Bundle Trust Board (Open Session) 25 May 2023

Agenda attachments

ITEM 0 Trust Board Open Agenda 25 May 2023 Cymraeg.docx

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0	09:30 - OPENING ITEMS
1	Chair's welcome, apologies, and confirmation of quorum
2	Declarations of interest *https://ambulance.nhs.wales/files/publications/annual-reports/2022/board-member-register-of-interests-2023/ *
3	Minutes of last meeting ITEM 3 Trust Board Minutes Open 30 March 2023.docx
4	Action Log and matters arising ITEM 4 Action Log.docx
5	09:35 - Chair's Report
6	09:45 - Chief Executive's Report ITEM 6 CEO REPORT TO TRUST BOARD MAY 2023 FINAL.docx
7	10:00 - Questions from members of the public
8	10:10 - Patient Story
8.1	ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
9	10:40 - Progress on Actions To Mitigate Avoidable Patient Harm ITEM 9 Realtime Mitigations20230510(1).docx ITEM 9.1 Reducing Patient Harm Action Plan hb 20230505(1).docx
10	11:00 - Risk Management and Corporate Risk Register ITEM 10 Executive Summary Risk Management Report Trust Board 250523 v 3 TM.docx ITEM 10.1 Annex 5 BAF Guidance April 2023.docx
11	11:10 - Integrated Medium Term Plan 2022-2025 – Final Outturn Position *11.1 Integrated Medium Term Plan 2023-2026 – Verbal Update * ITEM 11 Executive Summary - Year End 2223 Position - IMTP Assurance Report Trust Board Final 25052023.docx
11.1	11:25 - COMFORT BREAK
12	11:40 - Financial Performance Month 1 *Appendix 2 circulated separately by e mail* ITEM 12 Finance Report Month 1 2324.docx ITEM 12.1 WG Monitoring return.pdf
13	11:50 - Monthly Integrated Quality and Performance Report ITEM 13 MIQPR SBAR TB April 2023.docx ITEM 13.1 Annex 1 MIQPR Trust Board April 2023.pdf ITEM 13.2 Top indicators MIQPR Dashboard TB April 2023.xlsx
14	12:05 - People and Culture Plan ITEM 14 Trust Board ES - P C Plan.docx ITEM 14.1 Appendix 2 - People and Culture Plan 2023-26.pdf ITEM 14.2 Appendix 3 - Enabling Framework.pdf ITEM 14.3 Appendix 4 - Rich Picture.jpg ITEM 14.4 Appendix 5 - IMTP Priorities.docx
15	12:20 - Board Visits Standard Operating Procedure ITEM 15 SOP Board Visibility and Engagement - Cover Paper.docx

ITEM 15.1 SOP Board Visibility and Engagement v.1 - For Approval.docx

16 12:25 - Board and Committee Annual Effectiveness Reviews and Revised Terms of Reference

ITEM 16 SBAR to Board on Effectiveness 2022-23 (May 23).docx

ITEM 16.1 Annex 1 Committee Duties.pdf

ITEM 16.2a 2a - Audit Committee Annual Report 2022-23.docx

ITEM 16.2b 2b - Audit Committee Terms of Reference 2023-24.docx

ITEM 16.3a 3a - Academic Partnerships Committee Annual Report 2022-23.docx

ITEM 16.3b 3b - Academic Partnerships Committee Terms of Reference 2023-24.docx

ITEM 16.4a 4a - Charity Committee Annual Report 2022-23.docx

ITEM 16.4b 4b - Charity Committee Terms of Reference 2023-24.docx

ITEM 16.5a 5a - Finance and Performance Committee Annual Report 2022-23.docx

ITEM 16.5b 5b - Finance and Performance Committee Terms of Reference 2023-24.docx

ITEM 16.6a 6a - People and Culture Committee Annual Report 2022-23.docx

ITEM 16.6b 6b - People and Culture Committee Terms of Reference 2023-24.docx

ITEM 16.7a 7a - QUEST Committee Annual Report 2022-23.docx

ITEM 16.7b 7b - QUEST Committee Terms of Reference 2023-24.docx

ITEM 16.8a 8a - Remuneration Committee Annual Report 2022-23.docx

ITEM 16.8b 8b - Remuneration Committee Terms of Reference 2023-24.docx

ITEM 16.9 Final Board and Committee Member Representation 2022-23.pdf

ITEM 16.10 Annex 10 Committee Priorities 2023-24.docx

17 12:40 - Standing Orders, Scheme of Reservation and Delegation of Powers, and Standing Financial Instructions

ITEM 17 SBAR Standing Orders, SoRD, SFI Review 2023 - May 2023.docx

ITEM 17.1 Standing Orders - Schedule 1 Scheme of Reservation and Delegation of Powers v.5.1 DRAFT for 23-24.docx

18 12:45 - Board Committee Reports

Charitable Funds Committee
Audit Committee
Academic Partnership Committee
People and Culture Committee
Quest Committee
Finance and Performance Committee

ITEM 18.1 Charity Committee Highlight Report 4 April 2023.docx

ITEM 18.2 Audit Committee Highlight Report April 2023.docx

ITEM 18.3 Academic Partnership Committee report April 2023.docx

ITEM 18.4 People and Culture Committee Highlight Report May 2023 Draft.docx

ITEM 18.5 Quest Committee Highlight Report May 2023.docx

ITEM 18.6 Finance and Performance Committee Highlight Report May 2023.docx

18.1 13:00 - CONSENT ITEMS

19 Governance Report

ITEM 19 Governance Report.docx

20 Minutes of Board Committees

Charitable Funds Committee
Audit Committee
Academic Partnership Committee
People and Culture Committee
Quest Committee
Finance and Performance Committee

ITEM 20.1 CFC JANUARY CONFIRMED MINUTES.docx

ITEM 20.1a CFC FEBRUARY CONFIRMED MINUTES.docx

ITEM 20.2 01 December 2022 Audit Committee OPEN Minutes.doc

ITEM 20.3 Minutes-Academic Partnerships Committee-January 2023-CONFIRMED.docx

ITEM 20.4 OPEN P and C mins 14 March 2023.docx

ITEM 20.5 9 February 2023 QUEST Committee Minutes.docx

ITEM 20.6 F and P Minutes - 21 March 2023.docx

21 NHS Wales Joint Committee Update Reports

ITEM 21 Joint Committee Update Report.docx

ITEM 21.1 SSPC Assurance Report 23 March 2023.doc

21.1 13:05 - CLOSING ITEMS

22 Any other business

23 Date and time of next meeting -Thursday 27 July 2023, 09:30

24 Exclusion of the press and members of the public.

25 Acronyms

ITEM 25 Acronyms.docx

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru Welsh Ambulance Services NHS Trust

AGENDA

CYFARFOD O FWRDD YR YMDDIRIEDOLAETH

Cynhelir mewn Sesiwn Agored dydd Iau 25 Mai 2023 o 09.30 i 13:00
Cynhelir y cyfarfod yn MRD Caerdydd, Tŷ Merton, Clos Croescadarn, Pontprennau, Caerdydd, CF23 8HF a thrwy gyfrwng Zoom

Rhif	Eitem ar yr Agenda	Diben	Arweinydd	Fformat	Amser
EITEMAU RHAGARWEINIOL					
1.	Croeso gan y Cadeirydd, ymddiheuriadau a chadarnhau cworwm	Gwybodaeth	Colin Dennis	Llafar	5 Munud
2.	Datgan buddiant	Gwybodaeth	Colin Dennis	Llafar	
3.	Cofnodion y cyfarfod diwethaf.	Cymeradwyo	Colin Dennis	Papur	
4.	Log camau gweithredu a materion yn codi	Review	Colin Dennis	Llafar	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Colin Dennis	Llafar	10 Munud
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	15 Munud
7.	Cwestiynau gan aelodau o'r cyhoedd	Gwybodaeth	Estelle Hitchon	Llafar	10 Munud
PROFIAD STAFF/CLEIFION					
8.	Stori Staff	Trafodaeth	Liam Williams	Llafar	30 Munud
EITEMAU I'W CYMERADWYO, CYNNIG SICRWYDD YN EU CYLCH A'U TRAFOD					
9.	Cynnydd o ran Camau i Liniaru Niwed Osgoadwy i Gleifion	Sicrwydd	Jason Killens	Papur	20 Munud
10.	Rheoli Risg a'r Gofrestr Risg Gorfforaethol	Sicrwydd	Trish Mills	Papur	10 Munud
11.	Cynllun Tymor Canolig Integredig 2022-2025 – Safbwynt Tro Terfynol 11.1 Cynllun Tymor Canolig Integredig 2023-2026 – Diweddariad	Sicrwydd Sicrwydd	Rachel Marsh	Papur Llafar	10 Munud
12.	Perfformiad Ariannol Mis 1	Sicrwydd	Chris Turley	Papur	10 Munud
13.	Adroddiad Ansawdd a Pherfformiad Integredig Misol	Sicrwydd	Rachel Marsh	Papur	15 Munud

Rhif	Eitem ar yr Agenda	Diben	Arweinydd	Fformat	Amser
14.	Cynllun Pobl a Diwylliant	Cymeradwyo	Angela Lewis	Papur	15 Munud
15.	Gweithdrefn gweithredu safonol. Gweledegdd ac Ymgysylltu Bwrdd: Cipio ein Profiad	Cymeradwyo	Trish Mills	Papur	5 Munud
16.	Adolygiadau Effeithiolrwydd Blynyddol y Bwrdd a'r Pwyllgor a Chylch Gorchwyl Diwygiedig	Sicrwydd Cymeradwyo	Trish Mills	Papur	15 Munud
17.	Rheolau Sefydlog, Cynllun Cadw a Dirprwyo Pwerau, a Chyfarwyddiadau Ariannol Sefydlog	Cymeradwyo	Trish Mills	Papur	5 Munud
18.	Cofnodion Pwyllgorau'r Bwrdd				10 Munud
	18.1. Pwyllgor Cronfeydd Elusennol	Sicrwydd	Ceri Jackson	Papur	
	18.2. Y Pwyllgor Archwilio	Sicrwydd	Martin Turner	Papur	
	18.3. Pwyllgor Partneriaeth Academaidd	Sicrwydd	Hannah Rowan	Papur	
	18.4 Y Pwyllgor Pobl a Diwylliant	Sicrwydd	Paul Hollard	Papur	
	18.5 Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch	Sicrwydd	Bethan Evans	Papur	
	18.6 Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Joga Singh	Papur	
EITEMAU CYDSYNIO **Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd unrhyw aelod yn dymuno trafod unrhyw un o'r eitemau hyn, gofynnir iddo/iddi hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.**					
19.	Adroddiad Llywodraethu	Gwybodaeth	Trish Mills	Papur	5 Munud
20.	Cofnodion Pwyllgorau'r Bwrdd 20.1 Pwyllgor Cronfeydd Elusennol 20.2 Y Pwyllgor Archwilio 20.3 Pwyllgor Partneriaeth Academaidd	Gwybodaeth	Colin Dennis	Papur	

Rhif	Eitem ar yr Agenda	Diben	Arweinydd	Fformat	Amser
	20.4 Y Pwyllgor Pobl a Diwylliant 20.5 Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch 20.6 Y Pwyllgor Cyllid a Pherfformiad				
21.	Adroddiadau Diweddaru Cydbwyllgorau GIG Cymru	Gwybodaeth	Colin Dennis	Papur	
EITEMAU CLOI					
22.	Unrhyw faterion eraill	Trafodaeth	Colin Dennis	Llafar	5 Munud
23.	Dyddiad ac amser y cyfarfod nesaf: dydd Iau 27 Gorffennaf 2023, 09:30 yn MRD Caerdydd.	Gwybodaeth	Colin Dennis	Llafar	
24.	Y wasg ac aelodau'r cyhoedd yn gadael y cyfarfod. Gofyn i'r Wasg a'r Cyhoedd adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Penderfyniad	Colin Dennis	Llafar	
25.	Acronymau	Gwybodaeth	Colin Dennis	Papur	

Cyflwynwyr Arweiniol

Enw'r Cyflwynydd Arweiniol	Swydd y Cyflwynydd Arweiniol
Colin Dennis	Cadeirydd y Bwrdd
Bethan Evans	Cyfarwyddwyr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch
Paul Hollard	Cyfarwyddwyr Anweithredol; Cadeirydd y Pwyllgor Pobl a Diwylliant
Ceri Jackson	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Cronfeydd Elusennol
Jason Killens	Prif Swyddog Gweithredol
Angie Lewis	Cyfarwyddwr y Gweithlu a Datblygiad Sefydliadol
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Ysgrifennydd y Bwrdd
Joga Singh	Cyfarwyddwyr Anweithredol
Chris Turley	Cyfarwyddwr Gweithredol - Cyllid ac Adnoddau Corfforaethol
Martin Turner	Cyfarwyddwyr Anweithredol; Cadeirydd y Pwyllgor Archwilio
Liam Williams	Cyfarwyddwr Gweithredol Ansawdd a Nyrsio

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru Welsh Ambulance Services NHS Trust

AGENDA

MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 25 May 2023 from 09.30 to 13:10
Meeting held in Cardiff MRD, Merton House, Croescadarn Close, Pontprennau, Cardiff, CF23 8HF and Via Zoom

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Colin Dennis	Verbal	5 Mins
2.	Declarations of Interest Declarations of Interest	Information	Colin Dennis	Verbal	
3.	Minutes of last meeting 3.1 30 March 2023	Approval	Colin Dennis	Paper	
4.	Action Log and Matters Arising	Review	Colin Dennis	Verbal	
5.	Chair's Report	Information	Colin Dennis	Verbal	10 Mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 Mins
7.	Questions from members of the public	Information	Estelle Hitchon	Verbal	10 Mins
STAFF/PATIENT EXPERIENCE					
8.	Patient Story: - Work on Dementia	Discussion	Liam Williams Alison Johnstone	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 Corporate Risk Register	Assurance	Trish Mills	Paper	10 Mins
11.	Integrated Medium Term Plan 2022-2025 – Final Outturn Position, and Update on Integrated Medium Term Plan 2023-2026	Assurance	Rachel Marsh	Paper	15 Mins
COMFORT BREAK – 15 Minutes					

No.	Agenda Item	Purpose	Lead	Format	Time
12.	Financial Performance Month 1	Assurance	Chris Turley	Paper	10 Mins
13.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 Mins
14.	People and Culture Plan	Approval	Angela Lewis	Paper	15 Mins
15.	Board Visits Standard Operating Procedure	Approval	Trish Mills	Paper	5 Mins
16.	Board and Committee Annual Effectiveness Reviews and Revised Terms of Reference	Assurance Approval	Trish Mills	Paper	15 Mins
17.	Standing Orders, Scheme of Reservation and Delegation of Powers, and Standing Financial Instructions	Approval	Trish Mills	Paper	5 Mins
18.	Board Committee Reports				15 Mins
	18.1. Charitable Funds Committee	Assurance	Ceri Jackson	Paper	
	18.2. Audit Committee	Assurance	Martin Turner	Paper	
	18.3. Academic Partnership Committee	Assurance	Hannah Rowan	Paper	
	18.4. People and Culture Committee	Assurance	Paul Hollard	Paper	
	18.5. Quest Committee	Assurance	Bethan Evans	Paper	
	18.6. Finance and Performance Committee	Assurance	Joga Singh	Paper	
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.**					
19.	Governance Report	Information	Trish Mills	Paper	5 Mins
20.	Minutes of Board Committees 20.1 Charitable Funds Committee 20.2 Audit Committee	Information	Colin Dennis	Paper	

No.	Agenda Item	Purpose	Lead	Format	Time
	20.3 Academic Partnership Committee 20.4 People and Culture Committee 20.5 Quest Committee 20.6 Finance and Performance Committee				
21.	NHS Wales Joint Committee Update Reports	Information	Colin Dennis	Paper	
CLOSING ITEMS					
22.	Any other business	Discussion	Colin Dennis	Verbal	5 Mins
23.	Date and time of next meeting –Thursday 27 July 2023, 09:30 in Cardiff MRD	Information	Colin Dennis	Verbal	
24.	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Colin Dennis	Verbal	
25.	Acronyms	Information	Colin Dennis	Paper	

Lead Presenters

Name of Lead	Position of Lead
Colin Dennis	Chair of the Board
Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Ceri Jackson	Non-Executive Director, Chair of Charitable Funds Committee
Alison Johnstone	Programme Manager for Dementia
Jason Killens	Chief Executive Officer
Angie 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 Finance and Performance Committee

Chris Turley	Executive Director of Finance and Corporate Resources
Martin Turner	Non-Executive Director; Chair of Audit Committee
Liam Williams	Executive Director of Quality and Nursing

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 30 MARCH 2023 MEETING HELD IN CARDIFF AMBULANCE STATION, and VIA ZOOM

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director
Angie Lewis	Director of Workforce and Organisational Development
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
Leanne Smith	Interim Director of Digital Services
Joga Singh	Non-Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Martin Turner	Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing

Attendees

Navin Kalia	Deputy Director of Finance and Corporate Resources
Steve Owen	Corporate Governance Officer (Via Zoom)
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer (Via Zoom)

Apologies

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

20/23 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and noted apologies had been received from Kevin Davies and Damon Turner.

DRAFT

Declarations of interest

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

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

21/23 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 meet prior to the Trust Board, and that Committee AAA highlight reports, which featured later in the Agenda, together with committee minutes, all adds 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 meetings held on 26 January 2023 were presented and confirmed as a correct record.

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

Action number: 133/22, MIQPR, information on cultural measures. This was to remain on the Action log until further information was collated in this area.
Action number 007/23, Risk - To consider in how much detail the Board should discuss the higher rated risks, this action was marked as completed and therefore closed.

RESOLVED: That

(1) the Minutes of the meetings held on 26 January 2023 were confirmed as a correct record.

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

22/23 CHAIR'S REPORT AND UPDATE

The Chair updated the Board on the recently held Board development days which focused mainly on the Integrated Medium Term Plan and the new legislation regarding the Duty of Quality and the Duty of Candour.

RESOLVED: The update was noted.

23/23 CHIEF EXECUTIVE'S UPDATE

Prior to the update the Board held a Minutes silence to pause and reflect on the sad loss of colleague Huw Phillips.

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

The Board were informed that colleagues Aron Roberts and Lee Brooks had been admitted to the Order of St. John, the investiture will be held in the next few months.

A significant amount of work was being undertaken across the Trust's Estate with several schemes having completed during this financial year. The effort and work of the estates team in delivering this was acknowledged by the Board.
End of Life Care – Following a recently published Cross Party Group enquiry on the experiences during the Covid-19 pandemic in Wales, the Trust has now introduced 'Just in Case' medications onto frontline vehicles allowing paramedics in Wales to provide the best possible symptom management, and the introduction of palliative care paramedics. Both these initiatives were UK ambulance service firsts, and following their success have since been mirrored in other UK ambulance Services.

There have been two projects recently which have seen the use of robotic Process Automation (RPA). RPA has been used to simplify the transfer of files between the 111 service and GP Out of Hours and also the Concerns team have used it to convert some of their manual tasks into automated processes. The Robotic Process Automation pilot concludes at the end of March 2023, thereafter a full evaluation and benefits realisation report will be published.

A business case has been shared with the Chief Ambulance Services Commissioner (CASC) which sets out a proposal to develop the use of alternative responders to connect with patients in the Community via Clinical Contact Centres. The name currently given to this scheme was the 'Amber Virtual Ward.'

There continue to be improvements in the NHS Wales 111 service whereby amongst other initiatives there have been over 50 clinicians who have been given support to undertake a Masters level module in remote Clinical Decision Making.

Comments:

The Board welcomed the excellent work regarding palliative care and were delighted to see it progressing.

Members sought feedback following a Directors meeting in respect of the engagement framework. Estelle Hitchon advised there had been some feedback most noteworthy around the governance of the framework and how that would be developed

RESOLVED: That the update was noted.

24/23 QUESTIONS FROM MEMBERS OF THE PUBLIC

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

25/23 PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

Jason Killens explained that the report was designed to inform the Board of progress on the actions to mitigate avoidable patient harm; he drew out the following areas for the Board's attention:

The current position in terms of handover delays was of increased concern, along

with the number of long waits outside hospitals; however there had been significant improvement in the Cardiff and Vale University Health Board area.

In terms of Red performance this was in the high 40 percentage points and for Amber, the median was around three hours.

Rachel Marsh gave an update on the action plan with those within the Trust's control making good progress, however, there still remained Red actions, which were outside the Trust's control.

There were some new actions – Amber Virtual Ward, a proposed innovative "eyes on" service provided by the third sector (organisation and volunteers), supported by the Clinical Support Desk and supported by technology and the need to find a better way to safely manage patients within the Trust's care.

The Board's attention was also drawn to action 24, which focused on Red calls and how to improve response times and to look at resource allocation. Rachel Marsh assured the Board that the Trust continued to work in improving the overall situation.

Lee Brooks updated the Board in terms of the impact on ambulance waiting times outside hospitals and provided data, recognising that Health Boards had committed to a 25% reduction in lost hours and an eradication of the four hour or longer delays. The data showed that in December (worst on record) an average of 1k hours per day was being lost, January was 738 hours and February it was 665 hours. Unconfirmed data through to March 27 indicates that the hours lost are around 908. In terms of the four hour or over delays, data showed that in December there were 95 daily occurrences, 65 in January, and 59 in February and up to March 27, 91. He added that patient harm was inevitable in times of increase delays.

Members were also updated by Lee Brooks on the risk to the Trust's legal obligations to immediately respond without delay to a major or mass casualty incident. He added that every incident of this nature was subject to a debrief with any lessons being learned. He raised his concern that sometimes with up to 60% of emergency ambulances being held outside hospitals, the ability to meet those legal obligations could be jeopardised.

Furthermore, Lee Brooks commented that in reality, the Trust was not seeing any positive and tangible change in relation to handover delays.

Comments:

It was queried what the Trust and other Health Boards could learn from the improvements being seen at Cardiff and Vale University Health Board. Lee Brooks stated that in Cardiff, there was no tolerance in terms of four hour delays. Jason Killens added that best practice had been shared several years ago. He added that the actions being taken at Cardiff and Vale were not without a certain risk but were done on the basis of balancing the overall clinical risk across the system. Liam Williams added that the main reason that Cardiff and Vale was having the greatest productivity benefit and subsequently reducing waiting times, was the right bed first time mantra. A dashboard in terms of bed availability was visible at all times and they clearly understood how they were performing against

their metrics. Dr Brendan Lloyd added there had been a system change, which had created an improved continuous patient flow throughout hospitals. He explained in further detail the many other initiatives and developments which had led to improved productivity and lessened waiting times.

The Board acknowledged that the Trust was undertaking all it could within its gift to improve the overall situation taking into account the lessons being learned at Cardiff and Vale.

Members held a discussion which focused on the extended waiting times for Emergency ambulances outside hospital which was having a severe impact on patients and staff alike and the Trusts' ability to respond to those patients in the community. They expressed their grave concern and deep frustration recognising that the Trust continued to do all it could within its powers.

Jason Killens added that the issues have been escalated to Welsh Government on several occasions, signalling serious concerns about the risks the Trust was carrying in its inability to respond due to delays outside hospitals. He outlined all the measures and initiatives being taken by the Trust to mitigate the delays.

An update was sought about the modelling being undertaken regarding same day emergency care (SDEC) and were there any delays in the roll out? Andy Swinburn outlined the methodology behind SDEC and what the criteria was for Trust staff to implement it. Access to SDEC was still limited from the Trust's perspective and the Trust was in the process of analysing the issues and problems.

The Board recognised that addressing the handover delays remained a priority within all Health Board's Integrated Medium Term Plans. Rachel Marsh explained there was a requirement from the Minister to complete a detailed template with one area being to specifically illustrate what actions were being taken to improve hand over delays.

Angie Lewis gave assurance that staff were updated and informed of the measures in place to reduce handover delays.

RESOLVED: The Board noted the progress being made on the WAST actions and the ongoing impact of hospital handover lost hours.

26/23 DUTY OF QUALITY/DUTY OF CANDOUR PREPARADNESS

Liam Williams explained that the Health & Social Care (Quality and Engagement) (Wales) Act 2020 comes into force on 1 April 2023. The update report outlines the preparedness of the Trust to comply with the requirements of the Duty of Candour and Duty of Quality.

There have been regular Board development sessions and a further session planned for late March 2023 to outline requirements and the Trust's position. The Trust has also submitted a response to the Welsh Government Gateway Review in November 2022.

The Chair added that whilst there may be some uncertainties in terms of exactly how the legislation would be implemented and the subsequent consequences on resources against the Trust, he was confident the Trust was prepared.

Comments:

Members recognised that progress on preparedness was being closely monitored at the Quality, Patient Experience and Safety Committee (Quest).

Members queried at what point details of the Trust's obligations within the Act would be reflected in the Monthly Integrated Quality Performance Report (MIQPR). Rachel Marsh explained that some of the quality metrics had been captured in the MIQPR, however there was further work required to demonstrate the requirements of the Act.

RESOLVED: The

(1) report on the Trust's preparedness for the requirements of the Health & Social Care (Quality and Engagement) Act 2020, specifically regarding the Duty of Quality and Duty of Candour was received; and

(2) Trust Board noted that the Trust was working towards the baseline assessment criteria as set by the Welsh Government Road Map, the first milestone for which was in April 2023 followed by September 2023.

27/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills presented the report and reminded the Board that the 17 principal risks as described within the Board Assurance framework (BAF) were reviewed in detail at the relevant Committees.

The four highest scoring risks, 223 (the Trust's inability to reach patients in the community causing patient harm and death), 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), 160 (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) and 201 (damage to the Trust's reputation following a loss of stakeholder confidence) have been reviewed in full and the mitigating actions updated as at 22 March 2023. Trish Mills added that these risks had been given significant focus at Committee level and other settings.

It had been agreed at the last Audit Committee meeting that the owners of the higher rated risks and the Chairs of the Committee where the risks were discussed would be able to provide an update at Board.

The Board were also updated on progress with the Risk Management Transformation Programme.

Paul Hollard, Chair of the People and Culture Committee (PCC) advised that at the Committee's meetings handover delays were considered from a staff perspective. He added there was also a risk to staff from the effects of diesel fumes following prolonged waits in vehicles outside hospitals. Liam Williams added that in terms of

exposure to diesel fumes, several surveys have demonstrated that it fell below the legal limit and staff concerns were being addressed.

In terms of absence rates, the Board were advised that detailed discussions were held at each meeting which monitored figures. Angie Lewis added that current staff sickness had been the lowest since 2021. Furthermore, the Committee also considered staff suspensions.

The damage to the Trust reputation remained high; Estelle Hitchon commented that the risk to reputation centred more on the timeliness to response as opposed to the quality of the staff.

In terms of 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), it was queried whether the actions remained on track. Leanne Smith advised that the current focus was on implementing an information security policy management system which will enable the Trust to monitor compliance of the actions.

The Chair advised at this time it would be prudent for Chair's of Committees to update the Board on their respective Committee activity with respect to the risks within their remit details of which was included in Committee AAA highlight reports later in the agenda.

Paul Hollard outlined details of a sexual survey, noting that detailed actions had arisen from it. It was useful to receive the Welsh Ambulance Services Partnership Team (WASPT) highlight report. A number of annual reports were received and agreed. The Committee expressed their concerns with the demands being placed on the Putting Things Right (PTR) Team; noting that support for the team had been put in place. The Committee also discussed recruitment.

In terms of the Quest Committee, Bethan Evans advised the Board that discussions continued on the impact of patients in the Community as a result of handover delays directly relevant to risks 223 and 224. The Committee heard a very powerful and impactful patient story which concerned the Trust's Wish Team providing a very memorable day for the patient and his family. The Committee spent several minutes reflecting on the meeting and how this could be developed as a regular discussion going forward. The Safeguarding annual report was received and was included in the agenda. Both the MIQPR and patient safety highlight report were received and whilst noting there was duplication it was recognised that work was ongoing to address this.

In respect of the Audit Committee, Martin Turner raised the issue of where scrutiny and challenge of the higher scoring risks took place. It was agreed that whilst the Board should spend some time discussing these risks the main scrutiny would occur at Committees. He added that a detailed discussion also took place regarding the Audit Wales structured assessment report. An area the Committee were keen to explore further involved NED challenge at Committees. Chris Turley updated the Board on the timeframe for submission of the annual accounts.

RESOLVED: The Board:

(1) noted the review of Risk 223, 224, 201 and 160 including mitigating actions;

(2) noted the development of a suite of new risks;

(3) noted the update on the Risk Management Transformation Programme.

28/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025

Rachel Marsh presented the report as read. It was noted that the Finance and Performance Committee had reviewed the IMTP in some detail at its March meeting and there were no further questions from the Board.

RESOLVED: That the Board

(1) noted the update against WAST's IMTP Accountability Conditions; and

(2) noted the overall delivery of the IMTP detailed in this paper.

29/23 INTEGRATED MEDIUM TERM PLAN AND FINANCIAL PLAN 2023-2026

Rachel Marsh explained that the purpose of the report was to update the Board of the progress in developing the 2023-2026 Integrated Medium Term plan in the context of NHS Wales Planning Framework and the Emergency Ambulance Services Committee (EASC) Commissioning Intentions for 2023/24.

The Board's attention was drawn to the following areas:

- The plan set out initiatives where the patient experience and the staff workplace would be improved
- Confirmation has been received from EASC that they are content to approve the plan
- Following the last Finance and Performance Committee meeting there was a request to provide more narrative around the risks of achievability of the actions and to strengthen the section on the Duty of Quality and the Duty of Candour.
- The Board were reminded of the several mechanisms in place which allowed the Trust to ensure the plan was implemented and progressed effectively and this included the quality performance management framework.
- The plan sets out the need to transform the ambulance service whilst maintaining the balance of carrying out its business as usual.

Comments:

The Board recognised that staff comments at recent CEO WAST roadshows had, where pertinent, been incorporated into the plan.

Members discussed the plan noting the ambition and as an organisation this should be managed realistically.

The Board noted there were no surprises in the plan which was a reflection of the excellent communication throughout the year ensuring Committee and Board members were kept abreast.

Rachel Marsh presented the Trust's Purpose statement which had been developed with engagement of staff and was 'To Support, To Serve, To Save'. There was one further CEO roadshow where this would be socialised, however Board's approval for the Trust's Purpose is sought subject to any further comments at that final engagement event.

Financial Plan

Chris Turley gave an overview of the plan which presented as a financial plan that would deliver a balanced revenue financial position for the Trust by the end of the 2023/24 financial year, based on some key funding and cost assumptions.

There were a number of key assumptions and risks. The plan assumed that the funding for 100 Whole Time Equivalents (WTE) would be funded which was supported by the Chief Ambulance Services Commissioner (CASC).

Another key assumption was the level of savings required which was in the region of £6m. At this stage the Trust was able to secure around £3.5m of savings. Significant work was underway to achieve these savings with full details contained in the Trust's Financial Sustainability Programme. Chris Turley added that assuming the funding for the £6m would be forthcoming, he had every confidence that a balanced plan would be achieved.

Other assumptions included the volatility of the price of fuel etc... and also any impacts from Industrial Action.

Comments

Joga Singh, Chair of the Finance and Performance Committee informed the Board that a detailed discussion had taken place at the last meeting. In terms of the savings required the Trust was considering several options going forward.

Jason Killens added that a deadline for the £6m funding had been set with commissioners, essentially the end of May. Should that not be confirmed the Trust may need to consider other options regarding the 100 WTE.

Members expressed their concern in terms of staff sickness levels; Angie Lewis added that whilst the Trust's 6% target level of sickness was ambitious it was achievable.

Estelle Hitchon advised that an updated section on partnerships which was non-material, had recently been added to the plan and was not in the document being presented to the Board.

RESOLVED: That the Board

(1) agreed for the plan to be submitted to Welsh Government before the deadline of 31 March 2023;

(2) approved the plan subject to minor non- material alterations;

(3) approved the financial plan and the initial 2023/24 budget mindful it

would change throughout the year; and

(4) approved the organisational purpose as stated.

30/23 STAFF STORY

Angie Lewis introduced the video in which Sandra Pollard, a Clinical Operations Manager with the NHS 111 Wales service outlined her experience at work during the industrial action period.

Sandra recalled that prior to the first industrial action management discussions were held in terms of how to best manage the service with the possibly of having a depleted workforce. This was of great concern as potentially a situation could arise whereby a lack of nurses would clearly have an effect on patient clinical safety.

In terms of preparation for the industrial action, several tactics were deployed by the team and communicated widely which enabled clinical safety to be delivered effectively. There were also good communication channels with health boards and clinical desks across Wales, proving that working in collaboration and good team work was essential.

During industrial action days the 111 management team met regularly and also provided a support network to colleagues.

From a personal perspective Sandra found the industrial action situation quite difficult, however she supported the decision made and was mindful that the NHS was seeing large numbers of staff, especially nurses, leaving the service.

Comments:

The Board welcomed the video and thanked Sandra for sharing her story in an open and honest manner; recognising the dilemma staff faced when taking the decision to strike or not.

Members reflected on staff feedback from recent CEO roadshows and WAST live events noting that the Trust had undertaken all the measures it could to help and provide support during the periods of industrial action.

Lee Brooks reiterated the sense of teamwork and the open engagement that allowed staff to provide feedback to managers which was expressed by Sandra in her video.

RESOLVED: That the Staff story was noted.

31/23 FINANCIAL PERFORMANCE MONTH 11

Chris Turley presented the report as read noting it had been presented to the Finance and Performance committee last week

He added there was a detailed update on the year- end adjustments regarding the capital schemes.

The Chair of the Finance and Performance Committee, Joga Singh advised the Trust it was on course for a balanced budget and outcome and asked the Board to record a note of thanks to Chris Turley and his team.

RESOLVED: The Board

(1) Noted and gained assurance in relation to the Month 11 revenue and capital financial position and performance of the Trust as at 28 February 2023 along with current risks and mitigation plans;

(2) Noted the delivery of the 2022/23 savings plan as at Month 11, and the context of this within the overall financial position of the Trust;

(3) Noted the updated discretionary capital plan for 2022/23 year end, and

(4) Noted the Months 10 and 11 Welsh Government monitoring return submissions included within Appendices 1 – 4 (as required by WG).

32/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh advised that the report had recently been presented at the last Finance and Performance Committee meeting.

In terms of highlights from the report, the following were brought to the Board's attention:

1) 999 call answering times had recently improved.
2) In terms of the 111 service, poor answering times continued. The Trust was working on measures to improve this going forward.
3) In respect of the clinical ring back times, these had improved significantly; all categories of callers were being rung back within the allocated time set.
4) There was progress on improving staff sickness levels, however PADR completion and statutory and mandatory training performance had declined.
5) The 15% target in terms of consult and close rate had been achieved which was positive.

Rachel Marsh added there was overall room for improvement noting that the metrics will be reviewed regularly.

Comments:

The Board noted the sickness performance and queried what the likely trajectory was going forward. Rachel Marsh explained that recruitment was underway and re-rostering work was scheduled which should see some improvement with sickness levels.

Bethan Evans, Chair of the Quest Committee assured the Board that support was provided to staff on the Putting Things Right team, which will increase when the Duty of Candour comes into force.

The Board noted that the MIQPR had been reviewed in the Board Committees, with detail of their scrutiny and oversight detailed in the respective AAA reports.

RESOLVED: The Board considered the Integrated Quality and Performance Report and actions undertaken, and determined that the report provided sufficient assurance of performance against the indicators.

33/23 WELSH AMBULANCE SERVICES PARTNERSHIP TEAM (WASPT) TERMS OF REFERENCE

Trish Mills explained the terms of reference had been discussed at the recent People and Culture Committee.

The Standing Orders at 5.8.1 provides that the main link with this group and the Board is through its executive members. However, it was felt that reporting formally to the People and Culture Committee was more effective and aligned with that Committee's responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement, including but not limited to trade unions. It was therefore intended that an AAA report would be presented to the People and Culture Committee following each WASPT meeting and in turn that Committee will report activity to the Board.

RESOLVED: The Board approved the WASPT terms of reference and operating arrangements including its reporting line to People and Culture Committee.

34/23 BOARD AND COMMITTEE REPORTS

The following Committee highlight reports were received noting that updates had been provided earlier in the agenda under minute 27/23.

Quest (March 2023)

People and Culture Committee (March 2023)

Audit Committee (March 2023)

Noted that Audit Wales Annual Audit report will be discussed at a future Board Development day.

Finance and Performance Committee (March 2023)

Remuneration Committee

Charitable Funds Committee

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

35/23 MINUTES OF CORPORATE BOARD OF TRUSTEES

The Minutes of 16 February 2023 were approved.

36/23 MINUTES OF COMMITTEES

The minutes of the following open meetings were received:

1. Quest Committee – 10 November 2022.
2. People and Culture Committee – 29 November 2022
3. Audit Committee – 1 December 2022
4. Finance and Performance Committee – 16 January 2023.

Furthermore the following NHS Wales Joint Committee update reports were received

1. Emergency Ambulance Services Committee (EASC) meeting and EASC Chair Summary of 7 January.
2. SSPC Assurance report 19 January 2023
3. WHSCC Briefings dated, 10 January 2023, 17 January 2023, 13 February 2023 and 14 March 2023.

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

37/23 ANY OTHER BUSINESS

None

EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 30 MARCH 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 t Public Bodies (Admission to Meetings) Act 1960).

RESOLVED: The Board would meet in private on 30 March 2023.

Meeting closed at 12:30

Date of next Open meeting: 25 May 2023

DRAFT

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
133/22	24 November 2022	MIQPR	The Board noted that further information on cultural measures would be provided in due course.	Rachel Marsh	25 May 2023	Update for 26 January and 30 March 2023 The cultural measures are a work in progress, particularly given the current pressures. Update for 25 May 2023 Propose to move this to the July meeting where revised KPI's will be presented	Open

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

CHIEF EXECUTIVE REPORT: 30 MARCH 2023

MEETING	Trust Board
DATE	25 May 2023
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 30th March 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 May 2023.

REPORT APPENDICES

An SBAR is attached.

REPORT CHECKLIST

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

Annex 1

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 30th March 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.
- Holding two individual Exec to Exec meetings with BCUHB and DHCW to discuss key issues of mutual interest for service improvement.
- All 2022/23 PADR meetings for the executive team have been completed and objectives for 2023/24 agreed which dovetail with the IMPT.
- Likewise, the Director of Finance and Corporate Resources and I have held individual formal budget setting meetings with EMT colleagues. Regular budget monitoring reports will be presented to committees and the Trust Board.
- Although there have not any further days of industrial action since the last Trust Board meeting, regular meetings with Trade Union representatives have continued.
- A Leadership Conference for senior managers and leaders was held on 24th May. The aims for the day were; to develop and foster team spirit with a focus on communication, recognise and celebrate the value and the strengths of all team members and colleagues and strategies for engaging, supporting, and motivating teams. Colleagues who attended have provided very positive feedback.
- Attending, on behalf of all WAST staff and volunteers, The Coronation of King Charles III at Westminster Abbey.

FINANCE AND CORPORATE RESOURCES

Finance

4. The outturn revenue position for 2022/23 recorded a small surplus of £62k (subject to audit review and the annual accounts process) so the Trust has again fulfilled its statutory obligation of break even. Likewise, the 2022/23 capital programme resulted in a very small underspend of £14.73.

5. The Finance Team have concluded their work on the draft Financial Accounts which were submitted to Welsh Government on 5th May in accordance with the timetable for 2022/23. The Team will work with Audit Wales to deliver the audit of the draft financial

accounts. The audited accounts are due to be signed by the Auditor General for Wales on 31st July.

6. The Finance Team supported the production of a balanced revenue financial plan for 2023/24 as detailed in the submitted version of the Trust's IMTP. Focus has been on implementing the plan into delegated budgets for the commencement of the 2023/24 financial year and Month 1 financial reporting. The Team continues to play a key part in helping the organisation to work through the significant savings plan and delivery required for the 2023/24 financial year as well as supporting the restructure of the Financial Sustainability Programme (FSP).

7. Work is currently progressing to evaluate 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. This will be a key underpinning element of the continuing progress on our Value Based Healthcare agenda.

8. A key objective of the Finance Team for the 2023/24 financial year is to refresh our finance training offer throughout the organisation. This commenced with a Teams session for Trust Board members, Trade Union partners and Senior Managers held on the 21st April 2023.

Capital & Estates

South East Fleet Workshop (Merthyr)

9. The roof has been overclad and an additional 280mm of insulation added to enhance the thermal performance of the building. Photovoltaic (PV) panels have been installed to provide power for the building. The mechanical and electrical installations are at the second fix stage and the majority of the partitions and ceilings have been installed in readiness for second fix carpentry and decoration. The garage equipment supplier started work on site last month and the overall forecast for handover of the facility from the contractor is 4th August 2023.

Vantage Point House

10. Practical completion was achieved on 6th March 2023 and all areas are occupied and operational. There remains an element of outstanding 'legacy' works which require closure but are being managed.

EMS Interim Solutions Programme (Newport)

11. Commencement had been delayed due to material lead times, however, works have now begun. Works are substantially complete with the creation of new openings to the new garage area and welfare facilities completed. At the time of writing it is expected that NEPTS colleagues will take occupation on 15 May 2023.

EMS Interim Solutions Programme (Rhyl)

12. Works are substantially complete and the area has been handed back to the Trust by the contractor.

Dolgellau

13. A suitable location has been identified and NWSSP have entered negotiations with the landlord along with the project team working to scope the proposed works. A planning pre-application has been submitted to the local authority and associated stake holders with positive comments received for the proposal.

Monmouth

14. Discussions continue to progress with South Wales Fire & Rescue Service and Gwent Police regarding proposals for a joint collaboration solution. The design team have drawn up early proposals and a workshop was held earlier this month to scrutinise the plans before costings can be provided to determine whether the partnership approach is achievable for all parties.

Swansea

15. Land options remain limited with some previously shortlisted options being taken off the market due to other developers purchasing the land. NWSSP continue to conduct searches, with one further site recently identified for review by the project team. A business case for Welsh Government approval continues to be developed.

Decarbonisation

16. A Project Team has been established to deliver the works set out within the Estates Funding Advisory Board bid. Discussions have begun with consultants and the Design Team to develop proposals which will allow a formal procurement exercise.

Fleet

17. The delivery of the Vehicle Replacement Project from 2021/22 was complex given the implications of the pandemic, however, it is almost complete with the majority of the remaining 17 Renault Masters converted into a mixture of double wheel chair accessible vehicles and stretcher bearing vehicles. All of the stretcher bearing vehicles are equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads.

18. The following progress has been made with the 2022/23 vehicle replacement programme:

- Fifty Mercedes Sprinter Emergency Ambulances have been completed on target with the majority in operational use.

- Five Ambulance Care transfer vehicles based on a 3.5 tonne MAN vehicles are soon to be delivered to the local dealership for registration. Rapid evaluation of this new type of vehicle will be undertaken to inform future decision making.

- There has been a further delay in the delivery of 15 Ford Transit Customs ordered in April 2022. Four of the vehicles have been given build dates in May 2023 with the remaining 11 expected in October 2023. The vehicles will be converted into single wheel chair accessible vehicles.

- Eleven of the 22 Renault Masters also ordered at a similar time to the Fords have been built and delivered to the convertor. The conversion of the first 11 has begun and they will all be built to the stretcher bearing vehicle. The remaining 11 will follow shortly and they will be converted into double wheelchair accessible vehicles.

19. The 2023/24 Fleet BJC contained further potential for decarbonisation and electric vehicle initiatives. However, Welsh Government have confirmed that funding would be significantly less than requested. Trust Board will receive a separate update on the required reprioritisation required.

PEOPLE AND CULTURE DIRECTORATE

Recruitment, Workforce Transformation and Planning

20. The 'Big Bang' Recruitment event in conjunction with the College of Paramedics conference was held on 14th April in Swansea. As a result, 98 offers of employment were made to newly qualified paramedics. The new recruits will be used to fill gaps in existing rotas. A workforce planning session will be delivered to the Executive Team to inform decisions about the required future workforce model required to deliver the Trust's long terms strategy.

Sickness Absence

21. The Trust recorded an overall sickness absence rate of 7.95% in February. This was the lowest level of absence since June 2021. However, short term sickness absence rose in March to 8.33% broadly driven by increased COVID infections. Provisional information for April indicated sickness absence had reduced to approximately 8%. A review of the management of short term sickness absence is being undertaken to support managers.

Organisational Development, Inclusion and Engagement

22. The Trust's Voices Network has increased to 39 Advocates from across directorates, who meet on a monthly basis. Currently, there are 2 Advocates who represent the student voice and it is hoped to build on this number given that our student population is our highest risk group in the context of power imbalances and sexual harassment. WAST Voices Network activity includes the start of reverse mentoring (connecting Senior Leaders with lived experience) and the development of a Sexual Safety Charter. In addition, the Trust's 3 month check in with new colleagues now includes a question relating to organisational culture to help identify any areas requiring intervention.

23. A collaborative event, 'Exploring Misogyny within the Ambulance Service' held in partnership with North West Ambulance Service took place on 24th April and was the first of its kind. Requests from Scotland and South East Coast for a similar event will continue to grow our learning and understanding.

24. Wellbeing dog visits are firmly embedded into our employee experience (at no cost), and we are seeing other ambulance services reaching out to replicate this initiative.

25. An engagement plan has been produced for a new Team WAST Football Team established in the Cardiff & Vale area. It is hoped that a new women's basketball team will be formed and similar support will be offered to attracted members.

26. Work around Working Carers continues and a new app and Carers Policy will be launched shortly.

27. The Cost of Living Crisis support offer has been condensed into more accessible content available to all colleagues including our volunteers and students.

Workforce Education & Development

28. The 2022/23 financial year featured a number of new initiatives from the Workforce Education & Development Team including our rebranded annual refresher for EMS colleagues Mandatory In Service Training (MIST). The approach engages a mixture of colleagues in ACA1, ACA2, EMT and Paramedic roles to reinforce the different Scopes of Practice using various 'real life' scenarios the application of Dynamic Risk Assessment approaches. This fresh approach has been received positively with 98.5% of responders stating that the sessions were relevant, engaging, conducive to learning and gave them the opportunity to contribute to their learning experience.

29. We have added Institute of Leadership and Management (ILM) Centre Status to the growing list of Awarding Bodies we can use to provide regulated qualifications. This will enable the Trust to design bespoke Leadership & Management and Coaching & Mentoring programmes alongside the range of Driving, Clinical and Digital Literacy qualifications already on offer.

Occupational Health and Wellbeing

30. The Trust was awarded the enhanced Gold Award for Corporate Health Standard on 17th March 2023 in recognition of the continued employee support work being made available. The Trust has renewed its Employee Assistance Programme with 'Health Assured' ensuring that our people continue to have access to wellbeing support 24/7. In addition to staff our volunteers can to access the service.

Change of Name

31. In line with the launch of our People and Culture Plan, our Directorate name has changed from the Workforce and Organisational Development Directorate, to the 'People and Culture Directorate' to better reflect the focus creating a positive and engaging workplace culture that supports and develops our employees at all stages of their career. The change of name also emphasises the Trust's commitment to creating a workplace where our colleagues feel valued, supported, empowered and are central to what we do.

DIGITAL SERVICES

Control Room Solution

32. In April, supported by the Ambulance Radio Programme (ARP) and suppliers, the Trust deployed new Control Room Solution (CRS) technology, the first major UK ambulance trust to go live with the new solution. This system replaces elements of the

voice communication infrastructure between Clinical Contact Centres and community based operational crews across the emergency and non-emergency services.

33. The implementation is a major milestone in our Operational Communications Programme, with the new solution enabling the Trust to move off 'end of life' systems and adopt the Emergency Services Network (ESN) in future (replacing the Airwave network) and will create more flexibility in our control room infrastructure.

NHS 111 Wales Website

34. A rapid round of user research has been conducted by the Web Development Team in partnership with colleagues from the Patient Experience & Community Involvement (PECI) Team to examine the value of the NHS 111 Wales website. The research considered public perception of the site, its purpose, what value it was thought to bring, and whether it offered a good user experience.

35. The findings were rich and common themes were easily drawn out which highlighted; the need for clearer links to centralised key content (e.g. related to Mental Health), desire for an online chat function, the need for further review of the site structure and content with an accessible, user-centric, perspective and the importance of the NHS Wales brand in relation to trust and reliability of the information shared.

36. Over the past year, the Trust have seen around 4 million unique visits to the site, and significant improvement in the reported satisfaction of users, this research gives us clear direction on how to shape the plans of this patient-facing digital-first service aligned with our strategic ambitions.

Data Warehouse Migration

37. The Data Warehouse Team along with colleagues from the wider Digital Directorate recently successfully completed a migration of WAST's reporting applications to new, more modern and resilient servers. This move saw operational reporting data from across the organisation, as well as internal web applications, migrate to an 'always-on' solution with significant improvements to disaster recovery, business continuity, cyber security and querying power. This is a major milestone and a key foundational step in our data warehouse modernisation plans which supports the Intelligence through Data mission of our Digital Strategy.

OPERATIONS DIRECTORATE

Industrial Action

38. Since mid-December, there has been 11 days of industrial action undertaken by the Royal College of Nursing (RCN), Unite and GMB Union. The combined action on 20 February 2023 was significantly more impactful on the Trust's ability to provide safe services compared to previous dates, in-spite-of the additional limited support provided by the military and the intensive planning process.

Manchester Arena Inquiry (MAI)

39. In June 2021 and November 2022, The Hon. Sir John Saunders, published reports following the Manchester Arena Public Inquiry. The Trust's EPRR team has not had the capacity to receive, review, consider and plan a response to the 149

recommendations contained in volumes 2 and 3 of the report due to the need to plan for industrial action and winter pressures which have followed quickly on from the death of Her Majesty Queen Elizabeth in September 2022 and the subsequent arrangements for King Charles's proclamation ceremony in Cardiff. However, funding for 2 posts on a 12-month basis has been provided to review and plan a response to all MAI recommendations and provide network links with partners across Wales and other UK ambulance Trusts. The recruitment process for the first manager post has been completed and the second support post will follow imminently.

Exercise Mighty Oak

40. At the end of March, the Trust participated in a three-day Tier 1 multi-agency exercise encompassing a four-day power outage scenario. This was the first time that WAST had tested the feasibility of planning for a wide-reaching power outage, and the first time that our strategic command capability was physically located in the Emergency Co-ordination Centre Wales (ECCW) in Cardiff, rather than co location in Local Resilience Forum areas. An exercise debrief will take place in due course.

111 Adastra Update

41. While the business continuity incident has ended for the Health Boards and Adastra systems have resumed, the new "Concentrator" which joined the Adastra system to the Trust has been successfully built and deployed in February 2023. The sterling efforts of our teams ensured the Trust sustained services during what was an extended period of disruption.

COVID 19 Mobile Testing Unit Closure

42. At the end of March, the contracts with Welsh Government and DHSC came to a natural close. These contracts to provide mobile covid-19 testing for both NHS staff and the general population of Wales commenced in August 2020, initially to undertake PCR testing. Since then the Trust has carried out more than 75,000 tests across 72 test sites, including carparks, community centres, prisons, and fun fairs. Our MTUs have been the only testing team that have undertaken assisted lateral flow tests before training staff and handing over to local authorities. In all, 161 staff have worked across our MTUs, of which 42 have now successfully secured roles within the Trust. On 27th March, we celebrated the success of the MTUs with a thank you event and afternoon tea. It was a pleasure for our Assistant Director of Operations, National Operations & Support to receive personal correspondence from the Minister, Eluned Morgan, thanking colleagues for their contribution.

PARTNERSHIPS AND ENGAGEMENT

43. April and May was dominated by a series of Bank Holidays in quick succession, including Easter and the Coronation of King Charles III. We collaborated with ITV Wales on a top-story feature about how NHS 111 Wales was gearing up for additional demand and how the public could prepare in advance.

44. We pledged our support to a number of campaigns, including the Public Health Wales Act F.A.S.T campaign and Bowel Cancer Awareness Month, and marked International Nurses Day by celebrating the Trust's many and various nurses and their diverse roles. Among our top-performing news stories was a piece on high-tech additions to our fleet and a piece on the WAST colleagues supporting the rescue effort

in Turkey. We await full evaluation of the recent NHS 111 Wales national campaign but early indications suggest it out-performed the original KPIs set for it.

45. We represented the Trust at a number of events, including Swansea Pride and a multi-agency aircraft training exercise at Cardiff Airport. Preparation for the Trust's annual Long Service Awards has begun in earnest, with three regional events scheduled for June. We recently received invitations to join both the Cwm Taf Morgannwg and West Glamorgan Regional Partnership Boards, which means WAST is now represented on six of the seven Regional Partnership Boards across Wales.

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

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Duty of Quality and Duty of Candour Implementation

47. The Trust continues to take steps to implement and demonstrate compliance with the new legislation. Submissions to Welsh Government (WG) of the implementation 'Road Map' has been used to assess Duty of Quality (DoQ) and Duty of Candour (DoC) progress against expected outcomes. This work continues to be monitored through the Quality, Patient Experience & Safety (QuESt) Committee as an organisational priority.

Mid and West Wales Safeguarding Board, Awards Ceremony 2023

48. The Safeguarding Team have been nominated for a Regional Safeguarding Board award, under the category of *Significant Wider Community Safeguarding - Practice That Has Had a Positive Impact on the Community in the Safeguarding of Children or Adults.*

49. Members of the Team have been invited to attend a ceremony to take place at Dyfed Powys Police Headquarters on Friday 9th June 2023, where the winners of each category will be announced and the award presented.

Nurses' Day 12 May 2023/Celebrating Nursing in the Welsh Ambulance Services NHS Trust

50. Nurses work in a variety of roles and teams across WAST, and we will be celebrating this event with staff stories including their career as a nurse, role within the service and a particular call/case where they have made a difference to a patient/protocol/education. Liam Williams, Executive Director of Quality and Nursing, took part with the stories published internally and on social media to showcase the breadth and depth of nursing career pathways across the organisation. Liam also represented the Trust alongside other nurses colleagues from the Trust, at a nursing celebration event in Cardiff hosted by St John Ambulance Cymru.

51. In addition, Ellen Edwards (Senior Practice Educator, Clinical Support Desk) has the honour of being chosen to join the Lamp Procession at the Florence Nightingale Foundation Commemoration Service at St Paul's Cathedral on 16 May 2023. Few nurses have the privilege of being included in the procession and Ellen has been chosen after recently completing a Florence Nightingale Foundation Digital Leadership Scholarship.

Maternity and Neonatal

52. The Trust has continued to work with the Maternity and Neonatal Safety Support Programme (SSP), led by Improvement Cymru. There has been excellent progress with the improvement work that is being undertaken to improve the care for mothers, birthing people, their babies and families in the pre-hospital setting. The MatNeo SSP shared learning event was a great success showcasing the Trust's improvement work that has already taken place on prehospital thermoregulation on a national level. Bethan Jones, WASTs lead midwife has also been successful in being selected to present at the UK and Ireland NAVIGATOR 2023 Conference on the work she has undertaken to review the quality of maternity care in the Trust.

Safeguarding Conference

53. Preparations for the Trusts Safeguarding Conference are underway. This year's Conference takes place in June 2023 in Cardiff City Stadium and focuses on trauma informed practice. Guest speakers will share their adverse childhood experiences and how those experiences and their recovery have impacted on their life and choices they have made. Furthermore, we will be joined by Ruth Dodsworth from ITV media who will share her experience of domestic abuse and coercive controlling behaviour. This year's conference is supported by Public Health Wales Aces Hub, Violence Prevention Unit, the Older Persons Commissioner and Live Fear Free Helpline; all partner agencies with whom the organisation works in close collaboration.

Trust's Dementia Programme

54. The Mental Health and Dementia Care Team won the Professional Excellence Award at the 2023 Alzheimer's Society Dementia Hero Awards, highlighting the value the Trust gives towards co-producing its work programme with people affected by dementia.

55. The Trust is exploring opportunities to create optimal ambulance environments, with voices of people affected by dementia and research evidence on dementia design influencing future thinking. Ambulance Care Services are upgrading vehicles with dementia friendly interventions, including improvements to flooring, seating and artwork on picture blinds. We are also looking at ways to introduce art therapy, music therapy and reminiscence therapy into different parts of the service. We are piloting reminiscence therapy tablets to support dementia patients who may find it difficult whilst in our care, or on long waits outside hospital. Early feedback is telling us this intervention is helping to provide distraction and support for people with dementia who may be confused, distressed or in pain.

Small Business Research Initiative - Changing The Way We Deliver Emergency Care

56. Since launching the Welsh Government sponsored Small Business Research Initiative (SBRI), in partnership with Wales SBRI Centre of Excellence, two innovative proposals have progressed to the development phase after blind evaluation by an assessment panel. Both Fujifilm and Luscii will support the Trust's Inverting the Triangle strategy. Proposal one, the Ultra-Portable Diagnostics system by Fujifilm, features products from a range of solutions aimed specifically at lowering ambulance wait times and reducing unnecessary hospital admissions. Crucially, community based domiciliary diagnostics, including in-vitro diagnostic testing, ultrasound imaging, and Fujifilm cloud services, can be retrofitted into the existing WAST infrastructure. Proposal two, a remote clinical monitoring platform by Luscii, will enable a virtual waiting room and Clinical Support Desk/111 safeguarded pathway scheduling and crew release model. Accordingly, the 'Luscii-in-a-box' solution will interface the digital platform with an iPad and pre-configured monitoring devices. Trending health status datasets can then be reviewed remotely and responded to as required. Completion of the development phase is expected by June 2023.

CORPORATE GOVERNANCE

57. The Trust's preparation for its participation in module 3 of the Covid-19 Public Inquiry continues with the gathering of evidence in response to a Rule 9 request from the Inquiry Team. The second preliminary hearing for this module has not as yet been announced but it is expected later in the year with a public hearing anticipated in 2024.

58. The draft of the Trust's annual report, which includes the performance report and the accountability report, has been lodged with the Welsh Government and Audit Wales in line with the prescribed timetable.

59. The cycles of business for all committees have now been updated in line with their revised terms of reference. This will allow certainty of approach both for the committee but also for the leads who are presenting papers. It also provides for a continual review of the committee's effectiveness as the cycle will be monitored at each meeting.

60. The Corporate Governance contributions to the Integrated Medium Term Plan (IMTP) 2023-26 include the risk transformation programme and the Welsh Language Framework.

61. The Risk Management Framework includes the policy, procedure, guidance and platform, as well as the transition to a more strategic Board Assurance Framework (BAF) as key elements of the programme. Guidance on interpreting the component parts of the BAF was developed in April to aid the Board in its oversight and scrutiny role whilst the framework is maturing.

62. The Welsh Language Framework supports the vision to provide services that will satisfy the needs of Welsh speakers by ensuring they are able to receive services in their own language. The framework will provide strengthened structure, rigour, governance, and consistency for the development of the Welsh language throughout the Trust that encompasses compliance with the statutory requirements of the Welsh Language Standards and delivery of the actions within the Mwy Na Geiriau/More than Just Words 2022-27 Action Plan. The centralisation of the Trust's translation services is a key component and a translator post is currently out to advert.

63. A Board Development session was held in April which focused on:

- The strategic direction of the WAST Charity. This session gave the Board the opportunity to discuss the options for maturing the Charity and providing clarity on its purpose. The Charity Committee will build on this work and also make recommendations on resourcing of the Charity, with a further session with the Trustees later in the year.
- Audit Wales facilitated a discussion with the Board on scrutiny and challenge following their Structured Assessment 2022. The session also reflected on the key points for the Board to be aware of with regard to Board effectiveness following the issues that arose for the Board at the Betsi Cadwaladr University Health Board.
- The Trust's long term ambition to 'invert the triangles', future sessions the Board would like to see along that journey, and the best use of Non-Executive Director time in so doing.
- There was a showcase of the more recent additions to the fleet for the non-emergency patient transport vehicles. This was an opportunity for Board members to meet some of the Ambulance Care team and understand more about their work and the range of vehicles.
- The Chair of the Trust's Audit Committee Chairs the All Wales Audit Committee Chairs meeting and a meeting took place in April which received updates and best practice presentations from Audit Wales and NWSSP Internal Audit. Future work of the group will include an understanding of counter fraud themes, trends and common risks across the NHS in Wales, as well as comparisons of methodology and themes with respect to Welsh Language Standards compliance.

CLINICAL DIRECTORATE

Joint Clinical and Quality Directorate Away Days

64. Members of the Quality, Safety and Patient Experience team and Clinical Directorate came together on the 27th and 28th March for a joint workshop to share objectives, current and future challenges, and areas for further collaboration. The teams received presentations around Quality Impact Assessments, the Duty of Candour, our future clinical strategies and how data will inform practice (amongst others). This highly successful event also allowed the two teams to build better working relationships and secure a deeper understanding of how the directorates can work together effectively.

Clinical Matters Newsletter

65. The Clinical Directorate shared the Winter publication of the quarterly newsletter 'Clinical Matters' which is hosted on Microsoft Sway and shared Trust wide. This edition included updates surrounding structural changes to the directorate and new appointments, clinical indicators, ePCR and Medicines Management. Two case studies focused upon the Mental Capacity Act and APPs.

End of Season Flu Campaign 2022/23

66. This Season's Influenza Campaign 2022/23 resulted in a final uptake of 44.5% of staff which was a 6% increase on the previous year. There were a number of influential factors which impacted the campaign this year, including but are not limited to; operational pressures, industrial action and reporting mechanisms. A subsequent

campaign evaluation identified a set of recommendations based upon lessons learnt and areas of improvement noted from the programme. Further objectives for next year's campaign include the streamlining of current processes, improving engagement with the workforce and inclusion of a flu vaccination incentive.

Student Paramedic 'Big Bang' Event

67. The College of Paramedics held their annual student conference on 14 April at the Swansea Stadium. Given that this was the first time in recent years that the College had held this event in Wales, it was a good opportunity to tie in this event with the Trust's Big Bang recruitment, as many of the students who would apply would already be in attendance at the conference. The day was a huge success with more interviews than positions available taking place. There were demonstrations from Senior Paramedics and CHARU, HART and the Training Team, with very positive feedback received about the event.

Maternity Developments

68. Members of the Clinical Directorate in collaboration with Bethan Jones, the Trust's recently appointed lead midwife, have been busy developing many initiatives to improve the maternity services provided by WAST. Building on some already great work, many of these developments are based around implementing clear and effective guidance processes to support staff and the care provided to mother, baby and their families. These include:

- Development of a Pre-Term guidance document to support staff in the management of conveyance of pre-term babies.
- Reviewing and updating the existing maternity action cards and the creation of new action cards.
- Generation of a thermoregulation guidance to support staff in the management of new-born thermoregulation.

69. Not only are an extensive range of guidance documents being collated, but the Trust has successfully secured the purchase of Axilla Thermometers for operational vehicles and the Vygone Neohelp Thermos heat loss suits for those babies who are sick or premature. 'PeriPrem Cymru', a national programme supported by Welsh Government have agreed to collaborate with the Trust for the launch of this new equipment.

College of Paramedics Vice President Appointment

70. I am delighted to announce that Kerry Robertshaw, the Trust's Professional Development Lead, has been appointed as the College of Paramedics Honorary Secretary (Vice President). This is a great step towards building relationships and strengthening professional development within paramedicine and I congratulate Kerry on this fantastic appointment.

STRATEGY, PLANNING AND PERFORMANCE

Commissioning and Performance

71. The 111 service will soon be a commissioned service, so the team is working through the new commissioning arrangements, in particular, the commissioning

framework, the current spend and recover model (including the workforce control totals), commissioning intentions and quality and performance reporting. Forecasting and modelling has seen a lot of activity in the last quarter, for examples, Red improvement modelling, modelling for a coroner's inquest and the initiation of the 2023 collaborative & independent EMS Demand and Capacity Review. The amount of routine reporting continues to increase internally as well as to EASC and Welsh Government. Work continues to overhaul the metrics reported to committees and Trust Board and is also focused on delivery of the Quality and Performance Management Framework (linked to the Duty of Quality).

Planning and Transformation

72. It has been a busy period of planning as WAST finalised its IMTP for Board approval on 30th March 2023 and submitted it to Welsh Government on 31st March 2023. The next steps, ahead of the Welsh Government decision on whether the plan can be approved, is to develop summary versions for our people and the public, including posters and in an accessible format. In the meantime, the Head of Transformation is developing the reporting for quarter 1 as we progress the deliverables within the IMTP, some of which may have rolled over from a difficult quarter 4. The Head of Transformation is also working to establish a new reporting system which is hoped will reduce the burden of programme and project governance across the Trust. To this end we will continue to develop our priorities and align the resources of the Transformation Support Office to key programmes of work. Significant time is being spent supporting the further development of the Financial Sustainability workstreams, to ensure that there is a sustainable plan to meet the challenging financial outlook ahead.

73. The Head of Strategy Development has been working hard with PWC and Trust senior managers to develop a compelling case for change document that can form the basis of our engagement on Inverting the Triangles. We have also been able to advertise two new strategy posts to further drive forward this exciting agenda.

74. The Planning Team has been working with Health Boards to develop Integrated Commissioning Action Plans (ICAPs). These are part of the new EMS commissioning framework in place within EASC and offer the opportunity to develop collaborative solutions to some of the system pressures, and to potentially test and embed some of our Inverting the Triangle ambitions. To this end, WAST will be developing a menu of alternatives to conveyance options, that are in place in parts of Wales and could benefit other health boards or that we hypothesise would add value to health boards for further discussion, commissioning and implementation through ICAP meetings.

75. The Planning Team also continues to monitor health board strategic service changes, with some emerging work in Cwm Taf Morgannwg to move services between their three hospitals which will require a potential role for ambulance care services in transporting patients to and between sites. Alongside this we continue to develop our strategic ambition for a Transfer and Discharge service model across Wales and await the outcome of ORH modelling to inform this work.

RECOMMENDATION

76. That Trust Board note the contents of the report.

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

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

MEETING	Trust Board
DATE	25th May 2023
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

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

> *"Sustained and extreme pressure across the Welsh NHS urgent and emergency care system has negatively impacted patient flow through all hospital sites. This pressure has led to a substantial growth in emergency ambulance handover lost hours.*
>
> *The workplace experience for our people has been under considerable stress leading to pressure on overall attendance rates which has reduced the number of hours we are able to produce.*
>
> *These and a range of other factors have meant that response times have deteriorated significantly. Delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed have led to a growing number of cases of avoidable harm or death to patients."*

2. The report identified 32 actions, 26 for the Trust and six system stakeholder actions. This is the sixth iteration of the report and identifies progress against these actions.

3. Whilst good progress has been made on the actions that the Trust can control, the extreme system pressure continues. In April 2023, over 23,000 hours were lost to hospital handover equivalent to 25% of the Trust's conveying capacity. This is a reduction from the 37% in December 2022, but is still extreme. The monthly sickness absence figure for February 2023 was 7.99%, meeting the Integrated Medium Term Plan (IMTP) interim target of 8%, however, the sickness absence for March 2023 was 8.43% (initial figure).

4. 10 actions are rated blue (complete), 11 actions have been rated Green (on

target), five are Amber (off target), five are Red (substantially off target) and one Grey (stopped). Of the five Red actions three are actions for the wider system (minutes per handover reduction, four hour back stop and Same Day Emergency Care), one is a Trust action with a dependency on health boards (immediate release protocol and subsequent compliance) and one is a Trust action (end of shift/post production lost hours (PPLH)) with this action also connected to handover lost hours.

5. The likelihood is that the levels of avoidable harm will continue. The Trust estimates that for the 3 month period February 2023 to April 2023;

    - 1,600 patients could have come to severe harm as a result of being held on an ambulance for longer than an hour outside an ED;
    - 25,000 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 44 serious cases of avoidable harm, including death, referred to health boards under the Joint Investigation Framework.

6. All of the hard won efficiencies and investment (re-rostering, increased consult & close, additional front line ambulance staff) by the Trust are being offset by the levels of extreme handover.

7. Cardiff & Vale Health Board is noticeable for its handover hours improvement trend.

RECOMMENDATIONS

Trust Board is asked to:

- **NOTE** the report and the progress the Trust is making on “WAST Actions”.
- **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
25 May 2023	**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 a progress update on actions to mitigate this patient harm that the Trust has put in place.

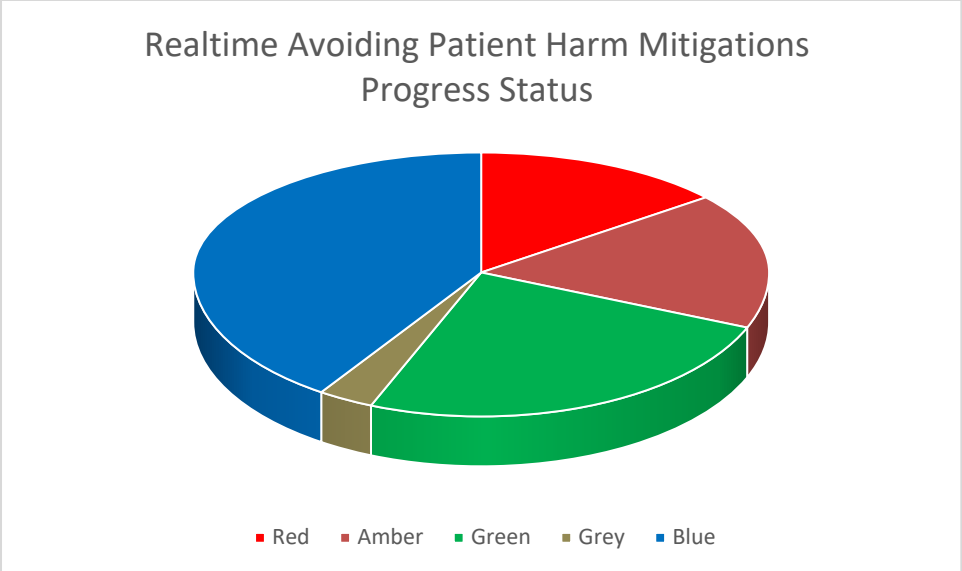
BACKGROUND

2. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm. This report provides an update to the end of April 2023.

3. There were 32 actions set out in the plan, 26 of which are for the Trust and six for system stakeholders.

ASSESSMENT

4. This RAG status of the 32 actions is as follows:-



5. Appendix 1 contains the action plan with a narrative update on each action. Of the 32 actions:-

   - 5 are red (significantly off target);
   - 5 are amber (off target);
   - 8 are green (on target);
   - 1 is grey (stopped); and
   - 13 are blue (complete).

6. The number of actions has increased from 26 to 32 to reflect the additional actions currently being undertaken on red improvement.

7. The red (significantly off target) actions are:-

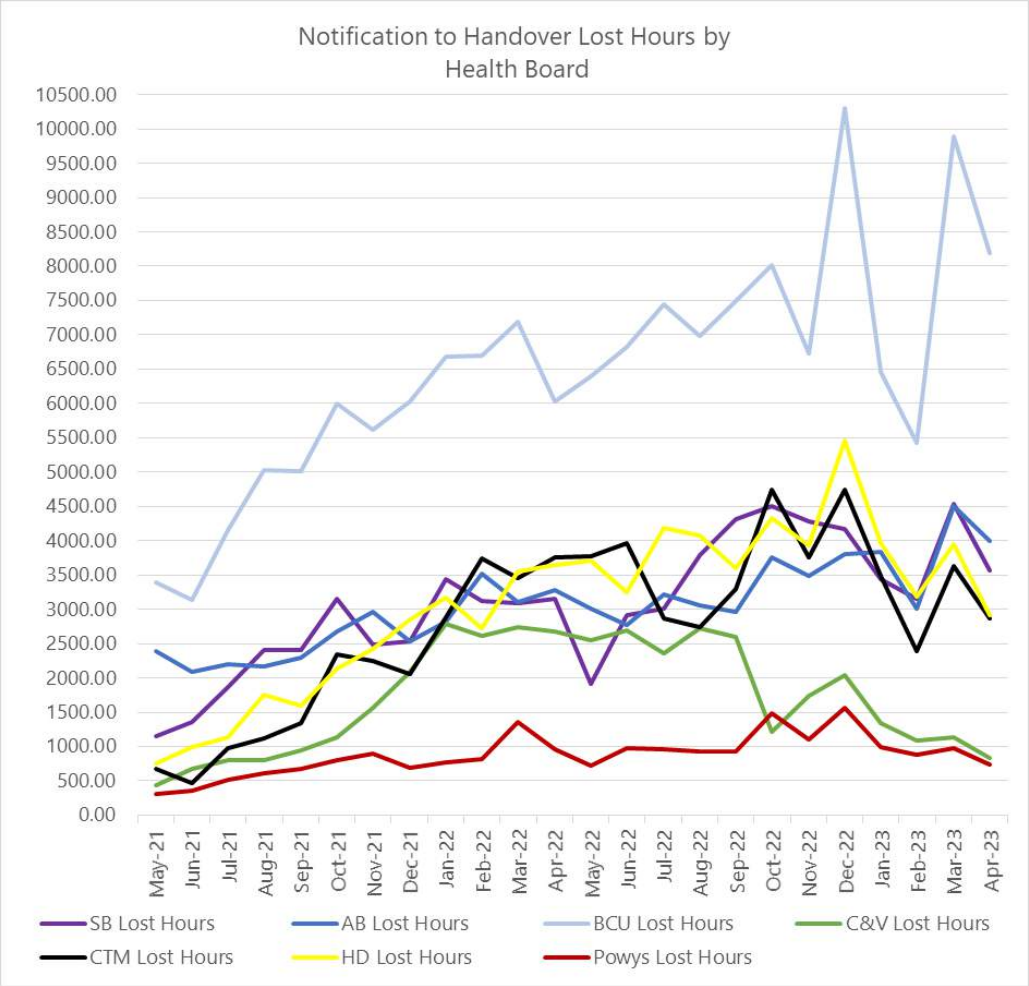
   - **Immediate Release (action 1)**: whilst the approach and reporting has been

agreed and is in place, practice on the ground is at variance. There were 511 requests made to Health Boards for immediate release of Red or Amber 1 calls in April 2023, significantly less than the 1,234 requested in December 2022. In the Red category 132 were accepted and released, nine were not. In the Amber 1 category, 116 were released, but 254 were not.

- **End of shift/Post Production Lost Hours (PPLH) (action 21)**: There were over 10,000 shift overruns of over an hour over the last 12 months, 3,700 were over 2 hours, 500 over 3 hours and 227 over 4 hours. The Trust has committed in its IMTP to work to substantially reduce overruns and discussions have been ongoing with TU partners on how this be achieved. The PPLH trend continues to be stable at just over 9,000 hours per month, but good progress has been made by the Operations Directorate at reducing lost hours in relation to some of the reasons, for example soiled uniforms.

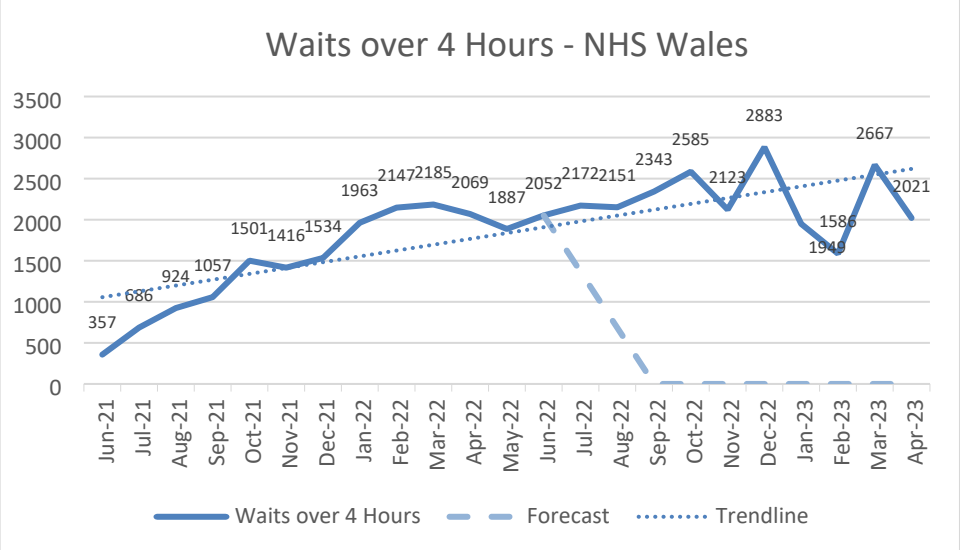
- **Reduction in emergency department handover lost hours:** for April 2023 the average number of minutes to handover per conveyance was 89 minutes. Whilst handover levels were lower in April 2023, when compared to December 2022, they were still extreme at over 23,000 hours and lead to high levels of patient harm.

  Cardiff & Vale is demonstrating a sustained improvement in handover lost hours, when compared to other health boards.

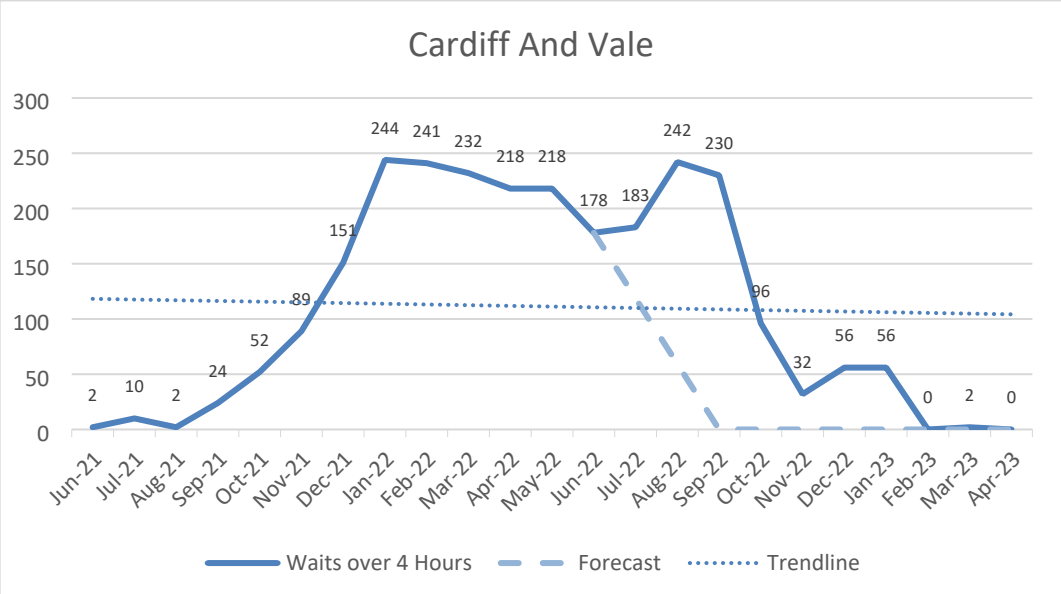


- **Eradication of handover waits of > 4 hours**: there were just over 2,000

over 4 hour patient handovers in April 2023. The target has moved here from previously set to last September, to now be zero by the end of 2023/24.

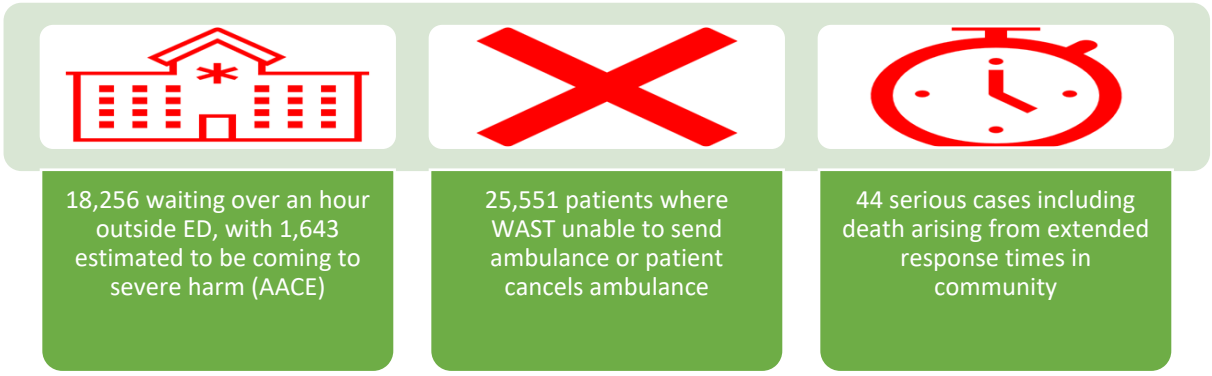


Again, Cardiff & Vale has demonstrated material improvement and is an outlier when compared to other health boards.

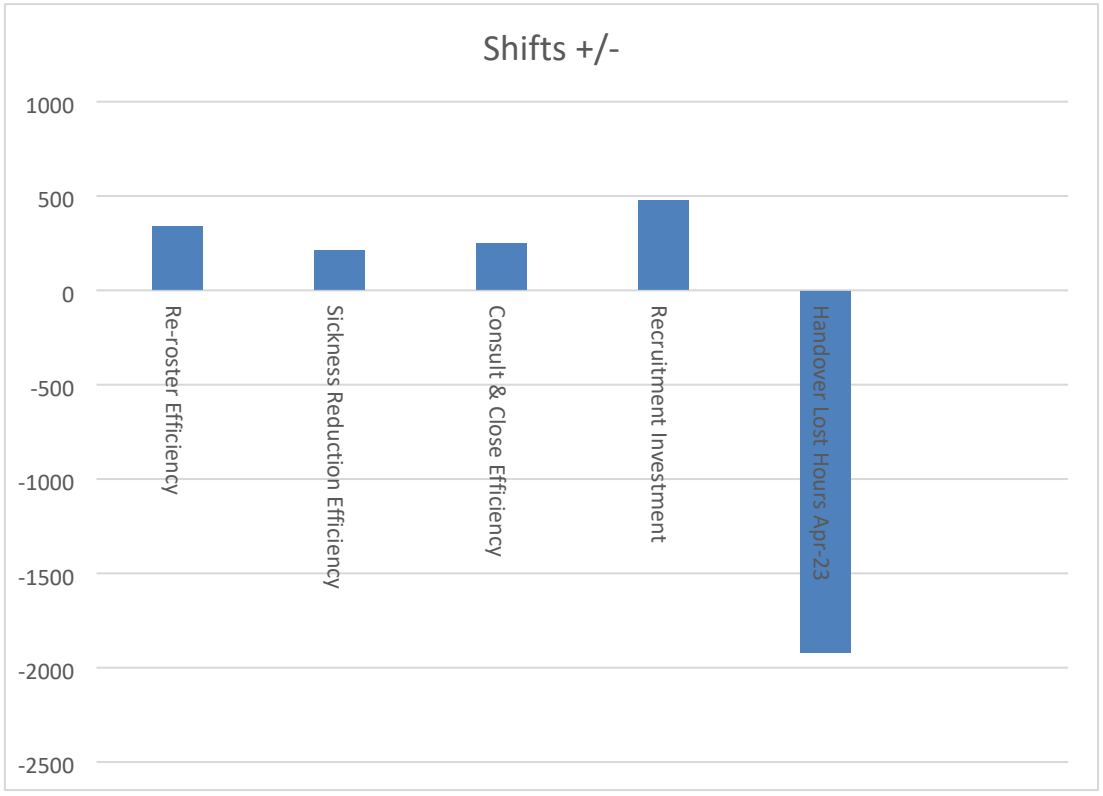


- **Implementation of Same Day Emergency Care (SDEC) services in each Health Board**: modelling by the Trust has estimated that 4% of patient demand could flow into SDECs and have a five percentage point impact on Red performance. Currently (March 2023) less than 0.14% of demand is flowing in. The modelling has been made available to Welsh Government.

8. The Trust has started providing Welsh Government's Joint Executive Team (JET) with estimates of patient harm for the period. The is the visual updated with data for the last three months to the end of April 2023.



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



9. The Trust will have put equivalent of 1,282 EA/UCS 12 hour shifts back into the system this winter: re-roster (343), sickness reduction (214), consult & close (249) and +100 FTE recruitment (476), but the Trust lost 1,924 EA/UCS 12 hour shifts to hospital handover in April 2023, which offsets all of the investment and efficiencies.

10. The Trust lost 25% of its conveying capacity to hospital handover hours in April 2023. The health boards have all been required to develop handover reduction action plans, which are monitored at their Integrated Quality and Delivery meetings by Welsh Government. This is also discussed at the Integrated Commissioning Action Plan meetings, are held monthly between the CASC, WAST and each health board to continue to discuss progress and remedial actions in this regard. The Trust has flagged the very low levels of patient demand, from the Trust's ambulances, flowing into the Same Day Emergency Care (SDEC) units, with a Trust modelled estimate that 4% of its

patient demand could flow into SDECs, but with current actuals being less than 0.14%.

11. The re-rostering project completed its implementation stage in November 2022. The Consult & Close rate averaged 14.5% for quarter four, effectively achieving the 15% Integrated Medium Term Plan ambition. The +100 front line ambulance staff achieved a year end position of +85 with an overall vacancy factor of 1%, which is excellent; the action is considered complete, and recent correspondence from Welsh Government has confirmed that funding will be available to continue these posts into this year, albeit again on a non-recurrent basis. The Trust has a coherent and comprehensive work programme for management attendance, a 2022-23 IMTP trajectory ambition of 8%, which was achieved in February 2023 (7.99%), with an initial figure suggesting a slight increase in April 2023 (8.43%). All of these indicate that the Trust delivers on its ambitions.

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. As an early marker of winter 2023/24 April 2023's handover lost hours were approximately the same as April 2022's. 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. This issue continues to be discussed at the highest levels with the CASC, Health Board CEOs, the Director General and the Minister in a number of regular fora. Director peer groups are also regularly updated. The expectation from the Minister through the six goals programme priorities, is for no 4 hour delays to be seen by the end of 2023/24 and the EASC IMTP sets an expectation of a reduction in total hours lost to 12,000 by the end of Q3.

RECOMMENDATIONS

Trust Board is asked to: -

- **NOTE** the report.
- **CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm.

REPORT APPROVAL ROUTE	
Date	**Meeting**
11 May-23	**CEO & Executive Director of Strategy, Planning & Performance & Executive Director of Operations**
25 May-23	**Trust Board**

REPORT APPENDICES
Appendix 1 – Patient Harm Mitigation Action Plan

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

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
WAST ACTIONS				
1.	With respect to Red and Amber 1 immediate release directions: 1. Devise escalation protocol in the event of rejection 2. Share weekly highlight data with Judith Paget and CEOs showing those directions made, accepted and rejected	Lee Brooks Rachel Marsh	• NHS Wales CEOs and Chairs committed to Red and A1 rejection now being never event. • Escalation protocol implemented and weekly report now being provided to WG and CEOs. • There were 511 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in April 2023, significantly less than the 1,234 requested in December 2022. In the Red category 132 were accepted and released, nine were not. In the Amber 1 category, 116 were released, but 254 were not. • The Red position is relatively positive, but Amber 1 remains a concern.	31 July
2.	Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation i.e. +100 FTEs.	Angie Lewis	• Strong focus from Executives with detailed updates to EMT every two weeks. • Year-end position is +85 FTEs, with a vacancy factor of just 1%, rather than the often used 5%, which would produce a figure of -88 FTEs rather than the estimated -15 FTEs. • Further non recurrent funding has been secured for 23/24	End of Q3 and into Q4 Complete
3.	Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Andy Swinburn	• Bid not successful. • However Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start. • RAG status reframed around the new timelines / programme. • 22 trainee APPs expected to complete training in Jun-23.	Q4 2023/24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			• EMT has agreed to offer places to these 22 trainee APPs funded from a reduction in technician posts 1/2s i.e. internal movement. • The Trust has recently submitted a bid to increase AHPs in Primary and Community Care (WG fund) for more APPs.	
4.	Improve internal efficiency – roster review, providing performance gain equivalent of 72 WTE	Rachel Marsh	• The roster review has concluded with all the roster lines that are funded live. • The evaluation report is delayed due to internal capacity, however, all the modelling (ORH and Optima) indicated improved performance from this project.	Q3 Complete
5.	Improve internal efficiency – improve attendance in line with agreed trajectory	Lee Brooks Catherine Goodwin	• Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP • Comprehensive action plan established • Sickness is on a downward trend with the Trust achieving its interim (31 March 2023) IMTP target in February 2023, 7.99%. March 2023's indicative absence for the Trust is an increase to 8.43%. • The Trust will continue its focus through the Managing Attendance Programme into 2023/24, with a wider focus on abstractions as well.	8% by 31 March 2023
6.	Improve internal efficiency – post production lost hours (PPLH) (6792 hours unavailable for all reasons in June 2022) 1. End of shift/rest break arrangements 2. Other business/operational reasons	Lee Brooks	• There were 10,049 shift overruns of > 1 hour over the last 12 months, 3,714 were > 2 hours, 506 > 3 hours and 227 > 4 hours, in the last 12 months to end April 2023. • Discussions with TUs on a range of matters continue as a result of IA and overruns are included in those discussions. • In relation to PPLH, the operations team have been working to reduce time lost for some key reasons (excluding return to base for mealbreak, but including soiled uniforms for example) and have seen improvements.	End of Q2

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
7.	Maximise the opportunity from Consult & Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	• The Trust has achieved an average of 14.5% for quarter four, therefore achieved. • The IMTP 2023/24 ambition to move this up to 17% within existing resource constraints i.e. by delivering more efficiencies, by quarter four 2023/24.	Dec-22 Delivered.
8.	Senior system influencing	Jason Killens Martin Woodford	• CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for a.. • Continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm.	Ongoing
9.	24/7 operational oversight by ODU with dynamic CSP review and system escalation as required	Lee Brooks	• Specific actions complete - BAU	BAU Complete
10.	Weekly REAP review by senior Operations Directorate team with assessment of action compliance	Lee Brooks	• Ongoing BAU action that works well	On going
11.	Recruitment and deployment of new CFRs	Lee Brooks	• Target for +100 CFR volunteers by 31 March 2023. • Year-end figure +76 CFRs. Target exceeded in April 2023.	Q4 Complete
12.	Sharing of potential case of serious avoidable harm/death with HBs for investigation when response delay associated with ED congestion is the primary cause	Wendy Herbert	• Twice weekly SCIF to identify potential cases • New joint investigation framework in place.	Complete BAU
13.	Evidence submission to Senedd Health and Social Care Committee	Jason Killens	• Report published in June 2022 • Our evidence appears in the report from paragraph 57 through to 65.	Q2 - Complete

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
14.	National 111 awareness campaign	Estelle Hitchon	• The national awareness campaign was undertaken as planned and ended in March 2023. An evaluation will be provided to the 111 Board.	Complete
15.	Emergency Department cohorting	Lee Brooks	• Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Morriston and GUH	Stopped.
16.	Third party additional capacity	Lee Brooks	• Contracted third party UCS equivalent capacity deployed where available and funded by commissioners • Four vehicles a day 7 days a week secured for winter period	Q3 and Q4 21/22 Live Complete
17.	Transition Plan	Jason Killens	• Action complete, but the Trust will continue to undertake strategic and technical workforce planning in support of the Trust's ambition e.g. inverting the triangle etc.	Complete Funding for +100 not recurrent at this time.
18.	Overnight falls service extension	Wendy Herbert	• Night Car Scheme extension agreed to 31 March 2023 (2 regional resources) • Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through Jan-Mar 2023. Good progress has been made on this. • Falls level 1 and 2 impact evaluation report completed - presenting to Clinical Quality Governance Group (CQGG) 18 Jan-23.	30 June

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
19.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Jason Killens	• 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	Q1 23/24
20.	Consideration of additional WAST schemes to support overall risk mitigation through winter	Lee Brooks	• Winter ended. Focus now on forecasting and modelling for the summer, but Trust not aiming to produce specific Summer Plan (the Trust did during the pandemic linked to travel restrictions). • The Trust needs to determine whether there is value in producing a specific winter plan, particularly, within the context of the financial constraints NHS Wales is not operating in.	Q3 Complete. Summer modelling. No Summer Plan.
21.	Full roll out of CHARU	Andy Swinburn	• Currently the Trust has recruited 111 CHARU FTEs, leaving a gap of 30.5 FTEs, which are in the more difficult to recruit areas of Wales. The Trust is currently considering options for closing this gap. • It should be noted that no new monies are forthcoming and that to achieve the full roll out of CHARUs means that emergency ambulance rosters will need to have a reduction of 89.5 FTEs. • Detailed workforce planning and unit hours production estimates have been presented to EMT.	May-23
22.	Virtual Ward now Connected Support Cymru	Liam Williams	• Commencing Test of Change deployments with SJAC – two vehicles at present have been utilised, 2 to follow.	Apr-23 subject to funding

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			• Arrangements – CSD selecting cases for SJAC to respond and take patient observation. To date, the small number of cases have negated any EA attendance to the scene. • Funding – CASC have awarded SJAC a direct commission for circa 20 weeks provision. • Small Business Research Initiative – has 'kicked off' phase one, with a virtual warding technology platform in development for the pre-hospital/community used (within WAST).	
23.	Red screening		• Red review for protocol six breathing difficulties, currently undertaken when CSD UHP is over 100%. • The ability to sustain the Red review may work against increasing the consult & close rate. • The Trust has written to the CASC with regard to workforce additionality in 2023/24 which could include a further expanded CSD to support the screening of calls. • Related actions on automation, review and training. • Screening being undertaken within existing resource, with exception of when at high levels of the Clinical Safety Plan and/or when a lot of welfare screening being done. • The Trust needs to formally model the balance between screening and Paramedics in the Clinical Support Desk being focused on consult & close.	Live
24.	Response Logic		• There is an option to reduce the number of EMS resources initially allocated / sent to incidents within the computer aided dispatch (CAD) auto-dispatch (AD) configuration • A date for operationalisation will be agreed in the next 2 weeks.	ASAP

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
25.	Red modelling		• Modelling estimates that a seven percentage point gain could be achieved for Red performance, based on full roll of CHARU, Red screening and handover reduction to 15,000 hours.	Complete
26.	Further 2023/24 workforce additionality	Rachel Marsh	• Detailed workforce planning has been undertaken for 2023/24 and what further front line workforce additionality the Trust could develop, if funding is made available. • The Executive Director of Strategy, Planning & Performance has written to the CASC with the results of this work. • No further funding available at this time.	Complete Information Supplied
SYSTEM STAKEHOLDER ACTIONS				
27.	NHS Wales reduces emergency department handover lost hours by 25% Note: the target is -25% minute per arrival from the October 2021 baseline. The National Collaborative Commissioning Unit have calculated this target as 42 minutes per arrival.	LHB CEOs	• Commitment made at EASC in October 2021. • March and April have seen some improvement, 28,620 and 23,082 respectively, but these levels are still extreme. • The April level is just below April 2022's handover lost hours.	Sep-22
28.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	LHB CEOs	• There were 2021 +4 hour patient handovers in April 2023; • Expectation that these will be eradicated by end of 2023/24.	Sep-22
29.	Alternative capacity equivalent to 1,000 beds	HB CEOs	• Some additional capacity was delivered, but the Trust is not aware of the final details.	Q3

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
30.	Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	• Challenges placed in the system from health boards in a number of areas. Limited progress has been made	Further progress dependent on NCCU and health boards.
31.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	• The Trust has provided Welsh Government with information which indicates that SDEC referrals account for less than 1% of the Trust's verified EMS demand. • The modelling indicates 4% of the Trust's verified EMS demand, using the acceptance criteria and opening times used in the modelling, could go into SDECs. • The Trust reported to Welsh Government at its April 2023 Integrated Quality, Performance & Delivery meeting that in March 2023 0.14% of the Trust's demand went to SDECs. • This remains a priority for the six goals programme	Q4 22/23
32.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	• Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales • WAST is represented on the Clinical Reference Group by Andy Swinburn • The Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board. • As part of its 2023-26 IMTP submission the Trust provided a detailed analysis of its contribution to the six goals programme.	Ongoing

AGENDA ITEM No	**10**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**5**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	25th May 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk, Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's 17 principal risks as set out in Annex 1.

