

Bundle Trust Board (Open Session) 27 July 2023

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ITEM 19.1 JC Briefing (Public) 16 May 2023

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19.1 CLOSING ITEMS

20 Any Other Business

21 Date and time of next meeting

Thursday 28 September 2023 at 09:30 in Cardiff MRD

22 Exclusion of the press and members of the public.

23 Acronyms

ITEM 23 Acronyms



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 27 July 2023 from 09.30 to 13:00

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

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Colin Dennis	Verbal	5 Mins
2.	Declarations of Interest	Information	Colin Dennis	Verbal	
3.	Minutes of Previous Meeting: 25 May 2023	Approval	Colin Dennis	Paper	
4.	Action Log and Matters Arising	Review	Colin Dennis	Verbal	
5.	Chair's Report	Information	Colin Dennis	Verbal	10 Mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 Mins
7.	Questions from Members of the Public	Information	Estelle Hitchon	Verbal	10 Mins
STAFF/PATIENT EXPERIENCE					
8.	Staff Story – Teresa Stevens, EMT	Discussion	Angela Lewis Liam Williams	In person	30 Mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
9.	Trust Annual Report and Accounts 2022-23 9.1 2022-23 Annual Report and Accounts 9.2 Audit Report on 2022-23 Annual Accounts 9.3 Letter of Representation from Management 2022-23	Approval	Chris Turley Navin Kalia Trish Mills	Paper	20 Mins
10.	Progress on Actions to Mitigate Avoidable Patient Harm	Assurance	Jason Killens	Paper	20 Mins
11.	Risk Management and Board Assurance Framework	Assurance	Trish Mills	Paper	10 Mins
COMFORT BREAK – 15 Minutes					
12.	Integrated Medium Term Plan 2023-2026 - Update	Assurance	Rachel Marsh	Paper	15 Mins



No.	Agenda Item	Purpose	Lead	Format	Time
13.	Financial Performance Month 3	Assurance	Chris Turley Navin Kalia	Paper	10 Mins
14.	Monthly Integrated Quality and Performance Report 14.1 Key Metrics 23/24	Assurance Approval	Rachel Marsh	Paper	15 Mins
15.	Standards of Business Conduct Policy	Approval	Trish Mills	Paper	5 Mins
16.	Governance Report	Approval	Trish Mills	Paper	5 Mins
17.	Board Committee Reports				
	17.1. Finance and Performance Committee	Assurance	Kevin Davies	Paper	5 Mins
	17.2. Audit Committee	Assurance	Martin Turner	Verbal	5 Mins
	17.3. Remuneration Committee	Assurance	Colin Dennis	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.					
18.	Minutes of Board Committees	Information	Colin Dennis	Paper	5 Mins
	18.1 Finance and Performance Committee				
19.	NHS Wales Joint Committee Update Reports	Information	Colin Dennis	Paper	
CLOSING ITEMS					
20.	Any Other Business	Discussion	Colin Dennis	Verbal	5 Mins
21.	Date and time of next meeting – Thursday 28 September 2023 at 09:30 in Cardiff MRD	Information	Colin Dennis	Verbal	



No.	Agenda Item	Purpose	Lead	Format	Time
22.	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Colin Dennis	Verbal	
23.	Acronyms	Information	Colin Dennis	Paper	

Lead Presenters

Name of Lead	Position of Lead
Colin Dennis	Chair of the Board
Kevin Davies	Non- Executive Director and Vice Chair of the Board
Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Ceri Jackson	Non-Executive Director, Chair of Charity Committee
Navin Kalia	Deputy Director of Finance and Corporate Resources
Jason Killens	Chief Executive Officer
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Joga Singh	Non-Executive Director, Chair of Finance and Performance Committee
Chris Turley	Executive
Martin Turner	Non-Executive Director; Chair of Audit Committee



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NHS Trust

CYFARFOD O FWRDD YR YMDDIRIEDOLAETH

Cynhelir mewn Sesiwn Agored dydd Iau 27 Gorffennaf 2023 09.30 i 13:00

Cynhelir y cyfarfod yn MRD Caerdydd, Tŷ Merton, Clos Croescadarn, Pontprenhau, Caerdydd, CF23 8HF a thrwy gyfrwng Zoom

AGENDA

Rhif	Eitem ar yr Agenda	Diben	Arweinydd	Fformat	Amser
EITEMAU RHAGARWEINIOL					
1.	Croeso gan y Cadeirydd, ymddiheuriadau a chadarnhau cworwm	Gwybodaeth	Colin Dennis	Llafar	5 Munud
2.	Datgan buddiant	Gwybodaeth	Colin Dennis	Llafar	
3.	Cofnodion y cyfarfod diwethaf: 25 Mai 2023	Cymeradwyo	Colin Dennis	Papur	
4.	Log camau gweithredu a materion yn codi	Review	Colin Dennis	Llafar	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Colin Dennis	Llafar	10 Munud
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	15 Munud
7.	Cwestiynau gan aelodau o'r cyhoedd	Gwybodaeth	Estelle Hitchon	Llafar	10 Munud
PROFIAD STAFF/CLEIFION					
8.	Stori Staff	Trafodaeth	Angela Lewis		30 Munud
EITEMAU I'W CYMERADWYO, SICRWYDD AND TRAFODAETH					
9.	Adroddiad Blynyddol a Chyfrifon Bwrdd yr Ymddiriedolaeth 2022-23 9.1 Adroddiad Blynyddol a Chyfrifon 2022-23 (Crynodeb SBAR) 9.2 Adroddiad Archwilio, Cyfrifon Blynyddol 2022-23 9.3 Llythyr Cynrychiolaeth o Reolaeth 2022-23	Cymeradwyo	Chris Turley Navin Kalia Trish Mills	Papur	20 Munud
10.	Cynnydd o ran Camau i Liniaru Niwed Osgoadwy i Gleifion	Sicrwydd	Jason Killens	Papur	20 Munud
11.	Rheoli Risg a'r Gofrestr Risg Gorfforaethol	Sicrwydd	Trish Mills	Papur	10 Munud
EGWYL – 10 Munud					
12.	Cynllun Tymor Canolig Integredig 2023-2026 - Diweddariad	Sicrwydd	Rachel Marsh	Llafar	15 Munud
13.	Perfformiad Ariannol Mis 3	Sicrwydd	Chris Turley Navin Kalia	Papur	10 Munud



Rhif	Eitem ar yr Agenda	Diben	Arweinydd	Fformat	Amser
14.	Adroddiad Ansawdd a Pherfformiad Integredig Misol 14.1 Metrigau Allweddol 23/24	Sicrwydd Cymeradwyo	Rachel Marsh	Papur	15 Munud
15.	Polisi Safonau Ymddygiad Busnes	Cymeradwyo	Trish Mills	Papur	5 Munud
16.	Adroddiad Llywodraethu	Cymeradwyo	Trish Mills	Papur	5 Munud
17.	Adroddiadau Pwyllgor y Bwrdd				
	17.1. Pwyllgor Taliadau	Sicrwydd	Colin Dennis	Papur	5 Munud
	17.2. Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Joga Singh	Papur	5 Munud
	17.3. Pwyllgor Archwilio	Sicrwydd	Martin Turner	Llafar	5 Munud

EITEMAU CYDSYNIO

Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd unrhyw aelod yn dymuno trafod unrhyw un o'r eitemau hyn, gofynnir iddo/iddi hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.

18.	Cofnodion o Bwyllgorau'r Bwrdd	Gwybodaeth	Colin Dennis	Papur	5 Munud
	18.1 Pwyllgor Cronfeydd Elusennol				
	18.2 Pwyllgor Cyllid a Pherfformiad				
	18.3 Pwyllgor Archwilio				
19.	Adroddiadau Diweddaru Cydbwyllgorau GIG Cymru	Gwybodaeth	Colin Dennis	Papur	

EITEMAU CLOI

22.	Unrhyw faterion eraill	Trafodaeth	Colin Dennis	Llafar	5 Munud
23.	Dyddiad ac amser y cyfarfod nesaf: dydd Iau 28 Medi 2023, 09:30 yn MRD Caerdydd.	Gwybodaeth	Colin Dennis	Llafar	
24.	Y wasg ac aelodau'r cyhoedd yn gadael y cyfarfod. Gofyn i'r Wasg a'r Cyhoedd adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Pendefyniad	Colin Dennis	Llafar	
25.	Acronymau	Gwybodaeth	Colin Dennis	Papur	



Cyflwynwyr Arweiniol

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

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 25 MAY 2023
MEETING HELD IN CARDIFF AMBULANCE STATION, and VIA ZOOM

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive (Absent for Items 47/23 and 48/23)
Lee Brooks	Executive Director of Operations
Professor Kevin Davies	Non-Executive Director and Vice Chair of the Board
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director
Angela Lewis	Director of People and Culture
Dr Brendan Lloyd	Executive Director of Medical and Clinical Services
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner (Via Zoom)
Hannah Rowan	Non-Executive Director (Via Zoom)
Leanne Smith	Interim Director of Digital Services
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

Attendees

Alison Johnstone	Programme Manager for Dementia (Item 43/23 only)
Steve Owen	Corporate Governance Officer (Via Zoom)
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer (Via Zoom)
Dr Andy Woodhead	Patient Story (Item 43/23 only)

Apologies

Joga Singh	Non-Executive Director
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WELCOME AND APOLOGIES FOR ABSENCE**Welcome and apologies**

The Chair welcomed all to the meeting and noted apologies had been received from Joga Singh, Non-Executive Director.

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.

PROCEDURAL MATTERS

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

Minutes: The Minutes of the Board meeting held on 30 March 2023 were presented and confirmed as a correct record.

Action Log: The Board received the action log and noted the updated position. Action number: 133/22, Monthly Integrated Quarterly Performance Report (MIQPR), update on cultural measure. Rachel Marsh explained that a further update would be provided at the next meeting. Item to remain open.

RESOLVED: That

- (1) the Minutes of the meeting held on 30 March 2023 were confirmed as a correct record.**
- (2) the update on the action log was noted.**

CHAIR'S REPORT AND UPDATE

The Chair updated the Board on the recent Board Development Day in which several topics were considered in more detail: The Trust's Charity strategy, Welsh Government's Structured Assessment on the Trust and the Trust's strategy. Board

members also had the opportunity to view the new Non-Emergency Patient Transport Services (NEPTS) vehicles.

RESOLVED: The update was noted.

41/23

CHIEF EXECUTIVE'S UPDATE

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

1. A Leadership Conference for senior managers and leaders was held on 24 May. The day was spent developing and fostering team spirit with a focus on communication, recognising and celebrating the value and the strengths of all team members and colleagues.
2. He had the pleasure of attending the coronation of King Charles III on behalf of the Trust's staff and volunteers.
3. A note of thanks was recorded for Chris Turley and his finance team in delivering a small surplus of £64k, subject to audit at year-end.
4. A new site had been identified for Dolgellau ambulance station; work was underway to scope out the site.
5. Significant improvement has been made with sickness absence returning to more normal levels; an overall sickness absence rate of 7.95% was recorded February, the lowest level of absence since June 2021.
6. In line with the launch of the Trust's People and Culture Plan, the Directorate name has changed from the Workforce and Organisational Development Directorate to the 'People and Culture Directorate' to better reflect the focus creating a positive and engaging workplace culture that supports and develops our employees at all stages of their career.
7. The three major trade unions; GMB, UNISON and UNITE have voted on a majority basis to accept the revised two year pay offer; however, the Royal College of Nursing (RCN) have rejected the latest offer and will take Industrial Action on 6 and 7 June 2023.
8. The Trust will be celebrating International Nurses Day by promoting and acknowledging nurses that work across a variety of roles within the Trust. Similar work will occur on International Paramedics Day in July.
9. The Mental Health and Dementia Care Team won the Professional Excellence Award at the 2023 Alzheimer's Society Dementia Hero Awards, highlighting the

value the Trust gives towards co-producing its work programme with people affected by dementia.

10. The Board were asked to note the great achievement by Kerry Robertshaw, the Trust's Professional Development Lead, who had been appointed as the College of Paramedics Honorary Secretary (Vice President). This was a great step towards building relationships and strengthening professional development within paramedicine, and the Board congratulated her on this fantastic appointment.

Comments:

1. The Board welcomed the report and acknowledged the positive updates which included the Dementia award and the success of the 'Big Bang' recruitment. Andy Swinburn updated the Board on further details regarding recruitment.
2. In terms of the NHS 111 Wales Website, a Member queried if there were any accessibility issues. Leanne Smith explained that a review had been undertaken by Welsh Government Digital Services which gave rise to several recommendations to improve accessibility which the Trust was currently addressing.
3. It was questioned what the timelines were in terms of the work being carried out by Price Waterhouse Coopers to develop the case for a change document for 'Inverting the Triangle' going forward. Rachel Marsh explained this work would be concluded shortly. Estelle Hitchon gave an outline of the engagement work.
4. Members suggested it would be useful to have an update on the improvements made in last few years to the Trust's estate. Chris Turley reminded Members of the work carried out and gave an outline of the large-scale developments; he agreed to provide a compare and contrast report at a future Board Development Day.

RESOLVED: That the Chief Executive's update was noted.

42/23

QUESTIONS FROM MEMBERS OF THE PUBLIC

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

43/23

PATIENT STORY

Prior to introducing Dr Andy Woodhead, who was the subject of today's patient

story, Alison Johnstone provided an update on some of the Trust's current dementia work which was being developed and delivered in partnership with people living with dementia. People living with dementia have supported the Trust in delivering training opportunities to our workforce, and support webinars and podcast development.

Over the past few years, the Trust has focussed on the need to provide dementia and sensory friendly environments; consultation and engagement with dementia communities has informed the development of dementia/sensory friendly ambulance environments. The Trust has been exploring art, music and reminiscence therapy across its services to support people who may be distressed and confused in these environments.

The Trust was piloting around 25 Reminiscence Interactive Therapy Activities (RITA) tablets (interactive touch screen systems) in the Emergency Medical Service (EMS) and feedback from staff, patients and carers on the tablets had been very positive; particularly when patients were stressed. The Trust is the first ambulance service in the UK to pilot RITA.

The dementia work undertaken by the Trust has helped in receiving a UK award for Professional Excellence a few weeks ago at the Alzheimer's Society Dementia Hero Awards.

Dr Andy Woodhead outlined his experience living with Vascular Dementia and his involvement working with the Trust at Swansea University. He has, unfortunately, used the ambulance on a number of occasions and has nothing but high praise for the staff who have cared for him.

In terms of the RITA system, he added that this had proven to be invaluable to dementia patients and thoroughly welcomed its use in the Trust.

Comments:

The Board reiterated their pride in the dementia work and were pleased to see the significant progress being made in this field and thanked Dr Andy Woodhead for sharing his experience.

In terms of the RITA pilot, it was queried where any updates would be shared going forward. Alison Johnstone explained that once the pilot was finished she would share the findings across the Trust.

Following a query regarding dementia training for Community First Responders (CFR) who were often first on a scene, Alison Johnstone advised that the Trust was looking to increase its dementia awareness training for CFRs. The training will include how to identify early onset dementia.

It was queried how the Trust could capitalise in supporting people with other hidden disabilities. Dr Andy Woodhead explained there were several other disabilities which had similar issues to dementia, for example autism and the work on dementia around providing sensory and friendly spaces on ambulances was extremely beneficial.

Liam Williams updated the Board on how the dementia work aligned closely with the Trust's overall clinical strategy. He further outlined how the Trust will prioritise in supporting people with dementia and other mental health conditions.

Members noted that during the last six months the Trust had been called out to around 1,300 patients living with dementia; this underlined the importance of the dementia work.

A Member raised a point on whether there was an opportunity to access charity funds to aid in developing the work on dementia. Alison Johnstone explained that whilst there were case studies and learning being captured regarding the impact of RITA, there were still further opportunities to invest into more research on its impact.

Brendan Lloyd reminded the Board that the Trust was one of the most active ambulance trusts in terms of research across the UK.

RESOLVED: That the patient experience was noted.

44/23

PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

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

1. Whilst the reduction in emergency department (ED) handover lost hours remained too high, there had overall been an improvement.
2. There had been some improvement in response times particularly around Red and the Amber median; however, there was still work required to improve performance.
3. Eradication of hospital handover waits greater than four hours in the Cardiff and Vale area; this has now moved to a two hour backstop which they were delivering. The current situation is that the average waiting time was in the region of 20 Minutes. This has demonstrated to other Health Boards across Wales that it was possible to show this significant improvement.

4. Jason Killens updated the Board on the recent additional actions to the initial action plan. One of these was to reduce the number of resources attending an incident freeing them up to attend other calls.

Comments:

Concern was expressed in that the performance in Health Boards other than the Cardiff and Vale University Health Board (C&VUHB) was poor overall. Jason Killens commented that the Grange Hospital in the Aneurin Health Board area had recently implemented a four-hour backstop in terms of handovers.

He added that the Trust was continually highlighting the great work in the C&VUHB and other Health Boards were beginning to take note. He further added there was a direct correlation between a reduction in lost hours and an improvement in the Trust's ability to respond to patients in the community in a timely manner.

Lee Brooks gave a brief summary of the ED handover lost hours in each Health Board and added that the current position across Wales was starting to improve.

Rachel Marsh informed the Board that regular Integrated Commissioning Action Plan meetings (ICAP) monthly meetings took place with each Health Board and were designed to improve hand over delays through discussion and shared learning.

Brendan Lloyd, following a query as to why Betsi Cadwaladr University Health Board (BCUHB) was an outlier and appeared to be the worst performer in terms of reducing ED handover lost hours, explained the complexities involved at BCUHB of patient flow.

Liam Williams informed the Board how the C&VUHB had implemented several changes which had led to improvements in performance.

Bethan Evans, Chair of the Quality, Patient Experience and Safety Committee (Quest), outlined several points from the Quest Committee AAA report and in particular noted;

1. The staff story at the last Quest meeting highlighted the impact on a CFR, Keith Jones, who had attended to a patient at their home. Keith was with the patient and their partner for over four hours waiting for an ambulance and during that time the patient went into cardiac arrest. Despite attempts to resuscitate him, the patient died.
2. The Committee noted that the significant number of handover delays were

causing patient harm or death and recognised the actions being taken to mitigate this issue.

3. The Committee discussed the Trust's two highest rated risks; *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)* and considered how long they should remain at the highest level.
4. There have not been improvements in the Putting Things Right response times, despite additional resources being provided, which highlights the increasing volumes and complexity of concerns being raised.

In the absence of the Chair of the Finance and Performance Committee (FPC), Bethan Evans advised the Board there was no further updates to the FPC AAA report and added that several of the points raised at Quest had also been discussed at FPC.

Martin Turner, Chair of the Audit Committee, presented the AAA as read and noted the need to consider partnership arrangements to address the system pressures. Estelle Hitchon advised the Board that recent direction from the Welsh Government (WG) has stipulated that the Trust be a member of Regional Partnership Boards.

Paul Hollard, Chair of the People and Culture Committee, further to the contents of the Committee AAA report, reiterated the Committee's concerns regarding the Putting Things Right (PTR) Team given the significant volume, complexity and nature of concerns dealt by them on a regular basis. It was anticipated the requirement of the Duty of Candour would place additional stress on these colleagues.

RESOLVED: The Board

- (1) Noted the report;**
- (2) Considered whether there are any further actions available to the Trust to mitigate patient harm.**

45/23

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

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

In addition to the two highest scoring risks; 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*), both scoring 25 and which had been discussed throughout today's agenda, the Board were further advised of the other two highest scoring risks.. These were risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) and 201 (*damage to the Trust's reputation following a loss of stakeholder confidence*), both of which had a risk rating score of 20.

A new risk had been added to the Corporate Risk Register since the last meeting with a score of 15 (*The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death*).

A deep dive had been carried out on risk 139 (*the failure to deliver our statutory financial duties in accordance with legislation*) at the last FPC meeting. The risk was currently scored at 16 which was felt appropriate, but it was noted that it would be reviewed regularly.

The Board noted a minor amendment to the previous report received by the Board at the January 2023 meeting. The report identified that Risk 245 has been closed when in fact it was Risk 244 that had been recommended for closure. The Risk detail included in the report was correct, however.

RESOLVED: The Board:

- (1) Noted the review of each principal risk including mitigating actions;**
- (2) Noted the inclusion of the Civil Contingencies Risk on the Corporate Risk Register at a score of 15;**
- (3) Noted the correction to the report presented at January 2023 meeting;**
- (4) Received the Guidance on Interpreting the Board Assurance Framework;**
- (5) Noted the development of a suite of new risks;**
- (6) Noted the update on the Risk Management Transformation Programme.**

46/23

INTEGRATED MEDIUM-TERM PLAN (IMTP) YEAR END POSITION

Rachel Marsh advised the Board that the report set out the end of year position on actions in the IMTP 2022/25, including the Accountability Conditions set by Welsh Government.

For next year's IMTP (2023-/6), the Board noted that going forward it would consider the processes involved with strengthening the IMTP.

Comments:

The Board were advised by Bethan Evans that the IMTP was discussed at the last FPC meeting in which it was widely acknowledged that despite the challenges, huge achievements had been made.

RESOLVED: That the Board;

- (1) Noted the update against the Trust's IMTP 2022/25 Accountability Conditions;**
- (2) Noted the overall delivery of the IMTP detailed in this paper;**
- (3) Noted the forward view for IMTP assurance in 2023/24.**

47/23

FINANCIAL PERFORMANCE MONTH 1

Chris Turley presented the report noting it had been presented to the FPC earlier in the month. In terms of highlights he drew the Board's attention to the following:

1. The funding (c£6m full year) for the 100 front-line Whole-Time Equivalents (WTE) funded non recurrently and appointed in 2022/23 was fully assumed. It had recently been confirmed that non-recurrent funding will be made available to the Trust in 2023/24.
2. The Board were advised that since the submission of the 2023/24 financial plan, over £1m of additional savings has been identified.
3. Chris Turley gave an overview of the initial capital programme.

Comments:

Professor Kevin Davies advised the Board it was very clear the Finance Team considered patient safety and quality as was evident during the finance presentation at the last FPC meeting.

Members discussed the report in more detail acknowledging it was an early report and very encouraging; however, the biggest risk was to achieve the necessary savings in-year.

RESOLVED: The Board;

- (1) Noted and gained assurance in relation to the Month 1 revenue financial position and performance of the Trust as at 30 April 2023;**
- (2) Noted the update in relation to the Financial Sustainability Programme and progress in relation to residual savings to be identified;**
- (3) Noted the initial capital programme for 2023/24, and**
- (4) Noted the Month 1 Welsh Government monitoring return submission (as required by WG);**

48/23

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh advised that the report had recently been presented and discussed in detail at recent Committee meetings in which they had the opportunity to reflect on those metrics specifically targeted for each Committee. In terms of highlights from the report, the following were brought to the Board's attention:

111 call answering performance remained poorer than the Trust would want. December 2022 saw unprecedented levels of demand and poor performance. Further work was being conducted to improve this situation.

Comments:

The Board recognised that each Committee had discussed the report in detail at their respective meetings.

It was asked if the Trust had received any feedback from hospitals on patients who may not have required admission. Brendan Lloyd advised that overwhelmingly feedback had been received that the Trust was not taking patients into EDs inappropriately.

Andy Swinburn added that all patients taken to EDs were appropriately monitored at the point of entry. Liam Williams added that work was required to ensure the correct data was captured on patients being appropriately taken to ED.

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

Angela Lewis presented the People and Culture Plan for approval and implementation.

Consultation and socialisation has taken place with Trade Union Partners, Trust Committees, Executive Management Team, Assistant Director Leadership Team, People and Culture Directorate members, Non-Executive Directors and teams across the organisation, with feedback reflected in the final version. WAST has also sought input from external experts on culture change, the College of Paramedics, and Workforce and Organisational Development Directors from within NHS Wales, and the wider Ambulance Service across the UK.

The Plan has been developed using the seven-stage framework of strategy development for the Trust, in which co-production and engagement formed a fundamental part of the development process.

The Trust was committed to ensure that the Trust was the best place to work where staff have the opportunity to flourish, have the best possible experience and progress and develop.

One of the keys to the success of the Plan was the pivotal role of managers and leaders within the Trust. Angela Lewis added that an emphasis going forward was on the work-life balance of colleagues, with a particular focus on shift over runs.

The topic of culture, putting our people at the top of our focus and as managers to ensure people are at the forefront when decisions were being made, will be pivotal to the success of this plan.

Comments:

Paul Hollard explained this Plan had been developing over the past several months and the ongoing implementation will be monitored at the People and Culture Committee.

It was questioned how the plan will be introduced to line managers. Angela Lewis explained that all first line managers will be written to outlining how the Trust will take the plan forward.

The Board were keen to understand, following feedback from staff roadshows, if staff felt they were able to freely discuss any issues with managers. Angela Lewis assured the Board that measures such as the Freedom to Speak up platform was a tool by which staff could communicate with managers.

It was queried whether it was feasible to develop a user-friendly version of the plan and distribute that to staff. Angela Lewis commented that the goal was to make the plan as accessible and relatable as possible.

It was suggested that an external cultural audit, to measure progress against all the actions be undertaken could be beneficial. Angela Lewis advised this had already been considered, adding that the Trust already has rich data of its own and would be conducting its own reputational audit. It should also be noted that further consideration on the plan will be held at future Board Development Day.

Jason Killens reminded the Board that an external cultural audit had been conducted about two years ago which could be used as a starting point to measure success going forward.

RESOLVED: The Board received and approved the People & Culture Plan 2023/26.

51/23

BOARD VISITS STANDARD OPERATING PROCEDURE (SOP)

Trish Mills presented the report explaining that its purpose was to present the Standard Operating Procedure (SOP) 'Board Visibility and Engagement: Capturing Our Experience' for review and approval by the Trust Board.

The SOP outlined the details and guidance for Board visits, and it was noted that a dashboard had been incorporated which would capture Board member visits for governance purposes.

Trish Mills added that once approved the SOP would be published on Siren whereby staff would be able to view it.

Comments:

Members welcomed the report and recognised that visits would be informal and could be on an *ad hoc* basis.

RESOLVED: The Board received and approved the Board Visibility and Engagement – Capturing Out Experience Standard Operating Procedure.

52/23

BOARD AND COMMITTEE ANNUAL EFFECTIVENESS REVIEWS 2022/23 AND REVISED TERMS OF REFERENCE (INCLUDING; BOARD AND COMMITTEE REPRESENTATION, COMMITTEE DUTIES AND COMMITTEE PRIORITIES)

Trish Mills reminded Members that the Board was required to undertake an annual self-assessment of its effectiveness. Details of the outcome of this were contained within the update report.

Following the review of both Committees' and the Board's effectiveness it was concluded that several changes were required to the operating arrangements and corporate governance practices; these changes were listed in the report.

It was further recognised that monitoring the Committees' cycles of business on a regular basis ensured that effectiveness could be witnessed throughout the year through the monitoring arrangements.

RESOLVED: The Board:

- (1) Reviewed the external and internal sources of assurance to assure itself as to its effectiveness for 2022/23;**
- (2) Noted the priorities set by Committees for 2023/24;**
- (3) Approved changes to all of the Committee terms of reference; and**
- (4) Noted the changes to operating arrangements for the Board and Committees in 2023/24.**

53/23

STANDING ORDERS (SO), SCHEME OF RESERVATION AND DELEGATION (SoRD) OF POWERS, AND STANDING FINANCIAL INSTRUCTIONS (SFI)

In presenting the report, Trish Mills explained there had been no review by WG of its model Standing Orders as yet, but this was due shortly.

As part of the Trust's review there were some minor changes recommended which were within its gift to do so. One of the changes concerned the Annual General Meeting which WG had recently confirmed that it may be held after 31 July given the revised dates for filing of the Annual Report and Accounts for 2022/23. The deadline to hold this meeting was 28 September 2023. It was necessary for the Board to formally approve this amendment to SO 7.2.5 for 2023.

RESOLVED: The Board;

- (1) Approved the amendments to Schedule 3 of the SOs (the individual Committee Terms of Reference having been received in item 52/23) and Table A of the SoRD; and**
- (2) Approved the amendment to SO 7.2.5 in relation to the 2023 AGM date to be held no later than 28 September 2023 in response to the external audit schedule for the 2022/23 Annual Report and Accounts;**

BOARD COMMITTEE REPORTS

The following Committee highlight reports were received noting that updates had been provided earlier in the agenda under minute 44/23.

Charity Committee

The Chair of the Committee, Ceri Jackson updated the Board on several points from the report.

Audit Committee

Nothing further to add to previous update.

Academic Partnership Committee

Hannah Rowan, Chair of the Committee updated the Board on several points from the report.

People and Culture Committee

Paul Hollard, Chair of the Committee updated the Board on several points from the report.

Quest Committee

Bethan Evans, Chair of the Committee updated the Board on several points from the report.

Finance and Performance Committee

Bethan Evans updated the Board on several points from the report.

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

GOVERNANCE REPORT

The report was presented as read.

RESOLVED: The report was noted.

55/23 MINUTES OF COMMITTEES

The minutes of the following open meetings were received:

1. Charitable Funds Committee 30 January and 16 February 2023;
2. Audit Committee – 1 December 2022;
3. Academic Partnerships Committee – 17 January 2023;
4. Quest Committee – 9 February 2023;
5. People and Culture Committee – 14 March 2023;
6. Finance and Performance Committee – 21 March 2023.

Furthermore, the following NHS Wales Joint Committee update reports were received

NHS Wales Shared Services Partnership committee Assurance report 19 January 2023.

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

56/23 ANY OTHER BUSINESS

The Chair updated the Board on the replacement for Kevin Davies, Vice Chair.

57/23 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 25 May 2023

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

RESOLVED: The Board would meet in private on 25 May 2023.

Date of next Open meeting: 27 July 2023

Meeting closed at 12:48

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

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	27 July 2023	<u>Update for 26 January and 30 March 2023</u> The cultural measures are a work in progress, particularly given the current pressures. <u>Update for 25 May 2023</u> Cultural measures were presented to Finance and Performance Committee on 15 May and will be part of the revised 23/24 KPIs approved by the Board at the July meeting. <u>Update for 27 Jul 2023</u> Details included under item 14	Complete
41/23	25 May 2023	CEO Update	Demonstrate an Estates Comparison, i.e., how the Trust estate has improved over the last few years with examples and provide this at a future Board Development day.	Chris Turley	27 July 2023	<u>Update for 27 July 2023</u> Verbal Update to be provided	Open



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

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

CHIEF EXECUTIVE REPORT: 27 JULY 2023

MEETING	Trust Board
DATE	27 July 2023
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 25th May 2023. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

RECOMMENDATION

That Trust Board note the contents of this report.

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

The Trust Board meeting held on 27 July 2023.

REPORT APPENDICES

An SBAR is attached.

REPORT CHECKLIST

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

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

Annex 1

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 25th May 2023.

BACKGROUND

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

ASSESSMENT

CHIEF EXECUTIVE

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, AACE, EASC and senior elected representatives.
- Attended an in person meeting of Chief Executives to consider the longer term challenges and financial sustainability for NHS Wales.
- A meeting was held with David T C Davies MP, Secretary of State for Wales, to discuss ambulance performance in his Monmouthshire constituency and the Trust's long term strategy. Mr Davies intends to follow up the meeting with undertaking a ride out on a double crewed emergency ambulance and spending time with colleagues in the CCC and Clinical Desk.
- I continue to meet with the Trust's Counsel to prepare for the COVID Public Inquiry chaired by Baroness Hallett.
- We celebrated the fantastic contribution of our volunteer Car Drivers and Community First Responders as part of the national Volunteers Week celebrations.
- Colleagues with 20, 30 and 40 years' service were presented with medals at Newport's International Convention Centre, Newport, the Cliff Hotel in Cardigan and the Quay Hotel, Conwy to recognise long service. Colleagues with 20 years in the Emergency Medical Service were also presented with a Long Service and Good Conduct Medal.
- A positive end of year Joint Executive Team (JET) meeting was held with Welsh Government colleagues.

- Attending the national service of thanks giving to celebrate the 75th anniversary of the NHS Wales.

FINANCE AND CORPORATE RESOURCES

Finance

4. The outturn revenue financial position for the period ending 31st May 2023 was a small deficit of £22k. The year end forecast outturn was reported as a balanced position but with several risks were noted.

5. The 2023/24 capital programme had been agreed through the relevant governance routes and scheme leads have been notified. Work will progress over the coming months to ensure tenders are submitted and orders placed to ensure new schemes are delivered in year, along with the completion of existing projects.

6. The Final 2022-23 audited accounts were presented to the Audit Committee on 25th July 2023 and are included on today's Trust Board agenda. Should the final audited accounts be approved, they will be signed by the Auditor General for Wales on 31st July.

7. The Finance Team supported the production of a balanced revenue financial plan for 2023/24 as detailed in the submitted version of the Trust's IMTP. Delegated budgets have been rolled out and formal budget delegation meetings involving the Chief Executive, Director of Finance & Corporate Resources and individual directors are underway.

8. Likewise, the Finance Team continues to play a key part in helping the organisation to deliver the £6m savings required for the 2023/24 financial year. Themes and schemes have been fully identified and will be delivered over the remaining months of the 2023/24 financial year. In addition, colleagues continue to support the Financial Sustainability Programme (FSP) and the identification of schemes future years.

9. Work is still progressing in several areas to evaluate the use of automation along with the development of the Patient Level Information Costing system (PLICs). The financial and activity data have been uploaded into the system, and the process of quality checking, reconciling and reviewing the data has commenced to ensure accuracy. This is a key underpinning element of the continuing progress on our Value Based Healthcare agenda.

Capital & Estates

10. Environmental - Following 5 days of rigorous auditing, the Trust was awarded continued accreditation with ISO 14001:2015 for 2023. The assessor noted that, the Trust demonstrated its environmental management system continued to support the strategic direction of the organisation and achieve objectives relating to our

environmental performance improvement. Furthermore, the Trust closed the six non-conformities from the last audit, meaning there are no actions or follow up visits required.

11. South East Fleet Workshop – At this stage there is just over a month left of building work required on site, with handover on programme for next month. The workshop area is significantly complete, with remaining works required for the installation of the workshop equipment, whilst the accommodation areas are awaiting the final finish. At the time of writing it is expected that staff will be operating at the new facility from 24th July.

12. Vantage Point House - The full scope of works for the 'legacy' works have been defined and costed and a programme of work is currently in development with the contractor to allow full closure of the project.

13. EMS Interim Solutions Programme (Newport) - The facility is fully operational.

14. EMS Interim Solutions Programme (Rhyl) - Works have been completed with just minor snags remaining.

15. Dolgellau - Discussions are ongoing between NWSSP and the landlord to agree the dilapidation works the landlord will undertake prior to the signing of the lease and developing the site. Further surveys have been completed at the proposed site, with a full planning application targeted to be submitted by early August. As part of the development, the Trust held a public engagement event where local residents met the project team to run through the proposed development.

16. Ruthin - The tender package is being finalised and will soon go out to market. This process will run concurrently with the full planning application being submitted as positive feedback had been received from the local authority.

17. Monmouth - A workshop was held with South Wales Fire & Rescue Service and Gwent Police to review early design proposals and spatial requirements set out by each organisation. As a result, a more cost effective solution will be explored to determine if a collaborative solution is viable.

18. Swansea - NWSSP continue to search for suitable sites, but appropriate options continue to be a challenge. That said, a business case for Welsh Government consideration continues to be developed.

19. Decarbonisation/EFAB - The EFAB Project Team is meeting on a regular basis to manage the project through its 2 year timeframe. The design consultants have been engaged to progress to the next stage. Site inspections have commenced to gain all relevant information prior to going to the market and the first reporting of the EFAB finance tracker has been submitted to Welsh Government.

Fleet

20. The delivery of the Vehicle Replacement Project from 2021/22 was complex owing to many global influencing factors, however, it is almost complete with the majority of the remaining 17 Renault Masters converted into a mixture of double wheel chair accessible vehicles and stretcher bearing vehicles with all of the stretcher bearing vehicles equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads. Many of the vehicles have been delivered and are going through the commissioning process with several of them in service.

21. The 2022/23 programme included planned carry over of Welsh Government funding into this financial year. The current position is outlined below:

- The 50 Mercedes Emergency Ambulances for 2022/23 were completed on target and are in service pan Wales.
- A small batch of 5 Ambulance Care transfer vehicles based on a 3.5 tonne MAN vehicle were signed off in March have been delivered to the local dealership for inspection and registration. Rapid evaluation of these new type of vehicles will be required to inform future planning.
- There remain delays regarding the 15 Ford Transit Customs ordered in April 2022, however, the 4 vehicles have been built and will be delivered to the nominated convertor shortly. The remaining 11 vehicles have been built which is an improvement on the expected October delivery forecast.
- 11 of the 22 Renault Master vehicles have been built and delivered to the nominated convertor. The conversion has begun, and they will all be built to the stretcher bearing variant. The remaining 11 will be following on in quick succession and will be converted into double wheelchair accessible vehicles.

22. The 2023/24 Fleet BJC which contained further potential for decarbonisation was approved by Trust Board in November 2022. Trust Board will receive a separate update on the reduced level of funding subsequently received from Welsh Government.

OPERATIONS DIRECTORATE

Industrial Action and WAST Non-Pay Annex

23. Three of our four unions have voted to accept the revised pay offer from Welsh Government in response to the dispute over pay and conditions which has led to the industrial action which started last year. The RCN has rejected the offer, and two industrial action days took place on 6th and 7th June. The industrial action planning team reconvened and planned sufficient mitigation across the Trust. Consequently, there were no adverse impacts on patient safety across the two days. The further two days of industrial action at the time of preparing this report are expected not to take place as discussions continue.

24. Relevant unions have also accepted the terms of the WAST specific non pay annex as part of the pay dispute. Delivery action commenced in June to enable the various elements of the annex including:

- Red Flag Days – this arrangement increases the number of red flag days for relief staff from 4 to 6 in a year. Red flag days are high priority rest days for relief staff which can be utilised for time off for family events, childcare and key life events.
- Start and End of Shift Arrangements to Reduce Overruns – an amendment to the Standard Operating Procedure sets out that relieving off going crews is to be a high priority. EMS and UCS crews in the last hour of their shift that are not already deployed to an incident will begin to return to base as a matter of course. The nature of calls they can be despatched to in this last hour is also set out, thus reducing the likelihood of an overrun occurring. Two pilot schemes for handover crews at Morriston Hospital and Ysbyty Glan Clwyd will also commence. This position has been agreed subject to more than 9,000 hours a month are lost to extended handover delays as these delays inhibit our people from ending work on time.
- Rest Break Arrangements – a status quo in rest break arrangements has been agreed with Trade Unions until June 2026, and a revised SOP has been written. This includes the introduction of a rest break fail safe to ensure an equitable access to rest breaks for all staff. The fail safe is a technical solution which places staff on a rest break ten minutes after being within 25 metres of their base station. It is still anticipated that manual rest break allocation may occur before this ten minute window, however, the fail safe provides a mechanism for timely commencement if this is missed.

Overtime Controls to Achieve Financial Balance

25. The Operations Directorate is providing a £2m contribution to the Trust's savings target to achieve financial balance by end of the 2023/24 financial year. A Financial Savings Group (FSG) was established to explore all opportunities to deliver this and it is anticipated most can be attained through vacancy management. The delivery of financial savings has a high dependency on abstraction management, including achievement of the 2023/24 IMTP trajectory for attendance/sickness absence and this is being stressed to local management teams.

26. The FSG has concluded that a spend reduction against the overtime budget is also needed to achieve the necessary savings and so a process of overtime spending control has initially been deployed in EMS with other departments expected to follow. There is a dynamic nature to the need to deploy overtime so it will not be deployed as a 'blunt instrument' so that choices can be made on a case by case basis. Any impediment to resource capacity could create negative experience for patients, therefore, the CASC has been informed of the implementation of the overtime spending control. A notice has also been shared with our staff.

WAST Facilitation of Extended Transfer of Care

27. As reported at the Trust Board in March, the Executive Director of Operations raised concerns focussed on two risks being exacerbated by a worsening position on the time taken for transfer of care at emergency departments with Chief Operating Officers. At the face-to-face COO Peer Group meeting in April, the Executive Director of Operations spoke about several issues being caused by the extended transfer of care times (including WAST staff exposure to diesel fumes) and informed COO colleagues that WAST management teams would hold discussions with local emergency department teams.

28. Local management teams highlighted ED swaps (the practice of one patient taken into the ED provided one patient is taken out and returned home via discharge transport), the use of WAST equipment inside the ED and, WAST staff being used to porter patients. The purpose of the meetings was to reduce the time taken to transfer patients so that emergency crews can respond to patients at greatest clinical risk in the community. Following local engagement, the Executive Director of Operations wrote to health board colleagues in June to share the dates of the cessation of these issues. The response across the system has been mixed. There has been no response from some health boards, where others have lodged reports with external partners without engaging the Trust directly.

29. The Trust has never supported its staff being used for portering and health boards have not engaged WAST on pre-hospital clinicians undertaking extended duties following arrival at emergency departments. The Trust has facilitated some patients requiring diagnostics by allowing the pre-hospital ambulance paramedic/EMT to provide clinical escort to a diagnostic test with a hospital porter, particularly where the diagnostic is time critical to the patient outcome.

30. It is with regret that this position has become the expected norm, and it appears that the pathway has systematised use of WAST staff not only to provide clinical escort for a broader range of diagnostic tests, but also to fulfil the portering role. It is of concern that transfer of care improvements at some hospital sites appear to depend on this being done by WAST, without engaging us first or fully assessing the broader consequences. This is said in the context of feedback that WAST not undertaking these in hospital tasks would extend the transfer of care time.

31. In coming to this position, the following points have also been considered:

- The Trust is not licensed for systematic care delivery inside a hospital and, while the Welsh Risk Pool would likely support WAST where there was an exceptional clinical requirement for us to act, the current situation can not be considered exceptional.
- The use of WAST staff for duties that they are not trained or commissioned creates frustration amongst staff which was expressed to members of the executive team undertaking picket line visits during the recent period of industrial action. The staff

experience has also been negatively impacted due to hospital handover delays including prolonged exposure to vehicle diesel fumes outside the emergency department (for which health boards have been asked to consider the health and safety implications and mitigations that can be put in place), late shift finishes, delayed access to rest breaks and, skill degradation as patient contact reduces for which there is additional clinical risk.

- From a safeguarding perspective there are two considerations; the first for the patient waiting outside the emergency department and secondly, for the patient with an unmet care need in the community. The patient with the unmet need is at the highest risk so action that promotes an earlier transfer of care for patients from an ambulance would improve the quality, safety, and safeguarding risks for all patients within our care, or to whom we have a duty of care. It is important to note that delayed emergency ambulance responses to patients with acute medical conditions has led to self-conveyance and patients dying enroute, in hospital car parks or, waiting for ambulance attendance. In addition, there are unknown consequences for patients that do not receive a response due to the Clinical Safety Plan or those who cancel an ambulance in favour of making their own arrangements.
- The ratio of two WAST pre-hospital clinicians to one patient demonstrates poor value for money. In December 2022 and March 2023 extended transfer of care times cost more than £4.5m in staff costs.

