

## Bundle Trust Board (Open Session) 26 January 2023

### Agenda attachments

ITEM 0 Trust Board Open Agenda 26 January 2023 (Cymraeg).docx

ITEM 0 Trust Board Open Agenda 26 January 2023.docx

09:30 - OPENING ITEMS

1 Chair's welcome, apologies, and confirmation of quorum

2 Declarations of interest

*The Board are to note that all declarations of interest are formally recorded in the Trust's declarations of interest register.*

3 Minutes of last meeting

ITEM 3 Trust Board Minutes Open 24 November 2022.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 January 2023 Final.docx

7 10:00 - Questions from members of the public

7.a ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

8 10:10 - Progress on Actions To Mitigate Avoidable Patient Harm

ITEM 8 Realtime Mitigations20221511.docx

ITEM 8.1 Reducing Patient Harm Action Plan hb 20230117.docx

9 10:30 - Industrial Action - PRESENTATION

*Received after publication*

ITEM 9 IA Presentation Trust Board 27.01.2023 Final.pdf

10 10:40 - Risk Management and Corporate Risk Register

ITEM 10 Risk Management Report Trust Board 260123 File Replaced.docx

11 10:50 - Monthly Integrated Quality and Performance Report

ITEM 11 MIQPR SBAR TB December 2022 .docx FINAL.docx

ITEM 11.1 Annex 1 MIQPR December 2022 .pptx FINAL.pdf

12 11:05 - Financial Performance Month 9

*NB. Items 12.2 and 12.4 have been circulated separately by e mail*

ITEM 12 Finance Report Month 9 2223 - FINAL.docx

ITEM 12.1.pdf

ITEM 12.3.pdf

12.a 11:15 - COMFORT BREAK

13 11:30 - Integrated Medium Term Plan (IMTP) 2022-2025

ITEM 13 Trust Board report - Q3 IMTP delivery.docx

14 11:40 - Integrated Medium Term Plan (IMTP) 2023-2026 - PRESENTATION

*Received after publication*

ITEM 14-Trust Board presentation IMTP Jan 2023.pdf

15 11:50 - Engagement Framework Delivery Plan

ITEM 15 EngagementFrameworkDeliveryPlanBoardCoverV2Jan23.docx

ITEM 15.1 EngFrameworkDeliveryPlanv3Jan23.docx

16 12:05 - Structured Assessment

ITEM 16 3282A2022\_WAST\_2022\_Structured\_Assessment\_Report\_Final.pdf

17 12:20 - Board and Committee Dates 2023/24

ITEM 17 2023-01-26 TB - SBAR - 23-24 Calendar.docx

- 18 12:25 - Board Committee Reports  
*18.1 Audit Committee*  
*18.2 People and Culture Committee*  
*18.3 Finance and Performance Committee*  
*18.4 Academic Partnership Committee*  
ITEM 18.1 Audit Committee Highlight Report December 2022.docx  
ITEM 18.2 People and Culture Committee Highlight Report Nov 2022 (2).docx  
ITEM 18.3 Finance and Performance Committee Highlight Report January 2023.docx  
ITEM 18.4 Academic Partnership Committee report for January 2023 Trust Board.docx
- 19 12:45 - Governance Report  
ITEM 19 Governance Report.docx
- 19.a 12:50 - 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.*
- 20 Minutes of Board Committees  
*20.1 Audit Committee*  
*20.2 People and Culture Committee*  
*20.3 Charitable Funds Committee*  
*20.4 Finance and Performance Committee*  
*20.5 Academic Partnership Committee*  
ITEM 20.1 CONFIRMED Audit Committee OPEN Minutes 15 September.doc  
ITEM 20.2 CONFIRMED OPEN P and C mins 05 September 2022.docx  
ITEM 20.3 CFC OCTOBER CONFIRMED MINUTES.docx  
ITEM 20.4 CONFIRMED OPEN F and P Minutes - 14 November 2022.doc  
ITEM 20.5 CONFIRMED APC MINUTES OCT 2022.doc
- 21 NHS Wales Joint Committee Update Reports  
ITEM 21 Joint Committee Update Report.docx  
ITEM 21.1 Confirmed minutes EASC 8 Nov 2022 final\_EASC\_6Dec2022.docx  
ITEM 21.1a Confirmed minutes EASC 8 Nov 2022 at EASC 6 Dec 2022 Cymraeg.docx  
ITEM 21.2 Chair's EASC Summary from 6 December 2022 final.docx
- 21.a CLOSING ITEMS
- 22 Any other business
- 23 Date and time of next meeting  
*Thursday 30 March 2023, 09:30 in Cardiff MRD*
- 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).*
- 25 Acronyms  
ITEM 25 Acronyms.docx



## AGENDA

### CYFARFOD BWRDD YR YMDDIRIEDOLAETH

Cynhaliwyd mewn Sesiwn Agored, dydd Iau 26 Ionawr 2023 rhwng **09.30 a 12:50**

Cynhaliwyd y cyfarfod yng Ngorsaf Ambiwylans Caerdydd dros Zoom

Rhif	Eitem yr Agenda	Diben	Arweinydd	Fformat	Amser
<b>Eitemau agoriadol</b>					
1.	Croeso gan y cadeirydd, ymddiheuriadau a chadarnhau cworwm	Gwybodaeth	Kevin Davies	Llafar	5 munud
2.	Datgan buddiannau	Gwybodaeth	Kevin Davies	Llafar	
3.	Cofnodion y cyfarfod diwethaf	Cymeradwyo	Kevin Davies	Papur	
4.	Materion yn codi	Review	Kevin Davies	Papur	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Kevin Davies	Llafar	10 munud
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	15 munud
7.	Cwestiynau gan y Cyhoedd	Gwybodaeth	Estelle Hitchon	Llafar	10 Munud
<b>EITEMAU I'W CYMERADWYO, SICRWYDD A THRAFODAETH</b>					
8.	Cynnydd y Camau Gweithredu i Liniaru Niwed i Gleifion y Gellir ei Osgoi	Sicrwydd	Jason Killens	Papur	20 Munud
9.	Gweithredu diwydiannol	Trafodaeth	Lee Brooks Angie Lewis	Cyflwyniad	20 Munud
10.	Rheoli Risgiau a'r Gofrestr Risgiau Corfforaethol	Sicrwydd	Trish Mills	Papur	15 munud
11.	Adroddiad Integredig Misol ar Ansawdd a Pherfformiad	Sicrwydd	Rachel Marsh	Papur	15 munud
12.	Perfformiad Ariannol Mis 9	Sicrwydd	Chris Turley	Papur	10 munud
<b>EGWYL 15 MUNUD</b>					
13.	Cynllun Tymor Canolig Integredig (IMTP) 2022-2025	Sicrwydd	Rachel Marsh	Papur	10 munud
14.	Cynllun Tymor Canolig Integredig (IMTP) 2023-2026	Trafodaeth	Rachel Marsh		10 Munud
15.	Cynllun Cyflawni Fframwaith Ymgysylltu	Trafodaeth	Estelle Hitchon	Papur	10 Munud
16.	Asesiad Strwythuredig	Sicrwydd	Fflur Jones	Papur	15 Munud
17.	Dyddiadau'r Bwrdd a'r Pwyllgorau 2023/24	Cymeradwyo	Trish Mills	Papur	5 Munud
18.	Adroddiadau Pwyllgorau'r Bwrdd				
	18.1. Pwyllgor Archwilio	Sicrwydd	Martin Turner	Papur	5 Munud
	18.2. Pwyllgor Pobl a Diwylliant	Sicrwydd	Paul Hollard	Papur	5 Munud
	18.3. Pwyllgor Cronfeydd Elusennol	Sicrwydd	Ceri Jackson	Papur	5 munud



Rhif	Eitem yr Agenda	Diben	Arweinydd	Fformat	Amser
	18.4. Pwyllgor Cyllid a Pherformiad	Sicrwydd	Joga Singh	Papur	5 munud
19.	Adroddiad Llywodraethu	Cymeradwyo	Trish Mills	Papur	5 Munud

### EITEMAU CYDSYNIO

Mae'r eitemau dilynol er gwybodaeth yn unig. Os bydd aelod yn dymuno trafod unrhyw rai o'r eitemau hyn, gofynnir iddynt hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.

20	Cofnodion Pwyllgorau'r Bwrdd 18.5. Pwyllgor Archwilio 18.6. Pwyllgor Pobl a Diwylliant 18.7. Pwyllgor Cronfeydd Elusenol 18.8. Pwyllgor Cyllid a Pherformiad	Gwybodaeth	Kevin Davies	Papur	5 Munud
21.	Adroddiadau Diweddaraf Cyd-bwyllgor GIG Cymru	Gwybodaeth	Kevin Davies	Papur	

### EITEMAU I GLOI

22.	Unrhyw faterion eraill	Trafodaeth	Kevin Davies	Llafar	
23.	Dyddiad ac amser y cyfarfod nesaf - dydd Iau 30 Mawrth 2023, 09:30 Gorsaf Ambiwylans Caerdydd	Gwybodaeth	Kevin Davies	Llafar	
24.	Y wasg ac aelodau'r cyhoedd i adael y cyfarfod. Gofyn i'r Wasg a'r Cyhoedd adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Penderfyniad	Kevin Davies	Llafar	
25.	Acronymau	Gwybodaeth	Kevin Davies	Papur	

### Cyflwynwyr Arweiniol

Enw'r Arweinydd	Swydd yr Arweinydd
Lee Brooks	Cyfarwyddwr Gweithredol, Gweithrediadau
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Kevin Davies	Cyfarwyddwr Anweithredol ac Is-gadeirydd
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Paul Hollard	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Ceri Jackson	Cyfarwyddwr Anweithredol, Chair of Charitable Funds Committee
Fflur Jones	Swyddfa Archwilio Cymru
Jason Killens	Prif Swyddog Gweithredol
Angie Lewis	Cyfarwyddwr y Gweithlu a Datblygiad Sefydliadol



GIG  
CYMRU  
NHS  
WALES | Ymddiriedolaeth GIG  
Gwasanaethau Ambiwllans Cymru  
Welsh Ambulance Services  
NHS Trust

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



## AGENDA

### MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 26 January 2023 from 09.30 to 12:55  
Meeting held in Cardiff MRD, Merton House, Croescadarn Close, Pontprennau, Cardiff, CF23 8HF  
and Via Zoom

No.	Agenda Item	Purpose	Lead	Format	Time
<b>OPENING ITEMS</b>					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Kevin Davies	Verbal	5 mins
2.	Declarations of interest	Information	Kevin Davies	Verbal	
3.	Minutes of last meeting	Approval	Kevin Davies	Paper	
4.	Action log and matters arising	Review	Kevin Davies	Paper	
5.	Chair's Report	Information	Kevin Davies	Verbal	10 mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 mins
7.	Questions from members of the public	Information	Estelle Hitchon	Verbal	10 Mins
<b>ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION</b>					
8.	Progress on Actions To Mitigate Avoidable Patient Harm	Assurance	Jason Killens	Paper	20 Mins
9.	Industrial Action	Discussion	Lee Brooks Angie Lewis	Presentation	10 Mins
10.	Risk Management and Corporate Risk Register	Assurance	Trish Mills	Paper	10 mins
11.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 mins
12.	Financial Performance Month 9	Assurance	Chris Turley	Paper	10 mins
<b>COMFORT BREAK 15 MINS</b>					
13.	Integrated Medium Term Plan (IMTP) 2022-2025	Assurance	Rachel Marsh	Paper	10 mins
14.	Integrated Medium Term Plan (IMTP) 2023-2026	Discussion	Rachel Marsh	Presentation	10 Mins
15.	Engagement Framework Delivery Plan	Discussion	Estelle Hitchon	Paper	15 Mins
16.	Structured Assessment	Assurance	Fflur Jones	Paper	15 Mins
17.	Board and Committee Dates 2023/24	Approval	Trish Mills	Paper	5 Mins



No.	Agenda Item	Purpose	Lead	Format	Time
18.	Board Committee Reports				
	18.1. Audit Committee	Assurance	Martin Turner	Paper	5 Mins
	18.2. People and Culture Committee	Assurance	Angie Lewis	Paper	5 Mins
	18.3. Finance and Performance Committee	Assurance	Joga Singh	Paper	5 mins
	18.4. Academic Partnership Committee	Assurance	Estelle Hitchon	Paper	5 Mins
19.	Governance Report	Ratify	Trish Mills	Paper	5 Mins

### CONSENT ITEMS

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

20.	Minutes of Board Committees 20.1 Audit Committee 20.2 People and Culture Committee 20.3 Charitable Funds Committee 20.4 Finance and Performance Committee 20.5 Academic Partnership Committee	Information	Kevin Davies	Paper	5 Mins
21.	NHS Wales Joint Committee Update Reports	Information	Kevin Davies	Paper	

### CLOSING ITEMS

22.	Any other business	Discussion	Kevin Davies	Verbal	
23.	Date and time of next meeting –Thursday 30 March 2023, 09:30 in Cardiff MRD	Information	Kevin Davies	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	Resolution	Kevin Davies	Verbal	



No.	Agenda Item	Purpose	Lead	Format	Time
	transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).				
25.	Acronyms	Information	Kevin Davies	Paper	

### Lead Presenters

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

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 24 NOVEMBER 2022 MEETING HELD IN VENUE CYMRU, PROMENADE ROAD, LLANDUDNO, and VIA ZOOM**

**PRESENT:**

Colin Dennis	Chair of the Board
Jason Killens	Chief Executive
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Professor Kevin Davies	Non-Executive Director and Vice Chair (Via Zoom)
Bethan Evans	Non-Executive Director (Via Zoom)
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director (Via Zoom)
Ceri Jackson	Non-Executive Director
Gerallt Jones	Senior Inspector, Health Inspectorate Wales (Item 136/22 only)
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
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer
Leanne Smith	Interim Director of Digital Services
Joga Singh	Non-Executive Director (Via Zoom)
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing

**Apologies**

Hannah Rowan	Non-Executive Director
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**126/22 WELCOME AND APOLOGIES FOR ABSENCE**

**Welcome and apologies**

The Chair welcomed all to the meeting and noted apologies had been received from Hannah Rowan.

**Declarations of interest**

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

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

#### **127/22 PROCEDURAL MATTERS**

**Minutes:** The Minutes of the Board meetings held on 29 September 2022 were presented and confirmed as a correct record.

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

**RESOLVED: That**

- (1) the Minutes of the meetings held on 29 September 2022 were confirmed as correct record.**
- (2) the update on the action log was noted. Two actions were agreed to be closed; 73/22a – update on the fit2sit protocol and 108/22 – to circulate an update on Ann-Marie's patient story.**

#### **128/22 CHAIR'S REPORT AND UPDATE**

1. The Chair noted that two Board Development days had been held since the last Trust Board meeting and gave an outline of the topics discussed.
2. He also mentioned that one of the purposes of this meeting, particularly in terms of governance, was to note that Board Committees had at their meetings, performed the required scrutiny giving assurance to the Board through their respective highlight reports which featured later in the agenda.

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

#### **129/22 CHIEF EXECUTIVE'S UPDATE**

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

1. Since the report was written, the Emergency Communication Nurse System (ECNS) implementation team were successful at the recent allied health awards ceremony. The Board noted that the Trust was the first ambulance service in the UK to implement the ECNS.
2. The Manchester Arena attack enquiry has now been reported and from that a number of recommendations have been directed to the ambulance sector; the Trust's Emergency Preparedness Resilience and Response team (EPRR) will be addressing these recommendations.
3. The introduction of Robotic Process Automation (RPA), automation of manual administrative tasks and processes was continuing across several areas of the Trust. The purpose of RPA was to release staff to work on higher-value

activities, in the area of their expertise, whilst improving standardisation and efficiency of lower-level tasks.

4. The Trust has received additional funding from Welsh Government (WG) to appoint Bethan Jones (Midwife) as a Local Safety Champion for Maternity and Neonatal care for WAST. The secondment was part of WG's commitment to ensure that women and babies receive safe and effective care, and improve the outcomes for all by reducing the risk and variation wherever possible.

Comments:

Liam Williams provided further details of Bethan Jones's secondment, which was time limited and funded by WG. It was hoped the Trust could build on this provision going forward.

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

### **130/22 PATIENT EXPERIENCE – JULIE TAYLOR'S STORY**

1. Liam Williams introduced the story which was from Julie Taylor, who outlined her experience with the Trust whilst waiting for an ambulance for her father. This story highlighted two areas; the current pressures the Trust was sustaining and that NHS organisations did not always get things right. The story further highlighted what the Trust could have done to improve its service. Under normal circumstances it would have been expected for an ambulance to reach Julie's father in a timely manner. On behalf of the Board he thanked Julie for sharing her story and apologised for the poor experience.
2. The Board were shown a video in which Julie outlined the circumstances whilst waiting for an ambulance to arrive for her father. Her father had collapsed on the bed and was grey, clammy and sweating profusely, and in the meantime Julie's mother had called for an ambulance and contacted Julie. Julie arrived and also called for an ambulance; by which time her father's condition had deteriorated. After a couple of hours Julie called 999 again and was told an ambulance would not be coming and was advised to take him to hospital by their own means, which Julie did.
3. On arrival at the hospital her father was taken to Accident and Emergency where he remained for 12 hours until being transferred to a ward. Tragically he died the following day. Julie and her family were very distressed and traumatised by the events; but understood that he would have died even if an ambulance had arrived.

Comments:

1. The Board noted that whilst the initial call was categorised as a green but should have been amber, and then re-graded as red. Notwithstanding the categorisation issue, the Trust did not have the resources available to respond. If it had, it would have been possible for an ambulance to attend within approximately 30 minutes and provide initial pain relief to Julie's father.

2. Members recognised that the follow up response to Julie's concern after the incident was clear and transparent, which was crucial, and may have helped in some way for Julie to understand the circumstances.
3. The Chair of the Quality, Patient Safety and Experience Committee (QUEST) Bethan Evans stated the importance of learning from all patient experiences and noted the impact of Julie's story. The learning from such experiences and organisational networks must be used to minimise the risk of patient harm; and whilst, unfortunately the outcome in this case may not have been any different if an ambulance had attended, it was crucial the Trust continued to do all it could to minimise the impact of the system wide pressures on its patients
4. Jason Killens further apologised for the failure of the ambulance to arrive and thanked Julie for sharing the story. He added that whilst errors do occur with call categorisation, the Trust's call handling staff were subject to routine and regular audits of compliance to the accredited Centre of Excellence triage tool and protocol.

**131/22 ACTIONS TO MITIGATE REALTIME AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE -PROGRESS UPDATE**

1. Jason Killens reminded the Board of the discussion held at the July and September Board meetings where they were notified of the actions to mitigate real time avoidable patient harm. This report sought to update the Board on progress on the key actions within the plan.
2. In October 2022, 28,940 hours of emergency fleet capacity were lost to hospital handover delays; this amounted to an average of 36% of the emergency fleet lost
3. Progress had been made in several areas to improve the position. This includes a reduction in overall staff sickness; recruitment of 100 personnel continued to be on track to be employed in mid – January 2023, and the consult and close rate was, on some days, reaching 16%.
4. There has been an overall improvement in the actions that were within the Trust's control with improving compliance on immediate release directions, particularly with red calls; however, there is variation across categories within the system.
5. Jason Killens added that a meeting with other Chief Executives, Medical and Nursing Directors across the Health Boards would be taking place next week; focussing on overall improvements and the sharing of best practice going forward.
6. The Chair added that the issue, particularly around hospital handover delays had received a significant amount of attention at the highest level, as the issue has been escalated to the Minister for Health & Social Services in Wales.

Comments:

1. The Board expressed its grave concern when considering the data forecasted during the next few months. It was noted that an estimated 2,195 patients will come to severe harm and over 41,000 people will not receive an ambulance response due to system pressures. The Board also recognised that 3,000 12-hour shifts per month would be lost to hospital handover delays.
2. Despite the continuing dialogue and escalation of the issues, there appeared to be minimal progress. The Board impressed the importance of not becoming complacent in its response and engagement with system partners. Jason Killens added that the Trust continued to do all it could within its gift to improve its performance and furthermore, took on board best practice from other ambulance Trusts.
3. The Board recognised there had been signs of significant reductions in hospital handover delays in the Cardiff and Vale Health Board (CVHB) area, and as well as improvements in the immediate release of emergency ambulances. The Board were advised that Health Boards across Wales were due to meet with the Minister to understand how the CVHB had adapted its services to improve the position.
4. Following a query on the update with the fit2sit protocol, Liam Williams advised that progress had been made and further meetings with Executive Directors of Nursing were scheduled to develop it further.
5. In response to a question regarding the management of national arrangements of Covid sickness absence, Lee Brooks explained that the number of Covid related absences had decreased and added that the arrangements in Wales had not changed.
6. Jason Killens advised there was regular dialogue in terms of the impact on patients with Health Boards, complementing the approach taken by the Minister. Additionally, Executive colleagues have a regular dialogue with their peers across Wales. Brendan Lloyd added that the situation was regularly discussed by Medical Directors at Health Boards.
7. The Board questioned the outcome in respect of those ambulances that were not released immediately, given the expectation that over 41,000 people will not receive an ambulance response to system pressures, and how the Trust intends to respond. Lee Brooks explained that immediate release directions were subject to the All Wales immediate release protocols. This process involved the dynamic escalation of the immediate release directions being progressed through the Trust's Operational Delivery Unit (ODU) which connected live to Health Boards. These incidents were captured using the Trust's Datix software system; on a weekly basis two reports would be generated one shared with Chief Executives and the other with Chief Operating Officers, the latter providing information relating to outcomes. Lee Brooks added that the Trust will always send a resource to a patient when it practically can subject to availability.

8. In terms of advising patients to make their way own to hospital, the Board asked at what point this would be given. Lee Brooks advised that callers would where possible be given an Estimated Time of Arrival (ETA), adding that details of ETAs were reviewed on a regular basis. Clinicians on the Clinical Support Desk (CSD) when it was in the patient's interest and medically appropriate, would advise them to make their own way. He added it was a balance of advising callers to make their own way and monitoring the number of ambulances at Emergency Departments.

**RESOLVED: The Board**

- (1) **NOTED the report and the progress the Trust was making on WAST actions.**
- (2) **NOTED that handover lost hours remained extreme and could be further exacerbated as the health and social care system moves into the winter period;**
- (3) **NOTED the estimated patient harm for the period December 2022 to March 2023;**
- (4) **NOTED the impact of hospital handover lost hours on the capacity of the Trust, compared to the initiatives the Trust has the ability to take forward;**
- (5) **NOTED there was evidence of significant handover reduction in Cardiff & the Value Health Board; and**
- (6) **CONSIDERED whether there were any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.**

**132/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER (CRR)**

1. The Chair commented that Board Committees had at their respective meetings carried out scrutiny and review of the risks relevant to their Committee and had also reviewed the Board Assurance Framework.
2. Trish Mills presented the report informing the Board there were currently 18 principal risks that were aligned to the delivery of the strategic objectives in the Integrated Medium Term Plan (IMTP).
3. Risks were allocated to the appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there were formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) for escalation, movement in ratings, and new risks. All 18 risks had been reviewed and validated by the Executive Management Team (EMT). It was noted that the risks relevant to the Quality, Patient Experience and Safety (QUEST) Committee and the Finance and Performance Committee had recently been reviewed at their respective meetings.
4. Further detail of the Trust's four highest rated risks were contained in the

update report, and these continued to be focused on at respective Committees and by the EMT. These risks were: Risk 223 (the Trust's inability to reach patients in the community causing patient harm and death) and risk 224 (Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients), both rated at 25, and Risk 160 (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) and risk 201 (damage to the Trust's reputation following a loss of stakeholder confidence) both rated at 20.

5. The Board noted the closure of Risk 311 from the CRR (Inability of the Estate to cope with the increase in Full Time Equivalents [FTE]) and the inclusion of one new risk on the CRR, Risk 557 (Potential impact on services as a result of Industrial Action).

**RESOLVED: The Board received and accepted the organisational risks as presented in the Corporate Risk Register; and noted the closure of Risk 311 from the CRR and the inclusion of the new Risk 557 on the CRR at a score of 16. The Board also reviewed the Board Assurance framework.**

## 133/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – OCTOBER 2022

Prior to the update the Chair commented that the relevant deep dive and scrutiny had been carried out by the Board's Committees at their previous meetings. The Board also recognised that the relevant scrutiny had been carried out at previous Finance and Performance Committee meetings; as evidenced in the Committee highlight reports received.

Rachel Marsh drew the Board's attention to the following areas: -

1. 111 call answering performance remains poorer than the Trust would like it to be. Further work was required to reduce capacity lost through sickness absence, aligning capacity with demand, and improving efficient of use of resource.
2. Ambulance Care (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in October 2022, and had improved for patients requiring discharge. Overall demand for the service continues to increase, although it has not yet recovered to pre-COVID-19 levels.

Comments:

1. Members welcomed the report and recognised that despite the ongoing immense pressures, Personal Appraisal Development Review (PADR) completion rates were starting to improve.
2. The Board were interested to know if metrics around culture were being developed. Angie Lewis advised that the Trust had considered the use of several metrics including absence, discipline case, retention, and turnover rates and how they were linked to culture. Jason Killens outlined the ongoing

work the Trust was undertaking to develop leadership and cultural behaviours. Paul Hollard added that the People and Culture Committee will be considering the new People and Culture Plan which will contain cultural indicators

**RESOLVED: The Board considered the October 2022 Integrated Quality and Performance Report and actions undertaken, and determined that the report provided sufficient assurance of performance against the indicators. The Board noted that further information on cultural metrics would be provided in due course.**

#### **134/22 FINANCIAL PERFORMANCE AS AT MONTH 7 2022/23**

1. The Chair advised the Board that the finance update had been received at the recent Finance and Performance Committee meeting for review, and noted that the Trust was on track to deliver a balanced budget with a number of caveats.
2. Chris Turley added that the Trust had been managing a significant level of risk from a financial perspective, which continued to be monitored and reviewed.
3. In October WG requested the Trust provide any schemes from the capital programme that could potentially be delivered before the end of this financial year. To date a scheme to help the Trust reduce its carbon emissions has been approved for £0.516m, and there was potential that further funding would be made available in the coming weeks.

**RESOLVED: The Board**

- (1) **Noted and gained assurance in relation to the month 7 revenue and capital financial position and performance of the Trust as at 31 October 2022, along with current risks and mitigation plans, and**
- (2) **Noted that months 6 and 7 Welsh Government monitoring return submissions had been included in the report Appendices 1 – 4 (as required by WG).**

#### **135/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25, INTERIM QUARTER 2 PROGRESS REPORT**

Rachel Marsh presented the report as read.

Comments:

The Board noted that attention was already being focused on next year's version of the 3 year plan. The Board also recognised that the relevant scrutiny had been carried out at previous Finance and Performance Committee meetings; as evidenced in the Finance and Performance Committee highlight report.

**RESOLVED: The Board noted the update.**

#### **136/22 HEALTH INSPECTORATE WALES (HIW) ANNUAL REPORT 2021-2022**

Gerallt Jones, Senior Inspector with HIW presented the report and drew the Board's attention to the following areas:

1. From an all Wales perspective, HIW completed 60 onsite inspections and 139 Quality checks.
2. Several key themes from the report included significant and sustained pressure on emergency care providers; there was a clear difference between scheduled and unscheduled care; there were indications of low staff morale and medicines management continued to be a concern for HIW.
3. The report also included details of General Practice and Dental Practices checks.
4. In respect of the Trust, HIW undertook a local review of patient experience whilst waiting in ambulances and this had found that not only did it impact on patients but had a detrimental effect on staff morale. HIW has made recommendations to improve patient safety and to address the impact on staff well-being. It should be noted that engagement between HIW and the Trust remains positive and constructive.
5. HIW appreciated that staffing has been a significant challenge for the Trust as it continues to see Covid related absences impacting on the workforce, and understands it will not be straightforward to resolve.

Comments:

1. Members queried whether it was possible to link the findings from the wider health system to give an overall and consolidated view, from an HIW perspective. Gerallt explained that HIW was actively working with Health Boards and would consider this approach going forward. Liam Williams added that Audit Wales were undertaking work which was looking at the whole NHS system, currently focussing on patient flow at hospitals.
2. The Board were interested to know if there had been any feedback from other health board colleagues following publication of the HIW annual report, particularly in respect of patient impact as a result of handover delays. Gerallt Jones commented that HIW undertook regular discussions with Health Boards, and explained that future HIW work would include the issue of patient flow and immediate release directions.

**RESOLVED: The Board noted the report**

## **137/22 CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT**

Ceri Jackson alerted the Board to the following highlights from the report:

1. An Audit Wales review on charitable funds was due to commence on 1 December 2022.
2. The Committee received a presentation from the Head of the Hywel Dda University Health Board Charity in which the Committee benefited.

3. The Committee has engaged a Mr. Patrick Boggan from Tarnside Consulting to provide recommendations for the Charity's strategic direction.

**RESOLVED: The Board received the Charitable Funds Committee Highlight Report and received assurance from the Committee Chair that the Committee had fulfilled its Terms of Reference and matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting.**

#### **138/22 ACADEMIC PARTNERSHIP COMMITTEE HIGHLIGHT REPORT**

Kevin Davies alerted the Board to the following highlights from the report:

1. The Committee cycle of business has recently been approved and continues to mature.
2. Confirmation of University Trust Status was still awaited.

**RESOLVED: The Board received the Academic Partnership Committee Highlight Report and received assurance from the Committee Chair that the Committee had fulfilled its Terms of Reference and matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting.**

#### **139/22 QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT**

Bethan Evans alerted the Board to the following highlights from the report:

1. The Committee focussed their attention on the ongoing system pressures which the Board had discussed during today's meeting.
2. The Committee heard a very powerful patient story which related to a patient's extremely long wait for an ambulance following a fall at home.
3. The Operations Directorate update report was presented in a different format, which was welcomed.
4. The Audit Wales review on the Trust's quality governance arrangements was received, and it recognised the extreme service pressures.
5. The Dementia update was received, and the team were commended on its significant number of achievements. The Committee noted that funding for the Dementia programme since 2018 had been through the Integrated Care Funds.
6. It was noted that the Committee, at its next meeting, would focus on the progress being made in the Trust's preparedness for the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
7. In terms of the risks, the Committee continued to monitor the 2 highest scoring risks. Risk 223, 'the Trust's inability to reach patients in the community causing patient harm and death'. and risk 224 'significant handover delays outside Emergency Departments which impacts on access to definitive care being

delayed and affected the Trust's ability to provide a safe and effective service', which were both rated at 25. The Committee also noted that Risk 303. 'Delayed administration of chest compressions to patients as part of resuscitation', has been closed as all actions have been completed and the risk score has reduced to target.

Comments:

Estelle Hitchon informed the Board that the Integrated Care Fund has been replaced with the Regional Integration Fund.

**RESOLVED: The Board received the Quality, Patient Experience and Safety Committee Highlight Report and received assurance from the Committee Chair that the Committee had fulfilled its Terms of Reference and matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting.**

#### **140/22 FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT**

Kevin Davies alerted the Board to the following highlights from the report:

1. Lost hours to handover delays at Emergency Departments in October were the highest recorded at 28,940; equating to 36% of the Trust's conveying capacity being unavailable to respond.
2. The Committee received a presentation on the financial position for month 7 2022/23.
3. There were 10 risks on the Corporate Risk Register assigned to the Committee and no changes in risk scores were observed from the September meeting of the Committee.

**RESOLVED: The Board received the Finance and Performance Committee Highlight Report and received assurance from the Committee Chair that the Committee had fulfilled its Terms of Reference and matters of concern had been escalated in line with the Alert, Advise, Assure framework of reporting.**

#### **141/22 GOVERNANCE REPORT**

1. The Board noted that the Trust seal was applied to the following documents:
2. Reference number: 0237, Standard building contract Vantage Point House phase 2 with Paramount Office Interiors Ltd; and
3. Reference number: 0238, Land Transfer, HM Stanley, St Asaph to Castle Green Homes Ltd.
4. The Board noted a decision was made in private session on 1 September 2022 to approve a number of WAST non-emergency patient transport contracts. This item was taken in private due to commercial sensitivities.

**RESOLVED: The Board noted the use of the Trust Seal as described and the decision made in private since the last Board meeting.**

## **142/22 MINUTES OF COMMITTEES**

The following minutes were received:

1. Charitable Funds Committee of 6 July 2022;
2. Academic Partnership Committee of 19 July 2022;
3. Finance and Performance Committee of 20 September 2022;
4. Quest Committee of 11 August 2022.

Furthermore the following NHS Wales Joint Committee update reports were received

1. Emergency Ambulance Services Committee meeting of 18 August 2022;
2. NHS Wales Shared Services Partnership Committee – Assurance Report dated 22 September 2022;
3. Welsh Health Specialised Services Committee – Joint Committee Meeting - Briefing dated 8 November 2022.

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

## **143/22 ANY OTHER BUSINESS**

This was Kevin Davies' last meeting of the Board as his eight-year tenure on the Board will end on 31 December 2022. Jason Killens thanked him on behalf of the Board for his support, stewardship and counsel to the Trust, and wished him well.

## **144/22 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 24 NOVEMBER 2022**

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

**RESOLVED: The Board would meet in private on 24 November 2022.**

**Date of next Open meeting: 26 January 2023**

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	30 March 2023	<u>Update for 26 January 2023</u> The cultural measures are a work in progress, particularly given the current pressures, and the Board will receive an update on progress at its March meeting.	Open



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

**CHIEF EXECUTIVE REPORT: 26 JANUARY 2023**

<b>MEETING</b>	Trust Board
<b>DATE</b>	26 January 2023
<b>EXECUTIVE</b>	Jason Killens, Chief Executive
<b>AUTHOR</b>	Jason Killens, Chief Executive
<b>CONTACT</b>	Jason.Killens@wales.nhs.uk

**EXECUTIVE SUMMARY**

This report is presented to the Trust Board to provide awareness of the Chief Executive’s activities and key service issues since the last Trust Board meeting held on 24<sup>th</sup> November 2022. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

**RECOMMENDATION**

That Trust Board note the contents of this report.

**KEY ISSUES/IMPLICATIONS**

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

**REPORT APPROVAL ROUTE**

The Trust Board meeting held on 26<sup>th</sup> January 2023.

**REPORT APPENDICES**

An SBAR is attached.

**REPORT CHECKLIST**

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

## **SITUATION**

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 24<sup>th</sup> November 2022.

## **BACKGROUND**

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

## **ASSESSMENT**

### **CHIEF EXECUTIVE**

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, AACE, EASC and senior elected representatives.
- The official opening of Cardiff Ambulance Station by Eluned Morgan, Minister for Health and Social Services.
- I have met two cohorts of Ambulance Care Assistant trainees to personally welcome them to the Trust.
- I proudly represented the Trust at two Welsh Emergency Services and St John Cymry carol services.
- I gave an interview to the New York Times who were keen to understand more about ambulances services in Wales and our long term strategy for a feature article recently published in print and on line.
- Estelle Hitchon and I met with Denbighshire County Council's Health and Social Care Scrutiny Committee to provide councillors with an update on the Trust's performance and future plans.
- I have given numerous media interviews in the run up to and during the recent industrial action by the RCN, GMB and Unite the Union with the intent of warning and informing the public of the expected disruption; how the use our services during industrial action and to deliver the delicate balance of raising awareness of the concerns our people are expressing through the industrial action whilst seeking not to comment on resolution to the dispute which rests with Welsh and/or His Majesty's Government.

## **FINANCE AND CORPORATE RESOURCES**

### **Finance**

4. Welsh Government have confirmed additional in year capital funding for several new schemes to help the Trust deliver key decarbonisation and digital objectives. These are progressing at pace to ensure delivery before 31st March 2023. All other capital projects are continuing to progress well, however, due to supply chain issues projects will continue to be monitored closely to ensure forecasts remain on track.

5. Work is progressing to evaluate the use of automation along with progressing the development of the Patient Level Information Costing system (PLICs), with financial and activity data being uploaded into the system. In the coming months the process of reconciling and reviewing the data to ensure consistency and accuracy will be undertaken.

6. A balanced financial outturn position for the 2022/23 financial year continues to be forecast and reported to Welsh Government. Focussed work continues between Finance Business Partners and key budget holders to ensure a balanced position. The Finance Team also continues to focus on the emerging financial plan for 2023/24 and the Trust's IMTP. In particular, key workstreams include the identification of the significant savings required for the next financial year and the longer term Financial Sustainability Programme.

7. The audit of the 2021/22 Charitable Fund accounts has commenced and work continues with Audit Wales to ensure the outcome is reported to the Charitable Funds Committee by the end of the month.

## **Capital and Estates**

8. The following update provides an overview of the main current Capital and Estates projects:

- South East Fleet Workshop – Welsh Government have confirmed a further £1.3m of funding from to further support the delivery of this project. Preparatory work has been completed and the equipment tender closes later this month. The redevelopment tender is being finalised and will be issued shortly.
- Vantage Point House (VPH) – The previous update confirmed the completion of Phase 2 and staff were relocated into their new work space in November 2022. Work has continued on Phases 3 and 4, and work on Phase 3 is now broadly complete, with provision of new welfare facilities provided in time for the Christmas period. Further snagging and full completion of the remainder of Phases 3 and 4 will take place early in 2023, with an overall programme completion date of February 2023 currently on schedule.
- Cardiff Ambulance Station – the Ambulance Station and Training School are fully operational, with final snagging work and project closure activities underway. The station was formally opened by the Minister for Health and Social Services on 1st December 2022. The 111 facility on the first floor is ready for occupation with staff expected to move in on 9th January 2023.
- EMS Interim Solutions Programme – a contractor has been appointed for work on Rhyl Ambulance Station and this will be completed by mid February 2023. Work continues on the Phoenix Business Park, Newport to ensure that crews can relocate as soon as possible. Alongside this project, an agreement has been reached with South Wales Fire and Rescue to use Abercarn Fire Station for some NEPTS crews to provide coverage in the north AB area.
- Work to establish Project Boards in support of the suite of business cases within the 2022/25 IMTP objectives is ongoing. Project arrangements have been stood up for Swansea, Newport, and Llanelli Ambulance Stations, with further work to consider Llandrindod Wells and Bangor due to commence. Work with NWSSP in support of site searches has commenced and options are being explored.
- Bridgend NEPTS – Work has completed at Bennett Street and staff took occupation on 30th November 2022. Residual activities will be finalised in the

coming weeks and planning for phase 2 (external compound) has commenced, with a view to completing as much of this work as possible by end of March 2023. The facility has the benefit of several features to support the Trust's continued ambitions on decarbonisation such as PV panels, battery storage and EV charging.

## **Fleet**

9. The delivery of the 2021/22 Vehicle Replacement Project was challenging due to many global influencing factors, however, it is now almost complete with the remaining 17 Renault Masters undergoing conversion into a mixture of double wheel chair accessible vehicles and stretcher bearing vehicles. The latter vehicles are equipped with bariatric capability equipment to provide greater flexibility when planning and allocating work.

10. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) for 2022/23 was endorsed early by Welsh Government which enabled 23 RRVs, built on Toyota plug-in petrol hybrids to go into operational service pan Wales during quarter 2 of the financial year. Fifty Mercedes Sprinter Emergency Ambulance chassis were ordered in April are at the nominated contractor undergoing conversion with the first batch being delivered during January. A small batch of 5 Ambulance Care transfer vehicles based on a 3.5 tonne MAN are at the convertor and are being converted to the agreed design specification. Fifteen Ford Transit Customs have been ordered and will be converted into single wheel chair accessible vehicles.

11. The 2023/24 Fleet BJC which contains further decarbonisation and EV initiatives has been approved by Board and submitted to Welsh Government.

## **PARTNERSHIPS AND ENGAGEMENT DIRECTORATE**

12. The Trust celebrated staff and volunteers at its annual WAST Awards ceremony in November. More than a dozen awards were presented at the virtual event to colleagues across Wales, including Team of the Year, Inspiring Others and Learning and Innovation. Not one, but two WAST pioneers were also recognised in King Charles' New Year Honours list.

13. We hosted a series of media ride-outs in the run-up to Christmas to help the public and partners better understand the pressures upon the ambulance service, a result of which we secured local, national and international media coverage, including in the New York Times. Careful media handling was also required for industrial action, which resulted in swathe of local, regional and national media coverage, as well as for a Business Continuity Incident in mid-December.

14. We made our annual appeal for people to behave responsibly and choose NHS services appropriately over the Christmas and New Year period. To this end, work on a campaign to raise awareness of NHS 111 Wales continues in earnest. However, the TV ad element of the campaign has been postponed until February 2023 to avoid additional pressure on the service and to allow for some recovery. We also ramped up activity on the #WithUsNotAgainstUs anti-violence campaign, which the Trust leads on behalf of all blue light and NHS partners in Wales.

15. There remains significant political and stakeholder interest in a wide range of issues, but notably performance issues. The impact on reputation of recent pressures is likely to be significant and we have seen an uptick in direct contact from a range of

politicians outlining constituents' poor experience. Close attention is being paid to risks, with stakeholder briefing on both performance and the long term strategy continuing.

16. The Director of Partnerships and Engagement and the Executive Director of Strategy, Planning and Performance also presented to the North Wales Community Health Council in December in relation to the long term strategy. This resulted in some interesting debate. Following engagement with the Board of Community Health Council, an offer of a similar briefing will be extended to all CHCs in Wales as part of the engagement framework delivery plan.

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

### **Commissioning & Performance**

17. The Commissioning and Performance Team continues to support the Trust with quality and performance reports, predictive forecasting and modelling and transformation. Quality and performance information has included the impact of Same Day Emergency Centres (SDECs) across Wales, which has led to Welsh Government requesting modelling from WAST on the potential impact of fully functioning SDECs. This is the first time Welsh Government has directly requested modelling from the Trust and is an interesting development. The modelling is innovative using, for the first time, clinical information from the e-PCR. The team has also developed a waterfall graph which illustrates the impact on shifts (gained) from efficiencies and investment in front line staff, all of which is offset by the extreme handover hours lost (37% of the Trust's conveying capacity in December 2022). Finance & Performance Committee received a deep dive on Ambulance Care (NEPTS) at its January 2023 meeting. The deep dive demonstrated the scale of the transformation programme in Ambulance Care and the service complexity.

18. The team continues to provide a substantial level of support on forecasting and modelling, including rebasing the UCS, modelling the proposed new national transfer and discharge service, NET Centre roster keys, NEPTS ambulance roster keys, CCC dispatch boundaries and dispatch desk workload and modelling the optimum location for a proposed new Swansea ambulance station. The team is also about to commence a new strategic demand & capacity review for EMS, linked to the strategic ambition to "invert the triangles", which the team is also providing project support to. The team continues to track data on Covid, RSV and flu through the Forecasting & Modelling Group.

19. The team is working on a number of transformation programmes, in particular, the EMS Operational Transformation Programme, which is now largely complete, with the exception of the CCC Reconfiguration which has been delayed on a number of occasions by maximum escalation. The programme is currently focused on developing recruitment and retention plans for 2023/34, in particular, rural recruitment. There is also some innovative work being undertaken in on the Ambulance Care transformation programme, in particular, the alignment of patient ready time and vehicle availability (an identified efficiency) and testing proposed roster keys on the Cleric (NEPTS CAD) training software as a way of engaging NEPTS managers.

### **Strategy, Planning and Transformation**

20. We welcomed the new Head of Strategy Development into post in December, who will be focussing on the development of the organisation's strategic agenda and driving forward the 'Inverting the Triangle' programme. Work has continued to further develop the programme infrastructure and work is underway to progress and evaluate some agreed Tests of Change. The organisation presented proposals to the Community Health Council in November to support the decision making process regarding the possible requirement to undertake formal public consultation and engagement. Current position indicates that a (up to) 12 week pre-engagement / engagement period will be required projected to commence from spring 2023.

21. Work is ongoing to write the IMTP for 2023/26 which takes account of a challenging operational and financial outlook, which is the vehicle for taking forward our strategic service developments as well as commissioning intentions and the finance plan for the organisation. The Trust is working to refine its high level priorities with work at programme and directorate level to develop key milestones for next year. As we move towards finalising the IMTP for 2023/26 the Head of Transformation will lead on the prioritisation of key projects and is working to develop the transformation structures based on the emerging priorities in three key areas: Our Patients, Our People, Value & Sustainability (underpinned by Partnerships and the wider system).

22. For this current year, the Planning and Transformation teams continue to provide leadership and project management to the Trust's major transformation programmes which has included supporting 111 operational projects and supporting a review of the "pump prime" phase of the working safely programme. The Head of Transformation has reviewed and updated the reporting arrangements and format of assurance reports for Strategic Transformation Board (STB) and Finance & Performance Committee, offering a more visual update on programmes and milestones within the IMTP to provide assurance to STB and the Committee. We are currently reviewing the priorities to be delivered by the end of 2022/23 taking into account the operational pressures in the system at present and potential for ongoing industrial action during quarter 4. This may scale back some of the IMTP delivery, which will be taken into account when developing next year's plan.

23. The Planning Team continues to engage with health boards to understand the impact of strategic service changes on WAST including participating in workshops on regional planned care across South East Wales, and within health boards e.g. acute care changes at Singleton and Morriston. There are also emerging programmes across Wales and cross border services that serve Wales, on the development of stroke services, which we are fully engaged with. In support of planned care recovery, regionalisation and the difficulties facing EMS and Ambulance Care in being able to release capacity to undertake transfers between hospitals, we have continued to progress with establishing the concept, evidenced need and demand for an All Wales transfer and discharge model, including a deep dive into the Grange University Hospital transfer service for further in depth learning, connecting with other ambulance services, mapping and engaging with clinical networks.

24. The Team is also engaged with Health Boards in their programmes of work to progress the Six Goals for Urgent and Emergency Care at a local level. This aligns to work with commissioners on the development of Integrated Commissioning Action Plans with each Health Board which will be the opportunity for WAST to engage with Health Boards on local opportunities for joint action and commissioning of WAST service developments. This will include developing a menu of options that support the six goals and in particular opportunities to develop alternatives to conveyance.

## **CLINICAL SERVICES DIRECTORATE**

### **ePCR Programme Update**

25. ePCR continues to embed within clinical practice with a full suite of clinical indicators being reported for the first time. Development work is concentrating on making improvements to the user interface and this is being driven by user feedback via the WIIN process as well as learning from clinical audit activities. Access to Welsh GP records has seen some technical difficulties resolved that will enable Advanced Paramedic Practitioners, followed by Senior Paramedics to access additional patient information. Analysis of the evaluation will enable the ePCR team to decide which elements of GP records provide most utility for wider organisational roll-out.

26. Testing of the referral process has revealed technical vulnerabilities with the existing systems, therefore, the ePCR team are working with the suppliers to produce a redesigned and more integrated end to end referral system. ePCR data is being fed into an internal audit on pain management, supporting a review of maternity emergencies as well as the Anti-Racist Wales Action Plan. Further dashboards are in development to support clinicians with access to redacted records and clinical indicator performance dashboards by locality.

### **Clinical Directorate Restructure**

27. The Clinical Directorate has commenced its restructure and Organisational Change Process (OCP) to support the Director of Paramedicine and to maintain the provision of high-quality clinical leadership and guidance. The OCP started with the appointment of a new Assistant Director for Clinical Delivery, with Greg Lloyd (previously Head of Clinical Operations), being successfully appointed to this position. The OCP will conclude once all the positions have been confirmed within the new structure.

### **End of Life Care Data Analysis**

28. The Welsh Ambulance Service NHS Trust Macmillan End of Life Care (EoLC) Team recently completed an all-Wales data analysis to determine how often patients in their last year of life, due to a life shortening condition, are accessing unscheduled care, and more specifically accessing it via the Trust. As the Covid pandemic likely skewed what was a 'normal' average each year, the data analysis took place between 2016 and 2019. The analysis revealed the following key findings:

- On average 89% of patients who likely had a palliative condition accessed USC in their last year of life. This would likely place EoLC/palliative conditions in the top ten reasons patients access services from the Trust.
- About 44,283 or 9% of the Trust's incidents each year are to respond to a patient with a palliative condition who is in their last year of life. To give further context to this, major trauma, a category that many may more readily associate with calling 999 accounts for approximately 2-3% of incidents.
- 42% of patients likely to have had a palliative condition who accessed USC remained in their care setting (likely their preferred place of care). This figure increased the closer to death a patient became (67% of patients accessing Trust services in the last two days of life remained in their care setting).

- On average a palliative care patient accesses 999 at least twice in their last year of life, and statistically, a palliative care patient in their last year of life is most likely to access 999 in their last 7 days of life.

## **Research and Innovation**

### **PARAMEDIC3 – Pre-hospital Randomised trial of MEDICATION route in out-of-hospital cardiac arrest**

29. The PARAMEDIC3 trial went live in March 2022 and is now live for recruitment and training across all Health Boards in Wales. To date, there are 187 paramedics trained within the Trust and 51 patients recruited into the study. The Research Department have recently recruited 2 Clinical Research and Innovation Officers who will be supporting and driving the trial across Wales.

### **999 RESPOND - Emergency dispatch decisions in covid-19**

30. The 999 RESPOND project commenced in October 2022. Collaboration agreements and study documentation are currently being developed. A Post-Doctoral Research Officer post has been recruited from Warwick University to support the study and data collection.

## **CORPORATE GOVERNANCE**

31. The tenure of Professor Kevin Davies, Vice Chair, has been extended up to 30th June. The campaign for the substantive Vice Chair appointment will commence shortly.

32. All three modules of the Covid-19 Public Inquiry have opened, with preliminary hearings having taken place for module 1 (preparedness and resilience) and module 2 (government decision and political governance). Module 3 (impact of Covid-19 on healthcare systems in the four nations) opened on 8 November. The Trust's application for core participant status for module 3 has been submitted to the inquiry team and responses to initial inquiries are underway. The preliminary hearing for module 3 will take place on 28th February and will begin hearing evidence in the Spring.

33. The draft manual for accounts has been released by Welsh Government and work has commenced on the Annual Report for 2022/23. The Annual Filings Task and Finish Group has been re-established and will provide an update on the agreed timetable for the annual report and accounts for 2022/23 to the next Audit Committee meeting.

34. Annual effectiveness reviews are underway with member and attendee questionnaires circulated and results for the majority of Committees reviewed by chairs and executive leads. The Academic Partnership Committee and the Charitable Funds Committee have met to discuss the outcomes of that review and approved their annual report which will be presented to the Audit Committee in April and the Board in May.

35. On 7 December, the Trust joined other public organisations across Wales to celebrate 'Welsh Language Rights Day'. The Trust developed and published a short video to promote WAST's Welsh language services on all of its social media channels.

Trust Board Welsh Language Champion Bethan Evans, Non-Executive Director at WAST, introduced the video which was a compilation of clips showcasing the breadth of Welsh language services by colleagues across the Trust with varying language abilities.

36. A revised policy on standards of business conduct has been developed as a result of a recent internal audit that returned a limited assurance rating. The internal audit and the policy will be reviewed by the Audit Committee with revised and expanded reporting on declarations, and on gifts, hospitality and sponsorship.

## **DIGITAL DIRECTORATE**

### **Web Development**

37. The 111.Wales website has nearly doubled its user satisfaction score – although there is much room for improvement, the 2022 user experience surveys saw responses to the question “how was your experience in using the site today?” as either excellent, very good or good in 43% of cases (compared to 24% in 2021). The website saw more than 4 million unique visits for the year, with clinical, communications and digital teams working collaboratively in an agile way to create and deploy messaging around Strep A and winter pressures, and share advice over the festive period.

### **Information & Communications Technology**

38. A new system has been implemented in all ambulance Trusts nation-wide to support with call taking resilience. This went live in the autumn, but since, WAST Digital & Operational colleagues have worked to implement local enhancements so abandoned and cancelled calls from other service areas that were handled by WAST can be coded in our system and reported. Additionally, the interface to transfer the incidents from our stack to the home service has been improved to avoid manual transfer between one of the other ambulance Trusts. This has huge benefit as in just one week in December WAST had taken 3,000 calls for other Trusts, 500 of which would have had to be manually handed back.

39. The ICT team has also improved resilience of live data for all WAST systems, ensuring backups are more frequent, quicker to transfer larger amounts of data (efficiency improved by 50%), and with reduced risk of failure in read/write tasks. These backup systems provide multi-layered resilience in the case of catastrophic failure at sites around Wales.

### **Data & Analytics**

40. Over the past 6 months (since the implementation of ePCR) the analytics team have been redeveloping the Clinical Indicators in partnership with the Clinical Informaticists. Scripting of clinical algorithms to calculate the set of 5 measures has just been completed, tested and approved by the Clinical Information Assurance Group (CIAG). These measures are now all being formally reported via the Ambulance Quality Indicators (AQIs) as part of our official statistics.

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

### **Safeguarding**

41. I am delighted that the Safeguarding Team have been highly commended in the recent NHS Wales Innovation and Improving Practices in Safeguarding Awards.

42. To celebrate NHS Wales Safeguarding Network 10th Anniversary, the team is hosting the “NHS Wales Safeguarding Together: Then, Now, Next Conference” in March 2023. Safeguarding teams from across the Principality were asked to submit an abstract for a poster presentation that will be exhibited on the day. Our Safeguarding Team is pleased to report that our application was successful and our poster presentation “Revolutionising Safeguarding Reporting” will promote the innovative safeguarding work taking place within our organisation.

### **Dementia**

43. At the reminiscence therapy interactive activities (RITA) User Group Conference and Awards 2022, the Trust’s Dementia Team won the ‘Most Innovative Use of RITA’. RITA is an interactive touch screen tablet to blend entertainment with therapy and to assist patients in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, playing games, watching old films, TV shows, sporting events, and viewing old photographs.

44. WAST are piloting 20 tablets for up to a year, in all areas of Wales. Feedback from RITA Champions who use the tablets with patients has been positive:

- “I used RITA with a lady with mixed dementia. It took a lot of Entonox to move her initially, but once on the ambulance I gave her the tablet with a 360° Coral reef, which distracted her wonderfully all the way to hospital – she was holding the gas nozzle but never used it”.
- “I used the tablet with a patient who hadn't been diagnosed with dementia but was experiencing memory problems. I sat with the patient for over 5 hours on the ambulance and he thoroughly enjoyed playing the games and listening to the music which brought back good memories and allowed him to sing along as he remembered most of the words. During these long handover delays we are encountering at A&E it really helped the patient and made the time pass quicker”.

45. The Trust will be piloting reminiscence therapy for people living with dementia who are using our services. We know that people living with dementia can have a stressful time when in our care, which can result in distress, agitation and aggression. Research suggests that reminiscence therapy and distraction can support people to overcome distress and anxiety.

### **Emergency Communication Nurse System**

46. The Trust’s Emergency Communication Nurse System (ECNS) Project Team were named winners of the Technology and Digital Impact Award at the MediWales Innovations Awards 2022. ECNS is a new telephone consultation tool that offers more than 250 algorithms to support control room clinicians who provide secondary triage to assess patients and arrange the most appropriate care for 999 callers. In recent weeks, video functionality was launched enabling clinicians to have video

consultations with patients if a situation requires an “eyes-on” which only helps toward treating more callers over the phone.

### **Clinical Leadership Team**

47. The Clinical Leadership Team for integrated care have published their first academic article of the year '*Benefits of a Collaborative Approach to Service Evaluation in Urgent Care*'. They have had a further pharmacy based paper accepted for publication and are drafting their third paper for submission. This work continues to build the evidence base for remote and digital assessment in Wales.

## **WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE**

### **Recruitment, Workforce Transformation and Planning**

48. The team continues to work to identify new supply routes into the Trust. We have held the first successful partnership work with the Prince's Trust targeting young people within the Cardiff area, more such programmes focusing on other parts of Wales are planned for the new year. We are working with two colleges in North, Ceredigion and Weymouth to develop ambulance specific modules that will enhance and increase workforce supply routes for young people into the Trust.

49. Work continues with the recruitment and training of an additional 100 FTE clinicians. The industrial action and the higher than average turnover have impacted the numbers delivered to date, but the team continues to put mitigating actions in place such as agreeing with C1 providers to make use of test sites across the border as a way of maximising growth from recruitment.

50. The tender process to source a supplier that will work to upgrade our 'Working With Us' website pages is currently underway. The aim is to create an engaging shop front for potential applicants seeking to work with the ambulance service. The videos will promote the Trust and Wales as great places to work and will also go further to create a snapshot of a day in the life of certain key roles within the organisation.

### **Sickness Absence**

51. Current November data has shown a reduction in sickness absence compared with October 22 (9.48%). November levels are 8.78% with short term sickness absence reducing from 4.03% in October to 3.29% in November. Long term absence saw a minimal increase from 5.45% in Oct to 5.49% in November.

52. The COVID absence FTE percentage was 0.80% in November with 12 cases of open Long Term COVID cases as at the end of November.

53. November saw a welcomed reduction in open cases from 90 to 74 compared with 92 open cases and 93 closing in October.

### **Organisational Development, Engagement and Inclusion**

54. We launched our WAST Voices Network as the Sexism & Sexual safety survey closed on 1st December where we heard from 405 colleagues across the Trust. Internal and external engagement continues with our employee led approach. Affected colleagues have access to appropriate support.

55. We have established relationships with new therapy dog providers to reach rural based colleagues in the Powys area.

56. Every Warm WAST Welcome session now covers the financial wellbeing offer available to colleagues and we continue to draw on ideas shared by colleagues through our digital suggestion box where we have seen numerous requests for a salary advance scheme.

57. The Carers Passport was launched with Employers for Carers Rights delivering a session for all line managers. The session was very well received with 90 people across the organisation attending the Teams meeting, and a call for another one to take place in the New Year for those who were unable to attend. Alongside this, a page on the Equality, Diversity, and Inclusion SharePoint was created to support staff on the Carers Passport, with guides, Carers Rights membership to all staff and all paperwork needed to support managers.

58. Allyship sessions for teams continue within the corporate section of the organisation. A bespoke session was delivered regarding the lived experience from a parent of a Trans young adult. The session was received well with overall very positive feedback.

59. We have had discussions with the Operations Directorate about delivering the Allyship program. An Allyship page on the Equality, Diversity and Inclusion SharePoint has been created to support staff participating in the 30-day 'Allyship and Me' workbook reflective journey.

60. A lived experience session is being planned from the organisation Autistic Minds, who are going to do a presentation from one of their staff members who is neurodivergent. This will include how their organisation can support staff within the Trust.

61. The Trust is part of the Welsh Government's Disability Rights Taskforce - Health & Wellbeing and also represents the Equality Leaders Group NHS Wales. This follows from July 2021, when the Welsh Government published the 'Locked Out: Liberating Disabled People's Lives and Rights in Wales Beyond Covid-19' report. This report sets out the experiences of disabled people throughout and before the Covid pandemic.

62. Two task and Finish Groups have been established in regard to the Anti-racist Wales Action Plan and the Integrated Assessment Review (EqIA). An initial draft EqIA has been produced in support of our ambitious new approach to service delivery.

## **Workforce Education & Development**

63. In partnership with Swansea University (SU) and with the view of enhancing the learner experience, year 1 students on the SU Paramedic degree programme have been afforded the opportunity to gain experience in Ambulance Care and CCC during their first 5-week placement (December 2022). The opportunity was also taken to offer all eligible students an ACA driving programme which has enabled these students to apply for bank agreements. This brings 1st year students in line with their peers in Years 2 & 3 as all SU student paramedics are eligible for bank contracts to operate across Ambulance Care.

## **Developing Professional Educational Competence**

64. Following several successful Driving Instructor recruitment campaigns, a further 3 potential Operational Driving Instructors have recently been selected and are scheduled to undertake the Diploma in Emergency Response Ambulance Driving Instruction (DERADI) programme in January 2023. These additions to the Driving Team will support Operations, Education & Training and enhance the Trust's response to the expected legislative change (Section 19, Road Safety Act 2006).

65. The Trust has continued to facilitate induction courses for the development of colleagues within 111 and CSD to gain a recognised qualification in assessing and delivering education. We have had three new clinical instructors spend time with the team to support the delivery of clinical programmes and these will be undertaking induction in January. The new format of annual refresher (Mandatory In-Service Training/MIST) commenced in November and has been receiving positive feedback from attendees.

66. We have also assisted colleagues in the Voluntary Car Service through a facilitated induction for new volunteers. Members of the senior team sit on a national group for the review of assessment practices within the curriculum used to develop Trainee EMTs and as one of the first ambulance services in the UK to register learners on this new qualification specification are undertaking a leading advice role.

## **Occupational Health and Wellbeing**

67. The Autumn Covid booster programme has slowed quite substantially, as planned, offering all eligible people in Wales the booster by the end of November 2022. The latest figures for frontline patient facing staff taking up the booster are (14/12/2022) 46% with 24% of front line staff receiving the Spikevax booster which is combined against both Delta and Omicron variants.

68. The Flu vaccination programme has delivered flu vaccinations to 43.6% of WAST staff (as at 16/12/2022). Flu vaccinations continue to be available for staff who wish to have them from both Occupational Health and Peer vaccinators throughout Wales.

## **OPERATIONS DIRECTORATE**

69. To date, we have managed five dates of industrial action; two by RCN, predominantly affecting the Integrated Care portfolio, two by GMB, and one by Unite the Union which had more widespread impact across the Operations Directorate. An Industrial Action Planning Team was established in late November led by the Emergency Preparedness, Resilience & Response (EPRR) team and consisting of senior reps from across the Trust, and the team will continue to make arrangements for future strike dates. It is anticipated that industrial action will continue into Q4 with significant disruption as a result. The IA Planning Team will provide assurance to The Industrial Action Cell and Senior Business Continuity Planning Team (SBCPT) on planning arrangements for anticipated and confirmed industrial action.

70. The Trust has commenced a rollout of analgesia (pain relief) provision for Community First Responders (CFRs). Initially this will consist of 500mg oral paracetamol as part of a stepped approach to further analgesia roll out at a later date. This is a significant development for volunteering and for patient experience, consistent with our Volunteer Action plan, given that because of protracted hospital

handover, CFRs are experiencing extended on scene times with patients who are in pain.

71. All EA and UCS rosters are now live with 3 remaining which are still subject to internal processes but will be finalised in the next few weeks. CHARU is now live across Wales with the final part of recruitment taking place. Early indications are that the benefits are being realised with early intervention and leadership at critical incidents and positive feedback from CHARU operatives.

72. Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 32,050 hours were lost in December 2022, an increase on the previous month of 7029 and resulting in a c38% loss of conveying capacity in Q3. In addition, several Health Boards across Wales have made business continuity and critical incident declarations in recent weeks.

73. Over the last 2 years the demand for 999 call answering services has increased dramatically and the ability of UK ambulance services to meet this demand has been challenged. This can impact BT's ability to answer incoming 999 calls. UK ambulance services are required to have pre-determined arrangements in place for BT to be able to direct 999 calls to an alternative site should the home Trust be unable to answer the call within an agreed timeframe. The current agreed timeframe is 5 minutes.

74. In November 2022, the 999 Intelligent Routing Platform (IRP) replaced the existing network partner arrangements by using automated technology to improve the speed and accuracy of manual practices. Following the implementation of IRP, WAST experienced increasing demand to support other UK ambulance services, peaking on the 18th of December 2022 at more than 600 calls being taken in a 24-hour period, equating to 34% of the total calls re-routed across the UK and 22% of WAST's total 999 demand.

75. Due to wider system pressures and the demand coming into the service, a Critical Incident was declared on 19 December 2022, and because of the significant and sustained pressure on the system, it was decided to withdraw WAST from the IRP. The Operations Directorate Senior Leadership Team (SLT) along with the EMS Coordination team continue to work with colleagues across NHS England and AACE on a solution to safely allow WAST to return to this process without compromising our call handling capacity and performance. New business rules have been deployed into the IRP system and a proof of concept pilot completed on 17/18 January for a managed WAST return to the UK wide 999 call handling resilience platform. This shall be assessed alongside working up an offer of planned support on a costs recovery basis to those English trusts experiencing call handling capacity constraints.

## **RECOMMENDATION**

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



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	8
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	1

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

<b>MEETING</b>	Trust Board
<b>DATE</b>	26 <sup>th</sup> January 2023
<b>EXECUTIVE</b>	Jason Killens, Chief Executive
<b>AUTHOR</b>	Jason Killens, Chief Executive
<b>CONTACT</b>	Jason.Killens@wales.nhs.uk

**EXECUTIVE SUMMARY**

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

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

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

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

2. The report identified 26 actions, 20 for the Trust and six system stakeholder actions. This fourth iteration of the report identifies progress against these actions, as well as the additional actions that have subsequently been identified.
3. Whilst good progress has been made on the actions that the Trust can control, the extreme system pressure continues unabated. In December 2022, 32,050 hours were lost to hospital handover or 2,761 twelve hour ambulance shifts. The monthly sickness absence figure for November 2022 was 8.77%.
4. 11 of the initial actions have been rated as Green (on target), seven as Amber (off target), four as Red (substantially off target), one Grey (stopped) and three blue (complete). Of the four Red actions two are system stakeholder actions

(minutes per handover reduction and four hour back stop) and two are Trust actions; immediate release and end of shift/post production lost hours (PPLH).

5. December is normally considered the worst month of the year, for example, it is the month around which all strategic modelling is based. Early indications are that handover lost hours will be lower in January 2023, but they will still be extreme.
6. The likelihood is therefore that the levels of avoidable harm will continue through the winter period. The Trust estimates that for the period November 2022 to March 2023; 2,195 patients will come to severe harm as a result of being outside of an ED on an ambulance, but unable to be handed over, 41,063 patients will not receive a response due to the operation of the Clinical Safety Plan or through the patient cancelling the ambulance; and that there will be 74 serious cases of avoidable harm including death. The estimates include programmed improvements; the reality is going to be higher because handover times have continued to rise so our patients are waiting longer in our communities and at hospital.
7. 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 handover.
8. At Finance & Performance Committee (16 January 2023) the Executive Director of Quality & Nursing provided an update on his visits to emergency departments, in particular, the level of clinical risk health boards are carrying as well.
9. These matters have continued to be escalated at the highest level, with a ministerial summit taking place on the 28<sup>th</sup> November, attended by Chief Executives and Chairs across Wales.
10. The Executive team continue to consider and work through new opportunities to take action to reduce harm. An example of this is the work which has commenced to develop a welfare and sitting service which can be piloted.

## RECOMMENDATIONS

Trust Board is asked to:

- **NOTE** the report, the progress the Trust is making on “WAST Actions”, and the ongoing impact of hospital handover lost hours.
- **CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.

## KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

<b>REPORT APPROVAL ROUTE</b>	
<b>Date</b>	<b>Meeting</b>
<b>26 January 2023</b>	<b>Trust Board</b>

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

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

## SITUATION

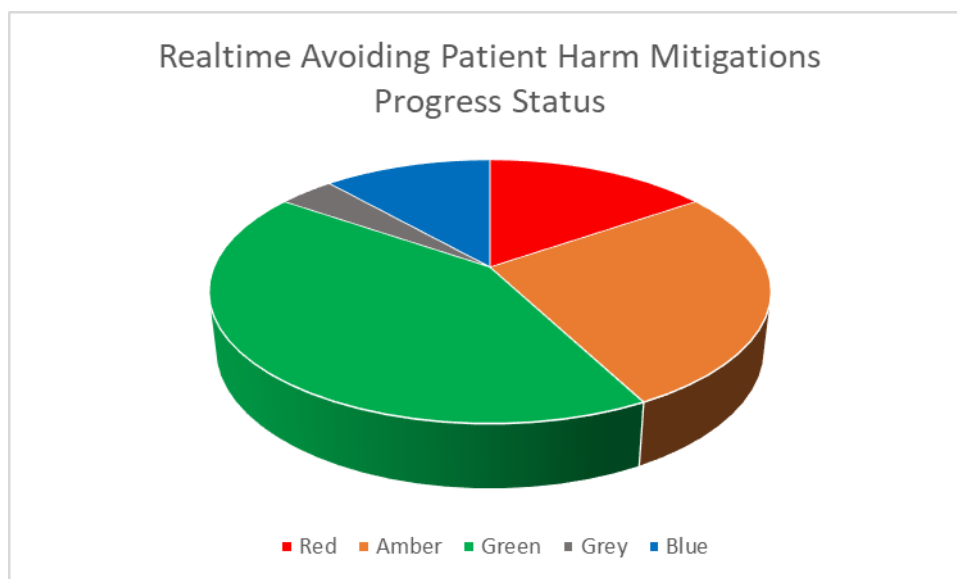
1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death. This paper provides a progress update on patient harm mitigations.

## BACKGROUND

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

## ASSESSMENT

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



5. Appendix 1 contains the action plan with a narrative update on each action. Of the 26 actions:-

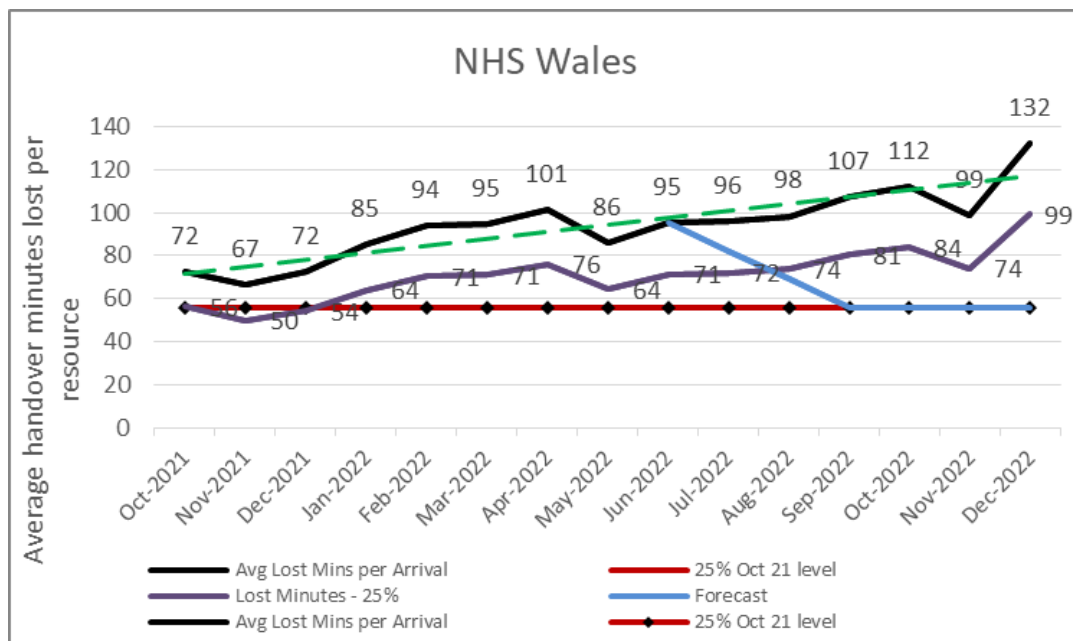
- 4 are red (significantly off target);
- 7 are amber (off target);
- 11 are green (on target);
- 1 is grey (stopped); and
- 3 is blue (complete).

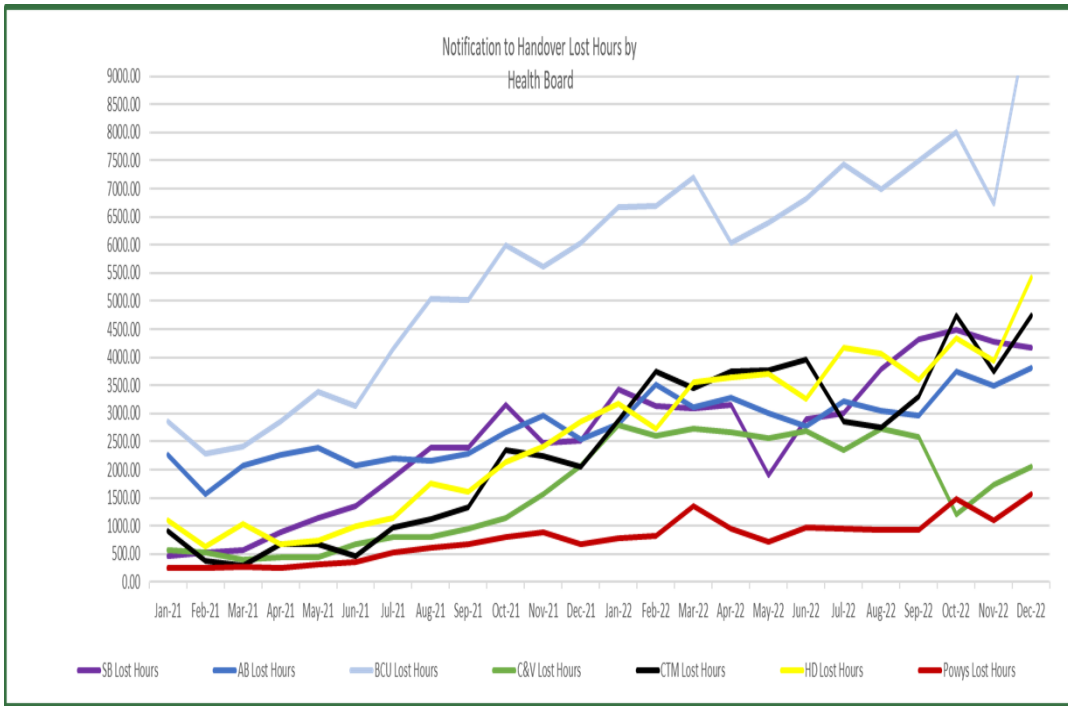
6. The red (significantly off target) actions are:-

- **Immediate Release (action 1):** whilst the approach and reporting has been agreed and is in place, practice on the ground is at variance. NHS Wales CEOs and Chairs committed to Red and Amber 1 rejection being a never

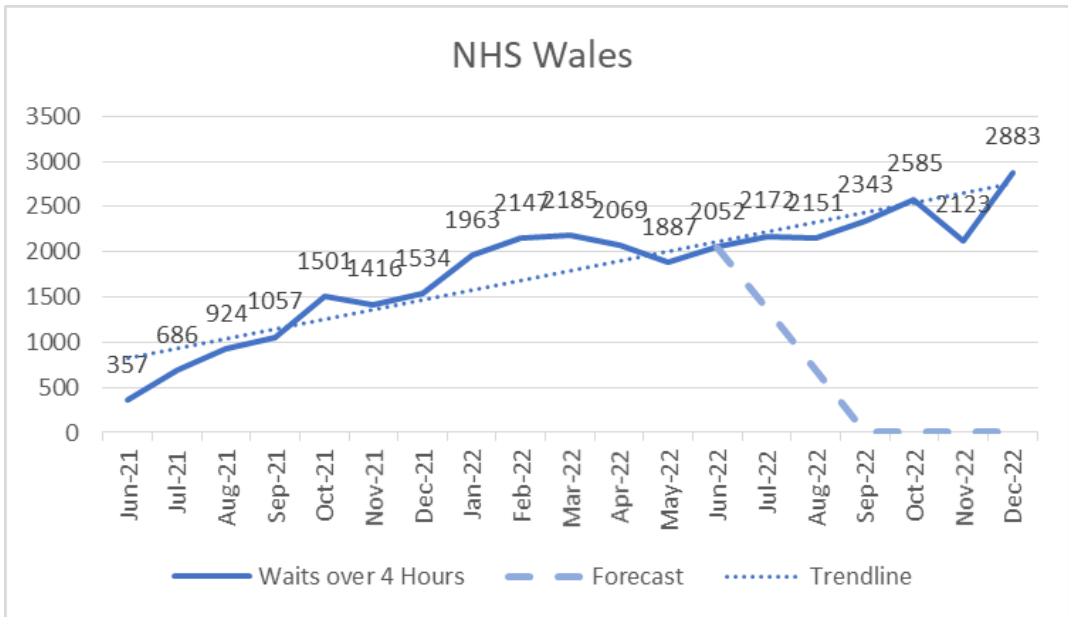
event. When health board CEOs agreed the Immediate Release protocol they agreed to a review. The review went to EASC (17 Jan-23). The review made three changes to the protocol: reinforcing the introductory narrative to reflect that handovers should be considered as extended once beyond 30 minutes; the protocol should be reviewed annually; and the concept of immediate being “without unnecessary delay” must be understood by all Trust and health board staff. There were 1,234 requests made to health board EDs for immediate release of Red or Amber 1 calls in December 2022. In the Red category, 449 were accepted and released, 88 were not. In the Amber 1 category, 156 were released, but 541 were not. The Trust’s actions are completed, but compliance remains problematic.

- End of shift/Post Production Lost Hours (PPLH) (action 21):** there were 15,379 shift overruns of > 1 hour over the last 12 months, 4,942 were > 2 hours, 843 > 3 hours and 263 > 4 hours. The Trust has developed a new standard operating procedure for reporting of PPLH and has been working on the accuracy of its data reporting. The PPLH trend continues to be stable at just over 9,000 hours per month. Further discussions with TU partners are paused at this time.
- Reduction in emergency department handover lost hours:** for December 2022 the minutes per arrival was 132 minutes versus the target (to be achieved by September 2022) of 56 minutes. The Trust has calculated that a 25% reduction from the October 2021 position would return handover lost hours to the levels being seen in the winter pre-pandemic e.g. 14,000 hours. In Dec-22 the Trust lost 32,050 hours to hospital handover or 37% of its conveying capacity. This figure does not include English hospitals, so in reality it is even higher. The levels are extreme.



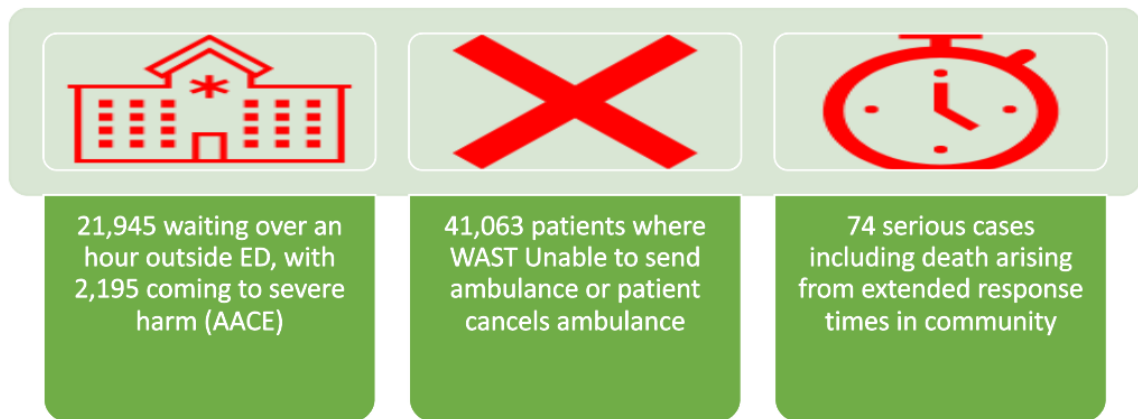


- **Eradication of handover waits of > 4 hours:** there were over 2,883 +4 hour patient handovers in December 2022; the target being 0 from September 2022.

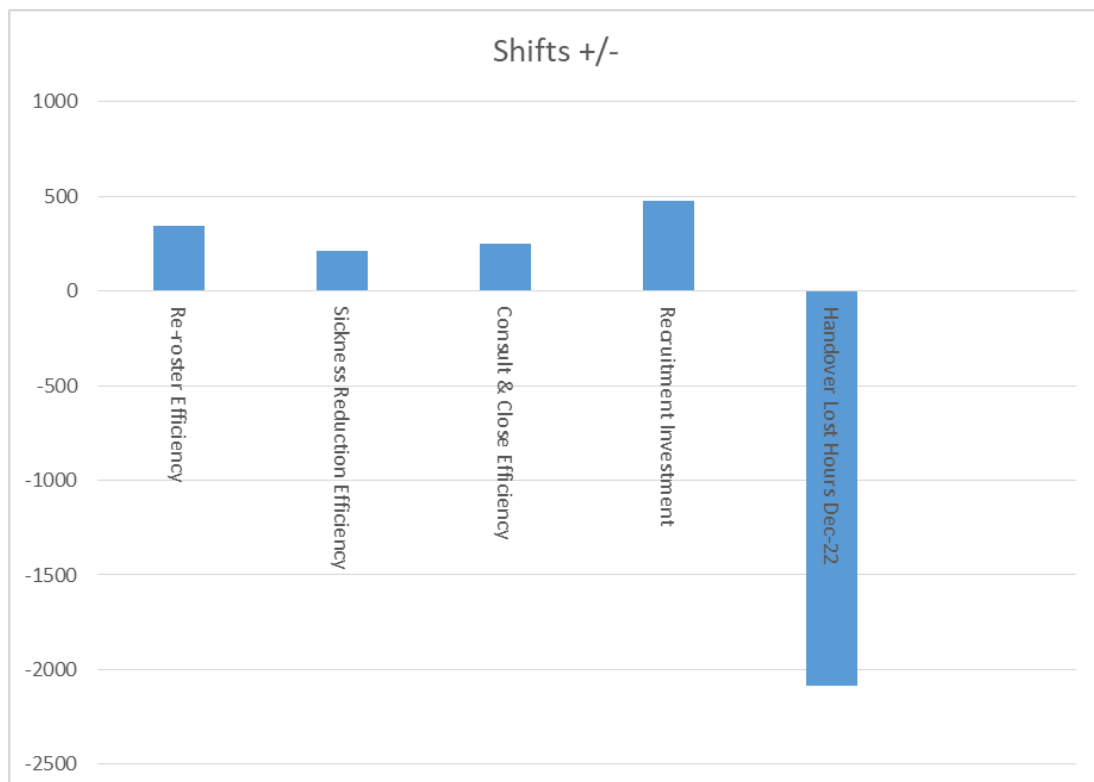


7. The Trust has provided Welsh Government – Joint Executive Team (JET) 16 November 2022 – with estimates of patient harm for the period November 2022 to March 2023:-

## Estimated patient harm over 4 months



11. These estimates are based on improvements, including re-rostering (implemented by end of November 2022), consult & close at 15%, the +100 front line ambulance staff and handover reduction (applied to February and March 2023 in the above estimates). The reality is going to be higher levels of patient harm because handover lost hours have gone up.
12. To contextualise the impact of lost hours to handover the Trust also included the following graph in its JET slides:-



8. This graph show the positive impact on the number of shifts gained (12 hour EA/UCS shift) of the Trust's key efficiencies and investment. The Trust will put 1,282 EA/UCS 12 hour shifts back into the system this winter: re-roster (343), sickness reduction (214), consult & close (249) and +100 FTE recruitment (476), but the Trust lost 2,671 EA/UCS 12 hour shifts to hospital handover in December 2022, almost double the gain from investment and

efficiencies.

9. The Trust lost 37% of its conveying capacity to hospital handover hours in December 2022. The previous iteration of this report identified that handover lost hours were likely to go over 30,000 hours this winter if the health board handover reduction plans did not take effect, which is what occurred in December 2022. The health boards have all been required to develop action plans, which are monitored at their Integrated Quality and Delivery meetings by Welsh Government. Fortnightly meetings are held between the CASC, WAST and each health board to continue to discuss progress and remedial actions in this regard.
10. The re-rostering project completed its implementation stage in November 2022. Consult & Close was 14.6% in December 2022 (target 15% by December 2022). The +100 front line ambulance staff will be achieved by the end of Quarter 4, with 60 additional in place by 23<sup>rd</sup> January and 90 in place by the end of February. The Trust has a coherent and comprehensive work programme for management attendance and a reasonable chance of delivering the 2022-23 IMTP trajectory (8%), with sickness levels at 8.77% in November 2022. Reducing this level through the remainder of the year to the target of 8% is, however, is not without material risk, especially given that special arrangements continue to be in place nationally relating to management of COVID sickness absence that were not a feature of our original planning assumptions for the IMTP sickness improvement trajectory.
11. As outlined in the previous report to Board, in the light of the continued pressures, patient (community and ED handover) waiting times are likely to remain under significant stress. Delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed are likely to lead to a continuing number of cases of avoidable harm or death to patients. This situation will also continue to be one which is likely to have an adverse effect on our people.
12. As a result of continuing escalation of these issues, a Ministerial Summit was held on the 28<sup>th</sup> November which Chief Executives and Chairs of all Health Boards were expected to attend. A presentation was received from Walsall NHS Trust, which has continued to maintain low levels of hospital handover delays. Information was also presented from Cardiff and Vale UHB who are the one health board which has reduced delays in December. The Minister reiterated her expectation that Health Boards work to reduce delays in line with the agreed trajectories.
13. The Executive team and commissioners continue to explore additional actions that can be taken to reduce harm and mitigate risk. Work is now underway to develop proposals for a Welfare and Sitting Service, in partnership with other organisations, which may allow patients to safely remain at home until the appropriate primary / community service is available and reduce conveyances to EDs. In addition, given that the number and proportion of red calls has significantly increased and response times continue to be too long for patients in this category, work has commenced on further

review of the red calls and modelling is being undertaken to identify any additional resources and capacity required.

## **RECOMMENDATIONS**

Trust Board is asked to:

- **NOTE** the report, the progress the Trust is making on “WAST Actions”, and the ongoing impact of hospital handover lost hours.
- **CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.

