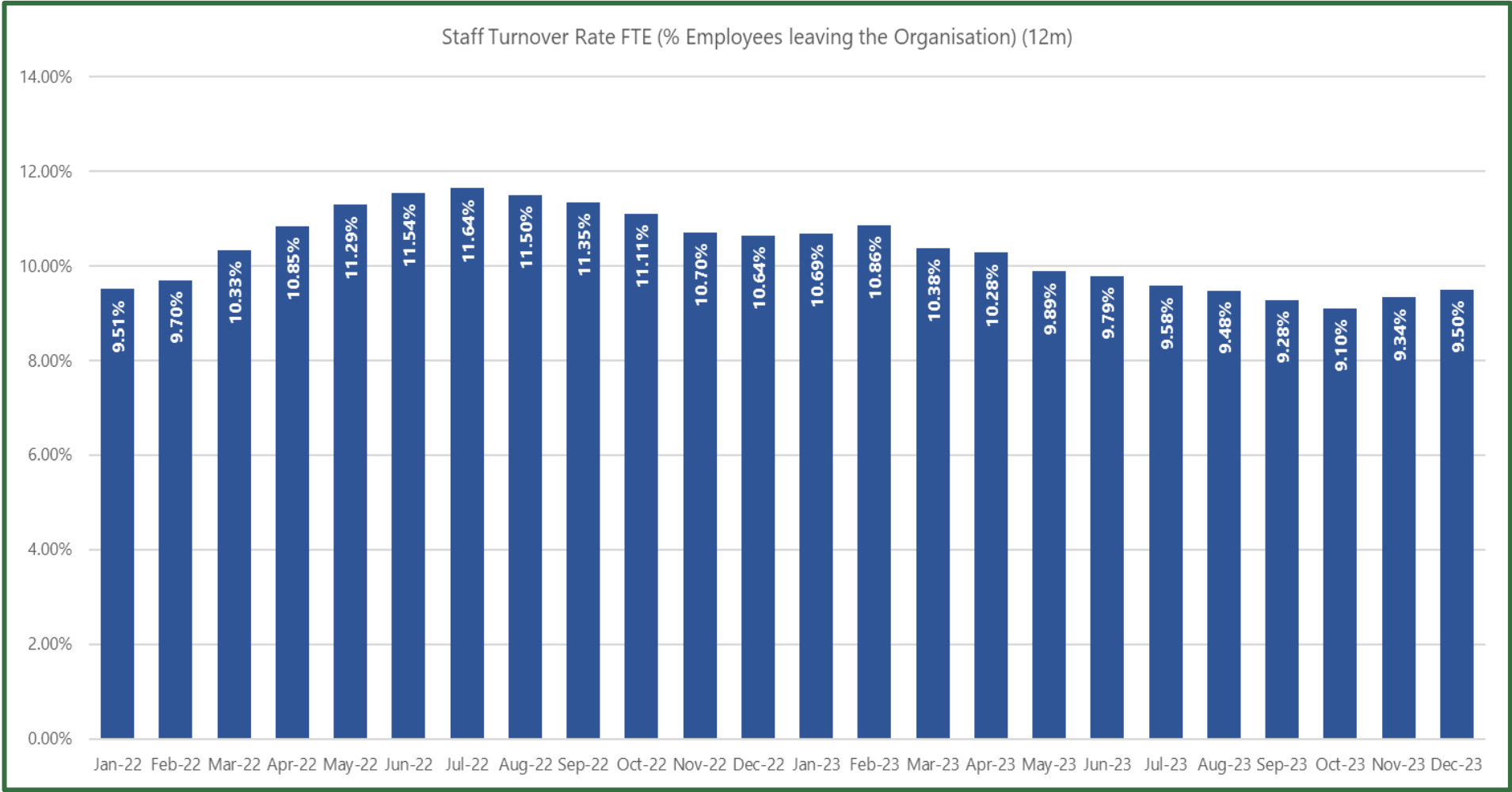
Our People

Capacity - Turnover

(Responsible Officer: Angela Lewis)

Turnover

R



Dec-23	FTE by Post
Org L4	
020 Ambulance Care L4 (NX10)	891.35
020 Emergency Medical Services L4 (DX04)	1,770.62
020 Integrated Care L4 (DX03)	433.49
020 National Operations & Support L4 (DX02)	140.95
020 Resourcing & EMS Coordination L4 (DX05)	347.31
Grand Total	3,583.73
Ambulance Response	1497.04
020 Ambulance Care L4 (NX10) ACA2/Team Leaders	260.03

Analysis

Staff turnover rates in December 2023 were 9.50%, which is an increase from the 9.34% recorded in November 2023, although rates have generally been declining since they peaked in July 2022. Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. However, the average figure for December 2023 was 42 minutes and 49 seconds compared to 45 minutes and 58 seconds in November 2023. Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

EAP utilisation: The annualised utilisation for Welsh Ambulance Service Trust is 17.7%. A total of 802 calls have been logged within the reporting period. (1 December 2022 - 30 November 2023) 759 of these were counselling calls, counselling calls account for 94.6% of all calls, sitting above the benchmark of 74.0% by 20.6%. Anxiety was the most common reason, accounting for 30.2% of overall counselling engagement. This was followed by Low Mood 16.1% and Bereavement 7.8%. 43 of the calls were advice calls, advice calls account for 5.4% of all calls, sitting below our benchmark of 26.0% by 20.6%. Childcare was the most common reason, accounting for 30.2% of overall advice engagement. This was followed by Civil 30.2% and Divorce & Separation (Legal) 18.6%. In terms of formal counselling engagement there has been: 31 referrals for face-to-face counselling, with a total of 170 sessions being delivered, 26 referrals for structured telephone counselling, with a total of 146 sessions being delivered, 42 referrals for online counselling, with a total of 222 sessions being delivered, 7 referrals for online CBT counselling, with a total of 10 sessions being delivered. The online portal has received a total of 403 hits within the current reporting period. After engaging in structured therapy, the Generalised Anxiety Disorder (GAD-7) average score reduced from 1.9 to 0.8 and the average Patient Health Questionnaire (PHQ-9) score reduced from 1.5 to 0.6. The Workplace Outcomes Suite (WOS) demonstrates the value of the EAP and the positive impact that the service is having on employees. At the start of therapy 33.3% of employees were out of work, after engaging in therapy this reduced to 22.2% with 33.0% of employees returning to work.

Fast track Physiotherapy: Currently the average length of time from referral to first contact is 1.8 days, the majority of referrals are for back injuries, shoulder injuries. Employees are managed with guided self-management; most are referred for face to face Physiotherapy at a network clinic. The team are currently exploring options to refer to funded provision for physiotherapy.

Remedial Plans and Actions

The implementation in 2023 of the 10 Point Action Plan has a clear focus on supporting managers on all elements of staff wellbeing using the framework of the All-Wales Attendance at Work Policy. The People Services Team attended regular meetings with managers and Occupational Health colleagues to discuss case reviews and ensure all available support is being provided to colleagues, which includes external health providers, personalised support, advice on people policies such as flexible working and OH interventions. The plan also includes comprehensive training packages including the All-Wales Attendance at Work Policy training and bitesize learning. The training also focuses on skilling mangers to use data to help best support individuals (ESR Business Intelligence Reports) and to hold accurate data to ensure appropriate and proportionate actions are being undertaken. We know having a meaningful return to work after a period of absence is essential to welcome the colleague back to work and also ensure all appropriate support is in place to keep them in work. Regular RTW audits are undertaken to not just ensure they are completed but they are meaningful and have a positive impact. As part of the continuing service review, we are currently conducting a tender process Employee Assistance Programme (EAP). Interviews with providers will take place week beginning, 15th January. The successful provider will be appointed in March 2024.

We are in the process of writing the Wellbeing strategy for 2025/29. The team has implemented outcome measures and integrated them into OPAS G2, our MI system, this means that we will be able to send questionnaires to colleagues around mental health assessment measures. This is currently in progress.

The team are currently in consultation with People Services, to determine how we can offer support for their work. We recently revised and updated our criterion for psychological intervention within the team.

We continue to regularly consult with Trust leaders and managers on sickness absence issues. Team members from OH/Wellbeing/TRiM continue to promote the service using our Occupational Health & Wellbeing vehicles, also presenting to new starters within WAST and through attendance at managers' meetings.

The team continue to deliver Drop-in sessions across all of our Clinical Contact Centres, dates for 2024 have been advertised. The REACT (Recognise, Engage, Actively Listen, Check Risk, Talk) training is still proving popular, upcoming dates will be advertised on Siren. Time to Talk Day is an annual awareness day held at the beginning of February. It's a day for us all to start a conversation about mental health, MIND will be facilitating a session on 1st February.

Our Health and Wellbeing calendar, January's focus is on, 'Red January'. A Health Surveillance programme has been implemented, including, skin surveillance and hearing assessments, lung function and HAVS surveillance introduction is planned for this year. Timelines have been agreed and set to ensure that all checks required are in place to help monitor staff health and to identify any potential health issues early and provide appropriate interventions (where necessary). A project plan for the implementation of a pilot Health Check Programme (for up to x 400 WAST staff, age 46+ years), Health Diagnostics, is being developed looking at reducing risk of cardiac ill health in our older workforce, by implementing a screening programme. The programme will be implemented initially as a pilot.

Expected Performance Trajectory

The People and Culture Strategy will continue with its wellbeing focus. We are in the process of writing the Wellbeing strategy for 2025/29. A robust wellbeing provision is in place to support staff and managers- the service is regularly reviewed and updated with a focus on continuous improvement. There is a tender process in place for a new EAP and the team are exploring additional (funded) options for referring colleagues to physiotherapy services. Through visits to stations and A+E departments, also to CCCs (where the Wellbeing Practitioners facilitate drop-in sessions) staff are more aware of the wide range of services that they can access.

Our People

Culture - Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

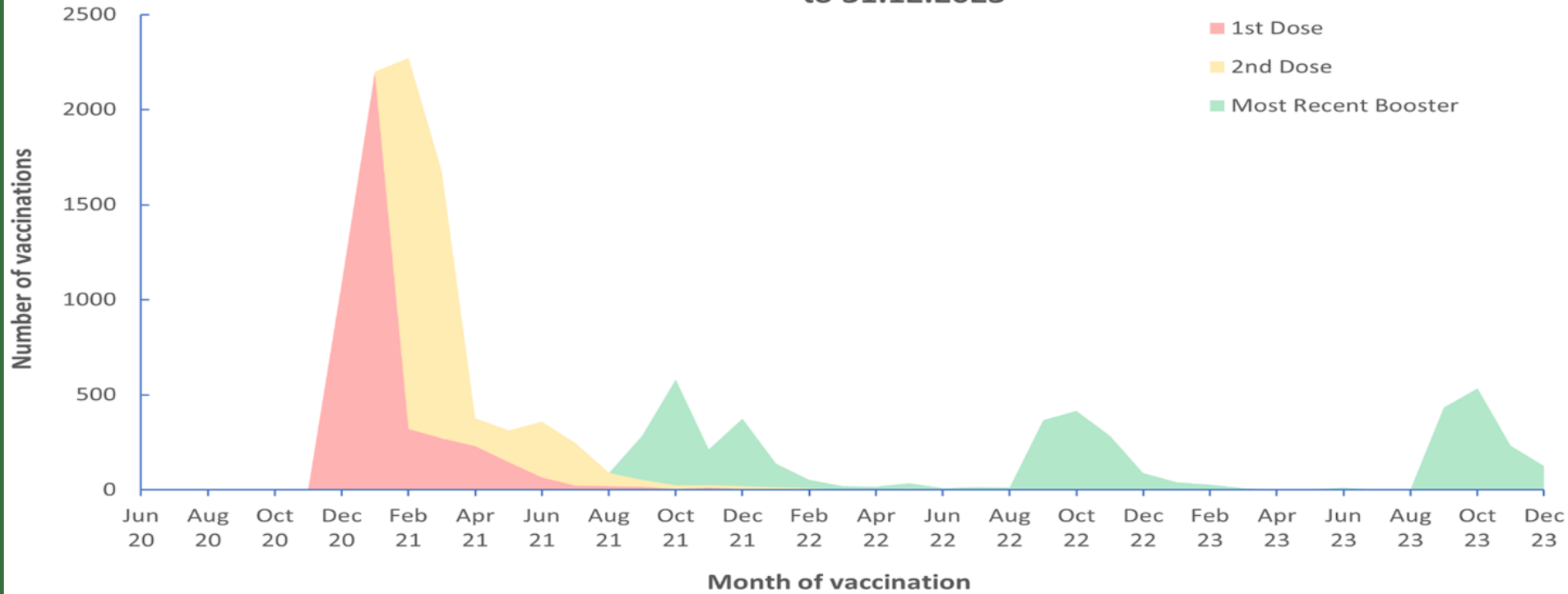
Self-Assessment:
Strength of Internal
Control: Moderate

PCC

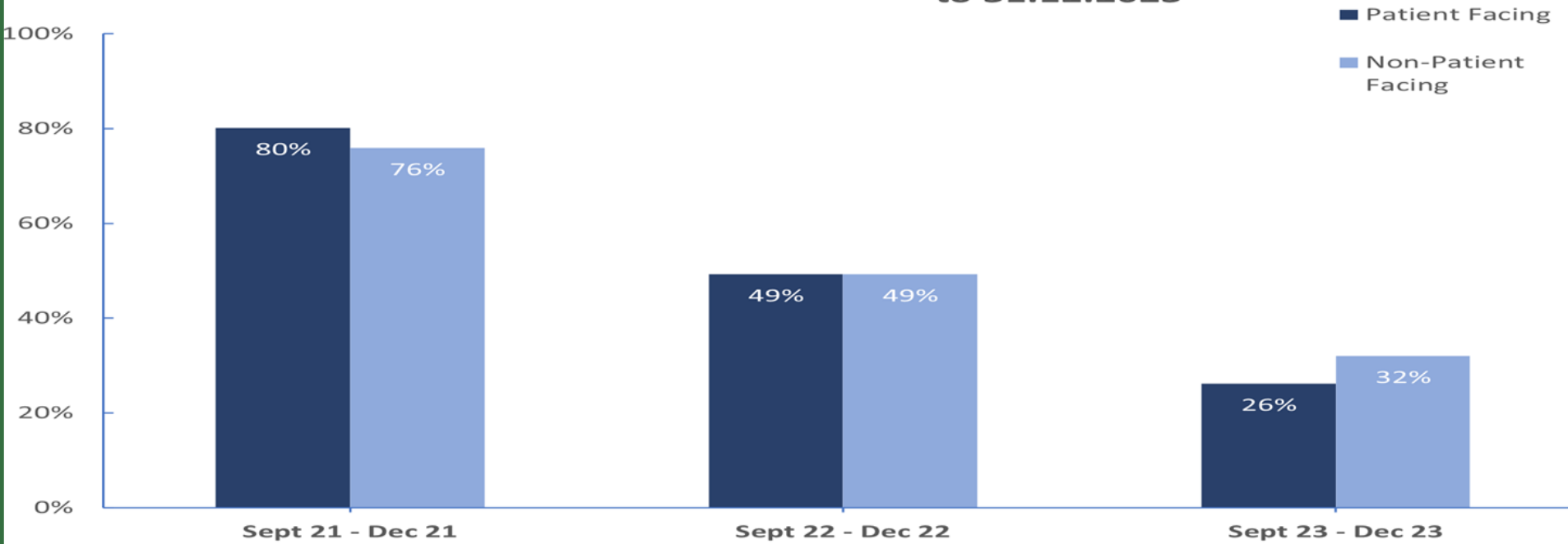
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Health & Care
Standard
- Health (PPI)

WAST Staff Covid Vaccinations
to 31.12.2023



Uptake of Seasonal Booster - current year vs previous years
Patient-Facing / Non Patient-Facing
to 31.12.2023



Analysis

Flu: During the flu campaign so far, 1,304 flu vaccines have been administered by our Vaccinators (including to staff from the follow groups:- CFRs, EMRTS, HCS, PHW, St John Cymru and Students), with both Occupational Health vaccinators and Peer Vaccinators are continuing to undertake ad-hoc vaccinations. Of these vaccines administered, 1,090 have been received by WAST staff* (*staff who hold an ESR payroll number). A further 377 WAST staff have completed our Trust Microsoft Form to confirm they have received the flu vaccine elsewhere (i.e. at their GP surgery or a COVID Booster setting). Consequently, a total of 1,467 WAST staff have received the vaccination against flu, equating to 33.8% of the overall workforce. Additional engagement has been received from 244 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, meaning the campaign has reached a 39.4% engagement rate so far.

COVID-19: As of the end of December 2023, 95% of Patient-Facing, and 94% of Non-Patient-Facing staff have received both the first COVID-19 vaccination dose.

As of the end of December 2023, 94% of Patient-Facing, and 94% of Non-Patient-Facing staff have received the second COVID-19 vaccination dose.

86% of Patient-Facing, and 87% of Non-Patient-Facing, WAST staff have received at least one of the Covid-19 boosters offered in the last 3 years.

Since September 2023, 26% of Patient-Facing staff and 32% of Non-Patient-Facing staff have received this season's Covid-19 Booster.

This is compared to 49%/49%, respectively, for the equivalent time period in 2022 and 80%/76%, respectively, for the equivalent time period in 2021.

Remedial Plans and Actions

Flu: In line with this campaign's Communications Plan, staff engagement will continue to encourage WAST staff to complete the Microsoft Form to inform us if they have had the flu vaccine elsewhere or choose to opt-out of having the flu vaccine.

Also, additional notices and posters will be circulated to staff, to inform that flu vaccines are still available via Occupational Health Vaccinators and Peer Vaccinators and also to again promote this campaign's incentives; the prizes will comprise of 6x tier one vouchers of £250 each and 60x tier two vouchers of £20 each.

COVID-19: The four UK CMOs agreed it was appropriate to pause the alert level system, which was suspended on 30th March 2023.

Routine testing was also paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools during the spring of 2023.

Expected Performance Trajectory

By continuing to engage with staff, the aim is for as many WAST staff as possible to complete the Microsoft Form to inform us if they have had the flu vaccine in the workplace, elsewhere or choose to opt-out of having the vaccine.

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

*****NB:** Flu data accurate at time of publication and subject to change / Spikevax vaccination data correct at time of publication and subject to change.

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

Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR

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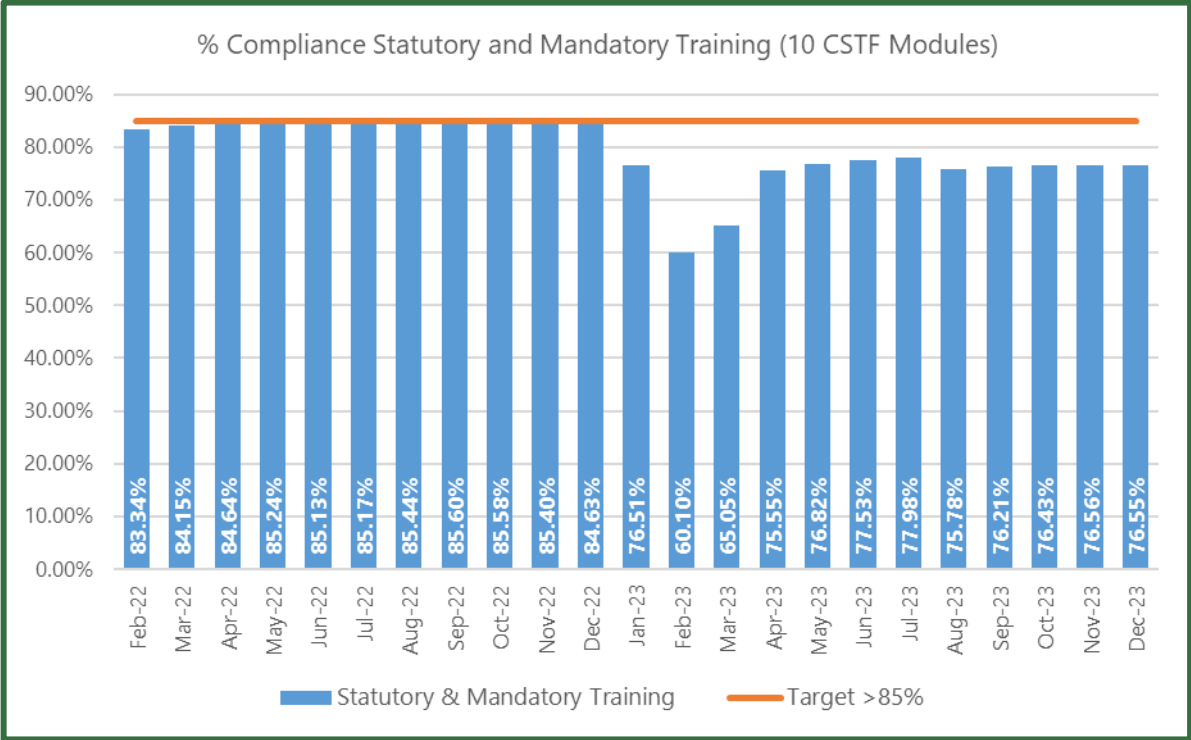
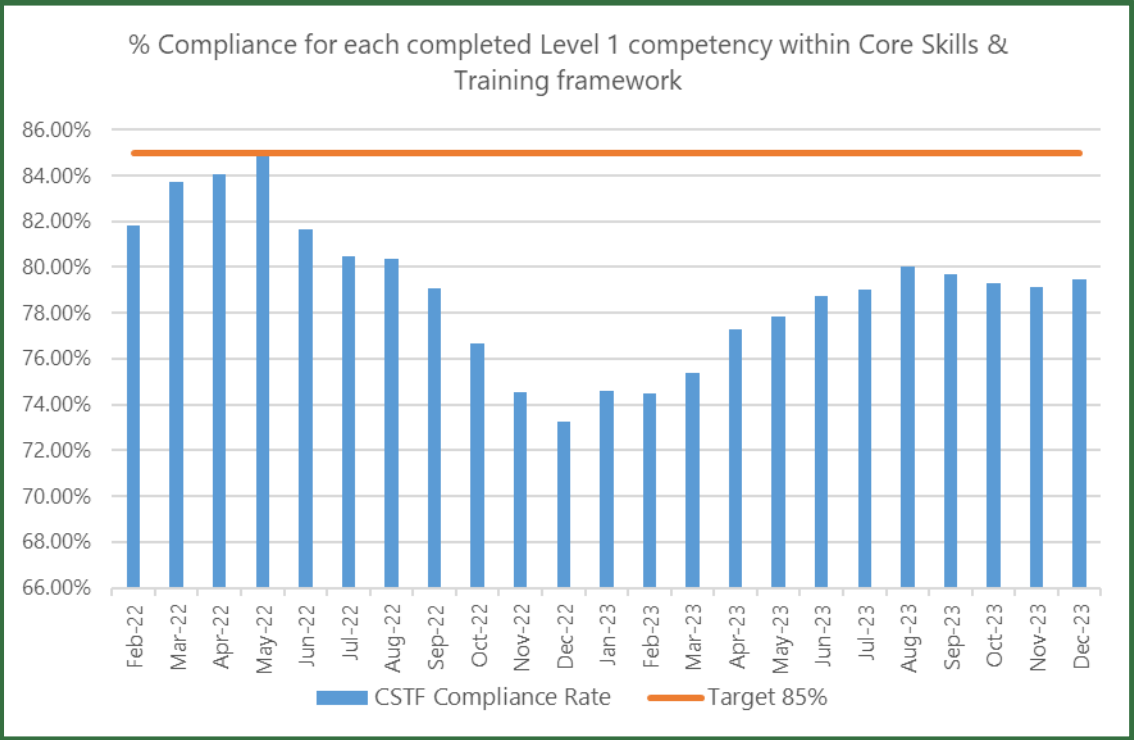
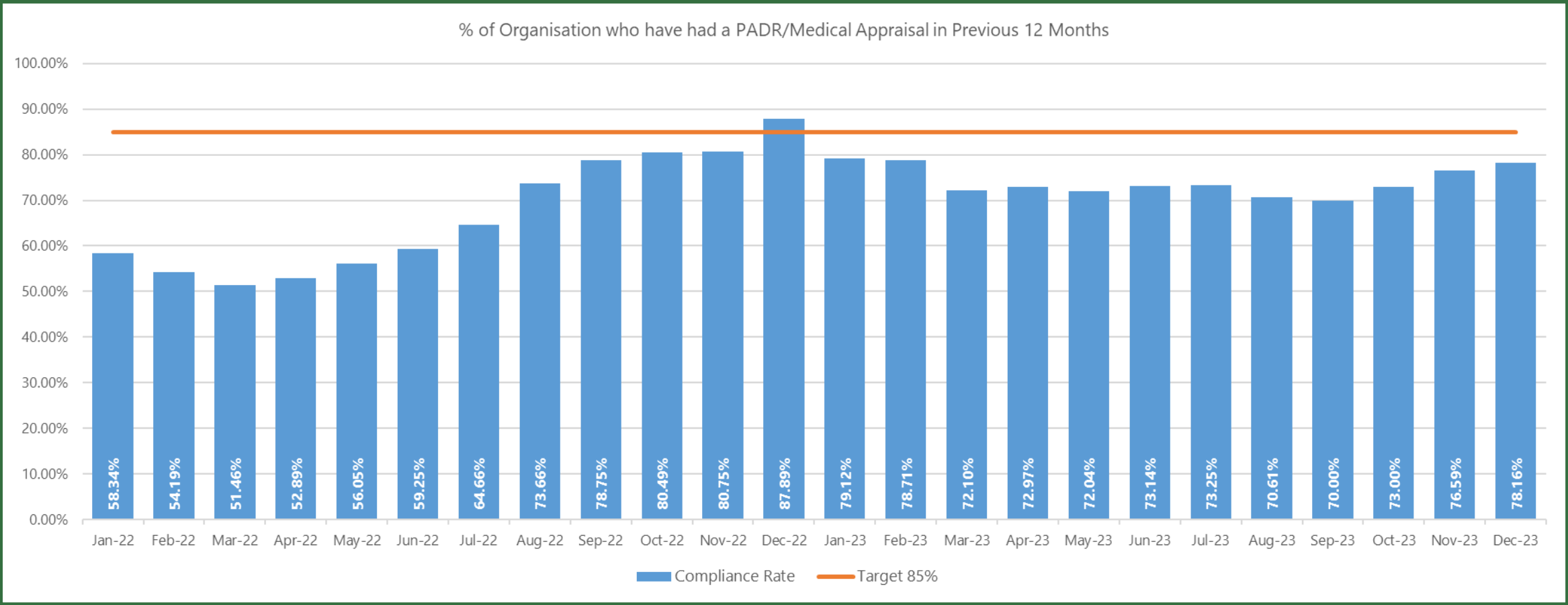
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PCC

Health & Care Standard

Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong



Analysis

PADR rates for December 2023 increased when compared to the previous month to 78.16% but remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, although current rates remain higher than during the same period last year.

In December 2023 Statutory & Mandatory Training rates reported a combined compliance of 76.55%; with Dementia Awareness (92.43%) and Safeguarding Adults (89.05%) achieving the 85% target. Moving & Handling (75.75%), Fire Safety (76.55%), Equality & Diversity (79.78%), Information Governance (71.98%), Welsh Language Awareness (54.47%), Fraud Awareness (46.62%), Violence Against Women, Domestic Abuse & Sexual Violence (83.66%) and Paul Ridd (62.54%) all remain below this target.

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

Remedial Plans and Actions

The annual face to face Mandatory In-Service & CPD Training programmes are mid delivery and will lead to increases in reportable CSTF competencies - these programmes have engaged with c50% of the relevant workforce with delivery planned to continue for the remainder of this financial year.

Welsh Language Awareness, Fraud Awareness and the Paul Ridd Learning Disability Awareness competencies will be reaching their first anniversary at the end of the financial year when it is expected that compliance will exceed the target of 85%. A targeted approach to assist individuals to access their eLearning and thereby update their knowledge and achieve compliance will be rolled out across the Trust during Q4. This will include achievement of these specific statutory and mandatory courses in addition to the full range of locally mandated provision the Trust offers and new content mandated via Welsh Government including Duty of Quality, Duty of Candour and Consent.

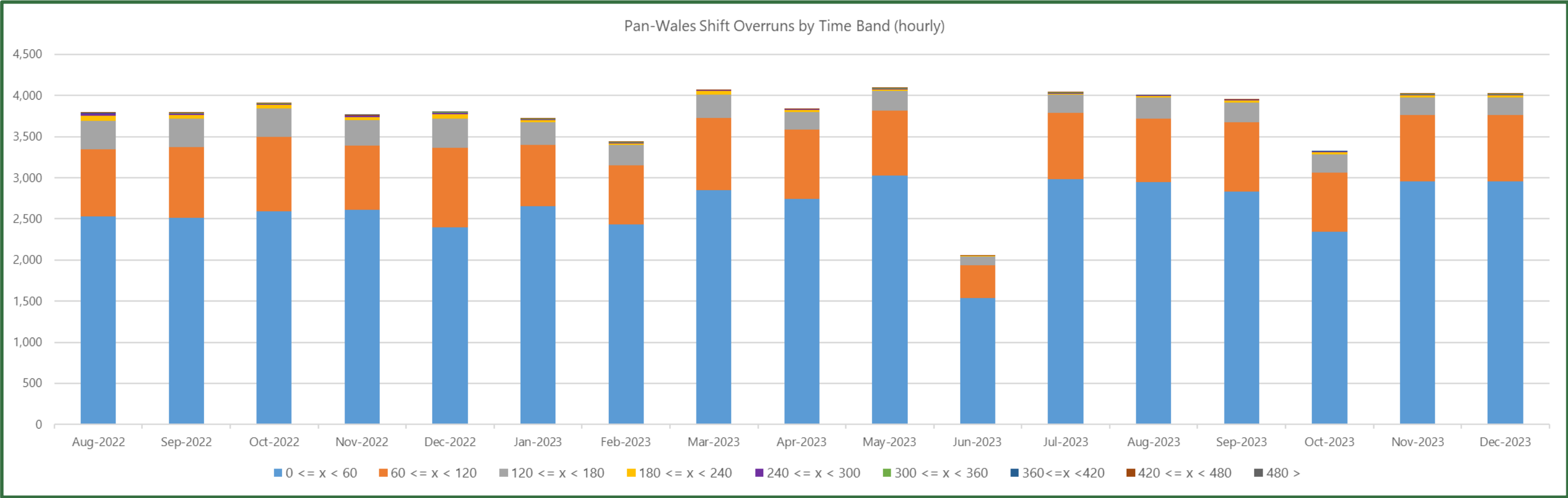
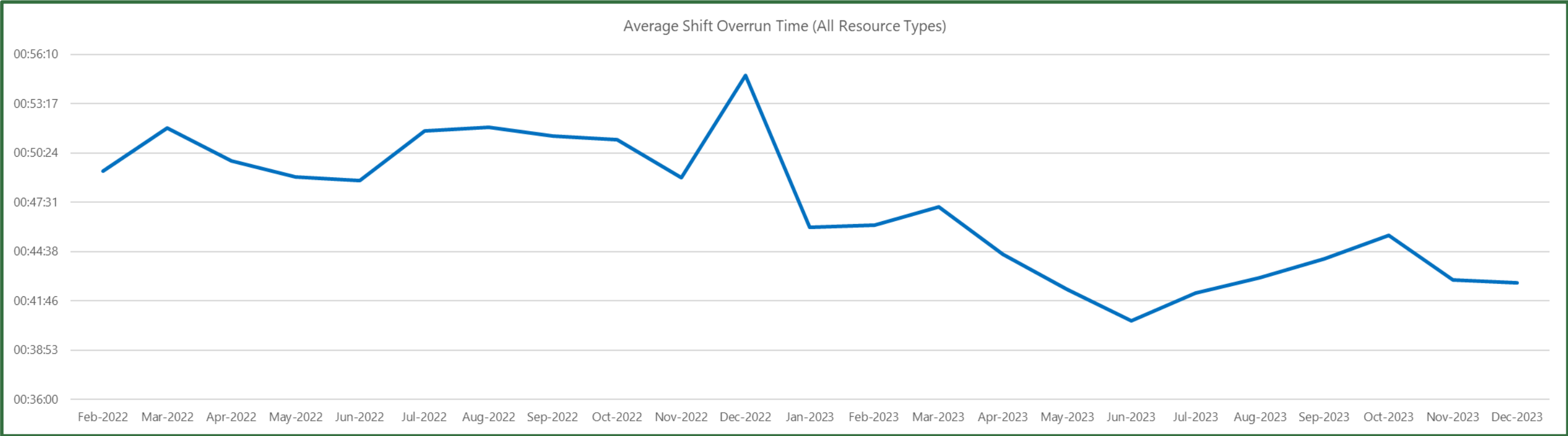
Expected Performance Trajectory

Performance is improving as compliance has risen in relation to Paul Ridd.