EMT2 and EMT3

32. There are currently 55 WTE staff (64 people) who are Band 5 out of the total EMT funded establishment of 660 WTEs. At present, the EMT3 role is a closed role which means that as these staff leave their position, they are not replaced on a like for like basis. The Trust has previously given Trade Union colleagues a commitment to review this position and positive discussions have been held with Trade Union Partners over the last few months to shape the following proposal for extending the EMT 3 role:

- EMT3s will continue to be recognised as a valued and important part of the workforce.
- The EMT3 role will be part of a broader career offer and an opportunity for staff continuing to strengthen and grow the career structure we offer for our people beyond other roles we have added in the last couple of years such as Senior Paramedics.
- The number of EMT3 roles will grow to a total of around 255 WTEs (around 35% of the technician workforce).

33. A Task and Finish Group has been established to take forward this piece of work and progress with the training requirement for the first cohort of new EMT3 staff scheduled for August 2023.

CSD Community Welfare Responder / Connected Support Cymru

34. The CSD Operations and Clinical team have been busy working on supporting the PDSA for the Community Welfare Responder (CWR) and have created new processes and working practices to enable the efficient use of the available St John CWR crews. Positive results have been returned where the crews have been able to be on scene and take observations for the CSD Clinicians, enabling consult and close, protection of vulnerable callers, welfare checks and calling on failed contacts. The PDSA continues for several more weeks and more positive results are expected.

Red Review / Reducing Multiple Dispatch to Red Calls

35. On the 21st June 2023 the Trust implemented a number of changes as part of the review of the dispatch of multiple resources to Red incidents. These changes to the Clinical Response Model (CRM) were designed between the Clinical and Operations Directorates and agreed through both Clinical and Operations governance routes. This work essentially involved changes to our auto-allocation within our CAD system and provides an approach that seeks to balance the needs of the specific dispatch codes and the way we allocate resources to a range of calls. This does not in any way diminish the response we provide to the 166 different codes that we recognise require multiple resource deployment from the onset but does provide a mechanism for us to send the nearest resource at the earliest opportunity, with further resources deployed only where necessary. It should be noted that where the final code is confirmed as Red at the end of the call regardless of the resources on route (e.g., Community First Responder, Uniformed First Responder or Urgent Care Service) a Paramedic will be dispatched. It is envisaged that this change to the CRM will ensure we have an appropriate number of resources deployed early in the call through more efficient use of existing resources and be able to assess the actual resources required for each patient and significantly reduce the number of jobs where multiple resources are unnecessarily allocated, freeing up capacity for other patients across Wales. The work complements another recent change to CHARU auto-dispatch which has seen a reduction in the proportion of cancelled activations which has been well received by CHARU staff.

STRATEGY, PLANNING AND PERFORMANCE

36. It has been a busy quarter for the Commissioning & Performance, with team capacity reduced through turnover and extended sickness absence. The team is focused on its core activity, in particular, the large run of quality and performance reports that are required to service the already extensive accountability mechanisms, which have further increased in recent times with the Trust now being subject to a bi-monthly Integrated Quality, Planning & Delivery (IQPD) meeting with Welsh Government and the new governance arrangements for 111 commissioning, which went live in May 2023 and include 111 Board, 111 Commissioning Board and 111 DAG. The team continues to iteratively improve all the reports for these meetings. The team also played an active role in supporting the 111 commissioners with the development

of the 111 Quality & Delivery Framework (111 QDF) and the commissioning framework. It remains critical that Executives are provided with good quality information for these meetings, so that they can continue to make the Trust's case and articulate its concerns.

37. The team has also been actively supporting the Trust's transformation agenda, for example, chairing the Integrated Technical Planning Group, which enables officers from across different functions to collaborate on the technical planning required around Executive decisions on the recruitment of APPs and right-sizing rosters etc., in particular, with an Executive two hour deep dive in May on EMS workforce planning. The team has now procured ORH for the next strategic demand & capacity review, which will be a critical component of calibrating the Trust's ambition to "invert the triangle" within the changing unscheduled care system. The team continues to provide the SRO for the EMS Operational Transformation Programme with CHARUs and CCC reconfiguration being the current focus.

38. Finally, the team is supporting the Trust's developing approach to the Duty of Quality through the Quality & Performance Management Steering Group, in particular, an "always on" dashboard".

PARTNERSHIPS AND ENGAGEMENT

39. In June, the Trust hosted our annual series of Long Service Awards events to recognise and celebrate colleagues for their length of NHS service. For the first time, colleagues with 50 years' service were among the recipients. Preparations for the annual WAST Awards in October have begun in earnest; the first in-person WAST Awards since 2019. June also marked Volunteers' Week, Armed Forces Week and Pride Month, while July marked the 75th birthday of NHS, which we celebrated across the multitude of platforms.

40. We collaborated with Welsh Government and Health Boards to launch the '111 Press 2' initiative for callers who require mental health support.

41. Among our top-performing news stories was a piece on paramedic Rhys Morgan, whose assault by a patient had left him with physical and emotional scars. Rhys gave subsequent interviews to Global Radio and ITV Wales about his experience. Meanwhile, not one, but two colleagues were recognised in His Majesty the King's first Birthday Honours List. Volunteer Car Service Driver Ian Cross was awarded a British Empire Medal while Chief Executive Jason Killens was awarded the prestigious King's Ambulance Medal. Jason's interview to ABC Radio Melbourne about our Advanced Paramedic Practitioner initiative helped to raise WAST's profile on an international stage.

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

internal communication and engagement continue. The Director of Partnerships and Engagement and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.

CORPORATE GOVERNANCE

43. The eight year tenure of the Trust's Vice Chair, Professor Kevin Jones, ended on 31 December 2022. Appointments of the Chair, Vice Chair and Non-Executive Directors are made by the Welsh Government and campaigns are run and managed by the Public Appointments Unit. Following a campaign for the Vice Chair position that closed in October 2022 an appointment was not made by Welsh Government and Kevin's tenure was extended to 30 June 2023, and recently a further extension was sought to 31 August 2023. Our thanks goes to Kevin for his continued support of the Trust. We expect to be in a position to announce a new Vice Chair ahead of the next Trust Board meeting.

44. The Trust's preparation for its participation in Covid-19 Public Inquiry continues with the gathering of evidence in response to Rule 9 requests from the Inquiry Team. The second preliminary hearing for module 3 will take place on 27th September 2023 with a public hearing anticipated in 2024.

45. The Trust's 2022/23 Annual Report, which includes the performance report and the accountability report, has been finalised and comments received from Audit Wales and Welsh Government addressed. The annual report is presented to this Board meeting for approval along with the audited financial accounts for 2022/23.

46. The Executive Management Team have agreed a schedule of deadlines for Board and Committee papers, with the schedule and the recently approved cycles of Committee business being socialised with each Directorate to support their forward planning.

47. In order to centralise a Welsh Language Translation service that will enable the Trust to meet the increase in demand in Welsh language translation requirements, the Trust has successfully recruited a Welsh Language Translator who will start on 30th August 2023. As part of the Trust's work to deliver its commitment to the 'More Than Just Words 2022-27 Action Plan to support Welsh speakers to receive services in their first language, the Trust's Welsh Language Services Manager in partnership with the Trust's Head of Workforce Transformation and Planning have commenced work in the development of a Welsh Language Workforce Strategy as part of the overall WAST Strategic Workforce Plan.

48. A review of policies has been conducted which has indicated that a significant proportion are past their review dates. This is a result of the pandemic and other pressures, however, a risk based approach is being taken to focus on policies to be

prioritised, and policy governance is being reviewed to streamline processes and approvals. The Audit Committee will oversee this during 2023/24.

49. The Risk Management Framework includes the policy, procedure, guidance and platform, as well as the transition to a more strategic Board Assurance Framework (BAF) as key elements of the programme. The appointment of a Risk Officer to the team this month will enable us to focus on charity risks and directorate risks to further strengthen the excellent risk culture that is developing in the Trust.

50. A revised Standards of Business Conduct Policy was approved by the Audit Committee on 25th July. This Policy replaces the Gifts, Interests, Hospitality and Sponsorship Policy and addresses areas of concern raised in a recent internal audit.

51. The accompanying forms, registers, and communication have simplified the declaration and reporting process.

52. A Board Development session was held in June which focused on:

- Assumptions behind the strategy and influencing factors
- MIQPR metrics for 2023/24
- People and Culture Plan aspirations – what does success look like

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Civica

53. We are increasing the volume of patient experience returns into the Trust through the Civica Experience Platform. The Trust purchased the core Civica patient experience system and is now considering purchasing further modules. These modules would enable SMS text/IVR/email bundles that will allow Civica to integrate with our data warehouse and actively push surveys out to patients and service users.

Update on Confident and Competence Programme

54. The Confidence and Competent 111 Wales Workforce Strategy was approved in Quarter 4 of 2022-2023, following a detailed staff questionnaire, the 111 Wales Peer Review Process, Association of Ambulance Chief Executives (AACE) and Chief Nursing Officer (CNO) recommendations. Work has been led by the NHS 111 Wales clinical leadership on developing and delivering eight specific workstreams including; tabletop exercises, enhanced feedback mechanisms, clinical supervision, additional educational activities, observational shifts and rotational opportunities. This work will complement the implementation of the new SALUS solution, new ways of working, and the NHS 111 Wales Peer Review Action Plan.

Introduction of Clinical Supervision into 111 Wales Workforce

55. The Clinical Leadership Team have led the development and introduction of clinical supervision into the 111 Wales service. The Education Practice and Clinical Practice Team have undertaken online training, and many have completed a face-to-face training with Dr Catherine Goodwin. It is expected all Practice Coaches will complete their training by mid-August. To support the roll out and to prepare our 111 Wales Clinical Teams, an introduction to Clinical Supervision Module is being delivered. To date, 60 clinicians (over 40%) have completed this since 1 June 2023. This is continuing at pace to prepare all clinicians to begin their clinical supervision journey by mid-August. The next steps are underway to commence preparations for the delivery of clinical supervision to our non-clinical teams.

Safeguarding

56. On 20 June 2023 I opened the Welsh Ambulance Service Safeguarding Conference titled 'Trauma Informed Practice'. WAST welcomed over 100 attendees from across the UK, including from other Ambulance Services, blue light partners and stakeholders from across Wales. Four guest speakers spoke of their experience of trauma and the impact it had on their lives. The Conference was a huge success for the organisation and feedback was very positive.

Indonesia Project

57. In 2019, the Trust was invited to partner with Cardiff University on a Global Challenges Research Fund. The aim of the research call was to support cutting-edge research to address challenges faced by developing countries to maximise the impact of research and innovation, to improve lives and opportunity in the developing world.

58. The project worked with Indonesia's Emergency Medical Services organisations to research the current effectiveness of ambulance use across the city of Jakarta. Expertise from Cardiff University's School of Mathematics applied operational research techniques to provide optimisation proposals for Indonesia's Ministry of Health and wider stakeholders to consider, which has led to academic publications. Furthermore, the Trust has directly supported professional development of local services through informative workshops with Indonesian Ambulance Service staff and advising on the Trust's approach to the delivery of clinical care.

59. In June 2023, delegates from Indonesia's Ambulance Services, and Cardiff University visited the Trust for a series of workshops across operational services, training teams, and clinical leads. The visit has provided detailed insight for Indonesia's Ambulance Services to consider for introduction and adaption to meet their own challenges.

60. Whilst the Trust's participation in the funded project has now concluded, the Trust will continue to follow the development journey of Indonesia's Emergency Medical Service system and continue to work in collaboration with Cardiff University as an academic partner.

CLINICAL DIRECTORATE

Health Service Journal (HSJ) Awards

61. On the 22 June, the WAST ePCR team were joined by colleagues from Terrafix to attend the inaugural HSJ Digital Awards where ePCR had been shortlisted for the Improving Urgent and Emergency Care through Digital award. The team were successful in making it into the final round of their category despite there being a huge number of competitive entries. Ultimately, the team were not successful, but it was a great opportunity to showcase the ePCR to a wider audience. The awards covered a range of digital initiatives from across the NHS, showcasing that technology and data is a key enabler to future success.

GoodSAM Update

62. The Welsh Ambulance Service currently have 1,010 GoodSAM responders signed up through the organisation. These are a mixture of clinicians, Community First Responders (CFRs) and non-patient facing staff who have been trained in basic life support and have volunteered as GoodSAM responders. On a snapshot taken by GoodSAM in May 2023, it was reported that there were 10,200 individuals who had booked on as available in Wales at the time of the review.

63. The UK Resus Council, in partnership with GoodSAM, have recently launched the "LifeSaver" category of GoodSAM responder. Those wishing to sign up watch a series of interactive videos commissioned by the UK Resus Council and on completion are able to sign up to the application. This is to encourage communities to sign up to provide basic life support in their local communities to save lives. This will be championed by both WAST, GoodSAM and Save a Life Cymru. Our Communications Team together with Save a Life Cymru (SALC) will assist in raising public awareness of this new initiative.

64. Finally, a new initiative by a group of junior doctors "Students Save Lives" has been launched in partnership with SALC. The aim is for all students at the University Hospital of Wales to be taught basic life support, signed up as GoodSAM responders and to have the ability to support the teaching of CPR in schools. Discussions are ongoing with other Universities in Wales who teach healthcare professionals, to encourage further participation with the scheme.

Penthrox

65. Methoxyflurane (Penthrox), an inhaled analgesia, was introduced across the Trust in May 2023 for all clinical grades of staff including Community First Responders (CFRs), to administer non-injectable pain relief to appropriately screened injured patients. All health board areas went live during May, once 50% of staff within the area had completed the available training package which consists of:

- A bespoke WAST training video
- WAST Protocol
- Knowledge checker (requirement to score 22 out of 25)
- Competency sign off

66. This was an extensive piece of work to which will greatly help the pain management treatment of patients while waiting for conveyance to hospital.

Senior Paramedic Graduation

67. The first cohorts of Senior Paramedics have graduated from the University of Wales Trinity St David (UWTSD) with the Postgraduate Certificate in Professional Practice (Leadership in Emergency Services). The role of Senior Paramedic is specifically focused on providing frontline clinical leadership to our Paramedics and EMTs and UWTSD Wales Academy for Professional Practice and Applied Research developed a leadership programme to support the practical application of the role. It is a programme that is growing each year in numbers with many others currently enrolled.

DIGITAL SERVICES

Mobile Data Vehicle Solution

68. As part of the Operational Communications Programme, a new Mobile Data Vehicle Solution (MDVS) is being implemented, which includes replacement of the mobile data terminals (MDT) on our fleet, and a new National Mobilisation Application (NMA). It will enable the fleet to receive more data-rich information about the patient and location (as sent by the new Control Room Solution), and splits out the MDT functionality from the radio, as well as offering a more modern digital experience.

69. The pilot went live successfully on 5th July 2023 with 3 vehicles (1 x EA + 2 x CHARU cars) and is already generating some great learning. The project team are responding to the learning and early feedback to help improve the training package and rollout plan which will continue throughout 2023-24. This pilot helps test not only the technology and new software, but also the installation design and plan. It aims to verify the use of existing brackets, antenna and cables installed in some of our fleet as well as new bracketry designed specifically for the new system.

70. The MDVS project is the next milestone in the broader Operational Communications Programme and follows from the Control Room Solution which was deployed in April. It is the next step on the journey towards the new Emergency Services Network (ESN), which will replace the Airwave network across the UK.

EMS CAD upgrade

71. In June, the Trust underwent a large-scale upgrade of the EMS Computer Aided Dispatch (CAD) software. Important preliminary work in May saw server rebuilds and a failover from primary to backup sites to enable work to increase availability, test resilience and reconfigure end user device settings. The June upgrade then resulted in 85 software enhancements to the CAD functionality and mapping; these updates and patches were applied to over 100 servers, the database servers, and both live and test environments across 5 days.

72. During this time, the Digital team also made changes to the dispatch (DCR) tables and ECNS files to support the clinically led 'Red Review' project. The opportunity was also taken to implement changes required for the Mobile Data Vehicle Solution (MDVS) pilot.

PEOPLE AND CULTURE DIRECTORATE

Culture

73. June saw the launch of our People and Culture Plan via a comprehensive communications strategy; focus is now on embedding throughout the organisation, continuing the conversations, delivering against our action plan and preparing for an impact assessment.

74. In line with our commitment to amplify employee voices, implementation of the newly procured "Speaking Up Safely" platform has commenced, with 3 guardians identified and a soft launch planned for late July before a formal launch in September.

75. The WAST Voices Network consists of 58 Advocates from across the organisation and recent activity has included; the development of a Sexual Safety Charter, International Women's Day initiatives, #bethechange campaign planning to coincide with the launch of the Speaking Up Safely platform, reverse mentoring, student support with external speakers booked for upcoming sessions including the Ministry of Defence and Lads Army.

76. Building on our commitment to build a safe environment for our people, rollout of our Allyship Programme continues, with 120 colleagues completing the programme to date. Learning sessions about "Exploring Themes of Misogyny" are also underway in collaboration with Safeguarding colleagues to ensure alignment.

77. Work is now underway to refresh our Strategic Equality Objectives and implementation of the Anti-Racist Wales Action Plan has commenced. As part of our IMTP commitments, this year we are specifically focussing on how we recruit and retain a more diverse workforce and ensure an inclusive experience for all candidates.

78. A member of Team WAST, Catherine Wynn-Lloyd, won the 2023 Employers for Carers Award for her outstanding work on this agenda, and our working carers portfolio has been recognised as best practice.

Capacity

79. Eighty eight Newly Qualified Paramedics have secured positions with the Trust following the recent successful Big Bang recruitment event; the first cohort of these will commence their induction training at the end of July.

80. Our proactive, whole-organisational approach to the management of sickness absence remains a priority for the Trust and we're pleased to report that figures continue to decrease. May figures for the Trust were 7.60% and figures for June are estimated at 7.22%.

81. In light of our ambition around "getting the basics right", a newly-designed ESR Exception Form has been piloted, with the aim of enabling managers to directly notify Payroll of changes to pay records. The results have been very positive with the process taking less time as a result of removing additional layers of bureaucracy. Minor issues have been identified and resolved in preparation for wider rollout during July.

Capability

82. Delivery of accredited Change Management Training continues, with the final face to face programme concluding on 19th July. Upon completion of this programme, 34 colleagues will have completed the Foundation level programme, and a further 8 will have completed the Practitioner level programme, providing us with a pool of people equipped with the knowledge and skills to effectively drive forward our ambitious change initiatives.

83. The Workforce Development Team has recently undergone several successful External Quality Assurance (EQA) visits from one of our awarding bodies, FutureQuals, enabling the organisation to continue with delivery of accredited, regulated clinical and driver education programmes.

84. The content of our 2023/ 2024 Mandatory In Service Training (MIST) programme has been co-designed and agreed with senior Clinical and EPRR colleagues. The programme will contain a range of topics with specific emphasis on Thermal Regulation, Resilience Preparedness and Mental Capacity – thereby balancing WAST related and Ambulance Service wide topics responsively to continue supporting Operations across Ambulance Care and EMS.

85. The 2023 BSc Paramedic Science (Conversion) selection process is complete and the 30 selected EMTs have had their places confirmed; these colleagues will commence their studies in September 2023.

86. The WAST internal EMT3 development programme has been finalised, meeting the requirements of the agreed Scope of Practice. This programme will enhance skills and capability and enable us to deliver a better service.

RECOMMENDATION

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



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AGENDA ITEM No	9.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

2022/23 ANNUAL REPORT AND ANNUAL ACCOUNTS

MEETING	Trust Board
DATE	27 th July 2023
EXECUTIVE	Chris Turley, Director of Finance & Corporate Resources Trish Mills, Board Secretary
AUTHOR	Olaide Kazeem, Financial Services Project Accountant Alex Payne, Corporate Governance Manager
CONTACT	Chris Turley chris.turley2@wales.nhs.uk Trish Mills trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust submitted both its unaudited Draft Annual Report and Draft Annual Accounts 2022/23 to the Welsh Government, in line with the agreed timetable.
2. The accounts for the year ended 31st March 2023 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.
3. The Annual Report complies with Welsh Government reporting requirements.
4. Both documents have subsequently been scrutinised and audited by the Audit Wales (AW) team and, where required, amended by the Trust. Adjustments between draft and final documents did not result in a change to the retained surplus position.
5. Both documents will be presented to Audit Committee on 25th July 2023 for recommendation to the Trust Board. Given the proximity of the Audit Committee and the Trust Board meetings, a verbal update will be provided by the Chair of the Audit Committee at the Trust Board meeting. Since then, they have been combined into one unified document – Annual Report and Annual Accounts 2022/23 at **Appendix 1**.

6. **RECOMMENDED: That the Trust's Annual Report and Annual Accounts for 2022/23 be adopted and approved by the Trust Board.**

KEY ISSUES/IMPLICATIONS

7. The final audited accounts (**Appendix 1 Part 3**) as presented demonstrate that the Trust has:
- a. Reported a retained surplus of £0.062 million for the year being reported as the financial duty;
 - b. Met its financial duty to break even over the 3 years 2020/2021 to 2022/2023;
 - c. Expended Capital Investment funds of £28.795 million, thereby utilising 100% of the Trust's Capital Expenditure Limit;
 - d. Achieved Public Sector Payments Policy (PSPP) of 97.4% within 30 days against the 95% target.
8. The requirement to achieve the administrative External Financing Target was again suspended for 2022/23.
9. The Annual Report includes the Performance Report (**Appendix 1 Part 1**) and the Accountability Report (**Appendix 1 Part 2**). Both have been developed in accordance with the NHS Wales 2022/23 Manual for Accounts.
10. The Accountability Report includes the Statement of Directors' responsibilities in respect of the Accounts (page 100) which will be signed by order of the Board by the Chair, Chief Executive, and Director of Finance and Corporate Resources.
11. Welsh language translation of the Annual Report and the Annual Accounts foreword will be completed throughout August, once the Annual Report and Accounts have been approved by the Board.

REPORT APPROVAL ROUTE

- An update on the financial performance of the Trust as at Month 12 2022/23 and therefore the draft 2022/23 year end position (subject to audit) was provided to both the Finance & Performance Committee on 15th May 2023 and Trust Board on 25th May 2023;
- The draft annual report was considered by the Executive Management Team on 27 April and circulated to the Audit Committee on 28 April. The Remuneration Committee received the Remuneration Table on 21 April. A further review of the annual report was undertaken by the Executive Management Team on 12 July 2023;
- Welsh Government and Audit Wales have received and commented on the draft Annual Report (submitted on the 12 May 2023) and their comments have been addressed and closed off;
- The final approved and audited Annual Report and Annual Accounts are due to be submitted to Welsh Government by 31 July 2023 as a single unified document in line with the agreed timetable.
- Welsh Government and Audit Wales (AW) have received and commented on the draft Annual Report and Annual Accounts and their comments have been addressed and closed off. In addition, a full financial audit of the Annual Accounts has been undertaken by the AW team.
- The Annual Report and Annual Accounts will be presented to Audit Committee on 25th July 2023, where recommendation for Trust Board approval will be sought.
- The final approved and audited Annual Report and Annual Accounts are due to be submitted to Welsh Government by 31st July 2023 as a single unified document in line with the agreed timetable.

REPORT APPENDICES

Appendix 1 – 2022-23 Annual Report and Annual Accounts

Related sub-Items: -

Item 9.2 – Audit Wales Audit of Accounts Report

Item 9.3 – Final Letter of representation from Management

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	NA	Financial Implications	Y
Environmental/Sustainability	NA	Legal Implications	Y
Estate	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

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

2022/23 ANNUAL REPORT AND ANNUAL ACCOUNTS

SITUATION

1. The Trust submitted its unaudited 2022/23 Draft Accounts on 5th May 2023 and its Draft Annual Report for the financial year 2022/23 on 12th May 2023 to the Welsh Government, in line with the agreed timetable.

BACKGROUND

2. The Annual Report, which consists of Part 1 - Performance Report and Part 2 – Accountability Report, have been prepared in accordance with the NHS Wales 2022-23 Manual for Accounts Chapter 3.
3. The accounts for the year ended 31 March 2023 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the *European Union, in accordance with HM Treasury's FReM by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

**Please note that following the withdrawal of the UK from the European Union this position is unchanged.*

ASSESSMENT

4. The Final Audited Accounts (**Appendix 1, Part 3**) as presented demonstrate that the Trust has:
 - a) As per the draft accounts, continued to report a retained surplus of £0.620 million for the year being reported as the financial duty;
 - b)
 - Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).
 - The Trust is required to achieve financial breakeven over a rolling 3-year period.

- Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.
- The Trust is therefore deemed to have met its financial duty to break even over the 3 years 2020/21 to 2022/23 as shown below.

Annual Financial Performance

	2020- 21 £000	2021- 22 £000	2022- 23 £000	2020-21 to 2022-23 Financial Duty £000
Retained Surplus	70	260	62	382
Less Donated Asset/Grant Funded Revenue Adjustment	0	(185)	0	(185)
Adjusted Surplus/(Deficit)	70	75	62	207

- a) External Financing Limit (EFL); the requirement to achieve the administrative External Financing Target has again been suspended for 2022/23.
 - b) Expended Capital Investment funds of £28.795 million, thereby utilising 100% of the Trust's Welsh Government set Capital Expenditure Limit; and
 - c) Achieved Public Sector Payments Policy (PSPP) of 97.4% within 30 days, against the 95% target.
5. To aid discussion and understanding it is also planned that some of the key financial values within the accounts will be presented to the Board, along with explanations for any of the key movements from the previous financial year.
 6. Following submission of the draft Annual Report to Audit Wales and Welsh Government on 5th May comments were provided relating to the both the Performance Report and Accountability Report which have been addressed.

7. The draft accounts have subsequently been audited by the Audit Wales (AW) team and, where required, amended by the Trust. Adjustments between draft and final accounts were largely presentational in nature, or impacted only on a small number of the disclosures or notes to the accounts and did not result in any change to the in-year income or expenditure, the retained surplus position or the net assets of the Trust, all of which remain as per the draft accounts.
8. A final draft of the accounts will be presented to Audit Committee on 25th July 2023 and no further adjustment is expected.
9. The financial statements are free of material misstatements, including omissions, however few uncorrected misstatements have been identified and reported within the auditors ISA 260 report and none of these corrected misstatements affect the disclosed surplus of £62,000. These uncorrected misstatements are detailed below: -
 - i. Revenue (Notes 3 & 4) – £2.5m PIBS income reflected as other income instead of Welsh Government Income
 - ii. Employee Costs (Note 10.1) – 6.3% pension support from Welsh Government reflected in Employer Pension Contribution line instead of Salaries and wages line in the note. The figures are £8.4m and £7.8m for 2022/23 and 2021/22 respectively.
 - iii. Events After Reporting Period (Note 32) – NHS Wales Recovery payment to be funded by Welsh Government is disclosed in this note. Though the amount of £4.2m relates to 2022/23 financial year, the arrangement was not confirmed until after year end and as such does not affect the 2022/23 financial year performance.
 - iv. Related Party Transactions (Note 33) – Removal of transactions with universities as the Welsh Government is not their parent body.
10. AW have provided a report that indicates that it is the intention of the Auditor General for Wales to issue an unqualified certificate and report on the 2022/23 financial statements, citing that they provide a true and fair view of the Trust's finances in the 2022/23 financial year. For completeness this report is provided in item 9.2 of the Board papers pack.
11. The Annual Report is part of a suite of documents that provides information about the Trust. In accordance with the NHS Wales 2022/23 Manual for Accounts and HM Treasury's Financial Reporting Manual, the Annual Report for 2022/23 includes:

- **Part 1: Performance Report** which details how the Trust performed in the year. For 2022/23 there was no requirement to prepare a separate Annual Quality Statement, however, key quality themes are captured within the Performance Report. The other significant changes in the Performance Report from the disclosure requirements for 2021/22 include the restructuring of the report in to two overarching sections – the ‘Performance Overview’ and the ‘Delivery and Performance Analysis’; inclusion of narrative regarding the Six Goals for Urgent and Emergency Care, and the reintroduction of the requirement to prepare a separate organisational Sustainability Report (which will be published separately to the Annual Report later in the year).
 - **Part 2: Accountability Report** which details the key accountability requirements, and our Governance Statement provides information about how the Trust manages and controls resources and risks and complies with governance arrangements. It includes the Corporate Governance Report (including the Governance Statement), the Remuneration and Staff Report, and the Parliamentary Accountability and Audit Report.
12. The Accountability Report includes the Statement of Directors’ responsibilities in respect of the Accounts (page 100) which will be signed by order of the Board by the Chair, Chief Executive and director of Finance and Corporate Resources.
 13. The Remuneration Table (page 170) has been reviewed by Remuneration Committee members.
 14. The Annual Report and ‘foreword’ section of the Financial Accounts will be submitted for translation after approval of the Annual Report and Accounts by the Trust Board. The translation will be completed throughout August in readiness for the Annual General Meeting in September. The full financial accounts will not be translated. This is due to the complexity of the document where translation of complex excel workbooks poses risk of errors and a significant workload from the finance and audit teams.
 15. Following Trust Board approval, the final approved and audited Annual Report and Annual Accounts will be submitted to Welsh Government by 31st July 2023 as one single unified document in line with the agreed timetable.

16. Attached as ***under item 9.3 of the Board papers pack*** is the Trust's final Letter of Representation, this is provided by management to AW in connection with their audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of the Trust for the year ended 31st March 2023 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

RECOMMENDED: That: -

- 1. The Trust's Annual Report and Annual Accounts for 2022/23 be adopted and approved by the Trust Board.**
- 2. The Trust's Letter of Representation is accepted and approved.**



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Annual Report and Accounts 2022/23

INTRODUCTION

This Annual Report is part of a suite of documents that provides information about the Welsh Ambulance Services NHS Trust (the Trust). It will provide the reader with information on our services, the care we provide and what we do to plan, deliver, and improve those services. It will provide the reader with detail on the Trust's performance and how we responded to changing demands and challenges in 2022/23.

In accordance with the NHS Wales 2022/23 Manual for Accounts and HM Treasury's Financial Reporting Manual, our Annual Report for 2022/23 includes: -

Part 1: Performance Report which details how the Trust performed in the year and how we adapted and responded to the system pressures currently impacting our patients and our people.

Part 2: Accountability Report which details the key accountability requirements and our Governance Statement, which provides information about how the Trust manages and controls resources and risks and complies with governance arrangements.

Part 3 Financial Statements which detail how the Trust has spent its money and met its obligations. These accounts for the period ended 31 March 2023 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by the Welsh Ambulances Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

For 2022/23, there was no requirement to prepare a separate Annual Quality Statement or Annual Putting Things Right Report; however, key quality themes are captured within the Performance Report. Whilst acronyms are explained in full when they are first used, a glossary is included for ease of reference. If you require a version of the Annual Report in printed or alternative formats or languages, please contact the Board Secretary on trish.mills@wales.nhs.uk.

WELCOME MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE OFFICER

Thank you for reading the Welsh Ambulance Services NHS Trust Annual Report for 2022/23. Over the last two years, we have set out in our Annual Report the challenges we have faced during, and as we emerged from, the pandemic. The challenge throughout 2022/23, however, has continued to grow.

Our people continue to work in a health and care system which at times has been overwhelmed by pressures in our hospitals, the community and, for us, the number of calls to our 999 and 111 services. In our Emergency Medical Services (EMS), demand for the most serious of 999 calls increased again whilst delays at hospital peaked at their highest ever level in December 2022, equating to over one third of our ambulances being unable to respond to calls. This has meant that we do not always reach patients in a timely way, some come to avoidable harm, and it is not the safe, high-quality service that any of us want to provide.

Our 111 service also came under severe pressure at times, particularly as we saw a rise in seasonal infections such as influenza, Respiratory Syncytial Virus (RSV) and Strep A that had been tempered during the pandemic meaning we were sometimes unable to answer calls in a timely way either. Our Non-Emergency Patient Transport Service (NEPTS) continued to deliver a consistently good quality service, although we know we can still make improvements, particularly for our oncology patients. We are also working hard to improve transfers between hospitals where we have also seen some delays causing avoidable patient harm during the year.

Over the winter, our people made the difficult decision to take industrial action and whilst the principal reason was pay, we had the chance to talk to those on picket lines who raised issues including work life balance being compromised, often because of unpredictable shift end times, and many other day to day issues. The public responded well during industrial action and on some days, we saw a reduction in the number of people calling 999. However, hospitals still saw pressure at the front door and compounding issues such as seasonal infection and the inability to maintain flow out of hospitals means the system is still under severe pressure.

Despite the challenges, our achievements during this last year have been impressive. Our people have come together at all levels of the organisation not only to respond to the challenges they face on a daily basis but also to make service improvements, without which the situation we faced would have been much worse.

We continued to grow our EMS, recruiting an additional 90 Full Time Equivalent (FTE) front line staff as well as re-rostering across the whole of Wales to better meet demand. We implemented a new remote triage system (ECNS) enabling our Clinical Support Desk to increase the number of people whose needs can be met remotely. Our 111-service responded amazingly to a system outage across GP out of hours, developing new ways of working at pace. Our NEPTS service completed a procurement exercise which has improved the efficiency of the service and allowed us to put new quality standards in place with external providers. We also saw new stations opening, new carbon efficient vehicles being deployed and strides forward in our digital capability.

We are pleased to say that the Trust achieved financial balance in 2022/23, with a small revenue surplus of £62k and met its statutory duty to breakeven during this financial year. Gross savings of £4.392m were achieved against a target of £4.300m.

Following a sustained pandemic response and rising inflation, the financial outlook for 2023/24 and beyond is challenging and this, and continued improvements in performance will need to be closely monitored. This will be supported by strengthened monitoring and oversight by Board Committees and revised escalation and reporting arrangements to the Board.

We want to provide the right care and advice, in the right place, every time by delivering quality driven, clinically led and value focussed services. This was the commitment we set out in our long-term strategy 'Delivering Excellence' and it remains our commitment now. However, the operating and financial environment that we face means we need to balance our ambition to make improvements in the quality of care for our patients with the need to look after our people and at the same time provide efficiencies and savings that will help us to deliver financial balance. However, we are motivated by a greater sense of direction having agreed our organisational purpose: 'To Support. To Serve. To Save.'



GIG
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WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Finally, we would like to thank all of our staff and volunteers, Armed Forces, blue light partners, commissioners, the private sector, and the voluntary sector for their continued support. We look forward to working with colleagues, patients, and partners as we continue to deliver the improvements to our services that will benefit the population of Wales.

Colin Dennis

Chair of the Trust Board



Jason Killens

Chief Executive Officer



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GLOSSARY OF TERMS

Abbreviation	Term
ACAS	Advisory Conciliation and Arbitration Service
ADLT	Assistant Directors' Leadership Team
AfC	Agenda for Change
AGM	Annual General Meeting
AMR	Antimicrobial Resistance
APPs	Advanced Paramedic Practitioners
AQIs	Ambulance Quality Indicators
BAF	Board Assurance Framework
CASC	Chief Ambulance Services Commissioner
CFRs	Community First Responders
CHARU	Cymru High Acuity Response Unit
CIAT	Clinical Intelligence and Assurance Team
COPI	Control of Patient Information Regulations
CPD	Continual Professional Development
CPR	Cardiopulmonary Resuscitation
CSD	Clinical Support Desk
DAP	Decarbonisation Action Plan
EASC	Emergency Ambulance Services Committee
EDs	Emergency Departments
EMS	Emergency Medical Service
EMT	Executive Management Team
ePCR	Electronic Patient Care Record
EPRR	Emergency Preparedness Resilience and Response
ESR	Electronic Staff Record
HART	Hazardous Area Response Team
FPC	Finance and Performance Committee
FReM	Government Financial Reporting Manual
HSE	Health and Safety Executive
ICAP	Integrated Commissioning Action Plan
ICO	Information Commissioner's Office
IMTP	Integrated Medium-Term Plan
IPC	Infection Prevention Control
JIF	Joint Investigations Framework
JOL	Joint Organisational Learning
LCFS	Local Counter Fraud Service
MACA	Military Aid to Civil Authorities
MDS	Minimum Data Set

GLOSSARY OF TERMS

Abbreviation	Term
MIQPR	Monthly Integrated Quality and Performance Report
NEPTS	Non-Emergency Patient Transport Service
NHSDW	NHS Direct Wales
NRIs	National Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
PADRs	Performance and Development Reviews
PCC	People and Culture Committee
PECI	Patient Experience and Community Involvement
PLICS	Patient Level Costing System
PPE	Personal Protective Equipment
PSOW	Public Service Ombudsman for Wales
QuEST	Quality, Patient Experience and Safety Committee
REAP	Resource Escalation Action Plan
RBP	Regional Partnership Boards
ROSC	Return of spontaneous circulation from cardiac arrest
SDECs	Same Day Emergency Care Centres
SI	Statutory Instrument
SORT	Specialist Operational Response Team
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
The Trust	Welsh Ambulance Services NHS Trust
TRiM	Trauma and Risk Management
WASPT	Welsh Ambulance Services Partnership Team
WHSCC	Welsh Health Specialised Services Committee
WTEs	Whole-time equivalents

PART 1: – PERFORMANCE REPORT

PERFORMANCE OVERVIEW

1.1. Introduction

This Performance Overview aims to provide an integrated quality, patient safety, patient experience, and performance narrative on the Welsh Ambulance Services NHS Trust (the Trust) for the period 01 April 2022 to 31 March 2023. The Performance Report is produced in line with the requirements of the NHS Wales 2022/23 Manual for Accounts, in particular, Chapter three and Annex seven.

1.2. Statement from the Chief Executive Officer

The challenges throughout 2022/23 have once again been significant, as the Trust has had to respond to the unprecedented pressures across the system in the aftermath of the Covid-19 pandemic, as well as managing three months of industrial action across the NHS.

Whilst staff and volunteers have continued to step up to the challenge, we have not been able to respond to patients as quickly as we would want. For 999 callers, our headline target is to respond to 65% of Red calls in eight minutes. We did not achieve the target for any month in 2022/23 with performance declining to below 40% for the first time in December 2022. Patients in the Amber category (serious, but not immediately life threatening) also waited far too long for a response, and we know that avoidable harm occurred as a result. The call abandonment rate in the 111 service, particularly on the weekends, is another area of concern.

Over the winter, our people made the difficult decision to take industrial action and whilst the principal reason was pay, staff have told the Trust that working conditions within such a pressurised system were also a factor.

Despite these pressures, our people have continued to deliver, taking action to improve services for patients and for staff and volunteers. The Trust increased its front-line ambulance workforce by 90 whole time equivalents (WTEs), almost delivered its ambition to increase its telephone triage target to 15% and reduced its sickness absence rate to its 8% interim ambition. The Non-Emergency Patient Transport Service (NEPTS) achieved its headline renal appointments time for every month in 2022/23.

The Trust is open and transparent in its monthly reporting of patient experience, patient safety, and performance. The annual Performance Report provides a fair and balanced assessment of how the Trust is doing. Finally, I thank all of our staff and volunteers, Armed Forces, blue light partners, commissioners, the private sector, and the voluntary sector for their continued support.

Jason Killens

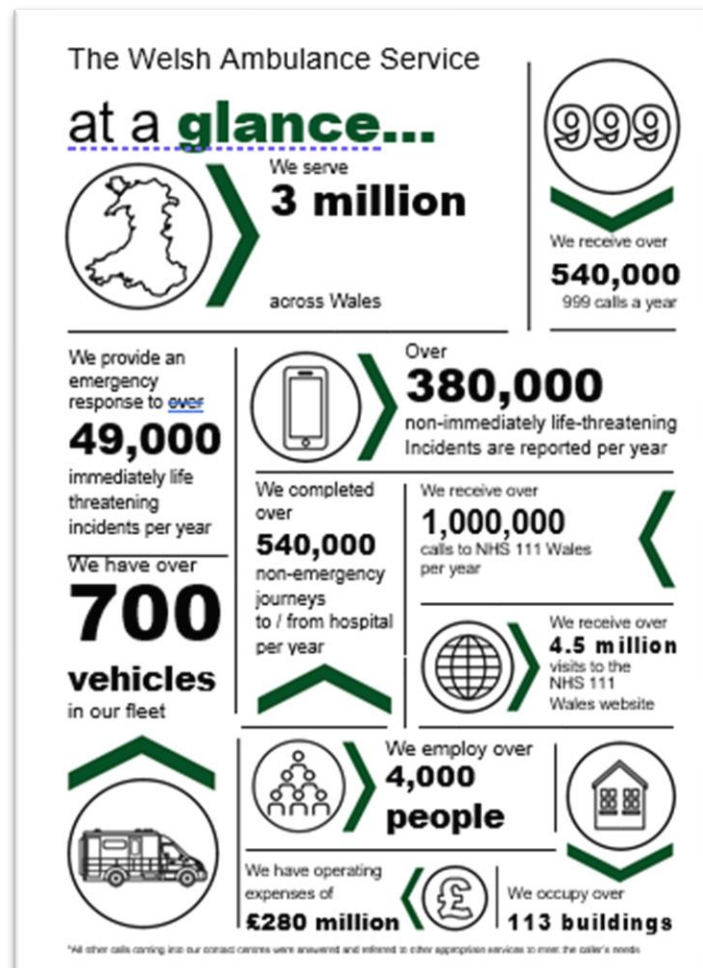
Welsh Ambulance Services NHS Trust Chief Executive Officer

Date: 27 July 2023

1.3. Areas of Responsibility

The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed. Services include: -

- The blue light emergency ambulance services: including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or appropriate treating facility.
- Non-Emergency Patient Transport Service (NEPTS): including call taking, journey planning, service commissioning, taking patients to and from hospital appointments and transferring them between hospitals and treating facilities.
- The 111 service: website and a free-to-call service, acts as a first line gateway to a patient's journey within the health and care system providing them with the right advice or referral every time.
- The Trust also supports volunteers: Community First Responders (CFRs), Co-Responders and Uniformed Responders to provide additional response resource to emergency calls and a volunteer car service to aid patient transport to planned appointments.



The Trust is a commissioned service for Emergency Medical Service (EMS) and NEPTS. The commissioning is undertaken by the Emergency Ambulance Services Committee (EASC), on behalf of Health Boards, who are also supported by the Chief Ambulance Service Commissioner (CASC). The Trust has engaged constructively with EASC and its governance structures, and has received financial support during 2022/23, in particular for the recruitment of an additional 90 WTEs for front line Emergency Medical Service. EASC set out a range of commissioning intentions each year, with good progress made through 2022/23 on delivery.