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

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

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

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
<b>WAST ACTIONS</b>				
1.	With respect to Red and Amber 1 immediate release directions: <ol style="list-style-type: none"> <li>1. Devise escalation protocol in the event of rejection</li> <li>2. Share weekly highlight data with Judith Paget and CEOs showing those directions made, accepted and rejected</li> </ol>	Lee Brooks Rachel Marsh	<ul style="list-style-type: none"> <li>• NHS Wales CEOs and Chairs committed to Red and A1 rejection now being never event.</li> <li>• Escalation protocol implemented and weekly report now being provided to WG and CEOs.               <ol style="list-style-type: none"> <li>a) When CEOs agreed the Immediate Release protocol they agreed to a review. The review went to EASC (17 Jan-23). The review made three changes to the protocol: reinforcing the introductory narrative to reflect that handovers should be considered as extended once beyond 30 minutes; the protocol should be reviewed annually; and the concept of immediate being “without unnecessary delay” must be understood by all WAST and Health Board staff (Section 4.3).</li> </ol> </li> <li>• There were 1,234 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in December 2022. In the Red category, 449 were accepted and released, 88 were not. In the Amber 1 category, 156 were released, but 541 were not.</li> <li>• WAST actions completed, but compliance remains problematic.</li> </ul>	31 July
2.	Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Angie Lewis	<ul style="list-style-type: none"> <li>• Strong focus from Executives with detailed updates to EMT every two weeks.</li> <li>• Good progress with pilot of payment of the C1 license proving particularly effective.</li> <li>• The Trust has 90 of the additional 100 required already in the organisation, 60 of these staff will be operational on or before 23 Jan-23 and 30 more will come through training the following month. By the end of Mar-23, the Trust will be at 99.5% of the new establishment. The reason for the slight slippage is significantly increased attrition over the past two months against forecast. The Trust has carried out exit interviews to understand the reasons for this increase.</li> </ul>	End of Q3 and into Q4

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
3.	Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Andy Swinburn	<ul style="list-style-type: none"> <li>• Bid not successful.</li> <li>• Feedback received from Welsh Government that will be incorporated into future bids.</li> <li>• However Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start.</li> <li>• RAG status reframed around the new timelines / programme</li> </ul>	Q4 2023/24
4.	Improve internal efficiency – roster review, providing performance gain equivalent of 72 WTE	Rachel Marsh	<ul style="list-style-type: none"> <li>• The roster review has concluded with all the roster lines that are funded live.</li> <li>• It should be noted that further funding is required to switch on all the CHARU lines, - only around 50% of the service is funded currently.</li> <li>• An evaluation report will be completed in Q4, plus the requirement for further funding to populate all the roster lines will be included in the IMTP 2023-26 with the support of the CASC.</li> </ul>	Q3 Complete
5.	Improve internal efficiency – improve attendance in line with agreed trajectory	Lee Brooks Liz Rogers	<ul style="list-style-type: none"> <li>• Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP</li> <li>• Comprehensive action plan established</li> <li>• Management of COVID related absence initially planned to return to routine management from 1 July, but the special arrangements are still in place in relation to CoVID-19 absence which are hampering efforts to bring sickness rates down.</li> <li>• Sickness is on a downward trend with the Trust achieving 8.77% in Nov-22. The target for Mar-23 is 8% therefore the Trust is considered on target at this point in time, although there remain risks.</li> </ul>	See IMTP trajectory
6.	Improve internal efficiency – post production lost hours (PPLH) (6792 hours unavailable for all reasons in June 2022) <ol style="list-style-type: none"> <li>1. End of shift/rest break arrangements</li> <li>2. Other</li> </ol>	Lee Brooks	<ul style="list-style-type: none"> <li>• There were 15,379 shift overruns of &gt; 1 hour over the last 12 months, 4,942 were &gt; 2 hours, 843 &gt; 3 hours and 263 &gt; 4 hours – 16 January 2023.</li> <li>• Discussions with TUs on a range of matters continue.</li> <li>• The Trust has developed a new standard operating procedure for PPLH and has been working on the accuracy of its data reporting. The more PPLH can be automated the less chance there is for human error in the reporting, and the more accuracy. Automation of meal</li> </ul>	End of Q2

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
	business/operational reasons		<p>breaks is available, but currently under discussion with TU partners. Further automation via the CAD supplier may also be possible. Time durations (internal benchmarks) for each type of PPLH have been developed.</p> <ul style="list-style-type: none"> <li>The PPLH trend continues to be stable at just over 9,000 hours per month.</li> </ul>	
7.	Maximise the opportunity from Consult and Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	<ul style="list-style-type: none"> <li>The Clinical Support Desk and 111 achieved 14.6% in Nov-22.</li> <li>The IMTP stretch target is to achieve 15% by Dec-22.</li> <li>Good progress on expanded establishment of the Clinical Support Desk with the +36 Paramedics and 5 mental health professionals achieved (and low on-going vacancy factor).</li> <li>Initial review of consult and close suitable codes complete, in particular, use of Scottish Ambulance Service (SAS) codes with further work, linked to DCR table due for completion in October 2022.</li> <li>ECNS live with date for evaluation currently being determined.</li> <li>PTAS only live in three of seven health boards and activity levels low.</li> </ul>	Dec-22
8.	Senior system influencing	Jason Killens Colin Dennis	<ul style="list-style-type: none"> <li>CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for a. Specific discussions for example at recent Chief Executive Leadership team meeting around plans for winter to reduce harm.</li> <li>As a result of ongoing escalation of these issues, the Minister met with CEOs and Chairs from all health boards and WAST on the 28<sup>th</sup> November. Presentations were given by colleagues from Walsall, where handovers have remained low. The minister set out her expectation that health boards would meet the reductions as previously agreed.</li> </ul>	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
9.	24/7 operational oversight by ODU with dynamic CSP review and system escalation as required	Lee Brooks	<ul style="list-style-type: none"> <li>• Realtime management and escalation of risks and harm with system partners</li> <li>• Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity</li> <li>• Monitoring, escalation and reporting of extreme response or handover delays.</li> </ul>	On going
10.	Weekly REAP review by senior Operations Directorate team with assessment of action compliance	Lee Brooks	<ul style="list-style-type: none"> <li>• Proactive and forward-looking weekly review of predicted capacity and forecast demand</li> <li>• Deployment of predetermined actions dependant on assessed level of pressure</li> <li>• Consideration of any bespoke response/actions plans in the light of what is expected in the coming week.</li> <li>• WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.</li> </ul>	On going
11.	Recruitment and deployment of new CFRs	Lee Brooks	<ul style="list-style-type: none"> <li>• Unable to appoint to one trainer post so post needs to be re-advertised. Now live, interviews scheduled Feb 23</li> <li>• Assistants expected to be both in post by November 2022 (in post).</li> <li>• New CFR schemes expected now to go live in 2023/24 (original target was December 2022).</li> <li>• Revised training trajectory provides 173 new CFRs to be trained in Q3 &amp; Q4, 67 CFRs trained before Christmas, 106 CFRs booked onto training in Q4.</li> <li>• The mileage rate has been reviewed and uplifted until Mar-23 with a further review planned.</li> <li>• Target for +100 CFR volunteers by 31 March 2023. New trajectory is 80+ additional CFR volunteers trained via Performance Improvement Plan funding with reduction due to recruitment delays for CFR trainer role.</li> </ul>	Q3

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
12.	Sharing of potential case of serious avoidable harm/death with HBs for investigation when response delay associated with ED congestion is the primary cause	Wendy Herbert	<ul style="list-style-type: none"> <li>• Twice weekly SCIF to identify potential cases</li> <li>• New Joint Investigation Framework (JIF) process now socialized with all HB colleagues and work ongoing to standardize throughout Wales.</li> <li>• CNO and CMO plus peer group plus COOs regularly updated on volume of cases</li> <li>• NRI and JIF cases routinely highlighted in provider report to EASC</li> <li>• New joint investigation framework in place.</li> </ul>	Ongoing
13.	Evidence submission to Senedd Health and Social Care Committee	Jason Killens	<ul style="list-style-type: none"> <li>• Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into <i>Hospital Discharge and its impact on patient flow through hospitals</i></li> <li>• Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”</li> <li>• Our evidence appears in the report from paragraph 57 through to 65.</li> </ul>	Q2 - Complete
14.	National 111 awareness campaign	Estelle Hitchon	<ul style="list-style-type: none"> <li>• The national awareness campaign is now live through to the end of the financial year.</li> <li>• Soft launch (14 November 2022) with digital etc.</li> <li>• The planned care pages are now live on NHS 111 Wales. Released a new homepage: providing new and more dynamically updateable content, and more optimised for mobile.</li> <li>• Redesign of the Health A-Z &amp; Check your symptoms sections.</li> <li>• The NHS style guide was incorporated across all areas of 111.Wales providing a consistent design across all pages.</li> </ul>	Q3

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> <li>Complete linking of new web-guides to DOS / Health A-Z articles thereby improving signposting</li> <li>Search functionality has been improved increasing the relevancy of returned results.</li> <li>Essential updates of the symptom checkers completed.</li> <li>The Trust made the decision to postpone the second phase of the campaign due to the pressures seen in the run up to Christmas. The second phase will now launch 28 Feb-23, just after the Welsh Government's Help Us Help You campaign has concluded. This will include the TV and radio advert, new organic and paid digital, influencer content and case studies.</li> </ul>	
15.	Emergency Department cohorting	Lee Brooks	<ul style="list-style-type: none"> <li>Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Morrision and GUH</li> </ul>	Stopped.
16.	Third party additional capacity	Lee Brooks	<ul style="list-style-type: none"> <li>Contracted third party UCS equivalent capacity deployed where available and funded by commissioners</li> <li>Four vehicles a day 7 days a week initially secured for six week period.</li> <li>Further discussions with stakeholders on securing funding through to end of Quarter 4; this funding has now been secured.</li> </ul>	Q3 and Q4 21/22 Live Complete
17.	Transition Plan	Jason Killens	<ul style="list-style-type: none"> <li>Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although non-recurring at this point in time.</li> <li>Also as above, funding for additional APPs not secured via Value Based Healthcare fund; however, decision of Trust to proceed with take up of 18 MSC places anyway.</li> <li>Further discussions with funders as part of IMTP 2023-2026 required and also possible rebasing of EMS Demand &amp; Capacity Review with increased system pressures built in, during 2023. This</li> </ul>	Ongoing (re-programmed linked to 23/26 IMTP

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>is now a required action with terms of reference to be developed.</p> <ul style="list-style-type: none"> <li>A report is currently being developed on what the Trust could recruit in 2023/24 if funding is available. This report will come into EMT on w/c 23 Jan-23.</li> </ul>	
18.	Overnight falls service extension	Wendy Herbert	<ul style="list-style-type: none"> <li>Night Car Scheme extension agreed to 31 March 2023 ( 2 regional resources)</li> <li>Context, further additional Falls SJAC resources agreed for winter pressures (external to contract until the end of financial year). Phased delivery (phase 1 and 2 online, increased 4 day resources), two additional night resources 01 Feb-23 &amp; 01 Mar-23.</li> <li>A Falls Utilisation Task and Finish Group has been set up.</li> <li>Significant improvements to utilisation rates seen.</li> <li>The Trust currently has six 'ideal code sets' for dispatch without CSD triage</li> <li>Falls level 1 and 2 impact evaluation report completed -presenting to Clinical Quality Governance Group 18 Jan-23.</li> </ul>	30 June
19.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Jason Killens	<ul style="list-style-type: none"> <li>Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support)</li> <li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.</li> <li>Audit Wales updated the Audit Committee on the Review of Unscheduled Care work they are undertaking at its meeting on 15 September.</li> </ul>	Q1 23/24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
20.	Consideration of additional WAST schemes to support overall risk mitigation through winter	Lee Brooks	<ul style="list-style-type: none"> <li>• Winter modelling complete and being reported to Welsh Government via Joint Executive Team meeting (16 November 2022).</li> <li>• Winter schemes identified and funded e.g. additional UCS, additional overtime etc.</li> <li>• Performance Improvement Plan (the Trust's rolling tactical seasonal plan up to date).</li> <li>• Good progress on Performance Improvement Plan (pip) (and associated schemes). There were only 15 PIP actions live in Dec-22, so the PIP has been closed down and the remaining actions transferred into other assurance mechanisms like this report.</li> <li>• Specific seasonal and strike structures stood up.</li> <li>• Trust demonstrating continued focus and creativity on approach to seasonal and strike mitigations.</li> <li>• Work ongoing on development of a Welfare and Sitting service</li> <li>• Work commenced to understand red coding better and to model additional resources that might be required.</li> </ul>	Q3
<b>SYSTEM STAKEHOLDER ACTIONS</b>				
21.	<p>NHS Wales reduces emergency department handover lost hours by 25%</p> <p>Note: the target is -25% minute per arrival from the October 2021 baseline. The National Collaborative Commissioning Unit have calculated this target as 42 minutes per arrival.</p>	LHB CEOs	<ul style="list-style-type: none"> <li>• Commitment made at EASC in October 2021.</li> <li>• Commitment reaffirmed by Minister in CEO and Chair meeting on 23 Jun-22.</li> <li>• The Trust has calculated that a 25% reduction from the October 2021 position would return handover lost hours to the levels being seen in the winter pre-pandemic e.g. 14,000 hours. In Dec-22 the Trust lost 32,050 hours to hospital handover or 37% of its conveying capacity. This figure does not include English hospitals, so in reality it is even higher. The levels are extreme.</li> </ul>	TBC

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
22.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	LHB CEOs	<ul style="list-style-type: none"> <li>Commitment made at EASC in October 2021</li> <li>Commitment reaffirmed by Minister in CEO and Chair meeting on 23/6.</li> <li>There were over 2,883 +4 hour patient handovers in December 2022; the target being 0 from September 2022.</li> </ul>	
23.	Alternative capacity equivalent to 1,000 beds	HB CEOs	<ul style="list-style-type: none"> <li>Led by CS on behalf of all CEOs this work emerging from a CEO away day held on 22 April seeks to establish alternative capacity equivalent to 1000 beds (roughly the number of medically fit for discharge patients nationally held in acute beds)</li> <li>As a shared/collaborative endeavour with Local Authorities who hold the statutory responsibility for the provision of social care local plans are being developed to boost step down beds, domiciliary care and so on.</li> <li>Most recent intelligence suggested that around 50% of this capacity had been secured (needs to be confirmed).</li> </ul>	Q3
24.	Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	<ul style="list-style-type: none"> <li>Acceptance at meeting of Chairs and CEOs led by JP on 8/6 that a national approach to Fit 2 Sit should be adopted</li> <li>Learning from NWSA shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit.</li> <li>Fit to Sit SBAR (06 September 2022) sent to the Trust from the NCCU. To be discussed at the next IQPD meeting to focus on the variation in practice being seen.</li> <li>More data identified as a key area for development before an evaluation can take place.</li> </ul>	Q3
25.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	<ul style="list-style-type: none"> <li>Welsh Government funding provided to each Health Board to implement SDEC</li> <li>WAST has nationally agreed referral rights to these services enabling us to avoid the emergency department with suitable patients</li> <li>The Trust has provided Welsh Government with information which indicates that SDEC referrals account for less than 1% of the</li> </ul>	Q4 22/23

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>Trust's verified EMS demand.</p> <ul style="list-style-type: none"> <li>• As a result Welsh Government has asked the Trust to forecast and model the potential level of patient flow into the existing and proposed SDEC if operating properly.</li> <li>• The results of the modelling are expected w/c 23 Jan-23.</li> </ul>	
26.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> <li>• Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales</li> <li>• WAST will be represented on the Clinical Reference Group by Andy Swinburn with first meeting now held.</li> <li>• The Trust recently reported to EASC that it 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 &amp; 6 at delivery board level and on the clinical advisory board.</li> </ul>	Ongoing



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru

Welsh Ambulance Services  
NHS Trust

# Industrial Action

Trust Board

*Thursday 26<sup>th</sup> January 2023*





**Entitled to Vote: 152**

Action can take place  
between 18/11/22 and  
02/05/23



**Entitled to Vote: 1037**



**Entitled to Vote: 982**



**Entitled to Vote: 948**

Ballot ends 16/02/23; if  
mandate, IA can take  
place between 02/03/23  
- 15/08/23





# TIMELINE: INDUSTRIAL ACTION

**15 DECEMBER**

RCN: 0700 – 1900 hrs



**21 DECEMBER**

GMB: 0001 – 2359 hrs



**11 JANUARY**

GMB: 0001 – 2359 hrs



**23 JANUARY**

Unite: 0001 – 2359 hrs



**19 JANUARY**

Unite: 0001 – 2359 hrs



**28 DECEMBER**

GMB: Cancelled



**6 FEBRUARY**

RCN: Day Shift  
GMB: 0600 – 0600 hrs  
Unite: 0001 – 2359 hrs



**7 FEBRUARY**

RCN: Day Shift  
Unite: 0001 – 2359 hrs



**20 FEBRUARY**

GMB: 0600 – 0600 hrs



**20 MARCH**

GMB: 0600 – 0600 hrs



**6 MARCH**

GMB: 0600 – 0600 hrs



**20 DECEMBER**

RCN: 0700 – 1900 hrs





# Business Continuity Planning Structure



**STRATEGIC**

Set strategy ensuring service wide delivery of core functions

Executive Management Team

**TACTICAL**

Develop and enact tactical actions to give effect to the strategy

Senior Business Continuity Planning Team

**OPERATIONAL**

Local delivery of tactical actions

Industrial Action Cell

System Pressures Cell

Intelligence Cell

Wellbeing Cell

IPC / H&S Cell [Dormant]

Logistics Cell [Dormant]





# Planning

- Derogation discussions with each union and continued engagement
- Convene Industrial Action Planning Team
- Internal and external comms/media
- Engagement with Health Boards to ensure prompt handovers at hospital sites
- Submission of MACA for military support

## On-the-Day Tactics

- Operations Order
- Command structure stood-up during strike hours
- Escalation to REAP 4 and proactive CSP
- Clinically trained managers repurposed to clinical roles in EMS and Integrated Care
- NEPTS only undertaking planned derogated journeys, increasing capacity to support EMS
- Suite of 111 tactics developed
- Pool-stations at various locations across Wales for staff working normally
- Data capture mechanisms and reporting
- Debriefs and continual learning

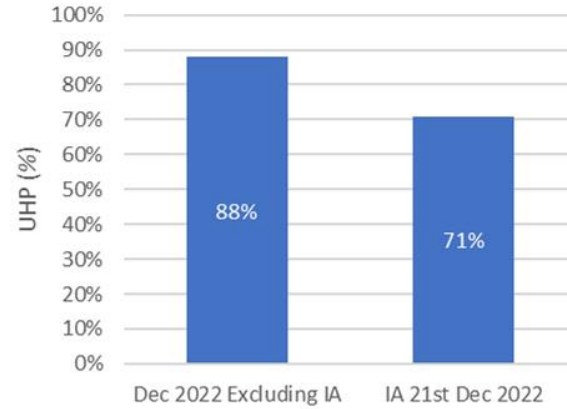


# EMS Data Comparisons for December 2022

Mean 999 call demand for December 2022 compared to industrial action day



UHP conveying for December 2022 compared to industrial action day



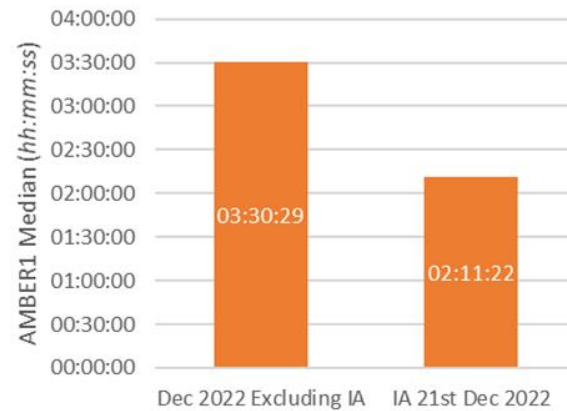
Mean attended incidents for December 2022 compared to industrial action day



RED performance for December 2022 compared to industrial action day



AMBER1 median for December 2022 compared to industrial action day



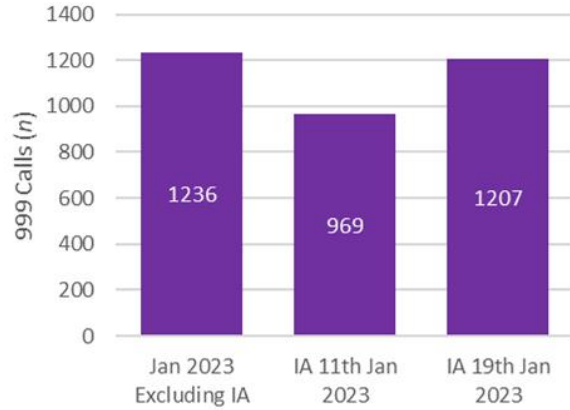
Mean handover delays for December 2022 compared to industrial action day



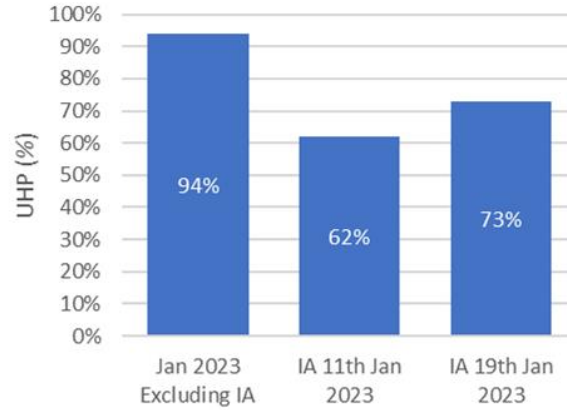


# EMS Data Comparisons for January 2023

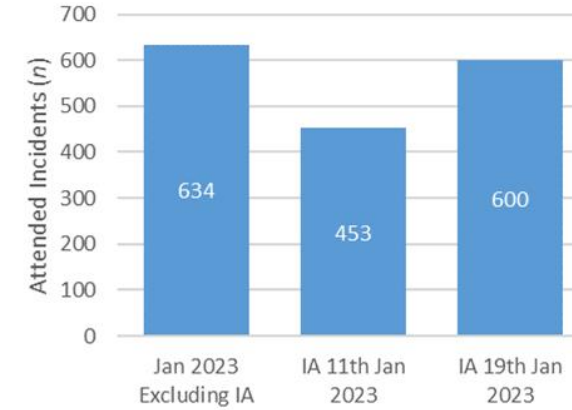
Mean 999 call demand for January 2023 compared to industrial action days



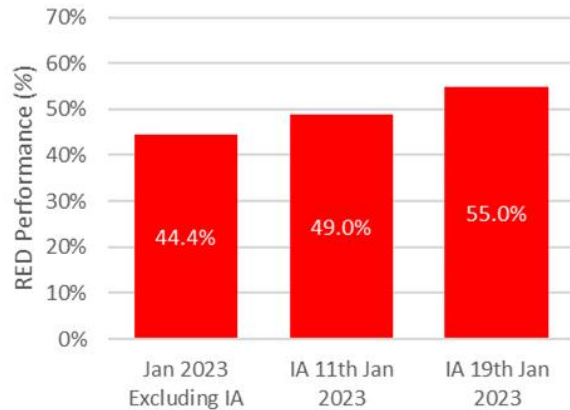
UHP conveying for January 2023 compared to industrial action days



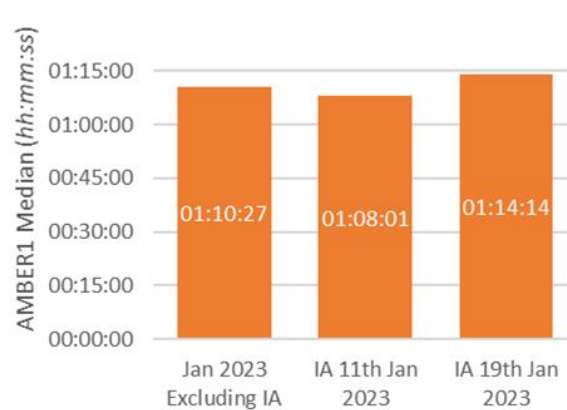
Mean attended incidents for January 2023 compared to industrial action days



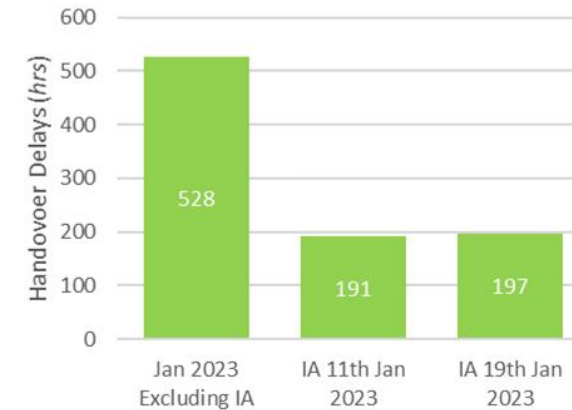
RED performance for January 2023 compared to industrial action days



AMBER1 median for January 2023 compared to industrial action days



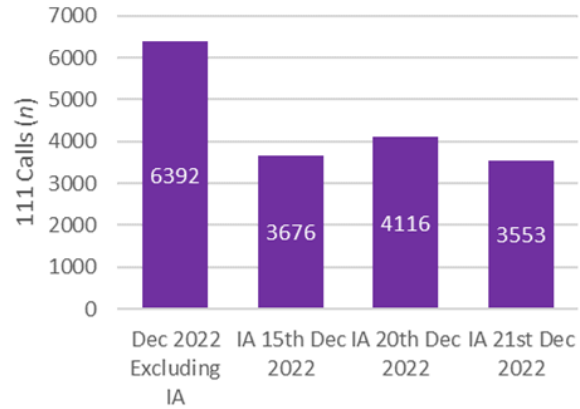
Mean handover delays for January 2023 compared to industrial action days



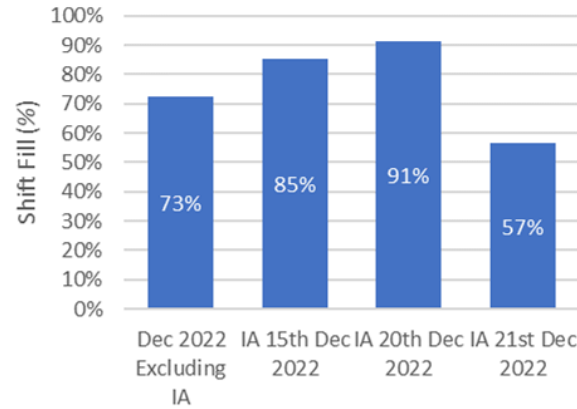


# NHS 111 Data Comparisons December and January 2023

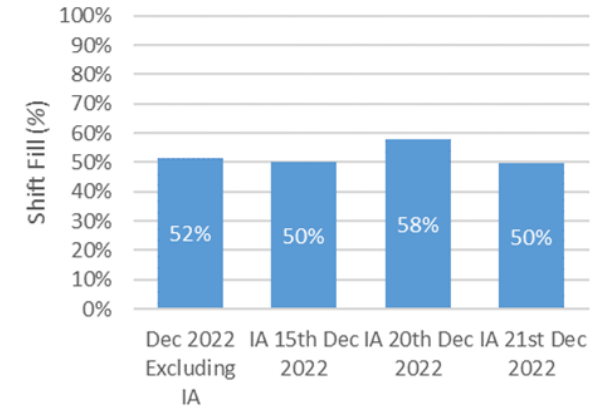
Mean 111 call demand for December 2022 compared to industrial action days



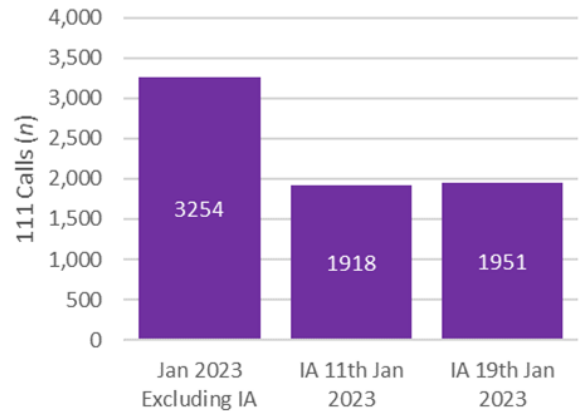
111 call handler shift fill for December 2022 compared to industrial action days



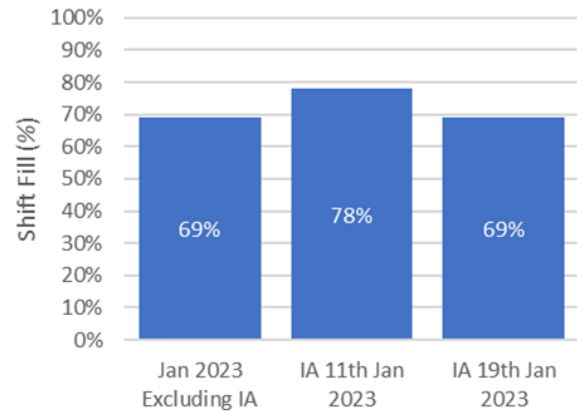
111 clinician shift fill for December 2022 compared to industrial action days



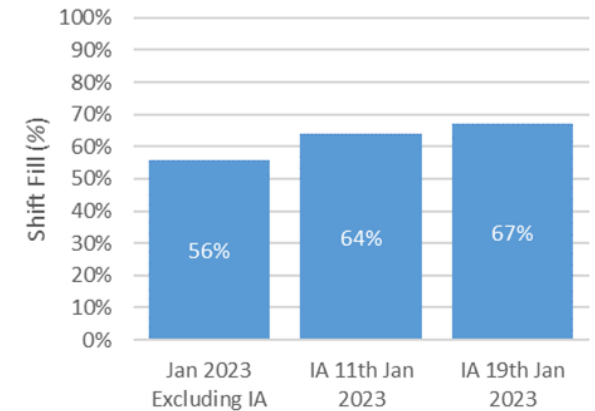
Mean 111 call demand for January 2023 compared to industrial action days



111 call handler shift fill for January 2023 compared to industrial action days



111 clinician shift fill for January 2023 compared to industrial action days





Planning associated with IA takes time and resources



Inability to progress transformational activities



Redeployment of staff to support on IA days leaves other areas affected



Capacity to respond to patients

# RISKS



Financial impact on organisation



Financial impact on staff



Interpersonal relationships



Reputational impact - recruitment and retention





<b>AGENDA ITEM No</b>	<b>10</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>4</b>

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

<b>MEETING</b>	Trust Board
<b>DATE</b>	26 <sup>th</sup> January 2023
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk, Deputy Board Secretary
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### **EXECUTIVE SUMMARY**

1. The purpose of the report is to provide assurance in respect of the management of the Trust's 17 principal risks.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 2.
3. The BAF focusses on the principal risks that are mapped to the Integrated Medium Term Plan deliverables and which might compromise the achievement of the Trust's strategic objectives. Until such time as the Trust transitions to a more mature and strategic BAF during 2023/24 as part of the risk transformational programme, these principal risks are the drawn directly from the corporate risk register.
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.
5. The gaps in controls and assurance are set out on the BAF, as are the actions planned to address any 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.
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. Risk review dates and agreed governance routes are set in the reporting cycle which are approved by Audit Committee; however, given current pressures and Industrial Action several updates have been received post the formal review date and they will be included in the January reviews and reported through February and March 2023.

8. In addition, this paper provides a progress update in respect of the Risk Transformation Programme as detailed in the Integrated Medium Term Plan (IMTP) (2022/25).
9. This executive summary demonstrates that focus is maintained on management and mitigation of the Trust's Corporate Risks and particularly those high rated risks with scores of 25 and 20. It draws together those broader discussions and signposts the Board accordingly.
10. **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:
  - 10.1. The actions which were contained in the July 2022 Board paper on avoidable harm have been included in the action section of the BAF for both risks. Progress reports on these actions have been reported to the Board in September, November and at this meeting.
  - 10.2. The Board will see there is momentum and progress particularly on the Trust's actions.
  - 10.3. The Quality, Patient Experience and Safety Committee (QUEST) reviews both risks at its meetings. Additionally, both of these risks are presented to the Finance & Performance Committee and People & Culture Committee for wider discussion and perspectives.
  - 10.4. The Monthly Integrated Quality and Performance Report (MIQPR) includes further analysis of performance and handover delays, together with remedial plans and improvement trajectories.
  - 10.5. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions and progress is discussed.
11. **Risk 160** (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) is rating 20:
  - 11.1. The People and Culture Committee in November focused on the improving attendance programme and the highlight report presented to this meeting provides that the programme was reported as being on schedule.
  - 11.2. The Committee also reviewed this risk alongside the improving attendance programme update, together with the mitigations set out in the BAF.
  - 11.3. An internal audit on managing attendance will be discussed at the February meeting of the Committee.
  - 11.4. The MIQPR sets out further analysis and remedial plans for sickness absence improvement and discussion on this took place in the Finance and Performance Committee as set out in their highlight report
  - 11.5. The Executive Management Team review the sickness absence management programme on a regular basis.
12. **Risk 201** (damage to the Trust's reputation following a loss of stakeholder confidence) is currently rated 20:
  - 12.1. The Board approved the engagement framework at its meeting on 28 July and the delivery plan is before the Board at this meeting.

- 12.2. This risk was discussed at the People and Culture Committee on 29th November and a presentation on the engagement framework delivery plan was discussed, as set out in the Committee's highlight report. The Committee also reviewed this risk alongside this presentation.
- 12.3. The MIQPR and sets out the engagement work underway by the patient experience and community involvement teams.
- 12.4. The Chief Executive's report notes engagement with the Board of the Community Health Councils on the Trust's long-term strategy and specifically the 'inverting the triangles' model and a period of formal engagement to follow.
- 12.5. The current risk score is expected to remain at 20 as we head into the busy winter period, which traditionally brings with it a rise in negative press, coupled with industrial action which has taken place and is planned in Quarter 4.
- 12.6. To protect and enhance the Trust's reputation, the Partnerships and Engagement Directorate will continue to ensure its stakeholder engagement activity and media activity is robust.
13. There are third line of defence assurances which will provide a greater level of assurance against controls for some of these higher rated risks, and these relate to internal audit reviews on immediate release requests and sickness absence management.
14. The Audit Committee highlight report notes the elevated levels of focus on the detailed BAF and a maturing risk culture.

**RECOMMENDATION:**

15. **Members are asked to consider and discuss the contents of the report and:**
- a) **Note the closure of Risk 245 from the Corporate Risk Register.**
  - b) **Review the Board Assurance Framework.**
  - c) **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**

The report has been considered by:

- ADLT – 12<sup>th</sup> December 2023
- ADLT – 9<sup>th</sup> January 2023
- EMT – 18<sup>th</sup> January 2023
- Trust Board – 26<sup>th</sup> January 2023

Each of the Corporate Risks were considered by the following Committees, as relevant to their remit, during the reporting period:

- a) **People & Culture Committee** (29<sup>th</sup> November 2022)
- b) **Quality, Safety & Patient Experience** (10<sup>th</sup> November 2022)
- c) **Finance & Performance Committee** (14<sup>th</sup> November 2022 and 18 January 2023)

## REPORT ANNEXES

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

## REPORT CHECKLIST

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

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

### **SITUATION**

1. The purpose of this report is to provide an activity update in relation to the Trust's 17 Corporate Risks.
2. A summary report describing each of the Corporate Risks as of 17<sup>th</sup> January 2023 is detailed in Annex 1.
3. The risk owners continue to update progress against the Corporate Risks in accordance with the review schedule and agreed governance routes set in the reporting cycle approved by Audit Committee. This means the highest scoring risks are reviewed monthly; however, given current operational pressures including Industrial Action, several updates have been received post their formal review date and these will be included in the January reviews and reported through February and March 2023.
4. The Board Assurance Framework (BAF) report is included in the paper in Annex 2.

### **BACKGROUND**

5. The Board Assurance Framework provides Members with an opportunity to review the controls in place against each principal risk and the assurance provided against those control where applicable. This will assist Members in evaluating current risk ratings.
6. Risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the Corporate Risk Register.

### **ASSESSMENT**

7. There are currently 17 Corporate Risks on the register which are described in the summary table in Annex 1. The table sets out the articulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.
8. The EMT has approved the Corporate Risk activity described in this paper.

#### Corporate Risks

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

10. In addition, Members are asked to note that the actions, which were contained in the July 2022 Board paper on avoidable harm and further outlined at the meeting in November 2022, are included in the action section of the BAF for the Trust's highest scoring risks 223 and 224 which are both rated 25. These actions seek to mitigate in real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service.

#### Closure and De-Escalation of Risks

11. The Executive Risk Owner and ADLT recommended that Risk 245 be closed from the Corporate Risk Register which was approved by the EMT.

12. **Risk 245** - Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service

*IF the Trust is unable to increase accommodation capacity*

*THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives*

*RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience*

13. This risk has reached the target score of 12 as the gaps in controls are no longer applicable, the Estates Standard Operating Procedure has been updated and a Task and Finish Group has been established to manage any remaining CCC estates issues.

#### Development of New Corporate Risks

14. **NEW Civil Contingencies Risk** - *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*

15. The Executive Risk Owner and the ADLT recommended the inclusion of the risk on the Corporate Risk Register which was considered by the EMT at its meeting on the 18<sup>th</sup> January 2023; however, the full detail of the risk, including controls, assurances and mitigating actions is in the process of being articulated.

16. The Chief Executive has written to Health Board Chief Executives regarding their Civil Contingency plans and is gathering responses which will determine the current score of this risk and its inclusion on the Corporate Risk Register.

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

This risk has been fully articulated and is navigating Trust risk governance processes. It is expected that this will be included on the CRR and reported at the March 2023 Trust Board meeting.

#### Transfer of Risks

19. No risks have transferred between Directorates or Committees during this reporting period.

#### Changes to Risk Scores

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





#### Risk Management Transformation Programme

21. The Risk Management Transformation Programme was included in the IMTP (2022/2). The immediate priority of the programme was to undertake a detailed review of each of the Trust's Corporate Risks which has been completed. This work strengthened the articulation of these risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
22. The programme reports to the Strategic Transformation Programme Board and the majority of elements are currently on target; however, Members are asked to note that the Risk Management Policy and associated procedures will be presented at the meeting in March 2023 and that the Once For Wales Datix implementation is off target and is entirely out of the Trust's control. The Trust continues to utilise the extant Datix system as a central repository for all risks.

#### **RECOMMENDED**

23. **Members are asked to consider and discuss the contents of the report and:**
  - a. **Note the closure of Risk 245 from the Corporate Risk Register.**
  - b. **Review the Board Assurance Framework.**
  - c. **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	<p><b>IF</b> significant internal and external system pressures continue</p> <p><b>THEN</b> there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p><b>RESULTING IN</b> patient harm and death</p>	Director of Operations	<p><b>25</b> <b>(5x5)</b></p> 
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	<p><b>IF</b> patients are significantly delayed in ambulances outside A&amp;E departments</p> <p><b>THEN</b> there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p><b>RESULTING IN</b> patients potentially coming to harm and a poor patient experience</p>	Director of Quality & Nursing	<p><b>25</b> <b>(5x5)</b></p> 
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	<p><b>IF</b> there are high levels of absence</p> <p><b>THEN</b> there is a risk that there is a reduced resource capacity</p> <p><b>RESULTING IN</b> an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of Workforce & Organisational Development	<p><b>20</b> <b>(5x4)</b></p> 
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	<p><b>IF</b> the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations</p> <p><b>THEN</b> there is a risk of a loss of stakeholder confidence in the Trust</p> <p><b>RESULTING IN</b> damage to reputation and increased external scrutiny</p>	Director of Partnerships & Engagement	<p><b>20</b> <b>(4x5)</b></p> 


## CORPORATE RISK REGISTER

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

## CORPORATE RISK REGISTER

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

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


## CORPORATE RISK REGISTER

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

## CORPORATE RISK REGISTER

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

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	<p><b>IF</b> resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p> <p><b>THEN</b> there is a risk that there is insufficient capacity to deliver the IMTP</p> <p><b>RESULTING IN</b> delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing</p>	Director of Strategy Planning and Performance	<p style="text-align: center;"><b>12</b> <b>(3x4)</b></p> <p style="text-align: center;"></p>

## Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
<b>Safety &amp; Well-being - Patients/ Staff/Public</b>	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.
<b>Quality/ Complaints/ Assurance/ Patient Outcomes</b>	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.
<b>Workforce/ Organisational Development/ Staffing/ Competence</b>	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.
<b>Statutory Duty, Regulation, Mandatory Requirements</b>	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.
<b>Adverse Publicity or Reputation</b>	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
<b>Business Objectives or Projects</b>	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.
<b>Financial Stability &amp; Impact of Litigation</b>	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.
<b>Service/ Business Interruption</b>	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.
<b>Environment/Estate/ Infrastructure</b>	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.
<b>Health Inequalities/ Equity</b>	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
<b>1 Highly Unlikely: Will probably never happen/recur</b>	<b>Not for years</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2 Unlikely: Do not expect it to happen/recur but it is possible</b>	<b>At least annually</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>
<b>3 Likely: It might happen/recur occasionally</b>	<b>At least monthly</b>	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>
<b>4 Highly Likely: Will probably happen/recur, but not a persisting issue</b>	<b>At least weekly</b>	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>
<b>5 Almost Certain: Will undoubtedly happen/recur, maybe frequently</b>	<b>At least daily</b>	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>

### Annex 3 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	13/01/2023	TREND	25 (5x5)
			Date of Next Review:	13/02/2023	➔	
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	
CONTROLS			ASSURANCES			
1. Patient Flow Co-Ordination based in the Grange University Hospital			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
2. Regional Escalation Protocol			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			
3. Immediate release protocol			2. Daily conference calls to agree RE levels in conjunction with Health Boards			
4. Resource Escalation Action Plan (REAP)			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)			
5. 24/7 Operational Delivery Unit (ODU)			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.			
6. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans			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			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.			
8. Consult and Close (previously Hear and Treat)			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.			
9. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation			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. NWSPP Information Management Internal Audit report February 2022 (External Assurance)			
10. Clinical Safety Plan			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.			
11. Recruitment and deployment of CFRs			10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group			
12. ETA scripting			11. Volunteers are another resource for response, Volunteer			
13. Clinical Contact Centre (CCC) emergency rule			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			
14. National Risk Huddle			13. CCC Emergency Rule is policy that has been signed off by Execs.			
15. Handover Improvement Plans agreed between Health Boards and WAST			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.			
16. Summer/Winter initiatives			15. Improvement plans are reviewed by EAST			
17. CHARU implementation			16. Monitoring through SLT and STB			
18. National Transfer & Discharge Model			17. Monitored via the EMS project Board			
			18. Task and Finish Group established			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	13/01/2023	TREND	25 (5x5)
			Date of Next Review:	13/02/2023	➔	
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
19. Conveyance Reduction	19. This is part of the weekly performance review and aligned to Care Closer to Home Programme					
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals	20. This forms part of the handover improvement plans in place with Health Boards					
21. Mental Health Practitioners in cars	21. Part of the Care Closer to Home workstream					
22. Roll out of ECNS	22. Reported through QuEST					
23. Clinical Model and clinical review of code sets	23. Reported through QuEST					
24. Remote Clinical Support Strategy	24. Strategic Transformation Board – IMTP deliverable					
25. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)	25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)					
26. Information sharing	26. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system	None immediately identified but subject to continual review					
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow						
3. Covid capacity streaming						
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding						
5. Local delivery units mirroring WAST ODU						
6. Handover delays link to risk 224						
7. Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issues						
8. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.						
9. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration						
<i>Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST</i>						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.		Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	31.12.22	Rural model options are being explored. Discussions have been opened up with one workshop held another scheduled for 28 <sup>th</sup> October 2022 with the aim of producing a set of recommendations for consideration by SLT and EMT.		
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group	30.09.22 - Paused			
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters		Assistant Director of Operations EMS	Extended from 30.09.22 to 31.12.22	On schedule to implement all EA and UCS rosters by the end of November 2022. CHARU rosters may drift into December 2022 due to recruitment and training.		
4. Transition arrangements post pandemic		Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete		
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I)		TBA	TBA	18		


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

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	09/01/2023	TREND	25 (5x5)
				Date of Next Review:	09/02/2023	➔	
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	
IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35							
EXECUTIVE OWNER		Director of Quality & Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee	
CONTROLS				ASSURANCES			
				Internal Management (1 <sup>st</sup> Line of Assurance)			
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Delivery Unit under the Joint Investigation Framework which is currently in pilot phase and an evaluation is to be undertaken in quarter 4 2023.				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 has commenced, and the next meeting is due to be held on 25.01.2023. To date the pilot is working well with good engagement from health board colleagues.			
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))				3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.			
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).				4. NEWS data now available via ePCR and escalation system in place. Learning from incident reporting processes.			
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership.  WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit. Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.				5. Monthly Integrated Quality and Performance Report			
6. Hospital Ambulance Liaison Officer (HALO) (Some health Boards).				6. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU.			
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP).				7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.			
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.				8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process			
9. 24/7 Operational Delivery Unit (ODU) escalating handover delays / patient condition to Health Board colleagues.				9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays			
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.				10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end.			
11. Escalation forums to discuss reducing and mitigating system pressures.				11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.			
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.				12. Integrated Quality and Performance Report (November 2022 overall 85% mandatory training target met)			
13. Clinical audit programme in place.				13. Clinical audit programme with oversight from the Clinical Quality Governance Group and QuEST.			

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			Date of Next Review:	09/02/2023	➔	
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
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.		14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.				
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’) and Board sub-committee oversight and escalation.				
		<b>External Sources of Assurance Management (1<sup>st</sup> Line of Assurance)</b>				
		1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC) and Joint Executive Team meeting Welsh Government (I&E).				
		2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and CASC				
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>			
1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIP), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.		1. Strengthen and triangulate patient safety metrics and look back data at ED, service and corporate level for baseline data for improvement projects and WAST reports.				
2. Inconsistent review of potentially serious / catastrophic patient safety incidents in line with the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019 (frequently referenced as ‘Appendix B’ Reports) by Health Boards pan NHS Wales and lack of ownership of system risks. Lack of whole system approach to handling patient safety incidents resulting from system pressures*.		2. Implementation of revised process, engagement and outcome and improvement measures at system level – early work commenced with the pilot in progress of the Joint Investigation Framework.				
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.		3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours from c6000 hours per month at the end of 2018 to in excess of 28,038 hours in October 2022. This scale of lost emergency ambulance capacity has peaked at 30% per month of the entire emergency ambulance fleet in October 2022.				
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.		4. Strengthening of patient safety reports and audit processes as system embeds.				
5. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*.		5. 15-minute handover target is not being achieved pan-Wales consistently.				
5. (b) Protracted timescales in the Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 ‘Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point’. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.						

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			Inherent	5	5	25	
			Current	5	5	25	
			Target	3	2	6	
6. Variation pan Wales / England as position not implemented across all emergency departments*.		6.					
7.		7.					
8. Variation pan Wales / England as position not implemented across all emergency departments*.		8. Health & Care Standards self – assessment in progress.					
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.		9.					
10.		10.					
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.		11.					
12.		12.					
13. Transition to ePCR impacting on data temporarily		13.					
14. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.		14. HIW approve and sign off WAST elements of recommendations.					
15.		15.					
			<b>External Gaps in Assurance</b>				
			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. Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026 – Goal 4: Rapid response in physical or mental health crisis.			CEO	• Checkpoint Q4 2022/23		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 the Director of Paramedicine (not yet established though or invite not received). • The Trust is also working with the National Collaborative Commissioning Unit to develop integrated commissioning action plans in each Health Board which will support the ambitions within the Six Goals programme, particularly, goal 4 "Rapid response in a physical or mental health crisis". The Trust has also mapped the interactions nationally and locally into the Six Goals Programme, with updates brought via the Integrated Strategic Planning Group to Strategic Transformation Board to consider impact for WAST strategic planning.	
2. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project			WAST QI Team (QSPE)	• Checkpoint Q4 2022/23		Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF) 22	
3. Implement nationwide approach to emergency department 'Fit 2 Sit'			CMO/CNO	• Checkpoint Q4 2022/23		Acceptance at meeting of Chairs and CEOs led by JP	

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				Inherent	5	5	25
				Current	5	5	25
				Target	3	2	6
				<p>on 8/6/2022 that a national approach to Fit 2 Sit should be adopted.  Learning from NAWAS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit. Meetings brokered by National Collaborative Commissioning Unit. Attendance at meetings often in excess of 50 attendees.  WAST proposed clinician guidance document circulated to all health boards.  Challenges around universal patient criteria.  Challenges around rapid handover with patient booking self in.  Challenges within some hospitals in infrastructure to host monitored area of fit2sit patients.  Fit to Sit SBAR (6 September 2022) sent to the Trust from the NCCU. To be discussed at the next IQPD meeting to focus on the variation in practice being seen.  More data identified as a key area for development before an evaluation can take place.  Commitment to no &gt;4 hour waits and a reduction in 25% overall. These have not yet had any impact in most areas.</p>			
4. 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	<ul style="list-style-type: none"> <li>Checkpoint Q4 2022/23</li> </ul>		Incremental improvements to quality and safety data and information to enable triangulation. Access to ePCR data (NEWS) now available.			
5. 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	<ul style="list-style-type: none"> <li>Monthly</li> <li>Checkpoint Q4 2022/23</li> </ul>		Monthly meetings continue to be held and the content of the health board reports are currently under review.			
6. 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	<ul style="list-style-type: none"> <li>August 2022 in progress</li> <li>Checkpoint Q4 2022/23</li> </ul>					
7. Participation in the CASC led workshop to reform <i>the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.</i>	Executive Director of Quality & Nursing	<ul style="list-style-type: none"> <li>Checkpoint post pilot Q4 2022/23</li> </ul>		Revised joint investigation approach agreed which is to be piloted from November 2022.			
8. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Director of Workforce & Organisational Development	<ul style="list-style-type: none"> <li>Q4 2022/23</li> </ul>		Good progress with pilot of payment of the C1 license proved a positive move. Over 370 new starters recruited this year. 60 of the 100 will be operational on 23.0123 with 30 more operational at the end of Feb. 99.5% of the establishment of 1761 will be in post at the end of March. Higher attrition that forecast was experienced at the end of 2022.			
9. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Director of Paramedicine	<ul style="list-style-type: none"> <li>Checkpoint Q4 2023/24</li> </ul>		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.			

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				Inherent	5	5	25	
				Current	5	5	25	
				Target	3	2	6	
				<ul style="list-style-type: none"> <li>• RAG status reframed around the new timelines / programme</li> </ul>				
10. Senior system influencing	Trust Chair Chief Executive Officer	<ul style="list-style-type: none"> <li>• Checkpoint Q4 2022/23</li> </ul>		CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant fora e.g. recent paper provided by EDQNs to CEOs on pressures and risk. Continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm, with potential CEO summit to be arranged following recent meeting with Minister.				
11. Emergency Department cohorting	Director of Operations	<ul style="list-style-type: none"> <li>• Closed</li> </ul>		Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Morrision and GUH.				
12. Transition Plan	Chief Executive Officer	<ul style="list-style-type: none"> <li>• Checkpoint Q4 2022/23</li> </ul>		Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although nonrecurring at this point in time. Also, 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 with funders as part of IMTP 2023-2026 required and also possible rebasing of EMS Demand & Capacity Review with increased system pressures built in, during 2023. This is now a required action with terms of reference to be developed.				
13. Overnight falls service extension	Executive Director of Quality & Nursing	<ul style="list-style-type: none"> <li>• Scheme extension agreed to 31 March 2023</li> <li>• Checkpoint Q4 2022/23</li> </ul>		A Falls Utilisation Task and Finish Group has been set up. Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through January-March 2023. Utilisation was 58% in August and September 2022 and 65% in October 2022, demonstrating an increase of 7% in utilisation. Current utilisation for the night vehicles for November (up to 13th) is 64%. 117 incidents were attended in September compared to 158 incidents in October 2022. Additional 'ideal code set' identified though Utilisation Task & Finish group and approved by CPAS, which went live 08 November 2022. Anticipated to support sustained improved utilisation. The Trust now has 6 ideal code sets. Falls level 1 and 2 impact evaluation report well underway, anticipated to be available for end of November 2022.				

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:	09/01/2023	TREND	→	25 (5x5)
				Date of Next Review:	09/02/2023			
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	
14. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Chief Executive Officer	• Checkpoint Q142023/2024	Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support) WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities Audit Wales updated the Audit Committee on the Review of Unscheduled Care work they are undertaking at its meeting on 15 September 2022.					
15. Consideration of additional WAST schemes to support overall risk mitigation through winter	Director of Operations	• Checkpoint Q4 2022/23	Winter modelling complete and being reported to Welsh Government via Joint Executive Team meeting (16 November 2022). Winter schemes identified and funded e.g. additional UCS, additional overtime etc. Performance Improvement Plan (the Trust's rolling tactical seasonal plan up to date). Good progress on Performance Improvement Plan (and associated schemes). Winter event undertaken 16 November 2022. Specific seasonal structures (business continuity) approved and currently being enacted.					
16. National 111 awareness campaign	Director of Partnerships and Engagement Director of Digital	• Checkpoint Q4 2022/23	National public awareness campaign funded by Welsh Government to promote appropriate use of services (111 as an alternative to 999/ED where appropriate) Upgrade to 111 website and symptom checkers also underway					
17. 24/7 Operational oversight by ODU with dynamic review and system escalation as required	Director of Operations	• Checkpoint Q4 2022/23	Realtime management and escalation of risks and harm with system partners Triggering and escalation levels within Clinical Safety Plan to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.					
18. Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales Health Boards	• Checkpoint Q4 2022/23	Welsh Government funding provided to each Health Board to implement SDEC WAST has nationally agreed referral rights to these services enabling us to avoid the emergency department with suitable patients SDEC Implementation: four sites live in Hywel Dda and one in Betsi Cadwaldr. Expectation is at least one per health board, 12 hours a day seven days a week. Ongoing discussions with other Health Board to agree implementation plan.					

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:	09/01/2023	TREND	25 (5x5)
				Date of Next Review:	09/02/2023	→	
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	
			<p>Welsh Government has asked the Trust to forecast the level of patient flow into the existing and proposed SDECs, which may be lower than anticipated.</p> <p>Also, the Forecasting &amp; Modelling Group is planning to model the impact of SDECs, which again may be lower than anticipated.</p>				

<b>Risk ID</b> 160	<b>High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service</b>		<b>Date of Review:</b>	12/01/2023	<b>TREND</b> →	20 (5x4)
			<b>Date of Next Review:</b>	12/02/2023		
<b>IF</b> there are high levels of absence e.g. sickness and alternative duties	<b>THEN</b> there is a risk that there is reduced resource capacity	<b>RESULTING IN</b> an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	4	16
			<b>Current</b>	5	4	20
			<b>Target</b>	3	4	12
IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34						
<b>EXECUTIVE OWNER</b>		Director of Workforce & Organisational Development	<b>ASSURANCE COMMITTEE</b>		People and Culture Committee	
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1.	Managing Attendance at Work Policy/Procedures in place		1.	(a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness		
2.	Respect and Resolution Policy		2.	Policy reviews to ensure policies and procedures are fit for purpose		
3.	Raising Concerns Policy		3.	Policy reviews to ensure policies and procedures are fit for purpose		
4.	Health and Wellbeing Strategy		4.			
5.	Operational Workforce Recruitment Plans		5.			
6.	Roster Review & Implementation		6.			
7.	Return to Work interviews are undertaken		7.			
8.	Training		8.			
9.	Directors receives monthly email with setting out ESR sickness data		9.			
10.	Operational managers receive daily sickness absence data via GRS		10.			
11.	People Services & Occupational Health & Wellbeing support/Employee Assistance Programme		11.			
12.	WAST Keep Talking (mental health portal)		12.			
13.	Suicide first aiders		13.			
14.	TRiM		14.			
15.	Peer Support network		15.			
16.	Coaching and mentoring framework		16.			
17.	Staff surveys		17.			
18.	Stress risk assessments		18.			
19.	Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC		19.	Sickness forms part of Workforce Scorecard to People & Culture Committee		
20.	External agency support e.g. St John Ambulance, Fire and Rescue		20.			
21.	Strategic Equality Objectives		21.	Policy reviews to ensure policies and procedures are fit for purpose		
22.	Volunteers		22.			
23.	Monthly reviews of colleagues on Alternative duties		23.	Action plans arising from meetings with colleagues implemented through monthly diarised meetings		
24.	Manager guidance on managing Alternative duties		24.			
25.	Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee		25.	Minuted meetings and action logs for EMT & People & Culture Committee		
			<b>External Management (2nd Line of Assurance)</b>			
			1a. All Wales review of All Wales Attendance at Work Policy			
			<b>Independent Assurance (3<sup>rd</sup> Line of Assurance)</b>			
			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)			
						27

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:	12/01/2023	TREND	20 (5x4)
			Date of Next Review:	12/02/2023	➔	
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	4	Consequence	4
			Inherent	4	4	16
			Current	5	4	20
			Target	3	4	12
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. (a) Consistency and Application in Managing Attendance at Work Policy (b) Education and communication with managers about resources available and how to implement it e.g. stress risk assessments		1. There are other factors that impact on sickness which can't be controlled				
4a. Wellbeing policy currently being produced		8. Reporting on training compliance				
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received		9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers				
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments						
		<b>External Gaps in Assurance</b> None identified at the present moment				
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. 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	Underway and ongoing		
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	Extended from 31.07.22 to 31.03.23	Pushed out date in terms of project plans and impact of Industrial Action		
6. Strengthen Freedom to Speak Up Arrangements policy and advice		Deputy Director of Workforce and OD	31.05.23	Ongoing		
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements		Deputy Director of Workforce and OD	31.05.23	Ongoing		
8. Accountability meetings with senior ops managers		Deputy Director of Workforce & OD	30.09.22	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. Roll out of meta data compliance policy solution		Senior ICT Security Specialist	31.12.22			

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:	06/01/2023	TREND	20 (4x5)
				Date of Next Review:	06/02/2023	➔	
<b>IF</b> the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations	<b>THEN</b> there is a risk of a loss of stakeholder confidence in the Trust	<b>RESULTING IN</b> 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							
<b>EXECUTIVE OWNER</b>		Director of Partnerships and Engagement	<b>ASSURANCE COMMITTEE</b>		People and Culture Committee		
<b>CONTROLS</b>			<b>ASSURANCES</b>				
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
1. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders			1. Agendas, minutes and documents of engagement events				
2. Challenging of media reports to ensure accuracy			2. Programme of daily media engagement				
3. Media liaison to ensure relationships developed with key media stakeholders			3. Programme of daily media engagement				
4. Engagement Framework approved by the Board July 2022			4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.				
5. Engagement Framework Delivery Plan			6. Due to be considered by Board 26/01/23				
7. 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				
8. Escalation procedure for issues to the Board			7. Minuted meetings, action logs and Board papers				
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>				
1. Inability to control external environment			1.				
2. Dependency on Commissioners' decisions			2.				
3. Unpredictable external environment affecting the way the Trust operates			3.				
4.			4.				
5. Engagement Framework Delivery Plan in development and due to be considered by the Board in January 2023			5. Engagement Framework Delivery Plan in development and due to be considered by Board in November 2022				
6. Lack of resilience in the function – team is very small so any absences would have an impact on ability to respond			6.				
<b>Actions to reduce risk score or address gaps in controls and assurances</b>			<b>Action Owner</b>		<b>By When/Milestone</b>	<b>Progress Notes:</b>	
1. Submit refreshed Board Engagement Framework to Trust Board for approval			Director of Partnerships & Engagement		26.05.22 Complete	Approved July 2022	
2. Report progress on Engagement Framework Delivery Plan to the People and Culture Committee			Director of Partnerships & Engagement		30.12.22 extended to 23.01.23	Will be considered by January 2023 Trust Board	
3. Monitoring internal Quality and Performance of Trust			Executive Management Team Finance and Performance Committee Quality, Safety and Patient Experience Committee People and Culture Committee Audit Committee		31.03.23 Checkpoint Date		
4. Engaging with internal and external stakeholders to develop confidence			CEO & Director of Partnerships & Engagement		31.03.23 Checkpoint Date		
5. Monitoring external factors that may affect the Trust			CEO & Director of Partnerships & Engagement		31.03.23 Checkpoint date		

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:	12/01/2023	TREND	16 (4x4)
				Date of Next Review:	12/02/2023	➔	
<b>IF</b> the Trust does: <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul>	<b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
			Inherent	3	4	12	
			Current	4	4	16	
			Target	2	4	8	
IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38							
<b>EXECUTIVE OWNER</b>		Executive Director of Finance and Corporate Resources		<b>ASSURANCE COMMITTEE</b>		Finance and Performance Committee	
<b>CONTROLS</b>				<b>ASSURANCES</b>			
				<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
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.			
				<b>External Assurances Management (1<sup>st</sup> Line of Assurance)</b>			
				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			

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:	12/01/2023	TREND	16 (4x4)
			Date of Next Review:	12/02/2023	➔	
<b>IF</b> the Trust does: <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul>	<b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
			Inherent	3	4	12
			Current	4	4	16
			Target	2	4	8
		9. Regular P2P meetings diarised (bi-monthly)				
		10. Monthly monitoring returns into Welsh Government				
		<b>Independent Assurances (3<sup>rd</sup> Line of Assurance)</b>				
		1-10 Internal audit reviews covering				
		1-10 External audit reviews				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
<ul style="list-style-type: none"> <li>Lack of formalised service contracts between Commissioner and WAST as a commissioned body</li> </ul>		None identified				
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Continuing negotiations with Commissioners		Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/23 – Checkpoint Date			
2. Embed a transformative savings plan and ensure organisational buy in		ADLT and Savings subgroup	31/03/23 – Checkpoint Date			
3. Embed value-based healthcare working through the organisation		Executive Management Team and Value Based Healthcare Group	31/03/23 – Checkpoint Date			
4. WIIN support for procurement, savings and efficiencies		WAST Improvement and Innovation Network group	31/03/23 – Checkpoint Date			
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales		Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/23 – Checkpoint Date			

Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service		Date of Review:	15/11/2022 (SLT)		TREND	12 (3x4)
			Date of Next Review:	N/A		↓	
IF the Trust is unable to increase accommodation capacity		THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score
				Inherent	5	4	20
				Current	3	4	12
				Target	3	4	12
IMTP Deliverable Numbers: 1,5,9, 10,18, 28, 30, 34							
EXECUTIVE OWNER		Director of Finance & Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee			
CONTROLS			ASSURANCES				
			Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Temporary call handling provision in Carmarthen - Llangunner			1. Monitoring of Performance standards for call handling (daily) and dispatch (weekly) to identify impacts on service with further investigation on a monthly basis				
2. Maximum use of space at the Bryn Tyrion site			2. All desks have been realigned to 2m physical distancing as part of covid preparations				
3. Maximum use of space at the Vantage Point House (VPH) site			3. Review of VPH undertaken – November 2021 Staffing levels are managed according to maximum desk space on each centre. In VPH, because of agile working there is capacity for non-dispatch functions.				
4. Prioritisation of space utilisation for each shift by CCC management team and alignment to priorities associated with safe service delivery			4. Business continuity tracker for staffing levels updated daily				
5. Estates SOP amended and TFG established			5. Estates SOP amended and TFG established				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1. No gaps in controls			1. Carmarthen solution for call handling is temporary				
			2. Reconfiguration work reviewed by architects during pandemic preparation and earlier have yet to be delivered.				
			3. Agile working solution would be compromised in an ICT outage and paper-based approach would be used				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
1. Review current estate to identify moderate workplans to maximise available capacity within existing estate.			Assistant Director of Operations – Resourcing & EMS Coordination	30.09.22 Complete	Review took place to maximise capacity, some additional desks and roster planning supported. Site specific updates are as follows: Capacity within Central & West CCC (Carmarthen) which has been extended to provide extra accommodation for additional EMDs required to comply with Covid regulations. South East CCC (VPH) is currently undergoing renovation, but there are plans to provide additional capacity for EMS CCC when it is completed in January 2023 – this is to be achieved by the Ambulance Care Team (NEPTS CCC) moving upstairs to create some additional space. In terms of the North CCC, a plan has been submitted for consideration at the Estates SOP. In addition, the ADO Integrated Care has been part of a broader discussion as part of a T&F group. There are longer term plans to potentially move to more suitable and spacious accommodation in the North but there are technology requirements to enable the move away from the current		

Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service		Date of Review:	15/11/2022 (SLT)		TREND	12 (3x4)
			Date of Next Review:	N/A		↓	
<b>IF</b> the Trust is unable to increase accommodation capacity	<b>THEN</b> there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	<b>RESULTING IN</b> EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score	
			Inherent	5	4	20	
			Current	3	4	12	
			Target	3	4	12	
					Airwave equipment, which is projected to be affected at the end of 2023.		
2. Develop digital solutions for remote supervision and clinical support to maximise virtual network of CCC reducing capacity required in existing sites.		EMS CCC Area Manager	12.07.22 Complete	Remote supervision implemented 12.07.22. Action Complete.			
3. Option appraisal required to review options for increasing CCC capacity. This should be aligned to the HIW review recommendation for the North CCC estates strategy and expanding this to support the pan-Wales estates position.		Assistant Director – Capital & Estates	31.12.22 – Checkpoint Date	Task and Finish group appointed into Estates to complete this work. Checkpoint later in Q3 2022-23.			
4. Based on modelling data under D&C review explore any efficiencies that can be gained in CCC estates through revised dispatch models maximising use of digital technology		CCC SE Manager	30.06.22 Checkpoint Date	Checkpoint review complete. Project change is being developed and revised action/date to be added.			

Risk ID 245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations		Date of Review:	14/11/2022	TREND	16 (4x4)
			Date of Next Review:	14/12/2022	➔	
IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident	THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities	RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)	Likelihood	3	Consequence	5
			Inherent	3		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 (1 <sup>st</sup> Line of Assurance)			
1. Trust Business Continuity Procedure and Incident Response Plan			1. Debrief from significant business continuity incidents which are put into organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. This is currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing			
2. National EMS CCC Business Continuity Plan (reviewed in March 2021)			2. Business Continuity Plan is up to date and has been reviewed and is currently waiting sign off. Business continuity exercise undertaken on 9.03.22.			
3. Clinical remote working arrangements			3. SOP in place with respect to Clinical Remote Working – this is being reviewed at present moment			
4. Single instance CAD allowing virtualisation which enables staff to work anywhere			4. CAD alerts if there are systems issues			
5. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts. This is used on a daily basis			5. Monitoring undertaken locally at least weekly			
			External Not applicable			
GAPS IN CONTROLS			GAPS IN ASSURANCE			
<ul style="list-style-type: none"> <li>If CAD is not functional then any impact of current controls would be negated by need to move physical staff</li> </ul>			<ul style="list-style-type: none"> <li>Business continuity plan requires increased duties for existing staff as a result of lack of physical accommodation (link to risk 244)</li> </ul>			
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:	
TBC						

<b>Risk ID</b> 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		<b>Date of Review:</b>	12/01/2023	<b>TREND</b>	16 (4x4)
			<b>Date of Next Review:</b>	12/02/2023	➡	
<b>IF</b> sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.	<b>THEN</b> there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.	<b>RESULTING IN</b> patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		Likelihood	Consequence	Score
			Inherent	3	4	12
			Current	4	4	16
			Target	2	4	8
<b>IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38</b>						
<b>EXECUTIVE OWNER</b>	Director of Finance and Corporate Resources		<b>ASSURANCE COMMITTEE</b>	Finance and Performance Committee		
<b>CONTROLS</b>		<b>ASSURANCES</b>				
		<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
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		<b>External Management (1<sup>st</sup> Line of Assurance)</b> 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		<b>Independent Assurance (3<sup>rd</sup> Line of Assurance)</b> 2. Internal Audit reviews of financial policies & procedures as part of their audit plan				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
<ul style="list-style-type: none"> <li>Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding</li> </ul>		1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)				
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.		Deputy Director of Finance	31.12.22			
1. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.		Deputy Director of Finance	31.12.22			

Risk ID 557	Potential impact on services as a result of Industrial Action		Date of Review:	12/01/2023		TREND	16 (4x4)
			Date of Next Review:	12/02/2023		NEW	
IF trade unions take industrial action in response to the national pay award	THEN this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business	RESULTING IN potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation		Likelihood	Consequence	Score	
			Inherent	3	4	12	
			Current	4	4	16	
			Target	2	4	8	
IMTP Deliverable Numbers:							
EXECUTIVE OWNER		Director of Workforce & Organisational Development	ASSURANCE COMMITTEE		People and Culture Committee		
CONTROLS		ASSURANCES					
		Internal Management (1 <sup>st</sup> Line of Assurance)					
1. 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 (3 <sup>rd</sup> Line of Assurance)					
GAPS IN CONTROLS		GAPS IN ASSURANCE					
1. Need to determine life and limb cover to meet our legal requirements under the Industrial Action Regulations		1. Awaiting outcome of UNISON ballot (Feb 2023)					
2. No control or mitigation on TU decisions on derogations		2.					
3.		4.					
4.		5.					
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			
4.							
5.							
6.							

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:	23/12/2022	TREND	15 (3x5)
			Date of Next Review:	23/01/2023	↓	
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
IMTP Deliverable Numbers: 1, 7, 9, 12, 16, 17, 24, 25, 26, 33, 35, 38						
EXECUTIVE OWNER		Director of Quality and Nursing	ASSURANCE COMMITTEE		People and Culture Committee	
CONTROLS			ASSURANCES			
			Internal Management (1 <sup>st</sup> Line of Assurance)			
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)			10. Trusts Legislative Compliance Register in place. Assessments to be reviewed in ADLT in January 2023. Monthly, Quarterly and Annual H&S performance reports to ADLT and H&S National Health, Safety and Welfare Committee. <ul style="list-style-type: none"> <li>Quarterly performance reports to ADLT, EMT, PCC.</li> <li>Reports published on H&amp;S webpage.</li> <li>H&amp;S climate cultural survey developed to determine perception of Trust position against Bradley Curve.</li> </ul>			
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'.			11. 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.			
4. Health & Safety Policy and Corporate level Procedures.			12. H&S Policy approved in 2018. Following landing of business case, Policy review underway Q4 2022. 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 awaiting approval at ADLT in Jan 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 approval during Q1 2023. Lone worker Procedure ongoing- expectation of second draft Q1 2023. Trust wide Hazard register framework in place. Expectation of being presented at ADLT in Q4 2023.			
5. Mandatory Health and Safety training for all staff on ESR. Induction training in place for all new operational staff.			13. 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.			14. Inspections are being undertaken in line with schedule.			
7. Risk assessments (including local risk assessments - Covid 19, workplace risk assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments).			15. 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 managers. 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.			16. 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.			17. 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.			18. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis			

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:	23/12/2022		TREND	15 (3x5)
			Date of Next Review:	23/01/2023		↓	
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	
11. Board development Day covering Health & Safety Management and Culture Awareness training undertaken in April 2022.		19. Diarised meeting.					
12. Health and Safety Management System recognised document approval routes for health and safety documentation.		20. Approved and minuted at ADLT meeting in 2022.					
13. IOSH Leading Safely training delivered to majority of Board and Executive Team on 26 July 2022.		21. 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.		22.					
15. Leading Safely, Safety Positive conversations training to be delivered to Board and EMT in March 2023.		23.					
16.		24. Internal Audit to be undertaken in Q4 22/23 (controls 1– 10) <b>(External Independent Assurance (3<sup>rd</sup> Line of Assurance)</b>					
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1.		1. Baseline audit for HSMS not to be commenced till Q1 2023 <b>(being addressed in Action 1)</b>					
2. Subgroups of National H&S and Welfare Committee currently under review. <b>(being addressed in Action 2)</b>		2. H&S Climate Cultural survey to be rolled out once political pressures (IA) reduce. Expectation of roll out Q4 2023 <b>(being addressed in Action 3)</b>					
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 <b>(being addressed in Action 4)</b>		4. (a) Review of H&S Policy is due at end of Q4 2022 <b>(being addressed in Action 4)</b> (b) Workforce Transformational change will influence content within H&S policy <b>(being addressed in Action 4)</b>					
5. Poor uptake in statutory and mandatory H&S training <b>(being addressed as part of Actions 5)</b>		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. <b>(being addressed as part of Actions 6)</b>					
7.		7. (a) Current copies of risk assessments and SOPs are not available at all stations. <b>(being addressed as part of Actions 7)</b> (b) Lack of clarification over many SOPs are required until HSMS baseline audit has been completed. <b>(being addressed as part of Actions 7)</b>					
8. Operational pressures on service impacting on Working Safely Programme delivery <b>(being addressed in Action 8)</b>		8.					
9. Staff availability to attend training <b>(being addressed in Action 5)</b>		9. Work ongoing to determine how many Managers require IOSH Manging Safely. <b>(being addressed in Action 9)</b>					
10. Effective learning from events to be documented <b>(being addressed in Action 8)</b>		10. Currently there is no structured monitoring process in place to ensure attendance on the IOSH Leading Safely course. <b>(being addressed in Action 5)</b>					
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 2023			

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:	23/12/2022	TREND	15 (3x5)
			Date of Next Review:	23/01/2023	↓	
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
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	Q4 2022	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 committee in Q3 2022. Further discussions requested by TU partners.		
3. Assessment to be undertaken in Q4 of political pressure to determine viability of conducting culture survey		Head of Health and Safety	Q4 2022			
4. H&S Policy Group meeting to be established and draft policy to be created		Head of Health and Safety	Q4 2022/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.		
5. Quarterly report on training compliance to be presented to ADLT for actioning within respective Directorates		Head of Health and Safety	Q3 2022	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.		
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 2023			
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	Q4 2022	Priority actions for 2023-24 identified as Culture, Manual Handling, Violence and Aggression, Incident investigation training.		
9. Review of number of line managers within the Trust to put in place a suitable schedule to roll out training.		Deputy Head of Health and Safety	Q2 2023	Interim schedule in place to address known line managers.		
<b>Completed Actions</b>		<b>Action Owner</b>	<b>When /Milestone</b>	<b>Progress Notes:</b>		
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)		Head of Health & Safety	31.09.22 Partially completed.	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. Further sessions to be scheduled for Q4 2022/2- Q1 2022/23 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	Scheduled for BDD - February 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.		
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 - 0.06.22 Rolling programme of assessments – 31.12.22 (Checkpoint date)	Assessments undertaken. Some outstanding estates assessments scheduled January 2023.		

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems		Date of Review:	06/12/2022	TREND	15 (3x5)
			Date of Next Review:	06/01/2023	➔	
<p><b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p>	<p><b>THEN</b> there is a risk of a significant information security incident</p>	<p><b>RESULTING IN</b> a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>		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						
<b>EXECUTIVE OWNER</b>		Director of Digital Services	<b>ASSURANCE COMMITTEE</b>		Finance and Performance Committee	
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
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			
			<b>External Independent Assurance</b> 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			
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>			
1. Not all information security procedures are documented			1. No regular Cyber/Info Security KPIs are reported to senior management committees			

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems		Date of Review:	06/12/2022		TREND	15 (3x5)
			Date of Next Review:	06/01/2023		➔	
<b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	<b>THEN</b> there is a risk of a significant information security incident	<b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	3	5	15	
			Target	2	5	10	
2. Lack of understanding and compliance with policy and procedures by all staff members		2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly					
3. No organisational information security management system in place							
4. IT Disaster Recovery Plan does not include a cyber response							
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact							
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>			
1.Establish Cyber and Information Security KPIs		Director of Digital Services	31.12.22	Draft KPIs have been agreed and produced for quarterly reporting. Q1 and Q2 are currently being reviewed within ICT prior to wider circulation.			
2.Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	28/10/22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.			
3.Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	28/10/22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness			
4.Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 - Ongoing	Exercise reports being drafted			
5.Formalise Cyber Incident Response Plan		Head of ICT	31.12.22 – Checkpoint Date	Ongoing			
6.Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	31.12.22 – Checkpoint Date	Ongoing			

<b>Risk ID</b> 543	<b>Major disruptive incident resulting in a loss of critical IT systems</b>			<b>Date of Review:</b>	06/01/2022	<b>TREND</b> ➔	15 (3x5)
				<b>Date of Next Review:</b>	06/01/2023		
<b>IF</b> there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems	<b>THEN</b> there is a risk of a loss of critical IT systems	<b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>	
			<b>Inherent</b>	4	5	20	
			<b>Current</b>	3	5	15	
			<b>Target</b>	2	5	10	
IMTP Deliverable Numbers:							
<b>EXECUTIVE OWNER</b>	Director of Digital Services		<b>ASSURANCE COMMITTEE</b>	Finance and Performance Committee			
<b>CONTROLS</b>			<b>ASSURANCES</b>				
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
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				
			<b>External Independent Assurance</b>				
			<ul style="list-style-type: none"> <li>2021_16 Internal Audit review of IM&amp;T Control Assessment – baseline exercise</li> <li>2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance</li> <li>NIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)</li> </ul>				
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>				
Non identified			Undertaking Cyber Essentials assessment				
<b>Actions to reduce risk score or address gaps in controls and assurances</b>			<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.			North Resilience Manager	31.12.22 Checkpoint date			
2. Exercise template report which shows recommendations to be created			North Resilience Manager	31.12.22 Checkpoint date			
3. Cyber Essentials assessment to be completed			Head of ICT	31.12.22 Checkpoint date			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences		Date of Review:	13/01/2023	TREND	15 (3x5)
			Date of Next Review:	13/02/2023	➔	
IF significant internal and external system pressures continue	THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers:						
EXECUTIVE OWNER		Director of Workforce & OD	ASSURANCE COMMITTEE		People & Culture Committee	
CONTROLS			ASSURANCES			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Health and wellbeing strategy in place and shared across the Trust.			1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually.			
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme			2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.			
3. Self-referrals or managerial referrals to Occupational Health			3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.			
4. Wellbeing support and training for line managers			4. Diarised meetings, webinars and workshops in place through a rolling programme.			
5. Development of range of wellbeing resources for staff and line manager			5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E, CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.			
6. Peer support network forum			6. Agendas and minutes of meetings produced for each meeting.			
7. WAST Keep Talking (mental health portal)			7. Available on intranet for staff to access easily.			
8. TRIM			8. TRIM Coordinator has regular dialogue with TRIM managers and practitioners. Project plan and training schedule in place. Information in TRIM Teams folder.			
9. Coaching and mentoring framework			9. Information on intranet on Learning launch pad available to all staff.			
10. Acting on results of staff surveys relating to staff experience			10. Each Directorate has developed their own action plan to address staff surveys.			
11. HSE stress risk assessments			11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.			
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity			12. Received at WOD Business Meetings monthly.			
13. Wellbeing drop-in sessions for CCC and 111 staff			13. Diarised sessions in place as part of the programme.			
14. Fast track physiotherapy			14. Regular review meetings with physiotherapy provider and monthly monitoring information received at WOD Business meetings.			
15. Specialist trauma counselling service			15. Same as 15.			
16. Regular psycho-educational sessions with managers and staff			16. Diarised sessions			
17. Compassionate leadership training sessions			17. Same as 17 in place as part of the programme.			
18. Chaplaincy programme			18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.			
19. Occupational Health team inclusion in sickness and absence meetings			19. Diarised meetings in place.			
			<b>External Independent Assurance</b> 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			<ul style="list-style-type: none"> <li>Lack of awareness about staff wellbeing services</li> </ul>			
			<ul style="list-style-type: none"> <li>Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services</li> </ul>			
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:	

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences		Date of Review:	13/01/2023	TREND	15 (3x5)
			Date of Next Review:	13/02/2023	➔	
IF significant internal and external system pressures continue	THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
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.		

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:	12/01/2023	TREND	12 (3x4)
			Date of Next Review:	10/03/2023	➔	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions	THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8
IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34						
EXECUTIVE OWNER		Director of Strategy Planning & Performance	ASSURANCE COMMITTEE		Finance and Performance Committee	
CONTROLS			ASSURANCES			
			Internal & External Management (1 <sup>st</sup> Line of Assurance)			
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings			1. Minutes of meetings and a standard agenda item			
2. EASC and its 2 sub-committees established as a forum to discuss WAST's strategy			2. Minutes of meetings and a standard agenda item			
3. Weekly catch up between CASC/CEO			3. Meetings are diarised every week			
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme			4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.			
5. Monthly CASC Quality and Delivery Meeting established			5. Formal meeting with agendas, minutes and action logs available.			
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced			6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholders fortnightly			
7. Programme structure has been established for 'inverting the triangles' including EASC			7. It exists and has had its first meeting			
			External Management (1 <sup>st</sup> Line of Assurance)			
			1. Plans go to every bi-monthly meeting			
			2. Meet bi-monthly and agendas, minutes and action logs available			
GAPS IN CONTROLS			GAPS IN ASSURANCE			
1. EASC meetings focus largely on EMS and cursory note of NEPTS			1. Health Boards are not sending Patient Safety Incidents that are National Reportable Incidents to the Delivery Unit (identified within a Delivery Unit audit)			
2. Governance coordination between NCCU and WAST to be improved.			2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface			
3.			7. This is a new structure that has been established and is yet to be embedded and tested for assurance			
Xx WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)						
Xx Funding does not flow in a manner to balance demand with capacity (this is outside of WAST's control)						
			Action Owner	By When/Milestone	Progress Notes:	
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST			CEO WAST	31.12.22 – Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure.	
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours			CEO WAST	31.12.22 – Checkpoint Date	30.09.22 4 hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture	
3. Increased understanding of NEPTS by EASC			Director of Strategy Planning and Performance	31.12.22 – Checkpoint Date	30.09.22 "Focus on" session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU.	
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface			Assistant Director Commissioning & Performance	31.12.22 – Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue.	
5. Utilising the engagement framework to engage with the stakeholders			Director of Partnerships & Engagement AD Planning & Transformation	31.12.22 Checkpoint date	30.09.22 Significant engagement through roster review briefings.	

Risk ID 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:	12/01/2023	TREND	12 (3x4)
				Date of Next Review:	10/03/2023	➔	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions	THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score	
			Inherent	4	4	16	
			Current	3	4	12	
			Target	2	4	8	
			12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas.				

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships		Date of Review:	12/01/2023		TREND	12 (4x3)
			Date of Next Review:	12/03/2023		➔	
<b>IF</b> 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		<b>THEN</b> there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	<b>RESULTING IN</b> 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							
<b>EXECUTIVE OWNER</b>		Director of Workforce and Organisational Development	<b>ASSURANCE COMMITTEE</b>		People & Culture Committee		
<b>CONTROLS</b>			<b>ASSURANCES</b>				
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
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				
			<b>External</b> Not applicable				
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>				
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							
<b>Actions to reduce risk score or address gaps in controls and assurances</b>			<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. 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 26 <sup>th</sup> Sept. Draft plan in development to capture actions from the		

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	12/01/2023	TREND	12 (4x3)
				Date of Next Review:	12/03/2023	➔	
<b>IF</b> 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	<b>THEN</b> there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	<b>RESULTING IN</b> a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score	
			Inherent	5	3	15	
			Current	4	3	12	
			Target	4	3	12	
				meeting. Actions from the ACAS recommendations will be added on receipt. 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			

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:	12/01/2023	TREND	12 (3x4)
				Date of Next Review:	10/03/2023	➔	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score	
			Inherent	4	4	16	
			Current	3	4	12	
			Target	2	4	8	
IMTP Deliverable Numbers: 3, 7, 17, 18, 19, 20, 27							
EXECUTIVE OWNER		Director of Strategy Planning & Performance	ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS			ASSURANCES				
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership			1. Minutes and papers of Implementation Programme Board				
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place			2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board				
3. Programme Manager and Programme support office in place (for delivery of the programme)			3. Same as 2				
4. Programme risk register			4. Highlight reports showing key risks reported to STB every 6 weeks				
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks			5. Highlight reports presented to STB every 6 weeks				
6. Programme budget in place (including additional £3m funding for 22/23)			6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23				
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report			7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.				
8. Regular engagement with the Commissioner and Trade Unions and representation			8. Commissioner and TU participation at the Implementation Programme Board				
9. Management of external stakeholder and political concerns			9. Communications and Engagement Plan sets out WAST's arrangements for engagement with stakeholders				
10. Secured specialist consultancy to support decision making			10. Reports and contractual compliance				
11.			<b>External Management (1<sup>st</sup> Line of Assurance)</b>				
			a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board				
			b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months				
			c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1. Current controls on workforce buy in are not sufficient due to changes in working practices			1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position				
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)			2. No prompts from STB for programme PID or risk register updates				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
1. Increase in engagement on the specifics of change through facilitation mechanisms			Assistant Director – Commissioning & Performance	31.12.22 – Checkpoint Date	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete.		
2. More capacity requested (transition plan)			Assistant Director of Planning & Transformation	31.12.22 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure.		
3. Engage with key stakeholders to reduce handover delays			CASC	31.12.22 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend.		

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:	12/01/2023	TREND	12 (3x4)
				Date of Next Review:	10/03/2023	➔	
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	
4. Reduce abstractions in particular sickness absence		Deputy Director of Workforce & OD	31.12.22 – Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 8% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment.			
5. Engage with Assistant Director of Planning and Transformation on process for PID updates		Assistant Director – Commissioning & Performance	31.12.22 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB.			

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)		Date of Review:	13/01/2023	TREND	12 (3x4)
			Date of Next Review:	01/04/2023	➔	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing	Likelihood	4	Consequence	4
			Inherent	4	4	16
			Current	3	4	12
			Target	1	4	4
IMTP Deliverable Numbers: 5,9,10, 17, 28						
<b>EXECUTIVE OWNER</b>		Director of Strategy Planning & Performance	<b>ASSURANCE COMMITTEE</b>		Strategic Transformation Board and Finance and Performance Committee	
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
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			
			<b>Independent Assurance (3<sup>rd</sup> Line of Assurance)</b>			
			2. Subject to Internal Audit			
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>			
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)						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>			<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>	
1. 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 31.03.23 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	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing.	

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)			Date of Review:	13/01/2023	TREND	12 (3x4)
				Date of Next Review:	01/04/2023	➔	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score	
			Inherent	4	4	16	
			Current	3	4	12	
			Target	1	4	4	
			Checkpoint Date – TO 31.06.23 checkpoint date				
3. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)		Deputy Director of Finance	31.12.22 – checkpoint date 31.03.23	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



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwllans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>11</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

<b>MONTHLY INTEGRATED QUALITY &amp; PERFORMANCE DASHBOARD – November 2022</b>
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<b>MEETING</b>	Trust Board
<b>DATE</b>	26th January 2023
<b>EXECUTIVE</b>	Rachel Marsh – Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – Assistant Director of Commissioning and Performance Melanie O'Connor – Commissioning & Performance Officer
<b>CONTACT</b>	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Melanie.O'Connor@wales.nhs.uk">Melanie.O'Connor@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
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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 **December 2022** (with the exception of Sickness where November 2022 is reported).

This Report contains information on 24 key indicators. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust can provide to patients.

**RECOMMENDATION**

Trust Board is asked to: -

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

## SITUATION

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

## BACKGROUND

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

## ASSESSMENT

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

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. 999 answering times have been challenged through significant increases in call demand. The median and 65<sup>th</sup> percentile performance remain good; however, the call answering tail increased in December 2022 to 1 minutes 34 seconds, which is higher than the Trust would want. An Intelligent Routing Platform (IRP) was switched on in November 2022. The IRP enables BT to re-route 999 calls between different ambulance services in the UK. These re-routed 999 calls accounted for up to 9% of the Trust’s daily 999 demand. This percentage continued to increase during December and on the 21 December 2022 it was suspended, with a clear uplift in the Trust’s performance as a result.
7. No additional funding was secured into 2022/23 for 999 call handlers (relief gap 39 FTEs). Forecasting and modelling has been completed and fed into the EMS Co-ordination Reconfiguration project with a re-rostering project on target for completion by March 2023, although this may now be delayed by maximum

escalation in December 2022 and strike action. The roster review is proceeding without the funding for the relief gap in call handlers.

8. 111 call answering performance remains poorer than the Trust would want. December saw the service reach an unprecedented demand which resulted with a business continuity incident issued. Calls reached as high as 3,000 – 4,000 calls on the weekdays in late December with the weekend reaching highs of 6,000 plus calls. Christmas to new year weekend saw the highest ever demand, recording over 8,000 calls on Sunday. The demand resulted in the infrastructure systems not being able to support the number of calls. Immediate resolutions were required to keep the service online including changing the call waiting length of time along with additional servers installed to meet the demand. Negotiations with commissioners earlier in the year suggested that the Trust has broadly the right number of commissioned and funded call handlers in post, however, there has been a recent agreement to uplift numbers by 10 WTE and work is ongoing to recruit these additional staff. Further work is required to reduce capacity lost through sickness absence, aligning capacity with demand and improving the efficient use of resource. A peer review of the 111 service has just been completed, which the Trust is currently considering; a key area of focus is likely to be re-rostering and moving to fixed roster patterns. A project initiation document is currently being developed for the potential re-rostering project.
9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, and improvements have been made in the last three months for other priorities, there is still much to do. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions. The commissioned number of clinicians for 111 is 140 FTEs i.e. the funded establishment, but the modelled need is higher at 168 FTEs (based on a 40% Clinical Advice Line – CAL – rate from call handlers) with the current action at 101 FTEs. The modelled need will be below the recent spike in 111 call volumes.
10. **Ambulance Response** (safety / patient experience): the Red 8 minute response performance for December 2022 was 39.5%, the lowest recorded. Amber response also declined in performance across the percentiles; with, Amber 1 waiting times remaining far too long, for example, the 95<sup>th</sup> percentile was fifteen hours 44 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:  
Capacity:
  - Recruitment: the Trust has received an additional £3m (payment on results) in 2022/23 which will allow the Trust to recruit 100 FTEs over and above the existing establishment. The Trust is on target to deliver this uplift in quarter four, but not for the 23 January 2023 milestone date due to higher levels of attrition as identified in this report. Further funding is required to fully populate the new rosters with an identified gap of 64 FTEs. Executive Management Team will receive a report on recruitment & training for 2023/24 w/c 23 January 2023 with detailed workforce and recruitment & training then being undertaken.

- Additional Unscheduled Care Service (UCS) Capacity: the Trust has made for additional funding available for third party capacity that it can procure for the UCS. Four vehicles a day, seven days a week have been secured with funding through to the end of the financial year.

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

- The Ambulance Response roster review completed its go live in November 2022. This has been a complex large-scale project involving 1,800 staff, 146 rosters, and 60 working parties. This will have had the equivalent performance impact of +72 FTEs. A project evaluation is planned for quarter four.
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. The aim is to reduce sickness absence in line with a trajectory included in the IMTP (8% by March 2023). Whilst there have been some spikes, there is a clear downward trend, with particular improvements noticeable in long term sickness.
- Discussions with trade union partners on a range of other potential workforce efficiencies; however, dialogue between the Trust and TU partners on options for change has paused due to industrial action.

Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now in place. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate by December 2022, an increase in the previous target of 10.2% which has been delivered. The Trust achieved 12.5% in November 2022; however, early indications are that the December performance is close to the 15% benchmark.

**11.** One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 32,098 hours were lost in December 2022 which represents 37% of the total number of conveying resource hours produced for the month. The levels are so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Urgent and high-level discussions have taken place between the Trust, Health Board CEOs and the CEO of NHS Wales. A number of mitigating actions have been agreed and a target of no >4 hour waits and a reduction of 25% in minutes per ambulance arrival (from Oct. 21 baseline). Whilst this is a target and trajectories are in place, improvements have not yet been seen and the position has actually significantly worsened. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus. Immediate Release figures for December were: Red 449 accepted and 88 declined; and Amber 1 156 accepted and 541 declined.

**12. Ambulance Care (formally NEPTS) (Patient Experience):** performance remains above target for enhanced renal patient arrivals prior to appointment in December 2022 and improved for patients requiring discharge. Overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. The Trust has a comprehensive Ambulance Care Transformation

Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport).

**13. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported zero NRIs to the Delivery Unit in December 2022, compared to two in November 2022; and eighteen serious patient safety incidents were referred to health boards in December 2022 and one was received under the Joint Investigation Framework (previously “Appendix B” arrangement), increasing from the previous month of November 2022. 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 December 2022 complaint response times decreased to 27%, failing to meet the 75% target. In the main, many of these incidents will be because of continued longer response times and the actions outlined above therefore are key. The Trust is putting more capacity into the Putting Things Right team. The Trust is also 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.