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

Our People

Health and Well-being – Shift Overruns



Analysis

Shift overrun average times have been steadily increased between June and October 2023, but have since fallen. The average figure for December 2023 was 42 minutes and 49 seconds compared to 42 minutes and 58 seconds in November 2023.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 72.4% of the total. 20.5% fall within the 61 to 120-minute category, 6.1% in the 121 to 180-minute category, 0.6% in the 181 to 240-minute category and 0.4% in the 241 minutes and over category.

Remedial Plans and Actions

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

As part of the Trust's winter resilience planning, it is introducing "pods" at some hospital locations to aid staff finishing on time.

Expected Performance Trajectory

There is clearly an upward trajectory from Jun-23 as handover has started to increase. Whilst the Trust had amended its end of shift policies and introduced "pods" at key sites, as above, as handover increases further into the winter, we may expect overruns to increase.

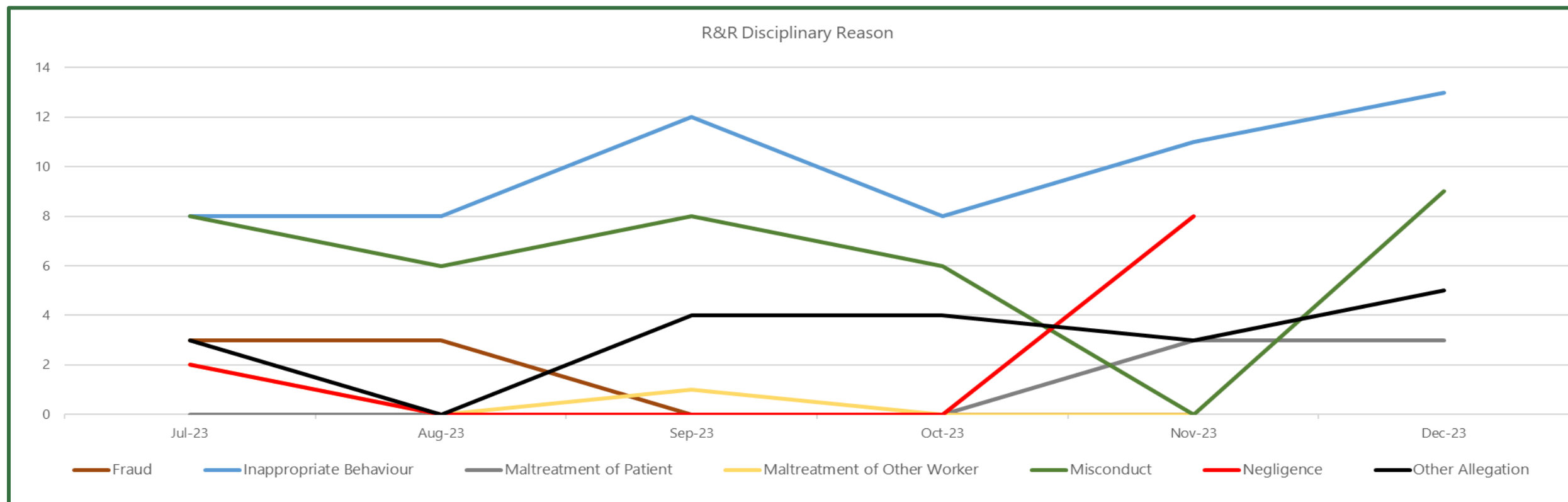
Our People

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

(Responsible Officer: Angela Lewis)

Self-Assessment:
Strength of Internal
Control: Moderate

PCC



Analysis

There were 30 open formal disciplinary cases recorded at the end of December 2023, an increase compared to the month of November 2023 where 27 open cases were recorded. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were again 12 open formal Respect and Resolution cases submitted by employees, the same number recorded in November.

In December 2023, 9.3% of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 41.5% in November 2023, while the volume of applications also declined, from 224 to 194. However, there was a spike in recruitment activity during November with it being the highest month of WTE advertised this resulted in a higher number of applications received and interviews conducted.

Of the 194 total applications from under-represented groups in December 2023, 121 were in the category of Ethnicity, 45 within Disability and 28 within Sexual Orientation.

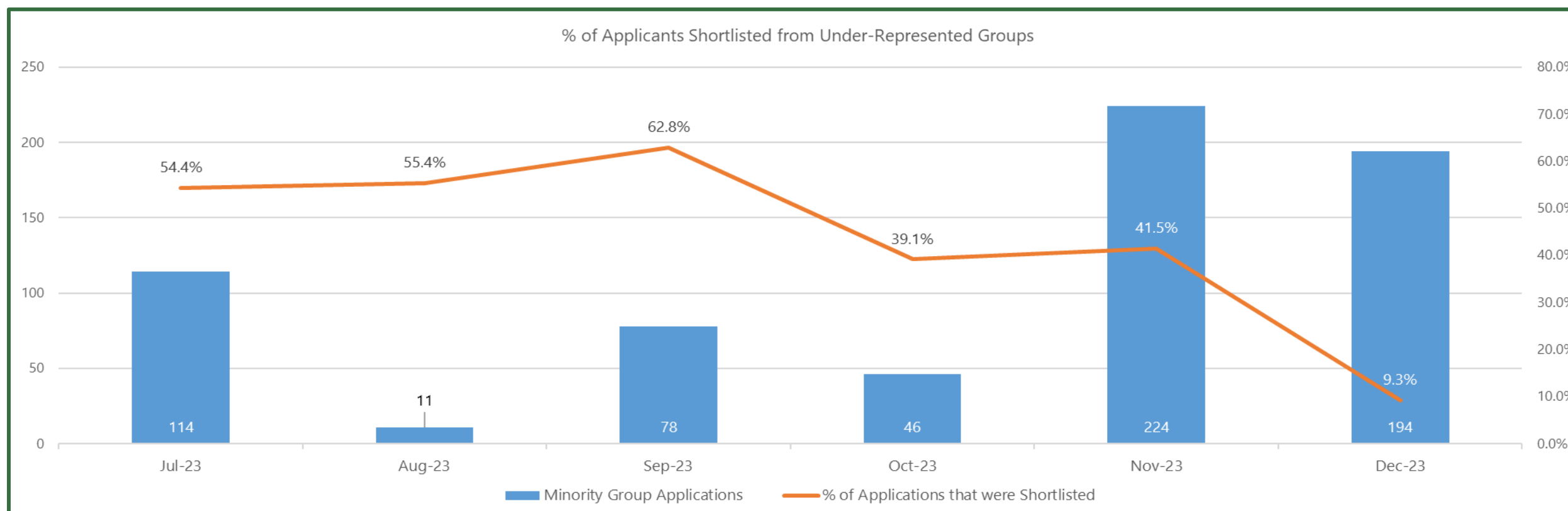
Remedial Plans and Actions

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

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

Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.



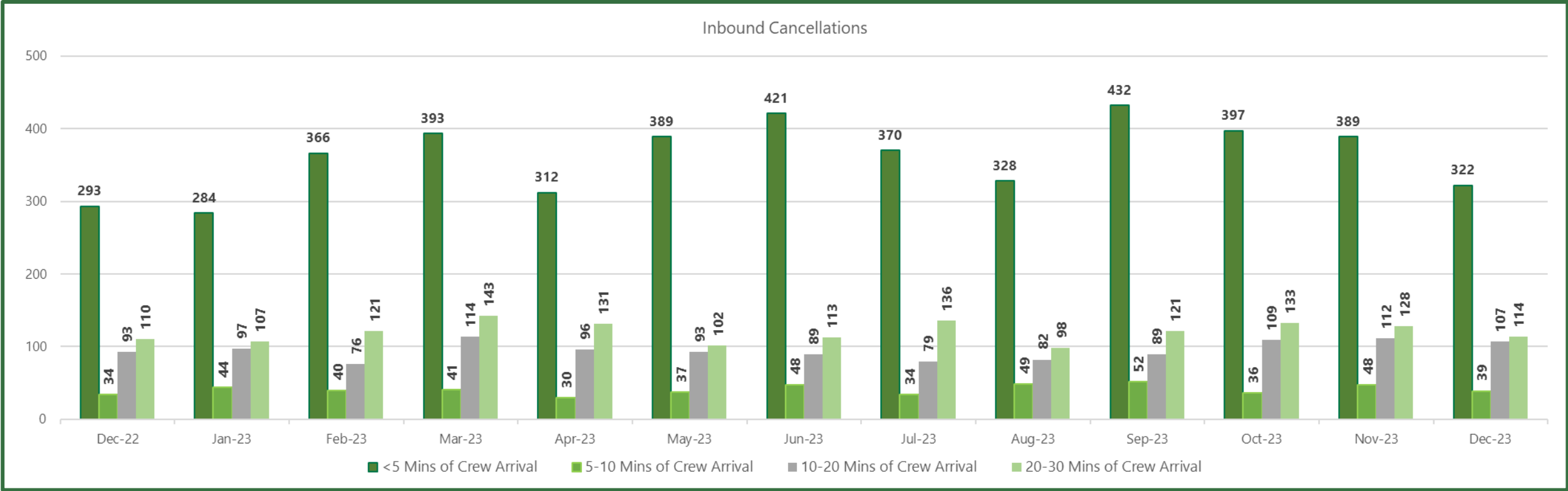
Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations

A



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in December 2023 to 322, compared to 389 in November 2023. The total number of cancellations within 30 minutes also decreased from 677 in November 2023 to 582 in December 2023, however hospital clinics are not open over the holiday period reducing flow throughout the month.

Cancellations within 5-minutes of arrival appears to have seen an overall increase during the past 12 months. In December 2023 there were 90 cancelled by patient* entries made within 5-minutes of crew arrival an increase compared to the previous month of 110. The top reasons for less than 5-minute cancellations included: 42 patient not located, 14 too ill to travel and 6 no appointment. During the past 12 months there has been a minimum of 30 patients not located in the 5-minutes or less each month.

Same day cancellations increased slightly from 19.9% in November 2023 to 22.9% in December 2023.

Remedial Plans and Actions

The loss of hours through late notice cancellations is disruptive to the service and several actions have already been implemented including text reminders, call ahead by crew and pre-travel calls by admin staff as resource allows.

In addition, the enhanced service hub undertakes focused actions to identify and address incidences of enhanced patients late notice cancellations.

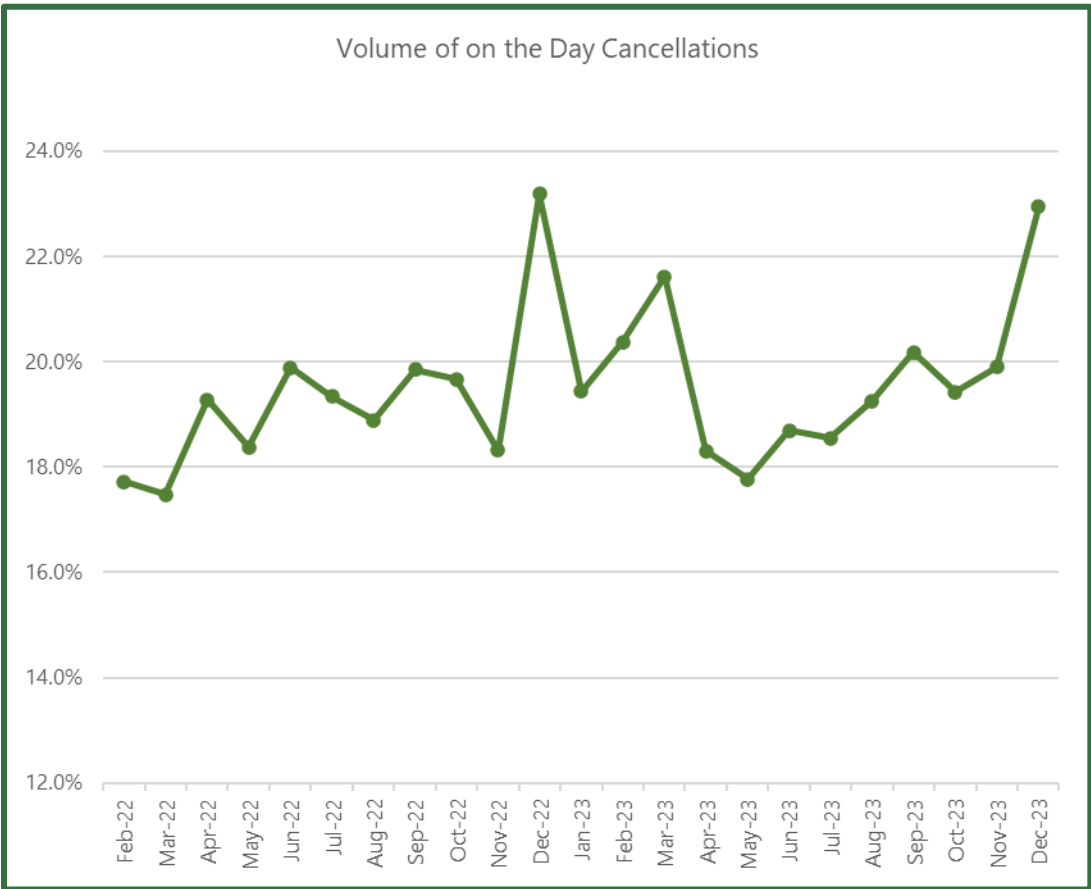
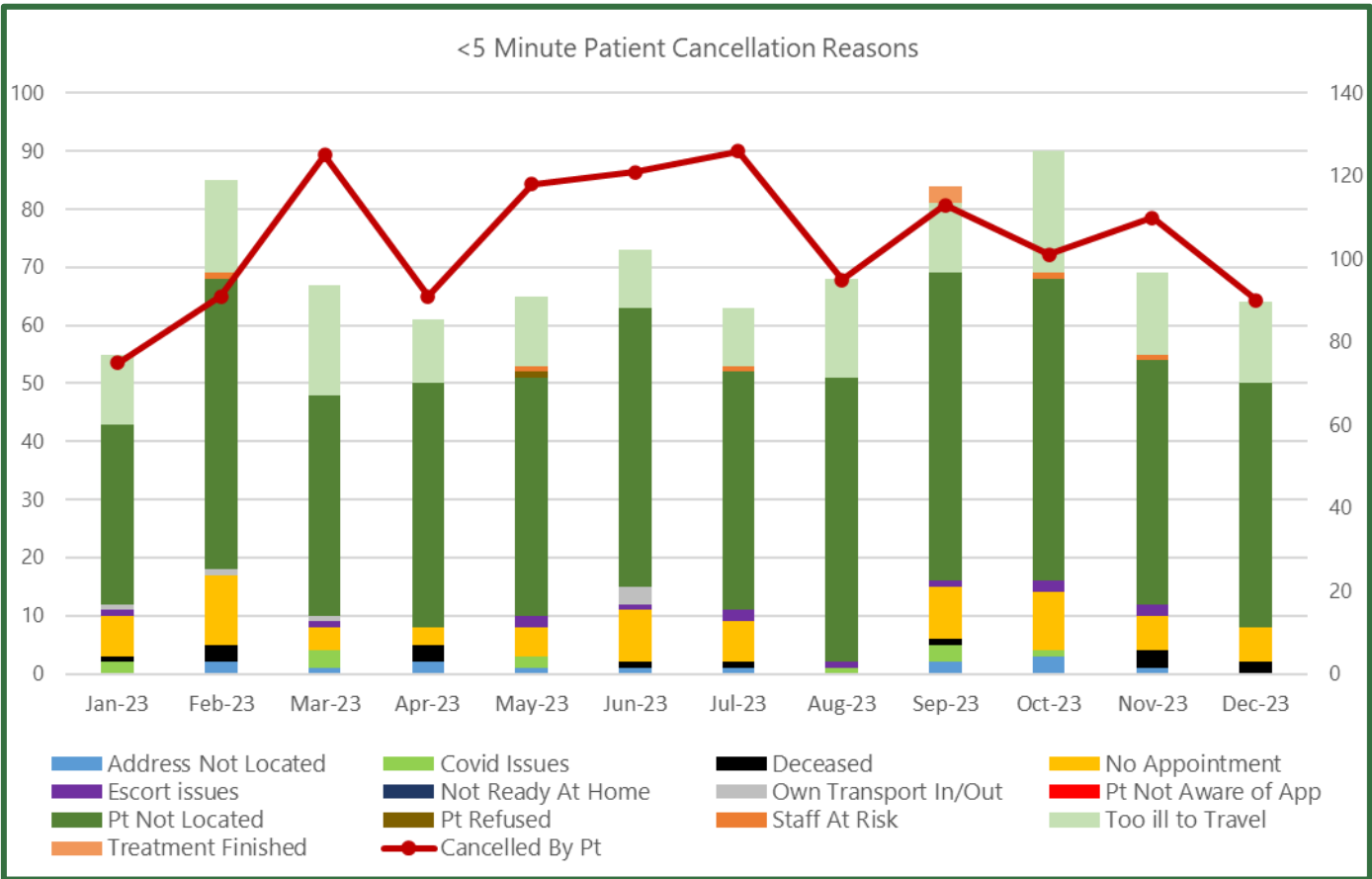
However, what is needed to really improve this position is alignment between WAST and HB systems so that cancellations flow and HB staff not booking discharges where transport is not assured, or cancellation occurs due to a change in patient circumstances. A trial is being worked on with BCU & CTM to try and improve this locally and develop a national model.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory.

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

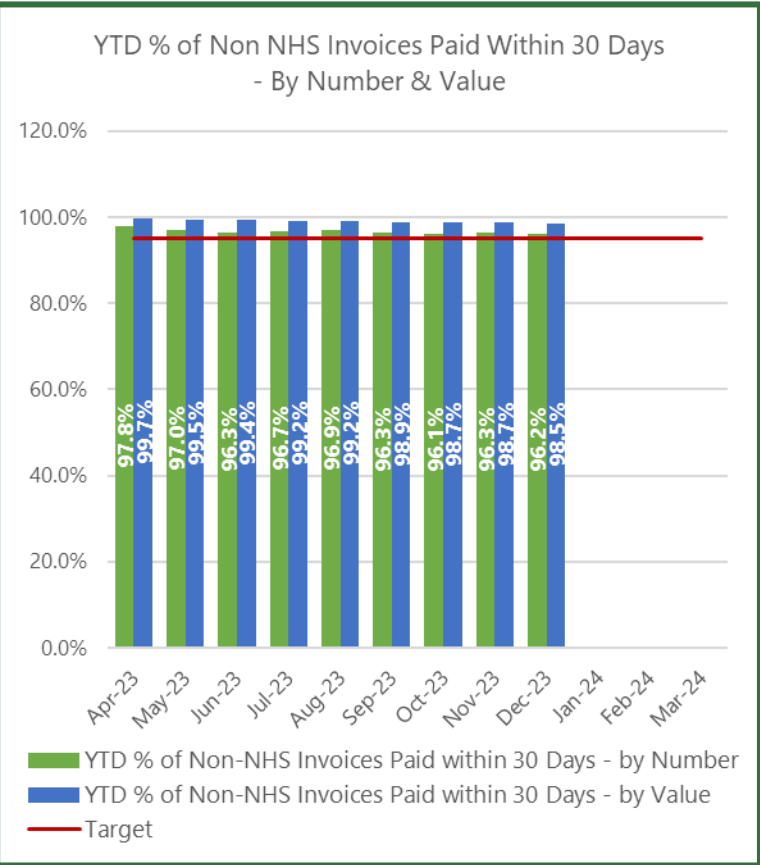
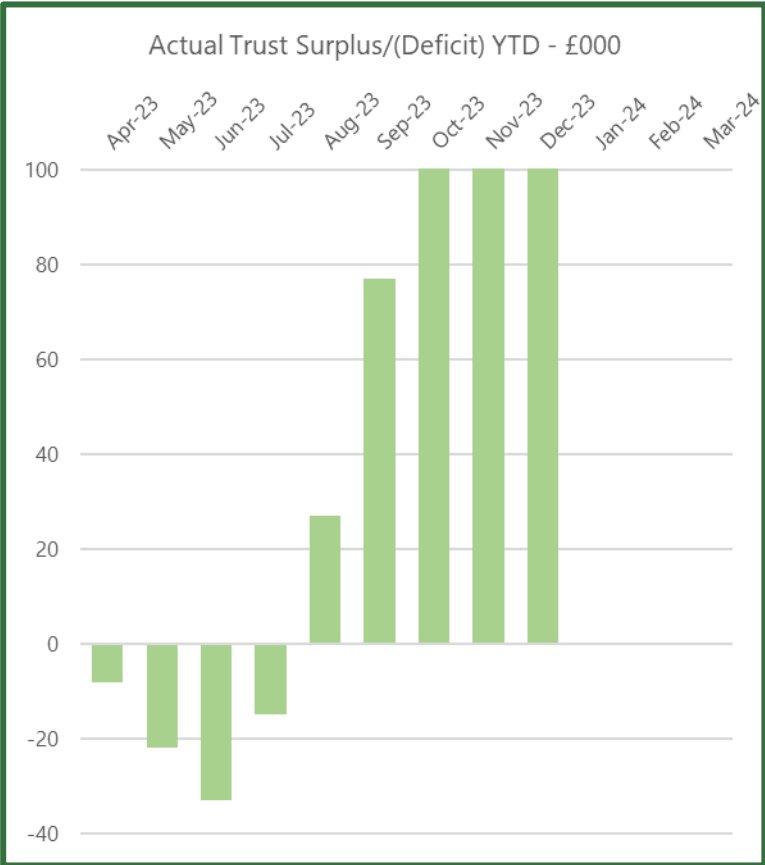
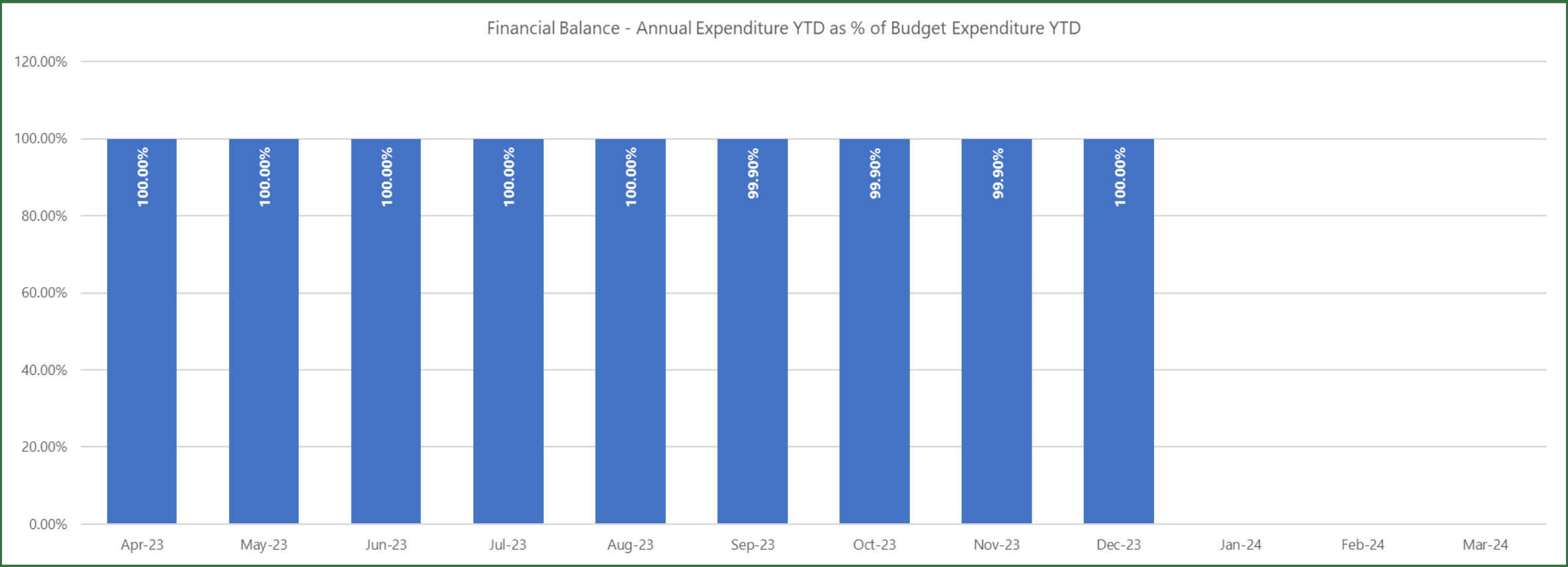
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*



Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)



Analysis

The reported outturn performance at Month 9 is a surplus of £108k, with a forecast to the yearend of breakeven.

For Month 9 the Trust is reporting planned savings of £3.755m and actual savings of £4.250m (an achievement rate of 113.2%).

The Trust's cumulative performance against PSPP as at Month 9 is 96.2% against a target of 95%.

At Month 9 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust's financial plan for 2023-26 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2023-26 financial plan was submitted to WG following Board sign off on 31st March 2023.

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

Key specific risks to the delivery of the 2023/24 financial plan and beyond include:

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

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2023/24 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2024/25 financial year.

Finance, Resources and Value

EMS Utilisation & Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Job Cycle

CHARU Utilisation

Analysis

Pan Wales Utilisation metrics in December 2023 were 58.6% for all vehicles types, a slight increase from 56.4% in November 2023. UCS achieved the highest rate during the month at 69.7% while EA was at 67%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in December 2023 increased to 2 hours 06 minutes for EAs, and to 2 hours 39 minutes for UCS crews. CHARUs also increased to 54 minutes and APPs increased from 1 hour 20 minutes in November 2023 to 1 hour 25 minutes in December 2023.

Overall average jobs per shift was 2.34 in December 2023, an increase from the 2.29 recorded in November 2023. APPs attended on average 3.46 jobs per shift, EAs 2.46 jobs per shift, UCS crews 2.32 jobs per shift and CHARU's 1.98 jobs per shift.

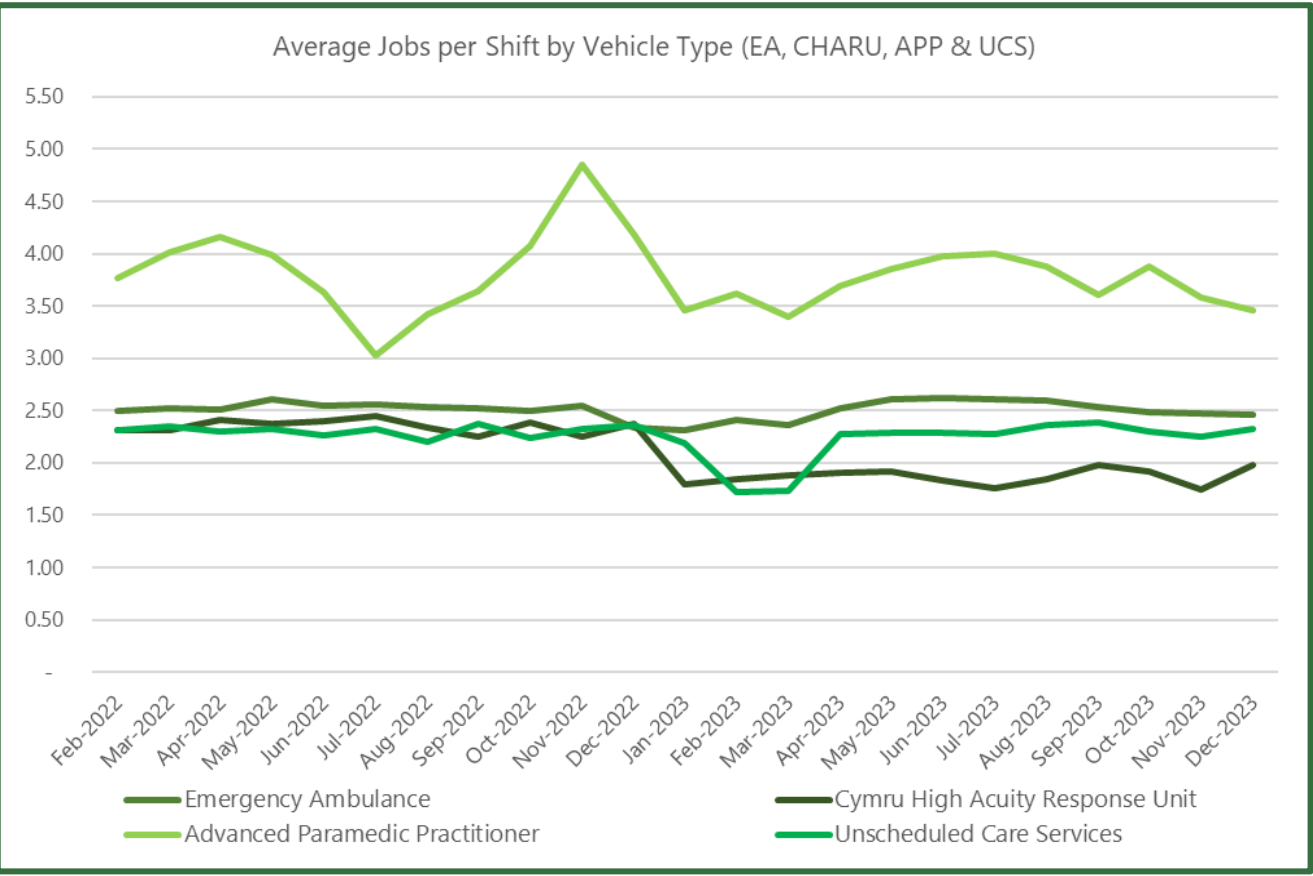
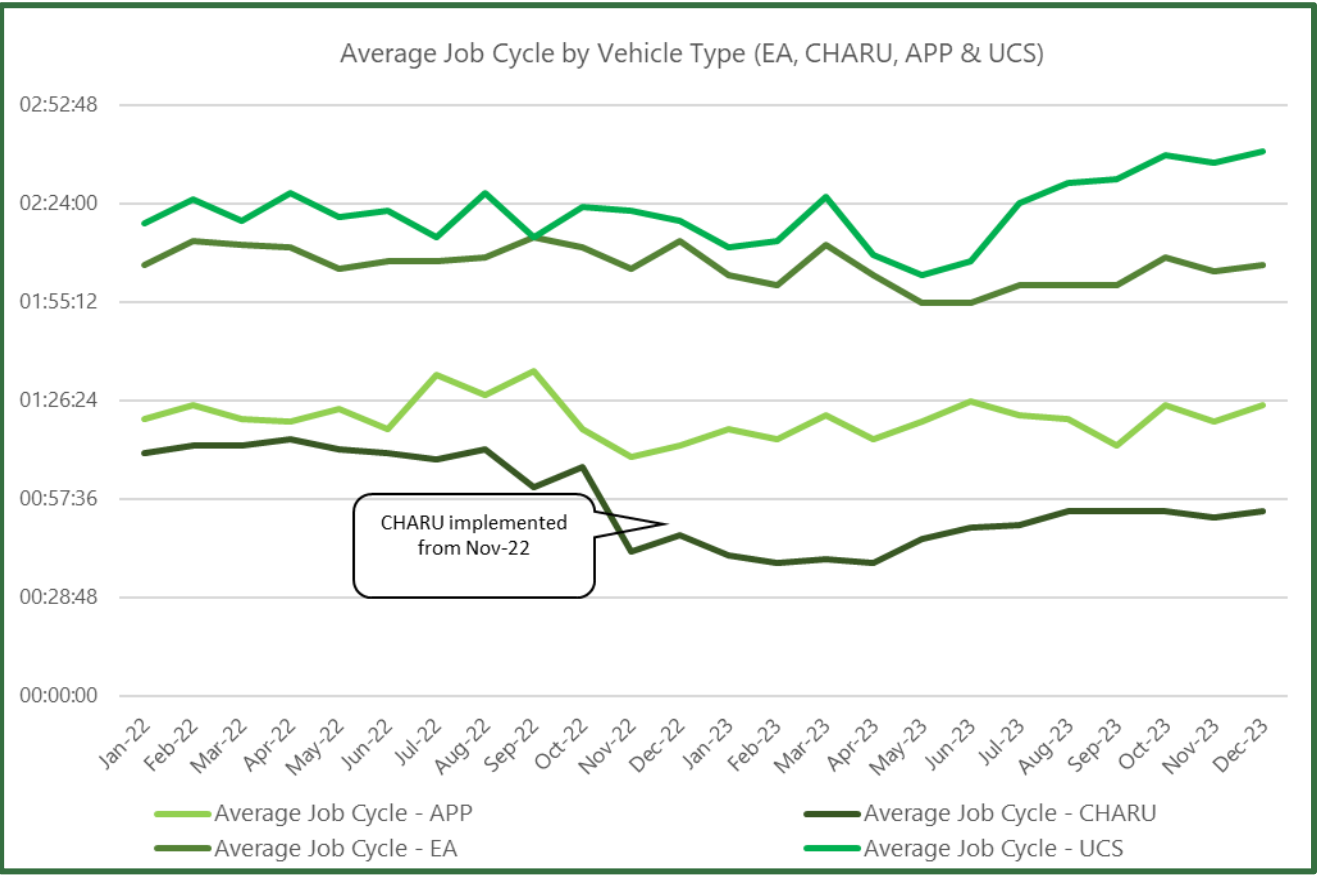
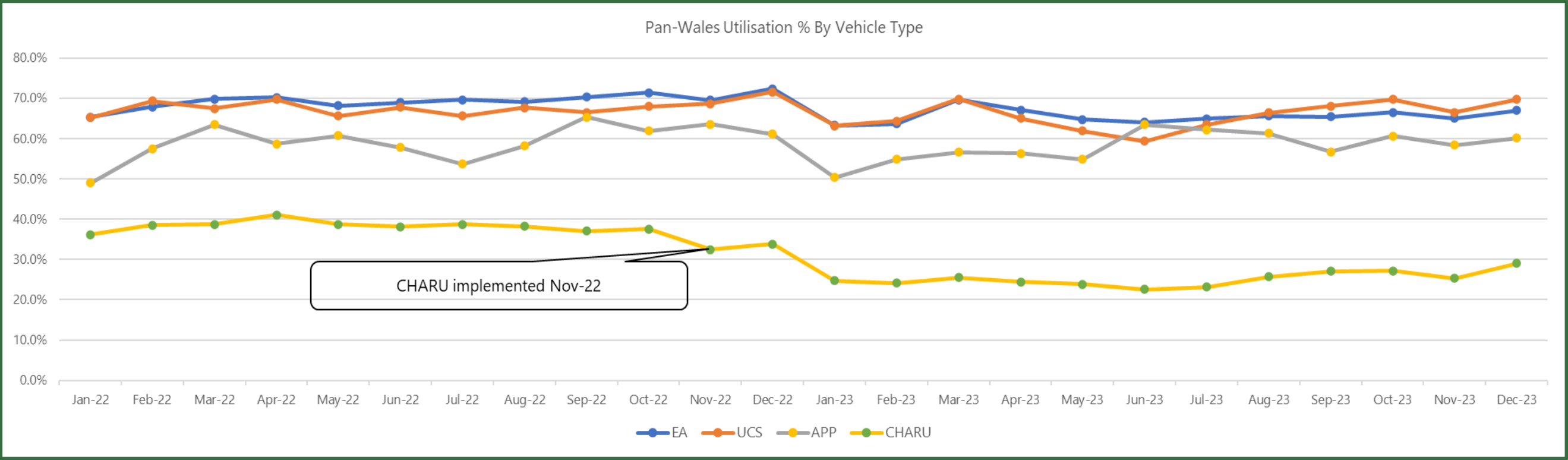
Overall average jobs per shift has remained relatively static with APP & CHARU resources having a job cycle that is half that of a conveying resource.