1.4. Our Purpose and Long-Term Strategy

Our Long-Term Strategic Framework for 2030, 'Delivering Excellence' was agreed in 2019. It set out an ambition to move from being a traditional ambulance and transport service to being a trusted provider of out-of-hospital high quality care, ensuring that patients receive the 'right advice and care, in the right place, every time', with a greater emphasis on providing care closer to home.

The strategy is not only concerned with service models, but also with how staff and volunteers are supported and enabled to be the best that they can be. The strategy also commits the Trust to being an organisation that collaborates with its partners, stays at the forefront of innovation and technology, remains focussed on being quality driven and clinically led, and delivers exceptional value.



The Trust has progressed work with colleagues over the last year to help frame its organisational 'purpose' which sets out 'why' the organisation exists. This is different from an organisational vision or mission statement which set out 'where' an organisation wants to go and 'how' it will get there. A purpose statement is something that can bind and unite people across the organisation towards a common goal. Our new purpose statement, **'To Support. To Serve. To Save'** will anchor us as we continue to transform and grow.



1.5. Integrated Medium-Term Plan

At an organisational level, the Integrated Medium-Term Plan (IMTP) sets out, on a three-year rolling basis, the prioritised actions that the Trust will take to move it towards its strategic objectives. The IMTP considers the national planning guidance issued by Welsh Government, the external environment in which the Trust operates including statutory requirements and commissioning intentions, the risks it is managing, as well as intelligence gathered from patients, staff, and volunteers.

In particular the Trust was required to articulate through the IMTP how it planned to deliver on the priorities set by the Minister for Health and Social Services in Wales and to contribute to the aims of the Six Goals Programme for Urgent and Emergency Care.

The Trust Board approved the IMTP for 2022/23 and submitted it to Welsh Government at the end of March 2022 and it was formally approved in July 2022. The Trust reviews its performance against the commitments within the IMTP both through tracking of actions and deliverables at the Strategic Transformation Board and analysis of key metrics within the Monthly Integrated Quality and Performance Report (MIQPR).

1.6. Performance Summary

The Trust has a Quality & Performance Management Framework, approved by its Board. A requirement of the Framework is to look at quality and performance in a balanced and consistent way. The Trust uses four lenses to do so: -

- Our Patients;
- Our People;
- Finance and Value; and
- Partnerships and System Contribution.

These four headings are used in the following sections to review the Trust's performance in 2022/23 and were based on Welsh Government's 'quadruple aims' for health and social care. The Trust Board receives an in-year Monthly Integrated Quality and Performance Report (MIQPR) every two months which provides the latest position on key performance indicators against these four headings. This top-level report is supported by a comprehensive range of more specific reports to each Board Committee and management teams.

A subsequent key development has been the publication of the Ministerial Six Goals for Urgent and Emergency Care, which sets out expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place first time for physical and mental health.



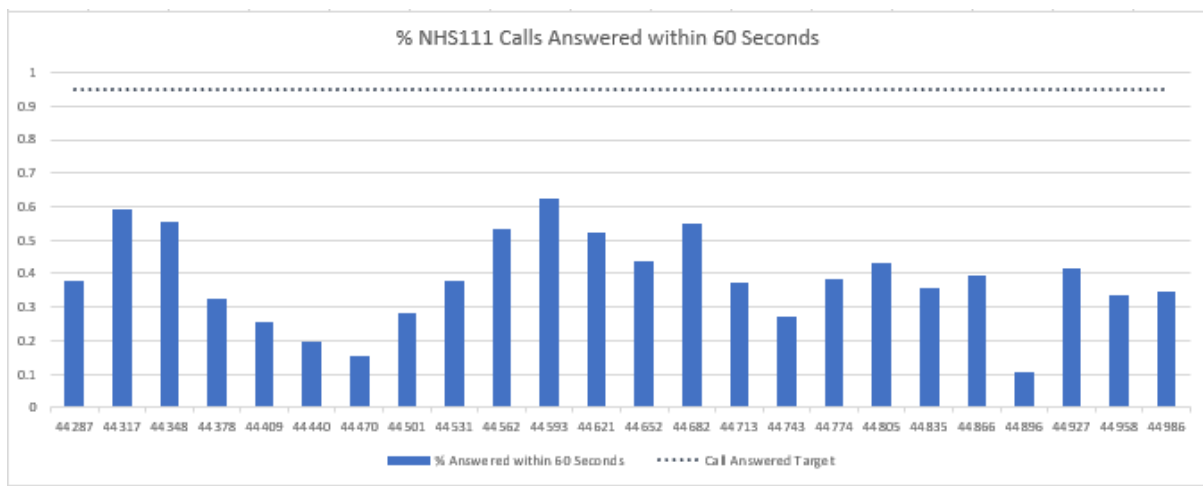


The following sections also denote which quality and performance indicators the Trust considers relevant to the Six Goals illustrated above.

1.6.1 Our Patients – Quality, Safety and Patient Experience

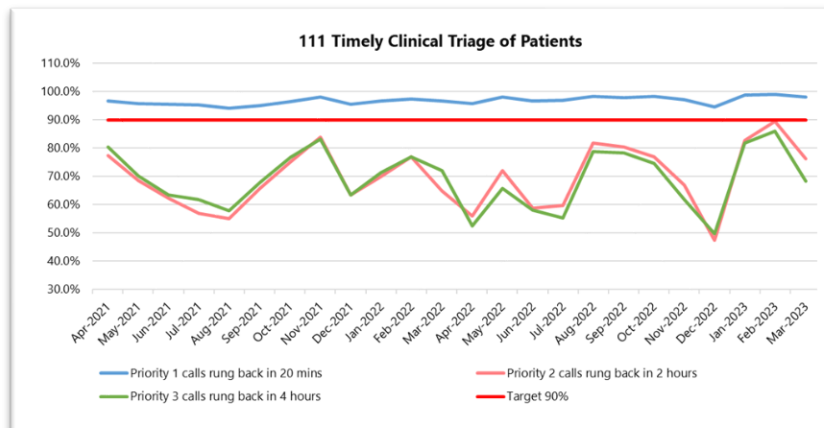
NHS111 Wales Service

For many of the Trust's patients, the first point of contact with the Trust is the **111 service**, which is now live across every part of Wales. The total number of 111 calls offered in 2022/23 was just over one million compared to 890,000 in 2021/22.



The Trust measures the quality of the service it provides through call answering times and clinical ring back times. Call answering times have been significantly below target throughout the year, with only 32% of calls answered within 60 seconds.

Significant spikes in demand through winter contributed to this position, and deeper analysis also shows that call answering times are worse at weekends, with insufficient staff available to meet the higher demand at these times. Commissioners agreed an uplift of call handler numbers in-year, and looking forward to 2023/24, a priority will be the re-rostering of available staff to align capacity with demand through the week.



In relation to clinical ring back for triage, the Trust consistently achieved the ring back target for the highest priority patients, but many other patients waited too long for a clinical ring back and assessment. Actions

through the year to improve this position included a focus on recruiting and retaining clinicians by supporting remote working and creating a new centre in Cardiff.

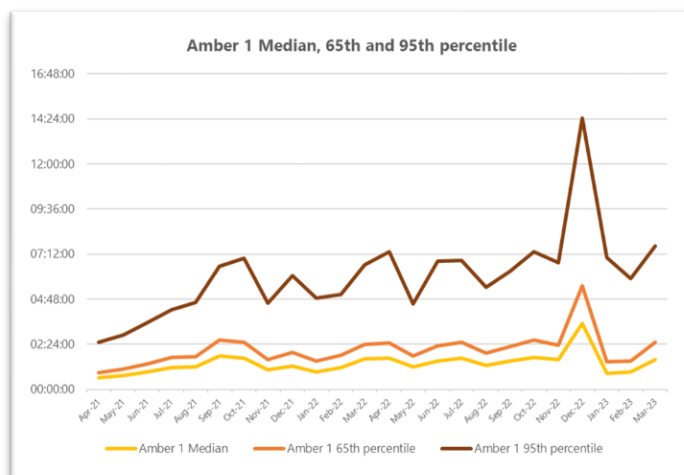
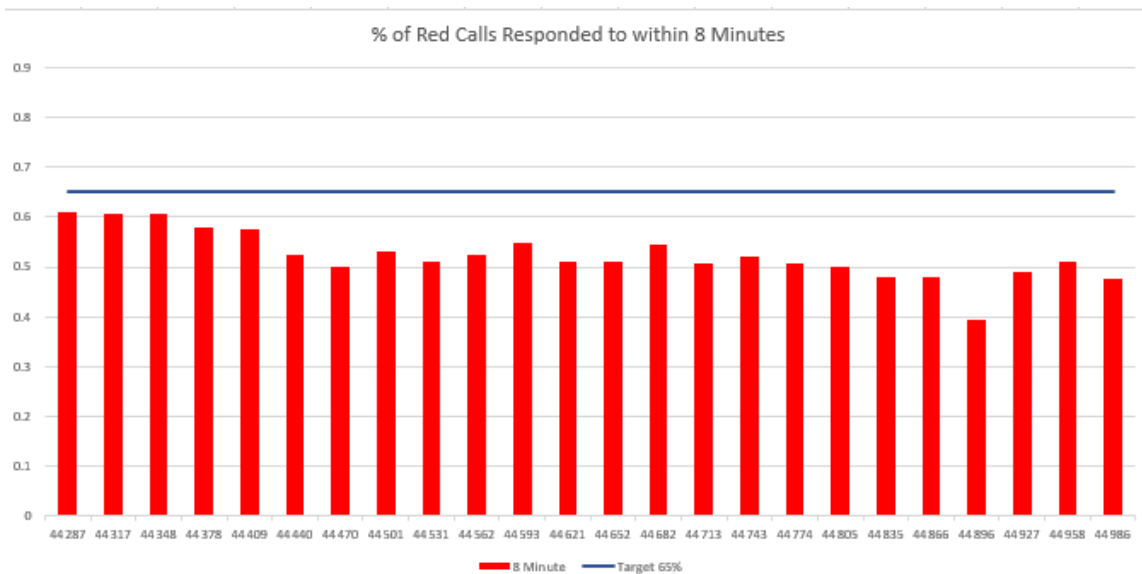
Note: contribution to Goal 2 (see page 6).

Emergency Medical Services (999 calls)

Within the Emergency Medical Service (EMS), despite the actions taken through the year, the ongoing system pressures and excessive hospital handover delays have led to extended call answering times and unacceptably long waiting times for an ambulance which in turn have contributed directly to avoidable patient harm.

Harm can occur to patients who have waited too long for a response in the community, to those who are waiting in the back of an ambulance waiting for offload into an emergency department, or to those who we cannot send an ambulance to at times of highest escalation. The Board received a detailed report at each of its meetings from July 2022 on actions being taken to reduce and mitigate this harm.

The Trust's target, as agreed with Welsh Government, is to respond to 65% of immediately life threatening 999 calls (Red calls) within eight minutes. The Trust has unfortunately seen no clear improvement in performance against this target.

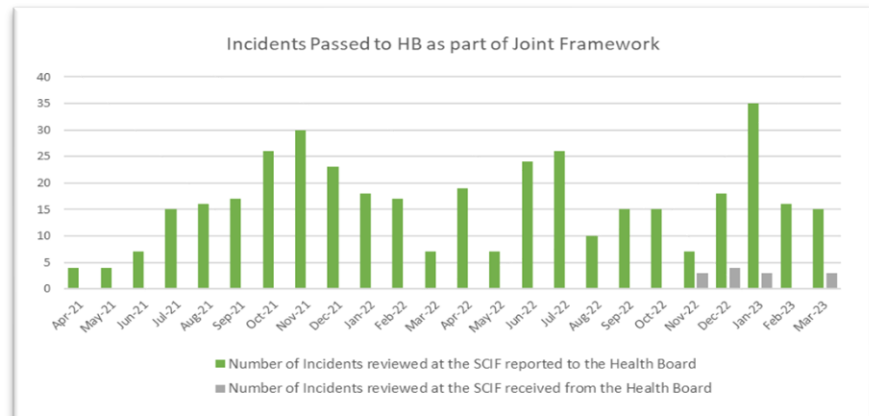


For patients in our Amber 1 category (serious but not immediately life threatening), there is no specific target set for response times, but with calls including those for stroke and cardiac arrest, the Trust would ideally want to respond on average within 18-20 minutes. The response times through this year have been far longer than

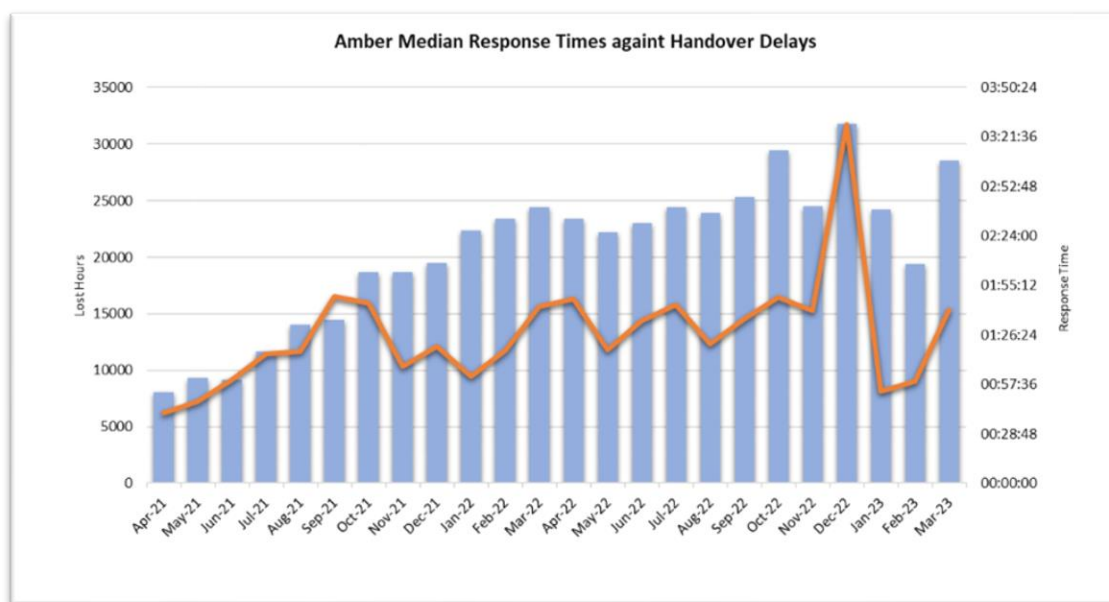
this as the graph shows, with some patients waiting many hours and this directly impact on patient outcomes.



In relation to the most serious incidents, the Trust reported 66 patient National Reportable Incidents (NRIs) in 2022/23 compared with 65 in 2021/22. Most, but not all of these NRIs relate to the Trust's 999 service. Serious



Incidents referred to Health Boards through the new Joint Investigation Framework increased slightly over the past year. These are often due to long waits in the community caused by handover delays at hospitals.

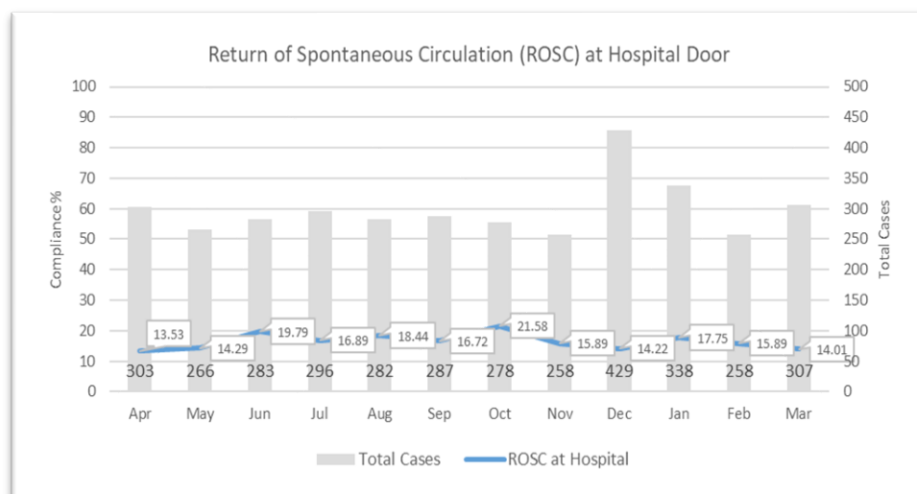


There are many reasons for longer response times, which include increases in Red call demand and overall acuity, as well as a loss of capacity through high levels of sickness absence and increased hospital handover delays. There is a clear correlation between the latter of these factors and higher response times.



Over the past year the Trust has undertaken a number of initiatives to positively impact upon response times and the quality of the service it provides, including recruiting 90 additional whole-time equivalent front-line staff; implementation of a new Cymru High Acuity Response Unit (CHARUs), re-rostering the whole service to better align capacity with demand and reducing hours lost to sickness through managing attendance programmes. Further actions are articulated through into 2023/24, but significantly improved performance will depend on handover delays reducing in line with ministerial expectations.

The Trust also measures and monitors five clinical indicators, these being Fractured Neck of Femur, Stroke, ST Elevation Myocardial Infarction (STEMI), Hypoglycaemia and Return of Spontaneous Circulation (ROSC). The introduction of the new Electronic Patient Care Record system (ePCR) towards the end of 2021/22 has meant that there are some issues with compliance in terms of completing clinical records and as a result, performance against the first four of these clinical indicators is showing a deterioration compared to previous years. Urgent improvement work and analysis is ongoing to allow the Trust to further develop and quality assure these key metrics.



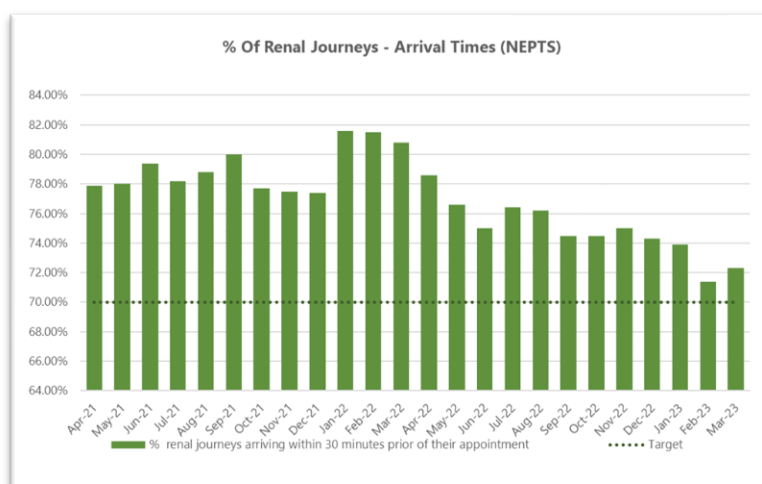
In relation to the percentage of patients who have return of spontaneous circulation, although performance in 2022/23 remains lower than the Trust would want at 16.58%, it is an improvement on the previous years.

Whilst there are many factors outside the Trust's direct control, the Cymru High Acuity Response Unit (CHARU) service has been introduced to directly impact on this metric. This service is aimed at providing a response to high acuity incidents by an experienced paramedic with additional medicines and training. They support clinical decision making, co-ordinate patient care and ensure clinical practice is in line with current best practice guidelines to improve overall outcomes.

Ambulance Care

In relation to the Trust's **Ambulance Care** service, which includes the Non-Emergency Transport Service, demand is still not quite back to pre-Covid-19 levels and uncertainty around demand remains as Health Boards move through system recovery following the pandemic. This is a high-volume service, with over 540,000 patient journeys across the year.

The quality of the service for patients is measured through metrics which consider whether patients are transported to and from their hospital appointments in a timely manner. Targets are met for most patients, although only 49% of oncology journeys are completed within the required timeframes. Patient survey data is positive.



Quality Management

The Trust has a 75% target for responding to patient concerns within 30 days. This has only been achieved once in the past two years and in 2022/23 the monthly average percentage was just 27%. Further review and improvement are planned into 2023/24 to provide patients with more timely responses.

The Trust received six Regulation 28 (Prevention of Future Deaths) reports during 2022/23. Five relate to timeliness of ambulance response, one relates to delay in transfer of patient from hospital to hospital for vascular surgery.

A multi-disciplinary panel meets regularly to review incidents to ensure appropriate investigations are undertaken. Joint investigations with health board colleagues are undertaken to ensure improvements cover the whole of the patient pathway. The Quality Governance arrangements are discussed in more detail in the Accountability Report, where the improvements that have been implemented following the Quality Governance Review are noted.

The Patient Experience and Community Involvement (PECI) team continues to engage with the public to listen, capture and report on their experiences of accessing and receiving care across all Trust services. The feedback captured and reported demonstrates how patient experience is a key indicator of the level of quality being provided and the need to improve patient experiences, patient safety, and patient outcomes.

1.6.2 Our People

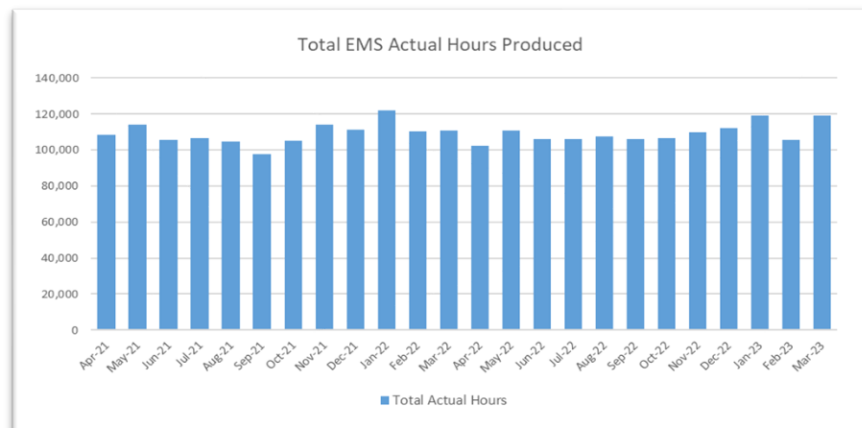
In relation to the Trust's workforce, the indicators reviewed at Board relate to whether the Trust has the right workforce capacity in place to meet demand, how the Trust is keeping staff safe and well, and how they are being developed. More detailed and numerous indicators are also considered at the People and Culture Committee.

In relation to the Emergency Medical Service (EMS), additional funding provided by commissioners has allowed the Trust to significantly increase the number of front-line staff over the last 3 years. In 2022/23, funding for a further 100 WTE was secured, with 90 in post by the end of the year. The Trust is proud of its record on recruiting and training paramedics, technicians, and ambulance care assistants.

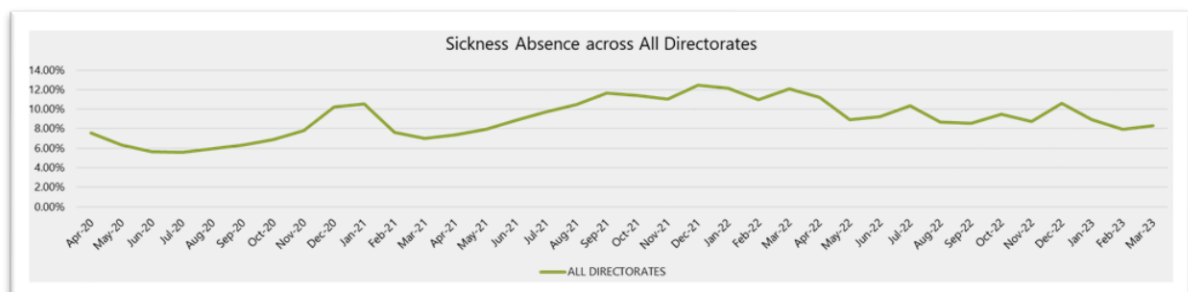
As part of its commitment to improving the efficiency of the service, the Trust undertook a major programme of re-rostering of its EMS staff, to align capacity with demand across the week. This programme completed in November 2022 and the performance improvement gained was equivalent to recruiting an additional 72 staff.



However, even with the additional staff in post, the total number of hours the Trust has been able to produce has not increased proportionately.



A key factor in the Trust's ability to ensure capacity to meet the demand is the impact of sickness absence. The significant impact of the last two years at all levels throughout the Trust cannot be underestimated. To support the workforce there has been an on-going focus on wellbeing activities across all areas of the Trust. Despite this, sickness has remained one of the key causes for rota abstraction, although the graph below shows that positive progress has been made over the last 12 months across the organisation as a result of a focused programme of work on managing attendance.



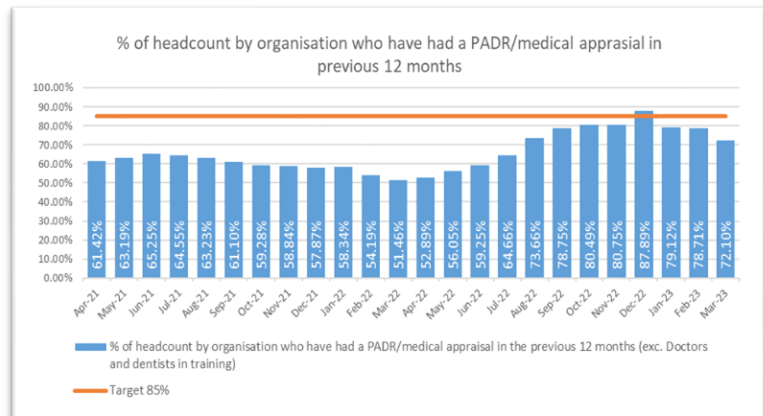
Similar pictures were also seen in 111 and Ambulance Care, and this will remain a major area of focus over the coming year in order to move towards a 6% sickness absence target in 2023/24.

Other indicators of how the Trust is keeping its staff safe and well include vaccination rates and statutory/mandatory training levels. We saw that 94% of frontline staff received a Covid-19 booster vaccine; 94% are double jabbed, and 35% have received the SPIKEVAX booster. The flu vaccination level was 44.5%, this surpassed the 38.5% figure seen the previous year.

Statutory & Mandatory Training rates during 2022/23 did not achieve the 85% target overall, with the completed level at 80.71% for the year. However, the 85% compliance rate was achieved between May and November 2022.

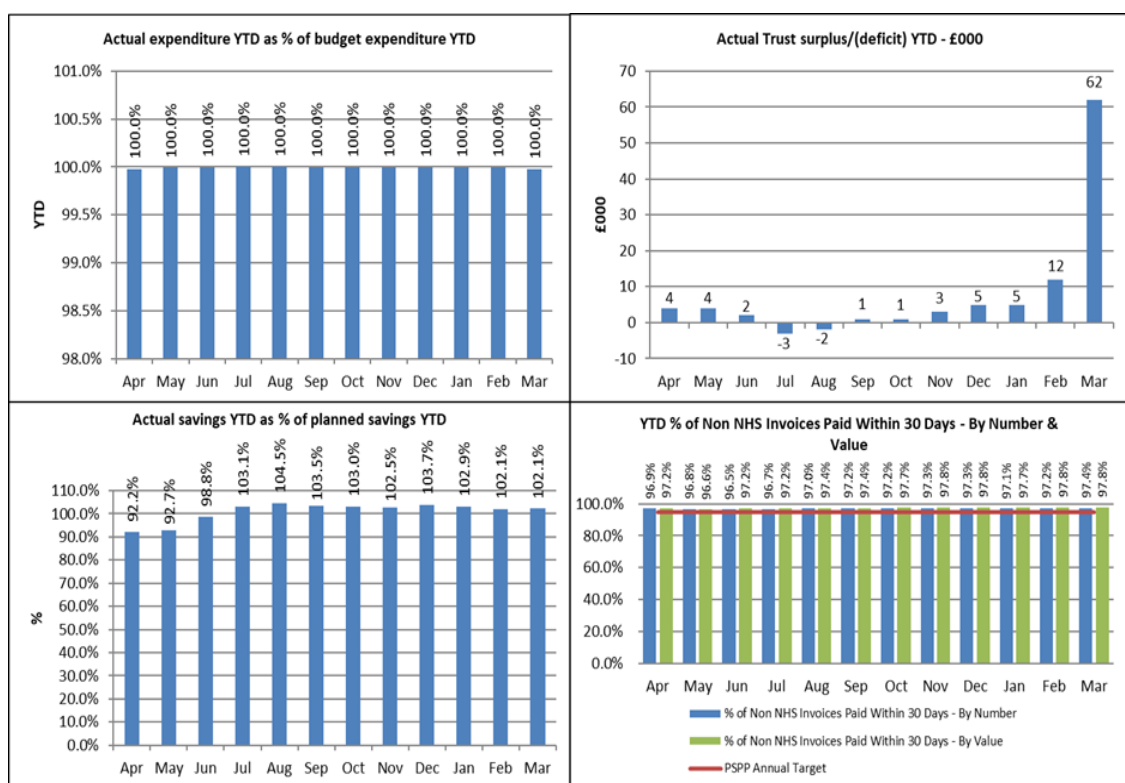
In terms of staff development, the Trust views levels of Personal Appraisal and Development Reviews

(PADRs) as the best way of representing development at a high level. Compliance rates generally improved, with December 2022 seeing the compliance rate go above the 85% target for the first time.



1.6.3 Finance and Value

The Trust reviews a number of indicators which aim to demonstrate how it provides a service in line with statutory financial duties, and of high value and efficiency. The Trust met its statutory duty to breakeven with a small revenue surplus of £62k.



Gross savings of £4.392m were achieved against a target of £4.300m, thus a slight over achievement. Public Sector Payment Policy was on track with performance of 97.5% for the number, and 97.8% of the value of non-NHS invoices paid within 30 days (target 95%). Further information can be found in the Trust's annual accounts and financial statements, which have been prepared on a going concern basis.

Following a sustained pandemic response and rising inflation, the financial outlook for 2023/24 and beyond is challenging. The Financial Sustainability Programme, which commenced in early 2022/23, is a key programme of work which will drive transformation to achieve cost efficiencies as well as exploring opportunities for income generation for 2023/24 and beyond.

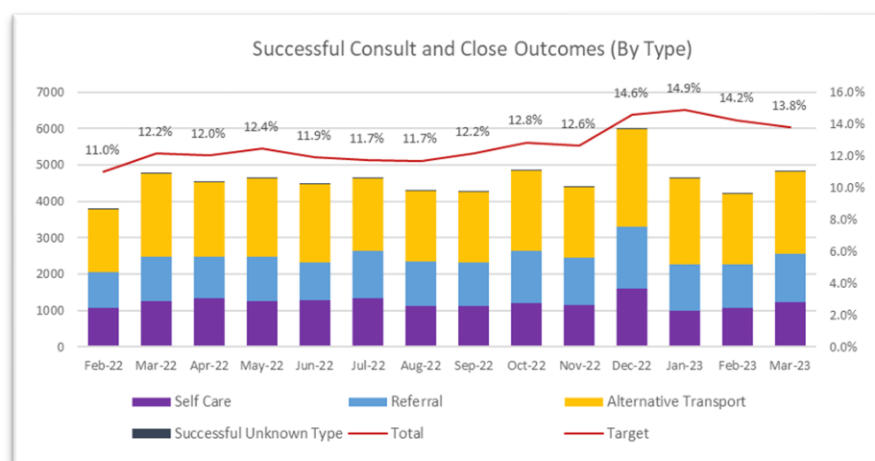
1.6.4 Partnerships and Systems Contributions

The Trust aims to consider both its impact on the wider system, but also the wider system's impact on its service.

Handover lost hours consistently increased throughout 2021 and 2022, reaching a peak in December 2022 of 32,000 hours lost. This equated to 64,000 people hours or just over 5,300 twelve-hour shifts, which meant the Trust could have responded to over 10,000 more patients during December if handovers were reduced.

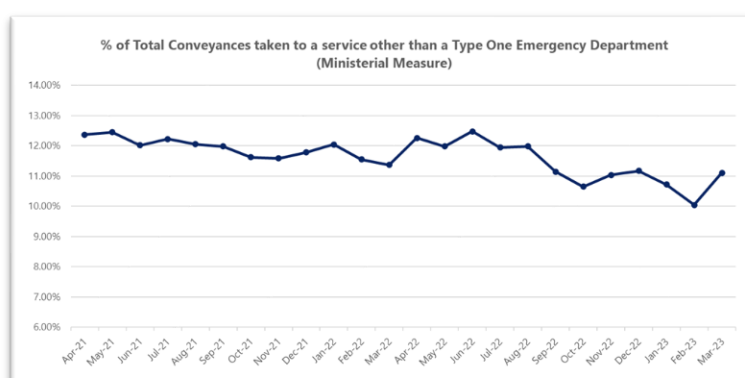
There has been strong messaging from Welsh Government and the Minister for Health and Social Services that this issue must be tackled as a matter of priority. Integrated Commissioning Action Plan (ICAP) meetings were set up in 2022/23 for individual Health Boards and the Trust to work collaboratively to reduce handover hours, and these will continue throughout the coming year.

The Trust is committed to transforming its services, getting patients the right care, in the right place, every time, and to reduce the reliance on emergency



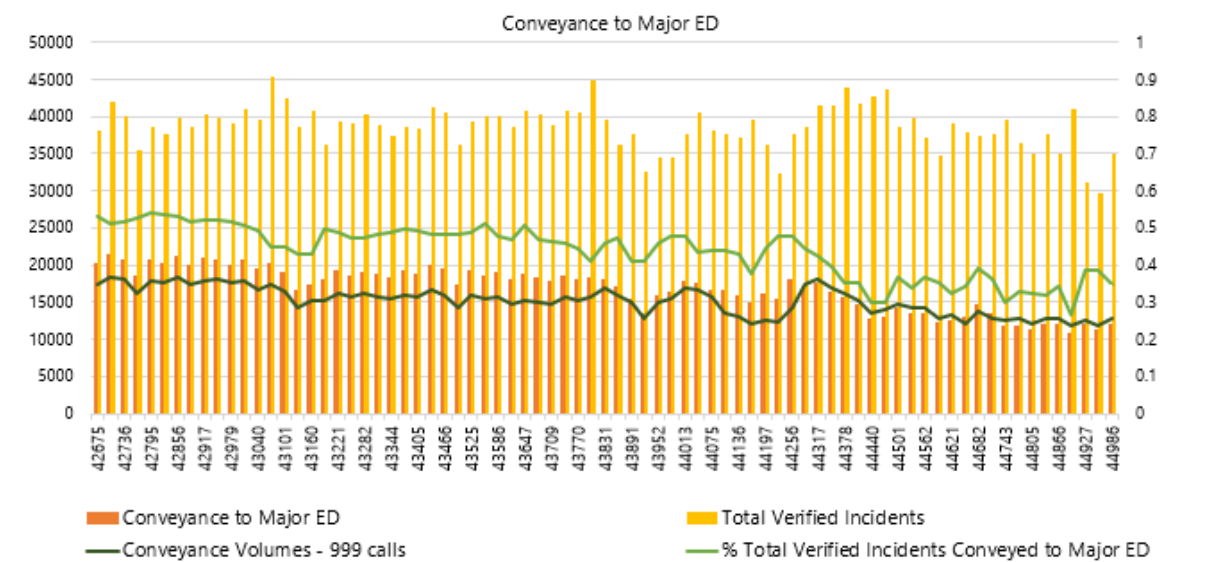
departments as the default location. The Trust supports the system in reducing demand through the work of the remote clinicians in the Clinical Support Desk (CSD). Following an expansion of the CSD in 2021/22, the Trust set a target for 15% of 999 calls to be managed remotely without the need for an ambulance to be dispatched. This figure has yet to be achieved in any single month, although it did rise to 14.9% in January 2023. A target of 17% has been set for 2023/24.

The Trust is also looking to treat more patients on scene and to convey more patients to appropriate alternatives to emergency departments. Performance in these areas has not improved, including against the Ministerial



measure. The Trust worked hard with Health Board colleagues to agree a national paramedic referral protocol into the newly established Same Day Emergency Care centres; a priority for the national Six Goals programme. Modelling has been completed which shows that around 4% of activity could safely be conveyed to these services. To date, less than 1% has been referred and actions will continue into 2023/24 to maximise the potential of SDECs across Wales.

The overall impact of the Trust's focus on looking to treat patients through consult & close, see & treat and pathways where it is clinically safe and appropriate to do so, and avoid conveyance to emergency departments, is shown in the following graph. The Trust conveyed 34% of its verified patient demand.



Note: contribution to Goal 1, Goal 3, and Goal 4 (see page 6).

As another key component of its long-term strategy, more paramedics than ever before were supported in 2022/23 to undertake further education to become advanced paramedic practitioners (APPs), with evidence showing that the additional knowledge and skills reduce rates of conveyance to hospital. These additional APPs will become operational in 2023/24.

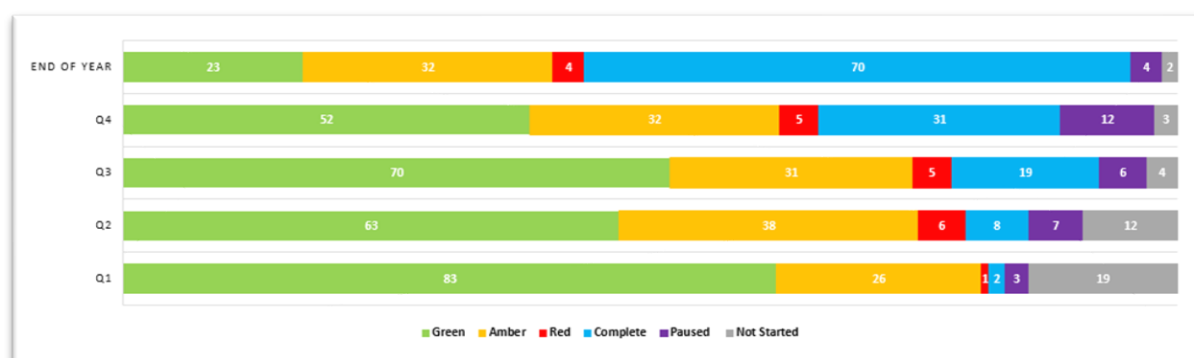
This year has seen a number of significant developments in the formal partnership landscape, which will have a bearing on the Trust as it moves forward. One of the most significant has been Welsh Government's consultation on plans for the Trust, along with a number of other additional bodies, to come under the auspices of the Well-being of Future Generations (Wales) Act 2015. This opportunity has been welcomed by the Trust and while the results of the consultation are not yet known, the Trust is working on the basis that, in future, it will be covered by the legislation.

Over the last seven years, the Trust has worked hard to secure representation on four of the seven Regional Partnership Boards (RPB). The RPBs have evolved over the years and are now seen as a key delivery vehicle for the integration of health and care services, with access to funding to support this important work from Regional Investment Funds. Welsh Government is likely to be consulting in 2023/24 on adding organisations, including the Trust, to the list of statutory partners entitled to sit on RPBs, which could result in future Trust representation on all seven Regional Partnership Boards in Wales.

The Trust has refreshed its engagement framework and delivery plan. The framework and plan focus on working with stakeholders and the public on new solutions for the Trust as an ambulance service, while making a positive impact on the wider health and care system. A programme of positive engagement with our stakeholders, patients and the public will commence in 2023/24 on how the Trust can ensure its services better meet the needs of the people it serves going forward.

1.6.5 Integrated Medium-Term Plan (IMTP) Delivery

The IMTP is delivered through its core services transformation programmes and enabling workstreams which report to the Strategic Transformation Board (STB).



Good progress was made in all areas, including in areas such as digital, estates and fleet. The graph above sets out the progress through the year in terms of completion of the deliverables in the IMTP, with over half of the actions completed and only four actions rated as red.

The infographic below gives some examples of work completed through the year.



1.6.6 Managing Risk

A number of risks to delivery were identified at the start of the year and were set out in the IMTP. The table below draws out how the Trust managed and mitigated these risks.

Risk	Mitigating actions
A confirmed commitment from EASC and / or Welsh Government is required in relation to funding for recurrent costs of Commissioning	Additional revenue funding was secured from commissioners for both 999 and 111 services as a result of cases being made. Capital resources remained lower than required
Maintaining effective and strong Trade Union Partnerships	New partnership working arrangements were agreed and implemented through the year. ACAS supported discussions at the start of the year.

Ongoing impacts of Covid-19 recovery both internally within WAST and as the Health Boards recover their activity (risk now closed);	Pandemic structures continued at the start of the year. These effectively managed the response and recovery phases of the pandemic and were stood down once a series of detailed criteria were met.
Prioritisation or availability of resources to deliver the Trust's IMTP	Capacity remained an issue through the year, particularly as a result of Industrial Action in Quarter four. The Trust undertook a prioritisation exercise in January and identified the most important areas of work, with other programmes paused or slowed down.
Significant handover delays outside emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service	Handover delays have increased. This has been discussed at every Board meeting and has been escalated to Commissioners, Welsh Government officials and the Minister. Targets have been set by the Minister for improvements, but improvements remain outside of the Trust's direct control.
Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures	A range of actions have been taken through the Managing Attendance programme to support people to remain in work. Reports have been received fortnightly into the Executive Team and improvements have been made in performance.
Potential impact on services as a result of industrial action	Formal structures were put in place to manage and oversee the Trust's response to the Industrial Action. The Trust has ensured that it has respected the right of staff to take action whilst taking action to deliver a safe service for patients.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

There is further narrative on the Trust's capacity to handle risk in Section D of the Annual Governance Statement where the Trust's risk profile, Corporate Risk Register as at the 31 March 2023, and other related narrative has been included.

DELIVERY AND PERFORMANCE ANALYSIS

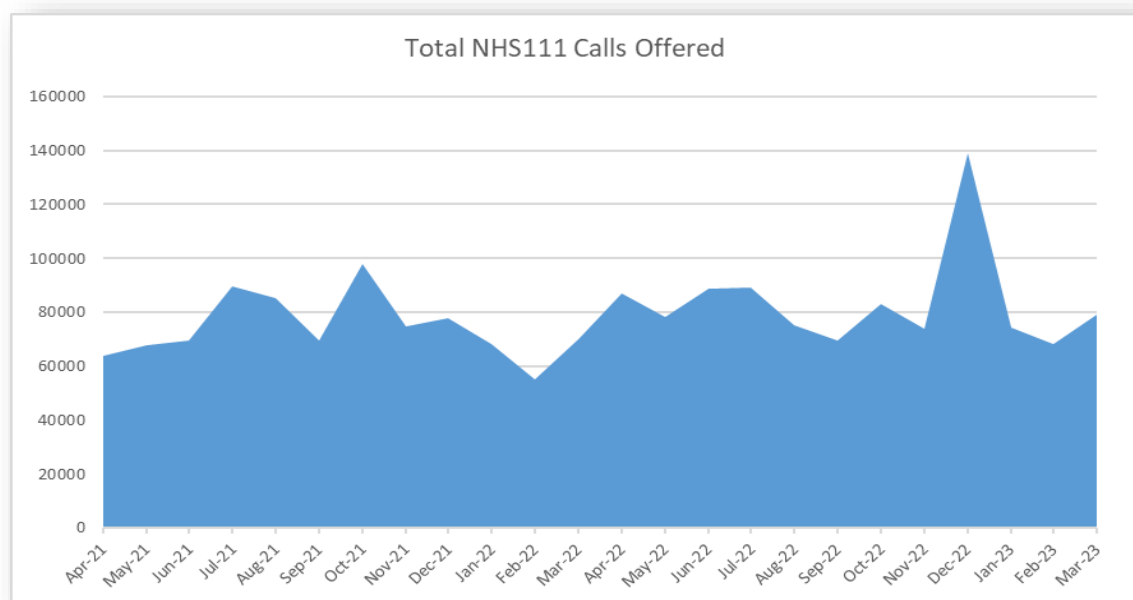
The Delivery and Performance Analysis section provides commentary on the Trust's key performance measures and a more detailed integrated performance analysis of the Trust's service delivery.