2. Each of these risks have been reviewed in full, including controls, assurances, gaps and mitigating actions as of 4th May 2023.

3. The Board Assurance Framework (BAF), included in Annex 4, focusses on the principal risks that are mapped to the Integrated Medium Term Plan deliverables and which might compromise the achievement of the Trust's strategic objectives. Until such time as the Trust transitions to a more mature and strategic BAF during 2023/24 as part of the risk transformational programme, these principal risks are the drawn directly from the corporate risk register.

4. 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 frameworks in Annexes 2 and 3.

5. Additionally, the gaps in controls and assurance are set out on the BAF, as are mitigating actions planned to address such gaps. This detail provides Members with an insight into the planned activity, as much as can be anticipated from time to time, to reduce the risk to a level of tolerance set by the target score. This format will continue to evolve as part of the risk transformation programme; however, a simple guidance note (Annex 5) has been developed to assist Board and Committee members to interpret the BAF, address some of the issues raised in the Structured Assessment and provide proportionate challenge on actions to mitigate the risks and their intended impact.

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

7. This executive summary demonstrates that focus is maintained on management and mitigation of the Trust's Principal Risks and particularly those high rated risks with scores of 25 and 20. It draws together those broader discussions and signposts the Board accordingly. In addition, the Risk Owners will have an opportunity to add to this narrative during the meeting and Committee Chairs will also provide further assurance or escalations 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) are both rated 25:

    8.1. The Quality, Patient Experience and Safety Committee (QUEST) reviews both risks at its meetings. The May meeting reviewed the patient safety report for Q4 and related metrics related to patient safety and avoidable harm in the MIQPR. The Committee AAA report for this Board meeting draws out the discussion held at that meeting on the number of concerns raised, immediate release direction refusals (both Red and Amber 1), and incidents linked to timeliness of response, demonstrating more pace is required to address the issue at a system and strategic level.

    8.2. Whilst the Trust will continue to influence change to the protracted handover delays leading to avoidable harm, the actions of our partners and stakeholder have been removed from the 'actions' section of these two risks on the BAF. They are included instead in a narrative box that explains the rationale for these two risks remaining at a score of 25. This includes those actions set out in the Board paper which provides progress on actions to mitigate avoidable harm at agenda item 9.

    8.3. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions and progress is discussed.

    8.4. The actions within the gift of the Trust remain in the BAF and the Board will continue to challenge itself that all possible mitigations are in place and planned. EMT and QUEST felt it was appropriate to leave the score at 25 and agreed that the narrative box provided appropriate context and rationale for that.

8.5. Additionally, both of these risks are presented to the Finance & Performance Committee and People & Culture Committee for wider discussion and perspectives.

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 People and Culture Committee in May 2023 focused on the People and Culture Plan and received a presentation on improving attendance and the sickness absence data. The Committee's AAA report sets out further details.
9.2. The People and Culture Committee noted that a further review of the score will take place in the next round of governance, but that it was premature to reduce the score at this stage.
9.3. The MIQPR which sets out further analysis and remedial plans for sickness absence improvement was also discussed at the Committee.
9.4. The Executive Management Team review the sickness absence management programme on a regular basis.

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

10.1. The Board approved the engagement framework at its meeting on 28 July 2022 and the delivery plan on 23 January 2023.
10.2. This risk was discussed at the People and Culture Committee in May 2023, focussing on the score and mitigating actions in place. It was noted that work being undertaken by PwC on inverting the triangles has somewhat caused a pause on the delivery plan.
10.3. The MIQPR and sets out the engagement work underway by the patient experience and community involvement teams.
10.4. The current risk score is expected to remain at 20. Consideration is being given to providing a context box similar to risks 223 and 224 given that many of the mitigations are outside the Trust's control.
10.5. To protect and enhance the Trust's reputation, the Partnerships and Engagement Directorate will continue to ensure its stakeholder engagement activity and media activity is robust. Work closely continues with PWC to further inform the detail of future engagement.
10.6. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.
10.7. The outcome of the recent reputation audit was reported through to the EMT in April 2023 and onward to the People and Culture Committee in May 2023 and will be the subject of Board development in Q2.

RECOMMENDATION:

11. Members are asked to consider and discuss the contents of the report and:
(a) Note the review of each principal risk including mitigating actions.

(b) Note the inclusion of the Civil Contingencies Risk on the Corporate Risk Register at a score of 15.
(c) Note the correction to the report presented at January 2023 meeting.
(d) Receive the Guidance on Interpreting the Board Assurance Framework.
(e) Note the development of a suite of new risks.
(f) Note the update on the Risk Management Transformation Programme

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

REPORT APPROVAL ROUTE
Each of the Principal Risks are due to be considered by the following Committees, as relevant to their remit, during the forthcoming reporting period: Executive Management Team (3 May 2023) People & Culture Committee (9 May 2023) Quality, Safety & Patient Experience (11 May 2023) Finance & Performance Committee (15 May 2023)

REPORT ANNEXES
SBAR report. Annex 1 - Summary table describing the Trust's Principal Risks. Annex 2 – Scoring Matrix Annex 3 – Frequency of Risk review Annex 4 - Board Assurance Framework Annex 5 – Guidance on Interpreting the Board Assurance Framework

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

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

2. A summary of the Trust's 17 principal risks on the corporate risk register as at 30 April 2023 is detailed in Annex 1; each of these risks have been fully and formally reviewed.

BACKGROUND

3. As a result of discussion at the Board meeting on 28 July 2022 regarding its engagement on the higher rated risks scoring 20 and 25, the executive summary of the Board risk management report was adjusted to provide more focus on these risks.

4. That report highlighted the focus that is maintained on management of the higher rated risks, not only as a result of risk discussions in various forums including Assistant Directors Leadership Team (ADLT) and Executive Management Team (EMT) and the Committees, but as a result of broader attention to planned mitigations. The report draws together those broader discussions and signposts the Board accordingly.

5. At the Board meeting on 26 January 2023 the Chair of the Audit Committee sought further clarity on the roles and responsibilities for risk management within the existing framework, in particular the role of the Executives, the Committees and the Board with respect to the higher rated risks.

6. The Audit Committee then received a report on 2nd March 2023 which provided assurances 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, in addition to detail of the risk transformation programme for the IMTP 2023-26.

ASSESSMENT

7. The summary of the 17 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 2.

8. The EMT has approved the Principal Risk activity described in this paper and considered the full review of each risk undertaken throughout April 2023 by the ADLT.

Correction to Paper in January 2023

9. The Board are asked to note a correction from the report presented in January 2023 which identified Risk 245 as being closed when in fact it was Risk 244 that had been recommended for closure. The detail of the risk was correct; however, the wrong ID had been attributed to the risk that was being closed.

Principal Risks

10. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting patient flow leading to avoidable patient harm and death.

11. This means that the Trust's highest rated risks, ID 223 and ID 224, 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.

12. Members are asked to note that the mitigating actions undertaken by the Trust, and which continue to seek to mitigate in real time, avoidable harm, were contained in the July 2022 Board paper on avoidable harm and which are outlined at each Board meeting. This is in addition to actions being undertaken by Welsh Government and system partners in relation to these two risks which are outlined in the risk commentary boxes on the BAF for 223 and 224.

13. The significant actions which will mitigate the risk of patient harm and death in risks 223 and 224 are those which are in the control of the wider NHS in Wales. Whilst the Trust will continue to influence change to the protracted handover delays leading to avoidable harm, the actions of our partners and stakeholder have been removed from the 'actions' section of these two risks. They are included instead in a narrative that explains the rationale for these two risks remaining at a score of 25. The actions within the gift of the Trust remain in the BAF and the Board will continue to challenge itself that all possible mitigations are in place or planned.

New Principal Risk

14. **NEW Civil Contingencies Risk** (scoring 15) - *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*

Development of New Principal Risks

15. Risks in development and navigating Risk governance are:

    a. Risks to the reputation of the Trust's Charity and Trustees due to late filing of accounts.
    b. Integrated technical planning capability and capacity.
    c. Capacity to handle volume of complex concerns and requests i.e. Putting Things Right Team.
    d. 111 Symptom Checkers
    e. Decarbonisation programme
    f. Salus implementation

Risk Management Transformation Programme

16. The Risk Management Transformation Programme has been designed to further strengthen and positively impact the development of the Trust's future strategic ambition which is highlighted in our 2023-26 IMTP as one of the fundamentals of a quality driven, clinically led, value focussed organisation.

17. 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. This is in addition to designing and delivering a programme of training and education on both the risk management framework and the BAF.

18. This programme is overseen by the Audit Committee.

RECOMMENDED

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

(g) Note the review of each principal risk including mitigating actions.

(h) Note the inclusion of the Civil Contingencies Risk on the Corporate Risk Register at a score of 15.

(i) Note the correction to the report presented at January 2023 meeting.

(j) Receive the Guidance on Interpreting the Board Assurance Framework.

(k) Note the development of a suite of new risks.

(l) Note the update on the Risk Management Transformation Programme.

Annex 1 – Corporate Risk Register Summary

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

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		THEN there is a risk of a loss of stakeholder confidence in the Trust **RESULTING IN** damage to reputation and increased external scrutiny		
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	**IF** the Trust does: • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458) **THEN** there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) **RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage	Director of Finance & Corporate Resources	**16 (4x4)** →
245 FPC	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of	**IF** CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident	Director of Operations	**16 (4x4)** →

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

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

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
	and interdependent networks resulting in denial of service and loss of critical systems	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		
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	**IF** there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems **THEN** there is a risk of a loss of critical IT systems **RESULTING IN** a partial or total interruption in WAST's effective ability to deliver essential services	Director of Digital Services	**15 (3x5)** →
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	**IF** significant internal and external system pressures continue **THEN** there is a risk of a significant deterioration in staff health and wellbeing within WAST **RESULTING IN** increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of Workforce & Organisational Development	**15 (3x5)** →
NEW 594	The Trust's inability to provide a civil contingency response	**IF** a major incident or mass casualty incident is declared	Director of Operations	**15 (3x5)**

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
FPC	in the event of a major incident and maintain business continuity causing patient harm and death	**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		
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	**IF** WAST fails to persuade EASC/Health Boards about WAST ambitions **THEN** there is a risk of a delay or failure to receive funding and support **RESULTING IN** a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered	Director of Strategy Planning & Performance	**12 (3x4)** →
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	**IF** the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained **THEN** there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised	Director of Workforce & Organisational Development	**12 (4x3)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		RESULTING IN a negative impact on colleague experience and/or services to patients.		
283 FPC	Failure to implement the EMS Operational Transformation Programme	**IF** there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme **THEN** there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters **RESULTING IN** potential patient harm, deterioration in staff wellbeing and reputational damage	Director of Strategy Planning & Performance	**12 (3x4)** →
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	**IF** resources are not forthcoming within the funding envelope available to WAST (link to risk 139) **THEN** there is a risk that there is insufficient capacity to deliver the IMTP **RESULTING IN** delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing	Director of Strategy Planning and Performance	**12 (3x4)** →

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	ıcal 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

Risk ID 223	**The Trust's inability to reach patients in the community causing patient harm and death**	**Date of Review:**	**21/03/2023**	**TREND**	**25 (5x5)**
		Date of Next Review:	**22/04/2023**	➡	

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: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26

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

Risk Commentary Q4 2022/23

The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death as a result of the Trust not being able to reach patients in the community.

There were over 28,000 hours lost outside EDs in March 2023, a comparable figure to the pre Christmas delays. Whilst there has been improvement in some Health Board areas (Cardiff and Vale where there has been a corresponding improvement in red performance), other Health Board continue to experience protracted delays. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control.

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 educes emergency department handover lost hours by 25% (E)
d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)
e) Alterative capacity equivalent to 1000 beds (E)
f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E)
g) Implementation of Same Day Emergency Care services in each Health Board (E)
h) National Six Goals programme for Urgent and Emergency Car (E)

CONTROLS	**ASSURANCES**
1. Patient Flow Co-Ordination based in the Grange University Hospital	**Internal** **Management (1st Line of Assurance)** 1. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU
2. Regional Escalation Protocol	2. Daily conference calls to agree RE levels in conjunction with Health Boards
3. Immediate release protocol	3. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)
4. Resource Escalation Action Plan (REAP)	4. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.
5. 24/7 Operational Delivery Unit (ODU)	5. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
6. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans	6. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
7. Limited Alternative Care Pathways in place	7. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	21/03/2023	TREND	25 (5x5)
		Date of Next Review:	22/04/2023	➡	

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

8. Consult and Close (previously Hear and Treat)	8. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance). Consult and Close rate has increased from 12% to circa 15% March 2023.
9. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation	9. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required. APP Navigation – Test of Change Framework (Swansea Bay & Hywel Dda). Review of despatch criteria for APPs.
10. Clinical Safety Plan	10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group
11. Recruitment and deployment of CFRs	11. Volunteers are another resource for response, Volunteer
12. ETA scripting	12. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data
13. Clinical Contact Centre (CCC) emergency rule	13. CCC Emergency Rule is policy that has been signed off by Execs.
14. National Risk Huddle	14. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
15.	15.
16. Summer/Winter initiatives	16. Monitoring through SLT and STB
17. CHARU implementation	17. Monitored via the EMS project Board
18. National Transfer & Discharge Model	18.
19. Conveyance Reduction	19. This is part of the weekly performance review and aligned to Care Closer to Home Programme
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals	20. This forms part of the handover improvement plans in place with Health Boards, however assurance is limited given that the acceptance of paramedic referrals is low (less than 1%) and inconsistent.
21. Mental Health Practitioners in cars	21.
22. Roll out of ECNS	22. Reported through QuEST
23. Clinical Model and clinical review of code sets	23. Reported through QuEST
24. Remote Clinical Support Strategy	24. Strategic Transformation Board – IMTP deliverable
25. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)	25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)
26. Information sharing	26. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system	None immediately identified but subject to continual review
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow	

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	21/03/2023	TREND	25 (5x5)
		Date of Next Review:	22/04/2023	➡	

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

3. Covid capacity streaming	
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding	
5. Local delivery units mirroring WAST ODU	
6. Handover delays link to risk 224	
7. Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issues. Despite a reduction in delays over January and February, current handover delays have demonstrated a deteriorating picture with March delays at December levels	
8. During industrial action days, Health Boards demonstrated compliance with reducing handover delays in order to maximise WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is however a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data.	
9. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.	
10. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration	
11. Patient Flow Co-ordinators - Health Boards to consider the value of deploying PFCs at emergency departments to aid flow	
12. Handover Improvement Plans agreed between WAST and Health Boards	12. Handover Improvement Plans have been replaced by ICAPS and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays
18.	18. National Transfer & Discharge model is yet to be determined. A task and finish has been established to progress this piece of work
21.	21. Mental Health Practitioners – not yet implemented but part of the Care Closer to Home workstream
Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.	Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)	ADLT Sub-Group	30.09.22 - Superseded	
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters	Assistant Director of Operations EMS	Complete	Majority of EMS rosters complete and implemented
4. Transition arrangements post pandemic	Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]	Director of Paramedicine / Director of Workforce & OD	30.07.23 Checkpoint	Offers to 22 in July 2023. 13.33 FTE uplift. Continue to seek opportunities for funding APPs to improve service delivery.
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, Integrated Care	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	21/03/2023	TREND	25 (5x5)
		Date of Next Review:	22/04/2023		

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

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

8.	Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]	Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc. and determine REAP level.
9.	Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.
10.	Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]		Superseded	
11.	Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023.

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:	26/04/2023	TREND	25 (5x5)
		Date of Next Review:	26/05/2023		

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35

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

Risk Commentary Q4 2022/23

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 due to handover of care delays. There were over 2,883 +4 hour patient handovers in December 2022; the target being 0 from September 2022. Currently < 0.025% of the Trust's demand is going into Same Day Emergency Care currently is <0.025% (modelling 4%). The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. The Joint Investigation Framework (pilot phase) to embed with good engagement from system partners.

Improvement actions led by Welsh Government and system partners include:

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:	26/04/2023	TREND	25 (5x5)
		Date of Next Review:	26/05/2023	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	**THEN** there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	**RESULTING IN** patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) ***by the end of April 2025***
b) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (LHB CEOs) ***by September 2022***
c) Alternative capacity equivalent to 1,000 beds project (LHB CEOs)
d) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)
e) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer)

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Delivery Unit under the Joint Investigation Framework which is currently in pilot phase and an evaluation is to be undertaken in quarter 1 2023/24 by EASC. 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 – the pilot is in progress ,.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 monitors, reports on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).	4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.
5. Workstreams put in place to meet requirements of *Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026.* Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWAS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.	5. Monthly Integrated Quality and Performance Report
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).	6.
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.	7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.	8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process.
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	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

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:	26/04/2023	TREND	25 (5x5)
		Date of Next Review:	26/05/2023	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.	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. Integrated Quality and Performance Report (December 2022 overall 84% - mandatory training target just below target at 84.6%.
13. Clinical audit programme in place.	13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report *Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover* (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.	14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."	15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including 'Actions to Mitigate Avoidable Patient Harm Report' (last presented to Trust Board March 2023 and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.
16. Implementation of Duty of Quality, Duty of Candour and new Quality Standards requirements in April 2023 (soft launch).	16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of February 2023 is 'Implementing and operationalising'.
	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) and Joint Executive Team (JET) meeting Welsh Government (I&E).
	2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC
	3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1.	1.
2.	2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. A number of overdue patient safety investigations remain presenting a risk to patient

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		Date of Next Review:	26/05/2023	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	**THEN** there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	**RESULTING IN** patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

	safety across the system. The Trust has 30 (as of 07.03.2023) overdue nationally reportable incident investigations.
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. 2,098 hours were lost in December 2022, an increase compared to 18,773 lost hours in December 2021.
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. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*. 5. (b) Protracted timescales in the Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point'. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.	5. 15-minute handover target is not being achieved pan-Wales consistently. Fit to Sit programme is not progressing currently.
6. Variation pan Wales / England as position not implemented across all emergency departments*.	6.
7.	7.
8. Variation pan Wales / England as position not implemented across all emergency departments*.	8. Health & Care Standards self – assessment in progress.
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.	9.
10.	10.
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.	11.
12.	12.
13. Transition to ePCR impacting on data temporarily	13.
14. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.	14. HIW approve and sign off WAST elements of recommendations.
15.	15.
	External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators
	2. Lack of collective system response to HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' Report. Meetings cancelled x 2 in May 2022. WAST has representation on the working group*

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Representation at the Right care, right place, first time Six Goals for Urgent and Emergency Care Delivery Boards and Clinical Advisory Board.	Chief Executive Officer	• Completed	• Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales • WAST will be represented on the Clinical Reference Group by Andy Swinburn with first meeting now held.

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		Date of Next Review:	26/05/2023	→	

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

			• The Trust recently reported to EASC that is has further updated how it maps into six goals programmes. The programme structure nationally is being embedded and the Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board.
2. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project	WAST QI Team (QSPE)	• TBC - Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).
3. 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 dashboards.
4. Continued Health Board interactions – my next patient, patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Executive Director of Quality & Nursing	• Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.
5. HIW Improvement Plan / Workshop– WAST inputs / influencing improvements Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' which links to Fundamentals of Care.	Assistant Director of Quality & Nursing	• Completed	• No further requests from HIW to date.
6. Participation in the CASC led workshop to reform *the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.*	Executive Director of Quality & Nursing	• Q3 2023/24	• Revised joint investigation approach agreed and now in pilot phase. • Meeting April 2023 cancelled by EASC due to system pressures.
7. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Director of Workforce & Organisational Development	• Q3 2023/24	• Strong focus from Executives with detailed updates to EMT every two weeks. • Estimated year end position is +90 FTEs against the target of 100. • Overall across the whole establishment, this equates to a vacancy factor of just 0.5%,
8. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Director of Paramedicine	• Q4 2023/24	• Bid not successful. Feedback received from Welsh Government that will be incorporated into future bids. However, Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start. • 17 trainee APPs expected to "tip out" of training in Jun-23. Currently they have not been offered contracts and the Trust risks losing some of them. • Some additional funding available to bid against for AHPs (bid submitted by May 2023).
9. Transition Plan	Chief Executive Officer	• Q2 2023/24	• Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although non-recurring at this point in time. • Also as above, funding for additional APPs not secured via Value Based Healthcare fund; however, decision of Trust to proceed with take up of 18 MSC places anyway. • Further discussions as part of IMTP 2023-2026 have been undertaken on additionality into next year, with letter written to the CASC about what further full time equivalent additionality it could recruit and train if funding was available in 2023/24 (maximum 100).
10. Overnight falls service extension	Executive Director of Quality & Nursing	• June 2023	• Night Car Scheme extension agreed to 31 March 2023 (2 regional resources) • Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through Jan-Mar 2023. Good progress has been made on this. • Falls level 1 and 2 impact evaluation report completed - presenting to Clinical Quality Governance Group (CQGG) 18 Jan-2023.
11. Consideration of additional WAST schemes to support overall risk mitigation through winter	Director of Operations	• Q2 2023/24	• Good progress on Performance Improvement Plan (pip) There were only 15 PIP actions live in Dec-22, so the PIP closed down and the remaining actions transferred into other assurance mechanisms like this report. • Specific seasonal and strike structures stood up.

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		Date of Next Review:	26/05/2023	➡	

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

			• Trust demonstrating continued focus and creativity on approach to seasonal and strike mitigations.
12. National 111 awareness campaign	Director of Partnerships and Engagement Director of Digital	• Q4 2022/23	• The national awareness campaign is now fully live through to the • end of the financial year. • The second phase was launched in Q4 28 Feb-23 and included a new TV ad on ITV, S4C and Video on Demand (ITV Hub, Sky, All4). This phase also includes a digital radio advert, social media. • (Organic and paid), influencer activity, case studies, and out of home advertising on digital billboards across Wales along high traffic carriageways. • National toolkit containing key messages and social media assets distributed to stakeholders. • Campaign ending end of March 2023.
13. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 (soft launch with Welsh Government Roadmap in place) with 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. • Key policies updated and approved. • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.
14. Virtual Ward	Executive Director of Quality & Nursing	• Q2 2023/24	• A proposed innovative "eyes on" service provided by the third sector (organisation and volunteers), supported by the Clinical Support Desk and supported by technology. • The proposed service will support patient safety and improved hospital flow. • The Trust has completed a business case at pace, which has been sent to the CASC for consideration.
15. Organisational change process of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.	Executive Director of Quality & Nursing	• July 2023	• To commence consultation phase by May 2023.

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:	14/04/2023	TREND	20 (5x4)
		Date of Next Review:	15/05/2023	➡	

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

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

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

EXECUTIVE OWNER	Director of Workforce & Organisational Development	ASSURANCE COMMITTEE	People and Culture Committee

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Managing Attendance at Work Policy/Procedures in place	1. (a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness
2. Respect and Resolution Policy	2. Policy reviews to ensure policies and procedures are fit for purpose

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:	14/04/2023	TREND	20 (5x4)
		Date of Next Review:	15/05/2023	➡	

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

3. Raising Concerns Policy	3. Policy reviews to ensure policies and procedures are fit for purpose
4. Health and Wellbeing Strategy	4.
5. Operational Workforce Recruitment Plans	5.
6. Roster Review & Implementation	6.
7. Return to Work interviews are undertaken	7.
8. Training	8.
9. Directors receives monthly email with setting out ESR sickness data	9.
10. Operational managers receive daily sickness absence data via GRS	10.
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme	11.
12. WAST Keep Talking (mental health portal)	12.
13. Suicide first aiders	13.
14. TRiM	14.
15. Peer Support network	15.
16. Coaching and mentoring framework	16.
17. Staff surveys	17.
18. Stress risk assessments	18.
19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC	19. Sickness forms part of Workforce Scorecard to People & Culture Committee
20. External agency support e.g. St John Ambulance, Fire and Rescue	20.
21. Strategic Equality Objectives	21. Policy reviews to ensure policies and procedures are fit for purpose
22. Volunteers	22.
23. Monthly reviews of colleagues on Alternative duties	23. Action plans arising from meetings with colleagues implemented through monthly diarised meetings
24. Manager guidance on managing Alternative duties	24.
25. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee	25. Minuted meetings and action logs for EMT & People & Culture Committee
26. Sickness audits for localities	26.
27. Additional support for areas with higher than average absence	27.
28. Review of top 100 cases	28.
29. Deep dives on specific issues and reasons for absence	29.
30. Work on getting underneath stress related absences across the organisation	30.
	External Management (2nd Line of Assurance)
	1a. All Wales review of All Wales Attendance at Work Policy
	Independent Assurance (3rd Line of Assurance)
	1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24)
	2. Audit Wales – Taking Care of the Carers report in October 2021 (controls 1 - 24)
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. (a) Consistency and Application in Managing Attendance at Work Policy	1. There are other factors that impact on sickness which can't be controlled
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received	9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers

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:	14/04/2023	TREND	20 (5x4)
		Date of Next Review:	15/05/2023	➡	

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

1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments			
	External Gaps in Assurance None identified at the present moment		
Actions to reduce risk score or address gaps in controls and assurances	**Action Owner**	**By When/Milestone**	**Progress Notes:**
1. Implementation of Improving Attendance project	Deputy Director of Workforce & OD	31.09.23	Underway and ongoing. Downward trajectory 8.77% for November 2022.
2. Implementation of Behaviours Refresh Plan	Assistant Director – Inclusion, Culture and Wellbeing	31.10.22 Extended to 31.05.23	Underway and ongoing. Captured in the IMTP for the service. Impacted by IA
3. Long term sickness absence deep dive	Deputy Director of Workforce & OD	31.07.23	Underway and ongoing. Downward trajectory in levels of long term absence
4. Develop guidance for line managers to support addressing challenging conversations and change	Deputy Director of Workforce & OD	31.07.22 Complete	Training produced and rolled out. Now BAU
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)	Freedom to Speak Up Arrangements Task & Finish Group Ownership moving to DWOD	Extended from 31.07.22 to 31.03.23. Extended to 31.05.23	Pushed out 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.
6. Strengthen Freedom to Speak Up Arrangements policy and advice	Assistant Director of Workforce and OD	31.05.23	Ongoing
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements	Assistant Director of Workforce and OD	31.05.23	Ongoing
8. Accountability meetings with senior ops managers	Deputy Director of Workforce & OD	30.09.22 Complete and ongoing	Underway, conversations re sickness absence well established and continuing
9. Attendance Management training for managers	Deputy Director of Workforce & OD	31.12.22 Complete and BAU	Underway and ongoing – now BAU 1.11.22
10. PADR review including wellness questions	Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete. New PADR distributed October 22.
11. Restart the Health and Wellbeing Steering Group	Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete – group started 17.10.22 and will meet quarterly.
12. Review of top 100 cases by the team on a monthly basis	Deputy Director of Workforce and OD	Commenced and ongoing – review 30.06.23	Underway and will become BAU

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence	Date of Review:	21/04/2023	TREND	20 (4x5)
		Date of Next Review:	21/05/2023	➡	

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

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

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

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

Risk Commentary Q4 2022/23

a) 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 industrial action and the levels of patient harm which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue, but are not sufficient to outweigh the impact of the core issues which affect reputation. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.

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

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

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Submit refreshed Board Engagement Framework to Trust Board for approval	Director of Partnerships & Engagement	26.05.22 Complete	Approved July 2022
2. Report progress on Engagement Framework Delivery Plan to the People and Culture Committee	Director of Partnerships & Engagement	Complete	Considered by January 2023 Trust Board

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence	Date of Review:	21/04/2023	TREND	20 (4x5)
		Date of Next Review:	21/05/2023	➡	

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. Monitoring internal Quality and Performance of Trust	Executive Management Team, Finance and Performance Committee Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee	31.03.23 Checkpoint Date	
4. Engaging with internal and external stakeholders to develop confidence	CEO & Director of Partnerships & Engagement	31.03.23 Checkpoint Date	Regular engagement continued with staff, TU partners and a range of external stakeholders. BAU.
5. Monitoring external factors that may affect the Trust	CEO & Director of Partnerships & Engagement	31.03.23 Checkpoint date	

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	30/04/2023	TREND	16 (4x4)
		Date of Next Review:	01/06/2023	➡	

				Likelihood	Consequence	Score
IF the Trust does: • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458)	**THEN** there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	**RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage	**Inherent**	3	4	12
			Current	4	4	16
			Target	2	4	8

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

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

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

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	30/04/2023	TREND	16 (4x4)
		Date of Next Review:	01/06/2023	➡	

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

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

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

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

Risk ID 245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	Date of Review:	04/04/2023	TREND	16 (4x4)
		Date of Next Review:	05/05/2023		

IF	THEN	RESULTING IN
CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident	there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities	potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)

	Likelihood	Consequence	Score
Inherent	3	5	15
Current	4	4	16
Target	2	4	8

IMTP Deliverable Numbers: 1, 5, 9

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

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Trust Business Continuity Procedure and Incident Response Plan	1. Debrief from significant business continuity incidents which are put into organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. This is currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing
2. National EMS CCC Business Continuity Plan (reviewed in March 2021)	2. Business Continuity Plan is up to date and has been reviewed and is currently waiting sign off. Business continuity exercise undertaken on 9.03.22.
3. Clinical remote working arrangements	3. SOP in place with respect to Clinical Remote Working – this is being reviewed at present moment
4. Single instance CAD allowing virtualisation which enables staff to work anywhere	4. CAD alerts if there are systems issues
5. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts. This is used on a daily basis	5. Monitoring undertaken locally at least weekly
6. Additional floor space taken at Llangunnor site	6. Agreed floor plan available which was agreed by CCC Management
	External Not applicable
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• If CAD is not functional then any impact of current controls would be negated by need to move physical staff	• Business continuity plan requires increased duties for existing staff as a result of lack of physical accommodation (link to risk 244)

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
Rollout of Estates strategy across EMSC Centres in Wales	Head of Estates / Director of Operations	TBC	VPH Complete, Llangunnor and Ty Elwy scheduled

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:	30/04/2023	TREND	16 (4x4)
		Date of Next Review:	01/06/2023	➡	

IF	THEN	RESULTING IN
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.	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.	patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage

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

IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38

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

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board
2. Financial policies and procedures in place	2.
3. Setting and agreement of recurrent resources	3.
4. Budget management meetings	4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.
5. Budget holder training	5. Diarised dates for budget holder training
6. Annual Financial Plan	6. Submission to Trust Board in March annually
7. Regular financial reporting to EFG & FPC in place	7. Diarised dates for EFG and FPC with full financial reports
8. Regular engagement with commissioners of Trust's services	**External** **Management (1st Line of Assurance)** 1. Accountability Officer letter to Welsh Government e.g. November 2021 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised 9. Monthly monitoring returns
9. Welsh Government reporting on a monthly basis	**Independent Assurance (3rd Line of Assurance)** 2. Internal Audit reviews of financial policies & procedures as part of their audit plan
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding	1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)

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

Risk ID 557	Potential impact on services as a result of Industrial Action	Date of Review:	14/04/2023	TREND	16 (4x4)
		Date of Next Review:	15/05/2023	➡	

IF	THEN	RESULTING IN
trade unions take industrial action in response to the national pay award	this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business	potential harm to patients, adverse effect to patient outcomes, increase in SAIs/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation

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

IMTP Deliverable Numbers: TBC

EXECUTIVE OWNER	Director of Workforce & Organisational Development	ASSURANCE COMMITTEE	People and Culture Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Detailed planning process in place	1. Industrial action plan agreed and published
2. Significant preparation for industrial action prior to events	2. Documented processes and actions
3. Negotiations with TU officers on derogations	3. Communications and engagement across the organisation
4. Communications with organisation on IA – regular WAST Live Q&As, briefings and updates	
5. IA issues discussed and recorded at EMT and ADLT	
6. ADLT and Managers co-ordinated on picket sites during IA days	
7. Strategic Command arrangements and HR cover for whole of strike period	
8. Lessons learned exercise after each strike day	
9. Engagement with wider network to maximise system preparedness and support	**External** **Independent Assurance (3rd Line of Assurance)**
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Need to determine life and limb cover to meet our legal requirements under the Industrial Action Regulations	1. Awaiting outcome of UNISON ballot (Feb 2023) - complete
2. No control or mitigation on TU decisions on derogations	2.
3.	3.
4.	4.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Maximum engagement with TU colleagues	Director of WOD	Ongoing	Daily meetings with relevant TUPs
2. Negotiate the best derogations possible to protect patient safety	Director of WOD	Ongoing	Derogations negotiated for each IA day
3. Consider options for external support if necessary	Director of WOD / CEO	Ongoing	Watching brief and advice being sought
4. Strike Action currently paused due to negotiations but need to retain the risk and the level as no guarantee that IA will be resolved	Director of WOD	Ongoing	

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	Date of Review:	05/04/2023	TREND	15 (3x5)
		Date of Next Review:	06/05/2023		

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

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

IMTP Deliverable Numbers: 1, 7, 9, 12, 16, 17, 24, 25, 26, 33, 35, 38

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

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1 Systematic review and assessment of Health and Safety arrangements and Governance (All NHS Wales Health & Safety Management System - HSMS).	1. Assessment criteria set for health and safety management system (HSMS) All Wales system). HSMS approved at ADLT in 2022. ADLT members sponsorship for all 11 management principles.
2. Health & Safety Governance and reporting arrangements – National Health, Safety and Welfare Committee. Reporting into People and Culture Committee. (PCC)	2. Trusts Legislative Compliance Register in place. Assessments to be reviewed in ADLT in April 2023. Monthly, Quarterly and Annual H&S performance reports to ADLT and H&S National Health, Safety and Welfare Committee. Quarterly performance reports to ADLT, EMT, PCC. Reports published on H&S webpage. H&S climate cultural survey developed to determine perception of Trust position against Bradley Curve.
3. Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, - Regulation 7 'Health and Safety Assistance'.	3. The Working Safely team ceased on 31.09.22. The approval of the transformation of the H&S function business case allowed for significant increase into the function which commenced on 03.10.22. This allowed for the new structure to be implemented. 05.02.23 Team fully embedded into the organisation.
4. Health & Safety Policy and Corporate level Procedures.	4. H&S Policy approved in 2018. Following landing of business case, Policy review underway Q4 2022-Q1 2023. Violence and Aggression Policy, Risk Assessment Procedure, Display Screen Equipment Procedure, Workplace Premise Audits inspection Procedure in place. Control of Substances Hazardous to Health (COSHH), New and Expectant Mothers Risk Assessment Procedure approved at ADLT in February 2023. Dangerous Substances Explosive Atmospheres (DSEAR) Procedure, Lifting Operations Lifting Equipment / Provision and Use of Workplace Equipment (PUWER) combined Procedure in draft with an expectation of commencing the approval process approval during Q1 2023. Lone Worker Procedure ongoing - expectation of second draft Q1 2023. Trust wide Hazard register framework in place. Reviewed by ADLT in Q1 2023 with expectation of approval Q1 2023.
5. Mandatory Health and Safety training for all staff on ESR. Induction training in place for all new operational staff.	5. Quarterly statistics provided by ESR support team and incorporated into Health and Safety quarterly and annual Performance reports. Induction training compliance held on ESR
6. 2 year rolling programme of scheduled H&S premise audits.	6. Inspections are being undertaken in line with schedule. Ongoing.
7. Risk assessments (including local risk assessments, Covid 19, workplace risk assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments).	7. Workplace risk assessments are undertaken by local management teams, reviewed by H&S team and previously monitored by BCRT. These are being monitored by local operations mangers. Other operational risk assessments and SOPs are held on dedicated Share-point sections. Performance metrics in place.
8. Working Safely Strategic Programme Board (STB) to provide oversight of the Working Safely Action plan. Dynamic Delivery Action Group to continue to undertake actions on the Working Safely Action Plan.	8. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored through the Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved.
9. Rolling programme of IOSH Managing Safely- for Managers- scheduled training programme in place.	9. Attendance and competency figures provided in a quarterly report to ADLT, National Health, Safety and Welfare Committee and People and Culture Committee.
10. IOSH Leading Safely for Directors and Senior Managers training in place.	10. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis
11. Board development Day covering Health & Safety Management and Culture Awareness training undertaken in April 2022.	11. Diarised meeting.
12. Health and Safety Management System recognised document approval routes for health and safety documentation.	12. Approved and minuted at ADLT meeting in 2022.

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	Date of Review:	05/04/2023	TREND	15 (3x5)
		Date of Next Review:	06/05/2023	➡	

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

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

13. IOSH Leading Safely training delivered to majority of Board and Executive Team on 26 July 2022.	13. Compliance metrics held on H&S team database.
14. IOSH Leading Safely additional sessions for new Board /EMT members and ADLT to be scheduled for 2023.	14.
15. Leading Safely, Safety Positive conversations training to be delivered to Board and EMT in June 2023.	15.
16.	16. Internal Audit to be undertaken in Q1 23/24 (controls 1– 10) **(External Independent Assurance (3rd Line of Assurance)**
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1.	**1.** Baseline audit for HSMS not to be commenced till Q1-Q2 2023 (***being addressed in Action 1)***
2. Subgroups of National H&S and Welfare Committee currently under review. **(being addressed in Action 2)**	2. H&S Climate Cultural survey to be rolled out once political pressures (IA) reduce**.** Expectation of roll out Q1-Q2 2023/24 (***being addressed in Action 3)***
3.	3.
4. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q4 2022 in Q1 2022 (***being addressed in Action 4***)	4. (a) Review of H&S Policy is due by the end of Q1 2023 (***being addressed in Action 4)*** (b) Workforce Transformational change will influence content within H&S policy (***being addressed in Action 4)***
5. Poor uptake in statutory and mandatory H&S training ***(being addressed as part of Actions 5)***	5.
6.	6. Two-year Schedule for H&S inspections and visits commenced September 2022. Compliance metrics, themes and trends are to be included within Monthly, Quarterly and Annual Performance Reports. ***(being addressed as part of Actions 6)***
7.	7. (a) Current copies of risk assessments and SOPs are not available at all stations. ***(being addressed as part of Actions 7)*** (b) Lack of clarification over many SOPs are required until HSMS baseline audit has been completed. ***(being addressed as part of Actions 7)***
8. Operational pressures and Industrial Action on service impacting on Working Safely Programme delivery **(being addressed in Action 8)**	8.
9. Staff availability to attend training ***(being addressed in Action 5)***	9. Work ongoing to determine how many Managers require IOSH Manging Safely. ***(being addressed in Action 9).*** A H&S Training needs analysis has been developed and incorporated into the H&S Policy.
10. Effective learning from events to be documented ***(being addressed in Action 8)***	10. Currently there is no structured monitoring process in place to ensure attendance on the IOSH Leading Safely course. ***(being addressed in Action 5)***
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Meetings to be scheduled to undertake baseline assessment and feedback to EMT.	Head of Health and Safety	Q1-Q2 2023	
2. Meetings to be held with TU partners and AD/Head of H&S to agree arrangements for sub-groups.	Head of Health and Safety	Q1 2023	ToR Developed and presented at National HSW Committee in Q2 2022. Further discussions requested a Charter arrangement. Draft Charter developed and presented in National HSW

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	Date of Review:	05/04/2023	TREND	15 (3x5)
		Date of Next Review:	06/05/2023	➡	

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

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

			committee in Q3 2022. Further discussions requested by TU partners. Discussions held with OD in April 2023 to provide consideration of integrating sub -groups into WASTP.
3. Assessment to be undertaken in Q1 2023 of political pressure to determine viability of conducting culture survey	Head of Health and Safety	Q1-Q2 2023	
4. H&S Policy Group meeting to be established and draft policy to be created	Head of Health and Safety	Q1 2023	Initial meeting held in December 2022 first draft to be presented at Policy Group Meeting in January 2023 for comments from key stakeholders. Challenges with attendance due to IA. Expectation of draft Policy being presented at Policy Group to propose full consultation in May 2023.
5. Quarterly report on training compliance to be presented to ADLT for actioning within respective Directorates	Head of Health and Safety	Q3 2022 - Complete	Report is a standard section of Quarterly H&S Performance report to ADLT
6. IT solution being investigated to collate data from inspections to enable trending and monitoring of actions generated	Deputy Head of Health and Safety	Q4 2023	The audit proforma has been migrated onto MS Forms to allow for improved data collection. Meeting held with I.T. provider in Q4 2022 provide consideration for the development of utilisation of Power B.I systems.
7. H&S advisors will liaise with local management teams to identify risk assessments and SOP's in place and ensure visibility on SharePoint	Deputy Head of Health and safety	Q2-Q3 2023	Ongoing action. Assessment against the HSMS Principle 3- Compliance Assurance will assist in determining what RA/SOPS are required.
8. Priority Elements of Working Safely Action Plan to be identified and programme schedule presented to STB to ensure sufficient support from Operational Teams. Migrate into Annual Health and Safety Improvement Plan.	Head of Health and Safety	Q2 2023	Priority actions for 2023-24 identified as Culture, Manual Handling, Violence and Aggression, Incident investigation training. 05.04.23 Development of Health and Safety Improvement Plan underway.
9. Review of number of line managers within the Trust to put in place a suitable schedule to roll out appropriate H&S training as determined within the training needs analysis within the H&S Policy.	Deputy Head of Health and Safety	Q2 2023	Interim schedule in place to address known line managers.
Completed Actions	**Action Owner**	**When /Milestone**	**Progress Notes:**
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)	Head of Health & Safety	31.09.22 Partially completed. Long term action.	Pump and Prime phase commenced 01.09.21. Closure report for PPP presented to EMT during Q3 2022/23. Working Safely Programme to continue being monitored by STB. Four priorities determined for 2023/24- Violence & Aggression, Culture, Manual Handling and Incident Investigation.
2. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)	Head of Health & Safety	31.12.22 Partially completed.	Training delivered to Board and Executive team on 26.07.22. IA and operational pressures impacted on availability to attend during Q4 2022.Further sessions to be scheduled for Q1 2023/4- Q2 2023/24 for new members.
3. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)	Head of Health & Safety	31.12.22 Scheduled	Initially scheduled for BDD - February 2023. Rescheduled to June 2023.
4. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)	Head of Health & Safety	31.03.22 Completed	Completed- Workforce review fully implemented 03.10.22
5. Culture survey to all members of staff (forms part of WSAP)	Head of Health & Safety	30.09.22 Partially completed	Survey developed and to be presented at National H&S Committee on 02.11.22 and SOT in December for feedback. Decision made during Q3 2022/23 to postpone survey unit political pressures ease. Expectation of roll out Q4 2023-Q1 2023/24. Political unease impacted on the roll out of the survey roll out. Expectation that survey will be rolled out during Q1-Q2 2023/4
6. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)	Deputy Head of H&S	30.06.22 Completed	Compliance Register framework developed Q2 2022.
7. An initial assessment will provide assurance on how we are complying with the legislation.	Deputy Head of H&S	Partially completed. Assurance - 01.06.22	Assessments undertaken. Some outstanding estates assessments scheduled January 2023. Compliance register presented to ADLT members on 04.04.23 for feedback/agreement of assessments undertaken.

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:	05/04/2023	TREND	15 (3x5)
			Date of Next Review:	06/05/2023	➡	

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

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

		Rolling programme of assessments – 31.12.22

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:	12/04/2023	TREND	15 (3x5)
		Date of Next Review:	13/05/2023	➡	

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: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38

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

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Appropriate policy and procedures in place for Information/Cyber Security	1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.
2. Trust Business Continuity Procedure and Incident Response Plan	2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing
3. IT Disaster Recovery Plan	3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.
4. Relevant expertise in Trust with respect to information security	4. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise
5. Data Protection Officer in post	5. In job description of Head of ICT
6. Cyber and information security training and awareness	6. Training statistics are available on ESR and from Phish threat module
7. Mandatory Information Governance training which includes GDPR	7. Training statistics reported on by Information Governance department
8. ICT tests and monitoring on networks & servers	8. Any issues would be identified and flagged and actioned
9. Information Governance framework	9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.
10. Internal and NHS Wales governance reporting structures in place	10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.
11. Checks undertaken on inactive user accounts	11. Software in place to run check on inactive accounts as and when
12. Business Continuity exercises	12. Annual schedule of testing
13. Operational ICT controls e.g. penetration testing, firewalls, patching	13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when.
14. Security alerts	14. Daily alerts are received. Anti-virus alerts received as and when threat discovered
	External **Independent Assurance** NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Not all information security procedures are documented	1. No regular Cyber/Info Security KPIs are reported to senior management committees
2. Lack of understanding and compliance with policy and procedures by all staff members	2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly

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:	12/04/2023	TREND	15 (3x5)
		Date of Next Review:	13/05/2023		

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

3. No organisational information security management system in place	
4. IT Disaster Recovery Plan does not include a cyber response	
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact	

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

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems	Date of Review:	12/04/2023	TREND	15 (3x5)
		Date of Next Review:	13/05/2023	➡	

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

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

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.	North Resilience Manager	31.12.22 Extended to 30.06.23	Ongoing
2. Exercise template report which shows recommendations to be created	North Resilience Manager	31.12.22 Extended to 30.06.23	Ongoing
3. Cyber Essentials assessment to be completed	Head of ICT	30.06.23 Checkpoint date	Evidence submitted to assessor – awaiting feedback. CRU Assessment due May 2023

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:	14/04/2023	TREND	15 (3x5)
		Date of Next Review:	15/05/2023	➡	

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

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

IMTP Deliverable Numbers: TBC

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

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

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:	14/04/2023	TREND	15 (3x5)
		Date of Next Review:	15/05/2023	➡	

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

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

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	First meeting was on 17/10/2022. This however does not yet bring down the score of the risk as the Steering Group meeting was to re-establish a way forward. Next meeting to be scheduled within 2 months.
2. Increase the education and communication with managers about stress risk assessments	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 WOD	30.06.23	Software has been procured. Planning for rollout has started

NEW 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:	29/04/2023	TREND	15 (3x5)
		Date of Next Review:	30/05/2023	NEW	

IF	THEN	RESULTING IN
a major incident or mass casualty incident is declared	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	catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004

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

IMTP Deliverable Numbers: TBC

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Finance & Performance Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Immediate release protocol	1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.
2. Resource Escalation Action Plan (REAP)	2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.
3. Regional Escalation Protocol	3. Daily conference calls to agree RES levels in conjunction with Health Boards
4. Incident Response Plan	4. The Incident Response Plan has been ratified via EMT
5. Mutual Aid arrangement with NARU	5. AACE National Policy on mutual aid in place
6. Clinical Safety Plan	6. CSP adopted by EMT and operational; reviewed annually by SLT
7. Operational Delivery Unit 24/7 cover	7. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end of shift
8. In hours and Out of hours command cover	8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan
9. Notification and Escalation Procedure	9. Published procedure in operation, reviewed 3 yearly by SLT
10. Continued escalation of risk to partners and stakeholders	10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasises at the face to face COO Peer Group meeting on 14 April 2023.
	External Independent Assurance N/A
GAPS IN CONTROLS	**GAPS IN ASSURANCE**

NEW 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:	29/04/2023	TREND	15 (3x5)
		Date of Next Review:	30/05/2023	NEW	

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

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

Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.

The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.

Following two incidents (Pembroke Dock Ferry fire on 11th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans	CEO/DOO	3 Jan 2023	
2. Multi Agency Exercise to be arranged	4 x LRF	Dec 2023	
3. Review of Manchester Arena Inquiry	EPRR Team	Dec 2023	
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 and HDUHB.

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:	05/05/2023	TREND	12 (3x4)
		Date of Next Review:	03/08/2023		

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

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

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

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

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

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.
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.
3. Increased understanding of NEPTS by EASC	Director of Strategy Planning and Performance	02/08/23 Checkpoint Date	30.09.22 "Focus on" session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme.
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.

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:	05/05/2023	TREND	12 (3x4)
		Date of Next Review:	03/08/2023		

IF	THEN	RESULTING IN
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

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.

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	14/04/2023	TREND	12 (4x3)
		Date of Next Review:	30/06/2023		

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

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

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

EXECUTIVE OWNER	Director of Workforce and Organisational Development	ASSURANCE COMMITTEE	People & Culture Committee

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership	1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement	2. Both parties refer to the documents and are signed up/committed to it
3. IPA Workshops	3. Meetings completed with participation from TUs and senior managers. Attendance lists are available
4. Trade Union representation at Trust Board, Committees	4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned as a result of TU partner buy in
5. Monthly Informal Lead TU representatives and Chief Executive meetings	5. Diarised meetings
6. Staff representative management in Task & Finish Groups	6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference
7. WASPT re-established post stand down of cell structure post pandemic	7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team	8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings
9. Quarterly Report on TU activity to People and Culture Committee	9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes
10. Structures below WASPT to be signed off at next WASPT meeting in June 2023	10.
	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:

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	14/04/2023	TREND	12 (4x3)
		Date of Next Review:	30/06/2023		

IF	THEN	RESULTING IN
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	there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	a negative impact on colleague experience and/or services to patients

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

1. Develop an action plan from the recommendations of the ACAS report	Deputy Director of Workforce & Organisational Development	Completed 12/01/23	Action Plan for delivery created and shared with TU Secretary for feedback from TUPs
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing	Deputy Director of Workforce & Organisational Development	Completed 12/01/23	WASPT re-established. Third meeting scheduled T&F group undertaking work on the engagement model below WASPT through SLT and SOT is in progress with TU engagement. TU cell stood down.
3. Proposed externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree	Deputy Director of Workforce & Organisational Development	Completed 12/01/23	Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26th Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).	Deputy Director of Workforce & Organisational Development	Completed 12/01/23	WASPT feeding into PCC
5. Establish formal meeting structures below WASPT	Deputy Director of Workforce and Organisational Development	30.06.2023	Structure agreed with TUs. Sign off at next WASPT meeting. Highlight reports to be shared at WASPT

Risk ID 283	Failure to implement the EMS Operational Transformation Programme	Date of Review:	02/05/2023	TREND	12 (3x4)
		Date of Next Review:	03/08/2023		

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

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

IMTP Deliverable Numbers: 3, 7, 17, 18, 19, 20, 27

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

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership	1. Minutes and papers of Implementation Programme Board
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place	2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board
3. Programme Manager and Programme support office in place (for delivery of the programme)	3. Same as 2
4. Programme risk register	4. Highlight reports showing key risks reported to STB every 6 weeks
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks	5. Highlight reports presented to STB every 6 weeks
6. Programme budget in place (including additional £3m funding for 22/23)	6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23

Risk ID 283	Failure to implement the EMS Operational Transformation Programme	Date of Review:	02/05/2023	TREND	12 (3x4)
		Date of Next Review:	03/08/2023		

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

7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report	7. PID and Programme Plan Summary kept up to date**.** PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.
8. Regular engagement with the Commissioner and Trade Unions and representation	8. Commissioner and TU participation at the Implementation Programme Board
9. Management of external stakeholder and political concerns	9. Communications and Engagement Plan sets out WAST's arrangements for engagement with stakeholders
10. Secured specialist consultancy to support decision making	10. Reports and contractual compliance
	External Management (1st Line of Assurance)
	a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board
	b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months
	c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Current controls on workforce buy in are not sufficient due to changes in working practices	1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position. The PID has been updated for 2023/24 and reflects the budget, commissioning intentions and IMTP.
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)	2. No prompts from STB for programme PID or risk register updates. The SRO continues to provide the HLR, but the PID needs to be signed off by the Executive Sponsors. This can be done outside of STB.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Increase in engagement on the specifics of change through facilitation mechanisms	Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete. 02.05.23 There remains some minor engagement as the project concludes.
2. More capacity requested (transition plan)	Assistant Director of Planning & Transformation	02.08.23 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure. 02.05.23 this has not been forthcoming and handover lost hours are offsetting all of the gains that the Trust has made.
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.
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. 02.025.23 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.
5. Engage with Assistant Director of Planning and Transformation on process for PID updates	Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but nees to be signed off by Executive Sponsors.

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)	Date of Review:	29/03/2023	TREND	12 (3x4)
		Date of Next Review:	30/06/2023		

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

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	3	4	12
Target	1	4	4

IMTP Deliverable Numbers: 5,9,10, 17, 28

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

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

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Recruit a Head of Transformation	Assistant Director of Planning	30.09.22 complete	Recruited 02.08.22 in post on 01.11.22
2. Review the PPM	Head of Transformation	Extended from 31.03.23 – To 31.06.23 Checkpoint Date	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23
2. 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 checkpoint date	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing.
3. 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	Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner

IMTP Deliverable Key

No.	IMTP Deliverable
1	We will recover our systems of working and implement new ways of working developed during the pandemic as we learn to live with COVID-19
2	We will engage with a range of stakeholders, developing genuine Pan-Wales representation on partnership structures and delivering strong political and media relationships across the spectrum
3	We will develop and deliver a collaborative programme of work to design and implement new models within EMS (Inverting the Triangles)
4	We will work with partners to promote and expand use of 111 across Wales
5	We will increase the capacity and capability of the clinical teams for 111 and 999 callers, increasing clinical information available to them and we will create one integrated national team
6	We will work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations
7	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
8	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice
9	We will increase and balance response capacity and capability across urban and rural area of Wales
10	We will increase skill levels and resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients
11	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover
12	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
13	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand
14	We will develop and implement with partners an-All Wales transfer and discharge service
15	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-usual approach to service delivery
16	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
17	We will improve resource availability, tackling absence and recruitment challenges to deliver improved performance
18	We will effectively manage risk, governance and compliance to promote and protect colleague and patient safety, and ensure a safe, productive and fair work environment
19	We will purposefully shape our future People and Culture Strategy to equip our people to thrive in a changing environment
20	We will foster a culture of belonging and wellbeing where our people can engage, feel supported and represented
21	We will improve access to, and availability of services via the 111 Wales website and other digital channels (NHS Wales app)
22	Improved signposting to the most appropriate service
23	Improved digital tools and services to empower our teams to do their best
24	We will use modern technology to reduce repeat tasks and improve processes
25	Standardised information architecture and common approach to data and analytics across the organisation
26	We will deliver greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation
27	Improved resilience, flexibility and interoperability for the 999-call platform
28	We will provide an improved financial plan to support our ambitions
29	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation
30	We will deliver the Estates Strategic Outline Plan
31	We will implement the Environmental and Sustainability Strategy
32	Deliver the Fleet SOP
33	We will secure and implement Quality Management and control systems
No.	**IMTP Deliverable**
34	We will transform the way we work and engage with people
35	We will revisit and implement the Public Health Plan
36	We will implement the Clinical Strategy to support developments across our service ambitions
37	We will deliver a values-based approach
38	We will deliver strong risk management processes and embed a Trust-wide risk culture that embeds the principles of good governance

Welsh Ambulance Services NHS Trust

Guidance on Interpreting the Board Assurance Framework

Version 1.1 April 2023

Board Assurance Framework

The Board Assurance Framework (BAF) provides assurance to the Board on the Trust's delivery of its strategic aims, outlined in its 3 Year Integrated Medium Term Plan (IMTP) and through its risk management framework.

An element of the Trust's Risk Transformation Programme was to develop a transitional BAF that focussed the Board on the key risks that might compromise the achievement of those strategic aims.

The BAF currently draws its principal risks from the Corporate Risk Register and maps them to the Integrated Medium-Term Plan deliverables and therefore, by extension, are the Trust's strategic risks.

As the Trust's risk maturity advances the current BAF template will be used to capture risks to the strategic objectives and will be cross-referenced to the principal corporate risks.

The BAF aligns principal risks, drawn from the Corporate Risk Register, the key controls, and the assurances on those controls. Gaps are identified where key controls and assurances are insufficient to mitigate the risk and subsequent actions are identified. The Board should monitor these actions as intended to close the gaps and mitigate the risks.

COMPONENTS OF THE BAF

Elements for the Board to consider when scrutinising the BAF:

1. REVIEW DATE

Risks scored high (15-25) are reviewed monthly, medium risks (8-12) are reviewed quarterly, and low risks (1-6) are reviewed every 6 months.

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

The Board should consider whether the risk has been reviewed on time and in accordance with the governance routes agreed by the Audit Committee.

2. RISK ARTICULATION

An *If, Then, Resulting In* approach is used to provide a more detailed description of the risk. The Board should consider whether the cause and effect of the risk clear.

3. SCORING

The risk score uses the likelihood x consequence mechanism. A guide on how likelihood and consequence scores are arrived at to gauge if the score is appropriate is included in the tables in annex 1.

4. CONTROLS

A control is a measure that is already in place to mitigate a risk. Controls may change or be added to through regular updates. The Board will need to assure itself that these controls are effective to manage the principal risks.

5. ASSURANCE

Assurance provides confidence, evidence, and certainty that controls are effective. The Board should look at the control and the assurance related to that specific control to judge its effectiveness in managing the risk. As the BAF matures future iterations could include an assurance rating to support the assessment of effectiveness of controls.

6. GAPS

A gap in control or assurance occurs when either of these elements do not exist or that they do not effectively mitigate the risk. It may be that the control is not operating effectively to mitigate the risk. The Board should consider whether gaps are comprehensive with what is known in the current environment and whether the BAF supports the identification of the gaps or weaknesses in controls.

7. ACTIONS

An action is something which is intended to be done and which will limit the impact of a risk in the future. It may reduce the likelihood of the risk occurring at all. Once complete an action may become a new control. The Board should consider whether there is an associated action for each gap; are those actions on track according to their dates; and will these actions support the reduction of the risk when completed and become controls.

RISK SCORING MATRIX

Annex 1

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.	ocal 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.

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
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

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

Integrated Medium Term Plan (IMTP) 2022-2025
End of Year Position FY2022/23

MEETING	Trust Board
DATE	25th May 2023
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden – Head of Transformation
CONTACT	Heather.holden@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to provide the Board with the end of year position on actions in the IMTP 2022-25, including the Accountability Conditions set by Welsh Government. An assurance report reflecting on delivery during FY2022/23 and confirming the forward view for FY2023/24 is being developed by the Head of Transformation in consultation with delivery leads across the organisation. This report was presented at Strategic Transformation Board (STB) on 22nd May 2023 and will form the basis for future Committee and Board reports on the IMTP.

RECOMMENDED:
That the Board:

1. Notes the update against WAST's IMTP Accountability Conditions;
2. Notes the overall delivery of the IMTP detailed in this paper;
3. Notes the forward view for IMTP assurance in 2023/24.

KEY ISSUES/IMPLICATIONS

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

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

By year end we made significant progress on these conditions, as follows:

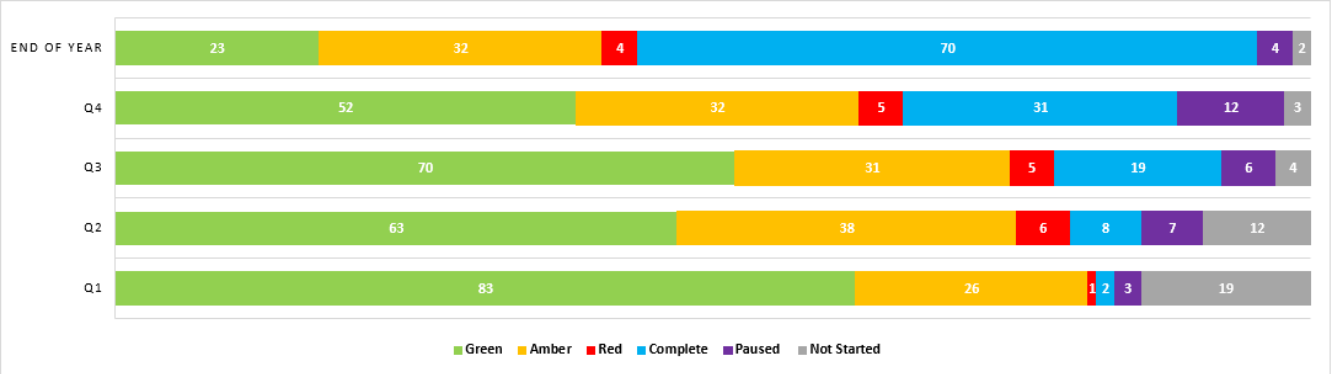
Six Goals	WAST has a greater presence for goals 2, 5 & 6 at delivery board level and on the clinical advisory board, with engagement/representation on goals 1, 3 and 4 at various levels including through the Strategic Programme for Primary Care and the Same Day Emergency Care national action group. The Integrated Commissioning Action Plan (ICAP) process, established by NCCU as a joint planning process with health boards, is becoming more established across Wales and WAST is developing a set of service offers for each health board based on successful implementation in other areas of Wales. The ICAPs will align to six goals policy and some actions will directly support the policy targets (e.g. SDEC development) whilst others will indirectly impact on the six goals programme in support of delivery targets. WAST's IMTP for 2023-26 includes deliverables which align directly to the six goals policy, with actions and outcomes clearly articulated in appendix 1 of the IMTP.
Value Based Healthcare	The Value Based Healthcare Working Group in WAST continues to develop its work programme alongside the Financial Sustainability Programme. There has been some slippage in implementation of Patient Level Information and Costing (PLICs), with data quality issues pushing implementation back to Q3 or Q4 in 2023/24. The work to trial Patient Reported Experience Measures (PREMS) with Aneurin Bevan University Health Board has been live during quarter 4 and we expect the results in Q1 2023/24. We will be holding a workshop facilitated by Value in Health Centre in May 2023 to further enhance our understanding of Value Based HealthCare and how we can apply it across pre-hospital urgent and emergency care. Following this workshop we will establish a Value Based HealthCare steering group with Executive leadership to guide the organisation in embedding Value Based HealthCare across all of our activities. This is a commitment that has been made in our IMTP this year.
Minimum Data Set	We worked in 2022/23 with Welsh Government to define a more meaningful set of activity data for ambulance services, data which informs our planning. This is now being refreshed quarterly with the required data applied. A new MDS was submitted to Welsh Government with our IMTP on 31st March 2023 for the period 2023/24.
Improvement in sickness absence	The Managing Attendance Programme continues to work through the actions required to address absences with regular reporting and assurance provided at People and Culture Committee.

	By year end WAST hit its target of 8% and a trajectory is included in this year's IMTP to take WAST to 6% in line with pre-COVID levels of absence.
Delivery of workforce efficiencies	A range of efficiencies in EMS were delivered and resulted in the increase of around 1,200 additional shifts. This includes the EMS re-rostering, sickness absence reduction, additional WTEs and increase in consult and close rates. Further efficiencies have been included in the IMTP this year, taking into account commitments agreed as part of Industrial Action negotiations, which include a trajectory for consult and close rates to increase to 17% and (as above) further sickness absence reduction.

An IMTP delivery tracker has been in place throughout FY22/23 to map all priorities back into the agreed transformation and enabling programmes established within the IMTP delivery structure. The following sets out the end of year position of IMTP delivery priorities, and any slippage or status changes that should be noted by STB.

The tracker is currently being refreshed for FY23/24 and will include any outstanding actions from FY22/23.

A detailed end of year position by programme/workstream has been reported into Finance and Performance Committee on 15th May 2023 and the Committee was assured by the update provided. The following chart provides an aggregated end of year position for all deliverables that were tracked during FY2022/23.



Despite a challenging quarter 4, a number of actions and milestones were completed. The majority of Amber rated actions will have rolled over into 2023/24, with mitigations reported in the detail submitted to Finance and Performance Committee. Four items were rated Red at year end as being significantly off track

Ambulance handover times remain extreme (Red), however CVUHB has been recognised as a positive outlier and work is ongoing through EASC to share learning. As reported on regularly to Board, this remains an area of ongoing focus for the organisation, and whilst many of the solutions lie with commissioners, the Trust, through its Inverting the Triangle programme, continues to take action to reduce the numbers of patients who are conveyed to Emergency Departments.

The re-roster of Non-Emergency Transport centre staff remains off track and has increased from Amber to Red. A project brief will be developed to formally initiate the project; however, progress has been significantly impacted by capacity constraints and de-prioritisation during Q4.

SALUS implementation remains Red; this project is externally led and overseen by the Interim 111 Board. There have been significant and ongoing delays throughout 2022/23 which the Board has remained sighted on through the year. The current proposed delivery date of the SALUS system has now been confirmed as 20th November 2023. A revised programme plan will be developed into 2023/24 and this will then form the basis on which RAG ratings are applied.

Implementation of the Once for Wales Datix Risk Module remains Red; whilst there has been some progress with Datix's development, the improvements suggested by the Once for Wales Task and Finish Group will not be realised by the provider as planned. A road map is being created with the providers to achieve implementation and roll out; however, the implementation date is now extended as a result with no agreed date in place. Given that the Trust does not have overall control of this issue this will not be a key deliverable included in next years IMTP.

Forward View – IMTP Assurance 2023/24

Following final publication of the IMTP, the Transformation and Planning teams have been working with transformation programme SROs and leads for enabling and fundamental workstreams to formally document the priority work linked to the IMTP for delivery during 2023/24.

- Projects and workstreams are being clearly defined, including their scope;
- Resources are being prioritised against the critical 'must do's' within the plan;
- Milestones are being agreed for delivery during Q1;
- Project/workstream progress will be monitored by the Transformation and Planning teams by way of progress against agreed milestones;
- This will be presented in a streamlined, quarterly written assurance report to STB (first due to STB on 22nd May), that will include RAG status against agreed milestones, highlighting any slippage;
- This report will also include the agreed milestones for the next quarter;
- The quarterly written assurance report will be shared with Finance & Performance Committee for information ahead of each Trust Board;
- Verbal updates will be provided at every alternate STB; meeting minutes will be shared with Finance & Performance Committee for information.

In addition to establishing a revised IMTP assurance process for 2023/24, the Transformation Support Office (TSO) has also commenced work with Verto 365 to deploy a centralised project portfolio management system. This system is used extensively across NHS Wales and presents an opportunity to strengthen and streamline our IMTP assurance reporting. The project is currently in scope, and discovery work is underway to develop a prioritised requirements list. Early iterations of the system will focus on creating a central repository of all projects and workstreams aligned to our IMTP transformation programmes (which has been an audit recommendation in the past), with further iterative rollout throughout FY2023/24 to enabling workstreams.

We will continue to produce written assurance reports as the system is designed, tested, and deployed, but will be reviewing our assurance reports in line with Verto 365 adoption.

REPORT APPROVAL ROUTE

Finance & Performance Committee 15.05.2023

REPORT APPENDICES

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

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

Financial Performance as at Month 1 – 2023/24

MEETING	Trust Board
DATE	25th May 2023
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the first Financial Performance Report of the 2023/24 financial year, the reported position as at Month 1 (April 2023). This builds on a detailed presentation and discussion on the initial financial reporting of the Trust for the 2023/24 financial year held at Finance & Performance Committee on 15th May 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 the risks to in year delivery in doing so.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue deficit (£8k) for month 1 2023/24;
- In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust is currently forecasting to breakeven for the 2023/24 financial year;
- Capital expenditure plans are being finalised with plans to fully achieve in year;
- In line with the financial plans that support the IMTP, gross savings of £0.552m have been achieved in month 1 against a target of £0.573m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.8% for the number, and 99.7% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- EMT – 10th May 2023 – verbal update on draft m01 position
- FP&C – 15th May 2023 – via presentation
- Trust Board – 25th May 2023 – for noting

REPORT APPENDICES
Appendices 1 – 2 *– Monitoring return submitted to Welsh Government for month 1 – 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 1 2023/24

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 30th April 2023 (Month 1 2023/24), along with a update on the initial 2023/24 capital programme. This builds on that presented to, and discussed in some detail, at the meeting of the Finance & Performance Committee on 15th May 2023.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 1 2023/24** (1st April 2023 – 30th April 2023) are that:

   - The cumulative revenue financial position reported is a small **overspend against budget of £0.008m,** 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 £0.552m have been achieved against a target of £0.573m. The future phasing of residual savings requirements as we progress through the early part of the financial year will be key to the continuing delivery of a balanced position and forecast;

   - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.8% for the number, and 99.7% of the value** of non-NHS invoices paid within 30 days.

3. Whilst broadly balanced at the outset of the financial year, which is encouraging given the financial challenges the organisation is facing, it is key to also note the following assumptions that have been made in reporting this current position:

   - That funding (c£6m full year) for the 100 front line WTEs funded non recurringly, and appointed to, in 2022/23 is fully assumed. Without this, the Trust would be c£500k overspent already after one month. Discussions have continued with the CASC and WG colleagues to secure the required clarity of this funding and it is pleasing to report that, since the closedown and finalisation of this month 1 position, further correspondence has been received from WG, via the CASC, confirming that funding will be made available to the Trust, albeit on a non recurring basis again in 2023/24, to cover the costs being incurred for these additional staff. Linking this requirement to the need to retain current staffing levels due to the ongoing delays at EDs across Wales, future requirements for this level of staffing will be further explored and agreed in due course;

- Specifically in terms of the forecast balanced position at year end, this still assumes the full delivery of the required £6m savings plan for 2023/24. What is encouraging is that, since the submission of the financial plan as part of the IMTP, which included a residual savings gap to be found of c£2.5m, over £1m of additional savings and in year financial benefit has now been identified, in particular in relation to income recovery. However, as per the phasing of savings agreed by the Board in the detailed budget setting paper approved in March 2023, no element of that required for the remaining c£1.4m savings has yet been phased into the year to date position, with the delivery of this assumed from the outset Q2 / M4 onwards. Whilst it is pleasing that this has broadly been offset in month 1 through accelerated delivery of some savings elsewhere, this is unlikely to be sustainable through the whole financial year so plans to deliver this residual remaining gap, through the Financial Sustainability Workstreams and elsewhere, and now key to the delivery of a balanced position through 2023/24.

4. Some of this is best presented in terms of the annual savings requirement, that yet to be phased into the year to date position and that delivered to date by the following summary table. As we progress through Q1, much more detailed monitoring and updates of the full savings programme will be provided to Strategic Transformation Board (via FSP updates), Finance & Performance Committee and Board.

Savings Performance by Theme 23-24				
Reporting Month	1			
	Annual	In Month		
	Plan	Plan	Actual	Variance
	£000	£000	£000	£000
Digital	220	53	53	0
Estates	128	11	11	0
Fleet	142	0	0	0
Income	1,175	105	105	0
Local Schemes (Non Pay)	62	0	0	0
Management of Non Operational Vacancies	2,251	294	272	-21
Operations Target	1,221	0	0	0
Procurement Efficiencies	500	21	21	0
Workforce Efficiencies & Transformation	301	90	90	0
Totals	**6,000**	**573**	**552**	**-21**

5. As we know no plan, forecast or reported delivery at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 1 are set in line with the submitted IMTP and summarised later in this report. Accepting that it is early in the new financial year, as we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, as Board members will be aware, we do currently hold a greater number (and value) of financial risk as we enter into the 2023/24 financial year.

REVENUE FINANCIAL PERFORMANCE – MONTH 01 2023/24

6. The table below presents an overview of the financial position for the period 1st April 2023 to 30th April 2023.

Revenue Financial Position for the period 1st April - 30th April				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-278,396	-22,065	-22,060	5
Expenditure				
Pay	198,321	15,864	15,786	-79
Non-pay	58,684	4,452	4,543	91
Total pay & non-pay expenditure	257,006	20,316	20,328	12
Depreciation & Impairments / interest payable & receivable	21,390	1,749	1,740	-9
Total	0	0	8	8

Treatment of Covid-19 spend

7. Due to the Covid-19 pandemic, and that which had been indicated by WG that will continue to be supported by additional funding in 2023/24, the Trust has recorded additional unavoidable spend up to Month 1 totalling **£0.032m** relating to PPE costs.

8. A summary of the Covid-19 revenue costs reported in the Month 1 financial position is shown in the table below:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	0	0
Total Non Pay	32	400
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	**32**	**400**

Income

9. Reported Income against the initial budget set to Month 1 shows an underachievement of **£0.005m**.

10. As above, within this we are assuming income will be fully provided by WG for the reported Covid costs.

Pay costs

11. Overall, the total pay variance at Month 1 is an underspend of **£0.079m**.

Non-pay Costs

12. The overall non-pay position at Month 1 is an overspend of **£0.082m**.

Savings

13. As above, 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.

14. As at Month 1 for the financial year 2023/24 the Trust achieved total savings of **£0.552m** against a target of **£0.573m**.

Financial Performance by Directorate

15. Whilst there is a small deficit reported at Month 1 there are some small variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, given we are so early in the financial year, but they will be continued to be closely monitored.

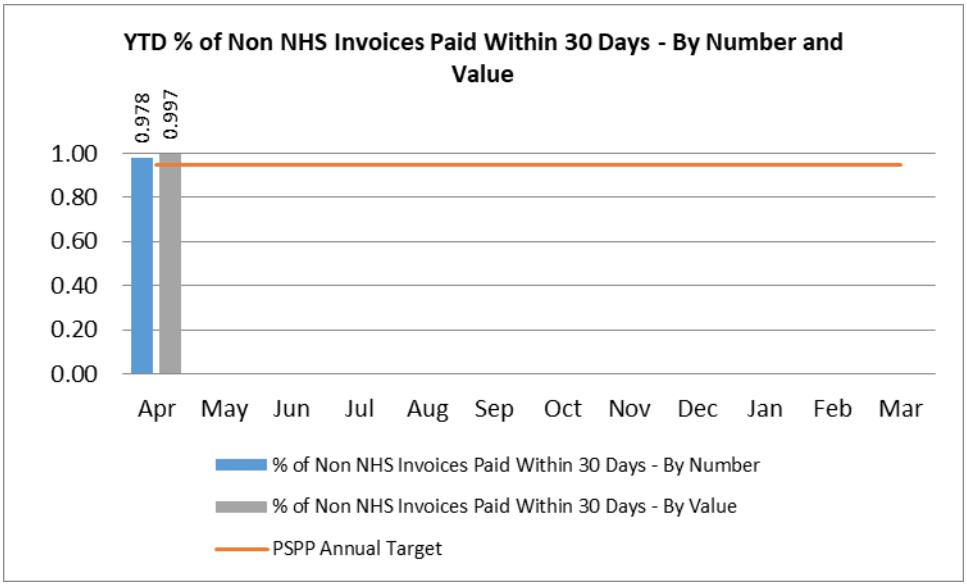
Financial position by Directorate @ 30th April	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	178,320	13,876	13,842	-34	-0.2%
Chief Executive Directorate	1,776	148	166	17	11.5%
Board Secretary	434	36	32	-4	-11.8%
Partnerships & Engagement Directorate	550	46	45	-1	-2.2%
Finance and Corporate Resources Directorate	33,576	2,702	2,700	-2	-0.1%
Planning and Performance Directorate	2,363	184	183	-1	-0.3%
Quality, Safety and Patient Experience Directorate	5,511	456	450	-6	-1.3%
Digital Directorate	12,683	913	920	7	0.7%
Workforce and OD Directorate	4,205	354	355	2	0.5%
Medical & Clinical Services Directorate	3,173	104	99	-5	-5.0%
Trust Reserves	5,032	76	115	39	51.3%
Trust Income (mainly WHSSC)	-247,623	-18,895	-18,898	-3	0.0%
Overall Trust Position	**-0**	**0**	**8**	**8**	

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

- Most directorates broadly in line with budget plan for Month 1;
- Reserves – small overspend due to NHS Pension payments having to be covered centrally.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

17. Public Sector Payment Policy (PSPP) compliance up to Month 1 was **97.8%** against the **95%** WG target set for non-NHS invoices by number and **99.7%** by value.



FINANCIAL SUSTAINABILITY PROGRAMME UPDATE

18. Alongside the detailed month 1 financial performance, an update on progress against some of the key areas of work being progressed by the FSP was also provided to F&PC on 15th May, including the following:

- The admin and support services review is now progressing in earnest with initial recommendations expected in July 2023;
- Draft terms of reference for the accompanying services review have been produced, with an acknowledgement that benefits of this is likely to be realised later in the financial year, but which should be a key element of financial planning for 2024/25 and beyond;
- The Recruitment Control Panel process is continuing, with initial benefits having already been presented to EMT and of which the above reviews will further provide a framework for making more rounded decisions in terms of roles to be approved;
- Income group work progressing well, as noted above over £1m worth of schemes identified for the 2023/24 financial year, with good confidence of delivery. Good cultural shift by the organisation as zero income generating schemes were part of the savings plan in the 2022/23 financial year, and
- Separately, the Operations team has tasked itself to identify a gross £2m worth of savings which if delivered would significantly aid closing off the remaining unidentified savings gap; a good combination of “bottom up” and “top down” approaches to delivery.

INITIAL CAPITAL PROGRAMME

19. As we are in the early stages of the financial year the discretionary capital programme and resulting budgets are only now being finalised. This, alongside a required reprioritisation of the fleet replacement programme for 2023/24 was subject to a joint EMT / ADLT workshop on 2nd May, the outcome of which was presented in some detail to F&PC on 15th May.

20. In summary this has proposed the following for progressing in 2023/24:

- Due to the available funding from WG for the submitted BJC for fleet replacement in 2023/24 being 50% of that requested, following a detailed reprioritisation exercise considering a range of factors including current vehicle age profiles across the fleet, the mix of new vehicles remaining to be completed from the 2022/23 funding and ensuring other aspects of the fleet can be managed safely in this way, the agreement is to focus on the replacement of as many Emergency Ambulances as possible from the funding that is now available in 2023/24. The future impacts of such reduced funding, alongside the outlook for funding availability for 2024/25 and beyond is now being picked up with WG colleagues;

- A range of schemes has now been prioritised for progressing from the remaining discretionary capital funding in 2023/24, after allowing for any brought forward commitments and some budgets required to be set from within this funding. This includes:

    - **Dolgellau -** alternative accommodation for EMS and NEPTS to replace the current overcrowded estate which is within a North Wales Fire & Rescue Service building;

    - **Llangunnor CCC –** The Operations directorate agreed this project as a priority, further consultation with Dyfed Powys Police is required to establish their programme for the re-configuration of their headquarters site in Llangunnor, Carmarthen;

    - **North Wales CCC -** ring fenced monies within this year's programme to undertake works at to potentially provide alternative accommodation;

    - **LUCAS CHARU** – It was agreed that this remained a priority, to continue with the expansion of the CHARU programme in the Trust, as a result a further 20 Lucas Mechanical Chest Compression Devices are required to ensure consistency across Wales;

    - **Core server infrastructure replacement**;

    - **Clinical Equipment Asset Management System**;

    - **Logistic hub vehicles (revenue saving).**

21. On top of the specific areas summarised above, the overall initial capital programme for the Trust in 2023/24 will also include all Wales Capital Programme funding / planned expenditure for the following:

    - 111 replacement system costs / Salus;
    - ESMCP – CRS & MDVS elements;
    - CAD replacement servers;
    - EFAB schemes.

22. Values for some of these, especially those relating to ESMCP, are likely to change as we go through the financial year, however the key position for the Trust will be that all elements of likely capital spend in year for these will be fully funded.

RISKS AND ASSUMPTIONS

23. Understandably this early in the financial year, the risks reported are still being fully assessed, however in reporting through to WG it is considered that there are currently no individual high likelihood risks but as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

24. At the outset of this financial year there are however a number of risks that need to be documented within this initial reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP and included as such in the accompanying returns provided to WG. The main ones are described below, along where possible with an indicative value currently placed on these risks, as required by WG as well as the current assessed level of risk. Inevitably at the start of any financial year many of these values are very indicative.

25. Given the larger saving target that has been required this financial year to cover increasing cost pressures the Trust has included a number of risks around both the identified savings (**£0.900m** low risk), under delivery of this presented as "Amber schemes" **(£1.221m** medium risk) and the yet to be identified savings (**£1.379m** medium risk). Work continues with operational and other colleagues to build plans on how these savings can be achieved, and as we move through the financial year the aim will be to reduce these risks down once savings are achieved and plans crystalize.

26. There are a number of risks that have materialised in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices (**£2.500m** low risk), whilst we have seen a decrease in these, they still remain volatile therefore a low risk has been included. Also included in line with the current financial climate is a risk associated with non-pay inflation (**£2.000m** low risk), whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions.

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

28. A low-level risk of **£6.000m** was included in the month 1 submission to WG in relation to assumed funding for the 100 frontline WTEs; receipt of the correspondence now received from WG, via the CASC in relation to this should allow for this risk to be removed in the near future, once the funding for this starts being received by the Trust.

29. On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 will be fully funded by WG.

30. As noted above, whilst there are therefore no current individually assessed high financial risks as we enter the financial year, the number and total value of financial risk described within these returns is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our

statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed withing the IMTP, this will likely be a challenging financial year, despite the initial continued good financial performance in M01. 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.

31. Finally, alongside the above, it is also worth noting that the F&PC also received an update on 15th May on a detailed review that had been undertaken on the risk of non-delivery of statutory financial duties (Risk 139) on the Trust's Corporate Risk Register.

RECOMMENDED that the Board:

a) **Notes** and gains **assurance** in relation to the Month 1 revenue financial position and performance of the Trust as at 30th April 2023;

b) **Notes** the update in relation to the Financial Sustainability Programme and progress in relation to residual savings to be identified**;**

c) **Notes** the initial capital programme for 2023/24, and

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

Appendix 1

Attached

Appendix 2

Sent by e mail (excel sheet)

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

15th May 2023

Your ref:

Dear Andrea

Re: APRIL 2023 (MONTH 1 2023/24) MONITORING RETURN

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

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

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

The Trust's performance against financial targets for Month 1 2023/24 is as follows: -

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

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

- The nationally made available 1.5% uplift for core cost growth, which excludes any funding to meet the 2022/23 and 2023/24 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects. In particular it is key to note that this assumes that, as support by the CASC and the EASC IMTP, this assumes just under £6m of funding in 2023/24, for 100 WTEs front line staff initially funded non recurringly and appointed to during the second half of 2022/23.

It should be noted that as per the IMTP the income and corresponding pay cost do not include any allowances for the 2023/24 pay awards or any one off allowances currently still being considered by Trade Union Partners, however the assumption would be any agreement would be fully funded by Welsh Government.

The resulting reported performance at Month 1 as per Table B is therefore a very small over-spend against budget of **£0.008m**. The main funding and expenditure / savings assumptions within this reported position needs to be recognized, however.

The reported total pay variance against plan as at Month 1 is an underspend of £0.079m.

The non-pay position at Month 1 is a reported overspend of £0.082m.

Income at Month 1 shows an underachievement of £0.005m. However, as noted above, there is one income stream contained within our IMTP, supported as such by the CASC and which is therefore currently assumed within the M01 reported financial position, for which whilst the Trust has again recently received verbal confirmation, we are still awaiting written confirmation for this. This is the funding for the additional 100 WTEs front line staff appointed in 2022/23 and if this was not funded the Trust's month 1 position would be showing a much larger deficit, in the region of £0.5m and the full year forecast would potentially be up to c£6m deficit.

2. Movement (Table A)

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

3. Risk (Table A2)

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

However, at the outset of this financial year there are a number of risks that need to be documented within this initial reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP. The number and values of these in itself represents much higher overall financial risk at this stage of the financial year.

Given the significantly larger saving target that has been required this financial year, to cover increasing cost pressures the Trust has included a number of risks around both the identified savings and the remaining non-identified savings, which the Trust is working with operational colleagues to build plans on how these savings can be achieved, and as we move through the financial year the aim will be to reduce these risks down once savings are achieved and plans crystalize. The level of residual savings requirement is however now less than that included in the IMTP financial plan, which is clearly positive at this stage of the year.

There are a number of risks that have materialized 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. 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.

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

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

Given the current uncertainty around the pay deal for 2023/24 two risks have been included, one is in relation to the risk of staff leaving Wales to work over the border if the pay deal in England is more favorable, also a risk that if the Trust assumption isn't correct that as in previous years any WG agreed pay deal is fully funded by Government. Inevitably at this stage of the year the values included for these are very much estimates.

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 will be fully funded by WG.

As noted above, whilst there are therefore no current individually assessed high financial risks as we enter the financial year, the number and total value of financial risk described within these returns is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed withing the IMTP, this will likely be a challenging financial year, despite the initially reported good financial performance in M01, based on the assumptions made in reporting this.

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

4. Monthly Profiles (Table B)

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

Please note the figures quoted for the baseline depreciation are based on the figures previously provided, and have not been adjusted in the Month 1 return due to the ledger being closed at the point of receiving the revised figures from WG, this will be reflected in the Month 2 return.

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

Agency costs for Month 1 totalled £0.100m. The current percentage of agency costs against the total pay figure is 0.6%, this is to cover vacancies. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance and information provided in the required table.

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

For Month 1 the Trust is reporting planned savings (including Income generation) of £0.573m and actual savings of £0.552m, this small under achievement is in relation to vacancy management.

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

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

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

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

At Month 1 there were 5 invoices over 11 weeks, invoice 140652 has since been paid.

10. Cash flow (Table G)

The cash flow is not required as part of the month 1 submission.

11. Public Sector Payment Compliance (Table H)

This table is not required until month 3.

12. Capital (Tables I, J and K)

The capital tables are not required for Month 1.

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 1 Financial Monitoring Return will be presented to Trust Board on 25th May 2023.

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

14. Other Issues

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

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

Yours sincerely

Chris Turley
Executive Director of Finance & Corporate Resources

Jason Killens Chief Executive

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

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

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – March 2023

MEETING	Trust Board
DATE	25 May 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Mark Thomas – Commissioning & Performance Manager Nicola Quiller – Senior Commissioning & Performance Analyst
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Nicola.Quiller@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 **March/April 2023.**

2. This report contains information on key indicators. The indicators used at this high-level show a worsening of system pressure, in particular, handover lost hours and therefore declining quality and performance for the Emergency Medical Service (EMS). 111 was more stable, having recovered from the extreme levels of demand in December, but abandonment rates remain a problem. The Non-Emergency Patient Transport Service's (NEPTS) performance is stable. Overall the picture remains a poor one in terms of the quality and safety of the service that the Trust can provide to its patients.

RECOMMENDATION

Trust Board is asked to: -

- **Consider the March/April 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.

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 **March/April 2023.**

BACKGROUND

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

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

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

4. As previously agreed, the metrics which form part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (Integrated Medium-Term Plan - IMTP) and strategies. This report is based upon the annual review that was endorsed at the July 2022 Finance & Performance Committee with a further annual review underway and due to come to Board for approval in July 2023.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.

6. **999** answering times have been challenged through significant increases in call demand through the year; however, in April 2023 the median and 65th percentile performance were good. The **95th percentile performance also improved to a three second answer** time, which is a high level of performance.