Remedial Plans and Actions

The increase in average job cycle time since 2021 can be attributed to numerous factors including the introduction of ePCR and increasing hospital delays (staff pre-empting and packaging patients in readiness for long waits and patients waiting longer for an ambulance response therefore requiring more treatment/assessment). These times are monitored at Weekly Performance Meeting and local work to establish appropriate efficiency initiatives is ongoing

Expected Performance Trajectory

The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not be seen. The EA and UCS utilisation is too high. The APP utilisation is being considered via the inverting the triangle transformation work. The CHARU rate is being reviewed linked to modelling.

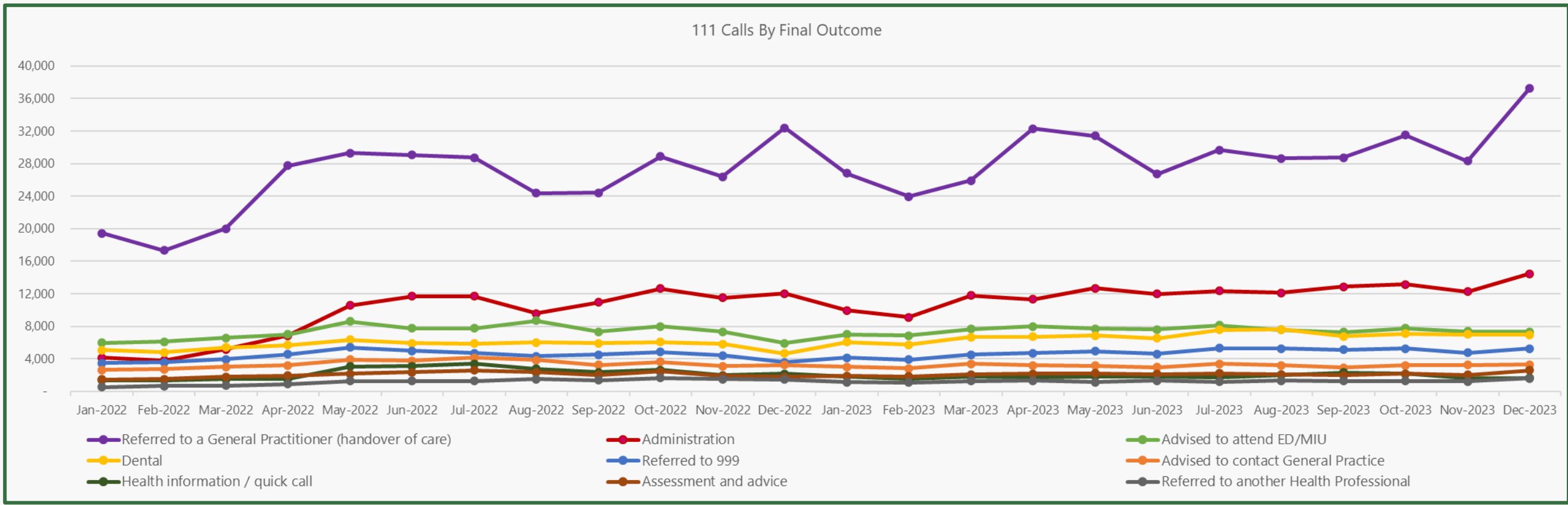


Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



Analysis

During December 2023, 80,7449 calls were received into the 9 categories displayed in the graph opposite, an increase compared to the 67,797 received during November 2023.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 46% of all calls during December 2023.

As the bottom left graph highlights, in December 2023, 22,018 calls into 111 were provided with information or advice, with no onward referral, an increase from the 19,135 in November 2023 and from the 19,199 during December 2022.

The percentage of total 111 calls being answered in Welsh decreased in December 2023 to 0.91% compared to 1.25% in November 2023.

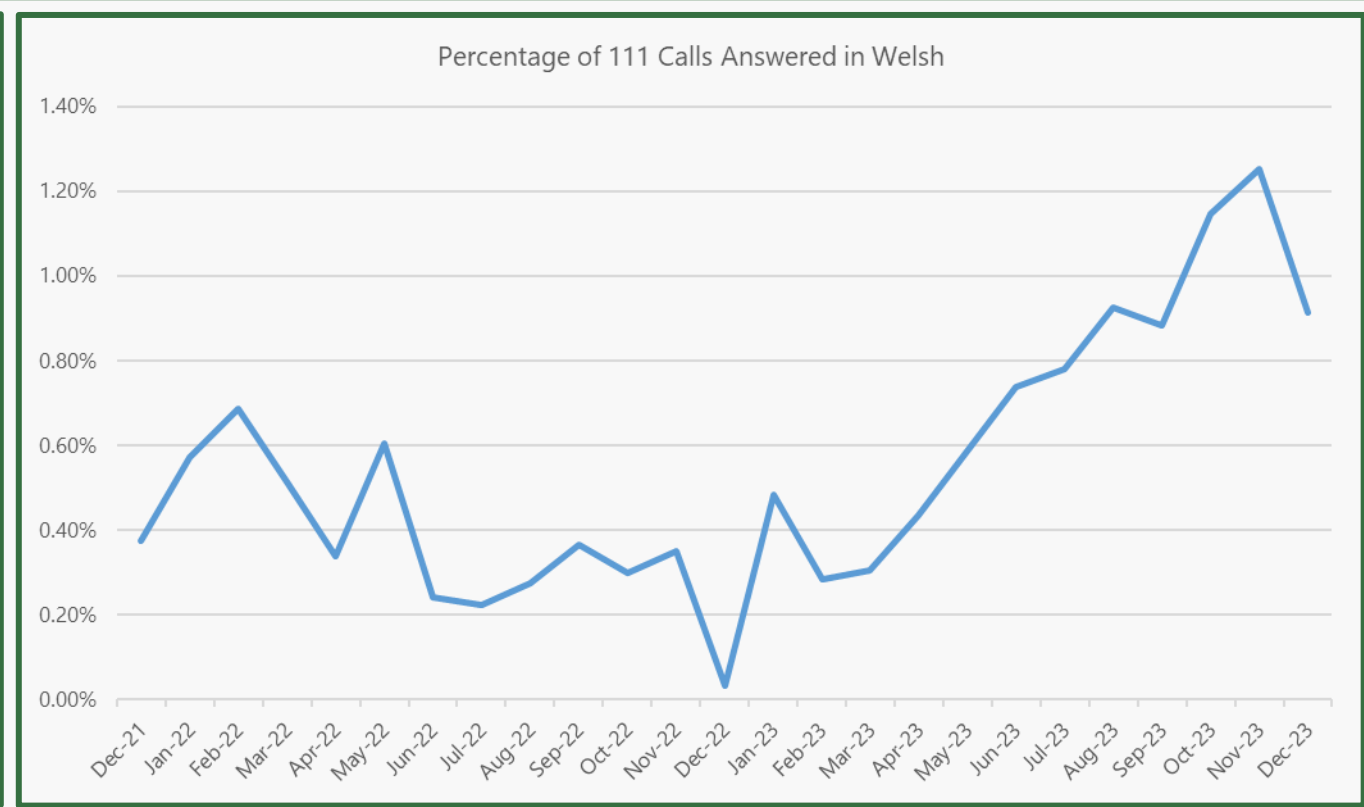
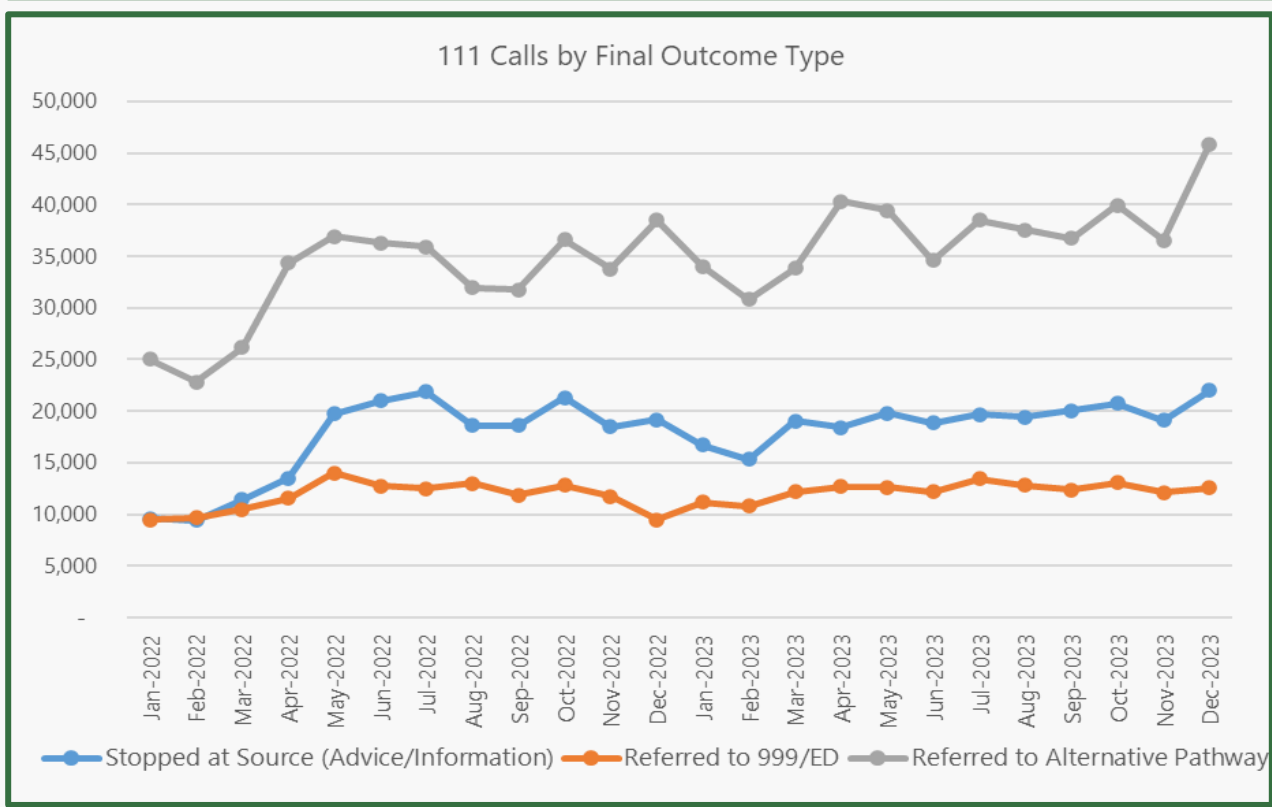
This equated to 50.9% of all 111 calls being offered in Welsh being answered, a drop from the 67.9% answered in November 2023.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST its commissioners and DCHW. The focus is the development of a Nationally reportable 111 data set. Similar to what is currently in place for ASIs. Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory

No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once these have been developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.



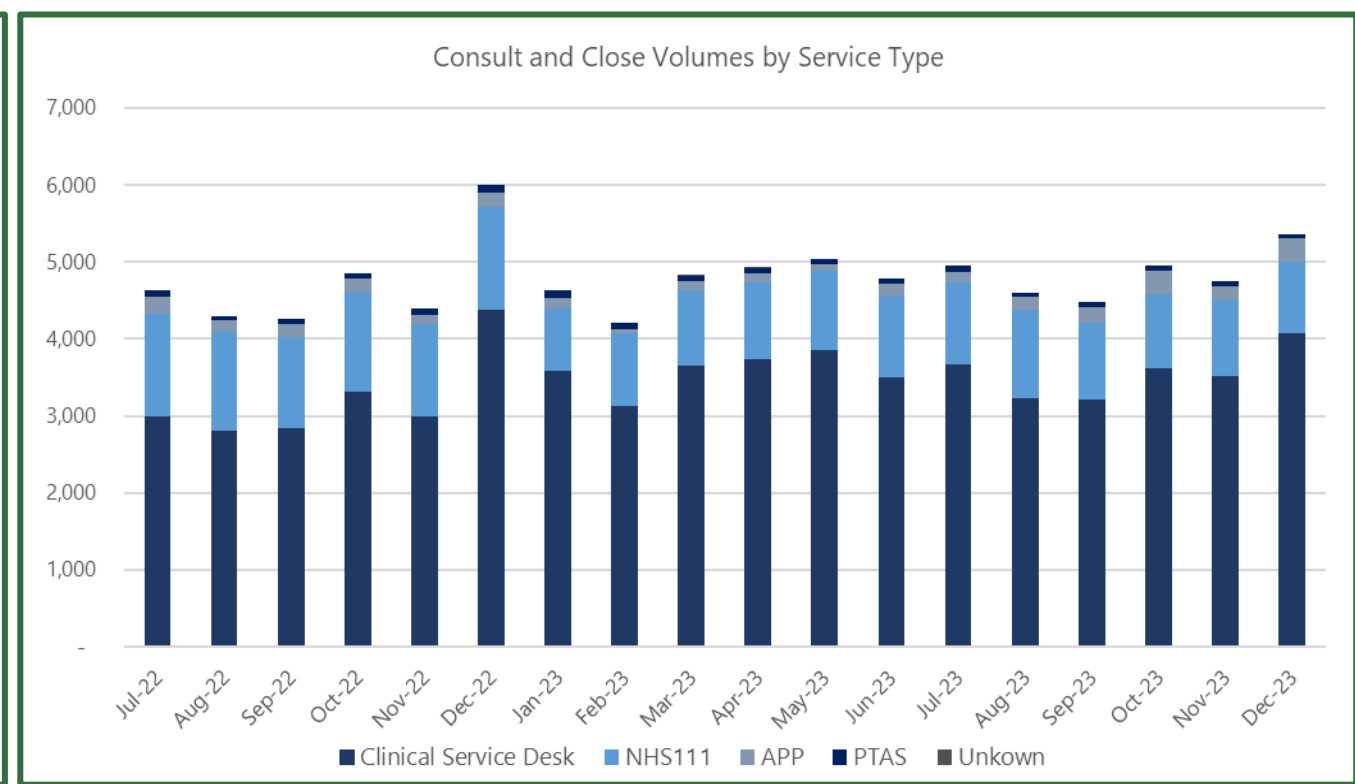
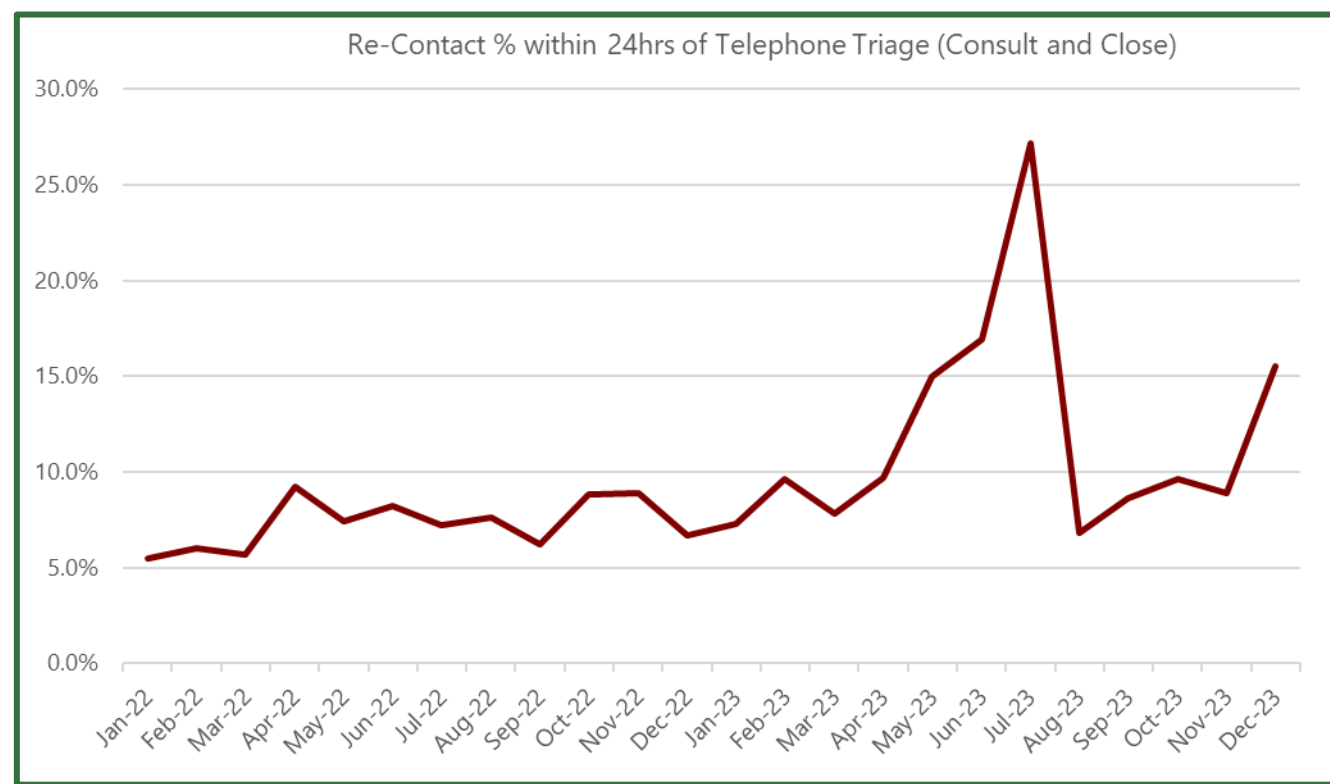
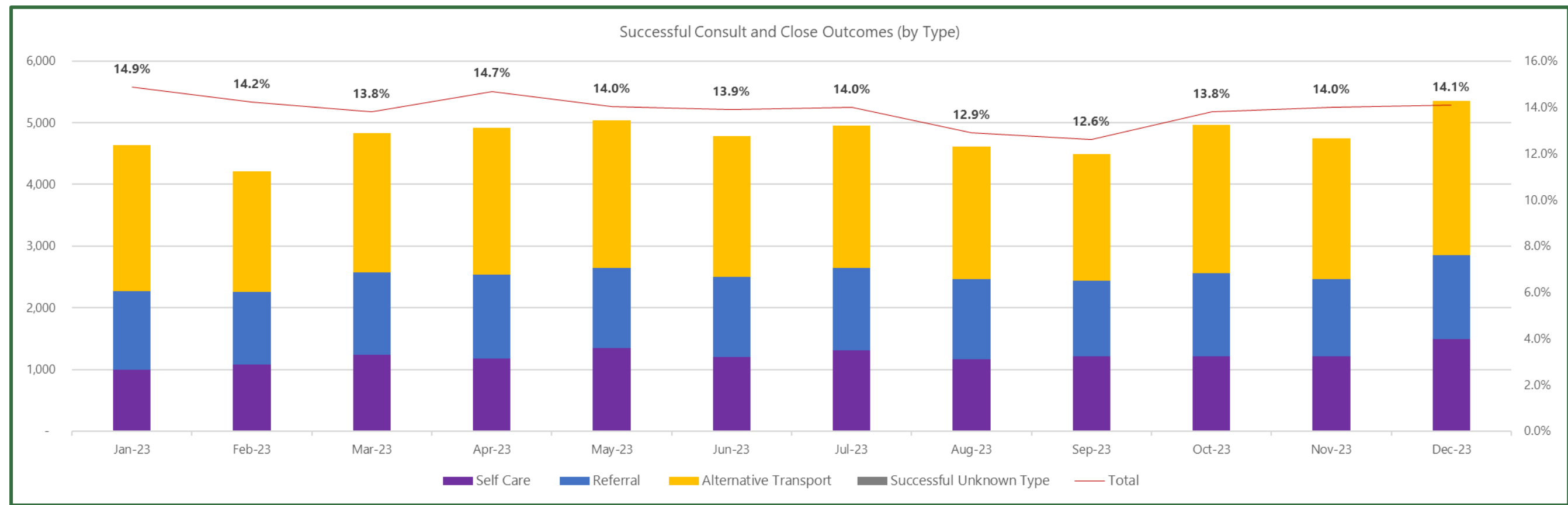
Partnerships / System Contribution

Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C
R

FPC



Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (10.8%), NHS111 (2.5%), WAST APP (0.8%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 14.1% in December 2023. This was a slight increase on the 14% seen during November 2023, but remained short of the new 17% IMTP ambition. In December 2023, the number of 999 calls resulting in a Consult and Close outcome was 5,366, up from 4,745 in November 2023.

Of the calls successfully closed in December 2023, 1,488 patients received an outcome of self-care; 1,363 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,508 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in December 2023 were 15.5%, an increase on the 8.9% seen in November 2023.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling
- Reporting still challenging without telephony data
- Failed contact activity from EMSC has reduced
- Progressing process with 111 to pass calls electronically from CSD, saving time
- More staff are at work in CSD
- Additional staff start live this month
- Work commenced on PDSA for CSD First

Expected Performance Trajectory

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

Partnerships / System Contribution

Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

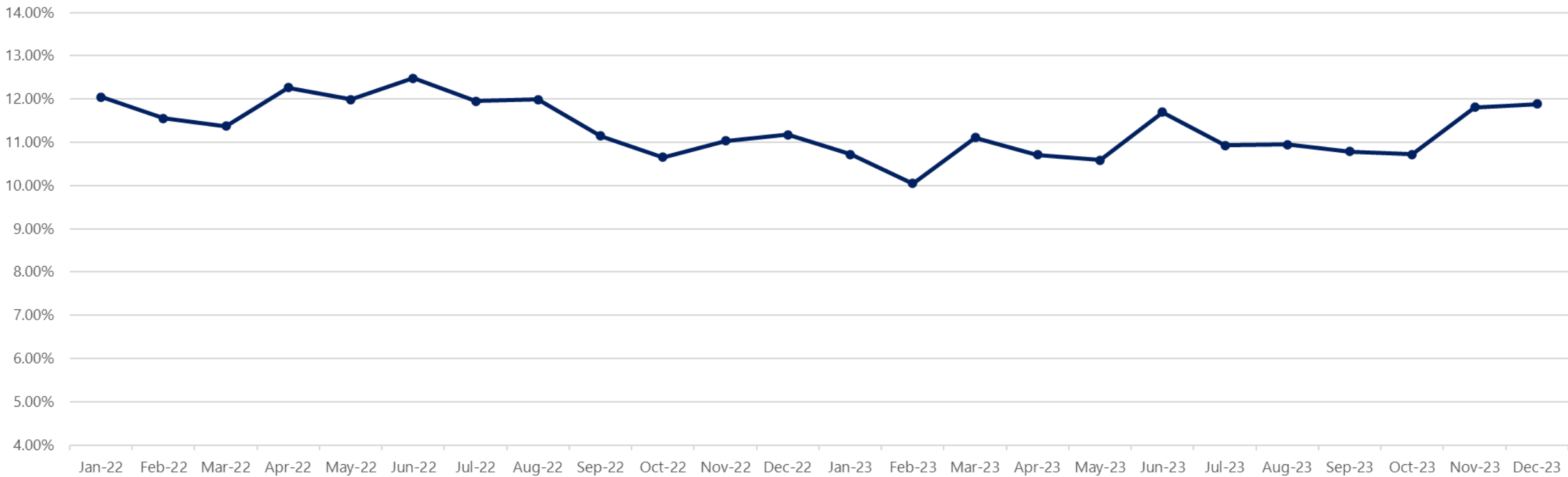
Conveyances

A

FPC

Ministerial Measure

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



Analysis

In December 2023 11.88% of patients (1,812) were conveyed to a service other than a Type One ED, while 35.51% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased slightly, from 3,594 in November 2023 to 4,089 in December 2023.

APP conveyance rates decreased slightly to 42.3% in December 2023, although there has been a general increase seen in recent months due to increased levels of CSP, which results in patients choosing to transport themselves to the ED, with only patients who do not have this ability (usually sicker) receiving a response.

Patients conveyed to SDEC's decreased from 0.17% in November to 0.12% in December 2023.

Remedial Plans and Actions

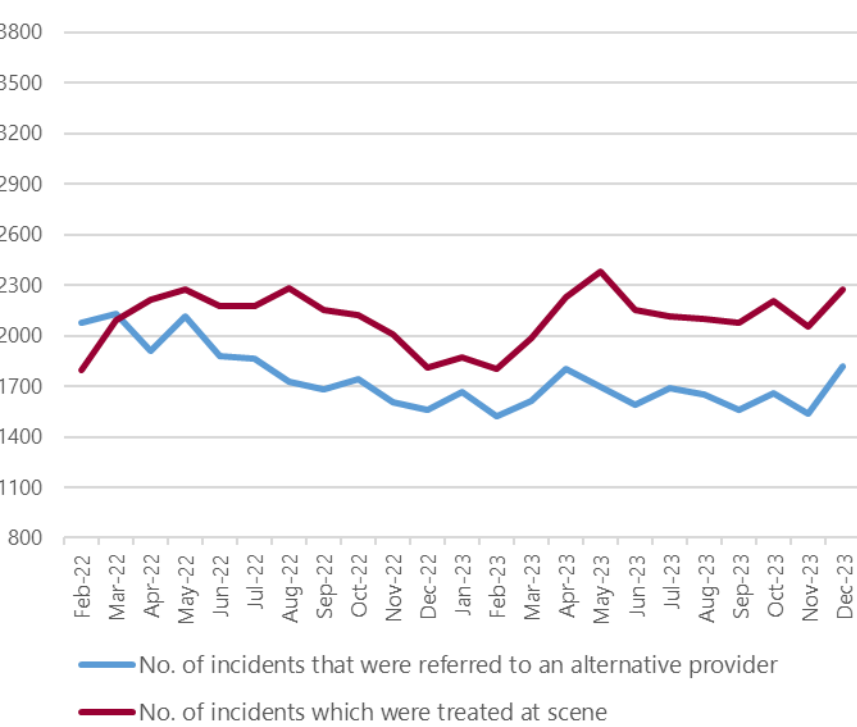
The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.5%. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust such as SDECs.

Utilisation of APP resources will continue to be monitored as part of weekly performance reviews and evaluation of the appropriate APP code-set will be undertaken through the Clinical Prioritisation and Assessment Software (CPAS) group.

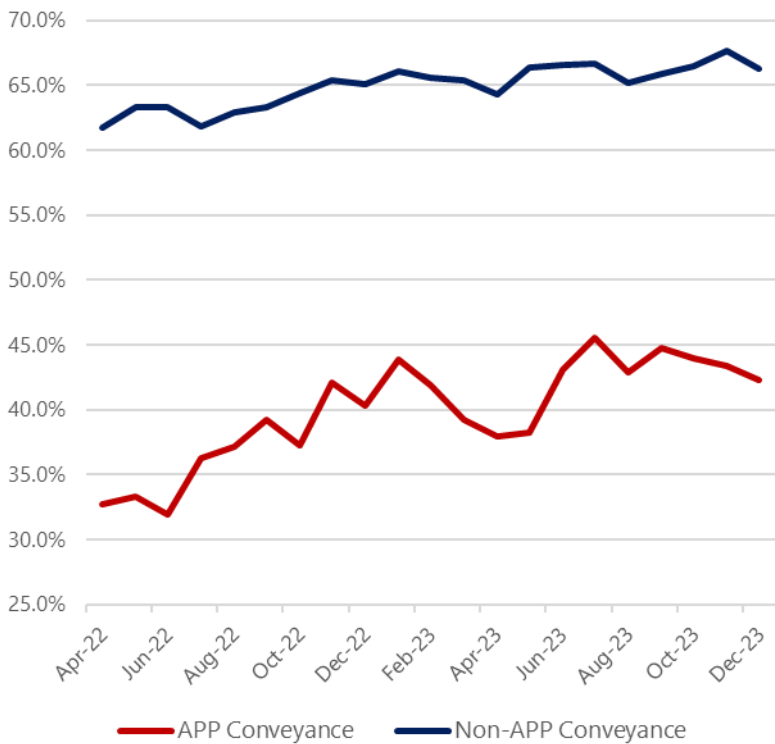
Expected Performance Trajectory

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

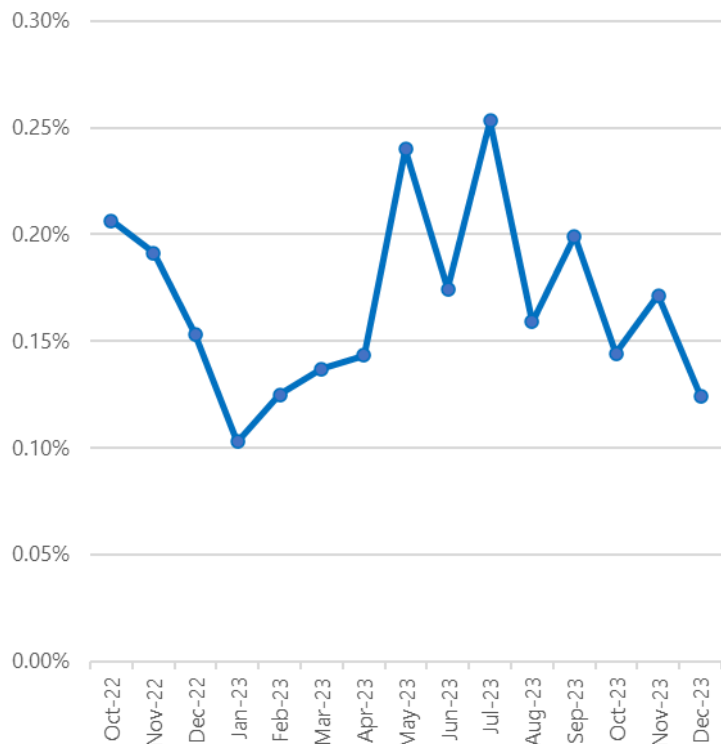
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution

Handover Indicators

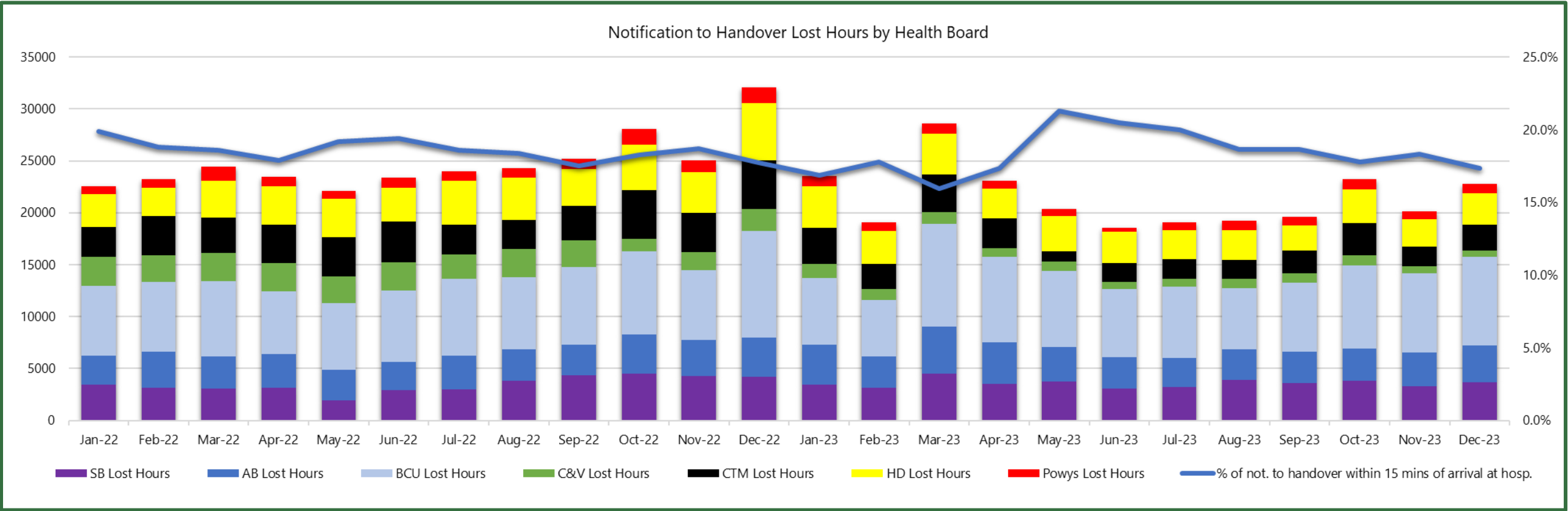
(Responsible Officer: Health Boards)

Lost Hours

R

CI

QUEST



Analysis

257,370 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Jan-22 to Dec-23), compared to 298,655 over the same timeframe the previous year. There were 22,756 hours lost in December 2023, an expected increase from the 20,124 lost in November 2023. December levels were 9,342 hours below where they were during December 2022 (32,098).