1.7. Our Patients (Quality, Safety and Patient Experience)

Call Answering

Patients have not been receiving the timeliness of service they require, and patient safety has been compromised by a difficult operating environment across the urgent and emergency care system in Wales, particularly throughout the latter part of 2022, culminating with unprecedented figures being experienced in December 2022.

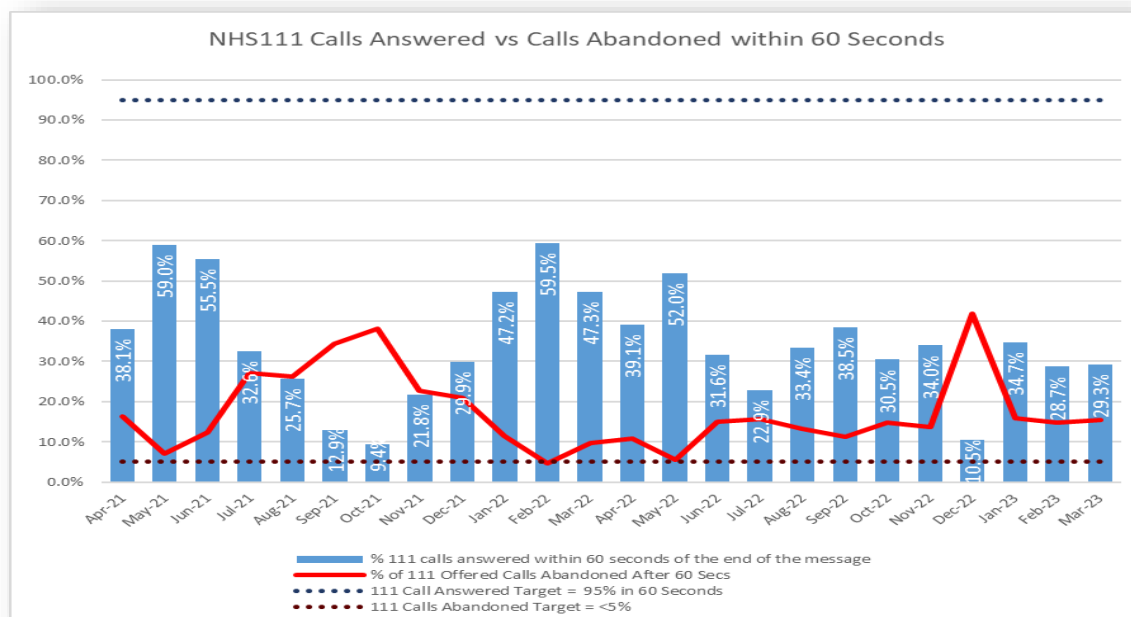
For many of the Trust's patients, the first point of contact with the Trust is the **111 service**. The 111 number and the full 111 service is now live across every part of Wales and has been since early 2022, which has contributed to a continued increase in the number of calls received into the service. The total number of 111 calls offered in 2022/23 was 1,005,255 compared to 889,231 in 2021/22.



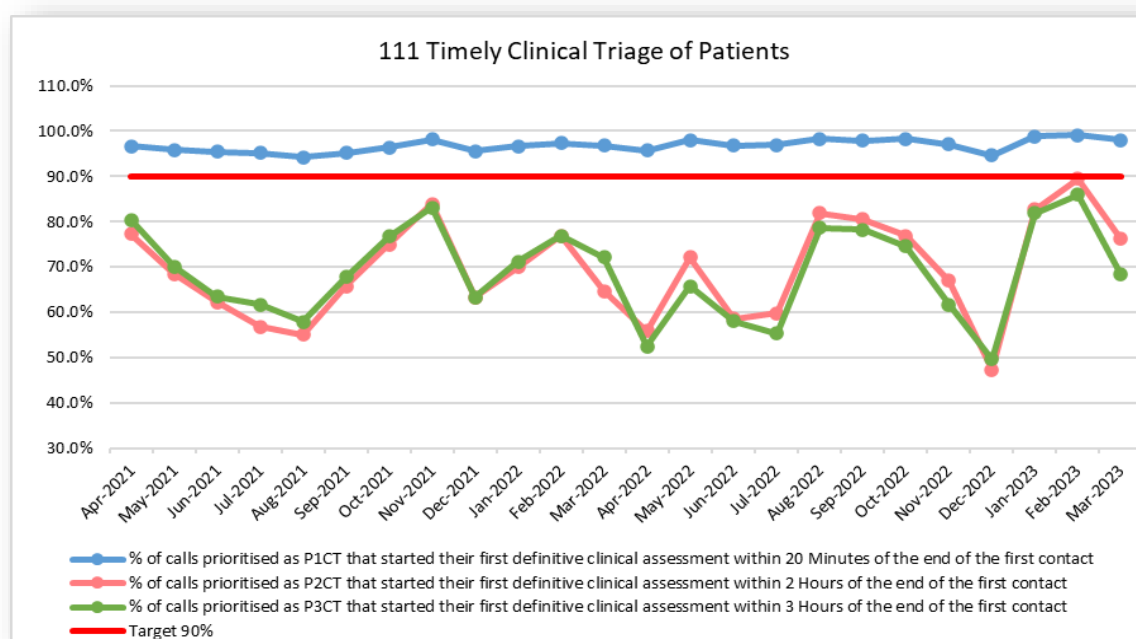


In the **111 service**, the Trust measures the quality of the service it provides through call answering times and clinical ring back times. The Trust aims to answer 95% of calls within 60 seconds and to have an abandonment rate of less than 5%, but the graph below demonstrates that the service has been significantly off target during 2022/23. Over the course of the year, an average of 32.1% of 111 calls were answered within 60 seconds and 15.7% of calls were abandoned after 60 seconds.

Although there has been an uplift in call handler numbers during 2022/23, the vacancy rate as of the end of February 2023 was still 12.5 WTEs below the commissioned level. However, it has been recognised that call answering times will only be improved through increased efficiency in other areas such as reducing sickness absence, re-rostering to ensure capacity is aligned to demand, and reducing the time required for the Clinical Advice Line.



In relation to clinical ring back for triage, the Trust consistently achieved the one-hour target of 90% for highest priority patients (Priority 1 Clinical Triage – P1CT), averaging 97.5% during 2022/23. However, it did not achieve the 90% target for either of the other patient acuity categories, with 70.7% of patients prioritised as Priority 2 Clinical Triage (P2CT) receiving a clinical ring back within two hours of the end of the first contact and 67.5% of patients prioritised as Priority 3 Clinical Triage (P3CT) receiving a clinical ring back within 3 hours of the end of the first contact.

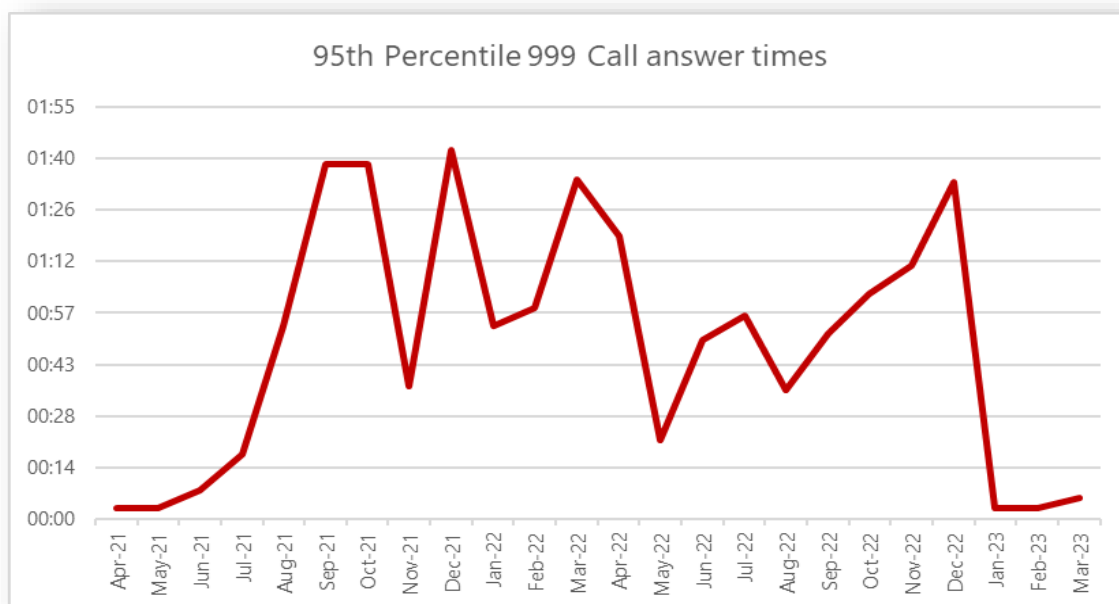


Note: contribution to Goal 2.

Patients have provided feedback on long wait times and there is potential for these waits to have a knock-on effect on both 999 and the rest of the urgent and emergency care system. The Trust is acutely aware that improved performance in this area is closely linked to having the correct number of clinicians in post to meet the current and expected demand. To this end urgent actions have been put in place towards the end of 2022/23 to increase the number of clinicians available, including a targeted recruitment drive and looking to maximise opportunities through remote or agile working.

One of the key factors influencing response times is demand. 111 demand has increased significantly over the past two years, which can be attributed to the service going live across Wales, alongside government announcements and media stories relating to the pandemic and other recognised illnesses, which have the effect of creating spikes in demand levels. There is also an increasing use of the service which is now seen as the 'Gateway to Care' across the system.

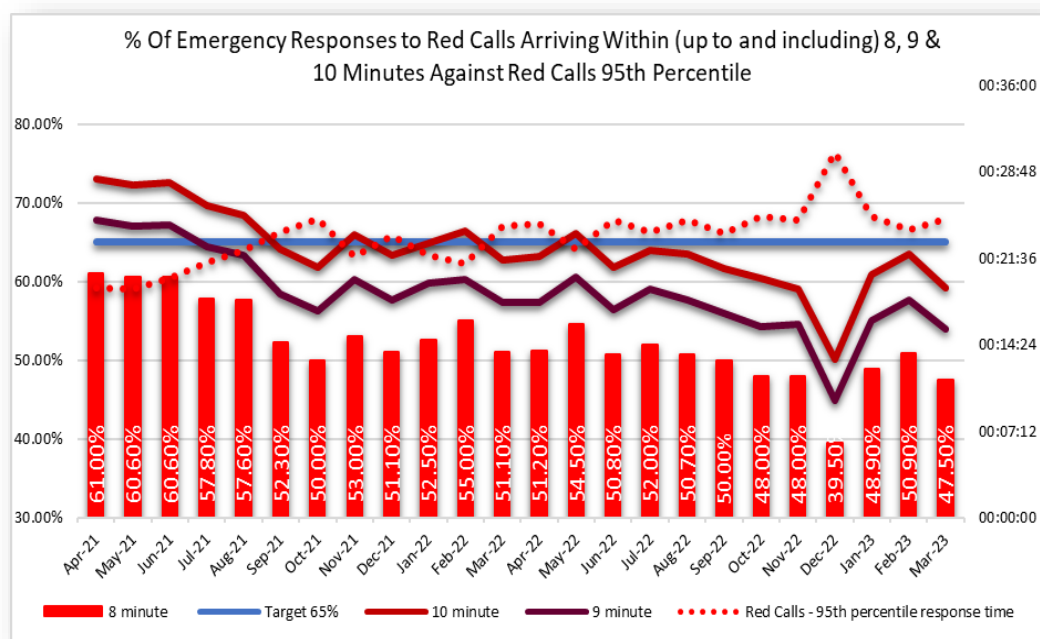
Within the 999 service, the Trust assesses the quality of the service it provides through a range of response time metrics, clinical indicators, and outcome measures. Call answering performance steadily worsened during the latter part of 2022, with the 95th percentile of calls increasing to one minute 34 seconds in December 2022 (which was exacerbated by the UK-wide Intelligent Routing Platform that saw additional demand answered in Wales originally destined for English ambulance services). However, since that time it has seen significant improvement, with the metric returning to just three seconds during the early months of 2023. No additional funding was available during the year to increase call handler numbers. Increased pressures and some high levels of 999 demand impacted upon staff attrition and wellbeing. The EMS Coordination team meet regularly to review demand and align staffing levels appropriately in order to alleviate pressure at times of high demand and provide the best possible service.



The NEPTS call taking function continues to improve and has been routinely operating at a high standard during the latter half of 2022/23. Some pressure points remain during certain times of the day, where demand can exceed capacity, however a roster review is due to be completed in first half of 2023/24 which is aimed at minimising this issue.

Response Times

The headline patient metric for the Trust is Red 8 performance; this is the percentage of Red – immediately life threatening – incidents responded to within eight minutes. The Trust has unfortunately seen no clear improvement in performance against the Red eight-minute target over the past year, with a further deterioration evident between October and December 2022; together with lengthening response times for its Amber calls, which includes strokes and heart attacks. The Trust knows that the bulk of patient safety incidents occur in the Amber category and that these long response times directly impact on patient outcomes.

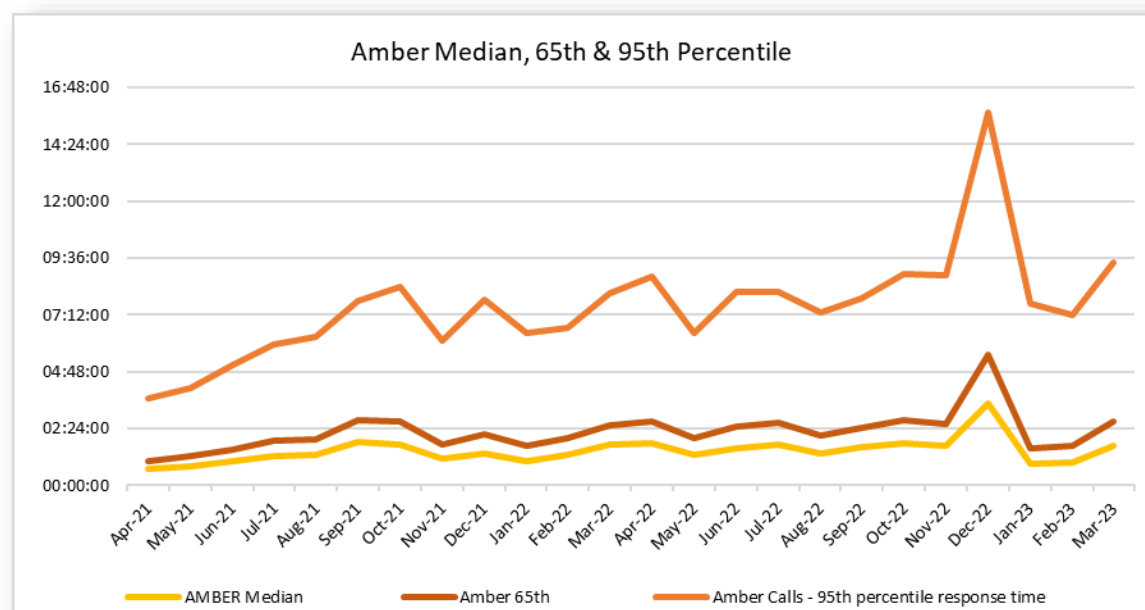


Note: contribution to Goal 4

The Trust believes strongly that this is one of the greatest clinical risks that the system faces, and that it needs to collaboratively and urgently address this so that patients are not left alone for hours in the community with no clinical assessment or treatment. Although resources have been increased alongside continuing initiatives to help mitigate these risks, potential gains have been offset by other factors, such as high levels of staff abstractions and increasing hours lost to hospital handovers.

The Trust did not achieve the Red 8-minute Welsh Government monthly target of 65%, throughout the whole of 2022/23, with the highest rate of 54.5% being achieved in May 2022. This was also the only month which saw over 65% of incidents being responded to in under 10 minutes.

During 2022/23, the Trust's median Amber performance was one hour and 38 minutes, an increase from the one hour and 16 minutes recorded the previous year. The year also saw the 65th percentile increase to two hours and 35 minutes and the 95th percentile to eight hours and 42 minutes.



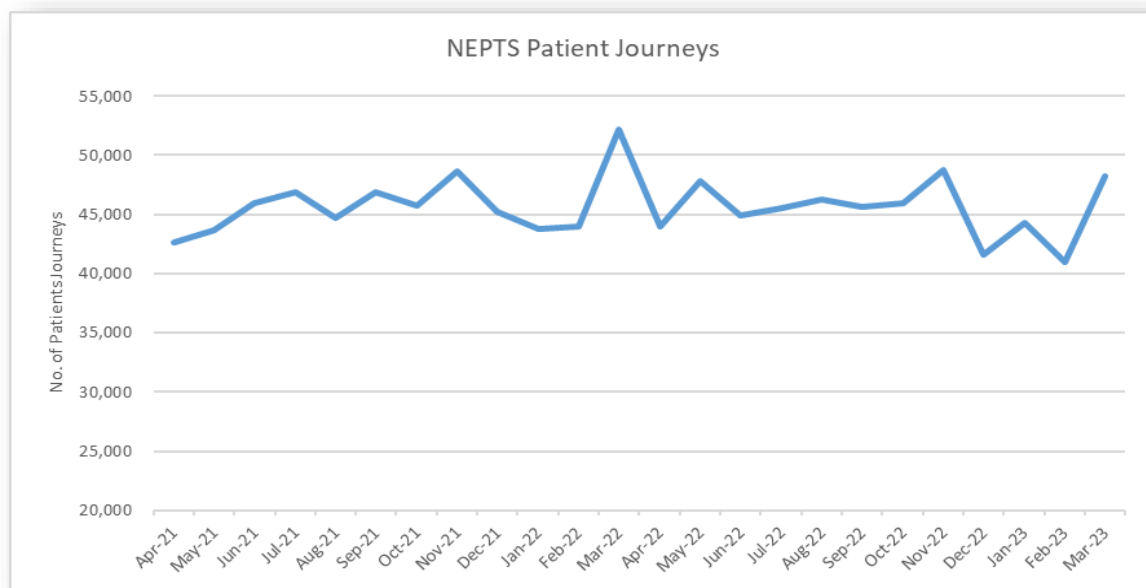
As alluded to there are many reasons for longer response times, which include increases in Red demand and overall acuity, as well as a loss of capacity through high levels of sickness absence and increased hospital handover delays. It has been identified there is a clear correlation between the latter of these factors and higher Red response times.

Over the past year the Trust has undertaken a number of initiatives to positively impact upon response times and the service it provides, including recruiting 90 WTE Emergency Medical Technicians and Ambulance Care Assistant 2s (with a budget for an extra 100 i.e., 10 more); the full roll out of the Cymru High Acuity Response Unit and reducing hours lost to sickness through managing attendance programmes.

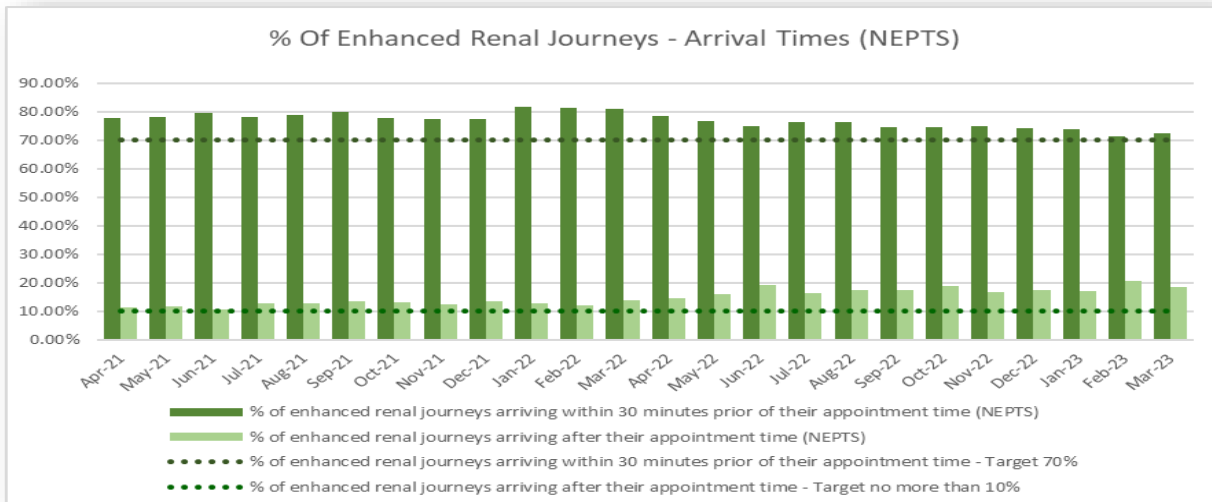
In relation to the Trust's **Ambulance Care**, demand has been increasing throughout the year, but overall is still not quite back to pre-Covid levels, and uncertainty around demand remains as Health Boards move through system recovery following the pandemic. With the addition of austerity, it means performance in this area is difficult to forecast. Whilst renal and oncology demand has been relatively stable, outpatient demand is down, and discharge and transfer variable.

The Trust continues to work closely with the Health Boards through the commissioning Delivery Assurance Group to deliver the best possible performance for the patient; however, it is likely the service will experience on-going fluctuations in performance until activity begins to normalise once again, at which point the Trust anticipates that further increases in demand could be experienced. Although this could cause issues in capacity, this has been modelled and mitigations have been put in place.

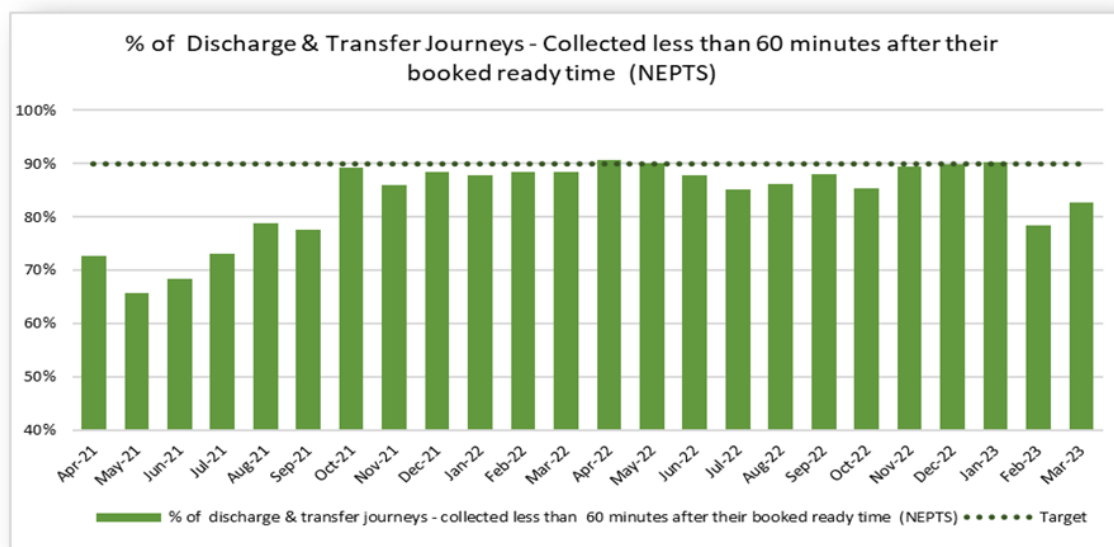
The total number of non-emergency patient journeys undertaken in 2022/23 was 543,840, which while being a further increase on the 497,570 seen in 2021/22, is still significantly below the 670,353 recorded for 2019/20.



The quality of the service is measured through the various arrival/collection time indicators and has been more stable in some areas, with in-bound renal patients arriving within 30 minutes prior of their appointment being 74.9% for 2022/23 and achieving the 70% target in every month. Renal journeys arriving after their appointment time did slip slightly to 17.5% for the year, compared to 12.6% in 2021/22, with the target for this indicator being not greater than 10%. However, this performance was particularly affected towards the end of 2022/23 when other factors influenced capacity and the ability to meet demand, such as the numerous days of industrial action that took place and the updating of the NEPTS Computer Aided Dispatch system.



Discharge and transfer journeys also failed to achieve the 90% target of journeys collected less than 60 minutes after their booked ready time, with the figure for the year being 87%. However, the target was achieved in five of the 12 months with others being affected by the same reasons mentioned above, such as industrial action days.



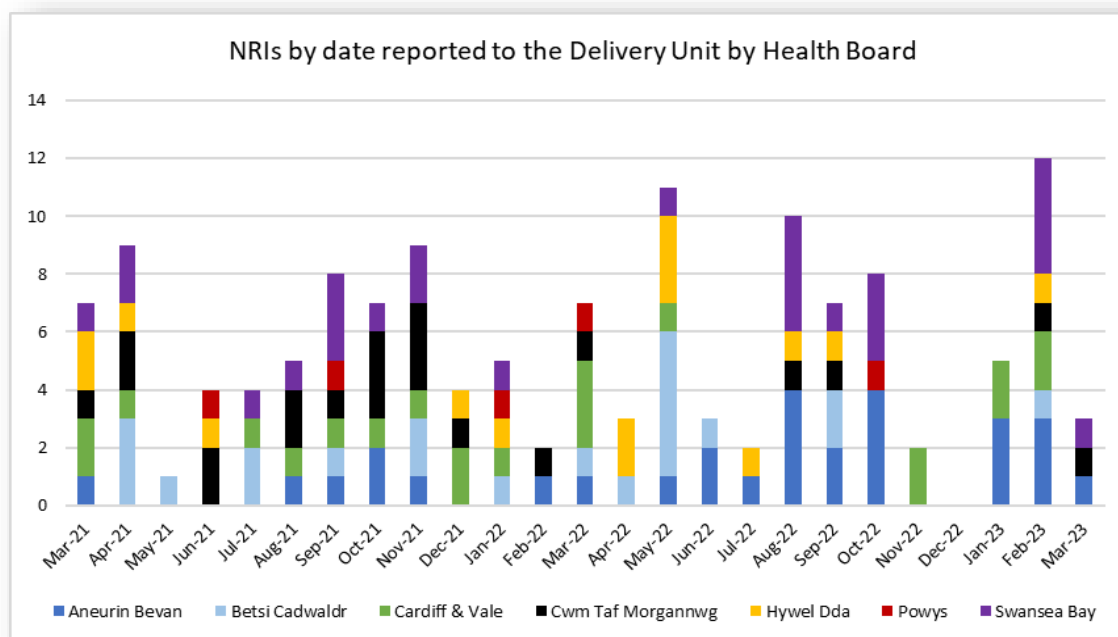
Note: contribution to Goal 5

Oncology performance remains off target with 49.1% of inbound oncology journeys arriving within 30 minutes prior to their appointment time. This is recognised as an area of difficulty within the NEPTS Demand and Capacity Review, which has been considered by the Ambulance Care Transformation Programme. A revised metric is being introduced which provides improved information on the patient experience.

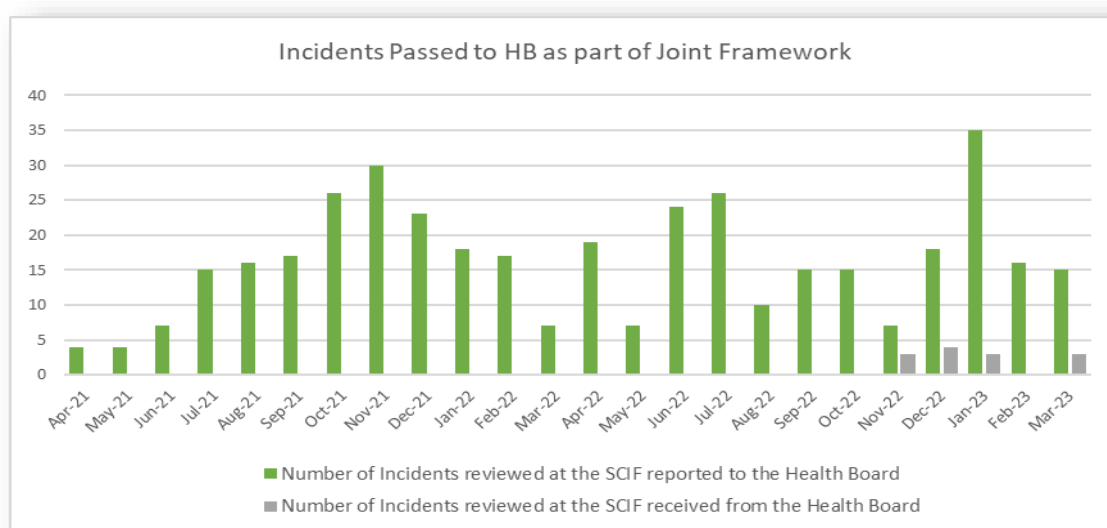
Safety

The Trust actively encourages a positive safety culture and sees all incidents/events as an opportunity for learning and improvement. There were 5,346 patient safety incidents, near misses and hazards reported in 2022/23, compared to 4,374 in 2021/22.

The Trust is seeing higher levels of National Reportable Incidents (NRIs); and of serious incidents referred to Health Boards for them to investigate. There were 66 patient NRIs in 2022/23 compared with 65 in 2021/22 and 56 in 2020/21. It is recognised this figure is too high, but that it reflects the pressures that are evident within the health care system. Most, but not all of these NRIs relate to the Trust's 999 service.



Incidents referred to Health Boards have increased slightly over the past year, rising from 184 in 2021/22 to 207 in 2022/23. These are often due to long waits in the community caused by handover delays at hospitals. The length of time patients were waiting in the community has increased over the past year. In 2022/23, there were 10,045 patient waits of 12 hours or over, compared to 5,939 in 2021/22, which in itself was a large increase from the 1,850 recorded in 2020/21.



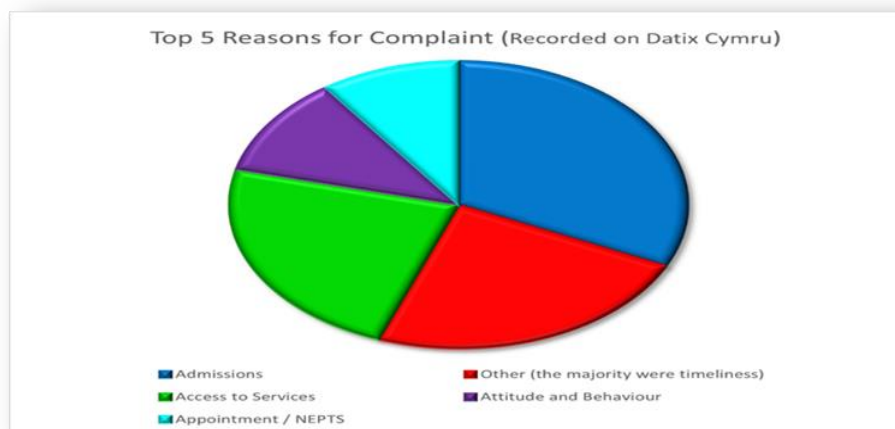
The Trust has a 75% target for responding to patient concerns within 30 days. This has only been achieved once in the past two years (76% in March 2022). In 2022/23 the monthly average percentage in this area was just 27%, although this is against a backdrop of the number of concerns being reported increasing. There were 1161 concerns received in 2022/23 compared to 983 in 2021/22, and 725 in 2020/21.

The Trust moved to the Once for Wales Concerns Management System in May 2022. Nationally a suite of feedback codes has been developed which have recently been implemented pan NHS Wales, enabling improved analysis of concerns at organisation level and nationally.

A number of the concerns received during 2022/23 have been categorised under the 'other' code. On review the majority of these relate to our timeliness to respond to patients in the community. The Trust continues to work with its commissioners and system partners to improve our response times.

A breakdown is provided below of the top five concerns: - 57 cases were referred to the Public Service Ombudsman Wales (PSOW) during 2022/2023 and 15 cases remain currently open as follows. The majority of the issues raised with the PSOW relate to timeliness of ambulance response.

- Fourteen cases are with the PSOW's office for consideration and/or investigation;
- One case the Final Report has been received providing recommendations.



The Trust received six Regulation 28 (Prevention of Future Deaths) reports during 2022/23. Five relate to timeliness of ambulance response, one relates to delay in transfer of patient from hospital to hospital for vascular surgery.

A multi-disciplinary panel is in place that meets on a twice weekly basis to review and discuss incidents to ensure appropriate investigations are undertaken. The Trust frequently undertakes joint investigations with health board colleagues to ensure the investigation and subsequent learning and improvements cover the whole of the patient pathway.

Learning and improving from incidents/events is discussed in the Patient Safety and Experience Monitoring and Learning Group with oversight from the Quality, Patient Experience and Safety Committee, which is a Committee of the Trust Board. Some examples of learning and improvements include:

- Sharing of clinical practice notices;
- Updates to education and training programmes;
- Improvements in clinical pathways;
- Improve conveyance communication around pre-alert; and
- Improvements to clinical documentation and roll out of an electronic patient care record (ePCR).

The PEGI Team continues to engage with the public to listen, capture and report on their experiences of accessing and receiving care across all Trust services. Through its continuous engagement model, the team are in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive.

The feedback captured and reported demonstrates how patient experience is a key indicator of the level of quality being provided and the need to improve patient experiences, patient safety, and patient outcomes.

This work 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 each of our communities, without prejudice or discrimination.

The Safeguarding Team continues to provide assurances that the Trust fulfils its legislative and statutory responsibilities in relation to safeguarding children and adults, ensuring that the well-being of children and adults are at the heart of everything it does. During 2022/23 the Safeguarding Team have: -

- Docworks continues to gain momentum across the Trust gaining both internal recognition from our staff and external recognition by our partner agencies - received commendation at National Safeguarding conference;
- The team have successfully contributed to the NATC CPD Clinical skills sessions with the inclusion of safeguarding based scenarios - all have received positive feedback from staff;
- Received an innovation award from Cardiff and Vale Safeguarding Board and shortlisted for an award by Cwm Taf Morgannwg Safeguarding Board for our Docworks initiative.

Engagement

Outcomes of our engagement with people and communities across Wales remain consistent with people continuing to tell the Trust that long waits and delays remain their primary concern – though the transport, care, or treatment they ultimately receive is good.

This theme is repeated across all services delivered by the Trust; 999 emergency care, Non-Emergency Patient Transport, and NHS 111 Wales.

The Trust has shared a clear theme around long waits for an emergency ambulance and the associated poor experiences, trauma, bereavement, and impact on families. These experiences are well documented with plans already underway to increase capacity within the Emergency Medical Service.

The Trust has also consistently heard about poor experiences of long waits on the NHS 111 Wales number. This is also exacerbated by frustrations in navigating the NHS 111 Wales website and looking for appropriate service and health information.

The PEGI Team regularly hears from people talking about concerns they have about potential ambulance delays. Sometimes, these concerns relate to an experience, while other people tell us about things they have heard through friends, family, or the media. It was clear there was concern for community safety with people wondering “Will there be an ambulance available for me if I need one?”. These concerns are echoed in some of the feedback received through the 999 Patient Experience Survey.

Where these concerns are raised, the team are able to explain how 999 calls are categorised, reassure that we are doing all we can to get help to the people who need it the most and provide information about other avenues that might be more appropriate than calling 999.

In Wales, 80% of cardiac arrests occur in the home, so knowing what to do and being familiar with Cardiopulmonary Resuscitation (CPR), and how to use a defibrillator can improve the chances of survival for a loved one.

Throughout 2022, the campaign aimed to familiarise people with the symptoms of a heart attack and cardiac arrest, know how to treat these two different emergencies by equipping people with skills and confidence through a specially developed Welsh Ambulance Service [video](#) demonstrating how to perform effective CPR and use a defibrillator. The video was shared extensively through the Trust’s social media platforms and was viewed over 3,500 times.

The Trust’s continued engagement with the public is important to ensure ongoing conversations on what it is doing and why, especially during this continued period when the Trust is experiencing increased demand and is at high levels of escalation.



The Trust's understanding learning disability e-Learning module went live in early 2023. It has amassed over 480 participants and participation is steadily increasing, with discussions ongoing to ensure it is included in CPD days across all areas of the service. This comes alongside developments to the ePCR system which can guide crews through a series of hints, tips, and questions to help improve the quality of care, experiences, and outcomes for people with a learning disability, and also allow the Trust to capture more information on the reasonable adjustments that have been made for people with a learning disability. This development will help to better inform future recommendations and highlight further training needs.

In 2021, as a result of our engagement and activities with children and young people across Wales, The Trust developed, and launched the Blue Light Hub gaming app. In 2022 a formal evaluation of the effectiveness of the app was undertaken. The final evidence report was received in early 2023 and results suggested that even brief use of the Blue Light Hub gaming app had a positive impact on children's understanding and awareness of emergency services.

The app has four lightly challenging games to teach users about what happens when they call 999, the appropriate use of 999, how ambulance resources are dispatched and managed, and the different uniforms they might encounter on their NHS journey. Players are encouraged to return to the hub frequently, developing a familiarity with the theme, further encouraging them to make better choices about how to treat the emergency services, and what to do in difficult situations.

The Trust has taken on board the feedback received from the schools during the evaluation and are now looking ahead at further improvements that can be made to the app. The app can be downloaded via the links below: -

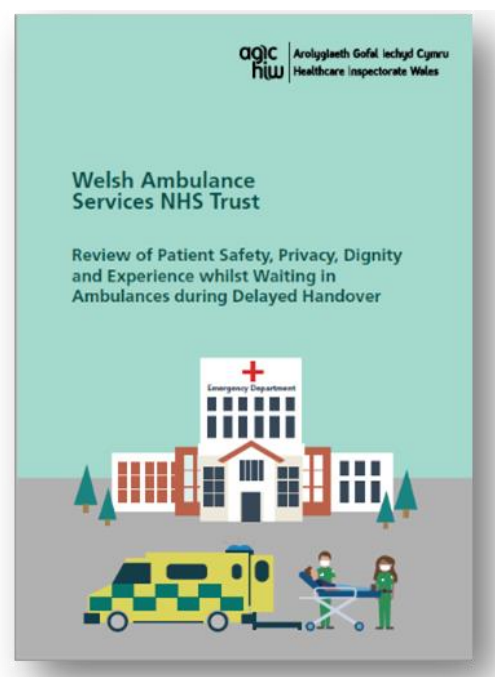
Google:

<https://play.google.com/store/apps/details?id=com.WelshAmbulance.BlueLightHub>

Apple:

<https://apps.apple.com/us/app/blue-light-hub/id1575745545>

Healthcare Inspectorate Wales is the independent inspectorate and regulator of healthcare in Wales. An inspection of the Trust was undertaken in 2021. The report 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' was subsequently published in 2022. The report includes all emergency departments (EDs) across Wales and includes a number of recommendations. These recommendations will now need to be considered and incorporated where possible more than ever, as waiting times outside of EDs has increased further during 2022 and into early 2023.



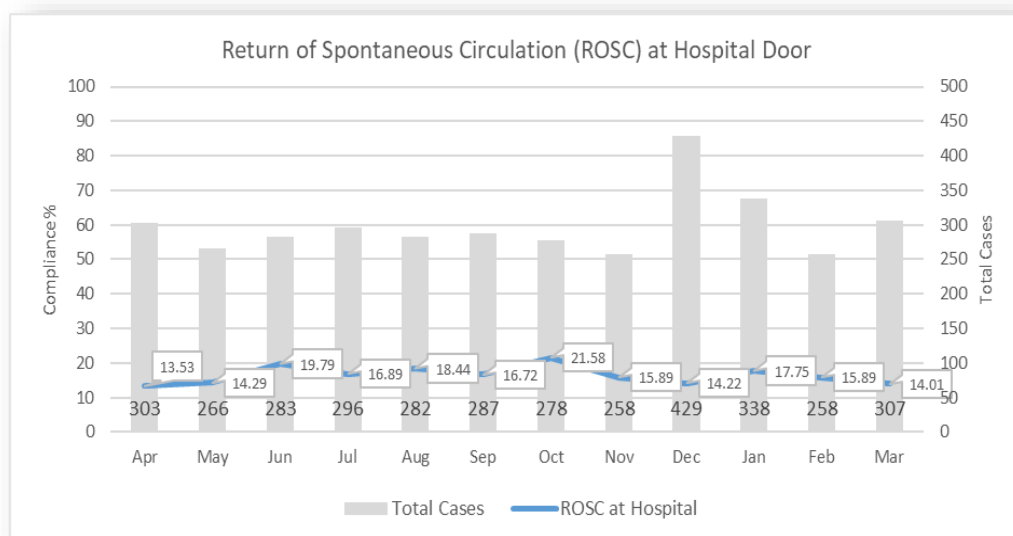
Following publication of the report the Emergency Ambulance Services Committee recently set up a task and finish group chaired by the Deputy Chief Ambulance Services Commissioner to respond to the recommendations. The membership of the group includes clinical and operational representatives from each of the seven Health Boards, and representatives from the Trust and Welsh Government.

Clinical Outcomes

The introduction of the Electronic Patient Care Record (ePCR) enables the collection and sharing of information in a more timely and accurate manner. The Trust currently uses ePCR to report on five key clinical indicators to the Emergency Ambulance Services Committee, these being Fractured Neck of Femur, Stroke, ST Elevation Myocardial Infarction (STEMI), Hypoglycaemia and Return Of Spontaneous Circulation (ROSC).

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. Therefore, an improvement approach has been taken and a series of 'Top Tips' posters have been circulated and specifically shared with senior Paramedics. This is based on deep dive quality assurance audits conducted for each of the clinical indicators and reported through the Clinical Intelligence Assurance Group. The deep dive quality assurance audits are also contributing to recommending additional improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application, allowing the Trust to further develop and quality assure these key metrics.

One of the clinical indicators the Trust currently measures is the percentage of patients who have ROSC. Although for the year 2022/23 this remains lower than the Trust would want at 16.58%, it is an improvement on the 12.9% recorded in the period April to November 2021, at which point data stopped being reported temporarily due to the roll out of ePCR.