7. **111 call answering performance remains poorer** than the Trust would want. December 2022 saw unprecedented levels of demand and poor performance. Performance has improved since then with 37.3% of calls answered within 60 seconds in April, although this remains substantially off target (95%). Negotiations with commissioners have indicated that funding is available for 198 call handlers and recruitment has been underway to secure this number. Further work is required to reduce capacity lost through sickness absence, aligning

capacity with demand and improving the efficient use of resource. A priority is now re-rostering 111.

8. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back time target for the highest priority 111 calls (P1CT) the P2 and P3 call back times continue to remain slightly below the 90% performance target, with the respective figures for April being 88% and 80.4%. Numbers of clinicians are now broadly at agreed establishment levels (recently agreed as 100 WTE).

9. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for April 2023 was 53%, an improvement when compared to March 2023, but still far below the 65% target. The Amber 1 median was 59 minutes (ideal 18 minutes) and the Amber 1 95th percentile was 4 hours 13 minutes. Although both times show significant improvements compared to March 2023, these long response times continue to have a direct impact on outcomes for many patients. Actions within the Trust's control include:

   Capacity:

   - Recruitment: Confirmation has been received of further non recurrent funding in 2023/24 to support the 100 WTE staff recruited in 2022/23. Work will continue through the year to ensure that establishment remains at commissioned levels.
   - Some additional funding has also been made available to pilot an Amber Virtual Ward in partnership with St John Cymru.

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

   - The Ambulance Response roster review completed its go live in November 2022. This will have had the equivalent performance impact of +72 FTEs.
   - A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This has reduced overall sickness levels, with further work to reduce to 6% in 2023/24. There remain risks associated with delivery of this level of improvement.

   Demand Management

   - The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate, achieving 14.7% in April 2023.

   Red Improvement Actions

   - The full roll out of the Cymru High Acuity Response Units (CHARUs). Recruitment and training is being undertaken at pace with the aim to fully populate the CHARU rosters keys (153 full time equivalents). The Trust is commissioned for 52 FTEs currently, so the 89.5 FTEs is an internal movement between the emergency ambulance roster and the CHARU rosters, not additional resource.

- The clinical screening of Red calls. This is being undertaken within additional resource, when possible, but ideally clinical screening, as previously modelled, would require additional FTEs. A further request to model the balance between consult & close v clinical screening is currently being actioned.

- A more efficient response logic. This is complex and is currently being worked through between the Clinical & Medical Directorate and Operations.

10. One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. Over 23,000 hours were lost in April 2023, a decrease compared to the 28,620 hours lost in March 2023. However, the levels remain so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Immediate Release figures for April 2023 were: Red 132 accepted and 9 declined; and Amber 1 116 accepted and 254 declined.

11. **Ambulance Care (formally NEPTS) (Patient Experience)**: performance remains above target for enhanced Oncology patient arrivals prior to appointment at 76.5%. Discharge performance declined slightly to 82% (target 90%). Overall demand for the service continues to increase, although it has not yet recovered to pre-COVID-19 levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance.

12. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported 8 NRIs to the Delivery Unit in April 2023, compared to 3 in March 2023; 11 serious patient safety incidents were referred to health boards in April 2023. It should be noted that the relatively small numbers may represent a delay in referral across rather than an actual drop in numbers of serious cases. In March 2023 complaint response times improved to 44%, but still failed to meet the 75% target. In the main, many of these incidents will be because of continued longer response times and the actions outlined above therefore are key. The Trust has put more capacity into the Putting Things Right (PTR), which has had a positive impact for the Legal Team and Concerns Administrators responding to patients and families by email and telephone, however, vacancies and the level of concerns continues to severely affect the team. The Trust is concerned for the welfare of the team, given the nature and volume of what colleagues are reviewing. Consideration is being given to what further support can be provided in terms of the team's welfare; and an organisational change process discussion is due to start in April 2023.

13. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 80% in April 2023**,** below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system.

Our People (workforce resourcing, experience, and safety)

14. **Hours Produced**: The Trust produced 118,141 Ambulance Response ambulance unit hours in April 2023. Emergency ambulance unit hours production (UHP) was 98% in April 2023, thus achieving the 95% target. CHARU UHP also increased month on month to 96% in April (note this is of the commissioned level. Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving.

15. **Response Abstractions:** abstraction levels declined to 32.26% in April 2023, but still remained above the 30% benchmark. A deep dive is being organised on abstractions. EMS Response sickness abstractions stood at 10.36% in April 2023 (benchmark 5.99%).

16. **Trust sickness absence:** the Trust's overall sickness percentage was 8.94% in February and improved to 8.33% in March 2023. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level.

17. **Staff training and PADRs:** PADR rates did not achieve the 85% target in April 2023 (72.97%), compliance for Statutory and Mandatory training increased slightly to 75.55%.

Finance and Value

18. **Financial Balance**: The Trust has reported outturn performance for February 2023 with a surplus of £12,000, and a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.

19. **Post-production lost hours**: the efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. Dialogue between the Trust and TU partners on options for change in relation to meal breaks has paused due to industrial action, but good progress has been made in relation to some other areas.

Partnerships/ System Contribution

20. **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 14.7% in April 2023, close to the Trust's 2022/23 IMTP ambition of 15%.

21. The Trust **conveyed** 38.4% of patients to emergency departments in April 2023. This figure needs to be treated with caution as analysis shows that conveyance rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In March 2023, over 9,600 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 709 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" and a stakeholder engagement process.

Summary

26. The indicators used in this high-level report paint a continued poor picture in terms of the quality and safety of the EMS. 111 call answering rates remain problematic, but the clinician call back rates are above or close to target. Ambulance Care NEPTS performance is stable. No specific additional funding is available in 2023/24 for any additional initiatives. For EMS the Trust cannot take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result, all three committees have expressed at each of their meetings serious concern about the impact of handover lost hours on patient safety and staff well-being. It remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation and that further actions to shift patient demand left are supported.

RECOMMENDED: The Trust Board is asked to consider the March/April 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**
24 May-23	**Executive Management Team**
25 May-23	**Trust Board**

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

April 2023

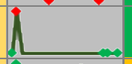
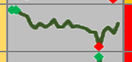
Annex 1 – Top Indicator Dashboard

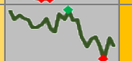
Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

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

by Commissioning & Performance Department

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2023/24	Mar-23	Apr-23	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	15.4%	11.8%		R
111 Clinical Triage Call Back Time (P1)	90%	98.5%	98.9%		G
999 Call Answer Times 95th Percentile	95% in 00:00:06	00:06	00:03		G
NEPTS Call Answering	Improvement Trend	01:08	01:43		A
999 Red Response within 8 minutes	65%	47.5%	53.0%		R
999 Amber 1 Median	00:18	01:35	00:59		R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	73.4%	76.5%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	82.7%	82.2%		A
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Improvement Trend	14.0%	16.0%		R
Stroke Patients with Appropriate Care	95%	72.2%	80.1%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	35.2%	30.1%		R
National Reportable Incidents reports (NRI)	Reduction Trend	3	8		R
Can't Send & Cancelled by Patient Volumes	Reduction Trend	10,012	7,687		
Concerns Response within 30 Days	75%	20.0%	44.0%		R
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	95%	98%		G

Top Monthly Indicators	Target 2023/24	Mar-23	Apr-23	2 Year Trend	RAG
Our People					
Health & Well-being					
Sickness Absence *(all staff)*	6.0%	8.33%	-		A
Mental Health Absence Rates	Reduction Trend	2.12%	-		A
Staff Turnover Rate	Reduction Trend	10.38%	10.28%		A
Statutory & Mandatory Training	>85%	65.05%	75.55%		R
PADR/Medical Appraisal	>85%	72.10%	73.0%		A
Number of Shift Overruns	Reduction Trend	4,064	3,839		A
Inclusion & Engagement / Culture					
NHS111 Welsh Call Volumes	TBD	33.9%	36.6%		TBD
NEPTS Welsh Call Volumes	TBD	1.1%	1.4%		TBD
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%		G
EMS Utilisation Metric (All Vehicles)	Improvement Trend	61.4%	58.8%		TBD
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.28	2.39		A
NEPTS on the Day Cancellations	Reduction Trend	21.6%	18.3%		A
Partnerships / System Contribution					
Inverting the Traingle					
Successful Consult & Close Outcome	17.0%	13.8%	14.7%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	11.11%	10.70%		A
Number of Handover Lost Hours	15,000	28,620	23,082		R
NHS111					
NHS111 Dental Calls	-	6,668	6,723		
Consult & Close Volumes by NHS111	Increasing Trend	973	996		A

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

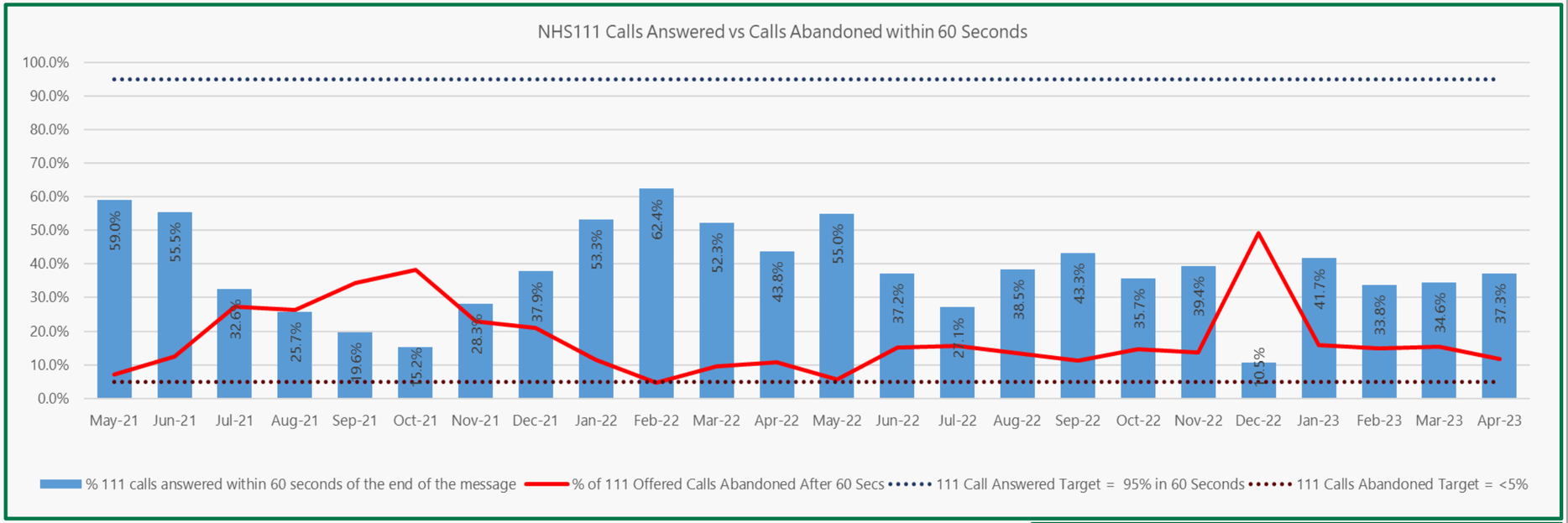
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

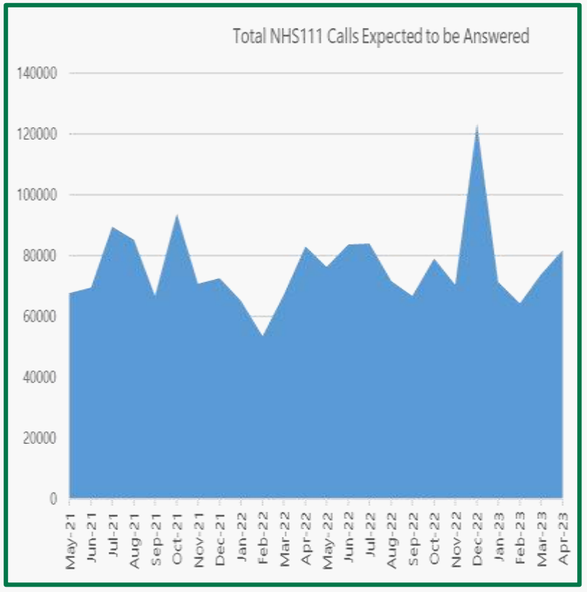
(Responsible Officer: Lee Brooks)

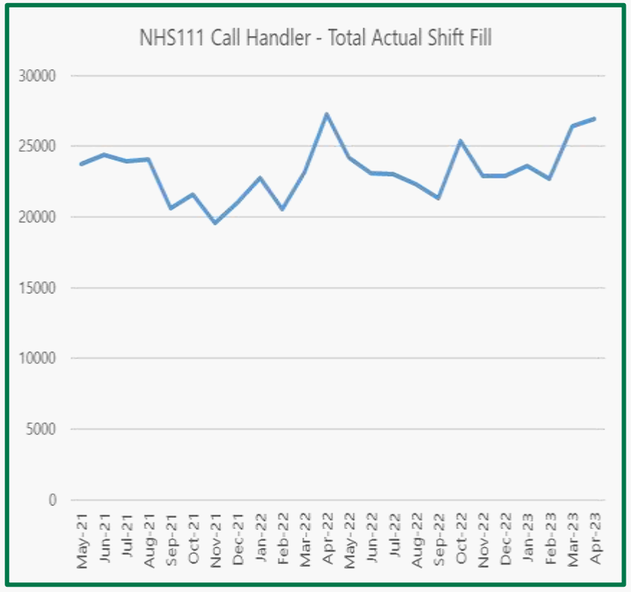
R

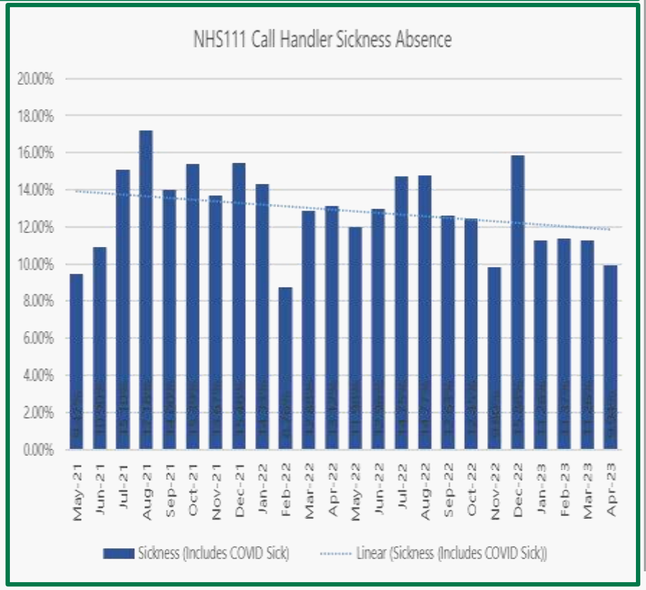
FPC

Influencing Factors – Demand and Call Handling Hours Produced









Analysis

111 call abandonment is a key patient safety indicator for the service. April 2023 saw an **abandonment rate of 11.8%,** an improvement when compared to the 15.4% figure seen in March 2023,, despite a demand increase of 9.7% across the 2 months.

The percentage of 111 calls answered within 60 seconds of the end of the message increased again in April 2023 to 37.3%..

Total capacity measured through shift fill increased in April which is a result of additional recruitment but also as a result of a decrease in sickness absence.

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; but vacancies have been appointed to.
- Work continues on sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6%
- A roster review in three parts has commenced in collaboration with the 111 commissioners to review rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week. This is unlikely to be implemented before Christmas.
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore call times are related to clinician availability. In April, the % of calls passed to the CAL was 25%, a reduction from 34% in recent months.

Expected Performance Trajectory

As call handler numbers broadly reach commissioned levels, call answering times will only be further improved through efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line).

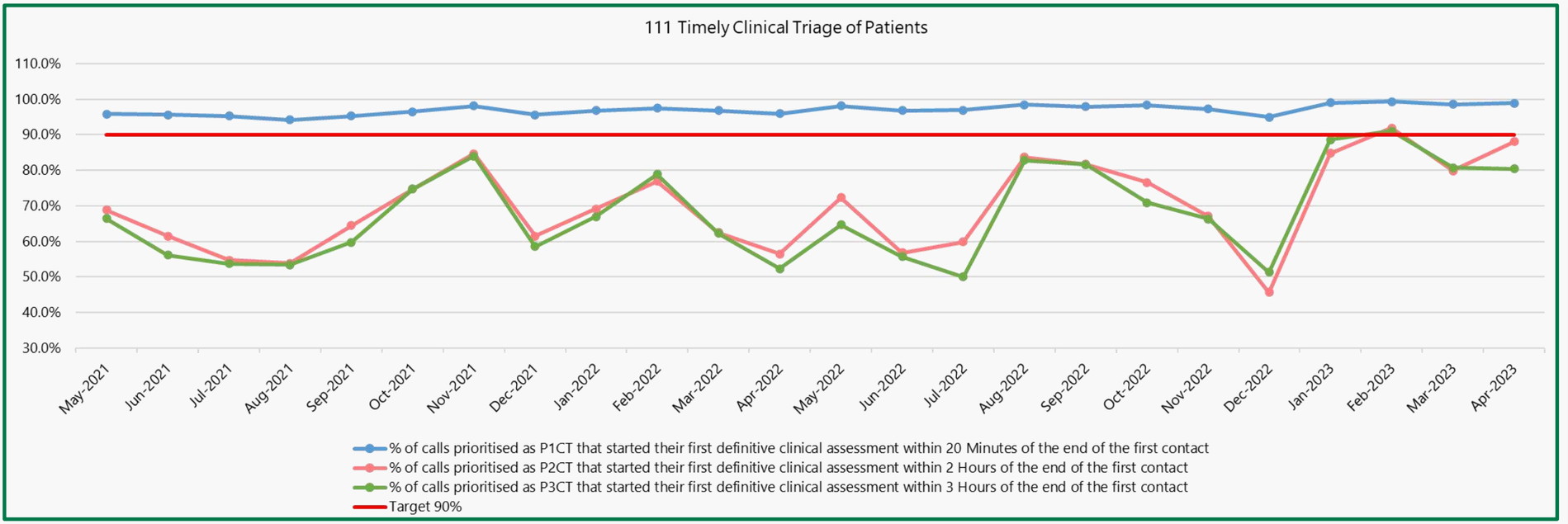
If high demand levels persist, performance will continue to be affected due to levels of call handlers and clinicians not matching the demand.

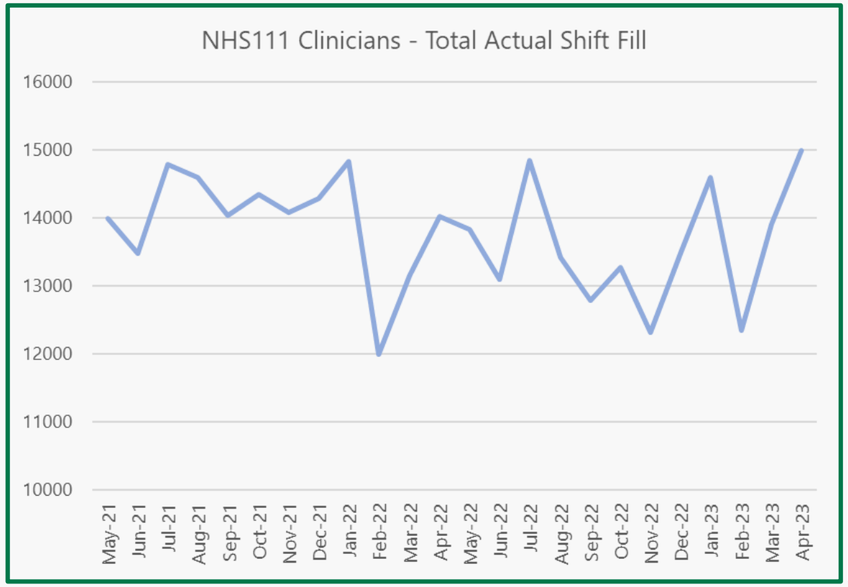
Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

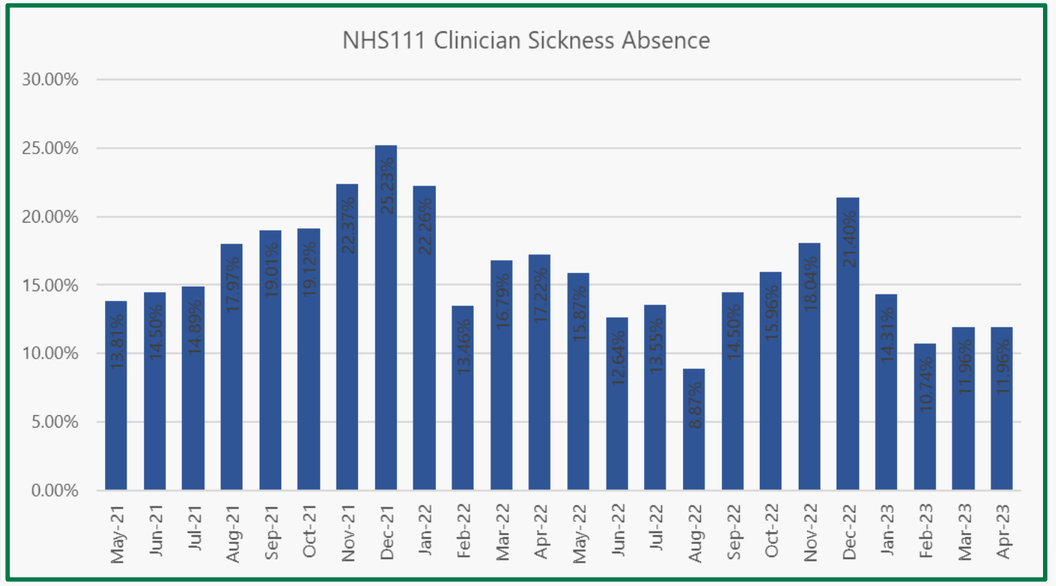
(Responsible Officer: Lee Brooks)

P1CT G FPC

Influencing Factors – Demand and Clinical Hours Produced







Analysis

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

For lower category calls P2CT increased in April 2023 when compared to March, achieving 88% while P3CT fell slightly to 80.4%.

Clinical staff capacity is the key issue. 14,991 hours were filled by clinicians in April 2023, an increase when compared to March 2023. Clinician sickness absence remained at 11.96% in April 2023, the same as March 2023. As included in the slide above, demand fell in April.

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 104.4 FTE nurses and paramedics are in post, and commissioners have indicated that they have funding available for 100 WTE. Additional staff have been recruited recently which will help the service through the SALUS implementation, with numbers expected to fall to around the 100 WTE mark by the end of the year.

Expected Performance Trajectory

Performance is much improved in terms of clinical ring back and further improvements will be made through focusing on areas of efficiency, as with call handlers, including re-rostering, managing attendance and managing the Clinical Advice Line demand.

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

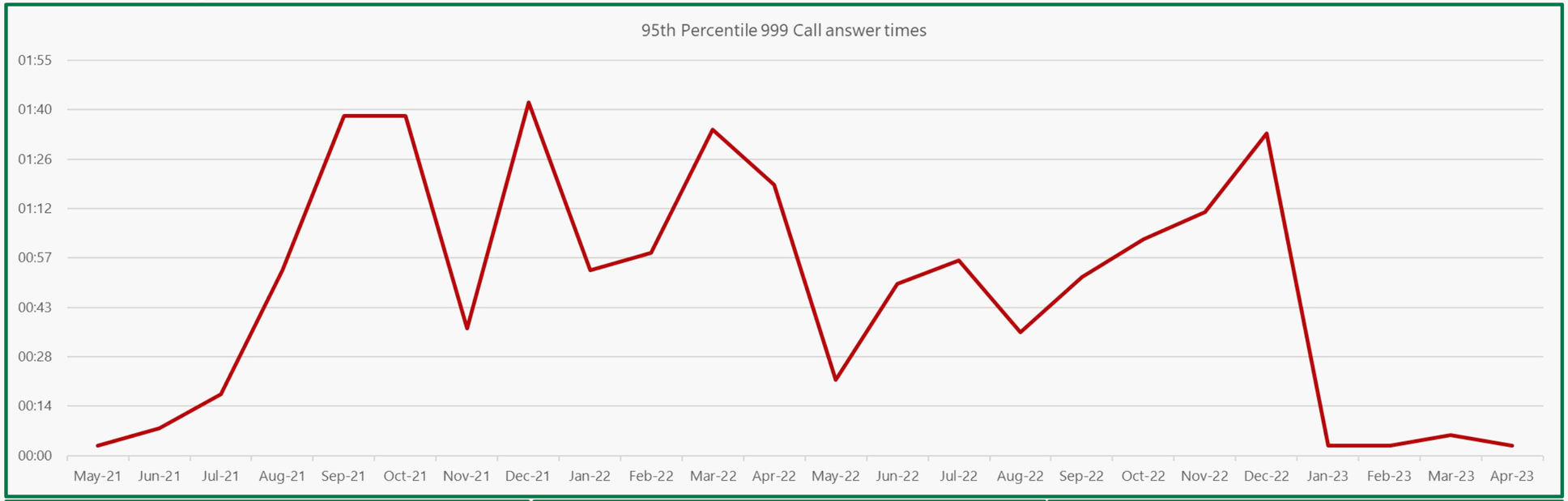
(Responsible Officer: Lee Brooks)

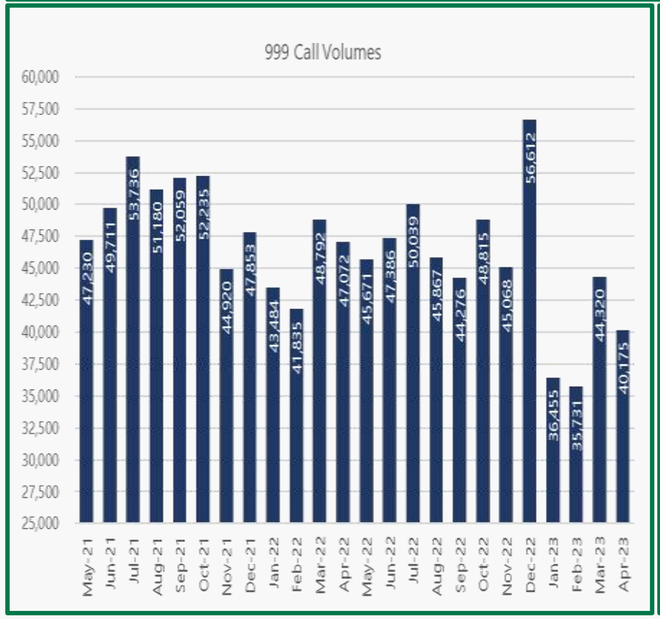
G

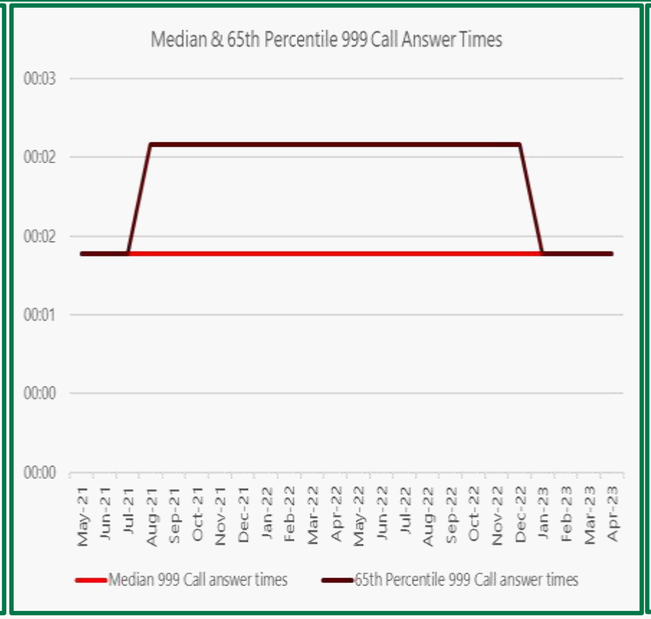
FPC

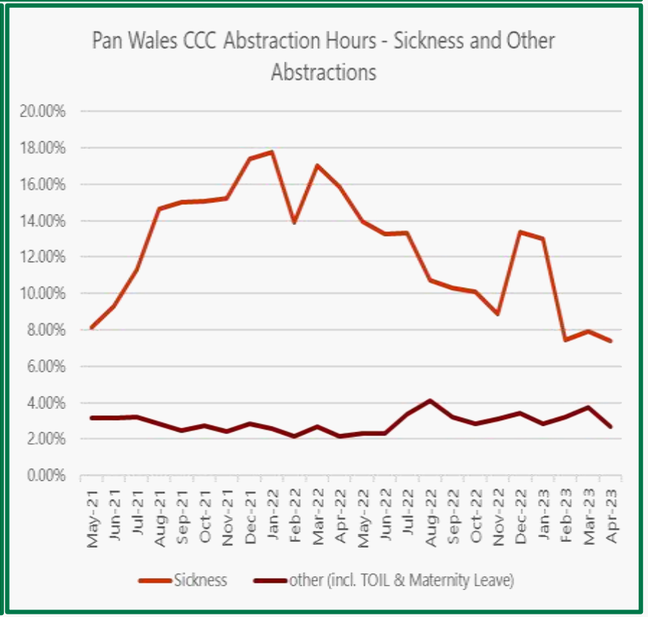
CI

Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance improved to 3 seconds which remains within the 6 second target..

The median call answer time for the 999 service remains consistent at 2 seconds.

The Trust received 40,175 emergency 999 calls in April 2023, a decrease from the 44,320 calls received in March 2023. Overall sickness abstractions are on a downward trajectory and remained below 8% for the second consecutive month.. Lower demand and fewer sickness abstractions has resulted in a positive affect upon call answering times.

Remedial Plans and Actions

- EMS Coordination meet twice weekly to review demand profiles and align staffing levels appropriately.
- EMD FTE is currently 111.34 against a funded establishment of 111.76.
- Intelligent Routing Platform is now in operation following configuration changes
- Additional EMD training cohorts are scheduled for May start dates with further recruitment scheduled for September.
- The final work-streams of the EMS Reconfiguration project have been re-started (these have been delayed by the pandemic and escalation levels).

Expected Performance Trajectory

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

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

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

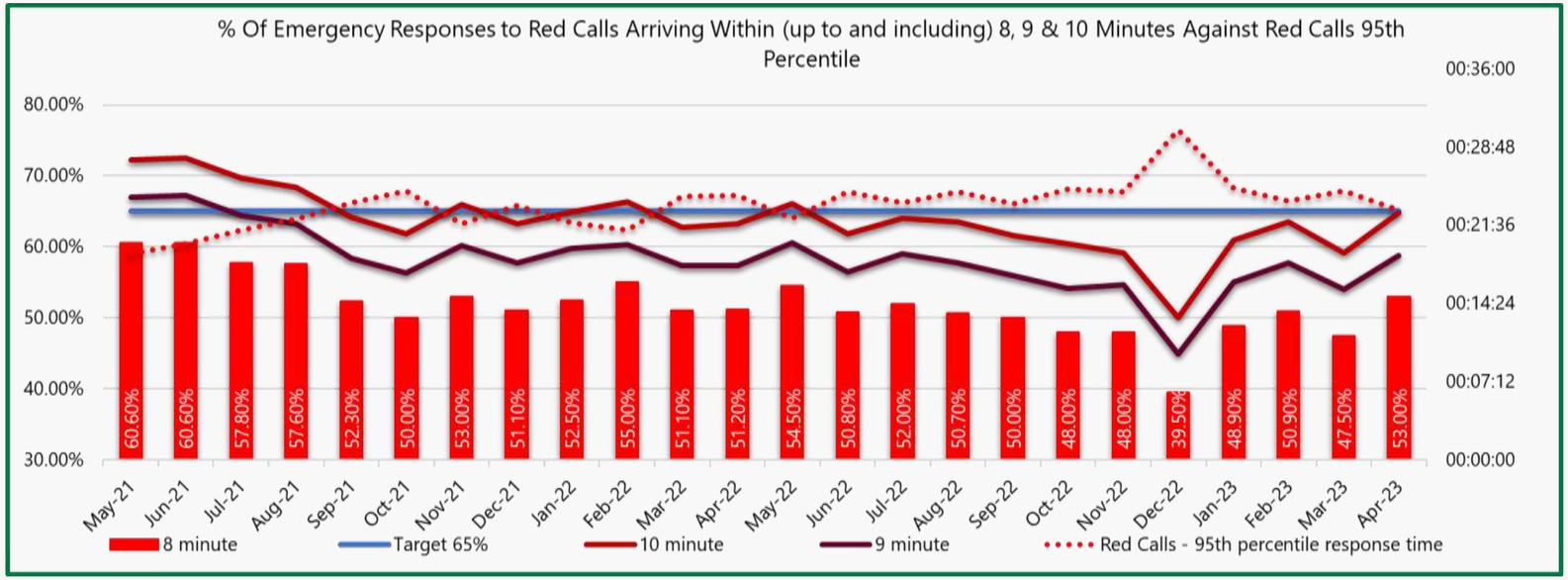
65% R

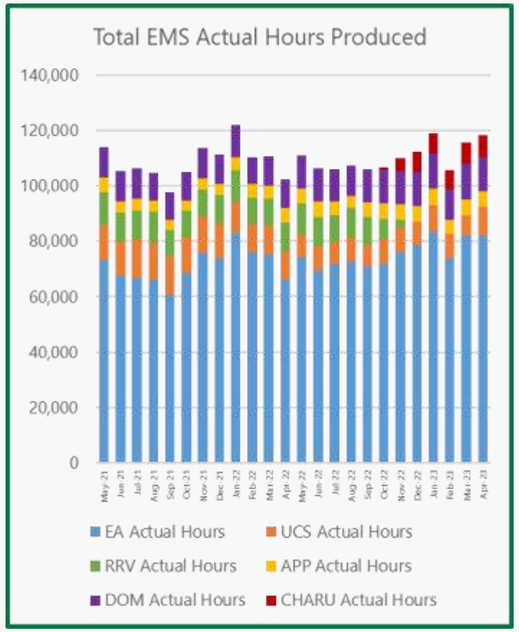
95% R

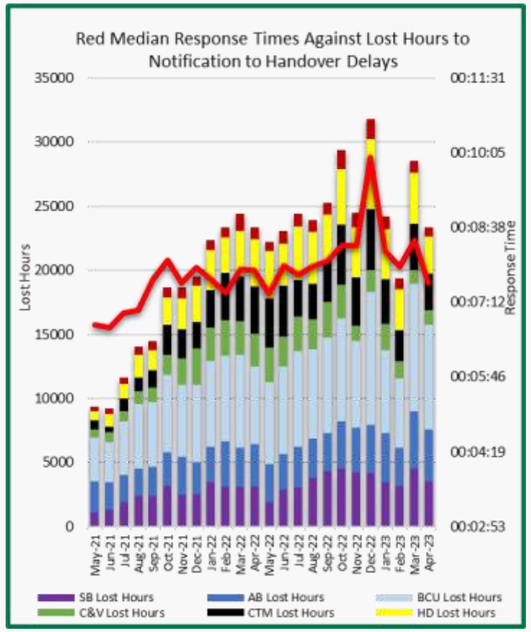
QUEST

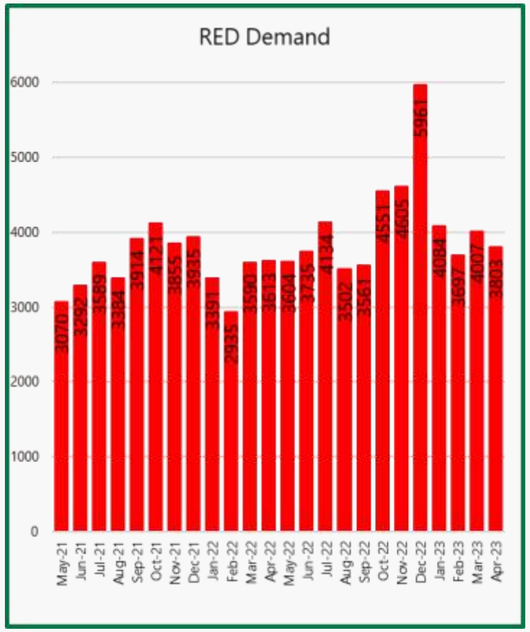
FPC

CI









Analysis

Red performance improved in April 2023, with Red 8 minute performance increasing to 53% but remaining below the 65% target;. Although there was variation between the health boards, none of the seven achieved the 65% target. Red 10-minute performance was 64.8% for April 2023, improving from 59.2% in March.

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

Red demand over the past 2 years had increased,. This reached a peak in December 2022, however, the first 4 months of 2023 have seen reductions in red demand, with April 2023 recording 3,803 incidents. Red demand continues to remain above levels recorded for the same period last year.

The lower centre graph demonstrates the correlation between overall Red performance and hospital handover lost hours. Lost hour are now lower than their peak in December, but there were 23,082 lost hours in April 2023, equating to around 25% of total conveying capacity.

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);
- Potential changes to the response logic and clinical screening of red calls;
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of Integrated Medium Term Plan (IMTP) (8% by Mar-23/6% 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

The Red modelling estimates a 7% point improvement in Red 8 minute performance if CHARUs are fully rolled out, and associated Red improvement actions are delivered. Including a reduction in lost hours to 15,000.

*NB: Data correct at time of abstraction

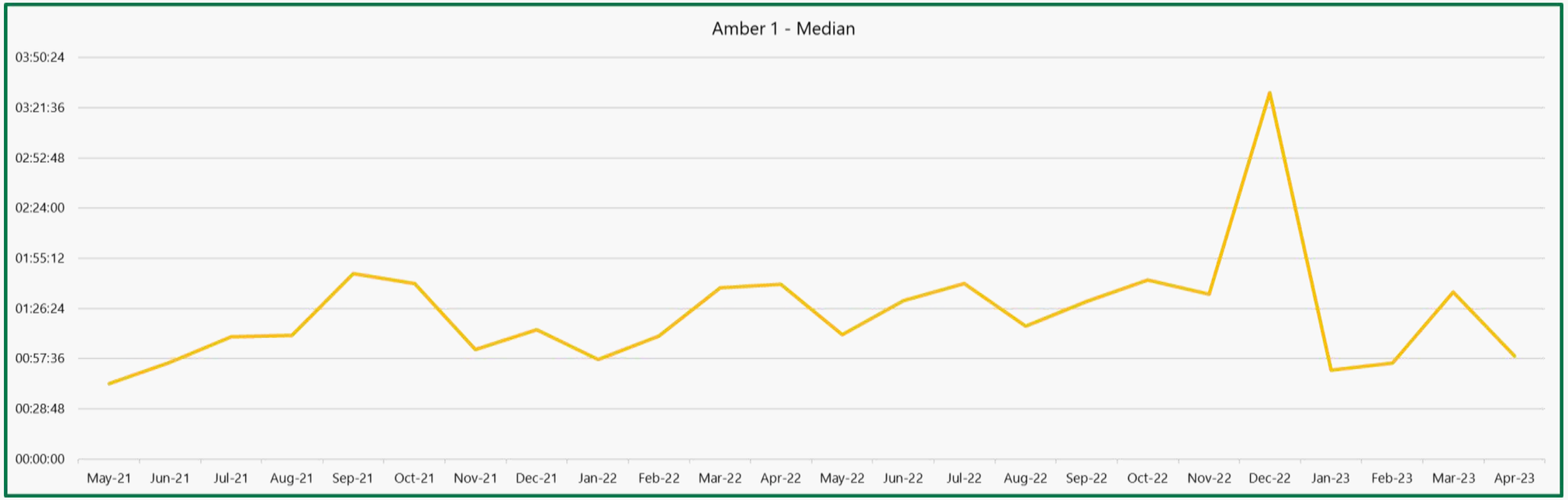
Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators

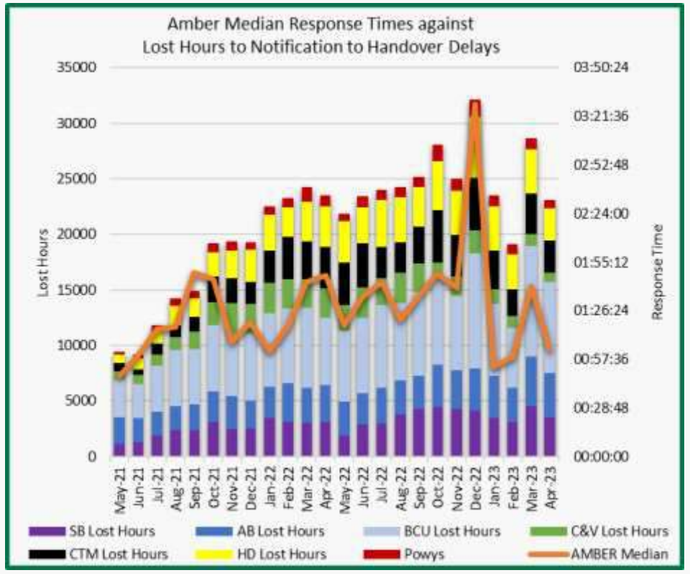
(Responsible Officer: Lee Brooks)

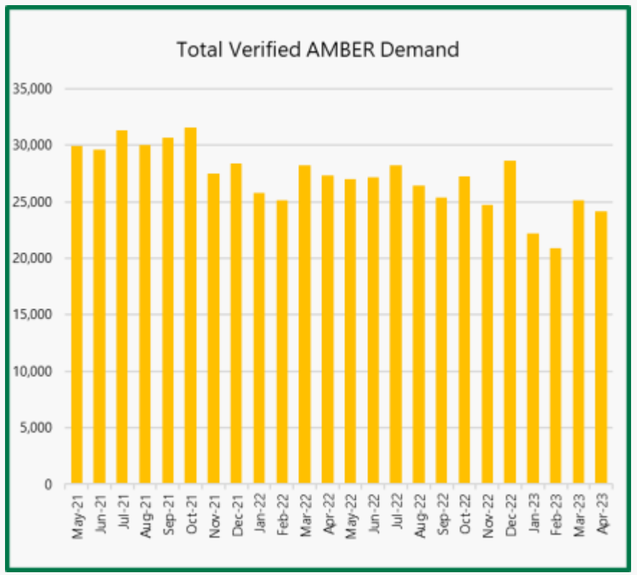
R

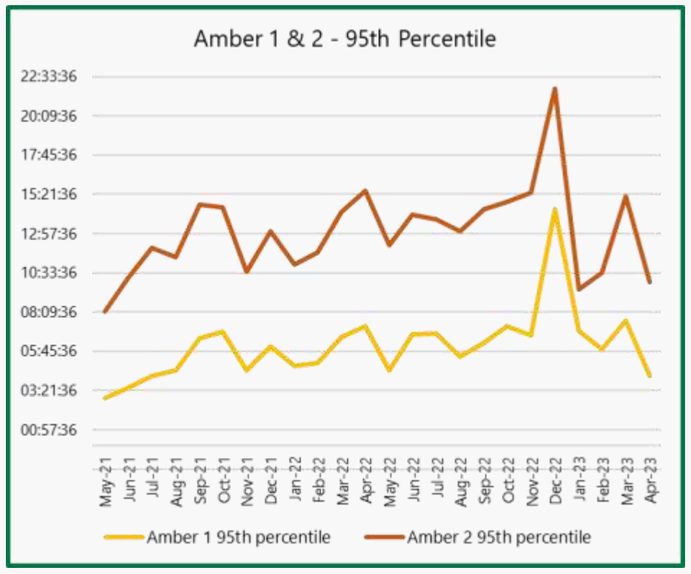
FPC CI QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

Amber 1 median improved in April, falling to 59 minutes and 4 seconds. The ideal Amber 1 median response time is 18 minutes. The 95th percentile also reduced to 4 hours and 13 minutes.

There were still some long patient waits in April 2023, with 2,670 patients (all categories, not just Amber) waiting over 4 hours. This is a very small increase on last month, but is the highest figure so far recorded in 2023.

Amber demand decreased in April 2023 to 24,143 verified incidents.

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

Remedial Plans and Actions

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

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience
Ambulance Care Indicators

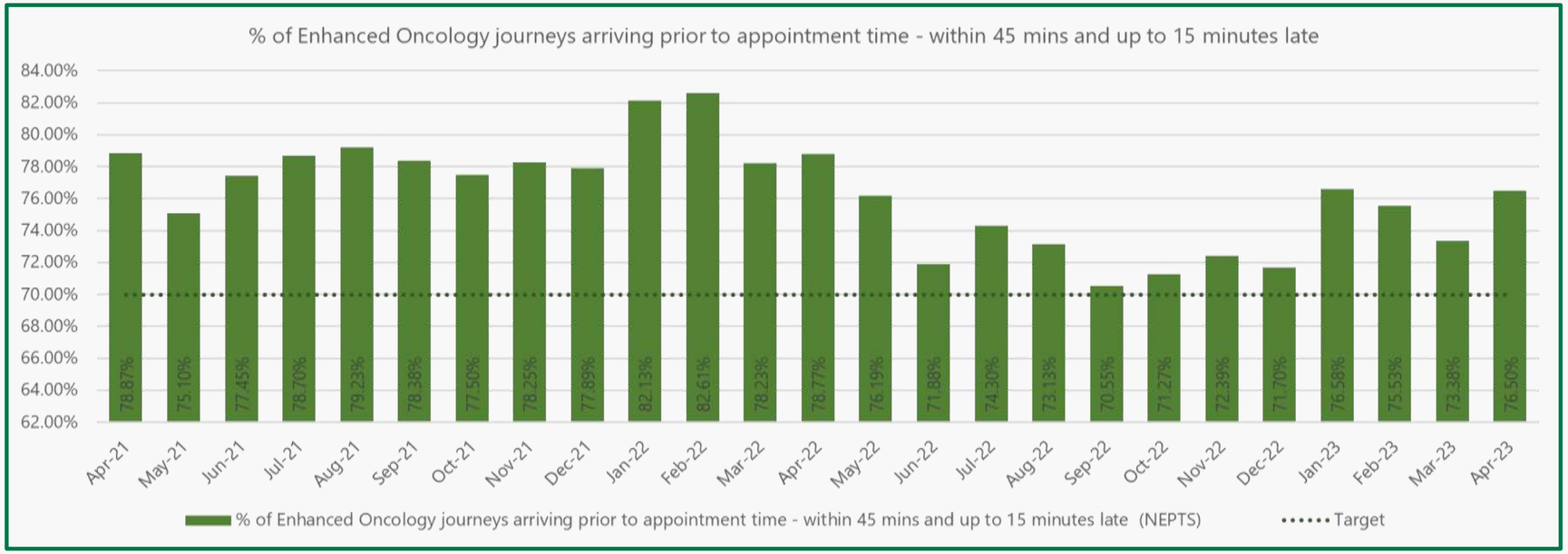
(Responsible Officer: Lee Brooks)

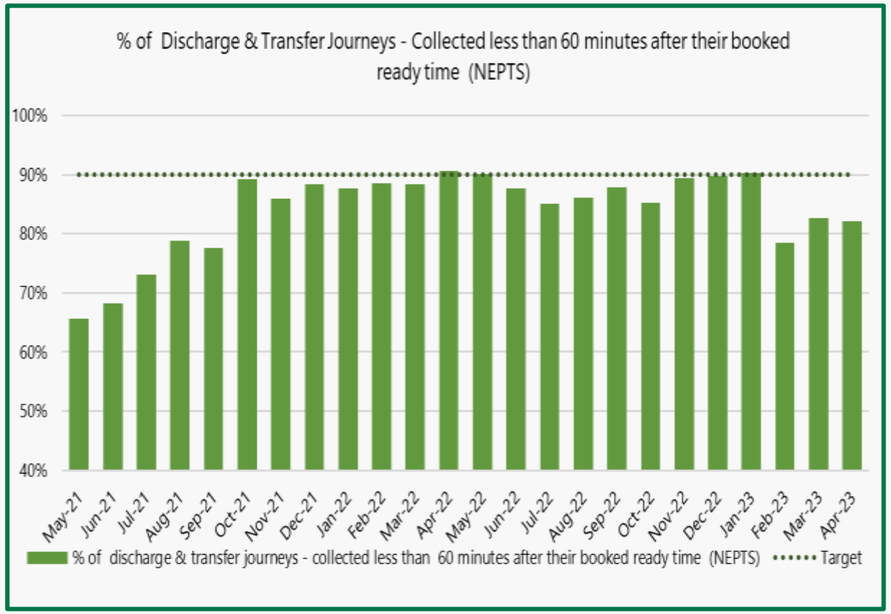
Renal	D&T
G	A

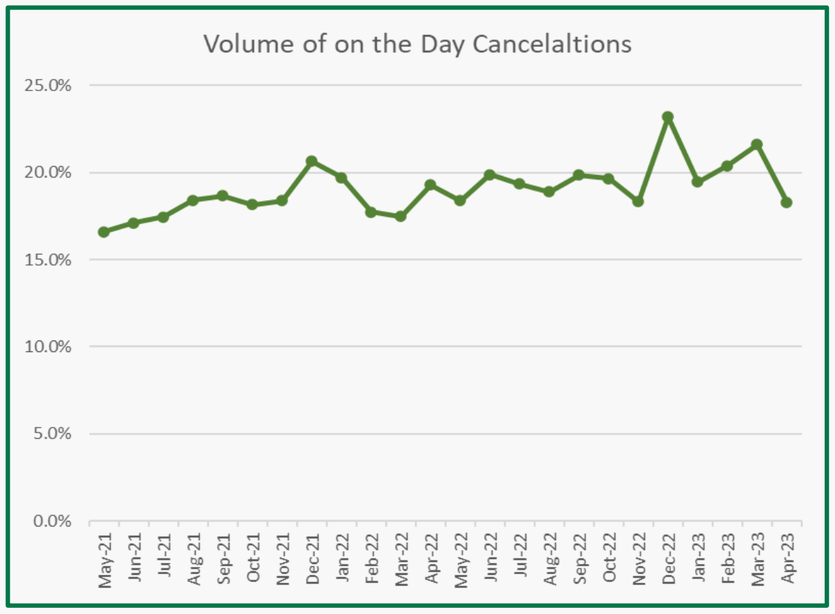
FPC

CI

Patient Experience







Analysis

Ambulance Care (NEPTS element) performance improved marginally during April 2023. 76.5% of enhanced oncology journeys arrived within 45 minutes prior and up to `5 minutes late to their appointment time, achieving the 70% target,

82% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, the third consecutive month where the 90% target has not been achieved.

Key factors affecting these indicators are demand and capacity:

- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but generally it is still not quite at pre-pandemic levels.
- Increased pressure on the unscheduled care system has increased the volume and proportion of on the day, short notice bookings for discharge & transfers
- Days of continuing Industrial Action have adversely affected the Trust's capacity during the past few months.

Remedial Plans and Actions

- D&C Project: currently awaiting feedback from tests of change for revised roster keys.. Aim was to deliver by November 2022, but delayed linked to escalation levels.
- Transfer and Discharge Service: work is in progress with regards to the modelling (ToR created and data collection almost complete with weekly project call now in place).
- Transport Solutions: Training of Health Boards for the online booking system was completed in December 2022, and going forward telephone bookings from HCP's will no longer be accepted. A position paper on eligibility is being created and has been discussed with NCCU with the view of then sharing with WG.
- Updated NEPTS performance parameters went live in April 2023, these will separate out on the day and advance booked journeys. At present most bookings are made on the day, which makes it difficult to respond to within the times allowed. A focus on pre-planned discharge should support work being completed by working groups 5&6 of the 6 goals programme board

Expected Performance Trajectory

At present, the uncertainty around demand as HB's move through system recovery following the pandemic, with the potential addition of austerity and a move to different performance parameters, means that it is difficult to forecast performance. WAST will continue to work with the HB's through the commissioning DAG (NCCU) to deliver the best performance possible for the patient. It is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system.

Our Patients: Quality, Safety & Patient Experience
Clinical Outcomes Indicators

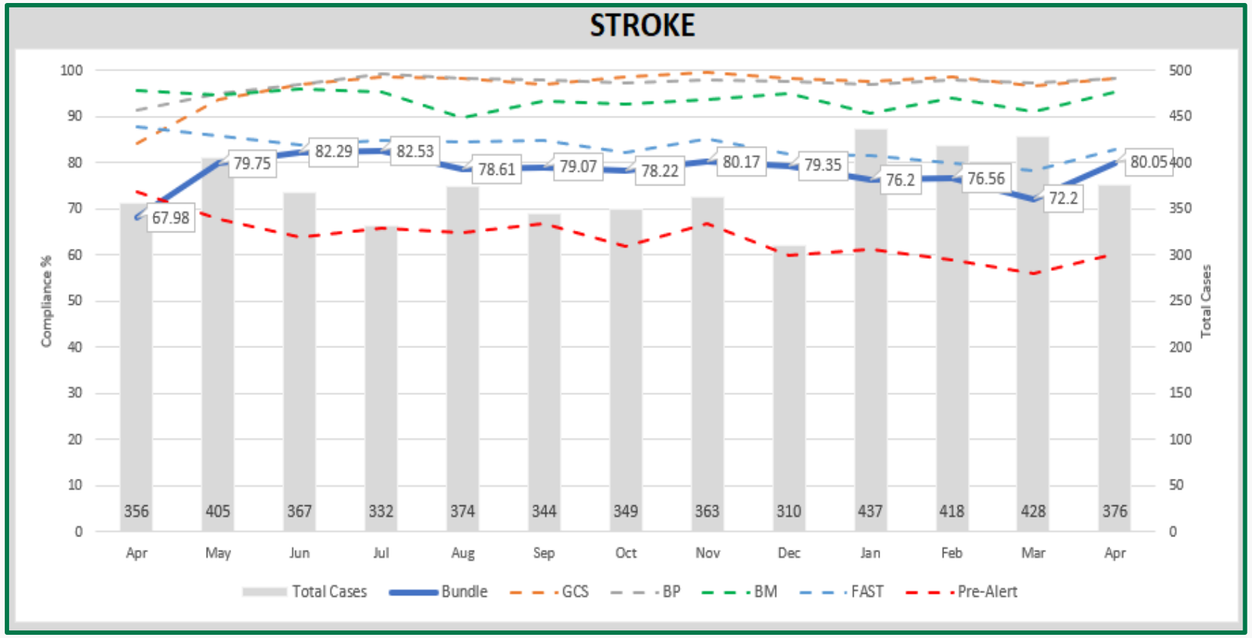
(Responsible Officer: Andy Swinburn)

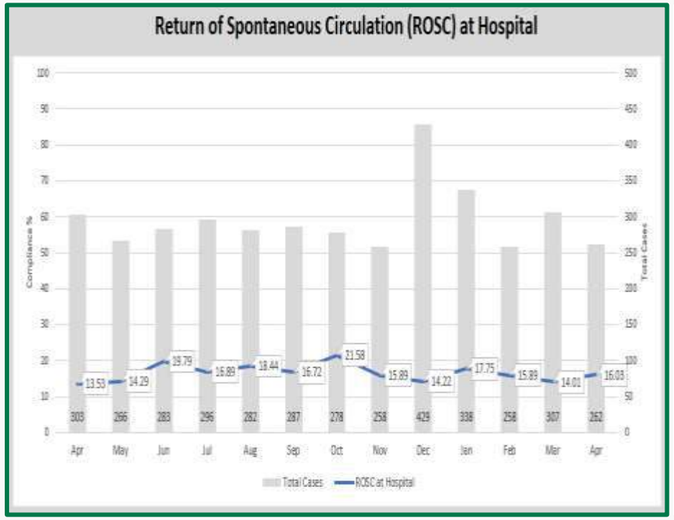
Stroke/Hip Fracture/Hypo glycaemic. R

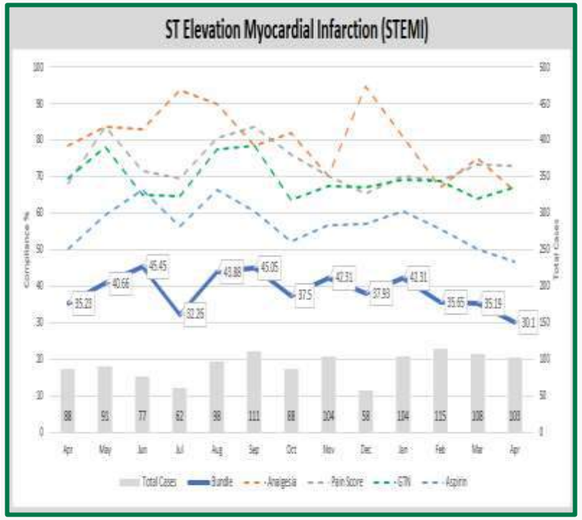
Self Assessment: Strength of Internal Control: Moderate

QUEST

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







Analysis

Performance against the clinical indicators for stroke and STEMI are lower than the Trust would want. It is likely that as the ePCR system continues to be embedded, users are still getting used to an adjusted workflow and data points might be missed. Work is continuing on reporting of a new clinical indicator which will measure Call to Door times, which should be available from next month.

In relation to ROSC rates, these fluctuate from month to month and are impacted on by many factors external to WAST.

Remedial Plans and Actions

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 ROSC rates. This has been in place since October 2022 in some areas but is currently being extended and rolled out fully.

An improvement approach has been taken in relation to accurate reporting of clinical indicator compliance. A series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on deep dive quality assurance audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group prior to approving publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive quality assurance audits are contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application, change requests have been submitted to Terrafix and are being processed.

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Patient Concerns
Responses Indicators

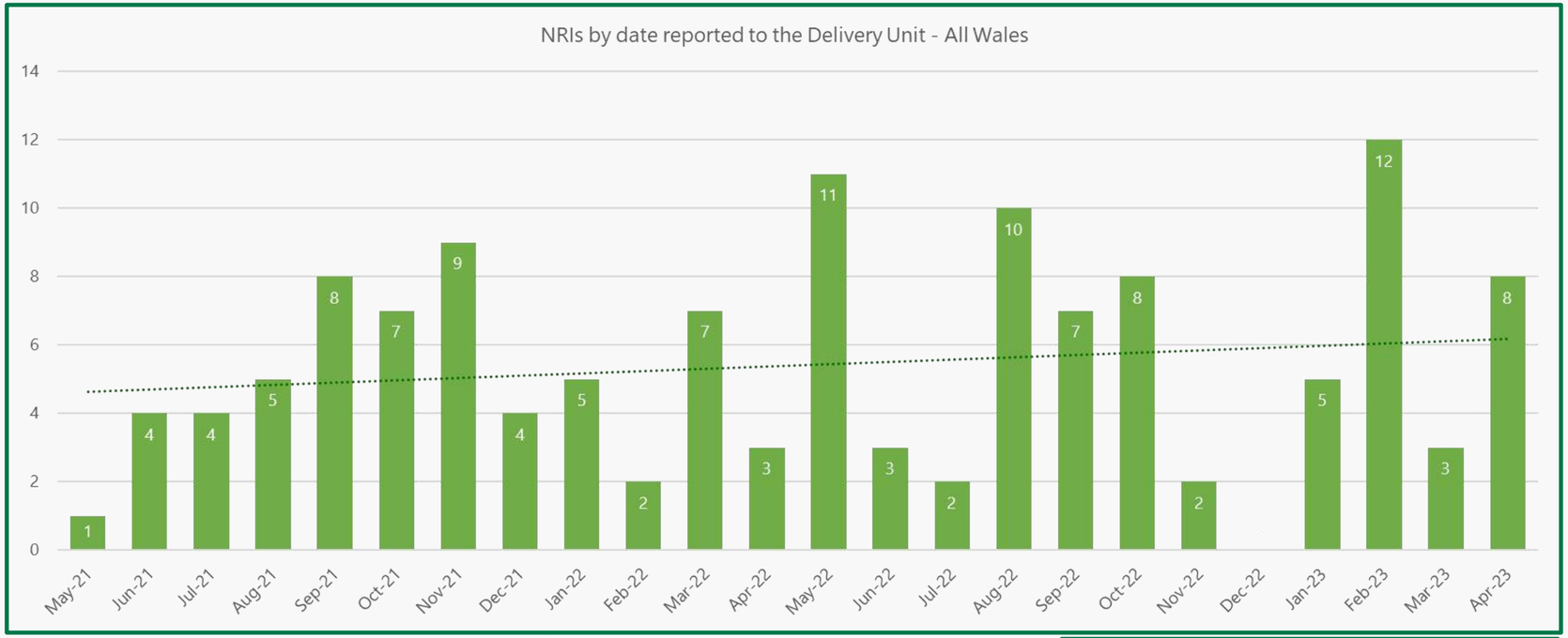
(Responsible Officer: Liam Williams)

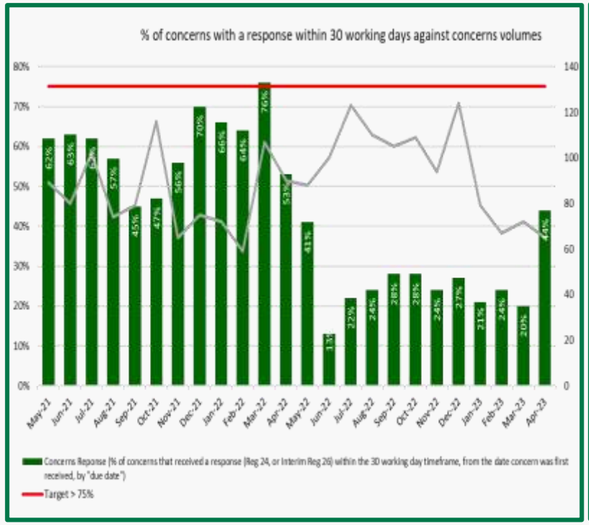
NRI. R

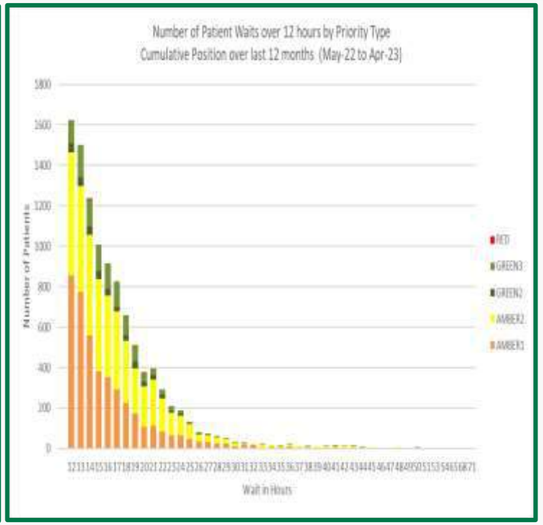
Self Assessment: Strength of Internal Control: Moderate

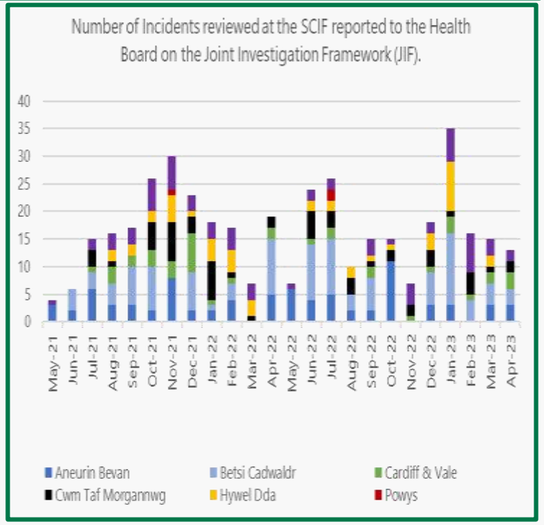
QUEST

Health & Care Standard
Health - Safe Care / Timely Care









Analysis

The percentage of responses to concerns in April 2023 increased to 44% against a 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns continues to decrease with 65 complaints being received in April 2023, however these complaints are frequently complex with our concerns administrators frequently taking lengthy calls from distressed patients or family members.

Six Serious Case Incident Forums (SCIF) were held during the month and twenty-nine cases were discussed. Following discussion eight serious patient safety incidents were reported to the NHS Wales Delivery Unit and eleven 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.

Themes relating to serious patient safety incidents reported to the NHS Wales Delivery Unit as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation.

Themes relating to serious patient safety incidents reported to the NHS Wales Delivery Unit as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation.

As reported earlier, in April, 341 patients waited over 12 hours for an ambulance response, a significant decrease month on month, also a decrease when compared to the 819 in April 2022, but an increase compared to 210 in April 2021.

67 Compliments were received from patients and/or their families in April 2023, a significant increase compared to the previous month (39).

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 CCC Team. An organisational change process is planned across the putting things right functions in quarter one 2023/24. Additionally we are working closely with the Trust's Wellbeing Team to understand what additional support can be provided to staff across the PTR functions.

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.

The Joint Investigation Framework pilot (to replace the 'Appendix B' process) continues to have good engagement from system partners overall.

Immediate improvement actions following the SCIF include education and training for individual staff, updates to operating procedures and circulation of bulletins to share learning and provide updates.
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.

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*

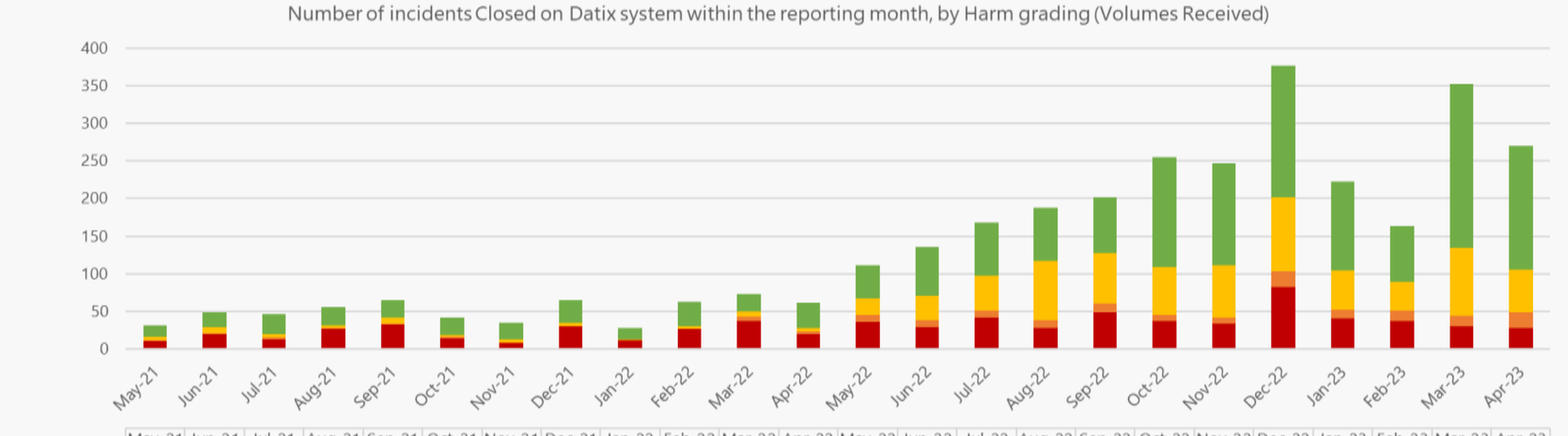
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

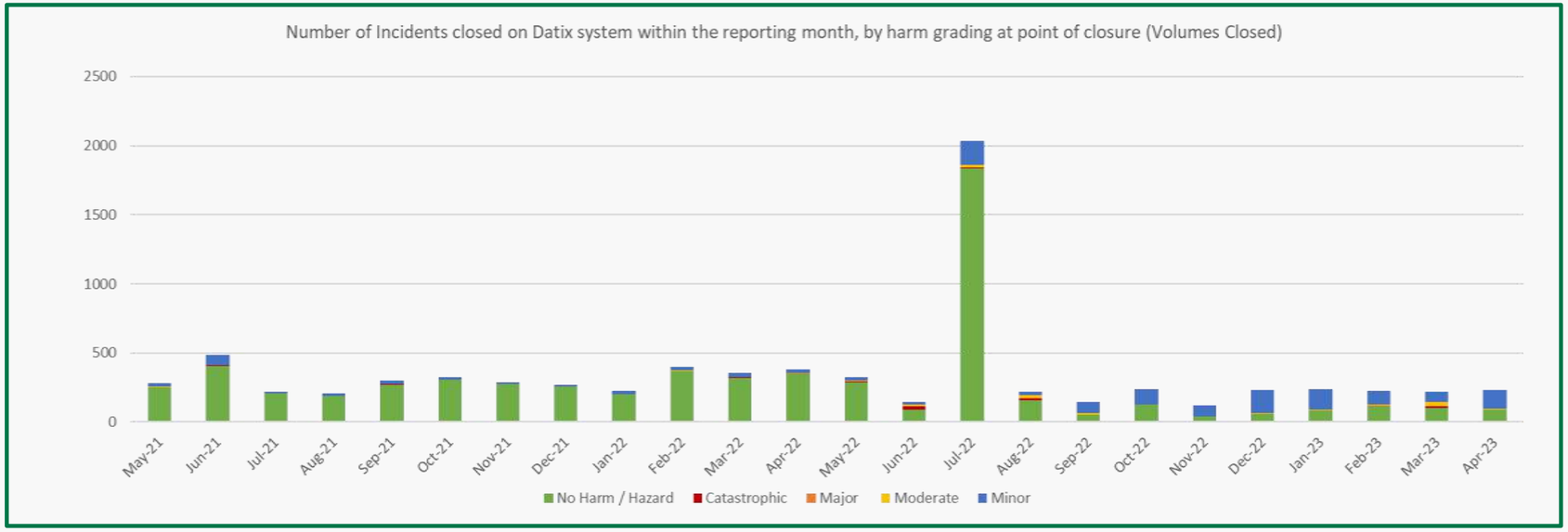
Self Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Minor	15	19	26	24	24	24	22	30	15	33	23	33	44	66	71	71	75	146	136	175	119	74	218	165
Moderate	5	8	5	3	8	2	5	5	1	3	7	5	22	32	46	79	67	64	70	99	52	38	90	57
Severe	1	1	2	2	1	2	0	0	0	1	6	3	9	9	10	10	12	8	7	21	12	14	14	20
Catastrophic	10	20	13	26	32	14	8	30	12	26	37	20	36	29	41	28	48	37	34	82	40	37	30	28



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 (2023) and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported. 228 cases were closed in April 2023. 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 – 213
- Minor harm – 165
- Moderate harm - 57
- Severe Outcomes - 20
- Catastrophic - 28

(*NB: Volumes received).

The bottom graph highlights the 227 Incidents that were closed on the Datix system in April 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 PTR concerns which are frequently complex. Additionally, during periods of escalation and industrial action members of the team undertook roles outside of their PTR functions. It is expected that implementation of Duty of Candour, Duty of Quality and the Medical Examiner Service will also involve additional activity for the PTR team.

An organisational change process is planned during quarter 1 2023/24 which will consider our local and national priorities and resources to meet the needs of our patients and families, aligning to the Duty of Quality and Duty of Candour requirements which came into force on 1 April 2023.

Expected Performance Trajectory

The Trust will continue to identify quality and safety improvements through the PTR processes.

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

Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Coroners, Mortality and Ombudsmen Indicators

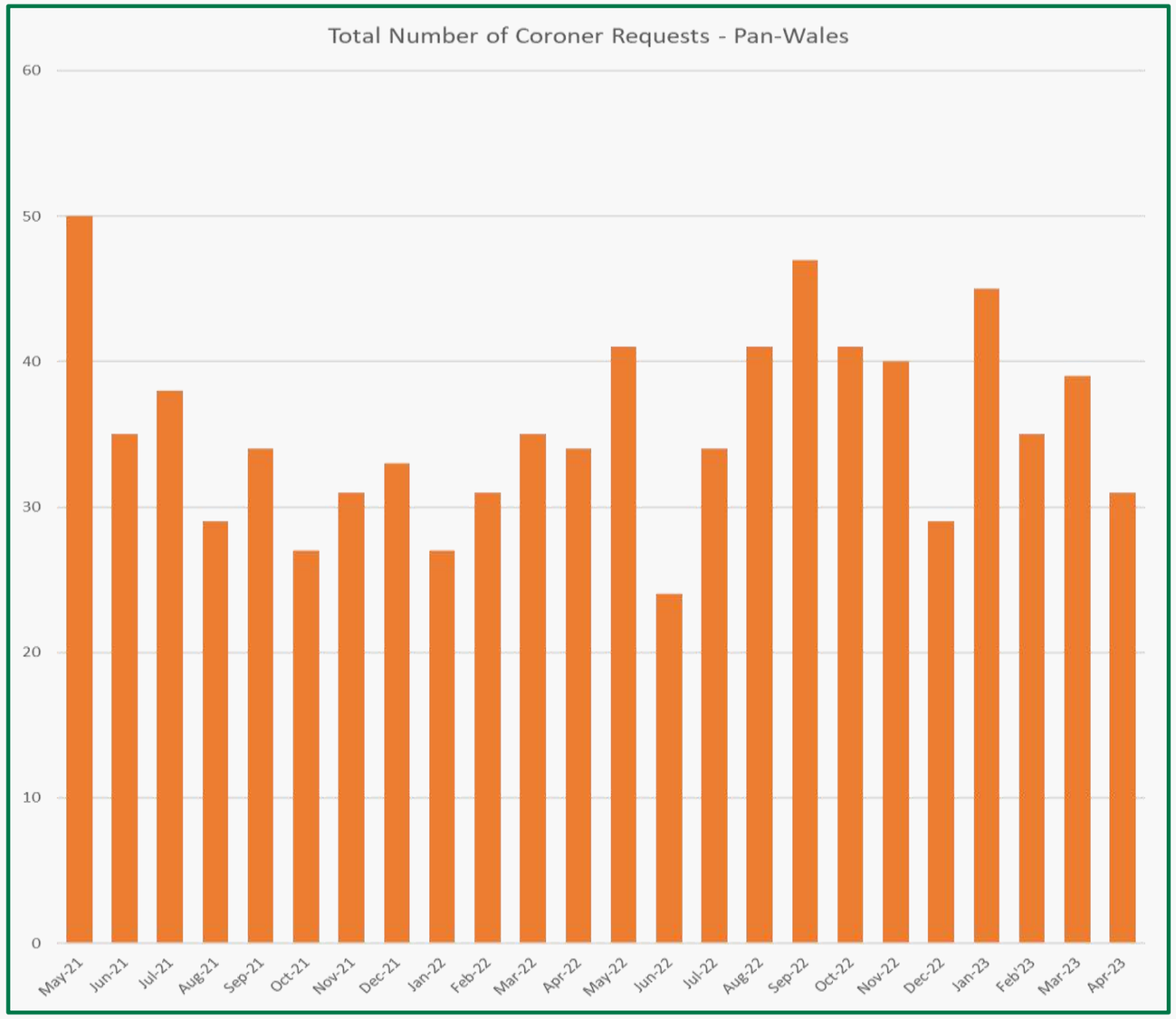
(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care



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

Analysis

Coroners: The number of monthly requests continues to be higher than pre pandemic. Pre pandemic the 2019/20 financial year saw 244 cases. Last financial year saw 450 requests being received. This increased number of approaches is now the norm, rather than the exception. The complexity remains high, with multiple statements per approach. The Trust is moving the cases from the Datix web system (legacy) to the new Datix Cymru system. This will affect how we record our data and what we will be able to report on, as we come in line with an all-Wales format. This work is planned to be completed by the end of Q1 but is work in progress at this time. We have a temporary member of staff (on alternative duties) joining the Team from 15 May 2023 to assist in this work.

At the end of April 2023 there were 480 claims open; these relate to Personal Injury (76 Claims); Personal Injury - Road Traffic Accidents (59 Claims), Clinical negligence (126 claims); Road Traffic Accident (203 claims) and Damage to Property (16 claims).

Ombudsman: There are currently 12 open Ombudsman cases in April 2023. At present cases are not being investigated, which supports the Trust's actions. Intermediate actions are being agreed to close without full investigations by the Ombudsman.

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. Data and information is also provided by the Trust as required to the Medical Examiner Service (MES) to inform their reviews of deaths in acute care. To date the Trust has not received any requests to undertake a Level 2 mortality reviews of patients in our care under the new processes in place across NHS Wales. Currently the focus of the MES 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 MES from September 2023.
The NHS Wales Delivery Unit (DU) is leading a thematic review of 'do not attempt cardiopulmonary resuscitation' (DNACPR) processes across Wales in May 2023 with WAST representation (End of Life Care Lead). The DU are also arranging a meeting with representatives of the All-Wales Mortality Group to look at defining what should be considered under the "sieve and sort" Stage 1 mortality reviews, this work is currently in progress.
To date the Trust has not received any triggers from the MES to undertake a Level 2 mortality review.

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed, however due to staff illness within the Team there are some delays currently being experienced. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are now being arranged into 2024. All cases being monitored where we may be an interested party will now be closed.

Ombudsmen: The Trust is in the process of transferring all Ombudsmen cases from the Old Datix system to the new system

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach as requested by the ME'S. The All-Wales Mortality Working Group led by the NHS Wales Delivery Unit meets at least bi-monthly which has WAST representation.

Expected Performance Trajectory

Coroners: The number of cases on hand remains high due to some delays in obtaining statements, which require an MPDS audit.

Ombudsmen: Whilst the multiple benefits of the ME process are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via PTR processes internally.

Data source: Datix

Mortality Reviews Data source: Internal Web Application

Our Patients: Quality, Safety & Patient Experience
Safeguarding, Data Governance & Public Engagement Indicators

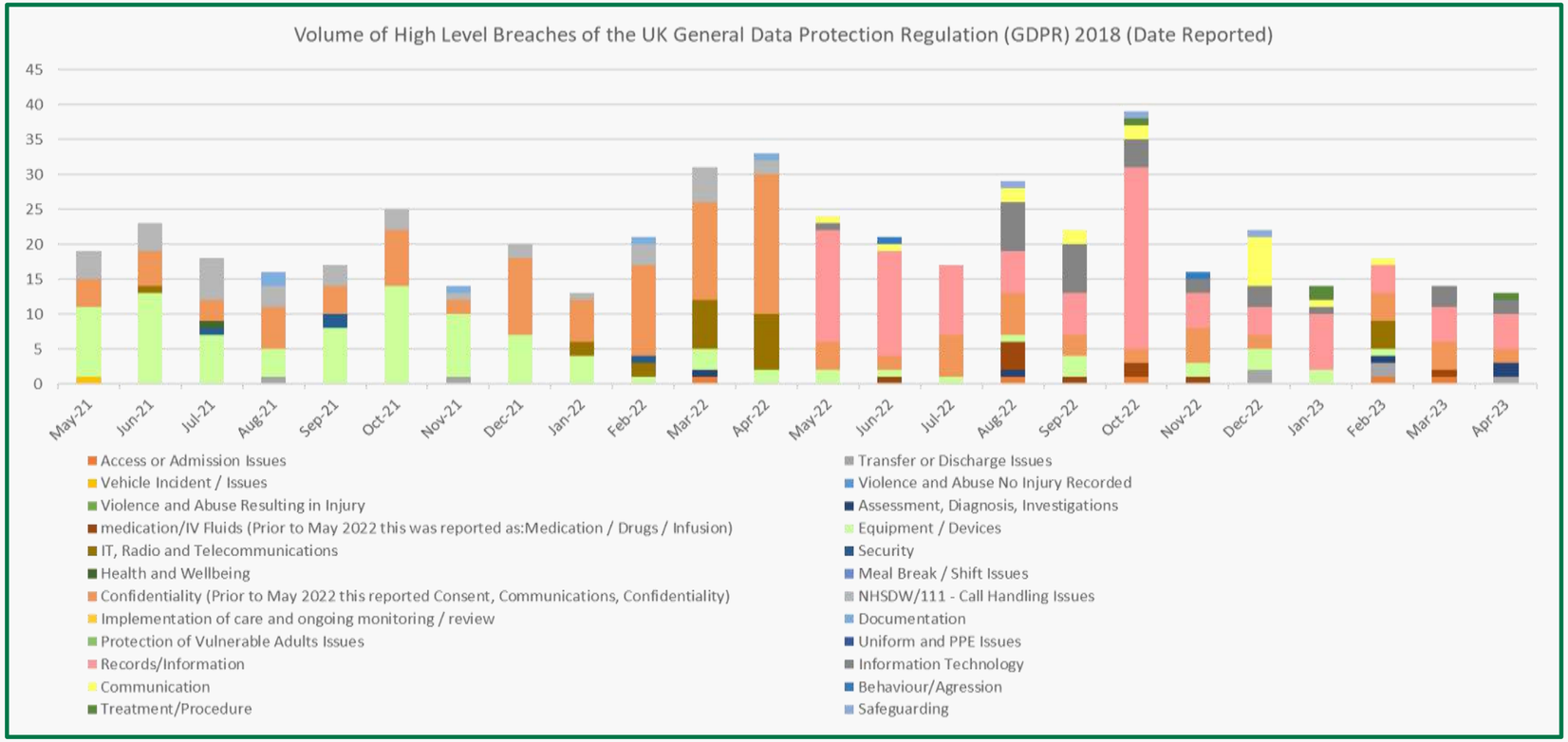
(Responsible Officer: Liam Williams)

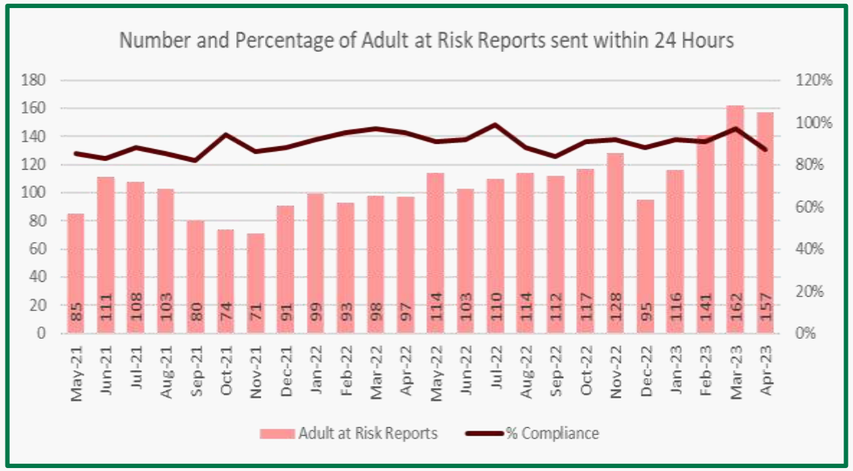
Self Assessment: Strength of Internal Control: Strong

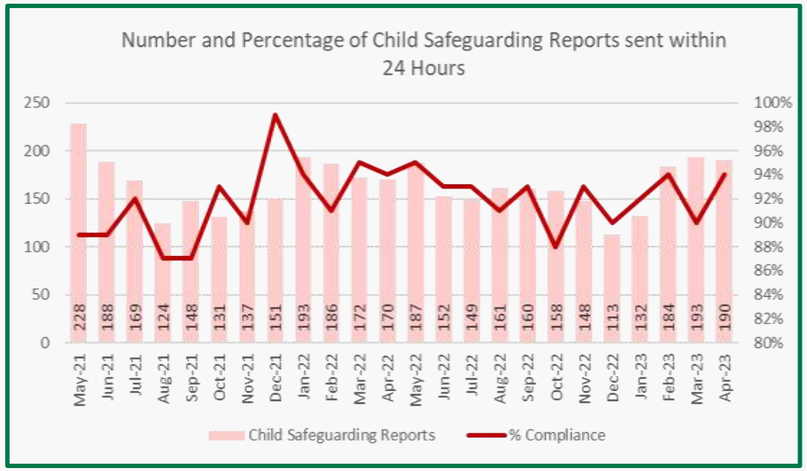
QUEST

Safeguarding Data source: Doc Works

Health & Care Standard
Health – Safe Care







Analysis

Safeguarding: In April 2023 staff completed a total of 157 Adult at Risk Reports, 87% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 511 referrals were received and processed to the local authority during this reporting period.

There have been 190 Child Safeguarding Reports in March 2023, 94% of these were processed within 24 hours.

Data Governance: In April 2023 there were 13 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 13 breaches, 1 related to treatment/procedure, 2 Information technology, 5 records/information, 2 confidentiality, 1 Transfer and Discharge and 2 Assessment, Investigation, Diagnosis.

Public Engagement: During April, the Patient Experience and Community Involvement Team attended 10 community engagement opportunities, engaging with 210 people. At engagement events throughout the month, the team continued to place an emphasis on sharing information about pressures being experienced by the Trust and were able to provide information about other services people can access in their communities. Engagement opportunities are also used to listen to people's experiences of using ambulance services and to recruit people to join the People & Community Network. During April the team continued to make a series of Patient Reported Experience Surveys (PREMS) available, asking people to provide feedback about their interactions with our services. The outcomes from engagement results collected from surveys remain consistent , indicating 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. 111 callers have told the team that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users report that overall, they continue to be happy with the transport they receive but experience long delays when making their initial telephone booking.

Remedial Plans and Actions

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

Data Governance: During the reporting period, of the 13-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). The IG team has provided advice and determined remedial actions for reported incidents where appropriate.

Public Engagement: Community involvement and engagement with patients/public will form an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PECI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. In April the team began to role out the new 'Once for Wales' Patient Experience Recording solution Civica. Civica will enable improved patient experience reporting but will rely on us increasing the amount of PREMS data we capture. The Team are working with colleagues across the Trust to identify suitable processes to ensure our patients and service users are offered opportunities to share feedback.

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 submission for the FY22-23 IG Toolkit opened in February 2023 and is due to close on 30th June 2023. Work continues on collating the evidence required for the submission.

Public Engagement: All feedback received has been shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement.

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

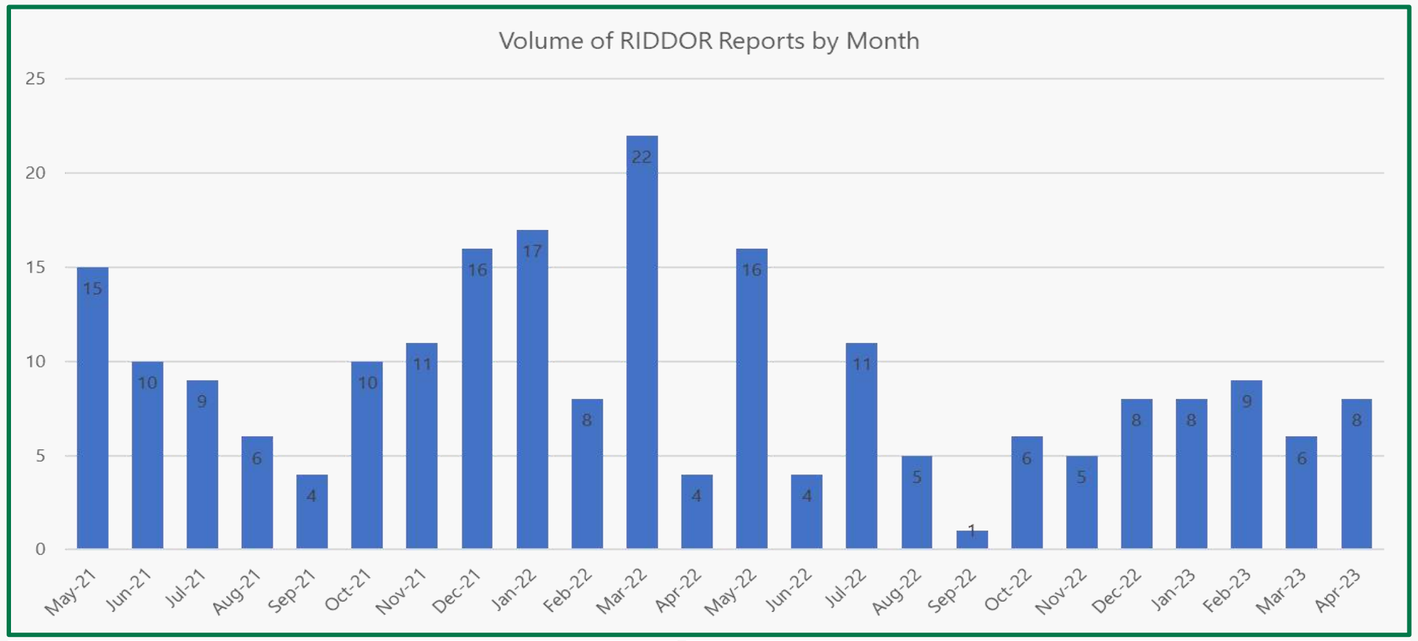
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

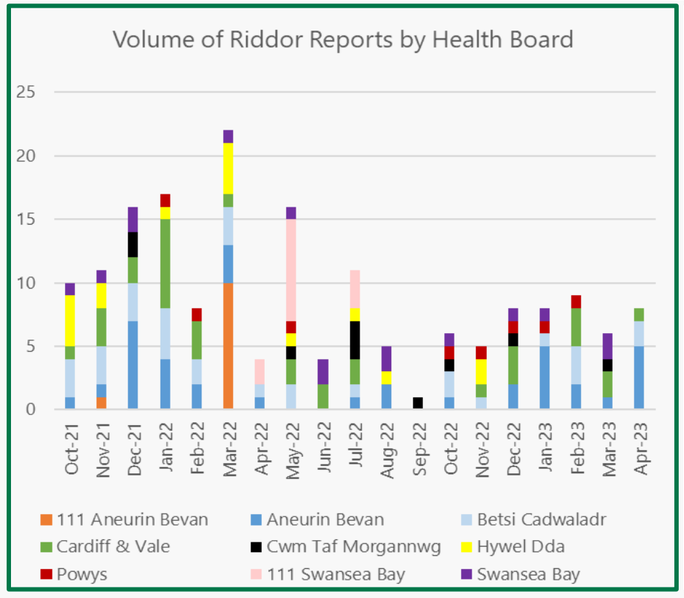
(Responsible Officer: Liam Williams)

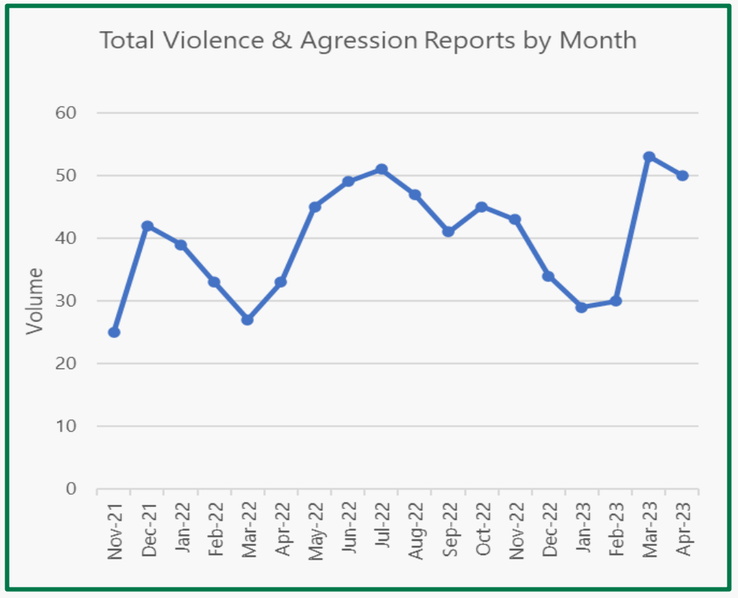
Self Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care







Analysis

RIDDOR: There were 8 incidents requiring reporting under RIDDOR during April. All were due to staff being absent from work for over 7 days as a result of their injury. April saw a variety of incidents requiring reporting of note are the 2 slip/trip/fall incidents. One was reported as a slip on a kerb in a public place. The second was due to tripping over a charging cable in a walkway. Poor housekeeping accounts for a large proportion of incidents across the workplace and can be easily controlled via personal behaviours and suitable supervision.