**14. Clinical outcomes:** the Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with the CAD and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 79.4% in December 2022, below the 95% performance target. The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. Work is ongoing on the new call to door time-based metrics for STEMI and Stroke using the following roll out plan:

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

Our People (workforce resourcing, experience, and safety)

**15. Hours Produced:** 112,225 Ambulance Response ambulance unit hours were produced in December 2022. The emergency ambulance unit hours production (UHP) was 91% in December 2022 and CHARU UHP increased from the previous month of 55% (note: the CHARU service was coming on stream in November, so this UHP figure needs to be treated with caution) to December’s CHARU UHP of 79%). Key to the hours produced are roster abstractions which remain high and completing the planned recruitment into the CHARUs and the 100 FTEs. It is important to note that the Trust is not fully funded on the CHARUs.

**16. Response Abstractions:** Abstraction levels increased to 44% in December 2022, and are much higher than the 30% benchmark. COVID-19 has had a significant impact on abstractions with sickness abstractions being 11.64% in December 2022 (benchmark 5.99%). The training abstraction is also high, driven by internal movements linked to recruitment (more than 6% currently).

- 17. Trust sickness absence:** the Trust's overall sickness percentage was 8.77% in November 2022 which represents an improvement. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.
- 18. Staff training and PADR:** PADR rates have been improving achieving the 85% target, however compliance for Statutory and Mandatory training has dropped below the target for the first time since March 2022.

#### Finance and Value

- 19. Financial Balance:** the Trust has reported outturn performance for November 2022 with a surplus of £5,000, and a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.
- 20. Post-production lost hours:** the efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base meal breaks. Dialogue between the Trust and TU partners on options for change has paused due to industrial action.

#### Partnerships/ System Contribution

- 21. Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 14.6% in December 2022, compared to the benchmark of 10.2%, which was exceeded during 2021/22. The benchmark has been revised up to 15%, to be achieved by December 2022, but as above early indications are that performance in December is close to the ambition of 15%.
- 22.** The Trust **conveyed** 27% of patients to emergency departments in December 2022. 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 December, over 11,614 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 2,650 callers. In the longer term, as the Trust knows, the system needs to transform if it is to become more sustainable. A formal programme to take forward "inverting the triangle" has been established. A bid was submitted to Welsh Government to start to increase numbers of APPs being trained; this was not successful, but the Trust has decided to proceed with the option of an additional 10 MSC places from September 2022 and a further eight later in the year. The Trust has also appointed a Head of Strategic Development to take forward the "inverting the triangle" work, with the appointee now having started in the role. The Trust has agreed with CHCs that it will undertake an 8–

12-week public engagement in spring of next year. Prior to that, further work will be required to engage with stakeholders.

### Summary

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

### **RECOMMENDATIONS**

Trust Board is asked to: -

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

<b>REPORT APPROVAL ROUTE</b>	
<b>Date</b>	<b>Meeting</b>
26 Jan-23	Trust Board

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

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



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwllans Cymru

Welsh Ambulance Services  
NHS Trust

# Monthly Integrated Quality & Performance Report

## January 2023

### Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Oct-22	Nov-22	Dec-22	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>							
NHS111 Abandoned Calls	< 5%	18.60%	14.8%	13.6%	49.5%		R
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	01:03	01:11	01:34%		R
999 Red Response within 8 minutes	65%	55.2%	48.0%	48.0%	39.5%		R
999 Amber 1 Median	00:18	01:10	01:42	01:34	03:30		R
Stroke Patients with Appropriate Care	95%	TBD	78.2%	80.2%	79.4%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	37.5%	42.3%	37.9%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%	75%	74%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	85%	90%	90.0%		G
National Reportable Incidents reports (NRI)	Reduction Trend	5	8	2	0		G
Concerns Response within 30 Days	75%	61%	28%	24%	27.0%		R

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Oct-22	Nov-22	Dec-22	2 Year Trend	RAG
<b>Our People</b>							
<b>Capacity</b>							
EMS Abstraction Rate	29.92%	42.00%	40%	40%	44.0%		R
Hours Produced for Emergency Ambulances	95%	95.0%	90%	92%	91.0%		A
<b>Health and Wellbeing</b>							
Sickness Absence (all staff)	8.00%	10.48%	9.48%	8.77%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	10.12%	9.45%	11.64%		R
Staff Turnover Rate	TBD	8.71%	11.11%	10.70%	10.64%		R
Statutory & Mandatory Training	>85%	82.3%	85.58%	85.40%	84.63%		A
PADR/Medical Appraisal	>85%	60%	80.49%	80.75%	87.9%		G
<b>Value</b>							
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	TBD	9385	9224	9379		A
<b>Partnerships / System Contribution</b>							
NHS111 Consult and Close	Improve	7,843	17,695	15,362	15,955		A
Combined 999 & NHS111 Consult & Close	15.0%	10.4%	12.8%	12.5%	14.6%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	10.65%	11.04%	11.18%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	28,038	25,020	32,098		R

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)





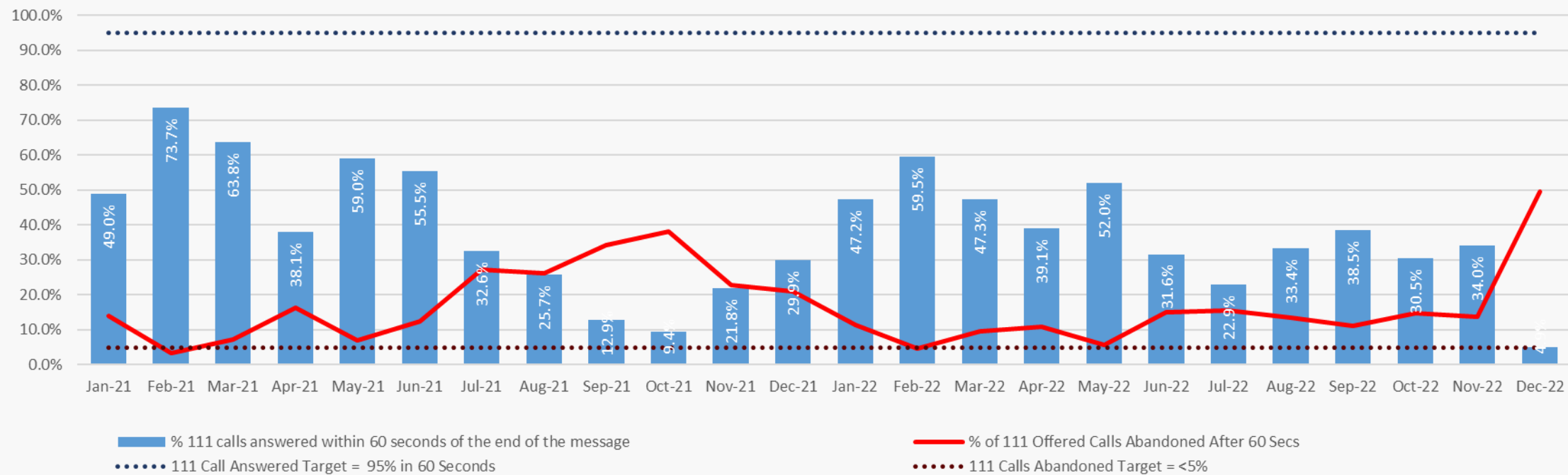
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators



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

111 Calls Answered vs Calls Abandoned within 60 Seconds



#### Analysis

111 call abandonment is a key patient safety indicator for the service. December 2022 saw an abandonment rate of 49.5%, therefore failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message decreased in December 2022 to 4.9%. 111 call demand increased when compared to November 2022..

Capacity (staff hours) has generally been increasing in line with the roll-outs and as planned, however this is impacted by sickness absences for Call Handlers (which includes COVID-19 Sickness) which although decreased in November 2022, remain higher than the agreed trajectory at 15.88%.

December saw the service reach an unprecedented demand which resulted with a business continuity incident issued. Calls reached as high as 3,000 – 4,000 calls on the weekdays in late December with weekend reaching highs of 6,000 plus calls. Christmas to new year weekend saw the highest demand, recording over 8,000 calls on Sunday. The demand resulted in the infrastructure systems not being able to support the number of calls, immediate resolutions were required to keep the service online, this included changing the call waiting length of time along with additional servers installed to meet the demand.

#### Remedial Plans and Actions

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

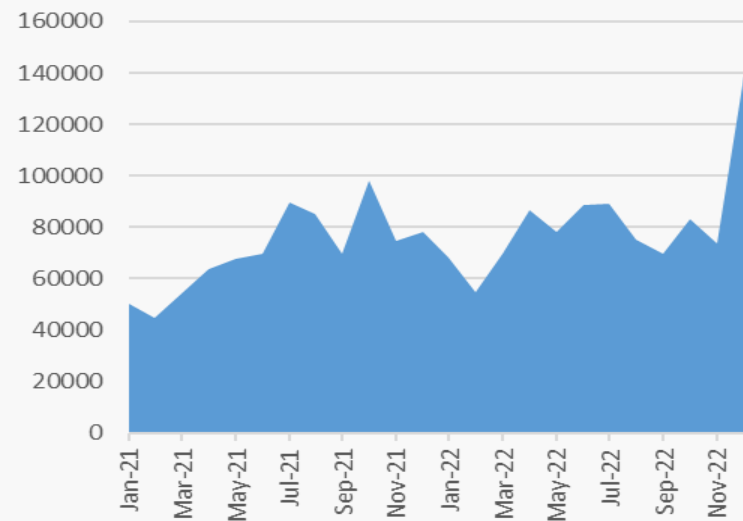
- Agreement has been reached with commissioners that 178 WTE call handlers will be funded this year. We are currently broadly at that number with no vacancies.
- Work continues with sickness absence in line with the Trust's managing absence work programme to increase capacity.
- Work is underway to look at the rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore the time spent is related to clinician availability. At present there are high levels of vacancies

#### Expected Performance Trajectory

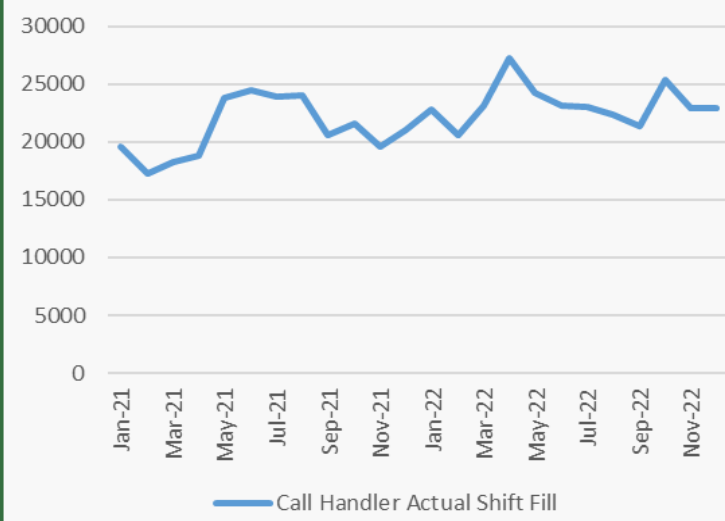
With call handler numbers broadly at commissioned levels, call answering times will only be improved through improved efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line).

If demand continues to be so high performance will be affected due to levels of call handlers and clinicians not matched.

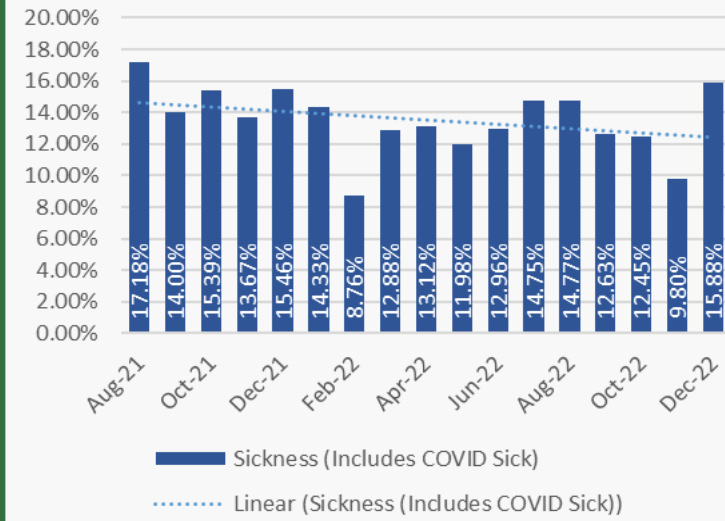
Total 111 Calls Offered



NHS111 Call Handler - Total Actual Shift Fill



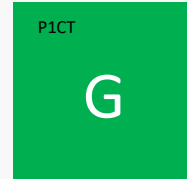
NHS111 Call Handler Sickness Absence





# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators



### Influencing Factors – Demand and Clinical Hours Produced

#### Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment has seen a decrease across the priorities. For the first time in 2 years, the highest priority calls, P1CT, failed to achieve the 90% target (45.6%).

For lower category calls the Trust are not meeting the 90% target, and unlike the previous improving trajectory P2CT performance decreased, however P3CT improved. Demand for the service has grown significantly as the service has been rolled out, and there was a significant increase in demand in December above that seen in November.

Recruitment and retention of clinical staff is the key issue .

13,479 hours were filled by clinicians in December 2022 an increase when compared to 12,311 in November 2022. Clinician sickness absence increased from 18.04% in November to 21.40 % in December. At present there are 101.1 (FTE) nurses and paramedics employed within NHS111 and 39.01 FTE vacancies (data correct as of 12/01/23 and therefore subject to change).

#### Remedial Plans and Actions

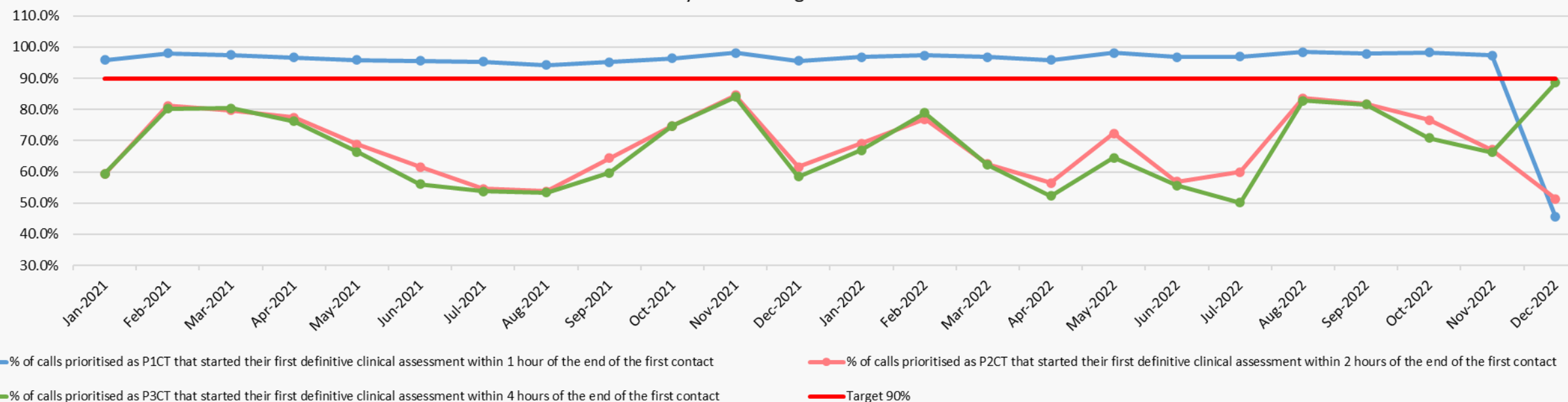
The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. At present there are significant numbers of clinical vacancies. Urgent actions are in place now to increase recruitment this winter, including:

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

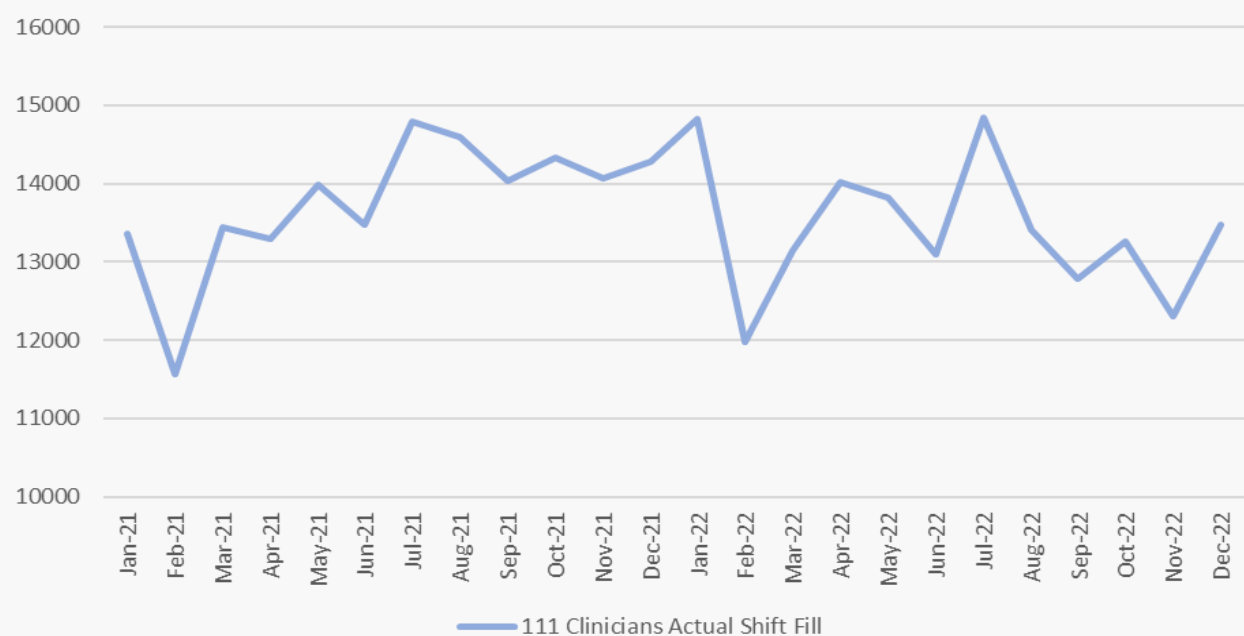
#### Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Although urgent actions are in play as set out above, performance is likely to be below levels expected until these bear fruit into Q4. Demand for the 111 service is also more difficult to forecast as it is often linked to government announcements or media coverage.

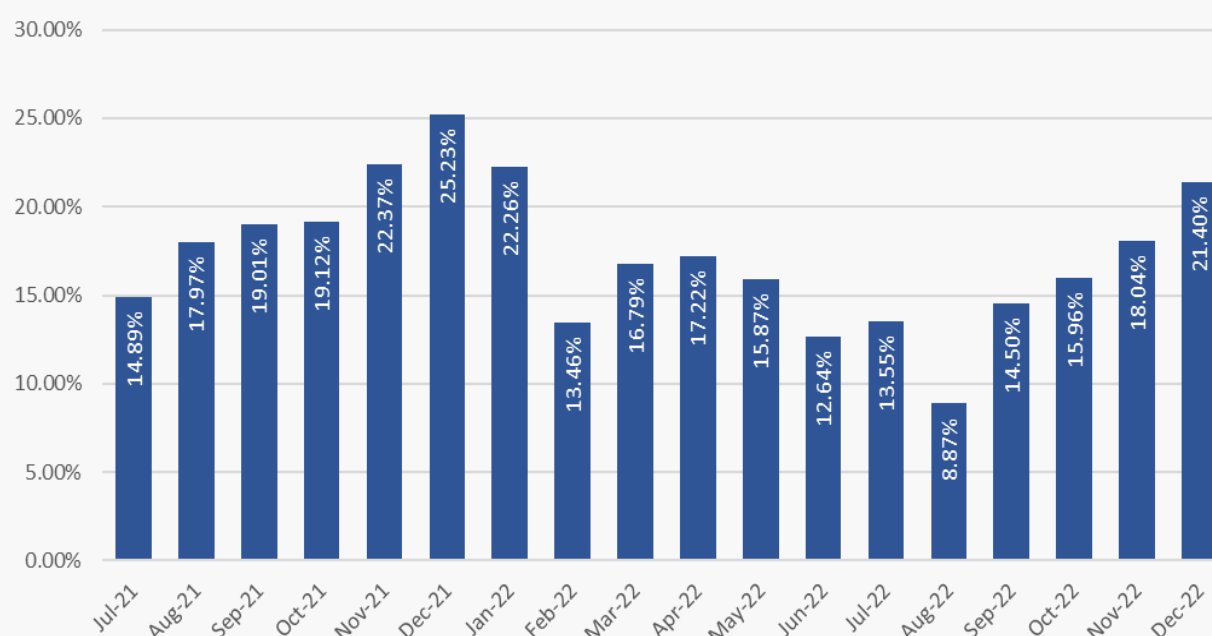
111 Timely Clinical Triage of Patients



NHS111 Clinicians - Total Actual Shift Fill



NHS111 Clinician Sickness Absence



(Responsible Officer: Lee Brooks)

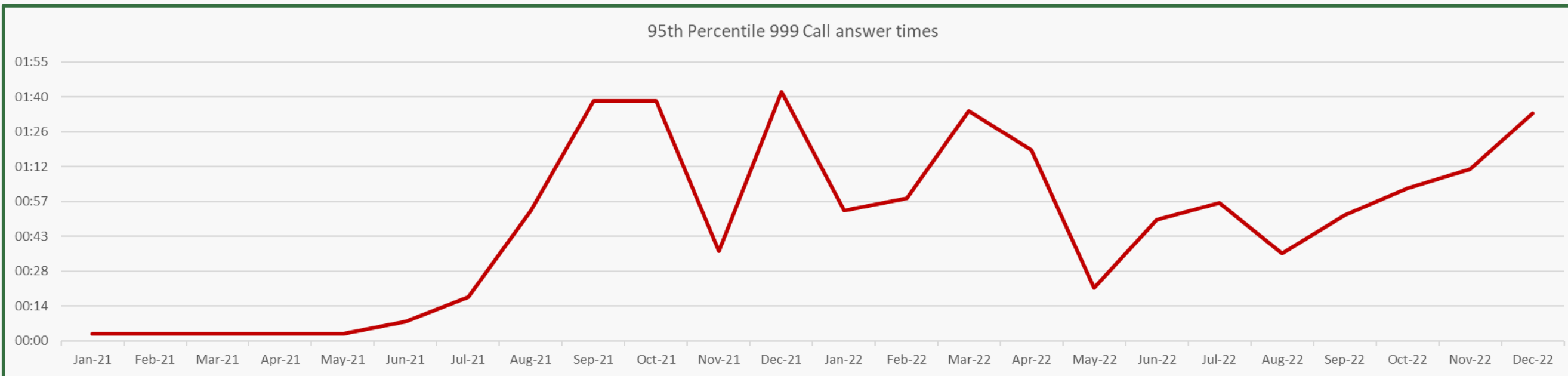
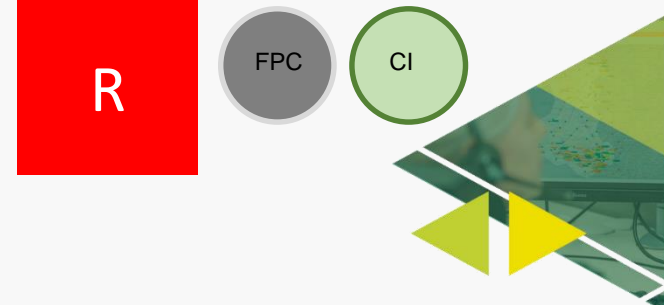
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

### Influencing Factors – Demand and Hours Produced



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance increased in December 2022 to 1 minute 34 seconds, compared to 1 minute 11 seconds in November 2022. Delays in call answering times are a significant concern in relation to patient safety. 79.4% of calls were answered within 6 seconds in December 2022.

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

The Trust received 56,612 emergency 999 calls in December 2022, an increase compared to November 2022. December 2022 saw an increase in sickness abstractions, not in line with the planned trajectory.

Some of the volume of calls can be correlated to the switch on of the Intelligent Routing Platform (IRP) in November.

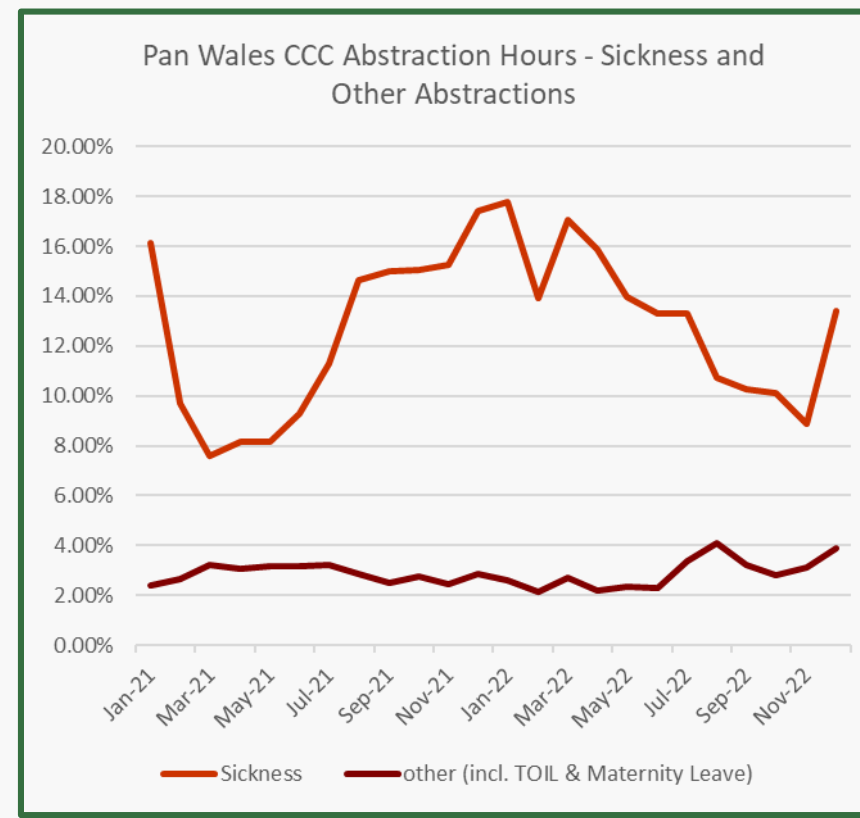
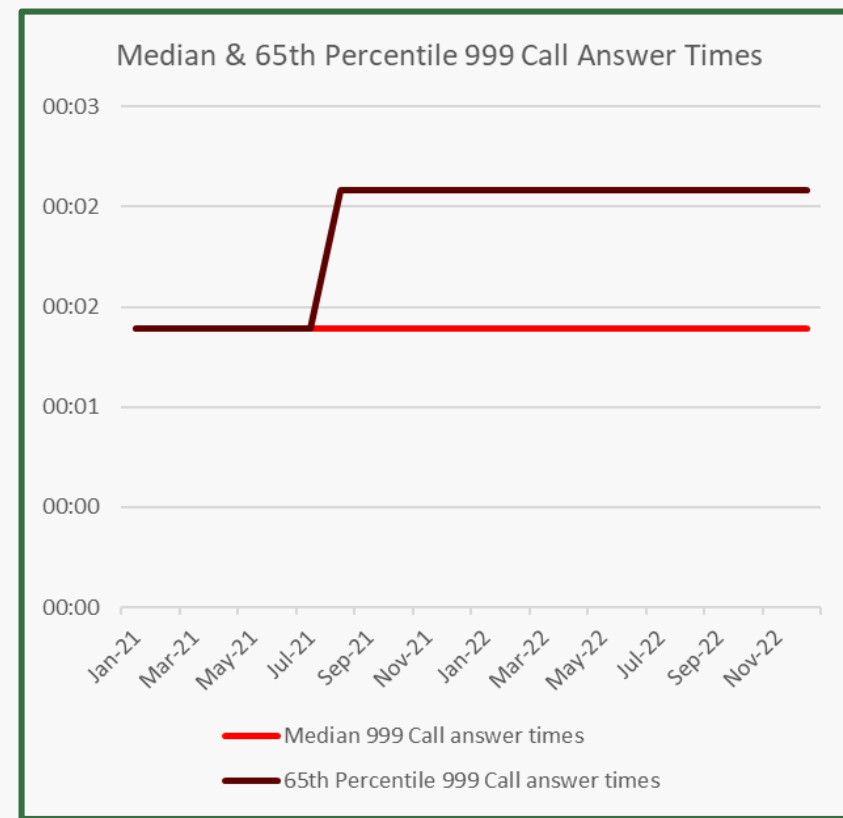
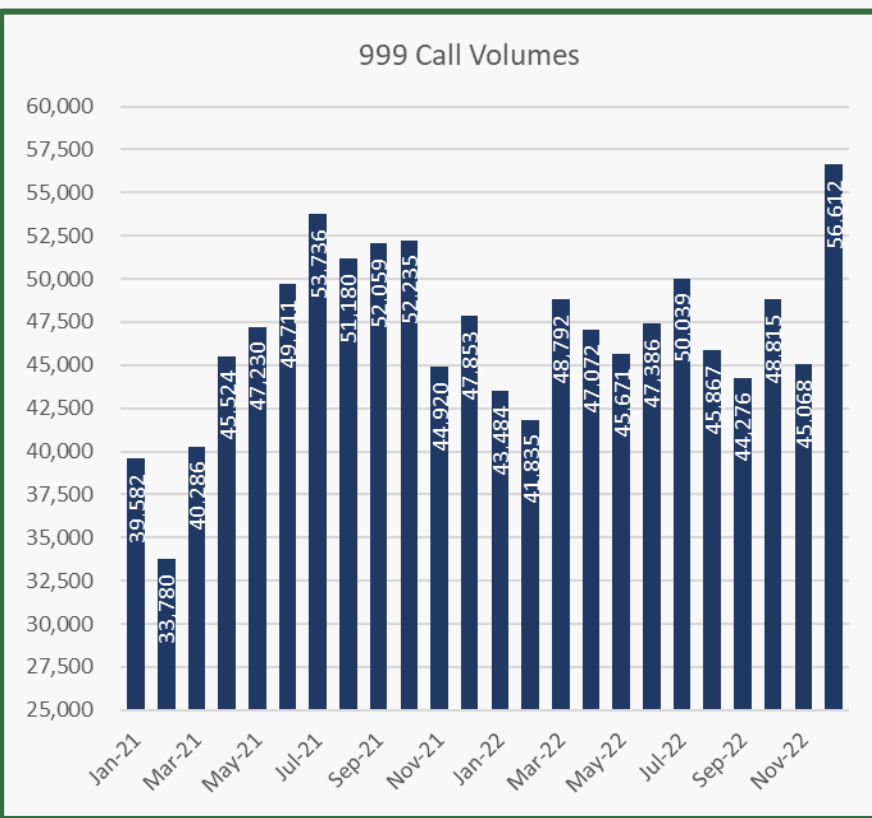
#### Remedial Plans and Actions

EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately.

- No additional funding is available this year to increase numbers of call handlers.
- Increased pressure and sustained levels of 999 demand is impacting on staff attrition and wellbeing.
- WAST requested exclusion from UK Intelligent Routing Platform as part of Critical Incident 19th December 2022.
- CCC FTE is currently 123.34 (data correct as of 16/01/23)

#### Expected Performance Trajectory

Performance has recovered since the exclusion from IRP. A further EMD cohort is scheduled to commence in Carmarthen and Bryn Tirion on 23rd January 2023 allowing EMSC to begin to align skill into vacancies in the dispatch function. Further recruitment is planned for an April start date. A 24 hour return to IRP is scheduled for 17th January 2023 to review the changes made to the configuration of the platform and reduction in demand now being managed, following this 24-hour WAST will exclude again to review implications before agreeing a more permanent return to the platform.



(Responsible Officer: Lee Brooks)

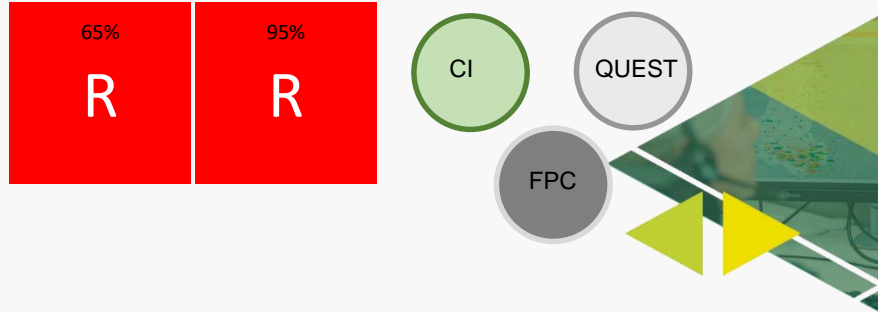
Welsh Ambulance Services NHS Trust



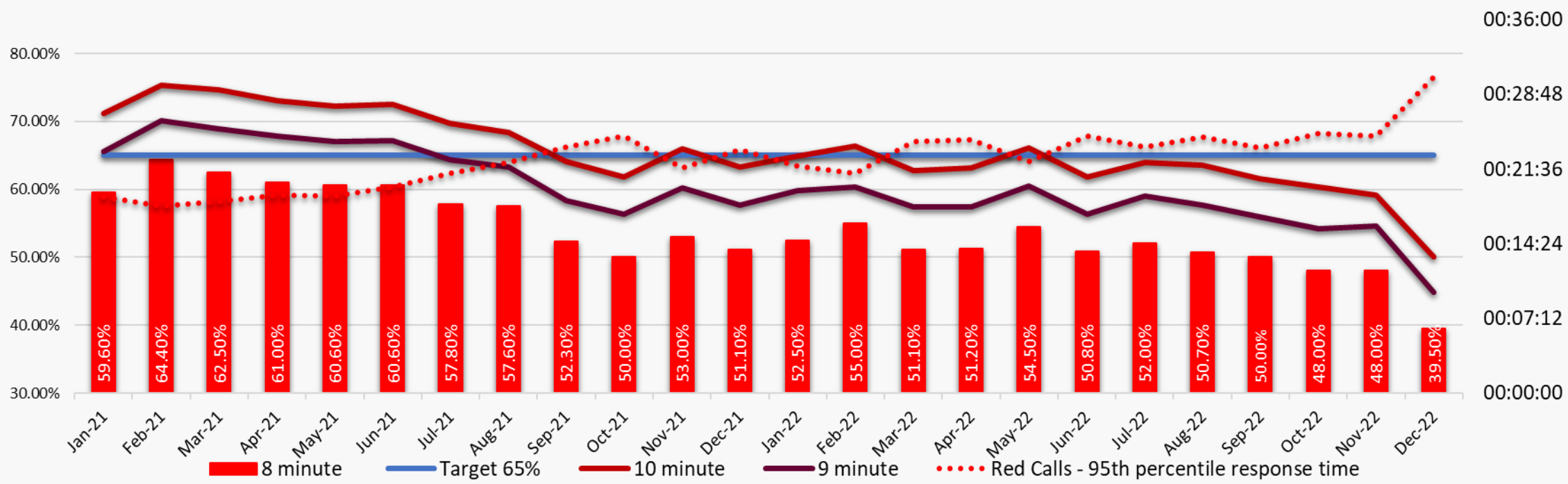
# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

### Influencing Factors – Demand, Hours Produced and Hours Lost



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



**Analysis**  
Red performance decreased in December 2022; remaining significantly lower than the 65% target; the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieving the 65% target. A continuing level of poor performance was forecast based on predictions of demand, lost hours and hours produced. Red 10-minute performance was 50.1% in December 2022.

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

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

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours, with extreme levels of losses continuing to be seen with 32,098 hours lost in December.

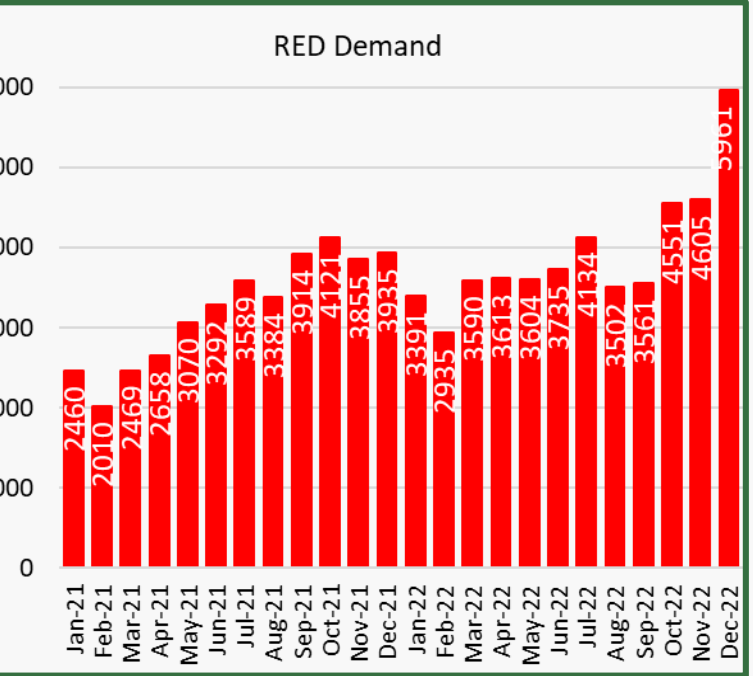
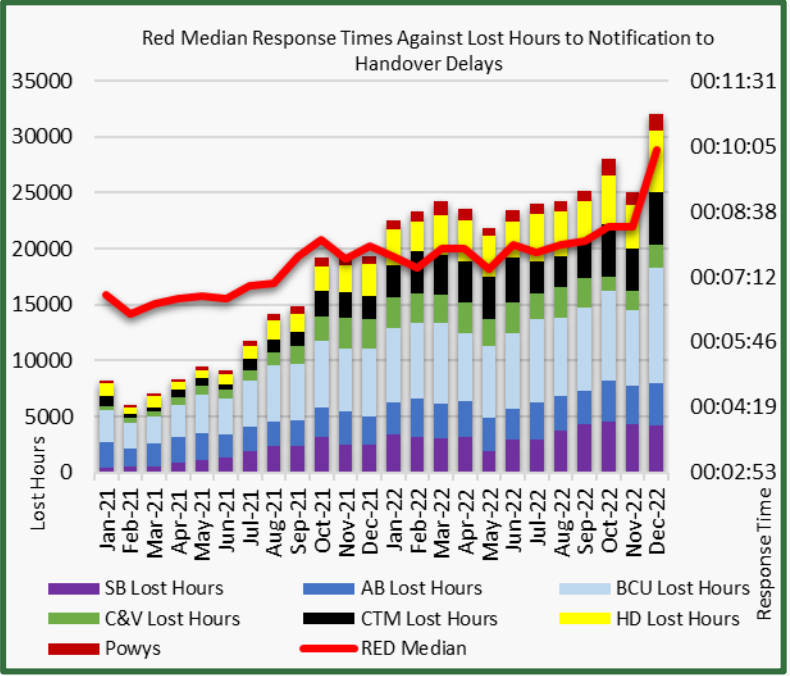
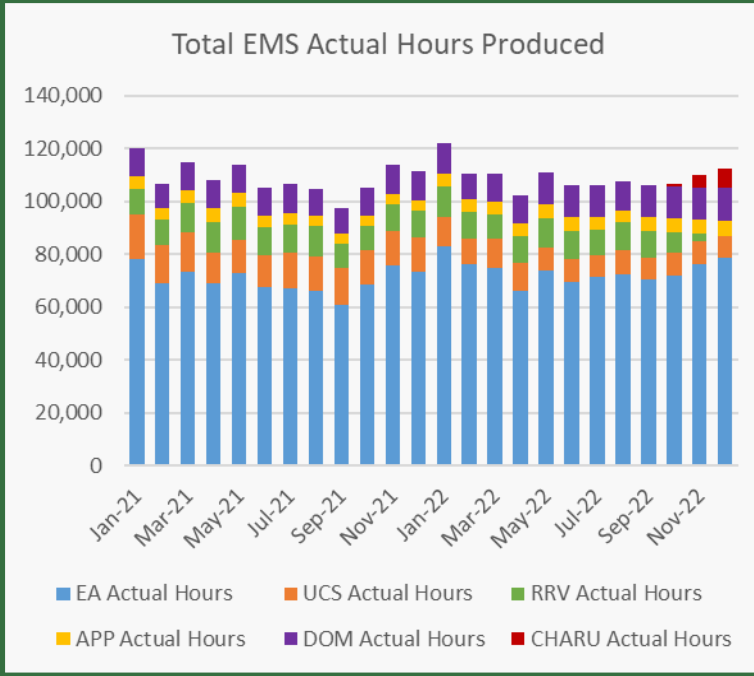
There are many other factors which affect Red, including additional time taken to don level 3 PPE to Red calls relating to some respiratory disease/issues (this requirement remains in place).

#### Remedial Plans and Actions

- The main improvement actions are:
- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23 (off target for all operational by end of Jan 2023, now end of February 2023);
  - Reduce hours lost through sickness absence through managing attendance programme – trajectory for improvement in place as part of IMTP (8% by Mar-23 attainable);
  - Health Board handover reduction plans are in place, but handover levels continue to increase and went over 30,000 for the first time in Dec-22;
  - Improving efficiency; the role out of new Response rosters, will provide the equivalent of 72 WTE additional staff (action complete);
  - A clinical review of Red demand using ePCR data (initial findings reported to EMT);
  - Tactical responses linked to escalation including: clinical managers responding, DOMs responding, targeted overtime on demand hot spots(actioned);
  - Modelling of additional tactical resource required to achieve a higher level of Red performance (complete); and
  - Modelling of full roll out of Same Day Emergency Care (SDECs) by health boards (results expected w/c 23 Jan-23)...

#### Expected Performance Trajectory

Winter modelling (March 2023) indicated that without reductions in handover in line with the Welsh Government directives, the Trust can expect to see Red 8 minute performance reduce to below 40% without the application of the Clinical Safety Plan to levels 3 and above and the recruitment of the +100. This is what has started to happen in December. Further modelling for Q1 2023/24 to be undertaken in Feb-23.



NB: Data correct at time of abstraction



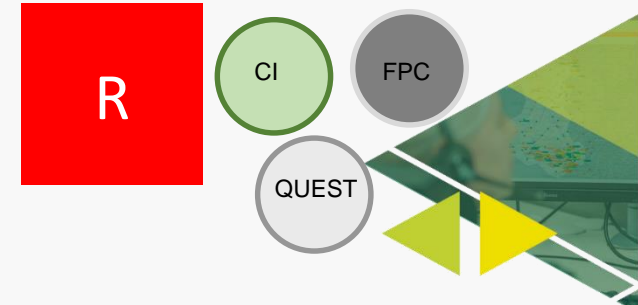
(Responsible Officer: Lee Brooks)



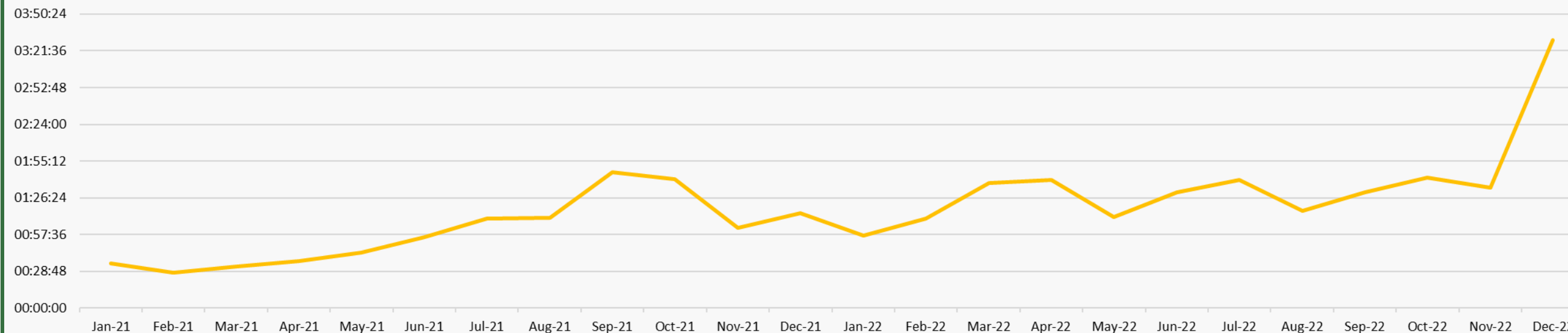
# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 - Median Percentile



### Analysis

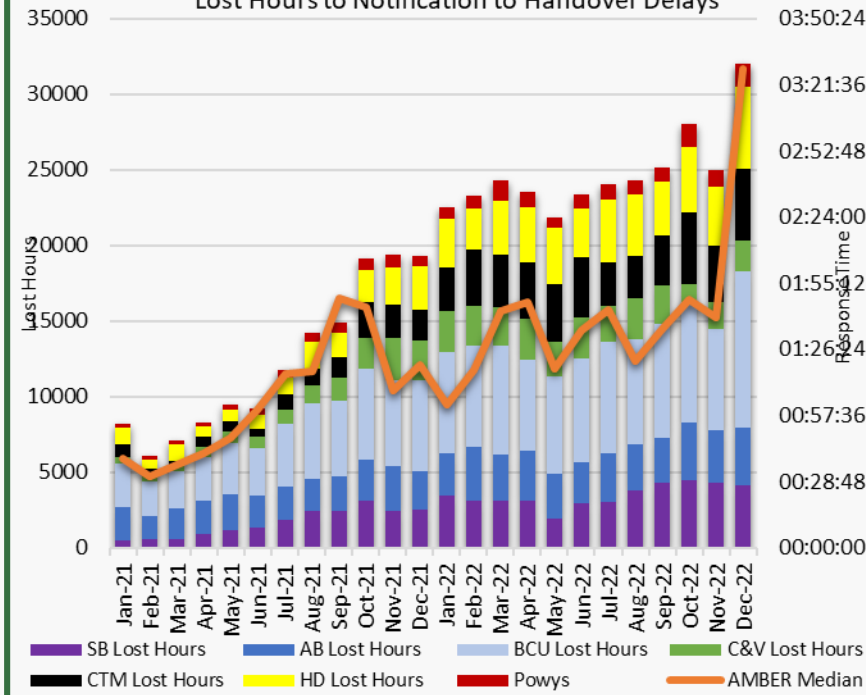
Amber response times declined across the percentiles in December 2022. In addition, there were some very long patient waits in December (see below). The ideal Amber 1 median response time is 18 minutes, in December 2022 the Trust recorded median response times of 3 hours 30 minutes.

In December 2022, 2,064 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to November 2022, continuing to represent very poor quality and experience of service. 1,943 of these patients were in the Amber category.

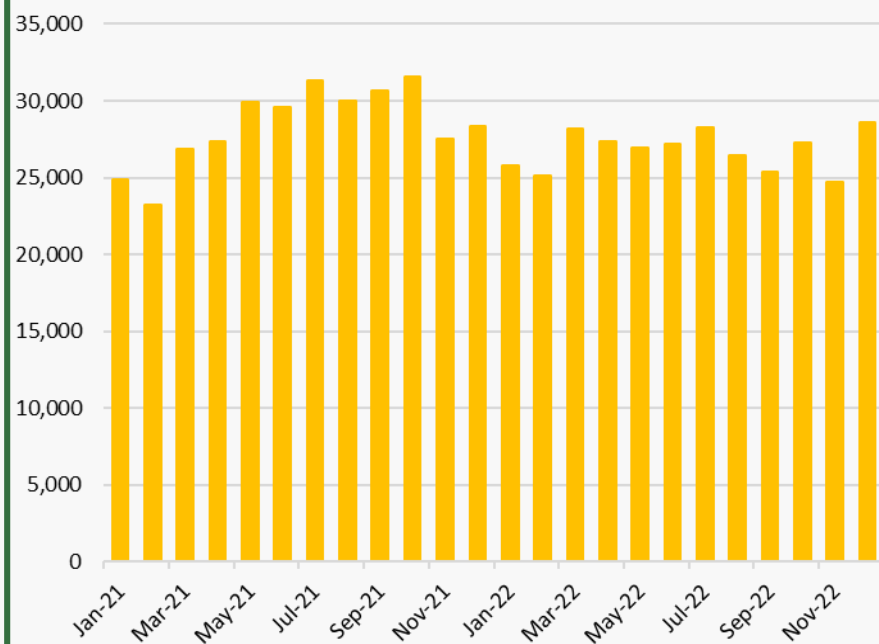
Amber demand increased in December 2022 although it has been broadly stable.

There is strong correlation between Amber performance and lost hours due to notification to handover delays. The number of hours lost to notification to handover delays in December 2022 were extreme at 32,098, going over 30,000 for the first time.

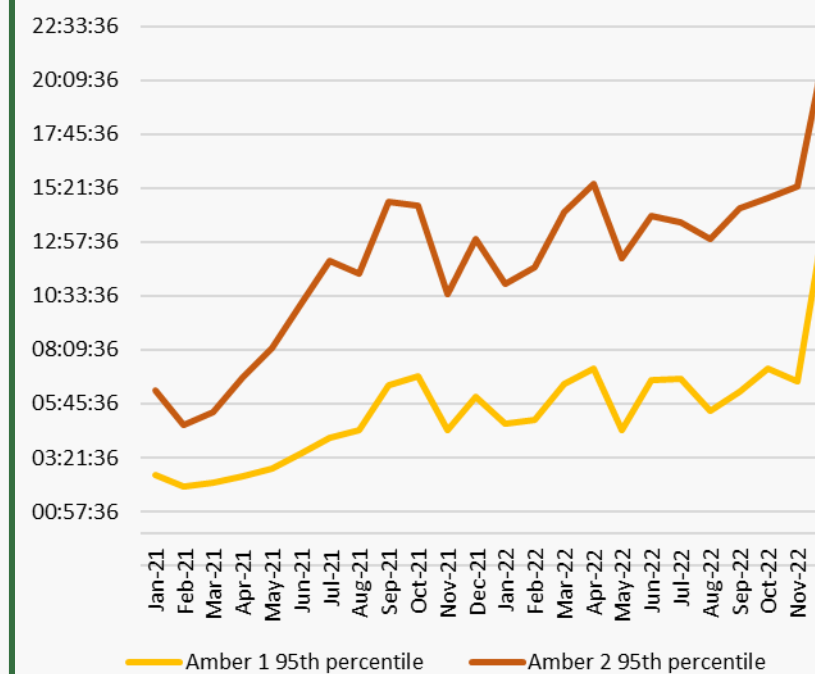
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 & 2 - 95th Percentile



### Remedial Plans and Actions

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

### Expected Performance Trajectory

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

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

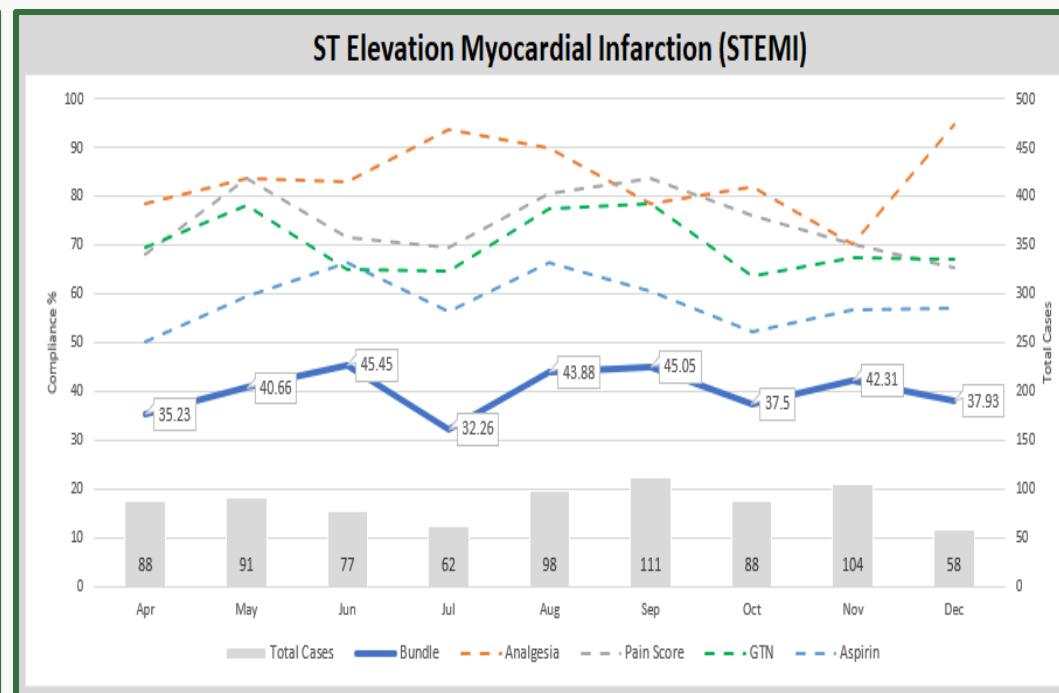
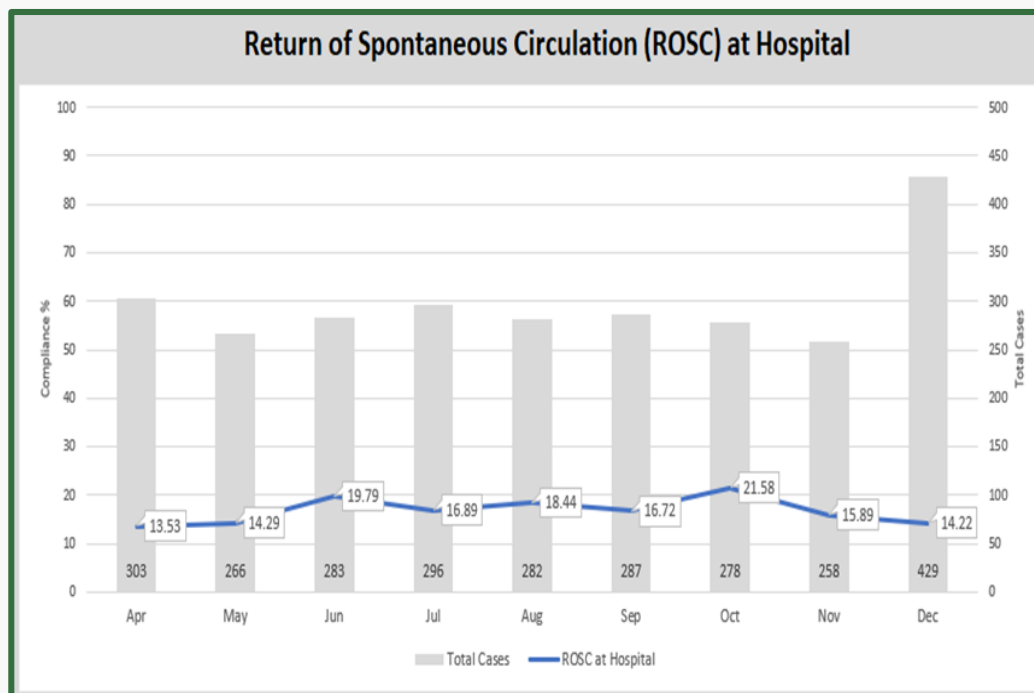
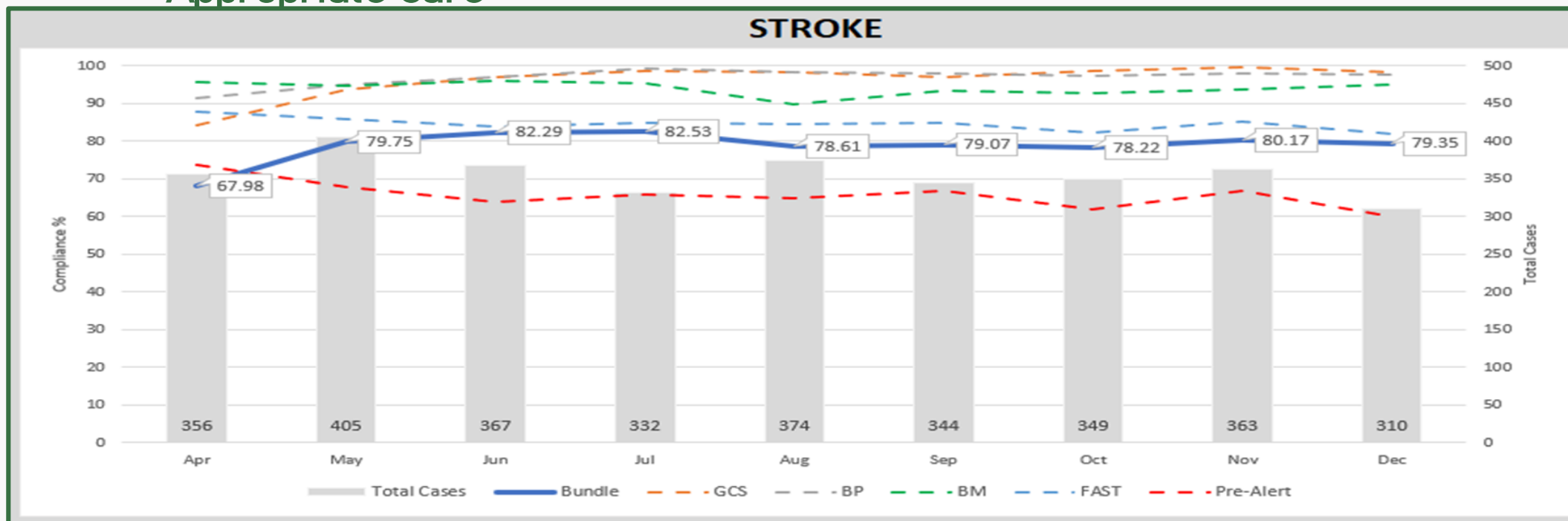
## Clinical Outcomes Indicators

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

Stroke/Hip Fracture/Hypoglycaemic. **R**

Self Assessment: Strength of Internal Control: Moderate

QUEST



#### Analysis

**Clinical:** The Trust currently uses ePCR to report on five clinical indicators (CI) to the Emergency Ambulance Service Committee (EASC), Fractured Neck of Femur (#NOF), Stroke, ST elevation Myocardial Infarction (STEMI), Hypoglycaemia and Return Of Spontaneous Circulation (ROSC at hospital). Work continues to develop, and quality assure metrics.

It is likely that as the system continues to embed within clinical practice, that users are still getting used to an adjusted workflow and data points might be missed. An improvement approach has been taken and a series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on deep dive 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 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.

#### Remedial Plans and Actions

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

New agreed indicators for this year (commissioning intention) include call to door time for STEMI and Stroke, and Reporting on Outcomes (by response type). There is a lot of work required to agree and then report on these indicators, with the following roll out plan:

#### Q3 (Oct – Dec 2022)

A decision will be made on the criteria to define 'call to door' and 'at hospital' for the STEMI & Stroke time-based metrics, and begin developing a reporting dashboard.

Establish initial requirements with the NCCU for Reporting on Outcomes (by response type).

#### Q4 (Jan – Mar 2023)

Work continues with CIAT/Hi/NCCU to decide on the most appropriate data points, taking into consideration those used by English Ambulance Trusts.

Finalise the time-based metrics dashboard and test the data internally to include data from April 2022.

Review potential data points for use as test data/discuss with NCCU

Test reporting with initial data points/discuss with NCCU

#### April 2023

Approve time based metrics for ASI reporting

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


#### Expected Performance Trajectory

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



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



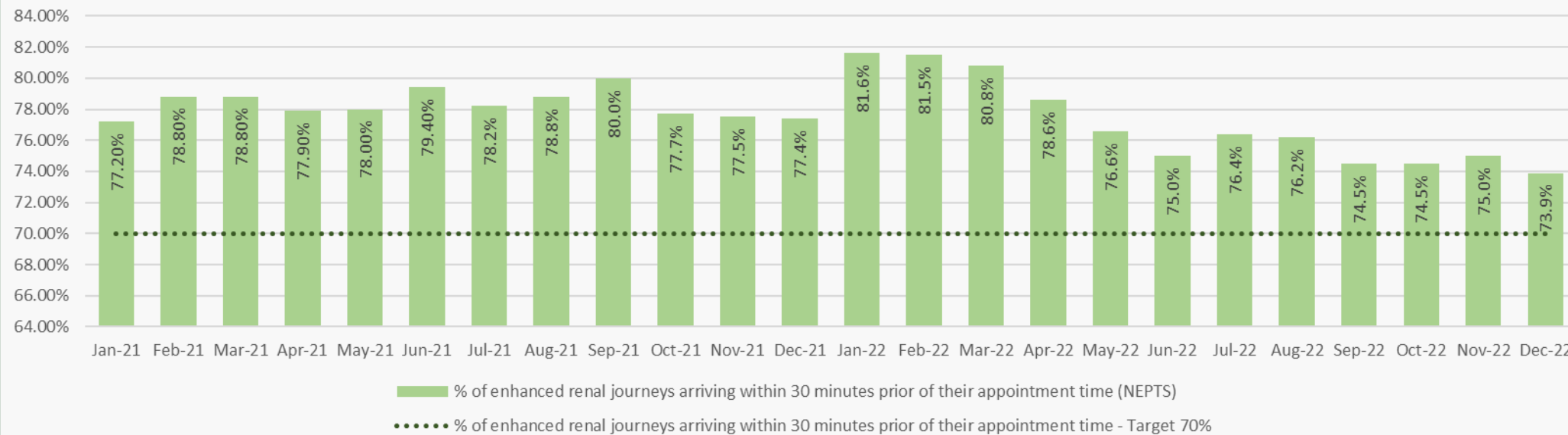
# Our Patients: Quality, Safety & Patient Experience

## Ambulance Care Indicators

### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



#### Analysis

**Ambulance Care (NEPTS element) performance is stable.** 73.9% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target in December 2022.

90% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, therefore achieving the 90% target.

Key factors affecting these indicators are demand and capacity:

- **Capacity** continues to be adversely affected by other factors such as sickness absence levels, which increased in December 2022 to 12.86%. Annual Leave returned to levels below the 20% cap at 13.22%.
- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is “re-set” it is anticipated that further demand increases could be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

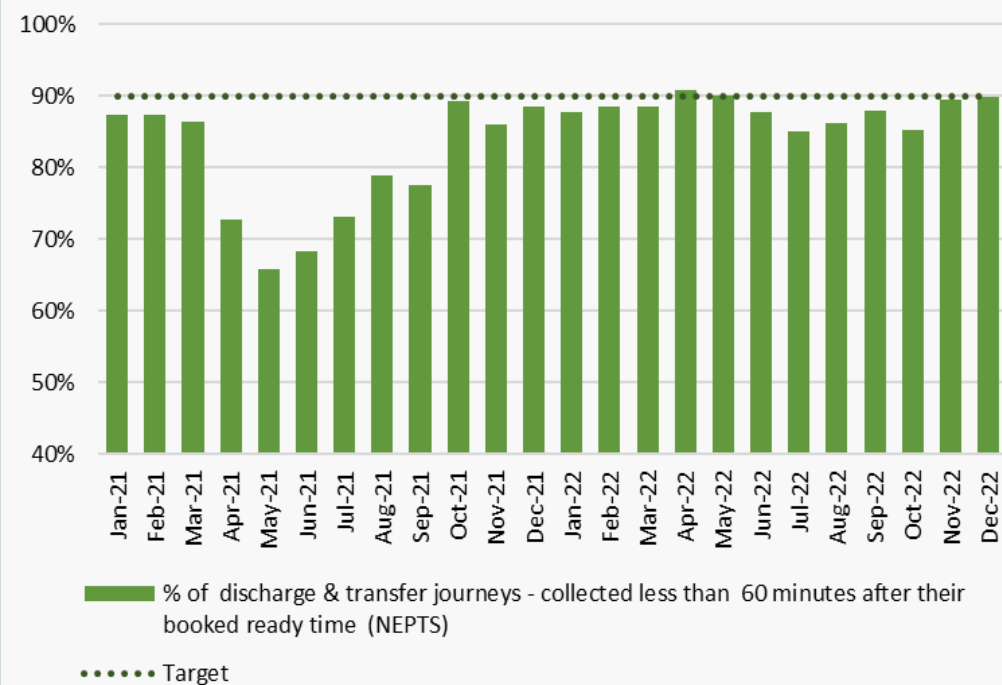
#### Remedial Plans and Actions

- **D&C Project:** currently awaiting feedback from tests of change for revised roster keys. Once received, the draft PID will be completed. Aim was to deliver by Nov-22, but delayed linked to escalation levels.
- **NEPTS Operational Improvement:** Discharge Lounge trial restarted on 21<sup>st</sup> November. However, HB operational pressures have brought the very brief start to a halt. WAST will again be engaging with BCUHB to establish a trial to be completed in the face of escalation. WAST may need to look at another HB to trial.
- **Transfer and Discharge Project:** Work is in progress with regards to the modelling with aim to complete by end of the financial year.
- **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). Aim is to have the modelling complete by year end..
- **Transport Solutions:** Training of Health Boards for the online booking system is on track to be completed within December 2022, after which 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.
- **NEPTS Plurality Model:** Majority of all lots have been awarded; the last contract due to commence on 16 Jan-23.
- **NEPTS CAD Upgrade:** second penetration (PEN) test took place on 28th November and all identified issues were rectified. The scheduled go live has been postponed twice now due industrial action dates and has been rescheduled with the go live day being the 31<sup>st</sup> January 2023.

#### 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 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.

% of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)



Pan Wales Ambulance Care Sickness (incl. COVID Sick) Abstractions



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

SCIF.  
G

Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

Health & Care  
Standard  
Health - Safe Care /  
Timely Care



### Analysis

The percentage of responses to concerns remains static in December 2022 at 27% against a 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns increased in December (124) when compared to November 2022 (94). In December 2022 there were seven Serious Case Incident Forums (SCIF), and 36 cases were discussed, no cases were reported to the NHS Wales Delivery Unit and eighteen cases were referred to Health Boards for investigation and one was received from the Health Boards under the Joint Investigation Framework (JIF). This has replaced Appendix Bs. Themes relating to incidents reported to the NHS Wales Delivery Unit as Nationally Reportable Incidents (NRIs) include call categorisation and clinical aspects of care including misdiagnosis and subsequent management. The ineffective breathing descriptor remains a theme, as it does UK wide.

In December 2022 there were 0 NRIs relating to Red calls, Amber calls and Green calls. As reported earlier, in December 2022, 2,064 patients waited over 12 hours for an ambulance response, an increase month on month, also an increase when compared to 625 in December 2021 and 606 in December 2020.

37 Compliments were received from patients and/or their families in December 2022, an increase compared to the previous month (47).

### Remedial Plans and Actions

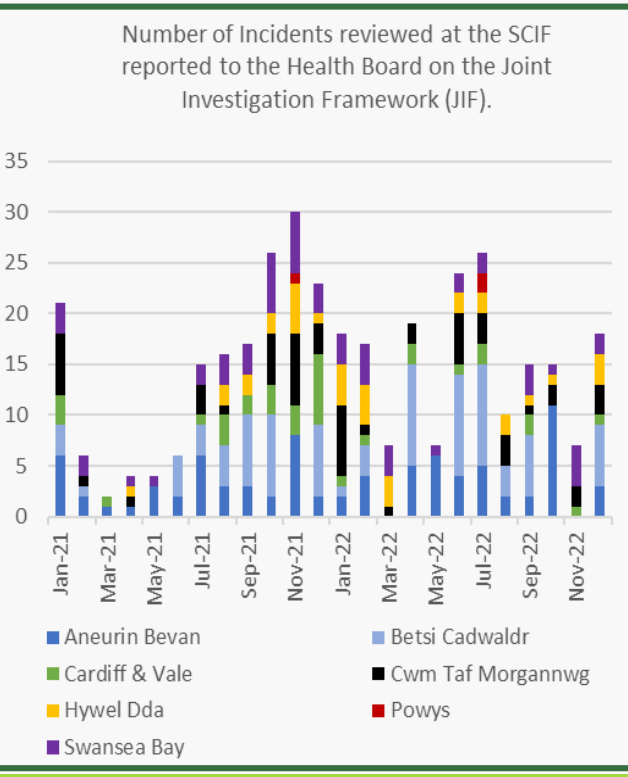
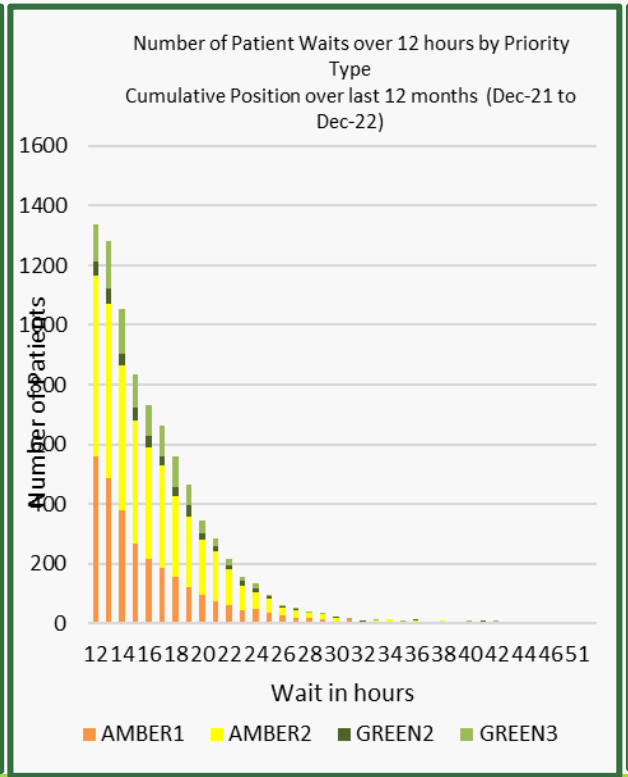
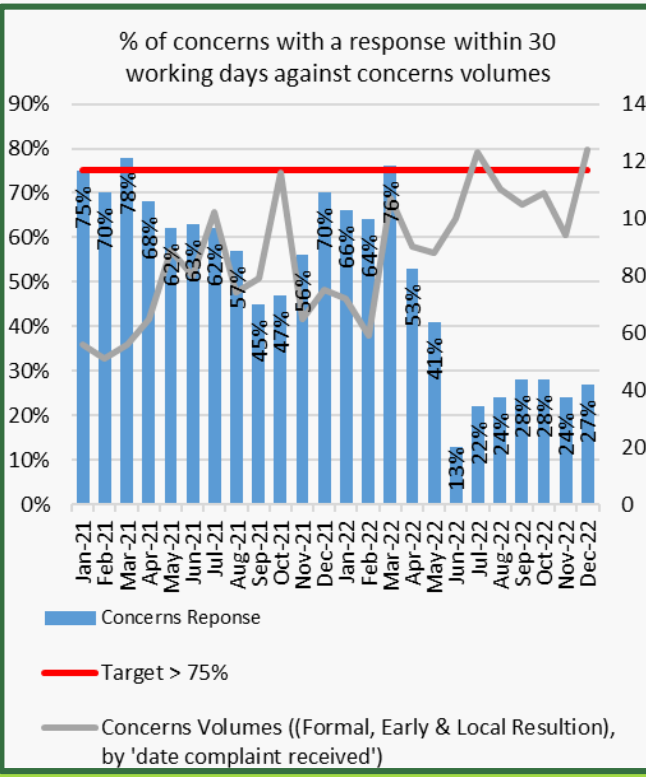
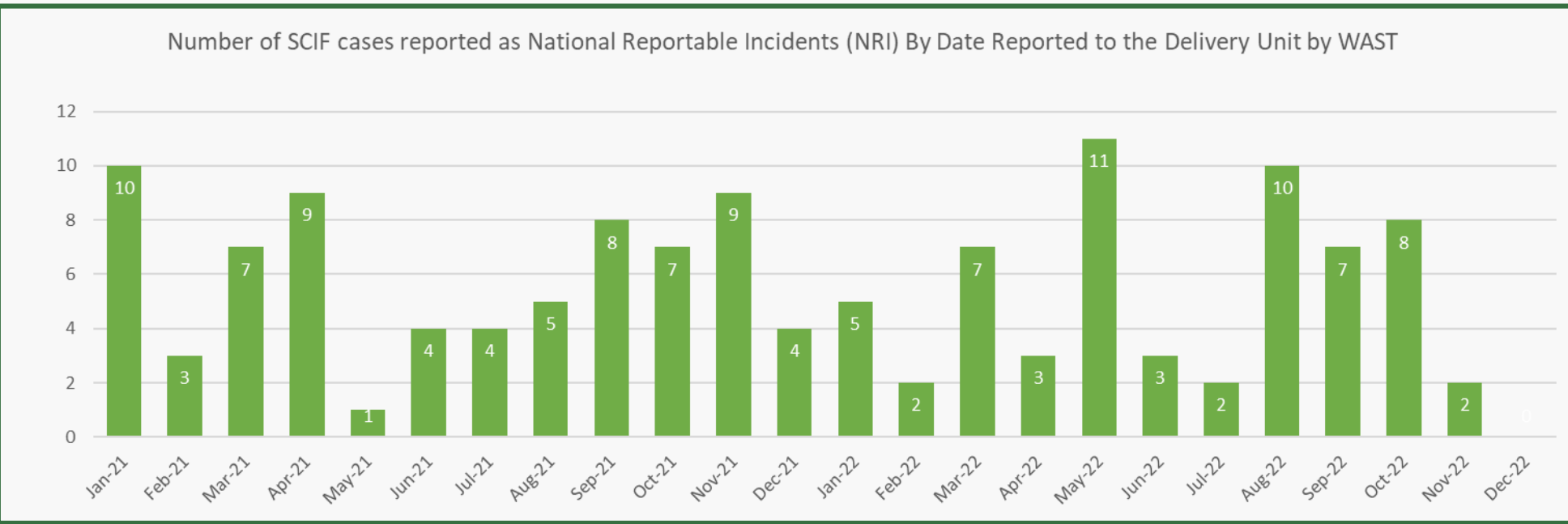
- A range of actions are in place:-
- Additional resources for complaints handling administration has been agreed by the Executive Management Team. Recruitment, redeployment and assessment of workload and where to best place resources continues.
  - The general theme in relation to the Trust's concerns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

### Expected Performance Trajectory

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

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

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



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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient & People Safety Indicators

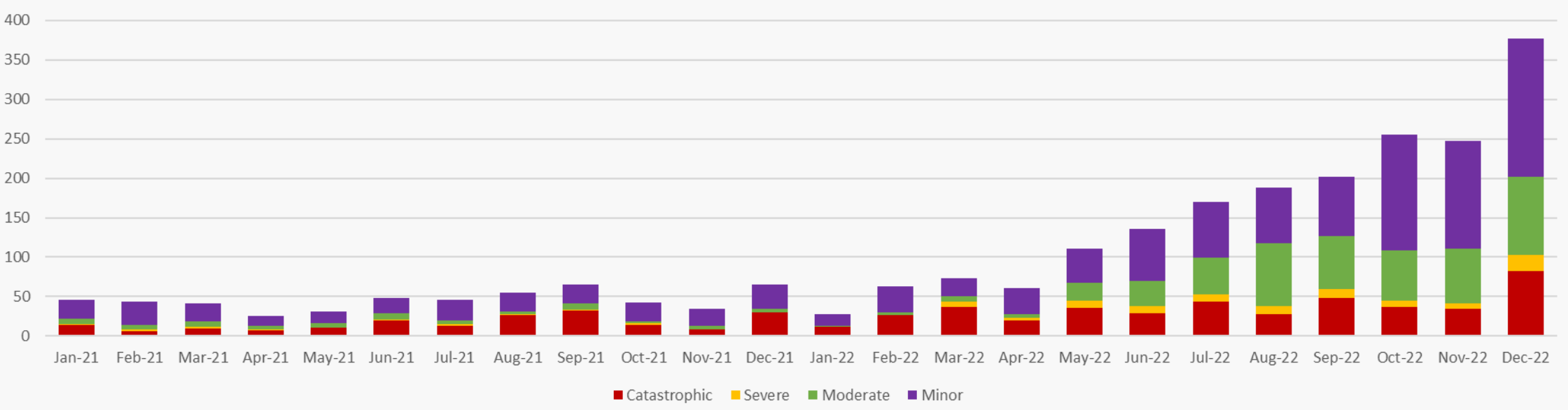
Self Assessment:  
Strength of Internal  
Control: Moderate

PCC

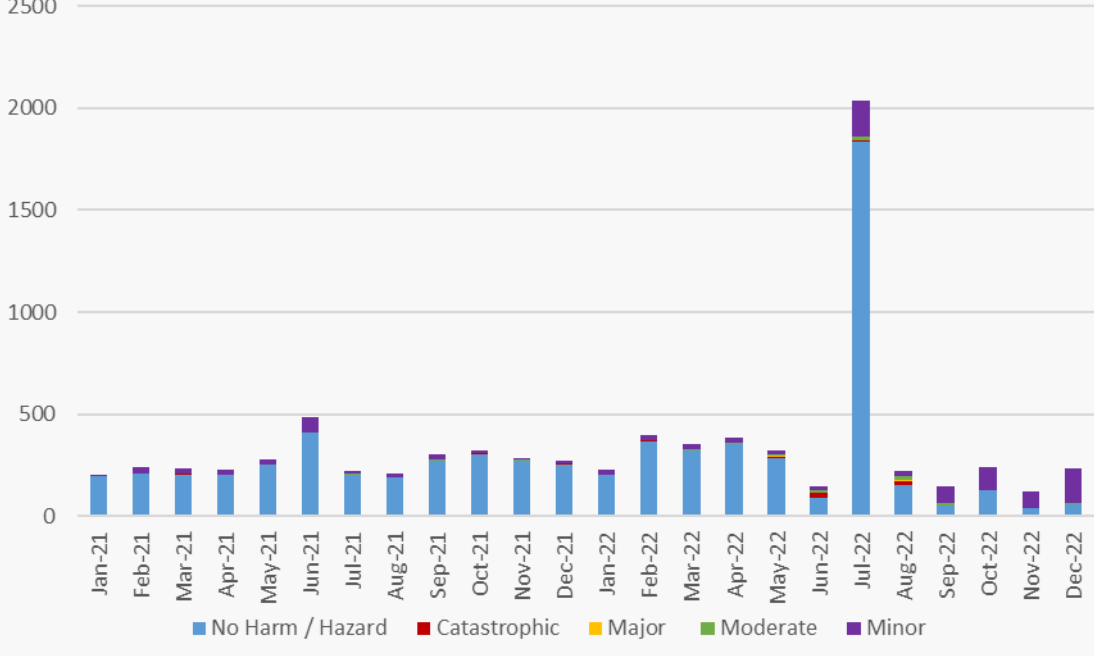
Health & Care  
Standard  
Health – Safe Care



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



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



Slide under Development: Future iterations of the report will include: 12 Month Rolling Percentage RIDDOR Reported Within HSE Timescale

### Analysis

The number of patient safety adverse incidents volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and CCC within December 2022 increased to 586 when compared to 448 in November 2022. The 586 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 209
- Minor harm – 175
- Moderate harm - 99
- Severe Outcomes - 21
- Catastrophic - 82

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

### Remedial Plans and Actions

The PTR and PS team is undergoing an OCP lead by the Assistant Director of Quality and Nursing. The team is currently mis-aligned with the new Operational Territories and work is ongoing to correct this. Workload for all members of the team has increased during the current winter pressures with a long tail of PTR concerns. Engagement with all WAST stakeholders and support to audit teams will enable the PTR team to comply with PTR Regulations consistently.

### Expected Performance Trajectory

The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality. Tier one 30-day targets have showed an improvement this month, where concerns completion accountability sits with the Head of Patient Safety but the completion of such is without his control.

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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Coroners, Mortality and Ombudsmen Indicators

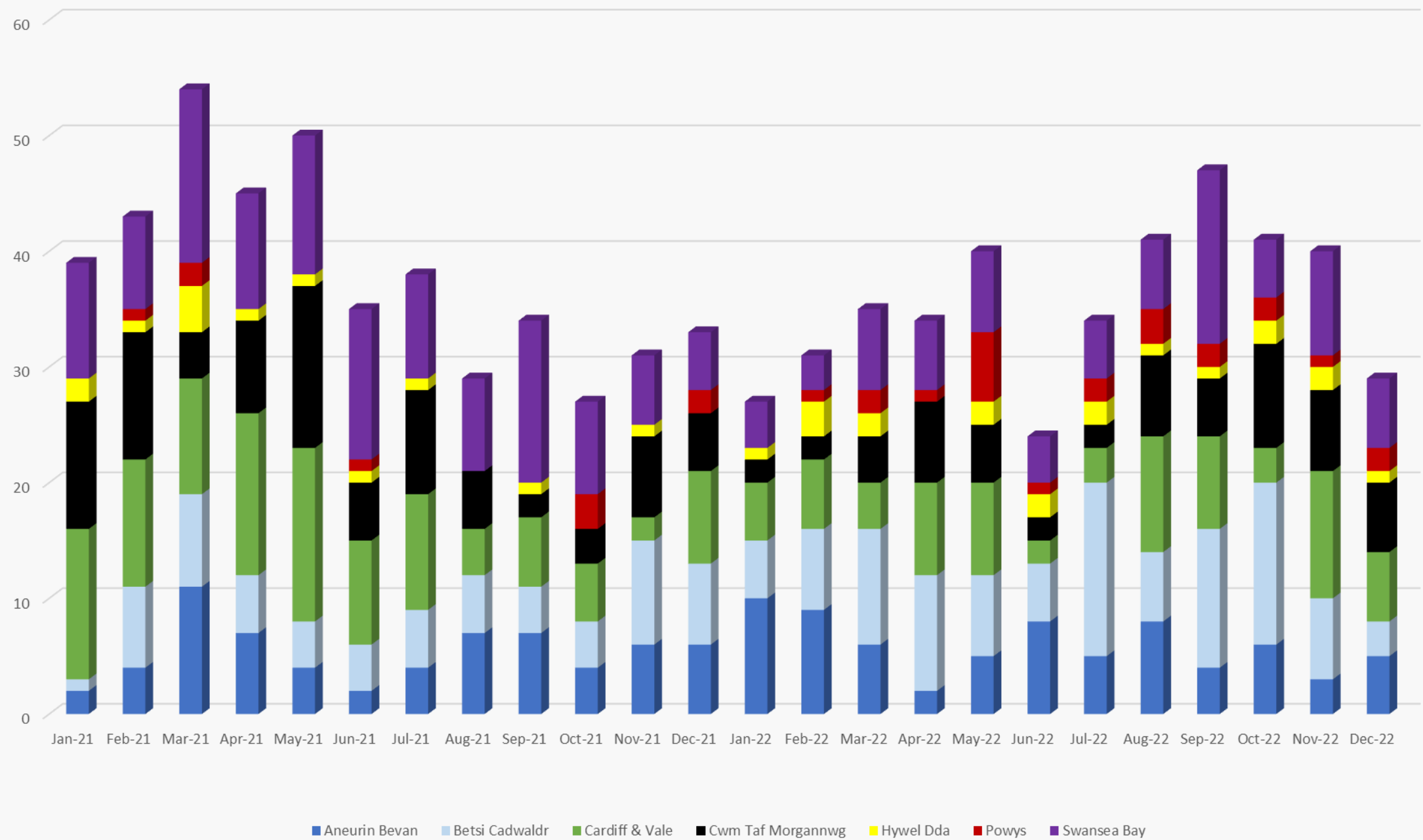
Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care



Number of Coroner Requests by Health Board



### Analysis

**Coroners:** The number of in month request continues to be higher than pre pandemic. December 2019 the Trust received 13 requests. That being said the increased numbers have continued and are now the norm, rather than the exception.

At the end of December 2022 there are 432 claims open; these relate to Personal Injury (77 Claims); Personal Injury - Road Traffic Accidents (47 Claims), Clinical negligence (120 claims); Road Traffic Accident (180 claims) and Damage to Property (8 claims).

**Ombudsman:** There are currently 11 open Ombudsman cases in December 2022. At present cases are not being investigated, which supports the Trusts actions.

**Mortality Review:** The Trust participates in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues. Work is currently underway to address a backlog of mortality reviews with oversight from the Clinical Quality Governance Group. The Trust provides data and information to the Medical Examiner Service (MES) to inform their reviews. To date the Trust has not received any requests to undertake a Level 2 mortality review of patients in our care. Currently the focus of mortality reviews is acute care, and the plan is for all non coronial deaths to be reviewed by the MES from June 2023.

### Remedial Plans and Actions

**Coroners:** Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are now being arranged into Feb & March 2023. The Team has now recruited to vacancies, and following some training, the numbers on hand have started to reduce.

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

**Mortality Review:** The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach. Meeting dates for the All-Wales Mortality Working Group have been shared recently by the NHS Wales Delivery Unit, at which WAST are represented.

### Expected Performance Trajectory

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

**Ombudsmen:** A report in relation to lessons learned is prepared and taken to the Patient Safety and Experience Learning and monitoring Group.

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

Mortality Reviews Data source: Internal Web Application Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

# Safeguarding, Data Governance & Public Engagement Indicators

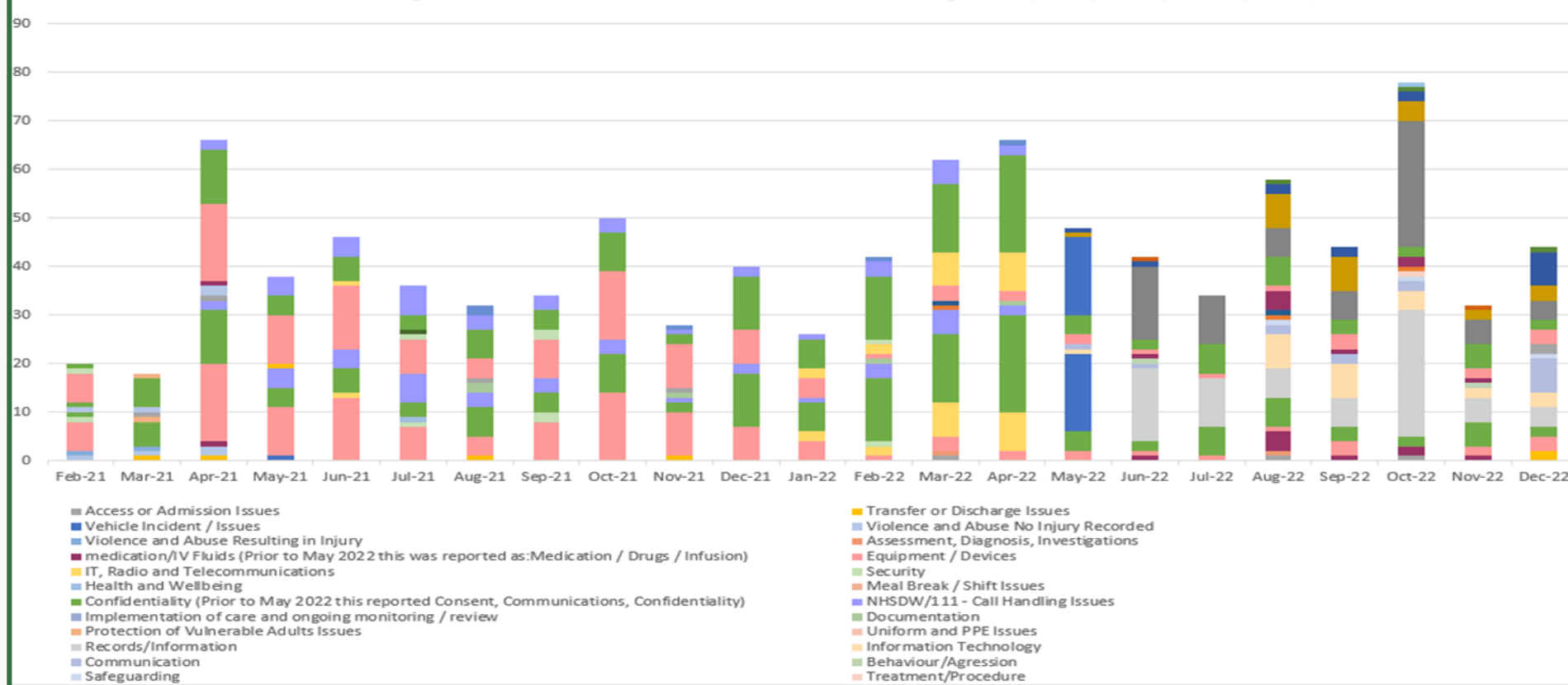
Health & Care Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal Control: Strong

QUEST



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



### Analysis

**Safeguarding:** In December 2022 staff completed a total of 95 Adult at Risk Reports, 88% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 379 referrals were received and processed to the local authority during this reporting period. There have been 113 Child Safeguarding Reports in December 2022, 90% of these were sent within 24 hours.

**Data Governance:** In December 2022 there were 22 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, an increase when compared to the previous month. Of these 22 breaches, 7 related to communication, 3 Information technology, 4 records/information, 2 Confidentiality, 3 equipment / Devices, 2 transfer / discharge issues, and 1 safeguarding.

**Public Engagement:** During December, the PECEI Team attended 25 engagement opportunities, engaging with 173 people. At engagement events throughout December, we placed an emphasis on sharing information about pressures being experienced by the Trust and wider NHS and were able to provide information about other services people can access in their communities that can help. Outcomes of our engagement with people and communities across Wales tells us that people are concerned that help will not be available when they need it. People who have called 999 were concerned about long waits for help to arrive. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience long delays when making their initial telephone booking.