Of the other key clinical indicators the Trust measures, none of them achieved the 95% target during 2022/23. The percentage of older people with suspected hip fracture who are documented as receiving the appropriate care bundle (including analgesia) was at 65.02% for the year; the percentage of STEMI patients who are documented as receiving the appropriate care bundle was at 39.45%; the percentage of hypoglycaemic patients who are documented as receiving the appropriate care bundle was at 44.08%, and the percentage of suspected stroke patients who are documented as receiving the appropriate care bundle was at 77.51%.

Whilst there are many factors outside of the Trust's direct control it has developed a new service, the Cymru High Acuity Response Unit (CHARU), which was introduced during the latter half of 2022/23. Although still some way short of the fully modelled position of 153 WTEs, as currently at 83, with a further 20 in training as of 20 April 2023 (103), the Trust is currently working to close this gap. This service is aimed at providing a response to a dedicated code set of high acuity incidents by an experienced paramedic with additional medicines and training. They will support clinical decision making, co-ordinate patient care and ensure clinical practice is in line with current best practice guidelines to improve overall outcomes in several of the areas highlighted above, such as successfully increasing ROSC rates. It is hoped that following recruitment adverts and application reviews in late 2022/23, the remaining posts will be filled in the first half of 2023/24.

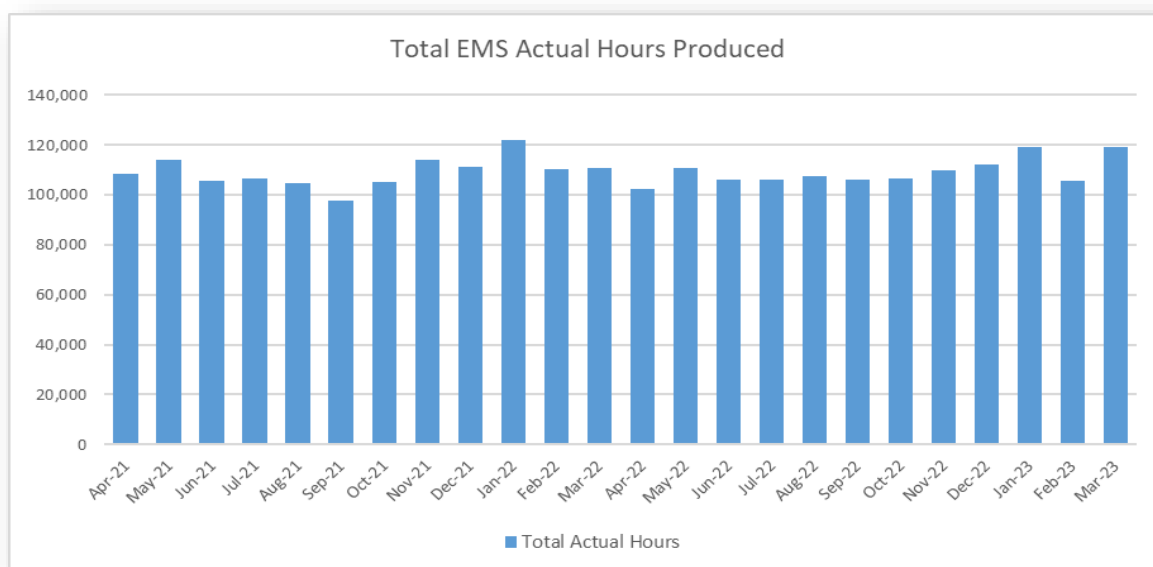
1.8. Our People

In relation to the Trust's workforce, the indicators reviewed at Board relate to whether the Trust has the right workforce capacity in place to meet demand, how the Trust is keeping staff safe and well, and how they are being developed. More detailed and numerous indicators are also considered at the People and Culture Committee.

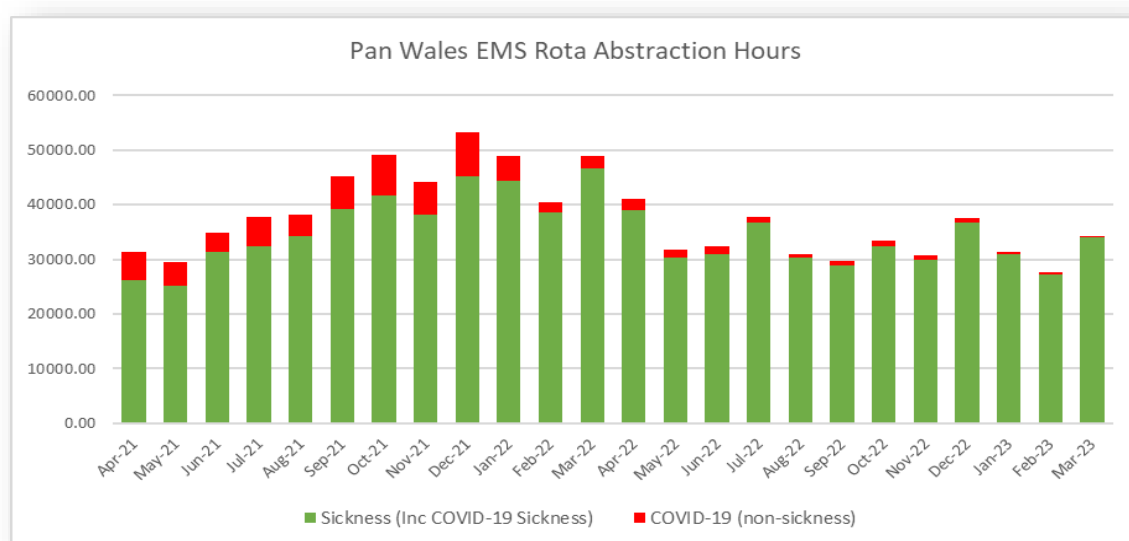
In relation to the Emergency Medical Service (EMS), the EMS Demand and Capacity review in 2019 determined that the required capacity to respond to demand should be based on a 30% abstraction assumption (including sickness absence, training etc), with levels of investment provided by EASC to increase WTEs by 263 over two years.

The Trust had a budgeted EMS establishment of 1,661 WTEs for 2022/23, but through the EMS Operational Transformation Programme the funded plan was to add an additional 100 WTEs during the course of the year comprising of 90 Emergency Medical Technicians and 10 Ambulance Care Assistants. Although these posts had not been filled by the January 2023 deadline, as of the 31 March 2023 the Trust had achieved an uplift of 90 WTEs and is budgeting on the basis of 100 WTEs for 2023/24.

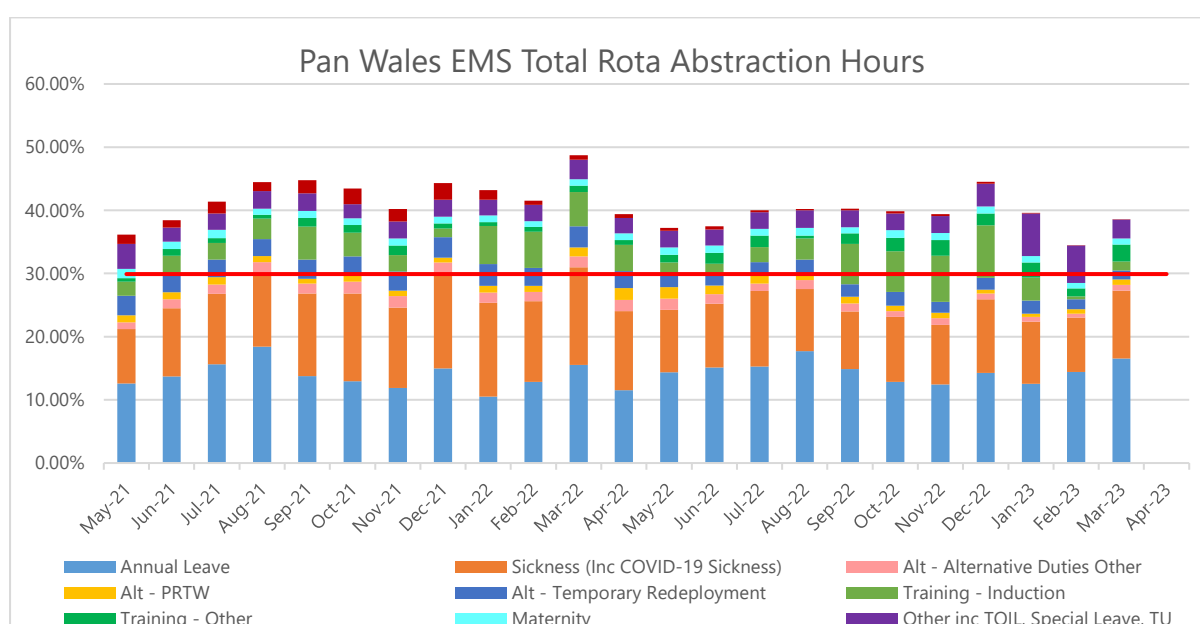
With the new EMS response rosters going fully live by the end of 2022, following a two-and half-year project, it was hoped that together, these would have provided a significantly positive impact for patients. However, as the graph below demonstrates, despite having more staff in post the Trust has not been able to produce additional hours compared to the previous year. In 2022/23, 1,311,430 actual hours were produced compared to 1,309,433 hours in 2021/22. The 2021/22 figures were inflated slightly through the use of military aid, while 2022/23 has been affected by numerous days of industrial action during quarter four.



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



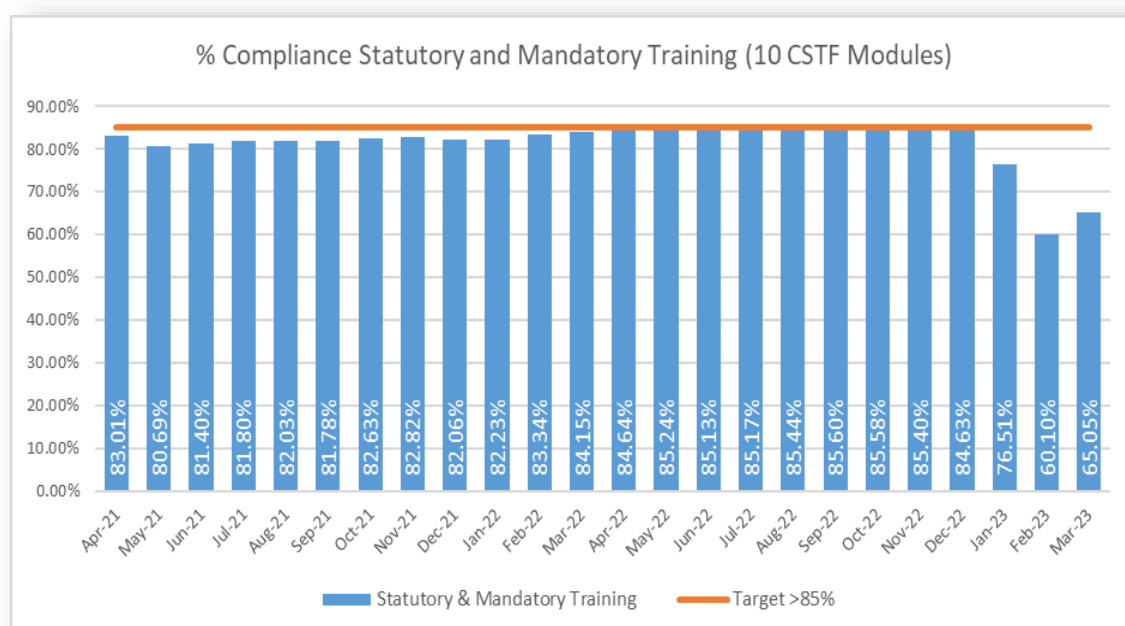
The graph above shows the level of abstractions due to sickness and Covid-19 factors over the past two years for EMS staff. In 2021/22, 12.43% of abstractions were due to sickness and 1.64% were due to Covid-19 (non-sickness). Although these figures have reduced during 2022/23 to 10.33% for sickness and 0.29% for Covid-19 (non-sickness) they still remain high, and above the Trust's year-end sickness target of 8%. However, across the organisation the Trust did achieve this 8% target in February 2023. The below graph also highlights how this has contributed to total EMS abstractions remaining above the 30% target throughout the whole of the year.



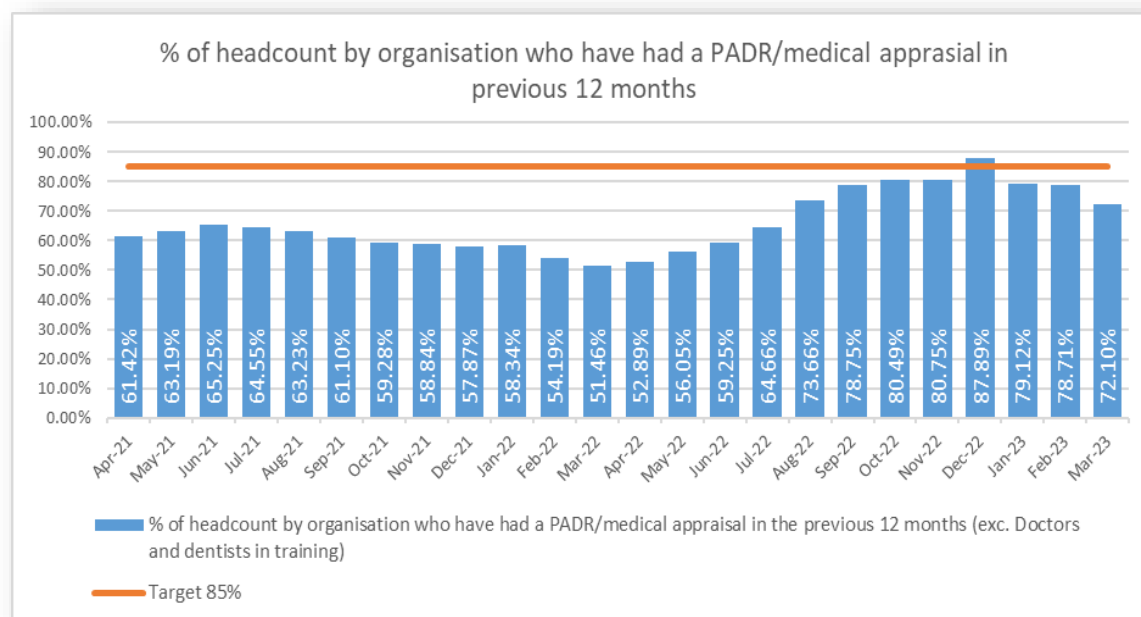
Similar pictures were also seen in 111 and Ambulance Care, with a 10.79% abstraction rate due to sickness in the 111 service and a 10.68% rate in Ambulance Care. However, there has been a steady reduction in long-term absence rates, with short term absence spikes being directly related to Covid-19 increases, mirroring the wider community. The Trust is fully aware that sickness absence needs to remain a major area of focus over the coming year in order to ensure that sickness reduction targets are met and is fully committed to a number of initiatives including training for managers and wellbeing sessions for staff. The full sickness rates can be found within the Accountability Report.

Other indicators of how the Trust is keeping its staff safe and well include vaccination rates and statutory/mandatory training levels. As of 28 February 2023, 94% of frontline staff had received a Covid-19 booster vaccine, 94% were double jabbed and 35% had received the SPIKEVAX booster. The flu vaccination level for the Trust for 2022/23 was 44.5%; this surpassed the 38.5% figure seen the previous year.

Statutory and Mandatory Training rates during 2022/23 did not achieve the 85% target overall, with the completed level at 80.71% for the year. However, the 85% compliance rate was achieved between May and November 2022, with levels only dropping off in early 2023. Further analysis was undertaken, and it was found that industrial action days, coupled with the introduction of a new statutory training module, both had an impact on compliance rates in early 2023.

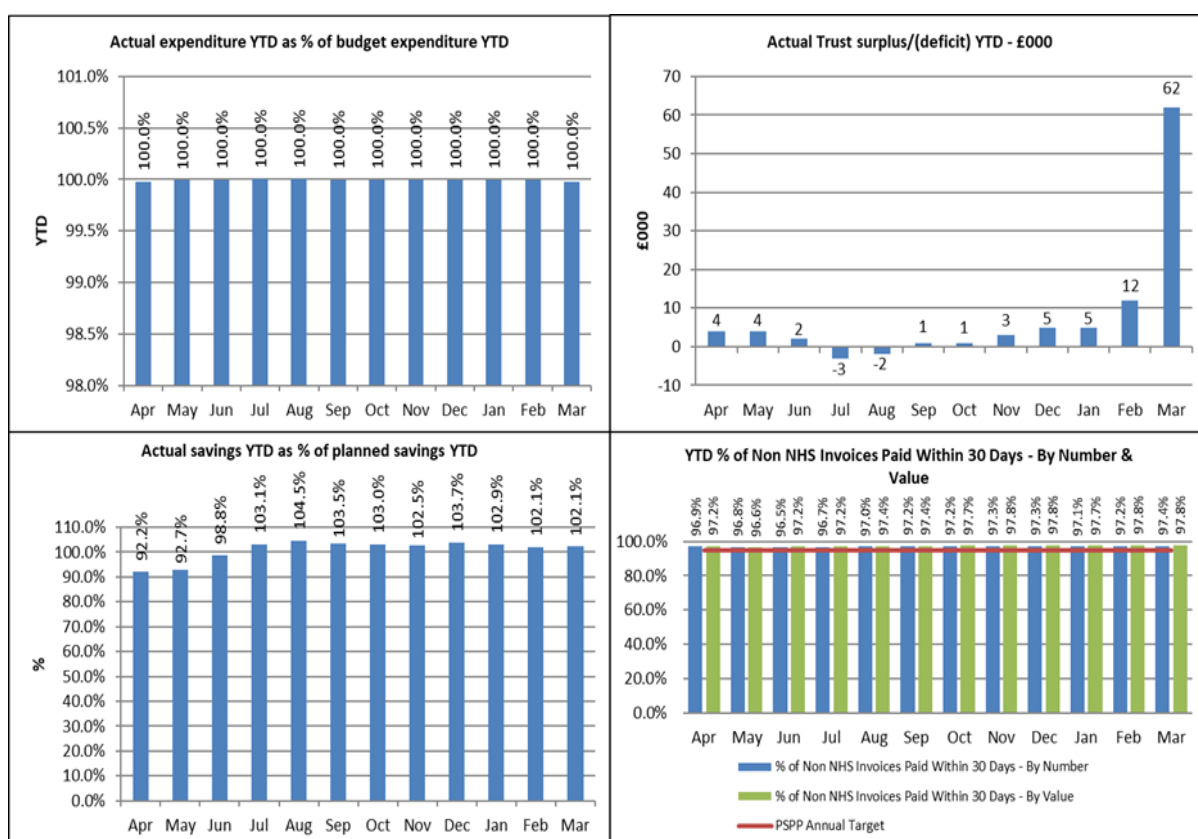


In terms of staff development, the Trust views levels of Personal Appraisal and Development Reviews as the best way of representing development at a high level. Although the figure for 2022/23 of 72.03% failed to achieve the 85% target, it was a significant improvement on the 51.5% compliance rate recorded for 2021/22. December 2022 also saw the compliance rate go above the 85% target for the first time.



1.9. Finance and Value

The Trust reviews a number of indicators which aim to demonstrate how it provides a service in line with statutory financial duties, and of high value and efficiency. This area of the Performance Report will be strengthened over time as the value-based health care programme continues. The Trust achieved financial balance in 2022/23, with a small revenue surplus of £62k and met its statutory duty to breakeven during this financial year.



Gross savings of £4.392m were achieved against a target of £4.300m, thus a slight over achievement. Public Sector Payment Policy was on track with performance of 97.5% for the number, and 97.8% of the value of non-NHS invoices paid within 30 days (target 95%). Further information can be found in the Trust's annual accounts and financial statements, which have been prepared on a going concern basis.

Following a sustained pandemic response and rising inflation, the financial outlook for 2023/24 and beyond is challenging. The Financial Sustainability Programme, which commenced in early 2022/23, is a key programme of work which will drive transformation to achieve cost efficiencies as well as exploring opportunities for income generation for 2023/24 and beyond.

As part of the Trust's ongoing work around Value it is introducing a Patient Level Costing system (PLICS) to allow the establishment of detailed costing analysis. This combines both financial data, along with activity data collected from multiple Trust systems, which will allow for both internal and external benchmarking.

The Trust has also implemented a Financial Sustainability Programme following a sustained pandemic response, and with the impact of inflation and the costs of living as they relate to the Trust and the wider public sector, the financial outlook for 2023/24 and beyond is understandably challenging.

This environment has led the Trust to develop a plan which has more focus on value and financial sustainability as well as the impact on our people, whilst maintaining ambitions to improve the quality of service provided to our patients. The Financial Sustainability Programme, which started to be put in place in early 2022/23, is a key pillar which will drive transformation to achieve cost efficiencies as well as exploring opportunities for income generation for 2023/24 and beyond.

1.10. Non-Financial Performance Information

Human Rights, Diversity and Equality

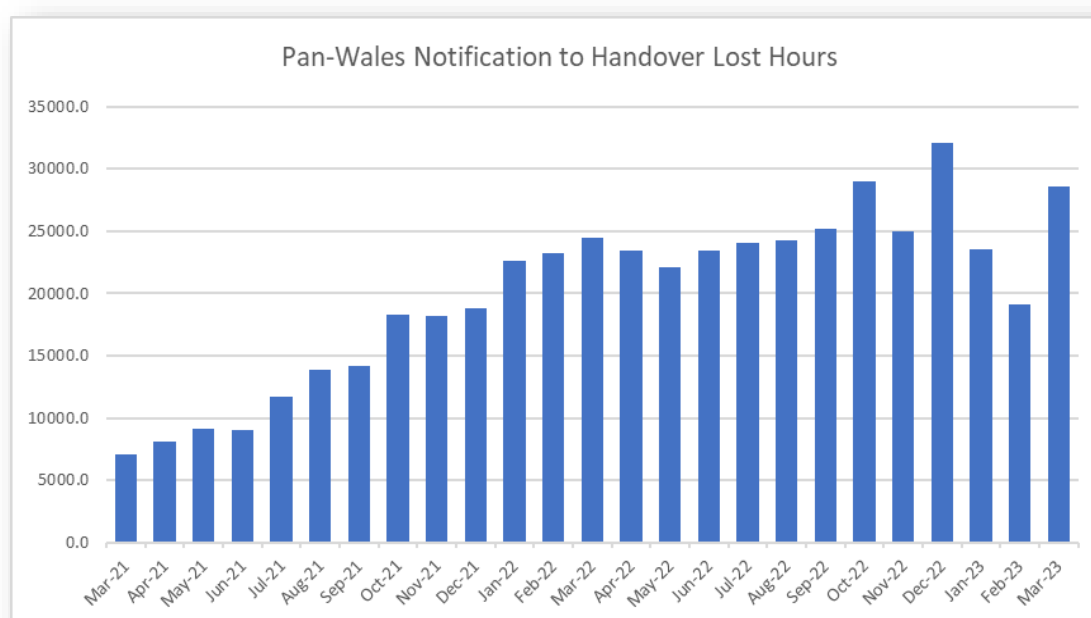
The Annual Governance Statement in the Accountability Report discloses how the Trust meets its obligations under equality, diversity, and human rights legislation. Refer to the Disclosure Statements and the Modern Slavery Act 2015 statement for further information. There is also additional commentary regarding 'Other Employee Matters' in the Remuneration and Staff Report, within the Accountability Report.

Anti-corruption and Anti-bribery

The Annual Governance Statement also includes narrative regarding the Trust's counter fraud arrangements, and the Local Counter Fraud Specialist's relationship with the Audit Committee. This narrative can be found in the 'The Control Framework' section of the Accountability Report.

1.11. Partnerships and System Contribution

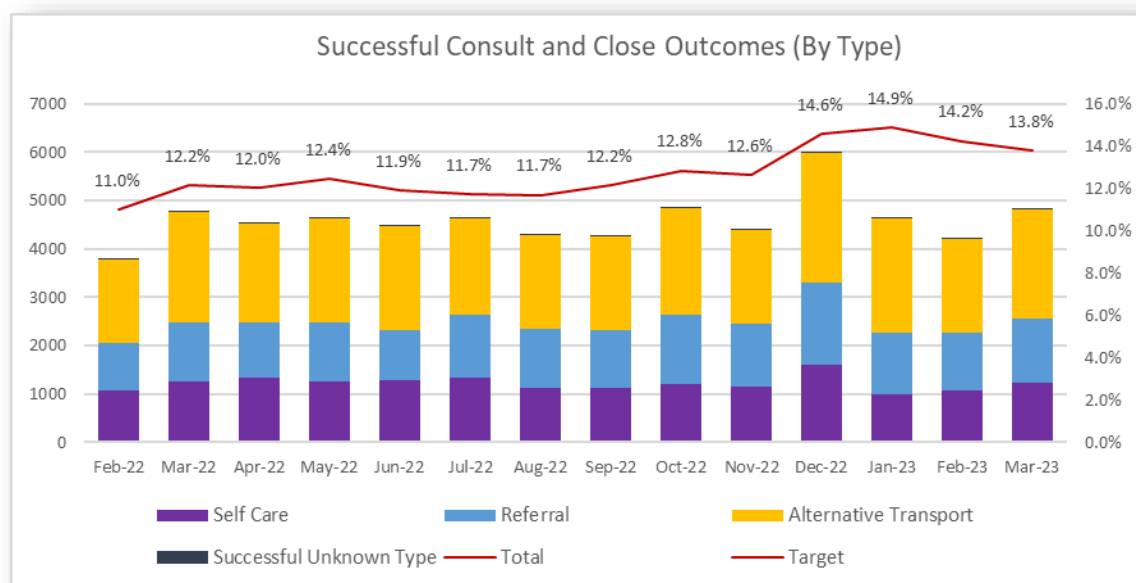
The Trust aims to consider both its impact on the wider system, but also the wider system's impact on its service. Handover lost hours were already extremely high within Wales even before the pandemic, but levels consistently increased throughout 2021 and 2022, reaching a peak in December 2022 of 32,000 hours being lost to hospital handovers. This equated to 64,000 people hours or just over 5,300 twelve-hour shifts, which meant the Trust could have responded to over 10,000 more patients during December if handovers were reduced. This meant that 299,636 ambulance hours were lost during 2022/23 compared to 191,461 in 2021/22.



The Trust is aware that Health Boards are introducing urgent and emergency care escalation frameworks, and that there has been strong messaging from Welsh Government and the Minister for Health and Social Services that this issue must be tackled as a matter of priority. A series of Integrated Commissioning Action Plan meetings have also been set up by the National Collaborative Commissioning Unit, designed for individual Health Boards and the Trust to work collaboratively in order to look at reducing handover hours, and these will continue throughout the coming year.

Following the December peak, early quarter four of 2022/23 did see a slight reduction in lost hours, albeit to levels that are still unacceptably high. Some caution is required on this trend as there were industrial action days within these months on which lost hours were contained by Health Boards. It was not a signal of broad improvement. However, given the scale of the challenge and its links to wider system pressures, the Trust is having to plan on the basis that lost hours will remain high for the foreseeable future and acknowledge they will continue to cause significant patient harm. The Six Goals policy handbook sets out an expectation of no handover being longer than an hour by 2025.

The Trust is committed to transforming its services to become more sustainable, to get patients to the right service, in the right place, every time, and to reduce the reliance on emergency departments as the default location for definitive urgent and emergency care. One of the areas where the Trust already supports the system in reducing demand is 'Consult and Close' through the work of the Clinical Support Desk (CSD) and 111. The 2019 EMS Demand and Capacity review benchmarked a 'Consult and Close' rate for the Trust of 10.2%, which was achieved in 2021/22, and following the expansion of the team by 36 WTE paramedics in 2021/22, the Trust reset a trajectory to 15% for 2022/23. This figure has yet to be achieved in any single month, with the 'Consult and Close' figure for the year being 12.91%, although it did rise to 14.9% in January 2023.

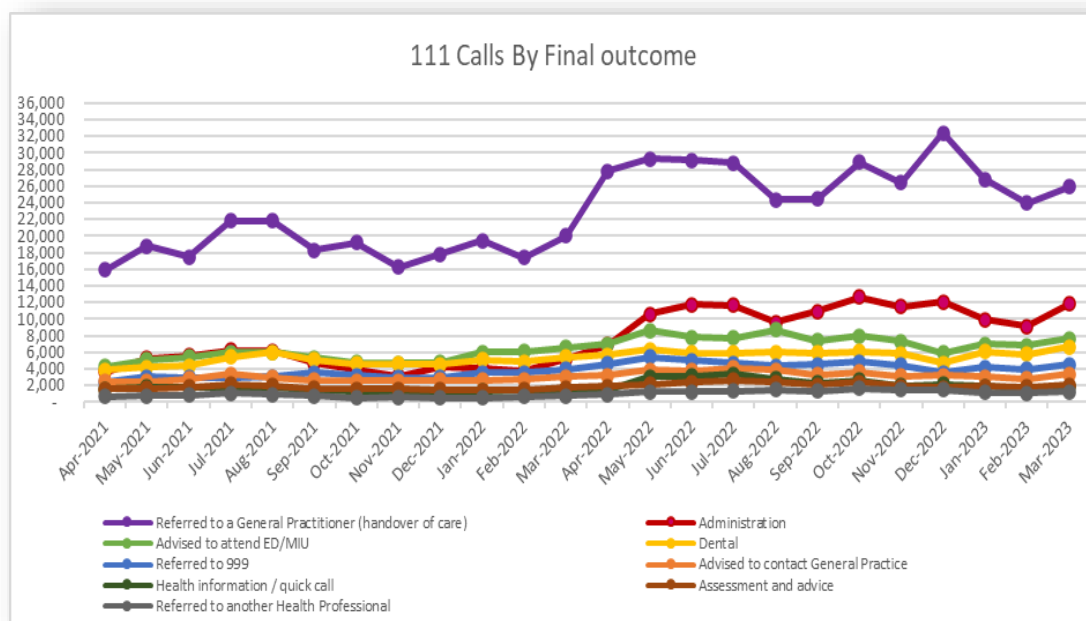


The revised establishment of the CSD now stands at 96 WTEs, which includes five Mental Health Practitioners, of which 90 are currently in post. The team are undertaking detailed process maps of the work that they do in order to identify where further improvements can be made.

The Trust also monitors its 'See and Treat' rates and those treated at scene, which have declined slightly throughout 2022/23. It is thought this has been due to a number of reasons including slight changes in the way Advanced Paramedic Practitioners are tasked, along with an increase in respiratory patients (of all ages) during quarter four who were very poorly and required hospital admission.

However, the Trust's ambition remains, as articulated through the 'Inverting the Triangle' work, to increase this shift left activity and reduce the number of patients that need to be conveyed to emergency departments.

In relation to the Trust's 111 service, one of the success factors for NHS 111 Wales is getting the patient to the right service, first time. At the moment, the Trust measure outcomes in terms of where patients are directed, but further work is currently being undertaken to improve 111 data metrics, allowing more meaningful data to be reported and identifying whether these outcomes are the best and most appropriate.



The graph above highlights where callers to the 111 service are currently directed, with those being referred to a General Practitioner making up the biggest percentage for the year (40%).

1.12. Infection Prevention and Control

Infection Prevention and Control (IPC) continued to be a critical component of healthcare in 2022, as the World continued to grapple with the ongoing Covid-19 pandemic and other emerging infectious diseases with the potential to cause harm.

The Trust continued to promote strict infection prevention guidance, hand hygiene, personal protective equipment (PPE) and enhanced cleaning regimes to prevent the spread of infectious diseases among staff and patients.

Overall IPC will remain a priority for healthcare providers and policy makers in 2023 as the Trust continues to face ongoing challenges from infectious diseases.

Healthcare-associated infections (HAIs) can have severe consequences, especially for vulnerable populations such as the elderly, immunocompromised individuals, and those with chronic illnesses, therefore it is imperative to continue to strengthen healthcare-associated infection prevention strategies and implement evidence-based practices. These include: -

- The continuation of Covid-19 prevention measures, as whilst Covid-19 is no longer classed as “a public health emergency of international concern” by the World Health Organisation, it continues in our communities. It is therefore essential to continue implementing where necessary measures such as wearing masks, maintaining physical distance, and practicing good hand hygiene. These simple steps are basic and effective preventative measures to reduce the spread of infections.
- Preparing for emerging infectious diseases. Emerging infectious diseases pose a significant threat to public health, e.g., Monkeypox. It is important that as part of our practices we detect and respond to emerging infectious diseases promptly in particular those that are categorised as High Consequence Infectious Diseases.
- The current PPE provision is under review with the long-term vision being for this to be easily accessible, appropriate, and sustainable for at least the near future.
- Education and awareness campaigns will continue, as they are known to play a crucial role in preventing infectious diseases. The IPC Team are working closely with the National Training College to ensure that the education provided for 2023/24 is relevant, easily accessible, up to date and can be monitored for compliance and effectiveness.

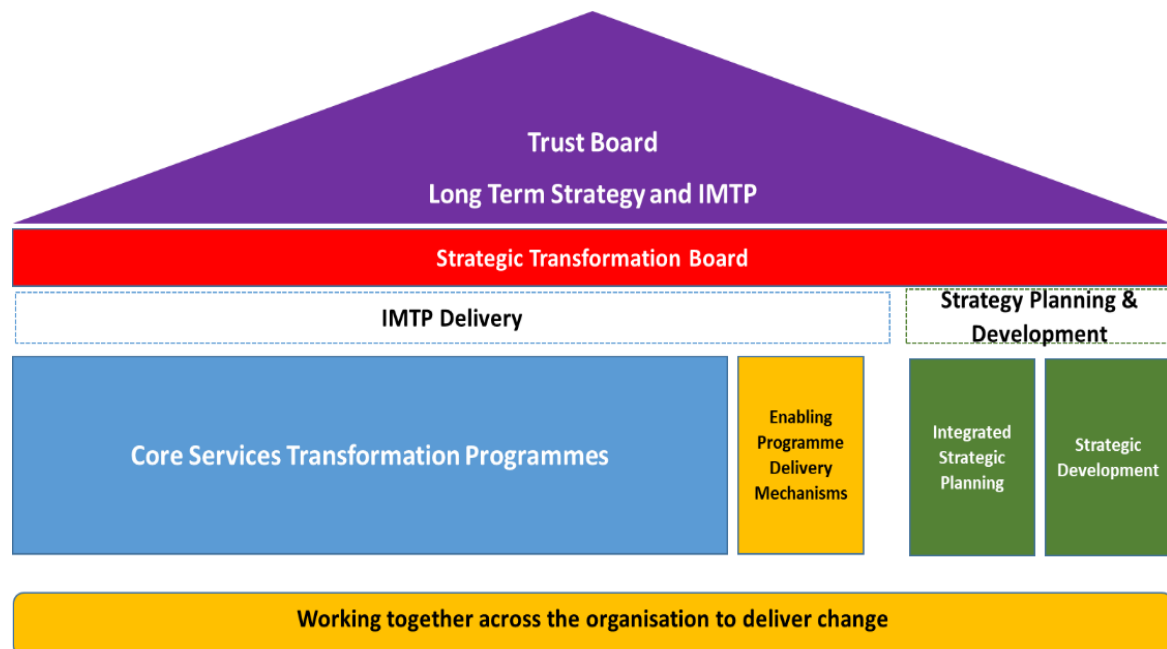
- The Trust continues to look for, and test, new and innovative technologies, and strategies to help prevent the spread of infectious diseases. It has already embraced the use of the rapid sanitisation process of cleaning vehicles and must continue to be open minded and motivated to continue to seek ways in which it can reduce healthcare associated infectious diseases.
- There is an expectation that National Ambulance cleaning guidelines will be available in 2023, and that standards and processes will be reviewed with national recommendations.
- Encouraging and promoting vaccination of healthcare staff against vaccine-preventable diseases including Influenza and Covid-19. As of March 2023, 94% of frontline staff had received the second dose of the Covid-19 vaccine and 44.5% had received the vaccination against flu.
- Antimicrobial resistance (AMR) is a global public health threat. Antimicrobial stewardship programmes and infection prevention and control measures can help prevent the spread of resistant organisms and reduce the use of antibiotics, thereby reducing the risk of AMR.

It is essential to regularly review and update IPC policies and procedures to align with the latest guidelines and recommendations from relevant authorities and to ensure that this reaches frontline practitioners.



1.13. Integrated Medium Term Plan

The Integrated Medium-Term Plan (IMTP) is delivered through its core services transformation programmes and enabling workstreams which report to the Strategic Transformation Board (STB). STB continued to meet regularly (every six weeks) during the pandemic response and recovery, delivering significant transformation despite the increased pressure across the urgent and emergency care system. The infographic overleaf shows some of the delivery across the planned and emergent projects throughout 2022/23.





IMTP Delivery



1.14. Delivering in Partnership

Society may have emerged from the worst of the Covid-19 pandemic, but that does not mean that the increasingly strong working relationships with partners, including those forged in more recent years, have diminished in importance.

While partnership and collaboration had been at the heart of the Trust's mission for a number of years, the pandemic brought home both the importance of relationships within and beyond the organisation. It also sowed the seeds of a new era of less linear and more dynamic relationships, where the concept of shared benefit, both for organisations and, importantly, for patients and staff, would need to be at the heart of the Trust's future approach to partnership and engagement.

In 2022/23, the Trust spent time reflecting on the lessons of the pandemic and how the positive aspects of partnership can be sustained as it enters a new environment of post-pandemic healthcare. Given the challenges and opportunities of the post-pandemic environment, 2022/23 was a year in which strong and effective partnerships were more important than ever.

This year has seen a number of significant developments in the formal partnership landscape, which will have a bearing on the Trust as it moves forward. One of the most significant has been Welsh Government's consultation on plans for the Trust, along with a number of other additional bodies, to come under the auspices of the Well-being of Future Generations (Wales) Act 2015.

The Trust was not one of the 44 public service organisations originally covered by the Act. At the time, the Trust committed to working within the spirit of the Act and has continued to do so. The opportunity for that omission to be rectified has been welcomed by the Trust and while the results of the consultation are not yet known, we are working on the basis that, in future, the Trust will be covered by the legislation, with all that it entails.

Over the last seven years, the Trust has worked hard to secure representation on four of the seven Regional Partnership Boards (RPB), with representation also on the Gwent Adult Services Partnership which is a subset of the Gwent RPB. The RPBs have evolved over the years and are now seen as a key delivery vehicle for the integration of health and care services, with access to funding to support this important work from Regional Investment Funds.

The Trust were delighted to hear at the end of the year that Welsh Government is likely to be consulting in 2023/24 on adding organisations, including the Trust, to the list of statutory partners entitled to sit on RPBs, which could result in future Trust representation on all seven Regional Partnership Boards in Wales.

While both these developments may not come to fruition until 2023/24, it is gratifying to note that there is growing and important recognition of the Trust's contribution in the partnership arena.

Understanding our collective challenges, working with partners to deliver different solutions to both new and established problems and, ultimately, better services for our patients and a more fulfilling working life for our people, are now at the heart of our refreshed engagement framework and delivery plan.

The framework and plan focus on working with stakeholders and the public on new solutions for us as an ambulance service, while making a positive impact on the wider health and care system.

Both these documents were approved by our Board this year, paving the way for positive engagement with our stakeholders, patients, and the public on how we can ensure our services better meet the needs of the people we serve going forward.

In 2022, the Trust conducted a reputation audit to understand the starting point for our dialogue with partners, receiving responses from almost 50 key stakeholders. Feedback was varied and highly insightful. Moving forward, that feedback will form the basis of a refreshed approach and help inform our thinking.

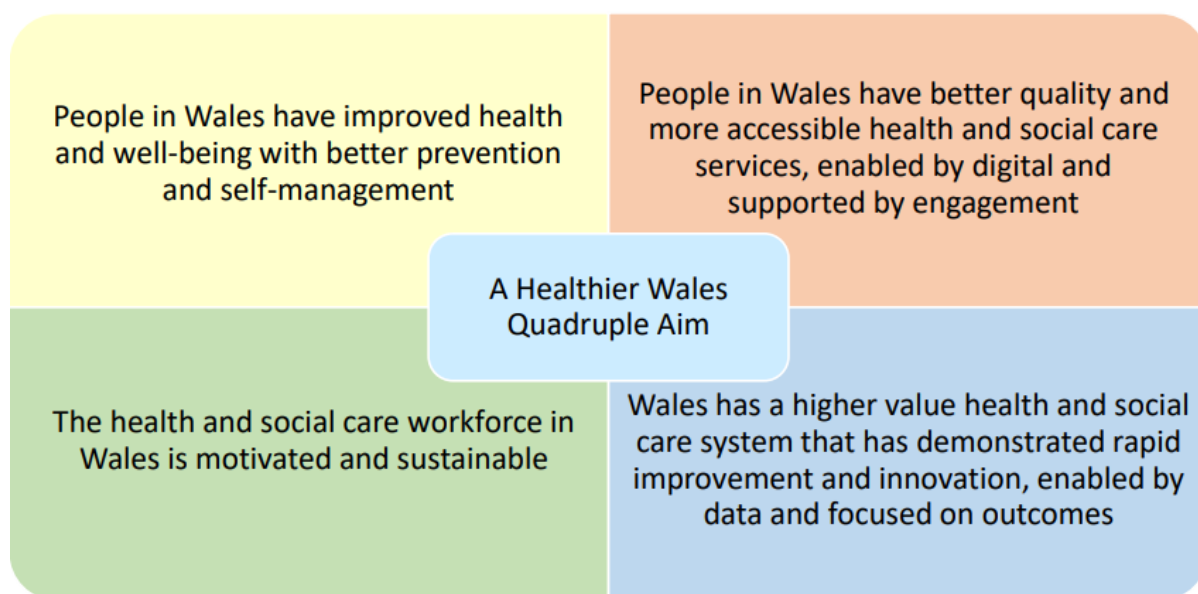
1.15. Ministerial Priorities and NHS Wales

NHS Wales were set a range of 'Ministerial Priorities' in 2022/2023. The Trust's progress against each priority is detailed in the following section.

Ministerial Priorities

A Healthier Wales – As an Overarching Policy Context

A healthier Wales: Long Term Plan for Health and Social [A healthier Wales: long term plan for health and social care | GOV.WALES](#), sets out a "quadruple aim" for NHS Wales organisations of:-



The Trust has interpreted the "quadruple aim" into four themes: Our Patients, Our People, Finance & Value and Partnerships & System Contribution, through which it reviews its quality and performance. Both the Overview and the Delivery and Performance Analysis report the Trust's 2022/23 progress against these four headings. In year, the Trust uses these four headings to report quality performance; and the Trust's Quality and Performance Management Framework is based on a 'balanced scorecard' approach around these four themes.