100% of the reports were completed within the reporting required timeframes the reduction in reporting was due to the improved communication between the Health and Safety Team and the incident investigators.

Risk 199 remains rated 15. The revised Health and Safety Policy and Safety Annual Improvement Plan has articulated actions required to implement the controls identified in the risk that will beneficially impact the risk rating during this financial year.

Violence and Aggression: The number of V&A incidents reported in April remains high at 50 for the month. There was 1 incident recorded for sexual assault that is being investigated by the Police and the Trust to ensure it is fully understood and learning communicated to colleagues.

Support for staff in preparing victim impact statements is ongoing and court outcomes are being recorded and communicated to senior team.

Work is ongoing in the development of further DATIX dashboard to allow for further scrutiny into V&A incidents at Health Board levels to allow for strategic interventions where required.

Remedial Plans and Actions

RIDDOR: The importance of good housekeeping in the prevention of accidents on station is being noted by the Health and Safety Team during their station audits and advise provided to improve incidents of poor housekeeping is being given during the audits and in the feedback provided to the station management.

An in-depth investigation carried out into the specified injury reported in March for the "Scalping" of a member of staff has identify the mechanism of injury and the Fleet Department is working on suitable controls to prevent a reoccurrence..

RIDDOR performance continues to be presented in monthly reports and service units business meetings.

Violence and Aggression: The V&A Manager's strategic review in relation to V&A processes within the Trust continues with the work to date beginning to inform the evaluation report that is being prepared. The timescale for the report has been extended to the end of Q1 2022/23 to ensure accuracy of the information within the report.

Collaborative working with Training team regarding V&A training is continuing with the aim of improving the current training to better support staff. Tentative early steps with regards to a joint Dyfed Powys Police/WAST training delivery are being explored Reestablishment of working relationships with all four Welsh police forces is working well with contacts made pan Wales providing valuable insight into the investigations made in relation to V&A incidents. Toolbox talks and face to face meetings are taking place across the Region by the Case Manager & V&A Manager to support staff and raise awareness, it is planned to establish regular interaction with staff directly affected by incidents of V&A.

Development of up-to-date staff feedback forms (Anon) to include data not previously recorded together with a generic V&A Risk Assessment Template to assist managers and front-line staff

Expected Performance Trajectory

RIDDOR: The reporting of Trust-wide incident statistics has stabilised since the introduction of Datix Cloud with the development of Power BI tools more granular reports are in development to allow reporting at local business meetings.

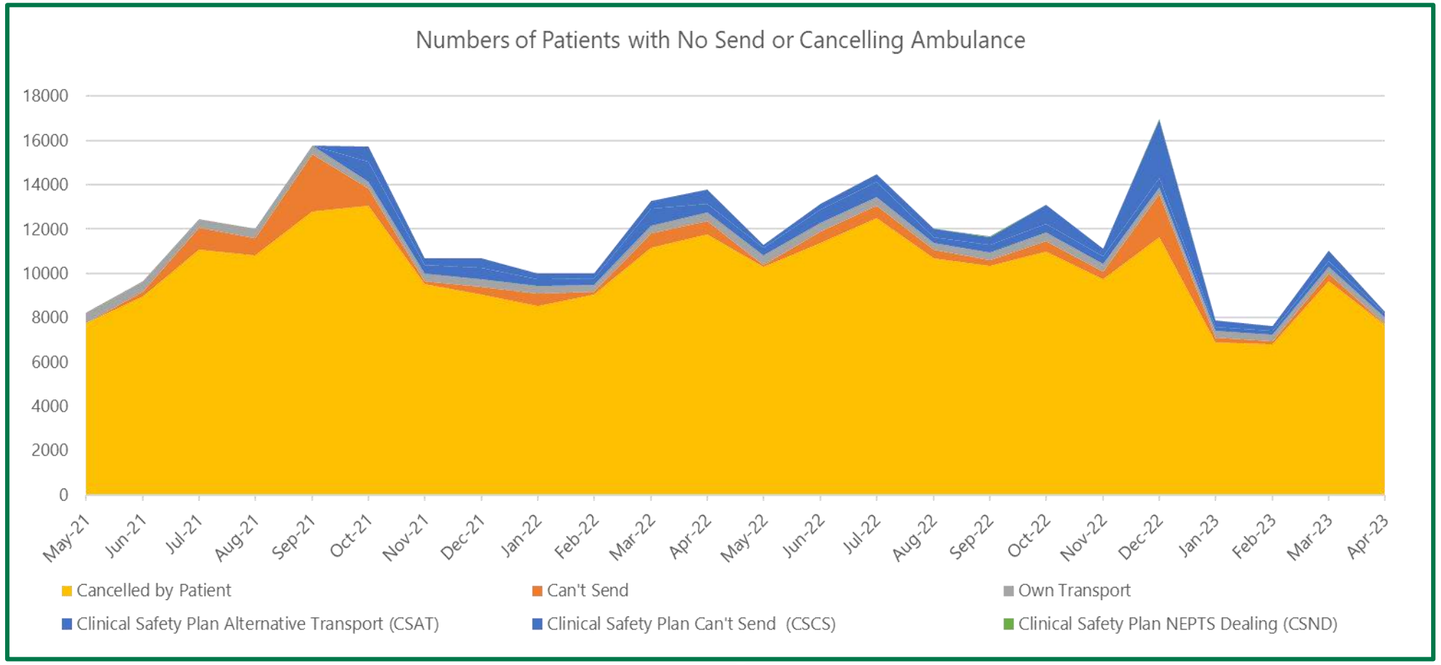
Violence and Aggression: Work is continuing in the development of further DATIX dashboards to allow for further scrutiny into V&A incidents to influence strategic interventions where required. Learning from events and understanding the nature and accurate Risk Assessment. This data will inform an objective view of any gaps identified in managing such risk

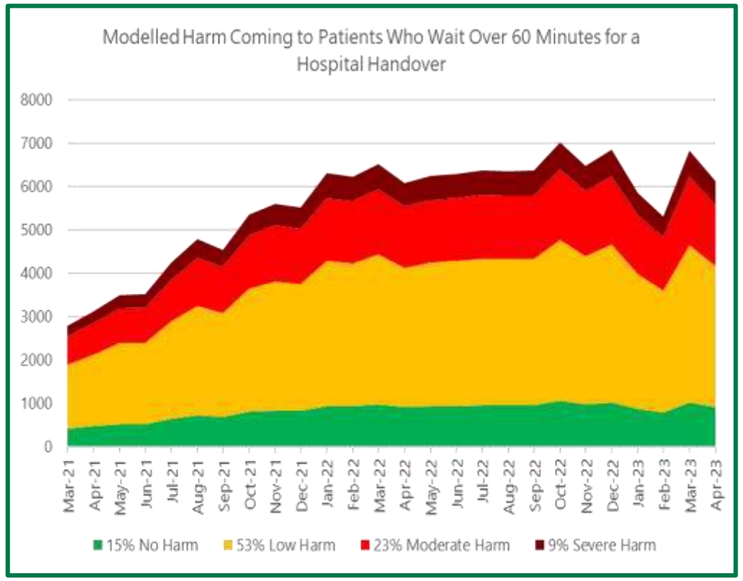
**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

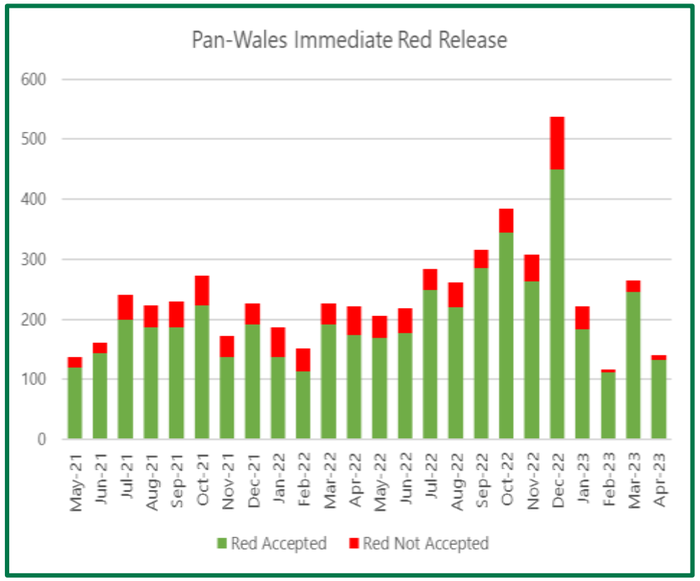
Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Escalation and Patient Experience

(Responsible Officer: Andy Swinburn) TBD FPC







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

Analysis

In April 2023, 184 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 46 were stopped as a result of CSP 'Can't Send' options. In addition, 7,648 ambulances were cancelled by patients (including patients refusing treatment at scene) and 331 patients made their way to hospital using their own transport.

There were 511 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in April 2023. Of these 132 were accepted and released in the Red category, with 9 not being accepted. Further to this, 116 ambulances were released to respond to Amber 1 calls, but 254 were not.

The graph in the bottom left shows that in April 2023 of the 6,117 patients who waited outside an ED to be handed over to the care of the hospital, the Trust could assume that 15% (917 patients) would experience no harm, 53% (3,242 patients) would experience low harm, 23% (1,406 patients) would experience moderate harm and 9% (550 patients) would experience severe harm.

In April 2023 CSP levels for the Trust were:

CSP Level	No Of Days in April 2023	RED	AMBER 1	AMBER 2	GREEN	HCP
0	0	Business as Usual				
1	0	Respond	Respond	ETA – Alt Transport Respond to Exceptions		
2a	0	Respond	Respond	ETA – Alt Transport Respond to Exceptions		
2b	12	Respond	65th ETA Script ALT Transport Respond to Exceptions			
2c	15	Respond	65th ETA Script ALT Transport Respond to Exceptions		Can't Send Respond to Exceptions	Can't Send Pass to ROU or EMG
3a	3	Respond	90th ETA Script ALT Transport Respond to Exceptions	Clinical Screening	Can't Send	Can't Send
3b	0	Respond	Clinical Screening	Can't Send	Can't Send	Can't Send
4a	0	Clinical Screening		Can't Send	Can't Send	Can't Send
4b	0	Clinical Screening	Can't Send	Can't Send	Can't Send	Can't Send

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

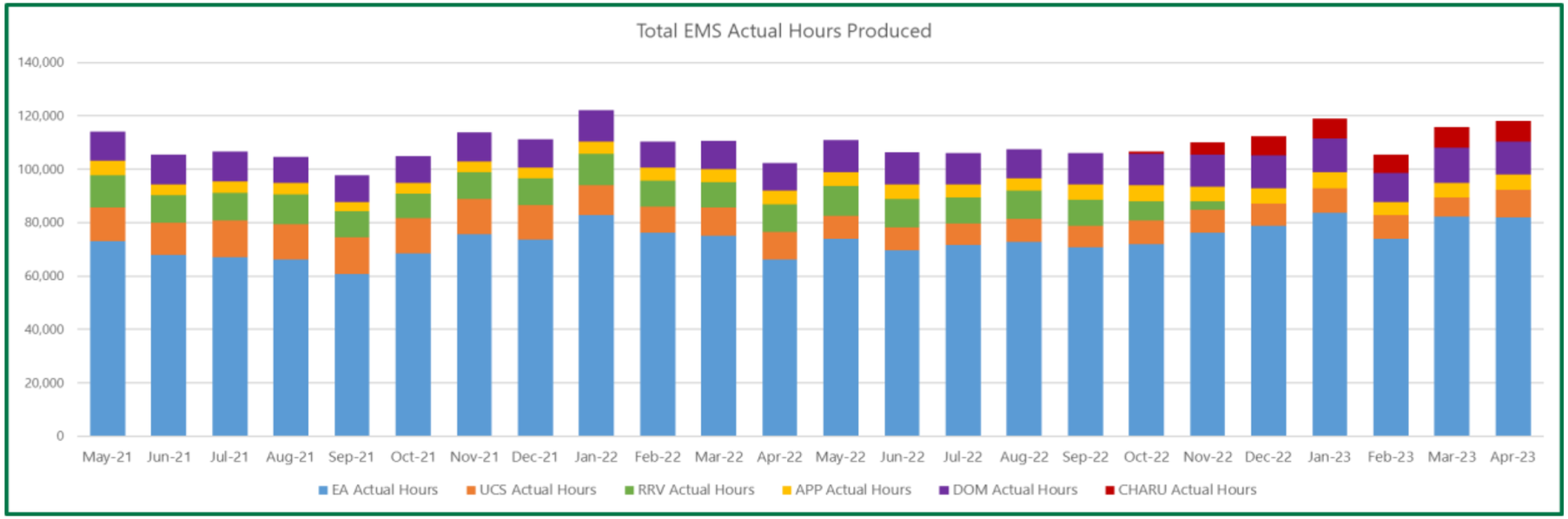
The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

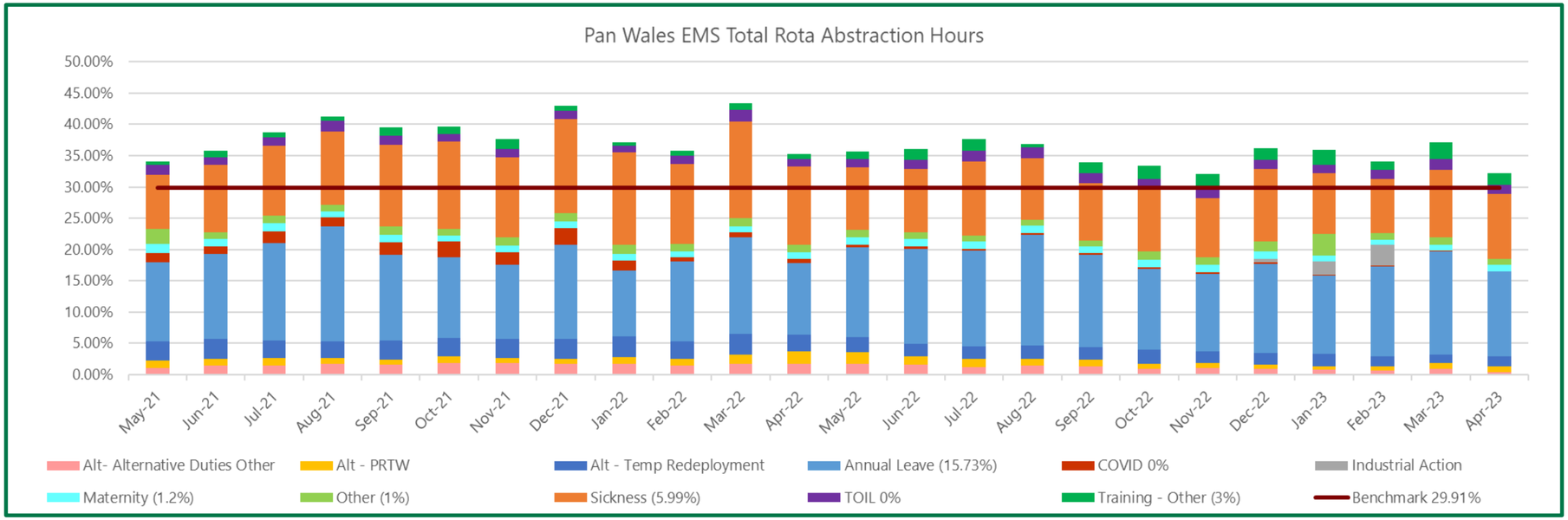
Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions
G	R

CI PCC FPC





Analysis
As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In April 2023, total EMS abstractions (excluding Induction Training) stood at 32.26%. This was a significant decrease from the 37.15% recorded in march 2023. However, it still remains slightly above the 30% benchmark figure set in the Demand & Capacity Review. The highest proportion of abstractions was due to annual leave at 13.53%% followed by sickness at 10.36%. This figure for sickness abstractions for April 2023 was lower when compared to the same month last year (12.54%). COVID-19 (non-sickness) related abstractions remains low at just 0.08%.

Emergency Ambulance Unit Hours Production (UHP) was 98% in April 2023 (81,925 Actual Hours), CHARU UHP achieved 92% (7,925 Actual Hours) compared to 86% in March 2023 (this is the commissioned level not the modelled level. The total hours produced is a key metric for patient safety. The Trust produced 118,141 hours in April 2023, which is higher than the figure produced in March 2023 (115,647).

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 has a budgeted establishment of 1,761 FTEs for 2022-23.. The vacancy rate is less than 1%.

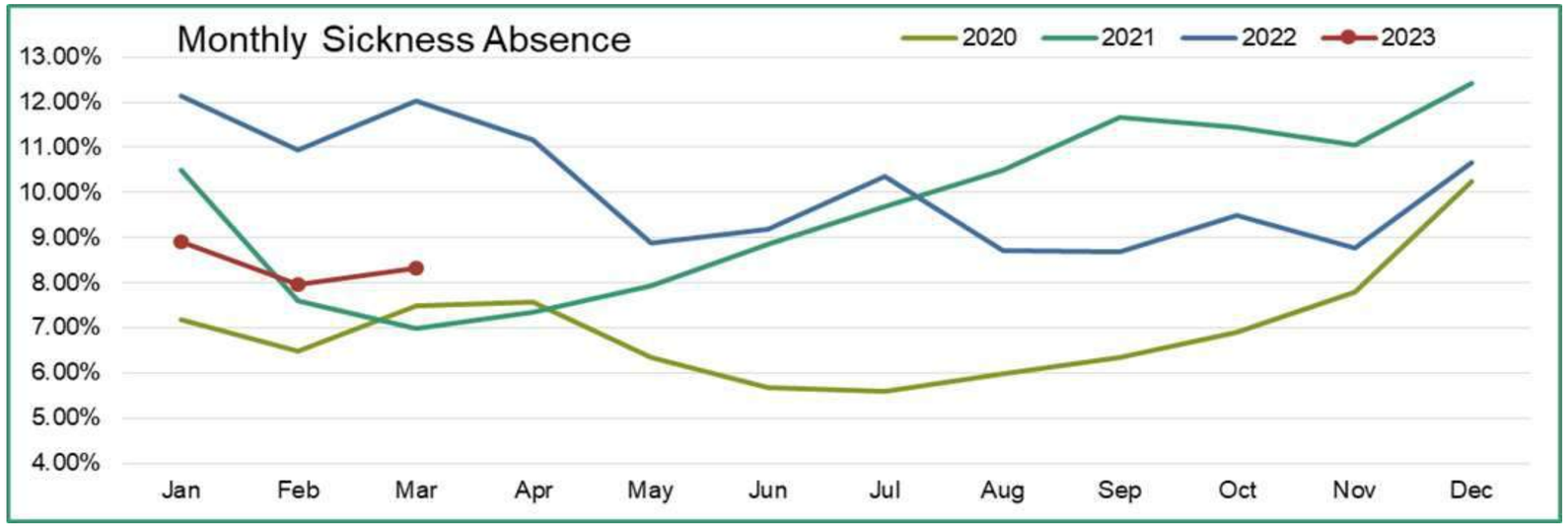
The Trust is currently widening out its focus on sickness absence to look at all abstractions recognising that abstractions are already regularly reviewed in Operations performance meetings.

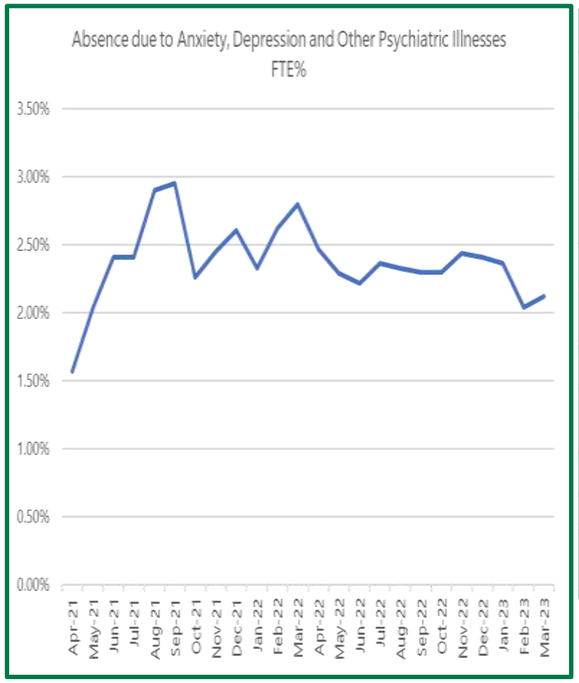
Expected Performance Trajectory
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to EMT. A further meeting to deep dive and finalise the Trust's position for 2023/24 has been arranged for 17 May 2023.

Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis) G CI

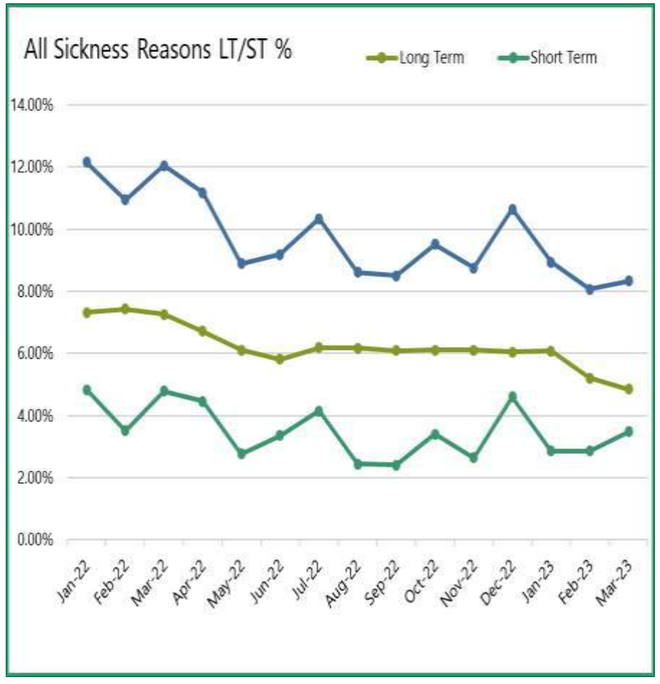
NB: Sickness data will always be reported one month in arrears (except for ESR reported Sickness Trajectory)





Average working days lost per FTE (Annual)	
21.09 days	
Single month Absence %	
8.33%	
Long Term	**Short Term**
4.85%	3.48%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.11%	0.99%

March 2023



Analysis

Indicative figures (as of 05.05.2023) show a decrease in sickness absence in April to 8.01%, with long term absence showing a continued decrease at 4.76% and a decrease in short term absence to 3.25%.

The number of long COVID cases continues to decline with 3 colleagues absent (as of 03.05.2023) with long Covid compared to 15 in July 2022.

In March 2023 the number of colleague absence due to anxiety, depression or other psychiatric illnesses increased to 2.12% (FTE) an increase of 0.08% when compared to February 2023, absences related to this reason have remained above 2%(+) since May 2021.

Remedial Plans and Actions

- Targeted support continues to be directed to current 'hotspot' areas with ongoing reviews in two HB areas. Senior Manager review meetings to track sickness and provide support are undertaken each month.
- MAAW training and bitesize training sessions have taken place in April, with further sessions scheduled for May, June & July 2023.
- Promotion of the Body Hotel (included within the MAAW training) which offers a programme of free employee wellbeing workshops across the health and social care sector in Wales. The programme provides a wide variety of options to employees to engage with their own self care, prevent burnout and support challenging work transitions.
- Long term sickness case management continues and indicative figures for April 2023 show a decrease to 4.76% from 4.85% in March.
- Indicative figures for short term absence in April 2023 shows a decrease to 3.25% from 3.48% in March. The highest reason for short term absence in February, March & April 2023 was Covid related.
- A revised Improving Attendance Action Plan is being developed and will replace the action plan for 2022/23
- Physiotherapy: 26 referrals were received in March 2023; this was 17 less than February 2023
- Average length of time from referral to first contact: 0.75 days
- Average age of those referred is 46, with back issues being the main reason for referral. At the point of referral, 19% of employees were off work, 8% were on amended duties and 73% were at work on full duties
- Health Assured (EAP): 74 calls to the helpline in March

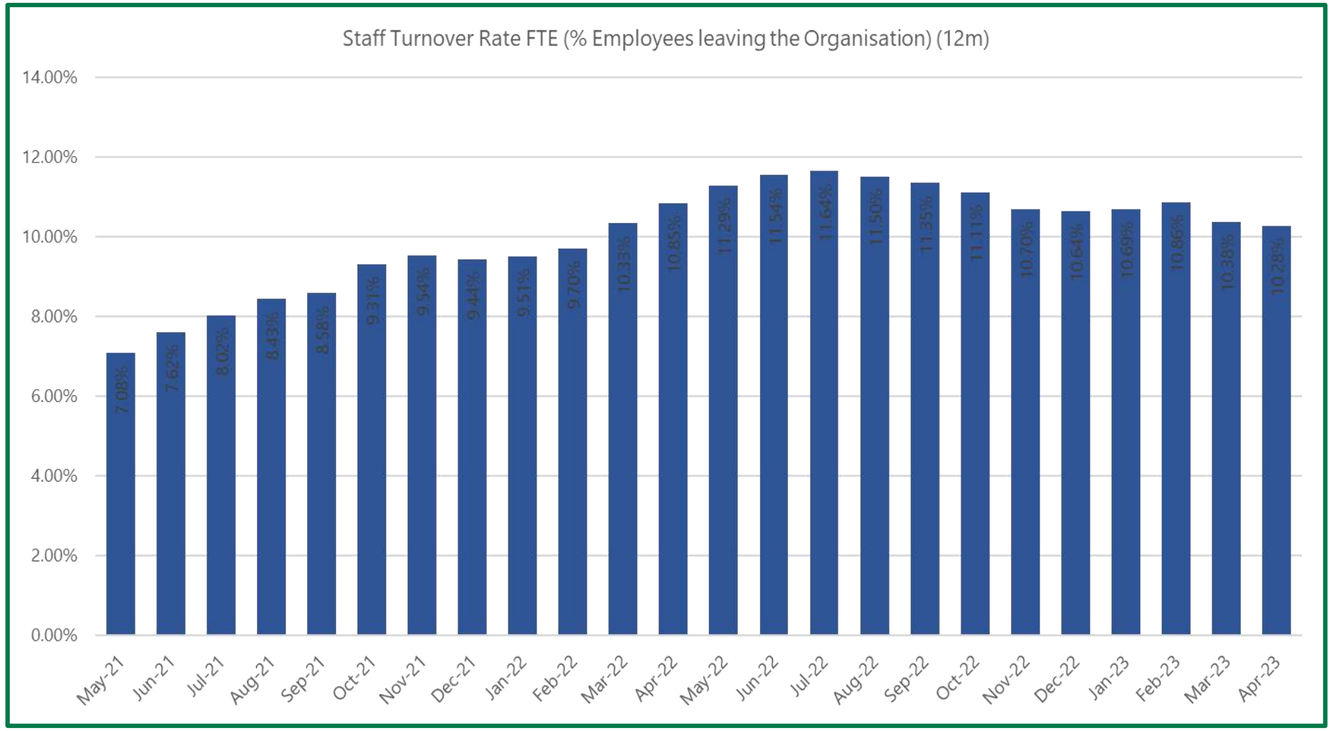
Expected Performance Trajectory

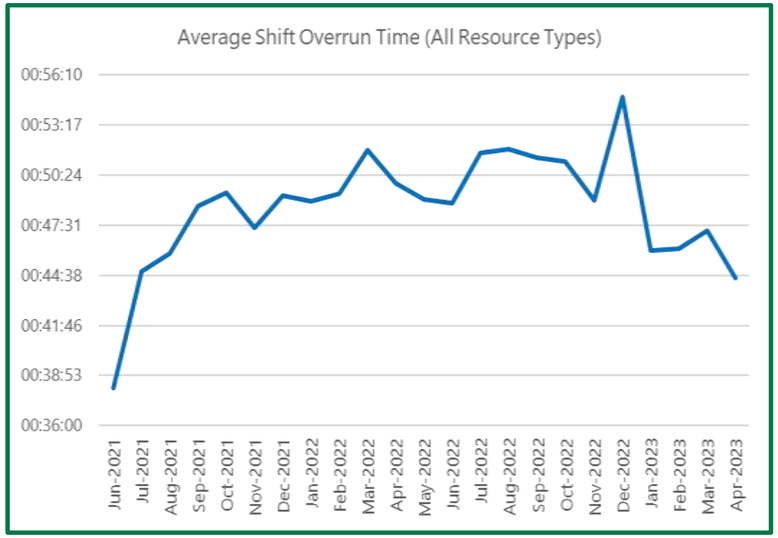
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery..

Our People
Capacity - Turnover

(Responsible Officer: Angela Lewis)

A





April 2023	FTE by Month
Org L4	2023 / 04
020 Ambulance Care L4 (NX10)	898.36
020 Emergency Medical Services L4 (DX04)	1,801.03
020 Integrated Care L4 (DX03)	442.43
020 National Operations & Support L4 (DX02)	131.33
020 Resourcing & EMS Coordination L4 (DX05)	339.77
Grand Total	**3,612.92**

Ambulance Response	**1547.86**
020 Ambulance Care L4 (NX10) ACA2/Team Leaders	**282.79**

Analysis

Staff turnover rates in April 2023 were 10.28%. However, rates have gradually been declining since they peaked in July 2022, with the current monthly rate being the lowest reported since February 2022. Staff leave the Trust for a variety of reasons including promotions, relocations, culture and due to the pressures of NHS working.

Colleague wellbeing remains a focus for WAST. Colleagues have been managing a number of challenging issues such as industrial action, the cost of living crisis and fatigue all being concerns in the past few weeks and months. The Trust has been awarded enhanced status of our Gold Award for Corporate Health Standard, demonstrating that colleague wellbeing remains a high priority. EAP support for colleagues has been renewed, to ensure our people can access support 24/7 and have access to counselling. The Trust have arranged for speakers to come in to present to the women's health group, focusing on nutrition and are delivering regular workshops for colleagues on stress, and wellbeing and resilience to support whilst also looking at ways to increase the support already provided.

Remedial Plans and Actions

Accessible financial wellbeing support is available to colleagues through a dedicated page on Siren. The page links to a short video presentation outlining available support, ideas shared through the digital suggestion box which remains open to all colleagues (including our volunteers) and broader employee benefits information. A podcast has been recorded with the Money & Pensions Service and will be shared through communications platforms in April 2023.

The WAST Voices Network held its first Advocate meeting in March 2023 and activity continues relating to themes of misogyny and sexual safety within the organisation. Reverse mentoring relationships have been established and the impact of these will be measured after 2 sessions of Senior Leaders hearing from lived experience of these issues. The network have a collaborative event with North West Ambulance Services taking place in April.

Work around improving the preparedness of new colleagues has begun and we now facilitate group discussions around anti racism and sexual safety at all welcome sessions. We are also capturing organisational culture experiences through the 3 months check in carried out with all new colleagues. The allyship programme continues to be rolled out for current colleagues and where required, team interventions taking place.

A volunteer wellbeing package has been put together and the OD Team are running monthly evening Warm WAST Welcome sessions for new volunteers.

2nd Carers passport training arranged for 17th May - Carers week workshop being arranged for 8th June. Theme suggested by the unofficial carers network.

WAST Outdoors initiatives being trialled.

Expected Performance Trajectory

The situation regarding wellbeing of staff remains challenging, many of the difficulties and frustrations are difficult to influence and change. Management development will continue with a focus on people skills and support with robust wellbeing offers so colleagues know where to get support. The People and Culture Plan will continue to highlight that employee experience and culture contribute to overall wellbeing.

The wellbeing offer is regularly reviewed and fully described on SharePoint.

Our People
Culture - Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

Self Assessment: Strength of Internal Control: Moderate

Flu R

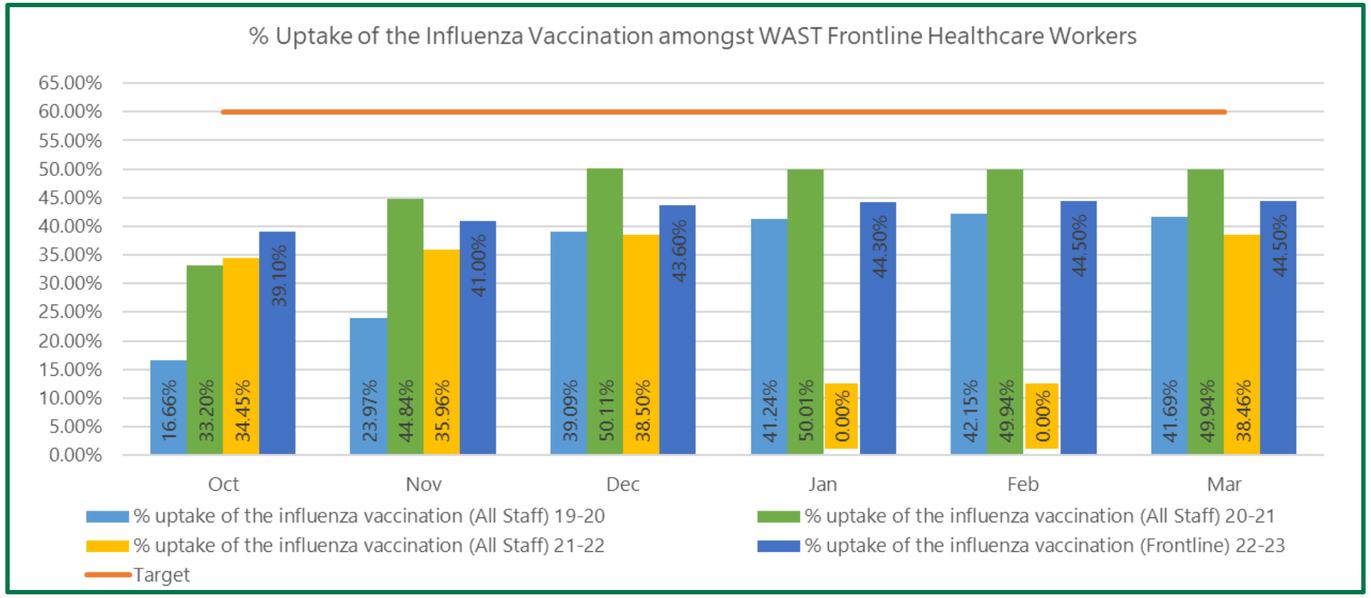
PCC

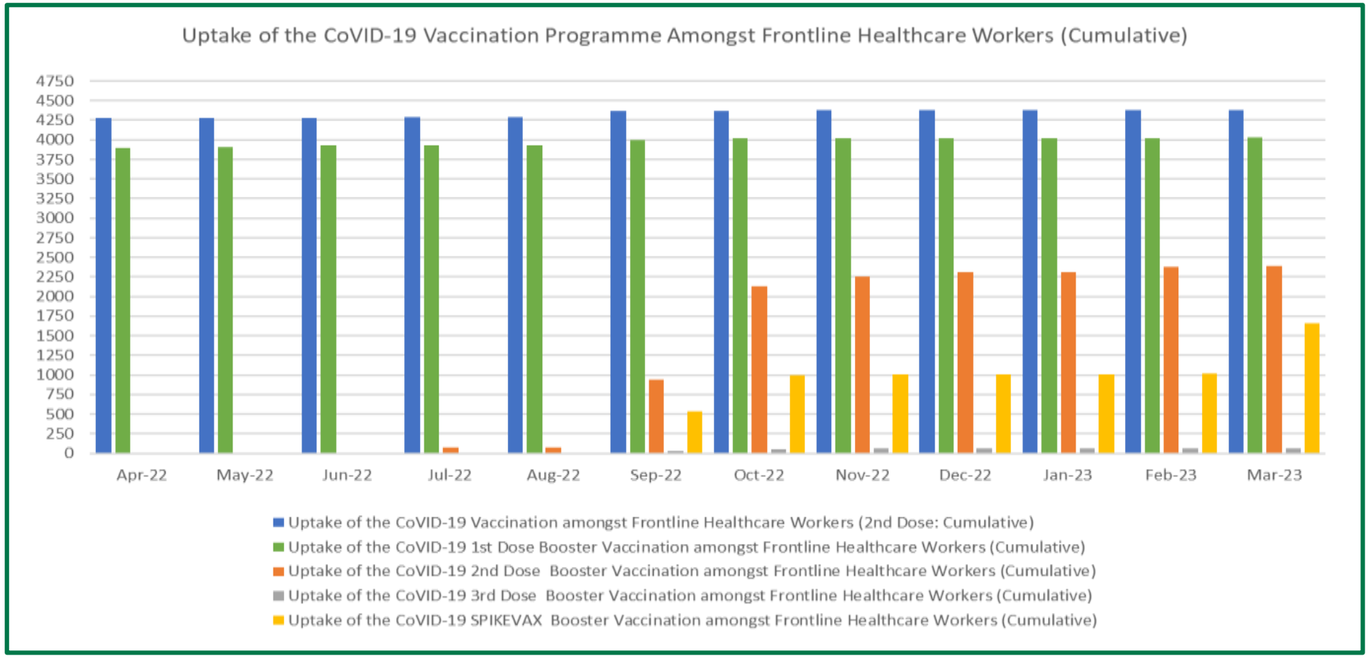
CI

Health & Care Standard - Health (PPI)

No Update received in April 2023 re: COVID Vaccinations

NB: Flu – Next reporting schedule is October 2023





Analysis

Flu: The 2022-23 Flu Campaign has officially come to an end, concluding data collection as of 28th February 2023. During the campaign 1,813 flu vaccines administered by Occupational Health Vaccinators and Peer Vaccinators (including flu vaccines administered to PHW staff / Students / HCS staff etc.) Of these vaccines administered within the Trust, 1,601 were received by WAST staff. There was a further 289 given to staff elsewhere (i.e. GP surgery, COVID Booster setting) therefore a total of 1,890 WAST staff received the vaccination against flu, equating to 44.5% of the overall workforce. Additional engagement was received from 247 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, concluding the campaign with 50.3% engagement rate.

Both the vaccine uptake and Microsoft Form engagement surpassed that experienced in the previous campaign last year, 2021-22. There was a 6% increase on vaccinations and a 9.6% increase in engagement. Patient facing staff specifically saw a 46.3% uptake of the vaccine this year (a 5.2% increase from last year).

COVID-19: As of March 2023, front line (Patient Facing and Non-Patient Facing staff), 94% (4,404) of staff have received a first dose COVID-19 vaccination, 94% (4,377) have received a second dose and 37% (1,664 Staff) have received the SPIKEVAX booster vaccination.

Remedial Plans and Actions

Flu: Following a full review of this year's campaign, recommendations have been devised based on some of the key areas of learning and development. The aim is to streamline current processes, remove duplication of effort and improve engagement with the workforce. It is evident that positive steps have been made, and a number of the lessons learnt from the previous campaign have been implemented. However, there is a range of areas that require continued development for future campaigns. Planning for the next Flu Campaign is expected to start shortly, earlier than ever before.

COVID-19: Welsh Government have been involved in discussions between the four UK Chief Medical Officers (CMOs) regarding the UK Covid-19 alert level. This alert level system has been in operation since May 2020. Its function is to clearly communicate, to the public and across governments, the current level of direct Covid-19 risk. Since September 2022, we have been at level 2. The four UK CMOs have agreed it is appropriate to pause the alert level system. It will be suspended on 30 March.

Routine testing will be paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools over the (2023) spring and summer.

Expected Performance Trajectory

The 2022-23 Flu campaign has now concluded. The Trust will continue to monitor influenza and COVID-19 through intelligence gathered by the Forecasting & Modelling Group on a weekly basis. Any learning from southern hemisphere countries will be shared and used for modelling purposes for the 2023-24 winter flu season.

**NB: Due to a technical error in the downloading of data for the Trust are unable to report monthly flu data for January & February 2022.*
***NB: COVID Vaccinations are reported using the WAST definition of Frontline Patient Facing employees and therefore includes those employed within Clinical Contact Centres.*
****NB: Flu data accurate at time of publication and subject to change / Spikevax vaccination data correct at time of publication and subject to change.*

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

Our People
Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

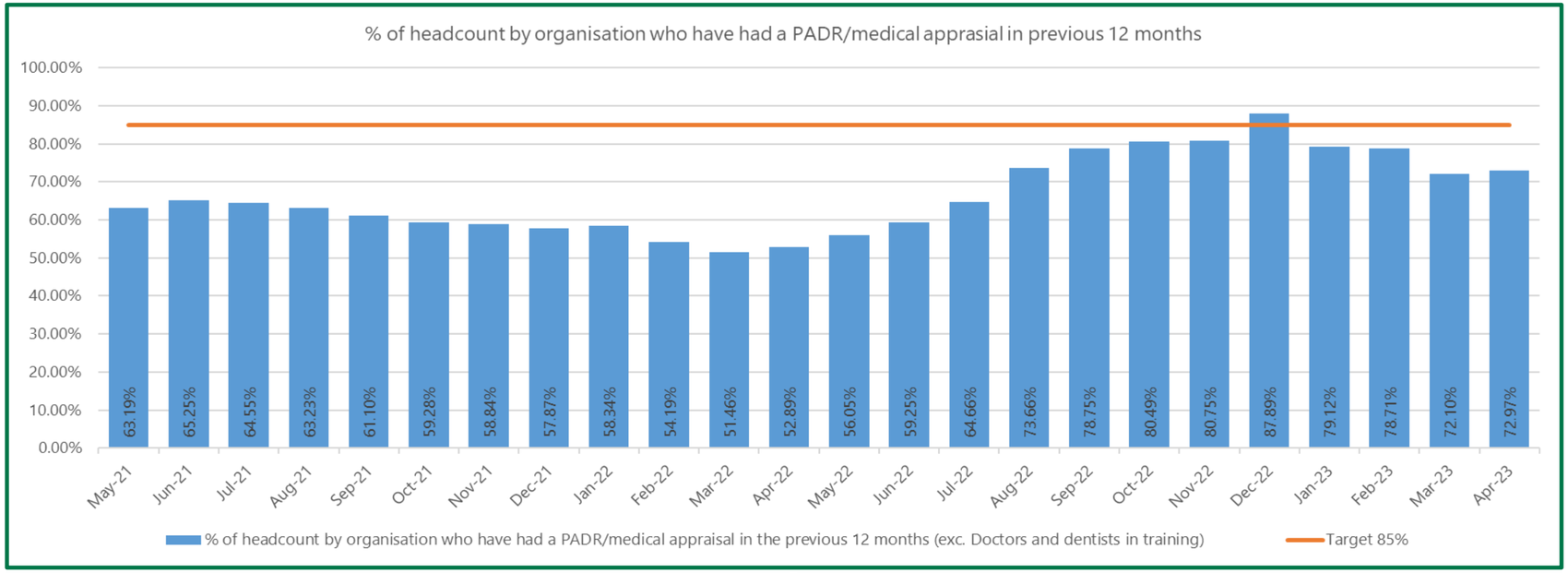
A

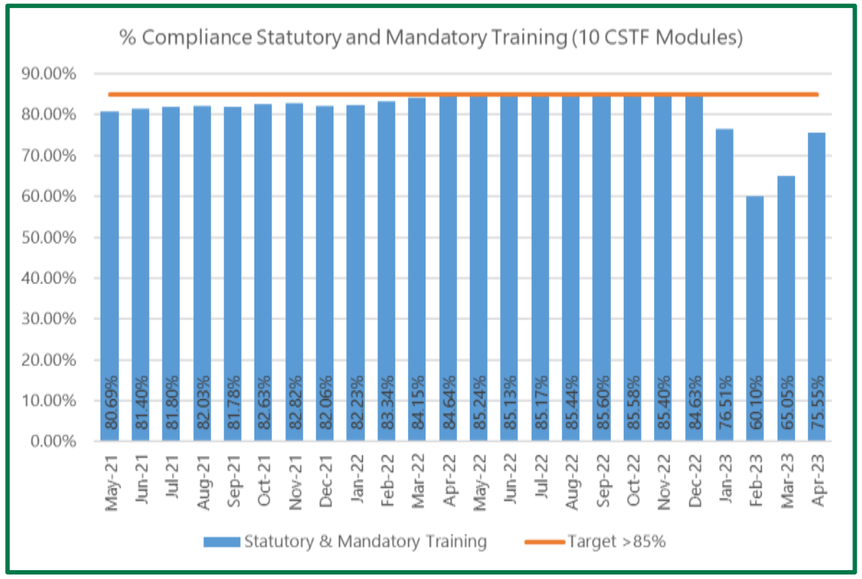
Self Assessment: Strength of Internal Control: Strong

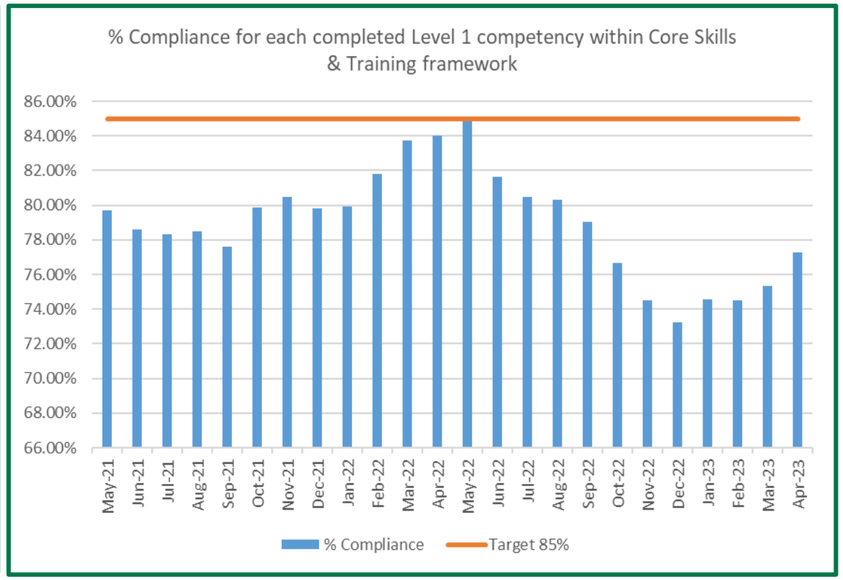
CI

PCC

Health & Care Standard
Health – Staff & Resources







Analysis

PADR rates for April 2023 improved when compared to the previous month to 72.97%, but still failed to achieve the 85% target. Over the reporting period this target was only exceeded once, in December 2022, although current rates are significantly higher than during the same period last year.

In April 2023 Statutory & Mandatory Training rates reported a combined compliance of 75.55%; with Safeguarding Adults (91.73%), Dementia Awareness (90.47%) and Violence Against Women, Domestic Abuse & Sexual Violence (85.77%) all achieving the 85% target. Moving & Handling (79.16%), Fire Safety (74.72%), Equality & Diversity (73.07%), Information Governance (71.57%), and Paul Ridd (38.26%) all remain below this target. The Paul Ridd course is new and is the reason for a reduction in overall compliance.

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

Remedial Plans and Actions

At the time of reporting, 417 of 1,836 EMS colleagues (22.7%), 30 of 284 ACA2 (10.56%) and 81 of 540 ACA1 colleagues (15.00%) have completed MIST Training days. Sessions continue to be facilitated Pan-Wales through the Education and Training Team, who Continue to manage and monitor these via the online booking system accordingly.

From the 01st April 2023 e-learning mandated by Welsh Government in relation to Welsh Language will be added to all colleagues' compulsory competencies via ESR. Communication to ensure colleagues are prepared and aware of this continues to be circulated via Siren and Yammer.

Expected Performance Trajectory

Performance is improving as compliance Has risen in relation to Paul Ridd

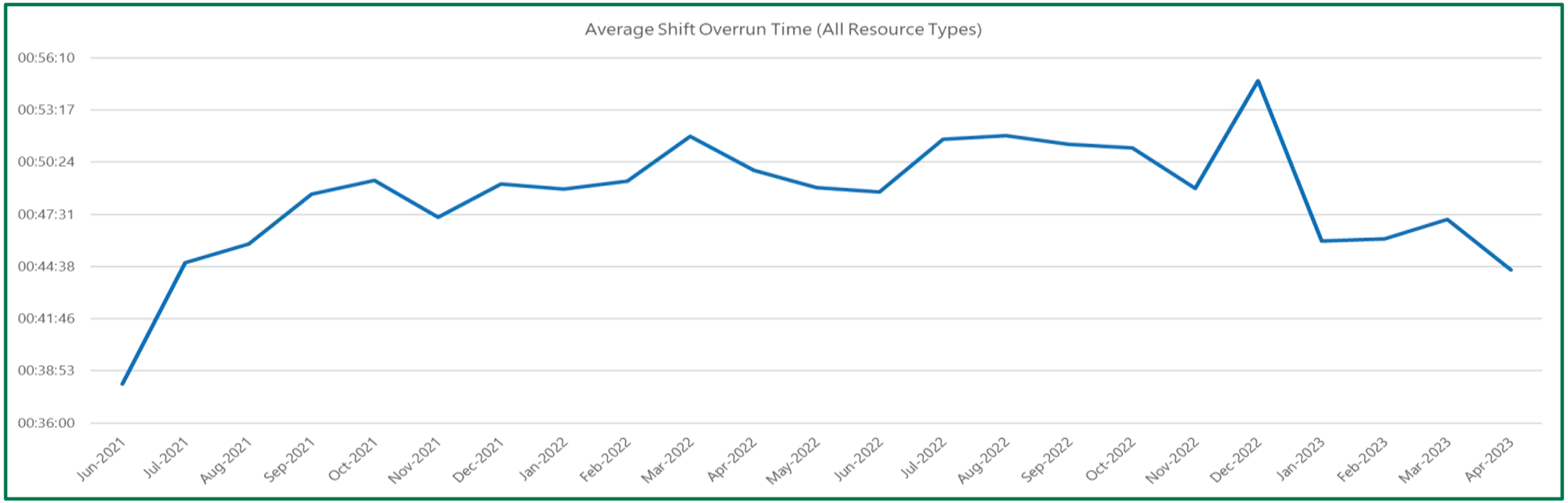
Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years
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

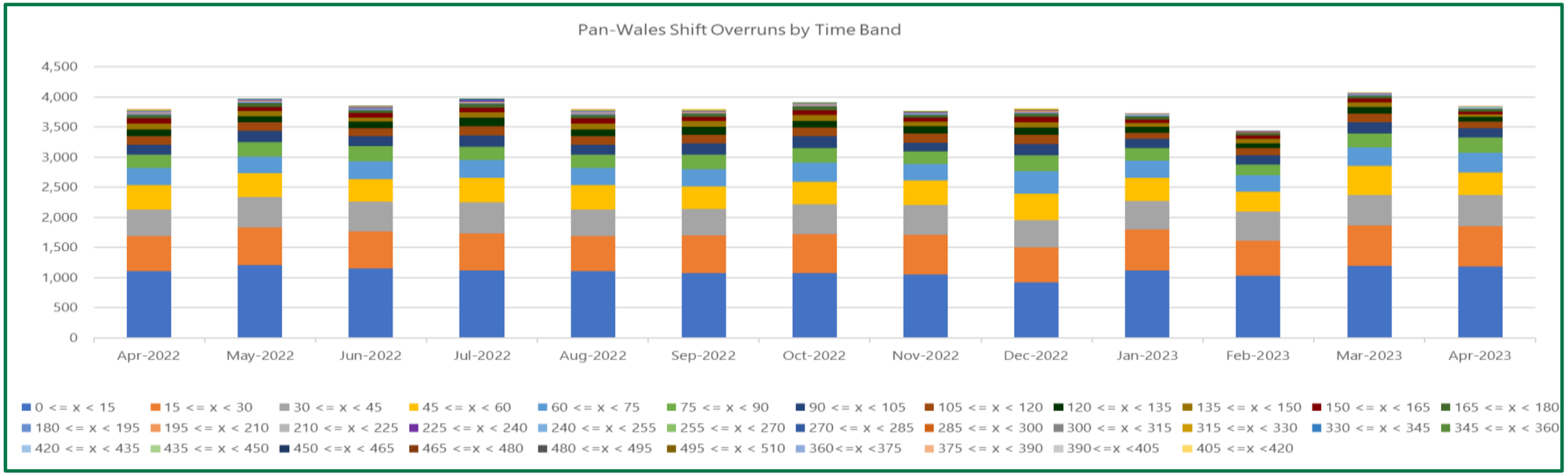
Data source: ESR

Our People
Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

CI





Analysis

The average shift overrun (for all resource types) in April 2023 was 44 minutes and 28 seconds, a decrease when compared to the pervious month and when compared to 50 minutes in April 2022 but higher than 47 minutes recorded in April 2021.

The highest volume of shift overruns occur in the 0 – 60 minute category, accounting for 71.5% of shift overruns, 21.9% of shift overruns fall in the 61-120 minute category, 6.2% in the 121 – 240 minutes 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.

Expected Performance Trajectory

A new People and Culture Plan is due to be launched in the coming months along with an accompanying enabling framework that covers People and Culture Directorate Plans that focus on our people.

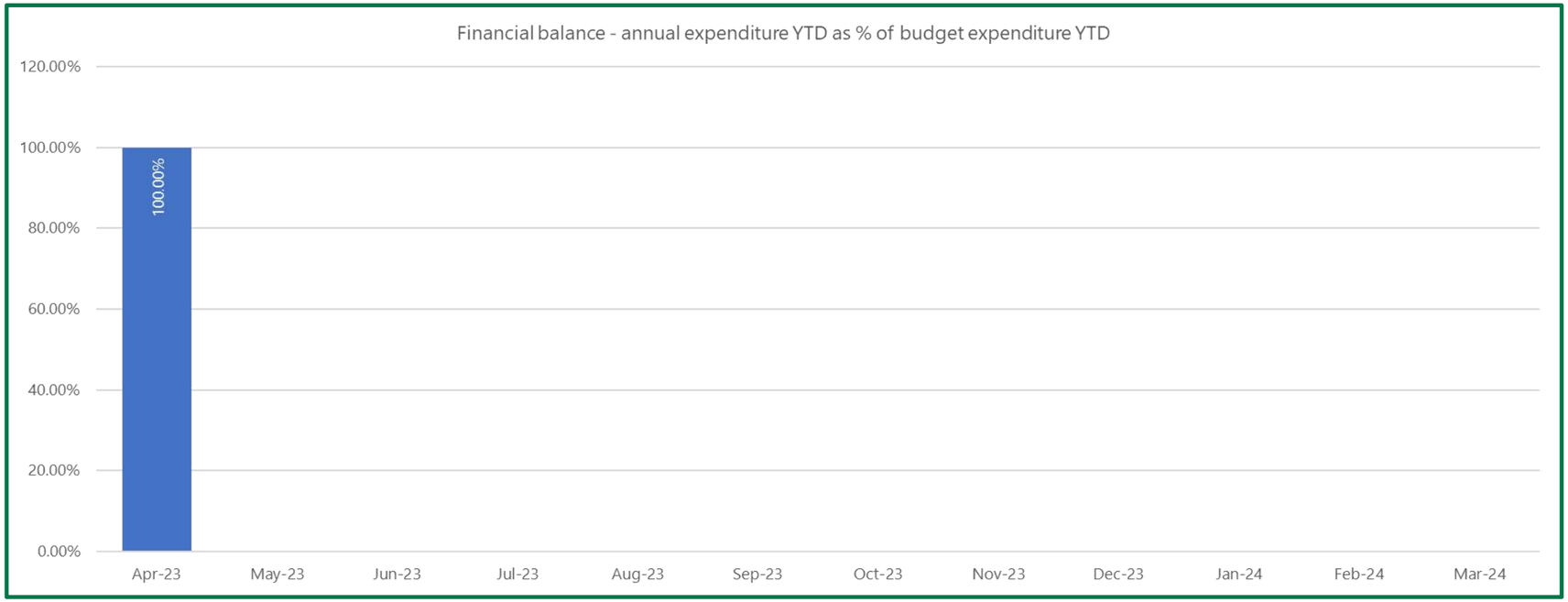
Slide Under Development

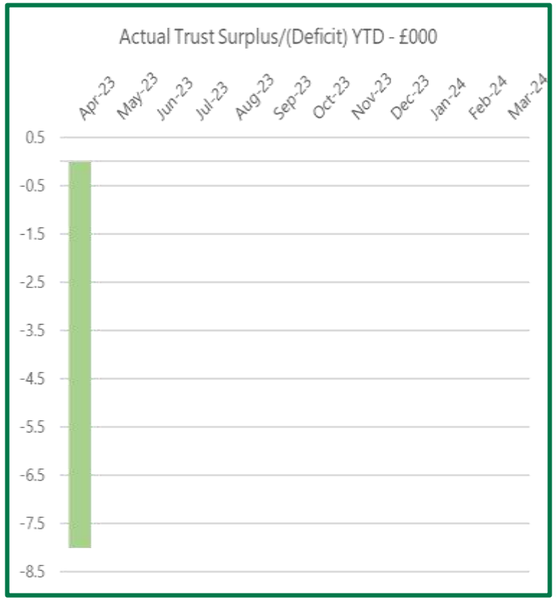
Finance, Resources and Value
Value - Finance Indicators

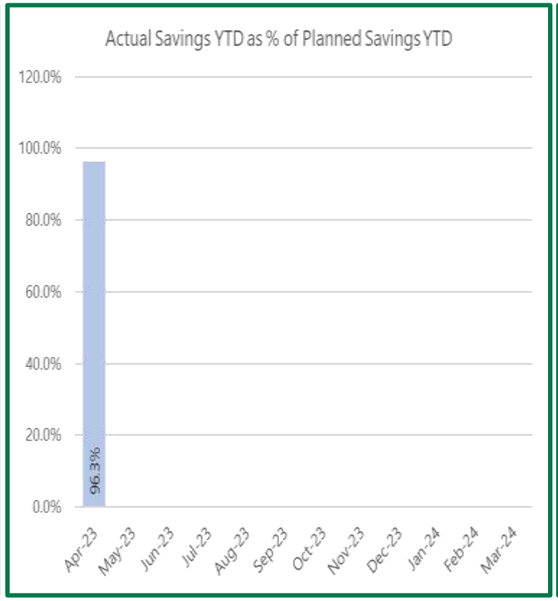
(Responsible Officer: Chris Turley)

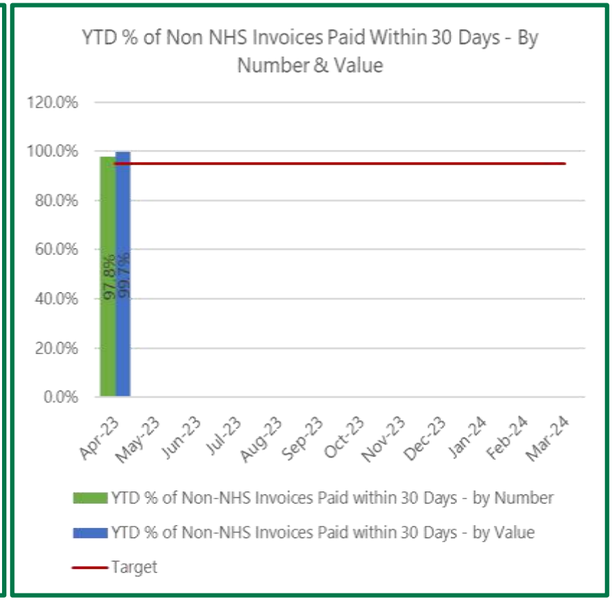
G

FPC









Analysis

The reported outturn performance at Month 1 is a deficit of £8k, with a forecast to the yearend of breakeven.

For Month 1 the Trust is reporting planned savings of £0.573m and actual savings of £0.552m (an achievement rate of 96.3%).

The Trust's cumulative performance against PSPP as at Month 1 is 97.8% against a target of 95%.

At Month 1 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

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

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

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

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2022/23 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 2023/24 financial year.

Value / Partnerships & System Contribution
EMS Utilisation & Postproduction Lost Hours Indicators

(Responsible Officer: Lee Brooks)

R

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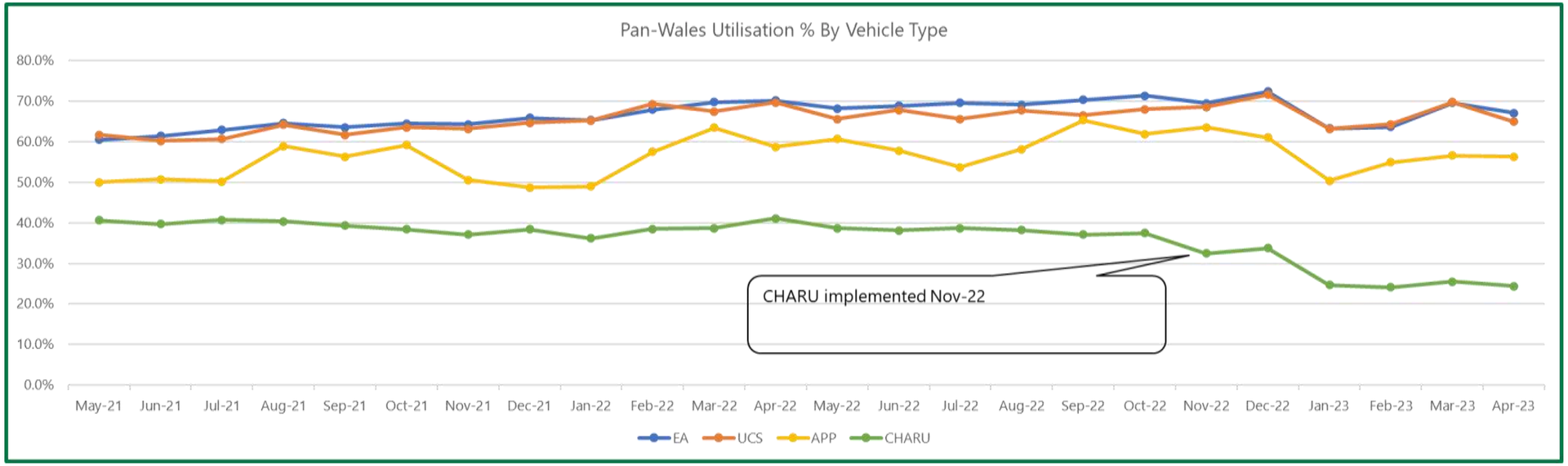

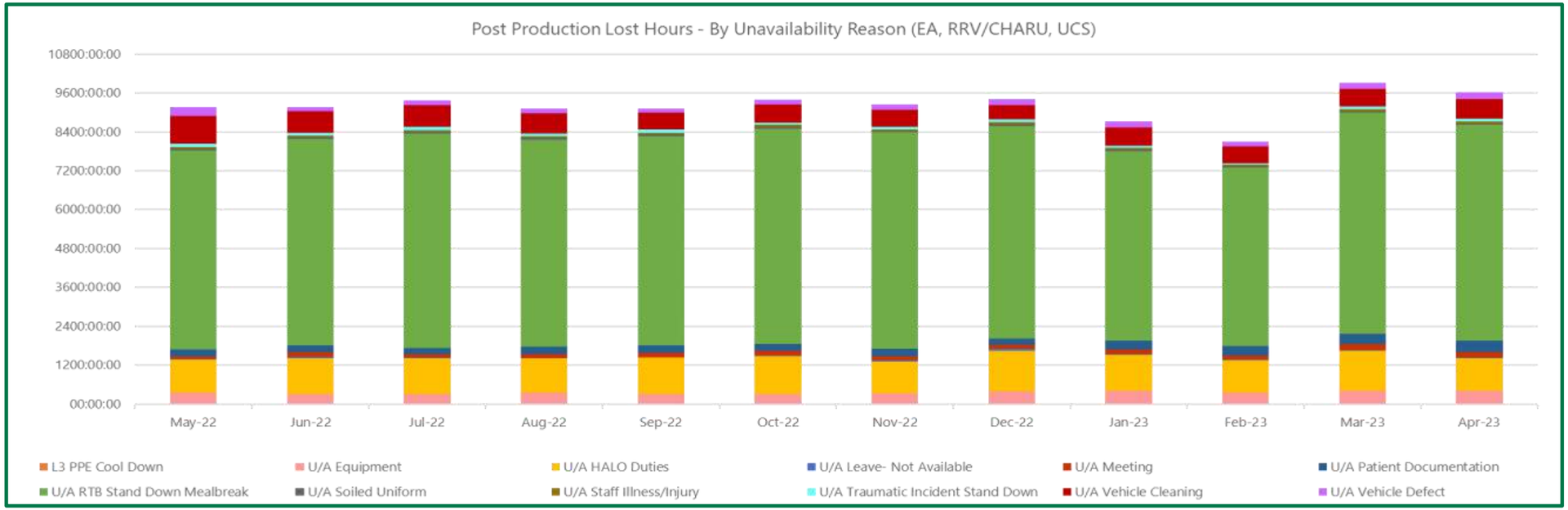

Analysis

Pan Wales Utilisation metrics in April 2023 were 58.8% for all vehicles types. EA achieved the highest rate during the month at 67.1% while UCS was at 65%. Both have seen a generally increasing trend over the past two years before dropping off slightly during January and February 2023.

There were 9,631 postproduction lost hours (PPLH) across EA, RRV/CHARU, APP & UCS vehicles in April 2023; a decrease when compared to March 2023 (9,916). PPLH are due to numerous factors, as outlined in the bar chart, which demonstrates they have remained relatively consistent since May 2022 (the month a retrospective fix was undertaken for the under-reporting of U/A RTB Stand Down Meal-break code), albeit the last two months have seen the highest reported figures over the past year. There was a decrease in hospital handover delays in April 2023 to 23,082 hours, down from 28,620 in March 2023.

Remedial Plans and Actions

The Trust will not be able to eliminate PPLH, however, efficiency options continue to be worked through, and PPLH are monitored and scrutinised closely, forming part of the weekly performance meeting. In relation to the U/A RTB Stand Down Meal-break reason, the rest break automation initiative has been paused due to industrial relations. The Trust plans to revisit this once the industrial dispute with Welsh Government has concluded. Good progress has been made on other areas of PPLH.

Expected Performance Trajectory

The current data needs to be treated with a degree of caution. As stated above, the Trust will not be able to eliminate PPLH. Although delayed handover hours outside EDs have improved slightly from December 2022, the lost hours for March 2023 were extreme, meaning resources are returning to base for rest predominantly outside of the rest break window, resulting in an unavailable status being assigned.

*NB: PPLH Data correct at time of extract

Finance, Resources and Value
Resource and Value Indicators

(Responsible Officer: Chris Turley)

Decarbonisation: A

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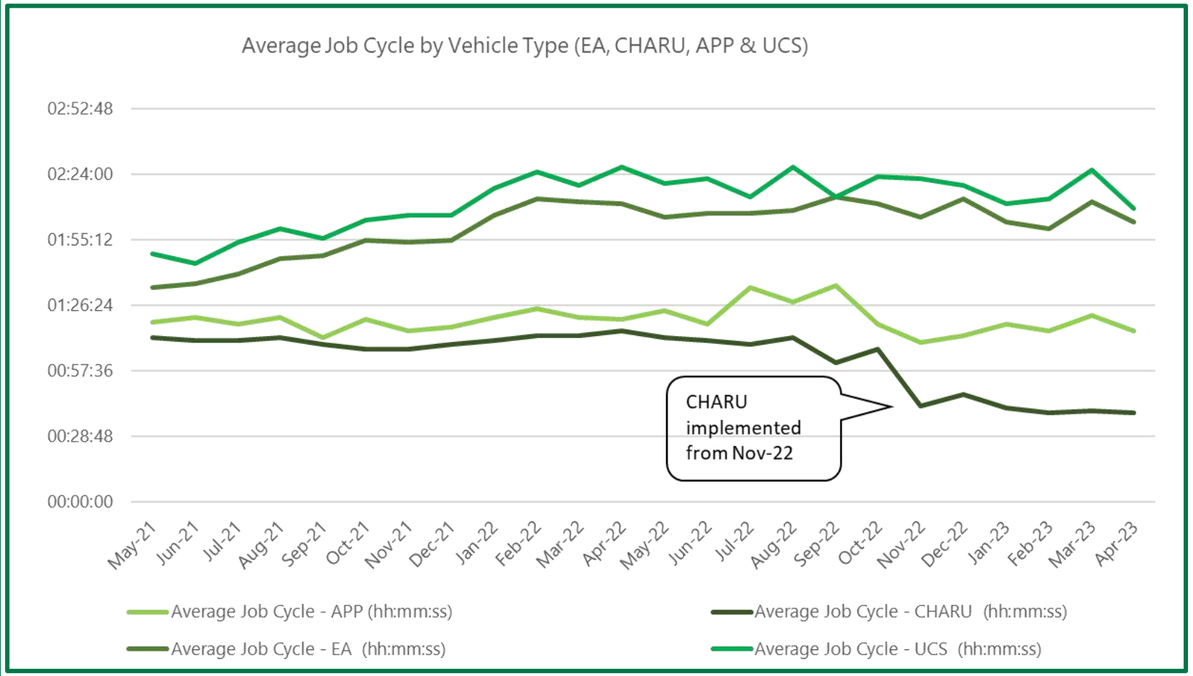

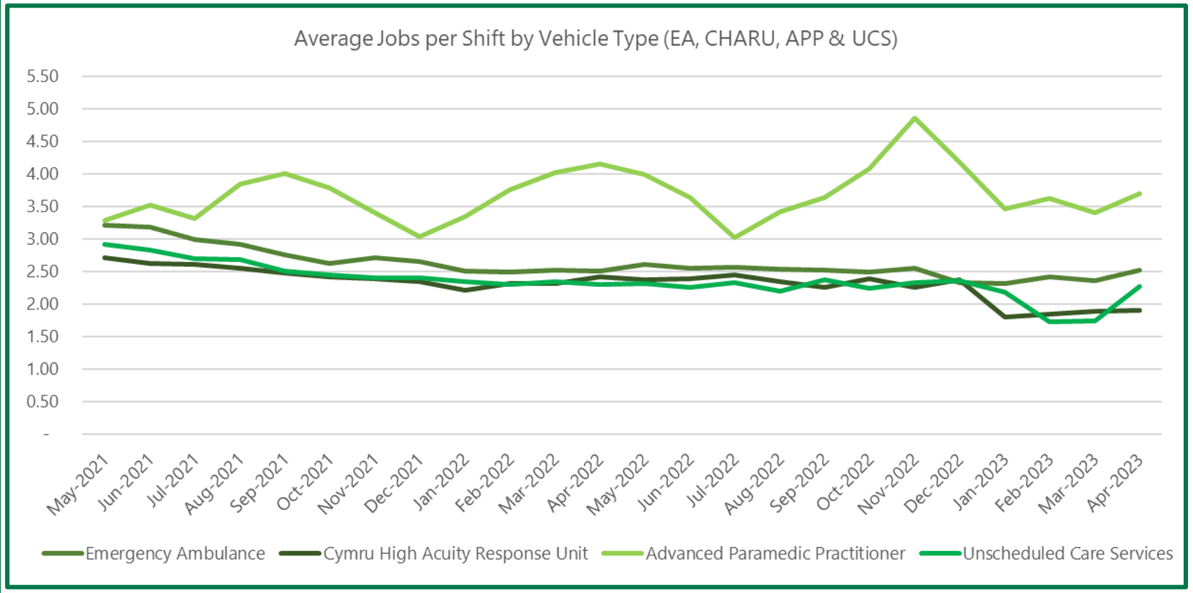

Value – Job Cycle and Volume

Analysis

As demonstrated in the top graph, the average job cycle decreased in April 2023 for all vehicle types. EA calls averaged 2 hours 3 minutes while UCS crews saw their average decrease to 2 hours 9 minutes

APPs attended on average 3.70 jobs per shift, EAs 2.52 jobs per shift, UCS crews 2.27 jobs per shift and CHARU's 1.91 jobs per shift.

Overall average jobs per shift has remained relatively static for EA, CHARU and UCS throughout the past year, although it has fallen away slightly for the latter two in the last three months. In comparison average jobs per shift for APPs is on a fluctuating, but generally increasing, trajectory.

Remedial Plans and Actions

The increase in average job cycle time since 2021 can be attributed to numerous factors including the introduction of ePCR and increasing hospital delays (staff pre-empting and packaging patients in readiness for long waits and patients waiting longer for an ambulance response therefore requiring more treatment/assessment). These times are monitored at Weekly Performance Meeting and local work to establish appropriate efficiency initiatives is ongoing

Expected Performance Trajectory

The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not been seen.

**NB: Average jobs per shift only includes data where the full shift worked is less than 20 hours.*
Total shift hours currently includes the meal break for the shift
Total shift hours also includes Postproduction Lost Hours

Resource - Decarbonisation

Analysis

Delivery of the capital programme in 2023/24 sought to maximise decarbonisation aspects associated with investment. Examples include PV panels and battery storage at Bridgend Ambulance Hub, PV panels, battery storage and installation of air source heat pump within the development of the SE Fleet Workshop, and other energy saving schemes such as LED lighting, glazing and building management systems where possible during the last quarter of 2023/24. The Trust's EV charging network (initially to support implementation of 23 PHEV car-based response vehicles) developed from minimal provision to 67 chargers over 54 sites.

Remedial Plans and Actions

WAST Decarbonisation Action Plan is currently reporting internally as Amber. Estates and Facilities Advisory Board funding in 2023/24 and 2-24/25 will allow for investment in further infrastructure and decarbonisation schemes across a range of sites. Plans for Building Management Systems, and a design guide for retrofit of estate continue to be developed. However, further funding will be required. The Trust has completed a scoping exercise for electrical capacity requirements across the WAST estate and work is ongoing with Welsh Government Energy Services on rapid EV charging. The Programme Board was established in January 2023 and met again on 24th April 2023, and continues to develop its work programme and risk management approach.

Expected Performance Trajectory

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

Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

(Responsible Officer: Lee Brooks)

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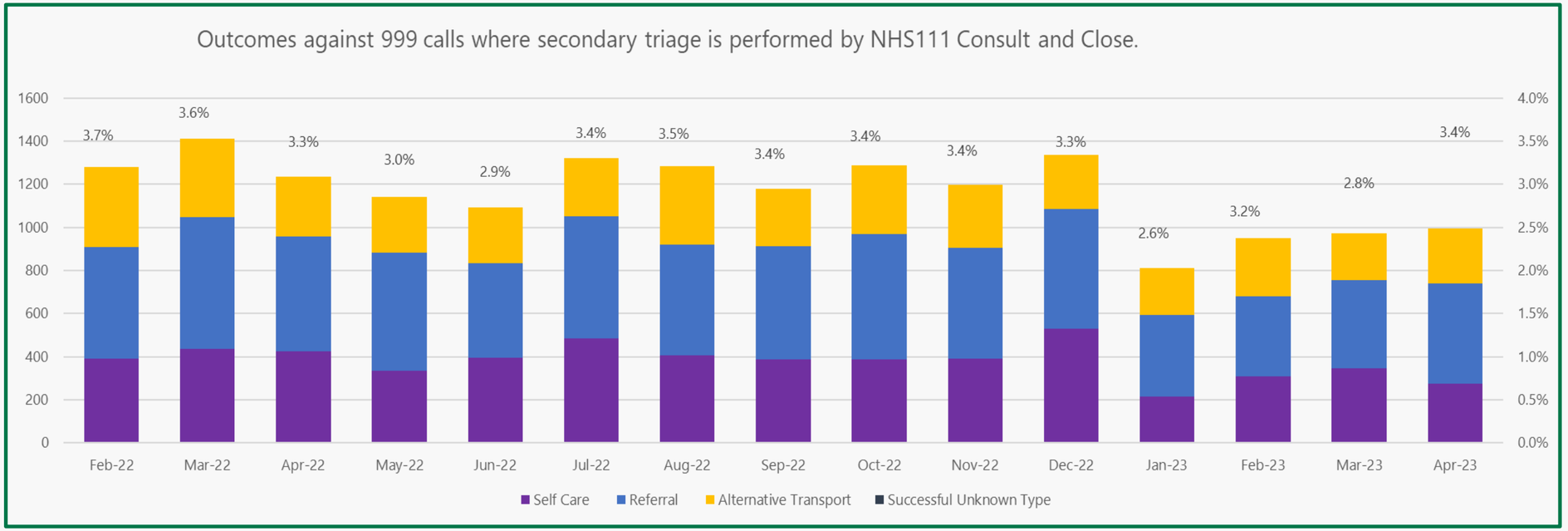
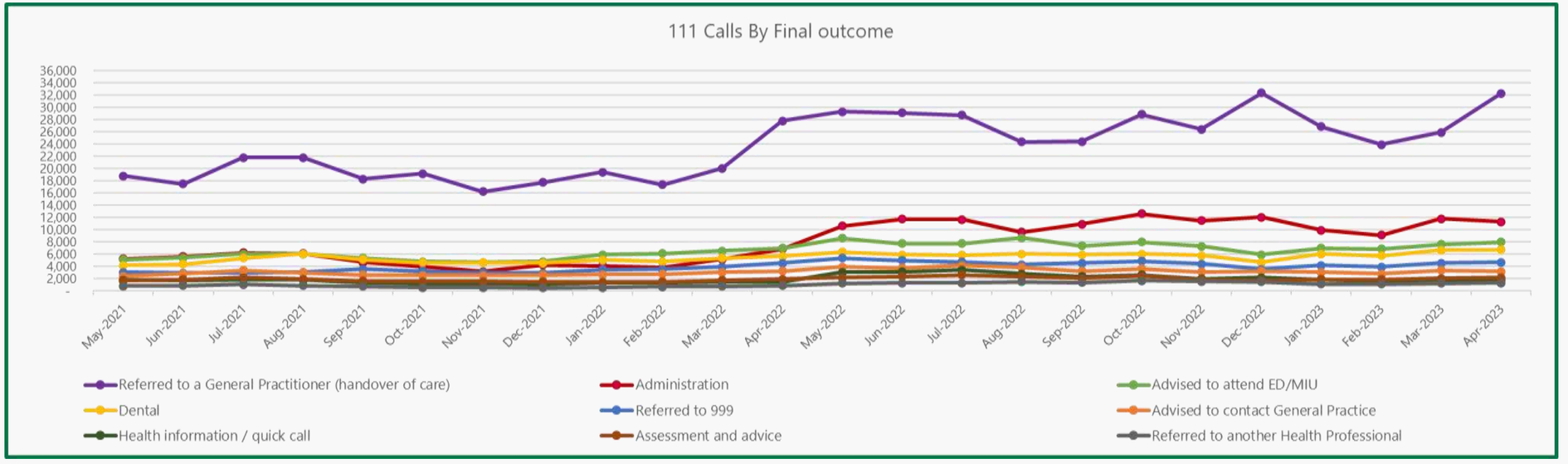
Influencing Factors – Demand and Clinical Hours Produced





Analysis

The top graph depicts the outcomes against 999 calls where secondary triage is performed by NHS111 Consult and Close. As demonstrated in the graph, in April 2023 referral was the top outcome for calls handled by NHS111 followed by self care and alternative transport.

71,472 calls were received into the 9 categories displayed in the bottom graph during April 2023, an increase when compared to the 65,070 received during March 2023. This was above the average volume of calls seen over the past 12 months (66,167).

In April 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 45% of all calls.

Remedial Plans and Actions

The new Consult and Close dashboard is now complete and live, enabling the Trust to report more meaningful and specific data in relation to calls ending in alternative transport, referral and self care.

The use of video consultation has been implemented and is now live, early indications show this to be a useful tool.

Expected Performance Trajectory

The Trust currently have a target to consult and close 15% of calls and are ambitious in aims to increase the proportion of activity resolved at step 2 by increasing the current target to 17% by the end of Quarter 1 2023/24 through internal efficiencies. The IMTP aspiration is to advance this to 20% but will require further investment of FTEs in the Clinical Support Desk (CSD).

Partnerships / System Contribution
Consult & Close Indicators

(Responsible Officer: Lee Brooks)

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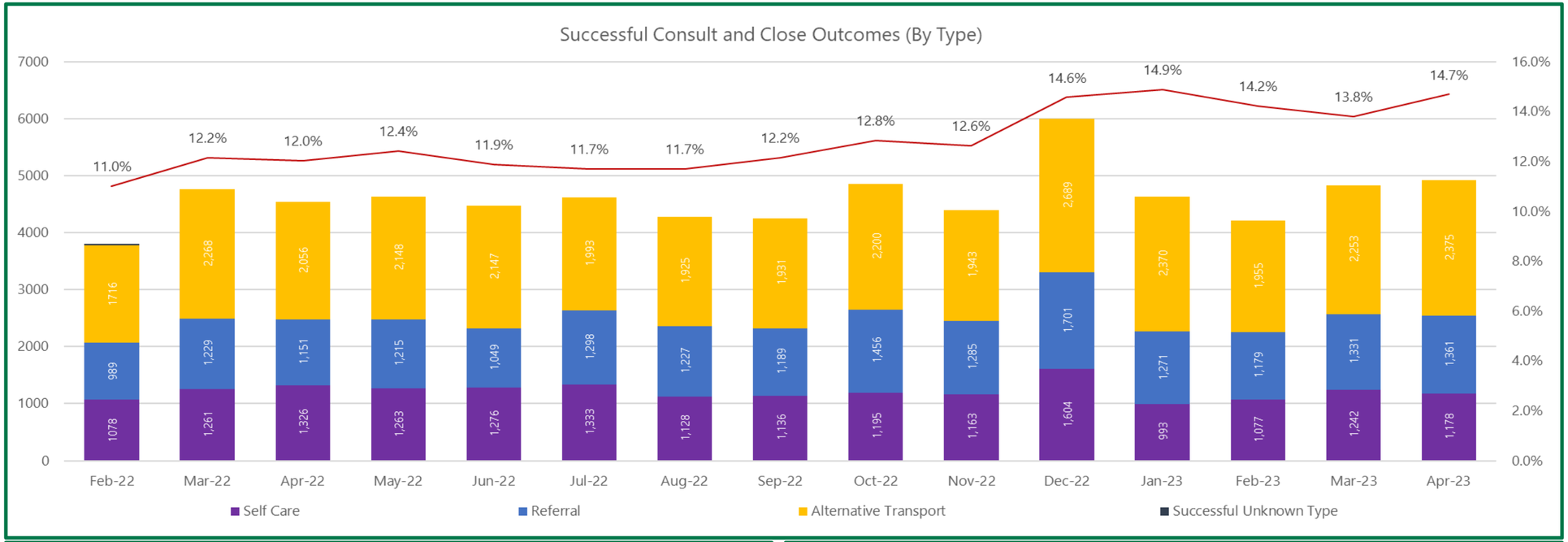

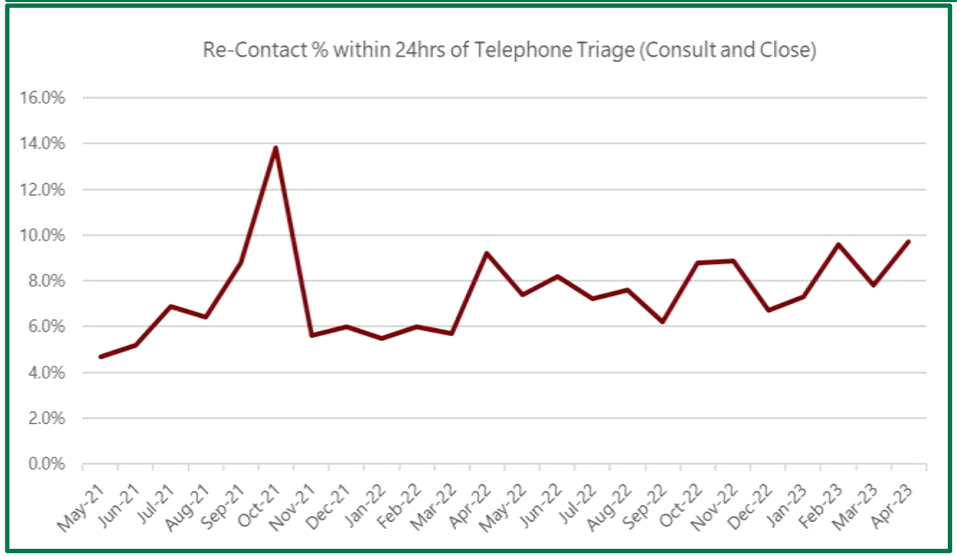

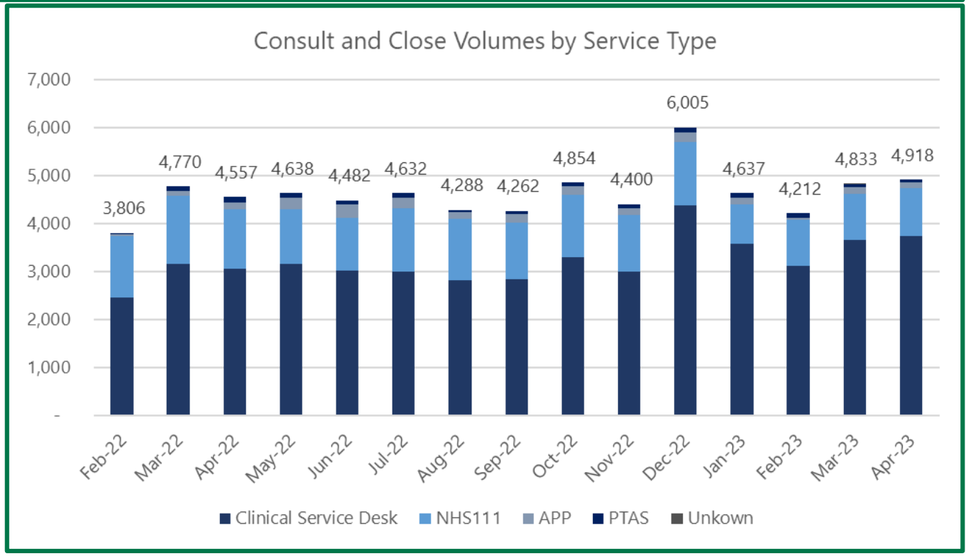

Analysis

Consult and Close with contributions from Clinical Support Desk (CSD) (11.2%), NHS111 (3.0%), as well as WAST APP (0.3%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 14.7% in April 2023. This was an increase on the 13.8% seen during March 2023 but remained short of the new 17% target figure. In April 2023, the number of 999 calls resulting in a Consult and Close outcome was 4,914, up from 4,826 in March.

Of the calls successfully closed in April 2023, 1,178 patients received an outcome of self care; 1,361 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,375 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in April 2023 were 9.7%, an increase compared to 9.2% in April 2022, but lower than the 10.0% recorded in April 2021.

Remedial Plans and Actions

- The team are undertaking process maps of the work that they do in order to identify where improvements can be made.
- Red Review of 999 calls to confirm appropriate category selection continues to be a high priority for CSD in addition to Consult and Close activity.
- Discussions are ongoing to identify additional resources required on top of Consult & Close priorities.

Expected Performance Trajectory

The current target for this year is 15% hear and treat rate for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling.

Partnerships / System Contribution
Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

A

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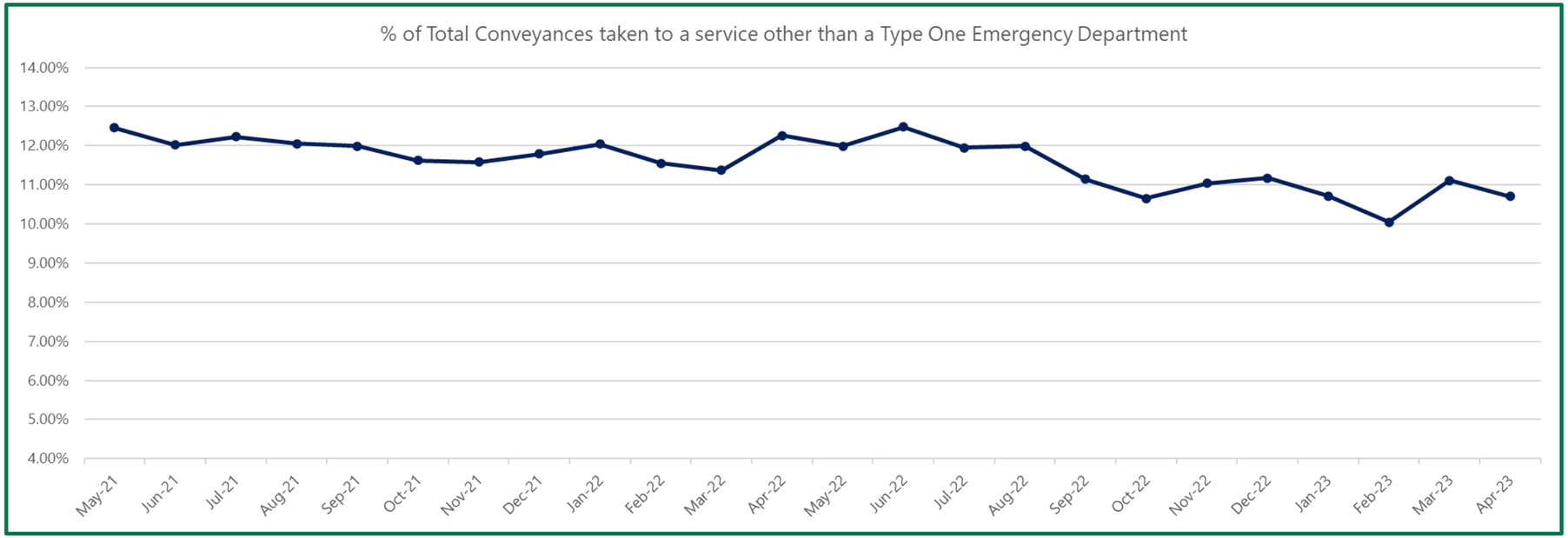
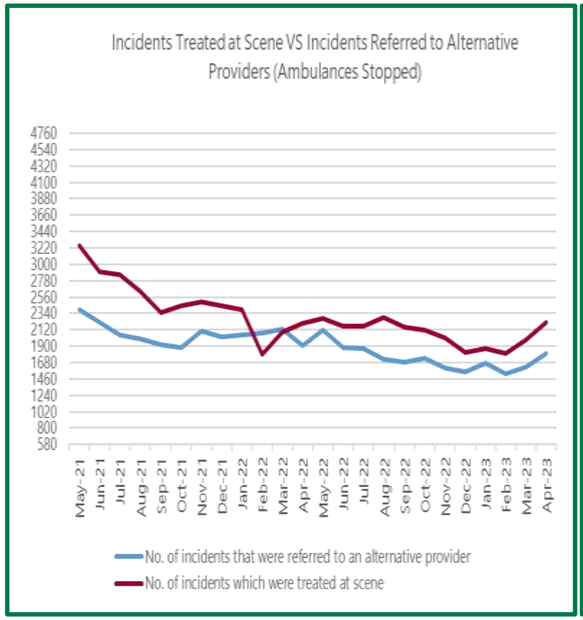
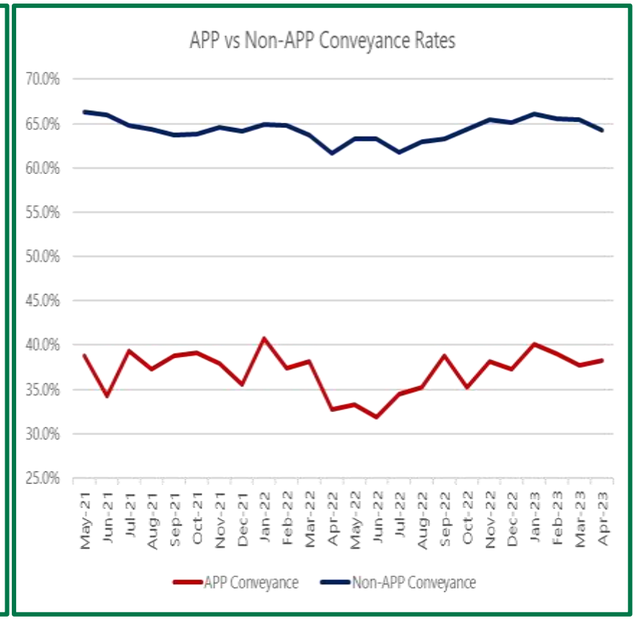
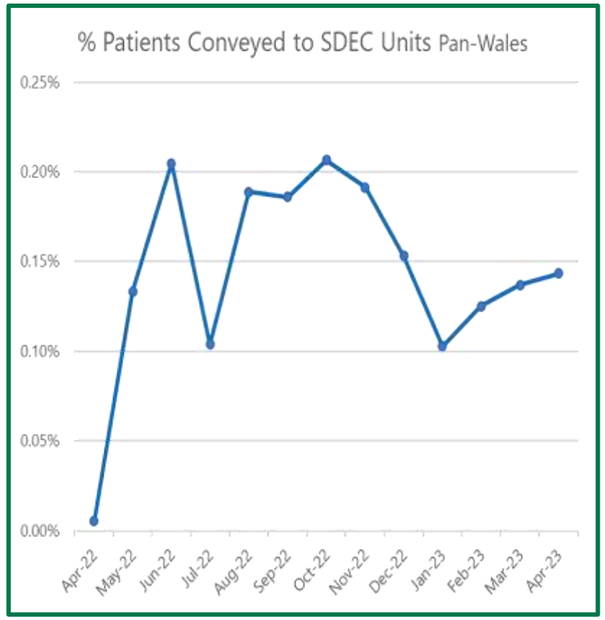
Ministerial Measure









Analysis

In April 2023 10.71% of patients (1,541) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs increased compared to the same month last year by 11.3%. In April 2023 conveyance to EDs as a proportion of total verified incidents was 38.4% (compared to 34.0% in April 2022).