### Remedial Plans and Actions

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

**Data Governance:** During the reporting period, of the 22-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). Incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate, with some still being reviewed. Guidance on actions to take to avoid data breaches have been issued to relevant teams where incidents have been reported.

**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 PECEI 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 PECEI 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. Throughout December the Trust faced severe to extreme pressures and declared a critical incident. The team supported the push in public messaging to promote NHS 111 Wales and its health information website. Key public health concerns were predominately driven by; Respiratory issues; Strep A; Flu and Covid. People have been encouraged to share their concerns which have mainly focused around length of wait for an emergency ambulance; length of wait for calls to be answered by NHS 111 Wales and accessibility of information on the NHS 111 Wales website. The team also engaged with local communities as a response to the demands on the Trust in the provision of information on a range of other services across communities that could help when faced with a health emergency. This included attendance at a large number of Food Banks; engaged, listened and captured people's feedback and experiences through face-to-face meetings; online events and experience surveys and reported back to communities to strengthen relationships and confidence that the Trust is listening and acting to improve services. All feedback received has been shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement.

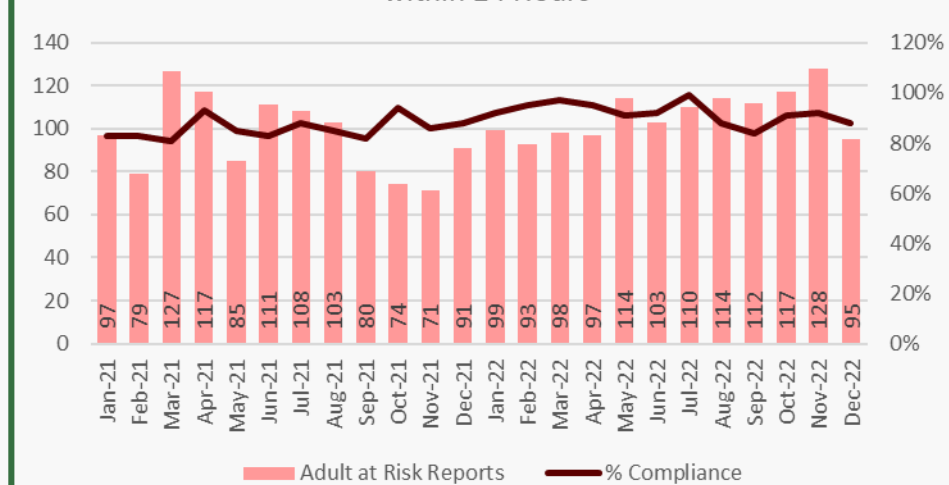
### Expected Performance Trajectory

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

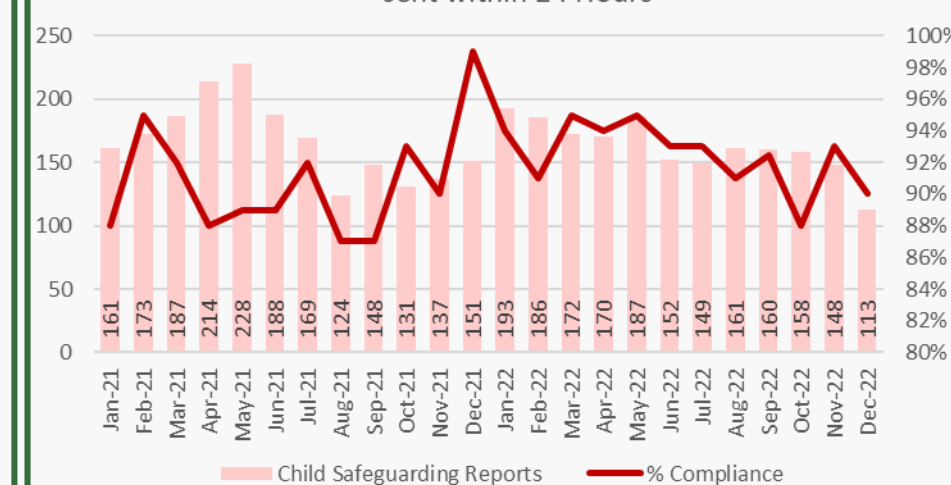
**Data Governance:** Progress continues to be made with the IG Toolkit improvement actions. The next submission is due to open in January 2023.

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

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



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Safeguarding Data source: Doc Works

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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Health & Safety (RIDDORS) Indicators

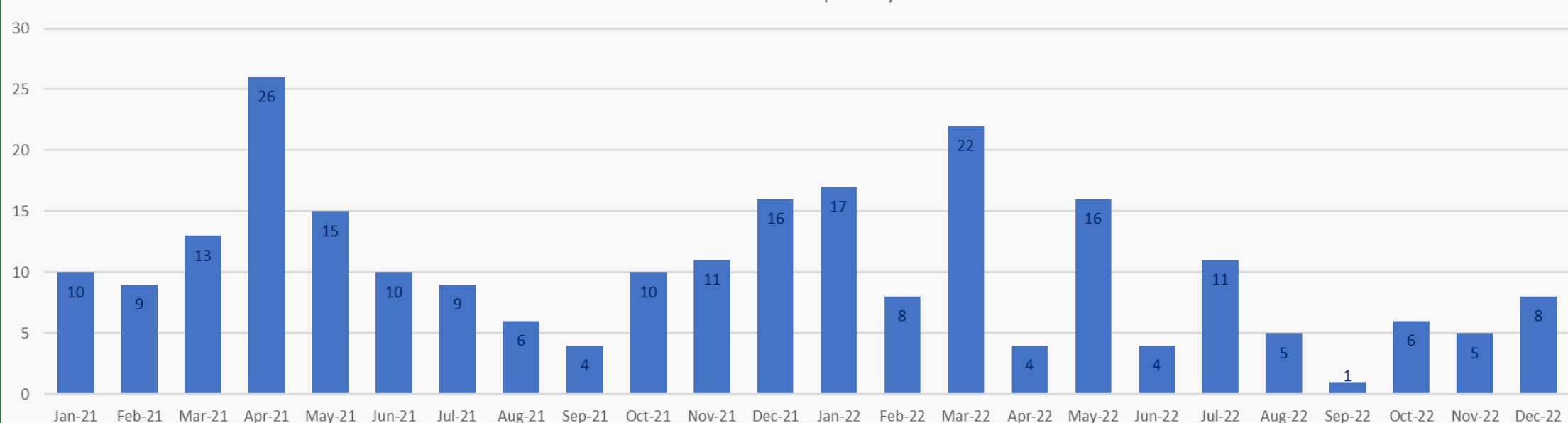
Self Assessment:  
Strength of Internal  
Control: Moderate

PCC

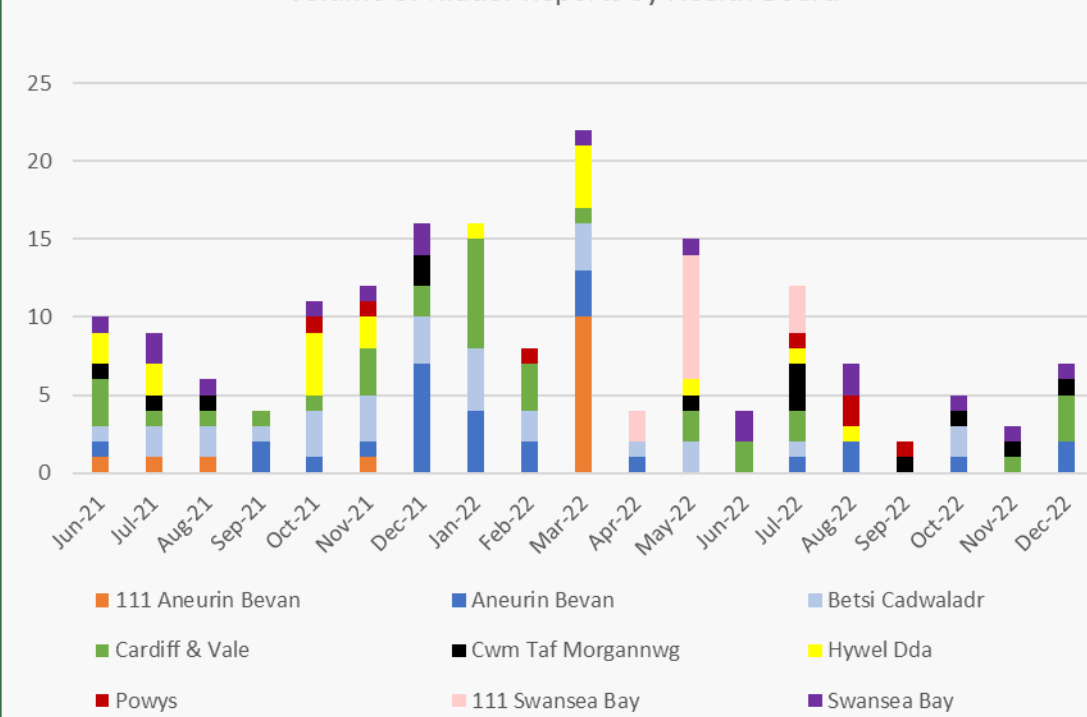
Health & Care  
Standard  
Health – Safe Care



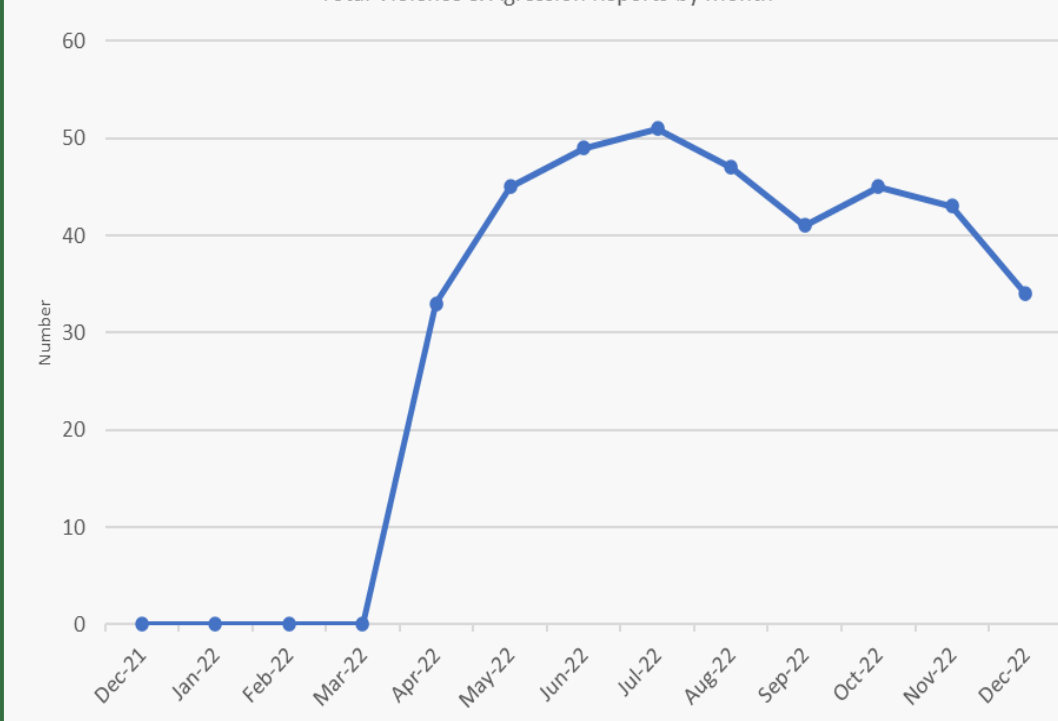
Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Total Violence & Agresion Reports by Month



### Analysis

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

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

15 RIDDORS were reported in December all reported inline with HSE requirements. Over 7-day injuries continue to be the highest reported for RIDDOR reportable category. Slips, trips and falls injuries are the highest reported RIDDOR trend in December. 24 RIDDOR reports were submitted for Manual Handling injuries in 2022/23 with 18 for moving patients and 6 for inanimate loads.

**Violence and Aggression:** 112 incidents for aggressive non-physical behaviour were reported in Q3. 10 incidents for physical behaviour were reported during Q3. 2 incidents reported as physical acts of V&A categorised as severe harm at the time of collation of data. This have since been reclassified as moderate and low harm following investigation closure.

### Remedial Plans and Actions

**RIDDOR:** DATIX incident review meetings continue to be held on a weekly basis to review non-patient safety incidents to check for potential RIDDORS and associated coding and allows for further scrutiny. Non patient health and safety incidents are reviewed daily by the Health and safety Advisors. RIDDOR performance is presented in monthly reports and service units business meetings. A RIDDOR awareness poster has been developed and communicated across the Trust to improve RIDDOR compliance rates.

**Violence and Aggression:** The V&A Manager was appointed into the function in Q3 2022. The postholder will undertake a strategic lens in relation to V&A processes within the Trust with an evaluation report to be presented during Q4 2022.

Collaborative working is ongoing with Training team in the review of V&A training. Reestablishment of working relationships with all four Welsh police forces have been undertaken.

### Expected Performance Trajectory

**RIDDOR:** Work is underway in the development of utilising Power BI to allow for intelligence to be relevant when required removing the challenges with data inconsistencies due to fluctuation as investigations are closed out and associated coding's changed. RIDDOR compliance is to be presented at EMS business meetings for visibility and allow for further scrutiny at local levels . This should further improve performance data to a consistent 80-90% compliance.

**Violence and Aggression:** Work is underway in the development of further DATIX dashboards to allow for further scrutiny into V&A incidents to influence strategic interventions where required. **\*\*NB: December 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Liam Williams)

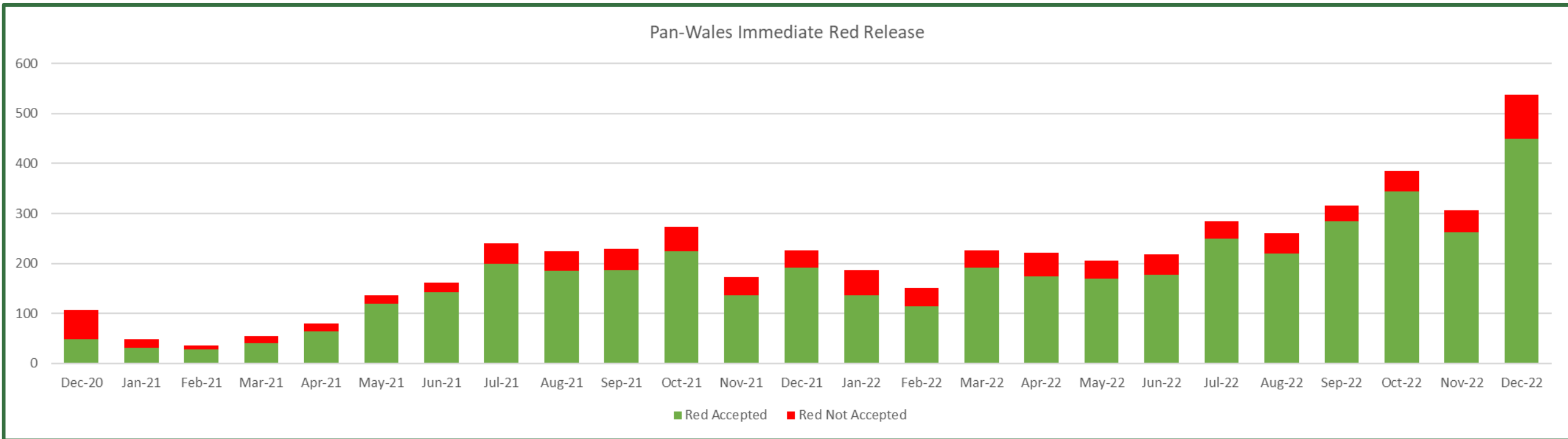
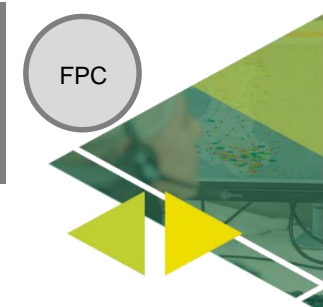
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Escalation and Patient Experience

TBD



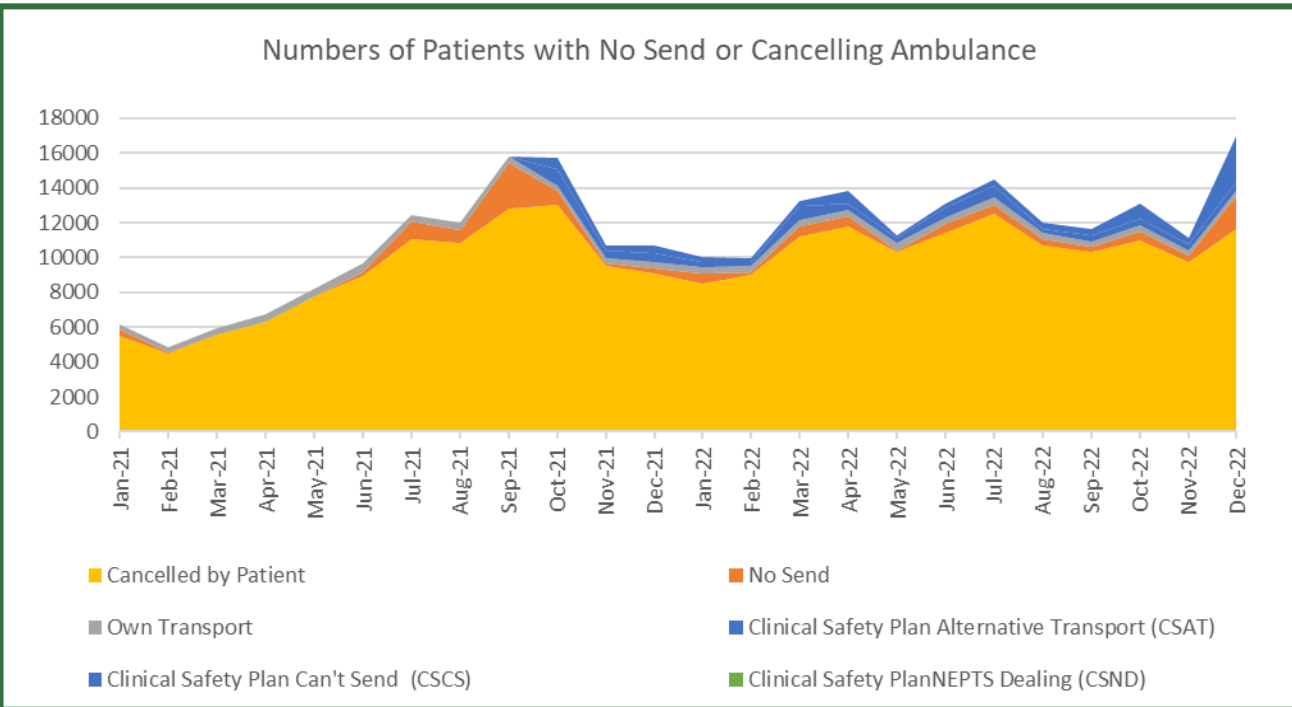
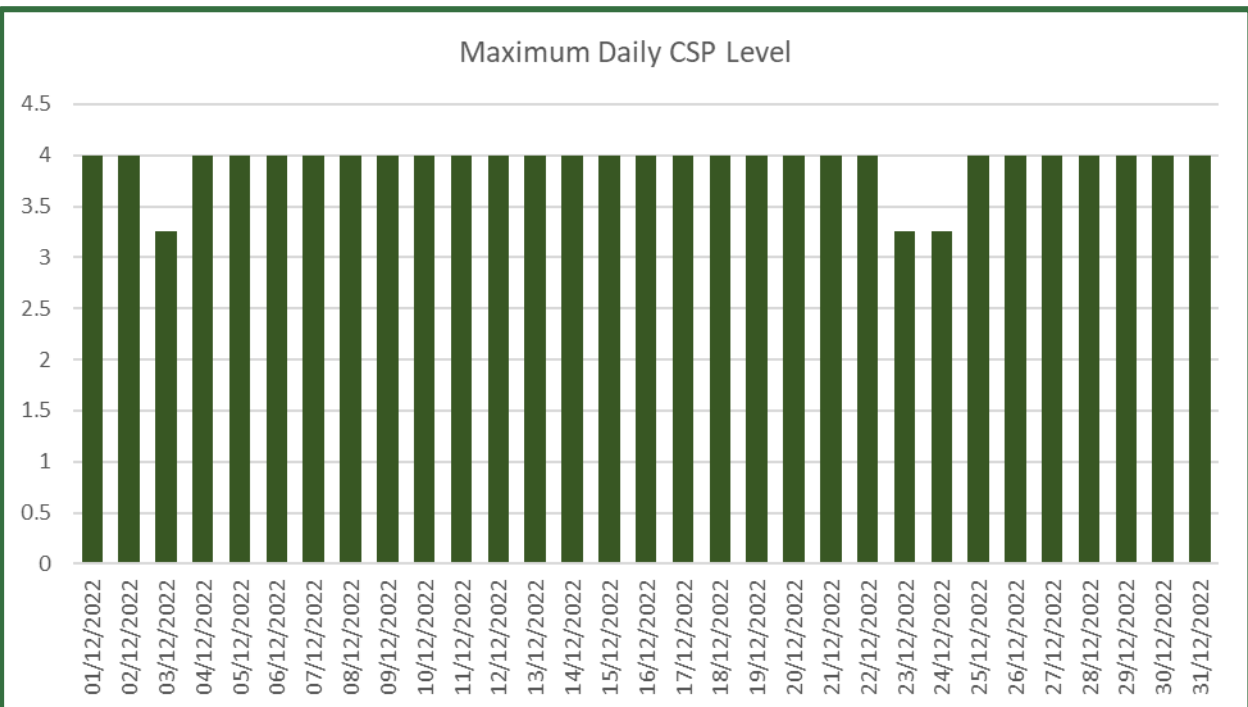
**Analysis**  
 There were 1,234 request made to Health Board EDs for immediate release of Red or Amber 1 calls in December. Of these 449 were accepted and released in the Red category, 88 were not accepted. In conjunction to this, 156 ambulances were released to respond to Amber 1 calls, but 541 were not.

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

In December 2022, 444 ambulances were stopped due to CSP alternative transport and 2,652 were stopped as a result of CSP Can't send options. In addition, 11,614 ambulances were cancelled by patients (including patients refusing treatment at scene) and 309 patients made their way to hospital using their own transport.

**Remedial Plans and Actions**  
 Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure.

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



NB: CSP updated as per V2 CSP EMS (08/12/22)

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



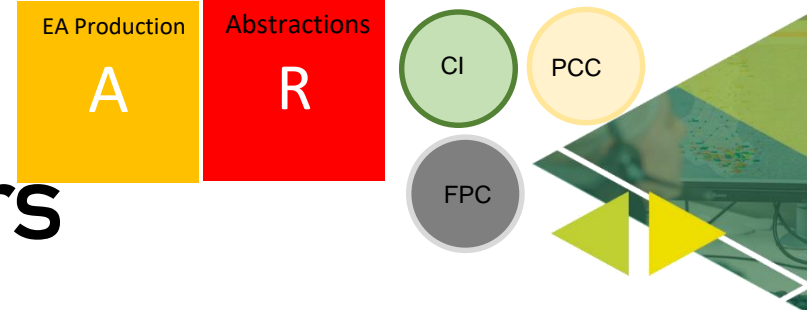
(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust

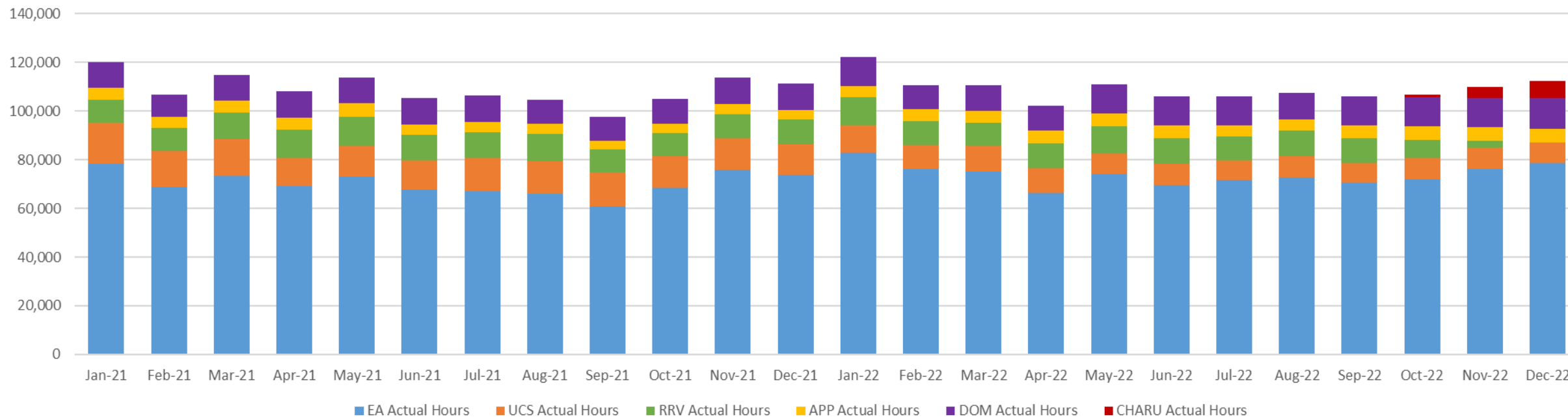


# Our People

## Capacity - Ambulance Abstractions and Production Indicators



Total EMS Actual Hours Produced

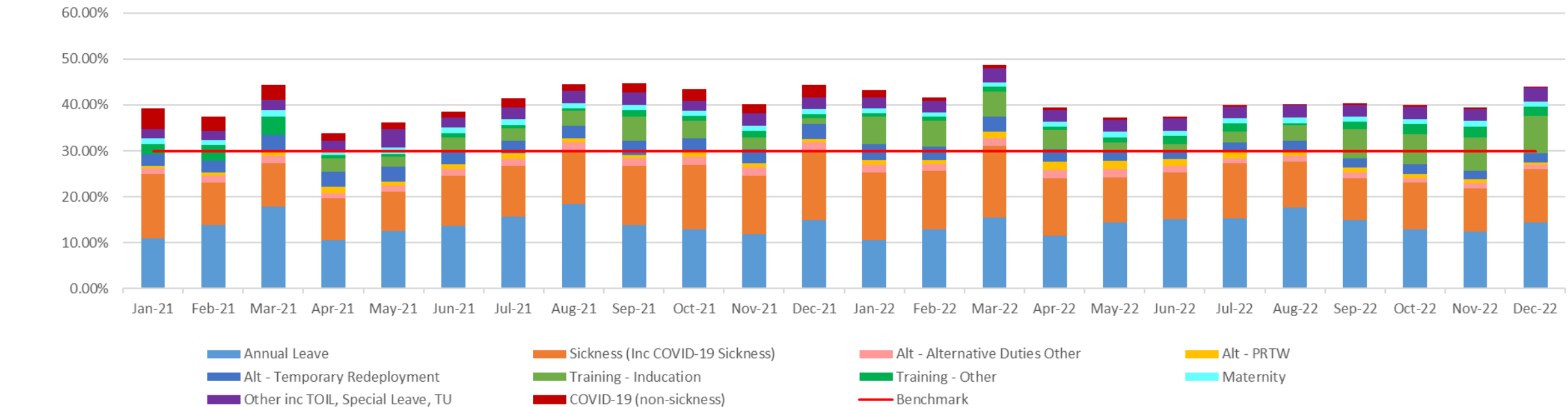


### Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In December 2022, total abstractions stood at 44.00%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 14.29% and sickness at 11.64%. Sickness abstractions for December 2022 were lower when compared to the previous year (14.98%). COVID-19 (non-sickness) related abstractions decreased in December 2022 when compared to the previous month and when compared to the same period last year accounted for 0.28% of overall abstractions.

**Emergency Ambulance Unit Hours Production (UHP) was 91% in December 2022** (78,660 Actual Hours), therefore failing to achieve the 95% benchmark. CHARU UHP achieved 79% (7,070 Actual Hours) compared to 55% in November 2022. The total hours produced is a key metric for patient safety. The Trust produced 112,225 hours in December 2022.

Pan Wales EMS Total Rota Abstraction Hours



### 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 1,661 FTEs for 2022-23. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year. The original target date was by 23 Jan-23. Due to higher than forecast attrition this date has been pre-programmed to the end of Feb-23. The new EMS Response rosters are now live; implementation of rosters, which concludes a two and a half year project.

### Expected Performance Trajectory

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

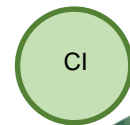


(Responsible Officer: Lee Brooks)

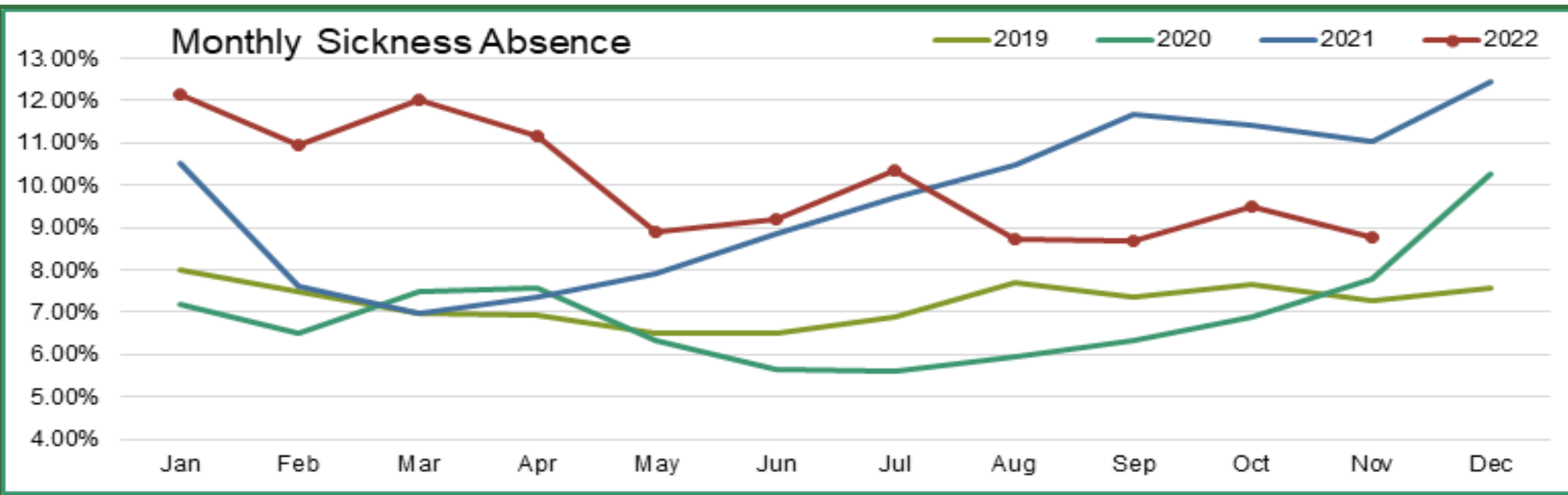
Welsh Ambulance Services NHS Trust



# Our People Health & Wellbeing - Sickness Absence Indicators



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



### Analysis

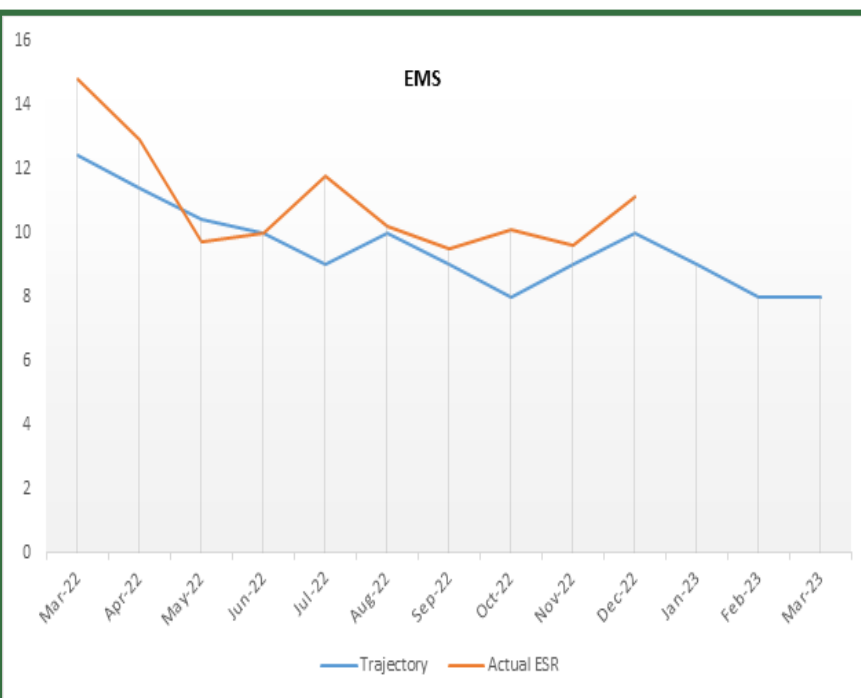
- There was a decrease in sickness absence in November, going from 9.48% to 8.77%. There has also been an increase in short-term sickness absence due to COVID and seasonal illnesses
- Indicative figures show an increase in sickness absence for December. Figures indicate an increase in COVID related absence in December as well
- Sickness absence was low at the start of November but has increased throughout.
- Physiotherapy: 37 referrals were received in November 2022. This is 10 more than in November 2021

### Remedial Plans and Actions

- Targeted support is being directed to current 'hotspot' areas with a recent case review in one health board area which is an outlier. Investigations noted the need for more accurate reporting of reasons for absence and that most absences last 8-14 days. Additional support for effective welfare calls is being delivered and managers in the region attended training on 01 December 2022.
- 16 training sessions have been delivered with 546 managers attending.
- Long term sickness case management continues. Internal audit report received for MAAW – meeting to agree actions scheduled for January 2023.
- Team are analyzing data in different ways e.g. average length of short-term absences and absence by role. When complete this will be shared with the organisation.
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences
- Long COVID cases are reducing – five compared to 15 in July 2022, with comprehensive RTW plans are developed

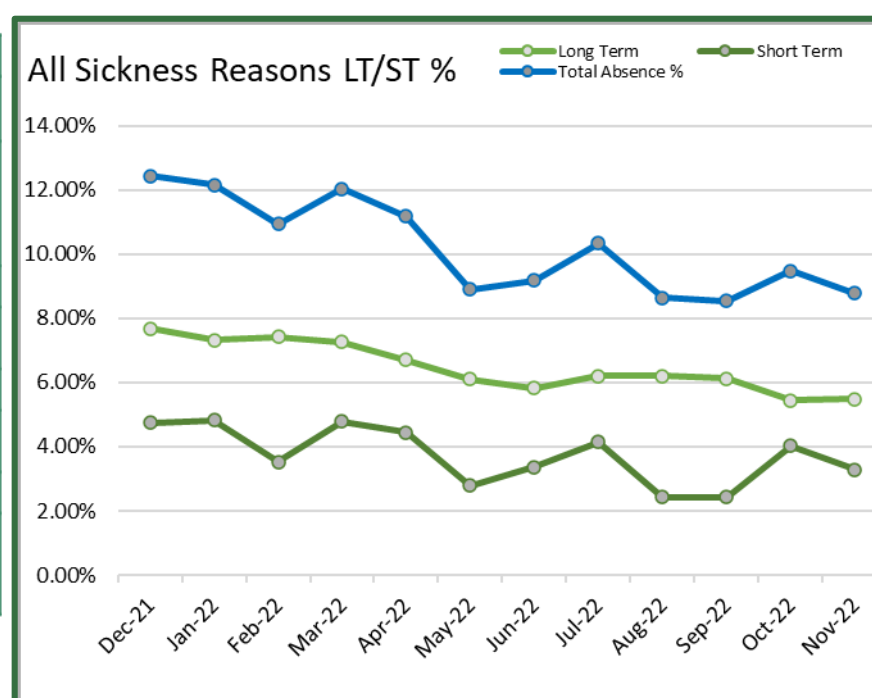
### Expected Performance Trajectory

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



Average working days lost per FTE (Annual)	
<b>23.30</b> days	
Single month Absence %	
<b>8.78%</b>	
Long Term	Short Term
<b>5.49%</b>	<b>3.29%</b>
Mental Health	Other MSK
<b>2.44%</b>	<b>1.06%</b>
(S10 Stress/Anxiety)	(excluding Back)

November 2022



(Responsible Officer: Angela Lewis)

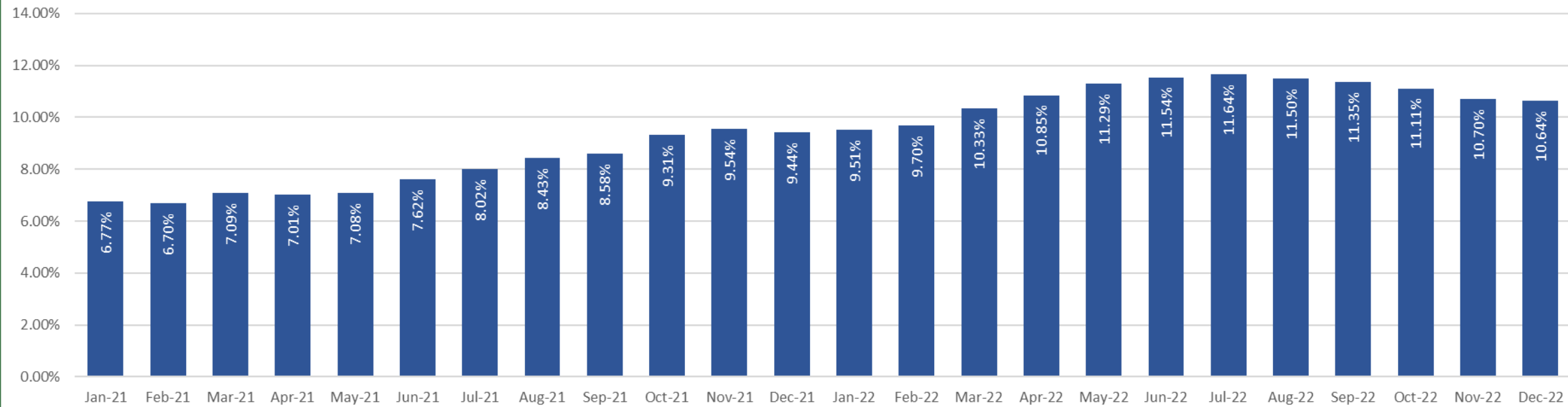
Welsh Ambulance Services NHS Trust



# Our People Health and Wellbeing - Turnover



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



### Analysis

Staff turnover rates in December 2022 were 10.64%. In comparison staff turnover rates were 9.44% in December 2021. As highlighted in the Staff & Wellbeing Deep Dive presented to People and Culture Committee on 06 September 2022 the number of staff leavers has increased over the last 3 years and were lower pre-pandemic; staff leave the Trust for a variety of reasons including promotions, relocations and due to pressures of NHS working.

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

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

### Remedial Plans and Actions

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

A direct survey was undertaken with colleagues across the Trust in November 2020 which identified that colleagues would like to see improvements in:

- Improved training and development opportunities
- Managers who listen more
- More focus on staff wellbeing
- An end to bullying and harassment
- Increased professionalism and positive behaviours

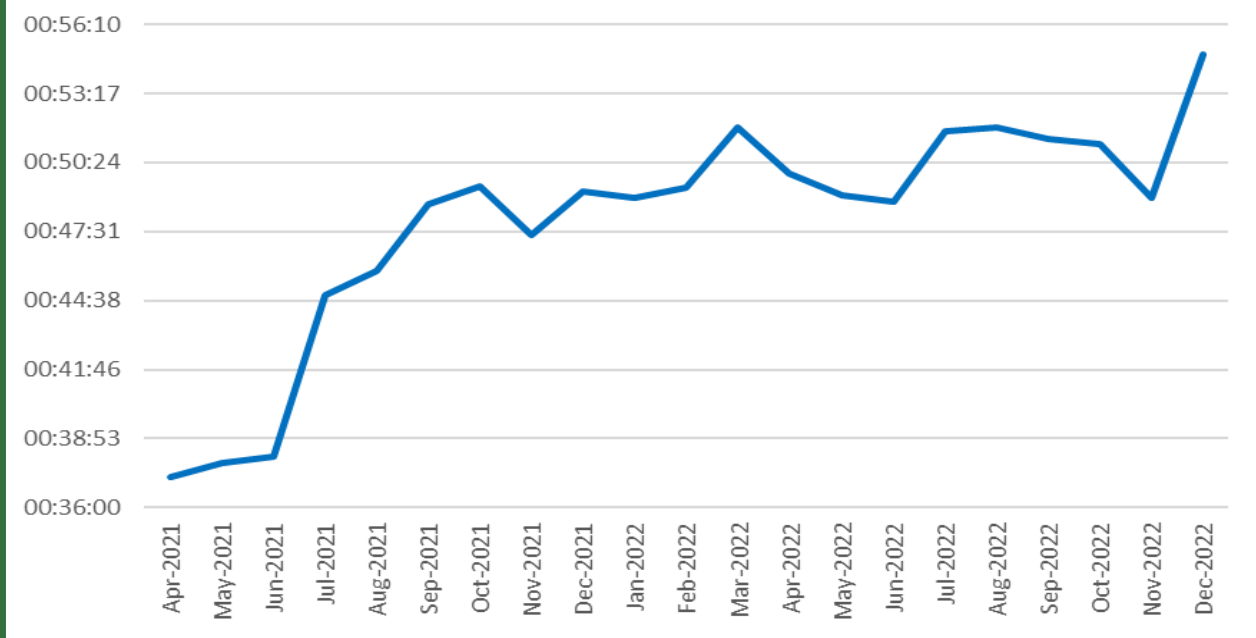
The Swansea University Report into Staff Wellbeing undertaken at the end of 2021 – beginning of 2022 has been received and its recommendations are being considered which may drive forward further actions regarding Wellbeing of staff. Information is also submitted to the Board regarding Occupational Health & Wellbeing plans and actions which compliment this work

### Expected Performance Trajectory

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

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

Total Shift Overrun Time (All Resource Types)



FTE by Month			
Org L4	2022 / 10	2022 / 11	2022 / 12
020 Ambulance Care L4 (NX10)	782.33	842.76	881.91
020 Emergency Medical Services L4 (DX04)	1,801.56	1,811.30	1,802.07
020 Integrated Care L4 (DX03)	431.01	423.65	407.07
020 National Operations & Support L4 (DX02)	156.52	159.32	155.72
020 Resourcing & EMS Coordination L4 (DX05)	346.70	362.99	355.52
<b>Grand Total</b>	<b>3,518.12</b>	<b>3,600.02</b>	<b>3,602.30</b>
<b>Ambulance Response:</b>			<b>1545.8656</b>

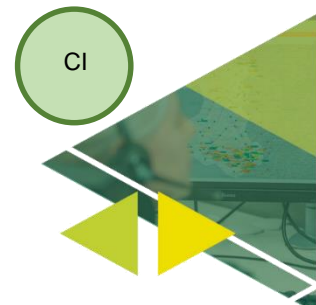


(Responsible Officer: Angela Lewis)

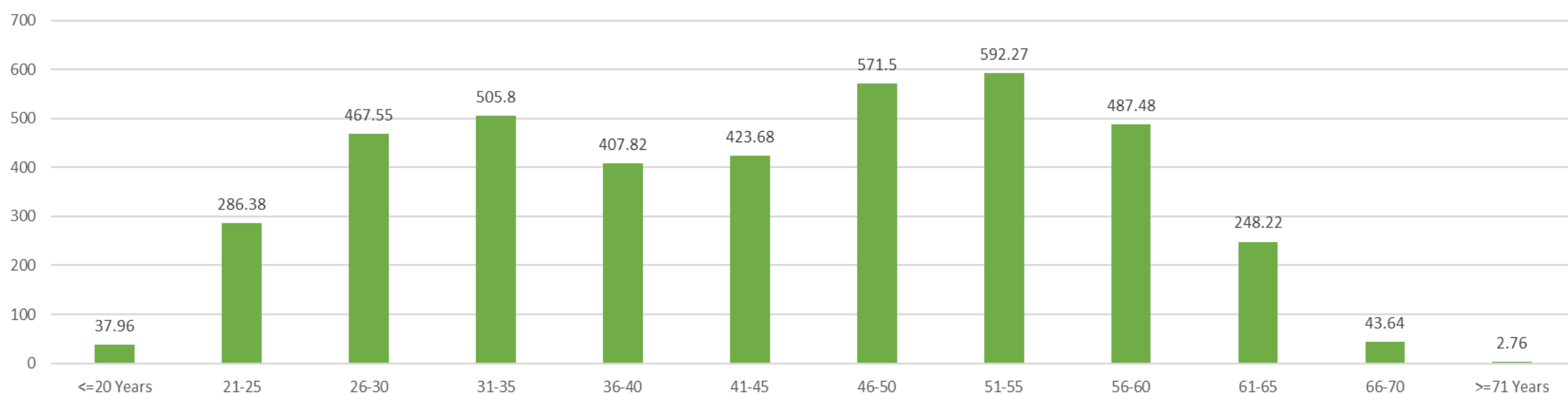
Welsh Ambulance Services NHS Trust



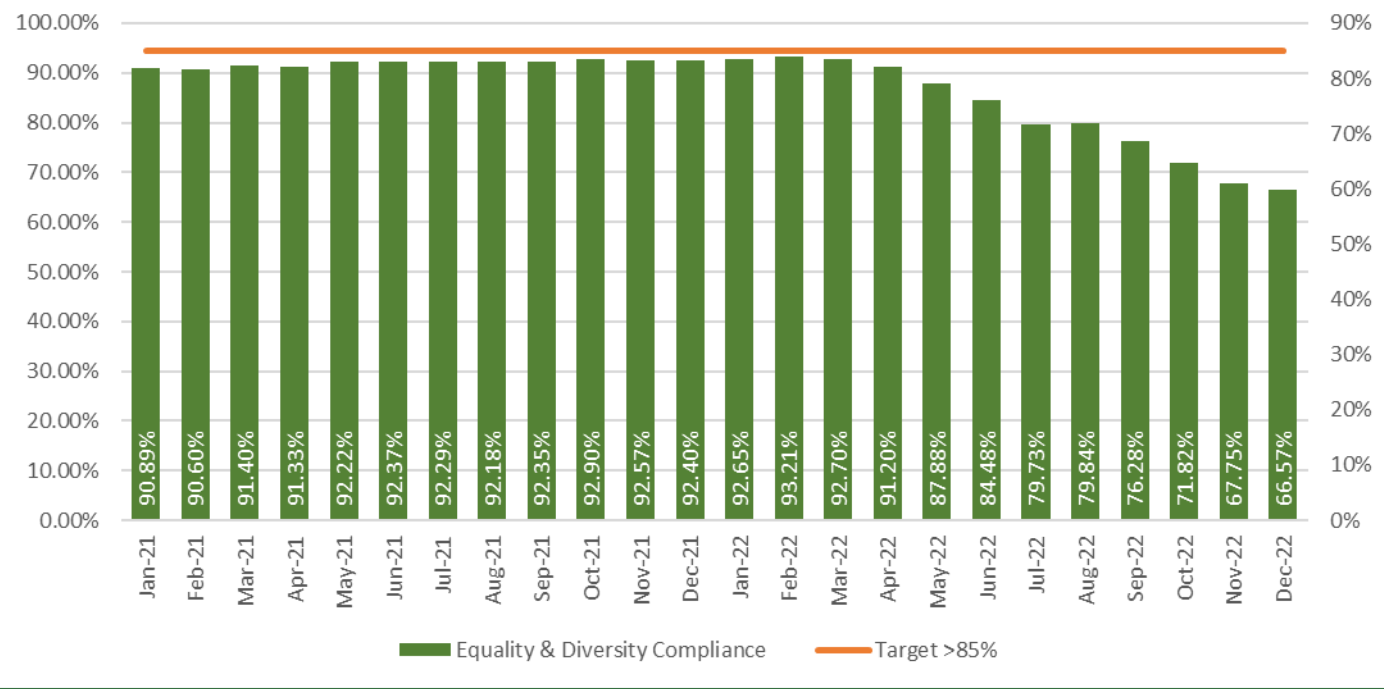
# Our People Inclusion and Engagement



WAST Employee FTE Rates by Age Band (December 2022)



Equality and Diversity Statutory & Mandatory Compliance



	Female	Male
Band 2	1.35	1.54
Band 3	16.99	14.40
Band 4	8.42	10.64
Band 5	4.88	4.12
Band 6	11.97	13.17
Band 7	2.91	5.11
Band 8 - Range A	0.91	1.27
Band 8 - Range B	0.51	0.42
Band 8 - Range C	0.17	0.51
Band 8 - Range D	0.13	0.11
Other	0.23	0.25

## Analysis

In December 2022 of the 4,737 employees at the Trust, 0.89% fall in the under 20 category and 0.36% in the over 71 age category. 85.90% of staff employed at the Trust define themselves within the White ethnic grouping; with 70.91% of staff identifying in the White, British category, 0.11% identify within black ethnic groups, 0.34% within Asian ethnic groups and 0.72% are of mixed heritage. 0.17% of staff fall into other ethnic groups. 4.54% fall in the unspecified category and 8.23% have not stated ethnicity.

As of December 2022, 66.57%, of staff have completed mandatory Equality and Diversity Training a decrease compared to November 2022, therefore failing to meet the 85% target.

Gender pay as a percentage of the workforce indicates that in December 2022 for those employed within bands 2 - 5 employment is more equally distributed, with 31.64% of females and 30.69% of males fulfilling those roles; however, there are higher levels of men employed within the more senior grades. 14.88% of females are employed in Band 6 and 7 roles compared to 18.28% of males and of those employed within Band 8 roles 1.71% are females and 2.30% are males.

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

## Remedial Plans and Actions

EMT focused on the fall in E&D compliance. This is currently under review, initially checking there is no issue with the data. Once this is completed mitigations will be developed. The roll out of the Allyship programme has been positive and it is now being reviewed to ensure it is fit for purpose and valuable to staff.

The slide will be developed further with metrics around Welsh language. The accuracy of the various metrics available to the Trust is currently being assured.

## Expected Performance Trajectory

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

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



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



# Our People Staff Vaccination Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

Flu  
R

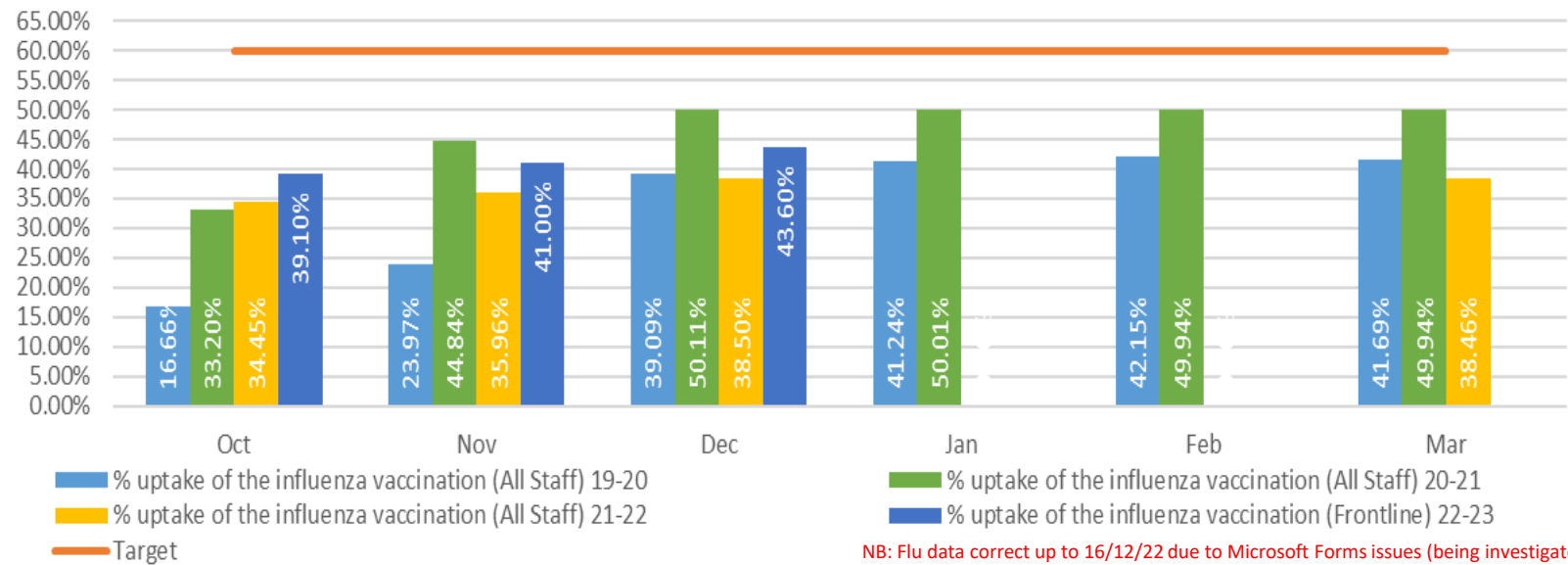
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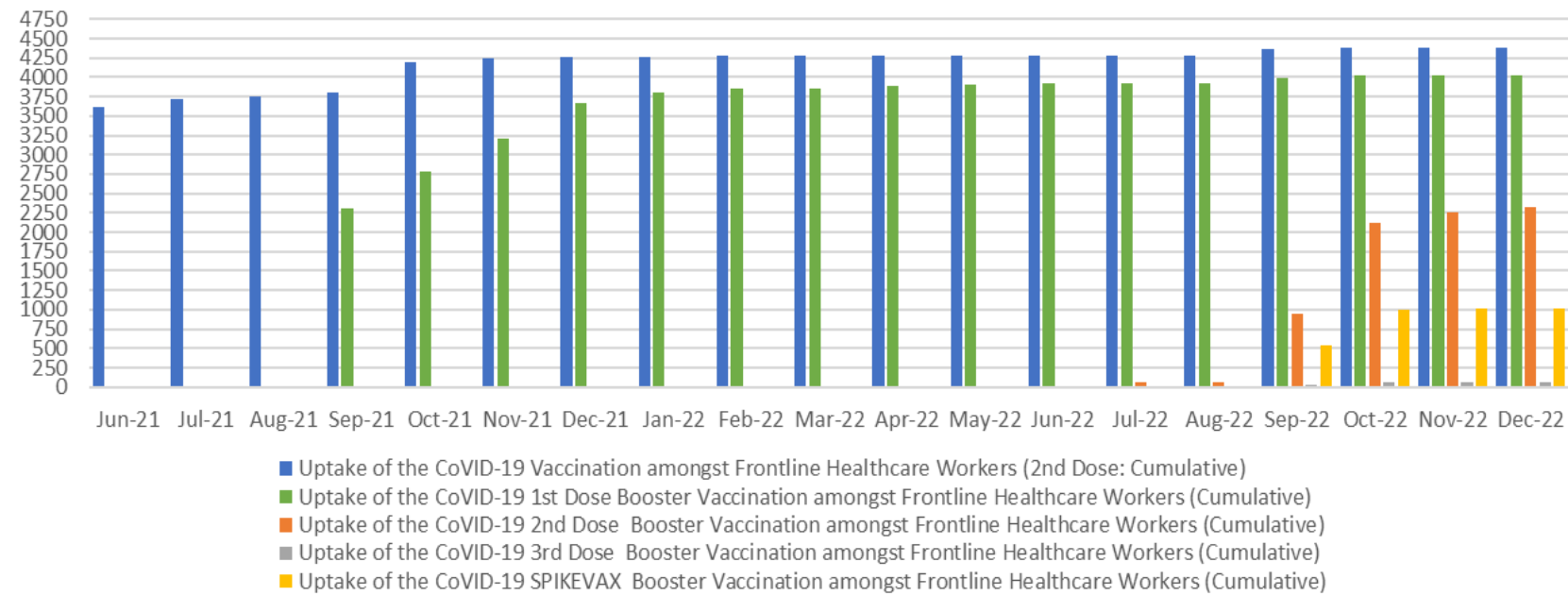
Health & Care  
Standard  
- Health (PPI)



### % Uptake of the Influenza Vaccination amongst WAST Frontline Healthcare Workers



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



### Analysis

1,780 flu vaccines have been administered by Occupational Health Vaccinators and Peer Vaccinators (this includes flu vaccines administered to PHW staff / Students / HCS staff etc.) since the launch of the 2022/23 campaign.

1,852 WAST staff received their flu vaccine in a WAST setting with further 275 WAST staff receiving the vaccine elsewhere (i.e. GP Surgery / COVID-19 Booster Setting). A total of 1,852 WAST staff are now protected against the flu, equating to 43.6% of the overall workforce. Since the launch in September, we have surpassed the overall flu vaccine uptake figure of 38.5% from last year's Flu Campaign.

The total engagement has now reached 49.1% of WAST staff completing the flu consent / opt-out form to state whether they would like to receive the vaccine or not.

As of December 2022 front line (Patient Facing and Non-Patient Facing staff), 94% (4,401) of staff have received a first dose COVID-19 vaccination, 94% (4,374) have received a second dose and 35% (1011 Staff) have received the SPIKEVAX booster vaccination.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

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

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

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

NB: Flu data accurate as of 16<sup>th</sup> December 2022,

:NB: Spikevax vaccination data correct up to 22/12/22

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



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



# Our People

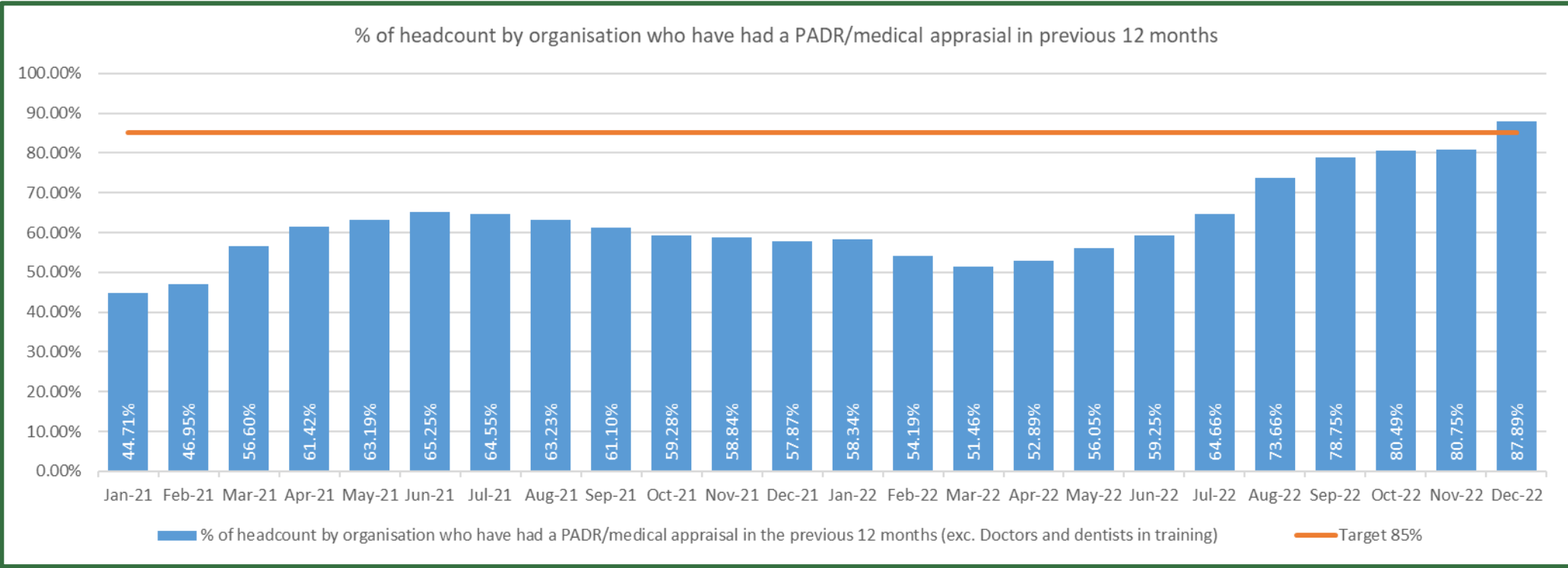
## Health and Wellbeing - PADR and Training Rates Indicators



Self Assessment: Strength of Internal Control: Strong

CI PCC

Health & Care Standard Health - Staff & Resources



### Analysis

PADR rates for December 2022 improved for the eighth consecutive month to 87.89% and are on an upward trajectory, achieving the 85% target for the first time.

December 2022 Statutory & Mandatory Training rates decreased by 0.77 from the November 2022 figure and dropped below the 85% target for the first time since April 2022. Moving & Handling (80.98%), Information Governance (79.18%), Fire Safety (67.98%), and Equality & Diversity (66.57%) failed to achieve the 85% target; however, Dementia Awareness (87.14%) and Safeguarding Adults (88.10%) achieved the target in December 2022.

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

### Remedial Plans and Actions

In December we had scheduled MIST days but due to the escalation to REAP4, 3 of them were cancelled. Of the 5 that ran, 37 colleagues attended. Unfortunately, several colleagues who had booked on did not turn up, hence the lower-than-expected numbers. As we were not informed in advance, we were unable to offer their places out as we have a set number of places on each session.

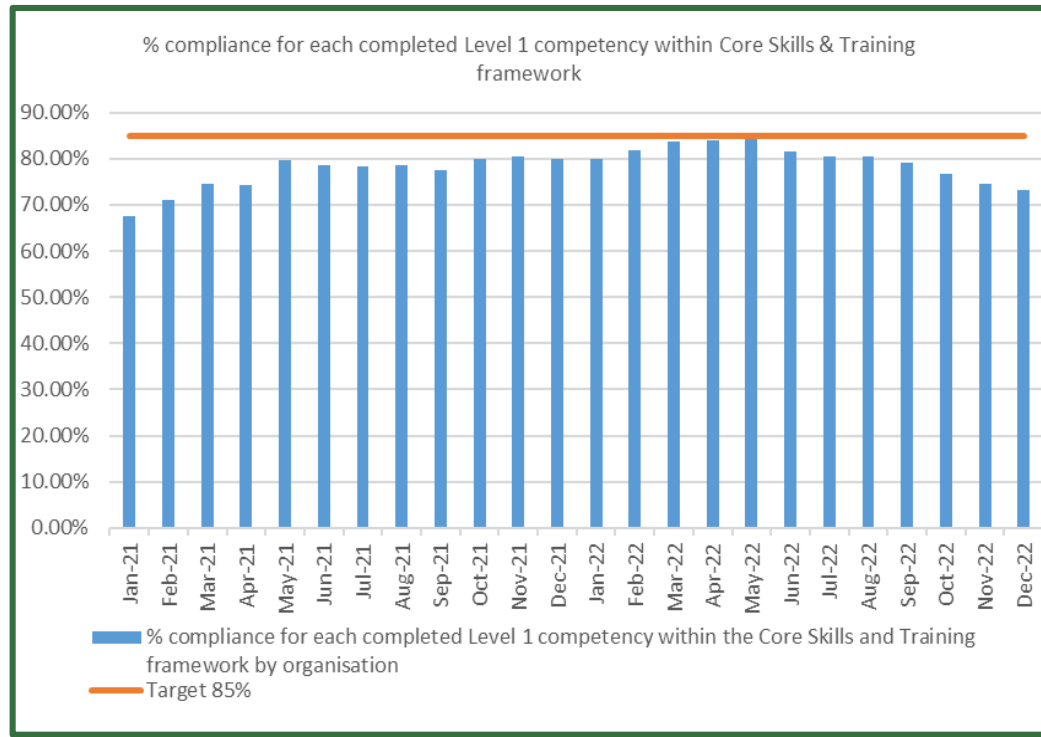
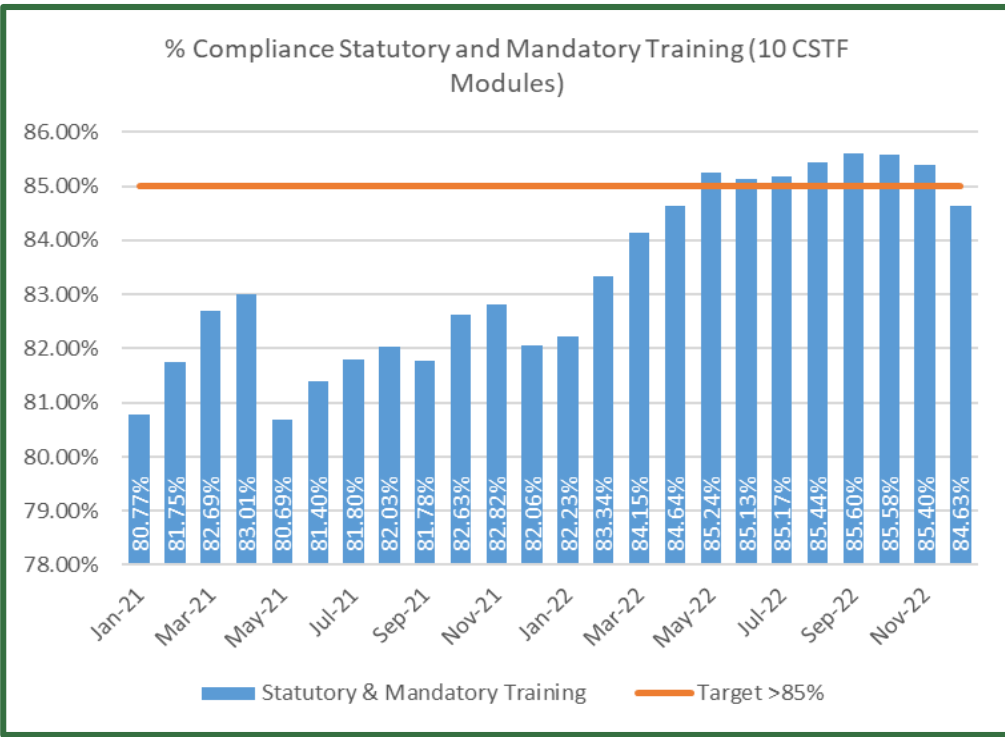
As we move into quarter 4 of 2022/ 2023 we have scheduled a significant number of MIST days pan Wales commencing W/S 30<sup>th</sup> January. These dates have been advertised on Siren, Yammer and the Learning Launchpad (these were released just before Christmas). Colleagues within the education and training team are monitoring the bookings and as we come closer to the date of delivery, those sessions with fewer bookings will be highlighted and we will liaise with relevant ops managers in those areas to encourage uptake.

**PADR:** Phase 2 of the PADR Refresh process is underway with a toolkit and bitesize session developed in order to support colleagues and managers through the revised PADR process. This bitesize session has been piloted with colleagues and is designed to improve the completion rate of PADRs. Work on Phase 3 of the revised process has begun. The form is now on Siren (the new PADR form) however, the digital form (ESR) is still under development by the ESR team. Due to resource issues this has not yet been completed and we are trying to get a timeframe on this.

### Expected Performance Trajectory

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

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
<b>Mandatory Courses</b>	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly



Data source: ESR

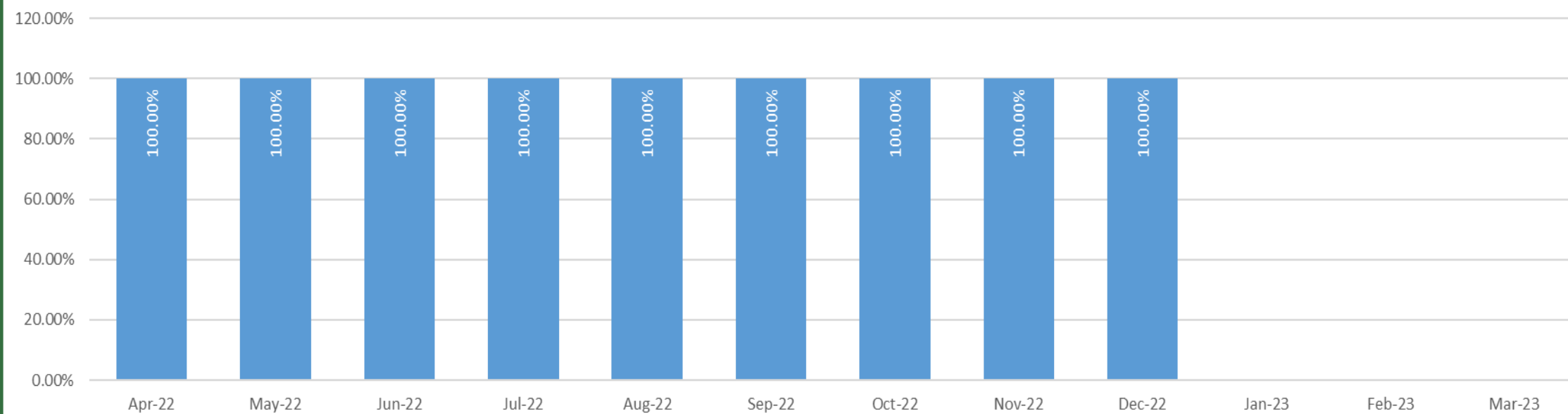


# Finance, Resources and Value

## Finance Indicators



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



### Analysis

The reported outturn performance at Month 9 is a surplus of £5k, with a forecast to the yearend of breakeven.

For Month 9, the Trust is reporting planned savings of £3.228m and actual savings of £3.346m (an achievement rate of 103.7%).

The Trust's cumulative performance against PSPP as at Month 9 is 97.3% against a target of 95%.

There was an increase seen in agency spend in December 2022 (0.8%) from the November 2022 position (0.5%).

### Remedial Plans and Actions

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

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both the Trust's ambitions and savings targets. The Trust continues to seek to strengthen where it can its financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan. Key specific risks to the delivery of the 2022/23 financial plan include:

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

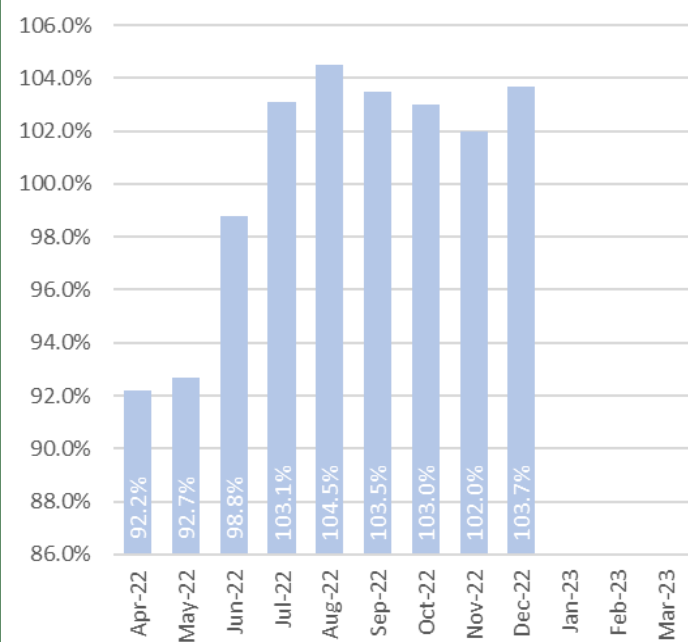
### Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP 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.

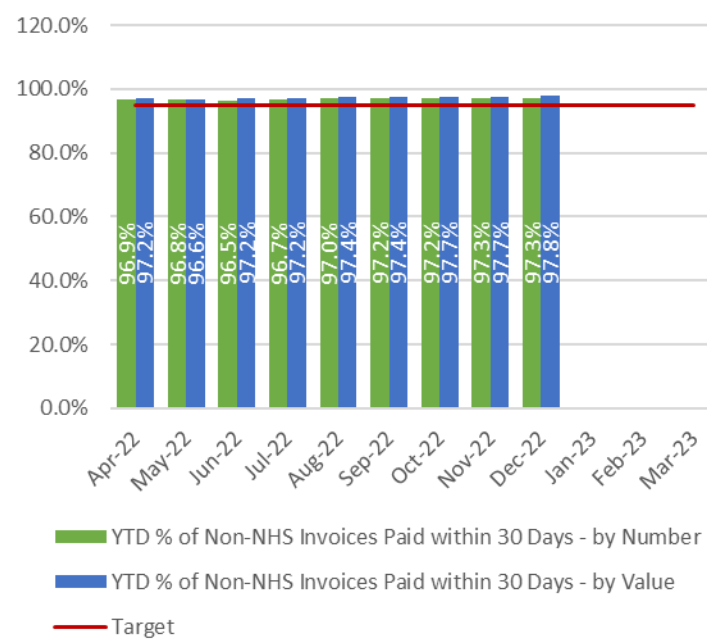
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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

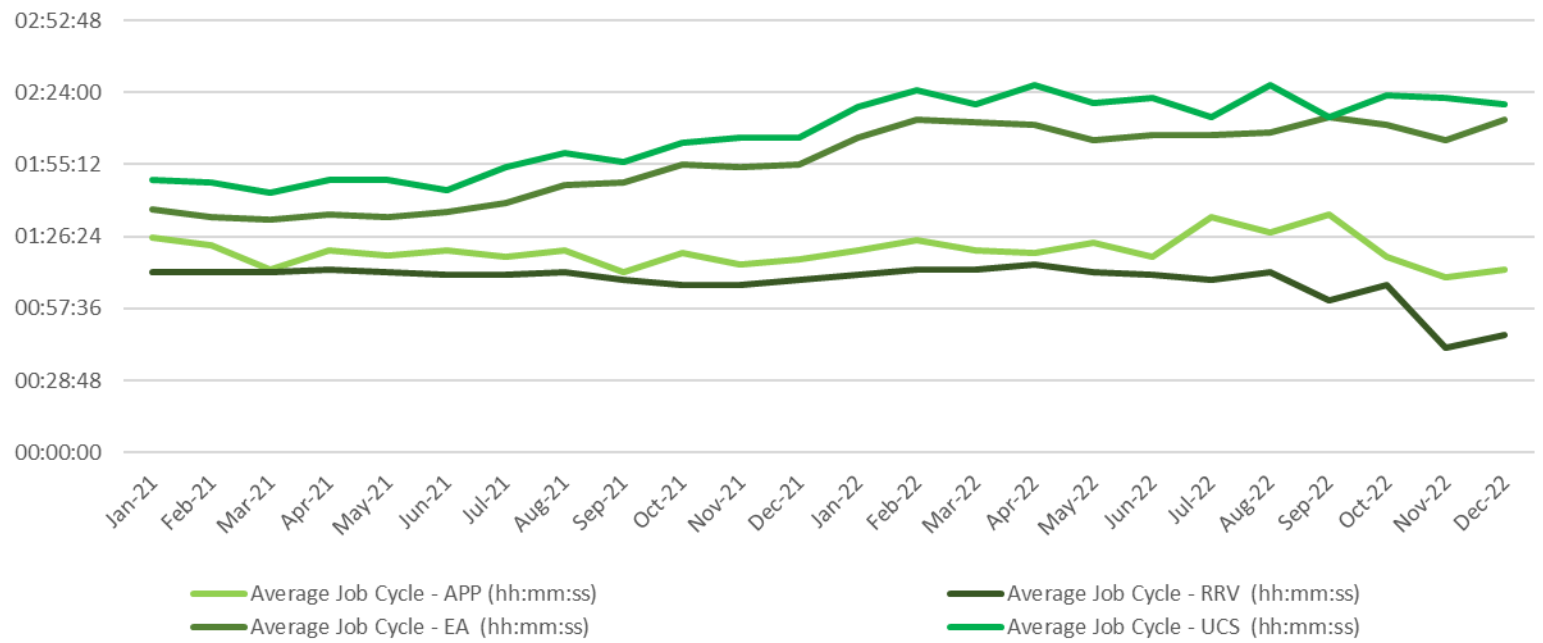




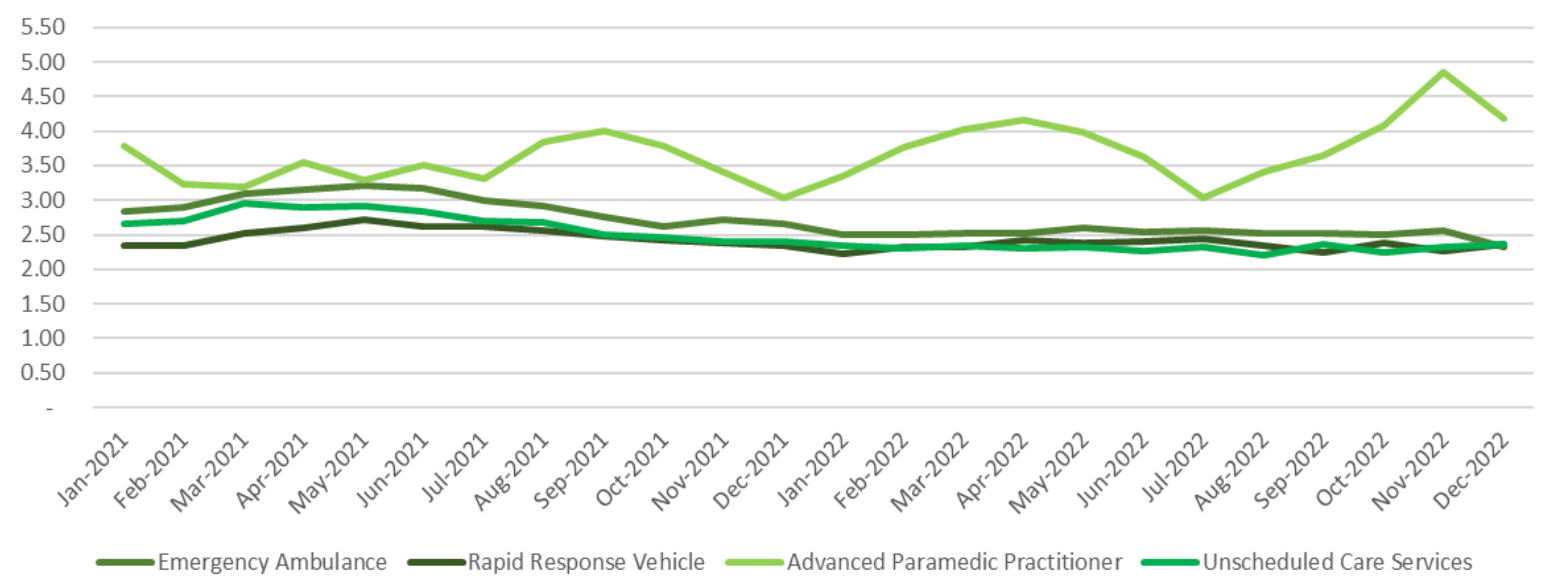
# Finance, Resources and Value Resource and Value Indicators



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



Average Jobs per Shift by Vehicle Type (EA, RRV, APP & UCS)



### Value – Job Cycle and Volume Analysis

As demonstrated in the top graph, the average job cycle decreased in December 2022 for Advanced Paramedic Practitioners (APP), and EA calls but increased for UCS. EA calls averaged 2 hours and 13 minutes in December 2022, in line with the increasing trajectory.

Average shifts attended by EA and APP crews decreased in December 2022; EAs on average attended 2.33 jobs per shift and APPs attended 4.18 jobs per shift. In contrast the average jobs RRV and UCS crews attended per shift increased when compared to the previous month to 2.37 jobs for both RRV and UCS.

Overall average jobs per shift has remained relatively static for EA, RRV and UCS through 2022 following a period of decline through 2021 and has not recovered to pre-pandemic levels.

Except for December 2022 average jobs per shift for APPs is on an 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 be 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**

NB: CHARU data is not yet available

### Resource - Decarbonisation

#### Analysis

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

#### Remedial Plans and Actions

WAST Decarbonisation Action Plan is currently reporting internally as Amber with items of progress with funding from the Welsh Government in the 2022/23 year and 24/25 Estates and Facilities Advisory Board funding. This will allow for investment in Building Management Systems, a design guide for retrofit of estate to continue being developed, however, further funding will be required. The Trust is also scoping WAST estate infrastructure for EV charging and work is ongoing with Welsh Government Energy Services on rapid EV charging. Establishment of programme management arrangements and first Decarbonisation Programme Board meeting to take place at end of January 2023.

Responses to both internal audit report and Audit Wales report

Confirmation of successful bids against 23/24

#### 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.



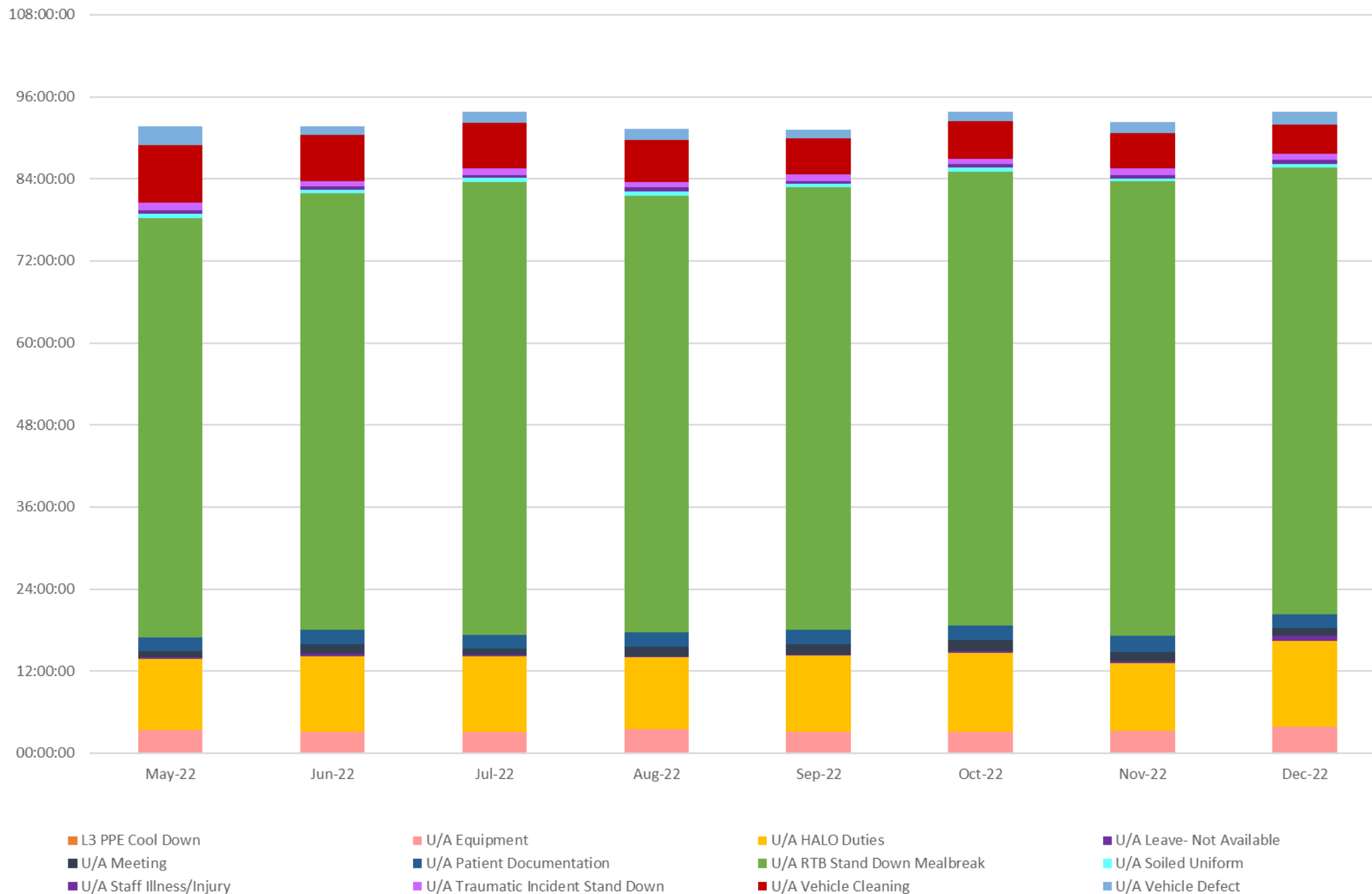


# Value / Partnerships & System Contribution

## EMS Utilisation & Postproduction Lost Hours Indicators



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



### Analysis

There were 9,379 postproduction lost hours (PPLH) across EA, RRV/CHARU & UCS vehicles in December 2022; a slight increase when compared to November 2022 (9,224).

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

The Operations Directorate is working in partnership with Health Informatics to undertake extensive investigations to ensure reliable reporting which has resulted in more accurate reporting of unavailability through PPLH and 90<sup>th</sup> percentiles for codes, including soiled uniform, vehicle cleaning, equipment and meetings.

### 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. Other PPLH reasons remain at a relatively consistent trajectory. Current work is ongoing in relation to the U/A RTB Stand Down Meal break reason and is at the TU engagement stage (currently paused due to strike action).

### Expected Performance Trajectory

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

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



(Responsible Officer: Lee Brooks)

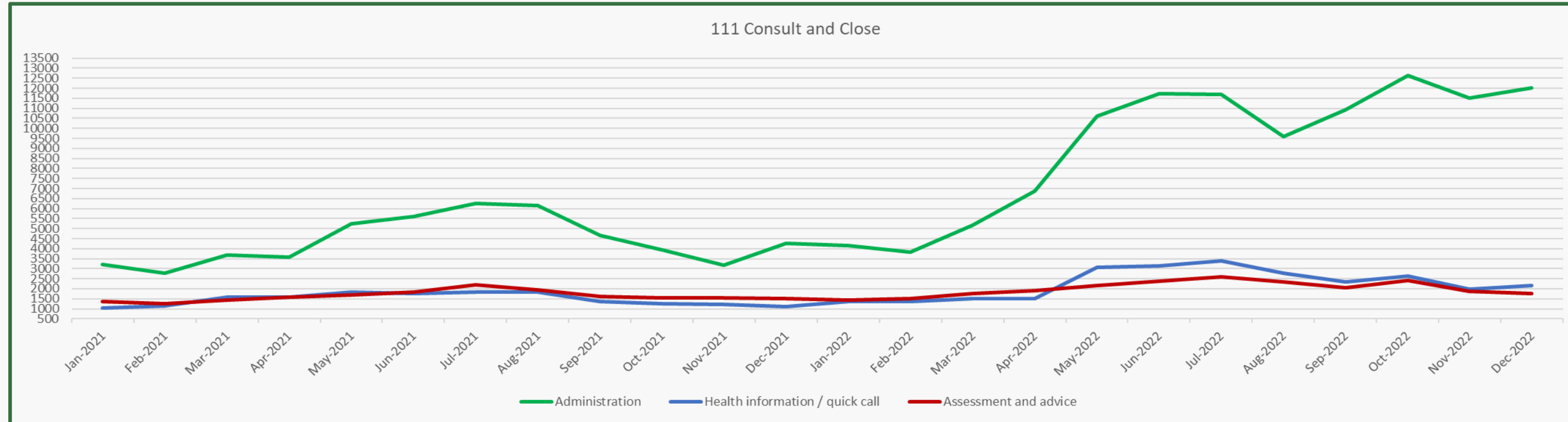
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution

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

### Influencing Factors – Demand and Clinical Hours Produced

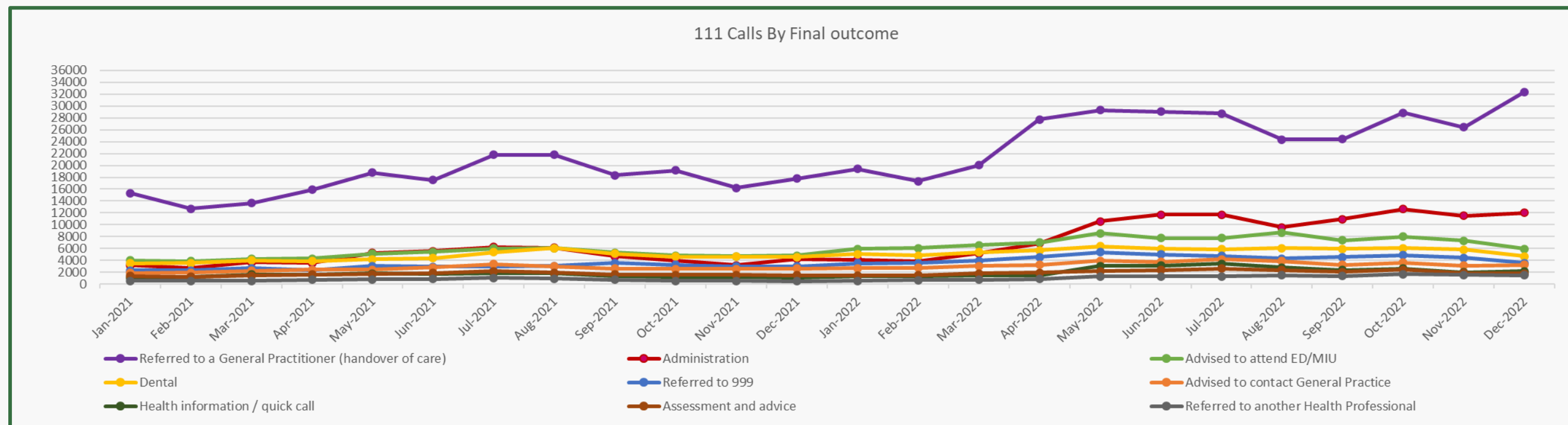


#### Analysis

The top graph depicts the outcomes for calls handled through NHS111 Consult and Close with administration calls (those calls resulting in no action) accounting for the highest volume (12,028 calls); callers requiring health information accounted for 2,156 calls and callers requiring assessment and advice accounted for 1,771 calls.