The hospitals with the highest levels of handover delays during December 2023 were:

- Morriston Hospital (SBUHB) at 3,541 lost hours
- The Grange University Hospital (ABUHB) at 3,443 lost hours
- Wrexham Maelor Hospital (BCUHB) at 2,910 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,834 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,474 lost hours

Notification to handover lost hours averaged 734 hours per day during December 2023 compared to 670 hours a day in November 2023.

In November 2023, the Trust could have responded to approximately 7,178 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions

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

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

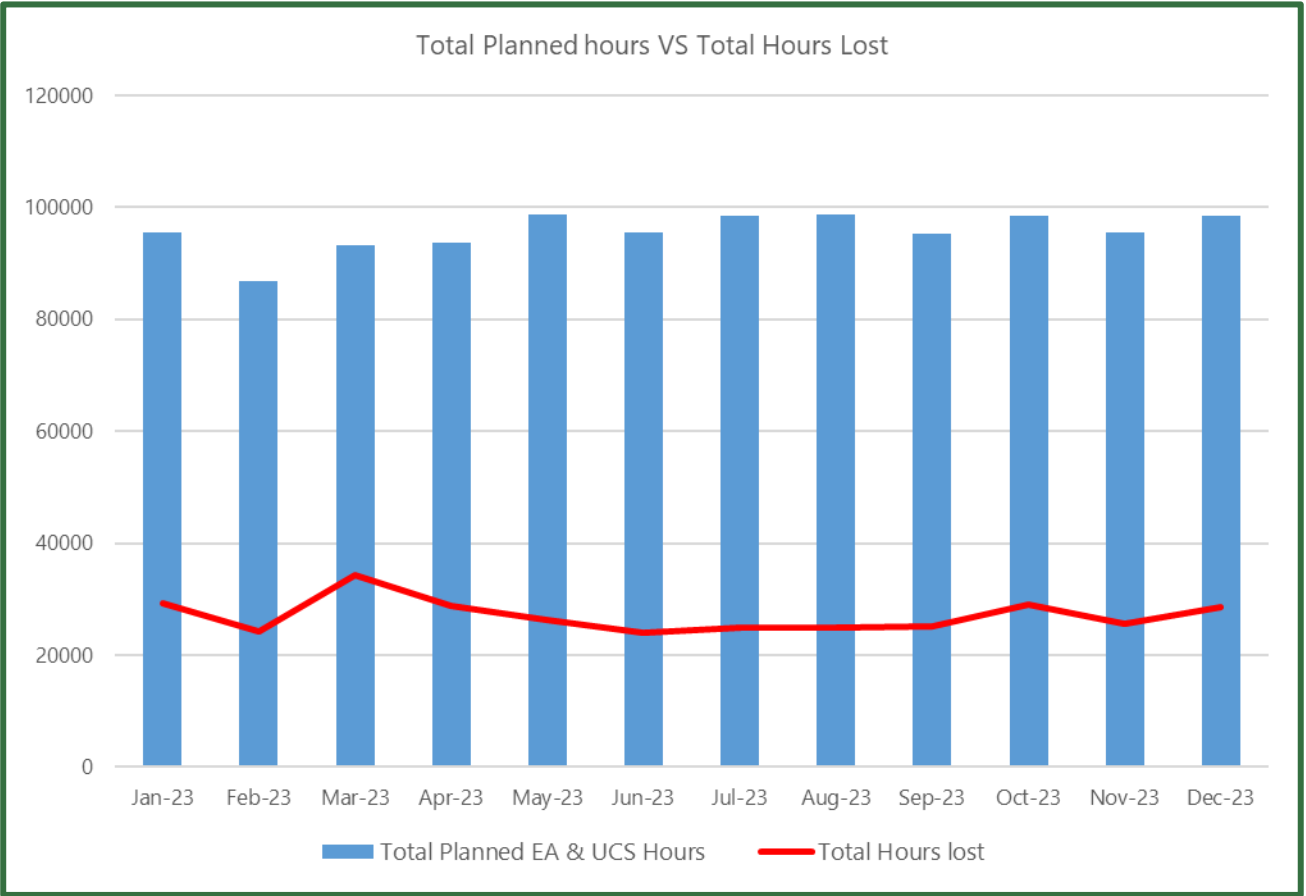
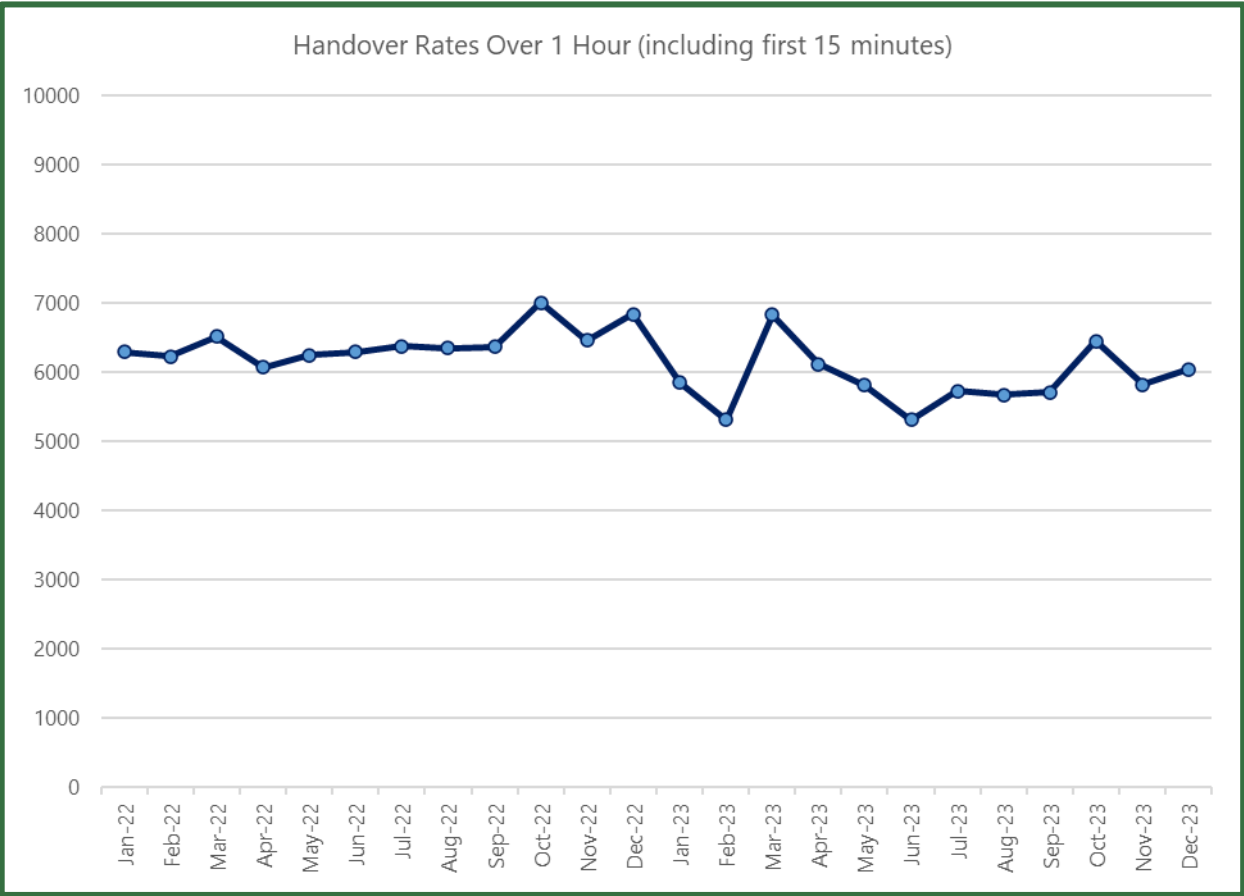
The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR).

Expected Performance Trajectory

The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

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

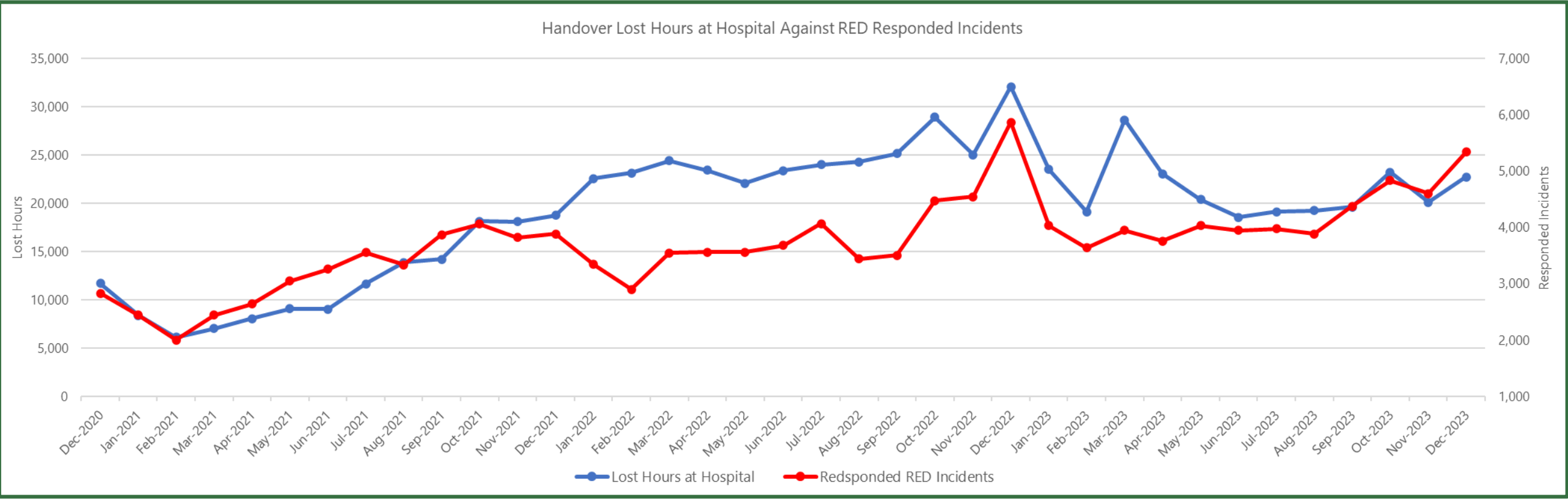
Welsh Ambulance Services NHS Trust



Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)



Analysis

The top graph highlights that as handover lost hours have increased since March 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill, although during December 2023 Amber 1 responses also increased slightly when compared to November 2023.

The bottom graph also highlights that as lost hours have increased since mid-2021, so Amber 1 responses have declined, due to the increased system pressures. However, as lost hours reduced during the first half of 2023, so Amber 1 responses increased, from 10,326 in December 2022 to 13,055 in May 2023. Therefore, it was possible to see the reduction of pressure within the system and subsequent performance improvement through the Amber 1 metric.

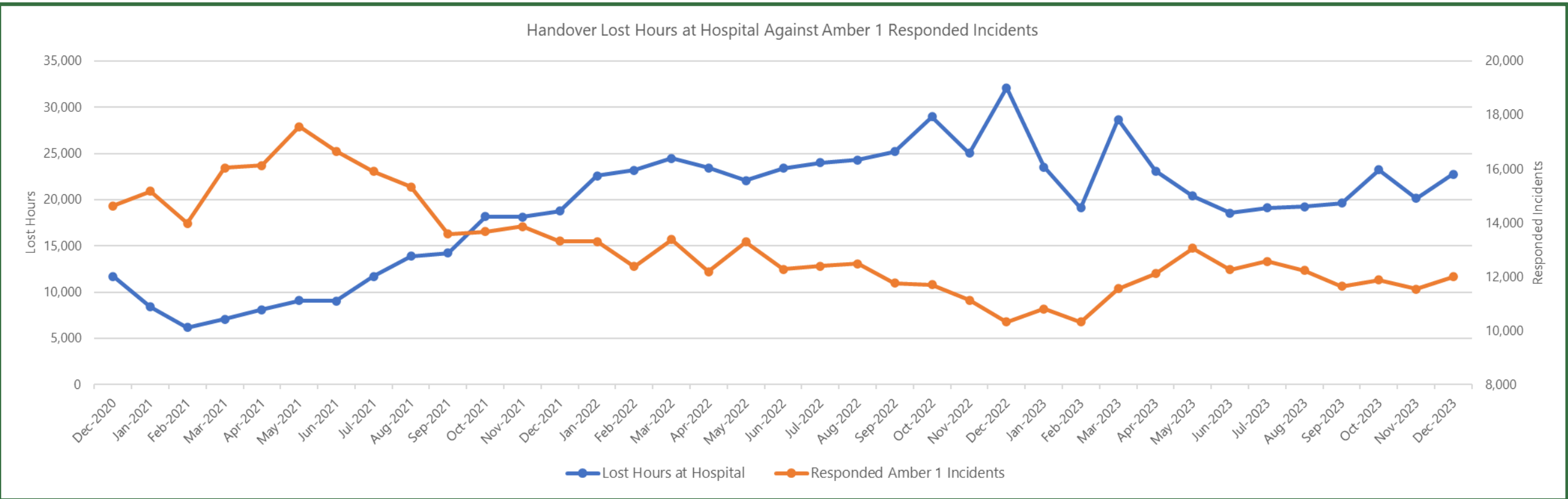
Remedial Plans and Actions

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

Expected Performance Trajectory

The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

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



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

Definition of Indicators

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



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AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

GOVERNANCE REPORT

MEETING	Trust Board
DATE	25 January 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out where applicable the Chair's Actions taken since the last Board meeting and ratifications required, **use of the Trust Seal**. and **decisions made in private session**.

Use of the Trust Seal

2. The Trust Seal has not been used since the last meeting of the Trust Board on the 23 November 2023, however there are three matters which require a decision of the Board with respect to the affixing of the Seal. The Board is reminded that in each case it is not being asked to agree the transactions but just **approve the affixing of the Seal in each case**, to execute the documents as deeds in accordance with Standing Orders: -
 - 2.1 The renewal Lease of Unit 1A Spring Meadow Business Park, Rumney, Cardiff, CF3 2ES. The parties to this Lease renewal are the Welsh Ambulance Services NHS Trust and Sunflower UK Logistics Propco (2002) Ltd;
 - 2.2 The disposal of land and buildings lying to the East of Y Gruffydd Road, Swansea (SA2 0GP) to Swansea Bay University Health Board and the need to execute as a deed the engrossment Transfer Deed;
 - 2.3 The execution of the WAST Control Centre Lease (for additional space) with the Dyfed Powys Police and Crime Commissioner. The parties to the Statutory Declaration are the Trust and the Dyfed Powys Police and Crime Commissioner (Carmarthen Headquarters, Llangunnor, Carmarthen, SA13 2PF).

Decisions in Private Session

3. At the closed meeting of the Board on the 23 November 2023 the Board approved the Business Justification Case for the 2024-25 Vehicle Replacement programme, for progression to the Welsh Government for funding consideration. At this meeting the Board noted that the implementation of the business case was subject to funding approval, the value of which was subject to confirmation by Welsh Government.
4. Also, at the meeting of closed Trust Board on the 23 November the Board approved an authority to settle a clinical negligence case. A further approval to settle was given in a different clinical negligence case on the 08 December 2023. The details of both cases are confidential.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Not applicable.

REPORT CHECKLIST

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



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AGENDA ITEM No	15.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

TRUST BOARD & COMMITTEES – 2024/25 SCHEDULE OF MEETINGS

MEETING	Trust Board
DATE	25 January 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report presents the proposed calendar of Board and Committee meetings for the 2024-25 financial year based on consultation with the Chair of the Trust Board, Non-Executive Directors, and Executive Leadership Team;
2. The report explains the rationale for aligning meeting schedules, as well as the considerations, adaptations and assumptions that informed the schedule and presents the draft dates for the Board and Committee meetings for 2024-25;
3. The report also highlights the deviations from the usual pattern of meetings, such as the November 2024 Board meeting (which has been placed on a Friday due to a clash with an NHS Joint Executive Team meeting);
4. The Board is asked to note that some of the arrangements, specifically those regarding the dates for the approval of the Annual Report and Accounts for 2023-24 and the 2024 Annual General Meeting, are to be confirmed.

RECOMMENDATION:

That the Trust Board approves the schedule of dates for the 2024-25 financial year Board and Committee meetings and notes the adaptations to the cadence of meetings.

REPORT APPROVAL ROUTE	
22 November 2023	Executive Leadership Team
30 November 2023	Emailed to Non-Executive Directors
REPORT APPENDICES	
1. Annex 1 – Proposed Dates for 2024-25 Financial Year (Table) 2. Annex 2 – Proposed Dates for 2024-25 Financial Year (Calendar)	

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

SITUATION

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

BACKGROUND

4. Consultation for the calendar of Board and Committee meetings for 2024-25 has been undertaken with the Chair of the Trust Board, Non-Executive Directors, the Executive Leadership Team, colleagues in the Corporate Governance Team and wider Personal Assistant Team.
5. During 2023-24, the Board set scheduled meetings on a bi-monthly basis, with additional meetings of the Audit Committee and Trust Board to receive the Annual Report and Accounts, as necessary. Whilst the Finance & Performance Committee meet ordinarily in the week before the Board, the other Committees are set to a quarterly cadence.

ASSESSMENT

6. The 2024-25 schedule of dates for the Board, its committees, and Board Development Days has been largely developed around the pattern of meetings established for 2023-24. The Board's attention is drawn to the following: -

- 6.1 That all of the Trust Board meetings fall on the last Thursday of the month except for the meeting in November 2024, which has been placed on Friday 29 November 2024. This is due to there being a Welsh Government meeting the afternoon of the last Thursday in November;
- 6.2 There has traditionally been a December date included for a Board meeting to approve the IMTP for the following year. For the last two years this has not been needed but has been retained as a Board Development Day in this calendar (held earlier in the month to accommodate for the festive season);
- 6.3 The meeting of the Audit Committee in November has been placed before the meeting of the Trust Board (which is not the case for 2023) to allow for the timely flow of business from the Committee to the Trust Board;
- 6.4 There is one hold in the diary for Audit Committee in May 2024 and one hold for a possible Board meeting in June 2024 to receive the 2023-24 Annual Report and Accounts. This cadence is if the reporting schedule reverts to the pre-2023 schedule; however, the final reporting schedule for 2023-24 is not yet confirmed;
- 6.5 If the Annual Report and Accounts timeline follows that of the 2023-24 reporting schedule, then it will be necessary to convene an additional Audit Committee meeting in late July 2024 to sit ahead of the Trust Board meeting scheduled for the 25 July 2024. A date of Tuesday 23 July 2024 for Audit Committee has therefore been included on the schedule;
- 6.6 The meeting of the QuEST Committee in November 2024 has been placed earlier in the month than usual given the conflict we had this year with the CEO Roadshows, which necessitated it being moved from the 09 November to the 31 October 2023;
- 6.7 The WASPT meeting dates will be included in the calendar following the WASPT effectiveness review and agreement on frequency of meetings early in 2024, so these have not been included in the calendar at this stage;
- 6.8 The meeting of the Charity Committee in January 2025 has consciously been placed later in the month to accommodate the timelines for the independent examination of the accounts for 2023-24 by Audit Wales (taking into account the Christmas period). Related to this, no Committees have been planned for the first week of January in 2025;

- 6.9 We are unsure whether the previous annual reporting timetable for the Annual Report and Accounts 2023-24 will be reinstated and therefore the placement of the Annual General Meeting. A hold has been placed in July 2024; however, this may need to be adjusted. The AGM meeting has been consciously separated from the meeting of the Trust Board in July 2024 (as was the case this year);
- 6.10 The meeting of Audit Committee in April 2024 has been placed later in the month than in 2023 so as to avoid clashing with the CEO Roadshows. It has been placed on Tuesday 30 April 2024;
- 6.11 The Corporate Trustee meetings for the WAST charity have been proposed for Thursday 30 May 2024 and Thursday 30 January 2025, the latter of which will receive the Charity Annual Report & Accounts. Both meetings will follow the Trust Board meetings which will be on the same day;
- 6.12 All other Committees retain their current frequency (with Mondays, Wednesday and Fridays having been avoided where possible). All but Remuneration Committee and Audit Committee fall quarterly, with the first meeting in either April or May of 2024;
- 6.13 All meetings are being planned on the basis that they will begin at 09:30 and that where required open and closed meetings will be held on the same day, as is the current arrangement – with the closed meetings following the open.

RECOMMENDATION: That the Trust Board approves the schedule of dates for the 2024-25 financial year Board and Committee meetings and notes the adaptations to the cadence of meetings.

Annex 1: Proposed Board and Committee Dates for 2024-25 (Table)

Meeting	Frequency	Mtg 1	Mtg 2	Mtg 3	Mtg 4	Mtg 5	Mtg 6	Mtg 7
Trust Board	Bi-monthly	30/05/2024	13/06/2024 (hold)	25/07/2024	26/09/2024	29/11/2024	30/01/2025	27/03/2025
Board Development	Bi-monthly	25/04/2024	27/06/2024	24/10/2024	11/12/2024	20/02/2025	-	-
Corporate Trustee	Bi-annually	30/05/2024	30/1/2025	-	-	-	-	-
Charity Committee	Quarterly	04/04/2024	02/07/2024	08/10/2024	14/01/2025	-	-	-
Academic Partnership Committee	Quarterly	23/04/2024	11/07/2024	22/10/2024	23/01/2025	-	-	-
People & Culture Committee	Quarterly	09/05/2024	15/08/2024	14/11/2024	18/02/2025	-	-	-
Quality, Patient Experience & Safety Committee	Quarterly	07/05/2024	13/08/2024	05/11/2024	04/02/2025	-	-	-
Finance & Performance Committee	Bi-monthly	14/05/2024	16/07/2024	17/09/2024	19/11/2024	16/01/2025	18/03/2025	-
Remuneration Committee	4 p/a	18/06/2024	03/10/2024	05/12/2024	13/03/2025	-	-	-
Audit Committee	5 p/a	30/04/2024	23/05/2024 (hold)	07/06/2024	23/07/2024 (hold)	12/09/2024	21/11/2024	06/03/2025

	2024									2025		
DATE	April	May	June	July	August	September	October	November	December	January	February	March
1	Easter Monday									New Years Day [W]		
2				CC [new date]			Leadership Symposium					
3							RemCom					
4	CC										QuEST	
5			JET					QuEST	RemCom			
6		Bank Holiday										Audit
7		QUEST	Audit (Inc. Accts) [new date]									
8	STB						CC					
9		PCC										
10	Leadership Symposium											
11			Long Service Awards	APC					Board Development			
12						Audit		Wast Awards 2024				
13			Board - HOLD		QUEST							RemCom
14		FPC					CEO Roadshows	PCC		CC (inc. accts)		
15	CEO Roadshows				PCC [new date]		CEO Roadshows					
16	CEO Roadshows			FPC			CEO Roadshows			FPC		
17	CEO Roadshows					FPC	CEO Roadshows					
18	CEO Roadshows		RemCom				CEO Roadshows				PCC	FPC
19	CEO Roadshows							FPC				
20			Long Service Awards								Board Development	
21			Long Service Awards					Audit				
22							APC					
23	APC	Audit (Accts) - HOLD		Audit (Accts) - HOLD						APC [new date]		
24							Board Development					
25	Board Development			BOARD								
26					Bank Holiday	BOARD			Christmas Day [W] Boxing Day [T]			
27		Bank Holiday	Board Development									BOARD
28							ELT Away Day (tbc)	JET				
29							ELT Away Day (tbc)	BOARD				
30	Audit	BOARD / Charity Board		AGM (HOLD)						BOARD / Charity Board		
31												
Total	4	5	4	6	2	3	4	5	2	5	3	4

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

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



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AUDIT COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	25 January 2024
Committee Meeting Date	30 November 2023
Chair	Martin Turner

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

No alerts arose from this meeting

ADVISE

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

1. The Audit Committee chair held a **pre-meet** with Internal Audit and Audit Wales before the meeting in line with best practice.
2. A verbal update was received regarding the implementation of the **Quality and Performance Management Framework (QPMF)**, oversight of which transferred to this Committee from the Finance and Performance Committee in-year. Amendments are being made to the Framework to embed the Duty of Quality under the Health and Social Care (Quality and Engagement) Act 2022 and will come to this Committee and to the Board shortly. Revised terms of reference are in place for the QPMF Steering Group (which reports to Executive Leadership Team), and a work plan is in place.
3. Members **reflected** that the that papers were well prepared and presenters were clear. It was Martin Turner's last meeting and Chris Turley thanked him for support and expertise during his tenure as Chair of the Audit Committee, as did Paul Hollard, Non-Executive Director.

ASSURE

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

4. Paul Hollard, Chair of People and Culture Committee provided an update on the speaking up safely work underway as discussed at that Committee's meeting in November. The Audit Committee was assured that **arrangements for whistleblowing and speaking up safety** were developing well with the All Wales Speaking Up Safety Framework in place, guardians operating at WAST, and the Work in



Confidence platform operating for confidential reporting where it was felt our people could not go directly to their line manager.

5. The Board will recall previous AAA reports from this and other Committees noting that the number of **Policies** within their review date fell below reasonable levels during the Covid-19 pandemic as the policy work plan was largely paused and efforts directed to support the response. This meant that most policies have passed their review date; however, it is important to note that these remain our extant policies, they are in use and have not expired. The Committee has oversight of the work plan to review and update these policies and were assured that this was on track for the prioritised policies in 2023/24.
6. Progress against the **2023/24 Internal Audit Plan** was received, and the following four **Internal Audits** reviews were completed during the quarter and presented to the Committee:
 - **Senior Paramedic Role** – reasonable assurance. This was reviewed at the People and Culture Committee in November.
 - **Records Management** – reasonable assurance. This will be reviewed by the Quality, Patient Experience and Safety Committee in January.
 - **Technical Resilience** – reasonable assurance. This will be reviewed at the Finance and Performance Committee in January (closed session) and was also taken in closed session at this meeting.
 - **Estates Assurance: Estate Condition** – limited assurance. The Committee noted that this review is being conducted across all seven Health Boards, WAST and Velindre and that all have been given a limited assurance rated, therefore WAST is not an outlier. The rating is based on the lack of a funded strategy to address the backlog of maintenance and the inconsistency of reporting across Wales. Disappointment was expressed with the rating given the track record of WAST reducing backlog maintenance and investing in new facilities, and it was noted that many of the issues were outside of the trust's control. The Internal Audit team explained the rationale for the rating which included raising the profile of the issues at a national level, and the common challenges faced by all Health Boards and Trusts in Wales. They acknowledged the positive aspects of the trust's management approach and governance arrangements. This will be reviewed at the Finance and Performance Committee in January.
7. The **Audit Wales Update** was received as was the WAST Review of Workforce Planning Arrangements (at Annex 1) and the national NHS Workforce Data Briefing from the Auditor General for Wales. The WAST review sets out the workforce risks that NHS Bodies are experiencing currently and are likely to experience in the future. The report had been discussed in the People and Culture Committee in November with Audit Wales present, and the Committee noted that reference to increased agency costs in 2021/22 relates to cohorting outside of EDs during the pandemic, as opposed to other types of agency staffing. The report found overall that the Trust is taking effective steps to mitigate current workforce challenges and clarify its longer-term strategic vision, however medium to longer-term resourcing is a significant and ongoing barrier.

The Audit Wales **Structured Assessment** work for 2023 has completed and the report is with the Trust in draft. It will be presented to the January Board and will be reviewed in more detail at the March



Audit committee. Planned work for 2024 includes a national deep dive into financial efficiencies and a follow up of the Review of Quality Governance Arrangements will begin in late 2023/24.

8. The **losses and special payments** made during the period 1st April to 31st October 2023 amounted to £229.4K net payments.
9. In private session the committee received the counter fraud update 1st September to 31st October 2023 as well as the report on **tenders and single tender waiver requests**. The **Local Counter Fraud Service (LCFS)** provided an update on its work including fraud awareness sessions delivered including during International Fraud Awareness Week in November, prevention and deterrence support and guidance. This quarter has seen the securing of the Counter Fraud Awareness E-Learning as a mandatory training course which has seen a significant increase in those undertaking the module. There are 20 recorded ongoing investigations by LCFS – which was the same number last quarter however there have been closures and new cases in that time - with a number of potential offences ranging from working whilst sick, to secondary employment.
10. The **2023/24 Committee Priority** (review of Board member induction programme and annex) was reviewed and is on track with that programme being presented at this meeting. A new priority was added as a transfer from the Finance and Performance Committee, that being the oversight of the development and effectiveness of the Quality and Performance Management Framework, a verbal update against which is noted above.
11. An update was received on the revised **Audit Tracker** with c.30% of all management actions closed in the quarter and a number of historical actions revisited to open up discussions on potential revisions of management actions due to the passage of time. There has been excellent engagement on the new process and Members welcomed the revised format, noting that 58% of the Audit Committee related recommendations had closed in quarter. **An updated version of the Audit Process Handbook was approved** following additions by Audit Wales. Good progress on a new digital solution was reported with specific reporting with escalations for this Committee and is due to be live in Q1 2024/25.
12. The **Committee's cycle of business** was reviewed and is on track.

RISK MANAGEMENT

The Committee is responsible for the review of the risk management framework and is not assigned individual risks for oversight.

The Committee reviewed progress against the risk management transformation programme. Areas of focus for the risk management improvement programme plan during 2023 are to deliver a risk management framework as a key enabler of our long-term strategy and decision making. This will be achieved by further developing the risk management framework, transitioning to a strategic BAF that reflects more closely the Trust's strategic objectives against its long-term strategy – Delivering Excellence: Vision 2030. Some accelerated work will be undertaken this financial year on establishing the strategic BAF and risk appetite statements.

The Committee noted that the Health and Safety Risk 199 has reached target and that this was discussed



in full at the People and Culture Committee.