The combined number of incidents treated at scene or referred to alternate providers increased, from 3,599 in March 2023 to 4,027 in April 2023. 1,800 incidents were referred to alternative providers and 2,227 incidents were treated at scene.

There has been a general increase in APP conveyance rates in recent months, due to several factors: -

- CSP means the right jobs are not always there for APPs to alter or influence the disposition.
- The tasking of APPs has changed, moving away from APPs reviewing the stack to mandatory code sets.
- There has been an increase in respiratory patients of all ages over the last quarter who have been poorly and required hospital admission.

The volume of patients conveyed to Same Day Emergency Care (SDEC) Units remains low, at 0.14% during April 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 0.25%. This modelling has been provided to both EASC and WG. 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, for example, 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 a starting position of 67).

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

Partnerships / System Contribution
Handover Indicators

(Responsible Officer: Health Boards)

R

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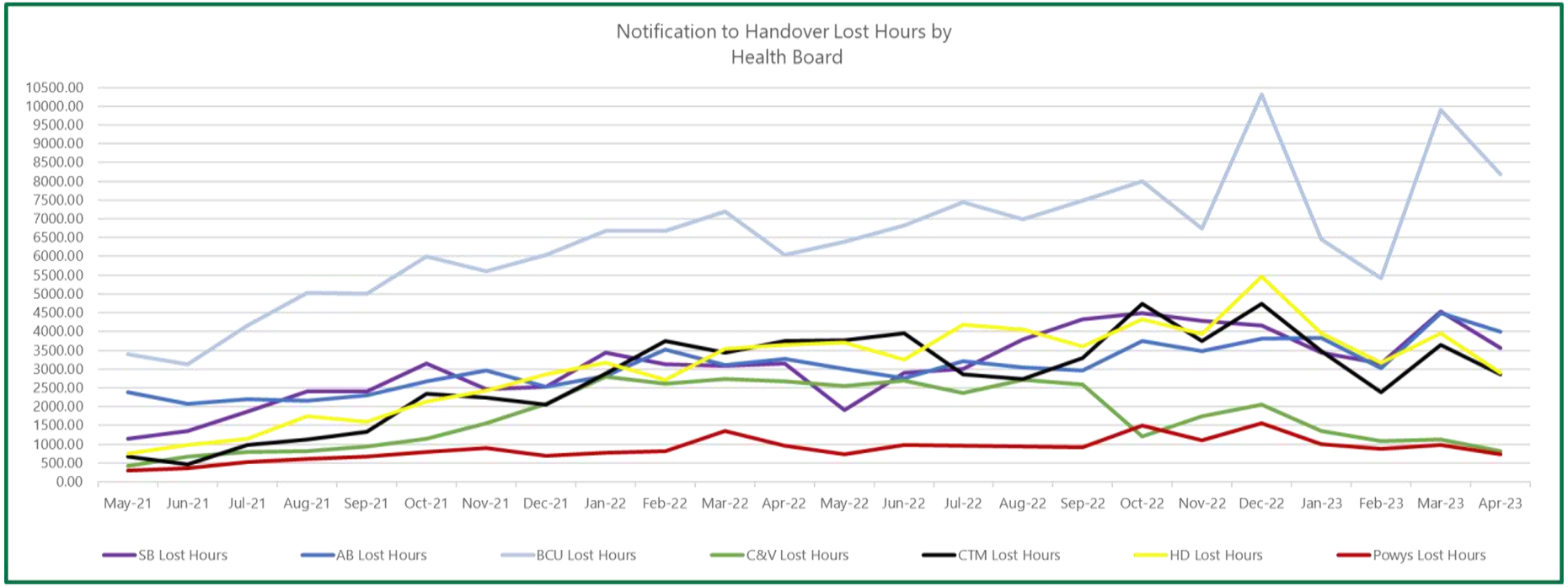

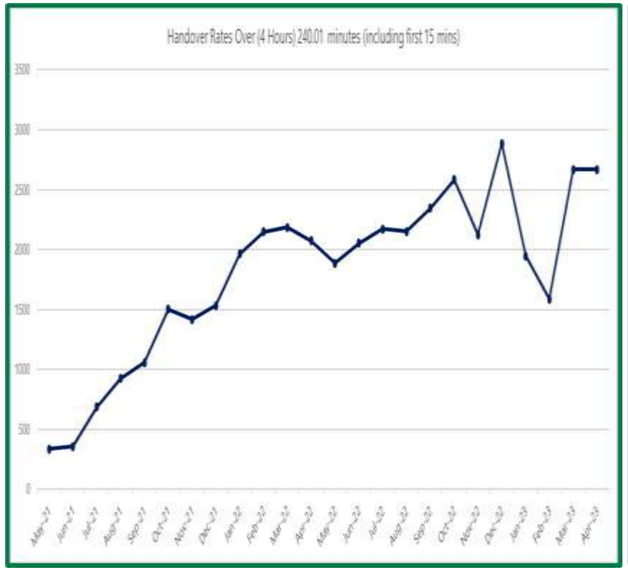

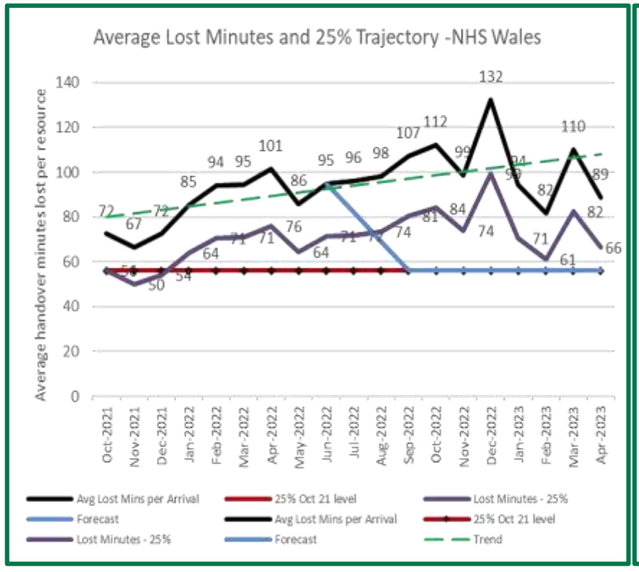

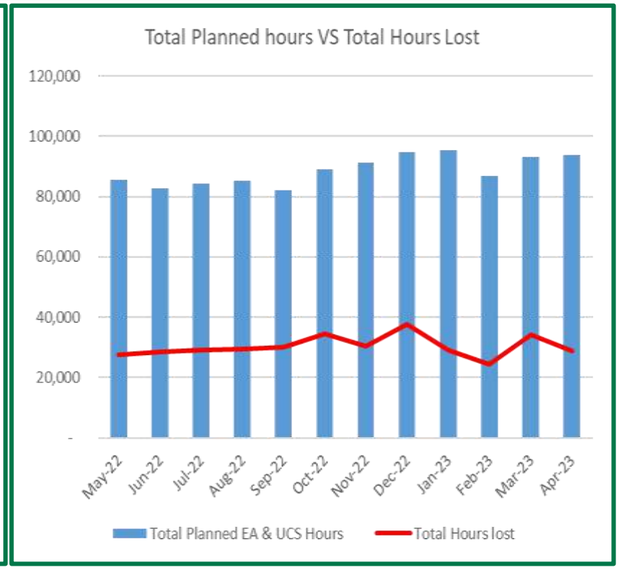

Analysis

299,336 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (May-22 to Apr-23), compared to 206,755 over the same timeframe the previous year. 23,082 hours were lost in April 2023, a decrease from the 28,620 lost in March 2023.

The hospitals with the highest levels of handover delays during April 2023 were:

- Morriston Hospital (SBUHB) at 2,098 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,464 lost hours
- The Grange University Hospital (ABUHB) at 3,840 lost hours
- Maelor General Hospital (BCUHB) at 2,735 lost hours

Notification to handover lost hours averaged 769 hours per day during April 2023 compared to 923 hours a day in March 2023. There were 2,670 handovers over 4 hours Pan-Wales in April 2023 an increase compared to April 2022 (2,072).

In April 2023, the Trust could have responded to approximately 7,281 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). 14 ideas have been received through the WIIN platform from staff in April 2023.

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	Heath and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD	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.	**Post Production Lost Hours**	Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons (A detailed list of these is show in the graph on slide 22).
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

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust
Integrated Performance Report

Top Monthly Indicators	Target 2023/24	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience															
Timeliness Indicators															
NHS111 Call Handling Abandonment Rates	< 5%	5.6%	15.0%	15.6%	13.3%	11.2%	14.8%	13.6%	49.5%	16.0%	14.9%	15.4%	11.8%		R
111 Clinical Triage Call Back Time (P1)	90%	98.1%	96.8%	96.9%	98.5%	97.9%	98.3%	97.2%	94.9%	99.0%	99.3%	98.5%	98.9%		G
999 Call Answer Times 95th Percentile	95% in 00:00:06	0:22	0:50	0:57	0:36	0:52	1:03	1:11	1:34	0:03	0:03	0:06	0:03		G
NEPTS Call Answering	Improvement Trend	04:05	06:02	07:44	08:28	05:36	03:22	03:32	02:38	01:47	02:08	01:08	01:43		A
999 Red Response within 8 minutes	65%	54.5%	50.8%	52.0%	50.7%	50.0%	48.0%	48.0%	39.5%	48.9%	50.9%	47.5%	53.0%		R
999 Amber 1 Median	0:18	1:11	1:30	1:40	1:16	1:30	1:42	1:34	3:30	0:50	0:55	1:35	0:59		R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	76.2%	71.9%	74.3%	73.1%	70.5%	71.3%	72.4%	71.7%	76.6%	75.5%	73.4%	76.5%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	90.0%	87.1%	85.0%	86.0%	88.0%	85.0%	90.0%	90.0%	90.0%	78.5%	82.7%	82.2%		A
Clinical Outcomes / Quality Indicators															
Return of Spontaneous Circulation (ROSC)	Improvement Trend	-	-	-	-	-	-	15.9%	14.2%	17.8%	15.9%	14.0%	16.0%		R
Stroke Patients with Appropriate Care	95%	79.8%	82.3%	82.5%	78.6%	79.1%	78.2%	80.2%	79.4%	76.2%	76.6%	72.2%	80.1%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	-	-	-	43.9%	45.0%	37.5%	42.3%	37.9%	42.3%	35.7%	35.2%	30.1%		R
National Reportable Incidents reports (NRI)	Reduction Trend	11	3	2	10	7	8	2	0	5	12	3	8		R
Can't Send & Cancelled by Patient Volumes	Reduction Trend	10,396	11,911	13,039	11,073	10,605	11,482	10,087	13,556	7,086	6,938	10,012	7,687		
Concerns Response within 30 Days	75%	41%	13%	22%	24%	28%	28%	24%	27.0%	21.0%	24.0%	20.0%	44.0%		R
Our People															
Capacity															
Hours Produced for Emergency Ambulances	95-100%	96%	94%	94%	95%	96%	90%	92%	91%	97%	95%	95%	98%		G
Health & Well-being															
Sickness Absence *(all staff)*	6.0%	8.89%	9.19%	10.35%	8.72%	8.68%	9.48%	8.77%	10.65%	8.92%	8.06%	8.33%	-		A
Mental Health Absence Rates	Reduction Trend	2.29%	2.22%	2.36%	2.33%	2.30%	2.30%	2.44%	2.41%	2.36%	2.04%	2.12%	-		A
Staff Turnover Rate	Reduction Trend	11.29%	11.54%	11.64%	11.50%	11.35%	11.11%	10.70%	10.64%	10.69%	10.86%	10.38%	10.28%		A
Statutory & Mandatory Training	>85%	85.24%	85.13%	85.17%	85.44%	85.60%	85.58%	85.40%	84.63%	76.51%	60.10%	65.05%	75.55%		R
PADR/Medical Appraisal	>85%	56.05%	59.25%	64.66%	73.66%	78.75%	80.49%	80.75%	87.89%	79.12%	78.71%	72.10%	73.0%		A
Number of Shift Overruns	Reduction Trend	3,965	3,843	3,960	3,785	3,786	3,901	3,758	3,799	3,720	3,431	4,064	3,839		A
Inclusion & Engagement / Culture															
NHS111 Welsh Call Volumes	TBD	50.4%	28.0%	25.7%	29.5%	35.1%	28.8%	30.3%	15.8%	41.2%	31.7%	33.9%	36.6%		TBD
NEPTS Welsh Call Volumes	TBD	0.9%	0.8%	0.7%	0.6%	0.7%	1.2%	1.3%	0.8%	0.7%	0.9%	1.1%	1.4%		TBD
Value															
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%		G
EMS Utilisation Metric (All Vehicles)	Improvement Trend	60.7%	61.0%	61.8%	61.6%	61.8%	62.6%	61.2%	64.6%	56.0%	56.6%	61.4%	58.8%		TBD
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.53	2.50	2.51	2.46	2.43	2.46	2.48	2.38	2.23	2.32	2.28	2.39		A
NEPTS on the Day Cancellations	Reduction Trend	18.4%	19.9%	19.3%	18.9%	19.9%	19.7%	18.3%	23.2%	19.4%	20.4%	21.6%	18.3%		A
Partnerships / System Contribution															
Inverting the Traingle															
Successful Consult & Close Outcome	17.0%	12.4%	11.9%	11.7%	11.7%	12.2%	12.8%	12.6%	14.6%	14.9%	14.2%	13.8%	14.7%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	11.99%	12.48%	11.95%	11.99%	11.14%	10.65%	11.04%	11.18%	10.72%	10.05%	11.11%	10.70%		A
Number of Handover Lost Hours	15,000	22,080	23,380	24,021	24,295	25,174	28,038	25,020	32,098	23,525	19,110	28,620	23,082		R
NHS111															
NHS111 Dental Calls	-	6,365	5,927	5,892	6,038	5,913	6,051	5,829	4,657	6,063	5,746	6,668	6,723		
Consult & Close Volumes by NHS111	Increasing Trend	1,142	1,091	1,323	1,283	1,180	1,287	1,196	1,338	811	949	973	996		A

AGENDA ITEM No	**14**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**5**

Our People & Culture Plan 2023-26

MEETING	Trust Board
DATE	25th May 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Sarah Davies, People and Culture Directorate Business Manager
CONTACT	sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to present the People and Culture Plan to Trust Board, for approval and implementation.

RECOMMENDED: The Board is asked to **RECEIVE** and **APPROVE** the plan for implementation.

KEY ISSUES/IMPLICATIONS

Activity	**Timeframe**
Endorsed by People and Culture Committee	9th May 2023
Presented to Board for Approval	25th May 2023
Adoption and Implementation	26th May 2023

REPORT APPROVAL ROUTE

Executive Management Team 03.05.23
People and Culture Directorate Business Meeting 04.05.23
People and Culture Committee 09.05.23
Trust Board 25.05.23

REPORT APPENDICES

Appendix 1: SBAR
Appendix 2: People & Culture Plan
Appendix 3: Enabling Framework: Year 1 Actions
Appendix 4: Rich Picture
Appendix 5: IMTP People and Culture Priorities

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	YES	Financial Implications	YES

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

Appendix 1: SBAR

SITUATION

1. The purpose of this paper is to present the People and Culture Plan to Trust Board, for approval and implementation.

BACKGROUND

2. The Plan has been developed using the seven-stage framework of strategy development for WAST (**Fig. 1**), in which co-production and engagement form a fundamental part of the development process.

Fig. 1:

3. Consultation and socialisation have taken place with Trade Union Partners, Trust Committees, Executive Management Team, Assistant Director Leadership Team, People and Culture Directorate members, Non-Executive Directors and teams across the organisation, with feedback reflected in the final version. We have also sought input from external experts on culture change, the College of Paramedics, and WOD directors from within NHS Wales, and the wider Ambulance Service across the UK.

ASSESSMENT

4. Our People and Culture Plan (**Appendix 2**) comprises a single, overarching narrative document, underpinned by an enabling framework (contained within **Appendix 3**), clearly outlining our ambitions in relation to Equality, Diversity and Inclusion, Culture and Behaviours, Wellbeing, Leadership and Management and Education and Training. This Plan is designed to be agile and dynamic in nature, with actions for years 2 and 3 to be formulated during the first year of delivery, in response to the evaluated impact of the preceding year's actions. The Plan centres

around the 3Cs (Culture, Capacity and Capability) and is underpinned by The King's Fund's ABCs of Core Needs at Work (**Fig. 2**).

Fig. 2:

5. A "rich picture" has also been developed, with the aim of bringing to life our culture change vision for what it will look and feel like to work in WAST in three years' time; this is contained within **Appendix 4**.

6. For assurance regarding alignment, our high-level People and Culture priorities as articulated within the 2023/26 IMTP are presented within **Appendix 5**.

7. Pending approval by Trust Board, the Plan will be officially launched on 26th May, with key activities outlined below:

Organisational Messaging	Launch Pack to be issued via email, comprising: • Message from Director of People and Culture and Non-Executive Lead for People and Culture • People and Culture Plan • Rich Picture • Link to Sway overview of People and Culture Plan • Details of an organisation-wide 'Ask Angie' session • Invitation to provide feedback via designated email address • Link to intranet page, where performance and progress will be shared on a quarterly basis The following will also be shared: • Posts via Siren and Yammer • People and Culture Plan podcast • Summary of personas work
People and Culture Directorate-	Launch Pack to be issued by email to directorate, comprising: • Letter from Director of People and Culture and Non-Executive Lead for People and Culture

specific Messaging	• People and Culture Plan • Rich Picture • People and Culture IMTP Deliverables • Link to Sway overview of People and Culture Plan • Details of a Directorate-specific 'Ask Angie' session • Invitation to provide feedback via designated email address • Link to intranet page, where performance and progress will be shared on a quarterly basis

8. Following Board sign off, the Plan will be translated into Welsh and both English and Welsh versions will be published.

RECOMMENDED:

9. The Board is asked to:

    - **RECEIVE** and **APPROVE** the plan.

Ymddiriedolaeth GIG
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Welsh Ambulance Services
NHS Trust

OUR PEOPLE AND CULTURE PLAN

2023-2026


NHS 111 Wales
Take Ownership
Broaden our Understanding
Respect others
Show Belief in each other
Practice Ethically
Continually improve our Service
Be inclusive of the whole Team
To get there, we all need to be

OUR BEST

Foreword

Paul Hollard

Non-Executive Director

As the Non-Executive Lead for People and Culture and Chair of the People and Culture Committee, I am pleased to support the Trust's People and Culture Plan.

At the heart of our success is our commitment to creating an environment that attracts, retains, and develops exceptional talent and expertise. Our people are our greatest asset, and it is vital that we continue to invest in them.

This plan is the result of extensive collaboration between our leadership team, our staff, and external experts. It outlines our strategic priorities and initiatives for the coming years, which are designed to support our staffs' growth, development, and wellbeing. We know that the world of work is rapidly evolving, and our plan reflects our commitment to adapt and innovate to ensure that we remain a great place to work.

Our People and Culture Plan is not just a document; it is a living, breathing commitment to our staff and volunteers, and the Trust's success. We will measure our progress, celebrate our successes, and learn from our challenges along the way. With this plan, we aim to foster a culture of excellence, collaboration, and inclusivity that will enable us to achieve our goals and deliver exceptional care to our patients and support our partners and stakeholders.

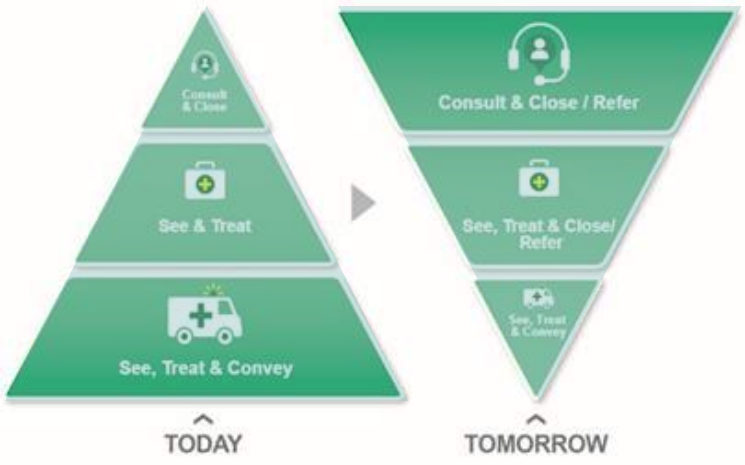
I want to thank all those who have contributed to this plan, and I look forward to working with you to bring it to life. Together, we will build a great future for our people.

Message from **Angela Lewis**

Director of People and Culture

It is with immense pride that I introduce the 2023-2026 Welsh Ambulance Services NHS Trust (WAST) People and Culture Plan which will drive whole organisation culture change. Alongside my People and Culture Directorate colleagues, with our #TeamWAST workforce, we will facilitate the delivery of the 2030 Organisation Strategy and the Transition Plan by focussing on and supporting colleagues, including our wonderful volunteers, in all roles and in all parts of the service. Ultimately, we want to ensure we all work in a culture of belonging, support and growth.

Our recently developed, clear purpose statement gives a shared sense of identity and understanding across the organisation and reinforces the value of every role and the contribution of all our people.



WAST aims to be the single point of access for all unplanned healthcare in Wales and to do this we need a dynamic, innovative culture that embraces change and technology, and attracts and retains people who have the capacity and capability to deliver our shared goal to serve the people of Wales. We are transforming our services by reducing our traditional role of taking patients to hospital and increasing the role of remote assessment and providing expert advice to patients, developing fast track pathways and delivering more see and treat at home.

This plan clearly lays out our ambition to create a positive working environment where everyone can bring their whole self to work, actively contributes and is proud to work for #TeamWAST. The jobs our people do are extremely challenging and we are committed to ensuring that the surrounding infrastructure is as accessible and streamlined as possible (getting the basics right). We will ensure we cherish what is already exceptional about our culture and look for ways to support all colleagues on our change journey.

I look forward to meeting colleagues as we deliver the plan, and I am excited for the coming years.

Our Focus

Our focus is our people's lived experience, it is at the heart of what we do. Our aim is that we all feel valued, supported and able to deliver the best service to the people of Wales.

Our People and Culture Plan mirrors what is happening across WAST. The People and Culture team is flipping our service model by focusing on three key areas, our culture, our capacity and our capability (more on this below). We will work more widely across the organisation and maximise the skills of the People and Culture team in a joined-up way with colleagues across WAST. This plan recognises the team's full range of skills and expertise and how these skills can be best applied to create a positive experience for all of #TeamWAST.

What does that future vision for our culture look like?

It is truly inclusive, positive and rewarding. We are committed to our professionalism and organisation behaviours. We all feel we belong, irrelevant of our backgrounds. We live our values and they are embedded through the ways we work and how we treat others, both colleagues and patients. From applying for a job, all the way through our employment journey, all of #TeamWAST see, feel and hear our shared behaviours because we live them. People can grow and develop with supportive challenge and do the best work of their careers. All our people feel welcome, respected and valued. We strive to be an organisation that not only embraces equality but demonstrates inclusion is all aspects of our delivery. *See **Appendix A** for our rich picture, which brings this vision to life.*

We will deliver the training, education and support to leaders and managers to equip and enable them to meet the needs of a diverse workforce. Working for an ambulance service is demanding with significant external pressures but by supporting each other and striving for this culture we can create a work environment that allows everyone to flourish. Aligned with this is our commitment to delivery of our Strategic Equality Objectives and implementation of **'More Than Just Words'**, moving towards the Welsh language 'Active Offer'.

In March 2022, we were proud to launch the refresh of the #TeamWAST behaviours. These behaviours, #OurBest, are at the heart of what we do and how we work together. They are linked directly to our core areas of focus for the next three years - the 3 Cs – **C**ulture, **C**apacity and **C**apability within the context of the King's Fund **ABC** framework for our colleagues, building opportunities for **A**utonomy, developing the sense of **B**elonging and connectedness and ensuring that colleagues feel they can make a valuable **C**ontribution to the organisation.

The Kings Fund 2022

As people are the core of our service we will ensure their core needs of work, as outlined by the King's Fund, are met and we have built our People and Culture Plan around these - **Autonomy**, **Belonging** and **Contribution.**

Autonomy

The future of work for #TeamWAST is flexible within a culture that allows and accepts everyone to be themselves at work. Cultivating a culture of autonomy includes creating a culture based on trust and loyalty resulting in decreased turnover and higher levels of performance. Colleagues will feel respected and trusted to do their work to the best of their ability. They will become more competent and confident in their roles and feel they have more control over their daily tasks, improving team effectiveness and innovation.

Ensuring that teams have clear objectives aligned to the organisation priorities will provide direction and colleagues will be able to see how their work fits into the bigger picture. This will lead to increased motivation, creativity and a commitment to wider organisational goals.

A comprehensive Induction Programme will provide all the information that a new colleague or a colleague changing roles will need. It will equip them with the tools they need to lead effectively. Through this programme we will create and communicate a clear vision and purpose. Our workforce will embrace change, be highly skilled, proud of their profession and able to positively support the people of Wales

Belonging

We want all of our people to feel connected and cared for. Teams and individuals throughout WAST will be supported to create an inclusive, compassionate, and connected culture.

Our approach to foster belonging will focus on making every individual feel respected and treated fairly in an inclusive work environment. We will also forge a stronger link between belonging and our organisational performance by strengthening colleagues' connections with their teams and developing their sense of contribution to meaningful, shared goals.

We will nurture a sense of belonging and inclusion, by coaching managers on how to be inclusive leaders, noticing when exclusion is happening and understanding and promoting how to become true allies for those with a quiet, or no, voice. Our vision is for all of our people to feel a strong sense of belonging in terms of their team, their profession and the organisation as a whole.

Contribution

Ensuring a manageable workload, professional leadership and high quality development opportunities are supported by our organisation.

We will celebrate and recognise the value of both individual and team contribution to organisation goals . Consulting regularly through our staff networks and partnership forums will ensure coproduction of the future vision continues to evolve.

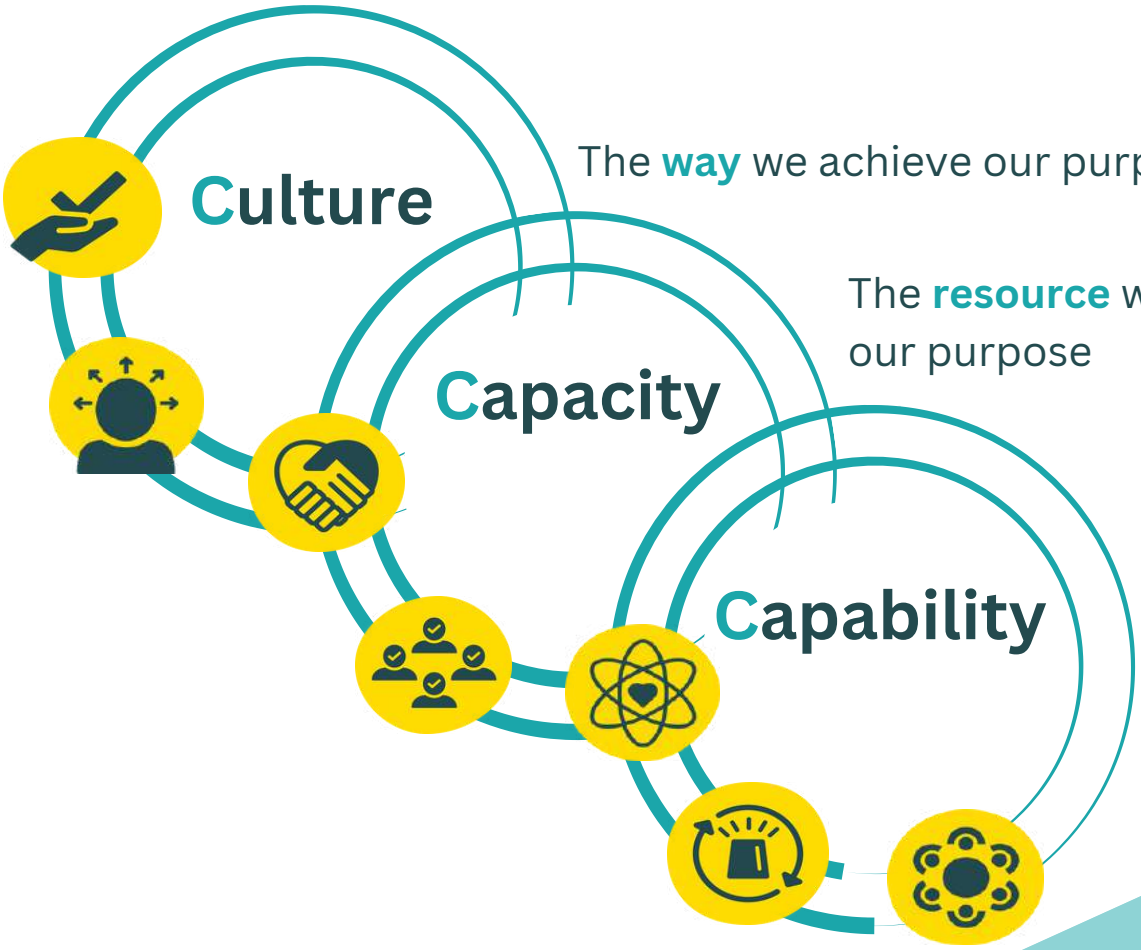
Ensuring equity in access to ways to contribute is also key; inclusion at every point is vital to the success of our organisation. We will make space for everyone to be able to contribute and amplify the voices of people with different experiences.

The 3 Cs

'We will all enjoy a long, healthy and happy working life.'

2030 Strategy

This plan supports the ABC of core needs in work outlined in the previous section through the three broad areas of **Culture**, **Capacity** and **Capability**.



Culture

‘We will be recognised and renowned as being an exceptional place to work, volunteer, develop and grow’

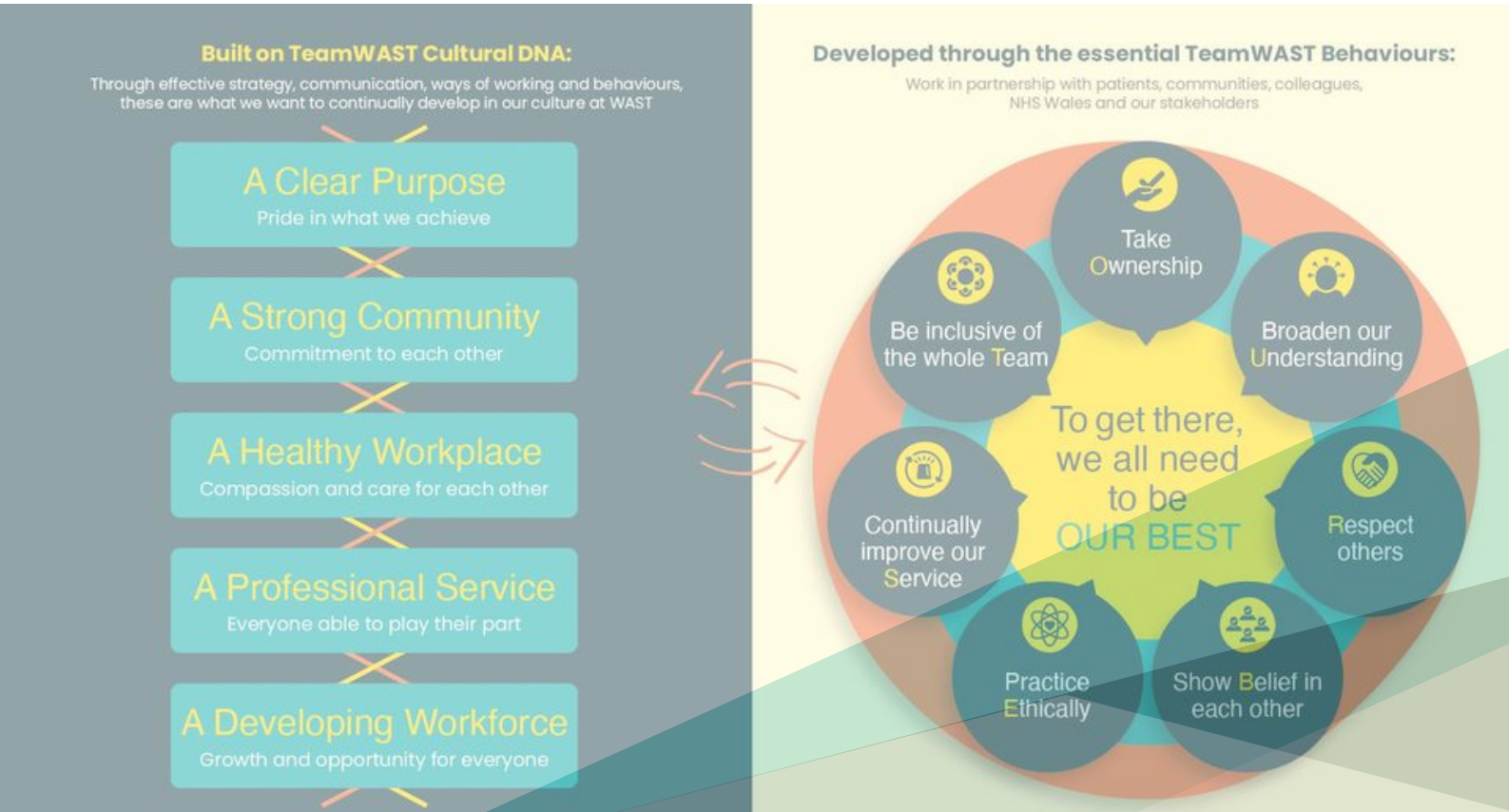
2030 Strategy

Our culture is demonstrated through our behaviours and purpose. Our culture focuses on creating an environment where wellbeing, compassion and a positive enriching employee experience are at the heart. **We will continue to build and articulate our desired culture and share with colleagues across the organisation.** This will bring it to life and help colleagues feel that they belong, they are valued and feel that they can contribute to the long-term success of the organisation.

Our work around equality, diversity and inclusion supports our plans to create an environment where colleagues have autonomy in their work, feel a deep sense of belonging and are confident to raise concerns, to make decisions and have control in their roles. **Alongside this we will seek opportunities to improve the working environment including where and how people work.**

Establishing what we cherish in WAST, the cultural aspects we want to keep and also understanding what needs to change means we can develop our healthy culture and ensure that our plan supports its development.

Digital maturity will support our people to become more customer-centric, inclusive, and agile. We will achieve this by creating new opportunities for streamlining processes, improving the employee experience and exploring new services and business models. We will foster a culture which includes listening, open dialogue, empowering people to feel confident in making decisions and to contribute and encourage and support them to develop.



We will review our approach to communicating and engaging with our people, seeking regular feedback and sharing information across the organisation in a meaningful and accessible way. **Embedding working in partnership with trade union colleagues will be front and centre in this.** Importantly, every interaction will reflect our cultural DNA. The Health and Wellbeing of our people will remain a key organisational priority and **we will sustain our focus on improving wellbeing**. We will ensure there is regular evaluation of impact and benefits of the huge range of interventions we provide. This emphasis on health and wellbeing will complement our ongoing commitment to improve attendance and will be supplemented by simple people management policies, proactive management and tailored responses to absence management.

Capacity

'Our future workforce will be agile, highly skilled and capable'

2030 Strategy

Capacity is about ensuring we have the right people in the right place at the right time with the right skills and the right cost and can adapt to a changing work environment. We must demonstrate we are truly an employer of choice, as potential colleagues have a wide range of options available to them. **We will build on the employee experience to attract and retain a diverse workforce and develop a recruitment and attraction plan that supports all roles in the organisation and continue to build an effective employee brand.**

Our exciting plans to turn the service on its head and reduce conveyance to the Emergency Department will also provide capacity for new roles, new pathways, and innovative thinking. Innovative teams are diverse teams, and we are committed to taking action to increase diversity throughout our service. We will increase resource, engagement and participation by effectively using networks, partnerships and technology. These connections contain the key people who will become our change agents, modelling the behaviours and mindsets of our desired culture. These will be people who are motivated by wanting to do their best, have passion and purpose and who can view the organisation from many different perspectives. These change agents are key to our cultural success, driving organisation-wide collaboration, breaking down siloes and increasing engagement with culture change initiatives. Our plans involve a real **focus on continuous improvement, seeking to increase value, reduce burden, waste and inefficiency, ensuring we get the basics right and that our processes are seamless and fit for purpose** alongside projects such as improving attendance. This commitment to improving employee experience includes reviewing current and potential working models to provide more flexibility for our people.

Capability

'Our leaders will be compassionate, collaborative and courageous'

2030 Strategy

Capable people are at the heart of our vision for the future. Development through training and education, leadership and management, coaching and mentoring, and management is essential to ensure our people can work to the highest professional levels and are comfortable, competent, and confident to make decisions. **For our leaders and managers, there will be a continued focus on enhancing capability** by ensuring they have the knowledge, skills, and agility to deal with complexity and respond to the changing needs and aspirations of a diverse workforce. 360 degree feedback will be used to gather insight, inform development plans, increase self awareness and to encourage open, honest communication. **Increasing capability and expertise around change management and digital is also a key area of improvement for us over the next few years**.

Focusing on professions will be at the heart of our plans to promote the importance of each profession and ensuring skill levels reflect those professions. Our goal is to ensure our people feel supported to make decisions to consult and close at scene, or signpost to a more appropriate pathway. We will enable this by supporting and developing a capable workforce that conveys fewer people to Emergency Departments. Building interpersonal skills to develop cross sector relationships, increase ability to listen, hear and understand other services in Wales and move away from our historical reliance on command and control structures is essential for the cross service delivery of the future. It is crucial to support digital learning and expertise, maximise efficiency, challenge our traditional ways of working and paper based frameworks whilst promoting and demonstrating change management skills across the organisation. #TeamWAST has the potential; it is our job to provide the support structures to allow our people to shine and to promote innovation, inclusion, wellbeing and ensure excellent employee experience to ensure excellent patient experience.

Context

Operational pressures are the single biggest risk to the delivery of this plan. We commence this programme of work knowing the complexity of the risks associated with our current environment and we are committed to focusing on the things we can control, whilst working with our external partners to effectively influence across the system.

Our people are still feeling the effects of the pandemic and with considerable ongoing system pressures and the period of significant uncertainty and disruption regarding industrial action, relationships with Trade Union partners has been challenged in a way not experienced for a long time. We are committed to working with our trade union partners and taking the learning from this experience and reflecting on it will be at the heart of our engagement. Our continued emphasis on wellbeing, embedding compassionate leadership and practices and having a meaningful constructive dialogue on the things which can make a positive difference with our TU colleagues will be key to us being able to thrive and succeed. We recognise that there will be more challenging issues and things we disagree on, but we will agree a way of working through those issues to the benefit of our people, patients and the organisation.

We are confident that our partnership framework and strong relationships will enable us to focus together on improving the working environment, providing the right tools and streamlining processes and practises to ensure there is a direct and positive impact on the daily lived experience for all our staff.

Loss of good staff, increased workloads

Digital Capability Limitations

Operational pressures

Financial landscape

Reputation, Media Interest

Organisational capacity

Capacity to innovate

RISKS

Staff engagement and morale

CASC Confidence in WAST's ability to deliver

Industrial Action

Incorrect prioritisation

Inadequate Programme resources / structure

Staff Wellbeing

Meeting Financial & Statutory obligations

Evaluation

Attendance

Employee Relations

Line Manager interest in team wellbeing

Engagement Score

PADR

Statutory & Mandatory Training

OH & Wellbeing Usage

Recruitment

Diversity Monitoring

Qualitative Feedback

Awards and Accreditation

Internal promotion and development

Network membership

Appendices

Appendix 1: Our **Rich Picture** - *a visual representation of how it will look and feel to work in WAST upon delivery of this Plan*

Appendix 2: Year 1 Action Plan - *this document articulates the actions we need to take during 2023-24 to start our journey; the overall Plan is designed to be dynamic and flexible in nature and as such, the actions for years 2 and 3 will emerge as we progress, continually linking back to the 3Cs and ABC framework*

Feedback

We want to know what you think – *what can we do better?*

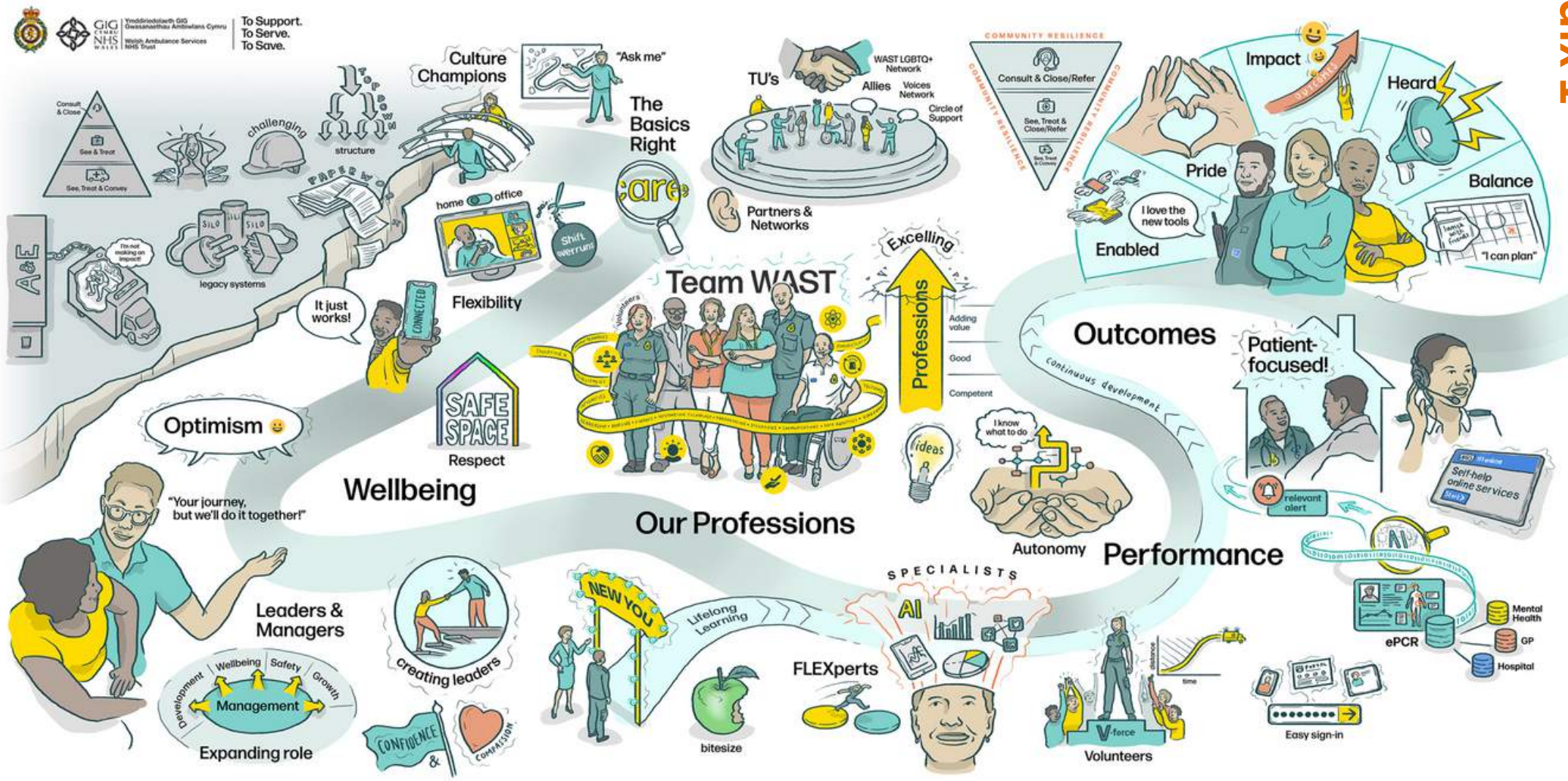
Please email **amb_culture@wales.nhs.uk** if you have any comments, suggestions or questions at any point over the life of this plan.

Thank you for reading.

'To enable health care staff to deliver high quality compassionate care and to flourish, all must work together to create positive, supportive, compassionate, and inclusive workplaces'

Prof. Michael West, 2021

Appendix 1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To Support.
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Shift swerrum
Flexibility
It just works!
Team WAST
Excelling
Professions
Adding value
Good
Competent
Outcomes
Patient-focused!
continuous development
Optimism
SAFE SPACE
Respect
Wellbeing
Our Professions
Autonomy
Performance
I know what to do
ideas
relevant alert
Self-help online services
"Your journey, but we'll do it together!"
Leaders & Managers
Development
Wellbeing
Safety
Growth
Management
Expanding role
creating leaders
CONFIDENCE
&
COMPASSION
NEW YOU
Lifelong Learning
bitesize
SPECIALISTS
AI
FLEXperts
V-force
Volunteers
ePCR
Mental Health
GP
Hospital
Easy sign-in

Appendix 2

Year 1: High Level Actions

Culture	Continue to build and articulate our **desired culture** Sustain our focus on **improving wellbeing** Embed **partnership working** Improving the **working environment** including where and how you work
Capacity	Build on the employee experience to **attract and retain a diverse workforce** Develop a **recruitment and attraction plan** that supports all roles in the organisation and continue to build an effective employee brand Improve the effectiveness and application of our internal **people processes** (**getting the basics right**) Year 2 of the **Managing Attendance** programme
Capability	Continued focus on enhancing **management and leadership** capabilities Increase **change** capacity expertise Commitment to creating opportunities for colleagues to embrace and develop within their **profession** and demonstrate those professional qualities and standards in all that they do Digital capability and improving the **digital experience** for all staff (Digital Workplace)

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Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

3Cs	Del	Objective	Ref.	High Level Action
Culture	Create an environment where colleagues have autonomy in their work, feel a sense of belonging, and are confident to make decisions, put forward ideas and raise concerns	**Develop and articulate our target culture** and continue to embed our organisational behaviours and values through a range of people related activities. Bringing to life what it will feel like to work in WAST in three years time, with a clear road map of how we will get there. This will be key to achieving buy in, improving engagement and maintaining momentum. This will be closely aligned to the longer term strategic vision of inverting the triangles.	1	Articulate what we mean by culture, assess current culture and establish a baseline against which we can measure progress; focus on what we will cherish and what will change – engaging and communicating across the organisation, so all staff can see what it means for them and how WAST will look and feel different over the three year period
			2	Connect with organisations that are considered to already have great cultures, so we can assess and learn from their experiences
			3	Build on existing cultural DNA work and reinforce our new behaviours in all people related activities
			4	Produce a rich picture of our future desired WAST culture (incorporating stakeholder feedback and insight gained)
			5	Develop and agree clearly defined Strategic Equality Objectives, nsure these are threaded through all of our people and culture activities and develop, gain approval, implement range of anti disc plans in line with WG agenda
			6	Build on opportunities for colleagues across WAST to be early adopters and champions of culture change, for example allyship programme and other staff networks
		Sustain our **focus on improving wellbeing**, delivering on the actions articulated within our Wellbeing Strategy and supporting the Working Safely agenda	7	Evaluate impact of current wellbeing offer and interventions and share the findings to ensure they continue to meet the needs of the organisation
			8	Actively promote the interventions using a range of channels to ensure all staff know what is available and how to access
			9	Ensure specific actions that are referenced in the Health and Wellbeing Strategy are delivered
		Focus on increasing levels of **psychological safety** for all our colleagues, building on the sexual safety work, All Wales Speaking Up Safely Guidance and EDI agenda, making a demonstrable organisational commitment to promote a sense of belonging for all colleagues	10	Support the development of the WAST Voices network
			11	Embedding Freedom to Speak Up
			12	Assessing feedback and evidence from a range of channels to evaluate examples where colleagues do feel safe to bring their whole self to work and those examples where this is not the case
			13	Implement recommendations from the upcoming Internal Audit re: behaviours and psychological safety
		Improve the **effectiveness and safety of our internal disciplinary, capability and resolution processes**, learning from Just Culture principles and further embedding Compassionate Practices for All.	14	Train and support WAST managers in compassionate practices to change behaviours and approaches towards employee relations' processes. Improve employee experience and avoiding escalations where unnecessary supporting people to learn from mistakes.
			15	Coach managers to work through processes and policies in a compassionate way to reduce the volume of disciplinaries and R&R cases and to undertake practices faster, closing down cases at the appropriate stage.
			16	Evaluate impact of Compassionate Practices approach in terms of behaviour change, timeframes and impact on those involved.
			17	Implement recommendations arising from Internal audit re -Compassionate Practices (scheduled Q3)
		Embed and demonstrate the **refreshed partnership working arrangements** and behaviours with Trade Union partners and managers, regularly reviewing and reflecting and leading change together	18	Implement ACAS recommendations
			19	Maintain safe services throughout periods of Industrial Action as far as possible
			20	Implement actions to positively change dynamic for partnership working.
		Amplify employee voices, utilising our networks, Roadshows and pulse surveys, to ensure colleagues have the opportunity to influence, temperature check how people are feeling and act on feedback, concerns and ideas.	21	Build on sexual safety work
			22	Implement pulse surveys to enable evaluation and measurement of People and Culture interventions
			23	Continue to reinforce and socialise behaviours, referencing in a range of materials and discussions (including Roadshows and cascade approach)
			24	Extend and promote a range of networks to give colleagues an opportunity to express views and influence

Capacity	We will ensure we have the right people in the right roles, at the right time, with the right skills, to enable WAST to realise its ambitious service redesign plans	Develop our employee offer and improve the employee experience to attract and retain a diverse and representative workforce	25	Develop a recruitment and attraction plan that supports all roles in the organisation and continues to build an effective employee brand
			26	Identify the 3 biggest issues across the organisation that are impacting on our colleagues' lived experience within WAST and consider actions that can be taken to address (flexible working, overruns, digital experience)
			27	Utilise a range of creative recruitment tools and techniques to broaden the diversity and number of applicants for roles, including embedding smarter and flexible ways of working
			28	Foster a culture of continuous conversations, creating a sense of belonging for all colleagues
			29	Continue to build and adapt our exit interview process, to ensure we are proactively utilising insight to shape the employee offer and to address any barriers or issues that arise.
		Review and improve our organisational onboarding processes, to ensure new colleagues are equipped with the necessary knowledge and tools to operate effectively and confidently from day one	30	Review and improve induction and onboarding processes taking into account the whole recruitment journey for successful candidates – identifying quick wins and areas that require more detailed changes
			31	Evaluate impact of improved onboarding processes using feedback from new recruits and managers
		Find opportunities to improve **people related policies and processes placing an emphasis on simplicity, accessibility and the impact on the end user**	32	Root and branch review of all people related polices (top 3) and processes with an assessment using the simplicity, accessibility, regularity and customer feedback criteria.
			33	Identification of top three processes that need to be changed with a timeline for delivery (link to Managers' Essential Training)
		Develop and implement a **strategic workforce plan linked to an organisational development, education and training plan** that defines the shape and skill mix of the workforce needed to deliver our long-term ambitions including transferrable and digital skills.	34	Production of overarching strategic workforce plan with specific operational strands related to recruitment numbers, skills mix, demographics
			35	Support the Strategic Workforce Plan with comprehensive organisational development, education and training plans with a focus on transferable Employability Skills and Digial Skills and incorporating Apprenticeships
		Continue delivery of the Trust's Managing Attendance plan	36	Implement recommendations from the recent Internal Audit into Managing Attendance
		Undertake continuous improvement activities, seeking to increase value, reduce burden, waste and inefficiency, ensuring we get the basics right and that our processes are seamless and fit for purpose	37	Delivery of Financial Sustainability Programme
			38	Actively promoting opportunities to put forward ideas and make changes to processes and utilising current systems that support this aim (WIN)
Capability	We will focus on ensuring our people are suitably skilled and qualified, can work at the highest level of their scope of practise and are comfortable to make decisions within their control.	Build on our learning and development offer for leaders and managers across the organisation to ensure this supports the changing culture and reinforces the ABC	40	Develop, deliver and evaluate a bespoke accredited WAST Leadership & Management programme - Managers' Essential Programme
			41	Implement 360 for senior leaders and utilise development tools to support building high performing teams
			42	Support managers to increase visibility, role modelling authentic, compassionate leadership and demonstrating our values and behaviours
		Implement a range of interventions that support people to take **personal responsibility** for their own learning and development, with an emphasis on understanding the importance of CPD and being part of a profession	43	Implement LMS365 with value adding impact evident content in an accessible format
			44	Identify career pathways by profession; Reinforce importance of professions and professional development
			45	Develop a succession planning approach that identifies individuals with aspiration and potential for promotion to key roles
		Improve our talent management approach to **succession planning** for future senior leadership posts	46	Delivery of accredited and non-accredited change management training
		Continue to enhance **change capacity and expertise** across the Trust to support and enable the organisation to deliver its transformational plans and demonstrate the impact	47	Evaluate impact of change management training
			48	Utilisation of specific change management tools and techniques to support people related change activities
		Appropriately respond to **legislative changes** associated with skills and capability	49	Assessment of forthcoming legislative changes and potential impact with clearly defined action plans and timeframes to ensure delivery


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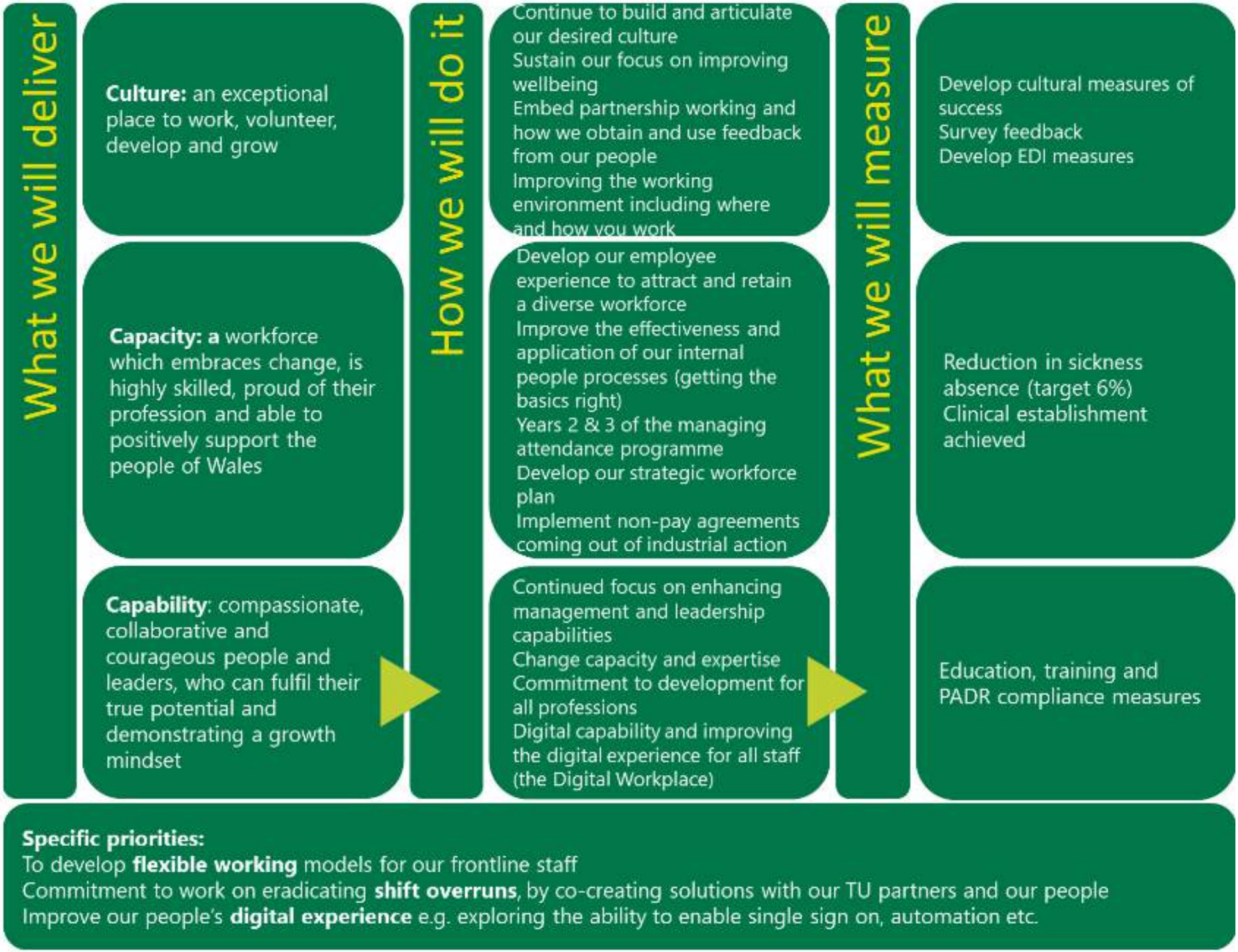
challenging
structure
PAPERWORK
home
office
Shift werruns
legacy systems
I'm not making an impact!
A&E
It just works!
CONNECTED
Flexibility
Team WAST
Excelling
Professions
Adding value
Good
Competent
Outcomes
Patient-focused!
continuous development
Optimism
SAFE SPACE
Respect
Wellbeing
Our Professions
ideas
I know what to do
Autonomy
Performance
relevant alert
Self-help online services
"Your journey, but we'll do it together!"
Leaders & Managers
Development
Wellbeing
Safety
Growth
Management
Expanding role
creating leaders
CONFIDENCE
&
COMPASSION
NEW YOU
Lifelong Learning
bitesize
SPECIALISTS
AI
FLEXperts
V-force
distance
time
Volunteers
AI
ePCR
Mental Health
GP
Hospital
Easy sign-in


What we will deliver
Culture: an exceptional place to work, volunteer, develop and grow
Capacity: a workforce which embraces change, is highly skilled, proud of their profession and able to positively support the people of Wales
Capability: compassionate, collaborative and courageous people and leaders, who can fulfil their true potential and demonstrating a growth mindset
How we will do it
Continue to build and articulate our desired culture
Sustain our focus on improving wellbeing
Embed partnership working and how we obtain and use feedback from our people
Improving the working environment including where and how you work
Develop our employee experience to attract and retain a diverse workforce
Improve the effectiveness and application of our internal people processes (getting the basics right)
Years 2 & 3 of the managing attendance programme
Develop our strategic workforce plan
Implement non-pay agreements coming out of industrial action
Continued focus on enhancing management and leadership capabilities
Change capacity and expertise
Commitment to development for all professions
Digital capability and improving the digital experience for all staff (the Digital Workplace)
What we will measure
Develop cultural measures of success
Survey feedback
Develop EDI measures
Reduction in sickness absence (target 6%)
Clinical establishment achieved
Education, training and PADR compliance measures
Specific priorities:
To develop flexible working models for our frontline staff
Commitment to work on eradicating shift overruns, by co-creating solutions with our TU partners and our people
Improve our people's digital experience e.g. exploring the ability to enable single sign on, automation etc.

AGENDA ITEM No	**15**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**1**

STANDARD OPERATING PROCEDURE
BOARD VISIBILITY AND ENGAGEMENT: CAPTURING OUR EXPERIENCE

MEETING	Trust Board
DATE	25 May 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this paper is to present the Standard Operating Procedure (SOP) 'Board Visibility and Engagement: Capturing Our Experience' for review and approval by the Trust Board.

2. The Audit Wales Quality Governance Review 2022 noted that "*Prior to the pandemic, Board members regularly participated in ambulance ride-outs and station visits, but these were ad-hoc in nature and feedback was not collated in a structured way. Now that visits can restart the Trust should develop a standard operating procedure which clarifies the process, frequency of the visits and ensures coverage across the Trust's operations and geographical areas. It should also include a standard template to capture feedback and learning*". Whilst not every visit will lend itself to formal feedback (such as at CEO Roadshows etc), a template form has been included in the guidance.

3. The Trust did have in place a 'walkarounds guide' which provided similar guidance and established an annual programme of visits for Non-Executive Directors in particular, aligned to Health Boards. This SOP does not seek to establish a programme of visit; rather to encourage Board members' visibility through a range of options which include - but are not limited to - visits to stations, clinical contact centres or ride-outs.

4. An annual programme of visits is replaced by a recording of those visits on a heatmap which is held centrally by the Corporate Governance Team and reported to the Chair and EMT quarterly, and the Board annually. This can be filtered by type of visit, area, visitor etc., and provides a helpful visual of whether we have a proportionate spread of visits across Wales. The example of the dashboard at Annex D of the guidance is still in development by the Health Informatics Team, thus it currently has dummy data and is for illustrative purposes only.

5. Board Members should inform the Corporate Governance Team when visits have been undertaken by completing the MS Form which feeds the Dashboard or by providing the necessary information to the Board Secretary. It is likely that the Corporate Governance Team will be involved in arranging visits for Non-Executive Directors so will record their visits accordingly.

6. Annex B includes sample questions or topics to inform a Board visit. It is intended that this will be a standalone infographic that can be sent with the guidance where appropriate.

7. **RECOMMENDATION:** The Trust Board is asked to review and approve the Standard Operating Procedure.

REPORT APPROVAL ROUTE	
Review by Executive Management Team	5 April 2023
Circulated to Non-Executive Directors	6 April 2023

REPORT APPENDICES

Annex 1: –
Standard Operating Procedure - Board Visibility and Engagement: Capturing our Experience

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

Corporate Governance Directorate Standard Operating Procedure

25 May 2023

BOARD VISIBILITY AND ENGAGEMENT: CAPTURING OUR EXPERIENCE

PURPOSE

1. This guidance document supports the Chair and Chief Executive in their responsibility to provide strong, effective, and visible leadership at WAST. It aims to provide a range of ways in which the Board can hear from our people, our patients, and our stakeholders and to triangulate information they receive through more formal routes.

2. For the purpose of this guidance 'Board Members' include voting and non-voting members i.e., the Chair, Vice Chair, Non-Executive Directors, Executive Directors, Directors, Board Secretary and Trade Union Representatives, all of whom are in attendance at Board meetings.

3. Board visits are by no means inspections of our people, practices, or our premises. If areas of concern are raised following a visit, or examples of good practice identified, engagement with the appropriate Director via the feedback form at **Annex A** is recommended.

4. This guidance also serves to inform our people of the purpose of such visits and how they can use the opportunity to discuss issues and feedback comments and information.

ENGAGEMENT AND VISITS

5. Visible leadership is more than just being seen. It is a commitment from senior leaders to facilitate a culture that courageously seeks out feedback, is curious about the experiences of our people and our patients and demonstrates it has listened when making key decisions that affect others. It promotes our culture of quality at the heart of everything we do and supports continuous improvement.

Ref: 001
Approved by: Trust Board
25 May 2023

6. A two-way dialogue is required which is more than just talking and listening. Applying feedback in a practical way is key. One of the ways Board Members can feel assured rather than just reassured is by adopting a triangulated assurance approach. This is about not just relying on what is written or presented, but also by observing and listening to how the Trust is operating.

7. When **hearing** from our people, our patients, and our stakeholders, Board Members should focus on whether the messages align with what they have been told through more formal routes. These formal routes include reports received at Board and Committees as well as EMT (for example the MIQPR, finance reports, progress against the IMTP, risk and deep dive reports).

8. At WAST we hear from our people and our patients at Board and Committee meetings by way of staff and patient stories, and what they say in those fora is often applied by Board Members in scrutinising more formal data and information.

9. **Seeing** our people, our patients and their families allows Board Members to put themselves in their shoes and to understand more fully how things really are. It helps to see more clearly everyday successes and challenges. Observations can be informal visits to stations/Emergency Departments/corporate offices, and ride outs.

10. If what Board members hear and see does not fit with what has been written or what they have been told, then they do not have triangulated assurance. This should be a prompt to ask further questions.

11. Whilst seeing and speaking to people in person is preferred where possible, for Non-Executive Directors in particular a blend of in person and virtual visits particularly focused on areas of their Committee priorities is often a good use of their limited time.

12. Ways in which Board Members can hear and see our people, our patients and our wider stakeholders includes but is not limited to:

    (a) Meeting with our people at Trust-wide events such as CEO Roadshows, Long Service Awards, Annual General Meeting, WAST Awards and other events;

    (b) Joining the regular WAST Live sessions to hear what our people are saying;

(c) Physically visiting our people (and often by extension, our patients) at ambulance stations, clinical contact centres, corporate offices, or at emergency departments;

(d) Attending events with our colleagues in training;

(e) Spending time in the operational centres of EMS, 111 and Ambulance Care;

(f) Joining a crew for a ride out on EMS, Ambulance Care, CHARU, or with a volunteer;

(g) Where appropriate, Committees Chairs may wish to hold a meeting in a location that allows members and attendees to engage with our people who are involved in the remit of the Committee;

(h) Non-Executive Directors may wish join on a one-off basis an established meeting of a team relevant to the remit of their Committee. An example of this might be the Chair of the Academic Partnerships Committee joining a Research and Innovation Team meeting to introduce themselves and hear feedback from them. These can be held virtually;

(i) As part of the engagement framework delivery plan there will be a number of opportunities for Board Members to meet with our people, our patients, and wider stakeholders.

13. A usual cadence of meetings between a Director and their team, or a Non-Executive Director and their 'buddy' or Executive lead in agenda setting is not intended to form part of this guidance or to be captured centrally.

14. A guide to topics of conversations and questions that could be asked during the visit is set out in **Annex B**, although Board members are not restricted in any way to these questions.

15. When making a visit Board members should:
    (i) Comply with infection control and health & safety requirements;
    (ii) Respect confidentiality for our people and patients;
    (iii) Be aware of where conversations take place;
    (iv) Follow instructions or directions from local management.

16. Any feedback should be directed to the relevant Director by way of the feedback form at **Annex A** which is also available via a Microsoft Form.

17. For Non-Executive Directors in particular arrangements for visits can be supported by the Corporate Governance Team, and where appropriate the respective Locality Manager. Whilst ad hoc visits to stations in particular are not discouraged, particularly where Board members are in the locality of WAST stations or corporate offices, where possible it is preferable that staff in the locality are made aware of planned visits.

18. A guide for our people when preparing for a visit from a Board member is set out at **Annex C**.

REPORTING OF VISITS

19. An important part of the visibility of senior leaders is the ability to demonstrate this, particularly given the pan-Wales nature of our service, and to keep under review that there is a proportionate spread of engagement to services and locations. To enable this to happen Board members should inform the Board Secretary of their visits. This can be done via a MS Form or by informing the Board Secretary by email/Teams of the date of the visit, the location and whether it was virtual or in person, and the visit 'type', i.e., whether it was an engagement visit, an individual visit, CEO Roadshow, station visit, ride-out or emergency department visit. If the visit was a station visit or ride-out please also provide the station name, and if the visit was to an emergency department, please provide the name of the department or unit.

20. Visits will be recorded on a PowerBI dashboard which will be presented quarterly to the Chair and Executive Management Team and annually to the Board. The dashboard will also be accessible to board members via the PowerBI Online Service and can be filtered to provide information on category of visitor, name, type of visit (i.e., roadshow, rideout etc), mode of visit (i.e. in person or virtual), and location which has been largely drawn from our list of stations and corporate offices. An example of the dashboard is at **Annex D**.

Document Control Sheet

Version	Date	Author	Summary of changes	Document Status
v.01	09.03.23	Trish Mills and Alex Payne	First version of the Guidance EMT endorsement 12.04.23	Draft for consultation
v.1	25.05.23	As above	Approval by Board – SOP Ref 001	

ANNEX A

FEEDBACK FORM

BOARD VISIT FEEDBACK FORM	
Name of Board Member	
Date of Visit	
Location of Visit	
Main Contact at Location	
Summary of visit and feedback:	

KEY ACTIONS AGREED (IF ANY) TO PROGRESS FROM VISIT

Action	By Whom	By When

ANNEX B

List of Sample Questions/Topics

Our People

- Does our purpose – to support, to serve, to save – resonate with you?
- At work do you have the opportunity to do what you do best every day?
- In the last seven days have you received recognition or praise for doing good work?
- Do we get things right for the people and the public we serve?
- What do you think is your (or your team's) biggest achievement?
- Are you aware of the Trust's Behaviours and which do you feel most connected to?
- How can we improve communication within the Trust (how would you like to be communicated with)?
- Are you able to make decisions and get things done to keep patients or the environment safe?
- Do we care for, respect and treat with kindness the people we serve and work with?
- Do you feel safe to raise a concern, whether that relates to patient safety, harassment or bullying, and do you know how to raise those concerns?
- Talk to me about some of the compliments you receive.
- What do you think patients/ public/ stakeholders would say about the work you do?
- What is your biggest patient safety concern currently and why?
- What one thing would improve safety – either by you or the senior leaders?
- What was the last training you received?
- What can I do to support you?
- Do you have any ideas or developments you would like share with me?

Our Patients/Relatives/Carers

- Is there anything particularly good about your experience you would like to share?
- Is there anything we could change to improve your experience?
- What should we continue to do?
- What should we stop doing?
- Have you been treated with dignity and respect while in our care?
- Do you know the name/s of our people helping you today?

Non-Executive Directors who hold Welsh Government Champion Roles are encouraged to include questions relevant to that remit.

ANNEX C

Preparing for a visit from a Board member

The Board is comprised of the Chair and Vice Chair, six Non-Executive Directors, the Chief Executive and five Executive Directors. Additionally, five Directors and two Trade Union representatives attend the Board.

The Chair, Vice Chair and Non-Executive Directors are independent and appointed to the Board by the Welsh Government.

You may be visited by any of the Board members and whilst most visits will be pre-arranged, some will be impromptu when a Board member is in your locality. Visits are not confined to stations, clinical contact centres, or corporate offices, as Board members are also encouraged to attend our engagement events (CEO Roadshows, WAST Awards, WAST Live etc), go on ride-outs, or connect with our people virtually.

Can I ask a question?

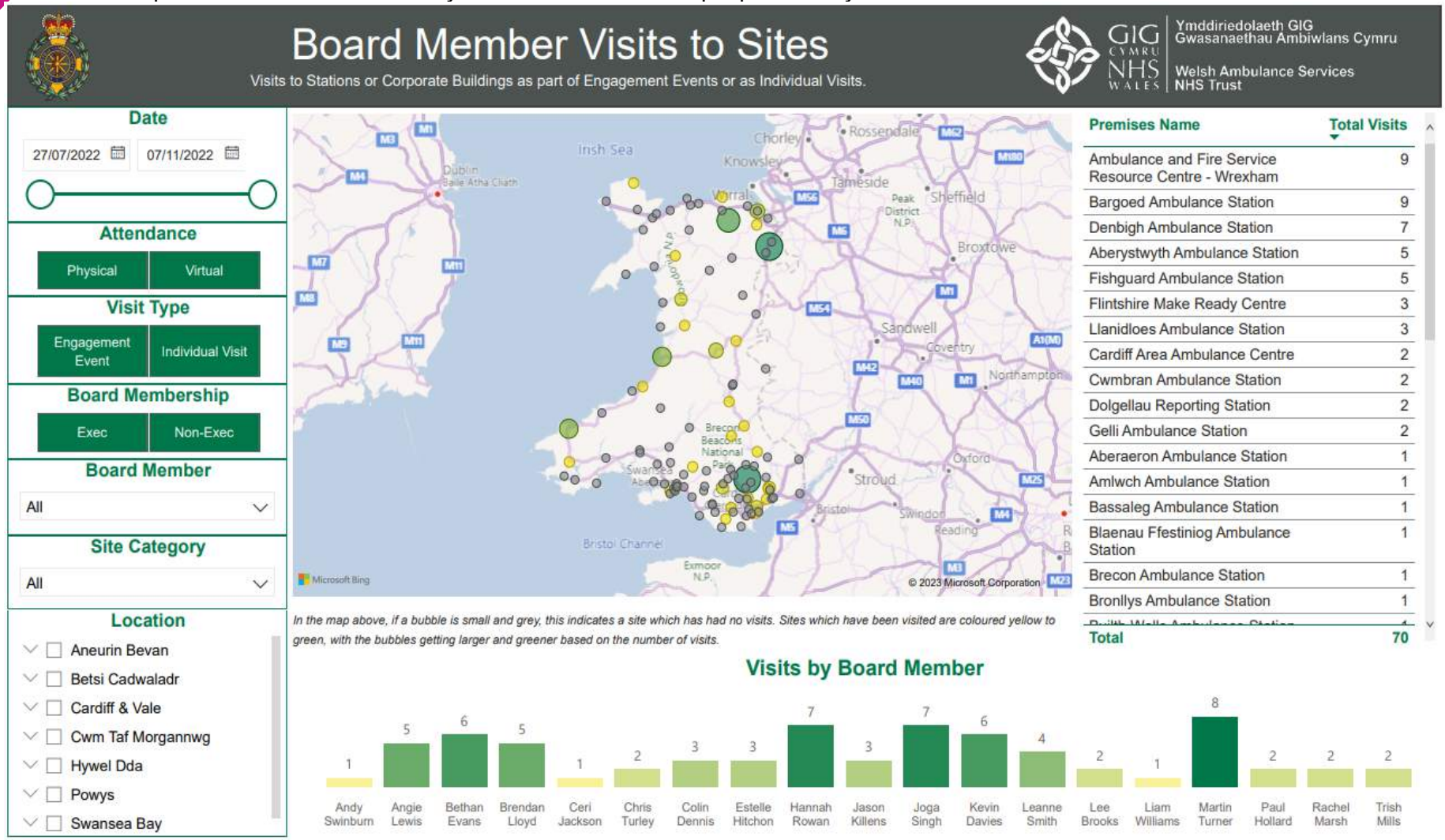
Yes, you are actively encouraged to ask questions!

A visit by a Board member is not an inspection. It is however an opportunity to hear from you, understand your experiences, and see what you do. Not only does this provide a level of understanding or a 'walking in your shoes' that is so important for senior leaders, it also allows them to triangulate information they are reading and hearing at more formal meetings. That way they can more practically match what they see and hear with other assurances they are receiving.

A list of possible questions that board members might be interested to explore with you is available in this guide. It might be helpful for you to think about these questions and think about the responses you and the team would like to share.

ANNEX D

Example dashboard with dummy data – for illustrative purposes only



Ref: 001

Approved by: Trust Board

25 May 2023

AGENDA ITEM No	**16**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**10**

ANNUAL BOARD AND COMMITTEE EFFECTIVENESS 2022/23

MEETING	Trust Board
DATE	25 May 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of assurance that support this assessment process for 2022/23.

2. The Board relies on external and internal sources of assurance to assess its effectiveness which in 2022/23 included the Audit Wales Structured Assessment 2022; Audit Wales Quality Governance Review 2022; Joint Escalation Arrangements; schedules of Board development; self-assessment against the Governance Code 2017 and the Governance, Leadership and Accountability Health and Care Standards; and Committee effectiveness reviews.

3. The Board Committees underwent a programme of effectiveness reviews in Quarters three and four. Their annual reports attached set out an evaluation of their effectiveness following completion of self-assessment questionnaires and meetings with the Chair and Executive leads and the full Committee, culminating in amendments being made to their terms of reference and their operating arrangements.

4. Good governance consists of mechanics (structures and processes) and dynamics (strategy, behaviours, and culture). This review demonstrates the

strength of both of these elements and highlights areas where we continue to strive to improve our corporate governance processes.

5. The changes to operating arrangements and corporate governance practices as set out in this paper will further strengthen those mechanics and dynamics during 2023/24 and beyond.

RECOMMENDATION:

6. The Board is requested to
   (a) Review the external and internal sources of assurance to assure itself as to its effectiveness for 2022/23;
   (b) Note the priorities set by Committees for 2023/24;
   (c) Approve changes to Committee terms of reference; and
   (d) Note changes to operating arrangements for the Board and Committees in 2023/24.

REPORT APPROVAL ROUTE

All Committee effectiveness reviews, annual reports and changes to terms of reference and operating arrangements have been reviewed by the Executive Management Team and each Committee during Quarter four 2022/23.

The Audit Committee reviewed the suite of annual reports and changes to the terms of reference and operating arrangements on 20 April 2023.

REPORT APPENDICES

1. Annex 1 – Committee duties
2. Annex 2a and 2b – Audit Committee draft Annual Report 2022/23 and terms of reference
3. Annex 3a and 3b– Academic Partnership Committee 2022/23 annual report and amended terms of reference
4. Annex 4a and 4b – Charity Committee 2022/23 annual report and amended terms of reference
5. Annex 5a and 5b – Finance and Performance Committee 2022/23 annual report and amended terms of reference
6. Annex 6a and 6b – People and Culture Committee 2022/23 annual report and amended terms of reference

7. Annex 7a and 7b – Quality, Patient Experience and Safety Committee 2022/23 annual report and amended terms of reference
8. Annex 8a and 8b – Remuneration Committee 2022/23 annual report and amended terms of reference
9. Board and Committee membership matrix
10. Committee priorities 2023/24

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	Yes
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

BOARD AND COMMITTEE EFFECTIVENESS 2022/23

SITUATION

1. The Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of assurance that support this assessment process.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure or strategy shifts, regular reviews of the Board and its Committees ensure governance remains fit for purpose. In addition, the Trust's Standing Orders and Committee terms of reference require that the Board and its Committees self-assess and evaluate their effectiveness annually.

3. During the 2022/23 year the Trust has undertaken and engaged in a number of assessments that provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness review.

4. Effectiveness reviews of the seven Board Committees were conducted in Quarters 3 and 4 of 2022/23 and proposed changes to their terms of reference and operating arrangements were made as a result.

5. The Welsh Ambulance Services Partnership Team (Local Partnership Forum Advisory Group) was reconstituted in November 2022 and is therefore not included in the 2022/23 effectiveness reviews. However, it has committed to a mini-effectiveness review in 2023 once sub-structures reporting to it have been established.

ASSESSMENT

6. This assessment will review external and internal sources of assurance for the Board on its effectiveness.

<u>Audit Wales</u>

7. With respect to Board and Committee effectiveness, the Audit Wales Structured Assessment 2022 reported that:
    - The Trust continues to be well-led with changes at the Board managed well.

- Meetings of the Board and Committees are conducted appropriately and supported by clear schemes of delegation.
- There is a good line of sight between planning of the IMTP and the Board.
- Financial reports are clear and regularly received by the Finance and Performance Committee and the Board.
- Committee structures are effective and well-functioning, agendas cover important risks, and length is manageable. This is enhanced by Committee priorities and AAA reports with appropriate escalations.
- Papers are generally of good quality but there is scope to reduce the length and improve executive summaries.

8. Audit Wales noted that whilst Non-Executive Directors do not tolerate poor performance, challenge and scrutiny should be strengthened, particularly as it relates to the impact of actions to mitigate risk and improvements to internal controls following the adoption and closure of audit recommendations. This was discussed at the Trust Board on 26 January 2023 and the Audit Committee on 2 March 2023. On 27 April 2023 Audit Wales attended the Board development session to facilitate a further discussion on this. The maturation of the risk management framework in 2023 will naturally assist this and, in the interim, guidance on the component parts of the Board Assurance Framework has been developed to support scrutiny. The Board are aware of the need to continue seeking to influence the system to reduce handover delays and to challenge itself that the organisation is doing everything it can to reduce avoidable harm and deliver its strategic objectives.

9. Recommendations from the Audit Wales Quality Governance Review 2022 on strengthening reporting to the Quality, Patient Experience and Safety Committee, particularly for clinical audit, mortality reviews and triangulating of data and learning have been discussed by the Committee. There was particular focus on clinical audit and mortality at the 11 May 2023 meeting and all relevant recommendations now form part of the cycle of Committee business. Audit Wales reported that notwithstanding this, the Committee is well served with quality and patient safety assurance reporting.

10. Audit Wales made a recommendation to reinstate on a more systematic basis Board visits across the Trust and the Board Visits Standard Operating Procedure is presented to the Board at this meeting.

Joint Escalation and Intervention Arrangements

11. Under the Joint Escalation and Intervention Arrangements, Welsh Government Health Inspectorate Wales and Audit Wales meet to discuss the overall assessment of the Trust.

12. Confirmation was received by the Trust in March 2022 that its escalation status remained unchanged at 'routine arrangements'.

Governance Code 2017 and Health & Care Standards

13. An assessment was undertaken in March 2023 against the main principles of the Corporate Governance in Central Government Departments: Code of Good Practice 2017 ('Governance Code').

14. The Governance Code adopts a 'comply' or 'explain' approach. The Audit Committee reviewed the self-assessment on 20 April 2023 and were assured that the Trust complies with the principles of the Governance Code, is conducting its business in an open and transparent manner in line with the Code, and has held true to good governance in the arrangements it has in place.

15. A self-assessment was also undertaken against the Governance, Leadership and Accountability domains of the Health and Care Standards 2015. The Audit Committee were assured that those elements assessed as 'partially met' had plans in place to address them.

Board and Committee Meetings

16. In accordance with the Public Bodies (Admissions to Meetings) Act 1960, the Trust is required to meet in public and has done so for the seven meetings held at venues in Cwmbran, Cardiff, Wrexham, and Llandudno in 2022/23. To ensure business is conducted in as open and transparent a manner as possible, members of the public, staff and stakeholders are able to join the public Board and Committee meetings via Zoom or Teams and have the opportunity to send questions to the Board prior to those meetings. Board meetings are livestreamed on the Trust's Facebook page and retained on YouTube and the Trust website for future reference.

17. The Board met nine times in private session in 2022/23, where matters of confidentiality and/or commercial sensitivity were discussed. Decisions made in private session are reported in the public session as soon as possible. The Trust held its Annual General Meeting in Cardiff on 14 July 2022, and this too was livestreamed.

18. Board and Committee meetings in 2022/23 were appropriately constituted and were quorate. The Trust did not stand down any of the scheduled Board or Board Committee meetings other than the Advisory Group (Local Partnership Forum) which operated under the pandemic governance structure as the Trade Union Partnership Cell until November 2022, when it was reconstituted and is known as the Welsh Ambulance Service Partnership Team (WASPT). The terms of reference for WASPT were approved by the Board on 30 March 2023.

19. Agendas and papers for public sessions are published on the Trust's website and all endeavours are made to ensure that this is done seven days before a meeting however timeliness of papers is an area that requires improvement.

<u>Committee Effectiveness</u>

20. Committees play an important role in supporting the Board in fulfilling its responsibilities by providing advice on strategic development and specific aspects of business; gaining assurance and providing oversight on key aspects of activity in organisational performance, supporting achievement of the Trust's strategic goals; and carrying out specific responsibilities on the Board's behalf.

21. The corporate governance framework at WAST places emphasis on its Committees as fora where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues to a greater depth.

22. In quarters three and four 2022/23 each Committees reviewed the following:

- Terms of Reference and operating arrangements
- Responded to and evaluated effectiveness questionnaires
- Approved its Annual Committee reports
- Agreed its annual priorities

23. In reviewing their terms of reference each Committee was assured that the areas within their remit are appropriate and manageable. A comparison across all Committees for duplications was also conducted. **Annex 1** illustrates the breadth of business delegated to the Committees by the Board. Each Committee has a cycle of business which was developed to directly correlate to its responsibilities. This is used to set the agenda and will be monitored at each meeting as a means of evaluating effectiveness on an ongoing basis.

24. Following each Committee meeting a highlight report (AAA – alert, advise, assure) is prepared and circulated to the Board by email. This ensures the Board is kept up to date in good time and the highlight report is formally presented at the next Board meeting.

25. The annual reports of the Board Committees, together with an evaluation of their effectiveness and proposed changes to their terms of reference and membership are attached as **Annexures 2 - 8** for approval by the Board. These were reviewed by the Audit Committee on 20 April 2023. Extensive changes were made to terms of reference in early 2022 therefore the current changes are not significant, however of note are the following:

    (a) Academic Partnerships Committee: the approval of the research governance framework and oversight of its implementation in accordance with the Welsh Government Research Governance Framework for Health and Social Care has transferred to this Committee from QUEST.

    (b) Charitable Funds Committee: given the focus during 2022/23 on developing the strategy for the charity it was felt the Committee required a change of name to better reflect its remit, and it is proposed that the Committee is known as the Charity Committee.

    (c) Finance and Performance Committee: cyber resilience and cyber security have been added to its remit.

    (d) QUEST: a further review of its terms of reference will take place during 2023 to ensure robust alignment to the Duty of Quality and Duty of Candour.

26. Membership has changed for some Committees. Non-Executive Director, Executive Director and Director representation on the Committees is set out at **Annex 9** Other attendees are noted in the terms of reference documents.

27. The priorities set by Committees for 2023/24 are set out in **Annex 10** and quarterly reports will be presented to the Committees on progress against each priority:

Trust Board Reflections and Changes to Operating Arrangements 2023/24

28. In concluding the reviews for 2022/23 and in demonstrating continued self-reflection and an appetite for continuous improvement, the Board were asked to identify any areas of activity that are done well, or could be improved, with a summary of the response and themes set out below.

Question	Response
What is the Board doing well?	*Meetings*: agenda well-constructed and focused; hybrid meetings work well; supportive challenge; inclusivity of discussion; meeting in person; uses fora well to discharge duty of candour; well chaired; excellent minutes; well attended *Committees*: escalation (AAA) reporting; confidence in reliance on Committees; *Members*: good skills mix; open and transparent about performance challenges and actions to ameliorate risk of avoidable patient and staff harm; due diligence; scrutiny and handling of considerable challenge and complexity Information: good data/performance reporting; links with patient and staff stories; good scrutiny of performance, patient safety and risks Governance and oversight; governance improvements; Board development *Culture*: openness and transparency; oversight and scrutiny of risk; visibility; good trade union relationships; engagement on cultural and behavioural concerns including EDI and sexism and sexual safety at work; resilience; inclusive environment where all views are valid and welcome; good engagement with staff
What could the Board be doing better?	*Process/presentation*: reduce the length of the papers; better structure in papers; key data highlighted; reflections after the meeting; equal time across all three major service lines; ensure pace of meetings does

Question	Response
(see changes to operating arrangements below for actions to address responses)	not sacrifice depth of discussion; balance accessibility i.e., BSL and Welsh language *Strategy*: increase/maintain focus on setting direction/strategy; clarity across strategies and plans; use of demographics information to inform strategic priorities; ensure remains sufficiently strategic; focus on three strands of IMTP equitably *Outcomes/impact*: reflect on impact of improvement or mitigating actions; greater scrutiny of wider risks; stronger focus on clinical safety and patient harm; more focus on outcomes, less on process *Members*: utilise knowledge/skills of board members Approving and standardising the proven value of pilot programmes More communicative
What are the training and development needs of the Board?	• Continued engagement with all aspects of the Trust • NED and Executive roles and responsibilities; 360 feedback to support training and development plan; extend Insights training to NEDs; understanding preferences and styles • Risk management and BAF • Maximising its collective enquiring mind and increasingly consider commercial opportunities to grow income and opportunities for our people; wider exposure to industry practices at Board level • Finance, procurement, and other statutory and emerging responsibilities • Understand how our strategic transformation impacts on levels of reporting and assurance, along with the financial and workforce consequences in WAST and wider • Strategy development; wider exposure to public health strategic evidence to inform practice and organisational development • Commercial skills; change management

29. Changes to operating arrangements and corporate governance practices have and will continue to be made to address the reflections from the Board above, as well as those received during the Committee effectiveness reviews. Some of these are replicated across the Board and Committees, and some are Committee specific. A summary of the changes already in place and planned for 2023/24 are as follows:

Committee	Changes to operating arrangements
Board and all Committees	• Period of reflection at the end of each meeting – standard item from 1 April 2023 • AAA reports distributed to Committee after the meeting and the Chair will feedback on escalations raised in matters arising – started 1 April 2023. • A Board visits standard operating procedure developed to demonstrate visibility – on agenda for May Board approval • Revised SBAR and guidance to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries; presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions - revised SBAR and report writing and presentation guidance for Q2 2023/24 • Closer attention to allocated time both at agenda setting but also in the time leading up to the meeting – started but will be complete with corporate governance SOP Q2 2023/24 • Board development/guidance on the constituent parts of the BAF to enable members to scrutinise controls, assurances, gaps and action plans – guidance developed 1 April 2023 and wider Board development in 2023/24 as part of the risk transformation programme. • Tighter controls for action log updates - started but will be complete with corporate governance SOP Q2 2023/24.
Trust Board	• Board development session on strategy and the Board's role and focus on strategy – planned for 21 June 2023 and further sessions to be scoped thereafter for delivery throughout the year • Review accessibility and inclusivity of public Board meetings, especially with respect to translations – to be discussed at Executive Management Team in June and recommendations made to the Chair
Academic Partnerships Committee	• Further representation from research and innovation at the Committee – effective from Q1 2022/23 • Establishment of a task and finish group to plan the next steps for University Trust Status (UTS) – established and started work • Clarity on the purpose and focus of the Committee to be communicated to the wider organisation – for discussion by the Committee on the best way to effect this • Broaden the agenda of the Committee outside of UTS more frequently - – effective from 1 April 2023 • Ensure risks related to research and development are on risk registers – effective from 1 April 2023 and ongoing throughout the year
Charity Committee	• The lived experience of staff who have benefitted from the Bids and Bursary Panels to be included in the Committee's Cycle of Business – started from 1 April 2023 • The Committee to review the risks to the charity as part of its cycle of business – effective from 1 April 2023

Committee	Changes to operating arrangements
Finance and Performance Committee	• Finance development session to cover the flow of funds to NHS Wales and WAST; overview of finance reports; emerging topics such as Patient Level Info Costing Systems (PLICS), Value Based Healthcare (VBHC), Financial Sustainability Work streams (FSW), Foundation Economy; terminology; finance team and governance; financial Plan; and procurement – session held on 21 April 2023 • MIQPR orientation refresher: interpretation and triangulation – to be scheduled in 2023/24
People and Culture Committee	• Continue with work to address potentially duplicative reporting in the monthly MIQPR and quarterly workforce reports – work ongoing in 2023 • The cycle of business will be adjusted to ensure the annual work programme is both clear and monitored to demonstrate equality of focus and assurance – cycles were approved in May 2023
QUEST Committee	• Continue with work to address potentially duplicative reporting in the monthly MIQPR and quarterly patient safety and quality assurance reports – work ongoing in 2023 • A quarterly 'spotlight on' clinical indicators via the CQGG to provide more focus on clinical care – incorporated into the cycles of business effective from August 2023
RemCom	• Focused induction to this committee for Trade Union members – offer extended March 2023 • Develop cycle of business for the Committee to form part of the meeting packs – completed and for approval at June 2023 meeting

30. The changes will be incorporated in the programme of work for the corporate governance team for 2023/24, together with a focus on timelier upload of Board and Committee papers now the cycles of business are completed. This was an issues raised in the Audit Wales Structured Assessment 2022.