**In December 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 39% of calls.**

In December 2022 67,221 calls were received in the 9 categories displayed in the bottom graph, an increase when compared to 63,992 in November 2022; however, a significant increase when compared to 31,938 in December 2020 and 40,077 in December 2021.



#### Remedial Plans and Actions

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

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

#### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

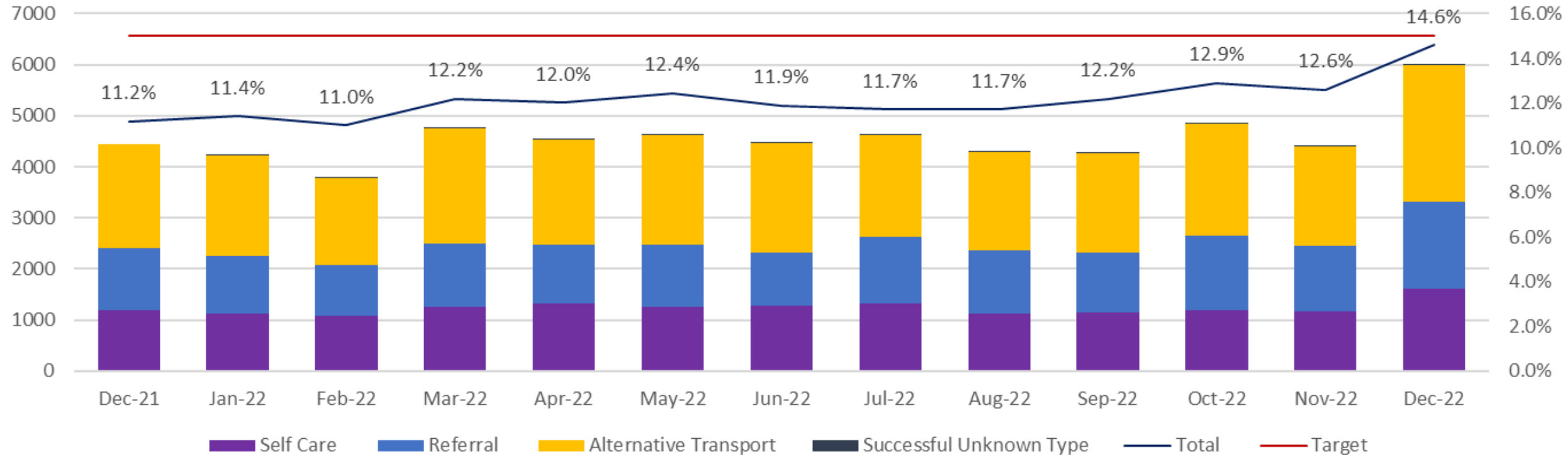
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Consult & Close Indicators



NHS111 & CSD Successful Consult and Close Outcomes (By Type)



### Analysis

The **Clinical Service Desk (CSD) and NHS111 (Consult & Close)** achieved 14.6% performance in December 2022, therefore continuing to achieve the historical 10.2% benchmark and just short of the new 15% benchmark.

10.6% of consult & close volumes were achieved by the CSD (4,371 calls) in December 2022. In comparison, 3.3% of consult & close was by NHS111 (1,338 calls) and 0.7% were triaged by PTAS (113 calls) and APP's (183 calls).

Of the calls successfully closed 1,604 patients received an outcome of self care in December 2022; 1,701 patients were referred to other services (including to Minor Injury Units and SDEC). 2,689 patients were advised to seek alternative transport services to seek treatment and 13 had an outcome of Successfully being closed but the outcome type was unknown.

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

**Re-contact rates in December 2022 were 6.7%** n decrease compared to 8.9% in November 2022 and compared to 7.6% in December 2021.

### Remedial Plans and Actions

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

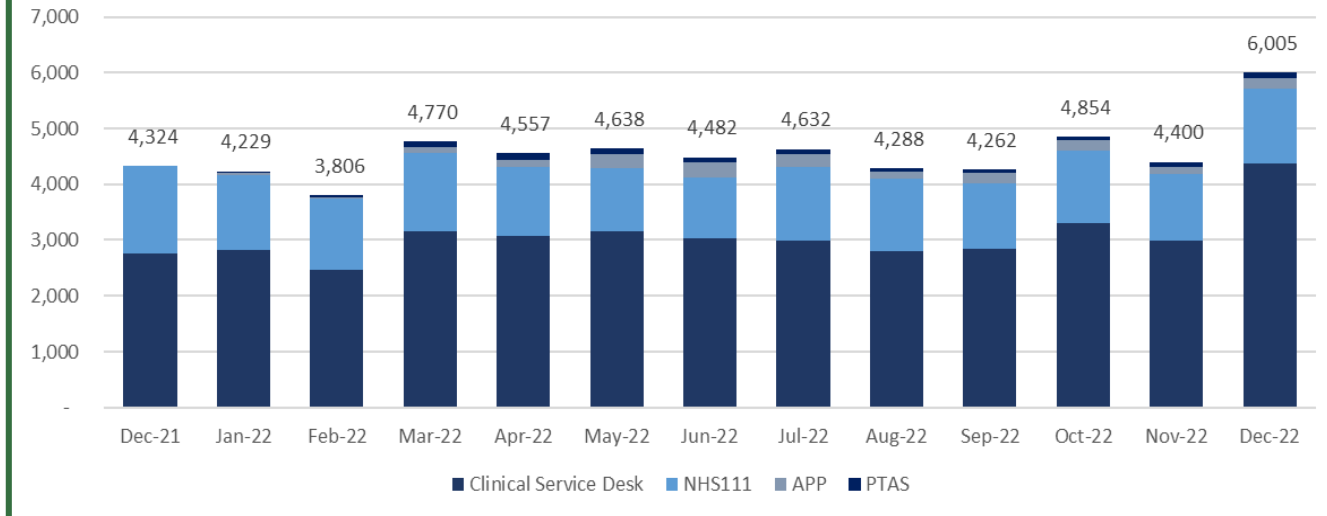
### Expected Performance Trajectory

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

Re-Contact % within 24hrs of Telephone Triage (Consult and Close)



Consult and Close Volumes by Service Type



(Responsible Officer: Lee Brooks)

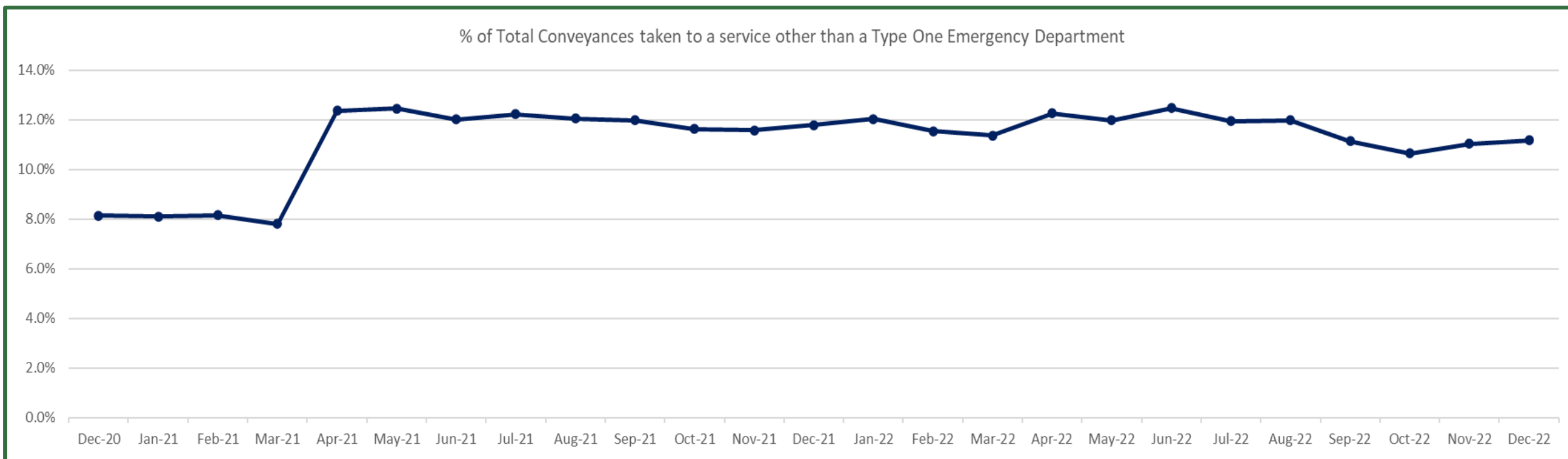
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Conveyance to ED Indicators



Ministerial Measure



### Analysis

**In December 2022 11.18% of patients (1,380) were conveyed to a service other than a Type One ED.** Although not shown here, the percentage of patients conveyed to EDs decreased compared to the same period last year. In December 2022 conveyance to EDs as a proportion of total verified incidents was 26.68% (compared to 32.92% in December 2021).

The combined number of incidents treated at scene and referred to alternate providers decreased marginally in December 2022. 1,559 incidents were referred to alternative providers in December 2022 and 1,812 incidents were treated at scene; however, a review of other outcomes shows that there are a number of incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

### Remedial Plans and Actions

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

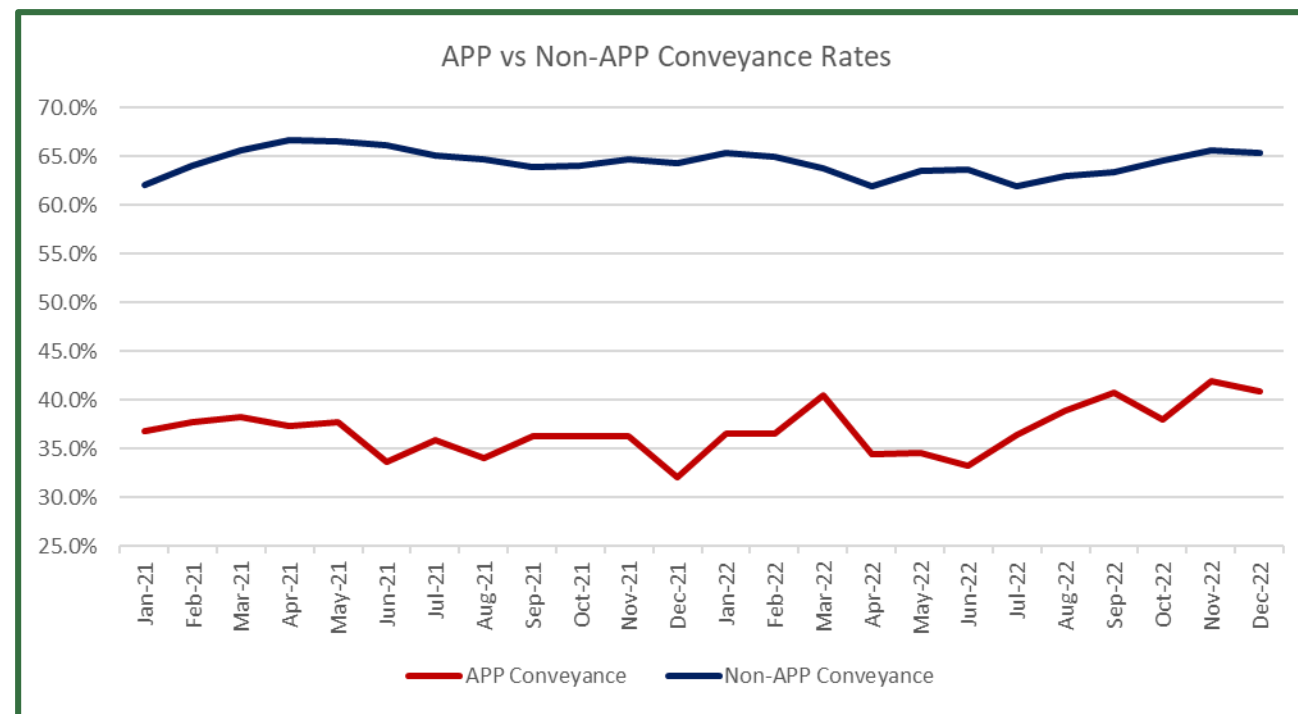
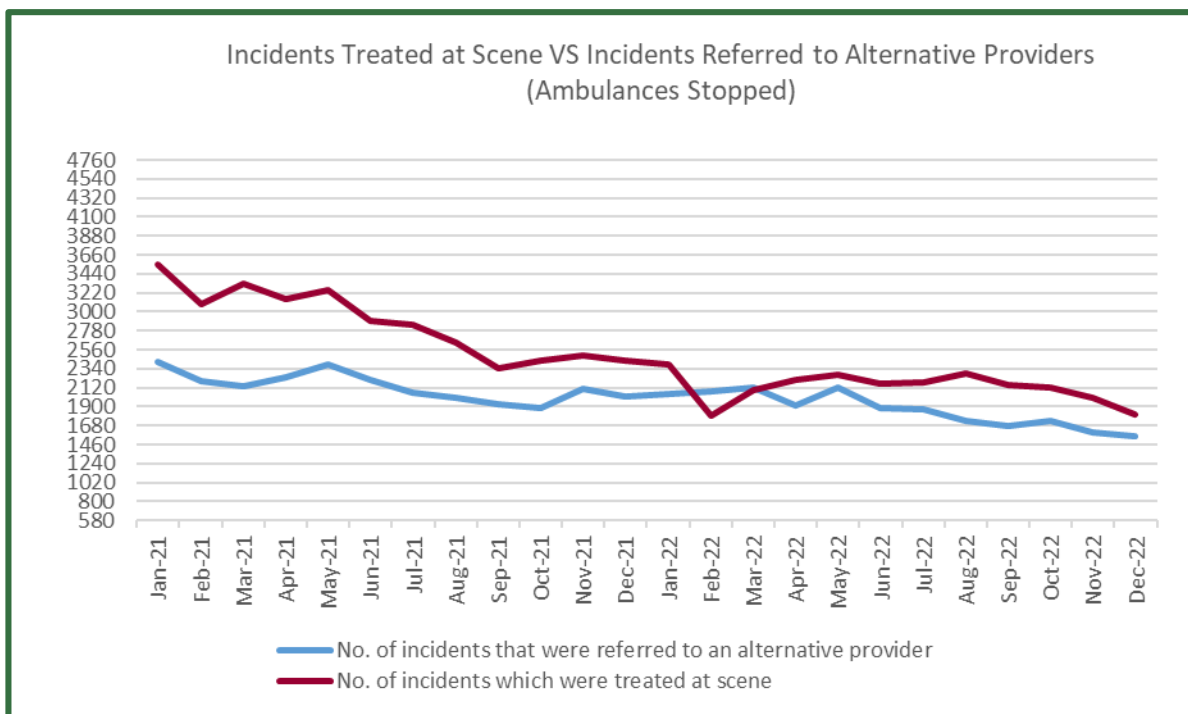
One of the Trust’s commissioning intentions is to develop an optimising conveyance strategy, which will bring forward clearer proposals linked to further work on the EMS Demand & Capacity Review.

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

### Expected Performance Trajectory

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

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

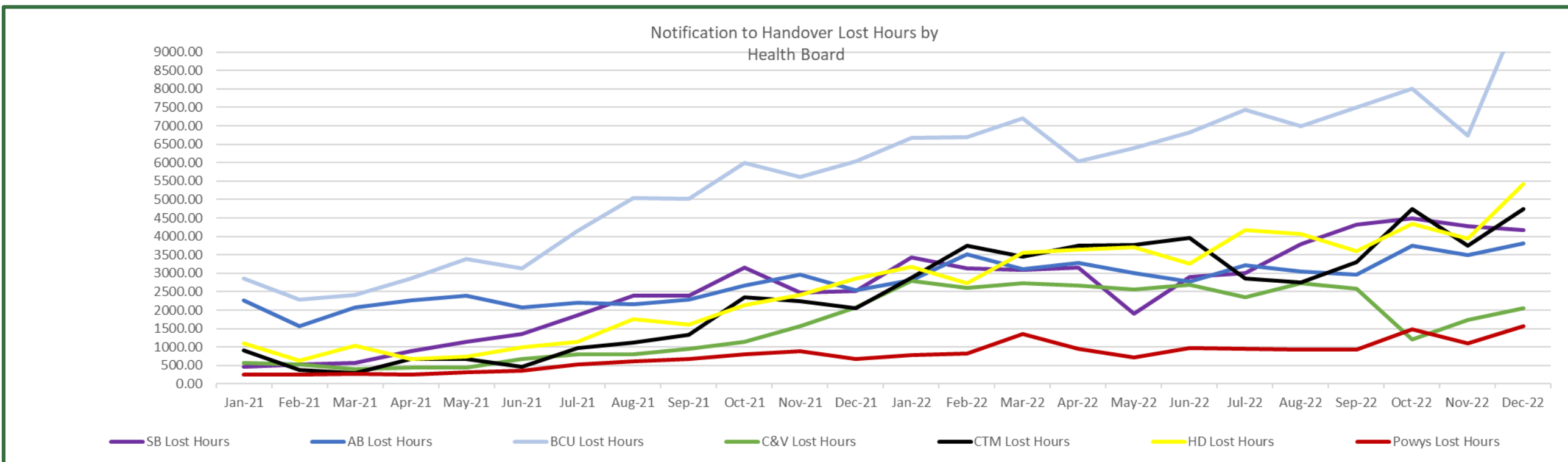
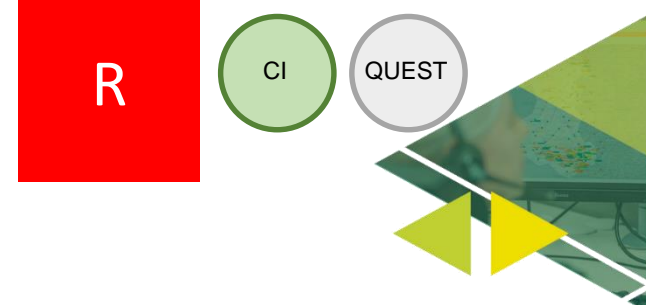


(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Handover Indicators



**Analysis**  
**298,654 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 142,812 in same period a year ago (January 2020 to December 2021).** 32,098 hours were lost in December 2022, an increase compared to 18,773 lost hours in December 2021. The hospitals with highest levels of handover delays during December 2022 were:

- Morryston Hospital (SBUHB) at 4,299 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) 3,622 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,607 lost hours
- The Grange University Hospital (ABUHB) at 3,481 lost hours

Notification to handover lost hours averaged 1,033 hours a day in December 2022.

In December 2022 the Trust could have responded to approximately 10,110 more patients if handovers were reduced.

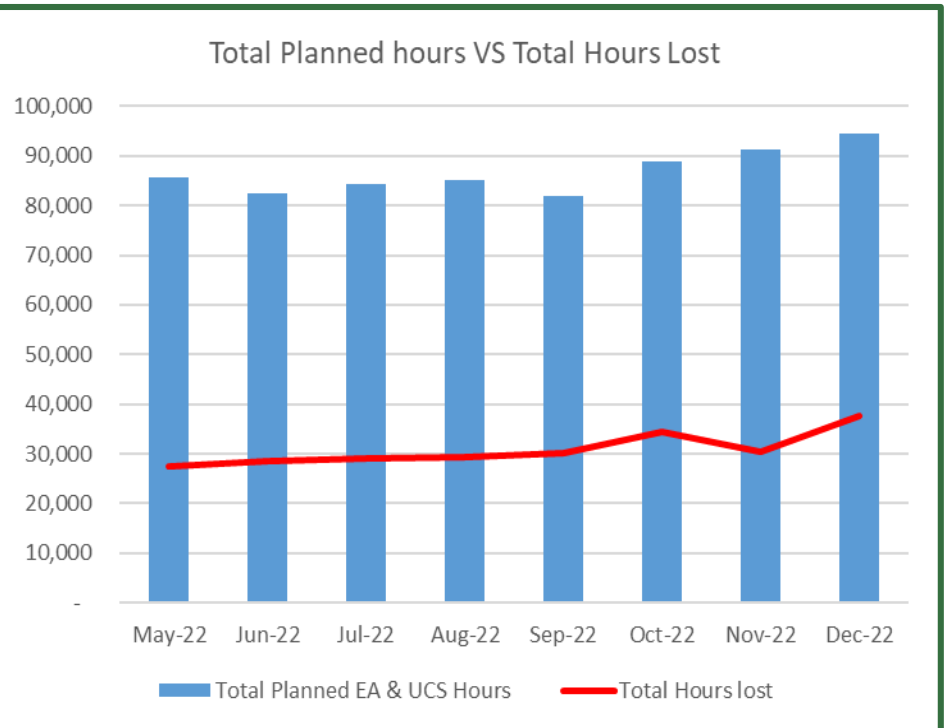
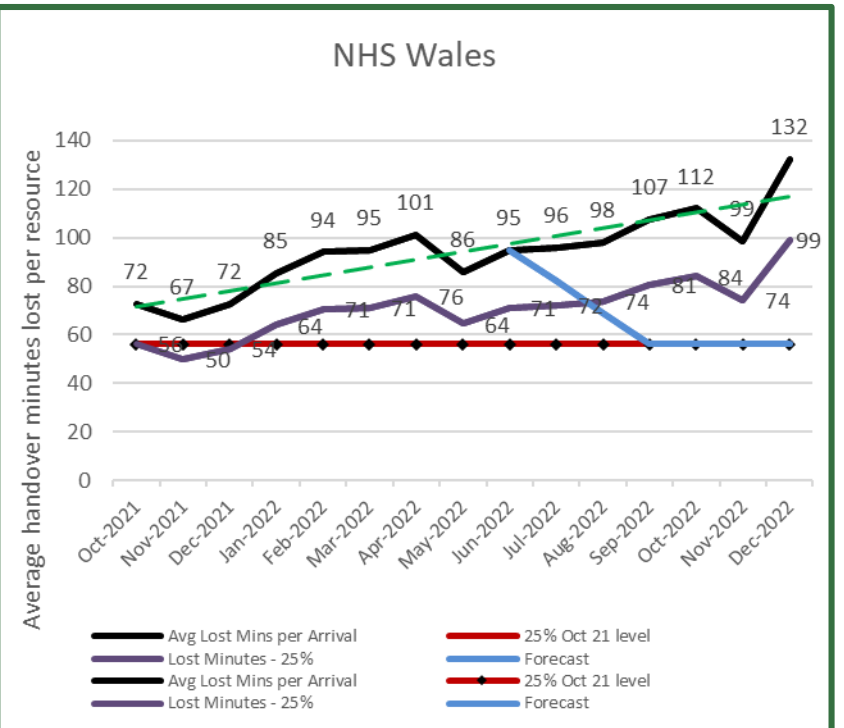
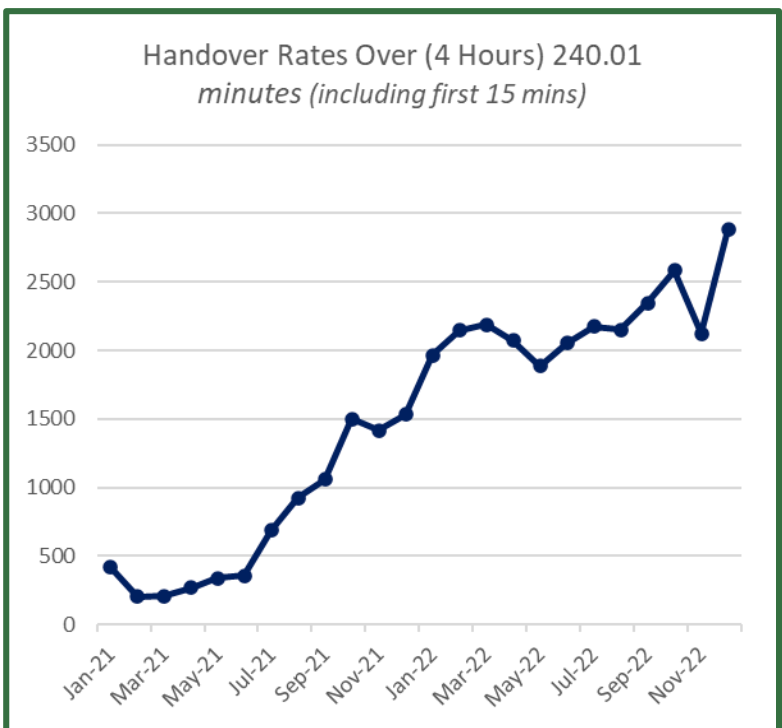
**Remedial Plans and Actions**  
 Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve.

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

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

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

*NB: Data correct at time of abstraction.*



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

# Definition of Indicators

Indicator	Definition	Indicator	Definition
<b>111 Abandoned Calls</b>	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	<b>Hours Produced for Emergency Ambulances</b>	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
<b>111 Patients Called back within 1 hours (P1)</b>	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	<b>Sickness Absence (all staff)</b>	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
<b>999 Call Answer Times 95<sup>th</sup> Percentile</b>	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	<b>Frontline COVID-19 Vaccination Rates</b>	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
<b>999 Red Response within 8 Minutes</b>	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	<b>Statutory and Mandatory Training</b>	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
<b>Red 95<sup>th</sup> Percentile</b>	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	<b>PADR/Medical Appraisal</b>	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
<b>999 Amber 1 95<sup>th</sup> Percentile</b>	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	<b>Ambulance Response FTEs in Post</b>	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
<b>Return of Spontaneous Circulation (ROSC)</b>	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	<b>Ambulance Care, Integrated Care, Resourcing &amp; EMS Coordination FTEs in Post</b>	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
<b>Stroke Patients with Appropriate Care</b>	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of care that have a greater effect on patient outcomes if done together in a time-limited way, rather than separately).	<b>Financial Balance – Annual Expenditure YTD as % of budget Expenditure</b>	Annual expenditure (Year to Date) as a proportion of budget expenditure.
<b>Acute Coronary Syndrome Patients with Appropriate Care</b>	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	<b>Post Production Lost Hours</b>	Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons (A detailed list of these is show in the graph on slide 22).
<b>Renal Journeys arriving within 30 minutes of their appointment (NEPTS)</b>	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	<b>111 Consult and Close</b>	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust’s Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
<b>Discharge &amp; Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)</b>	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	<b>999 / 111 Hear and Treat</b>	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
<b>National reportable Incidents (NRI)</b>	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	<b>% Incidents Conveyed to Major EDs</b>	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of 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).
<b>Concerns Response within 30 Days</b>	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	<b>Number of Handover Lost hours</b>	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
<b>EMS Abstraction Rate</b>	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	<b>Immediate Release requests</b>	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	DU	Delivery Unit	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EASC	Emergency Ambulance Service Committee	HR	Human resources	NRI	Nationally Reportable Incident	SPT	Senior Pandemic Team
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	HSE	Heath and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD		IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	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





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

<b>Financial Performance as at Month 9 – 2022/23</b>
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<b>MEETING</b>	Trust Board
<b>DATE</b>	26 <sup>th</sup> January 2023
<b>EXECUTIVE</b>	Chris Turley (Executive Director of Finance & Corporate Resources)
<b>AUTHORS</b>	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

<b>EXECUTIVE SUMMARY</b>
<p>This paper presents to the Board the Financial Performance Report of the 2022/23 financial year, as at Month 9 (December 2022).</p> <p>The Board is asked to review, comment, note and receive assurance on the financial position and 2022/23 outlook and forecast of the Trust, and the remaining risks of continuing to deliver this.</p> <p>A summary presentation of the key highlights within this paper were also presented to the Finance &amp; Performance Committee on 16<sup>th</sup> January 2023.</p>

<b>KEY ISSUES/IMPLICATIONS</b>
<p>Key highlights from the report for the Board to note are:</p> <ul style="list-style-type: none"> <li>• The Trust is reporting a small revenue surplus (£5k) for the period to Month 9 2022/23. Consistent with the rest of this financial year, this is after funding has been assumed for all of the exceptional cost impacts that Welsh Government (WG) have indicated will be funded centrally as we go through the 2022/23 financial year;</li> <li>• In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust is currently forecasting to breakeven for the 2022/23 financial year, with any remaining risks of not doing so described within this paper along with mitigating actions;</li> <li>• Capital expenditure is forecast to be fully spent in line with updated plans;</li> <li>• In line with the financial plans that support the IMTP, gross savings of £3.346m have been achieved against a target of £3.228m;</li> <li>• Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.3% for the number, and 97.8% of the value of non NHS invoices paid within 30 days.</li> </ul>

### REPORT APPROVAL ROUTE

- EMT – 10<sup>th</sup> January – verbal update on draft position
- F&PC – 16<sup>th</sup> January 2023 – presentation to update on position

### REPORT APPENDICES

**Appendices 1 – 4** – Monitoring return submitted to Welsh Government for months 8 and 9 – as required by WG  
**Appendix 5** – Saving details

### REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST  
TRUST BOARD**

**FINANCIAL PERFORMANCE AS AT MONTH 9 2022/23**

**INTRODUCTION**

1. This report provides the Board with a summary of the revenue and capital financial performance of the Trust as at 31<sup>st</sup> December 2022 (Month 9 2022/23).

**BACKGROUND**

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for M09 2022/23** (1<sup>st</sup> April 2022 – 31<sup>st</sup> December 2022) are that:
  - The cumulative revenue financial position reported is a small **underspend against budget of £0.005m**, after assuming additional funding from WG for exceptional cost pressures. The underlying year-end forecast for 2022/23 currently remains a balanced position.
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £3.346m have been achieved against a target of £3.228m, thus a slight **over achievement to date against the phasing plan set at the opening of the financial year**.
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.3% for the number, and 97.8% of the value** of non-NHS invoices paid within 30 days.
3. The financial risks the Trust continues to face in terms of delivering financial balance this year are stated in the Welsh Government Monitoring Return at Month 9 and are set in line with the submitted Annual Plan and IMTP. As we go through the remaining months of the financial year, these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, as Board members will be aware, we have through the year held a greater number (and value) of financial risk for 2022/23. This area is covered in greater detail later within this paper.

**REVENUE FINANCIAL PERFORMANCE**

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

Revenue Financial Position for the period 1st April - 31st December				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-282,548	-208,910	-209,315	-405
Expenditure				
Pay	197,934	147,439	145,098	-2,340
Non-pay	59,621	42,725	45,683	2,958
<b>Total pay &amp; non-pay expenditure</b>	<b>257,555</b>	<b>190,164</b>	<b>190,782</b>	<b>618</b>
Depreciation & Impairments / interest payable & receivable	24,993	18,746	18,528	-218
<b>Total</b>	<b>0</b>	<b>0</b>	<b>-5</b>	<b>-5</b>

### Treatment of Covid-19 spend

- Due to the Covid-19 pandemic, and that which has been indicated by WG that will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to the Month 9 position totalling **£1.158m**, of which **£0.469m** are pay costs, and **£0.689m** are non-pay costs. This is somewhat less than the figure estimated in the submitted financial Annual Plan within the IMTP, however work continues to ensure these costs best reflect the costs being incurred. Full additional funding for this is assumed to cover these costs, and confirmation was received in month that these costs will be fully funded, as was the case in 2020/21 and 2021/22.
- A summary of the Covid-19 revenue costs reported in the Month 9 financial position is shown in the table below, including an update of the full year forecast:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	469	625
Total Non Pay	689	877
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>1,158</b>	<b>1,502</b>

### Other exceptional cost pressures

- In addition to the above, included within the WG Monitoring Return submissions for 2022/23, additional analysis was requested for some of the COVID-19 costs and the other exceptional cost pressures for the 2022/23 financial year, which were also, as part of the 2022-25 IMTP finalisation, indicated by WG would be funded in year, and was therefore the basis for the presentation of a balanced financial plan for this financial year. This detail is summarised in the table below; as above, additional funding has been assumed for these costs.

		Actual YTD £'000	Annual Forecast £'000
<b>1</b>	Expected Other C-19 Response Costs	<b>615</b>	<b>788</b>
<b>2</b>	Total Energy Costs	<b>7,056</b>	<b>9,734</b>
<b>3</b>	Total National Insurance Costs	<b>1,198</b>	<b>1,198</b>
<b>4</b>	Total Real Living Wage Costs	<b>0</b>	<b>0</b>

8. A number of the elements that make up these costs, especially in relation to the forecasted values and in particular those relating to energy (electricity, gas, fuel, etc) still remain volatile even at this stage of the financial year and are subject to change. Funding for much of these costs year to date has now started to flow; until this funding is secured in full however the remaining elements are considered at, albeit low, risk.

### Income

9. Reported Income against the initial budget set to Month 9 shows an overachievement of **£0.405m**.
10. As above, within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures of additional National Insurance costs, energy, utilities, and fuel.

### Pay costs

11. Overall, the total pay variance at Month 9 is an underspend of **£2.340m**. As has been previously reported to Trust Board, much of this is planned to offset variations elsewhere.
12. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.469m**.

### Non-pay Costs

13. The overall non-pay position at Month 9 is an overspend of **£2.740m**, this is due to overspends on medical & surgical consumables, fleet maintenance costs and some taxi spend.
14. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 9 totalled **£0.689m**. Areas of additional spend included:
- PPE - £0.315m;
  - Cleaning Standards - £0.300m.
  - Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) £0.074m.

## Savings

15. As Board members will recall, the 2022/23 financial plan identifies that a minimum of **£4.300m** of savings and cost containment measures are required to achieve financial balance in 2022/23. This is a significant increase in that which has been able to be achieved in the recent past, and especially over the last couple of years.
16. As at Month 9 for the financial year 2022/23 the Trust has achieved total savings of £3.346m against a target of £3.228m, an over achievement against the target of £0.118m.
17. **Appendix 5** provides an overview of Month 9 performance by thematic and organisational / directorate levels.
18. On top of this, a series of highlight reports have again been developed that provide detail of savings delivery at thematic levels. The highlight reports present financial information which is supported by a narrative that denotes progress and identifies actions for the full delivery of our savings plans. The key points drawn from these are;
  - Workforce, efficiencies and transformation has achieved savings / cost containment of £1.333m, under-achieving cumulative target by £0.033m;
  - Fleet savings totalling £0.006m has been achieved, under-achieving cumulative target by £0.054m;
  - Through management of non-operational vacancies £1.620m has been saved which exceeds the cumulative target to date by £0.348m;
  - Despite high pump prices over the last few months, some fuel savings totalling £0.032m has been achieved, under-achieving cumulative target by £0.004m;
  - There are a number of local schemes in directorates, some of which are attracting additional income rather than reducing costs and savings totalling £0.145m has been achieved, under-achieving cumulative target by £0.099m.
  - Estate savings totalling £0.210m has been achieved, under-achieving cumulative target by £0.041m
19. The delivery of savings continues to be regularly reported via internal financial reporting and detailed in our Monitoring Returns to Welsh Government. This ensures that progress is being made in the delivery of the identified saving schemes and to identify and agree mitigating actions as appropriate.

## Financial Performance by Directorate

20. Whilst there is a small surplus reported at Month 9 there are some variances between Directorates as shown in the table below, when compared to the budgets

set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, but they will be continued to be closely monitored.

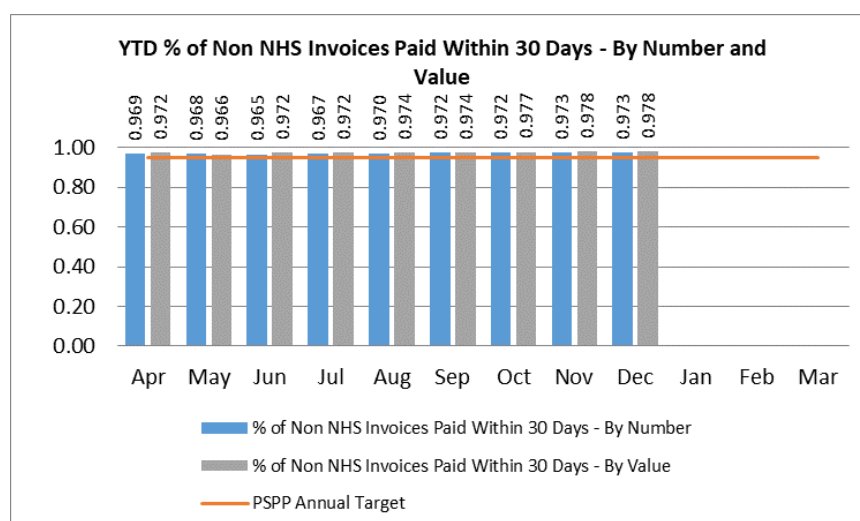
Financial position by Directorate @ 31st December	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
<b>Directorate</b>					
Operations Directorate	152,212	113,598	111,844	-1,754	-1.5%
Chief Executive Directorate	1,807	1,360	1,446	86	6.3%
Board Secretary	445	332	292	-41	-12.3%
Partnerships & Engagement Directorate	802	422	370	-51	-12.2%
Finance and Corporate Resources Directorate	31,952	23,999	24,369	370	1.5%
Planning and Performance Directorate	2,277	1,668	1,575	-93	-5.6%
Quality, Safety and Patient Experience Directorate	5,613	4,169	4,067	-102	-2.5%
Digital Directorate	12,769	8,494	8,449	-44	-0.5%
Workforce and OD Directorate	4,622	3,509	3,391	-118	-3.4%
Medical & Clinical Services Directorate	3,297	2,086	2,022	-64	-3.1%
Trust Reserves	4,855	2,137	2,991	854	40.0%
Trust Income (mainly WHSSC)	-220,651	-161,772	-160,820	952	0.6%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-5</b>	<b>-5</b>	

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

- As Board members will recall, the Operations underspend is partly offset by Income shortfall for ACA2 funding and how this was treated in the earlier months of the financial year;
- Finance & Corporate Resources overspend is driven by fleet maintenance pressures with increased third-party labour increases.
- Reserves – currently overspent due to adjustment to Profit/Loss on HM Stanley, pension invoices and adjustments for Salary Sacrifice and additional known and planned non-recurring spend areas to offset other directorate underspends.

## PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

22. Public Sector Payment Policy (PSPP) compliance up to Month 9 was **97.3%** against the **95%** WG target set for non-NHS invoices by number and **97.8%** by value.



## RISKS AND ASSUMPTIONS

23. It currently remains that there are no specific individual high likelihood risks that the Trust is reporting and as we move through the final quarter of the financial year we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.
24. Even at this stage of this financial year there are however a number of risks that remain within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP. These are described below, along with a value currently placed on these risks, as required by WG as well as the current assessed level of risk.
25. In Month 9 a £2.826m medium risk relating to 'WG exceptional cost pressures and Covid funding' was reduced from £3.486m, in part due to revised assessments around energy and fuel costs and following confirmation from WG for the Trust to invoice for Local COVID costs, initially to the end of month 8. It should be noted that energy prices are still fluctuating. Once all funding routes for these costs are fully confirmed, this risk will also be able to be removed.
26. Given the pressures the Trust feels every winter, the Trust has included a figure of **£0.5m** to cover any unfunded winter pressures; this has been deemed as a **low risk**, based on support provided from Commissioners over recent years and the current assessment of costs being incurred this financial year.
27. A **low risk** is also included for PIBS (Permanent Injury Benefit Scheme) of **£1m**. Matched funding for this highly volatile area is provided by WG on an annual basis but is routinely flagged as a risk until received.
28. Now excluded is the previously included risk regarding the additional costs associated with the Industrial action by multiple unions, this will continue to be monitored and flagged in future months if this cost risk re-materialises.
29. Included now within the risk table is an addition risk for the additional bank holiday following the State Funeral of HM Queen Elizabeth II. This is assumed to be fully funded by WG and the costs of this are currently assumed to be circa £0.050m for the impact of the overtime and unsocial hour payments incurred. Confirmation will now be sought from WG as to the funding likelihood of this, to seek to remove this risk by the next round of reporting.
30. On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16, and also holiday pay on overtime will all be fully funded by WG and hence not included in the risk table.
31. Whilst there are therefore currently no individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks we have managed is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality, and

experience, it is clear that, as expressed within the IMTP, this has been, and remains to be a challenging financial year, despite the initial continued good financial performance in Month 9. This must also be seen in the context of the progressing financial plan for 2023/24.

32. Alongside and as a result of some of the above, as Board members will recall, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

## 2022/23 CAPITAL PROGRAMME

33. At Month 9 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£26.862m**. This includes **£22.424m** of All Wales Approved schemes and **£4.438m** for Discretionary schemes.

34. To date, the Trust has expended **£7.979m** against the current All Wales capital scheme full year budget of **£22.424m** (as detailed below), and **£2.353m** against the discretionary budget of **£4.438m**, also as per the table below. Note that the AWCP values now include £0.516m for decarbonisation and sustainability schemes and £1.3m for the further development of the SE Wales Fleet Workshop in Merthyr, following additional monies made available in year by WG.

	Actual £'000	Plan £'000
<b>All Wales Capital Programme:</b>		
<b>Schemes:</b>		
ESMCP – Control Room Solution	58	443
111 Project Costs	271	429
DPIF -EPCR	451	1,150
MDVS	45	2,000
Airwave Extension	2,522	2,522
DPIF - NDR	0	78
End of Year Funding - Nov 2022	0	360
GUH transfer vehicles	(38)	694
Ambulance Replacement Programme 21-22	857	1,916
Ambulance Replacement Programme 22-23	2,305	9,464
Phone First	1,040	1,040
EFAB	90	92
WAST- Make Ready Depot - Cardiff	289	290
New SDP at Ruthin Fire Station	0	130
Energy Savings schemes	46	516
Vehicle Repair Workshop, Merthyr Tydfil.	44	1,300
<b>Sub Total</b>	<b>7,979</b>	<b>22,424</b>
<b>Discretionary:</b>		
I.T.	86	249
Equipment	255	255
Statutory Compliance	0	0
Estates	1,940	3,278
Other	72	180
Unallocated Discretionary Capital	0	826
<b>Sub Total</b>	<b>2,353</b>	<b>4,788</b>
<b>Total</b>	<b>10,331</b>	<b>27,212</b>
Less NBV reinvested		350
<b>Total Funding from WG</b>	<b>10,331</b>	<b>26,862</b>

35. Per the above table the Trust currently has £0.826m within its discretionary funding described as “unallocated”. In the detailed month 7 finance report previously presented, the Trust held a contingency, of £0.450m and had a small remaining budget of £0.026. Since then the Trust also completed the sale of the HM Stanley site in St Asaph, which resulted in the Trust having an additional £0.350m to reinvest in the capital programme, making up the above £0.826m, as follows.

	2022-23 £000
Unallocated budget at Month 7	26
Plus Contingency held at mid year review	450
Plus NBV reinvestment from the sale of HM Stanley, St Asaph site	350
<b>Remaining budget</b>	<b>826</b>

36. The contingency was being held for known issues associated with inflation, some project extensions of time, scope changes to facilitate the changing service and, where possible, decarbonisation elements and enhancement to existing and others schemes where we possibly can. What is clear therefore is that this has more than materialised as we have progressed through the financial year and now needs to be allocated to such schemes.

37. Further to this, recent updates to Capital Management Board and EMT have been identified that there are two Estates schemes which had assumed an element of spend in year, which are not now in the position to progress this financial year as initially planned, along with one scheme which is currently predicted to come in under budget due to additional work being completed to the building before the Trust took on the lease. The schemes at Monmouth and Dolgellau will continue at pace with a number of alternative options being actively progressed for both, which are expected to therefore feature heavily in the 2023/24 capital programme.

38. This results in a revised unallocated budget per the table below, along with the current low risk plan of how this will now be managed by the end of this financial year, which would predominantly involve utilising schemes previously approved through Finance and Performance Committee and this Board, including the use of All Wales Capital funding and accelerating the purchase of some of the Corpuls defibrillators included as part of the 2023/24 Fleet BJC. Whilst it is accepted that this has yet to be formally approved by WG, committing spend from this at this level is considered low risk at this stage and is at a level that the Trust could manage in 2023/24 if it needed to, as a contingency.

39. Whilst the additional spend values for 2022/23 year end are either within delegated limits or subject to other approvals already provided elsewhere, Trust Board is asked to note this update.

	2022-23 £000
Unallocated budget at Month 7	26
Plus Contingency held at mid year review	450
Plus NBV reinvestment from the sale of HM Stanley, St Asaph site	350
<b>Above remaining budget</b>	<b>826</b>
Materialisation of previously held contingency risk for Multiple schemes/projects/enhancement/inflationary pressures etc	-500
Other in year movements:	
Bennett Street, Bridgend - scheme underspend	100
Monmouth - Alternative solutions being explored	180
Dolgellau - Alternative solution being sought	100
<b>Sub total updated balance remaining</b>	<b>706</b>
Current plan to manage by 31/03/23:	
Bluetooth enhancement to Corpuls for EPCR	-119
Acceleration of Corpuls purchase ahead of 23-24 Fleet BJC (NO 24)	-576
<b>Remaining budget - to be managed through to end of March 2023</b>	<b>11</b>

40. Additional work remains ongoing in relation to the All Wales schemes to ensure that the Trust achieves its CEL this financial year, with contingency plans also being available in relation to options to further accelerate the purchase of items from the 2023/24 capital plan, should this be required.

### Planning for 2023/24 and beyond

41. Whilst we clearly continue to focus on the need to deliver our statutory financial duties for the current financial year, as Trust Board members will be aware, work also continues at pace on developing the challenging financial plan, both capital and revenue, for 2023/24 and beyond, including as part of the progress on the 2023-26 IMTP. Further updates on this will continue to be provided to Board separately.

### RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 9 revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> December 2022 along with current risks and mitigation plans;
- b) **Notes** the delivery of the 2022/23 savings plan as at Month 9, and the context of this within the overall financial position of the Trust;
- c) **Notes** the updated discretionary capital plan for 2022/23 year end, and
- d) **Notes** the Months 8 and 9 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG);

**Appendix 1 Attached**

**Appendix 2 Circulated by e mail**

**Appendix 3 Attached**

**Appendix 4 Circulated by e mail**

**Appendix 5**





## Swyddfa Cyllid ac Adnoddau Corfforaethol

### Finance and Corporate Resource Office

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

13<sup>th</sup> December 2022

Your ref: WAST\m7\ajh\ry

Dear Andrea

**Re: NOVEMBER 2022 (MONTH 8 2022/23) MONITORING RETURN**

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

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

The Trust's performance against financial targets for Month 8 2022/23 is as follows: -

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

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

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

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

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

Anfonwch unrhyw ohebiaeth i'r cyfeiriad canlynol:-

Please forward any correspondence to the following address:-

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

As such, Month 8 2022/23 continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £1.040m as shown in Table B3, of which the Trust has raised invoices for £0.569m, further invoices will be raised on a quarterly basis as agreed.

The resulting reported performance at Month 8 as per Table B continues to be a very small under-spend against budget of £0.003m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 8 is an underspend of £2.358m.

The non-pay position at Month 8 is a reported overspend of £2.352m, this is made up of known overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 8 totalled £0.623m.

Income at Month 8 shows an underachievement of £0.003m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures. As advised in Month 6 the adjustment has now been undertaken to realign the non-recovery of income from EASC with the offset being the removal of ACA (Band 3) positions with pay.

In addition, included in income expectations from Month 8 is the additional £3m amount of funding for emergency ambulance capacity, following the previously received confirmation to the Trust from the Emergency Ambulance Services Committee. We continue to work with the commissioner to agree the drawdown mechanisms for this from WG.

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

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

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

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

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

In Month 8 the medium risk relating to 'WG exceptional cost pressures and Covid funding' was reduced from £5.064m, to £3.486m following the request from WG for the Trust to invoice for £1.578m for part of the exceptional costs. It should be noted that energy prices are clearly still fluctuating, although it accepted that the remaining actual costs for exceptional pressures are assumed to be fully funded between now and the end of the financial year, once received the remainder of this risk will be able to be removed.

As in previous months the Winter pressures risks remains **(Action Point 7.4)**

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

Now included within table A2 is a new risk around the additional costs to the Trust of the pending industrial action by multiple unions across the Trust, at present it hasn't been possible to quantify this cost, however one of the options at present is to engage a MACA and the assumption as during COVID being that, should this be approved, this cost would be covered directly by WG.

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

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

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

As requested following the email from Gwen Kohler the Trust has now however raised invoices to WG totalling £8.540m for the 2022/23 Pay award funding.

As noted above, whilst there are no additional individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks described within these returns has clearly been greater than in recent financial years, which in itself raises the level of risks in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this continues to be a challenging financial year to deliver balance position, despite the broadly continued good financial performance to M08. Full consideration and management of all these risks will continue to be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties is included on the Trust's Corporate Risk Register.

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

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

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

The monthly Pay and Non-pay profiles are reviewed monthly when completing the tables, the reason for the movements seen in future months relates to a number of factors, including an increase for the expenditure associated with the above additional £3m funding, winter support for overtime and private provider resources funded via EASC. **(Action Point 7.5)**

Annual leave accrual **(Action Point 7.2)**. The brought forward value of Annual Leave accrual into 2022/23 was £3.227m. The remaining value after 'Sell Back' is £2.958m, no further payments were processed in month 8. Noting the discussion most recently with the FDU and with DoFs since, on how the revised agreed position is to impact of this year's in year position, any likely financial benefit of this in 2022/23 continues to be estimated and refined, including with WoD colleagues to ensure this is consistent locally with that assumed for this financial year end in terms of annual leave arrangements and an expected return to pre Covid arrangements. Also how any impact of upcoming Industrial Action will need to feature in relation to this too. As discussed again with the FDU following the mid-year review and further acknowledged in the recent DoF discussions, should this result in a benefit greater than that required to balance (for a small number of organisations, of which we are likely to be one) we would then look to work with you to agree how this is managed between now and the year end and how, for example, this may impact on other funding being assumed elsewhere within these returns for other costs, e.g. exceptional pressures.

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

Agency costs for Month 8 totalled £0.085m. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

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

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

It was acknowledged that the rate of spend in relation to the PPE was lower than previously forecasted and following some further detailed work in month 6 and again in month 8 with operational colleagues the forecast was remodelled based on the latest trends and forecasts, resulting in a reduction from £0.535m to £0.388m, this will be reviewed on a monthly basis.

It should also be noted that the COVID-19 table continues to include the MTU pay and non-pay costs as requested by Adrian Davies within Welsh Government, these were billed for at the end of quarter 2 along with the cost incurred for PPE, the costs in relation to cleaning standards were not invoiced (c£0.400m) and these are still included with the other costs at Risk in the Risk tables. Confirmation on whether this will be funded in year or not would be welcomed as soon as possible.

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

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

For Month 8 the Trust is reporting planned savings of £2.872m and actual savings of £2.945m, this is a small over achievement to plan.

The Trust will ensure on-going monitoring of the savings performance, throughout the remainder of the financial year, as we enter a challenging operational delivery period.

### **8. Exceptional Costs Template**

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

Following discussing with FDU colleagues, a request was made to split out the British Gas costs and the utility costs the Trust pays directly to landlords for leased buildings, this adjustment resulted in the Trust now including in the mileage line the exceptional costs from the increased forecourt prices. Therefore, this is the reasoning behind the negative figures quoted within the table.

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

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

Table E1 now includes the split between invoices and forecasted income within the COVID section (**Action Point 7.2**)

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

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

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

At Month 8 there was 2 invoice over 11 weeks with a total value of just under £0.001m. These will be reviewed during month 9.

### **11. Cash flow (Table G)**

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	18	19	22	16	16	18	15	17	16	16	16	17	206
Other Non NHS Income	1,913	135	326	235	1,210	198	626	(50)	0	0	0	0	4,593
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	609	719	84	428	625	440	350	300	350	4,958
Risk Pool Refund	0	0	339	0	518	0	5	0	1,184	0	0	0	2,046
<b>Total</b>	<b>2,396</b>	<b>586</b>	<b>858</b>	<b>860</b>	<b>2,463</b>	<b>300</b>	<b>1,074</b>	<b>592</b>	<b>1,640</b>	<b>366</b>	<b>316</b>	<b>367</b>	<b>11,818</b>
<b>PAYMENTS</b>													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	232	122	0	222	0	0	0	0	0	800
<b>Total</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>232</b>	<b>122</b>	<b>0</b>	<b>222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>800</b>

As a result of requirements within the capital programme, we are at present highlighting a need for £8.348m cash to be drawn down in March 2023 to support the forecast cash flow, however as always this will be closely monitored. **(Action Point 7.1)**

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

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

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

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

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

The non-cash submission was submitted on the 8<sup>th</sup> November per the agreement and these figures are now included with the ledger and included within the enclosed tables.

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

## 14. Committee to receive Financial Monitoring Return

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

The Month 8 financial performance of the Trust will be presented to the Finance and Performance Committee meeting on 16<sup>th</sup> January 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.

## 15. Other Issues

Thank you for the confirmation within the pay matrix that the funding the holiday pay (Flowers) is recurrent.

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

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'Chris Turley', with a stylized flourish at the end.

Chris Turley  
Executive Director of Finance & Corporate Resources

A handwritten signature in blue ink, appearing to read 'Jason Killens', with a stylized flourish at the end.

Jason Killens  
Chief Executive

Enc

cc:

Mr C Dennis, Chairman  
Non-Executive Directors Executive Directors



## 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

13<sup>th</sup> January 2023

Your ref: WAST\m8\ajh\ry

Dear Andrea

**Re: DECEMBER 2022 (MONTH 9 2022/23) MONITORING RETURN**

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

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

The Trust's performance against financial targets for Month 9 2022/23 is as follows: -

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

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

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

[Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi](#)

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

Anfonwch unrhyw ohebiaeth i'r cyfeiriad canlynol:-

Please forward any correspondence to the following address:-

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

As such, Month 9 2022/23 continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £1.158m as shown in Table B3, of which the Trust has raised invoices for £0.569m, as recently requested the Trust will now raise an additional invoice for £0.266m in relation to Cleaning Standards. Further invoices will be raised on a quarterly basis as agreed.

The resulting reported performance at Month 9 as per Table B continues to be a very small under-spend against budget of £0.005m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 9 is an underspend of £2.340m. Much of this is planned to offset variations elsewhere.

The non-pay position at Month 9 is a reported overspend of £2.740m, this is made up of known overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 9 totalled £0.689m.

Income at Month 9 shows an overachievement of £0.405m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures.

In addition, included in income expectations from Month 9 is the additional £3m funding for emergency ambulance capacity, following the previously received confirmation to the Trust from the Emergency Ambulance Services Committee. We continue to work with the commissioner to agree the drawdown mechanisms for this from WG.

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

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

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

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

However, as stated at the outset of this financial year there have been a number of risks that need to be documented within the reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP, plus any others as they have emerged. Going forward 2023-24 looks even more challenging.

In Month 9 the medium risk relating to 'WG exceptional cost pressures and Covid funding' was reduced again from £3.486m, to £2.826m in part due to revised assessments around energy and fuel costs and following the request from WG for the Trust to invoice for Local COVID costs, this will be done during month 10 for the period up until the end of Month 8 and we look forward to invoicing for the remaining of these costs up to the end of the financial year. It should be noted that energy prices are clearly still fluctuating, although it accepted that the remaining actual costs for exceptional pressures are assumed to be fully funded between now and the end of this financial year, once received the remainder of this risk will be able to be removed.

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

As in previous months the Winter pressures continues to remain a risk in the tables.

Now excluded from table A2 was the previously included risk regarding the additional costs associated with the Industrial action by multiple unions, this will continue to be monitored and flagged in future months if this risk re-materialises.

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

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

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the

**impact of IFRS16, and also holiday pay on overtime will all be fully funded by WG and hence not included in the risk table.**

Confirmation of the funding levels and funds flow routes to access any outstanding elements of funding as soon as possible would now be appreciated.

As requested following the email from Gwen Kohler the Trust has now however raised invoices to WG totalling £8.540m for the 2022/23 Pay award funding.

As noted above, whilst there are no additional individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks described within these returns has clearly been greater than in recent financial years, which in itself raises the level of risks in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this continues to be a challenging financial year to deliver a balance position, despite the broadly continued good financial performance to M09. Full consideration and management of all these risks will continue to be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties is included on the Trust's Corporate Risk Register.

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

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

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

Following the submission of the November non-cash return the Trust has adjusted the figures within Table B and E1 to ensure these align with the return. **(Action Point 8.1)**

Annual leave accrual **(Action Point 7.2)**. The brought forward value of Annual Leave accrual into 2022/23 was £3.227m. The remaining value after 'Sell Back' is £2.958m, no further payments were processed in month 9. Noting the discussion most recently with the FDU and with DoFs since, on how the revised agreed position is to impact on this year's in year position, any likely financial benefit of this in 2022/23 continues to be estimated and refined, including with WoD colleagues to ensure this is consistent locally with that assumed for this financial year end in terms of annual leave arrangements and an expected return to pre Covid arrangements. Also how any impact of ongoing Industrial Action will need to feature in relation to this too. As discussed again with the FDU following the mid-year review and further acknowledged in the recent DoF discussions, should this result in a benefit greater than that required to balance (for a small number of organisations, of which we are likely to be one) we would then look to work with you to agree how this is managed at the year end and how, for example, this may impact on other remaining funding being assumed elsewhere within these returns for other costs, e.g. exceptional pressures.

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

Agency costs for Month 9 totalled £0.133m. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

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

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

It was acknowledged that the rate of spend in relation to the PPE was lower than previously forecasted and following some further detailed work in month 6 and again in month 8 with operational colleagues the forecast was remodelled based on the latest trends and forecasts, resulting in a reduction from £0.535m to £0.388m, the forecast remains as at month 9, but the Trust will continue to review on a monthly basis.

It should also be noted that the COVID-19 table continues to include the MTU pay and non-pay costs as requested by Adrian Davies within Welsh Government, these were billed for at the end of quarter 2 along with the cost incurred for PPE. The costs in relation to cleaning standards were not invoiced (c£0.400m) however thank you for the recent confirmation of funding and the request for the Trust to invoice up until the end of month 8, which we will now do in month 10.

The increased costs for the MTU forecast for March 2023 are included to cover any redundancy payments if the

contract is not further extended.

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

For Month 9 the Trust is reporting planned savings of £3.228m and actual savings of £3.346m, this is an over achievement to plan.

The Trust will ensure on-going monitoring of the savings performance, throughout the remainder of the financial year, as we enter a challenging operational delivery period.

## 8. Exceptional Costs Template

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

Following discussions with FDU colleagues, a request was made to split out the British Gas costs and the utility costs the Trust pays directly to landlords for leased buildings, this adjustment resulted in the Trust now including in the mileage line the exceptional costs from the increased forecourt prices. Therefore, this is the reasoning behind the negative figures quoted within the table in month 8.

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

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

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

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

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

At Month 9 there is 1 invoice showing as over 17 weeks, however the Trust has received confirmation that this invoice is to be paid. The table also shows that 3 invoices are over 11 weeks with a total value of just under £0.008m. These will be reviewed during month 10.

## 11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	18	19	22	16	16	18	15	17	20	16	16	17	210
Other Non NHS Income	1,913	135	326	235	1,210	198	626	(50)	116	0	0	0	4,709
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	609	719	84	428	625	464	482	400	400	5,264
Risk Pool Refund	0	0	339	0	518	0	5	0	1,184	0	0	0	2,046
<b>Total</b>	<b>2,396</b>	<b>586</b>	<b>858</b>	<b>860</b>	<b>2,463</b>	<b>300</b>	<b>1,074</b>	<b>592</b>	<b>1,784</b>	<b>498</b>	<b>416</b>	<b>417</b>	<b>12,244</b>
<b>PAYMENTS</b>													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	232	122	0	222	0	0	0	0	0	800
<b>Total</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>232</b>	<b>122</b>	<b>0</b>	<b>222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>800</b>

As a result of requirements within the capital programme, we are at present highlighting a need for £8.348m cash

to be drawn down in March 2023 to support the forecast cash flow, however as always this will be closely monitored.

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

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

Up to quarter 3 the cumulative percentage of non-NHS invoices paid within 30 days by number was 97.3% against a target of 95%.

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

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

The non-cash submission was submitted on the 8<sup>th</sup> November per the agreement and these figures are now included with the ledger and included within the enclosed tables.

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

## 14. Committee to receive Financial Monitoring Return

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

The Month 9 financial performance of the Trust will be presented to the Trust Board meeting on 26<sup>th</sup> January 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.

## 15. Other Issues

Thank you for the confirmation within the pay matrix that the funding for the holiday pay (Flowers) is recurrent.

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



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>13</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

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

<b>MEETING</b>	Trust Board
<b>DATE</b>	26 <sup>th</sup> January 2023
<b>EXECUTIVE</b>	Rachel Marsh - Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden – Head of Transformation
<b>CONTACT</b>	Heather.holden@wales.nhs.uk

### EXECUTIVE SUMMARY

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

**RECOMMENDED:**

That the Board:

1. Notes the update against WAST's IMTP Accountability Conditions;
2. Notes the overall delivery of the IMTP detailed in this paper

## KEY ISSUES/IMPLICATIONS

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

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

Progress against these specific conditions are as follows:

<b>Six Goals</b>	<p>Further updated the mapping into six goals programmes. The programme structure nationally is being embedded, and WAST now has presence on goals 2, 5 &amp; 6 at delivery board level and on the clinical advisory board.</p> <p>At a local health board level WAST engages in a range of meetings and is working with the NCCU on the development of Integrated Commissioning Action Plans. These were predominantly developed around Goal 4, however present an opportunity for WAST and health boards to discuss local commissioning opportunities across the breadth of the 6goals programmes.</p>
<b>Value Based Healthcare</b>	<p>The Value Based Healthcare working group continues to develop its work programme alongside Financial Sustainability Programme and other key areas of work, such as Inverting the Triangles benefits. Lead execs have met with members of the working group to update on progress and ensure link across work on all aspects of value based healthcare. There has been some slippage in implementation of PLICs, this is not anticipated to have any adverse impact on next year's IMTP.</p> <p>The work to trial Patient Reported Experience Measures (PREMS) with Aneurin Bevan University Health Board is due to go live in December 2022.</p> <p>WAST has also started work with the Value in Health Centre to explore the opportunity to develop Patient Reported Outcome Measures (PROMS).</p>
<b>Minimum Data Set</b>	<p>This is now being refreshed quarterly with the required data applied. A new MDS will be required as part of the IMTP development for 2023/26.</p>
<b>Improvement in sickness absence</b>	<p>The Managing Attendance programme is working through the actions required to address absences with regular reporting through EMT and assurance provided at People and Culture Board. This will also be a key metric at Board level through the Monthly Integrated Quality and Performance Report. Winter has been difficult and there is some adverse movement against trajectory, however this is anticipated to be a result of short term sickness due to high circulation of viruses in the community.</p>

## Delivery of workforce efficiencies

A range of efficiencies in EMS have been delivered and resulted in the increase of around 1200 additional shifts. This includes the EMS re-rostering, sickness absence reduction, additional WTEs and increase in consult and close rates.

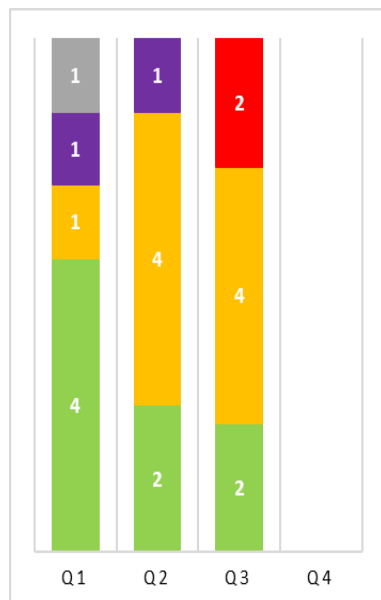
**Appendix 1** is a full assurance report which provides detailed information about transformation and enabling programme activity which commenced in quarter one, two and three and any risks going into future quarters, covering:

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

An IMTP delivery tracker is also in place which maps back all 2022-23 priorities into the agreed transformation and enabling programmes established within the IMTP delivery structure. The following sets out the end of Q3 position of IMTP delivery priorities that commenced quarters one, two, and three:

## Transformation Programmes

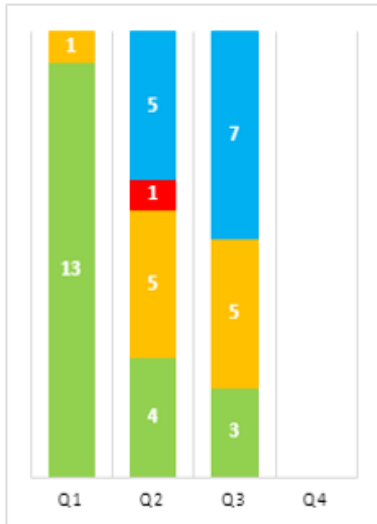
### EMS Operational Transformation



**8 ongoing actions; 3 Green, 3 Amber, 2 Red:** Recruitment and Training plan off track as attrition rates higher than forecast, however mitigation is in place with revised forecast to deliver establishment by end of Q4. Roster abstractions due to sickness are above forecast trajectory but on a downward trend, however RAG status changed from Green to Amber to reflect high sickness rates in CTM UHB. Work to reduce handover delays continues through Health Board Handover Improvement meetings but RAG status changed from Amber to Red to reflect extreme, and rising delays heading into Winter. Challenges continue with recruitment in rural areas impacting red response times and implementation of CHARU.

Final batch of EMS rosters went live mid-Nov, marking the end of a 2.5yr project including 146 rosters, 80 working parties, and 1,800 staff. The project will now be evaluated to support longer-term benefits realisation and learning.

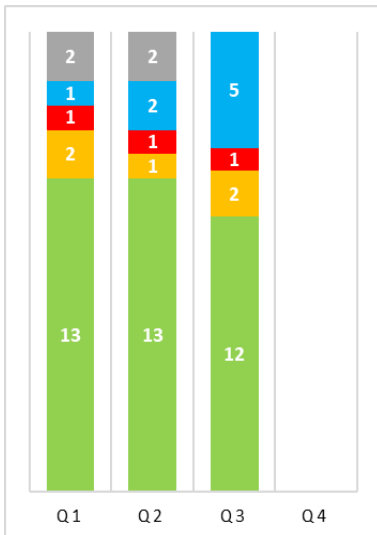
## Ambulance Care Transformation



**9 ongoing actions; 3 Green, 5 Amber, 1 Complete (in-month):**

The ambulance care service trial is now complete and further opportunities for wider adoption will be explored by the Senior Operations Team. The re-roster of NET centre staff is now on track. Transfer of PNA to BAU is now Amber to Green; updated PNA rolled out with ongoing benefits realisation during Q4. Whilst work to maximise discharge lounge usage remains paused at the request of BCUHB, a lead contact has been identified and a meeting arranged for early December. Work finalising the standardised guidance has been delayed due to lead capacity, however work is expected to accelerate during Q4 as lead capacity is released.

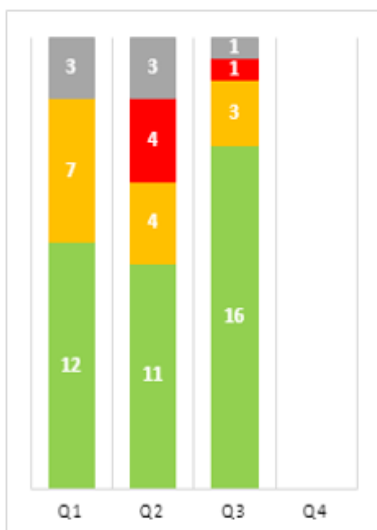
## Gateway to Care



**18 ongoing actions; 12 Green, 2 Amber, 1 Red, 3 Complete (in-month):**

111 peer review recommendations have been received and will be incorporated into next years IMTP. 111 strategy day/IMTP planning session arranged for 12th December. Review of 22/23 actions has been undertaken with two projects closed (111 core service evaluation (delivered) and roll out of 111 First (not funded)). SALUS implementation remains Red, with request to Capita for a revised delivery plan to the Authority by early-Dec, demonstrating that SALUS can be delivered into live by Autumn 2023.

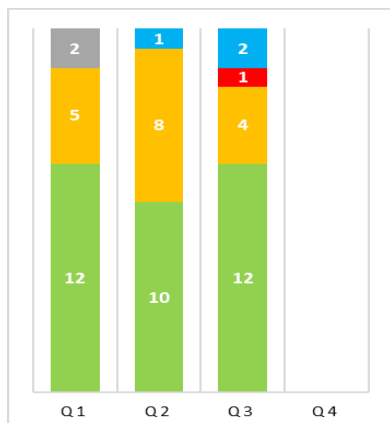
## Clinical Transformation



**20 ongoing actions; 16 Green, 3 Amber, 1 Red, 1 Not Started:**

Development of a Faculty of Emergency MH Practice remains Red and continues to be delayed awaiting a funding decision and will likely need to be re-scoped, however mental health practitioner pilot has progressed and a PID developed with the RAG rating reduced from Red to Amber. TerraPACE application is now in full operational use, with access to Welsh GP records commencing with APPs in late November. DigiPen de-commissioning is now on track and reduced from Amber to Green as the rate of PCR validation has been doubled.

## Our People



**17 ongoing actions; 12 Green, 4 Amber, 1 Red:** Recruitment and Training plan off track as attrition rates higher than forecast, however mitigation is in place with revised forecast to deliver establishment by end of Q4. ACAS report received and recommendations are under review. Roster reviews are being implemented with general positive feedback i.e. work/life balance. Some concerns raised via R&R and informally via TUs and are being investigated. Change management training is being progressed to develop change capacity and expertise in the WOD team.

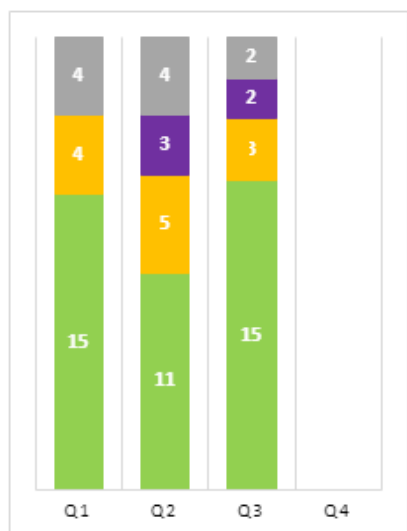
## Innovation & Technology



**14 ongoing actions; 9 Green, 5 Amber:** end date for delivery of the new control room solution has been extended to Q4, but is on track to go-live before the end of the financial year. EMS Mobile Data Vehicle Solution now in Service User Acceptance Testing (SAT) and progressing well and remains on target for roll-out to commence in late Q4, however action remains Amber due to risk of slippage as several component actions remain to be delivered.

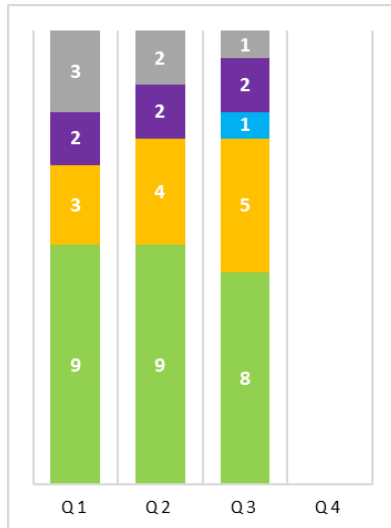
Delivering our part of the National Data Resource Programme is progressing and has changed from Amber to Green as work towards the agreed deliverables is now underway and on track with submitted plans. An audit has also been completed, cataloguing all existing HI reports, allowing for a more structured review cycle. Unused & duplicate reports will start to be considered for decommission, helping simplify access to intelligence.

## Infrastructure



**18 ongoing actions; 15 Green, 3 Amber:** Business Case development for Llandrindod Wells and Bangor Street Workshop (AWC) is expected to commence in Q4 as interviews for project support have been held and a secondment agreed; awaiting start date in the New Year. Several actions have had planned delivery dates extended from Q3 to Q4. This is due to a combination of planning permission, lease agreement, and external funding decision delays. A permanent solution for EMS/NEPTS in Dolgellau (DC) is proving challenging due to planning permission concerns and limited site options; an update will be taken to Capital Development Board and will be highlighted for discussion.

## Fundamentals (including Risk Management)



**Quality:** Work to embed the Trust Quality Management System (QMS) continues, but digital development will require investment; proposal in development. Implementation of the Once For Wales user experience system is on track. Civica system training planned following which the QSPE Directorate can commence using the system for all PREMS surveys. A successful Civica engagement event was held in Cardiff (Nov-22) with great feedback from network members.

**Value Based Healthcare:** Awaiting IG approval for data sharing between HBs (PROMS). Meeting to be arranged to understand WG expectation around Value in Health during FY23/24. PREMS plan is on track; survey developed with collection due to commence with AB GUH in December.

**Corporate Governance:** Whilst Datix development has progressed, the delivery date will need to be extended. A delivery road map is being developed by the provider but there is currently no revised delivery date in place. Risk management policy has been drafted and will be presented to Audit Board in March 2023 with delivery date amended from Q3 to Q4. The refresh of the risk management strategy and procedures is taking place in conjunction with the policy review (N.B. also extended from Q3 to Q4).

All Red, and Amber rated actions, and any actions completed in the current reporting period are presented in more to detail to both the Strategic Transformation Board and to Finance and Performance Committee, along with the identified mitigations. These actions will continue to be monitored by the relevant programme boards and STB.

### Risk to delivery in Q4

Due to the continued and ongoing pressures, EMT has undertaken a prioritisation exercise to prioritise resources for IMTP delivery where this will make a tangible and significant difference to patients and our people during quarter 4. This may mean some project milestones, that do not fall within these priority areas, will not be met as set out in the IMTP but this will be monitored through Strategic Transformation Board and milestones carried forward into next year as required.

### REPORT APPROVAL ROUTE

The executive summary and associated appendices were approved by STB on 06 December as the Q3 position.

The paper was presented and considered at Finance and Performance Committee on the 16<sup>th</sup> January 2023.

### REPORT APPENDICES

### REPORT CHECKLIST

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



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru

Welsh Ambulance Services  
NHS Trust

# WAST IMTP Progress

25<sup>th</sup> January 2023





# Developing our Plan for 2023/24

There are a range of external influences and drivers which we will need to take account of in our plan.

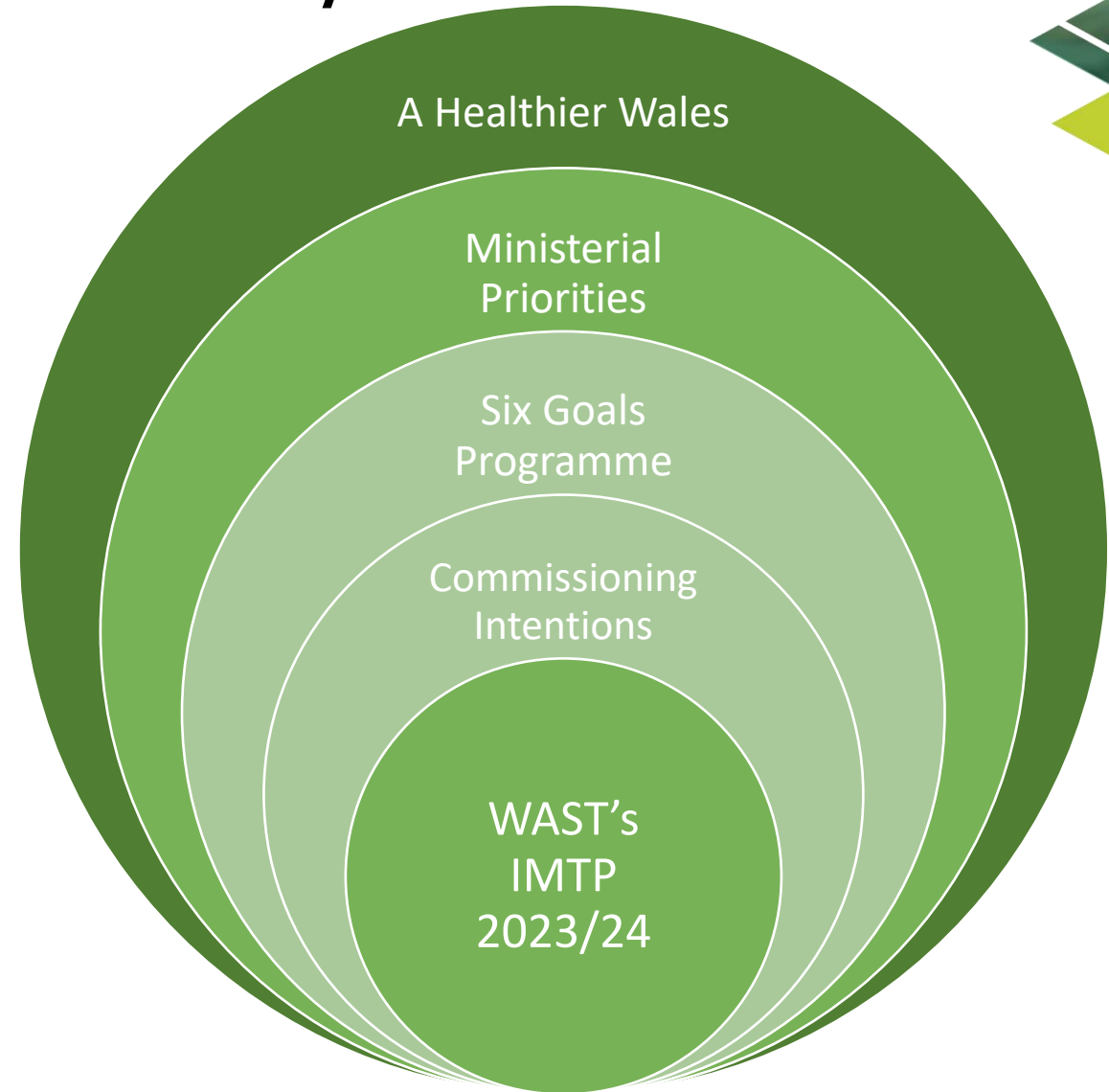




# Developing our Plan for 2023/24

## Ministerial Priorities:

- Delayed Transfers of care
- Primary care access
- Urgent and Emergency Care
- Planned Care
- Cancer
- Mental Health and CAMHS





# Developing our Plan for 2023/24 Commissioning Intentions - EASC



- At a national level, formal commissioning intentions broadly in line with 2022/23, with same direction of travel
- Range of performance targets currently being considered and worked through for both Health Boards and WAST

## ICAPS

Integrated Commissioning Action  
Plans

- Local plans to be agreed in each health board area
- Opportunity to focus on local solutions, transformation and inverting the triangle



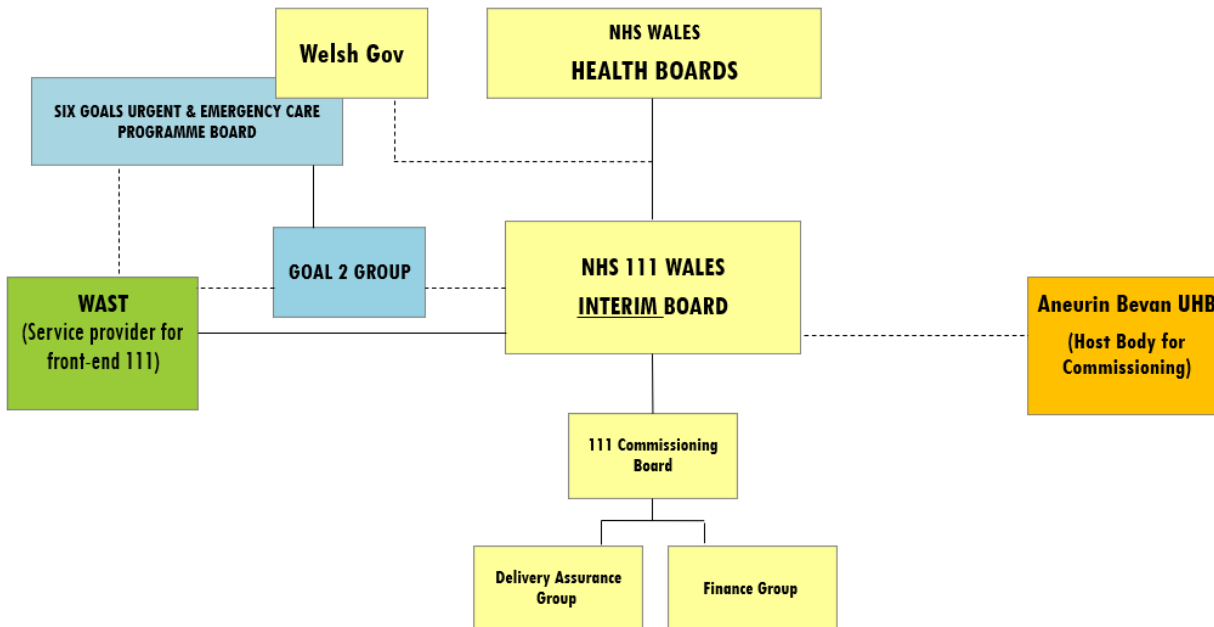


# Developing our Plan for 2023/24

## Commissioning Intentions - 111



Interim: Strategic Governance for 111 Commissioning



- Formal commissioning structure set up under the NHS 111 Wales Board
- Commissioning Framework to be developed collaboratively
- Range of initial priorities put forward by commissioners, in line with our own thinking



# Developing our Plan for 2023/24



We also listen to the voices of our patients and our people.



- ✓ Surveys / work of PEI team
- ✓ Patient stories
- ✓ Complaints
- ✓ Incidents



- ✓ Staff stories
- ✓ Roadshows
- ✓ WAST live
- ✓ Opportunities during IA



# Developing our Plan for 2023/24



We constantly monitor and analyse key metrics relating to quality, our people, finance / value and system contribution

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Oct-22	Nov-22	Dec-22	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>							
NHS111 Abandoned Calls	< 5%	18.60%	14.8%	13.6%	49.5%		R
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	01:03	01:11	01:34%		R
999 Red Response within 8 minutes	65%	55.2%	48.0%	48.0%	39.5%		R
999 Amber 1 Median	00:18	01:10	01:42	01:34	03:30		R
Stroke Patients with Appropriate Care	95%	TBD	78.2%	80.2%	79.4%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	37.5%	42.3%	37.9%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%	75%	74%		G
Dis charge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	85%	90%	90.0%		G
National Reportable Incidents reports (NRI)	Reduction Trend	5	8	2	0		G
Concerns Response within 30 Days	75%	61%	28%	24%	27.0%		R

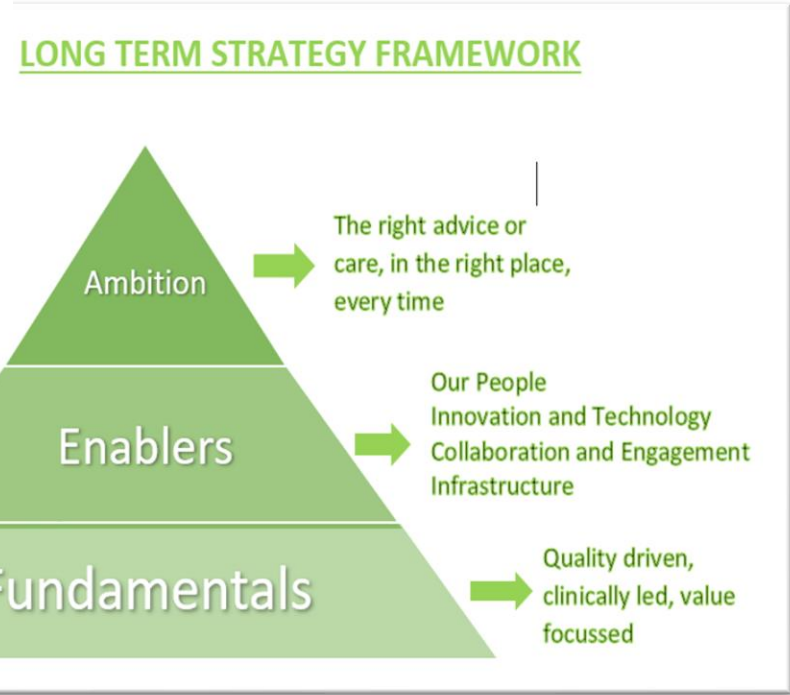
Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Oct-22	Nov-22	Dec-22	2 Year Trend	RAG
<b>Our People</b>							
<b>Capacity</b>							
EMS Abstraction Rate	29.92%	42.00%	40%	40%	44.0%		R
Hours Produced for Emergency Ambulances	95%	95.0%	90%	92%	91.0%		A
<b>Health and Wellbeing</b>							
Sickness Absence (all staff)	8.00%	10.48%	9.48%	8.77%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	10.12%	9.45%	11.64%		R
Staff Turnover Rate	TBD	8.71%	11.11%	10.70%	10.64%		R
Statutory & Mandatory Training	>85%	82.3%	85.58%	85.40%	84.63%		A
PADR/Medical Appraisal	>85%	60%	80.49%	80.75%	87.9%		G
<b>Value</b>							
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	TBD	9385	9224	9379		A
<b>Partnerships / System Contribution</b>							
NHS111 Consult and Close	Improve	7,843	17,695	15,362	15,955		A
Combined 999 & NHS111 Consult & Close	15.0%	10.4%	12.8%	12.5%	14.6%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	10.65%	11.04%	11.18%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	28,038	25,020	32,098		R





# Developing our Plan for 2023/24

We seek to work towards and continue to develop our longer term strategy and ambition, building on our sense of purpose and our progress over previous years





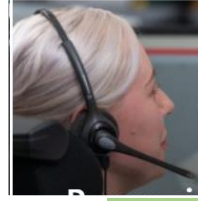
# Three areas of focus for next year

## Underpinned by how we work with the system



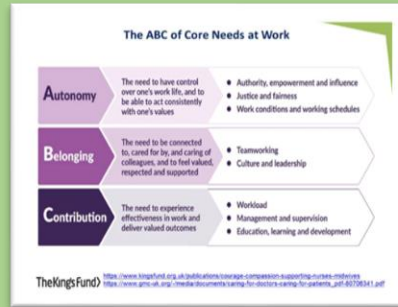
### Our Patients

- Digital First
- Strengthened 111
- 999 Inverting the Triangle
- Core commissioning and rural model
- Ambulance Care



### Our People

- Improving employee experience
- ABC of core needs at work



### Value and Sustainability

- Financial Sustainability Programme
- Value Based HealthCare
- What do we stop?
- Where can we expand to support?
- What can we do differently?



Partnerships and wider system – engagement, innovation, population health





# Our Patients. The right advice or care, in the right place, first time - 111



- **More patients' needs are met digitally**
- **Reduced call answering and clinical call back times**
- **Patients get to the right service with fewer handoff points**
- **More patients' needs met without need for referral onwards**

- **Recruiting and retaining** the right numbers of call handlers and clinicians and deploying them to better meet demand patterns
- Embedding and developing the **clinical leadership** of the service
- Continuing to work with others on developing **remote clinical assessment** as a speciality
- Implement new pathways for callers with **urgent dental or palliative care** needs
- Implement direct access pathways for Same Day Emergency Care or Urgent Primary Care Centres
- Review the **service and workforce model**
- Implement **SALUS**





# Our Patients. The right advice or care, in the right place, first time - 999



- **Reduced response times**
- **Improved ROSC rates and clinical outcomes**
- **Increased proportion whose needs are met without a face to face assessment (consult and close)**
- **Increased proportion who are treated on scene**
- **Increased numbers who are conveyed to alternatives to ED**

- Secure recurrent funding for the **100 staff**
- Seek additional funding to fully roll-out **CHARU**
- Work with Health Boards to improve and grow number of alternative **referral pathways** e.g. Same Day Emergency Care
- Continue to develop opportunities for our workforce including **Technicians, Advanced Practitioners, Clinical Service Desk**
- Enhance the **CSD** function, supporting it with clinical leadership
- Embed **ePCR** and realise the benefits
- Continue to work on our **'Inverting the Triangle'** ambition, including using our own and linked data to identify best response for patients





# Our Patients. The right advice or care, in the right place, first time – Ambulance Care



- Improved patient experience
- Improved compliance with key performance metrics around drop off and pick up times
- Support improved system flow

- Continue work on the **NEPTS D&C review implementation and transformation** including Re-rostering, ongoing review of eligibility criteria, quality monitoring
- Completion of the **BJC for new CAD** system
- Work in partnership on Commissioning Framework / business case for **Transfer and Discharge** services using outputs of D&C modelling
- Complete **UCS modelling** and develop action plan





# Our People. Enable our people to be the best that they can be



## Emerging Priorities for 2023/26

- | Emerging Priorities for 2023/26 |   |
|---------------------------------|---|
| Culture                         | <ul style="list-style-type: none"><li>• Continue to build and articulate our <b>desired culture</b></li><li>• Sustain our <b>focus on improving wellbeing</b></li><li>• Embed <b>partnership working</b></li><li>• <b>Improving the working environment</b> including where and how you work</li></ul>  |
| Capacity                        | <ul style="list-style-type: none"><li>• Develop our employee experience to <b>attract and retain a diverse workforce</b></li><li>• Improve the effectiveness and application of our internal <b>people processes</b> (getting the basics right)</li><li>• Years 2 and 3 of the <b>managing attendance programme</b></li></ul>                         |
| Capability                      | <ul style="list-style-type: none"><li>• Continued focus on <b>enhancing management and leadership</b> capabilities</li><li>• <b>Change</b> capacity and expertise</li><li>• <b>Commitment to development</b> for all professions</li><li>• <b>Digital capability</b> and improving the digital experience for staff (the Digital Workplace)</li></ul> |

## Enablers

- Two way engagement opportunities
- Surveys
- Systematic approach to learning at individual, team, organisational and Board level
- Continuous and quality improvement activity
- Change management training
- People and Culture plan
- Strategic Workforce Plan
- Digital enablers





# Value and sustainability

The financial sustainability programme will be a major part of the work of the organisation through 2023/24 with an emphasis on both securing additional income and delivering savings and efficiencies.