COMMITTEE AGENDA FOR MEETING

Policy report	Quality and Performance Management Framework Implementation Update	Internal Audit Report
Audit Wales Update	Risk Management and Board Assurance Framework	Q2 Audit Tracker Update
Losses and special payments	Whistleblowing (speaking up safely)	

COMMITTEE ATTENDANCE

Name	20 April 2023	25 July 2023	14 Sept 2023	30 Nov 2023	1 Mar 2023
Martin Turner					
Paul Hollard					
Joga Singh					
Ceri Jackson					
Chris Turley					
Lee Brooks		Judith Bryce	Judith Bryce		
Judith Bryce					
Liam Williams	Duncan Robertson				
Angie Lewis					
Osian Lloyd (IA rep)					
Audit Wales rep		Andrew Doughton	Fflur Jones	Fflur Jones	
Paul Seppman					
Damon Turner					
Trish Mills					
Carl Window					

	Attended
	Deputy attended
	Apologies received
	No longer member

Review of Workforce Planning Arrangements – Welsh Ambulance Services NHS Trust

Audit year: 2023

Date issued: November 2023

Document reference: 3819A2023

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

Introduction

- 1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists ([A Picture of Healthcare, 2021](#)). In nursing alone, the Royal College of Nursing Wales reported 2,900 vacancies in their [2022 Nursing in Numbers](#) analysis. In addition, the social care sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long term. But there are a range of complex factors which impact on planning assumptions, these include:
 - workforce age profile, retirement, and pension taxation issues;
 - shifts in attitudes towards full and part-time working;
 - developing home grown talent and the ability to attract talent from outside the country into Wales; and
 - service transformation which can change roles and result in increasing specialisation of roles.
- 4 The Trust approved its 2023-26 People and Culture Plan in May 2023. The Trust is also developing a strategic workforce plan for the organisation to detail delivery which it is anticipating will be received by the Board in April 2024.
- 5 The key focus of our review has been on whether the Trust's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Trust's strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering, consultant job planning and operational deployment of agency staffing, fall outside the scope of this review.
- 6 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

Overall, we found that **the Trust is taking effective steps to mitigate current workforce challenges and clarify its longer-term strategic vision, however medium to longer-term resourcing is a significant and ongoing barrier.**

Key workforce planning challenges

- 7 The Trust is facing significant workforce challenges. The workforce indicators presented in **Appendix 2** highlight that the Trust's workforce levels and costs have increased between 2017-18 and 2022-23. This included an increase in agency staffing, from £180,000 in 2018-19 to £1.7 million in 2021-22 which has since reduced and is significantly lower than Health Board agency spend. While vacancies are comparatively low, the Trust has seen higher than usual turnover and concerningly, for 67% of the staff who left the organisation in 2021-22, their reasons for leaving were stated as either unknown or other. A new process is due to be rolled out which aims to seek further clarity on the reasons for staff leaving. A new process is due to be rolled out which aims to seek further clarity on the reasons for staff leaving. Noting that ambulance services tend to have higher sickness absence levels than other NHS organisations, the Trust has the highest percentage of sickness absence rates in Wales, which stood at 12.1% in January 2022, although this figure reduced to 8.2% in July 2023 levels increased in August 2023 to 9.2%.

Strategic approach to workforce planning

The Trust is strengthening its strategic workforce planning approach to address key risks and is effectively engaging with most stakeholders. However, it needs strengthen how it accesses and analyses workforce intelligence.

- 8 The Trust's strategic vision and plans focus on strengthening the workforce to overcome key current and future workforce risks. The Trust intends to strengthen its approach further by developing a strategic workforce plan for the organisation which it expects to complete by April 2024. The Trust has access to significant amounts of data which it uses to inform key decisions relating to its workforce. However, there is a need to better integrate IT systems to enable workforce data analysis and ensure its workforce establishment model is routinely updated. While the relationship between the Trust and its trade union partners is sometimes challenging, the Trust effectively engages with its staff and wider stakeholders, and commissioners to provide assurance and develop workforce solutions.

Operational action to manage workforce challenges

We found that The Trust is proactively addressing its workforce challenges, based on a strong understanding of risks. However broader workforce transformation is constrained by resource availability.

- 9 The Trust has invested in its workforce planning capacity and capabilities, such as by recruiting a head of workforce planning and transformation and developing workforce planning training for managers. The Trust will need to ensure that workforce planning training is realising the intended benefits. There is also a need to ensure consistent central support for recruitment activity across the Trust.
- 10 The Trust demonstrates a relatively strong understanding of the barriers and risks associated with implementing the strategic vision for its workforce. It is adopting a proactive approach to mitigate some longer-term and immediate challenges under its influence. For example, to overcome recruitment challenges. It is looking to introduce home working for nurses and raising the profile of paramedicine within universities.
- 11 While the Trust has costed its workforce plan through the development of its Integrated Medium-Term Plan (IMTP), it may require significant resource to fully achieve the significant transformation set out in its strategic vision. At the same time, the Trust currently holds substantial inefficiencies in its workforce due to handover delays caused by system pressures. It also finds securing ongoing additional investment from commissioners to build capacity challenging, and additional short term workforce funding can make recruitment and retention more difficult. To address these issues, the Trust will need to continue to work closely with its commissioners and Welsh Government.

Monitoring and oversight of workforce plan/strategy delivery

There is reasonable Board-level oversight of operational workforce challenges, but it is too early to judge the impact of delivering the People and Culture Plan.

- 12 The People and Culture Committee receive regular and comprehensive reports relating to the workforce. Information to the committee has been increasingly operational, however at the August 2023 committee, the Committee approved metrics and a data dashboard to help monitor the progress of strategic aims within the People and Culture Plan. The Trust will also need to ensure effective arrangements for monitoring progress of its strategic workforce plan, once approved.

- 13 External oversight by the Emergency Ambulance Services Committee (EASC)¹ ensures the commissioners understand the Trust's service workforce pressures. This helps to align commissioner's expectations, with available finance and workforce resource. The Trust has benchmarked its performance with other ambulance services however, this is not regular nor is it reported broadly within the organisation.

Recommendations

- 14 **Exhibit 1** details the recommendations arising from this audit. These include timescales and our assessment of priority. The Trust's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations

Terms of Reference

- R1 We found that the Terms of Reference for both the Integrated Technical Planning Group and the Forecasting and Modelling Group require review. The Trust should review these to ensure they are accurate and up-to-date, particularly to clarify what role they will play in supporting the new People and Culture Plan and developing strategic workforce plan. **(medium priority)**

Workforce information systems

- R2 We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that:
- Systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems interconnect, where possible; **(medium priority)**
 - Explore ways to resource the management of a system to ensure an up-to-date establishment model. **(medium priority)**

¹ The Emergency Ambulance Services Committee (EASC) is Joint Committee of the seven health boards in Wales with the responsibility for planning and securing sufficient ambulance services for the population.

Recommendations

Evaluating workforce planning training

- R3 We found that the Trust is strengthening workforce planning capability through training initiatives, but it will need to evaluate these to ensure they are having the desired impact. The Trust should develop an evaluation framework to measure the success of its training programme. **(medium priority)**
-

Recruitment support

- R4 We found that only the emergency ambulance services department has dedicated support from the central management team for recruitment activity, due to capacity issues. While the central team can provide support on a case-by-case basis, the Trust should review opportunities to increase the corporate support offered to other departments across the organisation. **(medium priority)**
-

Metrics for Strategic Workforce Plan monitoring

- R5 Once the Trust has developed its strategic workforce plan it should also ensure there is appropriate reporting of targets and milestones to enable the People and Culture Committee to monitor its progress. **(medium priority)**
-

Benchmarking

- R6 The Trust does not routinely benchmark its workforce performance metrics with other health bodies in Wales. Its performance benchmarking with other ambulance trusts is infrequent. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice. **(medium priority)**

Detailed report

Our findings

15 The following three tables set out the areas that we have reviewed and our findings. These focus on:

- the Trust's approach to strategic workforce planning (**Exhibit 2**);
- operational action to manage workforce challenges (**Exhibit 3**); and
- monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

Exhibit 2: strategic approach to workforce planning

This section focusses on the Trust's approach to strategic planning. Overall, we found that **the Trust is strengthening its strategic workforce planning approach to addressing key risks and is effectively engaging with most stakeholders. However, it needs strengthen how it accesses and analyses workforce intelligence.**

What we looked at	What we found
<p>We considered whether the Trust's workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which:</p> <ul style="list-style-type: none">• identifies current and future workforce challenges.• has a clear vision and objectives.• is aligned to the organisation's strategic objectives and wider organisational plans.• is aligned to relevant national plans, policies, and legislation. Including the	<p>We found that the Trust is strengthening its strategic approach for the workforce through recently approved and developing plans which align to its strategic vision</p> <p>The Trust's strategic vision entitled '<u>Delivering Excellence: Our Vision for 2030</u>', describes the Trust's aim to become a more clinically-focussed organisation that reduces the need to convey patients to hospital by increasingly providing care closer to home. This overall aim, along with other ambitions within the strategic vision, are based on identified current and future workforce challenges, including staff wellbeing and support, and delays in treating patients due to system pressures.</p> <p>'Delivering Excellence' appropriately recognises the workforce as a key enabler of this vision and identifies relevant supporting ambitions including transforming the Trust's education and training provision and protecting staff wellbeing. There is clear alignment between this vision and the Trust's</p>

What we looked at	What we found
<p>national workforce strategy for health and social care.</p> <ul style="list-style-type: none"> is supported by a clear implementation plan. 	<p>recently approved People and Culture Plan 2023-26 (the Plan) and Integrated Medium-Term Plan (IMTP) 2022-23. The Plan also appropriately aligns to key national policies including the national Workforce Strategy for Health and Social Care.</p> <p>The IMTP and People and Culture Plan contain deliverables and measures against the ambitions of Delivering Excellence, with a focus on improving Culture, Capacity and Capability. The Trust intends to review its People and Culture Plan, in addition to its statutory review and refresh of the IMTP, each year. The People and Culture Plan has an initial one-year focus which contains an ambitiously high number of actions (49). Organisational capacity, service pressures and financial constraints are amongst its risks to its delivery of its actions, which it is actively managing. At a service level, the Trust has developed transactional service-specific workforce plans. For example, the plan for the Emergency Medical Service (EMS) details monthly national projections for the emergency medical workforce up to March 2027.</p> <p>The Trust is developing a corporate-level strategic workforce plan to fill the gap between annual iteration of the People and Culture Plan and the longer-term strategic vision of 'Delivering Excellence'. The strategic workforce plan, which is being developed using the HEIW's six step method for workforce planning, will have a medium to long term focus and will be reviewed annually. The Trust's intention is that it will provide a basis for workforce modelling to deliver its strategic ambitions and is aiming for Board-level approval in April 2024.</p>
<p>We considered whether the Trust has a good understanding of current and future service demands. We expected to see:</p> <ul style="list-style-type: none"> use of reliable workforce information to determine workforce need and risk in the short and longer term; and 	<p>We found that the Trust understands its current and future service demands, however there is opportunity to better integrate systems to help ensure that capacity and demand information and workforce establishment can be regularly updated</p> <p>The Trust demonstrates that it seeks to understand its workforce capacity and demand and performance information. Between 2018 and 2022, the Trust commissioned demand and capacity reviews: one for Emergency Medical Services and one Non-Emergency Patient Transport Services,</p>

What we looked at	What we found
<ul style="list-style-type: none"> • action to improve workforce data quality and address any information gaps. 	<p>and an additional capacity review for 111 operations. These reviews focused on understanding the level of resource required to meet expected levels of performance, including which staff groups should be expanded or decreased. The Trust incorporated the findings into its ongoing workforce planning and informed discussions with its commissioners.</p> <p>The Trust has effective approaches for interpreting workforce data. These include a weekly 'Forecasting and Modelling Cell' and a weekly Integrated Technical Planning Group. The former analyses and interprets forecasts for the operations teams and the latter analyses key data relating to workforce, estate, vehicle fleet, rosters, and financial planning. We found these groups provide helpful ongoing information within reports. For example, reports that contain information provided by the Integrated Technical Planning Group demonstrated comprehensive and thorough analysis which helped inform key decisions relating to workforce. However, the Terms of Reference for both these groups require review and update as some arrangements appear to have evolved since they were established (Recommendation 1). A review of the terms of reference for these groups would also provide an opportunity to set out their roles in supporting delivery of the newly approved People and Culture Plan and developing strategic workforce plan.</p> <p>While the Trust has not undertaken a skills gap analysis, it has conducted service reviews as part of its financial sustainability programme. These reviews focused on ensuring consistency of job roles to achieve efficiencies where possible. We understand that the Trust intends to use this to inform its understanding of skill mix and need going forward and will be key to discussions on job planning and recruitment.</p> <p>There is also scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. During interviews, we heard how managers within the organisation are not yet consistently providing data to the central team. We also understand that systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems are not effectively connected, therefore requiring resource intensive manual collation. In addition, while the Trust modelled its establishment for operational</p>

What we looked at	What we found
	<p>staff in 2022, the information was prepared at a single point in time and has not been kept up to date. Consequently, the Trust do not currently have up-to-date establishment information to support decisions relating to workforce (Recommendation 2).</p>
<p>We considered whether the Trust is working with partners to help resolve current and anticipated future workforce challenges. We expected to see:</p> <ul style="list-style-type: none"> • effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and • shared solutions identified with key stakeholders to help address workforce challenges. 	<p>We found that there are challenges with internal and external stakeholder engagement which the Trust is collaborating with partners to resolve</p> <p>To inform its development of the People and Culture Plan, the Trust effectively engaged with staff, Trade Union partners, Non-Executive Directors and wider stakeholders, including peer Workforce and Organisational Development, and other UK ambulance services. Specifically in relation to training and qualifications, the Trust engages regularly with Health Education and Improvement Wales (HEIW) to explore opportunities to resolve key workforce challenges and support development. For example, the Trust worked with HEIW to develop apprenticeship schemes. The aim of this is to support career progression or those working in areas with high turnover within the Trust and to provide career opportunities and to develop skills and competencies.</p> <p>The Trust has dedicated forums to engage and inform its Trade Union partners, including through the Welsh Ambulance Services Partnership Team, and the Trade Union representatives that attend the People and Culture Committee and Board. At the time of fieldwork, those we spoke to recognised that relationships had come under strain due to recent industrial action. While we did not find any evidence that this was having adverse effects the time of our fieldwork, strained relationships could still present challenges. Nevertheless, senior leaders within the Trust and trade union representatives expressed eagerness to return to more meaningful engagement.</p> <p>As a commissioned organisation, the Trust engages with its commissioners to communicate key workforce challenges and needs and seeks to identify shared solutions. For example, Advanced Paramedic Practitioners receive the benefit of enhancing their skills through sharing their time between the ambulance service and primary care. Forums such as monthly meetings with the Chief</p>

What we looked at	What we found
	<p>Ambulance Services Commissioner and bi-monthly Emergency Ambulance Services Committee (EASC) meetings provide regular opportunities to engage. Meetings cover workforce issues and challenges including vacancies and sickness absence rates.</p>

Exhibit 3: operational action to manage workforce challenges

This section focusses on the actions the Trust is taking to manage workforce challenges. Overall, **we found that the Trust is proactively addressing its workforce challenges, based on a strong understanding of risks. However broader workforce transformation is constrained by resource availability.**

What we looked at	What we found
<p>We considered whether the Trust has identified sufficient resources to support workforce planning over the short, medium, and long term. We expected to see:</p> <ul style="list-style-type: none">• clear roles and responsibilities for workforce planning;• appropriately skilled staff to ensure robust workforce planning;• sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and• sufficient financial resources to deliver the workforce strategy or plan.	<p>We found that the Trust is investing in its corporate workforce planning capacity and capability. However financial pressures and inefficiencies may inhibit the extent that the Trust can invest in delivering its strategic ambitions for example staffing community-based, prevention-focussed service models.</p> <p>There appears to be sufficient capacity to support workforce planning. The People and Culture directorate, led by the People and Culture Director has a clear structure with teams covering education and development, workforce planning and organisational development and culture and wellbeing. In 2021, the Trust invested in corporate workforce planning by recruiting a Head of Workforce Transformation and Planning whose role includes developing the strategic workforce plan and managing the workforce planning team of nine staff and managers which includes the recruitment and Electronic Staff Record (ESR) teams.</p> <p>Service leads and operational management understand their role in workforce planning but that operational pressures do not allow them sufficient time to ‘think strategically’ to develop solutions. Service managers also felt there was a need to increase skills and confidence to undertake longer-term workforce planning. At the time of fieldwork, the Trust was developing workforce planning training to support managers to address these challenges. Once in place, the Trust should seek to evaluate the success of its training initiatives to ensure it is realising the intended benefits</p>

What we looked at	What we found
	<p>(Recommendation 3). Support for recruitment activities is not consistent across the organisation. Emergency Medical Services (EMS) recruitment is co-ordinated centrally through the workforce team, while other teams undertake their own recruitment activity. Recruitment support is available from the central team when requested for those services. Nevertheless, the devolved arrangement, places a strain on service manager capacity, and can lead to inconsistent practices</p> <p>(Recommendation 4).</p> <p>Achieving the vision outlined in 'Delivering Excellence' and linked plans may require significant ongoing investment to facilitate the additional staff, training and related costs. Those we spoke to were clear that frequent engagement takes place with commissioners to communicate the Trust's strategic direction which is well-received by partners. However, securing funding in the context of the current significant financial difficulties is a crucial challenge which is extremely difficult to mitigate.</p> <p>It is clear there are growing financial pressures. This will mean that the Trust will need to achieve efficiencies and/or secure additional investment to achieve its strategic ambitions. Delays in handing over patients at emergency departments cause significant inefficiencies for the Trust. For example, in August 2023, 27% of the Trust's ambulance response staff were unable to respond to further calls due to handover delays. In our 2022 Structured Assessment, we reported that handover delays accounted for around £50 million of inefficiencies for that year. That capacity, if released in part, could support the Trust's investment in community-based prevention-focussed service models. The Trust is engaged in ongoing work both independently and in partnership with commissioners to try and reduce the current levels of inefficiency.</p> <p>In terms of securing additional funding, the Trust is working in a challenging financial environment where additional funding is less likely. In the recent past, 'in-year' funding provided as part of winter pressures money in 2022 supported short-term recruitment of an additional 100 frontline staff.</p>

What we looked at	What we found
	<p>However, the short-term nature of such funding to be used for a specific purpose, restricts the extent that the Trust can invest in service transformation. Short-term funding can also make recruitment and retention difficult. The Trust also needs to make financial savings to achieve a breakeven position. It is addressing this in part through increasing its vacancy control target from £907,000 in 2022-23 to £2.6 million in 2023-24. However, vacancy control is a short-term solution, and it can create a strain on existing staff. The newly introduced vacancy control panel, which includes the Director of People and Culture and the Director of Finance, considers the impact of vacancies on the organisation as well as the potential financial savings. The Trust told us it intended to review the effectiveness of this process during Quarter 3 of 2023-24 to identify potential learning and improvement.</p>

What we looked at	What we found
<p>We considered whether the Trust has a good understanding of the short and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see:</p> <ul style="list-style-type: none"> • a good understanding of the barriers that might prevent delivery of the workforce strategy or plan; • plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and • clearly documented workforce risks that are managed at the appropriate level. 	<p>We found that The Trust has a good understanding of the risks to delivery of its strategic workforce ambitions</p> <p>The Trust demonstrates a good understanding of the shorter and longer-term risks to delivery of its workforce ambitions. These relate to buy-in from staff and stakeholders, financial pressures and staff morale and wellbeing.</p> <p>Corporately, the Trust appropriately manages and reports significant risks through the corporate risk register and Board Assurance Framework. The Trust's corporate risk register highlights high scoring risks related to the workforce, for example sickness absence, maintaining effective partnerships with the trade unions, and staff wellbeing. Each risk has a detailed list of controls, assurances, gaps in controls and actions which are clear and are likely to have a positive impact on mitigating the risk. For example, for reducing sickness absence the actions on the September 2023 risk register included long term sickness absence deep dives and review of top 100 cases by the people and culture team monthly. While sickness absence performance had significantly improved as of August 2023, the risk remains at 20 due to the likelihood of increased absence over the winter period. The People and Culture Committee is responsible for overseeing these risks which the Assistant Director Leadership Team regularly review.</p>

We considered whether the Trust is effectively addressing its current workforce challenges.

We expected to see:

- effective reporting and management of staff vacancies;
- action to improve staff retention;
- efficient recruitment practices;
- commissioning of health education and training which is based on true workforce need; and
- evidence that the organisation is modernising its workforce to help meet current and future needs.

We found that **the Trust is taking appropriate steps to address current workforce challenges through a range of recruitment, retention and training and development activities.**

The Trust has a successful track-record of recruiting paramedics, and the organisation had the lowest vacancy rate of NHS Wales bodies, at a rate of less than 1% during May 2023. The Trust is successful in recruiting newly qualified paramedics through recruitment events which focus on achieving a large intake. However, it is experiencing challenges in recruiting to other roles such as nurse advisors in its 111 service and staff in its digital team. The Trust is proactive in finding alternative solutions to some of these challenges. For example, the Trust found difficulties recruiting Ambulance Care Assistants, as some candidates do not have a C1 category driving license (necessary to drive an ambulance). To overcome this issue, the Trust now offers training in-house, provided candidates meet all other recruitment criteria. In response to difficulty recruiting nurses, the Trust is looking at allowing nurses in its call centres to work remotely. If this plan is successful, the Trust will seek to attract overseas nursing candidates who wish to work remotely from their own countries.

Beyond recruitment, the record for completing staff exit interviews has been inconsistent and in some cases poor. This means that it is difficult for the organisation understand the reasons for their departure and to introduce approaches to remove the 'drivers' that cause staff to leave. To address this, the Trust is trialling a new 'Moving on Interview' process in place of exit interviews. The new process includes newly designed questions, which staff can complete via MS Forms in their own time, rather than led by the manager. The Trust has designed the approach to provide more meaningful intelligence and support the Trust to develop more effective plans to retain staff. Nevertheless, in line with broader NHS Wales, since the pandemic, the Trust has been experiencing higher levels of turnover within its operations department. The increased turnover was particularly the case with within its 999 and 111 call-answering staff, due to the challenging working environment. The Trust has also seen a general increase in staff leaving within 6-12 months of recruitment. To resolve these challenges, the Trust has been trialling different working patterns and practices to retain staff. This includes shorter shifts and virtual working where possible, increased support for new staff and developing clear career progression routes.

What we looked at	What we found
	<p>The Trust has had historic issues with managing its sickness rates. Pre-pandemic, rates were between 6% and 8% but increased during the pandemic with rates peaking at over 12% during winter 2022. The most recent project plan introduced in April 2022 has been effective in reducing rates from 10.6% in July 2022 to 8.2% in July 2023. The Trust has indicated that training for staff and investment in wellbeing services has been particularly successful. The People and Culture Committee receive regular reports containing analysis of specific pressures. There are higher rates of sickness within the operations department and reports also identify hotspots within local areas with helpful analysis and action plans identified, where appropriate.</p> <p>In relation to modernising its workforce, the Trust's long-term strategic framework details an ambition to significantly increase the number of Advanced Paramedic Practitioner positions. The roles which require eight years of training, necessitating longer-term planning. While there is a need for investment to achieve this vision, the Trust is taking steps, where possible, to make these changes, such as by substituting small numbers of vacant Emergency Medical Technician roles with increases in Advanced Paramedic Practitioner roles.</p> <p>The Trust successfully commissions health and education training of paramedics through HEIW and numbers of placements are based on the Trust's true workforce planning numbers. More recently this commissioning has expanded beyond a single University (Swansea) to also include Glyndwr University in Wrexham.</p>

Exhibit 4: monitoring and oversight of workforce plan/strategy delivery

This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **there is reasonable Board level oversight of operational workforce challenges, but it is too early to judge the impact of delivering the People and Culture Plan.**

What we looked at	What we found
<p>We considered whether delivery of the Trust's workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see:</p> <ul style="list-style-type: none">• arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels;• effective action where progress on elements of the workforce strategy or plan are off-track;• performance reports showing the impact of delivering the workforce strategy or plan; and• the organisation benchmarking its workforce performance with similar organisations.	<p>We found that there is reasonable committee and management oversight of workforce performance information, and whilst the Trust has developed metrics to monitor its People and Culture Plan, it is too early to judge its effectiveness</p> <p>The Trust has a clear and consistent focus on workforce performance indicators both operationally and at Board and committee level. A variety of different operational groups within the Trust as well as the People and Culture Committee and Emergency Ambulance Services Committee receive workforce metrics and information. Executive Management Team papers contain useful workforce information, such as analysis from the Integrated Technical Planning Group. This aligns to the Trust's strategic objectives, highlighting any financial and operational implications. It also helps the team effectively link workforce, finance, and operational issues for example, informing decisions on the recruitment of 100 additional frontline staff in the latter half of 2022-23.</p> <p>The Trust's People and Culture Committee receive significant information on workforce at each of its quarterly meetings. Where the committee has concerns about a particular workforce area or performance, it seeks further assurance by undertaking deep dives. Recent examples include deep dives on improving attendance, the Trust's volunteers, wellbeing, and turnover. Our review of papers in recent committee meetings found significant amounts of operational information provided to the committee, which may make it difficult for committee members to focus on strategic issues. However, the recent approval of the People and Culture Plan and work to develop a strategic workforce plan is likely to support the committee to maintain a medium to longer-term focus when considering the Trust's workforce.</p>

What we looked at	What we found
	<p>Following the People and Culture Plan's approval in May 2023, the People and Culture Committee approved metrics to monitor the Plan in August 2023. The metrics link to the themes and strategic objectives in the Plan and IMTP and will receive quarterly oversight. The metrics focus on short-term areas such as turnover and moving on interviews and employee engagement as well as some longer-term aspects including education and development. It will also include information from the Trust's newly purchased pulse survey tool, which should provide an insight into staff opinions, though it is currently too early to comment on the tool's effectiveness. Targets and milestones to deliver the People and Culture Plan are delivered via the Directorate Plan which is managed by the People and Culture leadership team and reported to the Strategic Transformation Board and PCC. The Trust is in the process of preparing a dashboard, which may help to provide this assurance on progress and impact. Once the Trust has developed its strategic workforce plan, it should also ensure there is appropriate reporting of targets and milestones to enable the People and Culture Committee to monitor its progress (Recommendation 5).</p> <p>The Committee also receives a comprehensive Monthly Integrated Quality and Performance Report (MIQPR). The Trust has recently revised the metrics covered in this report and now include additional, high-level people and culture indicators, including:</p> <ul style="list-style-type: none"> • mental health-related sickness absence rates; and • data relating to applicants and shortlisted candidates from underrepresented groups. <p>These additions should further strengthen the performance reports which provide helpful analysis across a multitude of relevant workforce indicators.</p> <p>While the Trust finds it difficult to benchmark performance with other NHS Wales, they benchmark performance with other ambulance services on an informal and irregular basis. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice (Recommendation 6).</p>

Appendix 1

Audit methods

Exhibit 5: audit methods

Exhibit 5: sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

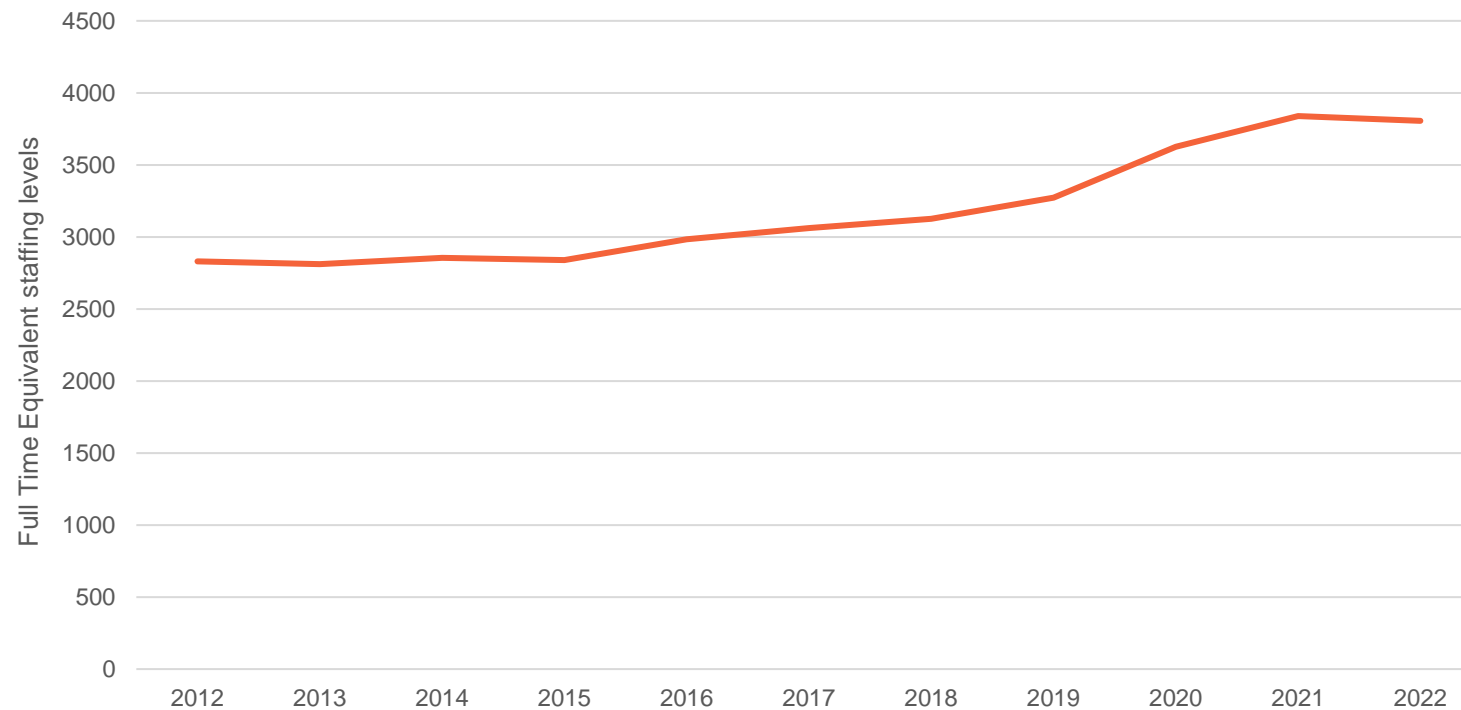
Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Delivering Excellence strategy;• People and Culture Plan;• Integrated Medium Term Plan 2023-6;• Papers to inform workforce section of IMTP 2023-6;• Structure Charts for People and Culture and Programme Governance;• Demand and Capacity Reviews: Emergency Medical Services, Non-Emergency Patient Transport Services, and 111;• Terms of Reference for Forecasting and Modelling Cell and Integrated Technical Planning Group• Document relating to recruitment of addition 100 EMS staff;• EMS Workforce Plan 2023-8;• Evidence of evaluation of workforce strategy and/or associated initiatives;• Structure charts for workforce planning functions;• Corporate risk register; and• Corporate and operational level oversight and monitoring of workforce metric and strategy delivery
Interviews	<p>We interviewed the following:</p>

Element of audit approach	Description
	<ul style="list-style-type: none"> • Executive Director for Workforce and Organisational Development; • Deputy Director for Workforce and Organisational Development; • Head of Workforce Transformation and Planning; • Strategic planning team officers; • Corporate and operational officers responsible for workforce data and intelligence; • Head of Finance; • Head of Paramedicine; • Head of Workforce Education and Development; • Non-Executive Director with responsibility for Chairing People and Culture Committee; and • Trade Union representatives to the Board
Focus groups	<p>We ran two focus groups with:</p> <ul style="list-style-type: none"> • a selection of service leads involved in clinical workforce planning; and • a selection of service leads involved in the workforce planning of enabler services.