<u>Board Development</u>

31. The Board Development Programme continued in 2022/23 with a focus on understanding, learning and reflection. The ten scheduled sessions were well attended and designed to stimulate discussion on strategic initiatives; shape culture and behaviours; strengthen system and partnership working; enhance knowledge of the regulatory environment; and allow for more detailed briefing of complex issues ahead of formal meetings. Sessions included:
    - Equality, diversity & inclusion workshop and allyship programme;
    - Working Safely Programme: A health & safety awareness session;
    - Effective Scrutiny session by Audit Wales;
    - The Trust's organisational strategy;
    - Developing the Trust's Strategic Engagement Framework;

- Board behaviours discussion and being 'Our Best';
- Going from good to great – Board maturity;
- Blue light collaboration;
- Learning from public inquiries and independent reviews in regard to patient safety;
- Organisational purpose;
- Institution of Occupational Safety and Health (IOSH) training;
- Compassionate Leadership;
- 2023-26 IMTP development & 23-24 financial plan;
- Financial Sustainability;
- The Health & Social Care (Quality and Engagement) (Wales) Act 2020 – Duties of Quality & Candour;
- Digital Vision & Inclusion;
- Anti-Racist Wales Action Plan;
- Preparedness for the Duty of Quality;
- Charity strategy;
- Structured Assessment and NED challenge and scrutiny.

Conclusion

32. Good governance consists of mechanics (structures and processes) and dynamics (strategy, behaviours, and culture). Effectiveness reviews seek to reflect on both these elements and ensure that the duty of quality applies to everything we do as a Trust Board.
33. On mechanics, the Board has a well-established Committee structure, with regular scheduled and quorate meetings. Their terms of reference are regularly refreshed and are appropriate in terms of remit and they each have a cycle of business which provides for the appropriate frequency of reporting. Agendas are set well ahead of meetings and are built around the highest rated risks. There is work to do in 2023/24 to improve the timeliness of papers and to support report writers, Board members and presenters with guidance and new templates, and to develop bespoke Committee induction programmes.
34. With respect to *dynamics*, meetings are conducted respectfully and in line with the Nolan Principles. Presenters are well prepared and attendance is excellent. The majority of meetings are open to the public and are decisions made in private session are reported openly. The lived experience heard at the Board and many of the Committees, together with new ways of conducting Board visits will allow members to triangulate assurance and

connect with our colleagues and stakeholders. Committee Chairs escalate issues to the Board appropriately and provide assurance updates at the Board on matters within their remit. Board development embeds the ethos that we are a learning board – continuously improving and striving for quality in the delivery of our long term strategy.

35. With the unprecedented system wide challenges in the NHS in Wales, the Board will continue to influence change, particularly where it leads to reduced handover delays, and to challenge itself that it is pulling all the levers of change it has it its own control.
36. The changes to operating arrangements and corporate governance practices as set out in this paper will further strengthen those mechanics and dynamics during 2023/24 and beyond.

RECOMMENDATION

7. The Board is requested to
   (a) Review the external and internal sources of assurance to assure itself as to its effectiveness for 2022/23;
   (b) Note the priorities set by Committees for 2023/24;
   (c) Approve changes to Committee terms of reference; and
   (d) Note changes to operating arrangements for the Board and Committees in 2023/24.

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

WAST BOARD COMMITTEE REMITS - 2023/24

Quality, Patient Experience and Safety Committee

- Duty of Quality and Duty of Candour
- KPIs in remit
- Clinical & quality strategic direction
- Health and Care Standards
- Quality Impact Assessment
- Mental health
- Infection prevention and control
- Safeguarding
- Continual quality improvements
- Learning
- Mortality reviews
- Putting Things Right
- Clinical negligence & personal injury
- Clinical effectiveness
- Clinical audit
- Citizens voice & patient experience
- Information governance
- Information security
- Clinical and quality governance
- Risks, audits, policies in remit

People and Culture Committee

- People & Culture strategic direction
- KPIs in remit
- Trust Behaviours
- Health and wellbeing
- Staff & volunteer experience
- Speaking up safely
- Equality, diversity, and inclusion
- Recruitment and retention
- Staff side/Trade Union relationships
- Leadership & development
- Succession plans
- Welsh language
- Health and safety
- Health and Care Standards in remit
- Registration and revalidation
- Partnerships and engagement
- Risks, audits, policies in remit

Finance and Performance Committee

- Trust's long term strategic direction
- Long term financial strategic direction
- Capital and revenue monitoring
- Financial sustainability
- Business cases and PIRs
- Compliance with statutory duties
- IMTP endorsement and delivery
- Value based healthcare
- Performance against targets set by Commissioners and Welsh Gov.
- Quality and Performance Management Framework
- Trust wide KPIs (MIQPR)
- Recovery plans for performance
- Demand and capacity
- Estates
- Fleet
- Environment and sustainability
- Digital systems
- Digital strategic direction
- Major Incident Plan and Business Continuity Plan
- Cyber resilience & security
- Risks, audits, policies in remit

Audit Committee

- Governance and assurance
- Effective systems of good governance, risk management and internal control
- Board Assurance Framework
- Annual Report
- Audited financial accounts
- Standing Orders and SFIs
- Accounting policies
- Assurance processes
- Policies for reg. compliance
- Schedule of losses & special payments
- Single tender actions
- Internal audit (inc annual plan; reports; HOIA Opinion)
- Audit Wales (inc annual plan; ISA260; structured assessment; reports;)
- Audit management responses
- Local Counter Fraud Service
- Standards of business conduct
- Whistleblowing processes
- Patient's property
- Policies in remit

Remuneration Committee

- Contractual arrangements for staff
- Appointment, termination, remuneration, terms of service and appraisal for Chief Executive; Executive Directors; Very Senior Managers
- Redundancy, VERs, Settlement settlements
- Risk management

Academic Partnerships Committee

- Strategic collaboration with education providers and commercial partners
- Collaboration with partners in health, social care, local authority and third sector
- Partnership arrangements
- University Trust Status
- Plans to build capacity of whole workforce
- Research governance framework
- Risks, audits, policies in remit

Charity Committee (Board of Trustees)

- Charity strategic direction
- Charitable funds monitoring including systems and processes
- Review by Audit Wales of accounts
  Fundraising
- Bursary Panel
- Promote the charity
- Annual Report and Financial Accounts
- Approve expenditure over £50,000
- Bids Panel
- Risks, audits, policies in remit

OVERSEE → **SUPPORT** → **CHALLENGE** → **ESCALATE**

AUDIT COMMITTEE
ANNUAL REPORT 2022/23

SITUATION

1. The Trust's Standing Orders and Committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The Committee met on 20 April 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. This annual report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Audit Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

6. Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Membership and Attendance

7. The Committee meets quarterly and during 2022/23 met four times both in private and public session as scheduled and was quorate on each occasion. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2022/23:

COMMITTEE ATTENDANCE				
Name	**7 June 2022**	**15 Sep 2022**	**1 Dec 2022**	**2 March 2023**
Martin Turner				
Paul Hollard				
Joga Singh				
Ceri Jackson				
Chris Turley				
Lee Brooks				Judith Bryce
Wendy Herbert	J Turnbull-Ross			
Liam Williams		First meeting	J Turnbull-Ross	
Catherine Goodwin				
Angie Lewis		First meeting	From 11.10	(part)
Osian Lloyd (IA rep)				
Audit Wales representative	Mike Whitley	Fflur Jones		Fflur Jones
Paul Seppman				(part)
Damon Turner				Hugh Parry (part)
Trish Mills				
Carl Window				

	Attended
	Deputy attended
	Apologies received
	No longer member

8. Attendance is good despite the challenges that operational pressures have placed on members throughout the year. Ceri Jackson, Non-Executive Director, joined the Committee in 2022/23, as did Angie Lewis and Liam Williams, replacing Catherine Goodwin and Wendy Herbert who were in interim positions.

9. The Trust Board Chair will conduct an annual review of Non-Executive Director membership across all Committees in April 2023.

Committee Views on Effectiveness

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to the National Audit Office Effectiveness Tool, discussion with the Chair and Executive Lead, and at the 20 April Committee meeting.

11. The questionnaires provided an opportunity to gauge opinion on areas of essential and good practice. Fourteen questionnaires were sent out with 4 responses being returned (a 29% return rate).

12. The responses were reviewed by the Committee and it was agreed to make the following adjustments to their operating arrangements as a result:

12.1. Pre-meets with Internal Audit and Audit Wales and the Non-Executive Directors will be reinstated.

12.2. The Board Member Induction Programme will be augmented with an annexure for induction to Committees in Q2 2023/24. This is also proposed as the priority for the Committee for this year.

12.3. The Chair of the People and Culture Committee will report to the Audit Committee on the speaking up safely programme as it progresses this year, and in particular the whistleblowing arrangements.

12.4. The arrangements to review near misses will be reported to the Committee via the Chair of QUEST periodically.

13. The Committee has been effective in discharging its responsibilities and providing timely escalations and assurances to the Board. In 2022/23 the Committee:

13.1. Received and reviewed the Audit of Accounts Report (ISA260);

13.2. Received and reviewed for endorsement by the Board the Annual Report and Audited Accounts 2021/22;

13.3. Received the Head of Internal Audit Report 2021/22;

13.4. Reviewed the Audit Plan 2023 from Audit Wales and received their annual report 2022;

13.5. Approved the Audit Plan 2023/24 and Internal Audit Charter from Internal Audit;

13.6. Received and reviewed the following reports from Audit Wales:

- Structured Assessment 2022
- Quality Governance Report 2022
- Emergency Services Joint Working Report

13.7. Monitored progress against the 2022/23 Internal Audit Plan, and received and reviewed the following Internal Audits:

- Waste Management
- Risk management and assurance
- Network and information systems (NIS) directive
- Respiratory protective equipment
- Service reconfiguration
- Immediate release directions
- Infection Prevention and Control
- Data Analysis
- IMTP delivery
- Attendance management
- Hazardous Area Response Team (HART)
- Electronic Patient Clinical Records (ePCR)
- Standards of business conduct

- Major incidents
- Fleet maintenance
- Decarbonisation (advisory review)
- Organisational culture – a learning organisation (advisory review)

13.8. The corporate risk register and transitional Board Assurance Framework (BAF) was received by the Committee at each meeting. Adjustments to reporting of risk to the Board was agreed in June 2022 and March 2023;

13.9. Monitored arrangements for the preparation of the annual report and accounts 2022/23;

13.10. Received confirmation that QUEST was monitoring the clinical audit plan;

13.11. Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2022/23 and approved its cycle of business;

13.12. Monitored the audit tracker at each meeting;

13.13. Updated on the Covid-19 Public Inquiry;

13.14. Received and reviewed the schedule of losses and special payments at each meeting;

13.15. In private session due to commercial and other sensitivities the Committee has discussed:

- Counter fraud update
- Tender report
- Single tender waiver report
- Audit Wales cyber resilience follow up report.

14. The Committee's priorities for 2022/23 were as follows:

Priority	Progress
1. Develop an induction programme for new Audit Committee Members	• The overarching new Board member induction programme is complete. • The induction programme is in use for new Board members and includes a scrutiny toolkit, however in collaboration with Audit Wales we are looking to produce Audit Committee specific induction material and checklists. • In addition, a bespoke WAST finance induction for new members is being delivered by the Finance Team on 21 April. • An annex for Non-Executive Directors on ESR, expenses, digital and payroll is in development.
2. The transformation of risk management and the Board Assurance Framework (BAF).	• The Committee received progress reports in June 2022 in March 2023 which indicated slippage on the risk policy and development of the BAF. These have been incorporated into the IMTP 2023-26 and will align with review of the strategic objectives in the long term strategy. • The programme includes maturity of risk management and the BAF through 2022/23 and into 2024, and improvements are

	noted by the Audit Committee with the regular risk management reports. • The risk management policy and procedure will come to this committee for approval as part of that programme.

15. The Board received a highlight report from the Committee following each meeting which provided for alerts, advice, and areas of assurance. This is presented to the next public Board meeting by the Chair of the Committee.

16. The Committee is not serviced by any sub-committees or task and finish groups at present.

Proposed Changes to the terms of reference

17. Minor amendments are proposed to the terms of reference given the extensive review that took place in early 2022. The terms of reference are attached at Annex 1 for approval by the Board.

Priorities Identified for the Committee for 2023/24

18. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2023/24: Review of the Board Member Induction Programme and Annex.

19. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

20. The next step is to ensure changes to operating arrangements agreed are cycled into work programme for review in 2023/24.

RECOMMENDATION

The Trust Board is requested to

(a) Receive and note the contents of the Committee annual report for 2022/23 and its analysis of effectiveness; and
(b) Approve the terms of reference for 2023/24.

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

AUDIT COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023/24

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3 The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

2.1 The purpose of the Audit Committee ("the Committee") is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:

(a) the adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) designed to support the public disclosure statements that flow from the assurance process, including the Annual Governance Statement and the Annual Quality Statement, providing reasonable assurance on:

(i) the organisation's ability to achieve its objectives.

(ii) compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government and others.

(iii) the efficiency, effectiveness and economic use of resources; and

(iv) the extent to which the organisation safeguards and protects all its assets, including its people,

and to ensure the provision of high quality, safe healthcare for its citizens:

(b) the Board's Standing Orders and Standing Financial Instructions (including associated framework documents, as appropriate) and receive a report from the Board Secretary on any non-compliance.

(c) the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors; the Committee shall approve all financial procedures.

(d) the Schedule of Losses and Special Payments.

(e) the register of Single Tender Actions.

(f) the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports).

(g) the adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity.

(h) proposals for accessing Internal Audit services via Shared Services arrangements (where appropriate).

(i) anti-fraud policies, whistle-blowing processes and arrangements for special investigations.

(j) any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

(k) the adequacy of the arrangements for Declarations of Interests, providing an annual report to the Board to this effect.

(l) arrangements for the discharge of the Trust's responsibility as bailee for patients' property.

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by reviewing:

(a) all risk and control related disclosure statements (in particular the Annual Governance Statement and the Annual Quality Statement) together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

(b) the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

(c) the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements.

(d) the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:

(a) the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the Trust's activities, both clinical and non-clinical; and

(b) the reliability and integrity of these assurances.

3.5 To achieve this, the Committee's programme of work will be designed to provide assurance that:

(a) there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;

(b) there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee and ensure all reported fraud concerns and ongoing investigations are notified to the Committee.

(c) there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees.

(d) the work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity.

(e) the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply.

(f) the systems for financial reporting to the Board, including those of budgetary control, are effective.

(g) the results of audit and assurance work specific to the Trust, and the implications of the findings of wider audit and assurance activity relevant to the Trust's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations' governance arrangements.

(h) monitor progress against the requirement of the Auditors' Management Letter.

(i) receive and review key Trust Annual Reports e.g., Trust Annual Report (including the ~~, Infection Control Annual Quality Statement;~~ Annual Governance Statement) and make recommendations to the Board for their adoption.

(j) review the content of the Corporate Risk Register and obtain assurance that control measures are in place to mitigate all identified risks.

Corporate Risks and Audit Recommendation Tracker

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes

in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework and each recommendation from the audit tracker, will be presented to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. In addition, these Committees will follow due process to escalate any issues to Audit Committee for oversight, scrutiny and assurance Regular reports will be provided to individual Committees on those items for which they have responsibility for oversight and overall Trust-wide progress reports will be presented to each Audit Committee.

The Committee will consider the control and mitigation of each risk and provide assurance to the Board that such risks are being effectively managed and controlled.

Authority

3.7 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.8 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.9 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Access

3.10 The Head of Internal Audit and the Engagement Leads/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.

3.11 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.12 The Chair of Audit Committee shall have reasonable access to Directors and other relevant senior staff.

Sub Committees

3.13 The Committee may establish sub- committees or task and finish groups to

carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board

4.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise e.g. Wales Audit Office, Internal Audit.

4.3 The Chair of the Trust shall not be a member of the Audit Committee.

Attendees

4.4 The core membership will be supported routinely by the attendance of the following:

- Executive Director of Finance and Corporate Resources (Committee Lead)
- Director of ~~Workforce & Organisational Development~~People and Culture
- Executive Director of Quality and Nursing
- Executive Director of Operations
- Board Secretary
- Head of Internal Audit
- Local Counter Fraud Specialist
- Representative of the Auditor General
- Trade Union Partners (x2)
- Other Directors will attend as required by the Committee Chair

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

By Invitation

4.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

4.6 The Chief Executive (Accountable Officer) will be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.

4.7 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.8 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.9 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.10 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.11 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.12 The Board Secretary, on behalf of the Committee Chair, shall:

(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of ~~Workforce & Organisational Development.~~People and Culture.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board business and calendar of meetings. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

5.3 The Chair of Committee, External Auditor or Head of Internal Audit may request a private meeting if they consider that one is necessary.

Withdrawal of individuals in attendance

5.4 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including where appropriate joint (sub) committees and groups to provide advice and assurance to the Board through the:

(a) joint planning and co-ordination of Board and Committee business; and
(b) sharing of information;

in so doing, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for

advising the Board on the adequacy of the Trust's overall framework of assurance.

6.5 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

(a) report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;

(b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

(c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Committee shall provide a written, Annual Report to the Board and the Chief Executive (Accountable Officer) on its work in support of the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

ACADEMIC PARTNERSHIPS COMMITTEE
ANNUAL REPORT 2022/23

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The Committee met on 17 January 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this Annual Report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Committee set out in its Terms of Reference reflects the maturing University Trust Status (UTS) journey and the fact that this is a newly established committee that approaches its remit with a mixture of *scrutiny* (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), *partnering* (ensuring the right partners are on the Committee, that appropriate arrangements are in place with partners), *connecting* (existing and new partners to research/programmes of work in WAST), and *inquisitorial* (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote).

Membership and attendance

6. The Committee met four times in 2022/23 and was quorate on each occasion.

7. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2022/23:

COMMITTEE ATTENDANCE				
Name	**26 April 2022**	**19 July 2022**	**25 Oct 2022**	**17 Jan 2023**
Prof Kevin Davies				
Paul Hollard				
Martin Turner				
Hannah Rowan				
Estelle Hitchon				
Catherine Goodwin	part meeting			
Angela Lewis				
Andy Swinburn				
Jonathan Turnbull-Ross			Chris Evans	Chris Evans
Duncan Robertson				
Trish Mills		Julie Boalch		
Craig Brown				
Mark Marsden				
Keith Rogers				
Representative from Academia				

	Attended
	Deputy attended
	Apologies received
	No longer member

8. Attendance is perhaps reflective of the challenges that operational pressures have placed on members throughout the year and the maturing nature of the Committee. The Board Secretariat will ensure that for future meetings they receive a clear indication from members and attendees of their ability to attend, and where that is not possible request that a deputy is nominated to attend.

9. The Committee has not nominated a representative from Academia, however following confirmation from Welsh Government in November 2022 that this is a firm requirement for UTS a task and finish group will be established to address this (see further on this below).

10. It is proposed that membership is further supported by the addition of the Head of Workforce Education and Development, the Assistant Director of Research and Innovation when that post is filled, and membership from the Innovation Team.

Committee Views on Effectiveness

11. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Lead, and at the 17 January Committee meeting.

12. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Thirteen questionnaires were sent out with 9 responses being returned (a 69% return rate).

13. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices. The responses were reviewed by the Committee on 17 January and agreed to make the following adjustments to their operating arrangements as a result:

(a) Further representation from research and innovation at the Committee
(b) Establishment of a task and finish group to plan the next steps for UTS
(c) Transfer of the review of the research governance framework and the oversight of its implementation from the Quality, Patient Experience and Safety Committee
(d) Clarity on the purpose and focus of the Committee to be communicated to the wider organisation
(e) Broaden the agenda of the Committee outside of UTS more frequently
(f) Board visits aligned to the new standard operating procedure for such visits to include members visiting the Swansea training centre, WIIN teams, and the research and innovation teams)
(g) Reflections at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.
(h) Ensure risks related to research and development are on risk registers
(i) Templates for papers and guidance being developed by the Board Secretary in 2023/24
(j) Include all membership in the distribution of the Committee AAA highlight report when it is sent to the Board

14. The Committee has been effective in discharging its responsibilities and providing assurance to the Board in 2022/23. The Committee's business in 2022/23 included:

(a) UTS was discussed extensively and the priorities for the Trust agreed. Members attended the mid-year review of priorities with Welsh Government, which was well received and discussed the need to plan for a member from academia as part of the UTS process.
(b) The representative from academia was discussed and communication lines opened with University Wales regarding representation from academia on the Committee.
(c) Benefits and limitations of the apprenticeships landscape from an education and training perspective were presented.
(d) Initial discussions on future income generation opportunities were also held including the selling of space on clinical programmes.
(e) A mapping of engagement interfaces to illustrate where and how the organisation connects with its academic and industry stakeholders was presented.
(f) The Committee discussed qualifications issued by institutions and the need to explore opportunities for innovation and improvement and connection with high quality, action research which can be applied in practice.

(g) The Committee's cycle of business was approved.
(h) The Committee priorities for 2022/23 as set out below:

- *Priority 1: Digitisation enabling better outcomes* The Committee received a presentation on digital opportunities in partnership with academia and what successful digital partnerships look like, what the opportunities might be and how can these be realised.
- *Priority 2: Advanced Practice and Specialist Working, Consult and Close and Service Transformation, including Research*. The Committee received a presentation from the Specialist Palliative Care Paramedics on the excellent work of these teams and saw the impact it was having on those staff and on patients.
- *Priority Three: Decarbonisation, fleet modernisation and sustainability*.

The Committee received an update on progress against its priorities at each meeting and reviewed overall progress at the October meeting via the mid-year UTS review. The Director leading each priority is an attendee at the meetings.

15. The Committee is not currently serviced by a Sub-Committees; however a task and finish group will be established to steer the next steps in the Trust's UTS as set out below.

16. The Board received a highlight report from the Committee following each meeting and which provided for alerts, advice, and areas of assurance. This was also presented to the next public Board meeting by the Chair of the Committee.

Proposed Changes to the Terms of Reference

17. Extensive changes to the Terms of Reference for this Committee were made during the effectiveness reviews held in early 2022. The changes therefore are minimal and include:

(a) Inclusion in duties to approve the research governance framework and oversee its implementation in accordance with the Welsh Government Research Governance Framework for Health and Social Care.
(b) Membership extended to Head of Workforce Education and Development, the Assistant Director of Research and Innovation when that post is filled, and membership from the Innovation Team.

18. A marked up copy of the terms of reference are attached at Annex A for approval by the Board.

Priorities Identified for the Committee for 2023/24

19. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2023/24:

    (a) Task and Finish Group to scope out the next 12 months to UTS (including partners, any reciprocal arrangements, conflicts, name change, legislative docket).
    (b) Focus on the research governance framework, which is a new area of oversight for the committee.

20. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

21. The next steps are as follows:

    (a) The Committee cycle of business was approved in 2022 and this will be further developed this year to reflect the Terms of Reference as amended, and to illustrate compliance requirements and assurance mapping.
    (b) Establish task and finish group
    (c) Ensure changes to operating arrangements agreed at paragraph 13 are cycled into work programme for review in 2023/24

RECOMMENDATION

The Trust Board is requested to: -

(a) Receive and note the contents of the Committee Annual Report for 2022/23 and its analysis of effectiveness;
(b) Approve the changes to the Terms of Reference.

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

ACADEMIC PARTNERSHIP COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023-24

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.

1.3 The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

~~1.1~~1.4 The Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an Academic Partnership Committee to facilitate and develop this work and are hereby set out in these formal terms of reference and operating arrangements.

2. PURPOSE

The Committee recognises the wealth of knowledge, expertise and skill within the Trust, as well as the need to ensure that that skill and expertise is maintained at the forefront of clinical and professional excellence. It will ensure that its work is not

predicated just on the development and support of clinical staff but, rather, of everyone across the organisation, whether they be in a clinical, professional or corporate role. In so doing the Committee is responsible for:

2.1 Overseeing strategic collaboration and partnership working with higher and further education, wider education providers and commercial partners across and beyond Wales. Through this partnership working, the Committee will look to ensure that the Trust provides and strengthens patient safety and quality, identifies and implements best practice and gains an international reputation for excellence and innovation.

2.2 Promoting collaborationg with partners in efforts to improve the health and wellbeing of the general population in Wales, and where their strategic aims and objectives align, to optimise the benefits to patient care and health care service delivery through an inclusive and supportive approach.

2.3 Facilitating a forward-looking organisational culture with partners which:
(a) promotes quality improvement across all activities;
(b) is rich in educational activities and staff development opportunities;
(c) helps attract and retain the very best staff, including internationally leading clinical academics;
(d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;
(e) encourages innovation and modernisation;
(f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;
(g) builds capacity for translational research that allows all parties to compete at an international level;
(h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
(i) facilitates wealth and economic growth in the region and beyond;
(j) supports the capture and analysis of the service user experience;
(k) develops health informatics opportunities to achieve their potential;
(l) Supports strategic planned lines of enquiry enabling knowledge creation.
(m)use of digital technology to enhance our services.

3. DELEGATED POWERS AND AUTHORITY

With regard to its role in providing advice and assurance to the Board, the Committee will:

3.1 Promote and support the exploration of opportunities with higher and further education, wider education providers and commercial partners across and beyond Wales to:

(a) develop collaborative activities in relation to clinical and non-clinical services, research, and development, teaching and education, innovation and improvement, and commercial opportunities; and
(b) influence programme design.

3.2 Promote and support collaboration with key partners in health, social care, local authorities, and the third sector, as well as patients and patient representative groups, developing opportunities for widening access and increasing participation in health and social care education amongst local communities.

3.3 Ensure appropriate arrangements are in place with partner organisations that establishes role, responsibilities and expectations, and supports the achievement of the highest standards of health, clinical care, research, innovation and health care education. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.

3.4 Oversee and contribute to the development of submissions to Welsh Government for University Trust Status and ensure the ongoing maintenance of that status and compliance with any conditions from Welsh Government.

3.5 Review and agree programmes of work aligned to University Trust Status, ensuring that they:

(a) explore and identify opportunities for the development of the whole workforce;
(b) are appropriately resourced, and where possible maximise the benefits of shared resources and expertise, and availability of grants;
(c) are clear where Board level scrutiny will take place, whether that is at this Committee or another Board Committee, to avoid duplication and support coalescence of Board oversight.

3.6 Monitor plans to build capacity for the whole workforce whether they be in a clinical, professional, or corporate role, to participate in research; that opportunities to do so are being promoted; and that the workforce is encouraged to be professionally inquisitive.

3.7 Approve the research governance framework and oversee its implementation in accordance with the Welsh Government Research Governance Framework for Health and Social Care.

Corporate Risks and Audit Recommendation Tracker

~~3.6~~3.8 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Sub-Committees

~~3.7~~3.9 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Members

4.1 The core membership is a minimum of three members comprising:-

Chair	Non-Executive Director
Members	At least two other Non-Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:-

- Director of Partnerships and Engagement (Committee Lead)
- Director of ~~Workforce and Organisational Development~~People and Culture
- Director of Paramedicine
- Director of Digital Services
- Assistant Director for Quality and Nursing
- Assistant Director of Research, Audit & Service Improvement

- Assistant Director of Research and Innovation
- Research, Innovation, and Improvement Lead
- Head of Strategy Development
- Head of Workforce Education & Development
- Board Secretary
- Representatives from Academia
- Up to two Trade Union Partners

Other Directors and staff members will be invited to attend, either by the Committee or to present individual reports.

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

The Committee may also co-opt additional 'external' invitees from outside the organisation to provide specialist skills, knowledge and expertise.

Secretariat

4.3 Secretary as determined by the Board Secretary

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.5 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

4.7 Should any Non-Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will

assume, upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related to the conduct of their role

5. COMMITTEE MEETINGS

Quorum

5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

(a) report formally to each Board meeting (as appropriate) on the Committee's activities, in a manner agreed by the Board. This includes verbal updates on activity, the submission of Committee minutes and referral of written reports where appropriate, and bring to the Board's specific attention any significant matter under consideration by the Committee; and
(b) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the presentation of an annual report;
(c) operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

• Quorum – (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

CHARITY COMMITTEE
ANNUAL REPORT 2022/23

SITUATION

1. The Trust's Standing Orders and Committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The Committee met on 19 January 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this annual report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Committee set out in its terms of reference is to contribute to the development of the charity's strategy and monitor its implementation; assure the Board of Trustees that the charitable funds are accounted for, deployed, and invested in line with legal and statutory requirements; consider and endorse the charity's annual report and accounts (for onward approval by the Board of Trustees), and to raise the profile and reputation of the charity within the Trust.

Membership and Attendance

6. The Committee met five times in 2022/23 and was quorate on each occasion.

7. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2022/23:

COMMITTEE ATTENDANCE						
Name	**5 May 2022**	**6 July 2022**	**10 Oct 2022**	**21 Nov 2022 (Additional meeting)**	**30 Jan 2023**	**16 Feb 2023 (Additional meeting)**
Ceri Jackson						
Bethan Evans						
Prof Kevin Davies					Joined at 10.10	
Hannah Rowan						
Chris Turley						
Lee Brooks		Mark Harris	Jon Edwards			
Catherine Goodwin		Sarah Davies				
Angela Lewis						
Estelle Hitchon						
Andy Swinburn						
Trish Mills						
Hugh Parry						
Damon Turner						
Marcus Viggers						
Julie Boalch						
Andrew Challenger						
Jo Kelso						

	Attended
	Deputy attended
	Apologies received
	No longer member/not member

8. Attendance is good but does reflect the challenges that operational pressures have placed on members throughout the year. The Board Secretariat will ensure that for future meetings they receive a clear indication from members and attendees of their ability to attend, and where that is not possible request that a deputy is nominated to attend.

9. Non-Executive Director membership of all Committees will be reviewed in April 2023 by the Trust Board Chair, but it is anticipated that this Committee will retain at least three Non-Executive Directors in its membership, inclusive of the Chair.

Committee Views on Effectiveness

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Lead, and at the 19 January Committee meeting.

11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Nineteen questionnaires were sent out with 9 responses being returned (a 47% return rate).

12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices. The responses were reviewed by the Committee on 19 January and agreed to make the following adjustments to their operating arrangements as a result:

Strategy

(a) The Committee will review the proposal for the strategic direction of the charity and have oversight of the plan to address its recommendations, and eventual implementation.

(b) Recommend that the Committee's Charitable Funds Task & Finish Group review its role/remit and work plan following receipt of the strategic review to ensure the two are aligned.

Fundraising/Strategy

(c) Align Board/Committee visits to the new standard operating procedure for such visits to include the promotion of the charity, particularly opportunities for staff to apply to the Bids and Bursary Panels.

(d) That the lived experience of staff who have benefitted from the Bids and Bursary Panels to be included in the Committee's Cycle of Business.

Charitable Funds

(e) Presentation to the Committee on how charitable funds are held and managed to aid the discussion regarding centralisation of funds and understanding more generally

(f) Bids Panel review the charitable funds guidance and application process with a view to providing greater clarity on the areas where charitable funds could be utilised and the application process streamlined.

Risk and Compliance

(g) The Committee to review the risks to the charity as part of its cycle of business.

(h) A Board of Trustees development session on Charity governance in April 2023.

General

(i) Consideration for a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.

13. The Committee's terms of reference provides for oversight of strategy and fundraising in addition to its other responsibilities. In 2022/23 the Committee commissioned a review by Tarnside Consulting to support the Board of Trustees to articulate an ambition and strategic direction for the charity. That report was issued in draft in late December 2022 and will be considered in 2023. The Committee also established a task and finish group to work in parallel to this review.

The group is looking at a number of areas of governance relating to the strategy, as well as charitable funds.

14. Notwithstanding the maturing nature of the strategic direction and fundraising elements of the Committee, it has been effective in discharging its responsibilities and providing assurance to the Board. In 2022/23 the Committee:

(a) Commissioned a strategic review of the charity to provide recommendations for its future direction.

(b) Agreed a full audit of the 2021/22 charity accounts took place and these, together with the charity annual report for 2021/22, was endorsed for approval by the Board of Trustees.

(c) Received regular financial reporting on charitable funds and grant applications made by the charity.

(d) Received regular reports from the Bids Panel on bids approved under their delegated authority.

(e) received a presentation by Hywel Dda University Health Board's charity on their charity maturation journey.

(f) Approved amendments to the terms of reference for the Bursary Panel and agreed an appropriate delegated authority limit to the Panel regarding individual application amounts of £3K.

(g) Established a Charitable Funds Task & Finish Group (the remit for which is described in point 14, below), and received regular updates from the Group on its activities/progress.

(h) Approved its cycle of business.

(i) Received regular highlight reports from the Bids Panel and the Bursary Panel.

15. Progress against the priorities the Committee set itself for 2022/23 was received at each meeting, with the outturn position as follows:

(a) Priority 1: Development and recommendation to the Board of Trustees of the Charity Strategy:

- The consultant commissioned to review the charity's strategy was appointed in August 2022.
- The draft report of the consultant was received in late December and will be considered by the Committee at its 5th April meeting followed by a presentation to the Board of Trustees at a development session on 26th April.

(b) Priority 2: Effectiveness reviews of the Bids Panel and Bursary Panel for alignment of terms of reference and Cycles of Business:

- Revised terms of reference and operating arrangements for Bursary Panel agreed in May 2022;

- Part of the work of the Charitable Funds Task and Finish Group is the opportunity to devolve authority to fund managers rather than apply to a Bids Panel. The effectiveness review for the Bids Panel is on hold whilst options are developed and concerns raised by TUs on the governance required should funds be devolved are addressed through this process;
- The Bids Panel terms of reference were reviewed, and amendments made to delegated limits in November 2021.

16. The Board received a highlight report from the Committee following each meeting and which provided for alerts, advice, and areas of assurance. This was also presented to the next public Board meeting by the Chair of the Committee.

17. The Committee is serviced by a Task & Finish Group which has been established to review options for how charitable funds are held; options for devolving authority; to consider fundraising arrangements for CFRs; recommend a suite of policies; develop a risk register and compliance register; and develop a board development session on charity governance. The group reports to the Committee by way of a highlight report, and its role and remit will be further reviewed when the strategic direction of the charity is determined.

Proposed Changes to the terms of reference

18. Amendments are minimal however it is proposed that the Committee change its name to the Charity Committee to reflect more closely its strategic focus.

19. A marked up copy of the terms of reference are attached at Annex A for approval by the Board.

Priorities Identified for the Committee for 2023/24

20. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2023/24:

(a) To address and implement the recommendations from the charity's strategic review, and to ensure that the Charitable Funds Task & Finish group remit and work plan is adjusted accordingly; and

(b) To continue discussions (through the Charitable Funds Task & Finish Group) regarding risks affecting the charity, and to ensure that the agreed risks are included on the WAST organisational Risk Register.

21. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

22. The next steps are as follows:

(a) The Committee cycle of business was approved in 2022 and this will be further developed this year to reflect the maturing elements of strategy and fundraising, and to illustrate compliance requirements and assurance mapping.
(b) Ensure changes to operating arrangements agreed at paragraph 12 are cycled into work programme for review in 2023/24.

RECOMMENDATION

The Trust Board is requested to: -

(a) Receive and note the contents of the Committee annual report for 2022/23 and its analysis of effectiveness;
(b) Approve the changes to the terms of reference.

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

~~CHARITABLE FUNDS~~CHARITY ~~-~~COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023/24

1 INTRODUCTION

1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2. In accordance with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Charity~~able Funds~~ Committee** "the Committee**"**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. CONSTITUTION AND PURPOSE

2.1 The Welsh Ambulance Services NHS Trust Charity (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales.

2.2 The Welsh Ambulance Services NHS Trust is a corporate body in its own right. It is led by a Board of Directors comprising a Chair~~man~~, Vice-Chair, ~~seven~~ six Non-Executive Directors, a Chief Executive, an Executive Director of Finance & Corporate Resources and ~~three~~ four other Executive Directors. The Trust acts as the Corporate Trustee of the Charitable Funds held on behalf of the Welsh Ambulance Services NHS Trust and the members set out above are Trustees of the charity.

2.3 The purpose of the Committee is to:

(a) Contribute to the development of the charity's strategy and monitor is implementation.
(b) Assure the Board of Trustees that charitable funds are accounted for, deployed, and invested in line with legal and statutory requirements;.
(c) Consider and endorse the annual report and accounts for approval by the Board of Trustees.
(d) Raise the profile and reputation of the charity within the Trust.

Strategy

3.1 Oversee and contribute to the development of the Charity's strategies and plans and monitor their implementation.

3.2 Ensure there is clear, consistent strategic direction, strong leadership, and transparent lines of accountability.

3.3 Promote the charity within the Trust.

Charitable Funds

3.4 Ensure the management of the charitable funds is carried out within the terms of its Declaration of Trust and relevant legislation; ensure statutory compliance with the Charity Commission regulations.

3.5 Ensure systems and processes are in place to receive, account for, deploy and invest charitable funds in accordance with relevant legislation.

3.6 Receive assurance from Sub-Committees Bids Panel and Bursary Panel on the use of charitable funds in accordance with their terms of reference to ensure that any such use is in accordance with the aims and purposes of the charitable fund or donation.

3.7 Consider and authorise expenditure with a value above £50,000, ensuring that it is accompanied by endorsement from the Director of Finance and Corporate Resources.

3.8 Receive periodic income and expenditure statements

3.9 Receive and endorse the annual report and annual accounts and consider the annual report from the auditors before submission to the Board of Trustees for their approval.

3.10 Approve the policies for the utilisation and investment of charitable funds, including but not limited to the Reserves Policy and Charitable Funds Investment Policy.

Investment

3.11 Consider and agree an investment strategy for the safe and secure investment of funds not immediately required for use, taking into account any appropriate ethical considerations.

3.12 Consider the appointment of external investment advisors and operational fund managers.

3.13 Review the performance of investments on a regular basis (with the external investments advisors where appointed) to ensure the optimum return from surplus funds

Fundraising

3.14 Approve and regularly review the fundraising strategy for the charity, ensuring its compliance with Charity Commission legislation and guidance, and all other relevant regulatory requirements.

3.15 Monitor the implementation of the fundraising strategy

3.16 Ensure systems, processes and communication are in place around fundraising, staff engagement and funding commitments.

Corporate Risks and Audit Recommendation Tracker

3.17 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and board assurance framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level risks and provide assurance to the Board that such risks are being effectively controlled and managed.

4. AUTHORITY

4.1 The Committee is authorised by the Board of Trustees to:

(a) Approve expenditure over £50,000

(b) Approve plans and strategies thate compliment the charity's strategy, including those related to fundraising

(c) Approve policies within its remit

(d) Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust relevant to the Committee's remit. It can seek any relevant information it requires from any

employee and all employees are directed to co-operate with any reasonable request made by the Committee;

(e) obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;

(f) by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee; and

(g) establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. (Formal sub-committees may only be established with the agreement of the Board.)

5. MEMBERSHIP

Members

5.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board

5.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.3 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Attendees

5.4 The core membership will be supported routinely by the attendance of the following:

- Executive Director of Finance and Corporate Resources
- Director of Partnerships and Engagement
- Deputy Director of ~~Workforce and OD~~People and Culture
- Executive Director of Operations
- Director of Paramedicine
- Board Secretary
- Trade Union Partners (x~~2~~3)
- Chairs of the Sub-Committees

By Invitation

5.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

5.6 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

Member Appointments

5.7 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5.8 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

5.9 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of any co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair (and, where appropriate, on the basis of advice from the Trust's Remuneration Committee}.

Secretariat and Support to Committee Members

5.10 The Board Secretary, on behalf of the Committee Chair, shall:

(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of ~~Workforce & Organisational Development.~~People and Culture.

6. COMMITTEE MEETINGS

Quorum

6.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance

must be designated as Chair of the meeting.

Frequency of meetings

6.2 Meetings shall be held quarterly~~normally no less than twice in any financial year~~ and otherwise as the Committee Chair deems necessary - consistent with the Trust's annual ~~plan~~ schedule of Board Business.

Withdrawal of individuals in attendance

6.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

7.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

7.2 The Committee, through its Chair and members, shall work closely with the Board's other Committees and groups to provide advice and assurance to the Board through the:

(a) joint planning and co-ordination of Board and Committee business; and

(b) appropriate sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

7.3 The Committee will consider the assurance provided through the work of the Board's other Committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance,

7.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the board in their capacity as trustees. This may include, where appropriate, a separate meeting with the Board of Trustees.

8.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's

performance and operation.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – as set out in section 7

10. REVIEW

10.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

FINANCE AND PERFORMANCE COMMITTEE
ANNUAL REPORT 2022/23

SITUATION

1. The Trust's Standing Orders and Committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The Committee met on 21 March 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Leads. Changes are proposed to the terms of reference and this annual report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Committee set out in its terms of reference is to enable scrutiny and review of the Trust's arrangements in respect of the:

   5.1. overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
   5.2. ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP):
   5.3. monitoring of the IMTP and ensuring achievement of key milestones;
   5.4. robustness of any cost improvement measures and delivery of key strategies and plans;
   5.5. ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking;
   5.6. scrutinise business cases for capital and other investment;

5.7. oversight of the development and implementation of the digital, estates, fleet and environmental strategies; and

5.8. emergency preparedness, resilience and response

Membership and Attendance

6. The Committee meets bi-monthly and it is thought this is still appropriate as it represents a good cadence with Board meeting. The Chair of the Committee changed in January 2023 and Joga Singh is Chair in place of Prof. Kevin Davies.

7. The Committee met six times both in private and public session during 2022/23 as scheduled and was quorate on each occasion. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2022/23:

COMMITTEE ATTENDANCE						
Name	16 May 2022	18 July 2022	20 Sep 2022	14 Nov 2022	16 Jan 2023	21 March 2022
Kevin Davies	Chair	Chair		Chair		
Bethan Evans			Chair			
Joga Singh					Chair	Chair
Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks					Rachel Marsh	
Andy Haywood						
Leanne Smith						
Wendy Herbert	J. Turnbull-Ross					
Liam Williams				Wendy Herbert		
Liz Rogers	Catherine Goodwin					Angela Lewis
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member

8. Attendance is excellent despite the challenges that operational pressures have placed on members throughout the year. .

9. The Director of Workforce and Organisational Development will be an attendee in place of the Deputy Director given the ownership of the financial sustainability programme. The Trust Board Chair will conduct an annual review of Non-Executive Director membership across all Committees in April 2023.

Committee Views on Effectiveness

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Leads, and at the 21 March Committee meeting.

11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Fourteen questionnaires were sent out with 5 responses being returned (a 36% return rate).

12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices. The responses were reviewed by the Committee on 20 March and it was agreed to make the following adjustments to their operating arrangements as a result:

    12.1. The cycles of business demonstrates that the Committee has taken control of the information it wishes to see, aligned to its terms of reference. Propose this is presented at each meeting to show progress against the cycle.
    12.2. Presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd.
    12.3. Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries.
    12.4. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.
    12.5. Board development on the BAF is planned for 2023/24 in line with the risk transformation programme in the IMTP 2023-26 which will provide the Board with tools to enable more focused challenge on the BAF.
    12.6. Consideration of a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.
    12.7. The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.
    12.8. Further development sessions for this Committee to include:
        - Finance development session has been scheduled to cover the flow of funds to NHS Wales and WAST; overview of finance reports; emerging topics such as Patient Level Info Costing Systems (PLICS), Value Based Healthcare (VBHC), Financial Sustainability Work streams (FSW), Foundation Economy; terminology; finance team and governance; financial Plan; and procurement.
        - MIQPR orientation refresher: interpretation and triangulation.

13. Notwithstanding the need to ensure the cycles of business are completed as soon as possible to be confident of equitable spread of the agenda, the Committee has been effective in discharging its responsibilities and providing

timely escalations and assurances to the Board. In 2023/24 the areas of digital and cyber will feature more regularly. In 2022/23 the Committee:

13.1. Received regular reports on performance and handover delays, escalating to the Trust Board the effect on avoidable harm and death to patients and poor experience for staff. In May the Chair of this Committee joined with the Chairs of the People and Culture Committee and the Quality, Patient Experience and Safety Committee to escalate to the Trust Board their concerns regarding the significant impact on staff and patients as a result of system pressures. This led to the paper to Trust Board in July on action to mitigate avoidable harm (and subsequent updates), which includes system partner actions as a result of meetings which took place with NHS Wales, Welsh Government and Commissioners as a result of the escalations;

13.2. Each meeting has received a finance report, some of which were by way of detailed presentations given the month closing dates and Committee dates, followed by more detailed reports to the Board in the following week;

13.3. The financial sustainability workstreams (now the financial sustainability programme) were discussed and supported;

13.4. Performance is reviewed against the Monthly Integrated Quality and Performance Report (MIQPR) at each meeting with a deep dive on Ambulance Care in January 2023; the annual review of metrics for the MIQPR took place in July 2022;

13.5. Progress against the Integrated Medium Term Plan (IMTP) for 2022-25 is reviewed at each meeting with escalations discussed; the outturn position against the 2021-24 IMTP was presented; and the IMTP 2023-26 and financial plan 2023/24 were endorsed at the March 2023 meeting;

13.6. Discussed at the Project Assessment Review of the Mobile Data Vehicle Solution business case;

13.7. Regular discussion has been held throughout the year on progress against the Decarbonisation Action Plan which was approved by the Committee in March 2022;

13.8. Value based healthcare – with a particular focus on Patient Level Information and Costing (PLICs) – was discussed with reporting maturing in this area in 2023/24;

13.9. A Business Continuity Assessment was reviewed which set out the governance, plans, exercises, and training in place for business continuity at the Trust;

13.10. A six month update on the roll-out of the Quality and Performance Management Framework (QPMF) was provided to the Committee in November 2022;

13.11. Received an operational update at each meeting;

13.12. Received internal audits within the Committee's remit and the audit tracker to monitor progress against recommendations;

13.13. Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24, and approved its cycle of business for 2022/23;

13.14. The corporate risk register/BAF was reviewed at each meeting with the agenda being built around highest rated risks for this Committee; risks 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) were escalated to the Trust Board in September 2022 in light of the challenging financial position anticipated in 2023-24;

13.15. In private session due to commercial sensitivities the Committee has discussed:

- Integrated Information System (Salus)
- NHS Wales Microsoft Enterprise Agreement
- Decommissioning of Digipen
- 2023/24 fleet replacement business justification case
- WAST's position in relation to the findings of Audit Wales in their reports on cyber-attacks and cyber resilience;

14. The Committee's single priority for 2022/23 was to focus on assurance to be provided on the additions to the terms of reference i.e. estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response. Progress against this priority was reviewed at each meeting as follows:

14.1. Approval of the Lease Car Policy

14.2. Reviewed the 2023/24 fleet replacement business case

14.3. Approved the cycles of business that set out with more particularity the assurances and reporting that will be forthcoming to the Committee and their timing.

14.4. The May, July, September and November meetings received decarbonisation and sustainability updates.

14.5. The July meeting reviewed business continuity assessment, and the emergency preparedness, resilience and response and document tracker;

14.6. The May meeting reviewed the internal audit on digital governance and the

14.7. Internal audit on Cardiff MRD

14.8. Risk 244 'estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service'; Risk 245 'failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations'; and Risk 311 'inability of the estate to cope with the increase in FTEs' are reviewed at each meeting.

14.9. Risk 260 ‘a significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in the denial of service and loss of critical systems’ is reviewed by the Committee.

15. The Board received a highlight report from the Committee following each meeting which provided for alerts, advice, and areas of assurance. This is presented to the next public Board meeting by the Chair of the Committee.

16. The Committee is not serviced by any sub-committees or task and finish groups at present.

Proposed Changes to the terms of reference

17. The terms of reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the strategic, oversight and scrutiny role of the Committee in mind. Amendments are minimal given the extensive review that took place in early 2022, however expanded provisions related to cyber security and cyber resilience have been added to its remit.

18. A marked up copy of the terms of reference are attached at Annex 1 for approval by the Board.

Priorities Identified for the Committee for 2023/24

19. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the its priorities for 2023/24 will be focused oversight of the implementation of:

(a) the Digital Strategy; and
(b) the Quality and Performance Management Framework

20. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

21. The next steps are as follows:

(a) Ensure changes to operating arrangements agreed are cycled into work programme for review in 2023/24.
(b) Schedule the proposed Board development sessions.

RECOMMENDATION

The Trust Board is requested to: -

(a) Receive and note the contents of the Committee annual report for 2022/23 and its analysis of effectiveness;
(b) Approve the changes to the terms of reference.

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023/24

1. INTRODUCTION

1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

The purpose of the Finance and Performance Committee (the Committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

2.1 overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;

2.2 ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP);

2.3 monitoring of the IMTP and ensuring achievement of key milestones;

2.4 robustness of any cost improvement measures and delivery of key strategies and plans;

2.5 ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking;

2.6 scrutinise business cases for capital and other investment;

2.7 oversight of the development and implementation of the digital, estates, fleet and environmental strategies; and

2.8 business continuity including emergency preparedness, resilience and response, cyber security and cyber resilience.

With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

Finance

3.1 oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital;

3.2 monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances;

3.3 review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy and financial sustainability programmes, ~~, including the~~ efficiency review implementation and required savings targets;

~~3.3~~

~~3.4 monitor achievement and planning of both in-year and recurring cost improvement plans and efficiencies. The Committee shall review the proposals for future efficiency schemes and make recommendations to the Board as appropriate;~~

~~3.5 ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting;~~

~~3.6~~3.4 monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board;

~~3.7~~3.5 assurance that a business case post implementation review is in place and is effective; review post implementation reviews on specific business cases and capital investment schemes from time to time;

~~3.8~~3.6 receive, review and ensure mitigation of financial risks of delivery of plans;

~~3.9~~3.7 monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation;

~~3.10~~3.8 review performance against the relevant Welsh Government financial requirements;

Value Based Healthcare

3.9 ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting;

Performance

~~3.11~~3.10 review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators;

~~3.12~~3.11 monitor and review progress against the Trust's Integrated Medium Term Plan~~;~~ and obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams;

~~3.13~~3.12 review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework;

~~3.14~~3.13 agree and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;

~~3.15~~3.14 monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating as required;

~~3.16~~3.15 ~~obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams~~;

Planning

~~3.17~~3.16 oversee and contribute to the development of the Trust's ~~l~~Long ~~T~~term ~~S~~strategy 'Delivering Excellence: Our vision for 2030', and make recommendations to the Board for its approval;

3.17 oversee and contribute to the development of the Trust's Integrated Medium Term Plan (IMTP) and ensure alignment of that plan with Delivering Excellence: Our vision for 2030;

~~3.18 and make recommendations to the Board;~~

~~3.19~~3.18 monitor the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee;

~~3.20~~3.19 review service or directorate specific long term plans and ensure they align to 'Delivering Excellence: Our vision for 2030', and are incorporated into the IMTP or, where relevant, local directorate plans. It is noted that other Board Committees will review specific long term plans in detail however this Committee will hold a central overview of all service or directorate specific long term plans. The Committee will not oversee local directorate plans; ~~review the Trust's strategies and plans and make recommendations to the Board as appropriate and ensure that the financial considerations complement the business plans (this includes formally receiving all business cases that require approval by the Welsh Government and making recommendations to the Board regarding their annual submission to Welsh Government);~~ and

~~3.21~~3.20 review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews.

Estates and Fleet

~~3.22~~3.21 oversee, contribute to, and monitor the implementation of, the Estate Strategy

~~3.23~~3.22 oversee, contribute to, and monitor the implementation of, the Fleet Strategy

~~3.24~~3.23 review proposals for acquisition, disposal, and change of use of land/buildings.

Environmental and Sustainability

~~3.25~~3.24 oversee, contribute to, and monitor the implementation of the Environmental Strategy

~~3.26~~3.25 ensure compliance with environmental regulations and national targets

Digital Systems and Strategy

~~3.27~~3.26 oversee, contribute to, and monitor the implementation of, the Digital Strategy

~~3.28~~3.27 review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects

3.28 oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and assurance that such plans are effective;

3.29 oversight and scrutiny of cyber resilience including assurance on awareness and training of WAST staff and volunteers; maintenance of upgrades/updates of systems, and replacement of legacy/high-risk systems; and

3.30 oversight and scrutiny of cyber security including assurance of regular monitoring of risks and threats, business continuity planning and engagement with national cyber centres and stakeholders.

~~3.29~~

Policies

~~3.30~~3.31 Oversight of policies within the remit of the Committee

Corporate Risks and Audit Recommendation Tracker

~~3.31~~3.32 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

~~3.32~~3.33 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

~~3.33~~3.34 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary,

in accordance with the Trust's procurement, budgetary and other requirements.

~~3.34~~3.35 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

~~3.35~~3.36 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

4.2 The membership will be supported routinely by the following core attendees:

- Executive Director of Finance and Corporate Resources (Joint Committee Lead)
- Executive Director of Strategy, Planning and Performance (Joint Committee Lead)
- Executive Director of Operations
- Executive Director of Quality and Nursing
- Director of ~~Workforce and Organisational Development~~People and Culture
- Director of Digital
- ~~Deputy Director of Workforce and Organisational Development~~
- Trade Union Partners (x 2)
- Board Secretary
- Chairs of Sub-Committees (if any)

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside

the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of ~~Workforce & Organisational Development.~~People and Culture.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held ~~no less than quarterly~~ bi-monthly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

(a) report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;

(b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

(c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

PEOPLE AND CULTURE COMMITTEE
ANNUAL REPORT 2022/23

SITUATION

1. The Trust's Standing Orders and Committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The Committee met on 10 March 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this annual report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Committee set out in its terms of reference is:

   5.1. To enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.

5.2. To provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.

5.3. To approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

Membership and Attendance

6. The Committee met in public four times in 2022/23 and was quorate on each occasion. Four private session meetings were held, primarily to deal with suspensions over four months.

7. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2022/23:

COMMITTEE ATTENDANCE				
Name	**10 MAY 2022**	**05 SEPT 2022**	**29 NOV 2022**	**14 MAR 2023**
Paul Hollard				
Bethan Evans	From 10.50am			
Joga Singh				
Hannah Rowan				
Catherine Goodwin			In attendance	
Angela Lewis				
Chris Turley				Navin Kalia
Lee Brooks				
Estelle Hitchon				
Andy Swinburn				Until 12pm
Wendy Herbert		In attendance		
Liam Williams				J Turnbull Ross
Alex Crawford	Hugh Bennett	Hugh Bennett		
Trish Mills				
Angela Roberts				
Damon Turner				
Paul Seppman		Hugh Parry		Hugh Parry
Craig Brown				
Ian James				Until 12pm

	Attended
	Deputy attended
	Apologies received
	No longer member

8. Attendance is excellent despite the challenges that operational pressures have placed on members throughout the year. The March meeting in particular flexed to enable some reports to be presented on the day and deferred some items to the May meeting given the significant pressures on the Trust as a result of winter and industrial action.

9. Non-Executive Director membership of all Committees will be reviewed in March 2023 by the Trust Board Chair, but it is anticipated that this Committee will retain at least three Non-Executive Directors in its membership, inclusive of the Chair.

Committee Views on Effectiveness

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Lead, and at the 10 March Committee meeting.

11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Eighteen questionnaires were sent out with 7 responses being returned (a 39% return rate).

12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices. The responses were reviewed by the Committee on 10 March and it was agreed to make the following adjustments to their operating arrangements as a result:

    12.1. On remit, agenda and meetings being too long, the TORs have been reviewed and it was felt they were appropriate subject to the changes set out in the report. However, the following changes are proposed to address the concerns:
    - Continue with work to address potentially duplicative reporting in the monthly MIQPR and quarterly workforce reports.
    - Presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd.
    - Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries.
    - The cycle of business will be adjusted to ensure the annual work programme is both clear and monitored to demonstrate equality of focus and assurance.
    - Closer attention to allocated time both at agenda setting but also in the time leading up to the meeting and check-in points during the meeting.

    12.2. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.

    12.3. The TOR provides that the Committee must ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity and inclusion; relevant Health and Care Standards requirements; and that professional standards of registration and revalidation are maintained. The cycle of business approved by the Committee in 2022 included a report from the Executive Director of Quality and Nursing and the Director of Paramedicine to come to the Committee in Q2 each year.

12.4. Whilst the Committee discusses the BAF at each meeting and the agenda is built around the highest rated risks, more work is planned for Board Development on the constituent parts of the BAF to enable members to scrutinise controls, assurances, gaps and action plans.

12.5. The Corporate Governance team will ensure there is tighter controls in place for action log updates, and an item will be added to the agenda for the Chair to summarise actions and an opportunity to confirm expectations around those actions.

12.6. Consideration for a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.

12.7. The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.

13. Notwithstanding the need to ensure the cycles of business are adjusted as soon as possible to be confident of equitable spread of the agenda, the Committee has been effective in discharging its responsibilities, particularly with respect to the very challenging staff experience and providing timely escalations and assurances to the Board. In 2023/24 the areas of equality, diversity and inclusion will feature more regularly. In 2022/23 the Committee:

(a) Received regular reports on the challenging staff experience, escalating this to the Trust Board. In May 2022 the Chair of this Committee joined with the Chairs of the Quality, Patient Experience and Safety Committee and the Finance and Performance Committee to escalate to the Trust Board their concerns regarding the significant impact on staff and patients as a result of system pressures. This led to the paper to Trust Board in July on action to mitigate avoidable harm (and subsequent updates), which includes system partner actions as a result of meetings which took place with NHS Wales, Welsh Government and Commissioners as a result of the escalations;

(b) Sickness absence was the subject of significant discussion at each meeting. In addition to the regular review of risk 160, deep dives on the Improving Attendance Programme were taken to provide a level of assurance to the Committee on the agreed trajectory for sickness absence;

(c) The Welsh language annual report was received by the Committee and increasing costs of translation were also discussed.

(d) Heard from staff on their lived experience of the service at each meeting, together with learning and improvements made as a result of the issues raised;

(e) The September meeting reviewed the uptake of staff receiving flu vaccination and the details of the campaign to influence an increase in this. These rates are also reviewed via the MIQPR.

(f) Regular updates on partnership working with Trade Union colleagues was provided to the Committee including the Trade Union Annual Report, review of the risk related to maintaining this relationship, and by way of updates on the re-establishment of the Welsh Ambulance Service Partnership Team (WASPT) and approval of their revised terms of reference in November.

(g) The Committee reviewed the excellent and proactive wellbeing offer in place and the increased profile of the occupational health team and peer support networks.

(h) The key areas of focus for the IMTP 2023-26, and direction of travel for the People and Culture Plan 2023-26 were discussed. Both are based around the concept of the '3Cs': Building our Culture, Capacity and Capability within the context of ABC i.e., creating Autonomy, Belonging and Contribution, which are the three psychological needs to improve the employee experience, increase engagement and enhance wellbeing.

(i) The Committee had an opportunity to discuss the Engagement Framework Delivery Plan, the focus of which is the long term strategy and inverting the triangles.

(j) Oversight of the disciplinary cases and progress to reduce these was discussed as well as learning which was applied from these cases.

(k) Oversight of health and safety was transferred to the Committee from the Quality, Patient Experience and Safety Committee from 1 April 2022, and the Committee received an overview of the transformational efforts underway with the Working Safety Programme, and key matters for consideration, scrutiny and support which will inform its work programme for 2022/23. The Health and Safety Annual Report was also received.

(l) The Committee's cycle of business was approved.

(m)Received quarterly updates from the Director of Workforce and Organisational Development and Executive Director of Operations at each meeting which helped to set the context of assurance reports for members;

(n) The WAST actions to address the Wales Anti-Racist Action Plan were discussed and will form part of the people and culture deliverables for 2023/24 and beyond. The Annual Equality Report was presented to the November meeting.

(o) Received the monthly integrated performance report and quarterly workforce report at each meeting and reviewed the people quadrant of the scorecard in detail, escalating areas of poor performance to the Trust Board, particularly

around PADRs which improved in year, retention, recruitment timeline, and statutory and mandatory training;

(p) Regular updates are provided from the Speaking Up Safely Task and Finish Group on the development of the new framework;

(q) The results of the sexism and sexual safety at work survey were reviewed at the March meeting;

(r) The Pay Progression Policy was approved;

(s) Received internal audits within the Committee's remit and the audit tracker to monitor progress against recommendations;

(t) Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24;

(u) The corporate risk register/BAF was reviewed at each meeting with the agenda being built around the two highest rated risks for this Committee – those being risks 190 and 201. Risk 199 related to health and safety was transferred to the Committee in August.

14. The Committee's priority for 2022/23 are as set out below with the outturn position. These were reviewed at each meeting.

(a) Priority 1: Monitor and support the actions to reduce abstractions due to sickness, gaining an understanding of the reasons for long standing high sickness rates to inform future learning.

- The May, September, November 2022 and March 2023 meetings received and scrutinised the absence management action plan.
- Risk 160 'high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service' is reviewed at each meeting. The September and November meetings included further detail on the new form BAF.
- The September and November 2022 meetings reviewed the wellbeing offer.

(b) Priority 2: Focus on the health and safety remit which is newly acquired by the Committee.

- The May 2022 meeting included a detailed paper on the health and safety assurance reporting that will be received by the Committee.
- Health and safety assurance reporting included in the cycles of business.
- The Board received IOSH training in July 2022.
- The Health and Safety Annual Report was received at the September 2022 meeting.
- Health and Safety updates were received at the September and November meetings.
- Risk 199 'failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health &

Safety statutory legislation' has been reviewed by the Committee and reduced in risk score from 20 to 15.

(c) Priority 3: Supporting the implementation and championing the strategic equality objectives, including Welsh language, to promote an inclusive organisation.
- The Welsh Language Advisory Group report was received in May 2022 indicating standards compliance.
- The Welsh Language Annual Report was reviewed in September 2022.
- The Equality, Diversity and Inclusion Steering Group are developing a proposal for assurance reporting to the Committee for inclusion in the cycles of business.
- EDI and Welsh Language metrics being developed for the MIQPR.
- The November 2022 meeting reviewed the draft People Plan and actions for the Anti-Racist Wales Action Plan.
- The March 2023 meeting received the Annual Equality Report.

15. The Board received a highlight report from the Committee following each meeting which provided for alerts, advice, and areas of assurance. This was also presented to the next public Board meeting by the Chair of the Committee.

16. The Committee is not serviced by any sub-committees or task and finish groups at present.

Proposed Changes to the terms of reference

17. The terms of reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the strategic, oversight and scrutiny role of the Committee in mind. An extensive review of the terms of reference took place in early 2022, however amendments seek to place more emphasis on cultural change and there will be a focus on finalising the cycle of business and the reports coming to the Committee which demonstrate this. A marked up copy of the proposed amendments is at Annex 3.

18. A marked up copy of the terms of reference are attached at Annex A for approval by the Board.

Priorities Identified for the Committee for 2023/24

19. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2023/24:

    (a) Carry over the Committee priority to support the implementation and championing of the strategic equality objectives, including Welsh language, to promote an inclusive organisation.
    (b) Development and implementation of the speaking up safely framework; and
    (c) Development and progress of the People and Culture Plan.

20. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

21. The next steps are as follows:

    (a) Adjust the Committee cycle of business to illustrate compliance requirements and assurance mapping.
    (b) Ensure changes to operating arrangements agreed are cycled into work programme for review in 2023/24.

RECOMMENDATION

The Trust Board is requested to: -

(a) Receive and note the contents of the Committee annual report for 2022/23 and its analysis of effectiveness;
(b) Approve the changes to the terms of reference.

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023/24

1. INTRODUCTION

1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

2.1 The purpose of the People and Culture Committee ('the Committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by

the Welsh Government, the NHS in Wales and other regulatory bodies.

2.2 The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.

2.4 The Committee will approve on behalf of the Board, relevant ~~workforce~~ Direc policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

3. DELEGATED POWERS AND AUTHORITY

The Committee will, in respect of its role in providing advice and assurance to the Board:-

3.1 Oversee and contribute to the development of the Trust's people and culture ~~strategy~~ plan aligned to the 2030 Delivering Excellence Long Term Plan ~~and associated strategies and plans, and monitor their implementation~~.

3.2 Noting that the Finance and Performance Committee oversees delivery of the Integrated Medium Term Plan (IMTP), this Committee will conduct any required deep dives into aspects of the people and culture elements of the IMTP and monitor delivery of other ~~Monitor delivery of the Trust's~~ strategic ~~workforce~~ people and culture priorities ~~set out in the Integrated Medium Term Plan~~ which may not be included in the IMTP.

3.3 Receive and consider projects of major strategic organisational change where there is a significant impact on our people's health and wellbeing, and cultural change.

~~3.3~~3.4 Monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change.

~~3.4~~3.5 ~~Champion~~ Ensure there is a robust plan in place for the health and wellbeing of ~~the workforce~~our , people and monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff.

~~3.5~~3.6 Consider the experience of our ~~staff~~ people, including ~~and~~ volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their experiences.

~~3.6~~3.7 Ensure arrangements are in place to allow staff to raise concerns in confidence, and that those processes allow any such concerns to be investigated proportionately and independently and that the learning from such concerns is considered and applied.

~~3.7~~3.8 Oversee and contribute to the development of the Trust's equality, diversity and inclusion ~~strategic~~ plan and monitor its implementation; champion and support the plan and the work of the equality, diversity and inclusion networks.

3.9 Oversee the development and implementation of the Trust's ~~workforce plans, and~~ recruitment and retention ~~strategies~~plans.

~~3.8~~3.10 Ensure Trust management and Staff Side/Trade Union representatives continue to develop and build a shared understanding and common purpose through formal and informal consultative partnership working to ensure the efficiency and success of the Trust for the benefit of all.

~~3.9~~3.11 Ensure the Trust has in place appropriate policies and procedures for its ~~workforce~~people; approve ~~workforce~~ people and culture policies and monitor compliance.

~~3.10~~3.12 Monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements.

~~3.11~~3.13 Monitor performance against key ~~workforce~~ people and culture indicators such as sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinaries and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern.

~~3.12 Receive and consider projects of major strategic organisational change where there is a significant impact on the workforce.~~

~~3.13~~3.14 Monitor progress and seek assurance that arrangements are in place to meet the Welsh Language Standards and that the culture of Wales and the Welsh language is promoted within the Trust.

~~3.14~~3.15 Ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity and inclusion; relevant Health and Care Standards requirements; and that professional standards of registration and revalidation are maintained.

~~3.15~~3.16 All matters relating to partnerships and engagement relevant to ~~the remit of the Committee~~our people and cultural change.~~, including but not limited to trade unions, external organisations and staff communications.~~

~~3.16~~3.17 any other matter in relation to the Committee's overall purpose and responsibilities

Corporate Risks and Audit Recommendation Tracker

~~3.17~~3.18 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for

ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

~~3.18~~3.19 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

~~3.19~~3.20 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

~~3.20~~3.21 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.22 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

~~3.21~~3.23 The Welsh Ambulance Services Partnership Team (WASPT) is an advisory group of the Board and was re-constituted in November 2022 following the pandemic. The Board has agreed that WASPT is a sub-committee of this Committee and as such reports regularly by way of a AAA highlight report. Similarly, issues raised are reported, and where necessary escalated, to the Board by way of this Committee's AAA highlight report.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director

Members Three further Non Executive Directors of the Board.

Attendees

4.2 The membership will be supported routinely by the following core attendees:

- ~~Executive~~ Director of ~~Workforce and Organisation Development (Committee Lead)~~People and Culture
- Executive Director of Finance and Corporate Resources
- Executive Director of Operations (or Deputy/Assistant Director)
- Director of Partnerships and Engagement
- Director of Paramedicine
- Assistant Director of Quality and Nursing
- ~~Executive Director of Finance and Corporate Resources~~
- ~~Director of Operations (or Deputy/Assistant Director)~~
- Assistant Director of Planning and Transformation
- Trade Union Partners (x4)
- Chairs of Sub-Committees (or their nominee)
- Board Secretary

4.3 The Chief Executive will have a permanent standing invite to attend the Committee. Where the Executive Director of Operations nominates a Deputy/Assistant Director to attend meetings, that individual will be approved by the Chair and must be a regular and consistent attendee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9.1 The Board Secretary, on behalf of the Committee Chair, shall:

(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of ~~Workforce & Organisational Development.~~People and Culture.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

(a) joint planning and co-ordination of Board and Committee business; and

(b) sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

(a) report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
(b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
(c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE ANNUAL REPORT 2022/23

SITUATION

1. The Trust's Standing Orders and Committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The Committee met on 9 February 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair, Executive Lead and Director of Paramedicine. Changes are proposed to the terms of reference and this annual report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Committee set out in its terms of reference is:

   5.1. Scrutinise improvements in outcomes in quality, patient experience, effectiveness and safety and overseeing the development and delivery of strategies to achieve this.

   5.2. A focus on the systems and process developed to ensure compliance with the Duty of Quality and the Duty of Candour as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

   5.3. Oversight of and assurance on statutory and regulatory compliance.

   5.4. Oversight of the quality and integrity, safety and security, and appropriate access and use of information (including patient and personal information) to support the provision of high quality healthcare.

Membership and Attendance

6. The Committee met in public four times in 2022/23 and was quorate on each occasion. No private session meetings were held.

7. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2022/23:

COMMITTEE ATTENDANCE				
Name	**12 May 2022**	**11 August 2022**	**10 November 2022**	**9 February 2023**
Bethan Evans				
Kevin Davies				
Paul Hollard				
Ceri Jackson				
Hannah Rowan				
Wendy Herbert		In attendance	In attendance	
Liam Williams		First meeting		
Andy Swinburn				
Lee Brooks				
Andy Haywood				
Leanne Smith		First meeting		
Rachel Marsh	Hugh Bennett			
Trish Mills				
Angela Roberts				
Mark Marsden			First meeting	
Hugh Parry				
Craig Brown				
Ian James		First meeting		

	Attended
	Deputy attended
	Apologies received
	No longer member

8. Attendance is excellent despite the challenges that operational pressures have placed on members throughout the year. The February meeting in particular flexed to enable some reports to be presented on the day and deferred some items to the May meeting given the significant pressures on the Trust as a result of Winter and industrial action.

9. Non-Executive Director membership of all Committees will be reviewed in April 2023 by the Trust Board Chair, but it is anticipated that this Committee will retain at least three Non-Executive Directors in its membership, inclusive of the Chair.

Committee Views on Effectiveness

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair, Executive Lead and Director of Paramedicine, and at the 9 February Committee meeting.

11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Sixteen questionnaires were sent out with 7 responses being returned (a 44% return rate).

12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices. The responses were reviewed by the Committee on 9 February and it was agreed to make the following adjustments to their operating arrangements as a result:

    12.1. On remit, agenda and meetings being too long and unmanageable, and on inequality of focus, the terms of reference were reviewed and it was felt they were appropriate currently but would be reviewed in Q2 2023/24 following the introduction of the new Act. The following changes are proposed to address the concerns now however:
    - Continue with work to address potentially duplicative reporting in the monthly MIQPR and quarterly patient safety and quality assurance reports;
    - Presenters of papers take the papers as read and draw out highlights, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd;
    - Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries;
    - The cycle of business will be finalised to ensure the annual work programme is both clear and monitored to demonstrate equality of focus; and
    - A quarterly 'spotlight on' clinical indicators via the CQGG to provide more focus on clinical care.

    12.2. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will support more engagement by and demonstrate visibility of Committee members.

    12.3. Consideration of a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.

    12.4. The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.

13. Notwithstanding the need to ensure the cycles of business are completed as soon as possible to be confident of equitable spread of the agenda, the Committee has been effective in discharging its responsibilities, particularly with respect to patient safety and patient experience and providing timely escalations and assurances to the Board. In 2023/24 the areas of information governance,

mental health and clinical care will feature more regularly. In 2022/23 the Committee:

(a) Received regular reports on patient safety, escalating to the Trust Board the volume of serious incidents and nationally reportable incidents causing avoidable harm and death to patients. In May the Chair of this Committee joined with the Chairs of the People and Culture Committee and the Finance and Performance Committee to escalate to the Trust Board their concerns regarding the significant impact on staff and patients as a result of system pressures. This led to the paper to Trust Board in July on action to mitigate avoidable harm (and subsequent updates), which includes system partner actions as a result of meetings which took place with NHS Wales, Welsh Government and Commissioners as a result of the escalations;

(b) Reviewed cases referred to Health Boards under Appendix B, received a presentation from the National Delivery Unit on their analysis of Appendix B reports at their May meeting, and was updated on the revised joint investigations process at their November meeting;

(c) Received the HIW Annual Review 2021/22 at is November meeting which subsequently went to Trust Board;

(d) Reviewed remedial plans in place and escalated to the Trust Board timeliness of response for Putting Things Right Regulations;

(e) Received reports on Regulation 28 Prevention of Future Deaths reports and actions in place to address concerns raised and learning;

(f) Received a dementia update in November which linked into a previous patient story heard by the Committee;

(g) Heard from a patient or a relative of a patient on their lived experience of the service at each meeting, together with learning and improvements made as a result of the issues raised;

(h) Was updated on the quality strategy implementation plan at each meeting, with the Committee expressing concern at the pace this was able to progress due to resourcing issues. The Committee will include the implementation of the strategy as a priority for 2023/24;

(i) Received the monthly integrated performance report and quarterly quality report at each meeting and reviewed the quality quadrant of the scorecard in detail, escalating areas of poor performance to the Trust Board;

(j) Discussed the learning from incidents report and the ways in which it would be communicated more widely to staff;

(k) Approved the Clinical Audit and Outcome Review Plan 2022/23 in August with assurance on this provided to the Audit Committee;

(l) Reviewed the IPC Annual Report 2021/22;

(m) Received internal audits within the Committee's remit and the audit tracker to monitor progress against recommendations;

(n) Reviewed the Patient Experience and Community Involvement (PECI) report at each meeting with the Committee being assured that the Trust was engaging with patients and the community through the Continuous Engagement Model;

(o) Discussed the deep dive on increased Red demand in May;

(p) Focused on the preparedness for implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 at its February meeting, including our compliance with the Health and Care Standards;

(q) Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24;

(r) Reviewed the work of the safeguarding team via the Annual Safeguarding Report in February; and

(s) The corporate risk register/BAF was reviewed at each meeting with the agenda being built around the two highly rated risks for this Committee – those being risks 223 and 224. Risk 199 related to health and safety was transferred to the People and Culture Committee in August as they have oversight of this area from 1 April 2022.

14. The Committee's priority for 2022/23 was to further embed oversight of patient safety, openness and transparency, the Committee will monitor the Trust's readiness for the introduction of the Duty of Quality and Duty of Candour when the Health and Social Care (Quality and Engagement) (Wales) Act ('Act') comes in to force in the Spring of 2023. Progress against this priority was reviewed at each meeting as follows:

(a) The Committee heard a patient story at each meeting, demonstrating its commitment to the duty of candour and ensuring that learning is embedded as a result of the experiences of our patients;
(b) The quarterly Quality Highlight Report provides updates on preparations to implement the Act;
(c) At its May meeting further detail was sought on the practical steps being taken to integrate quality into other roles as part of the Quality Strategy. The Committee stressed the importance of this given the requirement to report against the Duty of Quality and Duty of Candour when the Act is implemented in April 2023; and
(d) In October 2022 a Board development session was provided by the Quality Governance Team and Welsh Government on the requirements to implement the Duty of Quality and the Duty of Candour.
(e) The February 2023 meeting of the Committee focused on the Trust's preparedness for the introduction of the duty of quality and the duty of candour in April 2023.

15. The Board received a highlight report from the Committee following each meeting which provided for alerts, advice, and areas of assurance. This is presented to the next public Board meeting by the Chair of the Committee.

16. The Committee is not serviced by any sub-committees or task and finish groups at present.

Proposed Changes to the terms of reference

17. The terms of reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the strategic, oversight and scrutiny role of the Committee in mind. Amendments are minimal given the extensive review that took place in early 2022, however the research governance framework has been transferred from this Committee to the Academic Partnerships Committee with effect from 1 April 2023. A further review will take place in Q2 to align the Duty of Quality and Duty of Candour requirements.

18. A marked up copy of the terms of reference are attached at Annex 1 for approval by the Board.

Priorities Identified for the Committee for 2023/24

19. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2023/24:

    (a) Carry over the Committee priority on the duty of quality and duty of candour i.e. Committee will monitor implementation of the Duty of Quality and Duty of Candour following the Health and Social Care (Quality and Engagement) (Wales) Act ('Act') coming in to force in the Spring of 2023; and
    (b) Implementation plan for the quality strategy.

20. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

21. The next steps are as follows:

    (a) Finalise the Committee cycle of business to illustrate compliance requirements and assurance mapping.
    (b) Ensure changes to operating arrangements agreed are cycled into work programme for review in 2023/24.

RECOMMENDATION

The Trust Board is requested to: -

(a) Receive and note the contents of the Committee annual report for 2022/23 and its analysis of effectiveness;
(b) **Approve the changes to the terms of reference.**

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023/24

1. INTRODUCTION

1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Quality, Patient Experience and Safety Committee. This Committee has a key assurance role on behalf of the Board in relation to the Trust compliance with the Commissioning Core Quality Requirements, the NHS Wales Health & Care Standards 2015 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

2.1. The Committee is responsible for scrutinising improvements in outcomes in quality, patient experience, effectiveness and safety to reduce incidences of

avoidable harm~~, and will oversee the development and delivery of strategies to achieve this~~.

2.2. During the 2023~~2~~/~~23~~24 financial year the Committee will continue to oversee the systems and process ~~being~~ developed to ensure compliance with the Duty of Quality and the Duty of Candour as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 ~~when it is implemented in 2023~~, and ~~thereafter~~ ensure compliance with the Act to improve the quality of healthcare provided by the Trust.

2.3. The Committee will provide oversight of, and seek assurance on, statutory and regulatory compliance.

2.4. Oversee the quality and integrity, safety and security, and appropriate access and use of information (including patient and personal information) to support the provision of high quality healthcare.

The Committee will:

3.1. Ensure the organisation has the right systems and processes in place to deliver services consistent with the six domains of quality (patient centred; safe; equitable; timely; effective; and efficient).

3.2. Advise the Board on a set of key indicators for quality, patient experience and clinical safety, and monitor performance against those indicators.

3.3. Ensure compliance with the Duty of Quality and the Duty of Candour as set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 to improve the quality of healthcare provided by the Trust and to support the delivery of an open and honest reporting and continuous learning culture.

Strategy

~~3.2.~~3.4. Oversee and contribute to the development of the Trust's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.

~~3.3.~~3.5. Monitor the implementation of strategies and plans within the remit of the Committee.

~~3.4.~~3.6. Ensure there is clear, consistent strategic direction, strong leadership, transparent lines of accountability.

Safe Care

~~3.5.~~3.7. Ensure the Health and Care Standards, and Commissioning Quality Core Requirements are embedded Trust wide with actions taken in relation to any identified non-compliance.

~~3.6.~~3.8. Ensure there is a process in place for quality impact assessments, and consider the implications for quality and safety and equitable care arising from the development of the Trust's corporate strategies and plans, or those of its

stakeholders and partners, including those arising from any Committees of the Board

~~3.7.~~3.9. Consider the implications for the Trust's quality and safety arrangements from review/investigation reports, external guidance and national reports and actions arising from the work of external regulators.

~~3.8.~~3.10. Monitor Trust compliance with the Mental Health Act 1983, Code of Practice, and the Mental Capacity Act 2005.

~~3.9.~~3.11. Review the annual infection prevention and control plan and monitor its implementation

~~3.10.~~3.12. Ensure the Trust is meeting its obligations with respect to safeguarding of children and vulnerable adults

~~3.11.~~3.13. Review the impact of professional standards and staffing issues on patient care, noting the People and Culture Committee has oversight of the selection, training, registration and revalidation for staff.

~~3.12. Ensure the Trust has systems and processes in place to support the delivery of an open and honest reporting and continuous learning culture in line with the Duty of Candour.~~

~~3.13.~~3.14. Oversee improvements and changes applied as a result of reviews of mortality, clinical incidents, complaints, litigation, external regulator reports etc., and their impact on minimising patient harm and maximising patient experience.

Effective Care

~~3.14.~~3.15. Ensure the care planned and provided across the breadth of the organisation's functions is clinically effective and quality driven and where this falls beneath expected standards, the impact is reviewed to support continuous improvement.

~~3.15.~~3.16. Approve the annual clinical audit plan that meets the standards set for the NHS in Wales; review the outcomes of clinical audits in line with the clinical audit plan and provide assurance to the Audit Committee in this respect;

~~3.16.~~3.17. There is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation

Citizen Voice and Patient Experience

~~3.17.~~3.18. Approve the patient experience/engagement plan and monitor its implementation.

~~3.18.~~3.19. Ensure the organisation has a citizen centred approach, putting patients, patient safety, quality of care and safeguarding above all other considerations.

~~3.19.~~3.20. Ensure the Patient Experience & Community Involvement (PECI)

continuous engagement model is taken into account in the design and delivery of services, ensuring the full implementation of lessons learnt.

~~3.20.~~3.21. Seek assurance that lessons are learned from patient experience information and patient safety and workforce related incidents, complaints and claims, and that learning from reports and incidents is embedded in the Trust's practices, policies and procedures

~~3.21.~~3.22. Ensure there is good collaborative team and partnership working to provide the best possible outcomes for its citizens

~~3.22.~~3.23. Ensure any matters raised by the Medical Director, Director of Quality & Nursing, Director of Paramedicine, or other Directors in relation to patient safety and clinical risk are considered and addressed promptly and fully

Information Governance and Information Security

~~3.23.~~3.24. Receive assurance the information governance and information security arrangements are appropriately designed and operating effectively to ensure the reliability, integrity, safety and security of information to support the delivery of high quality, safe healthcare across the organisation.

~~3.24.~~3.25. Review progress of measures to improve information security and adherence to Caldicott principles against the Information Governance Toolkit, Network and Information Systems (NIS) Directive (2018), Data Protection Act (2018), and receive assurance on compliance with relevant standards, legislation and regulations.

~~3.25.~~3.26. Receive assurance on, and review effectiveness of the Trust's information security protocols.

~~3.26.~~3.27. Review performance of the Trust in relation to statutory and mandatory information requests and reporting requirements including but not limited to freedom of information requests, data breaches, police requests and subject access requests.

Governance

~~3.27.~~3.28. Seek assurance that governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the Trust's activities, and that these are compliant with relevant legislation.~~.~~

~~3.28. Approve the research governance framework and oversee its implementation in accordance with the Welsh Government Research Governance Framework for Health and Social Care.~~

3.29. Recommendations made by internal audit and external reviewers are considered and acted upon on a timely basis;

3.30. Review and recommend to the Board the Trust's annual quality statement (as relevant) and quality improvement priorities for the coming year, monitoring progress against these priorities and their impact on patient safety.

3.31. Review policies in its remit and endorse policies for Board approval that relate to complaints and incidents in line with Putting Things Right.

Corporate Risks and Audit Recommendation Tracker

3.32. The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

3.33. The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.34. The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.35. The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.36. The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

3. MEMBERSHIP

Members

3.1. The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

3.2. The core membership will be supported routinely by the attendance of the following:

- Executive Director of Quality and Nursing (Committee Lead)
- Director of Paramedicine
- Executive Director of Operations
- Executive Director of Strategy, Planning and Performance
- Director of Digital Services (SIRO)
- Trade Union Partners (x 3)
- Chairs of Sub-committees (where established)
- Board Secretary

3.3. The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

3.4. Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

3.5. The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

3.6. Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

3.7. Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair

and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

3.8. The Board Secretary, on behalf of the Committee Chair, shall:

(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of ~~Workforce & Organisational Development.~~**~~MMITTEE MEETINGS~~**People and Culture.

Quorum

3.9. At least two members must be present to ensure the quorum of the Committee. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

3.10. Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

3.11. The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

4. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

4.1. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

4.2. The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

(a) joint planning and co-ordination of Board and Committee business; and
(b) sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

4.3. The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

4.4. The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

5. REPORTING AND ASSURANCE ARRANGEMENTS

5.1. The Committee Chair shall:

(a) report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;

(b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

(c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

5.2. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In so doing, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook and national guidance.

6. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

6.1. The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

7. REVIEW

7.1. These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

REMUNERATION COMMITTEE
ANNUAL REPORT 2022/23

SITUATION

1. The Trust's Standing Orders and Committee terms of reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

4. The Committee met on 7 March 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Chief Executive. Changes are proposed to the terms of reference and this annual report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Committee set out in its terms of reference is to:

   5.1. Approve on behalf of the Board matters relating to the appointment, termination, remuneration, terms of service and appraisal for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and in accordance with the Standing Orders;
   5.2. Approve proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance; and
   5.3. Provide assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

Membership and Attendance

6. The Committee met in private session seven times during 2022/23 and was quorate on each occasion. The Committee's membership includes all Non-Executive Directors and, whilst there are set meetings in the calendar, the Remuneration Committee is often called in reaction to issues that arise from time to time. Due to both these factors the membership at meetings has not been consistent as can be seen below, but it has been quorate on each occasion.

COMMITTEE ATTENDANCE							
Name	10 May 2022	15 July 2022	3 Aug 2022	14 Dec 2022	23 Dec 2022	7 Mar 2023	13 Mar 2023
Martin Woodford							
Colin Dennis							
Prof. Kevin Davies							
Bethan Evans							
Paul Hollard							
Ceri Jackson							
Hannah Rowan							
Joga Singh							
Martin Turner							
Craig Brown							
Hugh Parry							
Damon Turner							
Jason Killens		*see note					
Trish Mills			Julie Boalch				
Catherine Goodwin		Liz Rogers					
Angie Lewis							

*Recused from discussions on relevant agenda items

	Attended
	Sent Deputy
	Apologies
	No longer a member.

7. It is best practice to include all Non-Executive Directors in the membership of the Remuneration Committee due to the issues it considers, therefore it is recommended to retain this, notwithstanding the inconsistency of attendance. A cycle of business will go some way to provide some predictability for members.

Committee Views on Effectiveness

8. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Lead, and at the 7 March Committee meeting.

9. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Fourteen questionnaires were sent out with only 3 responses being returned (a 21% return rate).

10. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices. The responses were reviewed by the Committee on 7 March and agreed to make the following adjustments to their operating arrangements as a result:

10.1. Consideration for a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.

10.2. The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.

10.3. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.

10.4. Offer of focused induction to this committee for Trade Union members.

10.5. Develop cycle of business for the Committee to form part of the meeting packs.

11. Notwithstanding the ad hoc nature of the Committee, it has met in 2022/23 to address the following and provided assurance to the Board thereafter:

11.1. Approved the remuneration for the Executive Director of Quality and Nursing in May 2022;
11.2. Endorsed, subject to Welsh Government approval, exit settlement and Voluntary Early Release Settlement applications;
11.3. Undertook a benchmark review of Director salaries carried out by the Association of Ambulance Chief Executives;
11.4. Discussed the Chief Executive's outturn position for 2021/22;
11.5. Reviewed the objectives of the Chief Executive for 2022/23;
11.6. Approved targeted enhanced overtime payment rates in December 2022; and
11.7. Reported to the Trust Board on a AAA highlight report following each meeting.

12. Notwithstanding the business the Committee was able to address in 2022/23, there were occasions when Minutes were not approved in a timely way and action logs were not updated. The Corporate Governance Team have introduced additional procedures to ensure that does not recur.

13. The Committee did not set priorities for the year and neither is it recommended to do so for 2023/24 because of its reactive nature and relatively narrow programme of work.

14. The Committee is not serviced by any sub-committees.

Proposed Changes to the terms of reference

15. Amendments are minimal however some additions have been made for clarity, particularly regarding the approval of the annual Remuneration Report that accompanies the Accountability Report; and addition of overtime payments in section 3.8. The fact that the Committee meets in private has also been drawn out at section 8.1 given the sensitivity of its deliberations.

16. A marked up copy of the terms of reference are attached at Annex A for approval by the Board.

Next Steps

17. The next steps are as follows:

(a) The Committee cycle of business will be developed for approval by the Committee.
(b) Ensure changes to operating arrangements agreed are cycled into the work programme for review in 2023/24.

RECOMMENDATION

The Trust Board is requested to

(a) Receive and note the contents of the Committee annual report for 2022/23 and its analysis of effectiveness;
(b) Approve the changes to the terms of reference.

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

REMUNERATION COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023/24

1. INTRODUCTION

1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Remuneration Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

The purpose of the Remuneration Committee (the Committee) is to:

2.1. Approve on behalf of the Board matters relating to the appointment, termination, remuneration, terms of service and appraisal for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government and in accordance with the Standing Orders; and

2.2. Approve proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance

2.3. Provide assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

3. DELEGATED POWERS AND AUTHORITY

The Committee will support the Board with regard to its responsibilities for remuneration and terms of service and will:

3.1. Provide assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales. The Committee will review the annual Remuneration Report and approve its contents, by way of email circulation where necessary.

3.2. Approve the remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change, ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government, are applied consistently.

3.3. Approve the appointment of the Chief Executive and Executive Directors (officer members of the Board).

3.4. Terminate appointments and suspend officer members in accordance with the provision of regulations.

3.5. Consider the appraisal of officer members of the Board.

3.6. Approve the appointment, appraisal, discipline and dismissal of any other board level appointments and other senior employees, in accordance with Welsh Government Ministerial instructions, e.g., the Board Secretary.

3.7. Consider and approve redundancy and Voluntary Early Release (VERs) applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.