# Developing the IMTP

Progress update: completed and work ongoing



- Financial allocation letters to HBs received
- Draft action plans (at programme and directorate level) developed, refinement with leads to ensure we have robust outcomes and milestones to measure
- Prioritisation scheduled for 24.01.23, feedback will be shared directly with directorate leads, then through ADLT
- Draft Narrative in development (Leads being contacted for input where required)
- Minimum Data Set (MDS) to be populated by performance team, workforce and finance
- Ministerial Templates to be completed
- Further engagement with TUs / EASC / 111 programme / Committees





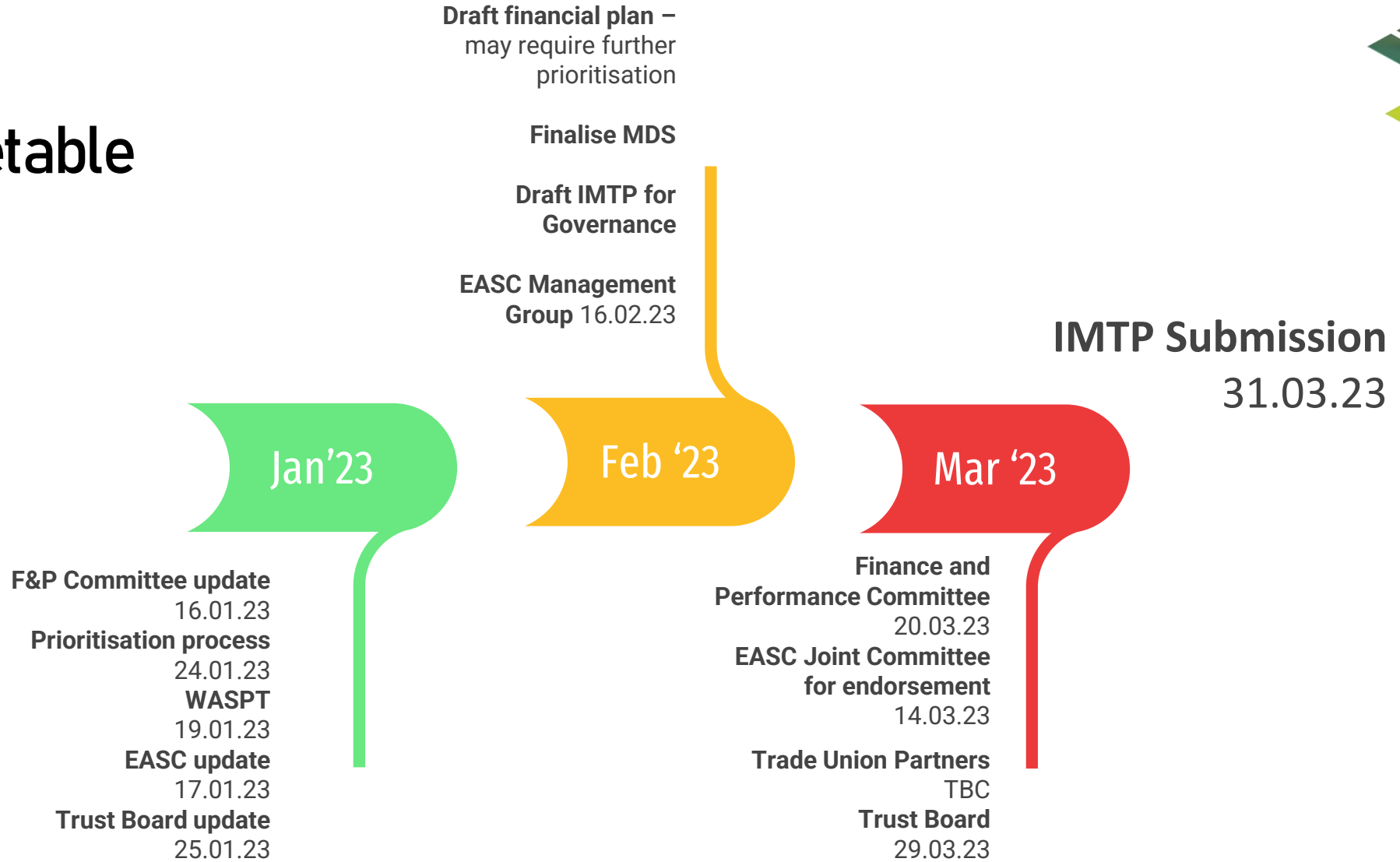
# Risks

- Ability to develop a balanced financial plan
- Capacity to deliver on priorities within the plan
  - Time available to devote to priorities
  - Resources (revenue / capital) curtailed
- Tension between maintaining progress on strategic ambition with focus on the short term
- Ongoing disruption through Industrial Action
- Ongoing wider system pressures impacting on our services
- Commissioning landscape may change





# Timetable





**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwllans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>15</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

<b>Draft Engagement Framework Delivery Plan 2023/24</b>
---

<b>MEETING</b>	Trust Board
<b>DATE</b>	26 January 2023
<b>EXECUTIVE</b>	Estelle Hitchon Director of Partnerships and Engagement
<b>AUTHOR</b>	Estelle Hitchon Director of Partnerships and Engagement
<b>CONTACT</b>	estelle.hitchon2@wales.nhs.uk

<b>EXECUTIVE SUMMARY</b>
--------------------------

1. The Trust’s Engagement Framework was adopted by the Board in July 2022. The framework focuses on engagement as it relates to the Trust’s long-term strategy and particularly the transformation of emergency medical services (the “999” element of ambulance services). This is informally described as “inverting the triangles”, which will be the focus of this engagement.

2. This delivery plan sets out at high level the proposed phases of engagement and potential consultation required with stakeholders, staff and the public more broadly to secure a shared understanding of the challenges faced, the possible solutions and agreement of a preferred option.

**Recommendations**  
Board is asked to:

- 1) Approve the principles and direction of travel outlined in the draft engagement delivery plan and
- 2) Remit to the Executive Management Team the approval of a more detailed delivery plan in due course, progress of which will be reported to EMT and People and Culture Committee

<b>KEY ISSUES/IMPLICATIONS</b>
--------------------------------

- This is likely to be the first pan-Wales engagement/potential consultation exercise and, as such, represents a significant time and resource commitment for the Welsh Ambulance Service
- Timescales included in the plan are indicative and subject to change, contingent on a number of factors, including the availability of resources to support this work and feedback received as the process evolves
- The Consultation Institute has been engaged to support the Trust in this work, providing both scrutiny and challenge, as well as assurance.

### REPORT APPROVAL ROUTE

09/01/23: Transformation Steering and Assurance Group (TSAG)  
18/01/23: Executive Management Team  
26/01/23: Trust Board

### REPORT APPENDICES

Draft Engagement Framework Delivery 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	N/A	Patient Safety/Safeguarding	X
Ethical Matters	X	Risks (Inc. Reputational)	X
Health Improvement	X	Socio Economic Duty	X
Health and Safety	X	TU Partner Consultation	X

## Situation

- 1) The Trust Board approved a refreshed organisational engagement framework with a renewed focus on the organisation's long term strategy and its proposed "inverted triangle" model for emergency medical services at its July 2022 meeting.
- 2) This draft delivery plan provides further detail as to the phasing of that proposed engagement, spanning an indicative period of some two years. Further work will be need to flesh out the specifics, subject to approval of this phased approach by Board.

## Background

- 3) Work to develop the long-term strategy for the Welsh Ambulance Service (WAST) has continued over the last 18 months or so, identifying those areas where service transformation is required to ensure the organisation is able to continue to deliver high quality services that meet the needs of the people of Wales.
- 4) This need is particularly acute in a post-pandemic environment, and is especially pertinent in terms of how we develop and deliver our emergency medical services (EMS) in the future. This has seen the emergence of the inverted triangle model as a proposed approach to managing patients differently in the future.
- 5) While there is an element of "evolution rather than revolution" in the direction of travel for EMS, discussion with the Board of Community Health Councils in Wales, including consideration by the Board of CHC's service planning committee in the autumn of 2022, suggests that, as a minimum, a period of public engagement would be required on the issues faced by the ambulance service, and any resultant proposed service developments or changes.

## Assessment

- 6) Recognising that community health councils will be replaced by a national Citizen Voice Body for Wales in April 2023, which will have different accountabilities from CHCs and an altered remit in respect of service change, this does not negate the need to engage on service change proposals, regardless of their somewhat evolutionary nature.
- 7) At the time of writing, the [National Guidance for Public Engagement in Wales](#) as set out by the former Participation Cymru continue to apply as best practice.
- 8) Section 183 of the National Health Service (Wales) Act 2006 requires Local Health Boards (LHBs), with regard to services they provide or procure, to involve and consult citizens in:
  - Planning to provide services for which they are responsible;
  - Developing and considering proposals for changes in the way those services are provided; and,
  - Making decisions that affect how those services operate.

- 9) Section 242 of the National Health Service Act 2006 extends this requirement to NHS Trusts.
- 10) The previous provisions in the Community Health Councils (Constitution, Memberships and Procedures) (Wales) Regulations 2010, which required health bodies to consult with Community Health Councils (CHCs) on service change matters, and also permitted the CHCs to make referrals to the Welsh Ministers in relation to service change matters in certain circumstances, are revoked and therefore no longer apply.
- 11) Instead, linked to the main aims of the Citizen Voice Body, Llais may make representations to NHS bodies about a range of matters, including those relating to changes in NHS services.
- 12) While revised guidance for NHS bodies is currently subject to consultation and in [draft](#), it is anticipated that any service change deemed by an NHS body to be “substantial” is likely to require a formal consultation period of at least six weeks, following an extensive period of discussion with a wide range of stakeholders. Final updated guidance should be available by April 1, 2023. Subject to its content, detailed delivery plans may require update and/or amendment.
- 13) On this basis, it is important that the Trust engages widely with its stakeholders, staff and the public more generally, working through a structured and balanced engagement process in order to gauge views and sentiment, before determining whether any developments/changes proposed meet the threshold for “substantial” service change and thus consultation.
- 14) The Consultation Institute (CI) is in the early stages of working with the Trust and will review this document, among others, providing the Trust with its observations and expertise as further iterations of the plan are developed. This should provide additional assurance to Board and to stakeholders about the appropriateness of the engagement proposed.
- 15) This document has been shared with the Board of Community Health Councils. The new national Citizen Voice Body for Wales, Llais, will continue to be engaged in this work from its inception in April 2023. At this stage, no substantive concerns have been raised by the Board of CHCs in relation to the content of this indicative plan and there is a shared commitment to working collaboratively as we move forward and with the new Citizen Voice Body.
- 16) Similarly, the draft plan has been shared with trade union colleagues who are members of the Welsh Ambulance Service Partnership Team (WASPT), with feedback encouraged.
- 17) There are a number of important points to note:
  - This is likely to be the first pan-Wales engagement/consultation exercise and, as such, represents a significant time and resource commitment for the Welsh Ambulance Service

- While the timescales outlined in the initial plan could be condensed, that would be contingent on sufficient resource being released from across the organisation to expedite timescales without compromising standards and/or breaching national guidelines
- While plans are underway to recruit an Engagement Manager, it will be necessary to release colleagues from across the organisation to support this work. This presents a development opportunity in respect of our “talent pipeline”.
- The extent of the work involved cannot be over-estimated. It will require significant focus, commitment of time, energy and resources if it is to be undertaken successfully.
- The delivery plan has been phased to ensure “in principle” support from key stakeholders as a starting point. Failure to secure such support could jeopardise the plan at a later date and therefore it is prudent to ensure this is in place prior to commencing the process with staff and the wider public. This is also in line with the draft revised guidance outlined above.
- While the concept of the “inverted triangles” has been referenced widely over the last year or so, it is important that the engagement process begins from the premise of a shared understanding of the challenge, i.e. what is the problem to be fixed?
- It is only following broad engagement on the challenges and discussion about how best to address them that options and, ultimately, a preferred option can be developed and presented.
- Engagement materials will need to be bilingual and available in other languages/formats as required to ensure the broadest possible reach. Similarly, face-to-face and digital opportunities will need to be suitably inclusive.
- An EQIA is currently in development which will inform the specifics of delivery.

18) It should be noted that, subject to Board approval and any feedback subsequently received from the CI/TU colleagues, work will begin on a more detailed plan/schedule of activity which will outline the specifics of delivery.

### **Recommendation**

Board is asked to:

- 1) Approve the principles and direction of travel outlined in the draft engagement delivery plan and
- 2) Remit to the Executive Management Team the approval of a more detailed delivery plan in due course, progress of which will be reported to EMT and People and Culture Committee

<b>PHASE 1: Key stakeholder engagement</b>	
<b>Purpose</b>	<ul style="list-style-type: none"> <li>➤ To secure “in principle” support for case for change, based on a shared system solution</li> <li>➤ To secure “in principle” support for any revised model which arises as a result of feedback on case for change</li> <li>➤ To ensure (non-WAST) clinical support and engagement in the wider case for change debate and develop relationships</li> </ul>
<b>Aim</b>	<ul style="list-style-type: none"> <li>➤ To ensure stakeholders, including commissioners, are aware of, and support, current thinking, factor that thinking into their own organisational plans, feel able in future to commission a new model of delivery for the EMS service following appropriate engagement/consultation, feel able to publicly support the case for change proposed by WAST and any resultant options for service change</li> <li>➤ To ensure key stakeholder/decision-maker buy-in from outset</li> <li>➤ To minimise the risk of public lack of cohesion/support</li> </ul>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>➤ Chief Ambulance Services Commissioner (CASC)</li> <li>➤ Health Board CEOs and Exec Teams</li> <li>➤ Health Board Boards (IMs/Chairs)</li> <li>➤ Welsh Government (DHSS civil servants and Minister)</li> <li>➤ Community Health Councils/Board of CHCs (and subsequently Citizen Voice Body)</li> <li>➤ Six Goals Programme</li> </ul>
<b>Approach/Mechanisms</b>	<ul style="list-style-type: none"> <li>➤ Briefings (FTF): EASC/HB Boards/Professional Peer Groups/CHCs/CEO Meetings/Six Goals Architecture/dedicated WG briefing/appropriate clinical groupings and clinicians</li> <li>➤ Formal follow-up to ensure feedback is captured and any misunderstandings/queries are addressed at an early stage</li> </ul>
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>➤ Current pattern of delivery no longer fit for purpose</li> <li>➤ Need to safeguard conveying resources for those most in need</li> <li>➤ Need to avoid unnecessary conveyance – not good for patient or system</li> <li>➤ Need patients in right part of system and ensure timely care to avoid harm</li> <li>➤ Need to optimise use of skilled staff</li> <li>➤ Need to look at whole system contribution and access (e.g. pathway access)</li> <li>➤ Need to reflect and support government strategy (Healthier Wales, Six Goals etc.)</li> </ul>
<b>Collateral Needed (available bilingually and in other formats as appropriate)</b>	<ul style="list-style-type: none"> <li>➤ Case for Change document plus EQIA</li> <li>➤ Case for Change presentation</li> <li>➤ Feedback database/Q&amp;A builder</li> <li>➤ Microsite (for stakeholders only at this stage but can be repurposed for pre-engagement)</li> </ul>
<b>Timescale</b>	February – May 2023

<b>PHASE 1a: Pause and Reflect/Refine</b>	
<b>Purpose</b>	➤ To sense check and reflect on what has been heard during this phase of engagement. Agree any required changes to approach, narrative, collateral etc.
<b>Aim</b>	➤ Ensure feedback taken on board. Retain confidence of stakeholders. Retention of stakeholder support through longer-term engagement process
<b>Responsible</b>	➤ Programme Team
<b>Timescale</b>	➤ May 2023

<b>PHASE 2: Staff (inc TUs)/volunteer engagement</b>	
<b>Purpose</b>	➤ Define the problem/challenge faced by WAST to ensure staff and volunteers have shared understanding of issues and gain their support for, and input into, options for change
<b>Aim</b>	<ul style="list-style-type: none"> <li>➤ To continue dialogue with staff/volunteers on future direction of travel/provision of services</li> <li>➤ To ensure staff/volunteers understand and share challenges, reasons for them, what has been done to-date to tackle them and why more of the same is no longer sustainable</li> <li>➤ To share feedback from stakeholders and future engagement plans</li> <li>➤ To ensure colleagues feel engaged in organisation/issues/solutions and can talk from a position of knowledge with patients/public</li> <li>➤ To gain support for the development of options</li> </ul>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>➤ Employees (salaried)</li> <li>➤ Bank employees</li> <li>➤ Volunteers (CFRs/VCS etc.)</li> <li>➤ TU representatives</li> </ul>
<b>Approach/Mechanisms</b>	➤ Digital (presentations/online surveys); face-to-face; WAST LIVE; roadshows; cascade system; Siren and other internal comms channels; WASPT; team meetings; focus groups (multi-disciplinary/professional)
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>➤ Current pattern of delivery no longer fit for purpose</li> <li>➤ Need to safeguard conveying resources for those most in need</li> <li>➤ Need to avoid unnecessary conveyance – not good for patient or system</li> <li>➤ Need patients in right part of system and ensure timely care to avoid harm</li> <li>➤ Need to optimise use of skilled staff and support them to develop</li> <li>➤ Need to look at alternative pathways to avoid ED admission</li> <li>➤ Need to reflect and support government strategy (Healthier Wales, Six Goals etc.)</li> <li>➤ Want to hear from staff/volunteers (to help inform options)</li> <li>➤ Important colleagues up to speed with thinking as in direct contact with patients /public</li> </ul>
<b>Collateral Needed (available bilingually and in other formats as appropriate)</b>	<ul style="list-style-type: none"> <li>➤ Case for Change</li> <li>➤ Presentation</li> <li>➤ Survey</li> <li>➤ Feedback database</li> <li>➤ Internal comms platforms: assets</li> <li>➤ Media/political handling plan (“leaks” likely)</li> </ul>
<b>Timescale</b>	➤ April-June 2023

N.B: Consideration to be given to engagement in tandem with plans for employee engagement on financial sustainability/people and culture plan

<b>PHASE 2a: Feedback analysis</b>	
<b>Purpose</b>	➤ To analyse feedback received and use to inform further engagement phase and development of options for engagement
<b>Aim</b>	➤ To ensure feedback is reflected in options development ➤ To retain confidence of employees/volunteers/TU reps that commitment to listening is genuine ➤ To develop options which reflect views expressed and are palatable to employees/volunteers and their trade union representatives
<b>Responsible</b>	➤ Programme Team
<b>Timescale</b>	➤ June–September2023

<b>PHASE 3: Pre-engagement Public</b>	
<b>Purpose</b>	<ul style="list-style-type: none"> <li>➤ Define the problem/challenge faced by WAST to ensure public has shared understanding of issues and gain public support for, and input into, options for change</li> </ul>
<b>Aim</b>	<ul style="list-style-type: none"> <li>➤ To begin a dialogue with the public/interest/patient groups on future direction of travel/provision of services</li> <li>➤ To ensure public is aware of challenges, reasons for them, what has been done to-date to tackle them and why more of the same is no longer sustainable</li> <li>➤ To gain support for the development of options</li> </ul>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>➤ Communities across Wales</li> <li>➤ Patient (and patient advocacy) groups including Citizen Voice Body</li> <li>➤ Community leaders e.g. local politicians; minority group/seldom heard community leaders/Welsh Youth Parliament</li> <li>➤ Partnership group representatives e.g. RPB/PSBs</li> <li>➤ General public</li> <li>➤ Politicians (Senedd/parliamentary)</li> </ul>
<b>Approach/Mechanisms</b>	<ul style="list-style-type: none"> <li>➤ Digital (presentations/online surveys); face-to-face; media relations/PR (to raise awareness); existing fora (e.g. local authority/health board citizen/stakeholder panels, patient groups; scrutiny committees, partnership meetings; focus groups (consider longitudinal group also)</li> </ul>
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>➤ Current pattern of delivery no longer fit for purpose</li> <li>➤ Need to safeguard conveying resources for those most in need</li> <li>➤ Need to avoid unnecessary conveyance – not good for patient or system</li> <li>➤ Need patients in right part of system and ensure timely care to avoid harm</li> <li>➤ Need to optimise use of skilled staff</li> <li>➤ Need to look at alternative pathways to avoid ED admission</li> <li>➤ Need to reflect and support government strategy (Healthier Wales, Six Goals etc.)</li> </ul>
<b>Collateral Needed (available bilingually and in other formats as appropriate)</b>	<ul style="list-style-type: none"> <li>➤ Case for Change</li> <li>➤ Presentation</li> <li>➤ Survey</li> <li>➤ Feedback database</li> <li>➤ PR/digital assets</li> </ul>
<b>Timescale</b>	<ul style="list-style-type: none"> <li>➤ June-September 2023 (note pause and reflect period mid-term)</li> </ul>

<b>PHASE 3a: Post-engagement analysis</b>	
<b>Purpose</b>	➤ To analyse feedback received and use to inform development of options for engagement
<b>Aim</b>	➤ To ensure feedback is reflected in options development ➤ To retain confidence of stakeholders/public by evidencing commitment to listening is genuine ➤ To develop options which reflect views expressed and are palatable to stakeholders and public
<b>Responsible</b>	➤ Programme Team
<b>Timescale</b>	➤ September–December2023

<b>PHASE 4: Engagement on Options</b>	
<b>Purpose</b>	➤ To gauge support for a range of options to inform selection of a preferred option for consultation
<b>Aim</b>	<ul style="list-style-type: none"> <li>➤ To present options to stakeholders/public which improve experience and outcome for patients</li> <li>➤ To ensure as many stakeholders as possible, including public, employees and volunteers, have an opportunity to express their views on options</li> <li>➤ To ensure options also reflect feedback received hitherto</li> </ul>
<b>Stakeholders</b>	➤ All stakeholders as per previous engagements. Phased approach (see timelines below)
<b>Approach/Mechanisms</b>	➤ As per previous approaches/mechanisms (subject to evaluation of earlier phases)
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>➤ There are a range of options</li> <li>➤ We have listened to what you have told us - we hope you see this reflected in the options described</li> <li>➤ Feasibility of options may be contingent on additional funding/third party support (e.g. HBs)</li> </ul>
<b>Collateral Needed</b>	<ul style="list-style-type: none"> <li>➤ Options appraisal plus EQIA</li> <li>➤ Presentations</li> <li>➤ Digital collateral including videos etc.</li> <li>➤ Feedback database</li> </ul>
<b>Timescale</b>	➤ March-June 2024

<b>PHASE 4a: Post-engagement analysis</b>	
<b>Purpose</b>	➤ To analyse feedback received and use to inform development of preferred option
<b>Aim</b>	<ul style="list-style-type: none"> <li>➤ To ensure feedback is reflected in consultation option development</li> <li>➤ To retain confidence of stakeholders/public by evidencing commitment to listening is genuine</li> <li>➤ To ensure consultation option (s) reflect views expressed and are palatable to stakeholders and public</li> </ul>
<b>Responsible</b>	➤ Programme Team
<b>Timeline</b>	➤ June-September 2024

<b>PHASE 5: Consultation on Preferred Option</b>	
<b>Purpose</b>	➤ To secure support from stakeholders (all) for the preferred option
<b>Aim</b>	<ul style="list-style-type: none"> <li>➤ To present a preferred option (s) to stakeholders which reflects engagement to-date</li> <li>➤ To ensure preferred option (s) addresses core issues, is achievable and will deliver improvements</li> </ul>
<b>Stakeholders</b>	➤ All stakeholders including employees/volunteers. Phased approach (see timelines below)
<b>Approach/Mechanisms</b>	➤ As per previous approaches/mechanisms (subject to evaluation of earlier phases)
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>➤ There are a range of options</li> <li>➤ We have listened to what you have told us - we hope you see this reflected in the option described</li> <li>➤ Feasibility of option may be contingent on additional funding/third party support (e.g. HBs)</li> </ul>
<b>Collateral Needed</b>	<ul style="list-style-type: none"> <li>➤ Final Options Appraisal with supporting EQIA</li> <li>➤ Supporting collateral e.g. digital assets, presentations etc.</li> <li>➤ Feedback database</li> </ul>
<b>Timescale</b>	➤ September - December 2024 (including mid-consultation pause and reflect option)

<b>PHASE 5: Review of Consultation and Final Decision</b>	
<b>Purpose</b>	➤ To analyse feedback received and use to inform recommendation to Board and Commissioners
<b>Aim</b>	<ul style="list-style-type: none"> <li>➤ To ensure feedback is reflected in recommendation to Board and Commissioners</li> <li>➤ To retain confidence of stakeholders/public by evidencing commitment to listening is genuine</li> <li>➤ To ensure final option recommended to Board reflects views expressed and is palatable to stakeholders and public</li> </ul>
<b>Responsible</b>	➤ Programme Team
<b>Timeline</b>	➤ January 2025 (implementation from April 2025 subject to commissioners/investment required etc.)

<b>Requirement</b>	<b>Action</b>	<b>Who</b>	<b>When</b>	<b>Progress</b>	<b>Anticipated Outcome</b>
Detailed engagement/consultation timetable per phase	Post January 2023 Board, develop detailed engagement timetable for initial phases	Programme team	End February 2023		Detailed engagement timetable available, meetings/events scheduled, gaps identified and addressed
Case for Change	Initial Case for Change drafted and approved by EMT	Head of Strategy	End February 2023	Early draft in development	Approved case for change available for engagement purposes
Presentations	Presentations developed as appropriate for engagement/consultation purposes	Programme Team	End February 2023 onwards in line with timetable		Presentations available for use, tailored to audiences where required, e.g. clinical audience vs general public
Surveys	Appropriate survey techniques/formats developed for deployment in line with timetable	Programme Team/Consultation Institute	End February 2023 onwards in line with timetable		Methodologically sound surveys available for deployment. Questions/format agreed
Feedback database	Appropriate database established to capture feedback	Programme Team	March 2023 in line with timetable		Accurate and robust way of capturing feedback established
PR/digital assets	Appropriate and engaging PR and digital assets developed	Engagement Manager/Comms Team	From March 2023 onwards		Multiple PR and digital assets available for use to drive engagement
Analysis of feedback and associated reporting	Thematic methodology agreed and reporting route identified	Programme Team	End March 2023		Clarity on how feedback will be interpreted, analysed and reported

<b>Requirement</b>	<b>Action</b>	<b>Who</b>	<b>When</b>	<b>Progress</b>	<b>Anticipated Outcome</b>
Options appraisal and associated reporting/documentation	Develop options appraisal and agree appropriate reporting/documentation	Programme Team	In line with timetabled phases		Options appraisal is clear, reflects feedback received, is properly worked through and costed where appropriate. All stakeholders can understand options, what is different/ improved and level of investment/ reconfiguration of resources required
Presentation team	Agree core team of presenters who will undertake most of the large scale engagement activities	EMT	February 2023 onwards		Clarity on roles and responsibilities
Media and political handling plan	Agree a political and media handling plan for each phase	Director of Partnerships and Engagement	January 2023 onwards		Lines developed/pro-active briefing opportunities in place (in addition to detailed delivery plan)

\*all timings are indicative and subject to change

## Structured Assessment 2022 – Welsh Ambulance Services NHS Trust

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# Summary report

## About this report

- 1 This report sets out the findings from the Auditor General's 2022 structured assessment work at the Welsh Ambulance Services NHS Trust (the Trust). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004.
- 2 Our 2022 Structured Assessment work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to the public and key stakeholders that the necessary action is being taken to deliver high quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. The approach we adopted to deliver our work is detailed in summarised in **Appendix 1**.

## Key messages

- 4 Overall, we found that **the Trust has taken positive steps to improve aspects of its corporate governance arrangements, but further work is needed to provide the strong internal challenge and continued external influence required to overcome some of the unprecedented operational challenges it currently faces.**
- 5 The Board is committed to public transparency, self-reflection, and hearing directly from patients and staff. The Trust has effectively filled key board-level posts in the past year, including a new Chair and the process for recruiting a new vice-Chair is underway. Meetings of the Board and committees are conducted appropriately and are supported by clear Schemes of Delegation. The Trust is continuing to refine its governance arrangements, such as developing cycles of business. However, there is scope to strengthen these arrangements further, particularly around improving the timeliness of publishing Board and committee papers and increasing the public transparency of decisions made in private sessions of the Board.

- 6 The Trust is strengthening its risk framework. While the Trust regularly reviews its corporate risks, the scores for several significant risks have remained unchanged despite mitigating actions in recent months. This suggests that mitigating action to reduce the risk is not always having the desired effect. The Board receives regular information about the impact of wider system failings on its own performance and related quality concerns for patients. Recognising that many factors are beyond the Trust's direct control, the Trust must continue to seek opportunities to influence its partners to secure improvement as well as focussing on the impact of actions taken locally to address these issues. There is also a need to better respond to concerns and poor experiences captured within the patient experience report.
- 7 The Trust has a Board-approved long-term vision and clinical strategy, which are rooted in population health and aligned to key national strategies. The Trust recognises that delivery of its longer-term aspirations will depend on the buy-in of partners, therefore external engagement must remain a priority. The Trust has a balanced and approved Integrated Medium-Term Plan for 2022-25, which has clear milestones and good alignment with key plans. The planning approach creates a line-of-sight for the Trust's combined strategic frameworks to be monitored at a high-level quarterly via the Finance and Performance Committee and Board, supplemented by detailed monitoring for key programmes. However, there is a need to improve staff involvement in the planning process.
- 8 The Trust achieved its financial duty for 2021-22 and has a clear financial plan for 2022-25. While this year's savings plan has an increasing focus on transformational savings, opportunities remain to reduce reliance on vacancy control as a means of achieving short-term non-recurring cost reduction. The well documented whole system issues which are contributing to significant emergency ambulance handover delays also result in significant financial inefficiencies for the Trust. The Trust continues to have good systems of financial control and is taking steps to reduce the number of single tender waivers used. The organisation's financial reports are clear and regularly received by the Finance and Performance Committee and the Board.
- 9 The Trust has developed a broad programme to support staff well-being which appears to be well-utilised. However, the Trust is not yet evaluating the impact of these services to ensure they are making a real difference. Managing sickness absence is a key area of focus, but rates remain very high particularly amongst Trust staff members in Emergency Medical Services. The Trust's digital strategy is being implemented but there is scope to strengthen and improve oversight of the entirety of its digital programme. The Trust plans to prioritise estate investment but faces challenges because of reducing available capital financing. It must, at the same time, ensure appropriate strategic decisions to support longer-term estates needs and the organisation's decarbonisation agenda.

## Recommendations

- 10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Trust's management response to these recommendations is summarised in **Appendix 2**.

### Exhibit 1: 2022 recommendations

#### Administrative governance

- R1 We have identified opportunities for the Trust to further increase transparency by strengthening administrative governance by:
- a) Ensuring the timely publication of committee papers in advance of meetings and minutes following the end of meetings to the Trust website;
  - b) Enhancing the recording of Chair's actions and decisions taken in private session, for example by identifying the costs and delivery risks relating to decisions made;
  - c) Providing the declarations of interest, gifts and hospitality as a specific document available to be publicly viewed; and
  - d) Reconsidering receiving all counter fraud information within the private session of the audit committee.

#### Patient experience reporting

- R2 Improve quarterly patient experience reporting to QuEST by ensuring a balance of both positive and negative feedback and providing information on what is being done to address the negative themes arising in the report.

#### Staff involvement in the development of future key plans

- R3 The Trust should take steps to ensure its key strategic plans, including the IMTP are developed with, and informed by, its staff.

#### Develop engagement delivery plans

- R4 While the Trust has recently refreshed its high-level engagement framework, it should seek to urgently publish and progress detailed plans to support it in providing external in relation to unscheduled care system pressures.

#### Ensure evaluation of effective staff wellbeing services

- R5 While the Trust has introduced a programme of services to support staff wellbeing, it is not currently undertaking sufficient evaluation and review to ensure these are meeting the needs of staff. The Trust should introduce a regular process to evaluate its staff wellbeing services, such as via pulse

surveys or participant questionnaires. This evaluation should inform long-term investment decisions for such services.

# Detailed report

## Governance arrangements

- 11 In this section of the report, we provide our views on the Trust's governance arrangements, with a particular focus on:
- Board and committee effectiveness;
  - the extent to which organisational design supports good governance; and
  - key systems of assurance.
- 12 We found that **while there have been recent changes in leadership, the Trust continues to be well led. Recognising that governance arrangements are improving, the Trust should also continue to seek opportunities to influence and work together with key partners to help resolve some of the significant performance and quality challenges it faces.**

## Board and committee effectiveness

- 13 We considered the extent to which the Board and its committees conduct their business effectively and support good governance. In examining this, we have looked at whether:
- the Board and its committees demonstrate appropriate levels of public transparency;
  - meetings are conducted appropriately supported by clear Schemes of Delegation, Standing Orders, Standing Financial Instructions, and Registers of Interest;
  - there is an appropriate and well-functioning committee structure below the Board;
  - the Board and its committees receive the right information, including views from staff and service users; and
  - there is evidence of sufficient self-review by the Board and its committees.
- 14 We found that **the Trust is strengthening its governance arrangements; however, there is scope to strengthen the level of scrutiny and challenge provided by Non-Executive Directors.**
- 15 The Board demonstrates a good commitment to public transparency. The Trust held virtual Board and committee meetings during the pandemic but has reverted to holding in-person Board meetings since summer 2022. The Trust continues to broadcast its Board meetings online via Zoom and Facebook for those unable to attend in person. The Board actively seeks and discusses questions raised by the public. Committee meetings continue to be held virtually, however they are not livestreamed or recorded for public viewing, which increases the importance of timely publication of draft and final minutes.
- 16 There is an appropriate split of items discussed in public and private sessions of the Board and its new Governance Practice Note clarifies the criteria for agenda

items that should be considered in the private session. However, the arrangements for publicly reporting Chairs actions and the decisions taken by the Board in private session could be strengthened, for example by providing more information on the costs and delivery risks relating to decisions made (see **Recommendation 1**). We also note that the Audit Committee receives its counter fraud update within the committee's private session. Unless it is of the view that the report routinely contains sensitive information, the Trust should reconsider receiving either part or the full update in public session to increase transparency (see **Recommendation 1**).

- 17 Board and Committee papers are not always made available in advance of meetings in line with the Trust's Standing Orders. We noted instances of delays in publishing some Board and Committee papers on the Trust's website.<sup>1</sup> The Trust does not currently have a process for recording late papers, but is developing Board and Committee Cycles of Business, which should lead to a better shared understanding of which papers are expected by when. Our review of papers also found that some confirmed minutes are not published on the Trust website in a timely way (see **Recommendation 1**).<sup>2</sup>
- 18 The Audit Committee appropriately oversees the annual review of the Trust's Standing Orders, including the Standing Financial Instructions and Scheme of Reservation and Delegation which is up-to-date and aligns to the organisational structure. No breaches were reported to the Committee during 2021-22. Standing Orders provide clear requirements for recording gifts and hospitality, but the Trust recognises a need to strengthen the process and increase staff compliance. The Trust has actions in place to strengthen its processes for declarations of interest, gifts, hospitality and sponsorship. Once this work is complete, the Trust should also ensure its register of gifts is publicly available on the Trust website (see **Recommendation 1**).
- 19 The pandemic and limited capacity within the Office of the Board Secretary have significantly affected timely policy review. The Trust's policy tracker shows that many policies are overdue for review, including the Trust's policy on policies. Given the thorough process utilised by the Trust to review its policies, it will likely take some time to bring all policies up-to-date. The Office of the Board Secretary is aiming to address the backlog of overdue policies, and is also seeking to encourage greater local ownership over policies within directorates which could potentially reduce future delays.
- 20 There has been a significant turnover in Trust Board membership over the last year, with a new Non-Executive Director and three new Directors appointed. A new

<sup>1</sup> Trust Board papers for 28 July 2022 was published on the 25 July 2022. Academic Partnership Committee papers for the 19 July 2022 meeting were published on 1 August 2022.

<sup>2</sup> At the time of fieldwork, we were unable to find three sets of final minutes on the Trust website (Trust Board and Academic Partnership Committee March 2022 confirmed minutes and Finance and Performance April 2022 confirmed minutes)

Chair is now in post and the Trust is seeking to appoint a new Vice-Chair. A new comprehensive Board and Audit Committee induction programme ensures new members are well-informed and supported when they begin their roles. Board members have a good mix of skills to undertake their roles.

- 21 The Trust held two Board Development Sessions in 2021, facilitated by an external provider. Feedback on the programme indicated that whilst these sessions were helpful, the Board should cover a wider breadth of issues. Since 2021, all Board Development Sessions have been facilitated internally using a formalised annual schedule which alternates between strategic and assurance/learning topics. The Board has self-assessed its effectiveness and did not identify any major learning needs. Following the arrival of the new Chair, the Trust intends to commission an external independent review of board effectiveness and will then consider whether it needs to commission further external Board Development programmes to address any gaps identified.
- 22 The committee structure is effective and well-functioning. Administration operates properly with declarations in addition to the standing declarations taken at the beginning of each meeting. Each Committee undertook a self-assessment and reviewed their Terms of Reference during 2021-22, clarifying their roles and memberships in the process. The self-assessments and terms of reference for each committee were submitted to the Trust Board in May 2022, and the terms of reference are on the Trust website. Our committee observations found that meetings ran appropriately with agendas covering the most important risks to the Trust while ensuring the length of meetings remain manageable. This has been further enhanced by recent reviews of Committee priorities. The introduction of new Committee assurance reports has also been positive in highlighting key issues and facilitating flows of assurance from Committees to the Board. During the year, each Committee escalated their significant concerns regarding the performance and quality of services in the context of unscheduled care system pressures to the Board. The Trust Board discussed actions to mitigate avoidable patient harm at its meeting in July 2022, setting out actions it and broader partners needed to reduce risk of patient harm. While several actions have been implemented from the Trust's perspective over recent months, they are not able to offset the impact of increasing handover delays.
- 23 Our observations of the Board and Committees found good collective and cohesive relationships between Directors and Non-Executive Directors. Non-Executive Directors demonstrate a very supportive approach with Senior Officers. While such an approach is positive, there is a risk it could lead to missed opportunities for supporting improvement. Our observations of the Trust Board and its committees found less challenge and scrutiny from Non-Executive Directors, compared with the level of challenge provided by Independent Members in other NHS bodies. While they do not tolerate poor performance, Non-Executive Directors do need to provide stronger challenge to be fully assured that the Trust is taking all necessary actions within its control to address areas of poor quality of service. They also need to ensure that sufficient clarity is provided on what needs to be done to resolve

these issues, recognising of course that solutions are often not within the direct control of the Trust. The Trust's Non-Executive Directors may find it useful to observe Board and committee meetings in other NHS bodies to learn from the different approaches taken elsewhere.

- 24 Papers presented to the Board and Committees are generally of good quality, but there is scope to reduce their length by increasing the focus on analysis, rather than contextual information. Feedback from Non-Executive Directors suggests they are happy with the quality of papers presented but would like to see better summaries in the cover papers to enable them to focus on the most important issues. The Board Secretary intends to strengthen processes to help ensure papers provide focus and meet the expectations and needs of Non-Executive Directors.
- 25 The Trust makes good use of patient and staff stories to enable the Board and Committees to understand the experiences of those receiving care and working at the Trust. The Board continues to alternate staff or patient stories at each meeting, which helps focus discussion. Each Quality, Experience and Safety (QuEST) Committee and People and Culture Committee meeting hears patient and staff stories respectively. Senior Officers capture and action any learning arising from these. The QuEST Committee's Quarterly Patient Experience Report outlines the work of the Trust's Patient Experience Team and approach for collecting service user feedback. These reports demonstrate the Trust's commitment to engaging with patients but tend to focus more on the positive responses received. While there are some sobering accounts of poor patient experience, limited narrative is provided by way of response to some of the concerns raised (see **Recommendation 2**).
- 26 Chief Executive's roadshows, which take place across Wales, and Service Awards provide the Board with regular opportunities to engage directly with, and hear from, staff. Ambulance ride-outs and station visits stopped in response to the COVID-19 pandemic. While some visits have resumed recently, such as the Board's visit to Ysbyty Maelor in July 2022, engagement activity has not yet resumed to pre-pandemic levels, and there is variation in the levels of activity undertaken between Board members. Our [report on the Trust's quality governance arrangements](#), issued in September 2022, recommended the Trust develop a Standard Operating Procedure for such visits to ensure better coverage and capturing of feedback.

## Organisational design

- 27 We considered the extent to which the Trust's organisational structure supports effective governance. In examining this, we have looked at whether:
- the responsibilities of Executive Directors are clear, and that they have balanced and equitable portfolios of work;
  - there is clarity on the role of the Board Secretary, and there are adequate resources in place to support the work of the Board and its committees; and

- the organisational structure supports effective governance and facilitates whole-system working.

28 We found that **the organisational design continues to support Trust business, and recent and upcoming changes at leadership level are being managed effectively.**

29 The responsibilities of Executive Directors appear to be clear, and they have balanced and equitable portfolios of work. Three new Directors (Executive Director of Quality and Nursing, Director of Workforce and Organisational Development, Interim Director of Digital Services) have been appointed to the Trust in recent months, along with a new Chair and a new Non-Executive Director. The Trust is also in the process of seeking a new Vice-Chair. These changes, though significant, appear to have been managed well by the Trust that has continued to maintain stability. Changes to Director portfolios during the last 12 months include an increase in the number of Executive Directors on the Trust Board from five to six under new regulations.<sup>3</sup> This saw the addition of the Director of Operations becoming an Executive Director. The Director of Strategic Planning and Performance becoming also became an Executive-level post during the year, in place of the Director of Workforce and Organisational Development. Executive Directors and wider senior management engage in weekly Executive Management Team meetings to oversee operational business and feedback suggests these meetings are working well.

30 There is clarity on the role of the Trust's Board Secretary, who is leading work to strengthen arrangements including developing cycles of business, strengthening recording of gifts and risk management. However, the progress of this programme is reliant on finite capacity within the Board Secretary's Office. Limited capacity is having an impact in some areas by limiting the resilience of the team in ensuring the timely review of policies and risk. Our review of the Trust's quality governance arrangements also raised concerns around the Trust's capacity to support operational risk management. The Trust has recently appointed a Corporate Governance Manager and is seeking to recruit a Risk Officer which may help address these issues.

31 The Trust has a stable organisational structure, with its operational teams' structured to align to each of the seven Health Board areas. We were not made aware during fieldwork of any substantial changes to the operational structures or of any issues with the way the organisation is currently structured.

## Systems of assurance

32 We considered the extent to which the Board and its committees oversee, scrutinise, and challenge organisational risks, performance, and quality of services. In examining this, we have looked at whether:

<sup>3</sup> [The NHS Trust \(Membership and Procedure\) \(Amendment\) \(Wales\) Regulations 2022](#)

- there is an effective Board Assurance Framework (BAF) in place, which is actively reviewed and owned by the Board;
- the BAF is underpinned by appropriate systems for managing risks and performance; overseeing the quality and safety of services; and handling information in a secure manner; and
- effective action is taken to address audit and review findings and recommendations.

33 We found that **while the Trust is strengthening its systems of assurance with regular reviews of risk, further work is required to understand whether the Trust’s mitigating actions are achieving their intended impact on significant and ongoing risks and challenges.**

34 The Trust has strengthened its Board Assurance Framework (BAF) during 2021-22. The new version is more detailed and comprehensive, with much greater articulation of the controls and assurances in place. The BAF currently draws its principal risks from the Corporate Risk Register and maps them to the 2022-25 Integrated Medium-Term Plan deliverables and therefore, by extension, the Trust’s strategic risks. It is not yet aligned to the Trust’s broader long-term strategy and does not link with wider system controls and assurances. The BAF clearly identifies how the Trust is monitoring risks and the associated mitigating controls, but it currently only provides limited assurance on the impact of the controls in terms of whether they are effectively reducing the risks. While the BAF is a standing agenda item on each Board and Committee agenda, there is a need to better focus discussions on the effectiveness and impact of controls in reducing the strategic risks facing the organisation.

35 The Trust revised its Corporate Risk Framework in 2020 and continues to strengthen it through its risk transformation programme. Risks on the Corporate Risk Register (CRR) have been reviewed using an ‘if, then, resulting in’ format which provides greater clarity and focus on the potential impact of each risk. Each committee receives and discusses the risks relevant to their remit at every meeting, with any issues escalated in via highlight reports to Board. However, despite regular review, several CRR risks have remained static or deteriorated in recent months, suggesting actions for mitigating risks are not having the intended effect. While this is, in part, due to the risks being impacted by external pressures and partners, the Trust must apply robust challenge to ensure its mitigating actions are achieving their maximum impact. While a recent Internal Audit report on risk management and assurance provided an overall reasonable assurance rating, the work highlighted gaps in oversight and an inconsistent approach to the review of risks at directorate and operational levels. Officers regularly review the corporate risk registers of other NHS bodies in Wales to understand how other bodies are seeking to mitigate broader unscheduled care risks that affect the Trust’s performance. The Trust must ensure it gains assurance that the actions taken to address the risks are having the intended impact.

- 36 Wider system failings and pressures have meant that the Trust currently faces unprecedented performance issues and related quality concerns leading to avoidable harm for patients. In response, the Trust Board needs to do everything within its span of control to improve the way its own services operate, including strongly influencing its partners and stakeholders to collectively address the cause of poor services and outcomes for patients. These challenges include:
- Frequently reaching the highest level (four) of the Trust's Resource Escalation Action Plan (REAP) framework.
  - Poorer and deteriorating performance in relation to red and amber calls. The target for reaching 65% of calls categorised as red (immediate life-threatening) has not been met since July 2020. Performance as of October 2022 was 48%. For calls categorised as amber (serious, but not immediately life-threatening), median performance in October 2022 was one hour, 42 minutes with the 95<sup>th</sup> centile of calls waiting nearly nine hours.
  - During 2022, the Trust has routinely seen between 25-35% of its front line 999 response delayed outside of a hospital and unable to respond to calls in the community. 28,937 hours were lost due to handover delays in October 2022.
  - There is year-on-year increase in nationally reportable incidents which resulted in an unexpected or avoidable death or severe harm.
- 37 The Trust recently updated its Performance and Quality Framework and improved the operational performance analysis provided its Integrated Quality and Performance Report. The Trust is also seeking to develop service quality metrics, but it currently is not able to link its systems with Health Board systems. This means that the Trust cannot easily see the outcome for patients after their handover, which is a particular concern if high-risk patients have waited long times for an ambulance. The continuing roll-out of the electronic Patient Clinical Record system aims to resolve this and ultimately improve the breadth of oversight and assurance on the quality of services.
- 38 Our report on the Trust's quality governance arrangements highlighted the good progress being made in developing quality improvement plans and improving the functioning of the QuESt committee and internal concerns management. However, we identified the need for the Trust to improve its risk management capacity, address the substantial backlog of mortality reviews, and ensure better visibility of clinical audits. During 2022 the Delivery Unit reported on significant weaknesses in the process for incident reporting across organisational boundaries, known as Appendix B reports, which we highlighted that the Trust must work with partners to address to ensure system-wide improvements. The Trust is taking action to address the recommendations of our report.
- 39 The Trust's audit tracker enables effective oversight of recommendations made by internal and external audit and other bodies, including Health Inspectorate Wales and the Welsh Language Commissioner. However, the tracker does not consistently make clear the reasons why some actions have become overdue, what/whether progress has been achieved to date and/or whether actions have a

new proposed completion date. The Audit Committee regularly undertakes a high-level review of the tracker, but there is scope for Committee members to focus more on exploring whether recommendations marked as 'completed' have achieved their intended impact. This could be achieved by inviting the relevant senior leaders to Audit Committee to report on progress.

## Strategic planning arrangements

- 40 In this section of the report, we provide our views on the Trust's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
  - Integrated Medium-term Plan;
  - planning arrangements; and
  - arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 41 We found that **there are good approaches for developing plans, but there needs to be a stronger focus on staff and partner engagement and greater challenge on the impact of plans in supporting improvements to performance.**

## Vision and strategic objectives

- 42 We considered the extent to which there is a clear vision and long-term strategy in place for the organisation. In examining this, we have looked at whether:
- the vision and strategic objectives are future-focussed, and rooted in a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
  - the vision and strategic objectives have been developed and adopted by the Board; and
  - the long-term strategy is underpinned by an appropriate long-term clinical strategy.
- 43 We found that **the Trust has a good long-term strategic vision that is focussed on supporting the population health of Wales and the wider NHS system.**
- 44 The Trust Board approved its long-term strategic framework (the Framework) titled 'Delivering Excellence, Our Vision for 2030' in March 2019. The Framework has a strong foundation as it draws on detailed predictions about population health. It articulates the Trust's ambition to alter its traditional service model and to manage demand differently, with a focus on increasing telephone consultations and treatments out in the community and reducing ambulance conveyance to hospital. It calls this approach 'inverting the triangle'. The Framework provides sufficient direction to form the basis of each refresh of the Integrated Medium-Term Plan. Positively, the Trust has recently reviewed its long-term ambitions and, as a result,

reframed some specific actions as part of the Integrated Medium-Term Plan development process.

- 45 The Trust's Clinical Strategy 2020-2025 appropriately supports the long-term Framework by setting out the main drivers of changing service demand, including demography and population-level patterns of illness. The clinical strategy has four clear clinical aims, which are:
- Aim 1: Using excellent clinical leadership;
  - Aim 2: Responding to our population's changing care needs;
  - Aim 3: Embedding a Value Based Healthcare approach; and
  - Aim 4: Improved use of clinical data and information.
- 46 The Clinical Strategy effectively sets out the required enabling strategies that will support its progress, including the Trust's quality, education and training, and digital strategies.

## Integrated Medium Term Plan

- 47 We considered the extent to which the Trust has been able to produce an approvable Integrated Medium-Term Plan (IMTP) for 2022-2025. In examining this, we have looked at whether:
- the IMTP was submitted within the required timeframes in line with Welsh Government guidance;
  - the draft and final versions of the IMTP were discussed, challenged, and agreed by the Board prior to submission; and
  - the IMTP received approval from the Minister for Health and Social Services.
- 48 We found that **the Trust continues to develop approvable and balanced Integrated Medium-Term Plans that meet Welsh Government requirements.**
- 49 The Trust produced a balanced Integrated Medium-Term Plan (IMTP) 2022-25 which met Welsh Government requirements and secured Ministerial approval. Drafts were provided to various Executive groups and Committees prior to its submission to Welsh Government, including a review by the Trust Board during a development session in February 2022, and endorsement by the Finance and Performance Committee in March 2022. The Board approved and submitted the final version in March 2022 in line with Welsh Government timelines. The Trust's commissioners also approved the IMTP via the Emergency Ambulance Services Committee<sup>4</sup>.
- 50 Welsh Government commented positively on the alignment of the IMTP to the Emergency Ambulance Services Committee's own plan, and a good focus placed on both value-based healthcare and improving workforce efficiencies by reducing

<sup>4</sup> The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in Wales, with responsibility for planning and securing sufficient ambulance services for the population.

sickness absence. Welsh Government also highlighted some areas for improvement, particularly around the need for the Trust to be more ambitious with its performance improvement trajectories, plans for achieving university status, and achieving stronger collaboration with the Fire and Rescue Service.

## Planning arrangements

- 51 We considered the extent to which the Board maintains effective oversight of the process for developing corporate strategies and plans. In examining this, we have looked at whether:
- prudent and value-based healthcare principles are considered and reflected in corporate strategies and plans; and
  - corporate strategies and plans have been developed in liaison with relevant internal and external stakeholders;
- 52 We found that **the Trust has reasonable arrangements for developing key plans, although it recognises that there is scope to increase staff involvement and strengthen partner buy-in.**
- 53 The Trust continues to have an effective process for developing its IMTP, which it actively seeks to improve on an ongoing basis. The Trust's process for developing the IMTP 2022-25 was comprehensive and included:
- assessing long-term strategic framework achievements;
  - reviewing progress against the commitments made in the previous IMTP; and
  - considering new and current pressures via the Executive Management Team and board development sessions.
- 54 While the Trust's approach to IMTP planning has been effective for some time, this year the Trust also recognised the need for its arrangements to more flexible to respond to extreme operational pressures. As a result, the 2022-25 IMTP is now more explicit about its priorities and which actions can be paused if operational pressures place a significant strain on resources. However, since 2019, the Trust has not aligned underpinning directorate level plans to inform the development of the IMTP but intends to rectify this for the 2023-26 plan.
- 55 In term of wider planning arrangements, there is a mixed state of progress. The revised People and Culture Strategy has been delayed and work on renewing its Public Health Plan 2019-22 is yet to commence. However, the Trust has approved its volunteer strategy in September 2021. This strategy, which was developed with involvement from volunteer working groups, and has been designed to appeal to current and prospective volunteers. However, it was not financially costed when it was approved which makes it difficult to know whether it is affordable. There is also scope to better clarify how it will be delivered and monitored. While the volunteer strategy is summarised within the IMTP, there is no clear read-across to the IMTP actions for 2022-25.

- 56 The Trust also recognises that it should do more to engage staff when preparing corporate plans and strategies. It has developed a one-page summary of its IMTP for staff and the public, which is available via its public website. However, the pandemic inevitably led to reduced staff involvement in the IMTP planning process (see **Recommendation 4**).
- 57 In previous structured assessment reports, we have highlighted that the Trust's partners do not always properly buy into its significant service transformation ambitions and the need to modernise services. This continues to be a risk that the Trust is aware of and is seeking to mitigate. For example, in response to the continuing significant operational pressures, the Trust submitted a 'transitional plan' to its commissioners in December 2021, outlining proposals for improvement based on altering models of service in line with its long-term vision. There were varying appetites from the commissioners for the plan and it was not adopted in that form at that time. While some initiatives have been taken forward with individual Health Boards, the inability to move forward nationally was disappointing for the Trust. The Trust's recently refreshed engagement framework sets out the principles for engagement on its long-term strategic vision. While the document contains high-level principles, detailed plans are due to be published in early 2023. These detailed plans will be vital in providing the helpful direction for the Trust in engaging and maintaining effective dialogue with key partners (see **Recommendation 5**).
- 58 The Trust is committed to implementing prudent and value-based healthcare principles. It is currently working with the National Collaborative Commissioning Unit and the Finance Delivery Unit to develop a strategy and approach to value-based healthcare which links outcomes, patient experience, and use of resources. The Trust established financial workstreams in September 2022 and set-up a value-based healthcare working group to inform their work. It must demonstrate progress in implementing value-based healthcare during this financial year given it is a key accountability condition set by Welsh Government and features within the priorities set by its commissioners via the EASC commissioning intentions.

## Implementation and monitoring arrangements

- 59 We considered the extent to which the Board oversees, scrutinises, and challenges the implementation and delivery of corporate strategies and plans. In examining this, we have looked at whether:
- corporate strategies and plans contain clear milestones, targets, and outcomes that aid monitoring and reporting; and
  - the Board receives regular reports on progress to deliver corporate strategies and plans.
- 60 We found that **while the Trust has regular and integrated arrangements for monitoring the delivery of key plans, there is scope to clearly articulate delivery of its clinical strategy.**

- 61 The progress of key strategies and plans is monitored on an ongoing basis via the Trust's IMTP monitoring arrangements. This integrated approach is possible due to the strong alignment of the IMTP to key enabling and operational plans as well as the long-term strategic framework. However, our review of quality governance arrangements highlighted that the delay between approving the quality strategy and preparing the subsequent improvement plan have hampered the delivery of some key actions. This is again the case in relation to the clinical strategy. Earlier development of implementation plans would support the delivery of the Trust's strategic aim, and therefore delays should be avoided wherever possible.
- 62 IMTP deliverable actions are 'SMART'<sup>5</sup> and phased across the three years of the plan. The Strategic Transformation Board monitors the IMTP on a regular basis including reviewing the IMTP delivery tracker for all 2022-23 actions. The Trust's committees monitor specific programmes of IMTP work during their usual business, for example, the Trust's decarbonisation agenda. The Finance and Performance Committee receive detailed IMTP progress update and the Board also tracks progress through a high-level highlights report. This in particular indicates where IMTP progress is on track and where actions need to be paused to free capacity to respond to operational pressures. The Trust currently focusses primarily on actions delivered, rather than the outcome achieved, in terms of IMTP progress. It was positive to see that in November 2022 the Trust stated a new Head of Transformation has been appointed to work with its Performance Team to map benefits realisation back to transformation programmes to establish where possible the programme contribution to those measures.

## Managing financial resources

- 63 In this section of the report, we provide our views on the Trust's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
  - financial controls; and
  - arrangements for reporting and monitoring financial performance.
- 64 We found that **the Trust has a good approach to financial planning, management, and reporting, however opportunities exist to reduce the significant inefficiencies caused by external system pressures.**

## Financial objectives

- 65 We considered the extent to which the Trust has effective arrangements in place to meet its key financial objectives. In examining this, we have looked at whether the Trust:

<sup>5</sup> SMART - Specific, Measurable, Achievable, Relevant, and Time-Bound

- met its financial objectives for 2021-22, and is on course to meet its financial duties in 2022-23; and
- has a clear and robust financial plan in place, which includes realistic and sustainable savings and cost improvement plans.

66 We found that **the Trust continues to achieve its financial duties and is increasingly focussed on recurrent and transformational savings, though these are significantly outweighed by costly inefficiencies caused by system pressures**

67 The Trust continues to maintain a good record of meeting its financial duties in 2020-21, and over the rolling three-year period. For 2021-22, it recorded a small surplus, its capital expenditure was fully spent in line with updated plans, and it achieved savings of £2.861 million against a target of £2.800 million. As of Month 7, 2022-23, the Trust is reporting a year-end breakeven position. This is based on assumptions that the Trust will receive Welsh Government funding for all exceptional costs.

68 While financial performance currently remains strong, there are greater financial risks this financial year with increased cost pressures around utilities, fuel, sickness absences, and handover delays. These risks are articulated in the Trust's financial plan as part of its IMTP. The Trust is proactively managing these risks, engaging in regular discussions with Welsh Government and its commissioners around funding assumptions, and providing greater scrutiny on its own savings programme.

69 The Trust continues to receive additional in-year funding directly from Welsh Government. For example, in August 2022, Welsh Government announced £3 million non-recurrent funding for additional paramedics to support winter pressures. However, short-term funding creates challenges in terms of recruitment and the additional resources required to supporting new recruits. The Trust has made plans to mitigate these challenges in discussion with Welsh Government.

70 In order to seek further financial flexibility in addressing current performance issues, the Trust is pursuing access to additional funds available across Wales, such as the Primary Care Fund<sup>6</sup> and funds available through the [Six Goal Programme](#). Access to such funding would enable the Trust to pursue some of the improvement initiatives described in its transition plan to alleviate pressures in unscheduled care and reduce delays in ambulance response. However, the Trust is currently not eligible to apply for such funding.

71 The Trust has a savings programme of £4.3 million focussing on recurrent and transformational savings through efficiencies, collaboration, and outsourcing opportunities. However, we have previously highlighted risks around the Trust's reliance on non-recurrent savings, particularly through vacancy management. As of Month 7, underspends continued to be driven predominantly by funded vacancies. In July 2022, the Trust established four financial workstreams which are intended

<sup>6</sup> Introduced by the Welsh Government in 2015-16, the Primary Care Fund supports implementation of the national primary care plan

to support delivery of a sustainable savings programme rooted in transformation. The four workstreams cover benchmarking value, achieving efficiency, income generation, and best practice. These workstreams should support the Trust to move away from traditional transactional savings and support it to overcome current and future financial challenges.

- 72 Ambulance handover delays are also a cause of significant inefficiencies. The hourly cost of handover delays, as estimated by the Trust, is around £166 an hour. In September 2022 alone, the loss of around 25,000 hours equated to a total cost impact of around £4 million. If handover delays continue to increase at current rates, the notional cost of lost capacity could equate to as much as £50 million for the full year. Eradicating delayed handovers would not release this cash total given that core staffing levels are always required. However, the extent of inefficiencies mean that far more staff are unproductive and are not able to be positively deployed than would otherwise be needed. Such system-wide inefficiencies are also having to be, in part, propped-up by further investment in additional paramedic staffing to try to offset the performance impact of handover delays.

## Financial controls

- 73 We considered the extent to which the Trust has appropriate and effective arrangements in place for allocating, authorising, recording, and managing the use of its financial resources. In examining this, we have looked at whether:
- there are effective controls in place to ensure compliance with Standing Financial Instructions and Schemes of Delegation;
  - the Audit Committee maintains appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
  - there are effective financial management arrangements in place; and
  - financial statements were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 74 We found that **the Trust has appropriate and effective arrangements for financial management and control.**
- 75 The Board effectively oversees standing financial instructions, last reviewing them in January 2022. The Trust's financial systems and controls have not changed since last year. The Trust's Audit Committee receives information on losses and special payments in its public session and counter-fraud and single tenders in the private session of each meeting (see **Recommendation 1**). No significant issues have been reported to the Audit Committee on these items this year.
- 76 The Trust submitted good quality draft financial statements for audit on the Welsh Government imposed deadline of 29 April 2022, which were considered by the Audit Committee in early June. Our audit identified one uncorrected misstatement, though this was below material level. Following Board approval, we issued an unqualified audit opinion on 15 June 2022.

## Monitoring and reporting arrangements

- 77 We considered the extent to which the Board oversees, scrutinises, and challenges the organisation's financial performance. In examining this, we have looked at whether:
- reports to the Board provide a clear picture of the organisation's financial position, as well as the key financial challenges, risks, and mitigating actions taken; and
  - Board members sufficiently challenge ongoing assessments of the financial position.
- 78 We found that **the Trust has effective arrangements for reporting and monitoring financial performance and overseeing the delivery of savings programmes.**
- 79 There are effective arrangements for oversight of financial performance at both executive and Board level. Finance reports and savings and efficiency highlight reports are regularly submitted to the Strategic Transformation Board, the Executive Management Team, and the Finance and Performance Committee. The Board also receives the finance report each quarter.
- 80 Reports are open and transparent, highlighting the current situation and any key risks that members should be aware of including risks or mitigating actions. Members feel assured by the reports and are sighted on key issues. Challenge observed during meetings demonstrates the Trust's cautious approach to financial management.

## Managing the workforce, digital resources, the estate, and other physical assets

- 81 In this section of the report, we provide our high-level views on the Trust's arrangements for managing its wider resources, with a particular focus on the organisation's arrangements for:
- supporting staff wellbeing (please note we will be undertaking a separate review of the organisation's workforce planning arrangements);
  - managing its digital resources; and
  - managing its estate and other physical assets.
- 82 We found that **action is needed to ensure the positive work to support staff well-being is having the desired impact and also to maintain a focus on reducing sickness absence rates. Implementation of the digital strategy would be strengthened by improved oversight of the programme and clarity over funding. Strategic decisions also need to be made in respect of longer term estate needs and decarbonisation.**

## Supporting staff well-being

- 83 We considered the extent to which the Trust has appropriate and effective arrangements in place for supporting staff well-being. In examining this, we have looked at whether:
- mechanisms to seek staff views about their well-being needs are effective, and appropriate action is taken to respond to findings; and
  - actions to support and improve staff well-being are actively monitored by the Board, including actions taken in response to our report on how NHS bodies supported staff wellbeing during the COVID-19 pandemic<sup>7</sup>.
- 84 We found that **while the Trust has developed a well-being programme for staff, there is a need to evaluate and understand how well this is supporting staff and reducing sickness absence rates.**
- 85 The Trust demonstrates a clear appreciation and understanding of the stress staff experience. The Trust has historically had higher sickness absence rates than other NHS bodies in Wales and these were at their highest-ever levels in December 2021, at 12.4%. The Trust continues to work to address short and long-term sickness absence. While sickness rates have decreased to under 9% in September 2022, they remain higher than the Trust's target rate of 8% and continue to be a particular concern for Trust staff in Emergency Medical Services. Progress is monitored through the 'improving attendance' project which reports to

<sup>7</sup> [Taking care of the carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic.](#)

the People and Culture Committee. The project has seven areas of focus including well-being, stress and anxiety and management support.

- 86 The Trust has a range of well-being services in place for staff, including an employee assistance programme and an in-house Occupational Health Team. The Trust also has arrangements in place to provide information on how this provision can be accessed. Staff well-being activity is reported quarterly to the People and Culture Committee. However, the report does not detail how many staff have engaged in these activities. Furthermore, it does not include any evaluation of impact or assurance that staff needs are being met and that value for money is being delivered (see **Recommendation 6**).
- 87 Our Taking Care of the Carers report made several recommendations to health bodies around staff well-being. As of December 2022, the Trust is making reasonable progress in implementing these recommendations: ten have been completed to date, however the remaining eight overdue and no reasons were provided for six recommendations. As discussed in **paragraph 86**, despite the well-being improvement activity, sickness absence remains very high for some staff groups and completion of appraisals is lower than target levels.

## Managing digital resources

- 88 We considered the extent to which the Trust has appropriate and effective arrangements in place for managing its digital resources. In examining this, we have looked at whether:
- there is a Board approved digital strategy in place which seeks to harness and exploit digital technology to improve the quality, safety, and efficiency of services, as well as to support new models of care and new ways of working; and
  - benefits arising from investments in digital technology are actively monitored by the Board.
- 89 We found that **while the Trust is closely managing and monitoring key digital and cyber risks, there is scope to strengthen reporting of progress of its digital strategy.**
- 90 The Trust's Digital Strategy seeks to enable service improvement and modernisation. Following the departure of the Digital Director in July 2022, the interim director is currently reviewing the strategy to understand whether any updates are required since its publication in 2020. The Trust is also developing a digital Strategic Outline Programme to sit alongside the Trust's Fleet and Estates Strategic Outline Programmes.
- 91 While it is positive that the Trust's digital strategy is in place and activity is underway to align it to other key enabling services, further clarity is needed on how the strategy will be funded. The digital strategy is funded via three routes: the Trust's IMTP process, the national data resource in Digital Health and Care Wales and the Welsh Government Digital Priorities Investment Fund, the strategy was

approved without clarification of how it would be funded in its totality. Staffing arrangements also appear to be a challenge. In addition to its ongoing digital service, the Trust supports delivery of the strategy through a mix of its core team capacity and temporary additional posts on a project-by-project basis. Given the shortage of digital workforce across Wales, the Trust, in common with other NHS bodies, finds permanent as well as short-term recruitment for its digital services a challenge.

- 92 The implementation of the digital strategy is managed through the Strategic Transformation Board as part of the Trust's process for monitoring progress of the IMTP. The Trust does not report against the digital strategy as a programme, but rather reports against individual elements, such as data analytics which reported to the Strategic Transformation Board in October 2022. The Trust intends to report other elements in coming months. The lack of overall oversight may make it difficult for the Trust to understand the impact of the digital strategy in its totality in supporting the organisation to achieve its strategic ambitions.
- 93 Both the Finance and Performance Committee and the QuEST Committee have roles in relation to overseeing elements of the Trust's digital activities. While the Finance and Performance Committee oversees most elements relating to digital, data management teams report information security information through the Information Governance Steering Group, currently a sub-group of the QuEST Committee. While this may create a risk of confusion, we did not find evidence that this arrangement was leading to duplication or gaps in oversight. The Trust's current review of the Terms of Reference and reporting lines for the Information Governance Steering Group may help mitigate this risk further. In addition, the Board have shown they have effective oversight of significant risks relating to digital, including the ongoing risk in relation to delivery of a replacement programme for its 111 service.

## Managing the estate and other physical assets

- 94 We considered the extent to which the Trust has appropriate and effective arrangements in place for managing its estate and other physical assets. In examining this, we have looked at whether:
- there are Board-approved strategies and plans in place for managing the organisation's estates and its wider physical assets;
  - there are appropriate arrangements in place for the Board to review, scrutinise, challenge, and approve significant capital projects and programmes; and
  - there are appropriate arrangements in place for the Board to maintain appropriate oversight of the condition of the estate and other physical assets.
- 95 We found that **the Trust has effective approaches to estates and decarbonisation, however it must balance strategic opportunities with meeting increasing backlog maintenance costs in the context of limited capital funding.**

- 96 The Trust has an effective approach to managing its estates in the context of limited available capital funding. In 2021, the Trust refreshed its Estate Strategic Outline Programme. The Trust prioritises its estate based on potential current conditions and potential opportunities, benefits, and collaborative arrangements. From its analysis, the worst (highest) scoring locations have been prioritised for improvement / repair / replacement as appropriate. The Trust's backlog maintenance costs have remained fairly consistent since 2018-19 with a small year on year increase. However, the success of delivering the Estate Strategic Outline Programme is dependent on timely approval of requests for discretionary capital funding and the availability of discretionary capital funding which has reduced by 24%. The shortfall in discretionary capital is leading to a reduced programme and an increasing emphasis on prioritising the highest risk sites.
- 97 The Trust has in place a decarbonisation action plan to reduce emissions by 34% by 2030. The plan is extensive with over a hundred actions. The Finance and Performance Committee regularly assess progress in relation to the action plan. In November 2022, following a self-assessment, an indicative rating for the plan's progress was rated as red/amber, with remedial actions being put in place. Estates is a significant part of the Trust's decarbonisation process. The Trust has acknowledged that there is a tension and balance between meeting the targets in their decarbonisation plans and delivery estate and asset projects. This is reflected in developing a business case for the new station in Swansea where all options and costing are being discussed.

# Appendix 1

## Audit approach

Exhibit 2 sets out the approach we adopted for delivering our structured assessment work at the Trust.

### Exhibit 2: audit approach

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following Committees: <ul style="list-style-type: none"><li>• Board, March 2022 and July 2022;</li><li>• People and Culture Committee, May 2022</li><li>• Quality, Experience and Safety Committee, May 2022</li><li>• Finance and Performance Committee, July 2022</li><li>• Audit Committee, March 2022 and September 2022</li></ul>

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> <li>• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;</li> <li>• Key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interests, and Registers of Gifts and Hospitality;</li> <li>• Key organisational strategies and plans, including the IMTP;</li> <li>• Key risk management documents, including the Board Assurance Framework and Corporate Risk Register;</li> <li>• Key reports relating to organisational performance and finances;</li> <li>• Annual Report, including the Annual Governance Statement;</li> <li>• Relevant policies and procedures; and</li> <li>• Reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.</li> </ul>

## Interviews

We interviewed the following Senior Officers and Non-Executive Directors:

- Chair of the Trust (as of July 2022)
- Chair of Quality, Experience and Safety Committee (QuEST)
- Chair of People and Culture Committee
- Chief Executive Officer,
- Director of Finance
- Director of Planning and Performance
- Board Secretary
- Director of Digital; and
- Chief Ambulance Services Commissioner.

# Appendix 2

## Management response to audit recommendations

98 Appendix 2 will be completed once the management response has been received.

### Exhibit 3: management response

Recommendation	Management response	Completion date	Responsible officer
<p><b>Administrative governance</b></p> <p>R1 We have identified opportunities for the Trust to further increase transparency by strengthening administrative governance by:</p> <p>a) Ensuring the timely publication of committee papers in advance of meetings and minutes following</p>	<p>a) Agreed</p>	<p>a) Immediately for timely publication of committee papers and by 1 April 2023 for minutes to allow for repository to be established on website.</p>	<p>a) Board Secretary</p>

Recommendation	Management response	Completion date	Responsible officer
<p>the end of meetings to the Trust website;</p> <p>b) Enhancing the recording of Chair’s actions and decisions taken in private session, for example by identifying the costs and delivery risks relating to decisions made;</p> <p>c) Providing the declarations of interest, gifts and hospitality as a specific document available to be publicly viewed; and</p> <p>d) Reconsidering receiving all counter fraud information within the private session of the audit committee.</p>	<p>b) Agreed. Fuller information on decisions will be provided.</p> <p>c) Agreed</p> <p>d) Due to the fact that the local counter fraud service report routinely contains sensitive information it will remain in private session, however the AAA highlight report from the Audit Committee into the public Trust Board will provide an expanded narrative on the issues discussed including any relevant metrics.</p>	<p>b) Immediately</p> <p>c) 1 April 2023</p> <p>d) 30 March 2023</p>	<p>b) Board Secretary</p> <p>c) Board Secretary</p> <p>d) Executive Director of Finance and Corporate Resources</p>
<p><b>Patient experience reporting</b></p> <p>R2 Improve quarterly patient experience reporting to QuEst by ensuring a balance of both positive and negative feedback and providing information</p>	<p>a) Agreed</p>	<p>September 2023</p>	<p>Executive Director of Quality and Nursing</p>

Recommendation	Management response	Completion date	Responsible officer
<p>on what is being done to address the negative themes arising in the report.</p>			
<p><b>Staff involvement in the development of future key plans</b>  R3 The Trust should take steps to ensure its key strategic plans, including the IMTP are developed with, and informed by, its staff.</p>	<p>Accepted. This has taken place for the development of the 2023-26 IMTP with wide ranging staff and stakeholder engagement</p>	<p>Complete and ongoing</p>	<p>Executive Director of Strategy, Planning and Performance</p>
<p><b>Develop engagement delivery plans</b>  R4 While the Trust has recently refreshed its high-level engagement framework, it should seek to urgently publish and progress detailed plans to support it in providing external in relation to unscheduled care system pressures.</p>	<p>A phased delivery plan is scheduled to be presented to Board at its January 2023 meeting. This document will outline indicative messages/audiences/phasing and approaches over the next 18 months to two years.</p>	<p>January 2023 to Board   Timetabled plan to EMT Qtr 1 2023/24</p>	<p>Director of Partnerships and Engagement</p>



Recommendation	Management response	Completion date	Responsible officer
	<p>Fitback (Physiotherapy Service) and NOSS (Trauma Counselling). – Feb 2023 onwards</p> <ul style="list-style-type: none"> <li>• Regular meetings are in place with service providers (FitBack, Health Assured, NOSS, Caer Health, Thrive) and monthly data reports are being reviewed regularly in order to understand trends and themes in terms of uptake and gaps (to enable targeted promotion, for example, by role and geographic area).</li> <li>• Fortnightly OH and Wellbeing Team meetings taking place where team members provide qualitative feedback regarding service provision and share feedback from staff who have used the service – ongoing</li> <li>• Specific wellbeing metrics will be developed as part of the people and culture plan evaluation section for 2023-26 – these will include measures such as cost savings associated with reduced sick absences figures , improved</li> </ul>	<p>February 2023 onwards</p> <p>Ongoing</p> <p>April 2023 onwards</p>	

Recommendation	Management response	Completion date	Responsible officer
	<p>engagement levels and early intervention to enable colleagues to remain in work</p> <ul style="list-style-type: none"> <li>• Follow up surveys will be carried out to identify utilisation of wellbeing services, gaps and impact on a twice-yearly basis.</li> <li>• Participation in the Gold Corporate Health Standard will ensure a continued focus on evaluation and assessment of impact of the different interventions offered by WAST.</li> </ul>	<p>June 2023 and December 2023</p> <p>March 2023 – onwards</p>	



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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>17</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

<b>TRUST BOARD – 2023/24 SCHEDULE OF MEETINGS</b>
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<b>MEETING</b>	Trust Board
<b>DATE</b>	26 <sup>th</sup> January 2023
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Trish Mills, Board Secretary Alex Payne, Corporate Governance Manager
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
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1. The Standing Orders require that the Board approves its annual plan of Board business by March each year. Consultation has been undertaken with the Non-Executive & Executive members of the Board, as noted below.
2. The 2023/24 schedule of dates for the Board, its committees, and Board Development Days has been based around the pattern of meetings established for the current year but with the following adaptations / considerations: -
  - The Board Development Sessions are not held concurrently with Trust Board meetings from April 2023. Instead, they will be in the alternate months to the Trust Board meeting. There is currently no session scheduled for August therefore the total number of development sessions in the year will be 5;
  - However, note that the December 2023 Board Development session is earlier in the month to allow for the festive break and to coincide with the anticipated approval of the IMTP – scheduled for the 16 December 2023;
  - All Board Development sessions and Trust Board meetings will be held in the Cardiff MRD;
  - The AGM is scheduled to take place at the same time as the July 2023 Trust Board meeting;
  - The January 2024 Trust Board will include a meeting of the Corporate Board of Trustees, to approve the charity accounts;
  - There are placeholder dates in for May and June 2023 for Audit Committee and Trust Board to approve the Annual Report & Accounts. It is likely that the later dates will be utilised, but the timetable is not yet confirmed;
  - There is an additional Audit Committee meeting scheduled for April 2023 to receive the Committee annual effectiveness review results and Committee Annual Reports;

- The People & Culture Committee (PCC) meetings are now quarterly, and the new cycle means that one meeting will fall in August. There will therefore be a meeting of PCC and QUEST in August 2023;
- All other Committees retain their current frequency; all but Remuneration Committee and Audit Committee fall quarterly, with the first meeting in either April or May of 2023.

3. Please note that the following changes have been made to the schedule since it was shared with the Board in December 2022: -

- The June meeting of Remuneration Committee has moved from the 7 June 2023 to the *afternoon* of 5 June 2023;
- The TBC June Trust Board meeting (TBC subject to the Annual Report & Accounts timetable) has been moved from the 15 June to the 13 June, to align to the likely filings schedule;
- The October meeting of the Charitable Funds Committee has moved from the 11 October to 9 October;
- The March 2024 Trust Board date has moved from the 29 March to the 28 March 2024.

**RECOMMENDATION - That the Trust Board approves the schedule of dates for 2023/24 Board and Committee meetings and notes the adaptations to the cadence of meetings.**

#### REPORT APPROVAL ROUTE

1. 21<sup>st</sup> November 2022 – Executive Management Team
2. 15<sup>th</sup> December 2022 – Email to the Trust Board

#### REPORT APPENDICES

1. Annex 1 – SBAR
2. Annex 2 – Proposed 2023/24 Dates

#### REPORT CHECKLIST

**Confirm that the issues below have been considered and addressed**

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

## 2023/24 BOARD AND COMMITTEE DATES

### SITUATION

1. The Trust Board is requested to consider the forward plan of dates for the 2023/24 meetings of the Board, its Committees and Board Development sessions.

### BACKGROUND

2. The Standing Orders require that the Board approves its annual plan of Board business by March each year. The plan of Board business includes the meeting dates, venues, and coverage of business activity during the year, taking account that ordinary meetings will be held at regular intervals.
3. Board Committees are established to support the Board with its oversight responsibilities to hold the executive to account, provide challenge, monitor compliance, and seek assurance that strategy and performance are on track; and its stewardship role to guide and shape strategy, foster innovation, and creativity, develop the culture, values, and ethics of the Trust, and respond to a changing environment.

Therefore, the dates on which meetings of the Board Committees are set should complement Board meetings so that oversight and scrutiny, particularly of key Committees, can take place as close as possible to the Board meeting, allowing for timely assurance and escalations from the Committees.

4. The spread of meetings should be cognisant of the time commitment of the Non-Executive Director members of the Board, and a complimentary cycle of business developed to guide its work.

### ASSESSMENT

5. During 2022/23 the Board set scheduled meetings bi-monthly, with an additional meeting in May prior to the AGM. Whilst the Finance and Performance Committee meet ordinarily in the week before the Board, the other Committees are set to a quarterly cadence. As cycles of business of these Committees imbed and agenda streamlined it may be possible to bring some in line with the Board schedule of bi-monthly meetings. A review of this will take place in early 2024.
6. The meeting schedule for 2023/24 has been largely predicated on the cadence of meetings in 2022/23 to provide consistency. The full calendar appears at Annex 2 and considers the following:

- The Board Development Sessions are not held concurrently with Trust Board meetings from April 2023. Instead, they will be in the alternate months to the Trust Board meeting. There is currently no session scheduled for August therefore the total number of development sessions in the year will be 5;
  - However, note that the December 2023 Board Development session is earlier in the month to allow for the festive break and to coincide with the anticipated approval of the IMTP - – scheduled for the 16 December 2023;
  - All Board Development sessions and Trust Board meetings will be held in the Cardiff MRD;
  - The AGM is scheduled to take place at the same time as the July 2023 Trust Board meeting;
  - The January 2024 Trust Board will include a meeting of the Corporate Board of Trustees, to approve the charity accounts;
  - There are placeholder dates in for May and June 2023 for Audit Committee and Trust Board to approve the Annual Report & Accounts. It is likely that the later dates will be utilised, but the timetable is not yet confirmed;
  - There is an additional Audit Committee meeting scheduled for April 2023 to receive the Committee annual effectiveness review results and Committee Annual Reports;
  - The People & Culture Committee (PCC) meetings are now quarterly, and the new cycle means that one meeting will fall in August. There will therefore be a meeting of PCC and QUEST in August 2023;
  - All other Committees retain their current frequency; all but Remuneration Committee and Audit Committee fall quarterly, with the first meeting in either April or May of 2023.
7. Annex 1 will be updated with the full schedule of 2023/24 meetings of the Board Advisory Group WASPT (Welsh Ambulance Service Partnership Team) shortly. These meetings have been established bi-monthly from November 2022 to May 2023 ahead of a mini-effectiveness review to determine frequency thereafter.

**RECOMMENDATION - That the Trust Board approves the schedule of dates for 2023/24 Board and Committee meetings and notes the adaptations to the cadence of meetings.**

ANNEX 2

	2023											2024	
	April	May	June	July	August	September	October	November	December	January	February	March	
1		Bank Holiday								New Years Day		Audit	
2													
3													
4													
5	CFC		Rem Com [PM]	CFC			Rem Com						
6		Coronation	Audit (Accts) - TBC										
7	Good Friday								Rem Com				
8		Bank Holiday [Cor]			PCC						QUEST	Rem Com	
9		PCC					CFC	QUEST					
10	Easter Monday				QUEST								
11										CFC (Accts)			
12													
13			Board (Accounts) - TBC					FPC					
14						Audit			BOARD (IMTP) & BDD				
15		FPC								FPC			
16								PCC		FPC APC			
17				FPC APC									
18						FPC							
19												FPC	
20	Audit (Effect.Reviews)										PCC		
21			Board Dev										
22		Audit (Accts) - TBC									Board Dev		
23													
24							APC	BOARD					
25	APC	BOARD											
26							Board Dev		Christmas day Boxing day	BOARD/BoT			
27	Board Dev			BOARD and AGM									
28					Summer BH	BOARD						BOARD	
29		Spring Bank Hol										Good Friday	
30		Board (Accounts) - TBC						Audit					
31													
Total	4	6 (4)	4 (2)	5	2	3	4	5	3	5	3	4	

KEY

	Board of Directors Meeting
	Board Development Day
	Weekend or bank holiday

CFC	Charitable Funds Committee	Quarterly
APC	Academic Partnership Committee	Quarterly
PCC	People & Culture Committee	Quarterly
QUEST	Quality, Patient Experience & Safety Committee	Quarterly
FPC	Finance & Performance Committee	Bi-monthly
RemCom	Remuneration Committee	4 p/a
Audit	Audit Committee	5 p/a
AC/TB	Placeholders for AC & TB	



## 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.

<b>Trust Board Meeting Date</b>	26 January 2023
<b>Committee Meeting Date</b>	1 December 2022
<b>Chair</b>	Martin Turner

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

There were no alerts generated from this meeting.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

1. There is good progress against the **2022/23 Internal Audit Plan**, and the Internal Auditors have met with Directors to develop the 2023/24 internal audit plan which will be presented in March 2023 for Audit Committee approval.
2. The **Audit Wales** Structured Assessment was not presented to this meeting but will be on the agenda for the January Board meeting. The audit of the 2021/22 charitable funds financial statements is in progress.
3. Audit Wales updated the Committee on the **Review of Unscheduled Care** work they are undertaking. This work will examine various aspects of the unscheduled care system and will include analysis of national data sets to present a high-level picture of how the unscheduled care system is currently working. The first phase which focuses on the flow out of hospital is progressing well across Wales with completion due in Spring 2023.
4. The Committee reviewed a number of national Audit Wales reports including:
  - The Equality Impact Assessments: more than a tick box exercise? report. The new integrated assessment tool which will replace the WAST equality impact assessment has taken the findings and recommendations of this report into account.
  - The National Fraud Initiative in Wales 2020-21 report makes three recommendations relevant to WAST and which have been considered in the work of the Local Counter Fraud Service.
  - Public Sector Readiness for Net Zero Carbon by 2030: Evidence Report will be considered as part of the decarbonisation and sustainability work of the Trust. The Committee recognised the need for a more coordinated approach to this very important topic at national level.



5. The Audit Wales ‘**Cyber Resilience** Follow Up’ report was taken in private session due to its sensitivities. The Interim Digital Director provided an update on the mitigations in place and further actions planned in response to this report, and generally, as part of cyber resilience improvements. The Finance and Performance Committee will review the WAST response more fully at a future meeting.

## ASSURE

(Detail here any areas of assurance the Committee has received)

6. Three **Internal Audits** reviews were completed during the quarter and reviewed by the Committee. They were Attendance Management (reasonable assurance), Hazardous Area Response Team (HART) (reasonable assurance), and Electronic Patient Clinical Records (ePCR) (reasonable assurance). The reviews will also be presented to the People and Culture and the Finance and Performance Committees at their next meetings for assurance.
7. The overarching **tracker for internal and external audit** was reviewed. Board Committees have reviewed recommendations relevant to their remit, and overdue recommendations were in hand and with agreed revised dates.
8. The **losses and special payments** made during the period 1 April to 31 October 2022 amounted to £0.103m.
9. In **private session** the committee received the counter fraud update 1 September to 30 November 2022, as well as the report on tenders and single tender waiver requests.
10. The **2022/23 Committee Priorities** were reviewed, with good progress being made.

## RISK MANAGEMENT

**Risks Discussed:** The corporate risks and board assurance framework (BAF) were reviewed. There are currently 18 risks on the register. Reporting on these risks also appears on the agenda for the January Trust Board meeting.

The Committee noted that risks **223** and **224** remain at a rating of 25 and now include the actions set out in the July Board paper on avoidable harm and subsequent updates provided on progress to the Board. The health and safety risk number **199** has reduced in score from 20 to 15 as a result of a number of initiatives being completed to mitigate the risk.

Risk **311** – inability of the estate to cope with the increase in FTEs was closed largely due to estate interim plan within the EMS Operations Transformation Programme.

**New Risks Identified:** A new risk **557** related to the potential impact on services as a result of industrial action was added to the register at a rating of 16 (4x4). Risks related to the further delay of the integrated information system (**538**) and to the failure to deliver the Welsh Government Decarbonisation Strategic Delivery Plan (**542**) are developing for entry on the register.

In the closed session, the local counter fraud service also advised that fraud-specific risks are also being developed.

## COMMITTEE AGENDA FOR MEETING

Internal Audit updates and reports on HART, ePCR and Attendance	Audit Wales update and reports on Equality Impact Assessment,	Risk management and Board Assurance Framework
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Management	National Fraud Initiative in Wales, and Public Sector Readiness for Net Zero Carbon by 2030	
Losses and special payments	Audit tracker	Committee priorities report Q3
All Wales Audit Committee Chairs highlight report		

COMMITTEE ATTENDANCE					
Name	7 June 2022	15 Sep 2022	1 Dec 2022	2 March 2023	[insert date]
Martin Turner					
Paul Hollard					
Joga Singh					
Ceri Jackson					
Chris Turley					
Lee Brooks					
Wendy Herbert	J Turnbull-Ross				
Liam Williams		First meeting	J Turnbull-Ross		
Catherine Goodwin					
Angie Lewis		First meeting	From 11.10		
Osian Lloyd (IA rep)					
Audit Wales representative	Mike Whitley	Fflur Jones			
Paul Seppman					
Damon Turner					
Trish Mills					
Carl Window					

	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.