Appendix 2

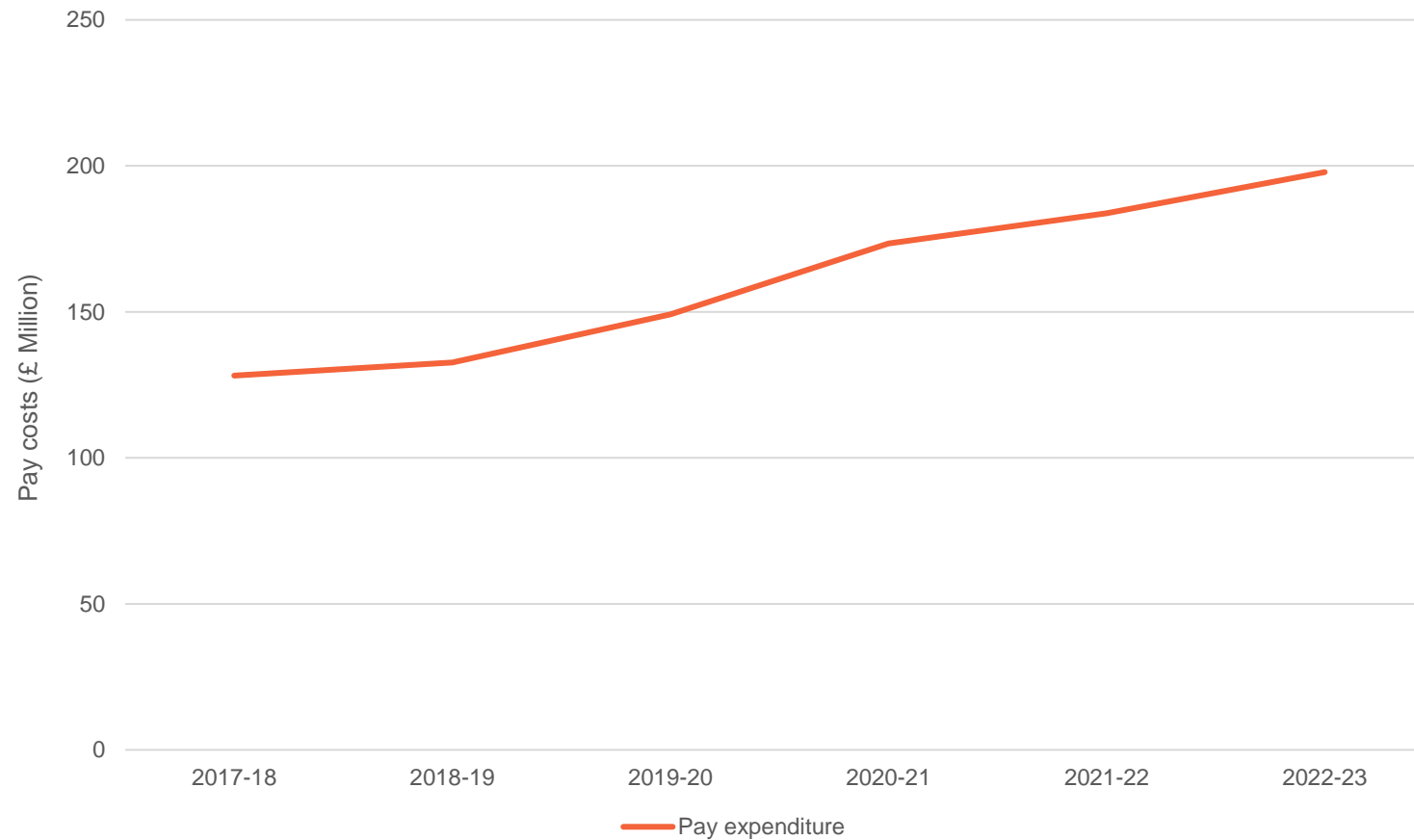
Selected workforce indicators

Exhibit 6: trend in workforce numbers (full time equivalent), Welsh Ambulance Services NHS Trust



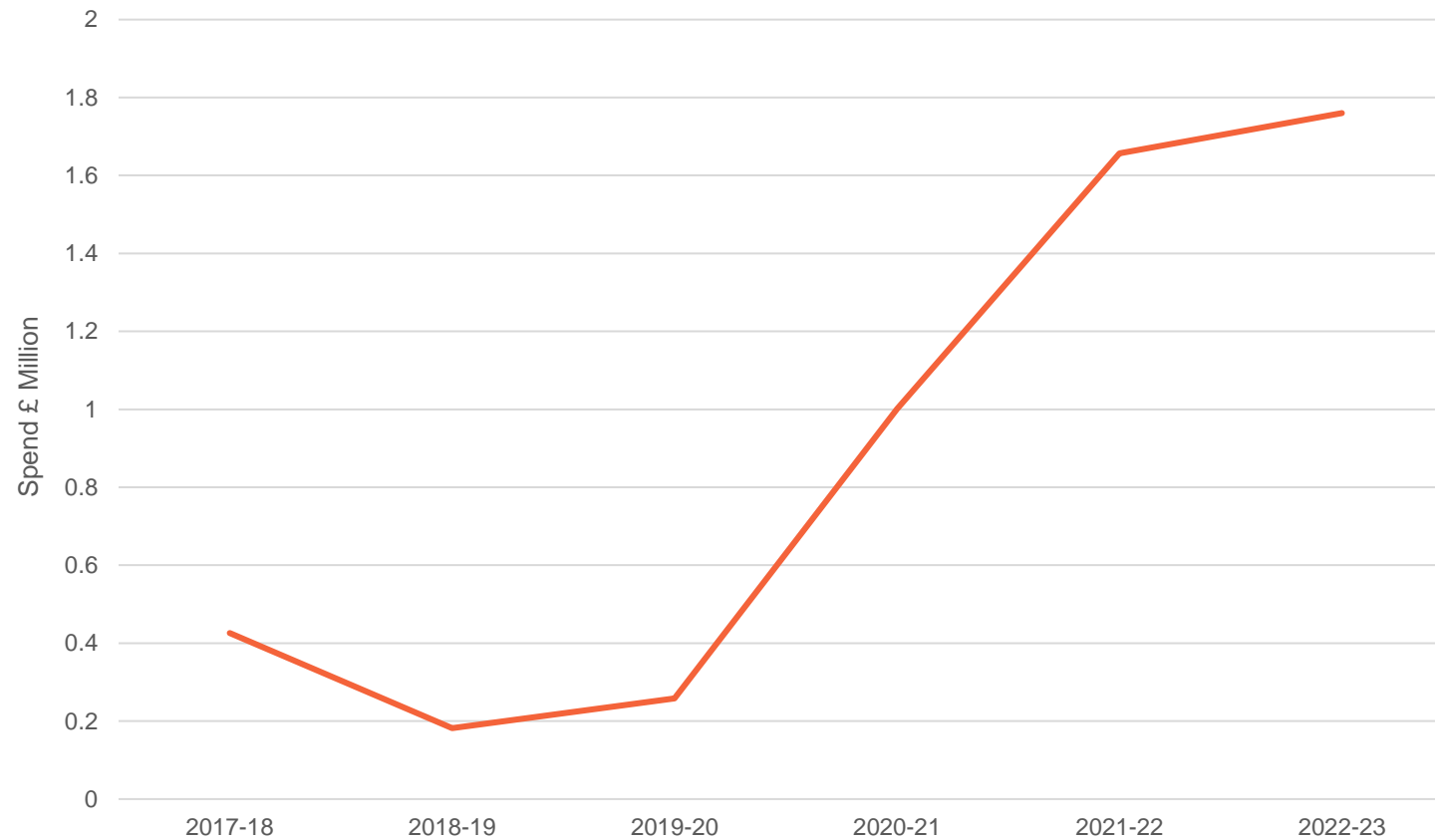
Source: Welsh Government, Stats Wales

Exhibit 7: trend in actual workforce costs, Welsh Ambulance Services NHS Trust



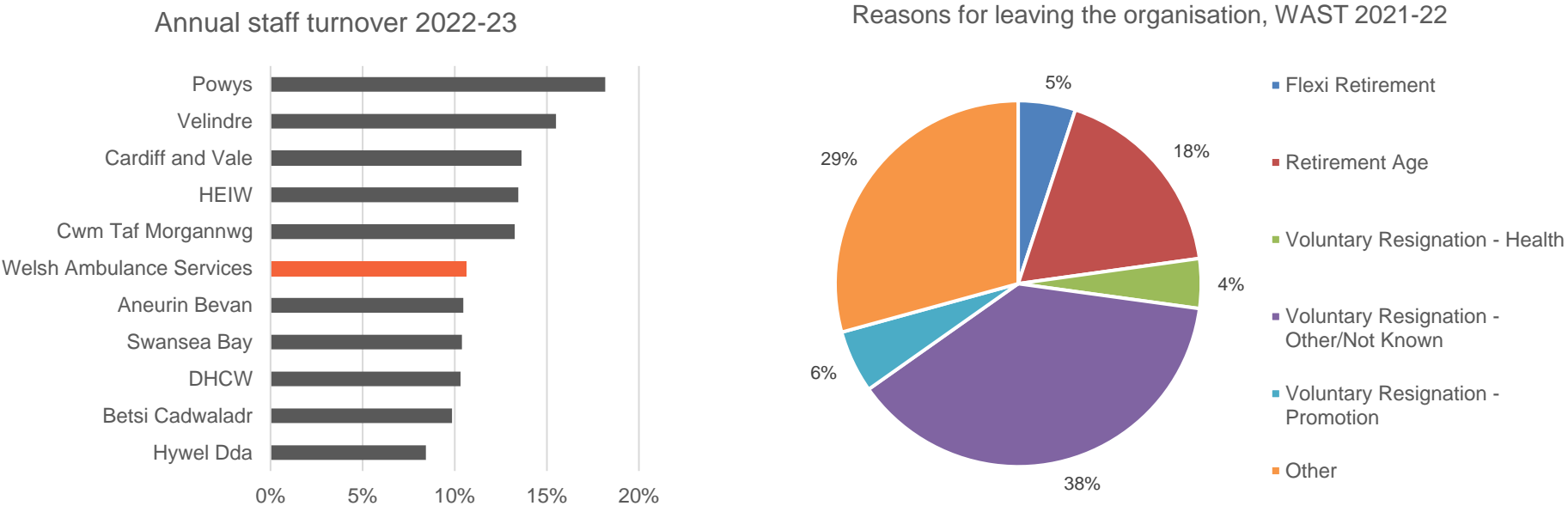
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 8: trend of expenditure on workforce agency £ million, Welsh Ambulance Services NHS Trust



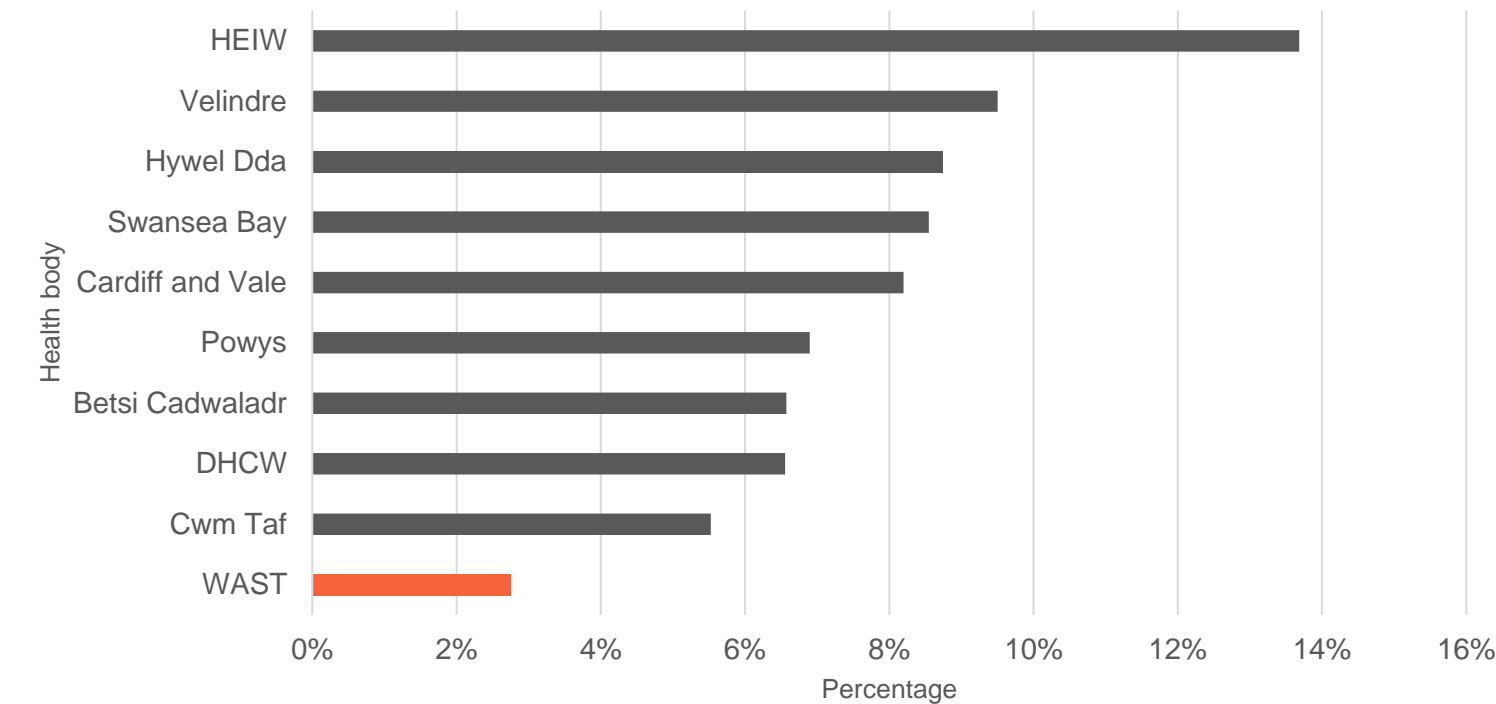
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 9: annual staff turnover and reason for leaving, 2021-22, Welsh Ambulance Services NHS Trust



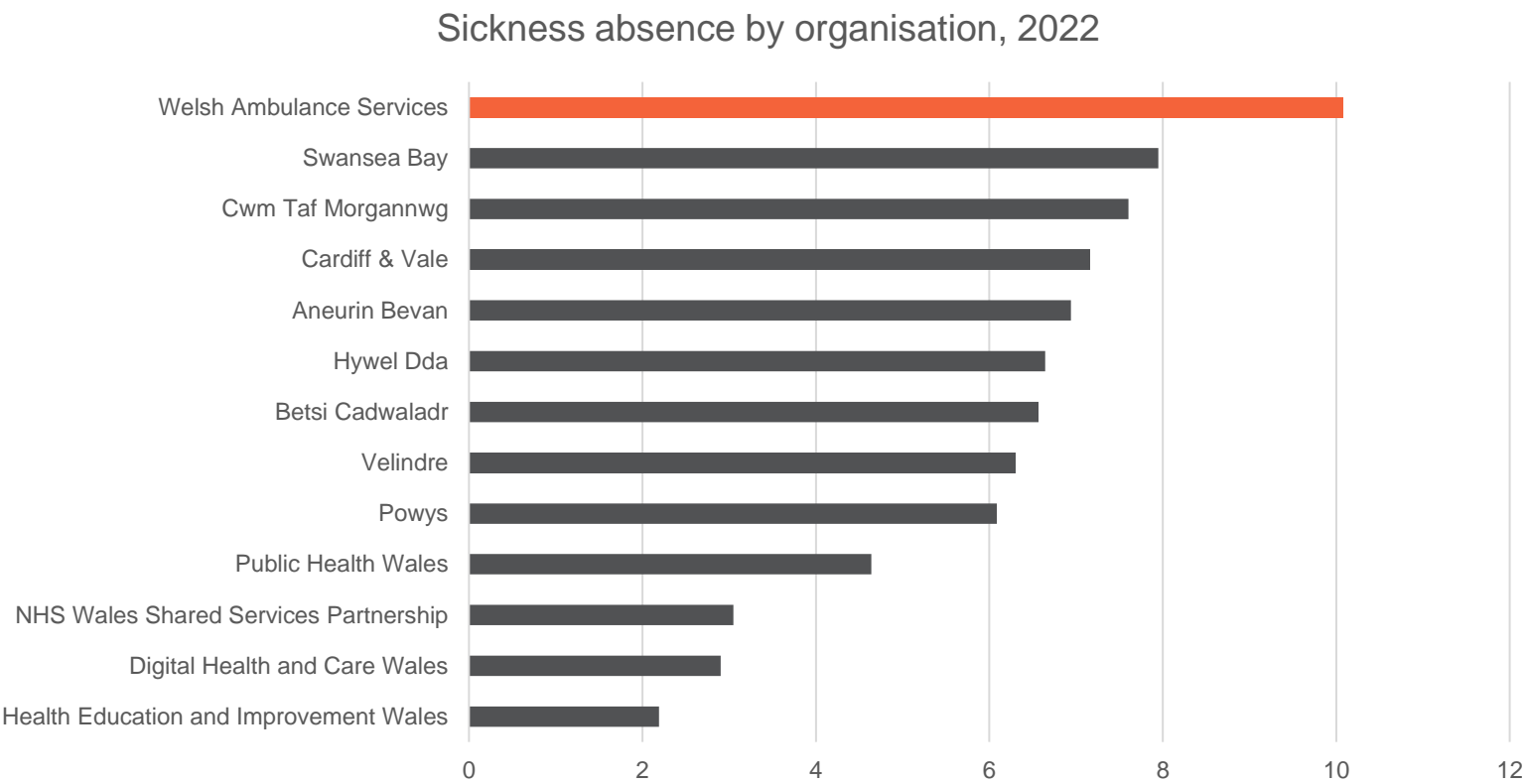
Source: staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.

Exhibit 10: vacancies as a percentage of total establishment, as of March 2022 by organisation



Source: health body data request

Exhibit 11: sickness absence by organisation, 2022



Source: Welsh Government, Stats Wales

Appendix 3

Organisational response to audit recommendations

Exhibit 12: Trust response to our audit recommendations.

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R1	<p>Terms of Reference</p> <p>We found that the Terms of Reference for both the Integrated Technical Planning Group and the Forecasting and Modelling Group require review. The Trust should review these to ensure they are accurate and up-to-date, particularly to clarify what role they will play in supporting the new People and Culture Plan and developing strategic workforce plan (medium priority).</p>	<p>Recommendation accepted</p> <p>Chair and Vice Chair of the ITPG and Forecasting and Modelling Group will update the Terms of Reference within the context of the internal governance structures.</p>	End of December 2023	Assistant Director of Commissioning & Performance / Deputy Director, People and Culture

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R2	<p>Workforce information systems</p> <p>We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority):</p> <ul style="list-style-type: none"> • Systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems interconnect, where possible. • Explore ways to resource the management of a system to ensure an up-to-date establishment model. 	<p>Use of Power BI reporting feeding into the Integrated Technical Planning Group is in development by the workforce planning team. This will be used for reporting and maintenance of the data.</p> <p>Alongside this we are working on Integrated Planning Nexus via the Planning and Strategy team which enables our understanding of the interconnection between workforce, fleet, estate etc.</p>	<p>Sept 2024</p> <p>March 2024 (Excel version)</p> <p>Potential PowerBI version (Sept 2024)</p>	<p>Strategic Planning Officer (LP) / Deputy Director, People and Culture</p> <p>Assistant Director of Commissioning & Performance</p>
R3	<p>Evaluating workforce planning training</p> <p>We found that the Trust is strengthening workforce planning capability through training initiatives, but it will need to evaluate these to ensure they are having the desired impact. The Trust should develop an evaluation framework to measure the success of its training programme (medium priority).</p>	<p>We will implement an evaluation process to baseline where managers are pre and post training and post 3 months to measure improvement.</p>	<p>June 2024</p>	<p>Head of Workforce Transformation and Planning / Deputy Director for Workforce and Organisational Development</p>

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R4	<p>Recruitment support</p> <p>We found that only the emergency ambulance services department has dedicated support from the central management team for recruitment activity, due to capacity issues. While the central team can provide support on a case-by-case basis, the Trust should review opportunities to increase the corporate support offered to other departments across the organisation (medium priority).</p>	<p>The recruitment team focus primarily on EMS but do offer support where needed to other services.</p> <p>This would need to be agreed by ELT and the Directorates as resource would need to be moved into the team from elsewhere. Report to be produced and shared with ELT.</p>	May 2024	Head of Workforce Transformation and Planning; / Deputy Director, People and Culture
R5	<p>Metrics for People and Culture plan monitoring</p> <p>The Trust has recently approved the metrics to enable monitoring progress of the People and Culture Plan, however the metrics do not include targets or milestones. The Trust should work to develop targets and milestones to enable the Committee to understand the progress against the Plan (medium priority).</p>	<p>Recommendation Accepted.</p> <p>We will build in appropriate targets and milestones into the plan which will be frequently reviewed for delivery and effectiveness of both the plan and the measures.</p>	May 2024	Head of Workforce Transformation and Planning; / Deputy Director, People and Culture

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R6	<p>Benchmarking</p> <p>The Trust does not routinely benchmark its workforce performance metrics with other health bodies in Wales. Its performance benchmarking with other ambulance trusts is infrequent. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice (medium priority).</p>	<p>Recommendation accepted for high level measures and will be based on what other organisations share / make available. Benchmarks need to be with ambulance sector rather than Health Boards</p>	June 2024	Deputy Director, People and Culture / Assistant Director of Commissioning & Performance



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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 14 SEPTEMBER 2023 VIA TEAMS

Meeting Commenced at 09:30

PRESENT:

Martin Turner	Non-Executive Director and Committee Chair
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Olaide Kazeem	Project Accountant Financial Services
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit (left during Item 44/23)
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Toni-Marie Norman	Deputy Business Manager, Operations Directorate
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director for Clinical Development
Paul Seppman	Trade Union Partner
Lisa Trounce	Business Manager, Corporate Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing
Carl Window	Counter Fraud Manager

APOLOGIES:

Lee Brooks	Executive Director of Operations
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Joga Singh
Damon Turner

Non-Executive Director
Trade Union Partner

40/23 PROCEDURAL MATTERS

The meeting was initially chaired by Paul Hollard who welcomed all to the meeting and advised that it was being audio recorded.

There were no further declarations of Interest, other than those listed in the Declarations of Interest register.

Martin Turner (Chair of the Audit Committee) joins meeting.

Minutes:

The Minutes of the Audit Committee meeting held on 25 July 2023 were approved.

Action Log

Number 35/23: To provide further clarity on recommendation (b) (Approve the approach to the whistleblowing and near misses elements of the terms of reference such that the whistleblowing process and arrangements for special investigations will come to Audit Committee with regular verbal updates from the Chair of the People and Culture Committee on progress in the interim, and that QUEST will monitor near miss reporting), specifically to indicate the reporting process involved for each Committee and that the mechanism by which near misses – with respect to the criteria for escalation to Audit Committee where there are concerns regarding governance, internal controls, and management of risk - will be further considered and brought back to the Committee for endorsement. Trish Mills advised that the Chairs of the Committees who received any reports of near misses would report this to the Audit Committee. The action was accepted and agreed to close.

RESOLVED: The Committee

(1) Noted the apologies from Lee Brooks, Joga Singh, and Damon Turner;

(2) The Minutes of 25 July 2023 were approved; and

(3) The Action log was considered and the one action, reference number 35/23, was closed.

41/23 INTERNAL AUDIT ITEMS

The Head of Internal Audit (HoIA), Osian Lloyd presented the reports which consisted of his update and two Internal Audit (IA) Reports as listed below.

Good progress was being made against the 2023/24 Internal Audit Plan; of the 20 reviews, two were in draft, seven were in progress, four were in the planning stage and seven had not been started. The Committee noted there were no changes being proposed to the plan.

The following Internal Audit reports were received:

1. Health and Safety: – The Internal Audit (IA) opinion was reasonable; this was based on one high and four medium priority findings. The purpose of the audit was to review the Trust's structures and arrangements for complying with Health and Safety legislation. Several measures have been implemented to ensure compliance one of which was to review and update the Trust's Health and Safety policy. The management team have accepted the findings and IA were satisfied with the responses.

Liam Williams welcomed the useful and interesting Audit, noting it was important to understand the processes and how they were being implemented. There was good engagement over the management responses, and it had been an excellent Learning experience for the Team.

Clarity was sought on the timeline for the Health and Safety policy approval date. Liam Williams advised it was at its final stages and was currently out for consultation.

Following a query in terms of the future of regional health and safety from a TU perspective and whether it should be incorporated as part of local partnership forums, Liam Williams agreed to follow up on this and provide clarity whether a Regional Health Safety Committee should be set up going forward. Judith Bryce updated the Committee on discussions at the recent Senior Leadership Team meeting whereby it was agreed that the local partnership forum would invite the health and safety representative.

2. Follow up Review Audit: – The Internal Audit opinion was reasonable. The follow up review was undertaken on two limited assurance reports (Waste Management and NEPTS Transfer of Operations Benefits Realisation) to assess whether the Trust had implemented the related internal audit recommendations. Furthermore, a review of the Trust's system in place (Audit Tracker) to monitor progress on the implementation of actions was undertaken. It was recognised that the Trust was in the process of improving its tracker and seeking ways to improve efficiency through automation.

Chris Turley provided the Committee with additional assurance in respect of the outstanding actions from the Waste Management review. Considerable progress has been made; noting that a detailed update will be provided to the Finance and Performance Committee on 18 September. Of the four actions remaining open a plan was in place to complete these by January 2024, adding that the Waste Management policy was due for approval by then.

Trish Mills advised that once the tracker was more manageable and more automated process actions would be completed more effectively and efficiently.

Clarity was sought on recommendation four which related to training which stated that responsibility for this action was to transfer to Director of People and Culture. Trish Mills advised it was unlikely to transfer to the Director of People and Culture, the action was on the training analysis which will be updated on the tracker.

RESOLVED: The Internal Audit reports and progress report and Internal Audit Plan as presented were received.

42/23 AUDIT WALES REPORTS

The Committee received the Audit Wales update report from Fflur Jones who presented it as read and highlighted the following for the Committee's attention:

1. Financial Audit – Audit of Accounts has been completed and work on the Charity fund was commencing soon
2. Fieldwork completed for the workforce planning review; noting this was anticipated to be reported at the next meeting.
3. The Structured Assessment core element fieldwork has recently been completed and should be presented at the next meeting.
4. An outline of the planned work was given.
5. Members were directed to other areas in the update which included details of events from the good practice team and NHS related national studies.

Comments:

Chris Turley added that the Charity Committee would receive an update on the Charity audit plan at their meeting on the 9 October 2023. He assured the Committee that the filing of the charity accounts was due to be completed on time.

In terms of the current potential £800m overspend in NHS Wales, the consequences and potential impact on WAST was discussed by Members. Chris Turley provided an overview in terms of impacts and consequences and reminded members that the Trust had submitted several proposals, suggestions and options to WG, at their request, in terms of potential further reductions in spend in year and was still awaiting feedback. He added that the Finance and Performance Committee would consider the impact in more depth at its next meeting. He summarised that the Trust, whilst having a balanced financial plan and delivering against it as an organisation, was part of the wider system in this significant financial position and may be asked to make further savings going forward.

Fflur Jones added that as part of the Structured Assessment, Audit Wales would look at the arrangements in place to meet the savings in the plan.

RESOLVED: The Committee received and noted the update.

43/23 AMENDMENTS TO THE STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS – WELSH GOVERNMENT REVIEW

Trish Mills presented the report outlining the amendments following Welsh Government's annual review of the model Standing Orders (SO), Scheme of Reservation and Delegation of Powers, and Standing Financial Instructions in July 2023 which resulted in some amendments being required to the documents.

These related primarily to the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 including the introduction of the duty of quality and duty of candour, and the change from the Community Health Councils to the Citizens Voice Body (Llais). Of note the changes are listed below:

1. The Model SO have incorporated the change from Community Health Councils to the Citizen Voice Body (Llais) and reflected the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
2. The requirement for the Trust to publish Board papers has been changed from ten to seven days.
3. The SO now include the role of the Vice Chair and the additional voting Director introduced in 2022.

Trish Mills added that the changes were to be recommended to the Trust Board for their approval and would be a substantive item on the Trust Board agenda.

Comments:

A point of clarity was raised in respect of the requirement to publish Trust Board papers from ten to seven days. Trish Mills confirmed this was the publication on the Trust's Board

and Committee board pack software ibabs and the Trust's website within seven days of the meeting.

RESOLVED: The Committee endorsed the amendments to the Standing Orders, Scheme of Reservation and Delegation of Powers and Standing Financial Instructions and recommended their approval to the Trust Board.

44/23

REVISED AUDIT PROCESS

The Audit Process and Reporting Handbook report was presented to the Committee by Trish Mills. The handbook had been written to provide context around the internal and external audit work at the Trust and outlined the stages of fieldwork for those that were the subject of an audit.

The Trust was working with Digital Health and Care Wales (DHCW) to transform the audit tracker process to a SharePoint solution with automated processes (Tracker 3.0). In the meantime, the current version of the tracker has recently been streamlined to improve the labour intensified process.

Board Committees will continue to receive the tracker; however, the Audit Committee and the Executive Leadership Team will receive updates focused more on the framework and those audits with higher recommendations or limited audits. This revised approach to reporting will position this Committee to focus on the overall framework and escalations where audit management actions were not met in reasonable timescales.

Comments:

Members recognised the significant amount of work undertaken to improve the overall audit tracker process and recorded a note of thanks for Trish Mills.

The Committee queried if the handbook would be linked into the induction programme for new Board/Committee Members. Trish Mills advised it was.

Following a discussion regarding the handbook it was agreed it would be shared as a best practice product at the appropriate forums going forward. Fflur Jones added that her comments on the handbook would be submitted to Trish Mills after the meeting.

Osian Lloyd leaves meeting at 10:25

The Committee questioned what the correct level of management was to agree the closure of actions. Trish Mills explained that the majority of closures would be evident, and the Assistant Director Leadership Team (ADLT) would challenge these closures through liaison with the Board Secretary. ADLT would escalate if appropriate any actions where there has been no movement to the ELT for their consideration. It was agreed this approach would be reviewed after 12 months.

RESOLVED: The Committee:

- (1) Provided feedback on the draft Audit Process and Reporting Handbook; and**
- (2) Approved the ELT and Audit Committee reporting to inform development of Tracker 3.0.**

45/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Julie Boalch presented the report advising that the Committee was responsible for the review of the risk management framework and was not assigned individual risks for oversight.

The principal risks were presented to the Trust Board on 27 July 2023 and were updated as of 01 September 2023. Each risk has been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3. Focus has been given to the risk ratings, controls, assurances, gaps, and the mitigating actions identified and taken to ensure risks achieve their target score.

The Trust's highest rated Risks 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service), scoring 25, remain unchanged despite a series of mitigating actions being in place. These risks continue to be closely monitored by management, Board Committees, and the Trust Board. The Committee were advised that in relation to risk 223, work was being undertaken by the Operations Senior Leadership Team to look at regional modelling.

The Committee were also updated on the Risk Management Transformation Programme and Julie Boalch gave an outline on progress.

Comments:

The Committee noted that risk 160 related to sickness absence has maintained a score of 20 and given the fragility of this area and sickness absence trends, both the People and Culture Committee (PCC) and Executive Leadership Team will continue their close monitoring of this risk. PH assured the Committee it was monitored at every PCC meeting, noting the current trajectory was downward but wanted to keep the score high as sickness may worsen. Angela Lewis reassured the Committee as well as PCC this issue was reviewed through all the relevant governance processes internally.

The Committee discussed the volunteer fundraising risk and how this should be separate from the risks to the charity. Trish Mills explained there was a risk register in the Charity Committee and any developing risks will be separated out, noting this was still maturing.

RESOLVED: The Committee:

- (1) Noted the review of each high rated principal risk including ratings and mitigating actions;**
- (2) Noted that there have been no material changes to the risks or scores during this period. And**
- (3) Noted the update on the Risk Management Transformation Programme.**

46/23 LOSSES AND SPECIAL PAYMENTS

Chris Turley presented the report for the Committee advising that the total net losses and special payments for the period 1 April 2023 to 31 August 2023 were net payments of £65.5k.

RESOLVED: The Losses and Special Payments Report for this period were received and noted.

47/23 SPEAKING UP SAFELY UPDATE (WHISTLEBLOWERS)

Paul Hollard, Chair of the People and Culture Committee (PCC) updated Members of discussions held at the last PCC meeting concerning the speaking up safely programme. Of note during those discussions the Committee had reflected on the recent BBC Wales on sexual safety and sexism at work, and the work undertaken by the Trust in this area.

Feedback from this had been positive with an increase of staff coming forward. He added that the Trust had the solid basis for staff to speak up safely. Angela Lewis advised the Committee that request for additional information and assurance in light of events at the Countess of Chester Hospital and had received related correspondence from Judith Paget, the Director General for Health and Social Services/Chief Executive for NHS Wales. Angela Lewis assured the Committee she would be responding formally to Judith Paget following her request; noting the Board would be kept updated.

Liam Williams outlined the process involved in terms of the information flow between speaking up safely guardians and staff; ensuring this information was triangulated appropriately with other areas in the Trust that were managing concerns.

RESOLVED: The Committee noted the update.

48/23 BOARD/COMMITTEE INDUCTION PROGRAMME

Trish Mills gave an outline of the report which set out details that an induction programme was in place for new Board members which described the roles and responsibilities of all those who were members of or attended the Board. The Committee noted it would be updated periodically and included a range of essential reading for the new member and a programme of introductory meetings on a three-month timescale.

The Committee were informed that the programme was supplemented with a process for Non-Executive Directors (NEDs) to obtain their IT, email, expenses and ESR access, and badging to allow for an easy transition. The next iteration of this would be a Committee specific induction document which was currently in development.

Comments:

The Committee welcomed the induction programme, particularly for NEDs who were new to the NHS system and also newly appointed Executive Directors.

It was agreed following discussion that a retrospective induction, particularly for TU colleagues be carried out, that Trish Mills would liaise with Paul Seppman to take this forward.

RESOLVED: The Committee received assurance that the Trust has in place an induction programme for new Board members and noted that the next steps were to develop a Committee induction programme for new members and attendees.

49/23 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT, PRIORITIES REPORT AND MEMBERSHIP UPDATE

Trish Mills presented the report which set out progress against the priorities the Committee had set for 2023/24 and progress against the agreed cycles of business.

The Committee noted that one priority had been set at the beginning of the year which was to develop the induction programme for new Board Members; this will now be expanded to be Committee specif.

Members were asked to note that the oversight of the development and effectiveness of the Quality and Performance Management Framework (QPMF) has moved from the QuEST to the Audit Committee. The reporting for this business was also under development.

With respect to the Committee membership and prescribed attendance; it has been agreed with the Executive Director of Operations that his deputy - Judith Bryce (Assistant Director of Operations, National Operations & Support) - would attend the Committee as a prescribed attendee, in his place on a permanent basis. The Committee were content to support this new arrangement.