3.8. Approve proposals for novel employment and pay cases, such as ~~compromise~~ settlement agreements, overtime payments, and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

Corporate Risks and Audit Recommendation Tracker

3.9. The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is

managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

3.10. The Committee is authorised to approve those matters listed above.

3.11. The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.12. The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements. .

Sub-Committees

3.13. The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1. The membership of the Committee will comprise:

Chair	Trust Board Chair
Members	All Non-Executive Directors of the Board, including the Audit Committee Chair.

Attendees

4.2. The membership will be supported routinely by the following core attendance:

- Chief Executive
- Director of ~~Workforce and Organisation Development~~People and Culture (Committee Lead)
- Board Secretary
- Trade Union Partner (x2)

Depending upon the sensitivities being discussed, the Chair may request that core attendees are not in attendance.

4.3. The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.4. Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.5. The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.6. Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7. Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.8. The Board Secretary, on behalf of the Committee Chair, shall:

(a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
(b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of ~~Workforce & Organisational Development.~~People and Culture

5. COMMITTEE MEETINGS

Quorum

5.1. At least three members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2. Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3. The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2. The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

(a) Joint planning and co-ordination of Board and Committee business; and
(b) Sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3. The Committee will consider the assurance provided through the work of the Board's other committees and subgroups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4. The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1. The Committee Chair shall:

(a) report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
(b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

(c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1. The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)
- The Committee meets in private due to the sensitivity of its deliberations.

9. REVIEW

9.1. These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

	Meeting Frequency	Colin Dennis (Chair)	Kevin Davies (Vice Chair)	Martin Turner (NED)	Paul Hollard (NED)	Bethan Evans (NED)	Joga Singh (NED)	Ceri Jackson (NED)	Hannah Rowan (NED)	Chief Executive	Exec Director of Finance & Comm Res	Medical Director	Exec Director Quality & Nursing	Exec Director of Operations	Exec Dir. Strategy, Planning & Performance	Director People & Culture	Director P'ships & Engagement	Digital Director	Director of Paramedicine	Board Secretary	Trade Union Rep	Committee Officer	
Trust Board	Bi Monthly	★								v	v	v	v	v	v	nv	nv	nv	nv	nv	DT/HP	SO/JP	Lead Executive: Jason Killens
Board Committees																							
Academic Partnership Committee	Quarterly								★				AD		Head of Strategy						MM/KR	TBC	Lead Executive: Estelle Hitchon
Audit Committee	Quarterly			★																	DT/PS	SO	Lead Executive: Chris Turley
Charity Committee	Quarterly							★													DT/HP/MV	CJ	Lead Executive: Chris Turley
Finance & Performance Committee	Bi Monthly						★														HP/DT	SO	Lead Executive: Chris Turley and Rachel Marsh
People & Culture Committee	Quarterly				★								AD		AD						IJ/DT/PS	JP	Lead Executive: Angela Lewis
Quality, Patient Experience & Safety Committee	Quarterly					★															HP/MM/IJ	SO	Lead Executive: Liam Williams
Remuneration Committee	Quarterly	★									As req.										DT/HP	AP	Lead Executive: Angela Lewis
Committees Attending		**1**	**5**	**3**	**5**	**5**	**4**	**4**	**3**	**1**	**4**	**0**	**3**	**5**	**2**	**5**	**3**	**2**	**4**	**8**			
CHAMPION ROLES																							
Fire Safety (Executive)																							
Emergency Planning (Executive)																							
Caldicott (Executive)																							
Violence and Aggression (Executive)																							
Infection Prevention & Control (NED)																							
Armed Forces and Veterans (NED)																							
Mental Health (VC)																							
Equality (NED champion) and Exec for ArWAP																							
Children and Young People (Executive & NED)																							
Older Persons (NED)																							
Putting Things Right [& patient safety) (Exec & NED)																							
Raising Concerns (Staff) (Executive OR NED)																							
Welsh Language (Executive)																							
Research (NED)																							
Digital (non mandatory)																							

BOARD COMMITTEE PRIORITIES 2023/24

Committee	Priorities for 2023/24
Academic Partnership Committee	• Task and Finish Group to scope out the next 12 months to UTS (including partners, any reciprocal arrangements, conflicts, name change, legislative docket). • Focus on the research governance framework, which is a new area of oversight for the committee
Audit Committee	review of the Board Member Induction Programme and Annex as their priority for 2023/24
Charity Committee	• To oversee implementation of the recommendations from the charity's strategic review, and to ensure that the Charitable Funds Task & Finish group remit and work plan is adjusted accordingly. • To continue discussions (through the Charitable Funds Task & Finish Group) regarding risks affecting the charity, and to ensure that the agreed risks are included on the WAST organisational Risk Register.
Finance and Performance Committee	Focused oversight of the implementation of: • the Digital Strategy; and • the Quality and Performance Management Framework
People and Culture Committee	• Support the implementation and championing of the strategic equality objectives, including Welsh language, to promote an inclusive organisation. • Development and implementation of the speaking up safely framework; and • Development and progress of the People and Culture Plan.
Quality, Patient Experience and Safety Committee	• Carry over the Committee priority on the duty of quality and duty of candour i.e. Committee will monitor implementation of the Duty of Quality and Duty of Candour following the Health and Social Care (Quality and Engagement) (Wales) Act ('Act') coming in to force in the Spring of 2023; and • Implementation plan for the quality strategy.
Remuneration Committee	Given the nature of this Committee no specific priorities were set

AGENDA ITEM No	**17**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

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

MEETING	Trust Board
DATE	25 May 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust's Standing Orders require an annual review to ensure they remain accurate and current. The Standing Orders (SO) includes the Scheme of Reservation and Delegation of Powers (SoRD), and the Standing Financial Instructions (SFI).

2. A review of the Model Standing Orders by Welsh Government is anticipated to take place in Q1 2023/24. In the meantime, as part of an internal annual review this report sets out non-material changes to Table A of the SoRD (delegations to Officers) as well as the amendments to Schedule 3 to reflect the revised Terms of Reference for the Committees. This was presented to the Audit Committee on 20 April 2023.

3. Governance Practice Notes approved by the Audit Committee in March 2022 have undergone an annual review. There is only one note which has been updated – note 002 'Private Board and Committee Business' - to reflect a recommendation from the 2022 Audit Wales Structured Assessment.

4. In response to the revised external audit schedule for 2022/23, the Welsh Government have advised that the Board must approve an amendment to Standing Order 7.2.5 which requires the Trust to hold its Annual General Meeting (AGM) by the 31 July each year. That provision is to be amended to reflect that the AGM is held no later than 28 September 2023.

RECOMMENDATION

1. The Trust Board is requested to:

(a) Approve the amendments to Schedule 3 of the SOs and Table A of the SoRD; and
(b) Approve the amendment to SO 7.2.5 in relation to the 2023 AGM date in response to the external audit schedule for the 22/23 Annual Report and Accounts.

KEY ISSUES/IMPLICATIONS

5. The Audit Committee received a report on the historical non-compliance of paragraph 7.4.3 that provides that Board members shall be sent an agenda and a complete set of supporting papers at least ten calendar days before a formal Board meeting. Whilst it is widely accepted that ten calendar days is too long (requiring as it would for papers to be with the Board Secretary twelve days before the meeting), timeliness of papers will be a focus for 2023/24. This will be supported by cycles of business being in place for all Committees with an accompanying timetable for reports.

REPORT APPROVAL ROUTE

Audit Committee – 20 April 2023

REPORT APPENDICES

Annex 1 – Marked up SoRD (see changes to Table A)
Please note the Committee terms of reference are included in Board effectiveness review item on the agenda for the 25 May Board meeting and are therefore not replicated here.

REPORT CHECKLIST

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

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

SITUATION

1. The Trust's Standing Orders must be kept under annual review to ensure they remain accurate and current. The Standing Orders (SO) includes the Scheme of Reservation and Delegation of Powers (SoRD), and the Standing Financial Instructions (SFI).

BACKGROUND

2. The Standing Orders underwent extensive review by the Trust Board in January 2022, including a wholesale review of the SFIs and Tables A and B of the SoRD.

3. A review of the Model SOs by Welsh Government is anticipated to take place in Q1 2023/24. For WAST that will include reflecting the change to our Establishment Order as a result of the National Health Service Trusts (Membership and Procedure) (Amendment) (Wales) Regulations 2022. These regulations introduced the Vice Chair position and an additional voting Director. Once that review is completed any amendments will be brought to the Audit Committee and the Board.

4. Welsh Government have recently confirmed that the Annual General Meeting may be held after 31 July given the revised dates for filing of the Annual Report and Accounts for 2022/23. The deadline to hold this meeting is the 28 September 2023. It is necessary for the Board to formally approve this amendment to SO 7.2.5 for 2023.

ASSESSMENT

5. Whilst no changes can be made to the main body of the Model SOs until the Welsh Government review is complete (save for the temporary amendment to SO 7.2.5), there are changes within the Trust's gift to effect and they are as follows:

    5.1. The Board has before it today the amendments to the Terms of Reference for the Board Committees, which have been endorsed by the Audit Committee. These form Schedule 3 of the SOs and once approved by the will replace the current Schedules 3.1 to 3.7. An additional Schedule 3.8 will be added to include the Terms of Reference for the Welsh Ambulance Services Partnership Team (WASPT) which were approved by the Board on 30 March 2023.

5.2. Tables A of the SoRD has been amended as marked up to reflect current post holders only. No material changes have been made given that financial limits were increased in Table B in 2022/23. These amendments have been reviewed and endorsed by the Audit Committee. The SoRD is at **Annex 1** to this paper.

6. Governance Practice Notes were developed in 2022 to aid in the interpretation and application of the SOs with respect to the Trust Seal (001), Private Board and Committee meetings (002) and Chair's actions (003). These were reviewed by the Audit Committee on 20 April 2023 and were approved for a further 12 months, with minor amendments made Governance Practice Note 002 to reflect recommendations made by Audit Wales that fuller details of private decisions being reported in public were included.

RECOMMENDATION

7. The Trust Board is requested to:

7.1. Approve the amendments to Schedule 3 of the SOs and Table A of the SoRD; and
7.2. Approve the amendment to SO 7.2.5 in relation to the 2023 AGM date in response to the external audit schedule for the 22/23 Annual Report and Accounts.

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

(i) A Committee, e.g., Quality and Safety Committee;

(ii) A sub-Committee e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board; and

(iii) Officers of the Trust (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the Trust.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the Trust's Standing Orders.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs***

- ***The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***

- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***

- ***The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***

- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***

- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***

- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***

- ***The Board may delegate authority to act, but retains overall responsibility and accountability***

- ***When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.***

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of Trust functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of control and other established procedures within the Trust.

SCHEDULE OF MATTERS RESERVED TO THE BOARD[1]

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
1	Board	General	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs.
2	Board	General	The Board must determine any matter that will be reserved to the whole Board.
3	Board	General	Approve the Trust's Governance Framework
4	Board	Operating Arrangements	Approve, vary and amend: ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the Trust; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	Board	Operating Arrangements	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.
6	Audit Committee	Operating Arrangements	Formal consideration of report of Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.

[1] Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements.

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
7	Board	Operating Arrangements	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	Board	Operating Arrangements	Authorise use of the Trust's official seal.
9	Board	Operating Arrangements	Approve the Trust's Values and Standards of Behaviour framework.
10	Chair on behalf of Board/Joint Committee, Vice-Chair on behalf of Joint Committee Board if Chair is declaring interest	Organisation Structure and Staffing	Require, receive, and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee or Board Secretary
11	Board	Strategy Planning	Determine the Trust's strategic aims, objectives and priorities
12	Board	Strategy Planning	Approve the Trust's key strategies and programmes related to: ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans)
13	Board	Strategy Planning	Approve the Trust's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
14	Board	Strategy Planning	Approve the Trust's budget and financial framework (including overall distribution and unbudgeted expenditure)
15	Board	Operating Arrangements	Approve the Trust's framework and strategy for performance management.
16	Board	Strategy and Planning	Approve the Trust's framework and strategy for risk management and assurance.
17	Board	Operating Arrangements	Ratify policies for dealing with raising concerns, complaints and incidents in accordance with the Putting Things Right and health and safety requirements.

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
18	Board	Operating Arrangements	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Trust, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE).
19	Board	Strategy and Planning	Approve the Trust's patient, public, staff, partnership and stakeholder engagement and co-production strategies.
20	Board	Operating Arrangements	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the Trust's aims, objectives and priorities.
21	Remuneration Committee. (For Chief Executive, Committee to consist of Chair and non-Officer Members. For all others officer members as above and to include Chief Executive)	Organisation Structure and Staffing	Appointment of the Chief Executive and Executive Directors (officer members of the Board)
22	Remuneration Committee	Organisation Structure and Staffing	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial instructions e.g. the Board Secretary.
23	Remuneration Committee	Organisation Structure and Staffing	Termination of appointment and suspension of officer members in accordance with the provisions of Regulations
24	Remuneration	Organisation Structure	Consider appraisal of officer members of the Board

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
	Committee	and Staffing	
25	Remuneration Committee	Organisation Structure and Staffing	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
26	Board	Organisation Structure and Staffing	Approve, [arrange the] review, and revise the Trust's top level organisation structure and corporate policies
27	Board	Organisation Structure and Staffing	Appoint, [arrange the] review, revise and dismiss Trust Committees directly accountable to the Board
28	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee or Group set up by the Board
29	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
30	Board	Organisation Structure and Staffing	Approve the standing orders and terms of reference and reporting arrangements of all Committees and groups established by the Board
31	Audit Committee	Operating Arrangements	Approve arrangements relating to the discharge of the Trust's responsibility as a bailee for patients' property
32	Board Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	Operating Arrangements	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
33	Board	Operating Arrangements	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
	Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers		
34	Board	Operating Arrangements	Approve proposals for action on litigation on behalf of the Trust
35	Board	Organisation Structure and Staffing	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.
36	Board	Strategy and Planning	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
37	Board	Performance and Assurance	Approve the Trust's audit and assurance arrangements
38	Board	Performance and Assurance	Receive reports from the Trust's Executive on progress and performance in the delivery of the Trust's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate.
39	Board	Performance and Assurance	Receive reports from the Trusts Committees, groups and other internal sources on the Trust's performance and approve action required, including improvement plans, as appropriate
40	Board	Performance and Assurance	Receive reports on the Trust's performance produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise significant issue or concerns impacting on the Trust's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Trust Committees (as appropriate)
41	Board	Performance and Assurance	Receive the annual opinion of the Trust's Chief Internal Auditor and approve action required, including improvement plans
42	Board	Performance and Assurance	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
43	Board	Performance and Assurance	Receive assurance regarding the Trust's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
44	Board	Reporting	Approve the Trust's Reporting Arrangements, including reports on activity and performance to citizens, partners and stakeholders and nationally to the Welsh Government where required.
45	Board	Reporting	Receive, approve and ensure the publication of Trust reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.
46	Board	Strategy and Planning	Ratify proposals for the acquisition, disposal or change of use of land and/or buildings. (see also Schedule 1 to SFIs)

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
1.	Chair		In accordance with statutory and Welsh Government requirements
2.	Vice Chair		In accordance with statutory and Welsh Government requirements
3.	Champion/ Nominated Lead		In accordance with statutory and Welsh Government requirements

DELEGATION OF POWERS TO COMMITTEES AND OTHERS[2]

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- The composition, terms of reference and reporting requirements in respect of any such Committees; and
- The governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit Committee
- Quality Patient Experience and Safety Committee
- Remuneration Committee
- Finance and Performance Committee
- People and Culture
- ~~Charitable~~ Charity ~~Funds~~ Committee
- Academic Partnerships Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation to Committees. The Committee terms of reference appear in Schedule 3 to these Standing Orders.

In the event the Chief Executive Officer is absent the Deputy Chief Executive Officer takes on full responsibility of the Chief Executive Officer. If the Deputy Chief Executive is the Director of Finance and Corporate Resources then the Director of Finance and Corporate Resources responsibilities is delegated to the Deputy Director of Finance.

[2] As defined in Standing Orders.

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, DIRECTORS AND OFFICERS

The Trust SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and Corporate Resources and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the Trust's Scheme of Delegation to Officers.

Table A – Delegated Matters

Note for Table A, where a delegation is made to more than one post holder:

- '/' signifies that either post holder may act individually, or they may act jointly.
- 'and' signifies they must act jointly

Delegated Matter	Responsible Officer/Committee	Delegated To
1. Audit arrangements		
1.1. Ensure that there is an adequate provision of internal and external audit services	Audit Committee	Board Secretary
1.2. Implement recommendations	Chief Executive	Relevant Director
1.3. Ensure the financial accounts of the Trust are audited annually	Chief Executive	Executive Director of Finance and Corporate Resources
2. Authorisation of new drugs	Chief Executive	Medical Director and Director of Paramedicine
3. Bank/OPG Accounts/Cash (Excluding Charitable Funds (Funds Held on Trust Accounts))	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
Refer to SFIs for banking arrangements		
4. Capital investment (Refer to SFIs)		
4.1. Programme		
(a) Preparation of Capital Investment for submission to Board	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
(b) Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Variation to capital programme (up to delegated limits)	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
4.2. Leases – granting and termination of leases subject to the limits set out in Table B	Chief Executive	Executive Director of Finance & Corporate Resources
5. Clinical		
5.1. Clinical governance arrangements	Chief Executive	Medical Director, Executive Director of Quality & Nursing and Director of Paramedicine
5.2. Clinical leadership	Chief Executive	Medical Director, Executive Director of Quality & Nursing and Director of Paramedicine
5.3. Programmes of clinical education	Chief Executive	Executive ~~Director of Workforce and Organisational Development~~Director of People and Culture with Executive Director of Quality & Nursing and Director of Paramedicine
5.4. Clinical staffing rotas	Chief Executive	Executive Director of Operations
5.5. Clinical trials and research projects (authorisation of) In accordance with JRCALC guidelines	Chief Executive	Director of Paramedicine unless specified as Medical Director
5.6. Responsible officer for medical revalidation	Chief Executive	Medical Director
5.7. Clinical Audit To ensure there is a programme in place	Chief Executive	Medical Director

Delegated Matter	Responsible Officer/Committee	Delegated To
6. Clinical Practice and Registration		
6.1. Compliance with statutory and regulatory arrangements relating to professional practice and/or breaches of clinical standards		
(a) Nursing	Chief Executive	Executive Director of Quality and Nursing
(b) Medical	Chief Executive	Medical Director
(c) Paramedicine and affiliated roles	Chief Executive	Director of Paramedicine
(d) Community First Responders	Chief Executive	Director of Paramedicine
7. Complaints/concerns (patients and relatives) – Putting Things Right/the NHS (Concerns, Complaints and Redress Arrangements (Wales)) Regs 2011	Chief Executive	Executive Director of Quality & Nursing
8. Confidential information		
8.1. Monitoring of the Trust's compliance with the Caldicott report on protecting patient confidentiality in the NHS	Chief Executive	Executive Director of Quality and Nursing
8.2. Freedom of Information Act compliance code	Chief Executive	Board Secretary
9. Data Protection Act and General Data Protection Regulations		
9.1. Monitoring of Trust's compliance	Chief Executive	Director of Digital Services
9.2. Senior Information Risk Owner (SIRO)	Chief Executive	Director of Digital Services
10. Declarations of interest		
10.1. Maintaining a register	Chief Executive	Board Secretary
11. Disposal and condemnations		
11.1. Items obsolete, redundant, irreparable or cannot be repaired cost effectively	Chief Executive	Executive Director of Finance & Corporate Resources
11.2. Develop arrangements for the sale of assets	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
11.3. Disposal of protected property (as defined in the terms of authorisation)	Chief Executive	Executive Director of Finance & Corporate Resources
12. Environmental Regulations		
12.1. Monitoring of compliance and ensuring compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Finance and Corporate Resources
13. External Borrowing		
13.1. Advise Trust Board of the requirements to repay / draw down Public Dividend Capital	Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
13.2. Approve a list of employees authorised to make short term borrowings on behalf of the Trust	Trust Board	Chief Executive and Executive Director of Finance & Corporate Resources
13.3. Application for draw down of Public Dividend Capital, overdrafts, and other forms of external borrowing	Chief Executive	Executive Director of Finance & Corporate Resources
14. Financial Planning/Budgetary Responsibility		
14.1. Develop and submit to Trust Board a financial plan in accordance with priorities and objectives as set out in the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.2. Budgetary responsibility	Chief Executive	Executive Director of Finance & Corporate Resources
14.3. Prior to the start of the financial year, prepare and submit to Trust Board for approval balanced budgets that delivers the financial plan as contained within the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.4. Monitoring and report to Trust Board on performance against the financial plan	Chief Executive	Executive Director of Finance & Corporate Resources
14.5. Devise and maintain systems of budgetary control	Chief Executive	Executive Director of Finance & Corporate Resources
14.6. Monitor performance against budget	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
14.7. Delegate budgets to budget holders	Chief Executive	Executive Director of Finance & Corporate Resources
14.8. Ensure adequate training is delivered to budget holders to facilitate their management of allocated budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.9. Submit in accordance with the independent regulators' requirements for financial monitoring returns	Chief Executive	Executive Director of Finance & Corporate Resources
14.10. Identify and implement cost improvements and income generating activities in line with the business plan	Chief Executive	All budget holders
14.11. Preparation of		
(a) Annual accounts	Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
(b) Annual report	Chief Executive	Board Secretary
14.12. Budget Responsibilities. Ensure that:		
(a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
(b) Approved budget is not used for any other than specified purpose subject to rules of virement	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
(c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within available resources and workforce establishment	Chief Executive and Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
14.13. Authorisation of Virement The Chief Executive, Executive Director of Finance & Corporate	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
Resources and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.		
Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement		
15. Financial Procedures and Systems Development and maintenance of systems and procedures	Chief Executive	Executive Director of Finance & Corporate Resources
16. Fire Precautions Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact.	Chief Executive	Executive Director of Finance & Corporate Resources
17. Fixed Assets		
17.1. Maintenance of asset register including asset identification and monitoring	Chief Executive	Executive Director of Finance & Corporate Resources
17.2. Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with CONCODE and ESTATECODE.	Chief Executive	Executive Director of Finance & Corporate Resources
17.3. Calculate and pay capital charges in accordance with the requirements of the Independent Regulator	Chief Executive	Executive Director of Finance & Corporate Resources
17.4. Responsibility for security of Trust's assets including notifying discrepancies to the Executive Director of Finance and Corporate Services, and reporting losses in accordance with Trust's procedures	Chief Executive	All Staff
18. Fraud (see also 26 and 36) Monitor and ensure compliance with Welsh Government Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Chief Executive	Executive Director of Finance & Corporate Resources
19. Funds Held on Trust Charitable Funds	Charitable Funds	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
Charitable Funds held are managed and scrutinised appropriately	Committee	
20. Gifts and Hospitality		
20.1. Maintaining the gifts and hospitality register	Chief Executive	Board Secretary
20.2. Process for declaring gifts and hospitality	Chief Executive	Board Secretary
21. Health and Safety Monitor and ensure statutory compliance with all legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Chief Executive	Executive Director of Quality & Nursing
22. Infectious Diseases and Notifiable Outbreaks	Chief Executive	Executive Director of Quality & Nursing
23. Integrated Medium Term Plan (IMTP)		
23.1. Develop and present to Trust Board for approval an IMTP that sets out the Trust Strategies and objectives and meets Welsh Government requirement	Chief Executive	Executive Director of Strategy, Planning & Performance
24. IT Systems		
24.1. Ensuring integrity of system e.g. security, privacy, accuracy, completeness and storage	Chief Executive	Director of Digital Services
24.2. Maintain & replacement of i) business critical systems ii) All other systems	Chief Executive	Director of Digital Services
24.3. Disaster recovery systems	Chief Executive	Director of Digital Services
24.4. Developing Business Critical Systems in accordance with the Trust's IM&T Strategy	Chief Executive	Director of Digital Services
24.5. Developing new systems to ensure they are developed in a controlled manner and thoroughly tested	Chief Executive	Director of Digital Services
24.6. Seeking third party assurances regarding Business Critical Systems operated externally	Chief Executive	Director of Digital Services

Delegated Matter	Responsible Officer/Committee	Delegated To
25. Losses, Write Offs and Compensation		
25.1. Prepare procedures for recording accounting and reporting to Audit Committee for losses and special payments, including clinical negligence and personal injury claims	Chief Executive	Executive Director of Finance & Corporate Resources
25.2. Ex-gratia payments	Chief Executive	Executive Director of Finance & Corporate Resources and relevant Director
26. Patients' Property (in conjunction with financial advice) Ensuring patients and guardians are informed about patients' monies and property procedures	Chief Executive	Executive Director of Operations
27. Patient Services Agreements Negotiation, agreement, and monitoring of external non-clinical patient transport contracts	Chief Executive	Executive Director of Finance & Corporate Resources/Executive Director of Operations
28. Procuring Goods and Services		
28.1. Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B	Chief Executive	Executive Director of Finance & Corporate Resources
28.2. Obtain the best value for money when requisitioning goods/services	Chief Executive	Executive Director of Finance & Corporate Resources
28.3. Prompt payment to suppliers (pspp)	Chief Executive	Executive Director of Finance & Corporate Resources
28.4. Financial limits for ordering/requisitioning goods and services Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29. Quotation, Tendering and Contract Procedures		
29.1. Services:		
(a) Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
(b) Nominate officers to oversee and manage the contract on behalf of the Trust	Chief Executive	Heads of Department
29.2. Competitive Tenders:		
(a) Authorisation Limits Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Maintain a register to show each set of competitive tender invitations despatched	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance & Corporate Resources
(d) Opening tenders	Chief Executive	Executive Director of Finance & Corporate Resources
(e) Decide if late tenders should be considered	Chief Executive	Executive Director of Finance & Corporate Resources/Board Secretary
(f) Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote	Chief Executive	Executive Director of Finance & Corporate Resources
29.3. Quotations Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29.4. Waiving the requirement to request		
(a) Tenders – subject to Standing Orders (reporting to the Board) Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Quotes – subject to Standing Orders	Chief Executive	Executive Director of Finance & Corporate Resources
30. Reporting of Non-Urgent Incidents to the Police	Chief Executive	Relevant Director
31. Risk Management		
31.1. Ensuring the Trust has a Risk Management Strategy and a programme of risk management	Chief Executive	Board Secretary

Delegated Matter	Responsible Officer/Committee	Delegated To
31.2. Developing systems for the management and reporting of risks and incidents	Chief Executive	Board Secretary (risk) and Executive Director of Quality & Nursing (incidents)
32. Seal The keeping of a register of seal and safekeeping of the seal	Chief Executive	Board Secretary
33. Signing of Documents		
33.1. Legal Proceedings/Advice		
(a) Engage Trust's solicitors/legal advisor	Chief Executive	~~Executive~~ Relevant Director or Board Secretary
(b) Documents connected with legal proceedings[3]	Chief Executive	Relevant ~~Executive~~ Director or Board Secretary
33.2. Documents which are required to be executed as a Deed[4]	Chief Executive	Relevant ~~Executive~~ Director and Board Secretary
33.3. Other Agreements not required to be executed as a Deed	Chief Executive	Relevant Director
33.4. Lease Agreements[5]	Chief Executive	Director of Finance and Corporate Resources and Board Secretary
34. Security Management Provide an oversight and assurance within the context of security management within NHS Wales; working in conjunction with the following leads on specific functional areas of security management:		
34.1. Finance, fraud etc.	Chief Executive	Director of Finance & Corporate Resources
34.2. Estates, premises security etc.	Chief Executive	Director of Finance and Corporate Resources
34.3. ICT	Chief Executive	Director of Digital Services
34.4. Information/data security/records management	Chief Executive	Director of Digital Services
34.5. Violence and aggression	Chief Executive	~~Executive Director of Workforce and Organisational Development~~Director of People and Culture

3 May include but not be limited to consent orders, defences, and settlement agreements)

4 Where the Trust Seal is required on a Deed, it must be affixed to the document in the presence of the Chair or Vice Chair (or an Independent Member authorised by them in writing where they are unavailable) and the Chief Executive (or an Executive Director nominated by them where they are unavailable)

5 Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts

Delegated Matter	Responsible Officer/Committee	Delegated To
34.6. Patient Confidentiality	Chief Executive	Caldicott Guardian (Executive Director of Quality and Nursing)
35. Setting of Fees and Charges (Income)		
35.1. Income generation	Chief Executive	Executive Director of Finance & Corporate Resources
35.2. Non-patient care income (e.g., research)	Chief Executive	Executive Director of Finance & Corporate Resources
36. Stores and Receipt of Goods		
36.1. Responsibility for systems of control over stores and receipt of goods, issues and returns	Chief Executive	Relevant Director
36.2. Stocktaking arrangements	Executive Director of Finance & Corporate Resources	Deputy Director of Finance and Corporate Resources
36.3. Responsibility for controls of pharmaceutical supplies	Medical Director	Heads of Department as appropriate
37. Workforce and Pay		
37.1. Nomination of officers to enter into staff contracts of employment	Chief Executive	~~Executive~~ ~~Director of Workforce and Organisational Development~~Director of People and Culture
37.2. Develop Workforce policies and strategies for approval by the Board including but not limited to training and industrial relations	Chief Executive	~~Executive~~ ~~Director of Workforce and Organisational Development~~Director of People and Culture
37.3. Renewal of Fixed Term Contract	Chief Executive	~~Executive~~ ~~Director of Workforce and Organisational Development~~Director of People and Culture
37.4. The granting of additional increments to staff upon initial appointment within the parameters of existing agreements	Chief Executive	~~Executive~~ ~~Director of Workforce and Organisational Development~~Director of People and Culture
37.5. Establishments		
(a) Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/~~Executive Director of Workforce and Organisational Development~~Director of People and Culture

Delegated Matter	Responsible Officer/Committee	Delegated To
(b) Additional staff to the agreed establishment without specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/~~Executive Director of Workforce and Organisational Development~~Director of People and Culture
(c) Self-financing changes to the establishment	Chief Executive	Relevant Director
(d) Self-financing changes to an establishment which involves movement between pay and other types of expenditure	Chief Executive	Executive Director of Finance & Corporate Resources
37.6. Pay Preparation of proposals for the Trust Board for the setting of remuneration and conditions of service for those staff not covered by Agenda for Change	Chief Executive	~~Executive Director of Workforce and Organisational Development~~Director of People and Culture
37.7. Annual Leave		
(a) Approval of annual leave	Chief Executive	~~Individual~~ Relevant Directors
(b) Annual leave - approval of carry forward up to maximum of 5 days (and pro rata for part time staff)	Chief Executive	Relevant ~~Individual~~ Directors
(c) Annual leave – approval of carry forward over 5 days (and pro rata for part time staff) (to occur in exceptional circumstances only)	Chief Executive	~~Executive Director of Workforce and Organisational Development~~Director of People and Culture/ Executive Director of Finance & Corporate Resources
37.8. Special Leave To be applied in accordance with Trust Policy. Departure from policy will be as follows:		
(a) Compassionate leave	Chief Executive	~~Executive Director of Workforce and Organisational Development~~Director of People and Culture
(b) Special leave arrangements for domestic/personal/family reasons: • Paternity leave • Carers leave • Adoption leave	Chief Executive	~~Executive Director of Workforce and Organisational Development~~Director of People and Culture

Delegated Matter	Responsible Officer/Committee	Delegated To
(c) Special leave – this includes: • Jury service • Armed services • School governor To be applied in accordance with Trust Policy	Chief Executive	~~Executive~~ ~~Director of Workforce and Organisational Development~~Director of People and Culture
(d) Leave without pay	Chief Executive	~~Executive~~ ~~Director of Workforce and Organisational Development~~Director of People and Culture
(e) Time off in lieu	Executive ~~Director of Workforce and Organisational Development~~Director of People and Culture	Line/Departmental Manager
(f) Maternity leave – paid and unpaid	Executive ~~Director of Workforce and Organisational Development~~Director of People and Culture	Automatic approval within approved guidance
37.9. Sick Leave		
(a) Extension of sick leave on pay due to: • Delays in process • Exceptional circumstances	Chief Executive	~~Executive~~ ~~Director of Workforce and Organisational Development~~Director of People and Culture
(b) Return to work part-time on full pay to assist recovery	Chief Executive	Heads of Department/Heads of Service in conjunction with ~~HR~~WOD Business Partners
37.10. Study Leave	Chief Executive	~~Executive~~ ~~Director of Workforce and Organisational Development~~Director of People and Culture

Delegated Matter	Responsible Officer/Committee	Delegated To
37.11. Removal expenses, excess rent and house purchases in accordance with Table B	Chief Executive	~~Executive Director of Workforce and Organisational Development~~Director of People and Culture
37.12. Authorised – car users leased car	Chief Executive	Executive Director of Finance & Corporate Resources
37.13. Approval of secondary employment (also subject to a declaration of interest)	Chief Executive	~~Executive Director of Workforce and Organisational Development~~Director of People and Culture
37.14. Putting proposal to Remuneration Committee in respect of Redundancy/ Severance/ VERS/ ~~Compromise~~ Settlement Payments within Trust limits and, where necessary, subject to WG approval	Chief Executive	~~Executive Director of Workforce and Organisational Development~~Director of People and Culture/ Executive Director of Finance & Corporate Resources
37.15. Disciplinary procedures (excluding Executive Directors)	Chief Executive	To be applied in accordance with the Trust's disciplinary procedure
37.16. Booking of bank staff		
(a) Nursing	Chief Executive	Executive Director of Quality & Nursing
(b) Clinical (excluding nursing)	Chief Executive	Medical Director/Executive Director of Operations/Director of Paramedicine
(c) Other	Chief Executive	Relevant Director
37.17. Booking of agency and locum staff		
(a) Nursing	Chief Executive	Executive Director of Operations
(b) Medical	Chief Executive	Medical Director
(c) Paramedicine and affiliated roles	Chief Executive	Executive Director of Operations
(d) Other	Chief Executive	Relevant Director

Table B – Delegated Financial Limits

NB Thresholds are inclusive of VAT irrespective of recovery arrangements with the exception of procurement thresholds which are provided net of VAT.

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
1. LOSSES										
1.1. Losses of Cash due to:										
(a) Theft, fraud, arson, sabotage, neglect of duty or gross carelessness	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of Welsh Govt Manual for Accounts (WGMFA)
(b) Overpayment of salaries, wages, fees & allowances	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA
(c) Other causes, including un-vouched or completely vouched payments, overpayments other than those included under 1b; physical losses of cash and cash equivalents e.g. postage stamps due to fire (other than arson), accident and similar cause	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA
1.2. Fruitless Payments, including abandoned capital schemes	250,000	Over 250,000[8]	250,000				100,000	50,000	10,000	A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service in question could have been cancelled in time to avoid liability. See further info at annex 1 to Chapter 6 of WGMFA

6 NHS Wales health bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain the written approval of the Welsh Government H&SSG Finance Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit. The limits are listed in this column.
7 These notes are intended to guide the reader. They must be read in conjunction with the SO/SoRD/SFIs and those related to losses and special payments with respect to the Welsh Government Manual of Accounts
8 Does not negate the need for WG Approval which is also required

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
1.3. Bad Debts and Claims Abandoned										See Annex 1 to Chapter 6 of WGMFA
(a) Private patients	50,000	Over 50,000[8]	50,000	10,000						
(b) Overseas visitors	50,000	Over 50,000[8]	50,000	10,000						
(c) Causes other than (a) and (b) above	50,000	Over 50,000[8]	50,000	10,000						
1.4. Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to:										
(a) Culpable causes, e.g., theft, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness	50,000	Over 50,000[8]	50,000	10,000						
(b) Other causes	50,000	Over 50,000[8]	50,000	10,000						May include losses by fire (other than arson); losses by weather damage or by accident beyond the control of any responsible person; losses due to deterioration. See Annex 1 to Chapter 6 of WGMFA for further info
2. SPECIAL PAYMENTS										
2.1. Compensation payments under legal obligation	N/A	Board to be made aware of payment over 25K	Over 100,000	100,000	25,000	25,000				Payments fall into this category only if a clear liability exists as a result of a Court Order or a legally binding arbitration award. This category can include compensation for injuries to persons, damage to property and unfair dismissal. Payments into court, and out of court settlements, are not payments made under legal obligation.

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
2.2. Extra contractual payments to contractors	50,000	Over 50,000[8]	50,000	10,000						An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts may uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. See Annex 2 to Chapter 6 of WGMFA for further info
2.3. Ex gratia payment										Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or legal liability. An example is a payment to compensate for financial loss resulting from an act or failure of the body or its servants which does not give rise to a legal liability or the payment of compensation claims or damages. See Annex 2 to Chapter 6 of WGMFA for further info
(a) To patients and staff for loss of personal effects	50,000	Over 50,000[8]	50,000	10,000	10,000					
(b) For clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payment has been applied	1,000,000	Over 500,000[8]	500,000			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
(c) For personal injury claims where legal advice obtained and relevant guidance has been applied	1,000,000	Over 500,000[8]	500,000			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments
(d) Other clinical negligence and personal injury claims including Putting Things Right arrangements	50,000	Over 50,000[8]	50,000			10,000				
(e) Other[9] Except cases for maladministration where there was no financial loss by claimant	50,000	RemCom Over 50,000[8]	50,000		10,000					Other ex-gratia payments include: Voluntary Early Release Scheme payments which must be approved by RemCom regardless of value (SoR 25). Special severance payments when staff leave public service employment should be exceptional. They are usually novel contentious and potentially repercussive and **ALL must be referred to WG for approval, even if they are within delegated limits** which must be approved by RemCom regardless of value (SoR 25) Settlements on termination of employment. Most payments to staff on termination of their employment will be contractual, but ex gratia payments will sometimes arise (for example to settle a claim against the health body for breach

9 ALL special severance payments (novel, contentious and potentially repercussive) of whatever value must be referred to WG for approval, even if they are within delegated limits

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
										of contract). Only payments made in excess of that which is paid under contractual obligation should be recorded as ex-gratia in the losses and special payments register. *These payments may be made by Chief Executive (up to £50K) and Executive Director of Workforce and OD (up to £10K) and reported to the next RemCom. They are also included in the report to AC on losses and special payments.
(f) Maladministration where there was no financial loss by claimant	N/A	Over 50,000	50,000	10,000						In most cases of maladministration there is unlikely to be any legal obligation to pay compensation, and any payment would, as a result, be ex gratia. Such payments may arise: • as a result of a recommendation by the Public Services Ombudsman Wales (PSOW). • in cases, not involving the PSOW, where NHS Wales health bodies consider that the effect of official failure may justify a payment
(g) Patient referrals outside UK and EEA guidelines	N/A	Over 50,000	50,000	10,000						
2.4. Extra statutory and extra regulatory Payments	N/A	Over 50,000	50,000	10,000						These are payments considered to be within the broad intention of a statute or statutory regulation but which go beyond a strict interpretation of its terms. In some cases WG will advise to classify the payments as extra statutory. In all other cases WG must be informed and will advise whether the payments may be treated as extra statutory See Annex 2 of WGMOA for more info.

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
3. REQUISITIONING GOODS AND SERVICES AND APPROVING PAYMENT										
3.1. Agency staff and private providers	N/A	Over 500,000	500,000	200,000	200,000	200,000	200,000	50,000 (100,000 for Assistant Director of Operations, Ambulance Care for private providers only)	10,000	Any agency staff, including medical locums. No other managers can authorise use of agency staff.
3.2. Building and engineering works (non-capital)	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
3.3. Call off orders (annual value)	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	High cost medical consumables, provisions, routine supplies, excluding locums or agency staff
3.4. Capital expenditure (subject to annual programme being approved by Trust Board)	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	The Board to approve cases outside discretionary allowances. Capital programme agreed annually by Board.
3.5. Information Technology	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Major IT systems, software purchase, PC and printer purchase, networking, computer consumables. Includes software or hardware maintenance contracts
3.6. Management consultants (including professional services)	N/A	Over 200,000	200,000	10,000	10,000	10,000	10,000			
3.7. Periodic payments (invoice value)	N/A	Over 500,000	500,000 *750,000 for utilities/ fuel	100,000 *750,000 for utilities/ fuel	100,000	100,000	100,000	50,000	10,000	*In relation to Gas, Electricity, Council tax, Telephone, Water and Fleet Fuel invoices, due to the high level of expenditure on a recurring basis, payments up to a value not exceeding £750,000 can be authorised by the Director of Finance or the Chief

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
										Executive. For the provision of clarity, payments of PIBS (Personal Injury Benefit Scheme) invoices do not require authorisation on the basis that these quarterly payments are a reimbursement of pension payments made that have already been authorised.
3.8. Removal expenses	N/A	N/A			8,000					Allowance of £6,000 per relevant staff member
3.9. Services (including maintenance contracts) over lifetime of contract	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Routine maintenance contracts, clinical services (e.g. MRI), legal services, audit, clinical waste etc.
3.10. All other requisitions	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
4. QUOTATIONS AND TENDERS										
4.1. Authorisation of tenders and competitive quotations	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by these staff to the value of the contract. The Chair of the Trust in this instance will have the same limit as that for the CEO. Quotations- a minimum of 3 written quotations for goods/services must be sought where the anticipated value is likely to be above £5,000. Competitive Tenders- a minimum of 3 written competitive tenders for goods/services must be sought where the anticipated value is likely to be above £25,000.

Category	Welsh Govt Delegated Limit - Approval Required[6]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Exec Director Workforce & OD	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept/ Board Secretary	Budget Holders	Notes[7]
										Tenders for Supplies and Services above the limit set EU Procurement matters for works above set limits must be sought in compliance with EC Directives (Updated Jan 2008) (OJEU Regulations) as appropriate. **All Tenders and Quotations must be sought, registered, and opened via the SSP**. These levels of authorisation may be varied or changed and need to be read in conjunction with the Trust Board's Scheme of Delegation Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes. Exceptions and Instances where formal tendering need not be applied will require authorisation in the form of a request to waive SFIs (pre numbered document from SSP) and authorisation in advance from the Director of Finance or Deputy Director of Finance (or in their absence the Board Secretary)
5. VIREMENT	N/A	Over 100,000	100,000	25,000						Trust must still meet financial targets and the total Trust budget must remain underspent
6. LEASE AGREEMENTS	**	Over 500,000	500,000	100,000 (with Board Secretary)						**See Schedule 1 to SFIs Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts

Category	Welsh Govt Delegated Limit - Approval Required	Board of Trustees/ Trust Board	Charitable Funds Committee	Bids Panel	Bursary Panel					Notes
7. CHARITABLE FUNDS	N/A	N/A	Over 50,000	50,000	N/A					

Unless otherwise stated, sub-delegations to others are permitted. It is for individual Directors to ensure that a system of sub-delegations are in place for their respective directorates.

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs. Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

CHARITABLE FUNDS COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	25 May 2023
Committee Meeting Date	4 April 2023
Chair	Hannah Rowan (delegated Chair for Ceri Jackson)

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts generated from this meeting.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The charity commissioned a **strategic review** in the summer of 2022 and Patrick Boggon from Tarnside Consulting attended the meeting to present a series of options which the charity may want to consider including:
   - Option 1 – grass roots: Fundraising as a service function with modest growth in fundraised income;
   - Option 2 – strategic enabler: Fundraising as a strategic enable with significant growth in fundraised income targeting larger charitable trusts and major giving from individuals;
   - Option 3 – enhanced strategic delivery: WAST as a fundraising organisation with significant growth in all income streams.

   All options were explored noting that the Board of Trustees must be involved in the shaping of the strategy and purpose of the charity in line with the long term strategic direction of the Trust. Patrick Boggon will present to the Trustees at a development session on 27th April. The Committee was cautioned that enough 'organisational oxygen' must be given to the charity for it to be successful, with clear leadership and resourcing.

3. The Committee heard from Bron Rebelo and Angela Roberts who took part in **Mind Over Mountains** events funded by the charity. Mind Over Mountains offers professional mental health support, bringing together hill-walking, mindfulness and time with experienced coaches and counselors in an unhurried, unpressured setting. It was noted that more accessible (re ability and geography) events were available and the Committee recognised the positive effect these events had on those who participated and offered its support for more bids to be made around wellbeing, collective endeavour, bonding, and mutual support in an informal setting.

4. Members' **reflections** on the meeting included the following comments:

- Good attendance and quality of discussion;
- Openness and honesty;
- Succinct presentation from Patrick with a good to hear his view of potential for the future, but would have preferred him to be more directive with advice;
- Good to hear of a lived experience however conversation was somewhat operationally focused at times.

ASSURE

(Detail here any areas of assurance the Committee has received)

5. The **Charitable Funds Task and Finish Group** updated the Committee on options to centralize charitable funds, with a recommendation in principle of centralizing charitable funds, with regions being afforded the opportunity, and support, to spend funds accumulated to date. However, the ultimate decision on centralisation is one for the Charitable Funds Committee to make to the Board of Trustees, and centralisation must align to and be guided by the strategic direction of the Charity. When considering this the Committee will need to be aware of the knock on effect to potential losses, but it will provide an opportunity to re-baseline charitable funds, proactively market the Charity and seek donations, and review the ways in which funds are allocated.

6. The **balance of funds** as at 28th February is £370K with 1,090.14 investment units at a market value of £246k. This is £17k less than what they were worth at the beginning of this financial year. However Committee members recognised there were substantial gains in 2020/21 and 2021/22.

7. The **Investment Policy** is due for review and the Committee sought to revisit the investment gearing of 50% in investments when that takes place and to align to the strategic direction of the charity.

8. The **Bids Panel** considered 10 applications since the last meeting and approved a total spend of £1519 which included a retirement buffet, a television, a punch bag and football kit. The bid for interactive therapy dementia tablets was not authorized as there was further work to be done to ascertain if these can be paid from exchequer funds.

9. The **Bursary Panel** has been postponed three times due to current pressures and staff availability.

RISKS

Risks Discussed: The risks relevant to the Committee were not explicitly discussed at this meeting however the task and finish group will review risks at its next meeting.

New Risks Identified: The risks of not resourcing the charity's maturity journey were discussed.

COMMITTEE AGENDA FOR MEETING		
Bids Panel Lived Experience	Strategic Review	Finance Update
Charitable Funds Task and Finish Group Update	Bids Panel Highlight Report	Bursary Panel Update

COMMITTEE ATTENDANCE				
Name	**5 April 2023**	**5 July 2023**	**9 October 2023**	**11 January 2024**
Ceri Jackson				
Bethan Evans				
Prof Kevin Davies				

COMMITTEE ATTENDANCE				
Name	**5 April 2023**	**5 July 2023**	**9 October 2023**	**11 January 2024**
Hannah Rowan	Chair			
Chris Turley				
Lee Brooks				
Estelle Hitchon				
Andy Swinburn				
Liz Rogers				
Trish Mills				
Hugh Parry				
Damon Turner				
Marcus Viggers				
Julie Boalch				
Jo Kelso				

	Attended
	Deputy attended
	Apologies received
	No longer member/not member

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 May 2023
Committee Meeting Date	20 April 2023
Chair	Martin Turner

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts were generated from this meeting.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The Committee held its **annual effectiveness review**. Responses to the National Audit Office questionnaires were reviewed and changes agreed to terms of reference and operating arrangements. The Committee's annual report and revised terms of reference were approved and are recommended to the Board for approval.

3. A **non-compliance with the Standing Orders** was noted related to the availability of Board papers ten calendar days before a Board meeting. It was noted that whilst the Trust could make continued improvements on uploads to papers to ensure they are at least seven days ahead of Board meeting, the timeliness of data and information was key and a ten day period would potentially provide outdated information, particularly when factoring in governance processes ahead of that time. It was noted that there are discussions with Board Secretaries and Welsh Government on changes to the Standing Orders in this respect. Timeliness of papers will be a focus for the Board Secretariat for 2023/24.

ASSURE

(Detail here any areas of assurance the Committee has received)

4. The Committee reviewed the **effectiveness of the Board Committees** by way of receipt of their annual reports and amendments to their terms of reference. The changes to the operating arrangements for specific Committees and those applicable to all were discussed and the Board Secretary will ensure the changes are incorporated into the cycles of business for the upcoming meetings and that priorities set by the Committees are regularly monitored. The Committee endorsed the annual reports and terms of reference and recommends them to the Board for their approval. It was noted that the upcoming Board development sessions were focusing on strategy and governance, however it was felt that the prominence of the former at the Board and the latter at the Audit Committee could be increased.

5. The revisions to the **Standing Orders** were noted and are before the Board for approval at the May meeting. They are minor given that the Welsh Government *model Standing Orders and Standing Financial Instructions* have not been amended in 2022/23. Changes before the Committee therefore related to updates to the roles in the tables of delegations to officers and reflect amendments to the terms of reference for Committees. The Governance Practice Notes which provide guidance on the application of the Standing Orders as they relate to Chair's actions, decisions made in private session, and application of the Trust Seal were reviewed and renewed for a further twelve months.

6. The Committee reviewed the self-assessment against **2017 Governance Code** and noted that there were no areas where the Trust did not comply. The Accountability Report in the 2022/23 Annual Report will not our compliance with the Code. A self-assessment against the **Governance, Leadership and Accountability elements of the Health and Care Standards** was also reviewed. There were some areas of partial compliance which the Committee were assured were being addressed. The Committee noted that the Health and Care Standards are being revised with the introduction of the Health and Care (Quality and Engagement) (Wales) Act 2020.

7. The **Register of Interests** was received and will be published on the Trust website and form part of the pack of papers for each Board and Committee meeting. Further enhancements to the Register will be made following the approval of the Standards of Business Conduct Policy which will be reviewed by the Audit Committee in July.

8. The **Register of Gifts and Hospitality** was also received and will be publicly available on the Trust website.

9. The members reflections included:

    - Papers were of good quality and easy to read;
    - Attendance and contributions at the meeting was excellent; and
    - Helpful to look at one themed area (i.e. governance) in more detail and this was welcomed

RISK MANAGEMENT

The Committee is responsible for the review of the risk management framework and is not assigned individual risks for oversight.

This meeting did not review any items of risk management as it was a standalone meeting for the purpose of Committee effectiveness reviews and other yearend governance issues.

COMMITTEE AGENDA FOR MEETING		
Audit Committee Effectiveness Review 2023/24	Board Committees Effectiveness Reviews 2023/24	Review of Standing Orders and Governance Practice Notes
Self-assessment against Governance Code 2017 and Governance Health and Care Standards	Register of Interests Register of Gifts, Hospitality and Sponsorship	

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					
Liam Williams	Duncan Robertson				
Angie Lewis					
Osian Lloyd (IA rep)					
Audit Wales rep					
Paul Seppman					
Damon Turner					
Trish Mills					
Carl Window					

	Attended
	Deputy attended
	Apologies received
	No longer member

ACADEMIC PARTNERSHIPS COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	25 May 2023
Committee Meeting Date	25 April 2023
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The terms of reference for the **Academic Partnerships Task and Finish Group** were approved. The group is time limited to October 2023 and its remit encompasses the following:

   (a) Develop a work plan;
   (b) Develop a strategic approach to attract candidates to align to WAST's long term strategy. The Committee endorsed an approach which included a wider profile to attract a more diverse and entrepreneurial candidate, perhaps from the business, finance or digital faculties, to reflect the ambition for research and innovation across the Trust;
   (c) Proactively plan for management of conflicts of interest;
   (d) Consider logistics related to change of name and brand;
   (e) Alignment the work to the legislative docket in Welsh Government to change the Trust's Establishment Order; and
   (f) Make recommendations to the Committee.

   The Trust Board is requested to approve the establishment of the group in accordance with Standing Orders.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The Committee welcomed Cari-Anne Quinn, Chief Executive Officer of the **Life Sciences Hub Wales**, and Kate Coombs to the meeting. The Hub is an arm's length body of the Welsh Government and already has interfaces with WAST. The Committee heard of the Hub's current priorities of artificial intelligence, remote monitoring, predictive analytics, and robotics and discussed opportunities for innovation and engagement with commercial partners to advance the Trust's long term strategy. The executive will retain a close relationship with Cari-Anne and Kate so they have a point of contact at the Trust to ensure we are collectively focused on the things that will make the biggest difference to our patients and people.

3. The Committee welcomed **new attendees** to the meeting, including Leanne Smith, Interim Digital Director, James Houston, Head of Strategy Development, and Jo Kelso, Head of Workforce Education

and Development.

ASSURE

(Detail here any areas of assurance the Committee has received)

4. The Committee received a presentation on the University Trust Status priorities which have been included in the **Integrated Medium Term Plan (IMTP) 2023-26**. These include the following and are in effect the second year of the 2022-25 IMTP:

   Priority One: Digitisation enabling better outcomes;
   Priority Two: Advanced practice and specialist working, consult and close and service transformation, including research; and
   Priority Three: Decarbonisation, fleet modernisation and sustainability .

   The IMTP 2023-26 also includes a number of priorities for research and innovation which the Committee will have the opportunity to promote and support.

5. The merits of **University Trust Status** were revisited by the Committee and members expressed their views on the Trust's journey to date. The benefits that this status will provide in terms of equality of access, partnership, status and potential commercial and digital opportunities were re-enforced and supported by the Committee.

RISKS

Risks Discussed: No risks raised

New Risks Identified: No risks raised

COMMITTEE AGENDA FOR MEETING		
1. Task and Finish Group Update	2. Life Sciences Hub	3. IMTP 2023-26 elements relevant to Committee
4. AAA report from January meeting (information only)		

COMMITTEE ATTENDANCE				
Name	**25 April 2023**	**18 July 2023**	**24 October 2023**	**16 January 2024**
Hannah Rowan				
Prof Kevin Davies				
Paul Hollard				
Martin Turner				
Estelle Hitchon				
Angela Lewis				
Andy Swinburn				
Leanne Smith				
Jonathan Turnbull-Ross				
Duncan Robertson				
Nigel Rees				
Chris Evans				
James Houston				
Jo Kelso				
Trish Mills				
Mark Marsden				

COMMITTEE ATTENDANCE				
Keith Rogers				
Representative from Academia				

	Attended
	Deputy attended
	Apologies received
	No longer member

PEOPLE AND CULTURE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	25 May 2023
Committee Meeting Date	9 May 2023
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The Workforce and Organisational Development Directorate has changed its name to the **People and Culture Directorate**, with Angela Lewis now known as the Director of People and Culture to reflect the commitment of putting our people first and creating a positive workplace culture.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. In November 2022 the Committee heard **Fatehullah Tahir's experience** of the challenges of working at an organisation lacking in diversity in terms of ethnicity and faith. At the May meeting members heard that Fatehullah, who is our Organisational Development Manager, felt that whilst it was helpful to share his story, fundamentally nothing had changed, although he recognised that culture change can be slow to take effect.

   Members noted that there were a number of equality, diversity and inclusion actions in the People and Culture Plan but that these were at a high level and we needed to challenge ourselves to do more at pace. It was noted that multi-faith rooms are available to the Cardiff MRD and Vantage Point House and agreed that similar spaces will be found at other corporate sites such as Matrix House, Ty Elwy and Beacon House. The development of an events standard operating procedures that ensures there is a quite space/prayer space at event facilities, and that presentations are accessible to all was also discussed, as well as incorporating flexibility on rosters to ensure there is a multi-faith approach to time off, particularly as it relates to Christian-centered Bank Holidays. The Committee passed their thanks on to Fatehullah once again for his openness.

3. The **People and Culture Plan** was presented to the Committee and is recommended to the Board for approval. The year 1 priorities and the communications strategy to accompany it was discussed and the People and Culture Team will share the metrics with the Committee at the next meeting that will

demonstrate the desired cultural change.

4. The Committee's **cycle of business for 2023/**24 was approved. The cycles will be used to set the agenda and provide predictability to the Trust of the majority of the issues the Committee will see during 2023/24 to discharge its responsibilities under its terms of reference. A monitoring report will be provided to each meeting to track progress against the cycle.

5. Key progress was celebrated with the **Director of People and Culture and the Quarterly Operations Directorate updates** including:

   - Gaining of Center Status to deliver the ILM qualifications demonstrates the importance of our investment in managers at all levels and the teams were commended for this milestone.

   - The Covid-19 Mobile Testing Unit contract completed at the end of March, with more than 75,000 PCR tests across 72 test sites in Wales since August 2020. The Committee recognised and thanked the 161 staff that have worked across the Mobile Testing Units of which 42 have now successfully secured roles within the Trust.

   - Offers were made to 98 student paramedics at the 'Big Bang Event' in Swansea University in April with 80 having accepted at the date of this meeting however that is expected to rise. This was an opportunity for us showcase WAST and it was well received.

   - A further 130 new volunteers were trained in 2022/23 and the team were congratulated on this achievement.

6. The Committee received further detail on the **Welsh Language Framework** which is included in the Integrated Medium Term Plan 2023-26 (IMTP). Members were assured that it included a combination of compliance with Welsh language standards, centralisation of translation, and the Welsh Government mwy na geiriau/More than just words action plan. A simple Welsh phrases list and soundbites will be developed for use by the Board and Committee members to promote the Welsh language and support the framework.

7. Members' **reflections** of the meeting included the volume of papers and consequently the length of the meeting; the desire to better link and align performance reporting and deep dives on the agenda; and positive discussion on additional actions in response to the feedback on Fatehullah's experience.

ASSURE

(Detail here any areas of assurance the Committee has received)

8. The **Welsh Ambulance Service Partnership Team (WASPT)** highlight report was received and the sub-structures that feed into WASPT are still in development. These will provide opportunities for resolution and escalation at a more local level, focusing WASPT on strategic issues. The discussion regarding portering of patients and diesel fumes that took place at that meeting were noted and were then actions to H&S Committee. Both of these issues were also discussed in other agenda items.

9. The Committee was provided with the close out report from the Speaking Up Safely Task and Finish Group and was assured on the next steps as this programme was transferred to the Director of People

and Culture. The Trust will adopt a **speaking up safely** guardian model and a confidential third party platform to provide an alternative avenue to staff. The Committee will continue to follow progress as part of its 2023/24 priorities.

10. The March 2023 **Monthly Integrated Quality and Performance Report** ("MIQPR") and the **Q4 Quarterly Workforce KPIs** were reviewed. In addition, two deep dives had been requested in previous meetings and they were presented around exit interviews and recruitment of Black, Asian and Minority Ethnic colleagues. The Committee noted:

10.1. **Sickness absence** levels were at 7.99% in February, with March figures reflecting an increase to 8.43%, however April's indicative absence figure is 8.01%. Regular sickness absence management meetings have continued with particular focus in hot spot areas. A review is underway of the top 100 cases and colleagues are being supported through the process.

10.2. The members' concerns regarding the **Putting Things Right Team** were expressed given the significant volume, complexity and nature of concerns they deal with. This was also raised in the Quality, Patient Experience and Safety Committee (QUEST) with both Committees being reassured that additional supervision and support is in place for colleagues, and that an organisation change process is planned to further support timeliness of response and the wellbeing of the teams responding to the concerns.

10.3. With respect to **recruitment,** management was congratulated on recruiting the additional 100 front line staff, however recruitment of 111 clinicians remains challenging, with ongoing conversations with Commissioners on the establishment number for the 111 service. A **deep dive was conducted regarding recruitment outcomes for Black, Asian and Minority Ethnic communities** with a review undertaken of applications from April 2022 to March 2023. WAST receives a positive level of applications at circa 9% of all those received, against census data of 5%, but a significant number are not successful at shortlisting. For candidates from minority ethnic backgrounds, those who get to interview stage show good levels of success with 26% being made offers, however a deeper dive will be undertaken on where candidates are falling out of the process and whether there are any specifics for applicants from minority communities (and other candidates with protected characteristics). There is recognition of the need to get upstream with some roles e.g. paramedics, and work with University partners on attracting a more diverse range of students or look at opportunities to link into other providers with a more diverse student population.

10.4. **PADR** (Personal Annual Development Review) rates for March 2023 were 73.69%, an increase of 8.51% from the last meeting, however it did not achieve the 85% target. The Committee noted the positive increase and that this was going in the right direction.

10.5. **Statutory and Mandatory Training** rates decreased in the quarter from 79.51% in January to 77.26% in March, which is below the 85% target. MIST (missed in service training) sessions were delayed due to industrial action but should be completed during May. Additional course added to the library which affect the figures.

10.6. Staff Turnover – A new approach to exit interviews entitled **'moving on interview'** is being

piloted to test and evaluate it before rolling it out across the Trust. There has been encouraging participation in the pilot which was evaluated and the outputs will be used to inform the final version of the moving on interview process which will be rolled out Trust wide. Non-mandatory in nature but seeking to encourage as many colleagues as possible to take part.

11. The Committee noted that the **Engagement Framework Delivery Plan** is paused pending the outcome of the PwC work on inverting the triangles and that the outcome of that work is likely to have an impact on timelines. Notwithstanding this, the Trust continues extensive engagement externally including with Llais (the new Citizens Voice Body). A presentation was provided on the **Reputation Audit** conducted of our stakeholders in Q3 2022/23 and it was agreed that more time will be devoted to the responses and the next steps at a Board development session.

12. The **Seasonal Influenza Campaign 2023/23** report was received following the close of the flu vaccination programme in March 2023. The Trust's final uptake of WAST staff vaccinated against the flu was 44.5%, a 6% increase from last year's campaign. There was also an increase seen in the uptake of patient-facing staff which was 5.2% higher on last year, ending the campaign with 46.3% receiving the vaccine. There has been a number of influencing factors on the Flu Campaign this year including reporting mechanisms of vaccination settings, operational pressures / industrial action, withdrawal of flu vaccination incentive and communication with staff. Following the closure of the campaign, recommendations have been produced that were established from the learning and key areas of improvement noted. Future aims include streamlining current processes, improving engagement with the workforce and inclusion of the flu vaccination incentive.

13. Members were assured on progress against the **Anti-Racist Wales Action Plan** and were presented with the Welsh Government **LGPTQ+ Action Plan** published by Welsh Government in February 2023. The plan sets out an overarching vision to improve the lives of, and outcomes for, LGBTQ+ people. The Equality, Diversity and Inclusion Steering Group and WAST Inclusion Network will be involved in engaging with our colleagues to implement WAST specific actions to make WAST a truly inclusive service. Whilst some elements await further direction from Welsh Government, the Committee was assured on progress.

14. A **health and safety update performance report** was received with further improvements in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) compliance in the quarter. The reporting of incidents for diesel fumes exposure has reduced during Q4. However, continued sustained efforts are being undertaken by the function in collaboration with Health Boards and Locality Managers in the mitigation/reduction of fume exposure. Incidences of violence and aggression have increased with deep dives underway to understand the detail better. Work is underway to re-establish the Anti-violence Collaborative Group of NHS Bodies in Wales.

15. The Committee was presented with the **audit tracker** and noted the revised dates against audits within their remit.

16. A **policy prioritisation exercise** is underway to identify the policies which require immediate attention. A report will be available on those policies within the Committee's remit at the August meeting.

17. In private session the Committee reviewed progress on two **suspensions over four months**. They were assured on actions in place to manage this case and commended the reduction of cases as being

positive for colleagues and the trust generally.

RISKS

Risks Discussed: The risks within the remit of this Committee were reviewed. The two highest risks for this Committee are set out below:

160 – high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remains at a rating of 20 (5x4) as of April 2023. A deep dive into the mitigations for this risk was undertaken at this meeting with the narrative above under the MIQPR discussion. Despite positive movement in sickness rates it was agreed that it was premature to reduce the score at this stage.

201 – damage to the Trust's reputation following a loss of stakeholder confidence remains at 20 (4x5). This score has not changed. See narrative on the engagement framework delivery plan and reputation audit in the assure section above.

The Committee also reviewed risks 223 and 224 and agreed that the commentary box was useful to provide rationale for these high rated risks where the Trust's actions were unable to reduce them from 25.

New Risks Identified: No new risks identified at this meeting.

COMMITTEE AGENDA FOR MEETING		
Director of Workforce and Organisational Development Update	Operations Quarterly Report	Staff Story
Speaking Up Safely	Corporate Risk Register and BAF	WASPT Advisory Group Highlight Report
Engagement Framework Delivery Plan update and Reputation Audit	Cycles of Business	MIQPR
Improving Attendance Project Progress update	Flu Incentive	Wales Anti-Racist Action Plan update
Retention and Exit Interviews	Health and Safety Update	Welsh Language Standards Compliance update
Internal Audit Tracker	Policy update	

COMMITTEE ATTENDANCE				
Name	**9 MAY 2023**	**8 AUGUST 2023**	**16 NOVEMBER 2023**	**20 FEBRUARY 2024**
Paul Hollard				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis	Liz Roberts			
Chris Turley				
Lee Brooks	Judith Bryce			
Estelle Hitchon				
Andy Swinburn				
Jonathan Turnbull-Ross	Liam Williams			
Alex Crawford	Hugh Bennett			
Trish Mills				
Damon Turner				
Paul Seppman	Hugh Parry			
Ian James				

TBC TU Representative	[redacted]			

	Attended
	Deputy attended
	Apologies received
	No longer member

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	25 May 2023
Committee Meeting Date	11 May 2023
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Whilst there were improvements in handover delays with 23,000 hours lost in April, this was still far in excess of what was acceptable, as was 2,700 patients waiting more than 4 hours to be seen in an Emergency Department, and **this continues to present patient safety risks and extended waits in the community.** The patient story, told by Keith Jones, Community First Responder (CFR) further illustrated this.

   The Committee is aware of the actions being taken by WAST to mitigate harm and of the escalations and actions in the system, including targets introduced by Welsh Government to reduce handover delays in 2023/24. Progress against these actions is a focus at each Public Board meetiing, however a continued high number of concerns raised, immediate release direction refusals, and incidents linked to timeliness of response demonstrates that more pace is required to address the issue at a system and strategic level.

   The very poor patient experience and risk of continued harm ran through most of the items discussed at this meeting and is the focus of **risks 223 and 224**. The detail of the actions of system partners remains in the BAF however they are now included within a commentary box rather than within the 'actions' section. This allows the Board to focus on scrutiny of the actions which the Trust is taking, whilst noting the context within which these risks remain at a score of 25. The Committee were of the view that whilst the risk score had not moved for some time there has been evolution of the actions and not a standing still of mitigations.

   Members will continue to seek further actions that can be put in place by the Trust and its influence on system partner actions, raise the issue in their respective forums, and will keep a close eye on the national review by Audit Wales into the effectiveness of unscheduled care services in Wales to provide further insight into the root causes of flow and delays.

2. There have not been improvements in the **Putting Things Right response times**, despite additional resources being provided, which highlights the increasing volumes and complexity of concerns being raised. The Committee voiced their concerns over the effect of this, not only on timeliness of responses but more particularly on the teams who deal with the backlog, the inability to improve response rates, and the very difficult nature of the work. The duty of candour will place additional strains on these colleagues. Whilst changes to the approach are in train, a joint session for the People and Culture Committee and this Committee was proposed, to explore this further in terms of the impact on our Patients and Staff alike and this session will be scoped.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. The **Committee heard from Keith Jones** who is a long-standing CFR at WAST and attended a patient at their home in November 2022. Keith was with the patient and their partner for over four hours awaiting an ambulance and during that time the patient went into cardiac arrest. Despite attempts to resuscitate him, the patient died. Members heard about the effect of this on Keith and the patient's partner who was present, and discussed the support which is available to CFRs following such an event. The CFR team have supported Keith throughout and the CFR's end of shift form captures any potential debrief requirements. The CFR team follow up on any support they need, any links with CFR champions, occupational health, or TRiM referrals. The employee assistance programme is also now being offered to CFRs. Members were aware however that this anguish would not have been experienced had the handover delays not been so extreme.

   The People and Culture Committee will look at the changing face of our volunteers at a forthcoming meeting. Members thanked Keith and the patient's family for sharing this story with them.

4. The **Quality Strategy** implementation plan, developed to support the delivery of the Quality Strategy 2021-2024 was reviewed. Whilst progress against the plan has been slow due to resourcing challenges, as was raised in the Committee's last AAA report, there has been accelerated progress in the latter half of 2022/23 in preparation for the Health and Care (Quality and Engagement) (Wales) Act 2020. This remains a priority of the Committee.

5. The Trust's annual **Clinical Audit Plan**, which allows the planning and prioritisation of clinical audits across the financial year, was approved for 2023/24. It is not always possible to predict all of the topics that require evaluation and therefore this is a dynamic document which will be updated quarterly with oversight by this Committee. This supports recommendations in the Audit Wales Clinical Governance Review 2022.

6. The Committee received the quarterly **Operational Update** as a standing agenda item. Improvements in handover at Cardiff and the Vale University Health Board were noted as was the adoption of that learning to other hospital sites such as the Princess of Wales Hospital. In considering the improvement seen in handover delays in some areas, Members queried whether or not this information could be triangulated; i.e. in comparing with other data to better

understand the reasons behind these improvements; e.g. how did improvements in handover delays correspond with demand levels at that time. Officers will consider this request and feedback will be provided to Committee in due course.

Further, and in discussing the ongoing deep dive of Red calls, Members requested that this review incorporates a focus on how this plays out in more rural areas. This will be considered whilst at the same time accepting the limitations and challenges presented by the significantly lower numbers in rural areas.

7. The new **cycle of business** was approved by Members, who welcomed the structure this will provide in terms of managing the business of the Committee over the next year.

8. Members' **reflections** on the meeting included the afternoon start; supportive challenge and identification of further actions as a result; lived experience was important to continue to hear; papers were improved, succinct and clear and picked up on the threads of the duties of quality and candour.

ASSURE

(Detail here any areas of assurance the Committee has received)

9. The Health and Care (Quality and Engagement) (Wales) Act 2020 and hence the **duty of quality and duty of candour** came into force on 1 April 2023. The Quality and Performance Management Steering Group incorporates senior oversight and responsibility for the duty of quality and duty of candour to ensure the Quality and Performance Management Framework has an integrated approach to improving the quality of services and outcomes for patients. A quality management system digital dashboard is in progress and Trust intranet pages are available to staff to cascade messaging and enhance knowledge in this area. There was positive progress of the Trust position against the Welsh Government road map for the Act implementation reported previously to QUEST, including exemplar content and ideas produced by Trust staff now being adopted at NHS Wales level. Concern was raised as to impact on teams and resources with the increased requirements under the duty of candour as raised in the alert section.

10. The duty of quality requires each organisation to provide demonstrable evidence that all strategic decisions and plans have been made through a quality lens for both clinical and non-clinical aspects. A key element of demonstrating this are **Quality Impact Assessments** (QIA). The Committee were assured that the framework for QIAs was appropriate and noted that the template developed by the Trust has since been adopted by the NHS Wales Executive for use across Wales.

11. The Health and Care Standards (2015) have now changed to **Quality Standards (2023)** with six domains and five enablers. The domains are Safe, Effective, Timely, Efficient, Equitable and Person Centred. The enablers include Leadership, Culture and Valuing People, Data to Knowledge, Learning Improvement & Research, and Whole System Perspective. Work is progressing to define quality outcome measures aligned to the Standards.

12. The Audit Wales Quality Governance Review 2022 raised the issue of the backlog of **mortality reviews** and the need to develop an action plan to reduce this backlog. The Clinical Quality

Governance Group agreed an approach to the backlog which saw a sample of 10% being reviewed spanning May 2020 to February 2022 when ePCR was introduced. Cases reviewed identified requiring learning and feedback to staff and one was recognised as a national reportable incident. One of the common themes from the reviews is the quality of documentation, with feedback and learning provided by the Senior Paramedics having improved this. There is evolving work to embed and strengthen the mortality review process. Learning will be shared and triangulated with information produced from other sources e.g. coroners, incidents, clinical audit programmes, and this Committee will see this in the Patient Safety Report.

13. The Committee receives assurance reporting by way of the **Monthly Integrated Performance Report** (MIQPR) for March/April and the **Q4 Patient Safety Highlight Report**. It was recognised that the duplication and overlap in the reports is being addressed and future reports will reflect a more streamlined approach. The MIQPR had been discussed in detail at Trust Board shortly before this meeting therefore the Committee focused on and noted the continuing number of immediate release requests refused; incidents being reviewed at the Serious Case Incident Forum; joint investigations being passed to Health Boards; National Reportable Incidents; and a continued upward trend in Coroner's requests for information. Two regulation 28 notices have been received and responses submitted within the prescribed timescales.

    Improvement actions are still under review to ensure the Electronic Patient Record (ePCR) data is correctly inputted to ensure accurate reporting on the various clinical bundles. Call to door times for STEMI/stroke will be in place by Q2 and the spotlights on the clinical indicators will be a regular feature at future meetings.

    The Trust Board will note the escalations made in this report concerning continued patient harm as a result of prolonged handover delays.

14. The **Patient Experience and Community Involvement (PECI) Q4 report** was received providing positive assurance we are meeting with and consulting with the public and out stakeholders, including with Llais (the Citizens Voice Body).

15. The **Audit tracker** was reviewed, noting some overdue actions with revised dates, some of which are partially complete. Progress on actions has been affected by the tremendous pressures faced over the last quarter and two consecutive bank holidays. The Committee noted there is a review of the tracker planned to go to the Audit Committee in September. The Infection Prevention and Control (IPC) internal audit (reasonable assurance) was presented with the Committee being assured that whilst recommendations for improvements were being made, the response and the ways we seek to support our patients with respect to IPC i.e., guidance, advice and support is appropriate. The Immediate Release Directions internal audit (reasonable assurance) was presented and the need for a collaborative approach to these was apparent. The Data Analysis internal audit (reasonable assurance) was also reviewed.

RISKS

Risks Discussed: There are two corporate risks assigned to the Committee which are rated as high risks with no changes to scores since the last review. **Risk 223:** the Trust's inability to reach patients in the

community causing patient harm and death and **risk 224:** significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service are both rated at 25. The theme of these risks arose throughout the agenda items discussed at this meeting and are part of the escalation section of this report.

New Risks Identified: Risks to the Trust's ability to implement the duty of quality and duty of candour was raised, and it was accepted that management would review early data that is being collected on this and changes to approach in dealing with concerns ahead of raising a formal risk.

COMMITTEE AGENDA FOR MEETING		
Feedback from Chair on escalations from Committee to Board in March	Operations Directorate Quarterly Report for Q4	Patient experience
Monthly Integrated Quality Performance Report	Patient Safety Report Q4 2022/23	Patient Safety Report Q4 2022/23
Patient Experience and Community Involvement Report Q4 2022/23	Risk Management and BAF	Duty of Quality and Duty of Candour Implementation
Quality Strategy Implementation Plan	Quality Impact Assessment Governance	Clinical Audit Plan 2023/24
Update on Mortality Reviews	Committee Cycle of Business 2023/24	Internal Audit Tracker and Audits (IPC review; Immediate Release Directions; Data Analysis)

COMMITTEE ATTENDANCE				
NAME	**11 MAY 2023**	**10 AUGUST 2023**	**9 NOVEMBER 2023**	**8 FEBRUARY 2024**
Bethan Evans				
Kevin Davies				
Paul Hollard				
Ceri Jackson				
Liam Williams				
Andy Swinburn				
Lee Brooks	Steve Clinton			
Leanne Smith	Jon Hopkins			
Rachel Marsh				
Trish Mills				
Mark Marsden				
Hugh Parry				
Ian James				

	Attended
	Deputy attended
	Apologies received
	No longer member

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	25 May 2023
Committee Meeting Date	15 May 2023
Chair	Joga Singh

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There are no alerts from this meeting.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The proposed **Board and Committee Level Key Performance Indicators for 2023/24** was presented to the Committee. There was good discussion on proposed indicators, and it was agreed that where possible a fuller discussion would take place at a Board development session prior to the July Board to devote more time to this important assurance report.

3. The Committee's **cycle of business for 2023/24** was approved. The cycles will be used to set the agenda and provide predictability to the Trust of the majority of the issues the Committee will see during 2023/24 to discharge its responsibilities under its terms of reference. A monitoring report will be provided to each meeting to track progress against the cycle.

4. The **Operational Update for Q4** was received and members noted that the Royal College of Nurses (RCN) have notified the media and it has been reported that they plan to take industrial action on 6 and 7 June. On that basis the Trust will commence planning using the approach previously established to work with the RCN on derogations.

5. Members **reflected** on the diversity of the agenda which was supported by a more structured cycle of business. Flexibility from the Chair and members in taking some items out of order to allow the free flowing of discussion was effective.

ASSURE

(Detail here assurance items the Committee receives)

6. The **financial performance report as at Month 12 2022/23** was presented with a small revenue surplus reported of £62k (subject to audit), capital expenditure fully spent, and gross savings of £4.392m have been achieved against a target of £4.300m. In addition, the Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.4% for the number, and 97.8% of the value of non NHS invoices paid within 30 days. The Committee congratulated all directorates for achieving this end of year position.

7. The Committee received a presentation on the **financial position for Month 1 2023/24**. The Board will have a detailed paper on the financial position before it for the May meeting. There is a small overspend as at month 1 of £0.008m with the forecast for 2023/24 one of breakeven. Capital plans are being worked through and the private session of this meeting reviewed the current position on this. In line with financial plans gross savings of £0.552m has been achieved against a year to date target of £0.573m. Although slightly underachieved there is good progress. Key assumptions for Month 1 include the funding by Commissioners for 100 front line staff recruited in 2022/23. An update will be provided to the Trust Board, however there is a strong indication that this will be funded for 2023/24.

8. As part of discussion on the Month 1 financial position, a **deep dive on risk 139** was conducted. This risk is *the failure to deliver our statutory financial duties in accordance with legislation*. The risk score is currently 16 (4 x 4) and it was felt that that was appropriate at this point in time but will be regularly reviewed. A key point in time – not just for WAST but for the wider system - will be the Q1 financial position, however monthly detailed finance reports will continue to provide key information to Committee and Board as to the level of risk the organisation is experiencing including elements of non-recurrent as opposed to recurrent funding and how this is being managed financially and operationally. The savings target for 2023/24 remains challenging however the Committee were assured of the commitment from officers to address these, with the Financial Sustainability Programme and Directorate-specific plans looking at all options to close the unidentified savings gap. Whilst difficult choices may need to be made in 2023/24 and beyond, members were encouraged that discussions on the financial position centered around the impact on patient safety and quality.

9. The **Integrated Medium-Term Plan (IMTP) 2022-25** end of year position including the Accountability Conditions set by Welsh Government was received. The Committee reviewed the outstanding actions from 2022/23 which are before the Board at the May meeting, however the teams were congratulated for the significant amount of work that was achieved against the IMTP and ultimately the Trust's strategy, against a backdrop of a very difficult Winter and prolonged industrial action.

10. The **MIQPR** was received for March/April 2023 and is before the Board at the May meeting. Members noted that whilst there had been some improvement in handover delays, 23,000 hours lost in April was still far in excess of what was acceptable, as was 2,700 patients waiting more than 4 hours to be seen in an Emergency Department. The actions to improve response times include those within the control of the Trust and those which rely on system partners. It was noted that the full roll out of CHARU, work on managing red demand differently, and handover delays reducing to Welsh Government targets (15,000 hours lost by end of Q2 and 12,000 by end of Q3) was modelled to provide a 7% improvement in red performance. Members appreciated the actions being taken but

were very concerned with the avoidable harm these delays are causing, even should the Welsh Government targets be met.

11. The Committee has the review of matters relating to **demand and capacity** plans in their remit and an update was received at this meeting. Recent demand and capacity reviews for EMS, NEPTS and 111 were discussed as were current packages of work. Notwithstanding the absence of a formal framework, the Committee was reassured that the Trust's focus on forecasting and modelling, with both external and internal support, was strong and has led to significant transformation work programmes. Consideration will be given to subsuming this into the Quality and Performance Management Framework to enable the Board to receive formal assurance of this business critical process. The 111 demand and capacity review will continue in partnership with the 111 Commissioners in 2023/24.

12. The Committee was presented with the **audit tracker** and noted the revised dates on some recommendations and the need to provide further updates to actions due in March and April. The Audit Tracker will undergo a revision over the next quarter, with a recommendation to the September Audit Committee on a revised process and format. This will include an approach to the more historical recommendation and management action plans. The Corporate Governance Team will work in partnership with Internal Audit and Audit Wales in the production of this.

13. An update on the Decarbonisation Action Plan (DAP) was received by way of the **Environment, Decarbonisation and Sustainability Update** for April 2023. The DAP has a range of actions which frame the Trust's decarbonisation response and is overseen by the recently formed Decarbonisation Programme Board. Progress against the DAP has moved from a self-assessment of red/amber to amber, with a number of significant schemes completed utilizing All Wales capital funding. In 2022/23 23 hybrid rapid response vehicles were rolled out together with 67 EV chargers over 54 WAST sites. Welsh Government funding has been confirmed to support a range of schemes including decarbonisation initiatives and roofing projects at a number of stations. Notwithstanding the very positive progress, the sheer volume of work, resource and capacity constraints remains of concern for WAST's delivery of the DAP – an issue which all NHS Wales organisations are experiencing, as set out in the recent internal audit on decarbonisation.

14. The **Electronic Patient Care Record (ePCR) Benefits Realisation** report was received which had streamlined the benefits and included a five year plan to realize benefits for ePCR which will now be transitioned to business as usual, and owners identified to take these forward. Assurance on the decommissioning of the digital pen patient clinical report system following an extension to ensure patient information was also provided.

RISKS

Risks Discussed: The principal risks in the remit of the Committee were discussed, as well as risks 223 and 224 and the additional commentary box providing context to the scoring was noted. Risks scores have remained unchanged since the March meeting. The highest risks for this Committee are:

139 (failure to deliver our statutory financial duties in accordance with legislation). See deep dive in the assurance section above.

245 (failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations) Agreements with respect to the capital programme will have a positive impact on this risk.

458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning)

260 (a significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems)

543 (major disruptive incident resulting in a loss of critical IT systems)

Risk 538 had previously been developed to reflect the possible consequence of a further delay to the implementation Salus, with the risk being further developed to capture the emerging position and differentiate it from the realised issues. A new risk is emerging which relates to the ability to release staff for training on Salus and still have sufficient to meet demand which will affect performance. Discussions are ongoing with Commissioners on the numbers of staff they are able to fund.

New Risks Identified: a new risk (the Trust's inability to provide a civil contingency response in the event of a major incidence and maintain business continuity causing patient harm and death) has been added to the risk register at a score of 15 and members noted that resourcing to address the recommendations has now been identified. Regular updates to the Committee on progress were agreed.

COMMITTEE AGENDA FOR MEETING		
Operations Quarterly Report	Financial position for year end 2022/23 and for month 1 2023/24	Risk Management and Corporate Risk Register
Integrated Medium Term Plan 2022-25 Outturn position and update on IMTP 2023-26	Annual review of key performance indicators	Monthly Integrated Quality and Performance Report
Demand and capacity plans	Quality and Performance Management Framework update	Value based healthcare update
Decarbonisation update	ePCR benefits realisation/PIR	Digipen closure report
Internal audit tracker	Committee cycle of business	

COMMITTEE ATTENDANCE						
Name	**15 May 2023**	**17 July 2023**	**18 Sep 2023**	**13 Nov 2023**	**15 Jan 2024**	**19 Mar 2024**
Joga Singh						
Kevin Davies	Until 11.30am					
Bethan Evans						
Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks	Sonia Thompson					
Liam Williams	Wendy Herbert					
Angie Lewis	Liz Rogers					
Leanne Smith						
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member

AGENDA ITEM No	**19**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	

GOVERNANCE REPORT

MEETING	Trust Board
DATE	25 May 2023
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 Action** taken since the last Board meeting, **decisions made in private session**, and the **use of the Trust Seal**.

Chair's Action

2. There have been no decisions made by Chair's Action since the last meeting of the Trust Board on the 30 March 2023 which require ratification. There was a decision made by Chair's Action in mid-March which was made in closed session however, which is detailed in paragraph 4-8 of this report.

Use of the Trust Seal

3. Since the 30 March, the Trust Seal has been applied to the following documents:

3.1 Reference number 0241 – Licence to carry out works in regard to Vantage Point House. The Board authorised the application of the Seal on the 30 March 2023.
3.2 Reference number 0242 – Lease in reference to Unit 1 and land at site 3, Amlwch Industrial Estate, Amlwch, Ynys Mon, LL68 9BX. The Board authorised the application of the Seal on the 30 March 2023.
3.3 Reference number 0243 – Rent deposit deed in reference to Unit 1 and land at site 3, Amlwch Industrial Estate, Amlwch, Ynys Mon, LL68 9BX. The Board authorised the application of the Seal on the 30 March 2023.

Decisions in Private Session

4. There were no decisions made in private session at the meeting of the Board on the 30 March 2023 to report. However, there was a decision made by Chair's Action on the 13 March 2023 which was ratified in private session of the Board on the 30 March 2023, as follows: -

   NHS Energy Governance and Procurement – 13 March 2023

5. Given the exceptional energy price increases and volatility experienced during 2022/23, there was a review undertaken by the All Wales Directors of Finance group to consider current arrangements and how they may be strengthened and made more sustainable for the future.

6. A decision was taken by Chair's Action in relation to the approach to the All-Wales NHS Energy Governance and Procurement management arrangements. A new provider has been sought and Crown Commercial Services were judged to offer the best option for NHS Wales.

7. The recommendations of the proposal agreed: -
   7.1 To continue with the All-Wales 'Once for Wales approach;
   7.2 To establish a revised compliant procurement arrangement with Crown Commercial Services for NHS Wales, managed through the NWSSP;
   7.3 To establish a new Wales Energy Group (WEG) and a Wales Energy Operational Group as a sub-group of WEG.

8. The transfer to the Crown Commercial Services of this contract on behalf of NHS Wales was approved on the 23 March 2023. This has been reported by the NHS Wales Shared Services Partnership Committee.

Other Matters

Board Receipt of the Draft 2022/23 Annual Report

9. The Board received the draft 2022/23 Annual Report (Part 1 – Performance Report and Part 2 – Accountability Report) for comment by email, prior to submission to the Welsh Government, on 04 May 2023.

Updates to Closed Trust Board Minutes

10. The Corporate Governance Team have updated three sets of minutes from Closed Trust Board meetings in 2022 – for the 04/07/2022, 03/08/2022 and 01/09/2022 - to reflect the correct attendance record for Dr Catherine Goodwin.

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
None.

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	NA	Financial Implications	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

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 30 JANUARY 2023 VIA TEAMS

MEMBERS:

Ceri Jackson	Chair & Non-Executive Director
Kevin Davies	Non-Executive Director (joined at end 04/23)
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations (joined 04/23)
Estelle Hitchon	Director of Partnerships and Engagement
Caroline Jones	Corporate Governance Officer
Navin Kalia	Assistant Director of Finance and Corporate Resources
Trish Mills	Board Secretary
Bernadette Mitchell	Finance Assistance – Charitable Funds
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jessica Price	Deputy Head of Financial Accounting
Chris Turley	Executive Director of Finance and Corporate Resources
Mike Whiteley	Audit Manager, Audit Wales (left after 04/23)

APOLOGIES:

Jo Kelso	Head of Workforce Education and Development
Angela Lewis	Director of Workforce and OD
Hannah Rowan	Non-Executive Director
Andy Swinburn	Director of Paramedicine
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

01/23 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

There were no additional declarations to those previously recorded on the register.

02/23 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting held on 21 November 2022 meeting were approved as a correct record.

RESOLVED: That the minutes be approved as a correct record.

03/23 ACTION LOG

14/22a– Finance Update- Full Audit discussions - The item was on the agenda for an update, therefore the action was closed

14/22b – Applications to NHSCT – Included within the finance report, the action was closed.

41/22 – Lived Experience – Bids Panel - This action is proposed to be held over to the April meeting and will be added to the cycle of business going forward. Action closed.

48/22 – Update from Tarnside on Strategic Review – The report was due to be on this agenda, however given the current pressures it was agreed with the Chair for the item to be deferred until the April meeting. This item would be put on the forward planner and the action could be closed.

53/22 – Lived Experience – Bursary Panel – Similarly to the lived experience of the Bids Panel, this item would be added to the cycle of business and the action closed.

59/22 – Annual Report Foreword - This action had been completed and could therefore be closed.

60/22 – Board Development Session – Time had been set aside at a development session in April therefore the action was closed.

RESOLVED: That actions as detailed above be closed.

04/23 DRAFT ANNUAL REPORT AND DRAFT ACCOUNTS FOR PERIOD 1 APRIL 2021 – 31 MARCH 2022

The Executive Director of Finance and Corporate Resources confirmed that the meeting had moved from 9 to 19 January and then further to 30 January in order to accommodate the completion of the accounts by the auditors.

He went on to say that the accounts and final audit opinion were not available for the Committee or Board of Trustees to sign off at this meeting and therefore, would not be submitted to the Charity Commission by the prescribed deadline of 31 January 2023.

The Executive Director handed over to Mr Mike Whiteley, Audit Manager, who gave some background to the issues which had delayed the audit. He explained that one risk which had been flagged early on was around obtaining assurances on the opening balances. The starting point was 2014/15, as that was the last date a full audit had been undertaken. Subsequent years were worked through to reach the 2021/22 accounts. An issue arose when there were no supporting records for some of the transactions sampled for the 2015/16 financial year to test restricted and non restricted income for that period.

Approximately £28k of individually relatively low value donated income was received, however the audit must work to a materiality value of £c5k and assurance to that level was required to confirm the split between restricted and unrestricted funds was materially correct.

However due to the gap in the records, that assurance could not be obtained. This then led to a qualification issue for the audit opinion; everything else that had been tested had been confirmed. The auditors could not say the figures were incorrect, but could not confirm they were correct, leading to the qualified audit opinion.

Due to the audit opinion being qualified, a quality control assessment independent review of the work undertaken by the auditors, within Audit Wales would be required. This was now scheduled to take place on 9 February 2023, after which the audit would conclude. The ISA260 had been drafted and shared with finance colleagues, which would go together with the audit opinion to the quality control team. The audit was therefore expected to be completed week commencing 13 February 2023.

The Finance Team were commended on working with the auditors in terms of their responsiveness to providing the information required.

On behalf of the Committee, the Chair recognised the challenges set out by the auditor but stated that the decision to undertake a full audit had been made some time ago and felt that the timeline had seemed sufficient. The Chair queried missing the deadline to file the accounts with the Charity Commission.

The Audit Manager explained the timeline of Audit Wales work cycles through various sectors, from the NHS, to Central and Local Government. A number of issues in local government saw the timetable slip from November 2022 and subsequently to the end of January 2023 for all Councils. This meant that all NHS Charities were working to the same deadline and unfortunately even without any issues may have resulted in the audit not being completed in time. It was noted that sickness and other related issues had also hindered the process.

The Executive Director of Finance and Corporate Resources spoke of two issues as treasurer and trustee; firstly, that any qualification on the accounts was frustrating, particularly given it was due to a small value of transactions in one financial year. Some eight years ago - which could not be proven or disproven - either way. No adjustment could be made therefore to avoid the qualification.

The second concern was the late filing of the accounts and what this would mean in terms of reputation and how it would be reported on the public Charity Commission register.

The Executive Director raised the point that the Committee, in seeking a greater level of scrutiny of the charity accounts by requesting a full audit -due to not having had one for a few years - had led to these unfortunate circumstances. He noted that this was not a requirement of the Charity Commission due to the level of income received by the charity.