<b>Trust Board Meeting Date</b>	29 September 2022
<b>Committee Meeting Date</b>	5 September 2022
<b>Chair</b>	Paul Hollard

### 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 **staff story** was from Faz Tahir, WAST Organisational Development Manager. Faz shared his experiences as a Muslim colleague who, notwithstanding positive experiences at WAST, told of instances of racism both within and outside of WAST. He urged an approach where those who raise such issues are supported and change is made, rather than a reaction that looks to blame and punish the perpetrator. Faz reminded the Committee that it's often not just words that cause hurt and discomfort, but body language and tone. Not everyone who is the victim of discrimination, even fluent English speakers, feel able to speak up let alone those whose first language is not English.

Faz also brought to the Committee's attention the difficulty he and others experienced trying to find a quiet and suitable room for prayer at our premises. This issue was recognised and there is a plan in place to ensure there are prayer/quiet rooms, particularly at our premises that have a high footfall. Faz asked that WAST put out regular communication, education, and training to increase knowledge of the diversity we have within WAST, and that we recognise and celebrate all religious festivals and acknowledge our colleagues at this time, particularly those working through such festivals. The Committee thanked Faz for sharing his experience and for his support in helping us improve the way we support and accept all colleagues at WAST.

3. The Welsh **Ambulance Service Partnership Team (WASPT)** has been reconstituted and held its first meeting on 15 November 2022. WASPT is an advisory group under the Trust's Standing Orders. The Joint Chairs, Jason Killens and Mark Marsden, rotate the chair of each meeting. The revised Terms of Reference were reviewed by the Committee and a minor amendment was proposed. These will be brought to the March Board meeting for approval following the consideration of this change by WASPT at their January meeting.
4. 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 action plan includes regular Board development and participation in the aspiring Board members programme, as well as personal



annual objectives for members on diversity and inclusion, including anti-racism.

5. An update was received on the development of the framework for **Speaking Up Safely** which is being developed by a task and finish group currently reporting into the Assistant Directors Leadership Team (ADLT). A revised work plan has been agreed to inject pace into the work to draw the elements together by March 2023 and link this to the wider culture change activities.
6. **Key progress was celebrated** with the update from the Director of Workforce and Organisational Development, Angie Lewis, and with respect to the Being Our Best: Our People and Culture Strategy 2019-2022. The impact of the pandemic on the strategy was clear but despite this there was good progress on a range of ambitions and priorities, including:
  - The wellbeing offer is amongst the best with wide ranging and accessible support mechanisms
  - Our engagement with higher education providers is collaborative and supportive
  - Many colleagues can now work in a more agile way, with this extending to new parts of the business such as the clinical service desk.
  - Growing our workforce at pace and meeting roster requirements
  - Levels of absence have been reduced in line with our targets and will continue with these efforts
  - New apprenticeship pathways have been developed alongside developing career pathways
  - We developed our 'Learning Launchpad', an online learning resource for everyone
  - Our new behaviours have been developed and adopted after a wide consultation exercise to capture who we are and how we work in WAST
  - High quality offering on compassionate leadership to support managers to support their teams
  - Speaking up safely options have grown, and we will soon be launching a new tool for colleagues to use as well as maintaining other channels to raise concerns in a psychologically safe environment.
  - Increased Welsh language initiatives
7. 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. The Committee supported the approach to the People and Culture Plan 2023-2026 ahead of its socialization throughout the organisation. The final iteration of the plan will be presented to the Committee in the new year and will be linked to the WAST behaviours.
8. 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. The Board of Community Health Councils (CHCs) is broadly content with the approach to undertake a 12 week period of engagement from April/May 2023, with CHCs being actively briefed during that time. The delivery plan will be before the Board in January.
9. The Committee welcomed **Angie Lewis**, Director of Workforce and Organisational Development, to her first meeting of the Committee. The Trust Chair, **Colin Dennis**, also joined the meeting.

## ASSURE

(Detail here any areas of assurance the Committee has received)

10. The September MIQPR and quarterly workforce KPIs were reviewed. The Committee noted:
  - 10.1. **Sickness absence** levels saw an increase in October to 9.48% due to an increase in Covid-19 absences in that period, however the indicative figures for November show a reduced level of absence for the Trust at 8.54% which is the lowest level since the improving attendance



programme started. The improving attendance programme of work was reported as being on schedule, the plan is iterative and learning and new opportunities are added as they are identified. Long term sickness absences have reduced since April from 6.18% to 5.45% in October. Short term sickness has also seen a general reducing trend, with mental health related absence reducing and then holding steady in the last quarter. A recent Internal Audit review on attendance management which the Committee will review at their next meeting received reasonable assurance and recommendations are being built into the programme. The Committee were assured on the focus and direction of this programme and commended the collaborative and partnership approach being taken.

- 10.2. Whilst **staff turnover** rates reduced in the quarter, they remain higher compared to this time last year i.e., 11.11% in October 2022 compared to 9.31% in October 2021. Shift overruns, wider system challenges, and the cost of living crisis are contributing factors. The Committee commissioned a deep dive into the high turnover rates when they last met and there was a focus at this meeting on exit interviews. The Committee were not assured that there was a fit for purpose policy or process in place for conducting exit interviews. A task and finish group has been established to address this, has made progress on overhauling arrangements and will pilot a new process in the 111 service as this area has higher turnover.
- 10.3. **PADR** (Personal Annual Development Review) rates continue to improve.
- 10.4. **Statutory and Mandatory Training** rates decreased slightly to 82.07% in September, which is just below the 85% target. Communications are being issued to remind colleagues of the requirements to undertake this training, with support for line managers to encourage them to raise this with their teams.
- 10.5. WAST's **recruitment timelines** continue to exceed the All Wales national target of 71 calendar days however there has been an improving picture since July 2022. A number of initiatives are in place to reduce timeframes to hire with a particular focus on this for 2023/24.
- 10.6. **Job evaluation** timeframes have improved.
11. The Committee reviewed the excellent and proactive **wellbeing offer** in place and the increased profile of the occupational health team and peer support networks. It was clear that many of our colleagues are struggling with mental health issues and whilst WAST has a phenomenal wellbeing offer the Committee was reminded that communication about what support is available is needed more than ever. Flu vaccinations have slightly increased to 39% and 50% of frontline staff have received a Covid-19 vaccination since September.
12. A comprehensive **health and safety update performance report** for Quarter 2 was received. A significant amount of work has been undertaken in the quarter which has led to the reduction of risk 199 (see risk section below). Reporting of incidents under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) continues to be a challenge with timely reporting, and weekly meetings are in place to review reporting. A transition from Covid workplace risk assessments to generic workplace risk assessments began in July 2022 and the Committee raised concerns that there was only a 14% compliance rate thus far. A deep dive is underway into this which will report back to the Committee.
13. The Committee reviewed the **audit tracker** and noted the revised dates for overdue recommendations.
14. In private session the Committee reviewed progress on **suspensions over four months** and were assured on actions in place to manage these.



15. The **2022/23 Committee Priorities** were reviewed, with good progress being made.
16. The Committee circled back in on **Jo Paskell's experience** she shared in the August meeting and received assurance on the lessons learned, support in place, and an update on how Jo was doing now. It was felt that this new process enriches the staff story.

## RISKS

**Risks Discussed:** The following corporate risks were discussed:

**199** – failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with health and safety statutory legislation has reduced in score from 20 (4x5) to 15 (3x5) as a result of the implementation of the working safely programme, improvements in governance arrangements, introduction of the compliance register and health and safety management system, all of which have had a positive impact on health and safety across the organisation.

**160** – high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service, which has a risk rating of 20 (5x4). See the assure section about the improving attendance programme which it is intended will go to mitigate this risk.

**201** – damage to the Trust's reputation following a loss of stakeholder confidence is rated at 20 (4x5).

**New Risks Identified:** Two new risks have been added to the register:

**557** - potential impact on services as a result of industrial action, which enters the register with a score of 16 (4x4). This is currently being dynamically reviewed outside of the usual review timetable.

**558** – deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences, which enters the register with a score of 15 (3x5)

### COMMITTEE AGENDA FOR MEETING

Director of Workforce and Organisational Development Update	Operations Quarterly Report	Staff Story
People Plan and IMTP deliverables	Corporate Risk Register/Board Assurance Framework	WASPT Advisory Group Update
Improving attendance project progress update	Health and safety update	Engagement framework delivery plan
MIQPR (including deep dives for turnover and wellbeing)	Workforce Performance Scorecard	Internal audit tracker and people related items in Quality Governance Review
Speaking up safely update	Committee priorities update	Staff story update

### COMMITTEE ATTENDANCE

Name	10 MAY 2022	06 SEPT 2022	29 NOV 2022	21 FEB 2023
Paul Hollard				
Bethan Evans	From 10.50am			
Joga Singh				
Hannah Rowan				
Catherine Goodwin			In attendance	
Angela Lewis				
Chris Turley				
Lee Brooks				
Estelle Hitchon				
Andy Swinburn				
Wendy Herbert			In attendance	
Liam Williams				
Alex Crawford	Hugh Bennett	Hugh Bennett		



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwllans Cymru  
Welsh Ambulance Services  
NHS Trust

Trish Mills				
Angela Roberts				
Damon Turner				
Paul Seppman		Hugh Parry		
Craig Brown				
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.

<b>Trust Board Meeting Date</b>	16 January 2023
<b>Committee Meeting Date</b>	26 January 2023
<b>Chair</b>	Joga Singh

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. The **Monthly Integrated Quality and Performance Report (MIQPR)** was reviewed for November and December 2022. The indicators show a continued poor picture in many areas. Lost hours to handover delays at Emergency Departments in December were the highest recorded at 32,049 hours, equating to c38% of the Trust's conveying capacity being unavailable to respond in Q3. Red and amber response times remain far longer than the Trust would want to see, with red response performance in December at 39.5%. Patient harm is evidence when looking at the December Amber 1 median response times of 3 hours 30 minutes, and the 95<sup>th</sup> percentile at over 15 hours.

The Committee was assured that the Trust has identified and is progressing with mitigation strategies and actions to address capacity, demand and efficiency including the roster reviews which have all rolled out. The recruitment of the additional 100 EMS staff has not met the target date of 23<sup>rd</sup> January due to high rates of attrition but will be met by the end of February. The Committee noted that the Trust Board will review progress and impact against the totality of Trust and system actions at its January meeting. The actions which Health Board partners and the wider system are taking remain key to ensuring that handover delays are reduced to release resources from Emergency Departments.

2. The private session received an update on progress of the **111 Integrated Information Solution (Salus)** which remains significantly behind schedule. The Programme Team and the Trust are now awaiting the outcome of supplier assurance activities around the plan, and a revised delivery date. Outstanding commercial negotiations have a dependency on the final delivery plan. A further update to the Trust Board on this item will be provided in private session in January due to commercial sensitivities.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. This was the first Committee under the chairmanship of **Joga Singh** who was welcomed to the Chair by all attending the meeting.



## ASSURE

(Detail here assurance items the Committee receives)

4. The Committee received a presentation on the **financial position for Month 9 2022/23**. The Board will have a detailed paper on the financial position before it for the January meeting and will note a small underspend as at month 9 of £5K. Gross savings of £3.346m having been achieved against a current year to date target of £3.228m. A continued break-even position is forecast for 2022/23. The private session discussed the outlook for 2023/24 which remains extremely challenging. However the Committee was assured that the Executive were being proactive in working through options and were able to discuss the financial sustainability programme which is progressing at pace. The Board will discuss this at its January private session whilst discussions continue with Commissioners and Welsh Government over the funding assumptions that will be able to be supported within the 2023/24 financial plan

Related finance risks were discussed as were those on the corporate risk register, further detail of which is set out in the risk section of this highlight report. An update was provided on capital expenditure with reports of further work underway for the remainder of the financial year to ensure this is utilised, including that made available to the Trust towards the end of the financial year.

5. The **Integrated Medium Term Plan (IMTP) Quarter 3** new style reporting was received and welcomed. Progress was reviewed against the conditions set by Welsh Government related to Six Goals for Urgent and Emergency Care, value based healthcare, minimum data set, improvement of sickness and absence rates, and delivery of workforce efficiencies and further assurance on progress against these conditions was drawn out in this revised report.

The IMTP delivery tracker was reviewed for the agreed transformation programmes, the enabling and fundamental programmes and further workstreams. The red and amber rated priorities were reviewed by members as were the remedial plans in place. Due to the continued and ongoing pressures, the Executive Management Team (EMT) has set its priorities for quarter 4. This may mean some project milestones that do not fall within these priority areas will not be met as set out in the IMTP. This will continue to be monitored by the Strategic Transformation Board and milestones carried forward into next year as required.

6. Planning for the **2023/26 IMTP** is progressing well, with extensive engagement taking place through internal structures, the CEO roadshows, and development sessions with the Board in October and November. The IMTP focuses on three pillars of Our Patients, Our People, Value and Sustainability, underpinned by partnership and wider system working, and demonstrates where feedback from staff has been incorporated. A further Board Development session will take place on 25 January.
7. The alerts with respect to the **MIQPR** are set out above. Both the People and Culture, and the Quality, Patient Experience and Safety Committees (QUEST) will hear further about the impact of system pressures on call handlers in particular. The Committee commended the teams for the completion of the roster review and improving trend of PADR's but expressed concern about the large number of Amber 1 immediate release directions refused.
8. **A deep dive on Ambulance Care** which combines the Non-Emergency Patient Transport Service (NEPTS) and Unscheduled Care Service (UCS) was discussed. NEPTS performance is generally stable and above target for enhanced renal patients arriving prior to their appointment and improved for patients requiring discharge. NET Centre performance is on an upward trend however a more stable workforce and re-rostering is required. Oncology requires an Oncology Hub and change of performance standards. A move to a more balanced scorecard and focus on quality for



Ambulance Care is planned and future QUEST meetings will hear more on this.

9. The **Environment, Decarbonisation and Sustainability Update** for December was received following the review of the self-assessment of this program presented in September. There has been good progress with the plan, noting a change from the overall assessment of red/amber to amber, reflecting the shift in progress and reduction of a number of red action items during the period. Good engagement with the Welsh Government program was evident as was the rollout of the hybrid car based response vehicles and EV charging work. There remain however a number of risks to the Trust in the full delivery of its Decarbonisation Action Plan.
10. The **Audit Tracker** was reviewed. Each recommendation is currently under review, and it is expected that a good proportion of these will be completed during this quarter. Recommendations that were due for completion in November and December 2022 in some cases have not yet been updated on the tracker due to current operational pressures. The **Hazardous Area Response Team (HART)** and **Electronic Patient Care Record (ePCR)** internal audit reviews were considered by the Committee. Both were rated as providing reasonable assurance and had been received at the Audit Committee in December.
11. In private session a summary of WAST's position in relation to the findings of Audit Wales in their reports entitled '**Learning from cyber-attacks**' and '**Cyber resilience in the public sector**' was discussed. This included WAST good practice in line with guidelines, monitoring, and governance, but also areas where improvement is needed such as in education and training, supply chain security, and process. A cyber security internal audit is underway as part of the annual plan in Q3. The paper was taken in private session as the detail of our cyber position could expose WAST to further risk if in the public domain. The presentation from Audit Wales was similarly taken in private session of the Audit Committee in December 2022. The Committee was assured by the mitigations in place and those being planned, and supported sustained communication on cyber security and mandatory training for staff.
12. The **2022/23 Committee Priorities** were reviewed, with good progress being made.

## RISKS

**Risks Discussed:** There are 10 risks on the corporate risk register assigned to this Committee and no changes in risk score were seen from the November meeting due to this meeting falling between the agreed cycle of risk review. The highest rated financial risks are **139** (failure to deliver our statutory financial duties in accordance with legislation) and **458** (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) and both are rated 16.

There are two estates related risks rated those being **244** (estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service) and which is likely to close at the next review as it has met its target, and **245** (failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations) which is rated at 16. Another estate related risk **311** (inability of the estate to cope with the increase in FTEs) was closed.

The two digital related high rated risks relating to cyber attack and loss of critical IT systems were reviewed also.

Whilst risks **223** and **224** are assigned to the Quality, Patient Experience and Safety Committee, they are included in the BAF for this Committee and were reviewed and discussed in light of the discussion in the MIQPR and actions in place, particularly updates which will be provided at the EASC meeting on 17<sup>th</sup> January.



**New Risks Identified:** A new corporate risk has been raised to highlight the Trust’s inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences. This risk is being articulated in the climate of ongoing external pressures across NHS Wales, primarily handover delays, which precludes our ability to fulfil the pre-determined attendance requirements for major incidents as detailed within the Incident Response Plan. The Trust Board will receive further detail on this risk at its January meeting.

Two risks are in development and going through the risk governance processes. They are risk **538** related to Salus and **542** related to decarbonisation. The risks to the decarbonisation action plan were discussed in some detail in the standalone agenda item at this meeting.

### COMMITTEE AGENDA FOR MEETING

Operations Quarterly Report	Financial position for month 9	Risk Management and Corporate Risk Register
Monthly Integrated Quality and Performance Report	NEPTS Deep Dive	Integrated Medium Term Plan Delivery Q3 Update
Integrated Medium Term Plan 2023-26 Update	Internal Audit Tracker and Relevant Reviews	Environment, Decarbonisation and Sustainability Update
Committee Priorities Update		

### COMMITTEE ATTENDANCE

Name	16 May 2022	18 July 2022	20 Sep 2022	14 Nov 2022	16 Jan 2023	20 March 2022
Kevin Davies						
Bethan Evans						
Joga Singh						
Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks					Rachel Marsh	
Andy Haywood						
Leanne Smith						
Wendy Herbert	J. Turnbull-Ross					
Liam Williams				Wendy Herbert		
Liz Rogers	Catherine Goodwin					
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member



## ACADEMIC PARTNERSHIP COMMITTEE HIGHLIGHT REPORT TO BOARD

<b>Trust Board Meeting Date</b>	26 January 2023
<b>Committee Meeting Date</b>	17 January 2023
<b>Chair</b>	Hannah Rowan

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. No alerts raised from this meeting.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The Committee looked at the **research and innovation model established by the Great Ormond Street Hospital (GOSH)** and the ways in which their innovation and research hubs work to harness revenue potential and link with academic partners for translation to their strategic objectives. Whilst it was recognised that the GOSH model was very mature and for a much larger organisation with a focus on research, it opened discussion on the potential for WAST to adopt a similar model and the opportunities that could present for commercial partnerships and income generation. Aligned to an action already in progress on mapping existing partnerships, an action was taken for the executive to review portfolio alignment and operating models ahead of further discussions in the Committee.
3. A **task and finish group was established** reporting to the Committee which will work through the steps for the appointment of a Non-Executive Director as part of the requirements Trust's University Trust Status (UTS), as well as associated tasks related to change of name and branding. The group will make recommendations to the Committee on the approach to attract candidates to align with WAST's strategic objectives and their role more generally.
4. This was the last meeting of the 2022-23 financial year and the first meeting under the Chair of **Hannah Rowan** who was welcomed to the meeting in that capacity by members.

#### ASSURE

(Detail here any areas of assurance the Committee has received)

5. The Committee held its **annual effectiveness review**. Responses to questionnaires were reviewed and changes agreed to membership, terms of reference and operating arrangements. The Committee's annual report and revised terms of reference will be presented to the Audit Committee on 20<sup>th</sup> April and the Board on 26<sup>th</sup> May.
6. There was a discussion on the UTS priorities (digitisation, advanced practice, and decarbonisation) and both the prospect of them being 'rolled over' into the IMTP 2023-26 and/or new UTS priorities



being included. Welsh Government require that the UTS priorities are part of the IMTP so there is an increased level of monitoring and oversight. Whilst it was felt that UTS priorities should include opportunities for commercialisation and work connected with inverting the triangles, it was recognised that the programmes of work for the IMTP are advanced in line with expected approval dates in March. It was agreed however that the IMTP deliverables would be reviewed with a view to members providing their thoughts on additional UTS priorities, subject of course to executive support and resourcing.

## RISKS

**Risks Discussed:** No risks raised

**New Risks Identified:** No risks raised

## COMMITTEE AGENDA FOR MEETING

1. University Trust Status update and proposal for task and finish group	2. Committee effectiveness review and annual report	3. University Trust Status priorities for 2023-26 IMTP
4. AAA report from October meeting (information only)		

## COMMITTEE ATTENDANCE

Name	26 April 2022	19 July 2022	25 Oct 2022	17 Jan 2023
Prof Kevin Davies	Attended	Attended	Attended	Attended
Paul Hollard	Attended	Attended	Apologies received	Attended
Martin Turner	Apologies received	Apologies received	Apologies received	Attended
Hannah Rowan	Attended	Attended	Attended	Attended
Estelle Hitchon	Attended	Attended	Attended	Attended
Catherine Goodwin	part meeting	Attended	No longer member	No longer member
Angela Lewis	No longer member	No longer member	Attended	Apologies received
Andy Swinburn	Apologies received	Apologies received	Apologies received	Attended
Jonathan Turnbull-Ross	Apologies received	Apologies received	Chris Evans	Chris Evans
Duncan Robertson	Attended	Apologies received	Attended	Apologies received
Trish Mills	Attended	Julie Boalch	Attended	Attended
Craig Brown	Attended	No longer member	No longer member	No longer member
Mark Marsden	Attended	Attended	Attended	Attended
Keith Rogers	No longer member	Attended	Attended	Attended
Representative from Academia	No longer member	No longer member	No longer member	No longer member

Attended
Deputy attended
Apologies received
No longer member



<b>AGENDA ITEM No</b>	<b>19</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

<b>GOVERNANCE REPORT</b>
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<b>MEETING</b>	Trust Board
<b>DATE</b>	26 January 2023
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Trish Mills, Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
<p>This report sets out the Chair's Action taken since the last Board meeting, decisions made in private session at the 24 November meeting, and the use of the Trust Seal.</p> <p><b>Recommendation:</b></p> <p>That the Board ratifies the Chair's Action and notes the use of the Trust Seal.</p>

<b>KEY ISSUES/IMPLICATIONS</b>
Not applicable

<b>REPORT APPROVAL ROUTE</b>
Not applicable

<b>REPORT APPENDICES</b>
None

<b>REPORT CHECKLIST</b>			
<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)	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

## GOVERNANCE REPORT

### Chair's Action

1. A Chair's Action was approved on 29 December 2022 to affix the Common Seal to a lease agreement between the United UK Propco 1 Limited and the Trust for the lease of Units 32 and 33 Gelli Industrial Estate, Pentre. This Chair's Action was made in accordance with the Standing Orders.
2. **The Board is requested to ratify the Chair's Action.**

### Use of Trust Seal

3. The Trust seal was applied to the following documents:
  - (a) Reference number: 0239 - Cardiff Make Ready Depot: - removal of fence and installation of new fence between Cardiff Ambulance Station and the adjoining land. Seal applied on 16 December 2022; and
  - (a) Reference number: 0240 - Lease renewal request for Units 32 and 33 at Gelli Industrial Estate. Seal applied on 4 January 2023.
4. **The Board is requested to note the use of the Trust Seal.**

### Decisions made in Private Session

5. The following decisions were made in Private Session on 24<sup>th</sup> November 2022:
  - (a) The Fleet Business Justification Case (BJC) for vehicle replacements in 2023/24 was reviewed. The purpose of the BJC was to seek Welsh Government approval for funding for the financial year 2023/24 in order to invest in the Welsh Ambulance Services NHS Trust's operational fleet. This continued the ongoing annual replacement programme for the Trust's operational vehicles, and the use of BJCs to request such funding support had been confirmed with Welsh Government in the context of an endorsed Strategic Outline Plan (SOP). The BJC for onward submission to Welsh Government before the end of November 2022 for funding consideration was approved.
  - (b) Authority was provided to settle a clinical negligence claim which was within the delegated authority of the Trust Board.
  - (c) The Board approved the Trust's application for core participant status for Module 3 of the Covid-19 Public Inquiry after considering advice and discussing risks, including costs. Consideration was given to applying individually or as part of a group with other NHS organisations in Wales, however the decision was made to apply individually given the distinct difference of the ambulance service to those services provided by Health Boards and other Trusts in Wales.

## WELSH AMBULANCE SERVICES NHS TRUST

### CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON TUESDAY 15 September 2022 VIA TEAMS

#### PRESENT :

Martin Turner	Non Executive Director and Chair
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director

#### IN ATTENDANCE :

Andrew Doughton	Audit Wales
Estelle Hitchon	Director of Partnerships and Engagement
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Angie Lewis	Executive Director of Workforce and OD
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Urvisha Perez	Audit Wales
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
Liam Williams	Executive Director of Quality and Nursing
Carl Window	Counter Fraud Manager

#### APOLOGIES:

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Leanne Smith	Executive Director of Digital Services
Damon Turner	Trade Union Partner

#### 37/22 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 7 June 2022 were confirmed as a correct record subject to amending the correct title of Estelle Hitchon to Director of Partnerships and Engagement. Apologies were recorded as

stated above. The action log was considered and the one action marked as closed.

**RESOLVED: That**

**(1) the Minutes of the meeting held on 7 June 2022 were confirmed as a correct record subject to the above.**

**(2) the action referred to in the action log was considered and actioned as necessary.**

**38/22 COMMITTEE CYCLE OF BUSINESS**

1. Trish Mills presented the report explaining that it provided the Committee with its draft cycle of business for the next year which will have several developments to it going forward. The cycle had been written to align the duties of the Committee as detailed in its terms of reference. This included an update on the policy report which was being developed for each Committee and would be reviewed annually by the Audit Committee who had overall oversight.
2. Members were informed that each Board Committee will be/have been presented (already approved at the People and Culture Committee) with their own cycle of business for review and approval.
3. The cycle of business had been agreed by Internal Audit and Audit Wales with one minor amendment to the update report for Audit Wales.

Comments:

The Chair asked whether a Value for Money (VFM) audit was scheduled through any Internal Audit planning. Chris Turley explained there was nothing specifically detailed as a VFM audit but this could be something to consider in the future. He added that the Trust carried out work on value based healthcare and financial sustainability which was monitored through the Finance and Performance Committee; this work could also be linked with any VFM audit.

**RESOLVED: The cycle of business was reviewed and approved as a first version.**

**39/22 INTERNAL AUDIT REPORTS**

1. Osian Lloyd presented the progress report advising that it highlighted progress of the Team's work on the 2022/23 Internal Audit plan. He made reference to a minor typographical error in the report at section three which referred to a deferral of the decarbonisation audit which should read was at the request of IA capital estates audit. Osian Lloyd agreed to rectify this and submit an updated report for ibabs. Furthermore he stated that in terms of the Key Performance Indicators described in section five, further work was required for this audit to be delivered. The sickness and EPCR audits should be ready for the next Committee meeting.
2. Osian Lloyd then provided an overview on the following IA reviews that had been carried out by his Team:

## **Fleet Maintenance Audit review. Reasonable Assurance**

The purpose of this review was to assess the application of the Fleet Management System and its impact on improving Fleet coordination, maintenance and cost control. It was noted that the Trust's vehicles were serviced more frequently than the manufacture's standard period which in itself was an impressive achievement. The review raised two high priority findings, three medium and one low. Details of these were contained within the review.

Comments:

1. Chris Turley commented that it had been a very comprehensive audit acknowledging that it covered much of the period of the pandemic whilst the Trust had continued under extreme pressure on its resources. Several of the recommendations had already been progressed and it was expected that the rest would be completed within the timelines as indicated in the report.
2. The Committee queried why a Fleet policy was not in place, albeit it was covered under the Fleet strategy. Osian Lloyd explained that the Standard Operating Procedures (SOP) in place and a user guide which outlined clear guidelines were sufficient. Chris Turley added that a policy probably would not add any value and that the SOP and user guides provided enough assurance. This had been supported by IA as part of the review.
3. An explanation was sought in terms of the signatory expenditure levels and whether one individual could authorise up to £200k. Chris Turley explained that only the CEO had a delegated authority limit of that amount under the Trust's SoD. He also added that the Trust had recently changed some of its delegated limits and this had been reflected on its Oracle system and a further check would be done now to ensure that the Fleet system remained consistent with this.
4. Was the Trust looking into providing its own in house vehicle servicing across Wales? Chris Turley advised that the Trust's ambition was to move away from a mixed economy approach and as far as possible, bring it all in house.

## **Major Incident review. Reasonable Assurance**

Osian Lloyd advised the Committee that the purpose of this review was to evaluate the Trust's approach to its readiness for major incidents, including counter terrorism incidents. The Trust's Emergency Preparedness Resilience and Response Team has developed its incidents response plan in line with guidance issued from the National Ambulance Resilience Unit. There was one high priority finding, three medium and one low. These were illustrated in more detail within the review.

**RESOLVED: That the updates were noted.**

## **40/22 AUDIT WALES REPORTS**

### **Audit Wales Update Report**

Fflur Jones, in providing an update report advised the Committee that the 2021/22 audit of the charitable funds financial statement was due to commence in November. She made reference to the performance audit work which was summarised in the report and that a

national report on quality governance was also being worked on. The Committee noted that the structured assessment work was almost complete for this year and it will be reported to the Committee in December.

## **Quality Governance Report**

1. Urvisha Perez explained that the report considered the Trust's governance arrangements that supported delivery of high quality safe and effective services; both from an operational and a corporate perspective. She drew the Committee's attention to the following key points from the report:
  - a. Delivery of the Trust's Quality Strategy had been hindered by pressures on resources caused by the pandemic and a lack of funding for senior quality leads.
  - b. The Trust's clinical audit required strengthening and there was a need to address the substantial backlog of mortality reviews.
  - c. The Trust has refreshed its organisational behaviours however there was scope for improvement especially with Board member walkabouts.
  - d. The Trust has a clear quality governance structure and has taken steps to improve the Quest Committee sub structures, the handling of serious adverse incidents with other joint bodies could be improved.
  - e. In terms of monitoring and reporting arrangements regarding data, this has improved however there were further opportunities for the Trust to develop a system to triangulate learning themes across its quality assurance reports.
2. Overall there were eight recommendations and reference was made to the Trust's management response within the report.

### Comments:

1. The Committee welcomed the report and recognised the challenges in bringing together the work which was linked to patient outcomes. They also noted that the Quest Committee would be monitoring the issues raised, particularly around clinical audit.
2. In terms of the survey conducted which considered the Trust's support for colleagues who report near misses, the Committee expressed concern that the narrative suggested the Trust was not supportive and was not necessarily reflective of the comments made by staff. Urvisha Perez pointed out that the response to the survey was relatively low and of those 30 who responded some felt there was no action taken following the reporting of incidents.
3. It was brought to the Committee's attention by Liam Williams that the Medical Examiner has advised that several legislative changes would be emerging that the Trust would need to align to. In terms of the mortality reviews, he acknowledged the backlog and updated the Committee on the work to improve this situation. He added that the Trust's reporting process on near misses was more than adequate. Furthermore in terms of patient outcome measures the move to EPCR was essential and would be looking to hasten the work particularly around care bundles.
4. Estelle Hitchon commented that further work was still required in extrapolating the data and linking experience and qualitative information with measureable data.

5. Andrew Doughton updated Members on the new legislation that was diving quality engagement, especially in relation to duty of candour and duty of quality. He suggested that the Quest Committee was probably the most relevant Committee to receive and monitor any progress reports in relation to the recommendations.
6. The Chair gave a summary of the comments noting the importance of the report particularly from a clinical audit aspect and commended the report to the Quest Committee. Trish Mills added that the Audit Committee would be updated on progress via the audit tracker.

### **Unscheduled Care Project Brief**

1. Fflur Jones explained that the brief set out the scope for Audit Wales' work on the review which would be undertaken within the next few months. The review has been split into three separate elements; flow out of hospital, access to unscheduled care services and national leadership structures. She added that regional partnership boards would be liaised with as part of the flow out of hospital element.
2. The first element, flow out of hospital, has commenced and will look at health board processes to enable timely discharges and the social care aspect. The review will also consider how unscheduled care was managed and will look at the arrangements in place within communities to prevent admission to hospital. In terms of the national arrangements and leadership structures this work will look at how these structures were supporting improvements in the unscheduled care system at a national level.

### **Comments:**

1. Liam Williams asked that the report took into account those patients who have not been able to access primary healthcare and have since deteriorated. He also asked that the report consider patient outcome measurement in terms of any individuals whose condition had deteriorated due to delays. Fflur Jones assured the Committee that these issues were part of the scope of the report.
2. Will the preventative aspect of social care feature in the report? Fflur Jones advised that social care would appear prominently in the hospital flow work and with the scheduled meetings with social services work colleagues. Primary care was also a key focus of the report; Andrew Doughton added that it would be a follow up of the previous primary care review.
3. The Committee also asked that interim updates on progress be provided at each Audit Committee meeting going forward which should include feedback from staff. Fflur advised this would be part of the routine update to the Committee.

### **RESOLVED: That**

- (1) the Committee noted the updates; and**
- (2) it was agreed that Quest would monitor progress on the recommendations within the quality governance report and that the Audit Committee would be updated through the audit tracker.**

#### **41/22 UPDATE ON WASTE MANAGEMENT ACTIONS FOLLOWING LIMITED REVIEW**

Chris Turley gave a verbal update advising the Committee that updates on the eight key recommendations were contained in the audit tracker. Two of the recommendations have been closed and the others were on track bar one. The recommendation which was slightly off track required further work and this was being addressed. However an amended approach to managing the risk of this one may need to be agreed with IA.

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

#### **42/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

1. Trish Mills gave an outline of the report and drew the Committee's attention to risks that had been added, increased/decreased in score and risks that had been closed. These were contained in more detail within the report and further described in the resolutions below.
2. She added that all Board committees, Executive Management Team (EMT) and the Assistant Directors Leadership Team (ADLT) have reviewed the risks assigned to them and continue to monitor them going forward.
3. Members were reminded that the Board would receive a bespoke front page report highlighting the top rated risks.

Comments:

The Committee discussed in detail ownership of the higher rated risks acknowledging that EMT and ADLT were fully aware of the risks scoring 20 and above. Trish Mills assured the Committee that engagement with Executive Leads on their specific risks was excellent.

**RESOLVED: That the Committee:**

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

#### **43/22 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 APRIL 2022 – 31 AUGUST 2022**

1. The Committee were informed by Chris Turley that the total net losses and special payments made during this period actually amounted to a small recovery of £0.009m, after reimbursements from the WRP were factored in.
2. Chris Turley drew the Committee's attention to the Welsh Risk Pool reimbursements which amounted to £0.26m, the majority of which related to two medical negligence

claims.

3. Members' attention was also brought to annex 1 of the report which provided a summary description of individual payments.
4. Chris Turley assured the Committee that all the payments had been made within the financial delegated limits as prescribed in the Trust's Standing Financial Instructions (SFI). He further mentioned that work was ongoing to consider whether the Committee should be required to retrospectively approve these payments going forward; and how this would be expressed within SFI's, with the expectation being that these will continue to be approved in line with delegated limits within the SoD.

**RESOLVED: That the losses and special payments for the period 1 April 2022 – 31 August 2022 were received and noted.**

#### **44/22 AUDIT TRACKER**

1. Trish Mills explained that the report provided an update in respect of audit recommendations resulting from Internal Audit and external reviews.
2. There were 35 Internal Audit recommendations that were overdue; five were of a high priority, specifics of those and all other overdue recommendations were detailed in the report.
3. It was noted there were three recommendations overdue from the 2019/20 year; two were expected to be closed at the end of September 2022 with the remaining one due completion around June 2023.
4. The Committee were advised that two recommendations were proposed to be closed, ID 379 and 380.
5. In terms of the 12 External Audit reviews three were overdue, two were not due and seven had been completed.

Comments:

Members acknowledged the progress and looked forward to seeing the older recommendations being completed in due course.

**RESOLVED: That the Committee;**

- (1) Noted the audit activity since the last Audit Committee in June 2022; and**
- (2) Considered the proposals to address each recommendation particularly those that have been further extended beyond agreed deadlines.**

#### **45/22 COVID-19 PUBLIC INQUIRY UPDATE**

1. The Committee were advised that the public inquiry had commenced in December 2021 with its terms of reference being finalised on 25 June 2022
2. Trish Mills set out further details of the information contained in the terms of reference

noting there was now specific mention to advice given as part of the 111 and 999 services.

3. The inquiry has been grouped into modules with teams based across the UK to investigate each one.
4. A Pandemic Governance Group has been established which will navigate the Trust through the public inquiry preparations.
5. In terms of timelines, it was expected that the public hearings for module one would be in spring 2023; module two public hearings in summer 2023; however no date has been set for module three. Details of what each module examined as part of the inquiry was illustrated in the report.

**RESOLVED: The Committee noted the update.**

**46/22 REPORT FROM QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE (Quest)  
RE CLINICAL AUDIT**

1. The report, which focused on the approval of the clinical audit and outcome review plan was presented for noting.
2. Furthermore, the Quest Committee had also held a discussion of the challenges in developing the quality strategy.

**47/22 COMMITTEE PRIORITIES Q2**

**RESOLVED: The Committee noted the update.**

**Date of Next Meeting: 1 December 2022**

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING  
 (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 05  
 SEPTEMBER 2022**

**Chair: Paul Hollard**

**PRESENT:**

Paul Hollard	Non Executive Director and Chair
Hugh Bennett	Assistant Director, Commissioning & Performance
Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Director of Operations
Sarah Davies	Workforce and OD Business Manager
Bethan Evans	Non Executive Director
Mair Evans	NWSSP Audit
Dr Catherine Goodwin	Deputy Director of Workforce and OD
Liam Williams	Director of Quality & Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Officer
Ian James	Trade Union Partner
Jo Kelso	National Ambulance Training College
Trish Mills	Board Secretary
Joanna Paskell	Emergency Medical Technician
Jeff Prescott	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Liz Rogers	Organisational Culture & Workplace Wellbeing Lead
Hannah Rowan	Non Executive Director
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources

**APOLOGIES:**

Paul Seppman	Trade Union Partner
Angela Roberts	Trade Union Partner

**43/22 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 Paul Seppman and Angela Roberts.

#### **44/22 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.**

#### **45/22 MINUTES OF PREVIOUS MEETING AND ACTION LOG**

The Minutes of the previous meeting were considered and agreed as a correct record. The Action log was considered, reviewed and updated.

**RESOLVED: That the Minutes of the previous meeting were AGREED.**

#### **46/22 DIRECTOR OF WORKFORCE & OD UPDATE**

Dr Catherine Goodwin presented the Workforce and OD update and gave a brief overview of highlights within the Directorate. These included a new survey focussing on sexism and the Trust's presence at Pride Cymru, which had proven to be a very successful and well attended event. In other areas, the Occupational Health and Wellbeing Team had established the Road to Recovery Group which was inclusive of any staff member living with a long-term health condition, including long Covid.

The report also noted that the recruitment team had been working tirelessly to ensure additional EMS staff were recruited in time for winter pressures. In addition to running large volume recruitment and selection campaigns, they had been engaging with schools and colleges and attending various events, such as the Royal Welsh show, to raise the profile of careers within the Welsh Ambulance Service. Finally, Dr Goodwin informed Members that this would be her last Committee as Interim Director of Workforce & OD and welcomed the appointment of Angela Lewis, who would be taking up the substantive role shortly.

Members received the update and noted the volume and scale of the ongoing work which was being undertaken to ensure sufficient recruitment across the Trust. Members also queried the timescales for feedback following the staff survey around sexism. Dr Goodwin stated that the survey would be left open for one month before the data was collated and fed back to the Committee. Members then thanked Dr Goodwin for her input and contributions to the Committee during her spell as Interim Director of Workforce & OD and looked forward to her continued contributions as she returned to her previous role.

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

## **47/22 OPERATIONS QUARTERLY REPORT**

Lee Brooks introduced the Operations Quarterly Report as read and gave a brief overview and update on some of the main areas covered within the report. These included the latest position on the Roster Review which was on track and due to go live at the end of September. Members also heard that a great deal of work had been done on Integrated Care, particularly around shift patterns and rostering although this was still in the development phase.

The report also gave an update on the 111 Press 2 programme which went live in the Hywel Dda Health Board area on the 20th June. This service was operated by the Health Board in collaboration with the Trust and connected callers requiring urgent mental health support to a specialist practitioner with further roll outs of the service expected throughout the summer. Lee Brooks concluded by updating Members on the sustained and severe operational pressures that the Trust was facing, with August 2022 being the second worst month on record in terms of lost hours due to handover delays. However, it was noted that while Amber waiting times remained higher than the Trust would like to see, they were down overall when compared to recent performance data.

Members received the update and queried whether any feedback or updates were available following the roll out of the 111 Press 2 programme. Lee Brooks stated that at present, no activity data was available as this was managed by Hywel Dda Health Board although a small amount of activity had been monitored via the 111 service.

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

## **48/22 STAFF STORY – VIOLENCE & AGGRESSION**

Joanna Paskell spoke to Members about her recent experience of violence and aggression within the workplace after being assaulted by a patient. Members heard how Joanna had attended, treated, and conveyed the patient to the Emergency Department. However, on arrival at the hospital the patient became aggressive and abusive towards her and hospital staff. While transferring the patient from their stretcher to the bed, the patient assaulted Joanna by punching her in the chest causing sufficient bruising and pain to require treatment at the hospital.

As a result of this incident Joanna was off work for several months. South Wales Police investigated this case and Joanna was required to give a statement about the incident. In September 2022, a file was sent to the Crown Prosecution Service for a charging decision and the following month the CPS authorised a charge of Assault by Beating of an Emergency Worker. On 17th January 2022 at Cardiff Magistrates Court, the defendant pleaded guilty to assaulting Joanna, which thankfully meant that she did not have to attend Court.

Members heard that following the assault, Joanna found it difficult to understand why someone she was trying to help would act so violently. Joanna also felt that support at a local level was insufficient with no debrief held by immediate line managers who did not appear to appreciate the impact that the incident had on her.

However, support was provided by Dylan Parry, the Trust's Violence & Aggression Case Manager who was in regular contact with her throughout the process and afterwards, liaising with Joanna, South Wales Police, and the CPS, to ensure she was kept up to date with progress in the case and any outcome. Joanna also expressed her appreciation for the support she had received from Lee Brooks, Executive Director of Operations, who had written to her following the incident.

Members thanked Joanna for her courage in speaking with the Committee and for explaining the extent of the physical and psychological effects she had experienced following the assault. Members queried whether issuing body armour to staff would be helpful, particularly in situations where there was a risk of violence and aggression. Joanna Paskell felt that it may not be practical for staff to wear body armour at all times although this was only her opinion and other colleagues may feel differently should they be offered the opportunity.

Members then asked if there was anything more that the Trust could do to support staff and to reduce the risk of exposure to violence and aggression. Joanna Paskell stated that perhaps more could be done at local level, particularly around training for line managers to help them provide support and guidance for members of their staff who have experienced violence and aggression.

**RESOLVED: That the staff story was NOTED.**

## **49/22 CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch presented the Corporate Risk Register and Board Assurance Framework report, drawing out highlights for the Committees attention. The purpose of the report was to provide the Committee with an update in respect of the corporate risk activity since the previous meeting in May.

The report showed that there were currently 16 Corporate Risks on the register, 4 of which were assigned to the People and Culture Committee for oversight. In addition, Risk 199 had transferred to the Committee from the Quality, Patient Experience and Safety Committee (QuEST) for oversight given that the Health & Safety function and programme of work were now included in the Terms of Reference and cycles of business for the People and Culture Committee.

Members were asked to note that there were a number of actions outlined at the July 2022 Trust Board meeting which would mitigate real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service. These actions would further mitigate the Trust's highest scoring risks 223 and 224 and would be incorporated into the Board Assurance Framework during the scheduled review of those risks.

It was acknowledged that, whilst QuEST had oversight of risks 223 and 224, these remained the Trust's highest scoring risks, affecting every area of the organisation and, therefore, updates would continue to be presented in relation to these two risks.

Members also heard that there had been one change to the risk scores since the last meeting in May 2022 with Risk 201 (Damage to Trust reputation following a loss of stakeholder confidence) having increased to 20 (4x5) from 15 (3x5) as the ability to mitigate issues outside of the organisation were not within the Trust's control and these were contributing to the effects on the Trust's reputation.

Members received the report and commented on the current risks before noting the incorporation of the avoidable harm action plan into the Board Assurance Framework in relation to risks 223 and 224.

**RESOLVED: That**

- 1. The contents of the report and the risks relevant to the Committee were DISCUSSED.**
- 2. The 'avoidable harm' action plan that will be incorporated into the BAF to support further mitigation of Risks 223 and 224 was NOTED.**
- 3. The improved Board Assurance Framework was NOTED.**
- 4. The adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors was NOTED.**
- 5. The 2022/23 Risk reporting timetable was NOTED.**
- 6. The transfer of Risk 199 to the People & Culture Committee was NOTED.**
- 7. The increase in score of Risk 201 from 15 to 20 was NOTED.**

**50/22**

**IMPROVING ATTENDANCE PROJECT – PROGRESS UPDATE**

Liz Rogers gave a progress update on the Trust's Improving Attendance project plan. Sickness absence levels were recognised as a significant concern for the Trust and to address the levels, the Project Plan had been developed and was being delivered into the organisation by a joint team from WOD and Operations.

Member heard how over the last quarter, the Improving Attendance team had been working hard supporting managers within Operations to improve attendance across their teams. This engagement was having a positive impact and there had been a culture shift with managers having a real focus on supporting attendance and a move away from a place where absence was accepted as inevitable and something that could not be managed effectively.

The report showed a month-on-month reduction in long term sickness absence since April from 6.18% to 5.70% in May and 5.18% in June. In addition, more long term sickness cases were being closed than opened every month since March. Short term sickness absence figures had fluctuated with April reporting a figure of 4.96% while May was 3.25% and June was 3.94%. However, mental health related absence had reduced month on month while musculoskeletal absence had increased slightly in May before reducing again in June, bringing it back to the April figure.

Members were informed that Covid absence had been an issue in June and July as there has been an increase in figures through those months. This was also reflected in community figures. The end of May showed Covid absences down to around 50 a day across the workforce in Operations. June saw absences rise to 133 at the end of the month then hit a peak of 170 on 10th July. In terms of Operations May saw a solid reduction in levels with EMS absence reducing from 12.89% to 9.74% and Ambulance Care from 10.97% to 8.71%.

Members received the report and queried whether any further work had been done, particularly around stress, anxiety and depression to try and understand whether these absences were work related or as a result of external non-work related issues. Liz Rogers commented that while it wasn't possible to always determine the root cause, the Trust was committed to supporting employees in their recovery and in terms of mental health support, were fortunate to have such an effective Wellbeing structure within the organisation which had proven vital in the recovery of staff members.

**RESOLVED: That the Committee COMMENTED on the report and the contents were NOTED.**

51/22

## **HEALTH AND SAFETY UPDATE INCLUDING ANNUAL REPORT**

Nicola White provided an update to the People and Culture Committee on health and safety performance as well as key issues and activities in the period from 1st April 2021 - 31st March 22. The report was presented as read with Members attention being drawn to the most relevant areas of note.

These included changes to the National Health and Safety Committee Terms of Reference which were reviewed to align to a more strategic arrangement. These were subsequently approved by the Executive Management Team with a view to being implemented fully in 2022/23.

Other highlights included the development of the Health and Safety Workforce Transformation Business Case which detailed a proposal for a tiered approach for effective integration of the team into the Trust leadership structures. It was expected that a decision would be agreed during 2022, the outcome of which would influence the delivery of the 5-year Working Safely Programme Plan.

Members received the update and commented on the valuable work which had been undertaken so far to introduce and embed the updated health and safety culture within the Trust. Members then queried whether any potential risks had been identified which may need to be brought to the Committees attention. Nicola White informed Members that concerns had been raised around noise levels, particularly within Clinical Contact Centres. However, following a visit by the Health and Safety Executive (HSE), it was determined that although the levels would be continually monitored and improvement actions were identified, no further concerns were noted.

Members also heard that the HSE would be focusing its attention on risks around violence and aggression and manual handling. However, the Trust was well placed in this respect and had recently appointed a new Violence and Aggression Manager and Manual Handling Manager.

**RESOLVED: That the contents of the report were NOTED.**

**52/22**

## **MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Hugh Bennett gave an update on the Monthly Integrated Quality and Performance Report (MIQPR). The report provided key metrics on performance for July 2022 across the Trust, with the exception of sickness where June 2022 was reported.

The report contained information on 28 key indicators at a highly summarised level which aimed to demonstrate how the Trust was performing across four integrated areas of focus:

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

These four areas of focus broadly correlated with the quadruple aims set out in 'A Healthier Wales' and as previously agreed, the metrics would be updated on an annual basis, to ensure that they continued to represent the best way of tracking progress against the Trust's plans and strategies.

Members attention was drawn specifically to performance around call answering, ambulance response times, ambulance care, hours produced, response abstractions, sickness absence, post-production lost hours, handover lost hours and staff wellbeing measures.

Disappointingly, the indicators showed that in many areas there was a continued poor picture in terms of the quality and safety of the service that the Trust provided to patients. Demand across the 111 and EMS services increased in June 2022 and this, coupled with other factors such as the continuation of the Covid-19 variants, high levels of sickness absence and extreme handover lost hours continued to impact on the Trust.

Hugh Bennett and Liz Rogers then discussed the Staff Wellbeing Deep Dive. The aim of this was to look at the available data and anecdotal information on wellbeing to help understand how staff were doing in terms of wellbeing, what that meant to the organisation, where the Trust was currently at and where it would like to be. In addition, the deep dive would look at the Trust's strengths, weaknesses, opportunities and risks as well as considering what else would be valuable to have in terms of information for evaluation and decision making before deciding what actions to take forward.

The deep dive showed that many members of staff now had low levels of resilience and were exhausted as a result of system pressures and the residual effects of Covid. There had also been no respite through the summer months in terms due to ongoing issues with handover delays and service demand. In response, the Occupational Health and Wellbeing Department were able to refer staff to outside agencies for Wellbeing support as well as having an in house Wellbeing service. However, the number of people leaving the organisation had increased over the last 3 years with around 10% leaving over the previous 12 months alone.

Members received the report and expressed concern that performance was still below that which would be expected and desired despite the best efforts of staff within the Trust, especially those providing frontline EMS services. Furthermore, the current performance was during the summer period and all indications were that the situation would only become worse as winter approached. However, it was unclear what, if anything, could be done differently to alleviate the pressures the Trust and its staff were facing as ultimately, this may be beyond the control of the Trust alone and indicative of wider pressures across the entire system.

In terms of wellbeing, Members noted that the latest deep dive did not provide any information on instances or allegations of sexism within the Trust. It was also observed that trends from exit interviews, which may help identify common reasons for staff leaving the Trust were not being routinely captured. Hugh Bennett and Liz Rogers agreed that further work would be done to incorporate measures on sexism while also considering how themes and trends from exit interviews could be captured.

**RESOLVED: That**

**1. The July 2022 Integrated Quality and Performance Report and actions being taken and determine whether:**

**a) the report provides sufficient assurance;**

**b) whether further information, scrutiny or assurance is required, or**

**c) further remedial actions are to be undertaken through Executives was  
CONSIDERED**

**2. The deep dive (Appendix 2) on Staff Well-Being measures was  
CONSIDERED.**

## 53/22 WORKFORCE PERFORMANCE SCORECARD REPORT

Dr Catherine Goodwin and Liz Rogers presented the Workforce Performance Scorecard Report as read but drew Members attention to the progress which had been made with PADR's. The report showed that completion rates across the organisation had increased to 65.18%, representing a 13% increase on the figure reported at the last meeting of the People and Culture Committee.

Members heard that following a series of deep dives across the organisation, Phase 1 of the PADR Refresh process was now complete and a new form had been produced. Phase 2 would involve development and launch of a manager toolkit to support colleagues and managers through the PADR process and subsequently improve completion rates across the organisation. Phase 3 of the process would involve transfer of this form to the Electronic Staff Record (ESR), enabling PADR data and information to be fully reportable, to inform organisational training and intervention plans. It was envisaged that the ESR version of the form would be live by November 2022.

Members received the report and commented on the progress around PADR compliance rates, the new form and the integration with ESR which were all seen as positive steps forward for the service.

**RESOLVED: That the Committee RECEIVED and COMMENTED on the reported performance and associated actions.**

## 54/22 CYCLE OF BUSINESS AND COMMITTEE PRIORITIES

Trish Mills provided the Committee with a draft cycle of business as the final step in the 2021/22 effectiveness review process. The process included a review of the terms of reference, with the amendments subsequently being approved by the Trust Board in May 2022.

The cycle of business was intended to provide order and structure as well as setting a Committee work plan for the year. This, together with the Board Assurance Framework, would drive agenda setting and allow papers to be planned in advance, giving Directors and report writers the opportunity to plan ahead. The process would also allow for easy tracking of the Committee's adherence to the cycle which was regarded as a marker of an effective Committee.

Members received the draft cycle of business and noted the benefits of the process, particularly around streamlining the discussions within the Committee while also refining the workflow and involvement of sub-committees.

**RESOLVED: That**

**1. the cycles of business were REVIEWED, any amendments were proposed, and the cycle was APPROVED as a first version.**

**2. the Committee is not supported at this stage by a sub-committee structure was CONFIRMED.**

**3. the Committee could, if required, request a deep dive into certain aspects of the cycle of business.**

## **55/22 WELSH LANGUAGE ANNUAL REPORT**

Trish Mills and Melfyn Hughes gave a brief update on the Welsh Language Standards Annual Report, drawing Members attention to the 111 service which had seen a sharp increase in Welsh language demand due mainly to the last two Health Boards integrating into 111 Wales. Despite answering more calls in Welsh as a result of this, the percentage of calls dropped by 24.3% compared to 2020/21.

Melfyn Hughes informed Members that data from 111 calls and visits to the Trust's website had showed a sustained and increasing demand for Welsh language services. However, it was noted that there had been a steady drop over the past 3 years in compliance for the number of staff recording their Welsh Language Skills on ESR.

The Workforce and OD Directorate had indicated that an issue may lie with the links between the 'trac' system and ESR, with trac not being able to record anyone with '0 – No skills' in ESR. To address this, the issue had been raised with Shared Services as in order to carry out a reliable mapping exercise of the Trust's Welsh language skills capacity, this needed to be 100% reliable.

Furthermore, the Workforce Systems Assistant had created a link to a form to capture any missing competence information. A monthly report would also be run to check which members of staff were missing any of the competencies. An email would then be sent to them with the link to the form, asking them to fill it in with a deadline of a month's time.

Members received the report and noted the increase in demand for Welsh language services as well as the efforts being made by the Trust to provide and promote access to those services.

**RESOLVED: That the annual report was NOTED and ENDORSED.**

## **56/22 REVISED PAY PROGRESSION POLICY**

Liz Rogers updated the Committee on the revised Pay Progression Policy for NHS Wales, which was to be adopted by the Trust. Members were advised that the Policy had been slightly updated and the latest version now included reference to the Respect and Resolution Policy, in place of the Grievance Policy. As this was an All Wales policy, it was simply for the Committee to note and adopt the policy.

**RESOLVED: That the Committee NOTED and formally ADOPTED the revised Pay Progression Policy for NHS Wales.**

## **57/22 INTERNAL AUDIT REPORT**

Trish Mills introduced the Internal Audit Report as read, briefly touching upon the current position with regards to the Internal Audit tracker. Jo Kelso then discussed the Learning organisation advisory audit, noting that there were four recommendations from the audit, all of which were accepted by the Trust. Of those, three had already been actioned with the final recommendation not due until December 2022 although this was well in hand.

Jo Kelso then provided the Committee with assurance regarding the improvements made to the driving licence check processes, in response to recommendations made in the 2019/20 WAST Drivers' Medicals Internal Audit Report. Compliance during the reporting period from 1st April 2021 – 31st March 2022 was 92%.

Members received the reports and audit findings and noted the contents and recommendations. Members also noted the improvement in compliance around the driving licence check processes. No further queries were raised.

### **RESOLVED: That**

- 1. the contents of the report were CONSIDERED and NOTED**
- 2. the Internal Audit Plan activity was CONSIDERED.**
- 3. the two current Internal Audit Reports relevant to the Committee were RECEIVED.**
- 4. the Trust's proposals to address each recommendation with the inclusion of revised completion dates was CONSIDERED.**
- 5. any specific items that the Committee wishes to see raised to Senior Management and Audit Committee were AGREED.**

## **58/22 SEASONAL INFLUENZA CAMPAIGN AND END OF SEASON FLU REPORT 2021/22**

Andy Swinburn updated the Committee on the seasonal Influenza Campaign for 2021/22 and detailed the uptake of the Flu Vaccine within the Trust. The report showed that the final uptake of staff vaccinated was 38.46%, which was a decrease of 11.4% from the previous year's campaign.

The number of patient-facing staff that were recorded as receiving the vaccine for the 2021/22 campaign had also notably decreased by 11.1%. It was suggested that for the second year, the Covid-19 pandemic had continued to influence the success of the campaign. This, compounded with a variety of other influencing factors, had impacted the delivery and uptake of the vaccination.

The paper also set out the constraints experienced throughout the campaign which included difficulties experienced with vaccine delivery, operational pressures, reporting mechanisms and communication with staff.

Following the review of the 2021/22 campaign, recommendations had been devised that were based upon some of the key areas of learning and improvement.

The aim of these was to streamline current processes, remove duplication of effort and improve engagement with the workforce.

Members received the report and queried whether more could be done by the Trust to improve the uptake of Influenza vaccinations amongst staff for the upcoming 2022/23 period.

Andy Swinburn commented that work was underway with the Communications team to promote the upcoming Flu campaign along with incentivisation schemes but due to new working practices, with many staff now working from home or having limited access to the Trust premises, it had proven to be more problematic in arranging and encouraging staff to come in or book their flu vaccinations.

**RESOLVED: That**

**1. the findings from the seasonal influenza campaign 2021-22 were NOTED.**

**2. the suggested recommendations in the report were explored further, particularly in relation to reporting mechanisms and engagement with staff.**

**59/22**

## **RAISING CONCERNS FRAMEWORK**

Trish Mills provided the Committee with an overview of the work underway to develop a framework for raising concerns and speaking up. The report showed that the 'Freedom to Speak Up' Task and Finish Group had been formed to develop the framework. The report also set out the role and remit of the Group.

Members were informed that the Group would report into the Assistant Directors Leadership Team and aim to complete their work by March 2023, including the roll-out of the Work In Confidence platform. In the meantime, staff could continue to raise concerns through the traditional routes of line management and escalation set out in the All Wales Procedure for Raising Concerns, and through the sensitive issues function in Datix whilst the new framework was in development.

Members received the report and queried what mechanisms were in place for the Committee to receive assurance that progress was being made on the framework and the mechanisms for staff to raise concerns. Trish Mills noted that while some of the assurance would come via the Quality and Performance framework, a standalone report to the Committee could be produced if necessary.

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

**60/22**

## **WASPT ADVISORY GROUP UPDATE**

Trish Mills updated the Committee on developments with the WASPT advisory group and advised Members that a number of meetings with the joint chair of WASPT had taken place. During these meetings, the Terms of Reference had been discussed, looking at any amendments which may be required.

In addition, work was underway to set a date for the shadow WASPT group to meet as well as discussions on representation and membership. Trish Mills confirmed that for the purposes of oversight and governance, the WASPT advisory group would continue to report into the People and Culture Committee. Liz Rogers further commented that discussions had been very positive and steady progress was being made.

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

**61/22 MINUTES OF SUB GROUPS**

The Minutes of the sub-groups were presented as read and for information purposes only.

**62/22 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.

**63/22 ANY OTHER BUSINESS**

There was no other business.

**64/22 DATE OF NEXT MEETING**

The date of the next meeting was scheduled for 29 November 2022.

## CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 10 OCTOBER 2022 VIA TEAMS

### MEMBERS:

Ceri Jackson	Chair & Non Executive Director
Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Hannah Rowan	Non Executive Director

### IN ATTENDANCE:

Julie Boalch	Head of Risk and Deputy Board Secretary
Jon Edwards	Assistant Director of Operations (for Lee Brooks)
Estelle Hitchon	Director of Partnerships and Engagement
Caroline Jones	Corporate Governance Officer
Navin Kalia	Assistant Director of Finance and Corporate Resources
Jo Kelso	Head of Workforce Education and Development
Angela Lewis	Director of Workforce and OD
Trish Mills	Board Secretary
Bernadette Mitchell	Finance Assistance – Charitable Funds
Hugh Parry	Trade Union Partner
Jessica Price	Deputy Head of Financial Accounting
Andy Swinburn	Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

### GUEST:

Nicola Llewelyn	Head of Hywel Dda University Health Board Charity
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### APOLOGIES:

Lee Brooks	Director of Operations
Jill Gill	Head of Financial Accounting

## 44/22 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and introduced Nicola Llewelyn, who had agreed to attend the meeting to share the maturity journey and lessons learned from Hywel Dda charity.

It was noted that the Bids Panel lived experience item would be deferred from this meeting to the January 2023 meeting due to members involved in the

making of the video, not able to match availability with communications colleagues.

#### **45/22 MINUTES OF PREVIOUS MEETING**

The Minutes of the 6 July 2022 meeting were approved as a correct record.

**RESOLVED: That the minutes be approved as a correct record.**

#### **46/22 ACTION LOG**

**14/22a– Finance Update- Full Audit discussions** - The Director of Finance and Corporate Resources updated the Committee on the discussions that had been held with Audit Wales. Resourcing was an issue for Audit Wales however, they confirmed their commitment to deliver a full audit of the charity accounts for 2021/22 by the prescribed deadline of 31 January 2023. The timings of the work may need to be flexible with Audit Wales, appreciating the internal governance the accounts needed to go through prior to submission to the Charities Commission.

**14/22b – Applications to NHSCT** – this was covered as part of the finance update agenda item see minute ref 47/22. Item to remain open until applications submitted.

**38/22a, 38/22b and 39/22b** were all closed due to being covered within agenda items.

**39/22a Strategic Review Update** - A consultant had been appointed and had started the strategic review. The action was closed.

**40/22 – Charitable Funds Task & Finish Group Recommendations** – It was noted that the work programme would report through the committee and therefore the action could be closed.

**RESOLVED: That**

**1) action 14/22a and 14/22b to remain open with updates to the next meeting of the Committee.**

#### **47/22 HYWEL DDA UNIVERSITY HEALTH BOARD CHARITY MATURITY AND LESSONS LEARNED**

The Director of Partnerships and Engagement introduced Nicola Llewelyn and thanked her for taking the time to share the Hywel Dda story with the committee.

Nicola shared how the original charity was originally managed by Finance colleagues before the introduction of a fundraising team in 2013. In 2012, three separate former LHB charities merged in 2012 which created a period of unrest and a decline in income for the first financial year.

Following a growth period of nine years, there are currently nine full time members of staff comprising of fundraisers, communications and administrative

support which has increased income which for the first time in 2020/21 exceeded £2.5m.

She noted how staff were both the charity's supporters and critics throughout their journey and emphasised the need for engagement and communication. During a survey they undertook with staff in the early stages, it was evident that staff were not aware of the official charity or its role which shaped future operational workplans.

While initial focus was on fundraising, ensuring easy access for staff to spend the funds was not fully considered and these improvements followed later. Staff also needed to be aware of what the funds could be spent on and Nicola agreed to share their eligible criteria with the Trust. An amendment to their Scheme of Delegation empowered local staff to make decisions quickly.

Nicola went on to say that declarations of interest should be considered noting that some key figures may also be involved with external charities and the role of these interests should be made clear.

Members noted that the WAST charity currently only had one dedicated member of staff. Following the conclusion of the review, that is being commissioned to look at the charity strategy, the basic infrastructure would need to be reviewed in order to progress the charity.

Members were keen to learn how territorial issues had been overcome at Hywel Dda. The issue of merging funds had been discussed in the past at the Committee with respect to the regional funds held for North, Central & West and South East which staff were hesitant about merging.

Nicola Llewelyn confirmed that for larger schemes funded by their charity it was encouraged that an equality impact assessment is attached to them where appropriate.

The Chair thanked Nicola for her time and sharing both the things that had gone well and those areas that the Trust should look at, as part of its own journey.

**RESOLVED: That a focus on staff engagement, accessibility of funding for staff, streamlining funds, automated processes, and conflicts of interests were key to bear in mind for the Trust as it embarks on its own journey with the WAST charity.**

## **48/22 STRATEGIC REVIEW UPDATE**

The Director of Partnerships and Engagement confirmed Patrick Boggan had been appointed to review the Trust's Charity and had been provided with documents both from herself and the Board Secretary in order for him to assess how the Trust was currently structured.

It was agreed that an update from Patrick would be helpful for Committee members at the next meeting and the Committee were keen for him to explore the potential for the charity to support staff in terms of the current cost of living

crisis above those measures already in place, which had come about since the original specification was agreed.

Non Executive Kevin Davies asked for an amendment to paragraph nine of the proposal, where he was listed as Chair of the Committee.

The Director of Partnerships and Engagement reiterated the need to consider what the minimum staffing required would be to make progress in order to invest further in our patients and staff. She also confirmed thought would need to be given as to how and when to consult with staff allowing time for reflection once the outcome of the review was known, together with the upcoming winter pressures for staff, recognising that a delay in consulting with staff may be of more benefit to the charity. Members recognised the need to make staff aware of the journey the charity was embarking on.

**RESOLVED: That Patrick Boggan be invited to the next meeting of the Committee to update members on progress to date.**

## **49/22 FINANCE UPDATE**

The Director of Finance and Corporate Resources introduced the paper and gave a brief overview of three main areas:

1) **Investment fund and market performance** – with the recent volatility of the markets following the mini budget, a further dip was seen however, once the market recovered slightly, an improvement of 80% was noted.

Due to the type of funds held, updates on these were only available weekly and the Trust was monitoring the fund on this basis with escalation procedures in place.

It was also recognised that the policy does not allow for more than 50% of total cash funds to be invested and that, as expenditure was approved, the ratio would also need to be considered.

2) **Grants** – The stage one grant received by the Trust from NHSCT was required to be evaluated by 12<sup>th</sup> September 2022. This highlighted that there was a sum of £21k to be expended by March 2023. The Trust requested an adaptation to the funding to support the men's rugby team for this season and to fund two Mind Over Mountains sessions which had previously been approved by the bids panel. NHSCT approved this adaptation application.

3) **Bursary scheme** – The Director of Finance and Corporate Resources sought approval from the Committee to fund a further round of the bursary scheme to the value of £15,000. The funding of the Bursary would be further explored during the strategic review which was progressing on the overall future direction of the Charity.

**RESOLVED: That**

**1) the monitoring of the investment fund was noted;**

2) the amendment to the stage one grant received, approved by NHSCT, was noted; and

3) the Committee approved the £15,000 for the next round of the bursary scheme.

## 50/22 CHARITABLE FUNDS TASK & FINISH GROUP

The Board Secretary confirmed that whilst there was an alert in the highlight report around resourcing, the task and finish group were aligned to that need.

The terms of reference and workplan for the task and finish group were presented to the Committee for approval, noting that much of the work from the group would be done in parallel with the development of the charity's strategy.

Meetings were scheduled until March after which a closing report would be presented to the Committee.

The Board Secretary confirmed that risks had been discussed within the group with some specific risk themes around governance, operations, reputation etc. These would be further explored in future meetings.

Learning from the discussion held earlier around the Hywel Dda charity journey, the Chair was keen to learn if there would be an amendment to the Trust's scheme of delegation. The Board Secretary confirmed that the group had had conversations around potential devolved authority, which required strong governance and would be a decision for the Trustees once the options had been presented and discussed by the group.

**RESOLVED: That the terms of reference and the work programme for the task and finish group were approved.**

## 51/22 CYCLES OF BUSINESS

The Board Secretary confirmed the same format for this Committee's cycle of business as had been used in other committees in that the red text was a direct lift from the terms of reference, which provides the ability to look at what is required with a look at what is coming forward in the black text.

More detail on pre- and post-committee forums would be available as the cycle evolved, which would ease the planning of the agenda.

It was noted that strategy is delivered through the Integrated Medium Term Plan (IMTP), with the Finance and Performance Committee overseeing that. If the charity strategy implementation was to be part of the IMTP it would follow the same line, however that will be reviewed as the Charity's strategy progresses.

The Board Secretary also confirmed that this was the only committee that had any sub-committees reporting into it i.e. the Bids Panel, Bursary Panel and the Task and Finish Group.

**RESOLVED: that the cycle of business was approved a were the sub-committees reporting to the committee.**

## **52/22 BIDS PANEL UPDATE**

The Chair of the Bids Panel updated members on a couple of key issues namely relating to the ongoing discussions around the restricted fund for Barmouth and how that could be progressed together with the staff lottery which had been well received and had agreement to be taken forward.

She went on to explain that the Panel had recently approved applications in the sum of £59,021.

The Chair of the Panel highlighted the conversations which had been had at the Panel meeting where it was unclear on the processes and liability examples of which related to injuries which may result in using gym equipment funded from the charity, and how the organisation could be assured that the Trust was operating safely and within the realms of legal requirements. The Panel felt a framework was needed. The Director of Finance and Corporate Resources felt that staff needed to take some personal responsibility when using on site equipment together with some signage would be sufficient. The Chair agreed to take an action to meet with Health & Safety colleagues and Estates colleagues to discuss organisation wide guidance in this regard.

Another area the Panel wished to raise with the Committee for a view was the position for replacing sofas for stations. The Charity had previously funded the difference in cost from standard Trust issue to the requirements of the application. It was identified that there was no Trust budget for such items to be replaced, therefore the Charitable Fund would be the only option for funding at this time.

The Director of Finance and Corporate Resources agreed that sofas should be considered on a case by case basis due to the Trust not having any central funding for such items. It was also noted that in replacing standard Trust issue items, there would be a risk that, in time, there would be no consideration given by the Trust in providing a budget if the charity has been funding such items.

The Director of Paramedicine expressed his concern that a limited view had been taken around the flu incentive application and whilst evidence was not able to be provided that the incentive had improved uptake, he pointed out that similarly the impact on staff welfare having outside furniture could not be quantified. He asked the Committee to note that the flu incentive had potential to save lives of staff, patients and their families. The Chair of the Bids Panel agreed to speak to the Director of Paramedicine outside of the Committee with regard to the flu incentive application, noting that the bid had not been outright rejected, rather moral implications of incentivising vaccines had been raised and the panel had requested further evidence on the impact of the incentive scheme.

The Head of Risk/Deputy Board Secretary confirmed that the promotion of both the men's and women's rugby teams with the support of Communication colleagues would be progressed and that the NHSCT stage one grant which needed to be utilised by 31 March 2023 would be supporting this.

The Board Secretary confirmed that the Bids Panel has guidance in place which is available to staff and which guides their decisions. In order to strengthen this it was proposed that this is a policy going forward.

**RESOLVED: That**

- 1) the approval of the five applications over two meetings was noted;**
- 2) the promotion of both the men's and women's rugby teams with the support of Communication colleagues be progressed with the stage one NHSCT grant which needed to be utilised by 31 March 2023; and**
- 3) a success story be brought to the next meeting of the Committee.**

**53/22 BURSARY PANEL UPDATE**

The Head of Workforce Education and Development, apprised the Committee of the changes made to the application process to provide support for staff to put together a quality application. She also confirmed that a clear objective method for making assessments that supported the Trust's principles of merit and equity was in place.

The Head of Workforce Education and Development went on to say the alert within the highlight report had been resolved earlier in the meeting with the approval of the funding for the bursary scheme.

It was noted that four of the applications were for MSCs and Head of Workforce Education and Development confirmed that herself and the Director of Paramedicine would be working with Health Education and Improvement Wales (HEIW) to look at formalising the route as it was becoming part of our specialist service. She did confirm that the process would take some time to be realised.

Members noted that Swansea University had booked to experience the immersive suites to assist students with their journey in regard to their development. All M4 corridor students involved in MSC palliative care would also be using the suite.

Year three students applying for funding via the Bursary Scheme were advised on potential areas for their dissertations that would bring something back to the service e.g. pre hospital care or urgent care.

It was also recognised that the pilot work with Swansea Bay in respect of the palliative care paramedic work was well supported and was due to be expanded to Cardiff and Vale.

It was agreed that a lived experience on palliative care would be welcomed by the Committee at its meeting in January.

**54/22 KEY MESSAGES FOR BOARD**

- 1) the engagement of Patrick Boggan to review the Charity's strategic direction.
- 2) the insight from the Head of Hywel Dda Charity relating to lessons learned.
- 3) the approval of £15k for the Bursary Scheme.
- 4) the terms of reference and workplan for the Task & Finish group were approved.
- 5) the approval of the cycle of business for the Committee.
- 6) Grants available from NHSCT
- 7) the fluctuation in the investment fund.
- 8) Bids Panel approval of applications in the sum of £59,021.
- 9) Bursary Panel approval of applications to the sum of £13,400.50
- 10) Committee priorities set for 2022/23 are making progress.

**55/22 DATE OF NEXT MEETING – 21 November 2022**

**CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 14 November 2022 VIA TEAMS**

**PRESENT:**

Professor Kevin Davies	Non-Executive Director and Chair of Committee
Joga Singh	Non-Executive Director
Ceri Jackson	Non-Executive Director

**IN ATTENDANCE:**

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Wendy Herbert	Assistant Director of Quality and Nursing
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Liz Rogers	Deputy Director of Workforce and Organisational Development
Chris Scott	Audit Manager NWSSP
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources

**APOLOGIES:**

Bethan Evans	Non -Executive Director
Damon Turner	Trade Union Representative
Liam Williams	Executive Director of Quality and Nursing

**56/22 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 Bethan Evans, Damon Turner and Liam Williams.

**Minutes**

The minutes of the open session held on 20 September 2022 were considered by the Committee and agreed as a correct record.

**Action Log**

The action log was considered:

Action Number: F and P 1/21-22: Focused review of performance related metrics. Trish Mills explained this action had been reviewed at the Quality, Patient Experience and Safety Committee (Quest) on 10 November 2022 and Quest will undertake a deep dive in February 2023; an update will be provided to the Finance and Performance Committee in March 2023.

Action Number: 34/22b: Post-production Lost Hours – Benchmarking. Rachel Marsh updated the Committee, and it was agreed to close the action.

**RESOLVED: That the minutes of the meeting held on 20 September 2022 were confirmed as a correct record; and the action log was reviewed with the following action closed; 34/22b, Post-production Lost Hours benchmarking.**

## **57/22 OPERATIONS QUARTERLY REPORT**

Lee Brooks updated the Committee on the following points:

1. 111 call handling continued to meet the required standards of the quality of service notwithstanding the particular challenges in meeting performance targets.
2. Handover delays at Emergency Departments continued to be wholly unacceptable with the continued loss of the Trust's resource capacity.

Comments:

1. Members welcomed the revised format of reporting which summarised the main points in more clarity.
2. It was asked what the position was regarding volunteer numbers. Lee Brooks commented there had been an uplift in the number of volunteers, which will be realised in January 2023. He added that the number of volunteer car service drivers had declined; this was due to the pandemic.

**RESOLVED: That the Committee noted the report.**

## **58/22 FINANCIAL POSITION MONTH 7**

Chris Turley gave the Committee a presentation for the financial position for month 7 2022/23 and brought the following highlights to their attention; noting that the Board will have a detailed paper on the financial position on 24 November 2022.

1. There was a small underspend as at month 7 of £1K.
2. There had been gross savings of £2.590m having been achieved against a current year to date target of £2.514m.
3. A continued break-even position was forecast for 2022/23, however the outlook for 2023/24 onwards was looking extremely challenging.
4. The Public Sector Payment Policy target for quarter 2 was met with the payment of non-NHS invoices paid within 30 days, which exceeds the target of 95%.
5. An overview of the financial performance by Directorate was provided, noting the variances, and in particular, the known and planned underspend in the Operations

Directorate to offset the overspend (underachievement) in income.

6. In terms of the financial risks the Committee were updated, and these included the exceptional cost pressures, winter pressures and the funding for the additional Bank Holiday. These costs remained volatile, and the total current value was £6.614m.
7. Capital expenditure was planned to be spent; to date the Trust had expended £6.300m against the All Wales Capital Scheme budget of £22.306m. The Committee received an update on changes agreed with Welsh Government on the timing of some capital funding and additional monies being made available in-year.
8. The Committee were advised that Welsh Government guidance on financial planning for the next financial year would become much clearer following the UK Government's Autumn Statement, which was due very soon.

Comments:

The Committee discussed the work underway to ensure that the capital available for the remainder of 2022/23 was spent by March 2023 and were assured by Chris Turley that would be achieved.

**RESOLVED: The Committee noted the update.**

## **59/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD – SEPTEMBER 2022**

Rachel Marsh presented the Monthly Integrated Quality and Performance Report (MIQPR) for September, and drew the Committee's attention to the following highlights:

1. The indicators continued to show a poor picture in many areas with performance not achieving the ideal outcomes.
2. Lost hours to handover delays at Emergency Departments in October were the highest recorded at 28,940, equating to 36% of the Trust's conveying capacity being unavailable to respond.
3. 999 answering times have been challenging through significant increases in demand. The median and 65th percentile performance remained good; the call answering tail decreased in August 2022 to 52 seconds, however, this remained higher than the Trust would want. In terms of 111 call answering performance, this had improved over recent months and has continued to improve.
4. In respect of the clinical response time, this had significantly improved; the Trust continued to focus on recruitment and retention of clinicians to further improve these times.
5. Red and amber response times remained far longer than expected, with red response below 50% for the first time in October, at 48%. Whilst an improving picture was seen at the start of November, this continued to be a significant area of concern for the safety and wellbeing of patients and staff. The Committee was assured that the Trust had identified and was progressing all strategies and actions to mitigate this position. Lee Brooks added that red performance at the start of November was at 52%.
6. The Committee were asked to note that the performance metrics in relation to Welsh

language would be included in the next report to the Committee.

7. Ambulance Care (formally known as Non Emergency Patient Transfer Service) Performance was above target for enhanced renal patient arrivals prior to appointment in September 2022, and has improved for patients requiring discharge; however, overall demand for the service continued to increase.
8. There were several other metrics which the team have been working on which include inclusion and engagement, emissions data, symptom checkers, and consideration of the numbers of staff in post versus the number of staff commissioned to be in post.
9. In terms of staff sickness, staff training and PADRs, the improvements in these area since August 2022 were noted. A specific managing attendance programme had been set up to identify and implement actions to improve sickness absence.
10. The Committee noted that the Trust Board would review progress against the totality of Trust and system actions at its November meeting, and gain assurance on the impact of this activity.

#### Comments:

1. The Committee asked whether management were satisfied that all mitigating actions within the control of the Trust with regard to handover delays had been considered. Lee Brooks explained that the Trust had taken all the actions possible; further information was contained in the Mitigating Patient Harm Report and Action Plan regularly reviewed by the Board. He added that this winter had all the hallmarks of being the most challenging on record.
2. The Committee commented on the improvements with regard to staff sickness figures and PADRs. In relation to sickness absences, Lee Brooks advised that Covid related absences were beginning to decline. He added there had been a focus on completing PADRs. Liz Rogers gave an overview of the work being conducted by her team to improve sickness levels; this included the effective use of occupational health.
3. In respect of the impact of the impending industrial action on the services provided by the Trust, the Committee recognised this would be varied in terms of the several professions across the Trust.
4. Members also recognised that the All Wales Covid-19 sickness policy was still in place and this could represent challenges for the Trust.
5. The Committee asked of the reasons for challenges in recruiting clinicians. Rachel Marsh advised it was specifically related to the 111 clinicians and in the main regarded nurses; the recruitment of nurses is a UK wide issue. The Trust has been considering ways to improve this situation, which included supporting remote working. Liz Rogers added that the job description was being reviewed and modified. Significant work was also being conducted to enable training to be carried out virtually.
6. The Committee discussed which indicators they would like to see further analysis on, and it was agreed that indicators regarding Ambulance Care would be desirable. Rachel Marsh and Lee Brooks will take this forward and scope out the required detail, and will consider eligibility, inequities, new indicators, and transformation of this service.

**RESOLVED: That the report was considered 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 Our People; Finance and Value; and Partnerships and System Contribution.

## 60/22 **QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK 2022-2025 - Update**

The report was presented by Rachel Marsh who reminded the Committee that the framework had been approved by the Board in March 2022.

1. The main issue in the first six months of 2022/23 had been the capacity to work on the Framework, as a result of having to recruit to every post in the Commissioning & Performance Team. This recruitment was expected to conclude on the 30 January 2023.
2. The two areas chosen for piloting were EMS Co-ordination and Resource. The initial findings indicated that EMS Co-ordination has developed quality and performance arrangements and there may be opportunities for making these arrangements leaner, but there needs to be a greater connection between Trust-wide strategy, as set out in the IMTP and local deliverables.

Comments:

The Committee recognised this was still a work in progress.

**RESOLVED: That the Committee;**

- (1) **NOTED that a Quality & Performance Management Steering Group has been established;**
- (2) **NOTED two pilot assessments for the development of “local frameworks” have been conducted;**
- (3) **NOTED that a self-assessment against the “organisational requirements” at a corporate level has been undertaken with the expectation that this will be concluded in December 2022; and**
- (4) **NOTED that the recruitment into the new structure of the Commissioning & Performance Team will be concluded by 30 January 2023.**

## 61/22 **INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 INTERIM QUARTER 3 PROGRESS REPORT**

1. Rachel Marsh presented the item which provided progress on the IMTP 2022-2025 Quarter 3 position against the conditions set by Welsh Government (WG) in relation to the Six Goals for Urgent and Emergency Care, value-based healthcare, minimum data set, improvement of sickness and absence rates, and delivery of workforce efficiencies.
2. An IMTP delivery tracker was in place which maps back all 2022-23 priorities into the agreed transformation and enabling programmes established within the IMTP delivery structure.
3. Planning for the 2023/26 IMTP was progressing well with extensive engagement taking place through internal structures which include the recent CEO roadshows, and development sessions with the Board in October and November. The deadline for

submission was now March 2023 rather than January, due to the national requirement for further work regarding the financial outlook for NHS Wales in 2023/24 and beyond, to be undertaken.

#### Comments:

1. With respect to the six goals as set by WG being achieved the Committee asked how confident the Trust was this was being reported going forward. Rachel Marsh advised that the Trust's Strategic Transformation Board has been given more detail in terms of how the 6 goals linked to the reporting process. She gave an outline of how the reporting process was structured.
2. The Committee discussed mental health and mental well-being, recognising that due to funding issues implementation of a mental health faculty was now unlikely. However, the possibility of being able to provide a mental health response in the Betsi Cadwaladr University Health Board area was progressing well.
3. In terms of the 6 goals, members commented on how engaged all the stakeholders were, and recognised the complex nature involved.
4. The red and amber rated priorities were reviewed by members as were the remedial plans in place. The Committee noted the good progress despite the ongoing operational challenges.

## **62/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

Julie Boalch presented the report and updated the Committee on the following:

1. There were currently 17 Corporate Risks on the register, 10 of which were assigned to Committee for oversight; and were described in further detail within the report.
2. Since this report was written, Risk 311, 'sufficient Estate to cope with staff associated with the Emergency Medical Services and Ambulance Care demand and capacity reviews', had been approved by the Executive Management Team for closure, and this will be reflected in the report presented to the Board later in the month.
3. It was noted that risk 244, 'Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service', and risk 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', were both currently overdue in terms of their controls and mitigating actions, and were due for review by the Operations Senior Leadership Team.

#### Comments:

Risk 139, 'Failure to Deliver our Statutory Financial Duties in accordance with legislation', The Committee asked whether the Trust was still comfortable with the risk rating of 16? Chris Turley explained the risk had recently been further reviewed and was comfortable with the current rating, noting that this didn't specifically relate to the current financial year and in light of the financial outlook for 2023/24 and beyond.

**RESOLVED: Members considered the contents of the report and reviewed the Board Assurance Framework, noting the 10 risks assigned to the Committee.**

## **63/22 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS**

1. The report was presented by Julie Boalch who explained that its purpose was to provide the Committee with an update in respect of recommendations resulting from internal audit reviews presented to the Committee for oversight.
2. There were currently 2 internal audit reports relevant to the Committee, with a further 14 internal audit reviews which were included in the 2022/23 Internal Audit Plan.
3. The 2023/24 Audit plan was in development and was expected to be presented to the Audit Committee in March 2023 for approval.
4. The Committee's attention was drawn to the 7 high priority recommendations which were reported as being overdue; the report contained details with the expected completion dates.
5. There were 2 recommendations from 2019/20 which were outstanding, and were both due to be completed by March 2023.

Comments:

Members queried why the Clinical Contact Centres Performance Management high priority recommendation had been extended to January 2024. Julie Boalch explained it related to the Salus system.

**RESOLVED: The Committee noted the contents of the report and considered the Internal Audit plan activity.**

## **64/22 LEASE CAR POLICY**

Chris Turley explained that the purpose of the report was to approve of the All Wales Lease and Pool Car Policy for Trust adoption. He added it had been through all the necessary due diligence prior to being presented at Committee. The main changes to the previous policy were contained within the covering report.

**RESOLVED: The policy was approved for adoption by the Trust.**

## **65/22 COMMITTEE PRIORITIES UPDATE**

The report was presented for information purposes.

**RESOLVED: The Committee noted the report.**

## **66/22 KEY MESSAGES**

The Chair advised that the Board Secretary would prepare the update report for the Trust Board, and would include reference to the expected challenges of the winter period and the effect on performance, and that the unavoidable harm as a consequence of hospital handover delays would be the main focus for the Trust.

## **67/22 ANY OTHER BUSINESS**

The Members of the Committee thanked Kevin Davies for his support over the past few

years and wished him well on his departure from the Trust as a Non-Executive Director at the end of the year.

**Date of Next Meeting: 16 January 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 25 OCTOBER 2022 VIA TEAMS

#### MEMBERS :

Kevin Davies	Non Executive Director and Chair
Hannah Rowan	Non-Executive Director

#### IN ATTENDANCE :

Chris Evans	Research Innovation and Improvement Lead
Estelle Hitchon	Director of Partnerships and Engagement
Jo Kelso	Head of Workforce Education & Development
Angela Lewis	Director of Workforce and OD
Mark Marsden	Trade Union Partner (1)
Trish Mills	Board Secretary
Caroline Jones	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit & Service Improvement
Keith Rogers	TU Partner (2)
Andy Swinburn	Director of Paramedicine

#### APOLOGIES:

Paul Hollard	Non-Executive Director
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Martin Turner	Non-Executive Director

#### 43/22 WELCOME AND INTRODUCTION

The Chair welcomed everyone to the meeting, noting that this was the first meeting for Angie Lewis, Director of Workforce and OD.

#### 44/22 DECLARATIONS OF INTEREST

The standing declarations of interest of Professor Kevin Davies were recorded. Hannah Rowan declared her position as a Non-Executive Board Member of Qualification Wales.

#### 45/22 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 19 July 2022 were approved as a correct record.

## 46/22 ACTION LOG

### **39/22a – Director of Partnerships and Engagement Update - progress the approach to universities to secure a representative for the Committee.**

The Committee agreed that the discussion which would be taking place in private session would be reported back to the next open session and therefore the action was closed.

### **39/22b - Director of Partnerships and Engagement Update - A mapping exercise of the engagement interfaces be brought to the next meeting.**

This is listed as an agenda item, therefore the action was closed.

### **39/22c - Director of Partnerships and Engagement Update - A mid-year review of progress against the 3 priorities as set out within the university status application be worked up to go to TB in September for sign off prior to submission to WG.**

This is listed as an agenda item for discussion, therefore the action was closed.

### **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.**

TU Partner (1) confirmed that the staff he had spoken with were currently keeping an open mind and in general thought it was a good idea as long as opportunities were available to everyone and not just a few.

TU Partner (2) reported he had not yet approached anyone and therefore did not have any feedback to add, however he would take the action forward and report back to Committee.

### **40/22a – Digital Opportunities - The Director of P&E ask a member of the WIIN team to contact Great Ormond Street to look at learning**

The Assistant Director of Quality Governance was making contact and would report the findings back in due course. The Research Innovation and Improvement Lead agreed to document some key academic collaborative frameworks, visit a few sites and report back.

### **40/22b – Digital Opportunities - The Interim Director of Digital liaise with the Board Secretary around a Board Development session around digital opportunities.**

The Board Secretary confirmed that a development session for January or February was being explored. The item was closed.

### **RESOLVED: That**

**1) Trade Union Partner (2) to relay to colleagues the opportunities that university status/partnerships would bring to all staff: and**

**2) the Assistant Director of Quality Governance would report the outcome of his findings in due course, with the Research Innovation and Improvement Lead agreeing to document some key academic collaborative frameworks, visit a few sites and report back.**

## 47/22 CYCLE OF BUSINESS

The Board Secretary began by confirming this was the last step in the process of the effectiveness review for the last year, prior to the process commencing again shortly in less detail.

It was recognised by members that this committee was on a maturing journey noting its

various elements; scrutiny, partnering and inquisitorial elements as opposed to pure oversight other committee's had.