RESOLVED: The Committee Noted the update, and reviewed and endorsed the change to the prescribed attendance for the Committee to enable an alternative representative of the Operations Directorate to attend in place of the Executive Director of Operations.

50/23 TRUST POLICY REPORT

Julie Boalch provided an update to the Committee on the status of the Trust's Policies and gave assurance that a prioritisation programme had been agreed based on risk assessments for each policy and noted the list of policies due to be revised in 2023/24 and 2024/25.

In terms of headline figures from the report:

1. There were currently 96 Trust policies with 15 of them within their review date.
2. In terms of 22 All Wales policies, four were within their review date.
3. There were 11 Policies which had been identified as new policies for development.
4. It was expected that 27% of policies will be within their review date by March 2024.
5. For non-critical policies a criteria for extension of policies was agreed. A piece of work was underway to implement this.
6. There were a number of policies that could be considered as Standard Operating Procedures, with work also taking place to determine the definitions and the process followed.
7. Regular monitoring updates will be provided to the Executive Leadership Team (ELT) through the Committee's AAA reports with a quarterly report to the Committee.

Comments:

The Committee welcomed the clarity contained within the report recognising there was further work to be completed and were assured that the prioritisation of policies had been conducted effectively.

It was queried, in terms of the policy review extension criteria, if there were other risks that could be captured within the six criteria points. Julie Boalch agreed to include this in the criteria list.

In terms of the NHS Wales wide policies, concern was raised that the NHS Wales Equality Impact Assessment (EIA) guidelines policy was last issued in 2013. Julie Boalch explained the all Wales policy was the framework for undertaking the EIA; advising that the Trust was developing its own policy and the EQIA procedure.

RESOLVED: The Committee;

- (1) Considered the contents of the report and the policy work plans established to mitigate risk and review policies in line with appropriate review dates;**
- (2) Received assurance on the prioritisation and progress being made to review Policies;**
- (3) Approved the criteria to extend the review date on appropriate, non-critical policies following professional review;**
- (4) Noted the policies that have been identified for professional review as potential Standing Operating Procedures; and**
- (5) Noted the next steps.**

51/23 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS

Key messages for the Board would be captured in the AAA report.

The Chair thanked the authors for the succinct and easy to read papers presented at the meeting today.

RESOLVED: The above was noted.

Meeting concluded at: 11:08

Date of Next Meeting: 30 November 2023

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON TUESDAY 24 OCTOBER 2023 VIA TEAMS

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director
Paul Hollard	Non-Executive Director

IN ATTENDANCE:

Alex Crawford	Assistant Director Strategy and Planning (attended for item 44/23 only)
Colin Dennis	Trust Chair
Estelle Hitchon	Director of Partnerships and Engagement
James Houston	Head of Strategy Development
Jo Kelso	Head of Workforce Education & Development
Angela Lewis	Director of People and Culture
Mark Marsden	Trade Union Partner
Trish Mills	Board Secretary
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director for Clinical Development
Jonny Sammut	Director of Digital Services
Andy Swinburn	Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

APOLOGIES:

Chris Evans	Research Innovation and Improvement Lead
Nigel Rees	Assistant Director of Research and Innovation
Keith Rogers	Trade Union Partner
Martin Turner	Non-Executive Director

38/23 WELCOME AND INTRODUCTION

Hannah Rowan welcomed everyone to the meeting bilingually and particularly welcomed

Jonny Sammut to his first meeting of the Committee. She also welcomed Colin Dennis, the Trust Chair, who was observing the meeting.

Apologies were received from Martin Turner, Chris Evans, Nigel Rees, and Keith Rogers.

Hannah Rowan gave an overview of the items of business being discussed during the meeting and asked if anyone had any additional items of business they would like to discuss later.

Kevin Davies asked for an update on the academic NED appointments and Estelle Hitchon agreed to provide an update as part of the UTS update later in the meeting.

39/23 DECLARATIONS OF INTEREST

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

40/23 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 15 August 2023 were approved as a correct record.

41/23 ACTION LOG AND MATTERS ARISING

The Action log was discussed, noting that there were two actions requiring an update.

Action 25/23 relating to the memorandum of understanding with the Life Sciences Hub Wales, was agreed to be brought back to the January meeting for a more complete update and was considered work in progress.

Action 32/23 concerning the engagement mapping - providing the name of the internal contact had been completed and the action was closed. Estelle Hitchon agreed to work with Jonny Sammut on how best to share the document with Committee members together with Non-Executive colleagues to update in a secure way.

RESOLVED: That the

- 1) action log was reviewed and updated; and**
- 2) Highlight report was received.**

42/23 INTERPROFESSIONAL FRAMEWORK FOR SIMULATION EDUCATION

Hannah Rowan provided some background information for members in terms of the Committee encouraging research innovation, enhancing partnerships with other organisations both academic and otherwise, with the potential for the Committee to host a meeting at Matrix House to see first hand the work that was happening around education in the Trust.

Due to the current financial climate together with the time cost to staff, Jo Kelso offered to share elements of the ongoing work by way of a presentation to learn about simulation-

based education.

Jo Kelso began by saying the Interprofessional Simulation Based Education and Training was a collaboration inside both the NHS and Social Care and it was a Pan-Wales project.

An example of a cross sectoral initiative that sees Health and Social Care organisations working together to co-produce a solution for the furtherment of meaningful lifelong learning that ensures employers and awarding institutions (such as the universities the Trust commissions future workforces through) have a shared approach enabling learners to focus on developing their knowledge, understanding and skills, not navigating different approaches every time they encounter interprofessional simulation-based learning activities'

Jo Kelso spoke of the fantastic feedback received by staff who enjoyed the scenario-based approach as opposed to a theoretical one, which gave an insight into understanding boundaries of scope of practice, empathy for the roles colleagues play, and seeing advanced skills in practice, which ignited the passion to study further. It was expected to include colleagues from 111 and the Clinical Service Desk in time.

Jo Kelso confirmed the intention to publish the framework and its findings to expand the approach with assistance from Welsh Government, to ensure all organisations in both NHS Wales and Social Care use this framework. There was also ambition for this to become an international publication.

Kevin Davies commented on the powerful messages in the presentation and how this experience could be shared with a wider audience. It was mentioned that Cardiff Metropolitan University had an all-Wales accreditation initiative underway with Welsh Government.

Jo Kelso confirmed that quality was not a variable and people should be using the framework as a statutory minimum and a tool to push themselves. People with expertise had been brought together to combine their knowledge to merge them in a meaningful way to ensure that wherever someone received this education it would be an equally good experience.

Paul Hollard queried the opportunities to engage with private providers of social care, blue light partners, and St John. He mentioned the opportunity of income generation and the impact on patient experience.

Jo Kelso confirmed that representation from private social care were included and commented on the need to educate people to do the right thing in the right way to ensure a workforce focussed on excellent patient care delivery, which could be done efficiently.

Spaces had been opened up to the use of immersive suites, not for income generation at this time, but for use by palliative care specialists for recruitment purposes, which was providing good visceral results. It was noted that the Trust needs would need to be met initially to ensure best practice prior to looking at income generation.

Major incident training was undertaken in an outside space and with upcoming events planned, footage would be recorded for use in the immersive suites, which would be used to

run off drills and reinforcing.

Estelle recognised the statutory and mandatory training staff had to undertake and asked if there were opportunities to transfer some of the training into this space, appreciating that corporate staff undertake a different role to front line staff. It was noted that everyone needed to complete the Prevent Learning.

All training that the Trust mandates could be put into this new environment working with colleagues to get ideas and put the educational slant on it, which could be monitored and would allow the Trust to say it had done everything possible to ensure the people had the knowledge and could apply it.

Jonathan Turnbull-Ross commented on the real opportunity to bring the role to life, especially with areas such as health and safety, infection control etc, all of which was key to keeping people safe in a real-life setting.

It was recognised that much training had been done with care homes, however due to the turnover of staff, it was important to find a framework with understanding on both sides to bring the role to life.

Jonathan Turnbull-Ross also spoke of the positioning of this work being important for the University Trust Status (UTS).

Jo Kelso confirmed she was already engaged with other ambulance services to ensure modules were relevant to job roles and Yorkshire Ambulance Service led on a piece of work on how to manage a fire in your vehicle which would be a package on our system shortly, in addition to the ESR requirement.

Ensuring styles to suit all individuals was important for those staff who connected better in a reading and audio environment.

The Committee commended Jo Kelso on the standard of her presentation and noted the learning techniques used and asked that thanks be passed to the team involved behind the scenes.

RESOLVED: that the publication of the research be brought back to a future meeting of the Committee when available.

43/23 UNIVERSITY TRUST STATUS UPDATE

Estelle Hitchon provided the most recent update, and explained that the policy lead at Welsh Government had changed since the commencement of the process and advice received was that nothing was yet to be considered by the Minister, due to having been preoccupied with the response to the current national financial situation.

Estelle Hitchon thanked all those who had shared the academic Non-Executive Director (NED) job advert and noted there had been some interest in the role. However, a disconnect still remained between the policy and legal position where Welsh Government continue to suggest that to change the establishment - with respect to applying for University Trust

Status (UTS) - would require recruitment of an academic NED from a University with a medical or dental school, which conflicted with previous advice which was that this would not be a requirement of being awarded UTS.

It was being viewed by the Trust as a hurdle to be overcome as there has been a precedent set with Public Health Wales not having the same requirement for University status. Recruitment for an academic NED will continue at this time until further advice had been received from Welsh Government.

Hannah Rowan confirmed that the Trust's confidence in the direction of travel had not changed despite recent challenges. She was grateful for the patience and persistence of Estelle Hitchon and Trish Mills, acknowledging that written confirmation of the outcomes had been recorded.

Trish Mills confirmed that conversations had been held around the Trust being different to Health Boards but were unable to have these conversations directly with the Welsh Government's legal team. The Committee were sufficiently assured of progress through the rigorous conversations and the necessary steps taken.

RESOLVED: That the update from Welsh Government was awaited to inform if a change to the recruitment process was needed.

44/23 UNIVERSITY TRUST STATUS (UTS) AND OTHER COMMITTEE RELATED ITEMS IN IMTP 2024-2027

The Committee took the opportunity to review afresh the elements of the Integrated Medium Term Plan (IMTP) for 2024-27. Noting the three UTS priorities have progressed, morphed and changed over the last two years. The priorities are as follows:

Priority 1 – digitisation enabling better outcomes.

Priority 2 – advanced practice and specialist working, consult and close and service transformation, including research

Priority 3 – decarbonisation, fleet modernisation and sustainability

Recognising that it had not been easy to track back to the IMTP, focus on the progression of the UTS together with the adoption and embedding of the Research Governance Framework had been progressed by the Committee.

Estelle Hitchon and Alex Crawford spoke to the Committee about the work already ongoing in the IMTP, what was relevant to the work of the Committee and what the explicit connections were that the Trust wanted to make around UTS and the Trust priorities.

The context of the presentation was about clarity, understanding the current position, what the options were, and how to define the UTS priorities going forward.

Estelle Hitchon suggested modifying the priorities to ensure they were more aligned to the

direction of travel.

The original priorities sat with other areas of the organisation and reported to different places with Finance and Performance Committee having the oversight.

Alex Crawford highlighted key areas of work that were already ongoing in each of the priority areas identified.

Andy Swinburn stated that a pot of research money was needed as the opportunity to secure funds from elsewhere were not necessarily aligned to the Trust's business objectives with bigger players bidding for the same money in areas where it was more aligned.

Recognising that Directorates are doing work in the research and innovation space, academic rigour was required, and the Committee was well placed to do that.

Paul Hollard raised the need to be more succinct in what had been achieved. If the priorities were going to be closed to develop the next, it needed to be clear what was going to be achieved and how as the Committee could not move on to another set without being 100% clear what had been done with the previously agreed priorities. The Committee priorities should be directed by the Trust priorities and was the vehicle through which those priorities were driven, challenged, and supported. Alex Crawford confirmed that scope of pace and simplifying the message would be a discussion to be held at a Board Development session.

The Research Governance Framework included matters which should be priorities for this Committee, such as how research could grow in order to have a stable foundation.

Paul Hollard mentioned that WIIN had not been discussed recently and asked if it integrated into this work. Jonathan Turnbull-Ross confirmed that there had been no investment in Quality Improvement for some time with frustrations around having good ideas but unable to make them happen. He suggested the strength of the Committee could draw all of this together choosing the direction and who the system partners were. Alex Crawford was interested in what the priorities for this Committee gave to the organisation in terms of value from a strategic point of view. There was an opportunity for the Trust to do smaller pieces of research which then would draw attention and bring more funding. Alex Crawford agreed to feed back to the Programme Board.

James Houston acknowledged the size of the organisation in relation to enticing research, however reflected on some of the emerging conversations with Association of Ambulance Chief Executives (AACE) around the ambulance sector visioning and recognising that the Trust was a pacesetter in terms of the level of ambition. How do we leverage this and position ourselves to our benefit to try to attract this research and academia into the organisation. Our level of influence in terms of shaping it is greater than some of the larger trusts.

Hannah Rowan brought the discussion to a close and agreed that growing research capacity would be on the agenda, formalising the partnerships, the engagement mapping and making sure that these connections were there. She was interested in the role that this Committee had in supporting education, the significant link between the work that Jo Kelso

was doing and UTS.

Hannah Rowan thanked Alex for his presentation.

RESOLVED: That the points raised within the discussion would be brought back once drafted to ensure the Committee has a clear understanding of the priorities to be monitored.

45/23 RESEARCH AND GOVERNANCE FRAMEWORK UPDATE

The August meeting saw the first appearance of the Welsh Government and Health and Care Research Wales (HCRW) national NHS Research and Development Framework. The proforma had now been completed by WAST and Andy Swinburn updated members on the intense but positive meeting he attended last week with six attendees from Healthcare Research Wales (HCRW). There was particular interest in the NED academic recruitment and the level of interest shown and how this sits with our University Trust Status. HCRW asked about links with Swansea University given the history of Swansea pre-hospital care space. Andy Swinburn noted there was a need to make the links clearer going forward.

A refresh of the Clinical Strategy was imminent and would become a Clinical Plan, with a separate but linked Research and Development Plan.

A good discussion on succession planning and capacity of researchers and how the Trust could build the team was had with HCRW and members, and the need to build on the existing but small team and support the wider organisation getting involved in research and innovation - not as a separate role but embedded into job descriptions and business as usual.

The submission framework was well received and the structure that this offered whilst noting the issue around acceptance of PhD roles and the Trust being unable to support them. The Committee would continue to monitor the maturity of the framework and support the refreshing of the research and innovation plan in 2024/25.

Hannah requested a report for a future agenda looking at what the opportunities and barriers were to understand why people were not taking them up and how the Trust could increase and grow its capacity.

The next steps were vague and outcomes following the meeting were awaited which would inform the next steps. Andy Swinburn agreed to link in with Trish Mills to discuss how it would relate to the Committee.

It was recognised that there were elements of research within the Advanced Paramedic Practitioner job description, but the level of involvement may be significant and impact their patient facing activity. Further work was needed to review what is done around multi professional advanced practice to ensure the four pillars of advanced practice, were addressed.

Hannah concluded by saying it was a good opportunity for the Trust to think strategically and ensure energy was focused on prioritising and using the capacity to move forward. She thanked Andy Swinburn, Nigel, and the team.

RESOLVED that the contents were noted and assurance of our organisational journey in delivery against the Framework was gained.

46/23 ACADEMIC PARTNERSHIPS COMMITTEE TASK & FINISH GROUP UPDATE REPORT

Hannah Rowan confirmed that much of the business had already been covered and that the report would be taken as read.

Members agreed that as and when the hurdles around the University Trust Status had been overcome, a debate would be had around not just the name change for the insertion of the word 'university', but a broader discussion on the name of the organisation.

RESOLVED: That the update report was received.

47/23 COMMITTEE PRIORITIES Q3 PROGRESS UPDATE AND CYCLE OF BUSINESS MONITORING REPORT

Hannah Rowan commented on the importance of how the Committee holds itself to account and moving forward it would be aligned further to the IMTP priorities.

Attention was needed in communicating to the wider organisation the purpose and focus of this Committee which would be discussed at the next agenda setting meeting, prior to the 2023/24 effectiveness reviews.

RESOLVED: That the report was noted.

48/23 KEY MESSAGES FOR BOARD DECISIONS / ACTIONS

These messages would be picked up in the highlight report and reported to the next Trust Board meeting.

49/23 DATE OF NEXT MEETING:

The date of the next Committee meeting is 16 January 2024.

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 13 NOVEMBER 2023 VIA TEAMS

Meeting started at 09:30

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Professor Kevin Davies	Vice Chair of the Board and Non-Executive Director
Bethan Evans	Non-Executive Director
Martin Turner	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Fflur Jones	Audit Wales
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy and Planning
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Felicity Quance	Internal Audit NWSSP
Jonny Sammut	Director of Digital Services
Alexandra Toufekoula	Temporary Senior Commissioning and Performance Analyst
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES:

Osian Lloyd	Head of Internal Audit NWSSP
Trish Mills	Board Secretary
Liam Williams	Executive Director of Quality and Nursing

69/23 PROCEDURAL MATTERS

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

Apologies

Apologies were recorded for Osian Lloyd, Trish Mills and Liam Williams.

Minutes

The minutes of the open session held on 18 September 2023 were considered by the Committee and confirmed as a correct record.

Action Log

The Action log was considered, and the following actions were recorded as follows:

Action Number: Action Number 57/23: Financial Position, update on confirmation of the £5.7m funding. An update was provided later on in the Agenda. Action Closed.

Action Number: 58/23: Financial Sustainability Programme, updates to be received on a quarterly basis. Action Closed.

Committee Highlight Report – 18 September 2023

The Committee highlight report from the 18 September 2023 Committee meeting was presented for the Committee's attention.

RESOLVED: The

- (1) Minutes of the meeting held on 18 September 2023 were confirmed as a correct record;**
- (2) Action log was considered and updated as described; and**
- (3) The Committee highlight report dated 18 September 2023 was presented for information.**

70/23 FINANCIAL SUSTAINABILITY PROGRAMME

Angela Lewis presented the Committee with an update on the Financial Sustainability Programme (FSP) adding that it will be a regular quarterly update going forward..

Good progress has been made; as of the end of Q2 2023/24 the Trust was targeted to achieve the targeted £6m savings through ongoing efficiency and income schemes, with an overachievement of £419K vs forecast in month 5 which increased to £521K in month 6. This position was likely to be offset by Winter pressure spending, however. There was a commitment across the organisation to consider further income generation opportunities throughout 2023/24 and there was significant engagement and commitment across the Trust on the delivery of the FSP.

Comments:

The Committee welcomed this positive direction of travel and queried if a risk analysis had been completed to identify any potential pitfalls. Angela Lewis gave assurance that any potential risks were considered adding that the relevant scrutiny and governance channels are applied before committing to any schemes. The Committee also recognised that to sustain this current level of income generation the Trust may have to push the boundaries around risk appetite.

It was queried whether the vacancy management savings scheme of c£2.3m was a permanent measure and sought clarity in terms of this and whether it would feature going forward. Angela Lewis explained that all the front line posts have been filled, however it was more challenging to achieve in the corporate roles. She added it was a relatively light touch approach to vacancy management and was being managed to ensure front line staff were not affected but that it has had a significant impact on vacancy management. Chris Turley added that the vacancy management aspect had been part of the savings plan over the last 10 years and that the Recruitment Control Panel has supported the delivery of the FSP. Trust reserved the right to move the budget allocations where significant vacancies may arise, and it was a permanent feature of the savings requirement.

With regards to income generation, the Trust was not used to operating in a more commercial environment, and the Committee queried if there was any mileage in liaising with organisations with a more commercial view. Angela Lewis advised that she had met with some commercial organisations and asked for Members to share particularly in a value-based environment organisation if they had any connections or ideas.

RESOLVED: That the Committee noted the report.

71/23 FINANCIAL POSITION MONTH 7, 2023/24

The Committee received an update in the form of a presentation from Chris Turley on the financial position for Month seven, 2023/24. The key points were:

- 1) The cumulative year to date (at Month 7 end of October 23) revenue financial position reported was an underspend against budget of £0.108m.
- 2) The Income and Expenditure forecast for 2023/24 is one of breakeven.
- 3) The Capital plan was being progressed and current planned expenditure of £20.6m was forecast to be fully spent by the end of the financial year.
- 4) In line with the financial savings plans that supported the Integrated Medium Term Plan (IMTP), gross savings of £4.3m have been achieved against a year-to-date target of £3.7m.

- 5) Public Sector Payment Policy was on track with cumulative performance to quarter 2, against a target of 95%, of 96.4% for the number, and 98.6% of the value of non-NHS invoices paid within 30 days.

In terms of key assumptions underpinning the year-to-date financial performance the Committee's attention was drawn to the following points:

- 1) At Month 7 these, remained broadly in line with that within the March approved IMTP/Trust Board financial plan and budget set.
- 2) Full delivery of c£6m identified savings now assumed and forecast to deliver this as a minimum in 2023/24.
- 3) A level of contingency & reserves not profiled into the month 7 year to date (YTD) position due to the income risks currently outstanding / only just confirmed.
- 4) Full impact of the residual pay awards for 2022/23 and 2023/24 and any recurrent impact for 2023/24 of the 2022/23 elements were assumed to be fully funded by Welsh Government (WG).
- 5) Following confirmation from WG in early November the Trust was not required to contribute anything more to the overall NHS Wales deficit.
- 6) With regards to the £5.7m funding for the 100 WTE, the funding confirmed in year was £3.5m. The associated risk around the receipt of the balance of the £5.7m has therefore been removed, as it was accepted that the balance of this sum will not be received. The Trust was still able to deliver a year to date and forecast balanced financial position however, due to the following:
 - a. A number of short term vacancies materialising within the 100 / overall front line funded establishment;
 - b. The greater volatility experienced in seeking to cover some of these through variable pay, with some of the uptake of this not being as great as may have been expected;
 - c. The holding of a contingency reserve and a small number of other budgets later into the financial year than is usual due to the previous potential of having some element of funding reduction in year to contribute to the wider NHS Wales deficit reduction. Now it has been confirmed that this is not required, this is available to offset elements of spend previously assumed out of the £2m outstanding funding, and
 - d. An increasingly likelihood of over delivery against the Trust's savings target in year

Members were therefore assured that the Trust was still able to forecast delivery of in year balance due to prudent and cautious financial management. The recurring impact of this will be demonstrated in the 2024/25 financial planning discussions but the current assumption was that the full £5.7m will be required on an ongoing basis.

The Committee noted that Capital spend was mostly on track, following the fixing of the 23/24 Capital Expenditure Limit;

- 1) Orders and tenders being processed for new schemes; and
- 2) There were noticeable cost pressures being felt across all schemes, this was being reviewed monthly, with cost reports being analysed by scheme owners / project managers then "Value Engineer" when possible, however some of these costs were unavoidable and were therefore adding to cost pressures for some projects.;

Comments:

Following a query into any savings requirements for the next financial year, Chris Turley advised that the focus on all NHS organisations was currently on this year's savings. He added that the amount would be similar to 2023/24 and would be in the region of £6m. Chris Turley explained the challenges, the service pressures and ongoing risks which would affect the savings plan. He added that a report presenting the approach and assumptions for budget setting for 2024/25 would be brought to the next Committee meeting.

It was queried whether there was a true sense of what the irreducible minimum funding was to run a safe service against the risk of the Trust's ambitions going forward. Rachel Marsh explained that work was ongoing to articulate this through the demand and capacity review, but with no extra money the Trust will struggle to transform at pace. She added this would form part of the discussion with Commissioners.

RESOLVED: The Committee:

- (1) Noted the financial position for month 7, 2023/24;**
- (2) It was agreed that a report presenting the approach and assumptions for budget setting for 2024/25 would be brought to the next Committee meeting; and**
- (3) Noted the update regarding the financial risks and it was accepted that the balance of the £5.7m would not be received, whilst also noting the ways in which the Trust will still be able to forecast a balanced position by financial year end.**

72/23 VALUE BASED HEALTHCARE REPORT

Chris Turley explained that the report set out the current position of the Value Based Healthcare (VBHC) Working Group.

The work programme included the following seven workstreams – Patient Recorded Outcome Measures (PROMS), Patient Data Linkage, Patient Recorded Experience Measures (PREMS), Patient Level Information and Costing System (PLICS), Revenue Business Case

Process, Evaluation Framework & Methodology, and Benchmarking.

All the workstreams were progressing well and the Benchmarking work is due to recommence in November 2023 subject to capacity.

Rachel Marsh added that the Trust was developing a VBHC framework to determine the purpose and direction of VBHC which will demonstrate the difference the Trust was making to patients.

RESOLVED: The Committee noted the position and progress on developing Value Based Healthcare within the Trust.

73/23 TACTICAL FORECASTING & MODELLING (WINTER) – 2023/24

Rachel Marsh presented the Winter Forecasting and Modelling Report for 2023/24 which was based on a range of factors including demand, time at hospital, resource capacity and a variety of operational changes and improvements such as roll out of Cymru High Acuity Response Unit (CHARU), increases in consult and close rates, and reductions in sickness absence.

The Trust asked OMDA (Optima) to forecast performance for four separate winter periods in 2023/24.

- Sunday 1st October – Thursday 30th November 2023 ("Oct/Nov");
- Friday 1st December – Saturday 6th January 2024 ("DecJan1");
- Sunday 7th January – Thursday 29th February 2024 ("Jan234Feb"); and
- Friday 1st March – Sunday 31st March 2024 ("Mar").

In each of the above periods three scenarios had been created for each period. Best case, Most Likely Scenario, and Reasonable Worst Case. The 'Most Likely Scenario' within the modelling estimates a Red 8-minute performance of 50% for October & November, declining to 45% in December and early January, before recovering in the New Year. The modelling estimates that the 65% Red 8-minute target will not be achieved at any point through the Winter, with Amber waits also being too long.

Most of the performance metrics were far worse than the Trust would consider acceptable and the '% RED 8mins' performance target (65%) failed to be met in any scenario. These results would be shared with Commissioners to advise them of the impact over the Winter period.

The Trust has several short and long-term actions in place to mitigate this position, and a fuller report will be taken to the Trust Board in November outlining the full plans to improve responses and mitigate harm. The continually challenging situation influenced by worsening handover delays and system pressures was noted by the Committee.

The direct relationship between worsening performance and patient safety and outcomes was acknowledged; with the forecasting presented giving rise for significant concern for patient safety risk and avoidable harm during the Winter period.

Comments:

Members expressed their ongoing frustration across the whole system as there appeared to be no meaningful traction for any improvements, and as the modelling suggests the same challenges from last Winter will again be inevitable.

Rachel Marsh indicated that it was unlikely there would be any improvement to the overall performance given the mitigating actions were mostly outside of the Trust's control. From the Trust's perspective, it was important to demonstrate the actions it was able to deliver.

It was accepted that the long waits for an ambulance were not always the fault of the Trust given the exceptionally long hospital handover delays. There will be an opportunity at the next Emergency Ambulance Services Committee (EASC) meeting for the Trust to present a case for what it could do differently to improve the situation.

Lee Brooks accepted that the modelling has shown that the Winter was not necessarily about achieving the 65% target, it is about keeping as many patients as possible as safe as possible. He added that there were currently delays at hospitals reaching 15 hours where the backstop has been a maximum of 4 hours. From what the current data was showing, the position was worsening.

The Committee acknowledged that the most important aspect of this discussion was that the safety of patients and staff was the overriding priority for the Trust throughout the Winter period, and that the Trust is taking all action within its control to mitigate the risk of avoidable harm to patients.

Rachel Marsh explained the process involved in how particular scenarios were modelled and advised it was part of a collective discussion across several Directorates within the Trust, whereby numerous assumptions were considered.

Members expressed their concern the impact and the detrimental effect this would have on staff, particularly frontline staff, should this modelling assumption for Winter be correct. The Committee was keen to understand the outcome of the discussions of the modelling report at the upcoming meeting of EASC, given the dependency the Trust has on system partners to influence and improve the position.

The Committee felt that some of the assumptions appeared to be optimistic and queried which scenario the Trust was operating to. Rachel Marsh commented that the Trust was operating between the most likely scenario and the reasonable worst-case scenario, due to handovers being worse than predicted.

Members recognised that the worsening situation would inevitably incur significant avoidable harm to patients and reiterated their concerns. A more detailed report would be presented to the Board at its meeting on 23 November, particularly with more narrative and explanation concerning the assumptions around the modelling.

RESOLVED: The Committee

- (1) NOTED the outputs from the latest modelling and implied patient safety risk; and**
- (2) NOTED the Trust has in place plans to improve response times and mitigate harm where this was possible, with a fuller report to come to Board.**

74/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Julie Boalch updated the Committee on the position of the eight principal risks assigned to it for monitoring, and additionally the Trust's 2 highest scoring risks which were assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight. All scores remaining static following Executive Leadership Team (ELT) review and were current as at 1 September 2023 due to the risks having been reviewed throughout October.

The principal risks were presented to the Trust Board on 28 September 2023 and whilst each principal risk has been reviewed during October 2023 in line with the agreed schedule, a full refreshed update will be presented to Trust Board on 23 November 2023.

The Committee also noted the Trust's two highest scoring risks 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service), whilst continuing to be discussed at length at several Committees and the Trust Board, remained at a score of 25.

RESOLVED: The Committee considered the contents of the Risk Management report.

75/23 AUDIT RECOMMENDATION TRACKER

Alex Payne explained that the Tracker had been revised and updated for Quarter two. Engagement with all Directorates had been excellent with 37% of the management actions closed in Quarter two.

The current Tracker was now open for Directorates to review and update for reporting in January and February. There has been good progress working with the Centre of Excellence in Digital Health and Care Wales (DHCW) in building 'Tracker 3.0' which will be the SharePoint solution for the Tracker. Internal testing was currently underway and it was anticipated this would be ready by the end of the financial year.

As the recommendations state, the Committee is asked to review and monitor actions which have been updated, noting that the revised dates were annotated in blue, and to note the proposal for closer scrutiny of the impact of the actions response to audit recommendations going forward.

RESOLVED: The Committee;

- (1) Monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue); and**
- (2) Noted the proposal for closer scrutiny of the impact of actions in response to audit recommendations.**

76/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 -2026 - CONFIRMED END OF Q1/Q2 DELIVERY AND ASSURANCE POSITION AND Q3 INTERIM UPDATE

Rachel Marsh introduced the report announcing that the Trust Integrated Medium-Term 2023-26 had been approved by Welsh Government (WG) on 12 September 2023. Since the approval, the Director General for Health and Social Services has issued several Accountability Conditions as listed below:

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

The Trust was expected by WG to deliver its commitments in the IMTP against Ministerial priorities that were relevant to the Trust. These were set out in the related reported appendices.

Comments:

Members welcomed the good progress being made and were pleased that the new mental health pathway was due to be piloted in the Aneurin Bevan University Health Board area. Rachel Marsh advised there was no start date yet and once commenced, it should provide the impetus to be more widely rolled out across Wales.

RESOLVED: The Committee noted the update against the Trust's IMTP 2023-26 delivery governance and assurance mechanisms and that the IMTP was approved by WG on the 12 September 2023.

77/23 INTEGRATED MEDIUM TERM PLAN 2024 -2027 PROGRESS IN DEVELOPING THE PLAN

Rachel Marsh reminded the Committee it was a legal requirement that NHS Health Boards and Trusts in Wales must submit to Welsh Government an IMTP covering three years, refreshed annually. However, importantly for the Trust it was also the way in which it set

out the priorities over the next three years for achieving its long-term strategic objectives and deliver the transformation that needs to happen to improve its services, but closely aligned to the commissioning intentions for EMS, NEPTS and 111.

Rachel Marsh assured the Committee that the planning was under way in developing next the IMTP for 2024-27 and the workstreams for development include engagement, gathering intelligence, developing and agreeing priorities, integrated technical planning, writing the plan, and the governance, assurance and approval process. A recent Board Development session also discussed the contents of the plan, with further days scheduled for more discussion.

The planning cycle runs from June 2023 to March 2024, and it was expected the IMTP would be submitted to WG on 28 March 2024 after approval by the Trust Board on the same date.

RESOLVED: The Committee:

- (1) Noted the overall progress in developing the IMTP;**
- (2) Noted the approach and timelines set out in the report; and**

78/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

The Monthly Integrated Quality and Performance Report (MIQPR) for September/October 2023 was presented by Rachel Marsh who drew the Committee's attention to the following points:

There has been sustained improvement of the 111 service throughout 2023 with abandonment rates and call answer times achieving the best performance since February 2022. 67.6% of calls were being answered within 60 seconds (although this remained significantly below the target of 95%.

The Red 8-minute response performance for October 2023 was 47.2%, a slight drop when compared to September 2023, below the 65% target and the fourth consecutive month to record a decrease. However, there was another monthly increase in the number of Red incidents that were actually attended within 8-minutes, rising to 2,277 in October 2023.