Population Health

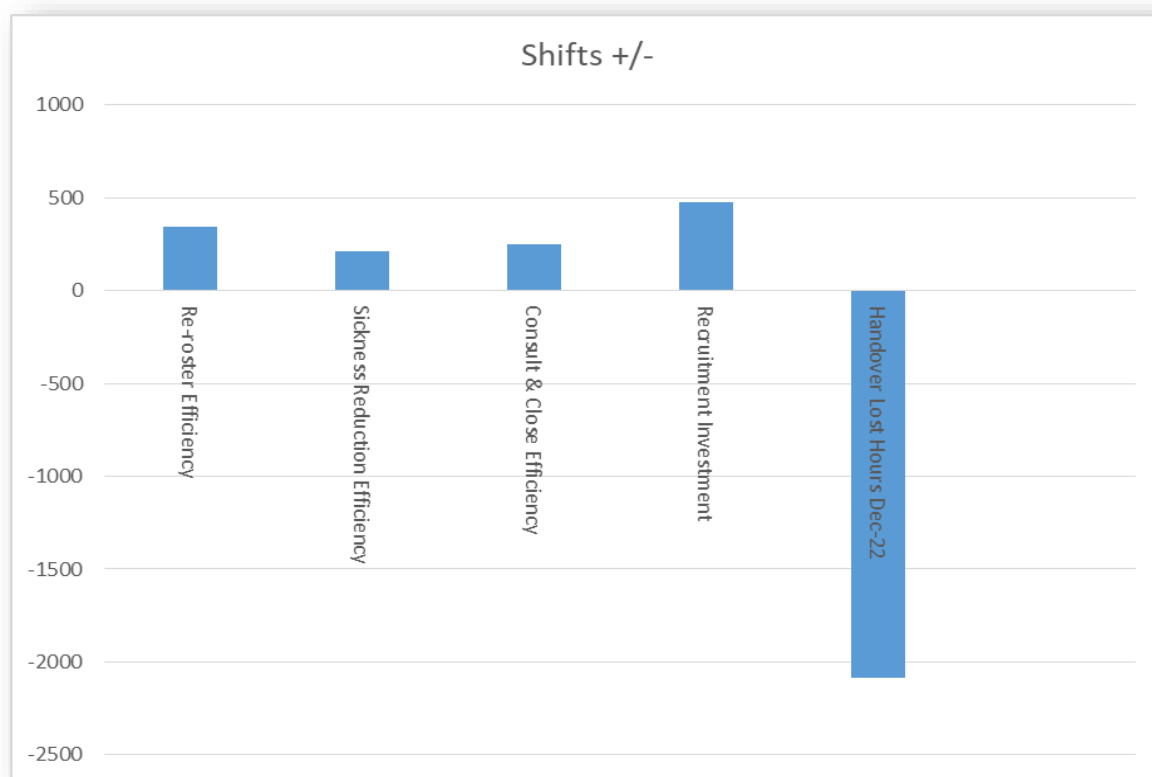
Health Boards have a statutory responsibility for their population's health. Health Boards commission ambulance services for their geographic areas through the Emergency Ambulance Services Committee (EASC), with 111 currently being a Programme, which will be commissioned by Health Boards with the Trust as the provider, from 2023/24.

The Trust's contribution to population health is therefore defined by the commissioning process, in particular, any Welsh Government targets that apply, for example Red eight-minute performance, and other metrics as directed by EASC, for example, renal performance. Invariably these metrics are time bound, however, the Trust implemented the new ePCR in 2022/23, which will start to give the Trust improved clinical information. A key area of development is data linking so that the Trust can track its patients into the wider health care system, in particular, the outcomes for patients it has had contact with.

Covid-19 Response

The Trust originally triggered its Pandemic Influenza Plan on 04 March 2020. The Trust monitored a key set of indicators, both performance, forecasting & modelling signals, to determine how close it was to being able to declare the Pandemic Plan as being no longer required. Following a sufficient improvement in the indicators and a closure of actions required to move the Trust out of its Pandemic Plan and into business as usual, the Executive Pandemic Team agreed to close down the Pandemic Plan structures on 20 July 2022.

NHS Recovery



For the Trust the key metric that indicates the pressure (and state of recovery) of the unscheduled care system in Wales is handover lost hours. The 2019 EMS Demand & Capacity Review was predicated on December 2018 handover lost hours, which were 6,038. In December 2022 the Trust lost 32,098 hours to hospital handover, which equated to 37% of emergency conveying ambulance production that month. The Trust cannot take actions that compensate for this level of loss. The above graph illustrates the positive impact (ambulance shifts gained) from actions within the Trust's control, which are offset by the level of handover in December 2022.

The Trust will continue to take actions, within its control, to improve its efficiency and "shift left" i.e., reduce the flow into hospitals, where it is clinically safe and appropriate to do so, but handover reduction to pre-pandemic levels remains critical to recovery and patient safety. Health Boards were given Ministerial direction to reduce handover lost hours in 2022/23, but these directions were not achieved.

Mental Health and Emotional Well-being

During 2022/23 the Trust rolled out the 111 press 2 service to ensure patients with urgent mental health needs get immediate access to 24/7 health services and received funding from EASC to employ five Mental Health Practitioners into the Clinical Support Desk to support telephone triage with a specific focus on mental health. These initiatives will be subject to evaluation in due course.

The Trust achieved a year end compliance rate of 89.71% for the Dementia NHS Wales eLearning module. The Trust also delivers role specific dementia awareness to a range of different staff groups, for example, half day sessions have been provided to Emergency Medical Technicians, and one full day session to BSc Paramedicine students as part of Year one Swansea University induction, during 2022/23.

The Trust has one of the most comprehensive mental health and wellbeing employee support offers across the sector. Refer to the 'Workforce Management and Well-being' section of the Performance Report for further narrative.

Supporting the Health and Care Workforce

As above, the Trust one of the most comprehensive mental health and wellbeing employee support offers across the sector. The Trust has also had a very strong focus on workforce planning and recently received positive feedback from a large international consultancy that its approach was comparatively advanced.

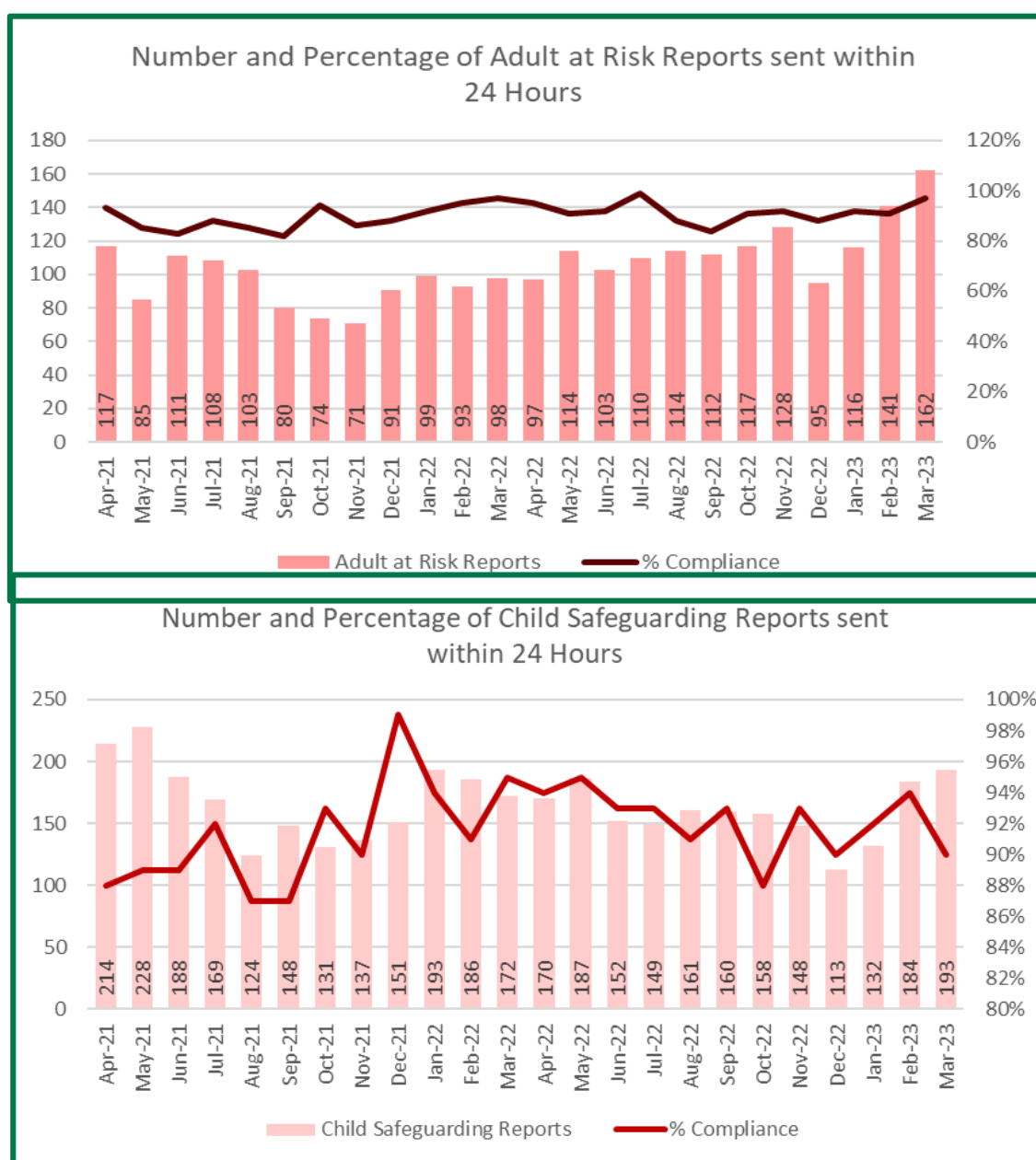
Clearly, 2022/23 has been a difficult year for industrial relations with strike action in the sector. All parties have conducted themselves professionally throughout, with strike action currently suspended with detailed negotiations on-going.

NHS Finance and Managing within Resources

The Trust achieved financial balance in 2022/23. Refer to the 'Finance and Value' section of the Performance Report for further narrative.

Working Alongside Social Care

The Trust has a significant amount of contact with the population in their home environments, which means the Trust's people can identify issues for social care. A key area is safeguarding reporting for adults and children. The Trust achieves a high level of reporting within 24 hours and these key metrics are reported to every committee and to every Trust Board: -

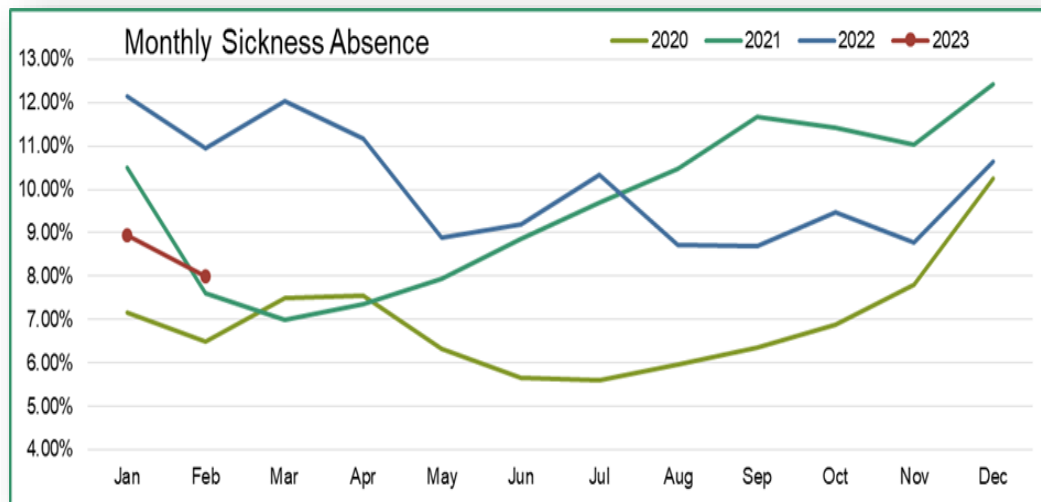


The Trust also operates a Falls Service and during 2022/23 agreed to launch a Connecting Care Cymru service in 2023/24, which will provide a sitting service combining St John's Ambulance and remote clinical support from the Trust.

Accountability Conditions

When the Minister approved the Trust's 2022/25 IMTP, approval came with a number of accountability conditions. This section details the conditions and the Trust's progress against each of them.

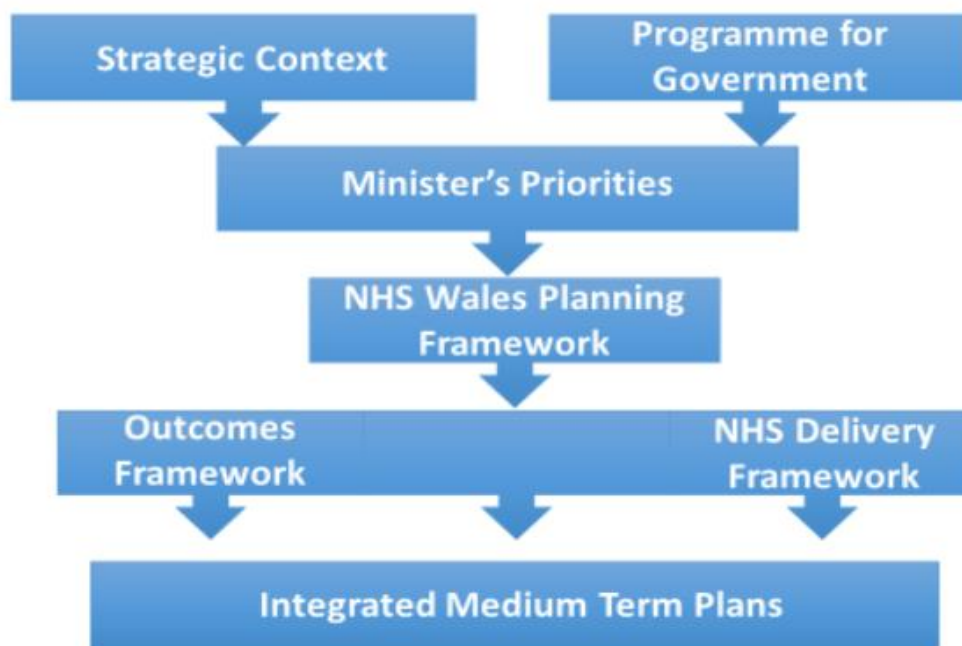
- a. The Trust's contribution to the Six Goals for Urgent and Emergency Care is helpfully set out in the plan, however articulation of how this will translate to improved outcomes and performance needs to be clearly demonstrated. The Trust has provided a detailed response to Welsh Government as part of its 2023-26 IMTP submission [Bundle Trust Board \(Open Session\) 30 March 2023 \(nhs.wales\)](#).
- b. The adoption of Value Based Healthcare needs to be strengthened and progress in reducing variation and removing harm demonstrated clearly. The Trust has set out its approach to Value Based Healthcare in its 2023/26 IMTP submission.
- c. Further expansion and completion of the Minimum Data Set (MDS) in the quarter refresh exercises is required. The Trust reviewed the MDS in collaboration with Welsh Government in 2022/23 and agreed a revised set. The Trust submitted year end data and forecasts for the revised MDS as part of its 2023/26 IMTP submission.
- d. Improvement in sickness and absence rates across the Trust workforce needs to be demonstrated clearly. The Trust set itself an interim sickness absence target of 8% by 31 March 2023, and achieved 7.99% in February 2023. The Trust's final target is 6% by 31 March 2024.



- e. Delivery of workforce efficiencies and the implementation of roster review by end of December 2022. The Trust successfully delivered the roster review by December 2022.

NHS Wales

The Trust is subject to two key frameworks, the NHS Wales Planning Framework, and the NHS Wales Delivery Framework: -



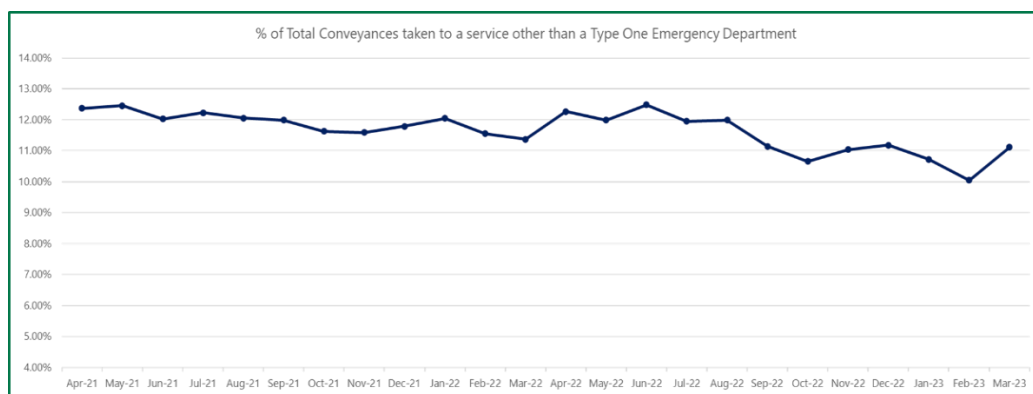
The 'Ministerial Priorities' have been covered above. The IMTP is a separate document and is publicly available on the Trust's website via this link - [Trust IMTP 2022/25](#). For the NHS Delivery Framework, the following measures apply to the Trust:

- a. Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within one hour of their initial call being completed:

Refer to the Call Answering sub-section of the 'Our Patients (Quality, Safety and Patient Experience)' section for further information.

- b. Percentage of total conveyances taken to a service other than a Type One emergency department:

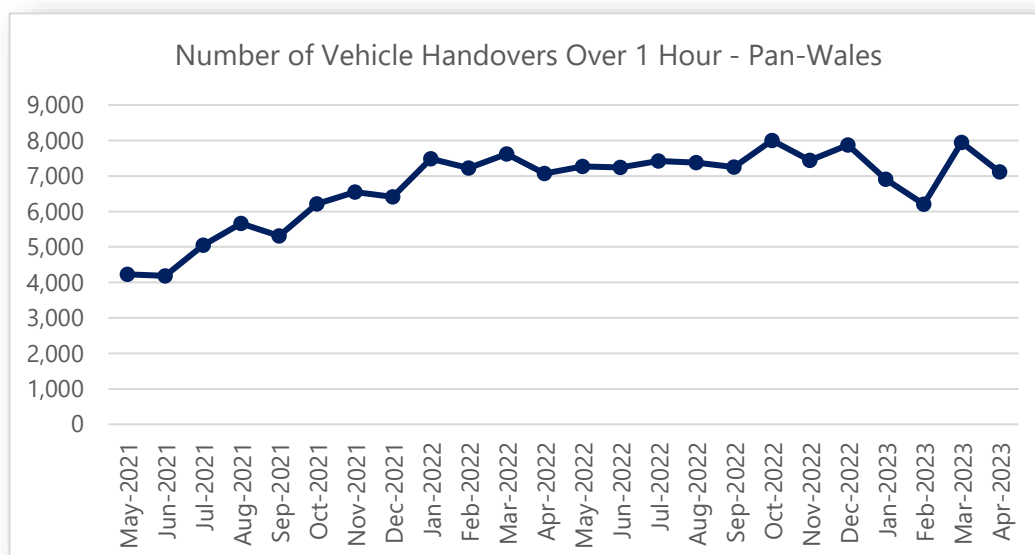
The Trust's ability to convey is dependent on pathways being available to the Trust. A key area of development in 2022/23 were Same Day Emergency Care (SDEC) centres by Health Boards. The Trust has identified that less than 0.5% of its verified demand is going into SDECs, consequently there has been no impact on this indicator: -



The Trust estimates that 4% of its patient demand could be suitable for SDECs. Another reason for this indicator not improving is that the Trust has to operate its Clinical Safety Plan to higher levels than it would want, which means that more acute patients are prioritised, more of who will need to go to an emergency department.



- c. Percentage of emergency responses to Red calls arriving within (up to and including) eight minutes: Refer to the Response Times sub-section of the 'Our Patients (Quality, Safety and Patient Experience)' section for further information.
- d. Number of ambulance patient handovers over one hour:
This is a health board responsibility but is relevant to the Trust's performance. There is an increasing trend, which is consistent with the extreme levels of handover lost hours that the Trust has had to work within during 2022/23.



- e. Agency spend as a percentage of total pay bill:
Agency costs for 22/23 totalled £1.761m which was 0.9% of pay bill. The majority of this was due to the "co-horting" costs in the early part of the financial year. Patient "co-horting" i.e., the holding of patients in cohorts by the Trust outside emergency departments, in order to release emergency ambulances for other calls, was trialled in 2022/23, but not considered value for money and stopped. The Trust is anticipating a reduction of agency spend in 2023/24, in particular, because the "co-horting" has stopped.

- f. Percentage of sickness absence rate of staff:
See section above on Accountability Conditions.
- g. Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level two (foundation level) and above:
89% of staff have recorded their Welsh Language skills on ESR (Welsh language listening/speaking); 25% Welsh language listening/speaking skills level two (foundation level) and above.
- h. Percentage compliance for all completed level one competencies of the Core Skills and Training Framework by organisation:
Refer to the 'Our People' section for further information.
- i. Percentage headcount by organisation who have had their Personal Appraisal & Development Review/medical appraisal in the previous 12 months:
Refer to the 'Our People' section for further information.
- j. Overall engagement score:
NHS Wales has not run the staff survey, which includes this metric, through the pandemic period.
- k. Percentage of staff who report that their line manager takes a positive interest in their health & well-being:
NHS Wales has not run the staff survey, which includes this metric, through the pandemic period.
- l. Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach:
The Trust Decarbonisation Action Plan (DAP) is currently reporting internally as Amber. Estates and Facilities Advisory Board funding in 2023/24 and 2024/25 will allow for investment in further infrastructure and decarbonisation schemes across a range of sites. The Trust has completed a scoping exercise for electrical capacity requirements across the WAST estate and work is

ongoing with Welsh Government Energy Services on rapid electronic vehicle charging.

A governance system has been developed to monitor, report, update and support all required DAP actions. The Decarbonisation Programme Board, chaired by the Director of Partnership and Engagement, ensures a strategic overview is achieved, alongside continuing to develop a work programme and risk management approach with meetings every quarter.

Annual quantitative public sector carbon emission reporting will be available for review upon submission following public sector carbon reporting guidelines. This information will be published on the Trust's website. Collation of this data from internal processes is complete, however scope three supply chain data provided by NWSSP has yet to be received.

- m. Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan:
The Trust submitted its report to Welsh Government which is available on request.
- n. Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundation Economy in Health & Social Services 2021/22 Programme:
The Trust submitted its report to Welsh Government which is available on request.
- o. Report detailing evidence of NHS Wales embedding Value Based Health & Care within the organisational strategic plans and decision-making processes:
The Trust has not submitted a report as such, but the Value Based Healthcare Working Group in the Trust continues to develop its work programme alongside the Financial Sustainability Programme. There has been some slippage in implementation of Patient Level Information and Costing (PLICs), with data quality issues pushing implementation back to Q3 or Q4 in 2023/24. The work to trial Patient Reported Experience Measures with Aneurin Bevan University Health Board has been live during quarter four and we expect the results in quarter one of 2023/24.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

We will be holding a workshop facilitated by Value in Health Centre in May 2023 to further enhance our understanding of Value Based HealthCare and how we can apply it across pre-hospital urgent and emergency care. Following this workshop, we will establish a Value Based HealthCare steering group with Executive leadership to guide the organisation in embedding Value Based HealthCare across all of our activities. This is a commitment that has been made in our IMTP this year.

1.16. Workforce Management and Well-being

Staff Well-being

The Trust has one of the most comprehensive mental health and wellbeing employee support offers across the sector. This includes internal and external supports to ensure our people have a wide range of options, and not assuming that one size fits all. Within this is an internal wellbeing department, with three wellbeing practitioners, a Trauma Risk Intervention Management (TRiM) lead and an assistant psychologist and psychology placement student; an online portal that can be accessed from personal devices, as well as within the Trust, called www.wastkeepingtalking.co.uk and 24 hour access to our Employee Assistance Programme – Health Assured, who were selected due to their trauma informed approach. All staff can access the Thrive App which includes live coaching, Cognitive Behaviour Therapy courses and this has been downloaded to all Trust issued iPads.

In terms of mental health, and in particular expertise in trauma, the Trust employs three clinical psychologists who all provide consultation to managers and teams, in addition to working directly with individuals with complex presentations including post-traumatic stress disorder and all are trained in multiple trauma approaches, including eye movement desensitization and reprocessing. Every new starter to the Trust, or those who change roles, are made aware of our comprehensive offer at our WASTWarmWelcome sessions. The Occupational Health and Wellbeing Teams have two mobile clinic vans and regularly visit emergency departments and stations to promote health and wellbeing, as well as being present at all Chief Executive Roadshows that occur over two separate weeks each year.

TRiM was introduced into the Trust in 2018 and there are currently 50 TRiM Practitioners across Wales. Road crews have personal issue iPads, and there is a TRiM button on each one to use to self-refer. Managers also can refer staff to our TRiM Lead who will then contact the member of staff. In addition, there is a Peer Support Network and an extended chaplaincy service throughout Wales. The Trust is actively offering REACT Mental Health training to all managers so that they are able to notice any signs in their staff relating to distress and become more adept at having supportive conversations them. So far 279 managers have undergone this training, and further training sessions are set to be delivered throughout the 2023/24.

The Trust also has good links with services that are available to all NHS staff including Canopi and Silvercloud. The Ambulance Services Charity is also an important support option for staff, and the Trust have worked closely with them around employee wellbeing and suicide prevention across the sector. They have recently extended their services to include a crisis line for staff at risk of suicide, and those concerned about them. Staff are also able to access charities such as MIND, Blue Light, and the Samaritans.

Our services are advertised regularly through many mediums, including posters, leaflets, outreach by the Occupational Health and Wellbeing Team, Yammer, Intranet, and information regularly passed to managers. There is also a dedicated Occupational Health and Wellbeing Intranet site with up-to-date information on all services available to our people, along with contact details.

The health and wellbeing of our people is a priority, and the Trust is constantly reviewing how best to support them at work. However, it cannot be ignored that much of the stress experienced by our people at the current time is as a result of system pressures and the Trust must be cautious to ensure it does not try to locate difficulties within individuals that are as a result of external factors. No amount of wellbeing support will mitigate against working conditions currently being experienced by many staff.

Health and Safety

2022/23 continued to be a challenging year for the Trust in regard to ensuring the health, safety, and welfare of its staff. Whilst there is a strong level of internal control with respect to metrics provided to the Health & Safety Executive, challenges around incident reporting times or handlers confirming staff sickness absence to the Health and Safety function continue to impact on the timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive. Also, whilst some restrictions did ease, pressures surrounding Covid-19 continued to have an impact upon the service.

The health and safety corporate Risk 199, *'Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation'*, was subject to review and subsequently reframed to incorporate the aspects to health and safety culture within the organisation that could present a risk to staff and patients. In May 2022, the risk was reduced from 20 to 16 due to several deliverables achieved which provided a greater level of confidence within the Trust.

Following significant investment to support the Workforce Transformation business case, the new model commenced in quarter three 2022 with the new structure embedding health and safety further into the organisation at all levels throughout the Trust.

The pump prime phase for the health and safety function was completed in September 2022, with 13 deliverables as had been identified within the Trust's Working Safely Action Plan. As the Working Safely Programme is a medium-term project, four key workstreams have been identified for further improvement for 2023/24 which will assist in a potential reduction in risk 199.

Other actions identified on the Working Safely Action Plan will be incorporated into business-as-usual activities via the Annual Safety Plan, which support the Trust's IMTP objectives.

Delays outside emergency departments heavily contributed to a volume of Datix incidents citing ill health effects from potential exposure to diesel fumes. Three environmental surveys were undertaken by an external provider in quarter four 2022 and found not to have exceeded the legislative Workplace Exposure Limit. Following this, working groups were established with associated Health Boards to identify and implement pragmatic solutions.

Further surveys have been repeated at seven priority sites during quarter four 2023. These reports are currently being subject to analysis. Work continues at strategic and local levels throughout the Trust in the reduction of fume exposure.

Workforce Planning

Workforce planning continues to play a key role in the Trust's ability to achieve its strategic objectives. The last few years have seen close working with its colleagues in education and planning, and with key stakeholders both within and outside the organisation to ensure availability of fully trained and capable staff working at their optimum to ensure positive patient experience.

The year 2022/23 saw the continuation of significant recruitment and training activities following the ask from Welsh Government for an additional 100 WTEs. This number incorporated an additional 90 Emergency Medical Technicians and 10 Ambulance Care Assistants over and above the funded establishment. This has resulted in the numbers below being added to the total workforce. Significant recruitment activity took place during 2022/2023 with almost 700 hires, including:

- Over 150 hires for Emergency Medical Service (152);
- Over 70 hires for Emergency Medical Service Coordination Service (77);
- Over 100 hires for the 111 service (106);
- Over 280 hires for Ambulance Care Directorate (includes Ambulance Care Contact Centre) (289).

The Trust also received the following support from its volunteers: -

- Five Volunteer Car Service Drivers;
- 90 new Community First Responders;
- Five Volunteer Chaplains.

The resultant change in workforce numbers is reflected in the Accountability Report.

1.17. Decision-making and Governance

Trust's Governance and Accountability Framework

The Trust Board is accountable for governance, risk management and internal control in the organisation. The board is supported by seven Committees, the detail of which is in the Accountability Report at Section B of the Annual Governance Statement.

The management governance structures consist of the Executive Management Team (EMT) which assists the Chief Executive in discharging his accountabilities and is comprised of the Directors. The EMT meets weekly for formative discussions, support and decision making. The EMT is supported by a series of sub-groups including the Assistant Director's Leadership Team, the Clinical Quality Governance Group, the Policy Group, and the Quality and Performance Management Steering Group. The Strategic Transformation Board is the executive group that oversees the development and delivery of the IMTP and is supported by a number of Programme Boards aligned to the IMTP.

Each Directorate has a governance structure relevant to the size and portfolio of its director. Further details on the Trust's governance and accountability arrangements, and audit and assurance arrangements are set out in the section H 'Review of Effectiveness' within the Annual Governance Statement.

Ambulance Commissioning

A key aspect of the Trust's accountability and governance framework is that the Trust is a commissioned service for Emergency Medical Service and NEPTS. The commissioning is undertaken by the Emergency Ambulance Services Committee (EASC), on behalf of Health Boards, who are also supported by the Chief Ambulance Service Commissioner (CASC) and the National Collaborative Commissioning Unit. EASC, and its supporting committees, have continued to meet, with one or two exceptions, during periods of maximum escalation. Similarly, the monthly CASC Assurance meeting has continued to function through 2022/23, again with one or two exceptions for maximum escalation periods. The Trust has maintained its weekly dialogue with the CASC on quality, performance, governance, and financial commitments.

The Trust has received financial support from EASC during 2022/23, in particular for the recruitment of an additional 90 WTEs for front line Emergency Medical Service.

The Trust was working on a 'payment by results' basis for the recruitment of this extra 90 WTEs. The Trust is currently awaiting confirmation from EASC that the funding for these additional 90 staff is recurrent.

EASC sets the Trust a range of 'commissioning intentions' linked to the funding package, what is referred to as the 'resource envelope'. The Trust provides a Provider Report to every EASC meeting and also more detailed information to its sub-committees. The Trust has made good progress on the 2022/23 commissioning intentions and reported its progress through the year to the EASC Management Group with the year-end position being reported to EASC Management Group on the 20 April 2023.

Further information on EASC and the Trust can be found at <https://easc.nhs.wales/>. The Trust continues to operate a collaborative and open style of working with the CASC and his team.

Well-being of Future Generations (Wales) Act 2015

Please refer to the 'Partnerships and System Contribution' and 'Delivering in Partnerships' sections of the Performance Report for the Trust's position and progress on the Well-Being of Future Generations (Wales) Act 2015.

Welsh Language

The Welsh Language Standards, effective from 30 May 2019, have given the organisation the opportunity to improve the level of Welsh language services we provide for our patients, services users, and the wider population. The Trust's compliance requirements can be accessed via the Welsh Language Standards section on our website.

The Trust continues to strive towards ensuring that the Standards are embedded within its processes and systems to ensure that the Welsh language is treated no less favourably than the English language in its services and operations and that members of the public, learners and staff are able to interact with the Trust in the language of their choice.

Within the Trust's Integrated Medium-Term Plan (IMTP) 2023/26 we have a Welsh language framework that incorporates a new policy and guidance, as well as an action plan to implement the Welsh Government Mwy na geiriau/More than just words strategy with a focus on an active offer of Welsh across our services.

The Trust reports progress on key actions to achieve its ambitions and statutory obligations for the Welsh language in its Annual Welsh Language Report, where a range of statistics such as Welsh Language complaints, staff numbers with Welsh Language skills and recruitment numbers requiring Welsh Language can be found. This is published on the Trust's website by the end of September each year, in accordance with Standard 120 of the Regulations.

Sustainability

The Trust is committed to reducing its impact on the environment and hold the Welsh Government's ambition for the public sector to be carbon neutral by 2030. Under the NHS Wales Decarbonisation Strategic Delivery Plan, The Trust is required to meet stringent environmental targets for all Trust functions, including decarbonising its estate and fleet for 2030. A Decarbonisation Action Plan (DAP) has been produced, detailing actions, action owners and timelines for completion. The DAP is submitted to Welsh Government and updated annually. It is also included as an appendix within the Trusts IMTP.

Following current guidance, a decarbonisation qualitative report is submitted bi-annually to the Welsh Government detailing carbon reduction progress, challenges, and risks. Further data is not available at this time, but Carbon reporting data for 2022/23 will be made available to view from September 2023, in-line with Welsh Government public sector carbon reporting guidance. The Trust's Sustainability Report will be published when available, after the publication of the Carbon reporting data.

1.18. Conclusions and Look Forward

2022/23 has been another extraordinary year for the Trust as it has continued to respond to a number of internal and external pressures. There is no doubt that the Trust's staff have stepped up to the challenge, as have the Trust's partners.

Whilst the Trust has stepped up to meet the challenge, patient experience and safety in 2022/23 were not at the levels the Trust, or its stakeholders, aspire to. The reasons are complex and multiple, with some directly, or indirectly, related to COVID-19 and others due to underlying fundamentals that were a problem pre-pandemic.

The Trust recognises that the organisational and broader health system landscape has changed over the past few years. This has placed even greater emphasis on the need for system wide collaboration, developing longer-term solutions that meet the needs of the people of Wales today, and of future generations, focussing on improving clinical outcomes, patient experience and being value driven.

The long-term Strategic Framework for 2030, 'Delivering Excellence', which was agreed in 2019, sets out the Trust's ambition to move from being a traditional ambulance and transport service, to being a trusted provider of out-of-hospital high quality care, ensuring that patients receive the right advice and care, in the right place, every time, with a greater emphasis on providing care closer to home. The Trust's IMTP 2023/26 provides further details on the Trust's strategic plans.

1.19. Links to Further Information

The Trust reports delivery against its IMTP throughout the year and reports on performance to every Trust Board meeting through the Integrated Quality & Performance Report. For further information and to view these reports please click on the following links: -

Board Date	Board Agenda Item	Link to Trust Board Papers (Public)
26 May 2022	9 and 13	Trust Board Papers - May 2022
28 July 2022	10 and 12	Trust Board Papers - July 2022
29 September 2022	11 and 13	Trust Board Papers - September 2022
24 November 2022	11 and 13	Trust Board Papers - November 2022
26 January 2023	11, 13 and 14	Trust Board Papers - January 2023
30 March 2023	12, 13 and 15	Trust Board Papers - March 2023

Ambulance Quality Indicators: Each Health Board receives a performance indicator dashboard, from Welsh Government, to ensure consistent reporting in their annual reports. The Trust is not a Health Board and is a commissioned service by EASC; consequently, Welsh Government do not issue a dashboard to the Trust. Whilst no dashboard exists, the Trust considers itself a very transparent ambulance service, with the publication of the monthly Ambulance Service Indicators by EASC and Welsh Government.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Performance Report Contact Details: Should you require any further information on this Performance Report, please contact Hugh Bennett, Assistant Director - Commissioning and Performance on hugh.bennett2@wales.nhs.uk.

PART 2: - ACCOUNTABILITY REPORT

The Accountability Report is intended to meet key accountability requirements to the Welsh Government. The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of Statutory Instrument 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The requirements of the Companies Act 2006 have been adapted for the public sector context as set out in the Government Financial Reporting Manual (FReM). It will, therefore, cover such matters as directors' salaries and other payments, governance arrangements and the audit certificate and report. The Accountability Report will be signed and dated by the Accountable Officer. The Accountability Report consists of three main parts. These are:

The Corporate Governance Report: This Report explains the composition and organisation of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The Corporate Governance Report itself is in three main parts; the Directors' Report, the Statement of Accounting Officer's Responsibilities, and the Governance Statement.

The Remuneration and Staff Report: The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the Trust's policy on senior managers' remuneration and whether there were any exit payments or other significant awards to current or former senior managers. In addition, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information with regard to numbers, composition, and sickness absence, together with expenditure on consultancy and off payroll expenditure.

Parliamentary Accountability and Audit Report: The Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

2.1 Corporate Governance Report

This Corporate Governance Report details the composition of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The Report explains the management and control of resources and the extent to which the Trust complies with its own governance requirements, including how the Trust has monitored and evaluated the effectiveness of its governance arrangements. It is intended to bring together in one place matters relating to governance, risk, and control.

The Corporate Governance Report aims to provide the reader with a clear understanding of the organisation and its internal control structure, the stewardship of the organisation and an explanation of the risks the organisation is exposed to. Where there are weaknesses reported in the Report, an explanation is provided on how these are being addressed. The Corporate Governance Report consists of three main parts which are: -

The Directors' Report: This provides details of the Board and Executive Team who have authority or responsibility for directing and controlling the major activities of the Trust during the year. Where information which would normally be shown here is provided in other parts of the Annual Report and Accounts, this is signposted.

The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities in Respect of the Accounts: This requires the Accountable Officer, Chair and Executive Director of Finance and Corporate Resources to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts, as a whole, is fair, balanced, and understandable.

The Governance Statement: This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within the Trust and brings together how the organisation manages governance, risk, and control.

2.1.1 The Directors' Report

The Directors' Report provides details of the Board, Executive Team and any other individuals who were Directors of the Trust and have, or had, authority or responsibility for directing and controlling the major activities of the Trust at any point during the year.

Where information normally presented in this report is discussed elsewhere in the Annual Report and Accounts, this will be cross-referenced, and the corresponding citation provided.

a) Details of the Chair, Chief Executive and Other Directors

The details of the Chair, Chief Executive and any other individuals who were Directors of the Trust at any point during the financial year, and up to the date that the Annual Report and Accounts were approved, are provided in the Governance Statement which forms part of this Corporate Governance Report.

The composition of the Trust Board and the names of the Directors forming the Audit Committee are also provided in the Governance Statement. Board Members are listed below, together with in-year changes.

Voting Members of the Board 2022/23 as at 31 March 2023

Colin Dennis
(From 01 October 2022)



Trust Board Chair
Remuneration Committee
Chair

Prof Kevin Davies



Vice Chair
Chair of Charitable Funds (until 04 May2022), and Academic Partnerships (until 31 December2022) and Finance and Performance Committees (until 31 December2022)
Champion for armed forces and veterans; mental health

Bethan Evans



Non-Executive Director
Chair of Quality, Patient Experience and Safety Committee
Champion for Welsh Language

Paul Hollard



Non-Executive Director
Chair of People and Culture Committee,
Champion for; children and young people; older persons; raising concerns

Ceri Jackson



Non-Executive Director
Chair of Charitable Funds Committee (from 05 May2022), Champion for digital and transformation

Hannah Rowan
(From 01 April 2022)



Non-Executive Director
Chair of the Academic Partnerships Committee (From 01 January2023);
Champion for infection prevention control; equality; Putting Things Right; research

Joga Singh



Non-Executive Director
Chair of the Finance and Performance Committee (from 01 January 2023)
Champion for equality

Martin Turner



Non-Executive Director
Chair of Audit Committee

Jason Killens







Chief Executive Officer
Accountable Officer

Lee Brooks



Executive Director of Operations
Champion for emergency planning

<p>Brendan Lloyd</p>  <p>Executive Medical Director</p>	<p>Rachel Marsh</p>  <p>Executive Director of Strategy, Planning & Performance (Voting member of Board from 25 April 2022¹) Joint Executive Lead for the Finance and Performance Committee</p>
<p>Chris Turley</p>  <p>Executive Director of Finance and Corporate Resources Joint executive lead for Finance and Performance Committee; Executive lead for Charitable Funds and Audit Committees; Fire safety champion</p>	<p>Liam Williams</p>  <p>Executive Director of Quality & Nursing (From 01 August 2022) Caldicott Guardian Executive lead for Quality, Patient Experience and Safety Committee Champion for children and young people and putting things right</p>

¹ Refer to narrative under these tables for further explanation.

Non-Voting Members of the Board 2022/23 as at 31 March 2023

Estelle Hitchon



**Director of Partnerships
& Engagement**

Executive lead for
Academic Partnerships
Committee

Angela Lewis



**Director of Workforce and
Organisational Development
(From 12 September 2022)**

Executive lead for People and
Culture Committee and
Remuneration Committee
Champion for violence and
aggression

Trish Mills



Board Secretary

Champion for Welsh
Language

Hugh Parry

**Trade Union Representative
at Trust Board
(From 30 June 2022)**

Leanne Smith



**Interim Director of
Digital Services
(From 01 August 2022)**

Senior Information Risk
Officer

Andy Swinburn









Director of Paramedicine

Damon Turner



**Trade Union
Representative at Board**

Board Members who left Board positions in-year			
Voting Members		Non-Voting Members	
Martin Woodford 	Trust Board Chair (Until 30 September 2022) Remuneration Committee Chair	Craig Brown 	Trade Union Representative at Board – RCN (Until 30 June 2022)
Wendy Herbert 	Interim Executive Director of Quality & Nursing (From 07 March 2022 to 31 July 2022)²	Catherine Goodwin 	Interim Director of Workforce & Organisational Development (From 22 April 2022 to the 11 September 2022)³
Claire Vaughan 	Executive Director of Workforce & Organisational Development (Until 22 April 2022)	Andy Haywood 	Director of Digital Services (Until 31 July 2022)

Further to the changes reflected in the above tables, Board member changes made during 2022/23 are set out below. These changes had no detrimental impact on the balance of the Board or on collective decision- making; the Board had a full complement of voting members at all times.

- Professor Kevin Davies' tenure as Vice-Chair of the Trust Board was extended from the 01 January 2023 to the 31 August 2023.
- Bethan Evans was reappointed as a Non-Executive Director for a second term of four years effective from 12 December 2022.

² Interim Director of Quality and Nursing from 01 August 2022 – 31 August 2022

³ Acting Executive Director of Workforce & Organisational Development from 11 – 21 April 2022

- Ceri Jackson was an interim appointment to the Trust Board and, following an open recruitment campaign, was appointed as a substantive Non-Executive Director, effective from 01 April 2022.
- Hannah Rowan was appointed as a Non-Executive Director for a first term of four years effective from 01 April 2022.