The Board Secretary explained that the cycle of business was created by using the terms of reference for the business which would be coming forward on a continuous basis and taking the opportunity to include any comments throughout the year. She went on to explain the colour coding for those not familiar with the style. Members noted the governance items such as the annual report and reviews which were standard.

The Board Secretary confirmed that the Committee would be overseeing the university trust status (UTS), initial application, renewals and compliance reporting. The priorities of the UTS were included within the integrated medium term plan (IMTP) with the view that the IMTP was the delivery of the strategy. The Finance and Performance Committee monitored the IMTP with exception reporting on those priorities or a deep dive referral coming through to this committee.

Whilst it was recognised that there were currently no sub groups reporting into this committee, it was agreed that there could be some in the future if required.

The Committee agreed to focus on the existing priorities to appreciate how each one progressed and to realise the outcomes.

**RESOLVED: That the cycle of business was approved.**

#### **48/22 MID YEAR REVIEW**

The Director of Partnerships and Engagement provided some background on the presentation given to Welsh Government (WG). For those organisations that had already been awarded university trust status (UTS), Welsh Government for the first time had asked to be provided with a mid-year review. Whilst it was recognised the Trust did not formally have that designation, it was welcomed that the Trust had been asked to provide an update in line with other Health Boards.

The presentation was made to WG and the Director of Partnerships and Engagement thanked those involved both in creating the slides as well as those people doing the work. The feeling was that the presentation was well received. Positive feedback was received in terms of the Trust's depth and breadth of innovation and applied research elements, while it was noted the formal feedback would highlight the need to focus on the evaluation of the research impact more closely, whilst ensuring that the experience of the people the Trust serves was also recognised.

The governance matters were still to be concluded and dates were being sought for a discussion with WG in order to map a way forward.

The Head of Workforce Education & Development indicated that when initially building the case for WAST to aspire for University Status and deliver the vision of the Trust to become a learning organisation for all staff, existing University Trusts regretted not broadening the scope of their status to include all staff; they tended to focus on their clinical registrant workforce, not wider corporate and non registrant roles. WG recognised the Trust was different and that its impact was not just beneficial to WAST but also to the wider health service across Wales. Thought was now being given as to how the qualitative measures

could be captured and not just quantitative that added value.

The Interim Assistant Director of Research, Audit & Service Improvement gave examples of our current approach to evaluation and impact to some of the ongoing projects, explaining that the evaluation framework was very much part of the process.

The Board Secretary made reference to the appropriateness of the Committee to monitor the research governance framework and its complexities, which was currently within the Quality Committee which may be reviewed as part of the upcoming committee effectiveness review process.

**RESOLVED: That**

**1) the formal feedback from the mid-year WG review was awaited; and**

**2) the upcoming committee effectiveness review look at the possibility of including research governance within its remit.**

**49/22 MAPPING ENGAGEMENT**

The Director of Partnerships and Engagement confirmed the paper presented looked at areas that the Trust was engaged with academia and in both commercial and industrial spaces, recognising the need to look at the benefits offered in driving the organisation forward.

The huge amount of work ongoing needed to be aligned to the organisation's priorities, celebrated and recognised by the Board.

The Director of Partnerships and Engagement went on to say that the Executive Team needed to review portfolio and organisational alignment in order to support staff who were working in these spaces across directorates, looking at how best operational staff could be supported in balancing the pressures faced by the Trust, whilst continuing their research which will be needed as part of the Trust's transformational journey.

The Chair spoke of being a clinically led organisation however wanted to ensure areas such as workforce, digital, finance etc, were also included.

The Interim Assistant Director of Research, Audit & Service Improvement outlined the fact it took seven years to become a research leader. He went on to explain that appropriate funding was key to enabling staff to consider exploring the opportunities of research.

Non-Executive Director, Hannah Rowan, queried how the research pathway was encouraged with new staff and was assured that staff are encouraged to ensure their decisions can be backed up with evidence and that the Trust undertakes its own quality assurance internally. Research is discussed with staff on their trainee EMT programme.

The Head of Workforce Education & Development confirmed that vocational education alongside academic education was respected, to ensure the Trust was able to maximise the potential of all staff.

The Director of Partnerships and Engagement agreed to discuss outside the meeting, with other Board colleagues, on how best to engage with Executives for them to be sighted and for

messages to be cascaded via directorates, looking at how best to resolve some of the issues such as releasing, supporting and encouraging staff.

It was agreed an update would come to a future meeting noting the fact that the Trust was about to be entering the winter period which brought about upcoming challenges.

**RESOLVED: That a discussion of Board members present at the meeting would be taken off line to discuss how best to engage other Executive colleagues in looking at the challenges faced, with a report brought back to a future meeting of the Committee.**

## **50/22 CONSENT ITEMS**

The Committee noted the steady progress being made.

## **51/22 KEY MESSAGES FOR BOARD**

- 1) Cycle of Business.
- 2) UTS application.
- 3) Mapping of engagement interfaces.
- 4) Last meeting for Prof Kevin Davies and first for Angie Lewis.
- 5) Mid-year progress update against UTS priorities for WG.
- 6) Committee priorities.

## **52/22 ANY OTHER BUSINESS**

The Director of Partnerships and Engagement highlighted that this was the last meeting of this Committee for the Chair, as his term was coming to an end. She thanked him for his contribution to the Committee and also for the personal support to herself.

## **53/22 DATE OF NEXT MEETING:**

**17 January 2023**



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

<b>AGENDA ITEM No</b>	<b>21</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## NHS WALES JOINT COMMITTEE UPDATE REPORT

<b>MEETING</b>	Trust Board
<b>DATE</b>	26 January 2023
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Steve Owen, Corporate Governance Officer
<b>CONTACT</b>	<a href="mailto:Steven.owen2@wales.nhs.uk">Steven.owen2@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.
2. Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
3. Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.
4. This report provides an update to Trust Board in respect of the following recently held meetings:
  - Emergency Ambulance Services Committee meeting of 8 November 2022 and Chair's EASC summary of 6 December 2022.
5. The minutes, agendas and additional reports from EASC, NWSSP and WHSSC meetings are available from each Committee's websites via the following links.

<https://easc.nhs.wales/> <https://whssc.nhs.wales/> <https://nwssp.nhs.wales/>

**RECOMMENDED: That the Minutes in respect of the recent EASC meetings are received.**

**KEY ISSUES/IMPLICATIONS**

Not Applicable

**REPORT APPROVAL ROUTE**

Not Applicable

**REPORT APPENDICES**

Annex 1 and 2: Emergency Ambulance Services Committee meetings of 8 November and 6 December 2022

**REPORT CHECKLIST**

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



**EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON  
8 NOVEMBER 2022 AT 09:30HOURS  
VIRTUALLY BY MICROSOFT TEAMS LIVE**

**PRESENT**

<b>Members:</b>	
Chris Turner	Independent Chair
Stephen Harray	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive Betsi Cadwaladr, BCUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB (in part)
Andrew Carruthers	Chief Operating Officer, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
<b>Associate Members:</b>	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

<b>In Attendance:</b>	
Nick Wood	Deputy Chief Executive, NHS Wales
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Sian Ashford	Senior Lead Nurse, Quality and Delivery Frameworks, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

<b>In Attendance:</b>	
<b>In Attendance for agenda item 2.3 Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru Service Development Proposal</b>	
David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Sue Barnes	Chief Executive, Wales Air Ambulance Charity
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Matt Cann	Programme Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Steven Stokes	Director of Communications and Strategic Engagement, Wales Air Ambulance Charity

<b>Part 1. PRELIMINARY MATTERS</b>		<b>ACTION</b>
EASC 22/111	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting. This was the first EASC meeting to be live streamed.</p>	Chair
EASC 22/112	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received from Steve Moore, Mark Hackett and Steve Ham.</p>	Chair
EASC 22/113	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>There were none.</p>	Chair
EASC 22/114	<p><b>MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2022</b></p> <p>The minutes were <b>confirmed</b> as an accurate record of the Joint Committee meeting held on 6 September 2022 with the exception of:</p> <ul style="list-style-type: none"> <li>• clarification between the 'Internal Service Analysis' undertaken by the Emergency Medical Retrieval and Transfer Service and the 'Strategic Review' undertaken by the Wales Air Ambulance Charity</li> <li>• the addition of the word 'need' at the top of minute 22/100 (page 9), so that the sentence now reads 'Key headlines from the Strategic Review included under-utilisation and unmet need (geographic, overnight and hours of darkness)'</li> <li>• Amend the resolution to reflect that a service development proposal would be received.</li> </ul>	Chair



	<p><b>EASC 22/81</b></p> <ul style="list-style-type: none"> <li>• <b>Roster Reviews</b> Jason Killens reported that this programme of work commenced in October and was on track for completion at the end of November. It was agreed that WAST would provide the numbers of staff available on a health board by health board basis.</li> <li>• <b>WAST Working Practices</b> Jason Killens confirmed that progress had been made on a range of working practices with the Trade Unions, including a potential pathway for emergency medical technicians. It was further noted that industrial action could take place in coming months.</li> <li>• <b>Immediate Red Release</b> The Chair asked Members to ensure that, whilst some progress was being made, a request for red release should continue to be seen as an absolute priority.</li> </ul> <p><b>EASC22/20</b></p> <ul style="list-style-type: none"> <li>• <b>Performance Report</b> This was on the action log awaiting further update re Digital Health and Care Wales looking at linked data sets related to patient outcomes. In future this would be added as a standing item in the Chief Ambulance Services Commissioner’s Report.</li> </ul> <p><b>EASC 22/10</b></p> <ul style="list-style-type: none"> <li>• <b>Key Reports and Updates</b> It was reported that the new WAST Director of Quality and Nursing was currently in the process of reviewing the reporting process on a range of metrics. An update would be provided at a future meeting.</li> </ul> <p><b>EASC 21/26</b></p> <ul style="list-style-type: none"> <li>• <b>Committee effectiveness</b> The Chair reported that attempts had been made to contact the Citizen’s Voice Body and would report progress at the next meeting.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the Action Log.</p>	<p>WAST</p> <p>ALL</p> <p>EASCT</p> <p>WAST</p>
<p>EASC 22/117</p>	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising from the minutes.</p>	<p>Chair</p>
<p>EASC 22/118</p>	<p><b>CHAIR’S REPORT</b></p> <p>The Chair’s report was received. Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Chair’s report and the Chair’s finalised objectives as set by the Minister.</li> </ul>	<p>Chair</p>

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/119</p> <p><b>PERFORMANCE REPORT</b></p> <p>The Performance Report was received. In presenting the report Ross Whitehead highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• <b>Ambulance Service Indicators</b> - September's data were now available on the EASC website</li> <li>• <b>Handover delays</b> including the handover improvement trajectories</li> <li>• <b>EASC Action Plan</b> – most recent version included in the meeting papers and the EASC Team was due to submit the latest version to Welsh Government (WG) and stakeholders following the meeting. Members noted that this was an integrated plan that draws various elements of work together, was developed with health boards and was aligned to actions from the Six Goals for Urgent and Emergency Care Programme. The winter resilience letter issued by Welsh Government and its expectation for progress was also noted in this context.</li> </ul> <p>Members noted the need to use the plan to track progress, to identify and share areas of best practice, to learn from the bad weeks and to ensure mitigating action where required. Two key areas were noted, these were addressing 4 hour waits and generally reducing the variation within the system.</p> <p>Nick Wood noted the actions being undertaken across NHS Wales, summarised in the consolidated EASC Action Plan and sought assurance from health boards and WAST regarding their organisational commitment to being a part of the conversations being held and to delivering the actions in the plan.</p> <p>Jason Killens confirmed the commitment of WAST to its agreed actions and, while noting that further work was required in other areas, reported the progress already made against the roster review programme, working towards stretch targets for 'Consult and Close' and on track in terms of recruitment for the additional 100 full time equivalents by 23 January. The good progress made by WAST was noted.</p> <p>There was discussion regarding the progress in relation to the shared actions between WAST and health boards with the example of active discussion to expand the provision of advanced paramedic practitioners to direct activity away from Emergency Departments provided.</p>	



<p>EASC 22/120</p>	<p><b>QUALITY AND SAFETY REPORT</b></p> <p>The Quality and Safety Report on commissioned services was received.</p> <p>In presenting the report, Ross Whitehead reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).</p> <p>The following areas were highlighted:</p> <ul style="list-style-type: none"> <li>• The work of the <b>Healthcare Inspectorate Wales (HIW) Task &amp; Finish Group</b> (convened by the EASC Team) established to lead and coordinate the work in response to the recommendations made as part of the HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover'.</li> </ul> <p>A formal update was provided to HIW on 30 September, outlining the positions of all health boards and WAST relating to each of the recommendations.</p> <p>A formal response from HIW had been received requesting further detail on a number of the recommendations. Health Boards and WAST had also been asked for a response.</p> <p>A further 'Fundamentals of Care' workshop was planned to take place at the end of November to further address recommendations relating to patient care whilst waiting for delayed periods of time, on ambulances, outside hospitals.</p> <ul style="list-style-type: none"> <li>• Fortnightly meetings had been held in response to the <b>NHS Wales Delivery Unit Report on Appendix B</b> submissions.</li> </ul> <p>As a result of these meetings, a section of the policy had been developed to improve the process for the joint investigation between WAST and other NHS Wales organisations. Members noted this process would be tested over the forthcoming weeks.</p> <p>The Deputy Chief Ambulance Service Commissioner had written to each health board asking for written confirmation that they accepted the recommended new process.</p> <p>In order to provide support in the testing of the process a new form had been developed to replace the Appendix B form. A draft all Wales agenda template for joint meetings had also been produced to support this new process.</p>	
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	<p>Rachel Marsh noted the potential additional workload and capacity issues for WAST and the need to review the impact of this as soon as feasible. It was confirmed that the group would continue to meet to review the new process and to intervene and adapt as required.</p> <ul style="list-style-type: none"> <li>• <b>Regulation 28 – Prevention of Future Deaths</b> – Members were asked to note the Regulation 28 – Prevention of future death notice that had been issued to the Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Local Health Board.</li> </ul> <p>Whilst the report related to a specific case within the health board, Members recognised similar challenges across Wales in the delivery of effective ambulance services both for community response and inter-hospital transfers.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report and the progress made by both Task and Finish Groups</li> <li>• <b>NOTE</b> the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services, including the recent issuing of a regulation 28.</li> <li>• <b>NOTE</b> that Quality and Safety Reports relating to commissioned services would be received at all future meetings.</li> </ul>	<p>EASCT</p>
<p>EASC 22/121</p>	<p><b>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL</b></p> <p>The Service Development Proposal report was received. In introducing the report, Ross Whitehead, provided Members with background information and an introduction to the proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust.</p> <p>Members noted that the proposal had been received and discussed at the EMRTS Delivery Assurance Group held on 1 November 2022 and further work and scrutiny had been requested, including in relation to weather, modelling and resource requirements.</p> <p>Members noted that the proposal had been developed following internal service analysis undertaken by the EMRT service (the Charity had carried out a Strategic Review), with key findings indicating under-utilisation of assets and confirming unmet need (geographic, overnight and hours of darkness).</p>	

The analysis and modelling indicated the opportunity for extended hours of operation and also included changes to base locations. The proposal suggested that by optimizing the operational configuration the service could:

- potentially attend an additional 583 patients and
- achieve 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

Members were aware there had been significant public and political concerns raised around the development of the proposal, particularly in relation to the potential closure of air bases. This has resulted in challenges for both the Charity and EMRTS and there had also been an impact on individual health boards.

Additional challenges were recognised in relation to the Charity including its need to renew aviation contracts and the associated commercial negotiations, both of which could be impacted by the timeliness of the work required to assess the proposal.

The proposal outlined the level of unmet need that exists for the all Wales Service and the Committee would need to understand, and evaluate this, either through the adoption of this proposal or through further work.

Professor David Lockey, EMRTS National Director thanked members for considering the proposal. He noted that it built upon service developments already undertaken by the service since its establishment in 2015, including an increase in the number of air bases, commencement of night operations, the introduction of the Adult Critical Care Service (ACCTS) in both North and South Wales and the work linked to the Major Trauma network.

Prof Lockey also referred to the Strategic Review undertaken by the Charity. Sue Barnes, Chief Executive of the Charity, outlined the process undertaken by the Charity working with EMRTS to understand what further opportunities could be realized. This included alignment with the opportunity afforded by the Charity's required long-term aircraft procurement process with renewal due at the end of 2023.

Members recognised that the EASC Team had not had the opportunity to undertake appropriate due diligence and scrutiny of the proposal ahead of presenting it and making recommendations to Members. However, in view of the public interest it was felt that it was appropriate to receive the proposal at the meeting.

Ross Whitehead explained that there could be an impact on the capacity of the EASC team to support the process of scrutiny and engagement on this proposal, whilst also maintaining business as usual in terms of the commissioning arrangements for all EASC commissioned services. It was agreed that the Committee might need to consider providing temporary additional support once the likely impact has been fully considered.

Stephen Harray, the Chief Ambulance Services Commissioner summarised some of the key issues that had been raised and noted by the EASC Team during the activities already undertaken with stakeholders and the comments and questions received to date. These included:

- clarifying the position regarding resource implications
- responding to the significant comments raised and views regarding the importance of response times
- understanding how the air and road response model works, recognizing that for urban and rural areas it would be different
- further work required regarding the impact of weather
- consideration of the data reference period to ensure that this is appropriate and not unintentionally biased
- understanding any seasonal variation
- improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted
- working with health board colleagues to consider the modelling undertaken.

Members agreed with the proposed approach for additional scrutiny, including the need to develop a streamlined and simplified proposal and to better understand the options identified. Members felt it would benefit health boards to better understand the data and modelling already undertaken and supported utilising the data analysis tool that was being developed to identify the impact on local communities. It was felt that this approach would ensure that the benefits and risks of each option could be fully understood and appraised including the implications relating to key elements such as air and road response, equity of access for the population and resource effectiveness.

Members stressed the need for an open and robust engagement process, in line with the direction provided by the Community Health Councils in Wales and questioned whether the January decision timeline was feasible, considering the need for the development and agreement of suitable engagement material, agreeing the equality impact assessment and the requirements for a mid-process review.

	<p>The CASC agreed that there were a number of phases to be undertaken and that there was a need to be transparent and realistic, to ensure the correct process was undertaken and that timelines would need to be revisited. In addition to the initial phase of due diligence and scrutiny already discussed, it was also noted that Community Health Councils had recommended that a meaningful and comprehensive public engagement process should be undertaken for at least 8 weeks, this engagement phase would need to be incorporated in to the timeline. The CASC assured Members that the EASC Team would now work closely with the EMRTS and the Charity to scrutinise the detail in the proposal. Discussions would also need to take place with health board communication, engagement and service change leads to ensure a robust process.</p> <p>It was recognised that there were many elements to focus on before an update could be provided and next steps agreed at the scheduled EASC session on 6 December.</p> <p>After discussion Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal and appendices</li> <li>• <b>AGREE</b> the next steps for additional scrutiny by the EASC Team and the development of a simplified proposal, including suitable engagement materials to meet the requirements of the Community Health Councils in respect of the proposal</li> <li>• <b>NOTE</b> the key risks and any mitigations the Committee need to be put in place.</li> </ul>	<p>EASCT</p> <p>EASCT</p>
<p>EASC 22/122</p>	<p><b>PROGRESS REPORT ON THE PLAN IN RELATION TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EMRTS CYMRU AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL</b></p> <p>The progress report on the plan in relation to the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal was received. Ross Whitehead presented an update on the activity that had taken place following the request made by Members at the EASC meeting in September and included the:</p> <ul style="list-style-type: none"> <li>• Activities already undertaken with stakeholders</li> <li>• Comments and questions received to date</li> <li>• Draft Communications and Engagement Plan</li> <li>• Draft Project Plan</li> <li>• Initial Equality Impact Assessment.</li> </ul>	

<p>Members noted that the CASC was continuing to work with Community Health Councils in Wales and was receiving advice and recommendations for the engagement process required. It was confirmed that discussions with health board and CHC colleagues would continue to take place to agree what would be engaged upon, including the required engagement materials and to further develop the communications and engagement plan.</p> <p>Following the briefing note issued on 14 October, a second briefing note would be prepared to update stakeholders with regards discussions held at today’s meeting and the next steps would be clarified. In addition, the comments and questions received to date would continue to be collated via the online facility on the dedicated page on the EASC website; an important part of the scrutiny process to lead to the engagement phase.</p> <p>In line with discussions held, the timeline would be reassessed and reconsidered in readiness for an update to be provided at the EASC meeting on 6 December. Members noted the importance of mitigating any impact on the Wales Air Ambulance Charity in the next phase of the work.</p> <p>In light of the previous agenda item and discussions held relating to the detailed proposal received and the need to undertake appropriate due diligence and scrutiny ahead of a process of engagement, the final recommendation relating to commencement of the formal engagement process was withdrawn.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the structured approach adopted since the Committee meeting held 6 September</li> <li>• <b>NOTE</b> the activities already undertaken with stakeholders both face-to-face and online</li> <li>• <b>NOTE</b> the discussions held with CHCs, attendance at CHC meetings as requested by them and completion of the CHC ‘Joint Services, Planning &amp; Change Committee Service Change Pro forma’</li> <li>• <b>NOTE</b> the record of activities undertaken to date</li> <li>• <b>NOTE</b> the key themes arising from the questions, comments and letters received by stakeholders</li> <li>• <b>NOTE</b> the Briefing Note sent to stakeholders on 14 October</li> <li>• <b>NOTE</b> the development of a dedicated page on the EASC website</li> <li>• <b>NOTE</b> the draft Communications and Engagement Plan developed to date and a further document would be developed for engagement with the public based on a simplified proposal to be developed</li> <li>• <b>NOTE</b> the draft project plan included for comment</li> <li>• <b>NOTE</b> the Initial Equality Impact Assessment.</li> </ul>	<p>EASCT</p> <p>EASCT</p>
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<p>EASC 22/123</p>	<p><b>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</b></p>	
	<p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• Point 2.5 - challenging red performance in September 2022</li> <li>• Point 2.8 - almost 900 patients waiting more than 12 hours</li> <li>• Points 2.16 &amp; 2.17 following temporary cessation of clinical indicator reporting relating to transition to the electronic patient clinical record (ePCR) new data was now available for stroke, fractured neck of femur, hypoglycaemia and ST elevation myocardial infarction (STEMI). Deep dive audits had been completed for these clinical indicators and the return of spontaneous circulation (ROSC) (at hospital door) deep dive audit was ongoing with this clinical indicator scheduled to be published over the coming months</li> <li>• Point 2.21 – increase in red demand</li> <li>• Point 2.21 – ambulance production was encouraging with unit hour production at 96% in September against the benchmark of 95%</li> <li>• Point 2.21 – improvements in sickness aligned to IMTP trend</li> <li>• Point 2.21 – highest ever handover lost hours at 28,500 hours, equating to over 30% of WAST conveying capacity</li> <li>• A verbal update was provided regarding NEPTS and the letting of new contracts as a result of the all-Wales business case with the new providers recently notified of the outcome of the tendering process.</li> </ul> <p>It was agreed that the additionality diagram at the bottom of page 12 was useful, that it is a complicated picture and that it would now be sensible to build an improvement trajectory and to understand the likely impact of all interventions.</p> <p>The Chair summarised including to:</p> <ul style="list-style-type: none"> <li>• Note the positive impact in relation to additional capacity and unit hour production, however it was noted that this was not sufficient to counter the losses across the system as noted above</li> <li>• Welcome the progress made re the electronic patient clinical record and the next steps in terms of data linkages</li> <li>• Note the update in terms of NEPTS procurement, resulting efficiencies and the focus on service quality.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSS</b> and <b>NOTE</b> the WAST Provider Report</li> </ul>	<p>WAST</p> <p>WAST</p>

<p>EASC 22/124</p>	<p><b>CHIEF AMBULANCE SERVICES COMMISSIONER’S (CASC) REPORT</b></p> <p>The Chief Ambulance Services Commissioner’s report was received. Stephen Harray presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Progress on the recruitment of the additional 100 front line staff at WAST</li> <li>• Ongoing work with Heads of Midwifery in health boards and the particular impact of delayed ambulance response on obstetric emergencies. Work was underway to find out what could be achieved and an urgent temporary position was being sought.</li> </ul> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
<p>EASC 22/125</p>	<p><b>EASC COMMISSIONING UPDATE</b></p> <p>The EASC Commissioning Update was received. Matthew Edwards presented the report and Members noted that it provided an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p>Members noted the many discussions in relation to the commissioning framework for emergency ambulance services over recent months at EASC Committee, EASC Management Group and other related fora. These discussions have resulted in a collaborative approach to transition and transformation through the development of local integrated commissioning action plans (ICAPs).</p> <p>The commissioning framework was included as a ‘focus on’ item at a previous meeting of the EASC Management Group and discussions have more recently taken place with all health boards. Work is being undertaken throughout November to use handover improvement plans to populate ICAPs. Health boards are asked to commit to sending appropriate representation to these meetings.</p> <p>The update also stated that there would be a focus on aligning actions within the ICAPs to the Six Goals for Urgent and Emergency Care Programme.</p> <p>In addition to the update on the commissioning framework, the update also included a Quarter 2 update against the EASC integrated Medium Term Plan and the agreed EASC Commissioning Intentions for 2022-23, with detailed updates appended.</p>	

	<p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the collaborative commissioning approach</li> <li>• <b>NOTE</b> the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans</li> <li>• <b>NOTE</b> the progress made against the EASC IMTP in Quarter 2 as set out in the update provided</li> <li>• <b>NOTE</b> the Quarter 2 update against the commissioning intentions for each of the commissioned services.</li> </ul>	
<p>EASC 22/126</p>	<p><b>FINANCE REPORT MONTH 6</b></p> <p>The Month 6 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 6<sup>th</sup> month of 2022/23 together with any corrective action required.</p> <p>A forecasted break-even position was reported.</p> <p>In light of the significant financial pressure within the system, it was agreed that there is a need for robust financial planning. It was reported that the financial assumptions are in line with the assumptions made by health boards and that there is a need to demonstrate the best use of existing commissioning allocations.</p> <p>Further discussions would be held to ensure alignment with the IMTP process.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
<p>EASC 22/127</p>	<p><b>EASC SUB-GROUPS CONFIRMED MINUTES</b></p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> <li>• Chair’s Summary EASC Management Group – 20 October 2022 – Members noted that the meeting was not quorate and agreed to consider how their organisation would be represented at future meetings.</li> <li>• EASC Management Group – 18 August 2022</li> <li>• NEPTS Delivery Assurance Group – 4 August 2022</li> <li>• EMRTS Delivery Assurance Group – 7 June 2022</li> </ul> <p>Members <b>RESOLVED</b> to: <b>APPROVE</b> the confirmed minutes.</p>	
<p>EASC 22/128</p>	<p><b>EASC GOVERNANCE</b></p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p>	

	<ul style="list-style-type: none"> <li>• The EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation)</li> <li>• The 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting</li> <li>• EASC Assurance Framework report, it was noted that this was in same style as the host body’s assurance framework (CTMUHB)</li> <li>• The EASC Standing Orders would be reviewed prior to the next meeting in line with arrangements by the Welsh Health Specialised Services Committee and would tie into the review of the WHSSC / EASC Standing Financial Instructions</li> <li>• The list of key organisational contacts was noted.</li> </ul> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the risk register</li> <li>• <b>APPROVE</b> the EASC Assurance Framework</li> <li>• <b>NOTE</b> the EASC Standing Orders would be reviewed prior to the next meeting</li> <li>• <b>NOTE</b> the information within the EASC Key Organisational Contacts.</li> </ul>	
EASC 22/129	<p><b>FORWARD LOOK AND ANNUAL BUSINESS PLAN</b></p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future ‘Focus on’ sessions.</p> <p>Members <b>RESOLVED</b> to: <b>NOTE</b> the report.</p>	
<b>Part 3. OTHER MATTERS</b>		<b>ACTION</b>
EASC 22/130	<p><b>ANY OTHER BUSINESS</b></p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
<b>DATE AND TIME OF NEXT MEETING</b>		
EASC 22/131	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 December 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed .....  
**Christopher Turner (Chair)**

Date .....



**CYFARFOD CYD-BWYLLGOR GWASANAETHAU AMBIWLANS BRYS**

**COFNODION 'WEDI EU CADARNHAU' O'R CYFARFOD A GYNHALIWYD**

**8 TACHWEDD 2022 AM 09:30**

**YN RHITHIOL GAN MICROSOFT TEAMS LIVE**

**PRESENNOL**

<b>Aelodau:</b>	
Chris Turner	Cadeirydd Annibynnol
Stephen Harray	Prif Gomisiynydd y Gwasanaethau Ambiwylans (CASC)
Nicola Prygodzicz	Prif Weithredwr, Bwrdd Iechyd Prifysgol Aneurin Bevan
Gill Harris	Prif Weithredwr Dros Dro, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Suzanne Rankin	Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Paul Mears	Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (yn rhannol)
Andrew Carruthers	Prif Swyddog Gweithredu, Bwrdd Iechyd Prifysgol Hywel Dda
Carol Shillabeer	Prif Weithredwr, Bwrdd Iechyd Addysgu Powys
Sian Harrop-Griffiths	Cyfarwyddwr Strategaeth, Bwrdd Iechyd Prifysgol Bae Abertawe
<b>Aelodau Cyswllt:</b>	
Jason Killens	Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST)

<b>Yn mynychu:</b>	
Nick Wood	Dirprwy Brif Weithredwr, GIG Cymru
Rachel Marsh	Cyfarwyddwr Cynllunio, Strategaeth a Pherfformiad, Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru (WAST)
Matthew Edwards	Pennaeth Comisiynu a Pherfformiad Tîm PGAB, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Phill Taylor	Pennaeth Comisiynu a Pherfformiad Tîm PGAB, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Sian Ashford	Uwch Nyrs Arweiniol, Fframweithiau Ansawdd a Chyflawni, Uned Comisiynu Cydweithredol Genedlaethol (NCCU)
Gwenan Roberts	Ysgrifennydd y Pwyllgor

<b>Yn mynychu:</b>	
<b>Yn mynychu ar gyfer eitem agenda 2.3 Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) Cymru Cynnig Datblygu Gwasanaeth</b>	
David Lockey	Cyfarwyddwr Cenedlaethol, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Sue Barnes	Prif Weithredwr, Elusen Ambiwylans Awyr Cymru
Mark Winter	Cyfarwyddwr Gweithrediadau, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Matt Cann	Rheolwr Rhaglen, Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru)
Steven Stokes	Cyfarwyddwr Cyfathrebu ac Ymgysylltu Strategol, Elusen Ambiwylans Awyr Cymru

<b>Rhan 1. MATERION RHAGARWEINIOL</b>		<b>GWEITHREDU</b>
PGAB 22/111	<p><b>CROESO A CHYFLWYNIADAU</b></p> <p>Croesawodd Chris Turner (Cadeirydd) yr Aelodau i gyfarfod rhithwir 'Teams Live' (gan ddefnyddio platfform Microsoft Teams) y Pwyllgor Gwasanaethau Ambiwylans Brys a rhoddodd drosolwg o'r trefniadau ar gyfer y cyfarfod. Hwn oedd y cyfarfod PGAB cyntaf i gael ei ffrydio'n fyw.</p>	Cadeirydd
PGAB 22/112	<p><b>YMDDIHEURIADAU AM ABSENOLDEB</b></p> <p>Derbyniwyd ymddiheuriadau am absenoldeb gan Steve Moore, Mark Hackett a Steve Ham.</p>	Cadeirydd
PGAB 22/113	<p><b>DATGANIADAU O FUDDIANNAU</b></p> <p>Nid oedd dim.</p>	Cadeirydd
PGAB 22/114	<p><b>COFNODION Y CYFARFOD A GYNHALIWDYD AR 6 MEDI 2022</b></p> <p><b>Cadarnhawyd</b> bod y cofnodion yn gofnod cywir o gyfarfod y Cyd-bwyllgor a gynhaliwyd ar 6 Medi 2022 ac eithrio:</p> <ul style="list-style-type: none"> <li>• eglurhad rhwng y 'Dadansoddiad Gwasanaeth Mewnol' a gynhaliwyd gan y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys a'r 'Adolygiad Strategol' a gynhaliwyd gan Elusen Ambiwylans Awyr Cymru</li> <li>• ychwanegu'r gair 'angen' ar frig cofnod 22/100 (tudalen 9), fel bod y frawddeg bellach yn darllen 'Roedd penawdau allweddol o'r Adolygiad Strategol yn cynnwys tanddefnyddio ac angen heb ei ddiwallu (daearyddol, dros nos ac oriau o dywyllwch )'</li> <li>• Diwygio'r penderfyniad i adlewyrchu y byddai cynnig datblygu gwasanaeth yn cael ei dderbyn.</li> </ul>	Cadeirydd

	<p><b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>CYMERADWYO</b> cofnodion y cyfarfod a gynhaliwyd ar 6 Medi 2022, yn amodol ar y newidiadau a nodir uchod.</li> </ul>	
PGAB 22/115	<p><b>NODIADAU'R CYFARFOD BRIFFIO A GYNHALIWDYD AR 27 HYDREF 2022</b></p> <p><b>Cadarnhawyd</b> y nodiadau fel cofnod cywir o gyfarfod y Cyd-bwyllgor a gynhaliwyd ar 27 Hydref 2022, ac eithrio diwygio i gynnwys teitlau cywir ar gyfer Hayley Thomas, Stephen Powell a Joanne Abbott-Davies.</p> <p><b>PENDERFYNODD</b> yr Aelodau :</p> <ul style="list-style-type: none"> <li>• <b>CYMERADWYO</b> cofnodion y cyfarfod a gynhaliwyd ar 27 Hydref 2022, yn amodol ar y newidiadau a nodir uchod.</li> </ul>	Cadeirydd
PGAB 22/116	<p><b>LOG GWEITHREDU DERBYNIODD</b> yr Aelodau y log gweithredu a <b>NODWYD</b>:</p> <p><b>PGAB 22/101</b></p> <ul style="list-style-type: none"> <li>• <b>Adroddiad Darparwr WAST – Amrywiad coch</b> Diweddarodd Ross Whitehead fod WAST wedi cynnal 'plymiad dwfn' i berfformiad coch. Atgoffwyd yr aelodau hefyd fod newidiadau wedi'u gwneud yn dilyn y drafodaeth ynghylch categoraiddio codau System Anfon â Blaenoriaeth Feddygol (MPDS) o fewn y Tabl Croesyfeirio Anfon (DCR), a gynhaliwyd yng nghyfarfod mis Medi o'r Pwyllgor PGAB. Cytunwyd y byddai'r rhain yn cael eu hystyried mewn cyfarfod Grŵp Rheoli PGAB yn y dyfodol.</li> <li>• <b>Model Ymateb Clinigol a Chategoreiddio codau'r System Anfon â Blaenoriaeth Feddygol yn y Tabl Croesyfeirio Anfon</b> Cadarnhaodd Jason Killens fod hwn wedi dod i law yng nghyfarfod Bwrdd WAST a gynhaliwyd ddiwedd mis Medi ac aeth y newidiadau yn fyw ym mis Hydref. Nid oedd unrhyw anawsterau wedi'u hadrodd.</li> </ul> <p><b>PGAB 22/79</b></p> <ul style="list-style-type: none"> <li>• <b>Mewnbwn staff gwahanol i Reoli WAST / opsiynau galw</b> Rhoddodd Jason Killens ddiweddariad ar gyfansoddiad Rheoli WAST a'r ddesg cymorth clinigol gyda chynrychiolwyr o'r proffesiynau parafeddygol, nyrsio, bydwreigiaeth a gwaith cymdeithasol bellach yn sicrhau bod cyngor amlddisgyblaethol yn cael ei roi i alwyr 999. Cytunwyd y byddai'n bwysig gwerthuso effaith hyn maes o law (eitem i aros ar y Log Gweithredu).</li> </ul>	<p>WAST</p> <p>WAST</p>

	<p><b>PGAB 22/81</b></p> <ul style="list-style-type: none"> <li><b>Adolygiadau Cylchrestr</b> Dyweddodd Jason Killens fod y rhaglen waith hon wedi cychwyn ym mis Hydref a'i bod ar y trywydd iawn i'w chwblhau ddiwedd mis Tachwedd. Cytunwyd y byddai WAST yn darparu nifer y staff sydd ar gael fesul bwrdd iechyd.</li> <li><b>Arferion Gwaith WAST</b> Cadarnhaodd Jason Killens fod cynnydd wedi'i wneud ar amrywiaeth o arferion gwaith gyda'r Undebau Llafur, gan gynnwys llwybr posibl ar gyfer technegwyr meddygol brys. Nodwyd ymhellach y gallai gweithredu diwydiannol ddigwydd yn y misoedd nesaf.</li> <li><b>Rhyddhad Coch ar Unwaith</b> Gofynnodd y Cadeirydd i'r Aelodau sicrhau, er bod rhywfaint o gynnydd yn cael ei wneud, y dylai cais am ryddhad coch barhau i gael ei ystyried yn flaenoriaeth lwyr.</li> </ul> <p><b>PGAB 22/20</b></p> <ul style="list-style-type: none"> <li><b>Adroddiad Perfformiad</b> Roedd hwn ar y log gweithredu yn aros am ddiweddariad pellach ynghylch Iechyd a Gofal Digidol Cymru yn edrych ar setiau data cysylltiedig yn ymwneud â chanlyniadau cleifion. Yn y dyfodol byddai hyn yn cael ei ychwanegu fel eitem sefydlog yn Adroddiad Prif Gomisiynydd y Gwasanaethau Ambiwllans.</li> </ul> <p><b>PGAB 22/10</b></p> <ul style="list-style-type: none"> <li><b>Adroddiadau a Diweddariadau Allweddol</b> Dyweddwyd bod Cyfarwyddwr Ansawdd a Nyrsio newydd WAST yn y broses o adolygu'r broses adrodd ar ystod o fetrigau ar hyn o bryd. Byddai diweddariad yn cael ei ddarparu mewn cyfarfod yn y dyfodol.</li> </ul> <p><b>PGAB 21/26</b></p> <ul style="list-style-type: none"> <li><b>Effeithiolrwydd pwyllgorau</b> Dyweddodd y Cadeirydd fod ymdrechion wedi'u gwneud i gysylltu â Chorff Llais y Dinesydd ac y byddai'n adrodd ar gynnydd yn y cyfarfod nesaf.</li> </ul> <p><b>PENDERFYNODD</b> yr Aelodau: <b>NODI</b>'r Log Gweithredu.</p>	<p>WAST</p> <p>PAWB</p> <p>TPGAB</p> <p>WAST</p>
<p>PGAB 22/117</p>	<p><b>MATERION YN CODI</b></p> <p>Nid oedd unrhyw faterion yn codi o'r cofnodion.</p>	<p>Cadeirydd</p>

PGAB 22/118	<p><b>ADRODDIAD Y CADEIRYDD</b></p> <p>Derbyniwyd adroddiad y Cadeirydd.</p> <p><b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>NODI</b> adroddiad y Cadeirydd ac amcanion terfynol y Cadeirydd fel y'u pennwyd gan y Gweinidog.</li> </ul>	Cadeirydd
<b>Rhan 2. EITEMAU I'W TRAFOD A'U CYMERADWYO</b>		<b>GWEITHREDU</b>
PGAB 22/119	<p><b>ADRODDIAD PERFFORMIAD</b></p> <p>Derbyniwyd yr Adroddiad Perfformiad. Wrth gyflwyno'r adroddiad amlygodd Ross Whitehead y meysydd canlynol:</p> <ul style="list-style-type: none"> <li>• <b>Dangosyddion Gwasanaeth Ambiwllans</b> - Roedd data mis Medi bellach ar gael ar wefan PGAB</li> <li>• <b>Oedi wrth drosglwyddo</b> gan gynnwys y llwybrau gwella trosglwyddo</li> <li>• <b>Cynllun Gweithredu PGAB</b> – y fersiwn diweddaraf wedi'i gynnwys ym mhapurau'r cyfarfod ac roedd Tîm PGAB i fod i gyflwyno'r fersiwn ddiweddaraf i Lywodraeth Cymru (LIC) a rhanddeiliaid yn dilyn y cyfarfod. Nododd yr aelodau fod hwn yn gynllun integredig sy'n tynnu gwahanol elfennau o waith ynghyd, wedi'i ddatblygu gyda byrddau iechyd ac yn cyd-fynd â chamau gweithredu o'r Rhaglen Chwe Nod ar gyfer Gofal Brys ac Argyfwng. Nodwyd hefyd y llythyr gwytnwch gaeaf a gyhoeddwyd gan Lywodraeth Cymru a'i disgwyliad ar gyfer cynnydd yn y cyd-destun hwn.</li> </ul> <p>Nododd yr aelodau'r angen i ddefnyddio'r cynllun i olrhain cynnydd, i nodi a rhannu meysydd o arfer gorau, i ddysgu o'r wythnosau gwael ac i sicrhau camau lliniaru lle bo angen. Nodwyd dau faes allweddol, sef mynd i'r afael ag amseroedd aros 4 awr a lleihau'r amrywiad o fewn y system yn gyffredinol.</p> <p>Nododd Nick Wood y camau sy'n cael eu cymryd ar draws GIG Cymru, a grynhowyd yn y Cynllun Gweithredu PGAB cyfunol. Gofynnodd am sicrwydd gan fyrddau iechyd a WAST ynghylch eu hymrwymiad sefydliadol i fod yn rhan o'r sgysiau sy'n cael eu cynnal, ac i gyflawni'r camau gweithredu yn y cynllun.</p> <p>Cadarnhaodd Jason Killens ymrwymiad WAST i'r camau y cytunwyd arnynt ac, er yn nodi bod angen gwneud rhagor o waith mewn meysydd eraill, adroddodd ar y cynnydd a wnaed eisoes yn erbyn y rhaglen adolygu rhestr ddyletswyddau, gan weithio tuag at dargedau ymestyn ar gyfer 'Ymgynghori a Chau' ac ar y trywydd iawn o ran recriwtio ar gyfer y 100 swydd gyfwerth ag amser llawn ychwanegol erbyn 23 Ionawr. Nodwyd y cynnydd da a wnaed gan WAST.</p>	

<p>Cafwyd trafodaeth ynglŷn â'r cynnydd mewn perthynas â'r camau gweithredu a rennir rhwng WAST a byrddau iechyd gyda'r enghraifft o drafodaeth weithredol i ehangu'r ddarpariaeth o uwch ymarferwyr parafeddygol i gyfeirio gweithgarwch oddi wrth Adrannau Achosion Brys a ddarperir.</p> <p>Nododd yr aelodau fod pwysau difrifol yn bodoli drwy'r system gyfan o'r 'drws ffrynt' i ofal cymunedol, ac, yn ogystal â'r gofyniad am fwy o gynhwysedd gofal cymunedol, roedd angen gwneud y mwyaf o'r cyfleoedd o ran cynlluniau osgoi derbyniadau a gwasanaethau gofal brys yr un diwrnod.</p> <p>Mae'r ffocws ar gynllun y gaeaf a'r camau gweithredu yn y Chwe Nod ar gyfer y Rhaglen Gofal Brys ac Argyfwng, gyda ffocws penodol ar wella oedi wrth drosglwyddo, amseroedd aros o 4 awr, rhyddhau coch a lleihau risg cymunedol.</p> <p>Cydnabuwyd bod rôl awdurdodau lleol yn hollbwysig o ran mynd i'r afael ag oedi wrth drosglwyddo, hefyd effaith gwasanaethau ambiwlans ar wasanaethau brys eraill (gwasanaethau heddlu'n bennaf), ac felly roedd angen gofyniad am ddull gweithredu ar y cyd a neges gwasanaeth cyhoeddus ehangach nag a oedd yn cael ei gyfleu ar hyn o bryd.</p> <p>Nododd yr aelodau fod tuedd gynyddol o ran yr unedau oriau a gynhyrchir ac y byddai'r sefyllfa hon yn gwella ymhellach unwaith y byddai'r 100 swydd gyfwerth ag amser llawn ychwanegol yn dod yn weithredol; tra bod perfformiad coch yn heriol, roedd mwy o gleifion yn derbyn gwasanaeth. Roedd angen gwaith pellach hefyd mewn perthynas â chanlyniadau i gleifion sy'n derbyn ymateb a chanlyniadau i'r rhai nad ydynt yn derbyn ymateb.</p> <p>Gan amlygu safbwynt y dinesydd, croesawodd y Cadeirydd y dangosfwrdd wythnosol a oedd yn cael ei ddsbarthu'n eang i'r GIG gan Dîm PGAB. Teimlwyd bod hyn yn ddefnyddiol o ran nodi lle'r oedd perfformiad wedi gwella a gwaethygu ac roedd yn nodi'n fras lle gallai camau gweithredu wrth y drws ffrynt fod wedi cael effaith. Nododd yr aelodau'r defnydd o'r dangosfwrdd a gofynnwyd am waith pellach i ddeall yn well y cyd-destun ehangach, y gydberthynas rhwng gwahanol elfennau ac i ddeall y prif yrwyr y tu ôl i'r data.</p> <p>Cytunwyd y byddai rhagor o waith yn cael ei wneud gyda'r timau angenrheidiol i sicrhau mynediad at ddata allweddol a datblygu'r dangosfwrdd ymhellach.</p>	<p>WAST</p> <p>TPGAB</p>
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	<p><b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>NODI</b> cynnwys yr adroddiad</li> <li>• <b>NODI</b> dangosyddion y Gwasanaethau Ambiwllans</li> <li>• <b>NODI</b> camau ychwanegol y gallai'r pwyllgor eu cymryd i wella perfformiad y gwasanaethau a gomisiynir</li> <li>• <b>NODI'R</b> llwybrau gwella trosglwyddo</li> <li>• <b>NODI</b> Cynllun Gweithredu PGAB</li> <li>• <b>NODI'R</b> cais i symud y dangosfwrdd yn ei flaen.</li> </ul>	
<p>PGAB 22/120</p>	<p><b>ADRODDIAD ANSAWDD A DIOGELWCH</b></p> <p>Derbyniwyd yr Adroddiad Ansawdd a Diogelwch ar wasanaethau a gomisiynwyd.</p> <p>Wrth gyflwyno'r adroddiad, atgoffodd Ross Whitehead yr Aelodau fod ffocws cynyddol ar faterion ansawdd a diogelwch yn flaenoriaeth yng Nghynllun Tymor Canolig Integredig (IMTP) PGAB.</p> <p>Amlygwyd y meysydd canlynol:</p> <ul style="list-style-type: none"> <li>• Gwaith <b>Grŵp Gorchwyl a Gorffen Arolygiaeth Gofal Iechyd Cymru (AGIC)</b> (a gynullwyd gan y Tîm PGAB) a sefydlwyd i arwain a chydlynu'r gwaith mewn ymateb i'r argymhellion a wnaed fel rhan o 'Adolygiad o Ddiogelwch, Preifatrwydd, Urddas a Phrofiad Cleifion wrth Aros mewn Ambiwllansys yn ystod Oedi wrth Drosglwyddo' AGIC.</li> </ul> <p>Rhodddwyd diweddariad ffurfiol i AGIC ar 30 Medi, yn amlinellu safbwyntiau pob bwrdd iechyd a WAST mewn perthynas â phob un o'r argymhellion.</p> <p>Derbyniwyd ymateb ffurfiol gan AGIC yn gofyn am ragor o fanylion am nifer o'r argymhellion. Gofynnwyd hefyd i Fyrddau Iechyd a WAST am ymateb.</p> <p>Cynlluniwyd gweithdy 'Hanfodion Gofal' pellach ar ddiwedd mis Tachwedd i fynd i'r afael ymhellach ag argymhellion yn ymwneud â gofal cleifion wrth aros am gyfnodau o oedi, ar ambiwlansys, y tu allan i ysbytai.</p> <ul style="list-style-type: none"> <li>• Cynhaliwyd cyfarfodydd bob pythefnos mewn ymateb i <b>Adroddiad Uned Gyflawni GIG Cymru ar gyflwyniadau Atodiad B.</b> O ganlyniad i'r cyfarfodydd hyn, roedd rhan o'r polisi wedi'i ddatblygu i wella'r broses ar gyfer yr ymchwiliad ar y cyd rhwng WAST a sefydliadau eraill GIG Cymru. Nododd yr aelodau y byddai'r broses hon yn cael ei phrofi dros yr wythnosau nesaf.</li> </ul>	

	<p>Roedd Dirprwy Brif Gomisiynydd y Gwasanaeth Ambiwlans wedi ysgrifennu at bob bwrdd iechyd yn gofyn am gadarnhad ysgrifenedig eu bod yn derbyn y broses newydd a argymhellwyd.</p> <p>Er mwyn darparu cefnogaeth i brofi'r broses roedd ffurflen newydd wedi'i datblygu i gymryd lle ffurflen Atodiad B. Roedd templed agenda Cymru gyfan drafft ar gyfer cyfarfodydd ar y cyd hefyd wedi'i gynhyrchu i gefnogi'r broses newydd hon.</p> <p>Nododd Rachel Marsh y problemau llwyth gwaith a chynhwysedd ychwanegol posibl ar gyfer WAST, a'r angen i adolygu effaith hyn cyn gynted ag y bo modd. Cadarnhawyd y byddai'r grŵp yn parhau i gyfarfod i adolygu'r broses newydd ac i ymyrryd ac addasu yn ôl yr angen.</p> <ul style="list-style-type: none"> <li>• <b>Rheoliad 28 – Atal Marwolaethau yn y Dyfodol</b> – Gofynnwyd i'r aelodau nodi Rheoliad 28 – Hysbysiad Atal Marwolaeth yn y dyfodol a roddwyd i Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru a Bwrdd Iechyd Lleol Prifysgol Betsi Cadwaladr.</li> </ul> <p>Er bod yr adroddiad yn ymwneud ag achos penodol o fewn y bwrdd iechyd, cydnabu'r Aelodau heriau tebyg ledled Cymru o ran darparu gwasanaethau ambiwlans effeithiol ar gyfer ymateb cymunedol a throsglwyddiadau rhwng ysbytai.</p> <p><b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>NODI</b> cynnwys yr adroddiad a'r cynnydd a wnaed gan y ddau Grŵp Tasg a Gorffen</li> <li>• <b>NODI</b> effaith perfformiad sy'n gwaethygu a'r heriau sy'n deillio o hynny wrth gomisiynu darpariaeth gwasanaethau ambiwlans brys diogel, effeithiol ac amserol, gan gynnwys cyhoeddi rheoliad 28 yn ddiweddar</li> <li>• <b>NODI</b> y byddai Adroddiadau Ansawdd a Diogelwch yn ymwneud â gwasanaethau a gomisiynir yn cael eu derbyn ym mhob cyfarfod yn y dyfodol.</li> </ul>	<p>TPGAB</p>
<p>PGAB 22/121</p>	<p><b>CYNNIG DATBLYGU GWASANAETH CASGLU A THROSGLWYDDO MEDDYGOL BRYD (EMRTS CYMRU) AC ELUSEN AMBIWLANS AWYR CYMRU</b></p> <p>Derbyniwyd yr adroddiad Cynnig Datblygu Gwasanaeth. Wrth gyflwyno'r adroddiad, rhoddodd Ross Whitehead wybodaeth gefndir i'r Aelodau a chyflwyniad i'r cynnig a ddatblygwyd gan y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS Cymru) ac Ymddiriedolaeth Elusennol Ambiwlans Awyr Cymru.</p>	

Nododd yr aelodau fod y cynnig wedi'i dderbyn a'i drafod yn y Grŵp Sicrwydd Cyflawni EMRTS a gynhaliwyd ar 1 Tachwedd 2022 a bod cais wedi'i wneud am waith pellach a chraffu, gan gynnwys mewn perthynas â gofynion tywydd, modelu ac adnoddau.

Nododd yr aelodau fod y cynnig wedi'i ddatblygu yn dilyn dadansoddiad gwasanaeth mewnol a wnaed gan y gwasanaeth EMRT (roedd yr Elusen wedi cynnal Adolygiad Strategol), gyda chanfyddiadau allweddol yn nodi bod asedau'n cael eu tanddefnyddio, a chadarnhau angen nas diwallwyd (daeryddol, dros nos ac oriau o dywyllwch). Roedd y dadansoddiad a'r modelu yn dangos bod cyfle i ymestyn oriau gweithredu a hefyd yn cynnwys newidiadau i leoliadau sylfaen.

Roedd y cynnig yn awgrymu y gallai'r gwasanaeth, wrth wneud y gorau o'r cyfluniad gweithredol:

- o bosibl wasanaethu 583 o gleifion ychwanegol a
- cyflawni 88% o gyfanswm y galw o'i gymharu â'r model presennol sy'n bodloni 72% (o fewn yr un amlen adnoddau).

Roedd yr Aelodau'n ymwybodol bod pryderon cyhoeddus a gwleidyddol sylweddol wedi'u codi ynghylch datblygu'r cynnig, yn enwedig mewn perthynas â'r posibilrwydd o gau canolfannau awyr. Mae hyn wedi arwain at heriau i'r Elusen ac EMRTS a bu effaith hefyd ar fyrdau iechyd unigol.

Cydnabuwyd heriau ychwanegol mewn perthynas â'r Elusen gan gynnwys ei hangen i adnewyddu contractau hedfan a'r trafodaethau masnachol cysylltiedig, y gallai amseroldeb y gwaith sydd ei angen i asesu'r cynnig effeithio ar y ddau ohonynt.

Roedd y cynnig yn amlinellu lefel yr angen heb ei ddiwallu sy'n bodoli ar gyfer y Gwasanaeth Cymru Gyfan, a byddai angen i'r Pwyllgor ddeall a gwerthuso hyn, naill ai drwy fabwysiadu'r cynnig hwn neu drwy waith pellach.

Diolchodd yr Athro David Lockey, Cyfarwyddwr Cenedlaethol EMRTS i'r aelodau am ystyried y cynnig. Nododd ei fod yn adeiladu ar ddatblygiadau gwasanaeth a ymgwymerwyd eisoes gan y gwasanaeth ers ei sefydlu yn 2015, gan gynnwys cynnydd yn nifer y canolfannau awyr, cychwyn gweithrediadau nos, cyflwyno'r Gwasanaeth Gofal Critigol Oedolion (ACCTS) yng Ngogledd a De Cymru, a'r gwaith sy'n gysylltiedig â'r rhwydwaith Trawma Mawr.

Cyfeiriodd yr Athro Lockey hefyd at yr Adolygiad Strategol a gynhaliwyd gan yr Elusen. Amlinellodd Sue Barnes, Prif Weithredwr yr Elusen, y broses a ddilynwyd gan yr Elusen yn gweithio gydag EMRTS i ddeall pa gyfleoedd pellach y gellid eu gwireddu. Roedd hyn yn cynnwys aliniad â'r cyfle a roddwyd gan broses caffael cerbydau awyr hirdymor gofynnol yr Elusen gyda'i hadnewyddu i ddigwydd ar ddiwedd 2023.

Cydnabu'r Aelodau nad oedd y Tîm PGAB wedi cael y cyfle i ymgymryd â diwydrwydd dyladwy a chraffu priodol ar y cynnig cyn ei gyflwyno a gwneud argymhellion i'r Aelodau. Fodd bynnag, yn wyneb budd y cyhoedd teimlwyd ei bod yn briodol derbyn y cynnig yn y cyfarfod.

Esboniodd Ross Whitehead y gallai fod effaith ar gynhwysedd tîm PGAB i gefnogi'r broses o graffu ac ymgysylltu ar y cynnig hwn, tra hefyd yn cynnal busnes fel arfer o ran y trefniadau comisiynu ar gyfer yr holl wasanaethau a gomisiynir gan PGAB. Cytunwyd y gallai fod angen i'r Pwyllgor ystyried darparu cymorth ychwanegol dros dro unwaith y bydd yr effaith debygol wedi'i hystyried yn llawn.

Crynhodd Stephen Harrhy, Prif Gomisiynydd y Gwasanaethau Ambiwllans rai o'r materion allweddol a godwyd ac a nodwyd gan y Tîm PGAB yn ystod y gweithgareddau a gynhaliwyd eisoes gyda rhanddeiliaid, a'r sylwadau a'r cwestiynau a dderbyniwyd hyd yma. Roedd y rhain yn cynnwys:

- egluro'r sefyllfa o ran goblygiadau adnoddau
- ymateb i'r sylwadau arwyddocaol a godwyd a safbwyntiau ynghylch pwysigrwydd amseroedd ymateb
- deall sut mae'r model ymateb awyr a ffyrdd yn gweithio, gan gydnabod y byddai'n wahanol ar gyfer ardaloedd trefol a gwledig
- yr angen am waith pellach ynglŷn ag effaith y tywydd
- ystyried y cyfnod cyfeirio data i sicrhau bod hyn yn briodol ac nad yw'n anfwriadol ragfarnllyd
- deall unrhyw amrywiad tymhorol
- gwella dealltwriaeth o'r opsiynau sydd ar gael, gan gynnwys ystyried a oes angen newid canolfannau, nodi opsiynau pellach a deall pam y diystyrwyd opsiynau
- gweithio gyda chydweithwyr yn y byrddau iechyd i ystyried y gwaith modelu a wnaed.

Cytunodd yr Aelodau â'r ymagwedd arfaethedig ar gyfer craffu ychwanegol, gan gynnwys yr angen i ddatblygu cynnig symlach a mwy modern a deall yr opsiynau a nodwyd yn well.

Teimlai'r aelodau y byddai o fudd i fyrddau iechyd ddeall yn well y data a'r modelu a wnaed eisoes, a chefnogwyd

	<p>defnyddio'r offeryn dadansoddi data a oedd yn cael ei ddatblygu i nodi'r effaith ar gymunedau lleol. Teimlwyd y byddai'r dull hwn yn sicrhau bod manteision a risgiau pob opsiwn yn cael eu deall a'u harfarnu'n llawn, gan gynnwys y goblygiadau'n ymwneud ag elfennau allweddol megis ymateb yr awyr a'r ffyrdd, mynediad teg i'r boblogaeth ac effeithiolrwydd adnoddau.</p> <p>Pwysleisiodd yr Aelodau yr angen am broses ymgysylltu agored a chadarn, yn unol â'r cyfeiriad a ddarparwyd gan Gyngorau Iechyd Cymuned Cymru, a chwestiynwyd a oedd amserlen penderfyniad mis Ionawr yn ymarferol, gan ystyried yr angen am ddatblygu a chytuno ar ddeunydd ymgysylltu addas, cytuno ar yr asesiad effaith cydraddoldeb a'r gofynion ar gyfer adolygiad canol-proses.</p> <p>Cytunodd y CASC fod nifer o gamau i'w cymryd a bod angen bod yn dryloyw ac yn realistig er mwyn sicrhau bod y broses gywir yn cael ei dilyn, ac y byddai angen ailedrych ar yr amserlenni. Yn ogystal â'r cam cychwynnol o ddiwydrwydd dyladwy a chraffu a drafodwyd eisoes, nodwyd hefyd bod Cyngorau Iechyd Cymuned wedi argymhell y dylid cynnal proses ymgysylltu â'r cyhoedd ystyrllon a chynhwysfawr am o leiaf 8 wythnos, a byddai angen ymgorffori'r cam ymgysylltu hwn yn y llinell amser. Sicrhaodd y CASC yr Aelodau y byddai Tîm PGAB bellach yn gweithio'n agos gyda'r EMRTS a'r Elusen i graffu ar fanylion y cynnig. Byddai angen cynnal trafodaethau hefyd ag arweinwyr cyfathrebu, ymgysylltu a newid gwasanaeth y byrddau iechyd er mwyn sicrhau proses gadarn.</p> <p>Cydnabuwyd bod llawer o elfennau i ganolbwyntio arnynt cyn y gellid darparu diweddariad a chytundeb ar y camau nesaf yn y sesiwn PGAB a drefnwyd ar gyfer 6 Rhagfyr.</p> <p>Wedi'r drafodaeth <b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>NODI</b> cynnwys Cynnig Datblygu Gwasanaeth EMRTS Cymru ac Elusen Ambiwlans Awyr Cymru a'r atodiadau</li> <li>• <b>CYTUNO</b> ar y camau nesaf ar gyfer craffu ychwanegol gan y Tîm PGAB a datblygu cynnig symlach, gan gynnwys deunyddiau ymgysylltu addas i fodloni gofynion y Cyngorau Iechyd Cymuned mewn perthynas â'r cynnig</li> <li>• <b>NODI'R</b> risgiau allweddol ac unrhyw fesurau lliniaru sydd angen i'r Pwyllgor eu rhoi yn eu lle.</li> </ul>	<p>TPGAB</p> <p>TPGAB</p>
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PGAB 22/122	<p><b>ADRODDIAD CYNNYDD AR Y CYNLLUN MEWN PERTHYNAS Â'R CYNNIG DATBLYGU GWASANAETH CASGLU A THROSLWYDDO MEDDYGOL BRYD (EMRTS CYMRU) AC ELUSEN AMBIWLANS AWYR CYMRU</b></p>	
	<p>Derbyniwyd yr adroddiad cynnydd ar y cynllun mewn perthynas â Chynnig Datblygu Gwasanaeth EMRTS Cymru ac Elusen Ambiwllans Awyr Cymru. Cyflwynodd Ross Whitehead ddiweddiariad ar y gweithgaredd a oedd wedi digwydd yn dilyn y cais a wnaed gan Aelodau yng nghyfarfod PGAB ym mis Medi ac roedd yn cynnwys:</p>	
	<ul style="list-style-type: none"> <li>• Gweithgareddau a ymgymerwyd â hwy eisoes gyda rhanddeiliaid</li> <li>• Sylwadau a chwestiynau a dderbyniwyd hyd yma</li> <li>• Cynllun Cyfathrebu ac Ymgysylltu drafft</li> <li>• Cynllun Prosiect Drafft</li> <li>• Aseiad Cychwynol o'r Effaith ar Gydraddoldeb.</li> </ul>	
	<p>Nododd yr aelodau fod y CASC yn parhau i weithio gyda Chynghorau Iechyd Cymuned yng Nghymru a'i fod yn derbyn cyngor ac argymhellion ar gyfer y broses ymgysylltu angenrheidiol. Cadarnhawyd y byddai trafodaethau gyda chydweithwyr o'r bwrdd iechyd a'r Cyngor Iechyd Cymuned (CIC) yn parhau i gael eu cynnal i gytuno ar yr hyn a fyddai'n cael ei ymgysylltu, gan gynnwys y deunyddiau ymgysylltu gofynnol, ac i ddatblygu'r cynllun cyfathrebu ac ymgysylltu ymhellach.</p>	
	<p>Yn dilyn y nodyn briffio a gyhoeddwyd ar 14 Hydref, byddai ail nodyn briffio yn cael ei baratoi i roi'r wybodaeth ddiweddaraf i randdeiliaid am y trafodaethau a gynhaliwyd yn y cyfarfod heddiw, a byddai'r camau nesaf yn cael eu hegluro. Yn ogystal, byddai'r sylwadau a'r cwestiynau a dderbyniwyd hyd yma yn parhau i gael eu coladu drwy'r cyfleuster ar-lein ar y dudalen benodol ar wefan PGAB; rhan bwysig o'r broses graffu i arwain at y cyfnod ymgysylltu.</p>	TPGAB
	<p>Yn unol â'r trafodaethau a gynhaliwyd, byddai'r amserlen yn cael ei hailasesu a'i hailystyried yn barod ar gyfer darparu diweddiariad yng nghyfarfod PGAB ar 6 Rhagfyr. Nododd yr aelodau bwysigrwydd lliniaru unrhyw effaith ar Elusen Ambiwllans Awyr Cymru yng nghan nesaf y gwaith.</p>	TPGAB
	<p>Yng ngoleuni'r eitem agenda flaenorol a thrafodaethau a gynhaliwyd ynghylch y cynnig manwl a dderbyniwyd, a'r angen i gynnal diwydrwydd dyladwy a chraffu priodol cyn proses ymgysylltu, tynnwyd yr argymhelliad terfynol ynghylch cychwyn y broses ymgysylltu ffurfiol yn ôl.</p>	

	<p><b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>NODI'R</b> dull strwythuredig a fabwysiadwyd ers cyfarfod y Pwyllgor a gynhaliwyd ar 6 Medi</li> <li>• <b>NODI'R</b> gweithgareddau a ymgwymerwyd â hwy eisoes gyda rhanddeiliaid wyneb yn wyneb ac ar-lein</li> <li>• <b>NODI'R</b> trafodaethau a gynhaliwyd gyda'r CICau, presenoldeb yng nghyfarfodydd y CICau yn unol â chais ganddynt a chwblhau 'Pro forma Newid Gwasanaeth y Cyd-bwyllgor Gwasanaethau, Cynllunio a Newid' CIC</li> <li>• <b>NODI'R</b> cofnod o'r gweithgareddau a gyflawnwyd hyd yma</li> <li>• <b>NODI'R</b> themâu allweddol sy'n codi o'r cwestiynau, y sylwadau a'r llythyrau a dderbyniwyd gan rhanddeiliaid</li> <li>• <b>NODI'R</b> Nodyn Briffio a anfonwyd at rhanddeiliaid ar 14 Hydref</li> <li>• <b>NODI</b> datblygiad tudalen bwrpasol ar wefan PGAB</li> <li>• <b>NODI'R</b> Cynllun Cyfathrebu ac Ymgysylltu drafft a ddatblygwyd hyd yma, a datblygir dogfen bellach ar gyfer ymgysylltu â'r cyhoedd yn seiliedig ar gynnig symlach i'w ddatblygu</li> <li>• <b>NODI'R</b> cynllun prosiect drafft sydd wedi'i gynnwys ar gyfer sylwadau</li> <li>• <b>NODI'R</b> Asesiad Effaith Cydraddoldeb Cychwynnol.</li> </ul>	
<p>PGAB 22/123</p>	<p><b>DIWEDDARIAD YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU (WAST)</b></p> <p>Derbyniwyd adroddiad diweddar Ymddiriedolaeth GIG Gwasanaethau Ambiwllans Cymru. Wrth gyflwyno'r adroddiad, amlygodd Jason Killens y meysydd canlynol:</p> <ul style="list-style-type: none"> <li>• Pwynt 2.5 - perfformiad coch heriol ym mis Medi 2022</li> <li>• Pwynt 2.8 - bron i 900 o gleifion yn aros mwy na 12 awr</li> <li>• Pwyntiau 2.16 &amp; 2.17 ar ôl rhoi'r gorau dros dro i adrodd ar ddangosyddion clinigol yn ymwneud â throsglwyddo i gofnod clinigol electronig y claf (ePCR), roedd data newydd bellach ar gael ar gyfer strôc, toriad yng ngwddf y forddwyd, hypoglycaemia a chnawdnychiant myocardaidd dyrchafiad ST (STEMI). Roedd archwiliadau plymiad dwfn wedi'u cwblhau ar gyfer y dangosyddion clinigol hyn ac roedd yr archwiliad plymiad dwfn a ddychwelwyd yn ddigymell (ROSC) (wrth ddrws yr ysbyty) yn parhau, gyda'r dangosydd clinigol hwn i fod i gael ei gyhoeddi dros y misoedd nesaf</li> <li>• Pwynt 2.21 – cynnydd mewn galw coch</li> <li>• Pwynt 2.21 – roedd cynhyrchu ambiwlansys yn galonogol gyda chynhyrchiad awr uned o 96% ym mis Medi yn erbyn y meincnod o 95%</li> <li>• Pwynt 2.21 – gwelliannau mewn salwch yn cyd-fynd â thuedd Cynllun Tymor Canolig Integredig</li> </ul>	

	<ul style="list-style-type: none"> <li>• Pwynt 2.21 – yr oriau trosglwyddo a gollwyd uchaf erioed ar 28,500 awr, sy'n cyfateb i dros 30% o gynhwysedd cludo WAST</li> <li>• Cafwyd diweddariad llafar ar NEPTS a gosod cytundebau newydd o ganlyniad i'r achos busnes Cymru gyfan, gyda'r darparwyr newydd wedi cael eu hysbysu yn ddiweddar o ganlyniad y broses dendro.</li> </ul> <p>Cytunwyd bod y diagram ychwanegedd ar waelod tudalen 12 yn ddefnyddiol, ei fod yn ddarlun cymhleth ac y byddai'n synhwyrol yn awr adeiladu llwybr gwelliant a deall effaith debygol pob ymyriad.</p> <p>Crynhodd y Cadeirydd gan gynnwys:</p> <ul style="list-style-type: none"> <li>• Nodi'r effaith gadarnhaol mewn perthynas â chynhwysedd ychwanegol a chynhyrchiad oriau uned, ond nodwyd nad oedd hyn yn ddigon i wrthbwysu'r colledion ar draws y system fel y nodir uchod</li> <li>• Croesawu'r cynnydd a wnaed o ran cofnod clinigol electronig y claf, a'r camau nesaf o ran cysylltiadau data</li> <li>• Nodi'r diweddariad o ran caffael NEPTS, yr arbedion effeithlonrwydd o ganlyniad, a'r ffocws ar ansawdd gwasanaeth.</li> </ul> <p><b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>TRAFOD</b> a <b>NODI</b> Adroddiad Darparwr WAST</li> </ul>	<p>WAST</p> <p>WAST</p>
<p>PGAB 22/124</p>	<p><b>ADRODDIAD PRIF GOMISIYNYDD Y GWASANAETHAU AMBIWLANS (CASC)</b></p> <p>Derbyniwyd adroddiad Prif Gomisiynydd y Gwasanaethau Ambiwllans. Cyflwynodd Stephen Harrhy yr adroddiad a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> <li>• Cynnydd o ran recriwtio'r 100 o staff rheng flaen ychwanegol yn WAST</li> <li>• Gwaith parhaus gyda Phenaeithaid Bydwreigiaeth mewn byrddau iechyd, ac effaith benodol oedi wrth ymateb gan ambiwlansys ar argyfyngau obstetrig. Roedd gwaith ar y gweill i ddarganfod beth ellid ei gyflawni ac roedd swydd dros dro ar frys yn cael ei cheisio.</li> </ul> <p><b>PENDERFYNODD</b> yr Aelodau: <b>NODI'R</b> adroddiad.</p>	
<p>PGAB 22/125</p>	<p><b>DIWEDDARIAD COMISIYNU PGAB</b></p> <p>Derbyniwyd Diweddariad Comisiynu PGAB. Cyflwynodd Matthew Edwards yr adroddiad a nododd yr Aelodau ei fod yn rhoi trosolwg o'r cynnydd sy'n cael ei wneud yn erbyn elfennau allweddol y dull comisiynu cydweithredol.</p>	

	<p>Nododd yr aelodau y trafodaethau niferus mewn perthynas â'r fframwaith comisiynu ar gyfer gwasanaethau ambiwlans brys dros y misoedd diwethaf ym Mhwyllgor PGAB, Grŵp Rheoli PGAB a fforymau cysylltiedig eraill. Mae'r trafodaethau hyn wedi arwain at ddull cydweithredol o bontio a thrawsnewid trwy ddatblygu cynlluniau gweithredu comisiynu integredig lleol (ICAPau).</p> <p>Cafodd y fframwaith comisiynu ei gynnwys fel eitem 'ffocws ar' mewn cyfarfod blaenorol o Grŵp Rheoli PGAB, ac mae trafodaethau wedi'u cynnal yn fwy diweddar gyda'r holl fyrddau iechyd. Mae gwaith yn cael ei wneud drwy gydol mis Tachwedd i ddefnyddio cynlluniau gwella trosglwyddo i lenwi ICAPau. Gofynnir i fyrddau iechyd ymrwymo i anfon cynrychiolaeth briodol i'r cyfarfodydd hyn.</p> <p>Roedd y diweddariad hefyd yn nodi y byddai ffocws ar alinio camau gweithredu o fewn yr ICAPau â'r Rhaglen Chwe Nod ar gyfer Gofal Brys ac Argyfwng.</p> <p>Yn ogystal â'r diweddariad ar y fframwaith comisiynu, roedd y diweddariad hefyd yn cynnwys diweddariad Chwarter 2 yn erbyn Cynllun Tymor Canolig integredig PGAB a'r Bwriadau Comisiynu PGAB y cytunwyd arnynt ar gyfer 2022-23, gyda diweddariadau manwl wedi'u hatodi.</p> <p><b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>NODI'R</b> dull comisiynu cydweithredol</li> <li>• <b>NODI'R</b> cynnydd a wnaed o ran datblygu Fframwaith Comisiynu Gwasanaethau Meddygol Brys (EMS), gan gynnwys datblygu Cynlluniau Gweithredu Comisiynu Integredig lleol</li> <li>• <b>NODI'R</b> cynnydd a wnaed yn erbyn Cynllun Tymor Canolig Integredig (IMTP) PGAB yn Chwarter 2 fel y nodir yn y diweddariad a ddarparwyd</li> <li>• <b>NODI'R</b> diweddariad Chwarter 2 yn erbyn y bwriadau comisiynu ar gyfer pob un o'r gwasanaethau a gomisiynir.</li> </ul>	
<p>PGAB 22/126</p>	<p><b>ADRODDIAD CYLLID MIS 6</b></p> <p>Derbyniwyd Adroddiad Cyllid Mis 6. Pwrpas yr adroddiad oedd nodi'r sefyllfa ariannol amcangyfrifedig ar gyfer PGAB ar gyfer 6ed mis 2022/23 ynghyd ag unrhyw gamau unioni gofynnol.</p> <p>Adroddwyd ar ragolwg o fantoli'r gyllideb.</p>	

	<p>Yn wyneb y pwysau ariannol sylweddol o fewn y system, cytunwyd bod angen cynllunio ariannol cadarn. Dywedwyd bod y tybiaethau ariannol yn unol â'r rhagdybiaethau a wnaed gan fyrddau iechyd a bod angen dangos y defnydd gorau o ddyraniadau comisiynu presennol.</p> <p>Byddai trafodaethau pellach yn cael eu cynnal i sicrhau aliniad â'r broses IMTP.</p> <p><b>PENDERFYNODD</b> yr Aelodau: <b>NODI'R</b> adroddiad.</p>	
<p>PGAB 22/127</p>	<p><b>COFNODION A GADARNHAWYD IS-GRWPIAU PGAB</b></p> <p>Derbyniwyd cofnodion a gadarnhawyd gan yr is-grwpiau PGAB canlynol:</p> <ul style="list-style-type: none"> <li>• Grŵp Rheoli PGAB Cryno'r Cadeirydd – 20 Hydref 2022 – nododd yr Aelodau nad oedd cworwm yn y cyfarfod a chytunwyd i ystyried sut y byddai eu sefydliad yn cael ei gynrychioli mewn cyfarfodydd yn y dyfodol.</li> <li>• Grŵp Rheoli PGAB – 18 Awst 2022</li> <li>• Grŵp Sicrwydd Cyflenwi NEPTS – 4 Awst 2022</li> <li>• Grŵp Sicrwydd Cyflenwi EMRTS – 7 Mehefin 2022</li> </ul> <p><b>PENDERFYNODD</b> yr Aelodau: <b>CYMERADWYO'R</b> cofnodion a gadarnhawyd.</p>	
<p>PGAB 22/128</p>	<p><b>LLYWODRAETHU PGAB</b></p> <p>Derbyniwyd yr adroddiad ar Lywodraethu PGAB. Cyflwynodd Gwenan Roberts, Ysgrifennydd y Pwyllgor yr adroddiad a thynnodd sylw at nifer o eitemau i'w cymeradwyo, gan gynnwys:</p> <ul style="list-style-type: none"> <li>• Cofrestr Risg PGAB a gyflwynwyd i bob cyfarfod o'r Pwyllgor PGAB, Grŵp Rheoli PGAB ac a dderbyniwyd er sicrwydd ym Mhwyllgor Archwilio a Risg BIP CTM (fel y sefydliad cynnal)</li> <li>• Y 3 risg coch o fewn Cofrestr Risg PGAB yn ymwneud ag eitemau allweddol a drafodwyd eisoes yn y cyfarfod</li> <li>• Adroddiad Fframwaith Sicrwydd PGAB. Nodwyd bod hwn yn yr un arddull â fframwaith sicrwydd y sefydliad cynnal (BIPCTM)</li> <li>• Byddai Rheolau Sefydlog PGAB yn cael eu hadolygu cyn y cyfarfod nesaf yn unol â threfniadau Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru a byddent yn cydfynd â'r adolygiad o Gyfarwyddiadau Ariannol Sefydlog Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC) / PGAB</li> <li>• Nodwyd y rhestr o gysylltiadau sefydliadol allweddol.</li> </ul>	

## Eitem Agenda 1.4

	<p><b>PENDERFYNODD</b> yr Aelodau:</p> <ul style="list-style-type: none"> <li>• <b>CYMERADWYO'R</b> gofrestr risg</li> <li>• <b>CYMERADWYO</b> Fframwaith Sicrwydd PGAB</li> <li>• <b>NODI</b> y byddai Rheolau Sefydlog PGAB yn cael eu hadolygu cyn y cyfarfod nesaf</li> <li>• <b>NODI'R</b> wybodaeth o fewn Cysylltiadau Sefydliadol Allweddol PGAB.</li> </ul>	
PGAB 22/129	<p><b>CYNLLUN RHAGOLWG A BUSNES BLYNYDDOL</b></p> <p>Derbyniwyd y Cynllun Rhagolwg a Busnes Blynyddol. Gofynnodd y Cadeirydd i'r Aelodau anfon unrhyw awgrymiadau ar gyfer sesiynau 'Ffocws ar' yn y dyfodol.</p> <p><b>PENDERFYNODD</b> yr Aelodau: <b>NODI'R</b> adroddiad.</p>	
<b>Rhan 3. MATERION ERAILL</b>		<b>GWEITHREDU</b>
PGAB 22/130	<p><b>UNRHYW FATER ARALL</b></p> <p>Daeth y Cadeirydd â'r cyfarfod i ben trwy ddiolch i'r Aelodau am eu cyfraniad i'r trafodaethau.</p>	
<b>DYDDIAD AC AMSER Y CYFARFOD NESAF</b>		
PGAB 22/131	<p>Byddai cyfarfod arferol nesaf y Cyd-bwyllgor yn cael ei gynnal am 13:30 o'r gloch, ddydd Mawrth 6 Rhagfyr 2022 ym Mhwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC), Uned G1, The Willowford, Main Avenue, Ystad Ddiwydiannol Trefforest, Pontypridd CF37 5YL; ond mae'n debygol o gael ei gynnal yn rhithiol ar blatfform Microsoft Teams.</p>	Ysgrifennydd y Pwyllgor

Arwyddwyd

.....  
**Christopher Turner (Cadeirydd)**

Dyddiad

.....



<b>Reporting Committee</b>	<b>Emergency Ambulance Services Committee</b>
<b>Chaired by</b>	Chris Turner
<b>Lead Executive Directors</b>	Health Board Chief Executives
<b>Author and contact details.</b>	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
<b>Date of last meeting</b>	6 December 2022

**Summary of key matters including achievements and progress considered by the Committee and any related decisions made.**

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/december-2022/>

The minutes of the EASC meeting held on 8 November were approved.

**PERFORMANCE REPORT**

In presenting the report, Stephen HARRY gave an update on the current emergency ambulance performance and an overview of the range of actions and processes that had or would be implemented to support performance improvement. The report also presented information in line with the most recent publication(s) of the Ambulance Service Indicators.

NOTED that:

- the report presented a picture of a system that was under severe and sustained pressure. It was reported that ambulance performance was well below levels that the Committee would want delivered and the actions being taken to improve performance were included within the report. Members were reminded that a proposal had previously been approved by Committee to alter a number of dispatch codes and that the likely consequence was that an increase the number of red calls would be received. It was noted that the service had started to see this impact
- the current position with record numbers of handover delays at hospital sites across Wales. Most members had been present at the recent **Ministerial Summit that took place on 28 November**, with the aim of discussing ongoing concerns around ambulance handover delays that were causing harm to patients. It was noted that the Minister for Health and Social Services opened the Summit by outlining her concerns around handover delays and reminded those in attendance of their organisational commitments to reducing delays.
  - Examples of improvements were shared by Walsall Healthcare NHS Trust, with key messages in relation to the organisational ownership of patients from the time they call 999 and take leadership for their care within the organisation. In addition, Cardiff and Vale University Health Board shared their experience of improving handover delays, following a focus on the 4-hour red line and further work was planned to further reduce delays.

Each health board provided an update on their handover improvement plans and commitments at the Summit

AGREED that:

the presentation by Walsall NHS Trust provided a helpful focus on areas of learning. It was proposed that further contact would be facilitated via the Chief Ambulance Services Commissioner rather than through a number of separate discussions and that this would be in line with the work in Goal 4 of the Six Goals for Urgent and Emergency Care Programme

NOTED that:

- **Fortnightly handover improvement plan meetings** continued to be helpful and constructive and ensured specific consideration of the agreed trajectories
- **Conveyance rates were reducing**, this impact must be considered in light of a reduction in attendance in response to escalation decisions; also that this reflected the increasing role of 'hear and treat' and the impact of recent investment in both staff and technology within the clinical support desk. Close relationships with NHS Wales 111 were also felt to be an important factor in reducing conveyance
- The '**hear and treat**' efficiency target of 10.2% of daily volume and that the Welsh Ambulance Services NHS Trust (WAST) had set an internal target of 15% by the end of the calendar year, it was reported that 16% had been reported on some days. The impact of new video technology and staff use of the ECNS (Emergency Nurse Communication System) to support decision-making
- **The level of risk and harm to patients across the system was widely recognised and the additional need to protect ambulance resources out of area, particularly for rural areas at a distance from emergency departments**
- Actions making a significant impact across the system included use of alternative pathways and services other than conveyance to emergency departments where appropriate to do so, a focus on the effective use of falls services and strengthened liaison between health boards and WAST to ensure effective communication, handover and release, particularly against the four-hour trajectory
- Work continued in partnership with local authorities to increase community care capacity with in excess of 450 bed/bed equivalents extra reported to date. Members were in agreement that this was significant, however, this would not solve the problems across the system with further work required on longer term provision, including additional care packages and support for people leaving hospital.

The Chair summarised and noted the key messages of the Minister for Health and Social Services in her closing remarks including the need for organisational commitment to the agreed actions, a focus on fewer key actions and the sharing of the key actions already having an effect.

Members **RESOLVED** to:

- **NOTE** the Ambulance Services Indicators
- **NOTE** additional actions that the Committee could take to improve performance delivery of commissioned services
- **NOTE** the handover improvement Ministerial summit discussion and the specific requirements of organisations.

## **UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY**

The report provided Members with an overview of the progress made since the Committee meeting on 8 November 2022. At that meeting, the EASC Team was asked to progress on:

- clarifying the position regarding resource implications
- responding to the significant comments raised and views regarding the importance of response times
- understanding how the air and road response model works, recognizing that for urban and rural areas it would be different
- further work required regarding the impact of weather
- consideration of the data reference period to ensure that this is appropriate and not unintentionally biased
- understanding any seasonal variation
- improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted
- working with health board colleagues to consider the modelling undertaken.

NOTED that:

- Given the above requirements and the challenges raised by Committee members and stakeholders and in order to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team had undertaken to start the process of undertaking this analysis afresh.
- the scrutiny in key areas would continue. The report focused on a description of the current service provision and the historical activity that had been delivered, including an overview of four specific areas related to base activity, these were:
  - Geographical coverage
  - Rapid Response Vehicle Usage (RRV)
  - Utilisation
  - Unmet need.
- there were potential opportunities for service improvement to be explored. The utilisation of all resources was included and, as an example to amplify this issue, both Caernarfon and Welshpool bases were reported as having lower levels of utilisation than the bases in Dafen and Cardiff. It was understood that an element of this would be related to the rural position and lower population density in these areas but options to provide equitable services should be explored
- when combined with unmet need, this would demonstrate that the EMRT service could potentially do more within its existing resource if changes were implemented to increase utilisation and reduce unmet need.

AGREED that:

- there was a need to explore and maximise the additional activity that could be achieved from existing bases and also to explore how any options to reconfigure the service could reduce the number of patients who require a critical care response from EMRTS but currently do not receive one (unmet need).

NOTED that

- modelling and modelling outputs would be part of a robust evaluation process, not used as a sole determinant
- as per the request at the last meeting, activity data from 2022 and weather probability information had been integrated into the preparation for the modelling, and this in turn would support further scenario modelling
- outputs of modelling would be determined by the assumptions that would be placed upon the modelling scenarios and, in order to do this, an understanding of the constraints that should be applied to any development process would be required
- noted that the report EMRTS 24/7 Service Expansion Review (received at the EASC meeting on 13 November 2018) provided the constraints that were adopted as part of the work and it was suggested that a similar a set of constraints would be appropriate and helpful for this current review
- the investment objectives that were used as part of the original case for the establishment of the 24-hour EMRTS service and the weighting that was applied to these objectives to inform the decision-making process for the 24/7 expansion review. The investment objectives were:
  - Health Gain
  - Affordability
  - Clinical Skills and Sustainability
  - Equity
  - Value for Money.

The Committee was asked to consider that the initial engagement process with the public, individual health boards and the Wales Air Ambulance Charity Trust should explore the appropriateness of the constraints, investment objectives and weighting presented, as part of a robust option appraisal process to inform discussion once further modelling and analysis was complete.

Stephen Harray gave an overview of the engagement activity that had been undertaken by the EASC Team since the last EASC meeting which included:

- Activities undertaken with many stakeholders both face to face and virtually
- Ongoing collation of, and responses to, over 60 stakeholder comments and questions
- Circulation of the latest stakeholder Briefing Note 2
- Updates to Community Health Councils (CHCs) and confirmation of the agreed key principles of engagement
- Fortnightly meetings with health board engagement, communication and service change leads.

The report proposed that the EASC Team would need to work closely with health board engagement, communication and service change leads and with Community Health Council (CHCs) colleagues in the development and agreement of appropriate engagement materials including the engagement document and the stakeholder engagement timetable.

It was proposed that the formal public engagement process could commence in early January, subject to agreement of engagement materials by health boards and CHCs.

The proposed engagement would include two phases, these were:

**Phase 1:**

- Explain how the current service works
- Test the constraints, investment objectives and weightings

**Six-Week Review**

- Agree options to be modelled

**Phase 2:**

- Undertake the modelling and use to inform a robust option appraisal process
- Make a recommendation to EASC Members.

Members discussed:

- The importance of utilisation of resources and the need for a balance in terms of availability of resources against the efficiency and effectiveness of service delivery (not over or underutilised)
- The need to explore reasonable utilisation levels considering population densities, urban vs rural locations etc
- EMRTS as a national service, not covering a geographical area like road-based ambulances
- The need to understand the current co-ordination and deployment process
- The need to review operating hours when looking at options to maximise additional activity that could be achieved from existing bases and the options to reconfigure
- The impact of the announcement of the preferred bidder for the new aircraft contract; it was confirmed that this process had been ongoing for sixteen months and that the only agreement in place was for four aircraft plus the back-up capability. Members noted that there had been no pre-determination on the number of or location of bases, this was pending the outcome of the EASC processes (engagement)
- The need for a range of engagement material, including the need for them to be bilingual and easy to understand
- the need to develop an effective engagement approach that asked the right questions and reached as many people as possible. It was agreed that this would need to be a collaborative effort with health boards and CHC colleagues and that local leads would be able to inform this, e.g. the positive Powys experience utilising drop-in sessions was noted
- The two phases of engagement proposed, including the review at six-weeks; Members supported this approach
- Questions had been raised by Swansea Bay University Health Board ahead of the meeting asking for additional clarification on the engagement process, the work with health boards and the community health councils and the need for Equality Impact Assessments
- The need for a pragmatic approach in terms of signing off the engagement materials, involving Engagement or Service Change Leads working with Board Secretaries. Members noted Gwenan Roberts would be the point of contact from the EASC Team
- Formal public engagement could commence 9 January if the required agreed documents were in place
- Consideration be given regarding short term support for the EASC Team.

The Chair confirmed that he would ensure the required assurance was in place ahead of undertaking Chair's Action (on behalf of the Committee) to commence the formal engagement process.

Members resolved to:

- **NOTE** the high-level overview provided and the variation in service delivery from the existing bases
- **AGREE** that the issues highlighted by this paper require further exploration and options appraisal process to deliver improvements
- **APPROVE** the service development constraints to be engaged upon
- **APPROVE** the EMRTS key investment objectives and weightings to be engaged upon
- **APPROVE** the commencement of a formal public engagement process as agreed
- **APPROVE** the use of the agreed constraints to inform subsequent modelling and development of options
- **APPROVE** the use of agreed EMRTS key investment objectives and weightings in the options appraisal process
- **APPROVE** Chair's action to commence the formal engagement process when documentation agreed.

**Key risks and issues/matters of concern and any mitigating actions**

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST
- Structured approach relating to the engagement process for the EMRTS Service Review.

**Matters requiring Board level consideration**

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.

**Forward Work Programme**

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>17 January 2023</b>			



## 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
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)
PREMS	Patient Reported Experience Measures



Abbreviation	Term
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