Initiatives to improve these response times included the Connected Support Cymru service in partnership with St John Cymru, and also the introduction of Community Welfare Responders who are volunteers in the Community providing additional clinical data to clinicians, enabling them to make better decisions in terms of suitable pathways and avoiding the need to transport some patients to hospital.

One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 23,232 hours were lost during October 2023, a significant increase compared to the already extreme 19,610 hours lost in September 2023 and the fourth monthly increase in a row.

Overall demand for Non-Emergency Patient Transfer Service (NEPTS) continued to increase but remained below pre-pandemic levels. Oncology performance remained below the 70% target in October 2023 (65.4%). Renal performance also decreased to 72.7%, as did discharge journey performance declining slightly to 76% (target 90%).

The Trust produced 122, 050 Ambulance Response unit hours in October 2023, which was an increase from 113, 421 in September. Emergency ambulance unit hours produced (UHP) was 93% in October which was an improvement, but this failed to achieve the 95% target. A factor in the ability to put out more hours was the improvement in sickness absence.

The Performance and Development Review (PADR) compliance rates of 70% for September did not achieve the target of 85%. The Operations Directorate Management Team have been asked to focus on completion of PADR's before the end of December.

Comments:

Lee Brooks commented on the following points:

The percentage of 111 calls answered in Welsh was higher than 1% advising it was probably an issue with scaling and was hopeful there would be an upward trend.

He also commented on the PADR rates adding that a deep dive was due to be undertaken in the People and Culture committee. He added that in readiness for that his staff have been encouraged to make a concerted effort for PADR completion before December.

In terms of the overruns, it had been disappointing to see to see how that's now trending worse now after a period of improvement. The management team in Operations will be focusing on the end of shift experience for staff.

The extraordinary incident declared on the 22 October 2023 was noted. The Committee noted the position with Immediate Release Directives (IRD) and that for October 2023, 173 Red IRDs were accepted and 11 declined, and 1,199 Amber IRDS were accepted and 311 declined. The position was extremely challenging with a 28-hour handover delay at Morriston Hospital being the worst case. Since then, Morriston Hospital have initiated a 10-hour backstop as opposed to the previously agreed 4-hour backstop.

There had also been a Business Continuity Incident recently declared at Cardiff and the Vale University Health Board for which there had been negligible impact on the Trust.

Comments:

Members expressed their disappointment with Immediate Release Directives, in that over 60% of Amber 1 requests were declined, and this clearly had a direct impact on the Trust's 2 highest scoring risks. The Committee also recognised the improvement in the reduction of sickness absences rates, noting the continued improvement in October.

RESOLVED: The Committee considered the September/October 2023 Integrated Quality and Performance Report and actions being taken and determined that it report provided sufficient assurance.

79/23 DIGITAL REPORTING

Jonny Sammut explained that the report was the second publication of the Digital Key Performance Indicators (KPIs) relating to Data and Analytics, ICT systems, Service provision and IMTP contributions covering the period 1 April 2023 to 30 September 2023. There were still some metrics that were currently being developed.

In terms of Data Analytics, the Trust was considering if there was any self-serve capability that could be brought into the new reporting platform as part of the migration plan. With regards to ICT systems the Trust has achieved a green availability status for the last couple of months which was positive.

The use of Robotic Process Automation (RPA) has benefited the Trust, 28 Service desk hours were saved during September. More opportunities were being considered to improve this.

The number of requests for being received by the ICT Service Desk continue to be extremely high and these ranged from password resets to laptop issues. The total received in September was 1,670. A review into the number of requests was being conducted with the intention to share these results at a future meeting.

In terms of key projects, work on the installation of Mobile Data Terminals into vehicles was progressing well. And also, the data linkage work which brings data sets together was in the process of being rescoped.

This month's spotlight was on Directory of Services. There were some existing challenges around a single data feed for pharmacy information which had resulted on poor feedback from users regarding the quality of information. Following liaison with Health Boards, the Trust's application team have integrated another data set to improve the pharmacy information. This will provide better and more accurate patient information which should reduce call backs in to the 111 service. Going forward the Trust was looking to create an all-Wales Directory of Services as part of the wider strategy refresh.

RESOLVED: The Finance & Performance Committee noted the contents of the accompanying report and the trends in metrics presented.

80/23 BUSINESS CONTINUITY ANNUAL REPORT

The Committee were assured that the necessary plans and business continuity arrangements were in place for the most significant risks. The Trust also holds plans for terror attacks, disruption of telecommunications, extremes of weather, flooding, pandemics, and cyber impact amongst others, which have been reviewed and updated.

Incidents such as the cyber-attack on Advanced (the provider of Adastra), telecoms outages affecting EMS-C, and Industrial Action have tested the Trust's preparedness to respond to disruption.

From an exercise perspective the Trust was involved with Exercise Mighty Oak, which simulated a 3-day national power outage session up to and including UK Government level.

There have been several actions identified throughout the report and this includes the need to improve the reporting arrangements of the Business Continuity Steering Group.

The report will be attached to the AAA report from this meeting for the Board's information at its meeting in November. The Committee noted that the recommendations in the report had already been approved by the Executive Leadership Team.

RESOLVED: The Committee RECEIVED the report on business continuity and progress over the last year, noting that the Executive Leadership Team have been asked to approve the recommendations in the paper and the Board will receive a copy for awareness at its next meeting.

81/23 CYCLE OF BUSINESS MONITORING REPORT AND REVIEW OF COMMITTEE PRIORITIES

The report was noted for information.

RESOLVED: The Committee noted the report.

82/23 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

The Chair thanked all authors and presenters for their reports noting there had been some several positives throughout.

83/23 ANY OTHER BUSINESS

None.

Meeting concluded at 12:05

Date of Next Meeting: 15 January 2024.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 21 NOVEMBER 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 21 November 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee/)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 19 September 2023 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Financial Savings Update

Members received a presentation on WHSSC's saving plan forecast.

Members **noted** the presentation.

4. Draft Integrated Commissioning Plan (ICP)

Members received a report and a presentation offering assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within the wider NHS Wales situational context.

Members **noted** the report and the presentation.

5. Chair's Report

Members received the Chair's Report and **noted**:

- **Chairs Action** – the Chair's Action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years; and
- **Key Meetings attended.**

Members (1) **Noted** the report, (2) **Ratified** the Chair's action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.

6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Cochlear Implant and Bone Conduction Hearing Implant – Update** - The Designated Provider process has been initiated to implement the model agreed by the Joint Committee. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023. WHSSC received two responses: CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service; and SBUHB confirmed that they wished to work in partnership with CVUHB to develop the outreach support. The remaining elements of the Designated Provider process are in progress to ensure that the HB is able to meet the service criteria. The results of the full process will be received by the Management Group for scrutiny before a formal recommendation is made to the Joint Committee; and
- **Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award** - Congratulations to James Leaves, Interim Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams have been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. WHSSC were instrumental in arranging for the drug to be prescribed to Welsh patients from the autumn 2020. Digital Health and Care Wales (DHCW) data was used to analyse inpatient, outpatient and emergency attendances of the Kaftrio patient cohort, comparing information before and after their first prescription of the new drug.

Members **noted** the report.

7. Paediatric Surgery Update

Members received a report which considered the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a Joint Committee Workshop held on 17 November 2023. The neonatal service issues will be considered in more detail by the Joint Committee in January 2024. The report also made a recommendation to continue outsourcing paediatric surgery in 2023/24 (previously included in WHSSC's Financial Improvement Options).

Members (1) **Noted** the report and the steps taken to date, (2) **Approved** the continued outsourcing of paediatric surgery cases in 2023/24, (3) **Did not Support** the principle of outsourcing the backlog of patients in 2024/25 to support a waiting list position of 36 weeks, with

the detail to be considered in the agreement of the WHSSC Integrated Commissioning Plan (ICP) 2024/25, but **did support** the ambition to do so; and (4) **Supported** the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.

8. Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)

Members received a report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek support for the proposed changes to the policy prior to being shared with Health Boards for final approval. The updated WHSSC IPFR Terms of Reference (ToR) were also presented for approval.

Members (1) **Noted** the report, (2) **Noted** the feedback from the WHSSC IPFR engagement process with key stakeholders, (3) **Supported** the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval, (4) **Noted** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC), (5) **Noted** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption, (6) **Noted** that a Task & Finish Group have discussed and agreed some further updates to the WHSSC ToR; and (7) **Approved** the proposed changes to the WHSSC IPFR Panel ToR.

9. Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks

Members received a report proposing revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit.

Members (1) **Noted** the report, (2) **Approved** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and (3) **Approved** the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs).

10. Gender Identity Services for Children and Young People Update

Members received a report providing an update on the progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People. The report aims to provide an update on the

development of regional services, options for Welsh patients and identify any potential financial risks.

Members (1) **Noted** the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence, (2) **Noted** the mobilisation timescale and the risk of increased waiting times for children and young people as a result, (3) **Supported** WHSSC's commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review, (4) **Noted** the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an 'in year' risk to WHSSC in 2024-25, (5) **Supported** inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).

11. Audit Wales – WHSSC Committee Governance Arrangements Update

Members received a report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report.

Members (1) **Noted** the report, (2) **Noted** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (3) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (4) **Approved** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.

12. WHSSC Integrated Performance Report – August 2023

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

13. Financial Performance Report – Month 6 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 6 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 6 for WHSSC was an

underspend against the ICP financial plan of (£5.171m), the forecast year-end position was an underspend of (£9.076m).

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

14. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members (1) **Noted** the report; and (2) **Approved** the WHSSC Annual Report 2022-2023.

15. Other reports

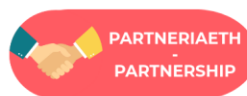
Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC); and
- Welsh Kidney Network (WKN).



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Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	23 November 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Matters Arising

- Payroll Modernisation Update** – A presentation was given by the Deputy Director of Employment Services and the Head of Payroll. This covered improvements to identifying and monitoring progress with overpayments and improvements to the Staff Movements process. The presentation also highlighted that annual number of pay runs is currently 159 and reductions in this number would produce significant administrative savings. The presentation concluded with the following recommendations which the Committee were content to support:
 - The use of the Overpayments Portal by Health Boards and Trusts to help reduce the occurrence of overpayments;
 - Greater use of the Management Self-Service function in ESR; and
 - Establishing a task and finish group to look at payroll runs frequency.
- IMTP** – The Director of Planning, Performance and Informatics updated the Committee on progress with the development of the IMTP for the period 2024-27. The NHS Planning Framework has not yet been published but is expected imminently. It is anticipated that ministerial priorities will be consistent with the current year and NWSSP has a key role in supporting NHS Wales organisations to deliver against these priorities. Progress to date includes a World Café event for all NWSSP Directorates in mid-October and the development session with the Committee in November. Going forward, the aim is to bring the IMTP to the January 2024 Committee for formal approval. The plan will be underpinned by the overarching principles of doing the basics well, being financially sustainable, embedding the Duty of Quality, and looking after the welfare of our staff. Whilst the financial climate across NHS Wales imposes severe challenges, it may also provide the opportunity for NWSSP to implement measures on an all-Wales basis that give the potential for significant savings within Health Boards and Trusts.

Chair's Report

The Chair referred to a number of meetings that she had attended including the Welsh Risk Pool Committee and the Audit Committee. She also welcomed the opportunity to meet regularly with the Minister with other chairs which she found invaluable. The development session held with SSPC members earlier in the month had been very successful and she thanked those who attended for giving up their time, and for the contributions that they made to the event.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Conversations continue with Hywel Dda UHB over the closure of the Glangwili Laundry site and the commencement of discussions regarding the TUPE arrangements for the remaining staff within the Cwm Taf Laundry to transfer across to the NWSSP Laundry Service;
- The NWSSP SLG recently endorsed the anti-Racist Action Plan which demonstrates our commitment to being an anti-racist organisation and sets out our plan to address the actions contained in the plan produced by Welsh Government and in meeting the requirements of the Welsh Workforce Race Equality Standard;
- The development of the first phase of a Solar Farm at IP5 where we are currently tendering for the infrastructure works having secured additional capital funding from Welsh Government as part of the decarbonisation agenda;
- The Medical Examiner Service will attain a statutory footing from April 2024 with the relevant legislative amendments being passed in October. The agreed approach allows us to ensure both equity and equality in service delivery across the whole of Wales;
- NWSSP has been accredited with the Corporate Customer Service Excellence Award making it the first organisation within NHS Wales to achieve the highly valued UK Government Standard;
- NWSSP were shortlisted for a number of awards in three different categories and were successful in being the winners of the Evolution award at the recent UK Shared Services Forum Conference in Liverpool; and
- Following publication of the scope of Module 5 (Procurement) of the UK COVID Public Inquiry, and after consultation with our barristers, NWSSP has applied for core participant status for this module.

The Committee **NOTED** the update.

Items for Approval

Brecon House Patients Medical Relocation – the paper related to a business case that was approved by the SSPC in 2022. Following the discovery of Reinforced Autoclaved Aerated Concrete (RAAC) in the existing building (Brecon

House), new accommodation had to be secured urgently for the safety of the staff and the secure storage of the records. This required the signing of a lease for the Du Pont building on the same site and owing to the need to sign this urgently, approval was given through a Chair's Action for both the SSPC and the Velindre Trust Board. The Committee **RATIFIED** the approval.

Primary Care Services – Provision of Multi-Functional and Professional Printing Devices – the Committee **APPROVED** a three-year contract for the replacement of the existing devices.

Contract Award for Replacement Leased HGVs for Supply Chain and Laundry - The Committee **APPROVED** the contract award for the lease of 15 heavy goods vehicles.

Speaking Up Safely Action Plan – The Committee **APPROVED** the Speaking Up Safely Action Plan which formalises a mechanism to ensure concerns raised in relation to Inclusivity and Belonging are captured, reported on, and learnt from.

All-Wales Supply of Electricity – The Committee **APPROVED** the recommendation of the Welsh Energy Group to secure Zero Carbon for Business electricity source for the supply period 01.04.2024 to 31.03.2025.

South-East Wales Radiopharmacy Business Case - The Committee **APPROVED** the business case for an immediate capital investment in preparative radiopharmacy facilities in the Southeast Wales region. The preferred option site is IP5.

Items for Noting

International Recruitment

The Committee was provided with an update on the delivery of the All-Wales International Recruitment Programme supporting the safe and ethical recruitment of International Healthcare Workers, embedding a strategic "Once for Wales" approach and maximising opportunities for collaborative working across organisational boundaries.

Phase 2 of the commercial agency pipeline commenced in December 2022 with the first cohort of Internationally Educated Nurses (IENs) arriving in March 2023. As at 31st October, a total of 248 IENs have been onboarded. All Health Boards now have a proportion of Phase 2 candidates either arrived or in progress.

In addition to the commercial agency route, NWSSP has continued to support the recruitment and onboarding of a direct pipeline of nurses recruited via a partnership with an agency of the state government of Kerala, India. That route has already provided 29 candidates who have been successfully on-boarded following a visit to Kerala in May 2023, and a further visit was undertaken in November. The in-country delegation were successful in recruiting a total of 96 registered nurses, plus 16 Junior and Senior Clinical Fellows supporting General

Medicine and Oncology services.

An important milestone was achieved recently when NWSSP were recognised as an official sponsorship organisation for the General Medical Council, for doctors of all grades and all specialties.

The Committee **NOTED** the update.

Procure to Pay (P2P) Update

Since 2016, the Finance Academy All-Wales P2P Forum had been successful in the approval and delivery of several P2P initiatives, all of which were underpinned by the Once-for-Wales principles e.g. No PO No Pay Policy, standardisation of Invoice tolerances in Oracle. However, in recent years, the All-Wales P2P Forum has struggled in agreeing, supporting, and taking forward P2P initiatives. As a consequence, the Finance Academy Board agreed to close the All-Wales P2P Forum in September 2023. There is, however, still a need for a Forum or Committee to provide effective governance covering the P2P arrangements and agree future work plans.

The Committee **NOTED** the update and **AGREED** to take over the governance arrangements for P2P.

Southeast Accommodation Proposal

The previous option of moving from Companies House to the Welsh Government offices in Cathays Park is now no longer considered viable due to increasing costs, and restrictions on parking and access. We have therefore informed Welsh Government that we will not be pursuing this option. An alternative building has been identified on the Nantgarw estate which would accommodate staff from both Companies House and the existing HQ building in Nantgarw, providing significant annual savings. This is now the preferred option and is being actively investigated on either a lease or purchase basis.

The Committee **NOTED** the update.

All-Wales E-Scheduling Procurement

E-Scheduling software enables the District Nursing workforce in Wales to access a mobile app to schedule their visits, avoiding paper or spreadsheet-based systems.

The all-Wales contract (two year plus one) commenced with Civica (formerly Malinko) on 1st April 2021. The year extension was implemented in April 2023 with the entire contract due to expire on 31st March 2024. Following extensive consultation, and subject to Welsh Government approval, the intention is to re-tender the contract with expected contract award early in 2024.

The Committee **NOTED** the update.

Finance, Performance, People, Programme and Governance Updates

Finance –We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, the continued demand for and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS. Confirmation that Welsh Government will fund UHBs for the laundry energy cost pressure in 2023/24 has reduced our risk in respect of this. We are anticipating an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises.

People & OD Update – Sickness absence remains low and statutory and mandatory performance is good. PADR rates are below target and the position has slightly worsened over recent months.

Performance – The in-month September performance was generally good with 36 KPIs achieving the target against the total of 41 KPIs. However, five KPIs did not achieve the target and are considered Red/Amber. These relate to Recruitment (2), Procurement, Digital Workforce and Student Awards Services. Professional influence benefits amount to £83M at end of September.

IMTP Q2 Progress Report - 81% (124) of our objectives are on track. 11 objectives are at risk of being off track to complete in 2023-24. All have targeted actions to complete in Quarter 3 and 4 with a view to bringing them back in line. Reporting on objectives remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the Quarterly Review process.

Project Management Office Update – There is only one project currently rated as red, relating to the TrAMS project and particularly the affordability of the proposed solution as part of the wider capital programme. This compares with three red-rated projects reported to the last Committee.

Corporate Risk Register – There are currently five red risks on the Corporate Risk Register, compared with eight reported to the last Committee. These include Brecon House, TrAMs, the impact on the Single Lead Employer Team of proposed Junior Doctors Industrial action, and the limitations imposed by the overall financial climate.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Audit Committee Assurance Report;
- PPE Stock Report; and
- Finance Monitoring Returns (Months 6 and 7).

AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> The Board is asked to NOTE the work of the Shared Services Partnership Committee. 	
Matters referred to other Committees	
N/A	
Date of next meeting	Thursday 18 th January 2024 10am – 12pm



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	21 December 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/current-and-past-papers/december-2023/>

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 21 November 2023.

PERFORMANCE REPORT

The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- 999 call volumes in October 2023 were 7.7% lower than October 2022
- 7.4% reduction in incidents in October 2023 compared to October 2022
- Hear and Treat levels were 2.3% higher in October 2023 compared to October 2022
- Red incidents in October 2023 were 7.8% higher compared to October 2022.
- Amber incidents in October 2023 were 6.1% higher compared to October 2022.
- Ambulance handover lost hours in October 2023 were 19.8% lower compared to October 2022. Some improvements had been made on a number of metrics, % of patient handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between September 2023 and October 2023 there had been a 18.4% increase in handover lost hours.

Members noted:

- Challenging performance picture in October
- Progress had been made during the course of the year but finding improvements in performance were still difficult
- The growth in red and amber demand
- Slightly lower handover delays but the total hours lost was very challenging for health boards and WAST
- Impact of funding and overtime on units of hours produced
- Discussions also taking place in the wider system and at the NHS Leadership meetings

- Specific requests had been made (of EASC) in relation to the Integrated Commissioning Action Plans (ICAPs):
 - A specific focus on a minimum of two priority actions from HB plans
 - all Members asked to confirm their actions to Stephen Harray as soon as possible for coordination
 - common actions to be identified and opportunities for all Wales actions
 - actions to be prioritised locally
 - identification of system indicators to use and add to the EASC Team weekly dashboard for wider sharing.

Members agreed:

- commitment had been given by all at the NHS Leadership Board to ensure these actions were implemented.

Nick Wood, Deputy Chief Executive of NHS Wales reiterated discussions held, and commitments made, at the NHS Wales Leadership Board and the actions from the existing health board ICAPs. The identification of 2 or 3 actions and ensuring the delivery on a consistent basis and the commitment to provide assurance that this was the case. The CEOs or Chief Operating Officers in HBs would be asked for confirmation this and also for confirmation from WAST about the actions detailed in the Winter Plan and also from those areas where working together was essential.

Nick Wood also reminded Members of the clear policies and procedures which had been developed in the system but were potentially not being implemented or utilised. These included:

- Same Day Emergency Care (SDEC) services and the referral of patients through the 999 route or conveyance routes. The numbers of patients referred would be monitored and variation should be avoided; there needed to be a consistent pathway for access into the SDEC services
- Clinical Advice Hubs, most HBs had versions of these and would need to be fully implemented (including ensuring consistent access)
- Immediate diagnostic front door pathways with the expectation that HBs and WAST would work together for access particularly for issues like direct admission and timely handover arrangements and for specific illnesses such as stroke and fractured neck of femur.

Members noted that the weekly CEO meeting would monitor progress and performance indicators would be developed to measure progress on the key actions identified. Nick Wood asked Members to work with the CASC to identify issues and provide assurance that the actions had been initiated and were consistent in the system in order to mitigate any unacceptable patient safety risks.

Members agreed:

- To provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST.

The Immediate Release Report was discussed. A meeting had been arranged by the EASC Team between HBs and WAST in particular to look at the data and also the consistency of the approach. The key issues had been captured, recommendations had been made and subsequently endorsed by the EASC Management Group.

Further work would take place to streamline the process and improve compliance and understanding across the system.

Information had been presented in draft using the Statistical Process Control (SPC) as requested by Members. Comments had been requested and it was agreed that they would be integrated as part of the information for future meetings.

Stephen Harrhy highlighted specific information from the SPC Charts including:

- The improvements in the units of hours produced for emergency ambulances
- The Cymru High Acuity Response Units (CHARU) and their positive impact on the system (particularly as recruitment was increasing) and the important impact on quality of services received by patients.
- AGREED THE NEXT STEPS
 - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee
 - the SPC charts would be included in future dashboards.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- The significant challenge at WAST for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months, it is currently 21% (October)
- 16 cases identified by WAST as requiring joint investigation in October 2023. This joint process had been implemented in the last 12 months and would be reviewed in 2024
- 51 National Reportable Incidents had been made by WAST to date; this was raised with Welsh Government official at the Quality and Delivery meeting
- An increased number of patients were waiting over 12 hours for an ambulance response in October 2023 (677) compared to July 425, August 554, Sept 609
- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 76.4%
- Work has commenced on data outcomes and the data linking work would accelerate this; work to link to the deprivation index was also continuing and more information would be provided to Members, including the variation in services
- The return of spontaneous circulation (ROSC) rates was 17.1% which was believed to reflect the impact of the CHARU service
- The number of patients that self-presented at ED with a high triage category, with 314 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention)
- Falls the biggest reason for a 999 call in October.

Members noted:

- The request from the CASC for comments to support the further development of the Quality & Safety Report

- The action to work with HM Coroners to ensure a consistent national approach and a meeting was due to be arranged
- The work would continue to be reported to Directors of Nursing and Quality
- The ongoing work on data linking and the impact.

Members raised

- Issues related to the new escalation process in Hywel Dda UHB and cohorting at the 2 hour level. The internal quality assurance team were working to ensure this was being closely monitored in terms of mortality and morbidity in as close as possible to real time. It was suggested it could be helpful to align the work being led by the EASC Team with this new area of work at HDUHB, especially in view of the impact of system pressures. It was agreed that Ross Whitehead would work with HDUHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.
- **AGREED THE NEXT STEPS**
 - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee.
 - The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances
 - Specific work with Hywel Dda UHB.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- The emphasis on the collaborative approach to the development of the EASC Commissioning Intentions for 2024 to 2025.

Members noted:

- The EASC Team would work with WAST and Emergency Medical Retrieval and Transfer Service (EMRTS) colleagues to further develop the draft Commissioning Intentions, these would be presented at a future meeting for approval
- WAST and EMRTS would have an opportunity to comment on the draft versions
- The need to consider the inclusion of other issues, for example mental health as appropriate
- Intentions would be developed to reflect the interdependencies with other programmes of work across the system, e.g. Six Goals for Urgent and Emergency Programme and how the system would work together to deliver against these
- Intentions would be developed to confirm the actions for health boards, health boards and WAST and WAST itself
- Trajectories would be developed against the agreed actions
- The need to consider funding bids to support delivery of the agreed actions if required
- The EASC would attend the meeting of the Directors of Planning in January to discuss.

- **AGREED THE NEXT STEPS**

- The EASC Team would consider comments received on the Commissioning Intentions from members of the EASC Management Group and NEPTS and EMRTS Delivery Assurance Groups
- The EASC Team would discuss intentions with WAST and EMRTS colleagues
- Commissioning Intentions would then be submitted for approval by the EASC Committee
- The Commissioning Intentions would be issued to each of the commissioned services.
- The EASC team would continue to work with Members to enact the priorities of the Committee for the HB populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system.
- This would include the different elements of the collaborative commissioning approach including:
 - EASC Commissioning Frameworks
 - Integrated Commissioning Action Plans
 - EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker)
 - EASC Commissioning Intentions.

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received.

Lee Leyshon presented the report and gave a detailed overview of work to date according to the phased approach.

Noted:

- The approach taken in Phases 1 and 2 of the 19 week engagement process
- The number of responses received and the wide-ranging emergent themes from the most recent engagement in Phase 2
- The CASC had attended Board sessions in both Betsi Cadwaladr University Health Board and Powys Teaching Health Board over recent months
- The CASC had been in contact with Llais throughout the process; since Phase 2 has been underway queries had been raised by some Llais members and these had been informally addressed
- Correspondence from Llais was received by the CASC on 29 November 2023 formally raising concerns about the next steps of the Review and recommending that this Review was taken to a formal public consultation
- Queries initially raised by Swansea Bay University Health Board (SBUHB) at the EASC Management Group in October had been responded to and a follow-up meeting with SBUHB colleagues had taken place.
- EASC had received a further communication from SBUHB reiterating the same points which would be responded to alongside the Llais recommendation
- A letter had been received from the Wales Air Ambulance Charity setting out the impact that a delay would have on them and requesting that the extensive process was brought to a conclusion as soon as possible

- Health Board representatives had been nominated to participate in the evaluation process originally scheduled for 14 December, this had been rearranged in light of Llais' letter and the recommendation being considered by the Committee.
- **EASC had previously endorsed the proposal that the preferred and recommended option going to EASC would be taken back to each respective health board for individual board consideration before a collective Joint Committee decision was made. It was proposed that this remained the case**
- The Options Appraisal, using the agreed evaluation framework, with nominated health board representatives would take place in early January
- The outcome of the Options Appraisal (i.e. shortlisted options) would be shared with Llais and developed into Phase 3 documents
- The shortlisted options – to include a preferred option – would be shared with the public and stakeholders
- Phase 3 would last for 4-weeks, online during February 2024 and in order to address the needs of the digitally excluded in the population, health board engagement teams would provide local opportunities for their populations to be supported to contribute to this important process
- The following range of bilingual documents would be developed as a minimum:
 - Updated equality impact assessment
 - Phase 3 document focusing on the impacts and pros and cons and costs with an opportunity to comment
 - A plain language or easy read version
- The aim of the documents would be to meet the principles for 'consultation' to ensure that sufficient reasons were put forward for any proposal to permit 'intelligent consideration'. This would include data where possible with as much explanation (and costs) as possible to continue the work of Phases 1 and 2.
- The shortlisted options – to include a preferred option would be simultaneously considered by each health board
- The public and stakeholder feedback would be considered by the CASC; Llais would also have an opportunity to comment
- Each health board would need to provide their respective board views to the CASC by 29 February 2024
- A preferred option would be recommended by the CASC for the Committee to make a final decision on, expected to be at the planned meeting of EASC on 19 March 2024.

Members noted:

- The comprehensive update provided, reflecting the breadth of the public responses received, including in relation to rural communities
- The recent conversation with Alyson Thomas, Chief Executive of Llais and noted that Llais were content with the approach put forward for a 4-week Phase 3 of the public engagement process, building on Phases 1 and 2 allowing the public opportunity to comment on the options which would include additional detail and costs
- That Llais referenced service development (rather than service change) and it had been confirmed that Llais wanted the public across Wales to be able to comment on the options shortlisted
- The support required from health board communication, engagement and service change leads during the engagement period to ensure the consistent approach across Wales

- **All health boards are impacted by the EMRT service as there are patients in every area who do not currently receive a service (unmet need)**
- The need to complete the process correctly, building on the comprehensive approach undertaken to date, but also mindful of the impact on others (Charity) in a timely manner
- The CASC would respond to Llais on behalf of the Committee (and would share a copy with Members)
- The concern of the Wales Air Ambulance Charity in respect of further delays to the process.
- The CASC expressed his thanks to the Charity for staying with the process, despite the delay causing the Charity potential difficulties.

The Chair thanked Members for their support, reiterating that this had been an extremely comprehensive process. It was helpful to receive the Members support for the next phase and there was a need to work together to complete the process to arrive at a decision in March and prior to the development of the new Joint Commissioning Committee.

- **AGREED THE NEXT STEPS**
 - Following the meeting on 21 December, the Commissioner would to send a formal response to Llais on behalf of the Committee confirming the agreed EASC position and clarifying the adjusted timeline for the Review going forward.
 - Issue a public communication confirming the Committee's agreed position and next steps for the EMRTS Service Review including any adjusted timeline.
 - Make operational arrangements to deliver the EASC agreed next steps of the process.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen HARRY. The report highlighted key areas which included:

- WAST Stakeholder Briefing
- Winter Ambulance Improvement Plan

Members particularly noted:

- The WAST Stakeholder Briefing sent by WAST at the start of December which had raised some concerns regarding timing and content, and noting that a formal response would be prepared by the CASC on behalf of the Committee. It was agreed that the CASC would share a draft response to health boards for comment before formally responding to WAST.
- **AGREED THE NEXT STEPS**
 - Once responses are received on the recent WAST briefing, before, at the meeting or following a response would be sent. This would be shared in advance with Members
 - Commissioners had an opportunity to input actions for the Winter Ambulance Improvement Plan and these would be forwarded to Welsh Government as soon as possible.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance – Members agreed to provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST.
- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process
- In relation to the EMRTS Service Review, due to the requirement of Llais, the Option Appraisal workshop had been postponed - it would now take place in mid January 2024

Matters requiring Board level consideration

- To acknowledge the continued significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive
- Output from the EASC meeting in January for further discussion at the Board prior to decision making at EASC in relation to the EMRTS Service Review.

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	16 January changed to 30 January 2024			



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Acronyms (WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AC	Audit Committee
AMPDS	Advanced Medical Priority Dispatch System
APC	Academic Partnerships Committee
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BAU	Business as Usual
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAMHS	Child and Adolescent Mental Health Services
CAS	Clinical Assessment Software
CC	Charity Committee
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CPAS	Clinical Prioritisation Assessment Software Group
CHARU	Cymru High Acuity Response Unit
D&C	Demand and Capacity
DOM	Duty Operations Manager



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CYMRU
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WALES

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Abbreviation	Term
DOS	Directory of Services
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EMSC	Emergency Medical Service Coordination
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ERADI	Emergency Response Ambulance Driving Instruction
ESMCP	Emergency Services Mobile Communications Programme
FPC	Finance and Performance Committee
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
ITT	Inverting the Triangle
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
HEIW	Health and Education Improvement Wales
HoS	Head of Service
HCS	Health Courier Services
IAED	International Academies of Emergency Despatch
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MIST	Mandatory In-Service Training
MRD	Make Ready Depot
MTS	Manchester Triage System
MDS	Minimum Data Set
MDT	Mobile Data Terminal
MDT	Multi-Disciplinary Team
MTU	Mobile Testing Unit



Abbreviation	Term
NCCU	National Collaborative Commissioning Unit
NEPTS	Non-Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NED (s)	Non-Executive Director (s)
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PADR	Personal Appraisal Development Review
PCC	People and Culture Committee
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PID	Project Initiation Document
PLIC	Patient Level Information and Costing system
PPLH	Post Production Lost Hours
PRINCE2	Projects in a Controlled Environment (methodology)
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
PTaS	Physician Triage and Streaming
QuEST	Quality, Patient Experience and Safety Committee
REAP	Resource Escalation Action Plan
RemCom	Remuneration Committee
RITA	Reminiscence Therapy Interactive Activities
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team



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Abbreviation	Term
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
TU	Trade Union
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government
WHC	Welsh Health Circular
WTE	Whole Time Equivalent