As a result of the introduction of the National Health Service Trusts (Membership and Procedure) (Amendment) (Wales) Regulations 2022, which came into effect from 01 April 2022, the Trust Board composition – with regard to the number of voting Executive Directors and non-voting Directors – changed. These Regulations permitted the Trust to appoint a sixth voting Executive Director and made the Vice-Chair of the Trust Board a statutory role.

As a result, the Director of Operations role was reassigned as an Executive Director of Operations, effective from 01 April 2022, in response to the ability to appoint an additional Executive Director. It was further agreed that the Executive Director attribution assigned to the Executive Director of Workforce and Organisational Development move to the Director of Strategy, Planning and Performance, effective from 25 April 2022 – with the latter therefore becoming an Executive Director.

The members of the Trust's Audit Committee as at 31 March 2023 were Martin Turner (Chair), Paul Hollard, Ceri Jackson, and Joga Singh.

b) Declarations of Interest

The Register of declarations of interest for Directors can be found on the Trust website, [Board Member Register of Interests, March 2023 - Live.xlsx \(nhs.wales\)](#). A revised Standards of Business Conduct Policy will be rolled out in 2023.

c) Personal Data Related Incidents

Information on personal data related incidents which have been formally reported to the Information Commissioner's Office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed in the Governance Statement which forms part of this Corporate Governance Report.

d) Environmental, Social and Community Issues

The Trust is aware of the potential impact its operation has on the environment and it is committed to:

- ensuring compliance with all relevant legislation and Welsh Government Directives;
- sharing the Welsh Government's ambition for public bodies to be carbon neutral by 2030;
- working in a manner that protects the environment for future generations by ensuring that long-term and short-term environmental issues are considered;
- preventing pollution and reducing potential environmental impact; and
- maintaining for the foreseeable future its ISO 14001 environmental management accreditation.

The Performance Report provides further details of the Decarbonisation Action Plan, the work of the Patient Engagement Community Involvement Team and our volunteers during 2022/23. It also details the Trust's involvement in the Regional Partnership Boards and the likely formal inclusion of the Trust in the Well-being of Future Generations (Wales) Act 2015.

e) Cost Allocation and Charging Requirements

The Directors confirm that they have complied with the cost allocation and charging requirements set out in His Majesty's Treasury guidance.

2.1.2 Statement of Accountable Officer's Responsibilities

The Accountable Officer is required to confirm that, as far as they are aware, there is no relevant audit information of which the Trust's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

The Accountable Officer is also required to confirm that the Annual Report and Accounts as a whole, is fair, balanced, and understandable and that they take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced, and understandable.

Statement

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Trust.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

As Accountable Officer, I can confirm that, as far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware and that I have taken all the steps that I ought to have taken to ensure that I and the auditors are aware of relevant audit information.

I can confirm that the Annual Report, and Accounts as a whole, is fair, balanced, and understandable, that I take personal responsibility for the Annual Report and Accounts and the judgement required for determining that it is fair, balanced, and understandable.

I can confirm that I am responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Jason Killens
Chief Executive Officer
Date: 27 July 2023

2.1.3 Statement of Directors' responsibilities in respect of the Accounts

The Directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period.

In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account

The Directors confirm that they have complied with the above requirements in preparing the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

By Order of the Board

Signed:

Colin Dennis

Chair of the Trust Board

Date: 27 July 2023

Jason Killens

Chief Executive Officer

Date: 27 July 2023

Chris Turley

Executive Director of Finance and Corporate Resources

Date: 27 July 2023

2.1.4 The Governance Statement

This Governance Statement demonstrates how we managed and controlled resources in 2022/23 and the extent to which we complied with our own governance requirements, including how we have monitored and evaluated the effectiveness of these arrangements. In doing so, it brings together all disclosures relating to governance, risk, and control.

a) Scope of Responsibility

The Trust Board is accountable for governance, risk management and internal control in the organisation. The Chief Executive (and Accountable Officer) of the Trust has responsibility for maintaining appropriate governance structures and procedures. This includes ensuring that the Trust has a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding the public funds and the organisation's assets. For the year ended 31 March 2023, and through to the date of approval of the Annual Report and Accounts, these have been carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

The Executive Management Team assists the Chief Executive in discharging his accountabilities and it meets weekly for formative discussions, support and decision making. A similar structure is mirrored for Assistant Directors in the Assistant Directors' Leadership Team.

The Annual Report outlines the different ways the Trust has had to work, both internally and with partners, in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated, and assurance has been sought and provided.

Where necessary, additional information is provided in the Governance Statement. However, the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

b) Governance Framework

Governance describes the ways that organisations ensure they run themselves efficiently and effectively. It also describes the ways organisations are open and accountable to the people they serve for the work they do. For the Trust, good governance is about creating a framework within which we:

- Provide our patients with good quality healthcare services.
- Are transparent in the ways we are responsible and accountable for our work.
- Ensure we continually improve the ways we work.
- Adhere to principles of good governance and the Nolan Principles.

Good governance is maintained by the structures, systems, and processes we put in place to ensure the proper management of our work, and by the ways we expect our staff to work. It is also about how we scrutinise our performance and deal with poor practice, ensure quality is at the heart of everything we do, and how we identify and manage risks, whether in terms of patient care, to our staff, or to the organisation as a whole.

The Trust's governance framework houses the structures, systems, processes, and behaviours NHS Wales health bodies are required to establish for ensuring good governance, and they include but are not limited to:

- Standing Orders, which incorporates the Schedule of Matters Reserved to the Board and Delegated Matters, and the Standing Financial Instructions;
- The requirement for a unitary Board and the Committees that support the Board, together with their terms of reference;
- How line managers operate, including codes of conduct and accountability;
- Annual business planning;
- Quality and performance management frameworks;
- Procedural guidance for staff;
- Risk register and assurance frameworks;
- Internal audit; and
- Scrutiny by external assessors including Audit Wales, the Welsh Government, Health Inspectorate Wales, and other stakeholders.

The Trust has agreed Standing Orders for the regulation of proceedings and business. These are designed to translate the statutory requirements set out in the NHS (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024) as amended, into day-to-day operating practice. The impact of the 2022 amendments to these Regulations on the composition of the Board has been explained in the Directors' Report. Together with the accompanying Scheme of Matters Reserved to the Board, Scheme of Delegation to Officers and Others, and Standing Financial Instructions (all referred to as the 'Standing Orders'), they provide the regulatory framework for the business conduct of the Trust and define its ways of working.

On the 20 April 2023 the Audit Committee was alerted to the non-compliance with paragraph 7.4.3 of the Standing Orders with regard to the availability of Board papers ten calendar days ahead of meetings. All endeavours are made to publish papers seven days before each meeting.

In May 2023 the Trust Board approved a temporary amendment to Standing Order 7.2.5 which requires the Trust to hold its Annual General Meeting (AGM) no later than the 31 July each year. The temporary amendment was in response to guidance from the Welsh Government which allows NHS bodies to hold their AGM no later than 28 September 2023.

Whilst no other changes were made to the Model Standing Orders, Standing Financial Instructions, or the Scheme of Matters Reserved to the Board in 2022/23, amendments to the Scheme of Delegation to Officers and Others were approved in May 2023, as were amendments to the Terms of Reference for Committees which form part of the Standing Orders. The Standing Orders and accompanying documents can be found in the [publications](#) section of our website.

Governance Practice Notes have been developed to aid in the interpretation of parts of the Standing Orders and to provide consistency of approach. These included matters related to the affixing of the Trust's common seal; procedure with respect to Chair's actions, and how we conduct Board and Committee business in private session. These Governance Practice Notes were approved by the Audit Committee in March 2022 and reviewed in April 2023.

Trust Board

The Board is accountable for governance, risk management and internal controls. It focuses on the following key areas:

- Strategy: Developing the strategy, vision, and purpose of the Trust. Identifying priorities, establishing goals and objectives, applying resources, and allocating funds to support the decisions that need to be made around strategic planning;
- Embedding Ethical Behaviour: The Board shapes the culture of the Trust in several ways, including by the way in which it engages with staff, the public and stakeholders, the way it manages its agenda, by the nature of the debate at the Board and the relative emphasis given to different performance criteria, by the visibility of its members in the organisation, and by where it chooses to invest time and resources. Board members must live up to the highest ethical standards of integrity and probity and abide by the Nolan Principles;
- Quality: Sets organisation wide expectations and accountability for high performance and compliance with the Duty of Quality and the Duty of Candour as set out in the Health and Care (Quality and Engagement) (Wales) Act 2022. Ensures that all staff understand their role in the effective and high-quality provision of care in a governance framework that ensures a balance between trust, constructive debate, and effective challenge in a culture of openness and learning;
- Managing Risk: The Board is responsible for ensuring there is a robust system of risk management and internal controls in place, and that they are sighted on the mitigations in place for the principal risks to the delivery of the strategy;
- Gaining Assurance on the Delivery of Strategy and Performance: Holding to account, and being held to account, for the delivery of the strategy in accordance with the strategic and performance frameworks developed by the Board, focusing on strategy, performance, culture, and behaviours. Board Members have responsibility for the strategic direction of the Trust, and provide leadership and direction, ensuring sound governance arrangements are in place.

The Board comprises the Chair, Vice Chair, six Non-Executive Directors and six Executive Directors. It holds scheduled meetings bi-monthly, with an additional meeting to approve the Annual Report and Accounts, and an Annual General Meeting. The Trust Board met in public seven times in 2022/23, and nine times in private session, where matters of confidentiality and/or commercial sensitivity were discussed. Decisions made in private session of the Board and Committees are reported in the public session of the Trust Board.

The Board is supported by the Board Secretary who acts as principal adviser on all aspects of corporate governance within the Trust, four further non-voting Directors and two Trade Union partner representatives.

Board and Committee meetings in 2022/23 were appropriately constituted and were quorate. The Trust did not stand down any of the scheduled Board or Board Committee meetings during 2022/23, other than the Advisory Group (Local Partnership Forum) which operated under the pandemic governance structure as the Trade Union Partnership Cell until November 2022, when it was reconstituted and is now known as the Welsh Ambulance Services Partnership Team (WASPT). The terms of reference for WASPT were approved by the Board on 30 March 2023.

In accordance with the Public Bodies (Admissions to Meetings) Act 1960, the Trust is required to meet in public and has done so for its 2022/23 Board meetings, with meetings held at venues in Cwmbran, Cardiff, Wrexham, and Llandudno. Committee meetings continue to take place virtually over Microsoft Teams and the public sessions of these meetings are open to the public, who are provided with a link to the meeting. This is effective given the national remit of the Trust and allows for greater participation from members and attendees located throughout Wales.

To ensure business is conducted in as open and transparent manner as possible, members of the public, staff and stakeholders are able to join the public Board and Committee meetings via Zoom and Teams and have the opportunity to send questions for the Board prior to those meetings. Board meetings are livestreamed on the Trust's Facebook page and retained on YouTube and the Trust website for future reference.

Details of meeting dates and member attendance can be found in Appendix 1 and Appendix 2. Agendas and papers for public sessions are published on the Trust's website and all endeavours are made to ensure that this is done seven days before a meeting. The Trust held its Annual General Meeting in Cardiff on 14 July 2022, and this too was livestreamed.

The key focus of the Board during the year was delivery of performance and quality assurance and improvement, in an environment where the Trust saw the longest handover delays in its history, coupled with a very challenging winter and prolonged periods of industrial action. Much time at the Board and its Committees was devoted to the harm which our patients and our people were, and continue to be, exposed to, and in ensuring the Trust was doing all it could to mitigate this. This continues to be the focus into 2023/24, whilst at the same time ensuring it maintains pace in terms of strategic transformation to reduce instances of harm.

Decisions and actions were recorded and maintained in the form of full meeting minutes and a supporting action log, both of which are reviewed at each meeting. Key decisions and significant matters of business which require escalation are made by each Committee to the Trust Board after each Committee meeting in a highlight report. Examples of the key governance and control matters addressed by the Board during 2022/23 were:

- Audit Wales Annual Report;
- Audit Wales Structured Assessment 2022
- Charitable Funds accounts and annual report;
- Integrated quality and performance reporting aligned to the balanced scorecard of patients, people, value, and partnerships;
- Integrated medium term plan delivery of the 2022/25 plan and approval of the 2023/26 plan;
- Incidents;
- Risk and Board Assurance Framework;
- Standing Orders, Scheme of Reservation and Delegation, Standing Financial Instructions;
- Annual effectiveness reviews and amendments to terms of reference for all Committees;

- Trust Annual Report, accounts, and governance statements; and
- Welsh language Annual Report.

Further details on the working of the Trust Board in 2022/23 can be found on our website [here](#) including the dates of meetings, papers, minutes and recordings of past meetings.

The **Board Development Programme** continued in 2022/23 with a focus on understanding, learning and reflection. The ten scheduled sessions were well attended and designed to stimulate discussion on strategic initiatives; shape culture and behaviours; strengthen system and partnership working; enhance knowledge of the regulatory environment and allow for more detailed briefing of complex issues ahead of formal meetings. Sessions included:

- Equality, diversity & inclusion workshop and allyship programme;
- Working Safely Programme: A health & safety awareness session;
- Effective Scrutiny session by Audit Wales;
- The Trust's organisational strategy;
- Developing the Trust's Strategic Engagement Framework;
- Board behaviours discussion and being 'Our Best';
- Going from good to great – Board maturity;
- Blue light collaboration;
- Learning from public inquiries and independent reviews in regard to patient safety;
- Organisational purpose;
- Institution of Occupational Safety and Health (IOSH) training;
- Compassionate Leadership;
- 2023/26 IMTP development & 2023/24 Financial Plan;
- Financial Sustainability;
- The Health & Social Care (Quality and Engagement) (Wales) Act 2020 – Duties of Quality & Candour, including preparedness for the Duty of Quality;
- Digital Vision & Inclusion;
- Anti-Racist Wales Action Plan;
- Charity strategy;
- Structured Assessment.

In their Structured Assessment 2022, Audit Wales noted that whilst Non-Executive Directors do not tolerate poor performance - challenge and scrutiny by the Non-Executive Directors should be strengthened, particularly as it relates to the impact of actions to mitigate risk and improvements to internal controls following the adoption and closure of audit recommendations. This was discussed at the Trust Board on 26 January 2023 and the Audit Committee on 02 March 2023. On 27 April 2023 Audit Wales attended the Board Development session to facilitate a discussion on this. The further maturation of the risk management framework in 2023 will naturally assist this and, in the interim, guidance on the component parts of the Board Assurance Framework has been developed to support scrutiny.

The **Welsh Ambulance Services NHS Trust Charity** (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales. The Trust is a corporate body in its own right, and the Trust Board acts as the Corporate Trustee of the Charity.

The Corporate Trustee is responsible for the general control, management, and administration of its charity, as well as setting its strategic aims and objectives. Oversight of the Charity is carried out by the Charitable Funds Committee.

The Charity Annual Report and Accounts for 2021/22 have been published on the Trust website [here](#). As a result of a delay in the final audit of the accounts, these were filed after the filing date of 31 January 2023, on the 17 February 2023. The Board of Trustees expressed their disappointment at the delay and resultant notification on the Charity Commission website, and a risk has been developed on the impact to the Charity's reputation as a result.

The audit opinion is one of technical qualification with regards to the 2015/16 Opening Balances. Due to the charitable funds accounts not having a full audit since 2014/15 (but having received independent examinations each year by Audit Wales), as part of the 2021/22 audit, Audit Wales were required to gain assurances over the opening balances meaning their audit work also covered transactional testing of the accounting periods from 01 April 2015 to 31 March 2021, leading to a lengthier and more time-consuming audit.

Given the significant length of time this covered, unfortunately the supporting evidence for the transactions of 2015/16 were no longer available. Due to this, Audit Wales have not been able to gain assurances over the movements seen in 2015/16 of £28k income and £29k expenditure. This has resulted in a technical qualification of the 2021/22 accounts related specifically to prior year carried forward balances.

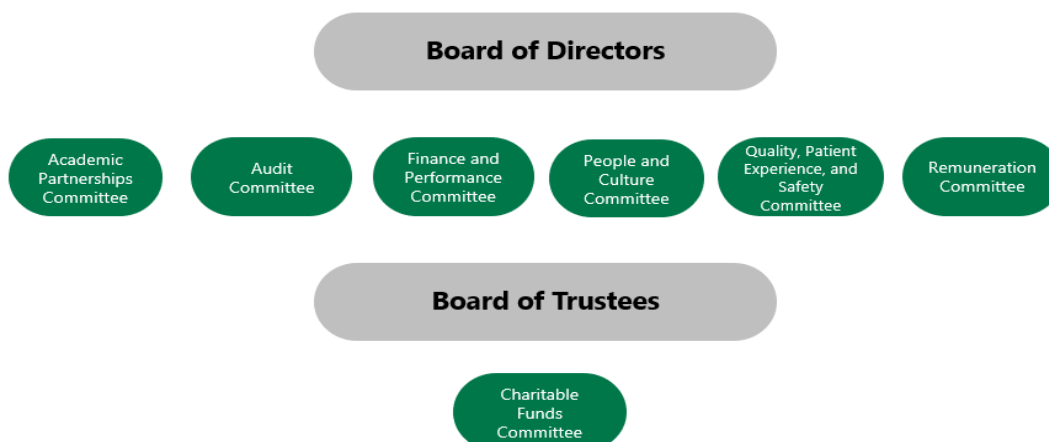
In summary, Audit Wales provided a technical qualification linked specifically to the 2015/16 opening balances and found no issue with subsequent financial years or directly in respect of the latest 2021/22 accounts.

Board Committees

The Board has seven standing Board Committees, each chaired by a Non-Executive Director. Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- gaining assurance and providing oversight on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Committee papers and minutes for each meeting are contained in the [Committee](#) section of the Trust's website. The Committee structure is as follows:



Committee Chairs prepare a highlight report for the Board which is based on an 'alert, advise, assure' (AAA) model. This is circulated to the Board following each meeting and discussed at the Board meeting following that Committee meeting. Minutes of Committee meetings are also presented to the Board once approved by the relevant Committee.

As well as reporting to the Board, Committees work together on behalf of the Board to ensure that cross-reporting and consideration takes place, and assurance and advice is provided to the Board and the wider organisation.

Each Board Committee has an Executive Director or Director lead who works closely with the Chair of that Committee and the Board Secretary in agenda setting, business cycle planning and to support good quality, timely information being relayed to the Committee.

The terms of reference for each of the Board Committees are set out in the Trust's Standing Orders and a summary of each of the Committee's responsibilities is given below. The Trust completed comprehensive effectiveness reviews and update of the terms of reference for each Board Committee during 2022/23; with the revised terms of reference approved by each Committee during January, February and March 2023 and approved by the Board in May 2023.

Each Committee has prepared an annual report of its business and effectiveness in 2022/23, with the annual reports and revised terms of reference for each Committee being accessed via this link [Bundle Trust Board \(Open Session\) 25 May 2023 \(nhs.wales\)](#).

The **Audit Committee** provides key sources of assurance to the Board that the organisation has effective controls in place to manage the risks to achieving its strategic objectives and reviewing governance and assurance processes. The Committee met four times during 2022/23 and considered the following key governance and control matters:

- Reviewed the Audit of Accounts Report (ISA260);
- Reviewed and endorsement for Board approval of the Annual Report and Accounts, and Governance Statement for 2021/22;
- Received the Head of Internal Audit Opinion for 2021/22;
- Agreed the internal and external audit plans for the year;
- Received internal and external audit reports and monitored progress against the audit recommendations tracker;
- Received the following reports from Audit Wales – Structured Assessment 2022, Quality Governance Report 2022, Emergency Services Joint Working Group Report;
- Reviewed the Risk Management Report and Board Assurance Framework, and considered adjustments to the Risk Management Framework and arrangements for reporting to the Board;
- Monitored arrangements for the preparation of the 2022/23 Annual Report and Accounts;
- Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2022/23, and its cycle of business for 2022/23;
- Oversight and updates on the Covid-19 Public Inquiry;
- Reviewed losses and special payments, tender updates, and waiver reports.

Further details on the working of the Audit Committee in 2022/23 can be found [here](#).

The **Remuneration Committee** provides advice and assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service for staff, in particular senior staff. The Committee meets in closed session only and met seven times during 2022/23. All of the non-executive directors are members of the Remuneration Committee, and the Chair is the Chair of the Trust Board.

The **Academic Partnerships Committee** is a fairly new Committee (established July 2020) to the Trust's corporate governance structure, and as such its purpose and role is still forming and will continue to do so over the next 12 months as the Trust pursues University Trust Status. Within year, the Chair of this Committee moved from Kevin Davies to Hannah Rowan (effective 01 January 2023). The Committee met four times in 2022/23 and the following key matters were discussed:

- The University Trust Status submission, and plan for there to be a member of the Board who represents academia, as a part of this process;
- Discussions on future income generation opportunities;
- Benefits and limitations of the apprenticeship landscape in relation to education and training;
- Mapping engagement interfaces to illustrate where and how the organisation connects with its academic and industry stakeholders;
- Discussion of institutions and the need to explore opportunities for innovation and improvement and connection with action research, which can be applied in practice;
- Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24 and approved its cycle of business for 2022/23.

Further details on the working of the Academic Partnerships Committee can be found [here](#).

The purpose of the **Charitable Funds Committee** (whose name will change from May 2023 to the Charity Committee) is to make and monitor arrangements for the control and management of the Trust's charitable funds and its strategic direction. The Committee met six times during 2022/23 and the following key matters were discussed:

- Commissioned a strategic review of the charity to provide recommendations for its future direction, and received a presentation from Hywel Dda University Health Board's charity on their charity maturation journey;
- Agreed a full audit of the 2021/22 charity annual report and accounts, which would go on to be approved by the Board of Trustees;
- Received regular financial reporting on charitable funds and grant applications made by the charity;
- Received regular reports from the Bids Panel and Bursary Panel on bids approved under delegated authority;
- Approved amendments to the terms of reference for the Bursary Panel and agreed an appropriate delegated authority limit to the Panel regarding individual applications;
- Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24 and approved its cycle of business for 2022/23.

Further details on the working of the Charitable Funds Committee can be found [here](#).

The **Finance and Performance Committee** supports the Board by providing assurance with regard to the Trust's statutory financial and planning responsibilities and has a monitoring role in the delivery and performance of business functions across the Trust. Within year, the Chair of the Committee moved from Kevin Davies to Joga Singh (effective from 01 January 2023). The Committee met six times during 2022/23 and the following key matters were considered:

- Received regular reports on performance and handover delays, escalating to the Trust Board the effect of avoidable harm and death to patients and poor experience for staff;
- Received a finance report at each meeting;
- Discussed the financial sustainability programme;
- Reviewed performance against the Monthly Integrated Quality and Performance Report at each meeting, with a deep dive on Ambulance Care in January 2023. The annual review of metrics for this report was reviewed in July 2022;
- Received and discussed progress on the Integrated Medium-Term Plan (IMTP) for 2022/2025, which was reviewed at each meeting;
- Received the outturn position against the 2021/24 IMTP, and received and endorsed the 2023/2026 IMTP and financial plan;
- Regular discussion throughout the year on progress against the Decarbonisation Action Plan, which was approved by the Committee in March 2022;
- Received a six-monthly update on the Quality and Performance Management Framework was received in November 2022;
- Received an operational update at each meeting;
- Received internal audits within the Committee's remit, and the audit tracker to monitor progress against recommendations;
- Received the Risk Management Report and Board Assurance Framework at each meeting. The Committee agendas were built around the highest rated risks for the Committee;
- Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24 and approved its cycle of business for 2022/23.
- In private session the Committee discussed the Integrated Information System (Salus), NHS Wales Microsoft Enterprise Agreement, Decommissioning of Digipen, the 2023/24 fleet replacement business case justification case, and the Trust's position in relation to the findings of Audit Wales reports on cyber-attacks and cyber-resilience.

Further details on the working of the Finance and Performance Committee in 2022/23 can be found [here](#).

The **People and Culture Committee** supports the Board by providing assurance with regard to all matters pertaining to its workforce, both paid and volunteer. The Committee provides assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language. The Committee met four times during 2022/23 and the following key matters were considered:

- Received regular reports on the challenging staff experience, escalating this to the Trust Board, and received updates at each meeting from the Director of Workforce and Organisational Development and Executive Director of Operations;
- Monitoring sickness absence rates, in relation to the discussions regarding the monitoring of the related corporate risk, and received reports on the Improving Attendance Programme;
- Received the Welsh Language report;
- Received regular staff experience presentations, together with learning and improvements made as a result of the issues raised;
- Received regular updates on partnership working with Trade Union colleagues including receipt of the Trade Union Annual Report, and updates in regard to the re-establishment of the Welsh Ambulance Services Partnership Team, approving this group's terms of reference;
- The Committee reviewed the proactive well-being offer in place and the increased profile of the occupational health team and peer support networks;
- Received and discussed the areas of focus for the Integrated Medium-Term Plan for 2023/26 in relation to people and culture, which was aligned to the development of the 2023/26 People and Culture Plan;
- Oversight of health and safety matters was transferred to the Committee from the Quality, Patient Experience and Safety Committee from 01 April 2022, and the Committee received an overview of the transformational efforts underway with the Working Safely Programme;
- The actions to address the Wales Anti-Racist Action Plan were discussed which will inform the people and culture plan, and the Annual Equality Report was received in November 2022;

- Received regular updates from the Speaking Up Safely Task & Finish Group on the development of the new framework, and received results from the Sexism and Sexual Safety at Work survey;
- Received internal audits within the Committee's remit, in addition to the audit tracker, to monitor progress against recommendations;
- Received the Risk Management Report and Board Assurance Framework at each meeting. The Committee agendas were built around the highest rated risks for the Committee;
- Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24 and approved its cycle of business for 2022/23.

Further details on the working of the People and Culture Committee in 2022/23 can be found [here](#).

The **Quality, Patient Experience and Safety Committee** supports the Trust Board by providing assurance with regard to the Trust's clinical governance arrangements, in particular those for safeguarding and improving the quality and safety of patient centred healthcare. The Committee met four times during 2022/23 and the following key matters were considered:

- Received regular reports on patient safety, escalating to the Trust Board the volume of serious incidents and nationally reportable incidents causing avoidable harm and death to patients;
- Received the Health Inspectorate Wales Annual Review 2021/22 at its meeting in November 2022, which was subsequently received by the Trust Board;
- Reviewed remedial plans in place and escalated to the Trust Board of timeliness of response for Putting Things Right Regulations;
- Received reports on Regulation 28 Prevention of Future Deaths reports and actions in place to address concerns raised, and learning;
- Received at each meeting a patient experience story, either from the patient directly or a relative of a patient, on their lived experience of the service, together with learning and improvements made as a result of the issues raised;

- Received at each meeting an update on the Quality Strategy Implementation Plan and discussed the pace at which this was progressing;
- Received at each meeting the Patient Experience and Community Involvement report, receiving assurance that the Trust was engaging with patients and the community through the Continuous Engagement Model;
- Focused on the Trust's preparedness for implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. Including the Trust's compliance with the Health and Care Standards;
- Approved the Clinical Audit and Outcome Review Plan 2022/23;
- Received the Infection Prevention Control Annual Report 2021/22;
- Received internal audits within the Committee's remit, and the audit tracker to monitor progress against recommendations;
- Reviewed the work of the safeguarding team via the Annual Safeguarding Report;
- Received the Board Assurance Framework and Corporate Risk Register at each meeting. The Committee agendas were built around the highest rated risks for the Committee;
- Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24 and approved its cycle of business for 2022/23.

Further details on the working of the Committee in 2022/23 can be found [here](#).

Advisory Groups

In support of the Board, the Trust has established the Welsh Ambulance Services Partnership Team (WASPT) as the forum where senior leaders, trade unions and professional organisations work together to improve the Trust's services for the people of Wales. It is the principal partnership forum for the discussion of national priorities and strategies and where trade union partners and senior leaders engage with each other to inform, debate, and seek to agree priorities on workforce and health service issues. This Advisory Group provides the formal mechanism for consultation, negotiation and communication between the trade unions and the Trust's senior leadership.

During the pandemic, the Local Partnership Forum was stood down and a Trade Union Partnership Cell under the pandemic structure was formed. WASPT met in shadow form to revise its terms of reference in September 2022 and was formally re-established in November 2022. Reporting is to the People and Culture Committee at each meeting, with that Committee escalating issues to the Board and reporting via the AAA highlight report.

WASPT meets bi-monthly until such time as local sub-structures are agreed and established, at which time the intention is for it to move to quarterly meetings in keeping with its strategic remit. Meetings are held in private because of the sensitive nature of the discussions. The terms of reference for WASPT were approved by the Board on 30 March 2023.

The Trust does not have a stakeholder reference group or a healthcare professionals' forum (as defined in the IFRS NHS Wales Manual for Accounts) as these are not applicable to the Trust.

Joint and All-Wales Committees

The Emergency Ambulance Services Committee (EASC) is a joint committee of the seven Health Boards, with the three NHS Trusts as associate members, and was established in April 2014. It has responsibility for the planning and commissioning of emergency ambulance services on an all-Wales basis. The Committee is hosted by Cwm Taf Morgannwg University Health Board and regular activity reports are received by the Board. Further information on EASC and its commissioning role is set out in the Performance Report.

The Welsh Health Specialised Services Committee (WHSCC) was established in 2010 to ensure fair and equal access across NHS Wales to the full range of specialised services. The WHSCC is also a joint committee of the Health Boards in Wales. The Committee is hosted by Cwm Taf Morgannwg University Health Board and regular activity reports are received by the Board. The Trust Chief Executive Officer is an Associate member of the Committee.

The NHS Wales Shared Services Partnership Committee was established in 2012 and is hosted by Velindre NHS Trust. It looks after the shared functions for NHS Wales, such as procurement, recruitment, and legal services. Regular activity reports of the Committee are received by the Board. The Trust's Executive Director of Finance and Corporate Resources is a member of this Committee. Reports from these Committees are included in each Board pack.

Improvements to the Governance Framework

The Trust Board routinely assesses the effectiveness of its governance arrangements, of which the Board's Committees are an integral element. Annual Committee effectiveness reviews have been undertaken for each of the Committees of the Board, and in addition to the outcomes of the regular Board Development activity, a series of adjustments to operating arrangements and terms of reference were proposed to the Board in May 2023. The most significant of these changes are:

- Academic Partnerships Committee: the approval of the research governance framework and oversight of its implementation in accordance with the Welsh Government Research Governance Framework for Health and Social Care has transferred to this Committee from QuEST;

- Charitable Funds Committee: given the focus during 2022/23 on developing the strategy for the charity, it was felt the Committee required a change of name to better reflect its remit, and it is proposed that the Committee is known as the Charity Committee;
- Finance and Performance Committee: cyber resilience and cyber security have been added to its remit;
- Quality, Patient Safety and Experience Committee: a further review of its terms of reference will take place during 2023 to ensure robust alignment to the Duty of Quality and Duty of Candour.

Changes to operating arrangements that affect all Committees include: -

- Period of reflection at the end of each meeting to take note of a summary of actions and decisions, and an invitation to members to give feedback on the meeting in terms of any learning/continuous improvement to take forward – effective from 01 April 2023;
- The Committee Highlight Reports (AAA reports) will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising as well as where appropriate, throughout the meeting – effective from 01 April 2023;
- A Board Visits Standard Operating Procedure developed to demonstrate visibility of Committee members – this was approved at the May 2023 Board;
- Presenters of papers take the papers as read and draw out highlight, lowlights, and red flags only, providing more time for challenge, support, and questions;
- Revised paper template and guidance to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries – to be implemented for quarter two 2023/24;
- Closer attention to allocated time both at agenda setting but also in the time leading up to the meeting – started but will be complete with corporate governance Standard Operating Procedure to be implemented for quarter two 2023/24;
- Board development/guidance on the constituent parts of the Board Assurance Framework to enable members to scrutinise controls, assurances, gaps, and action plans – guidance developed and wider Board development in 2023/24 as part of the risk transformation programme.

c) The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control has been in place for the year ended 31 March 2023 and up to the date of approval of the Annual Report and Accounts.

d) Capacity to handle risk

The Trust is committed to actively and effectively managing risk as a key element in the successful delivery of its business and strategic objectives, and service provision to the public and remains committed to ensuring staff throughout the organisation are trained and equipped to identify, analyse, evaluate, treat, and escalate risks.

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

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring that the Trust has an effective risk management framework and system of internal control in place; however, Directors have responsibility for the ownership and management of principal and operational risks within their portfolios.

The Board Secretary has responsibility for leading on the design, development and implementation of the Risk Management and Board Assurance Framework (BAF) that provides a line of sight to the controls and related assurances, and the actions the Trust will take to mitigate the risks.

The ambition for the risk management framework as set out in the Integrated Medium-Term Plan (IMTP) 2023/26 is to develop and deliver a strategic risk management framework as a key enabler of our long-term strategy and decision making.

During 2022/23 a detailed review of corporate risks was undertaken and each was re-articulated in an '*if, then, resulting in*' format to provide a clearer understanding of the risk. This led to a transitional BAF template being introduced in July 2022 which built further on the re-articulation of these risks to provide the Board and Committees with detail on controls, assurances, gaps, and actions to further mitigate the risks.

The transitional BAF is mapped to the IMTP deliverables and by extension to the strategic objectives. The link to the BAF and the risk report discussed at the Trust Board on 30 March 2023 can be found [here](#). The IMTP 2023/26 provides for the next stage of maturity of risk in the development of a strategic BAF and risk appetite statements to support decision making.

The Risk Register Development Guide describes the Trust's processes to assess and treat risk through local, directorate and corporate risk registers. The Datix Risk Management System is the platform within which risks are centrally held and supports the management of the risks on these registers. The Guide allows risk owners to apply appropriate inherent, current and target risk scores using a 5 x 5 matrix for likelihood and consequence. The frequency of monitoring risks and the levels of escalation are set out in these documents to enable lower rated risks to be managed locally by the risk owner and delegated officers, teams and managers best placed to mitigate them. Once for Wales amendments to this scoring matrix were received by the Audit Committee and the Board in July 2022.

The Trust operates as part of a publicly funded healthcare system in Wales and does not have unlimited resources, therefore it determines the appropriateness and cost of resources required to address principal risks.

Whilst risk is inherent in many of the Trust's activities, it will not accept risks that materially impair the ability to deliver services to a high standard of safety and quality, its reputation or those that may cause any disrepute with its stakeholders. The Trust focuses on actions to mitigate risk, with regular review and oversight to ensure those actions have the desired impact. Formal risk appetite statements will be developed as part of the IMTP 2023/26 and aligned to the BAF.

In two key areas the Trust's risk appetite is risk averse, which means that risks will be eliminated or reduced to the lowest practical level should they impact negatively upon:

- The quality and safety (including physical and/or psychological harm) of its patients, workforce, and the public, and
- Compliance with statutory duty, regulatory compliance, or accreditation.

Nonetheless, 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. Internal and external factors are putting services under severe pressure which presents risks to patient safety and delivery of agreed plans for service transformation.

This means that the Trust's highest rated risks, ID 223, and ID 224, scoring 25, remain unchanged despite a series of mitigating actions being in place. These risks are in relation to delays in community response and delays in transfers from the ambulance on arrival at the emergency department to a suitable hospital bed, continue to be closely monitored by management, Board Committees, and the Trust Board.


At its July 2022 meeting the Trust Board received and discussed a report relating to avoidable harm which included a series of actions being taken by the Trust and system stakeholders to mitigate this. The Board continue to receive progress reports at each meeting in relation to each of the 32 actions which are directly related to risks ID 223 and ID 224.

Matters have continued to be escalated at the highest level to seek to influence further mitigations to these risks in the wider systems, including to the Minister for Health and Social Services, Welsh Government, the Director General for Health and Social Services and Chief Executive of the NHS in Wales, the Chief Ambulance Service Commissioner and the Chief Executives of Health Boards raising concern regarding the level of risk that the Trust is carrying and its inability to respond to patients resulting in patient harm and death.

The Performance Report within the 'Managing Risk' section provides details of the high-level mitigations in place for these risks and other highest rates risks. The Board Assurance Framework available on the Trust via this [link](#) - provides further detail of mitigating actions for all principal risks, and these are updated when risks are reviewed according to their risk tolerance.

Risk Profile



The risk profile of the Trust, described in the table below, is subject to senior management scrutiny. As at the 30 March 2023 Trust Board meeting there were seventeen organisational wide, principal risks on the Trust's Corporate Risk Register. There are twelve principal risks scoring 15 and above which are detailed below.

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Director of Operations	<p>25 (5x5)</p> 


CORPORATE RISK REGISTER

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

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p>IF the Trust does:</p> <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) <p>THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p>RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> 
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>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</p>	Director of Operations	<p>16 (4x4)</p> 



CORPORATE RISK REGISTER


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

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		
557 PCC	Potential impact on services as a result of Industrial Action	<p>IF trade unions take industrial action in response to the national pay award</p> <p>THEN 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>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</p>	Director of Workforce & Organisational Development	16 (4x4)
199 PCC	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	<p>IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p>THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments</p>	Director of Quality & Nursing	15 (3x5) ➔

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p>THEN there is a risk of a significant information security incident</p> <p>RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	15 (3x5) 
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	<p>IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems</p> <p>THEN there is a risk of a loss of critical IT systems</p> <p>RESULTING IN a partial or total interruption in WAST's effective ability to deliver essential services</p>	Director of Digital Services	15 (3x5) 

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST</p> <p>RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm</p>	Director of Workforce & Organisational Development	<p>15 (3x5)</p> 

The timely review of risk and associated mitigation plans has been impacted by the challenges faced as a result of our preparation and response to winter pressures and industrial action. These risks have, nevertheless, been subject to scrutiny and challenge by the Trust Board and relevant Board Committees at each meeting.

Risks 223, 224, 201 and 160, the Trust's highest scoring principal risks have been subject to regular and full review throughout the period of sustained operational pressures.

Risk Assessment and Risk Review Process

The Trust's Assistant Director Leadership Team, Executive Management Team, Audit Committee and Trust Board regularly received, considered, and commented on the Corporate Risk Register during 2022/2023. Furthermore, risks relevant to the remit of the Finance and Performance, People and Culture, and the Quality, Patient Experience and Safety Committees were reported at each meeting for scrutiny and challenge. The Committee agenda is developed and aligned to risks within their remit and deep dives on particular mitigations of risks feature regularly for detailed discussion. In addition, the Board receives a stand-alone report on all principal risks on the Corporate Risk Register with a particular focus on the highest rated risks (those scored 20 and 25) at each Board meeting.

On each occasion, commentary was provided to explain progress made by the Trust (including partners and stakeholders as appropriate) to mitigate existing risks and to set out all new and emerging risks to the organisation.

The Assistant Directors Leadership Team (ADLT) continue to review the risk assessments on all new principal risks in addition to reviewing any changes to existing risks and mitigating actions. Each of the principal risks have been developed by the delegated, responsible officers and the risk owners and are agreed at Directorate Business Meetings prior to review by the ADLT. The activity is then reported to the Executive Management Team, relevant Board Committees and Trust Board.

The Trust recognises that managing several of its key risks relies on close partnership working with stakeholders (e.g., Health Boards) to ensure risks are understood and mitigating actions are carried out in partnership, where necessary. The highest scoring risks are regularly shared across peer networks such as the Directors of Nursing and Chief Operating Officer meetings and are discussed at the All- Wales Chief Executive's forum and with Welsh Government. In addition to this, as part of the Trust's risk maturity, the ambition is to undertake joint discussions on corporate risks at national risk management forum meetings.

The Trust receives information from a variety of other sources which helps inform the Trust's risks and mitigating actions. These sources include feedback from patients and the public, concerns raised with the Trust and serious adverse incidents.

Internal Audit undertook a further, planned audit on risk management in Quarter 4 2022/23, with the overall objective to review the Trust's framework of organisational assurances in place and report on risk management. That review concluded that there was reasonable assurance on risk management and assurance arrangements for the Trust, with four recommendations raised. The areas highlighted that could be strengthened will form part of the Risk Management Improvement Programme under the IMTP 2023/26.

Stakeholder Involvement in Risk Management

The Trust recognises that managing several of its key risks relies on close partnership working with stakeholders (e.g., Health Boards) to ensure risks are understood and mitigating actions are carried out in partnership where necessary. Risks ID 223 and 224 (set out above) in particular require close involvement from system partners to support the mitigation of these highly rated risks.

The Trust receives information from a variety of other sources which helps inform the Trust's risks and mitigating actions. These sources include (but are not limited to) feedback from patients and the public, concerns raised with the Trust and serious adverse incidents.

Working with partner organisations is a prominent factor in delivering the Trust's services and ambitions as set out in the IMTP which will result in significant benefits for the population. However, in doing so, the Trust recognises that this will impact on the environment where services and projects are delivered and can lead to additional partnership and programme risks.

Risk Management Training

The continuing impact of operational pressures including winter and industrial action has meant that face to face training has been paused. However, the Trust has been committed to continuing to deliver risk training and the Head of Risk/Deputy Board Secretary, has delivered virtual training sessions at the Assistant Directors' Leadership Team meeting, Directorate business meetings, the Operational Heads of Service away day and Operational Team Leader and Duty Operations Managers' induction programmes.

The training captured the fundamentals of risk management including the identification and escalation of risk and how to manage risks via the Datix Risk Management System, as well as discussion on the Trust's highest scoring risks and the role all staff have in mitigating risk.

The Head of Risk/Deputy Board Secretary is continuing to work with colleagues across NHS Wales to develop a consistent training needs analysis and risk training modules that will align to the new Once for Wales System for Risk Management.

Guidance has been developed to aid in the interpretation of the component parts of the BAF to support Board members in the questions they ask to seek appropriate levels of assurance.

Risk Management Improvement Programme – Focus for 2023/24

A risk management transformation programme has been designed to further strengthen and positively impact the development of the Trust's future strategic ambition which is highlighted in our IMTP as one of the fundamentals of a quality driven, clinically led, value focussed organisation.

The Trust has embedded a positive risk culture during 2022/23 with the re-articulation of the principal risks and the introduction of a transitional BAF. The maturity of the BAF as a vehicle to support the Board in delivery of the organisation's long-term goals is the focus for the IMTP.

Areas of focus for the risk management improvement programme plan during 2023 are to deliver a risk management framework as a key enabler of our long-term strategy and decision making. This will be achieved by further developing the risk management framework, transitioning to a strategic BAF that reflects more closely the Trust's strategic objectives against its long-term strategy – Delivering Excellence: Vision 2030. This is in addition to designing and delivering a programme of training and education on both the risk management framework and the BAF.