The Executive Director impressed on the Audit Manager the need to finalise these accounts in order to file them as soon after the 31 January as practicable.

Members expressed their immense disappointment in the late filing of the accounts together with potential reputational damage and its impact. There were lessons to be learned from this process to avoid being in this position again, and the Executive Director of Finance and Corporate Resources agreed to work with Audit Wales on this; but stressed the focus first and foremost would be on filing the charity Annual Return. The Audit Manager agreed to share the lessons learned with his resource management team around the timeliness of NHS charity audits.

The Audit manager confirmed he had discussed the concerns and frustrations with the Auditor General, noting the series of unforeseen events which had led to this position, and recognised that going forward this would not be acceptable. The Audit Manager raised the issue of the future position, should a full audit be requested for the next financial year, as an independent review due to the value would be sufficient for the Charity Commission. He agreed he would need to discuss this with his technical team.

The Chair expressed concern over the potential reputational impact of filing the charity Annual Return and accounts late, given the ambitions of the charity and the ongoing strategic review. Future grant applications / fundraising activity could be affected by the late filing. The risk related not only to the Charity's reputation, but to the members of the Trust Board who act on behalf of the Corporate Trustee. It was noted that the Trust are mandated to use Audit Wales for external audits.

The Head of Risk/Deputy Board Secretary is due to meet with the Executive Director of Finance and Corporate Resources' team to develop the associated risk to both the Charity and the Board of Trustees.

Members agreed that as a point of integrity and openness, the Charity Commission should be advised that the Trust would not be filing the accounts by the deadline of the 31 January 2023.

RESOLVED: That

1) **the timeline for the Auditors to have completed the audit be confirmed as soon as possible.**

2) **the Charity Commission be informed that the charity would not be in a position to file the accounts by the prescribed deadline; and**

3) **a meeting of the Committee and Board of Trustees be scheduled for week commencing 13 February, to transact and approve the accounts prior to submission to the Charity Commission**

05/23 EFFECTIVENESS REVIEW AND COMMITTEE ANNUAL REPORT

The Board Secretary confirmed to members the requirement of an annual

effectiveness review of the Committee, which had been undertaken by a way of questionnaires, together with a review of the Terms of Reference with the Chair and Executive Lead.

The responses were reviewed and organised in a presentation for members and the proposed changes were highlighted. The draft Annual Report was also presented which would be updated following the meeting, before being presented to Audit Committee and then to Trust Board in May. The other documents shared by the Board Secretary included the covering report setting out the methodology, together with the Terms of Reference.

The Board Secretary shared in detail the progress against the Committee priorities during 2022/23 and highlighted the need to confirm the cycle of business to demonstrate the Committee's effectiveness.

Minimal changes were agreed to the Terms of Reference by way of membership, duties and operating arrangements with a proposed change of name from Charitable Funds Committee to the Charity Committee.

One point raised related to the Trust not having visibility of Board Members, however a new Board Visit Standard Operating Procedure was in development, which would provide a structure for members to engage with the organisation in a more structured way.

A mixed response to focus on charity risks was evident in the results, however these were in development and would be discussed at the Charitable Funds Task & Finish Group.

The 2023/24 priorities for the Committee were set to provide a particular focus and were limited to two or three. These are tracked by way of an assurance report by the Board Secretary report to ensure they are on track. Based on the results of the questionnaire the Committee agreed to the following priorities for 2023/24:

(a) To address and implement the recommendations from the charity's strategic review, and to ensure that the Charitable Funds Task & Finish group remit and work plan is adjusted accordingly.

(b) To continue discussions (through the Charitable Funds Task & Finish Group) regarding risks affecting the charity, and to ensure that the agreed risks are included on the WAST organisational Risk Register.

Members would also be invited to share feedback from each meeting either to the Board Secretary, or Chair.

A Board of Trustee's development session had been diarised, scoped by the Task & Finish Group, which the Legal & Risk team would deliver to members.

Members recognised the strong TU membership at this Committee and both supporting Panels and Charitable Funds Task & Finish Group.

RESOLVED: That

1) **changes were agreed to the terms of reference;**

2) **the Committee priorities were agreed as described above;**

3) **the change of name from Charitable Funds Committee to Charity Committee was endorsed; and**

4) **the Committee Annual Report and Terms of Reference were endorsed for presentation to the Audit Committee and Trust Board.**

06/23 FINANCE UPDATE

The Executive Director of Finance and Corporate Resources began by stating that the finance report now provided a wider finance update than previous fund balances alone. He recognised that the paper was drafted ahead of the meeting scheduled for early January, and that some of the information may now be slightly out of date.

The Charity has received grants from NHS Charities Together (NHSCT) in the past and is currently eligible to apply for three new grants from them including a development grant of £35K, which would be used to support operations, communications, marketing and branding, and fundraising; an ambulance grant of £315K and a recovery grant of £88K to support the long-term health and recovery of NHS staff, patients, community and volunteers impacted by Covid**.**

Over the past eight months the markets have been unpredictable and somewhat volatile, dipping and rising on a regular basis as shown in the report. Currently the charity holds 1,090.14 units at a market value of £248k. This is £15k less than what they were worth at the beginning of this financial year. However, as Committee members will recall this is less than this would have been without some of the action taken, and relatively substantial gains were made in 2020/21 and 2021/22.

RESOLVED: That the contents of the report were noted.

07/23 CHARITABLE FUNDS TASK & FINISH HIGHLIGHT REPORT

The Board Secretary confirmed the Task & Finish Group had not met as regularly as hoped; nonetheless, significant activity aligned to the work plan was ongoing, and asked the Committee be assured in that knowledge.

It was confirmed that there would be some further work to do in parallel with the strategic review; one area of which was for the Bids Panel to review the guidelines around Charitable Funds applications.

Much work was being done on the possibility of centralising funds and how that would look; this is due for further discussion at the February meeting of the Task & Finish Group.

In respect of the Community First Responder (CFRs) charitable activity and their

fundraising arrangements, an initial discussion has taken place; however, due to the increased operational pressures the item has been deferred to the April meeting of the Task & Finish Group. Risks relating to CFRs were in discussion and would be worked through with relevant colleagues.

The volunteer strategy is now in place and as part of the delivery plan, governance is a significant part. The strategy is part of the Integrated Medium Term Plan (IMTP). The volunteer manager is working to establish a steering group.

There were several governance improvements in the CFR space. Further detailed work was needed to understand where the financial governance improvement was needed, alongside other governance. The Chair asked for the timelines to be captured in the risk framework to demonstrate the scrutiny and oversight of this activity. Work was ongoing behind the scenes and capturing the risks now in real time.

RESOLVED: That the Committee was assured by the work that had already been carried out, together with the ongoing work in the background.

08/23 BIDS PANEL HIGHLIGHT REPORT

The Head of Risk/Deputy Board Secretary informed the Committee that the Bids Panel update approved an application for the total sum of £1,000 for the purchase of Remembrance Wreaths. Two additional bids to continue to support staff wellbeing and places at a TRIM conference, were also approved as time sensitive applications.

The flu incentive was discussed for a second time at a Bids Panel meeting; however, this request was still not supported by the Panel. The Panel had suggested a way forward around the capture of data, making it more equitable across the Trust for those that had received the vaccine elsewhere, together with those that did not wish to take up the offer to be included in the prize draw with an addition to the form that staff were encouraged to complete.

Members were keen to understand the rationale related to the desire to incentivise staff to have a flu vaccination and agreed that it was not within the remit of the Bids Panel to decide on policy for flu vaccination incentives. It was agreed that this should be a point for the People & Culture Committee to review, with EMT being sighted.

RESOLVED: That the People and Culture Committee be asked to review the flu vaccine incentive for patient facing staff, and their recommendations be brought back to this Committee.

09/23 DATE OF NEXT MEETING –5 April 2023

CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 16 FEBRUARY 2023 VIA TEAMS

MEMBERS:

Ceri Jackson	Committee Chair & Non-Executive Director
Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Colin Dennis	Chair of Trust Board
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director
Caroline Jones	Corporate Governance Officer
Navin Kalia	Assistant Director of Finance and Corporate Resources
Angela Lewis	Director of Workforce and OD
Rachel Marsh	Executive Director of Strategy and Planning
Bernadette Mitchell	Finance Assistance – Charitable Funds
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jessica Price	Deputy Head of Financial Accounting
Chris Turley	Executive Director of Finance and Corporate Resources
Mike Whiteley	Audit Manager, Audit Wales
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director
Jo Kelso	Head of Workforce Education and Development
Trish Mills	Board Secretary
Hannah Rowan	Non-Executive Director
Andy Swinburn	Director of Paramedicine
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

11/23 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting, including those members of the Board who had been invited to take part in the discussions ahead of the Board of Trustees meeting, to approve the accounts. She also welcomed the Audit Manager Mike Whiteley.

12/23 DECLARATIONS OF INTEREST

There were no additional declarations to those previously recorded on the register.

13/23 AUDITORS REPORT ON ANNUAL ACCOUNTS

The Audit Manager began by expressing his thanks to the Finance Team for their support during the audit.

He went on to confirm that the audit work was now complete and that Appendix 2 of the report set out the basis of the qualified opinion.

The last full audit was carried out in 2014/15 and therefore balances needed to be worked forward from that point to gain the required assurance to determine whether the split between restricted and non restricted funds had been correctly allocated. Audit Wales had been unable to obtain sufficient evidence on a sample of transactions for 2015/16, although it was confirmed there were no issues relating to any other year of testing.

The auditors have a responsibility to report when there is a qualified opinion which sets out the basis for this, which in this case is a small amount of income for 2015/16 which the auditors were unable to gain assurance on. The auditors were not able to say it was incorrect, but likewise could not confirm it was correct.

The Audit Manager confirmed he had some time on 17 February with the Auditor General to sign the accounts prior to Trust being able to submit these to the Charity Commission.

It was recognised that the recommendations were partially accepted by management.

Members expressed again that lessons must be learned from the process and timeliness of this audit, to ensure the Trust did not find itself in a similar position in future.

RESOLVED: That the qualified opinion of the audit was accepted for the reasons set out above and within the report .

14/23 CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2021/22

The Executive Director of Finance and Corporate Resources confirmed there had been much discussion in recent weeks relating to the accounts which were predominantly a cash-based set of accounts, and formally noted the delay of filing the accounts with the Charity Commission.

The Executive Director of Finance and Corporate Resources spoke about the key highlights in year which were referred to within the report, noting specifically that whilst a full audit of the accounts was not a requirement in line with the relevant charity legislation, the Committee had requested a full external audit at

an early stage in furtherance of good governance.

Whilst the Committee had been sighted on the draft accounts previously, there had been some slight changes following the audit which had been agreed and were detailed in the audit opinion.

The Executive Director of Finance and Corporate Resources stated that the annual report this year had been enhanced to be better aligned to the Trust's Annual Report in terms of presentation and style, including a foreword from Kevin Davies as previous Chair of the Committee.

Reference was made to the filing of the Annual Return and accounts 17 days late, which was disappointing. The Charity Commission had been informed of the late filing and the Trust had received an acknowledgement that there would be no further action from the Charity Commission.

Members also noted that the Trust was not the only Welsh NHS Charity unable to file their Annual Return and accounts on time, for similar reasons The position has been clearly articulated in the 'Introduction' within the Annual Report.

Those present recognised the maturation of the charity over the past five years and agreed to focus on its positive ambitions going forward.

The Trade Union partner confirmed that he had full assurance from the Executive that the Annual Report and accounts had been prepared appropriately and thanked the Executive Director of Finance and Corporate Resources and the wider team.

RESOLVED: That

1) **the Annual Report and Accounts 2021/22 be endorsed and recommended to the Corporate Board of Trustees for approval.**

16/23 SUMMARY OF DECISIONS/ACTIONS

1) The Annual Report and Accounts 2021/22 be endorsed and recommended to the Corporate Board of Trustees for approval; and

2)That the qualified opinion of the audit was accepted for the reasons set out above and within the report.

17/23 ANY OTHER BUSINESS

There were no items for discussion.

18/23 DATE OF NEXT MEETING –5 April 2023

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 1 DECEMBER 2022 VIA TEAMS

PRESENT:

Martin Turner	Non-Executive Director and Chair
Paul Hollard	Non-Executive Director & Committee Member
Ceri Jackson	Non-Executive Director & Committee Member
Joga Singh	Non-Executive Director & Committee Member

IN ATTENDANCE:

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
David Butler	Internal Audit
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Head of Internal Audit
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Jessica Price	Deputy Head of Financial Accounting
Felicity Quance	Internal Audit
Duncan Robertson	Interim Assistant Director of Audit, Research and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner
Mike Whiteley	Audit Wales
Carl Window	Counter Fraud Manager

APOLOGIES:

Brendan Lloyd	Executive Director of Medical and Clinical Services
Angela Lewis	Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Liam Williams	Executive Director of Quality and Nursing

48/22 PROCEDURAL MATTERS

1. The Chair welcomed all to the meeting and advised that it was being audio recorded.

2. The Minutes of the open session of the Audit Committee meeting held on 15 September 2022 were confirmed as a correct.

RESOLVED: The Minutes of the meeting held on 15 September 2022 were confirmed as a correct record.

49/22 INTERNAL AUDIT REPORTS

1. Osian Lloyd presented the progress report advising the Committee that good headway had been made on the Internal Audits for the current year. There were no further changes proposed to the Internal Audit (IA) plan of 2022/23. Members noted that the 2023/24 IA plan was due for approval at the 2 March 2023 Audit Committee meeting.

2. Osian Lloyd provided an overview on the following IA reviews that had been carried out by his Team:

Hazardous Area Response Team (HART) – Reasonable Assurance

1. The purpose of the review was to ascertain whether HART was properly trained and equipped to respond to high risk and complex emergency situations.

2. It was a positive report with a reasonable assurance rating. There was one high priority finding which concerned the need to improve the completion and compliance monitoring of training competencies. There were eight medium priority findings which were listed in more detail in the review. Trust management have accepted the findings and IA were content with the management responses.

Comments:

1. Lee Brooks commented there would be similarities between this audit and the recommendations from the Manchester Arena enquiry. He added the audit had given rise to several learning opportunities for the Trust.

2. Members observed a theme across the Trust where managers had missed the opportunity to attend and / or record training. Lee Brooks explained that specifically in respect of HART, there was a broad array of training which had been conducted despite operational pressures. He added this was an opportunity for the Trust to develop both its training opportunities and how such activity is recorded. Members recognised that evidencing this activity under the current reporting method had been challenging.

3. The Committee sought clarity of the lessons learned with partners and how they would be implemented. Lee Brooks explained that any internal actions and recommendations were monitored and shared with partners through a debriefing mechanism.

Attendance Management – Reasonable Assurance

1. Osian Lloyd advised the Committee that the purpose of this review was to assess the effectiveness of the early intervention mechanisms the Trust has implemented to improve staff attendance.

2. This was a positive report which had been given a reasonable assurance rating. The review had focussed on the three main types of sickness absence reported; mental health, musculoskeletal, and infectious diseases. There were several matters which required management attention of which five were medium priority findings, and one low priority finding.

3. These findings were referenced in more detail within the review. One of the main recommendations was to develop more robust monitoring and recording arrangements around sickness. The findings had been accepted by management and IA were content with the management responses.

Comments:

1. The Committee noted the report had been circulated to the People and Culture Committee for its awareness. Progress against the recommendations from the audit will be discussed and monitored by the People and Culture Committee.

2. In terms of lessening the impact on staff with regards to musculoskeletal issues, particularly with 'lift assist', Lee Brooks explained that the necessary equipment was on vehicles, the relevant training was given to staff and the Trust also had the ability to call upon Fire Service colleagues for assistance, if required.

Electronic Patient Clinical Record (ePCR) system – Reasonable Assurance

1. David Butler presented the audit and explained it was undertaken to review the delivery and management arrangements in place to progress the implementation of the ePCR.

2. The audit considered the following aspects; governance, monitoring and reporting and contractual arrangements, and made eight medium priority recommendations. Central to these recommendations was the need to consider the timing and method of engagement with Health Boards around implementation. Similarly, there was a requirement for early development plans with Digital Health Care Wales.

Comments:

Paul Hollard commented that the positive review had highlighted the many benefits of the ePCR programme; further to this Duncan Robertson advised the Committee that the actions were scheduled to be completed by the end of the current financial year.

RESOLVED: That the IA progress report and IA reviews were received.

50/22 AUDIT WALES REPORTS

Audit Wales (AW) Update Report

1. Fflur Jones, advised the Committee that the report contained details of the AW programme and its progress. It was noted that the structured assessment work was in its final stages and would be presented to the Board in January 2023.

2. The Committee were advised that the review on unscheduled care across Wales

was underway; the first part of which in relation to patient flow out of hospitals, was progressing well.

Equality Impact Assessment (EIA)

3. Fflur Jones explained this was a national review undertaken on all Welsh public bodies and their compliance with the Equality Act 2010. Overall the review found good areas of practice, however there was scope to make greater use of EIA in terms of their promotion of equality cohesion. There were several recommendations from the report, aimed mainly at Welsh Government.

4. Julie Boalch advised the Committee that a Task and Finish Group had been set up to develop an Integrated Assessment Review Tool which would provide guidance for colleagues regarding the provisions of the Equality Act 2010, as well as other related legislation where assessments for change activities are required. The guidance will include the learning from this Audit Wales report. Once this tool has been developed it will inform future Key Performance Indicators.

National Fraud Initiative

1. Fflur Jones explained that the National Fraud Initiative was a biannual exercise which matched data to help public bodies identify fraud or error in claims and transactions. In 2020/21 this initiative helped Welsh public bodies identify over £6.5m of fraud and overpayments. The report made three recommendations which were contained in the report.

Public sector readiness for Net Zero Carbon by 2030

1. Fflur Jones explained that the report was the first phase of the work which outlined how the public sector was preparing to achieve Welsh Government's (WG) collective ambition for net carbon zero by 2030. The summary report has detailed five actions for organisations to consider.

2. Chris Turley informed the Committee that the Finance and Performance Committee monitored and reviewed progress in this area, and outlined the current work being undertaken by the Trust to achieve the target set by WG.

Comments:

1. In terms of unscheduled care project review, the Committee queried whether the triage system within hospitals would be included. Fflur Jones confirmed this was included in part two of the review.

2. In terms of Equality Diversity and Inclusion (EDI) and the Equality Impact Assessment (EIA), members welcomed this and hoped it had an impact and how EIAs were embedded through the Trust.

RESOLVED: That the Committee received the updates.

51/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

1. Julie Boalch gave an outline of the report and the Corporate Risk Register (CRR) and drew the Committee's attention to risks that had been added, increased/decreased in score, and risks that had been closed.

2. Since the last Audit Committee meeting, the following activity has occurred; risk 311 (Inability of the Estate to cope with the increase in Full Time Equivalents (FTE)) had been closed. One new risk has been added, risk 557(potential impact on services as a result of Industrial Action) and had been rated with a score of 16

3. Furthermore, there were two new risks which were in development; risk 538 (possible consequence of a further delay to implementation of the new Integrated Information System (Salus)) and risk 542 (Failure to deliver the WG NHS Decarbonisation Strategic Delivery Plan).

Comments:

Paul Hollard commented that the People and Culture Committee would monitor risk 557 going forward.

RESOLVED: The Committee accepted the status of the risks in the CRR and noted the closure of Risk 311 and the inclusion of the new Risk 557 on the CRR with a risk rating of 16.

52/22 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 APRIL 2022 TO 31 OCTOBER 2022

The Committee were informed by Chris Turley that the total net losses and special payments made during this period amounted to £0.103m. All payments had been made within approved delegated limits.

RESOLVED: That the losses and special payments report for the period 1 April 2022 to 31 October 2022 was noted.

53/22 AUDIT TRACKER

1. Julie Boalch explained that the report provided an update in respect of audit recommendations resulting from Internal Audit and External Audit reviews.

2. There were 10 high priority and 28 medium priority Internal Audit recommendations which were overdue; specifics regarding each and their completion dates were detailed in the report.

3. With regards to the 12 External Audit recommendations generated by the 'Taking Care of the Carers' external review, the Committee noted 8 were overdue, and 4 were not yet due.

Comments:

Members acknowledged the progress and looked forward to receiving updates regarding the older recommendations in due course.

RESOLVED: The Committee noted the activity and progress since the last Audit Committee meeting in September 2022; specifically that there were 10 high priority and 28 medium priority Internal Audit recommendations overdue.

54/22 CONSENT ITEMS

The following reports were presented for the Committee to note:

1. Committee Priorities Quarter 2;

2. All Wales Audit Committee Chairs Highlight report from the October 2022 meeting.

RESOLVED: The Committee noted the reports.

Date of Next Meeting: 2 March 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 17 JANUARY 2023 VIA TEAMS

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director (from 10:11)
Paul Hollard	Non-Executive Director (joined during GOSH item))
Martin Turner	Non-Executive Director

IN ATTENDANCE:

Alex Crawford	Assistant Director of Planning and Transformation
Chris Evans	Research Innovation and Improvement Lead
Estelle Hitchon	Director of Partnerships and Engagement
Caroline Jones	Corporate Governance Officer
Jo Kelso	Head of Workforce Education & Development
Mark Marsden	Trade Union Partner (1)
Trish Mills	Board Secretary
Alex Payne	Corporate Governance Manager
Keith Rogers	Trade Union Partner (2)
Andy Swinburn	Director of Paramedicine

APOLOGIES:

Angela Lewis	Director of Workforce and OD
Duncan Robertson	Interim Assistant Director of Research, Audit & Service Improvement
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

01/23 WELCOME AND INTRODUCTION

The Chair welcomed everyone to the meeting, and that Kevin Davies' extensions as Vice Chair of the Board and therefore membership of the Committee has continued.

The Chair confirmed that both Kevin Davies and Paul Hollard would be joining the meeting shortly.

02/23 DECLARATIONS OF INTEREST

The standing declarations of interest of Hannah Rowan and Professor Kevin Davies were recorded, and no other members had declarations to disclose.

03/23 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 25 October 2022 were approved as a correct record.

04/23 ACTION LOG

39c/22 – Director of Partnerships and Engagement Update - TU Partners to relay to colleagues the opportunities that University status/partnerships would bring to ensure all staff felt included.
The Chair spoke about the action as being ongoing with communications and engagement to help staff understand the benefits. The action was closed.

40/22a and 46/22– Digital Opportunities - The Director of P&E ask a member of the WIIN team to contact Great Ormond Street to look at learning
The Research Innovation and Improvement Lead began by explaining that the Great Ormond Street Hospital (GOSH) data research innovation and virtual environments unit (DRIVE) was a bespoke model with a central innovation and a research and development hub (R&D).

The innovation hub reviews ideas with capital and / or revenue potential, and then coordinates their translation into tangible solutions.

The R&D hub is the link with NHS England partners and key stakeholders for designing and delivering formal academic programmes, with continued analysis of data for trends, themes and hot topics which springboards formal research projects to enhance service delivery.

The Research Innovation and Improvement Lead highlighted how the Welsh Ambulance Services NHS Trust (WAST) was aligned with the GOSH model and believed that Welsh academia could support the Trust in aligning its research portfolio with strategic planning. Health Informatics (HI) partnerships would enable better evaluation of the Trust's services for benchmarking purposes, not only initially, but post intervention.

HI partnerships could include strategic oversight of current and future graduates in terms of their dissertation or thesis design which would lead to rapid pilot designs. An example of which was clinical academic placements, where links between researchers and practitioners with protected research time to promote continued collaboration and professional development, could result in a researcher in resident model.

He closed by highlighting a few partnership creation suggestions.

Members raised questions about the intensive learning academies which were about translating ideas to practical solutions and the funding streams that could be accessed. The Research Innovation and Improvement Lead emphasised how the innovation hub was key in terms of sustainability for WAST, and that in a financially challenged environment potential for income generation would be helpful, especially as WAST is a much smaller organisation than some of the competing Health Boards; even though the aspirations of WAST are great, recognising that WAST does not have the same profile as GOSH.

Innovation was key to work with industry, so that companies that have made money using WAST as part of their models, direct money back to WAST to fund research to enhance that original programme of work, which would require innovative contracts between WAST and industry.

Members recognised that this was an aspirational piece of work which would take time to build and embed.

A discussion relating to portfolios was still to be had which the Director of Partnerships and Engagement confirmed was in train.

The Director confirmed that research versus innovation versus commercialism and how that could be harnessed needed to be given more thought, recognising that academic partnerships which were not in a clinical space also needed to be coupled. Members agreed a member from the Strategy and Planning directorate would be welcome on the Committee. The Board Secretary confirmed that the Committee has oversight of translational and applied research within its remit and how this model could be used.

Members agreed that how conversations were translated into action and outcomes was crucial together with accountability. Once a pilot had been trialled, the "what next" and how it could be taken forward needed to be addressed.

Members discussed the research that was ongoing within the Trust, that did not appear to be centrally held and therefore could not be recognised, i.e., what and who do the Trust engage with, if it was industry, University or other Health Boards. The Research Innovation and Improvement Lead confirmed that he had developed a data dashboard to collate this information and agreed to share this with Committee members.

RESOLVED: That
1) actions 39c/22, 40/22 and 46/22 were closed as set out above; and

2) the Research Innovation and Improvement Lead agreed to share the data dashboard with Committee members.

05/23 UNIVERSITY TRUST STATUS UPDATE AND PROPOSAL FOR TASK & FINISH GROUP

The Board Secretary updated the members on the discussions with Welsh Government (WG) around the requirement to have an independent member from a university as part of the process in achieving University Status. WG had confirmed this requirement and the Trust was looking for the next natural vacancy on the Board which would be April 2024. The recruitment process with the Public Appointments Team will commence in approximately October 2023.

The Board Secretary recommended that a Task and Finish Group be established to advise this Committee what the approach to attract candidates to align to the Trust's ambition would be. Additionally, a change of name and brand would also need to be considered by the group. The membership and terms of reference were still work in progress and it was recognised that there would be conflicts of interest from the successful candidate, which would need to be managed.

Members agreed that risks and mitigations needed to be clearly flagged with the Committee as the work progressed.

The Committee was assured that work was ongoing with the Public Appointments Team to review role descriptions for independent members, and WG recognised that WAST would not be considering medical or dental school alignment. Members were also reminded that the successful candidate would need to understand the different aspirations, strengths and staff base of WAST in relation to other health boards with university trust status.

RESOLVED: That the Task & Finish Group be established to look at

1) **the strategic approach to attract candidates to align to WAST's long term strategy, for consideration by the Committee;**

2) **proactively plan for management of conflicts of interest;**

3) **Logistics related to change of name and brand; and**

4) **Alignment to the legislative docket in Welsh Government to change our Establishment Order**

06/23 COMMITTEE EFFECTIVENESS REVIEW AND ANNUAL REPORT

The Board Secretary confirmed the requirement to undertake a review of effectiveness for each Committee, which was done by way of a questionnaire issued to members for them to complete anonymously, following which there was a meeting between the Board Secretary, Chair and Executive Lead to review the results and the Committee Terms of Reference.

Members were provided with presentation slides and a link to the source document, which totalled 27 questions over five themes. The Chair thanked the Board Secretary for the work involved in pulling all this information together.

Key elements and proposed changes were drawn out for the attention of members including showcasing WAST Improvement and Innovation Network (WIIN), celebrating research and innovation, a need to re look at the visit to Swansea to engage with the immersive learning suite as well as deputies to attend meetings should members not be available were some of those highlighted. Members also recognised the maturity journey of the committee.

The Board Secretary confirmed that the research governance framework currently within the Quality, Patient Experience & Safety Committee (QUEST) portfolio would move to this Committee following the review of the ToR; an action supported by the Chair of QUEST.

Research and innovation risks were in discussion and would be worked through and, if necessary, would feature on both Directorate and the Corporate Risk Register if required.

The alert, advise assure reports which were forwarded to Board Members following the meeting, were also to be circulated to Committee members to allow them to provide feedback on the meeting should they wish to.

The Chair requested that opportunities for income generation be considered as one of the priorities for the Committee noting the difficult financial landscape at this time.

RESOLVED: That

1) **the proposed changes to the Terms of Reference, to include a member of the Strategy and Planning directorate be approved;**
2) **the changes proposed following the effectiveness review were confirmed;**
3) **the annual report was approved.**

07/23 UTS PRIORITIES 2023-2026 (CONTAINED WITHIN THE INTEGRATED MEDIUM TERM PLAN) (IMTP)

The Director of Partnerships and Engagements provided the background on the original presentation to Welsh Government and the priorities of the Trust for the 2022/23 year recognising the pressures the Trust were and continue to be under.

The priorities that were selected were already organisational priorities and fitted with the research innovation best practice.

The Assistant Director of Planning and Transformation set out how the IMTP would this year be set around three pillars, those being our people, patients and value of sustainability which is underpinned by the partnerships that the Trust has. A section of the IMTP is around how

research innovations are used, and how the Trust delivers on the priorities within the University Trust application.

Whilst it was recognised that the Finance and Performance Committee have oversight of the IMTP, this committee was able to undertake deep dives.

The priorities set for 2022/23 were Digitisation; Advanced Practice and Decarbonisation, and members were asked to consider if any of these priorities could be concluded. An example of which was the ePCR programme which was due to complete at the end of March; however, the benefits realisation and sharing of best practice was still very much topical. The mid-year review for WG evaluated the position on the priorities, which also highlighted the progress to date.

The Assistant Director of Planning and Transformation continued to apprise members on the messaging around the digital strategy with the ongoing work with digital first in 111 and how the data was being used to inform the work in inverting the triangle.

The Board Secretary confirmed that the deliverables such as those around people and culture, would be for the People and Culture Committee to ensure their alignment with the strategic direction and approve them, ahead of being included within the IMTP. The Finance and Performance Committee would have oversight of the IMTP and any deep dives or exception reporting could be explored by this Committee. This Committee explores opportunities for the development of those priorities for the whole workforce with criteria to work through, ensuring that they are appropriately resourced with a scrutiny element of what goes into the IMTP.

It was decided that some thought was required on what members felt the priorities should be, and the Director of Planning and Transformation agreed to share the presentation slides with members after the meeting alongside some specific questions, to allow members to feedback. It was noted that developing new priorities may not be able to be commissioned in the current climate, therefore connecting existing or future priorities that appear in the IMTP that the Trust are committed to delivering that the committee are comfortable with or if there was something the Committee really must do to advance the UTS.

RESOLVED: That the Assistant Director of Planning and Transformation circulate the slides and questions for members to feedback on priorities to align with the IMTP;

08/23 SUMMARY OF ACTIONS, DECISIONS MADE AND KEY MESSAGES

1) Chris Evans to share the data dashboard with colleagues;
2) Interesting learning from GOSH with research and innovation work to follow;
3) Effectiveness review completed;
4) A Task & Finish Group be established to ensure the right candidate can be attracted in April 2024;
5) A member of the Strategy and Planning department be added to the Terms of Reference;
6) The Assistant Director of Planning and Transformation share the slides and questions for members to consider around future priorities.

09/23 ANY OTHER BUSINESS

The Board Secretary thanked the Chair for the clarity around actions and direction. She asked members for feedback on the presentation of the effectiveness review results to assist in presentation at the other Committee meetings.

It was suggested that the detail be provided to members ahead of the meeting with just a couple of slides explaining the proposed changes at the meeting, ensuring more effective use of Committee time.

10/23 DATE OF NEXT MEETING:

25 April 2023

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 14 March 2023

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non-Executive Director and Chair
Alex Crawford	Assistant Director of Planning
Bethan Evans	Non-Executive Director
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Ian James	Trade Union Partner
Jo Kelso	National Ambulance Training College
Angie Lewis	Director of Workforce and OD
Trish Mills	Board Secretary
Ross Hughes	NWSSP Audit and Assurance
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer
Bronwen Rebelo	Organisational Development Manager
Liz Rogers	Deputy Director of Workforce and OD
Kia Stevenson	Workforce and OD Project Manager
Andy Swinburn	Director of Paramedicine

APOLOGIES:

Hannah Rowan	Non-Executive Director
Paul Seppman	Trade Union Partner
Lee Brooks	Executive Director of Operations
Chris Turley	Executive Director of Finance and Corporate Resources
Joga Singh	Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing
Julie Boalch	Head of Risk and Deputy Board Secretary

01/23 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Julie Boalch, Hannah Rowan, Chris Turley, Lee Brooks, Paul Seppman, Joga Singh, Estelle Hitchon and Liam Williams.

02/23 DECLARATIONS OF INTEREST

No new declarations were made in addition to the standing declarations which were already noted on the Trust register.

RESOLVED: That no new declarations were received.

03/23 MINUTES OF PREVIOUS MEETING AND ACTION LOG

The Minutes of the Open meeting held on 29 November 2022 were considered and agreed as a correct record. The Action log was considered, reviewed, and updated.

RESOLVED: That the Minutes of the meeting held on 29November 2022 were AGREED.

04/23 DIRECTOR OF WORKFORCE & OD UPDATE

Angie Lewis gave an update on recent developments within the Workforce and Organisational Development Directorate. Members received the report and noted the challenges which had resulted from industrial action as well as the opportunities and positive developments which had taken place since the last report. These included the change management training and the placement programme for Paramedic Science degree students, aimed at broadening understanding and enhancing learner experience.

RESOLVED: That the update was NOTED.

05/23 OPERATIONS QUARTERLY REPORT

The Operations quarterly report was presented as read with Members invited to raise any questions or observations. Members observed that the report had previously been discussed at other Committees and no queries were raised.

RESOLVED: That the update was NOTED.

06/23 STAFF STORY

Angie Lewis and Dr Catherine Goodwin introduced the staff story along with Bron Rebelo who gave a presentation around the Sexism and sexual safety at work survey, focussing particularly upon misogyny within the Trust. Members were shown a short video in which colleagues from across the Trust spoke of their experiences of mysogyny and the effect that these experiences had upon them. It was noted that such issues were not unique to the Trust and had been seen in high profile cases across various sectors, such as the police and other services.

Bron Rebelo then spoke of her own experiences and her journey over the last three years, citing the importance of people listening and understanding without disempowering her by trying to resolve the issues for her.

The presentation made it clear that while there were issues regarding sexism, sexual safety and misogyny within the Trust, these were limited to a small minority and the organisation had taken the important step of recognising and acknowledging the issues and more importantly, had begun the process of addressing them and working towards establishing organisational and behavioural change. This change in attitudes and organisational behaviour would be key to making a real difference to colleagues within the service.

Following the presentation, Members thanked Bron Rebelo for her courage in speaking to the Commiittee and openly discussing her experiences. Members noted that the trends identified in the presentation had also been seen in other organisations, giving a clear indication that the problems were not unique to the Trust and that organisational change and a shift in the mentallity of people would be required to bring about real and lasting change.
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RESOLVED: That the staff story was NOTED.

*Bron Rebelo left the meeting.

07/23 SEXISM AND SEXUAL SAFETY AT WORK UPDATE

The Sexism and Sexual safety at work update was covered in the previous item as part of the staff story. The upate report was presented as read and no further questions were raised.

RESOLVED: That the update was NOTED.

08/23 SPEAKING UP SAFELY UPDATE

Trish Mills provided the Committee with an overview of the work underway to develop a framework for raising concerns and speaking up. Members were informed that the Speaking Up Safely Task and Finish Group had been formed to develop the framework and this work had now been completed.

The work would now transition to the Workforce and Organisational Development Directorate with Angie Lewis as the Senior Responsible Owner.

Angie Lewis informed Members that in her view, the Speaking up Safely work formed part of the Trust's broader work around cultural and organisational change and this work would continue in partnership with Trade Union colleagues to give an additional level of confidence to colleagues, while at the same time, providing an alternative platform for staff to raise concerns. An action was agreed for an update to be given at the next meeting of the Committee regarding the Sexism & Sexual Safety at work survey.

RESOLVED: That the update was NOTED.

09/23 PEOPLE AND CULTURE 2023-26 IMTP DELIVERABLES

Angie Lewis Shared the key People and Culture activities articulated within the Trust's 2023-26 IMTP, including the Equality and Welsh Language plans.

These included the continued building and articulation of the Trust's desired culture, sustaining focus on improving wellbeing, embedding partnership working and improving the working environment, including where and how staff work.

The IMTP identified emerging priorities such as building on the employee experience to attract and retain a diverse workforce, developing a recruitment and retention plan that supported all roles in the organisation, and continuing to build an effective employee brand while improving the effectiveness and application of the Trust's internal people processes.

Angie Lewis informed Members that this work was ongoing, and a further update would be provided at the next meeting of the People and Culture committee in May.

Members received the update and commented on the work being undertaken, stating the aims and objectives were very clear, necessary, and well set out within the plan.

RESOLVED: That the update on the People and Culture 2023-26 IMTP deliverables was NOTED.

10/23 WASPT ADVISORY GROUP HIGHLIGHT REPORT

Trish Mills provided an update on the key areas discussed at the last WASTP meeting held on January 25th 2023. No alerts were identified for the attention of the Committee although advisories were given around industrial action, progress on the establishment of WASPT sub-structures and progress on elements of the IMTP 2023-26, relating to 'Our People' which centred around culture, capacity and capability. The Terms of Reference for the group had been reviewed and were due to be presented to the Board for approval in May.

Risks related to the IMTP were also discussed at the meeting including financial risks, capability, ongoing wider system pressures, and potential commissioning landscape changes.

Members received the report and welcomed the reconveing of the WASPT group and the important work it was undertaking.

RESOLVED: That update was NOTED.

11/23 CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Trish Mills introduced the Corporate Risk Register and Board Assurance Framework and updated Members on the key risks identified for the Committee's attention.

Members were informed that the principal risks had been presented to the Trust Board on 26 January 2023. However, the risk review schedule and governance routes agreed by the Audit Committee had been delayed due to operational pressures including industrial action, as well as absence within the Corporate Governance Team. Whilst updates had been received on actions for some of the principal risks, there had not yet been an opportunity to complete the work aroung these by the Corporate Governance Team although all endeavours would be made to formally review the risks prior to the March 2023 Board.

Members received the update and noted the challenges and pressures currently being faced by the Corporate Governance Team.

RESOLVED: That the contents of the report were CONSIDERED.

12/23 IMPROVING ATTENDANCE PROJECT PROGRESS UPDATE AND INTERNAL AUDIT REVIEW ON ATTENDANCE MANAGEMENT

Liz Rogers introduced the Improving Attendance Project Progress Update and Internal Audit review on attendance management as read, and provided updated figures and data for the Committee.

The report showed that sickness had decreased in January across the Trust and early indications were that February would see an overall decrease in sickness absence. The number of individuals off with long Covid also continued to remain low.

Members received the report and noted that Anxiety, stress, depression. and other psychiatric illnesses were the single biggest cause of absence and given this, it was asked whether staff were taking advantage of the support offered by the Trust's Wellbeing services. Liz Rogers confirmed that there was a significant demand from staff for those services and recent data supported this position with no drop off in usage. An action was agreed for a further update to be provided at the next PCC meeting on 09 May 2023.

RESOLVED: That presentation and update were NOTED.

13/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Alex Crawford presented the Monthly Integrated Quality and Performance Report (MIQPR) as read, and focussed on the key areas and issues that were relevant to the Committee.

Members were informed that the report contained information on 24 key indicators and in many areas, these continued to reflect a poor picture in terms of the quality and safety of the service that the Trust could provide to patients in the 111 and Emergency Medical Services (EMS) pathways.

Patient demand across the 111 and EMS services had increased with exceptionally high call demand in both services, however, other factors such as the continuation of the Covid-19 variants, levels of abstractions (including Covid-19 related absence) and extreme handover lost hours, continued to impact on the Trust. Numerous other factiors including Post-production lost hours and industrial action had also impacted significantly on the Trust's ability to respond to incidents. Members received the report and acknowledged the pressures and difficulties being faced by the Trust which in turn, were impacting upon patient experience and organisational performance. Liz Rogers and Andy Swinburn commented on the efforts and challenges involved with recruiting new clinical staff to the Trust and noted that while new clinical staff would help to ease the strain upon services, the limited availability of suitable candidates and competition from other ambulance services and Health Boards for these skills meant that recruitment was extremely challenging.

RESOLVED: That the January 2023 Integrated Quality and Performance Report and actions being taken to determine whether:

1. The report provided sufficient assurance.

2. Whether further information, scrutiny or assurance was required, or

3. Further remedial actions were to be undertaken through Executives was CONSIDERED.

14/23 WORKFORCE PERFORMANCE SCORECARD REPORT

Angie Lewis gave a brief overview of the Workforce Performance scorecard and drew Members' attention to key areas including the ongoing work around recruitment and retention, and the re-branding of Continuing Professional Development (CPD) training to Mandatory In Service Training (MIST), to ensure that employees understood and appreciated the importance of statutory and mandatory training requirements.

In other areas, PADR compliance had continued to increase and was currently at around 79%, while open employee relations cases had also seen a positive shift with the number of cases reducing month on month; which was likely a result of the roll out of Compassionate Practices workshops and training.

Members received the report and commented on the positive updates on PADR compliance, employee relations cases, and the changes to statutory and mandatory training.

RESOLVED: That the update was NOTED.

15/23 ANNUAL EQUALITY REPORT AND GENDER PAY GAP REPORT

Dr Catherine Goodwin provided the Committee with updates on the Trust's Annual Equality and Gender Pay Gap reports. The equality report showed a small increase in Black Asian, Minority Ethnic groups and Mixed Ethnicity groups within the Trust from 1.18% to 1.34%. The number of female employees increased by 2% from 46.2% to 48.2%, disability staff groups increased from 4.69% to 5.20% and Lesbian, Gay and Bisexual groups increased 4.49% to 4.54%.

Overall, this demonstrated that the Trust was generally representative of the people it served although more work was required, particularly around Black Asian, Minority Ethnic groups and Mixed Ethnicity groups.

The Gender pay gap report showed that disappointingly, the gap had increased, and although the Trust had a very even split of male and female employees (51.1% male to 48.9% female), the women's mean hourly rate was still 6.7% lower than the mean rate for males.

Members received the reports and noted the positive overall position of the Trust while observing that work would continue in terms of recruiting people from black and ethnic minorities, while also working to reduce the gender pay gap.

RESOLVED: That the contents of the reports were NOTED and ENDORSED.

16/23 ANNUAL COMMITTEE EFFECTIVENESS REVIEW REPORT

Trish Mills updated Members on the Annual Committee Effectiveness Review, including responses from questionnaires, proposed changes to operating arrangements, , amendments to the Committee's Terms of Reference, and the Annual Report to be presented to the Trust Board.

Members received the update and commented on the importance of reflecting upon the Committee's effectiveness and listening to feedback. and responses from Members and the questionnaires. Members then confirmed and approved the recommendations set out within the report.

RESOLVED: That:

1. The Committee's terms of reference at Annex 3 were REVIEWED and ENDORSED,

2. the proposed changes to operating arrangements in response to issues raised in questionnaires were CONFIRMED,

3. the People and Culture priorities in the IMTP for 2022/23 were SET; and

4. the annual report at Annex 2, noting the requirement for some further adjustment following the current meeting was APPROVED.

17/23 HEALTH AND SAFETY UPDATE

Jonathan Turnbull-Ross presented the Health and Safety update as read, pulling out key points for the Committee's attention and asking Members to note that:

• There has been focused attention on RIDDOR incidents within the Trust in order to meet reporting timescales that hat resulted in a compliance increase of 47% in Q3 from Q2.

• Statutory Health and Fire Safety training compliance was below the Trust and Welsh Government standards. Managers were to encourage staff to bring their training levels up to Trust expectations.

• Workplace Risk Assessment compliance was at 71.8%. However, further work was ongoing to improve the standard of these assessments to ensure they were suitable and sufficient;

• Prosecutions were recently issued to Powys Teaching Health Board and Cwm Taf Morgannwg University Health Board by the Health and Safety Executive for respective breaches of Section 2 and Section 3 of the Health and Safety at Work Act 1974.

Members received the report and noted the challenges ahead for the Health and Safety team. The Committee commented on the improvements which had been seen within the department in recent years, and commended the team for their proactive response in relation to health and safety issues which had recently been raised around diesel fumes caused by ambulances waiting for extended periods outside emergency departments.

RESOLVED: That the update and key points of the report were NOTED.

18/23 INTERNAL AUDIT: AUDIT TRACKER AND INTERNAL AUDITS REVIEW

Trish Mills gave an overview of the Audit tracker and Internal audits review. The report provided assurance that recommendations contained in internal and external audit review reports were being addressed in a timely manner.

Members were informed that there were six overdue actions that fell within the remit of the Committee. Two related to the Attendance Management review and were proposed to be closed; one had been requested to move to March 2023 from December 2022; and the remaining three recommendations related to the Recruitment Practices – EDI and the Collaboration reviews, which all now had revised dates proposed.

RESOLVED: That the update was NOTED.

19/23 PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT

The People and Culture Committee highlight report was presented as read and for information purposes only, having previously been circulated to Members for review. No further queries were raised by Members.

RESOLVED: That the higlight report was NOTED.

20/23 SUMMARY OF ACTIONS AND DECISIONS, AND REFLECTION

Paul Hollard reflected on the day's discussions and invited Members to comment on the meeting before reviewing any actions which had been agreed.

Members reflected upon the scale of discussions and the wide range of topics which had been covered, commenting that it had been a strong, positive and productive meeting which had helped drive forward the desired goals of the Committee and cultural change that the organisation strived for.

Follow up actions were agreed around the staff turnover data and the exit interview pilot. These were to be given at the next meeting in May.

RESOLVED: That Members reflected upon the meeting and resulting actions were AGREED.

21/23 ISSUES TO BE RAISED AT BOARD

The Chair informed Members that discussions with Trish Mills would take place outside of the meeting to determine which items would be taken forward and raised at Board.

22/23 ANY OTHER BUSINESS

There was no other busines.

23/23 DATE OF NEXT MEETING

The date of the next meeting is 09 May 2023.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 9 FEBRUARY 2023 VIA TEAMS

Meeting commenced at 09:30

PRESENT:

Bethan Evans	Non-Executive Director and Chair
Professor Kevin Davies	Non-Executive Director
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Lee Brooks	Executive Director of Operations
Andrew Clement	Partners in Healthcare, Resource Development Coordinator
Mark Harris	Assistant Director of Operations (NEPTS) (Attended for Patient Experience Item)
Nikki Harvey	Head of Safeguarding (joined at 11:15)
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Ian James	Trade Union Partner
Alison Kelly	Business and Quality Manager
Dr Brendan Lloyd	Executive Medical Director
Jen Lloyd	Senior Project Manager
Osian Lloyd	Head of Internal Audit
Caroline Miftari	Head of Quality Assurance
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Edward O'Brian	Macmillan Paramedic
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development
Leanne Smith	Interim Director of Digital Services
Andy Swinburn	Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Julie Boalch	Head of Risk/Deputy Board Secretary
Colin Dennis	Chair of the Board
Peter Hindley	Community Health Council

Donna Morgan	Internal Audit
Hannah Rowan	Non Executive Director

001/23 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies had been received from Julie Boalch, Colin Dennis, Peter Hindley, Donna Morgan and Hannah Rowan

Minutes

The Minutes of the meeting held on 10 November 2022 were confirmed as correct record.

Action Log

The action log and the AAA report from the last Quest meeting was considered:

Action 16/21: To provide updates on the viability of Community First Responders (CFR) to administer pain relief. An update was provided by Andy Swinburn; the requisition for Penthrox had been submitted, it was agreed that the action was closed.

Action 36/22b: Update on care home focused improvements. Jonathan Turnbull-Ross informed the Committee that a project was emerging which would improve the use of technology and resources in care homes. He added that this work would be aligned in particular to the 'Further Faster' Welsh Government publication which detailed how to work and liaise with the voluntary sector. Liam Williams added that the Trust was working with the Emergency Ambulance Services Committee (EASC), and other stakeholders to highlight the measures, particularly with regards to falls in care homes being taken. It was agreed for the action to be closed.

Action 54/22: To reproduce a report to give front line staff the assurance that the Trust is a learning organisation and to align it to the ongoing all Wales work on preceptorship and clinical supervision. The update provided on the action log was accepted and the action was closed.

Action 55/22: To present the revised quality strategy implementation plan. Item was on the agenda, action closed.

Action 56/22: To clarify with Health Inspectorate Wales at the Board meeting on 24 November, strategic collaboration and the statement on collaborative working. Action has been completed and was agreed for closure.

Action 57/22: In respect of patient experience calling 999, it was agreed that clarity on the N/A ratings would be included within the next report. An update was provided on the action log, action closed.

Action 59/22: The Trust had recorded 11500 patients with an indication of dementia from the ePCR (electronic Patient Care Record) from 1 April to 8 November (EMS only). Work was ongoing to improve this data collection and an update on this work was requested at the next meeting. The Committee recognised this information was not captured on NEPTS vehicles. An update was provided on the action log, action closed.

The Chair drew the Committee's attention to the contents of the AAA report for their information. In terms of the Audit Wales report, in particular the Structured Assessment

and the area around Non- Executive Director (NED) challenge and scrutiny to Executive Directors. Trish Mills advised that the next Audit Committee will discuss the Structured Assessment in more detail adding that all NEDs were welcome to attend if they so wished.

RESOLVED: That

(1) the Minutes of the Open meeting held on 10 November 2022 were confirmed as a correct record; and

(2) consideration was given to the Action Log and AAA report as described above.

002/23 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022 -23 Q3

Lee Brooks introduced the Operations Quarterly Report as read, conscious that some colleagues would have already had sight of it; adding that an update had been provided at the last Trust Board meeting.

This had been a very challenging time exacerbated by worsening handover delays and the impact of Industrial Action (IA). The most challenging days for the Trust recently as a result of IA were last Monday and Tuesday, Unit Hours Production stood at 76% and 80% respectively.

The Committee were advised of the Health Ministers statement which was released yesterday and this indicated that a revised offer was being considered by Trade Unions. The Committee were then provided with dates of upcoming IA by Unite; three days commencing on 20 February and GMB; 20 February, 3, 6 and 20 March.

It was pleasing to note that as discussed earlier as part of the action log, that Penthrox will in the near future, be able to be administered by Community First Responders.

Intelligent Routing Platform (IRP). The IRP is an NHS England procured solution that automates some of the manual BT call handling processes for 999 calls. This solution allows for callers on extended waits to have their calls answered more quickly and also should there be a break in telephony, the system automatically diverts to other services. It was noted that the IRP would be available to the four UK nations; however as far as the Trust was concerned it has proven to be problematic. It transpired that the Trust was a far greater importer of activity as opposed to an exporter of activity and equalled to about one fifth of calls being answered for other ambulance trusts. It was therefore decided that to remain on the IRP would be unsustainable and the Trust left it on 19 December following a critical incident. Since then there have been some changes and a number of Trusts who were struggling to manage their 999 capacity have taken steps to improve. In the meantime WAST has carried out a one day pilot of the revised IRP and going forward a one week pilot will be undertaken. The Committee would be updated on progress going forward.

In terms of system pressures handover delays remained extremely problematic, and way above that expected.

Members were updated on the 111 Adastra (software to manage patient journeys) outage incident which it was hoped that whilst the Trust was currently using work around solutions, it would soon return to business as usual.

Comments:

Whilst on the face of it there would be challenges going forward, the Committee welcomed the use of video consultation with patients and asked for further details. Lee Brooks explained that video consultation was available to the Trust through the Emergency Communication Nurse System (ECNS), a remote clinical decision support system, via the Clinical Support Desk (CSD). Initial feedback from staff has been positive. He added that the Trust continued to monitor its use especially with regards to the patient experience.

In terms of the upcoming control room solution the Committee sought further details. Lee Brooks advised that this technology would eventually replace the existing airwave radio technology and would be much more agile. Going forward there was still further testing to be conducted until it is ready to go live.

Clarity was sought on Emergency Medical Despatcher (EMD) recruitment and retention, particularly around the seemingly high attrition rate, which by and large was staff leaving. Lee Brooks explained that the single biggest loss was due the workplace experience and the associated challenging pressures staff were under; especially advising people that a resource will not be available. These and other pressures clearly have taken their toll on staff.

The Committee noted the improvement in January's performance particularly around the amber median and the reduction in handover delays; and thanked all staff for their ongoing efforts during these unprecedented times of system pressure.

It was queried if other blue light partners would be able to exert any pressure on health boards as a consequence of handover delays under the civil contingencies act. Lee Brooks explained that whilst they were not in a position to assist in creating a medical response, pressure could be applied through the Local Resilience Forum (multi- agency partnership consisting of representatives from local public services and emergency services)

RESOLVED: That the report was received.

003/23 PATIENT EXPERIENCE

Mark Harris provided the Committee with some background information on the WISH ambulance. It was an internally led volunteer service, currently 150, which delivered a service for a final wish to patients who expressed a wish to spend time with their families and/or visit a special place. The wishes were received from palliative clinicians following their consultation with patients.

The Committee were shown a video in which Lisa Taylor told us of the heart-warming experience the WISH team gave to her and her late husband Spencer. The WISH team took Spencer to Saundersfoot beach (a favourite of Spencer's and Lisa's) from Glangwilli Hospital for his birthday, picking him up in an ambulance that was decorated with birthday banners and ensuring a space was cordoned off in front of the beach for the ambulance and for his family members.

On the way back to the hospital the crew surprised Spencer and Lisa by detouring to his home, which Lisa said was particularly special for them all. Lisa told the Committee that it was lovely to enjoy the day without worrying about Spencer's medical needs which were taken care of so well by the WISH team. The whole day was a special memory for them both.

Comments:

The Committee thanked all those involved in making Spencer's last moments such a memorable experience and for all the other end of life experiences. It was queried how staff were selected to take part in these experiences. Edward O'Brian explained that staff applied through their respective Line Manager. After every wish experience a senior manager got in touch with staff to receive their feedback.

The Committee discussed opportunities to draw funds from other organisations and it was agreed that an action would be forwarded to the Charitable Funds Committee to consider funding to support the WISH team going forward.

Members further discussed that whilst the Trust was dealing with the challenges brought on by system pressures, it was uplifting to hear about these experiences.

RESOLVED: That the patient story was noted and recognised that the Charitable Funds Committee would consider opportunities for funding the WISH ambulance.

004/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh presented the Monthly Integrated Performance Report (MIQPR) for December 2022 with the following to note:

1. In terms of the 111 data around clinical triage and how quickly people were called back for P1 calls, the report illustrated a dip in performance to 45% which was incorrect, performance had remained above 90%.

2. There had been an improvement to the consult and close rate which was just under the target of 15%.

3. In terms of Personal Appraisal Development Review (PADR) completion rates, this had improved to just above 85%.

Comments:

In terms of the BT calls being re-routed as discussed earlier in the operations update, and the level of activity, it was questioned whether there was a limit at which point the calls were not re-routed. Lee Brooks explained it was not, as part of the principles to do so; adding that it was a case of how to proactively manage pressure as it continued to build.

Regarding the Immediate Release figures, it was requested that an update be provided, particularly around stroke patients in the amber one category. Lee Brooks gave up to date data which showed that this week, there had been 165 red requests and 383 amber. The majority of reds had been accepted, the positon with amber having improved proportionally and has improved significantly.

Liam Williams informed the Committee that whilst the response times to concerns, particularly from the investigative perspective could be better, work was underway to improve this. He added that the staff resource required to listen to the calls and conduct the qualitative and quantitative assessments had not increased. Wendy Herbert provided an overview of the activity involved in ensuring that Putting Things Right staff in the Clinical Contact Centre and Corporate staff were provided with the necessary health and wellbeing accessibility.

In terms of the move from Appendix B reporting to a Joint Investigation Framework, Liam Williams, advised that this move had on the whole seen benefits across the majority of Health Boards.

It was queried whether it was possible to distinguish whether those complaints requiring a response within 30 days were the Trust's sole response, or whether other organisations involved. Wendy Herbert explained the majority related to the Trust and explained the process involved in investigating the complaints.

In respect of the Backlog of National Reportable Incidents (NRI) it was questioned whether this had been reviewed. Liam Williams gave assurance the backlog should be cleared by 31 March 2023 with the Delivery Unit (DU) taking assurance from each Health Board they were being progressed. It was agreed an update on the backlog would be provided at the next Committee meeting.

RESOLVED: The Committee considered the December 2022 Integrated Quality and Performance report and remained concerned on performance, noting that an update will be provided on the NRI backlog at the next meeting.

005/23 PATIENT SAFETY REPORT Q2 2022/23

Wendy Herbert gave an outline of the report and drew the Committee's attention to the following areas, noting that several areas of the report had been discussed in the previous item:

1. There continued to be an increase in the number of concerns being received.

2. The Trust received two Regulation 28 Reports during this period and has responded to all previous reports within the given timescales.

Comments:

It was questioned if there was a correlation with the number of Immediate Release Directives (IRD), and Serious Incidents aligned to Health Boards and discussed at the Serious Case Incident Forum (SCIF). Wendy Herbert agreed to provide information on the number of Joint Investigations linked to IRD's at the next meeting.

In terms of the Joint Investigation Framework the Committee requested that more narrative be drawn out with thematic information, focusing on trends and any themes and impact. Liam Williams agreed this would be contained in reports going forward; noting that the MIQPR would provide the data.

RESOLVED: That the update was received and provided sufficient assurance of progress against the 24 key performance indicators detailed, which demonstrate how the Trust is performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.

006/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT (BAF)

Trish Mills explained that the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically risk 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).

Furthermore, members were asked to note that the actions, which were contained in the July 2022 Board paper on avoidable harm and outlined at the last meeting, were included

in the action section of the BAF for the Trust's highest scoring risks 223 and 224, which are both rated 25.

RESOLVED: The Committee accepted the status of the two corporate risks which it has been assigned to oversee the management of – risks 223, 224. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls.

007/23 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) QUARTERLY REPORT

Leanne Hawker outlined several areas within the report and drew the Committee's attention to the following:

1. Disability e-learning module, this was launched as an e-learning module and has helped patients with learning difficulties to access mainstream learning services. This will run alongside proposed developments to the ePCR which will allow staff to capture more information on the adjustments made for people with a learning disability and provide more effective data.

2. An update was given on the patient story tracker, this tracks outcomes of patient stories and was currently being re-designed to align to relevant IMTP priorities and work streams. It also included timelines and highlighted any key themes.

3. Community Health Councils (CHC), The Patient Experience and Community Involvement (PECI) team continue to work with CHC's to identify areas of working together to strengthen the voice of the citizens of Wales.

4. The Committee were updated on the work to improve access to health services for people whose first language was not English. This included a welcome pack, and the opportunity to attend an ethnic community health fair in Cardiff.

Comments:

It was questioned whether information was available when people called 111, and what happened next if they didn't use a primary or secondary healthcare facility. Leanne Hawker advised early information indicated that many people wanted to manage conditions themselves, people were looking for health information that will help their understanding. One of the biggest themes coming through was that people wanted access to information that supported their management and understanding of their condition.

Leanne Smith added that work was underway to consider longer-term to match up patient level data retrospectively, to understand patient flows, and presentation at different points of the system, but this was a longer term piece of work.

It was questioned if there was there a similar group across Wales that met on a regular basis to share information. Leanne Hawker advised that a group did exist and met regularly across Wales and also with colleagues in England and Scotland where information was shared.

In terms of engagement around older people and digital inclusion, it was noted that some health boards had recruited digital inclusion officers; it was asked what the Trust's approach was to digital inclusion. Leanne Hawker commented that the Trust works

closely with local authorities and the older persons' Commissioner. Feedback has shown that the majority of older people still prefer telephone and face to face contact.

Rachel Marsh added that patient experience metrics would be included in the MIQPR albeit in small numbers, and going forward would benefit from more people responding to the surveys. Leanne Hawker advised that work was in progress with the Information Governance team and All Wales Civica, to improve and extend data collection and capture.

Lee Brooks commented on the overall experience of calling 999 and was surprised by the numbers of people who did not receive a response from a clinical advisor. Other thoughts he had were, did they all need a response and could the advice given been better.

Liam Williams summarised the main points from the report, reiterating that the proposed work with Civica, in terms of digital inclusion, would be extremely important. He also drew attention to the work of the PECI team in which they contributed to the service improvement and service development going forward.

RESOLVED: That

(1) the Committee approved the Highlight Report for release to the NHS Wales Patient Experience Network; Welsh Ambulance Services NHS Trust People & Community Network and external stakeholders; and noted and supported the actions being taken forward; and

(2) agreed the proposal to receive this report for information in future and receive a six monthly SBAR focused on the Trusts strategic objectives and clinical transformation agenda.

008/23 DUTY OF QUALITY/ DUTY OF CANDOUR PREPAREDNESS

Liam Williams advised Members that the report had been adjusted slightly since the first publication on ibabs. These highlighted the outstanding pieces of work from Welsh Government (WG) specifically on guidance and some work on the quality dashboard. The report focusses on the work required for the Trust to be ready for the Duty of Quality and Candour that exist within the Health and Care Standards 2015.

Caroline Miftari advised that the report outlined how prepared the Trust was in its readiness for the Duty of Quality and Candour, and would help inform the baseline assessment for submission to WG. The key discussion points were framed in four key areas; Governance and decision making, quality standards, education and awareness, and the Trust's digital infrastructure.

Jonathan Turnbull-Ross explained that the public launch in April 2023 as legislated was expected to be delayed. Further work was required to determine the requirements such as the process for quality impact assessments and any training and education. He further advised that consultations were coming to a close, whereby it was anticipated that details of more specifics, would emerge.

Comments:

The Committee discussed the importance of recognising that as at 1 April 2023 it will become law and recognised that the Trust has always prided itself on its Duty of Candour.

In terms of any cross border issues the Committee were keen to understand the policy going forward. Jonathon Turnbull-Ross explained that the Trust was still awaiting the statutory guidance for any cross border issues.

Members queried what the risks were in terms of the Act being implemented. Liam Williams confirmed that WG have started to undertake a Red/ Amber/ Green status in terms of organisation's preparedness. He added there were restrictions to the Trust's preparedness which included internal resourcing. In terms of generating an overall risk, this would be worked through with the Board Secretary.

Trish Mills added that a self-assessment had been conducted which looked at the Governance, Leadership and Accountability Standard across the four key areas in which no concerns or areas of non-compliance had arisen.

Members noted that the report concerned implementation of the Trust's quality strategy which was not highlighted in detail in the report; and expressed concern that its implementation was crucial to delivering the Duty of Quality and Candour. The Committee also recognised that Welsh Government had set a baseline position for all Health Bodies to achieve by 1 April, and the Committee were not satisfactorily assured WAST was in a position to meet the baseline requirements at this time. Jonathan Turnbull- Ross assured the Committee that extra resource to implement the strategy had been confirmed and were currently going through the recruitment process. The Committee asked that more clarity be provided on implementation of the strategy at the next meeting.

RESOLVED: That the Committee reviewed the report, considered the next steps and, supported the continued prioritisation of work to ensure appropriate levels of compliance in line with Welsh Government expectations from April 2023.

009/23 COMMITTEE ANNUAL EFFECTIVENESS REVIEW AND ANNUAL REPORT

Trish Mills explained that theTrust's Standing Orders and Committee Terms of Reference (TOR) required that Board Committees evaluate their effectiveness annually and prepare an annual report to the Trust Board Annual report to the Board in May.

There were minimal amendments to the TORs; these would be reviewed again in Quarter 2 to align with the Duty of Quality and Duty of Candour requirements.

Quest effectiveness survey results – this had given rise to several proposed changes which the Committee were shown by way of a presentation as part of the update report.

Comments:

The Committee supported the principle of allotting time on the agenda recognising that the range of topics naturally engendered discussions and finding the right balance of time was challenging.

It was queried whether the recording could be made more available. Trish Mills explained that the recording was for the purpose of minute taking and was not published on the website. Trish Mills agreed to speak to the Chair of the Board to discuss this further.

RESOLVED: The Committee

(1) Reviewed and approved changes to it's the Committee's Terms of Reference;
(2) Confirmed the proposed changes to operating arrangements in response to issues raised in questionnaires;
(3) Set priorities for the Committee for 2022/23 which were to continue with the focus on the Duty of Quality and the Duty of Candour; and
(4) Approved the annual report at Annex 2, noting it required some further adjustment before receipt by Trust Board

010/23 WAST ANNUAL SAFEGUARDING REPORT

Nikki Harvey advised the Committee that the Safeguarding Annual Report provided evidence on how the Trust has performed during the 2021-2022 period in relation to safeguarding people in its care.

It aimed to give the Trust Board information on WAST safeguarding activities, engagement and collaborative working with our partner agencies; as well as the necessary assurances that the statutory duties under the relevant safeguarding legislation and guidance were being fulfilled.

The Safeguarding Governance Frameworks have continued to be part of everyday practices within WAST during a continued challenging reporting period.
The data evidenced within this year's report demonstrated an increase of 85% in the total number of reports submitted by WAST staff since the initial launch of Doc Works. Doc Works has also enabled front line staff to make any referrals direct to the Fire and Rescue Service. This would include as an example, hoarding and any other fire issues that had been detected at people's homes.

Nikki Harvey explained that the Trust's Annual Training Plan continued to support statutory safeguarding requirements, ensuring that staff were provided with the right level of training, commensurate with their role. This report illustrates compliance of 99% for Level 2 Safeguarding Children and 89% Level 2 adult safeguarding training (target set at 85%) and 89% for Group 1 training as required under the National Training Framework (NTF).

This report also included information on WAST activity generated by its 'Duty to cooperate'. The WAST Safeguarding Team have worked in partnership other agencies as required in all safeguarding activities including: Procedural Response to Unexpected Deaths in Childhood (PRUDiC), Practice and Domestic Homicide Reviews and Safeguarding Strategy Meetings. There has been a noticeable increase in WAST collaborative safeguarding activity associated with core business.

Comments:

The Committee noted that the increased referral was a positive step and that from a public health perspective, referral to the fire service for example was a further positive aspect.

It would be interesting to know what public health Wales does with the information provided by WAST. Nikki Harvey explained that significant information was provided to public health Wales and their feedback and analysis would be included in future reports

Ceri Jackson left meeting at 13:00

RESOLVED: The report was received and noted and it was agreed that it would be reported to the Board as part of the AAA report.

011/23 SUMMARY OF ACTIONS AND DECISIONS MADE, REFLECTIONS AND KEY MESSAGES FOR BOARD

Members agreed it was challenging to keep to the time allocated on the Agenda and that some areas required more exploration than others. Furthermore, it was also noted that the MIQPR and patient safety report overlapped.

The Chair added that she would welcome any further feedback/reflection by e mail.

In terms of any actions the following were raised during the meeting:

1. Operational reports to include an update on the Intelligent Routing Platform pilot.
2. WISH Ambulance to consider options for funding from Charitable Funds.
3. In terms of the MIQPR, to re-look at the report to eliminate duplication of reporting the same detail in the Patient Safety report.
4. With regards to the backlog of National Reportable Incidents - an update was to be provided at the next meeting.
5. Patient safety report, with regards to the Joint Investigations, this should contain details of how many Serious Incidents were linked to Immediate Release Directives being declined and future reports to contain narrative with more thematic information, focusing on trends, themes and impact.
6. Consideration be given to develop an annual report from the PECI team and how to improve the digital inclusion for users and consider how to re-frame the questions for patient surveys to improve feedback.
7. In terms of the duty of quality and duty of candour, a discussion was held regarding risk and it was agreed that a new risk be generated/articulated to consider the impact of the Act.
8. Implementation of the Quality strategy. An update was requested in respect of how this would be delivered in the next report
9. It was agreed that Trish Mills will speak to the Chair of the Board to discuss further the possibilities of extending the Committee meeting recording, significantly the Patient/Staff Story and the ensuing discussion for wider distribution.
10. Future annual safeguarding reports should contain details of the work conducted to influence other organisations and mentioning specific commissioners.

In terms of key messages for the Board this will be drafted by Trish Mills for the Chair's consideration.

RESOLVED: The Committee noted the above.

012/23 ANY OTHER BUSINESS

Date of Next meeting: 11 May 2023

Meeting concluded at 13:20

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 21 March 2023 VIA TEAMS

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Bethan Evans	Non-Executive Director
Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Mark Harris	Assistant Director of Ambulance Care (Item 23/23 only)
Lisa Harte	Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Resources
Angie Lewis	Director of Workforce and Organisational Development
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Madrun Parry-Jones	Finance Graduate
Alex Payne	Corporate Governance Manager
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Lee Brooks	Executive Director of Operations
Ceri Jackson	Non-Executive Director
Damon Turner	Trade Union Representative

14/23 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's declarations of interest register. Apologies were received from Lee Brooks, Ceri Jackson and Damon Turner.

Minutes

The minutes of the open session held on 16 January 2023 were considered by the Committee and confirmed as a correct record.

RESOLVED: The minutes of the meeting held on 16 January 2023 were confirmed as a correct record

15/23 OPERATIONS QUARTERLY REPORT

The Committee noted there was no further update to the report presented.

Comments:

Members noted there continued to be increasing system pressures.

RESOLVED: That the Committee noted the report.

16/23 FINANCIAL POSITION MONTH 11

The Committee received a presentation from Navin Kalia on the financial position for Month 11, 2022/23.

- The cumulative year to date (M11) revenue financial position was a small underspend against budget of £0.012m.
- The forecast for 2022/23 is one of breakeven.
- Gross savings of £4.025m have been achieved against a year to date target of £3.942m.
- A breakdown of the financial performance by each directorate was provided.
- In terms of financial risks, these have now all been removed.
- £12.485m of capital has been spent/accounted for against a budget of £27.212m.
- Welsh Government have confirmed that the submission date for the draft accounts is 5 May 2023. Audit Wales have confirmed that their audit certification deadline has been extended to 31 July 2023.

Comments

The Committee asked for further assurance in terms of whether all the capital funding will be spent by the end of the financial year. Navin Kalia explained that several ongoing projects were due completion shortly and that, he estimated, would be close to achieving the full spend.

Members queried whether the funding allocated for Covid -19 would continue on a recurring basis. Navin Kalia explained that currently the funding would continue however the categories of spend fluctuated. He added that going forward it was possible that Covid-19 spend would be absorbed in to the Trust's normal base funding.

RESOLVED: The Committee noted:

(1) and gained assurance in relation to the Month 11 revenue and capital financial position and performance of the Trust as at 28 February 2023, along with current risks and mitigation plans;
(2) the delivery of the 2022/23 savings plan as at Month 11, and the context of this within the overall financial position of the Trust;
(3) the Audit Wales extended audit certification deadline to 31 July 2023 for 2022/23 accounts; and
(4) a detailed paper on the financial position will be presented to the Board at its 30 March meeting.

17/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Trish Mills advised the Committee that the principal risks in the Annexes had been presented to the Trust Board on 26 January 2023. The risk review schedule and governance routes agreed by the Audit Committee have been delayed due to current operational pressures including industrial action, as well as absence in the team. Reference was made to the 5 higher rated risks scoring no higher than16 assigned to the Committee for oversight; risks 139, 245, 458, 260 and 543. These will be fully updated at the next meeting.

Comments:

Trish Mills added there was more work required on the strategic risk register to align it with the long term vision of the Trust.

The Committee recognised that potentially the level of financial risk for next year will be higher than normal. Navin Kalia agreed that the level of risk should be elevated as currently there was a significant amount of funding not yet agreed.

The Committee held a discussion on risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) and it was agreed that a focused discussion on this risk would be presented to the next meeting.

RESOLVED: The Committee accepted the status of the 10 corporate risks which it has been assigned to oversee the management of. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls.

18/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 PROGRESS REPORT

Rachel Marsh explained that the purpose of the report was to update the Committee on the progress and delivery of actions in the IMTP 2022-25 to date in Q4 2022/23, including the Accountability Conditions set by Welsh Government.

The Committee were advised there had been some areas of work which had been paused or had less focus on them. The areas of work which had been focused on included:

- Reducing avoidable harm and death
- Reducing waiting times for an ambulance response
- 111 service
- Managing the industrial action
- Recruitment and wellbeing
- Long term strategy

There were a small number of actions which remained Red (urgent attention required) and Rachel Marsh outlined those in more detail for the Committee's attention:

- Handover delays
- Salus programme
- Roll out of mobile data vehicle solution
- Delivery of the Quality Strategy

Comments:

The Committee requested that specific detail on each of the Red actions was shown in future updates.

Members recognised there were some positive aspects in the report and acknowledged, despite the ongoing challenges, the good work across the Trust.

In terms of the Quality metrics, it was queried what the timeline was for these metrics. Liam Williams advised that at this stage this information was not available and was due for discussion at the next Board Development day.

The Committee also noted that the IMTP Delivery Internal Audit was as a reasonable assurance rating with no high rated recommendations.

RESOLVED: The Committee noted the update against WAST's IMTP Accountability Conditions and the overall delivery of the IMTP.

19/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023-2026 and FINANCIAL PLAN 2023/24

IMTP 2023-2026

Rachel Marsh explained the document was still in draft format and drew the Committee's attention to the following key areas:

- In terms of the organisational purpose and subject to final agreement this has been drafted as 'To Support, To Serve, To Save.
- The six goals programme for Urgent and Emergency Care were all designed to ensure that the Trust provided the right care in the right place, the first time. The six goals had been established to support improvements in the emergency care system.
- The overriding objective and critical priority for the Trust was to try and reduce the long waits and to improve call answering times within the 111 services.
- There was also a focus on improving the overall patient experiences and the workplace experience for staff.
- In terms of improving the workplace experience, this was being articulated in the developing' people and culture plan'. Following several roadshows, there were three specific areas where staff had shown their greatest frustration; improve flexible working, eradicate shift overruns and to improve the overall digital experience.
- Other areas of work included; delivering on the Duty of Quality and Candour, environmental sustainability and digital.
- The Minister for Health and Social Services who has set several priorities, will receive a template from the Trust which will summarise the work undertaken to achieve those priorities. Other health organisations across Wales will be completing the same template and this will allow the Minister to have an overall picture.
- In terms of the actual document there was still further work to ensure all the tables were completed and there was a consistent style of language and grammar throughout.
- There were several targets in terms of performance metrics that Commissioners were expecting to be achieved. These included red and amber response times, consult and close rates, sickness absence and 111 call answering times.

Comments:

The Committee approved the plan recognising there was still further work required and in particular noted that the Trust had listened to and acted upon the workforce comments from recent roadshows. Angie Lewis added that she appreciated some of the digital aspects within the Trust could be improved, especially the Electronic Staff Record in which the Trust was endeavouring to make more user friendly.

Members also recognised the huge amount of work carried out by Trust staff under challenging circumstances. They discussed the importance of retaining staff and in particular their wellbeing.

The Committee held a discussion which considered the importance of working collaboratively with partners across Wales in order to successfully achieve the ambition set out in the plan. Furthermore, Members also suggested that the impact of the Duty of Quality and Candour be expressed in more detail within the narrative of the plan; for example, what would it deliver for patients and what would be the impact on front line staff.

It was queried whether the plan could be scaled down in a particular way in that it targeted specific individual groups, as it was felt the large document may not be read in entirety by all staff. Rachel Marsh advised this approach was fully supported and agreed to liaise Trade Union partners to develop the most effective method to disseminate the relevant information to particular departments.

RESOLVED: The Committee:

(1) noted the progress made in developing this year's IMTP; and

(2) endorsed the IMTP subject to any final amendments following EASC and proof reading ahead of sign off at Trust Board on 30 March 2023.

Draft 2023/24 Financial Plan

Navin Kalia gave the Committee a presentation and drew the Committee's attention to the following areas:

- The latest financial position forecast was a gap to break even of £10.5m.
- The Trust continues to wait for confirmation that the £6m funding for the 100 Whole Time Equivalent (WTE) staff will be received.
- If the £6m funding was not made available for the next financial year the Trust would need to immediately activate a reduction programme to manage this.
- There were several areas whereby the Trust was considering ways to balance the budget and create further savings, subject to assuming the funding for the 100 WTE was received; this was an extensive list which set out a whole range of ideas and included reviewing external contracts and reviewing some of the services provided by the Trust which could be ceased.
- Assuming the £6m in funding and the £3.4m of savings already identified plus the residual savings of £2.6m yet to be identified a balanced budget should be able to be achieved.
- From an all Wales perspective, the current position for 2023/24 was a gap of around £0.6bn.
- In terms of capital funding for 2023/24, the Trust will receive a discretionary allocation of £4.843m. In addition to the discretionary allocation the Trust was expecting to receive £18.441m for approved schemes. Furthermore the Trust was

awaiting a response to the funding request £18.760m for the replacement of 108 operational vehicles.

- The Committee were provided with the next steps which detailed the timelines to submission culminating in the financial plan being submitted to Welsh Government by 31 March 2023.

Comments:

The Committee discussed the challenges associated with achieving a balanced budget and the overall situation across NHS Wales.

A discussion ensued in which the Committee considered the continuing provision of non-emergency services transport particularly in terms of how savings could be made going forward. Chris Turley added that it could be possible to save money by cancelling some of the external contracts which provide this transport for patients.

Members recognised that the level of risk in being able to submit a balanced budget for 2023/24 was extremely high and expressed their apprehension and nervousness in doing so.

The Committee queried the level of confidence in terms of receiving the £6m for the WTE staff. Rachel Marsh advised it was still a risk and following regular discussion with the Chief Ambulance Services Commissioner (CASC), was reasonably confident it would be received. Chris Turley explained that should the money not be forthcoming there may be a requirement to freeze current recruitment. Angie Lewis added that the current Industrial Action has added further challenges and cost implications.

Rachel Marsh explained there may be some elements within the IMTP that may be difficult to achieve due to external factors beyond the Trust's control, and also a lack of additional resource. As an example in respect of 111 call answering times there was a need to re-roster and to this successfully, as with the EMS side, external resources would be required and this would attract further costs.

The Committee acknowledged there would be external factors outside of the Trust's gift which would affect successful delivery of the IMTP and the 2023-24 financial plan.

RESOLVED: The Committee noted:

(1) the progress made in producing the draft financial plan and identifying savings for 23/24;

(2) the balance of risk in relation to the 100 WTE £6m and the challenging savings program of £6m WAST will need to deliver in order to reach a balanced financial plan by 31st March 2024; and

(3) the requirement to submit a balanced financial plan for sign off to Trust Board on 30 March in order to meet the submission deadline of 31 March 2023 to Welsh Government.

20/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

Rachel Marsh explained that the purpose of the update was to provide an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report covered the period January to February 2023.

In terms of highlights from the report, the Committee's attention was drawn to the following areas:

- It should be noted that the February data was still a draft position until confirmed through publication by the statistical department in Wales.
- 999 answering times have been challenging through significant increases in call demand throughout the year; however, in January 2023 the median and 65th percentile performance were good and the 95th percentile performance returned to three second answer times, not seen since May 2021.
- 111 call answering performance remains below expected times. December 2022 saw unprecedented levels of demand and very low performance. However, performance improved in January and February 2023 to 34.8% and 28.7% respectively, but remained substantially below the target of 95%.
- 111 Clinical response times continued to see achievement of the clinical call back times for the highest priority 111 calls.
- Ambulance Response times performance in the Red 8 minute category for February 2023 was 50.9%, an improvement when compared to January 2023, but still far below the target of 65%.
- During periods of Industrial Action (IA), it was noted that generally at the start of IA demand had decreased, hospital handover delays had decreased and performance improved; however towards the latter end of IA performance declined.
- Trust sickness absence: the Trust's overall sickness percentage was 10.64% in December 2022 and improved to 8.94% in January 2023.

Comments:

The Committee welcomed the report noting the positives and recognising there were still challenges facing the Trust for it to achieve its target for several performance metrics; adding that whilst there was an improving trend in some areas, the overall situation was still of concern. Bethan Evans, Chair of the Quality, Patient experience and Safety (Quest) Committee commented that Quest Committee continued to monitor and scrutinise the clinical indicators in greater detail.

Members further discussed the contents of the report adding that it would be useful to understand any lessons learned and any actions or processes that could improve the overall service delivery. Rachel Marsh agreed that for the next meeting a deep dive on clinical call back answering times would be included in the update.

Liam Williams gave an overview of the work being conducted by Improvement Cymru through the Safer Care Collaborative at each of the Health Boards for example working with care homes; and this should see a greater synergy across Wales for service improvement.

Following a query in terms of why compliance with statutory and mandatory training was below ideal performance, Rachel Marsh explained that a new course had recently been added which had brought the overall average compliance figures down. Angie Lewis added that in future reports an updated narrative on compliance figures would be added.

RESOLVED: Noting the comments above, the report was considered and provided sufficient assurance of progress against the 24 key performance indicators detailed, which demonstrate how the Trust was performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.

21/23 COMMITTEE ANNUAL EFFECTIVENESS REVIEW AND ANNUAL REPORT

Trish Mills informed the Committee that 14 questionnaires had been sent out and 5 responses had been received. Whilst this was a low uptake, the detail in the responses was of great value and attention was drawn to the following:

- In terms of presenting it had been suggested that a third of the time be attributed to the paper with the other two thirds allocated to challenge and scrutiny.
- Development of a Board visit Standard Operating Procedure which will allow the Board to be more visible.
- The Agenda for meetings now includes an Item called 'Reflection: Summary of Decisions and Actions', and this will assist in continuous improvement of committee effectiveness going forward.
- It was suggested that a Non-Executive Director with a financial background be nominated to attend this Committee; this has been raised with the Trust Board Chair.
- Continuing with bi-monthly meetings was felt to be appropriate given that meetings were generally held the week before Board meetings.
- There were several changes to the Terms of Reference (TOR) which the Committee were given details and this included adding the Director of Workforce and OD as a prescribed attendee of the Committee.
- Reference was made to the annual report which highlighted the extensive amount of work the Committee had undertaken throughout the year.

Comments:

In terms of cyber resilience it was agreed, initially, that this Committee was the right one to receive updates on a regular basis; Trish Mills would review the cycle of business and consider when the Committee should receive regular updates. Leanne Smith explained that cyber was discussed regularly at the digital directors peer group meetings on a monthly basis and suggested updates from those meetings may be useful for the Committee.

RESOLVED: The Committee;

(1) reviewed and endorsed changes to the Terms of Reference;

(2) confirmed the proposed changes to operating arrangements in response to issues raised in questionnaires;

(3) set priorities for the Committee for 2022/23; and

(4) approved the annual report noting it required some further adjustment after this meeting.

22/23 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS

Trish Mills presented the report to the Committee advising them that the actual tracker was not available for this meeting.

In terms of Internal Audits, there were two being presented for the Committee's review which both received a reasonable assurance rating;

- Immediate Release Directions
- IMTP Delivery

Comments:

In respect of the Immediate Release Directions (IRD) review, and in particular it was noted that 73% of the declined directions were not escalated to the Operational Delivery Unit. Liam Williams explained that the Trust will agree a process to record all the Amber 1 declined IRD's and report this based on themes and trends. This analysis will seek to identify areas of concern for the Trust and relevant Health Boards to rectify going forward.

RESOLVED: The Committee noted the update.

23/23 PROPOSED CHANGE TO NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) PERFORMANCE STANDARDS

Mark Harris explained that the report detailed a refresh of the NEPTS performance parameters.

After discussion with commissioners at the Ambulance Care Transformation board and in other fora, it had been agreed that, in the absence of the additional funding required and as the current performance standards were relatively old, a refresh of the current performance standards was required.

A Demand and Capacity review for NEPTS was undertaken and this gave rise to the requirement for a review of the current rosters as well as a different approach in terms of how the service was delivered.

It should also be noted that the change to these parameters (with the exception of Oncology transport) represented an improved patient experience with a shift in focus towards transport arriving prior to a patient's appointment.

This proposal had been submitted to the Operations Directorate Senior Leadership Team who supported the proposal and Executive Management Team where it was approved subject to support from the Commissioner. Mark Harris was confident that Commissioner support would be provided.

RESOLVED: the Committee noted, subject to Chief Ambulance Services Commissioner (CASC) acceptance, the proposed change to the current Non Emergency Patient Transfer Services (NEPTS) performance parameters from 1 April 2023.

24/23 JANUARY COMMITTEE AAA REPORT

The report was submitted for noting.

RESOLVED: The report was noted.

25/23 SUMMARY OF ACTIONS AND DECISIONS MADE AND KEY MESSAGES FOR BOARD

The Chair advised the Committee that the Board Secretary would prepare the update report for the Trust Board. He summarised the actions going forward which included; noting that of significance was the IMTP and financial plan. In addition it was noted the Audit Tracker would be updated for the next meeting and there would be a deep dive on Risk 139 at the next meeting.

26/23 ANY OTHER BUSINESS/REFLECTIONS

The Committee reiterated their thanks to the finance team for their work and their endeavour in aiming to achieve a balanced budget for the next year under challenging circumstances.

The Committee noted that the timing allocation for each agenda item was generally adhered to allowing extra time to focus and discuss the more significant issues.

Date of Next Meeting: 15 May 2023

AGENDA ITEM No	**21**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**1**

NHS WALES JOINT COMMITTEE UPDATE REPORT

MEETING	Trust Board
DATE	25 May 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Steve Owen, Corporate Governance Officer
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

1. Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.

2. Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

3. Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.

4. This report provides an update to Trust Board in respect of the following recently held meetings:

5. The minutes, agendas and additional reports from EASC, NHS Wales SSPC and WHSSC meetings are available from each Committee's websites via the following links.

https://easc.nhs.wales/ https://whssc.nhs.wales/ https://nwssp.nhs.wales/

RECOMMENDED: That the NHS Wales Shared Services Partnership Committee Assurance report dated 23 March 2023 be received.

KEY ISSUES/IMPLICATIONS

Not Applicable

REPORT APPROVAL ROUTE
Not Applicable

REPORT APPENDICES
NHS Wales Shared Services Partnership Committee Assurance report dated 23 March 2023

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

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 March 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Matters Arising – Recruitment Update

The Recruitment Modernisation Plan is positively impacting performance, with the time to hire for new recruits effectively being halved at the initial sites where the changes have been fully implemented. Actions have included the training of over 1800 Recruitment Managers across NHS Wales in the last twelve months and the provision of regular and dedicated communications. One area still in need of improvement is to receive more comprehensive forecast information from Health Boards, Trusts, and Special Health Authorities, in terms of recruitment plans for the medium and longer term.

The Committee **NOTED** the update.

Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also confirmed the dates of further Committee development sessions, on the 9th of June and the 10th of November.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The number of fleet electric vehicles has increased but the UK Government trial of electric HGVs is stalled.
- Consultation with staff has started regarding the move from Companies House to Cathays Park.
- Brecon House accommodation in Mamhilad continues to have structural issues

with the concrete roof structure which means that we will need to look for alternative accommodation to store the primary care records.
- Welsh Government have confirmed that the required capital is not available to support the OBCs for the Laundry Service, and we are therefore working on an alternative "do minimum" plan which will allow us to refurbish three of the existing sites but within a substantially reduced capital envelope.
- There is an ongoing conversation with colleagues in Welsh Government around PPE storage, stock management, ordering, delivery, and the links to supplies to Primary Care and Social Care.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Duty of Quality

The Committee discussed and **APPROVED** a paper setting out the proposed approach that NWSSP will adopt to take forward compliance with the Duty of Quality. This includes the role of the Partnership Committee to provide oversight and the twofold role NWSSP will have in providing evidence under Duty of Quality.

Chair's Action – Telephony and Contact Centre

This relates to a joint procurement led by DHCW to award a new contract for telephony and contact centre systems that just missed the deadline for the January Committee. Approval had been given under Chair's Action on behalf of both the Committee and the Velindre Trust Board.

The Committee **RATIFIED** the contract award.

Energy Procurement

Eifion Williams attended to present this item. Following the withdrawal of British Gas from the commercial energy market, alternative options had been presented to Directors of Finance and a decision taken to establish a revised procurement arrangement with Crown Commercial Service (CCS), due to their substantial presence in the energy market across the public sector. The new arrangements will come into force in October of this year, NHS Wales would participate in fixed price energy baskets to cover the first 18 months of the contract removing financial uncertainty. Existing forward purchases with British Gas will be sold back to the supplier generating a surplus for NHS Wales. The Directors of Finance also suggested a change in governance arrangements and consequently the Energy Price Risk Management Group will be replaced by the Welsh Energy Group and the Welsh Energy Operating Group, with the former being a sub-committee to the Partnership Committee.

The Committee **APPROVED** the transfer to CCS, the fixed purchase price of energy, the sale back of existing forward purchase to British Gas, and the establishment of the Welsh Energy Group and the Welsh Energy Operating Group.

Items for Noting

Chair's Appraisal

The Chair's appraisal was conducted earlier in the month and included feedback by Committee members. A summary of the appraisal was provided to Committee members.

The Committee **NOTED** the paper.

Overpayment Policy

The Committee Members discussed the Overpayments update report presented by the Director of Finance. It was agreed that further work was needed to develop an all-Wales Overpayment policy as well as to review the end-to-end processes and streamline procedures which would make it easier for managers to submit termination documentation. It was agreed that further updates would be provided to the Committee members once the various Task and Finish Groups and Service Improvement Team had looked into the issues in more detail.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The position at M11 forecasts a break-even position with £2m re-distributed to Health Boards. The Welsh Risk Pool forecast outturn position remains as forecast in the IMTP, and all allocated capital funding should be utilised by the end of March.

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. The only area of concern is staff turnover, which is higher than expected, and a review is being undertaken to investigate the reasons for this.

Performance – The in-month (January) performance was generally good with 32 out of 37 KPIs achieving target. The one red-rated indicator was Payroll call-handling, but steady improvements are now being noted in this area.

IMTP Q3 Progress Report - 78% of required actions are either complete or on-track, with those actions that are off track are assessed during the quarterly review process within NWSSP.

Project Management Office Update – The Case Management System and the Laundry Transformation Projects remain red-rated and are also included as red risks on the Corporate Risk Register. All other projects are on track.

Corporate Risk Register – There remain seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon

House that may require the lease to be terminated. The Committee **NOTED** the above Reports.
Papers for Information
The following items were provided for information only: • Audit Committee Assurance Report; • Finance Monitoring Returns (Months 10 and 11).
AOB
N/a
Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.
Matters referred to other Committees
N/A

Date of next meeting	18 May 2023

Acronyms
(WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AMPDS	Advanced Medical Priority Dispatch System
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BAU	Business as Usual
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAS	Clinical Assessment Software
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CPAS	Clinical Prioritisation Assessment Software Group
CHARU	Cymru High Acuity Response Unit
D&C	Demand and Capacity
DOM	Duty Operations Manager
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team

Abbreviation	Term
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ERADI	Emergency Response Ambulance Driving Instruction
ESMCP	Emergency Services Mobile Communications Programme
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
ITT	Inverting the Triangle
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
HEIW	Health and Education Improvement Wales
HoS	Head of Service
HCS	Health Courier Services
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MIST	Mandatory In-Service Training
MRD	Make Ready Depot
MTS	Manchester Triage System
MDS	Minimum Data Set
MDT	Mobile Data Terminal
MDT	Multi Disciplinary Team
MTU	Mobile Testing Unit
NCCU	National Collaborative Commissioning Unit
NEPTS	Non Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NEDs	Non Executive Directors
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PADR	Personal Appraisal Development Review
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)

Abbreviation	Term
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
PTaS	Physician Triage and Streaming
REAP	Resource Escalation Action Plan
RITA	Reminiscence Therapy Interactive Activities
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, diseases and dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case
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