The maturation of the risk management framework in the 2023/26 IMTP will support the Trust to focus on whether mitigation actions are achieving their intended impact on significant and ongoing risks and challenges, and to challenge where that impact is not being demonstrated or sustained.

Emergency Preparedness and Specialist Operations

As a Category One NHS organisation, under the Civil Contingencies Act 2004, the Trust has ensured that we have maintained emergency plans and business continuity arrangements through 2022/23, that consider our duties under the Act and under the NHS Wales Emergency Planning Core Guidance issued by the Welsh Government. The Trust has submitted its annual Emergency Planning Report to Welsh Government, setting out our level of compliance in meeting these requirements, this submission has included the Trust's Incident Response Plan, Emergency Preparedness Resilience and Response (EPRR) structure and the Trust's response structure to an incident.

The Trust has reviewed and updated its Incident Response Plan taking into account national updates in command arrangements, such as the updated Joint Emergency Services Interoperability Principles and learning from national events identified through national mechanisms such as Joint Organisation Learning (JOL). These have included learning from the London attacks and incidents on the railways. The updates have also included learning from internal events such as Business Continuity Incidents, Critical incidents, and Major Incident Stand-by incidents.

Planned and spontaneous events, such as the death of the late Queen Elizabeth II, large events across Wales, the cyber-attack on the NHS and the continuing pressure on the Trust from hospital delays, have allowed the organisation to test its command-and-control arrangements on a number of occasions over the past year.

The Trust has continued to work with Local Resilience Forum partners in reviewing national and local risks. Working with partners, a number of risks have been identified that had an increased potential impact on the Trust. This work has led to the introduction of new Business Continuity Plans, including a Power Outage Plan and an Industrial Action Plan.

Reliance on technology is ever increasing and, in summer 2022, we reviewed our resilience, business continuity and disaster recovery posture with this perspective - stress-testing departmental and organisational plans in the event of a major cyber-attack or ICT systems failure.

As the organisation approached the winter period in 2022, the pressures on the Trust were increasing, with hospital delays impacting on the Trust's ability to respond to our patients in the community. Other factors facing the trust included the war in Ukraine potentially impacting on power supplies, industrial action impacting the organisation and the expected increase in demand on the 999 and 111 services. Learning from the Pandemic had shown the Trust that having senior managers with an oversight of the overall risks to the Trust had worked well; this approach was deployed again over the winter period. Our senior management team convened a Senior Business Continuity Planning Team to ensure the risks were mitigated to the best ability of the organisation; this team worked well and convened subgroups as required, to mitigate impacts on the Trust.

Details of how we moved from pandemic recovery phase at the beginning of the year in April 2022 to the 'new normal' throughout the year is set out in the Performance Report within the 'Delivery, Quality and Performance Analysis' section.

The Trust has sustained a full Hazardous Area Response Team (HART) and Specialist Operational Response Team (SORT). A further expansion of SORT has been outlined in a Business Case that was submitted to Welsh Government in 2022 for consideration, in line with the expansion that has already been funded and is in place within English ambulance services. Without this funding, the organisation is presently not able to guarantee the deployment of the number of SORT staff to a chemical, biological, radiological, and nuclear / hazmat incident that is recommended in the related National Ambulance Service. The outcome of this Business Case is yet to be received.

The Trust has continued to work in partnership, through Local Resilience Fora, to address and mitigate the wide impacts of risks on the population and our organisation. We have been key members of the four Local Resilience Fora Executive planning groups, training and co-ordination groups and the Local Resilience Fora subgroups. The Trust has been fully engaged, alongside partners, in the Civil Contingencies Review that has been undertaken across Wales and continues to support Welsh Government and the Local Resilience Fora with the review as it comes to its conclusion.

2023/24 will present challenges to the organisation within the emergency preparedness field. The Manchester Arena Inquest report has a number of recommendations that relate directly to ambulance services and a number that will involve the Trust working with its partners to address. The Trust has recognised that this report will lead to changes having to be made to ensure our response to a mass casualty incident is robust. The UK Government Resilience Framework was released in December 2022 and although resilience is devolved within Wales, this document will no doubt impact on the Wales Civil Contingencies review and lead to changes within the Emergency Planning for all Category One responders within Wales. The Trust has a Civil Contingencies Risk on the risk register.

The Trust continues to engage and support at a national and local level to remain prepared to respond to any likely event, incident or set of circumstances that impacts on the organisation and population.

e) The Control Framework

Quality Governance Arrangements

Over 2022/23, regular reporting of quality governance has continued to provide assurance to the Quality, Patient Experience and Safety Committee (QuEST). Regular quality reports have ensured continued compliance with the Health and Care Standards and Commissioning Framework. Over the period, the Trust has continued to engage with Welsh Government and wider system partners in developing the Duty of Quality and Duty of Candour requirements, arising from the Health and Social Care (Quality & Engagement) (Wales) Act 2020. The legislation came into force on 01 April 2023.

The Trust Quality Strategy 2021/24 which sets out our high-level ambitions to ensure our services are safe, effective, and provide positive experiences, is monitored by the QuEST Committee, including the development of functions and forums to integrate the citizens' voice, the design and development of quality leadership roles and management systems to secure high quality clinical service delivery through our Clinical Quality and Governance Group; and, enabling a positive quality-focused and learning culture across the organisation.

As is evident in the Performance Report, the year continued to be operationally challenging, presenting significant risks to the organisation and our patients. Hospital handover delays continue to impact on the availability and responsiveness of ambulance resources across our communities. Patients and staff have endured excessive waits from arriving at hospital to being taken into the department. Not only is this a very poor patient and staff experience, but it also further increases clinical risks to our patients through delays in clinical assessment and treatment and, not having fundamental care needs appropriately met, while waiting on a stretcher in an ambulance for prolonged periods. Regrettably, this challenge generates further risk to the communities we serve. Whilst finite ambulance resources are unable to respond due to hospital handover delays, patients awaiting an emergency ambulance response are not receiving a timely service. This has resulted in multiple serious adverse incidents, resulting in actual harm and death of patients waiting in the community.

Improvements to the Joint Investigation Framework have been made as part of the Quality Governance Review. The improvements have been developed collaboratively by an All-Wales NHS Task & Finish Group. This work is reflected in the NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management. Supporting Section 4 of the Policy covers the Joint Investigation process. This section provides guidance and a structure for joint investigations involving multiple organisations. The Trust will adopt the Policy at its QuEST Committee meeting in August 2023 and will work collaboratively with all Health Boards across Wales where cases are identified as requiring joint investigation.

The Trust has separately published an annual report for Safeguarding that sets out the work undertaken with partner agencies across Wales to ensure all possible steps are taken to safeguard the children, young people, and vulnerable adults we care for across the country.

The Trust has a Clinical Audit Plan which contributes to improving the level of care delivered to patients. Some of the factors that influence audit topics include the efficacy of treatment for specific conditions, new initiatives, pilot projects, and identifying themes and trends from adverse incidents. Recommendations and actions resulting from clinical audits are approved at the Clinical Intelligence & Assurance

Group, and are included on an action tracker, with progress to the plan and action tracker monitored by various groups and the QuEST committee. During 2022/23, seven clinical audits were completed and approved, five of these were electronic Patient Clinical Record (ePCR) clinical data assurance audits for clinical indicators and influenced improvement plans and changes to the user interface of the ePCR.

The Trust reports on monthly clinical indicators that measure specific criteria to demonstrate the level of care delivered to patients, compliance to these is monitored and improvement plans developed as required. The clinical indicators include stroke, STEMI (heart attack), hip fracture, hypoglycaemia (diabetes) and ROSC (return of spontaneous circulation from cardiac arrest). These indicators are reported on internally and form part of the Ambulance Quality Indicators reported on by the Emergency Ambulance Services Committee.

Since the implementation of the ePCR from 01 April 2022, clinical indicators now use data directly inputted by clinicians into their ePCR devices. Prior to this, the Clinical Intelligence and Assurance Team (CIAT) audited non-compliant clinical indicators to ensure a more complete picture of clinical performance. A reduction in compliance to clinical indicators following the implementation of the ePCR was anticipated due to clinicians working on a new system and will improve with increasing familiarity with the technology and implementation of action plans to support staff in ePCR completion. The reduction in compliance was anticipated and added to the Directorate's risk register. The CIAT continue to contribute to assuring the quality of the clinical data being used by the Trust and mitigating actions have been undertaken to provide assurance that patients are appropriately receiving the designated pre-hospital care bundle.

The implementation of the ePCR has provided the Trust with an opportunity to report on a wider range of data, combine time-based measures with clinical data and ultimately to link this data with the wider healthcare system to look at outcomes. Collaborative work has commenced to look at time-based metrics for stroke and STEMI and for outcome by response type.

Information Governance Arrangements (including Data Security)

The Trust operates a robust Information Governance Framework and has a statutory responsibility to ensure that effective governance controls and arrangements are in place in order to ensure its information processing is in accordance with the law and associated standards. The framework consists of an established suite of information governance and information security policies, procedures, guidance, manuals, and processes to inform and guide the organisation to ensure compliance is met in practice. The framework includes monitoring and reporting arrangements, audits and compliance assessments, improvement initiatives along with incident and risk management.

Information security remains a significant risk across NHS Wales, but with continuous evolution of mitigations. With a risk-led approach, the Trust has focused on improving the technology, processes, and people aspects to ensure cyber resilience. A message of shared responsibility has been communicated across the Trust, and regular exercises conducted to test resilience and refine business continuity plans. The Audit Wales paper "Learning from cyber-attacks", published in October 2022, has been reviewed by the Finance and Performance Committee to inform ongoing cyber resilience and information security training plans.

An Information Governance Steering Group is established with Executive and senior level membership, which receives reports on information governance and data protection matters, developments, and performance. The Information Governance Steering Group provides assurance on the Trust's compliance with relevant Information Governance standards, with the Quality, Patient Experience and Safety Committee having overall oversight of information governance.

The Trust continues to provide annual submissions to the Welsh Information Governance Toolkit. The Welsh Information Governance Toolkit is a self-assessment tool that enables organisations to measure their level of compliance against national Information Governance standards and legislation. Following previous submissions, an improvement plan has been developed and is subject to ongoing monitoring, review, and update by the Information Governance Team, which is overseen by the Information Governance Steering Group.

The Trust uses the Once for Wales Concerns Management System to capture information governance incidents via the incident reporting module. Each reported information governance incident is reviewed and assessed in accordance with the NHS Wales Guidelines on the Categorisation and Notification of Personal Data Breaches, which provides detailed guidance for assessing and reporting incidents. Any remedial actions are taken where required. Incidents figures are reported to the Information Governance Steering Group and as part of the Monthly Integrated Quality and Performance Report. Depending on the nature and severity of the incident, the incident reports may be required to be notified to the Information Commissioner's Office (ICO). During the reporting period (01 April 2022 to 31 March 2023), one incident was notified to the ICO and following notification, no further action was taken by the ICO.

Corporate Governance Code Compliance

An assessment against the Corporate Governance in Central Government Departments: Code of Good Practice 2017, has been completed using the "Comply" or "Explain" approach. Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, an assessment was undertaken in March 2023 against the main principles as they relate to an NHS public sector organisation in Wales.

The Trust is satisfied that it is complying with the main principles of and is conducting its business in an open and transparent manner in line with the Code. There were no reported/identified departures from the Corporate Governance Code during the year.

A self-assessment has also been completed against the Governance, Leadership and Accountability domains in the Health and Care Standards 2015. There were some areas that were partially met, and improvement plans are in place. Both self-assessments were reviewed by the Executive Management Team and by the Audit Committee in April 2023.

Local Counter Fraud Services

The Local Counter Fraud Specialist (LCFS) is an accredited counter fraud professional who delivers both proactive work (e.g., raising fraud awareness, preventing, and deterring fraud) and reactive work to hold those who commit fraud to account (e.g., fraud investigations). The LCFS provides reports to Audit Committee and the Executive Management Team in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.

Counter fraud, bribery and corruption objectives are discussed and reviewed at a strategic level within the organisation. The Audit Committee is accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present.

This is achieved through quarterly updates to the Committee from the LCFS, supported by an annual report on counter fraud, bribery and corruption work which complies with the NHS Counter Fraud Authority's guidance in relation to content regarding all applicable standards for fraud, bribery, and corruption; and provides a clear update on progress against work plan objectives.

The Committee must satisfy itself that the Trust has adequate arrangements in place for countering internal fraud and reviews the outcomes of that work, and acknowledges work completed against presented risks and an agreed work plan. The Committee reviews and approves the internal counter fraud arrangements on an annual basis.

f) Planning Arrangements

In accordance with expectations from Welsh Government, the Trust submitted its 2022/25 Integrated Medium Term Plan (IMTP) by 31 March 2022 following its approval by the Board on 24 March 2022. The IMTP was developed with involvement from our stakeholders including our staff, particularly during Chief Executive Roadshows in 2022/23.

The Trust's 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.

Further details on the Trust's IMTP and planning arrangements are set out in the Performance Report contained within the Performance Overview section of the Performance Report.

g) Disclosure Statements

The Trust confirms that in accordance with the requirements of the Governance Statement:

- Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. The Strategic Equality Plan 2020/2024 sets out the Trust's meaningful commitment to work with staff and volunteers to help them recognise, promote, and celebrate equality, diversity, and inclusion. This Plan includes our approach to compliance with the Equality Act 2010 and Public and Socio-Economic Duties. It also outlines how the Trust will ensure the people who use ambulance services, including those with protected characteristics, have equal access and outcomes.
- As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.
- The Trust undertakes risk assessments and has carbon delivery plans to comply with the emergency preparedness and civil contingency elements of the UKCIP (UK Climate Impacts Programme) 2009 weather projections to meet the Trust's obligations under the Climate Change Act and the Adaptation Reporting Requirements. The Trust has in place a Severe Weather Plan. In addition, the EPRR team uses intelligence from the Met Office to plan ahead for adverse weather, and weather warnings are a high priority trigger in our weekly consideration of Trust escalation levels.

The Trust works with partner agencies in our Local Resilience Fora across Wales to inform any multi-agency geographical response and the new Emergency Alert system allows for notification and warning in the event of adverse weather threats with risk to life. Planning, training, and exercising are a key aspect of the Trust's Civil Contingency responsibilities as a category one responder.

- The Trust had no reported serious untoward incidents during 2022/23 in relation to data security. In reporting period (01 April 2022 to 31 March 2023), one incident was notified to the Information Commissioner's Office, but no further action was taken.

Quality of Data

Quality of data generated and utilised by the Trust's core service areas is considered a collective responsibility but overseen by the Digital Directorate. Through a mature data pipeline and robust processes, the Trust maintains a strong level of data quality throughout. Where information-related anomalies do occur, these are investigated collaboratively by a domain expert, informatics analyst, and data quality lead. This can often involve liaising with system suppliers and Clinical Contact Centres to improve data capture and data entry.

On a monthly basis, the Trust reports key metrics of performance to Welsh Government in an Official Statistics Release. These submissions require thorough checks across all dimensions of data quality (namely: accuracy, completeness, consistency, validity, timeliness, and uniqueness), both at the call / incident level and aggregated to the higher-level views. This exercise can also involve investigation to data entries at the most granular level, whereby any issues in system, process or reporting can be identified and fixes proposed; demonstrating that data quality within the Trust takes on a full end-to-end approach. Only once the checks and balances have been signed off by senior Informatics staff are the submissions supplied; given the stringent nature of this quality assurance, the Trust is named on The Official Statistics (Wales) Order 2017, which is part of the Statistics and Registration Services Act 2007.

Similarly, intelligence is offered to the Board through a variety of reports which first pass through several rounds of appropriate governance for scrutiny and discussion. Any significant changes made to data or reporting are subject to initial approval at the Health Informatics Changes Advisory Board and, should the findings of any impact analysis dictate a higher level of approval is required, this would be further escalated prior to implementation. In future it could be possible for Board level intelligence to be accompanied by individual data quality scores per metric or topic.

Ministerial Directions

Ministerial Directions are published by Welsh Government as part of their health and social care publications and can be found [here](#). There were no Ministerial Directions published during the period 01 April 2022 to 31 March 2023 which were relevant to the Trust.

Welsh Health Circulars

Welsh Health Circulars provide a streamlined, transparent, and traceable method of communication between NHS Wales and NHS organisations. The Circulars relate to different areas such as policy, performance and delivery, planning, legislation, workforce, finance, quality and safety, governance, information technology, science, research, public health, and letters to health professionals.

A number of Circulars were received during the year, and these are assigned to a lead Director who is responsible for the implementation of required actions. A log of circulars is maintained by the Trust.

h) Review of Effectiveness

As Accountable Officer for the Trust, the Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors (Audit Wales) in their audit letter and other reports, including the Structured Assessment 2022 and Quality Governance Review 2022.

Standing Orders, Committee terms of reference and the Governance Code require that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.

Each Board Committee has undergone extensive effectiveness reviews in Quarters 3 and 4 of 2022/23 resulting in changes to terms of reference and membership to strengthen assurance and scrutiny to the Board. Additionally, changes to operating arrangements have been identified and will be implemented throughout 2023/24. The annual reports of the Committees referred to above and the 'Improvements to the Governance Framework' section set these out in more detail.

The Chair's performance is evaluated annually by the Minister for Health and Social Services. Annual performance appraisals for the Vice Chair, Chief Executive and Non-Executive Directors are carried out by the Chair, and for the Executive Directors and Directors by the Chief Executive. The Remuneration Committee receives the Chief Executive's outturn position and upcoming year's objectives as well as assurance that these objectives are cascaded to the Executive Management Team.

Joint Escalation and Intervention Arrangements

Under the Joint Escalation and Intervention Arrangements, Health Inspectorate Wales meets with Welsh Government and Audit Wales to discuss the overall assessment of the Trust.

While the tripartite evaluation involves assessment of each NHS body based on the work undertaken by the tripartite members, it is the Minister for Health and Social Services rather than the tripartite members who determines the escalation status of NHS bodies. At the tripartite meeting held in March 2022 the escalation status of the Trust remained unchanged at 'routine arrangements'.

Health Inspectorate Wales

Healthcare Inspectorate Wales' report 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' was published in 2022, and the Trust's response is set out in the Performance Report in the 'Engagement' sub-section of the Delivery, Quality and Performance Analysis section of the Performance Report.


Internal Audit

Internal Audit provides the Accountable Officer and the Board with a flow of assurance on the system of internal control. The Accountable Officer commissioned a programme of audit work which was delivered subject to agreed amendments and in accordance with Public Sector Internal Audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and the Executive Management Team and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The programme has been impacted by the pressures experienced in the wider healthcare system as a whole, but also because of seasonal and protracted industrial actions impacts. This meant that two audits had to be deferred and are reflected in the 2023/24 Audit Plan. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been completed as planned in 2022/23.

The Trust develops an annual Internal Audit plan in conjunction with Internal Auditors. The plan is risk based which directs the reviews to areas where management and the Audit Committee considers there may be potential weaknesses. In this regard, the Trust expects to receive some limited assurance reports, and these should not detract from the overall progress the Trust continues to make. **The Head of Internal Audit has concluded:**

	<p>The Trust Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
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This conclusion is consistent with the Reasonable Assurance Head of Internal Audit Opinion reported in the Trust's 2021/22 Annual Governance Statement. The 2022/23 reasonable assurance conclusion is derived from 19 Internal Audit reviews.

Internal Audit Assurance Conclusion	Number of Reports
No Assurance	0
Limited Assurance	3
Reasonable Assurance	15
Substantial Assurance	0
Advisory	1
Total	19

For the fifth consecutive year there have been no 'No Assurance' Internal Audit Reports of Trust business. Set out below are the three reports that had a conclusion of Limited Assurance that were reported to Audit Committee during 2022/23.

Trade Union Release Time

The objective of this audit was to provide assurance on the deployment of the refreshed Trade Union Facilities Agreement and to include a review of progress made to implement recommendations raised in the 2018/19 report (limited assurance).

Four recommendations for action were identified, of which three were categorised as high priority. Whilst the refreshed Facilities Agreement recommends processes to follow, these are not mandated, and several methods of recording facility time are in place. The lack of integrated systems for capturing this data at an organisational level further reduces visibility and compliance. The findings replicate the recommendations raised in the 2018/19 limited assurance report.

The management action plan was reviewed by the Audit Committee in July 2023 and progress will be monitored by People and Culture Committee and the Audit Committee during 2023/24.

Pain Management

The audit reviewed the application of pain relief methods and their effect on patient outcomes in terms of pain relief and patient satisfaction.

Three recommendations were identified, of which two were categorised as high priority; these were in relation to Patient Group Directions not reviewed on a regular basis and poor compliance rates, with no monitoring at group / Committee level, and a lack of oversight into pain scores and administration of analgesia. The management action plan was reviewed by the Audit Committee in July 2023 and will be monitored by that Committee during 2023/24.

Standards of Business Conduct

The audit was undertaken to review compliance with standards of business conduct, including arrangements in place to manage declarations of interest, gifts, and hospitality.

Seven recommendations were identified, of which two were categorised as high priority; these were in relation to expanding the cohort of declarations on the register to decision makers, and proper completion of the gifts and hospitality forms. The management action plan was reviewed by the Audit Committee in March 2023 and will be monitored by that Committee during 2023/24.

Copies of all Internal Audit reports and progress reports can be obtained in the Audit Committee papers section on the Trust's website. The full Head of Internal Audit Report 2022/23 can also be found via [this link](#) having been considered by Audit Committee at the 25 July 2023 meeting.

External Audit – Audit Wales

The Auditor General for Wales is the Trust's statutory external auditor and, since 01 April 2020, the Auditor General for Wales and the Wales Audit Office are known collectively as Audit Wales. Audit Wales scrutinises the Trust's financial systems and processes, performance management and key risk areas.

Performance Reports are produced by Audit Wales in line with an Audit Committee approved annual programme of work and include management responses by the Trust for reports which contain recommendations. All Audit Wales reports are considered by the Audit Committee and, where appropriate, the relevant Committee and the Board. Their recommendations are subsequently recorded in the Trust's audit recommendations tracker, which is reported to each Audit Committee meeting to provide assurance on their implementation.

The key annual governance report on Trust matters produced by Audit Wales is the Structured Assessment. In 2022 Audit Wales also undertook a review of Quality Governance at the Trust.

Structured Assessment 2022

The key focus was 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. Key messages included:

- *"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.*
- *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.*
- *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.*



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- *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.*

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.

- *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."*

The Structured Assessment was considered by the Audit Committee in March 2023 and the Board in January 2023. The recommendations made in the Structured Assessment and all management responses covering some of the key areas of concern set out above were accepted and are being monitored by the Executive Management Team and the Audit Committee. The majority of these recommendations are complete.

Quality Governance Review 2022

This audit examined whether the Trust's governance arrangements support delivery of high quality, safe and effective services. It focused on both the operational and corporate approach to quality governance, organisational culture and behaviours, strategy, structures and processes, information flows and reporting. Key messages included:

- *"The Trust continues to deal with extreme service pressures driven by whole system issues that are resulting in unprecedented ambulance handover delays, and associated difficulties in responding in a timely fashion to calls for an emergency ambulance. Staff are working under significant pressure and sickness absence levels are high. More than ever, therefore, the Trust needs to have robust governance arrangements that allow it to maintain the necessary oversight and scrutiny on the quality and safety of its services.*
- *In overall terms we found that whilst many facets of the Trust's quality governance arrangements are working well, improvements are required in a number of key areas to ensure the Trust is fully informed on issues relating to the quality and safety of its services. The Trust also needs to play its part in the improvements that are required to serious incident reporting across organisational boundaries.*



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- *The Trust has renewed its Quality Strategy, is strengthening its risk management arrangements, and has invested in quality improvement processes. Lines of accountability for quality governance are clear, and there are good arrangements to listen to and act upon the experiences of patients and staff.*
- *The role of Quality Patient Experience and Safety (QuEST) Committee is clearly defined, and its work is supported by a good suite of performance information. The Trust has correctly identified opportunities to rationalise the working groups that support the Committee and must also deliver on commitments in its Quality Strategy to improve its quality management systems.*
- *However, the necessary attention given to responding to Covid-19 and wider service pressures have caused delays in pursuing the Trust's quality agenda, constraining its ability to successfully deliver its renewed Quality Strategy. A key area for improvement is the need to address the significant backlog of mortality reviews, and to keep the QuEST Committee adequately sighted of progress in this area. There is also a need to better triangulate information from different sources to ensure there is a full understanding of patient outcomes and avoidable harms associated with long waits for an emergency ambulance.*
- *Patient safety walkabouts by Board members need to be reinstated and undertaken on a more systematic basis across the Trust's operations and locations. Action is also needed to ensure clinical audit becomes a recognised and visible source of assurance within the Trust's quality governance framework, beginning with approval of a clinical audit plan for 2022-23.*
- *The work that is being done on organisational culture and behaviours needs to understand and address concerns around incident reporting, appraisal rates and to ensure adequate responses to any incidents of bullying and harassment.*
- *Whilst the Trust's internal system for managing concerns and serious incidents is sound, the joint escalation framework for managing serious incidents across organisational boundaries is no longer effective, and the Trust must work with its commissioners and health board partners to improve this".*

Eight recommendations were made in this review and all management responses were accepted and are being monitored by the Quality, Patient Experience and Safety Committee. The majority of these recommendations are complete.

i) Conclusion

The corporate governance framework at the Trust provides that the Committees are equipped – both in terms of their effective operating arrangements and membership – to receive clear delegations from the Board. This allows the Board to focus on priority areas in the knowledge that the Committees are scrutinising and overseeing areas within their remit with a greater degree of detail than would be possible at the Board. Clear reporting from the Committees on an alert, advise, assure basis, strengthens the confidence the Board holds in this framework.

This was particularly prevalent in 2022/23 as Committee Chairs 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 has prioritised discussions on mitigating avoidable patient harm at each of its meetings since May 2022 and continues to seek to influence change in the wider system. 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.

The need to plan and respond to sustained handover delays, financial challenges, Winter pressures and prolonged industrial action has had a significant impact on the organisation and the wider NHS in Wales. It has required a dynamic response which has presented a number of opportunities in addition to challenges.

The corporate governance framework will continue to improve in 2023/24, with a focus on integrated governance and assurance frameworks, support for report writers and presenters, and a Board and Committee standard operating procedure to provide consistency and improve quality and timeliness. The Board visits standard operating procedure approved by the Board in May 2023 will support members to triangulate assurance and promote visible leadership.

There is commitment to the Welsh Ambulance Services Partnership Forum – the Trust’s only Advisory Group - having a strategic focus to strengthen the relationship with our Trade Union partners and this will complement and align its operating arrangements with the suite of Board Committees already in place.

As Accountable Officer for the Welsh Ambulance Services NHS Trust, I confirm that the statements made in this report are correct for the year ended 31 March 2023 and up to the date of approval of the Annual Report and Accounts, that there have been no significant internal or governance issues and I confirm that there were sound systems of internal control in place to support the delivery of the Trust’s policy aims and objectives.

Jason Killens
Chief Executive Officer
Date: 27 July 2023

j) Governance Statement Appendices

Appendix 1: Board and Committee Membership and Attendance

The Board has been constituted to comply with the National Health Service (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024). In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of champion roles where they act as ambassadors for these matters.

The table below sets out the number of meetings that each Board member has attended during 2022/23 (Committee attendance figures as recorded in Committee Highlight Reports presented to Trust Board).

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
Colin Dennis	Trust Board Chair	Trust Board (Public): 2 of 3 (from appointment date) Trust Board (Private): 2 of 3 (from appointment date) Remuneration Committee: 4 of 4 (from appointment date)
Kevin Davies	Vice Chair	Trust Board (Public): 5 of 7 Trust Board (Closed): 7 of 9 Academic Partnership Committee: 4 of 4 Charitable Funds Committee: 5 of 6 Finance and Performance Committee: 4 of 6 Quality, Patient Experience & Safety Committee: 3 of 4 Remuneration Committee: 3 of 7
Bethan Evans	Non-Executive Director	Trust Board (Public): 6 of 7 Trust Board (Closed): 9 of 9 Charitable Funds Committee: 4 of 6 Finance and Performance Committee: 5 of 6 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 4 of 4 Remuneration Committee: 4 of 7
Paul Hollard	Non-Executive Director	Trust Board (Public): 6 of 7 Trust Board (Closed): 8 of 9 Academic Partnership Committee: 3 of 4 Audit Committee: 3 of 4 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 4 of 4 Remuneration Committee: 5 of 7
Ceri Jackson	Non-Executive Director	Trust Board (Public): 6 of 7 Trust Board (Closed): 8 of 9 Audit Committee: 3 of 4 Charitable Funds Committee: 6 of 6

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
		Finance and Performance Committee: 5 of 6 Quality, Patient Experience & Safety Committee: 4 of 4 Remuneration Committee: 4 of 7
Hannah Rowan	Non-Executive Director	Trust Board (Public): 3 of 7 Trust Board (Closed): 5 of 9 Academic Partnerships Committee: 4 of 4 Charitable Funds Committee: 2 of 6 People and Culture Committee: 2 of 4 Quality, Patient Experience & Safety Committee: 2 of 4 Remuneration Committee: 2 of 7
Joga Singh	Non-Executive Director	Trust Board (Public): 5 of 7 Trust Board (Closed): 8 of 9 Audit committee: 4 of 4 People and Culture Committee: 3 of 4 Finance and Performance Committee: 5 of 6 Remuneration Committee: 2 of 7
Martin Turner	Non-Executive Director	Trust Board (Public): 6 of 7 Trust Board (Closed): 8 of 9 Academic Partnership Committee: 1 of 4 Audit Committee: 4 of 4 Remuneration Committee: 4 of 7
Jason Killens	Chief Executive	Trust Board (Public): 7 of 7 Trust Board (Closed): 9 of 9 Remuneration Committee: 7 of 7
Lee Brooks	Executive Director of Operations	Trust Board (Public): 6 of 7 Trust Board (Closed): 8 of 9 Audit Committee: 2 of 4 Charitable Funds Committee: 3 of 6 Finance and Performance Committee: 4 of 6 People and Culture Committee: 3 of 4 Quality, Patient Experience & Safety Committee: 4 of 4
Angela Lewis (From 12 September 2022)	Director of Workforce and Organisational Development	Trust Board (Public): 4 of 4 (from appointment date) Trust Board (Closed): 4 of 4 (from appointment date) Audit Committee: 3 of 3 (from appointment date) Academic Partnerships Committee: 1 of 2 (from appointment date) Charitable Funds Committee: 3 of 4 (from appointment date) People and Culture Committee: 2 of 2 (from appointment date) Remuneration Committee: 4 of 4 (from appointment date)
Estelle Hitchon	Director of Partnerships and Engagement	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 9 Academic Partnership Committee: 4 of 4 People and Culture Committee: 3 of 4
Brendan Lloyd	Executive Medical Director	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 9

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
Rachel Marsh	Executive Director of Strategy, Planning and Performance	Trust Board (Public): 6 of 7 Trust Board (Closed): 8 of 9 Finance and Performance Committee: 6 of 6 Quality, Patient Experience & Safety Committee: 3 of 4
Trish Mills	Board Secretary	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 9 Academic Partnership Committee: 3 of 4 Audit Committee: 4 of 4 Charitable Funds Committee: 5 of 6 Finance and Performance Committee: 6 of 6 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 4 of 4 Remuneration Committee: 6 of 7
Leanne Smith (From 01 August 2022)	Director of Digital Services	Trust Board (Public): 5 of 5 (from appointment date) Trust Board (Closed): 6 of 6 (from appointment date) Finance and Performance Committee: 4 of 4 (from appointment date) Quality, Patient Experience & Safety Committee: 3 of 3 (from appointment date)
Andy Swinburn	Director of Paramedicine	Trust Board (Public): 7 of 7 Trust Board (Closed): 8 of 9 Academic Partnerships Committee: 2 of 4 Charitable Funds Committee: 3 of 6 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 4 of 4
Chris Turley	Executive Director Finance and Corporate Resources	Trust Board (Public): 7 of 7 Trust Board (Closed): 9 of 9 Audit Committee: 4 of 4 Charitable Funds Committee: 6 of 6 Finance and Performance Committee: 6 of 6 People and Culture Committee: 3 of 4
Liam Williams (From 01 August 2022)	Executive Director of Quality and Nursing	Trust Board (Public): 4 of 4 (from appointment date) Trust Board (Closed): 6 of 6 (from appointment date) Audit Committee: 1 of 3 (from appointment date) Finance and Performance Committee: 3 of 4 (from appointment date) People and Culture Committee: 2 of 3 (from appointment date) Quality, Patient Experience & Safety Committee: 3 of 3 (from appointment date)
Catherine Goodwin (Until 11 September 2022)	Interim Director of Workforce and Organisational Development	Trust Board (Public): 3 of 3 (until appointment ended) Trust Board (Closed): 3 of 5 (until appointment ended) Audit Committee: 0 of 1 (until appointment ended) Academic Partnerships Committee: 2 of 2 (until appointment ended) Charitable Funds Committee: 1 of 2 (until appointment ended) People and Culture Committee: 2 of 2 (until appointment ended) Remuneration Committee: 2 of 3 (until appointment ended)
Andy Haywood (Until 31 July 2022)	Director of Digital Services	Trust Board (Public): 3 of 3 (until appointment ended) Trust Board (Closed): 3 of 3 (until appointment ended) Finance and Performance Committee: 2 of 2 (until appointment ended) Quality, Patient Experience & Safety Committee: 1 of 1 (until appointment ended)

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
Wendy Herbert (Until 31 July 2022)	Executive Director Quality and Nursing	Trust Board (Public): 3 of 3 (until appointment ended) Trust Board (Closed): 3 of 3 (until appointment ended) Audit Committee: 0 of 1 (until appointment ended) Finance and Performance Committee: 2 of 2 (until appointment ended) People and Culture Committee: 1 of 1 (until appointment ended) Quality, Patient Experience & Safety Committee: 1 of 1 (until appointment ended)
Claire Vaughan (Until 22 April 2022)	Executive Director Workforce and OD	n/a
Martin Woodford (Until 30 September 2022)	Trust Board Chair	Trust Board (Public): 4 of 4 (until term ended) Trust Board (Private): 6 of 6 (until term ended) Remuneration Committee: 3 of 3 (until term ended)

Appendix 2: Board and Committee Meeting Dates

The following Table sets out the dates of all of the Trust Board and Committee meetings held in 2022/23. All Trust Board and Board Committee meetings in 2022/23 achieved quorum.

Meeting Title	Meeting Dates 2022/23
Trust Board (Public)	26/05/2022; 13/06/2022; 28/07/2022; 29/09/2022; 24/11/2022; 26/01/2023; 30/03/2023
Trust Board (Closed)	26/05/2022; 13/06/2022; 04/07/2022; 03/08/2022; 01/09/2022; 29/09/2022; 24/11/2022; 26/01/2023; 30/03/2023
Academic Partnership Committee	26/04/2022; 19/07/2022; 25/10/2022; 17/01/2023
Audit Committee	07/06/2022; 15/09/2022; 01/12/2022; 02/03/2023
Charitable Funds Committee	05/05/2022; 06/07/2022; 10/10/2022; 21/11/2022; 30/01/2023; 16/02/2023
Finance and Performance Committee	16/05/2022; 18/07/2022; 20/09/2022; 14/11/2022; 16/01/2023; 21/03/2023
People and Culture Committee	10/05/2022; 05/09/2022; 29/11/2022; 14/03/2023
Quality, Patient Experience and Safety Committee	12/05/2022; 11/08/2022; 10/11/2022; 09/02/2023
Remuneration Committee	10/05/2022; 15/07/2022; 03/08/2022; 14/12/2022; 23/12/2022; 07/03/2023; 13/03/2023

2.2 Modern Slavery Act 2015 – Transparency in Supply Chains

The Trust has signed up to and is fully committed to the Welsh Government Code of Practice Ethical Employment in Supply Chains. This has been established by the Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector and third sector organisations in receipt of public funds. The procurement function is a key area for ethical employment in supply chains. This is run by NHS Wales Shared Services Partnership (NWSSP) and is a Committee of Velindre University NHS Trust. More information can be found on the work done on the Health Board's behalf by NWSSP on the Shared Services Partnership website.

2.3 Remuneration and Staff Report

The Remuneration and Staff Report contains information about senior managers remuneration. It will detail salaries and other payments, the Trust's policy on senior managers remuneration and whether there were any exit payments or other significant awards to current or former senior managers.

The definition of senior managers is: 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments'.

For the Trust, the senior managers are considered to be the Board's members, i.e., the Executive and Non-Executive Directors including the Chair and Chief Executive; four further (non-voting) Directors, and the Board Secretary.

In addition to presenting data on senior managers' remuneration, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information with regards to numbers, composition, and sickness absence, together with expenditure on consultancy and off payroll expenditure.

Membership of the Remuneration Committee

Details of the members of the Remuneration Committee are shown in the Governance Statement.

Statement of Policy on the Remuneration of Senior Managers

All senior managers' pay and terms and conditions of service have been, and will be, determined by the Remuneration Committee within the framework set by the Welsh Government. Performance of senior managers is assessed against personal objectives and the overall performance of the Trust. The process sets objectives for the year and assesses individual performance against the objectives. The Trust does not make performance or other related bonus payments.

In keeping with the Welsh Government Circulars on pay for senior managers in NHS Wales for 2022/23, a £1400 consolidated increase was applied to all pay scales for individuals holding executive and senior posts, effective from 01 April 2022.

A one-off, non-consolidated payment of 1.5%, was made to individuals holding executive and senior posts and was based on the revised pay bands at 01 April 2022.

A further 1.5% consolidated pay uplift was then applied to the pay bands for individuals holding executive and senior posts effective from 01 April 2022. These uplifts have been applied to all pay scales, including those senior staff of the Trust who are on individually negotiated spot rates in accordance with the pay Circulars.

Policy on Duration of Contracts and Notice Periods

The Trust utilises permanent and fixed term contracts of employment as well as secondment opportunities.

The Chair and other Non-Executive Directors can be appointed on up to a four-year term, which may be extended to a maximum of eight years in total. Senior managers are appointed to permanent contracts in line with Welsh Government guidance and are required to give three months' notice of termination of employment.

For other staff, the contractual notice employees are required to give to the Trust and which employees are entitled to receive, is as follows: Bands one-six = four weeks; Band seven = eight weeks; Bands eight and nine = 12 weeks.

The notice provisions for Pay Bands one-seven outlined above are the normal notice periods of notice. However, these provisions do not override the statutory notice requirements the Trust is required to provide employees. According to length of service, employees may be entitled to a greater period of notice and receive one weeks' notice for each completed year of service up to and including a maximum of 12 weeks' notice after 12 years of continuous employment.

This refers to the notice periods employees must give; however, this does not preclude individuals requesting an earlier release from their post. This does not affect the right of either party to terminate the contract without notice by reason of the conduct of the other party. The Trust may, depending on circumstances, pay salary in lieu of notice.

Senior Manager Contracts and Awards

Details of senior manager contracts are shown in the tables below. There was no payment for early termination to senior managers' contracts during 2022/23.

Remuneration Relationship

Details of the Trust's remuneration relationship are set out in Note 10.6 of the 2022/23 Annual Accounts.

Senior Managers in Post in 2022/23

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Colin Dennis	Chair	Fixed Term	01 October 2022	30 September 2026
Kevin Davies	Vice Chair	Fixed Term	01 April 2019	30 June 2023
Bethan Evans	Non-Executive Director	Fixed Term	06 December 2019	5 December 2026
Paul Hollard	Non-Executive Director	Fixed Term	01 April 2016	31 March 2024
Ceri Jackson	Non-Executive Director	Fixed Term	01 April 2021	31 March 2026
Anoop Joga Singh	Non-Executive Director	Fixed Term	09 December 2019	8 December 2025
Martin Turner	Non-Executive Director	Fixed Term	13 December 2019	12 December 2023
Hannah Rowan	Non-Executive Director	Fixed Term	01 April 2022	31 March 2026
Jason Killens	Chief Executive Officer	Permanent	Prior to 01 April 2021	Not Applicable
Brendan Lloyd	Executive Director	Permanent	Prior to 01 April 2021	Not Applicable
Christopher Turley	Executive Director	Permanent	Prior to 01 April 2021	Not Applicable
Angie Lewis	Executive Director	Permanent	12 September 2022	Not Applicable
Liam Williams	Executive Director	Permanent	01 August 2022	Not Applicable
Lee Brooks	Director	Permanent	Prior to 01 April 2021	Not Applicable
Estelle Hitchon	Director	Permanent	Prior to 01 April 2021	Not Applicable

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Rachel Marsh	Executive Director	Permanent	Prior to 01 April 2021	Not Applicable
Trish Mills	Board Secretary	Permanent	02 August 2021	Not Applicable
Andy Swinburn	Director	Permanent	01 December 2021	Not Applicable

Further details of the contract arrangements of the Trust's senior managers in 2022/23 can be found in the Remuneration Table (and Notes) set out later in this Remuneration and Staff Report.

Senior Managers Filling posts on an interim Basis during 2022/23

Name	Position Title	Assignment Category	Start Date in Position	End Date
Wendy Herbert	Interim Executive Director of Nursing and Quality	Interim	07 March 2022	31 July 2022
	Interim Director of Nursing and Quality		01 August 2022	31 August 2022
Catherine Goodwin	Acting Executive Director of Workforce and OD	Interim	11 April 2022	21 April 2022
	Interim Director of Workforce & Organisational Development		22 April 2022	11 September 2022

Leanne Smith	Director of Digital Services	Interim	01 August 2022	Interim until a substantive Director is appointed and commences in post
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Senior Managers who left the Trust during 2022/23

Name	Position Title	Assignment Category	Start Date in Position	Leaving Date
Andy Haywood	Director of Digital Services	Permanent	20 January 2020	31 July 2022
Claire Vaughan	Executive Director of Workforce & OD	Permanent	17 January 2015	22 April 2022
Martin Woodford	Chair	Fixed Term	01 April 2018	30 September 2022

Hutton Report Information (audited information)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. The 2021/22 financial year was the first-year disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio were required.

		2022-23	2022-23	2022-23		2021-22	2021-22	2021-22
		£000	£000	£000		£000	£000	£000
		Chief Executive	Employee	Ratio		Chief Executive	Employee	Ratio
Total pay and benefits								
	25th percentile pay ratio	167,500	26,462	6.33:1		162,500	24,565	6.62:1
	Median pay	167,500	34,225	4.89:1		162,500	31,805	5.11:1
	75th percentile pay ratio	167,500	46,920	3.57:1		162,500	44,814	3.63:1
Salary component of total pay and benefits								
	25th percentile pay ratio	172,500	23,525			167,500	21,777	
	Median pay	172,500	26,676			167,500	24,882	
	75th percentile pay ratio	172,500	41,197			167,500	39,027	
		Highest Paid Director	Employee	Ratio		Highest Paid Director	Employee	Ratio
Total pay and benefits								
	25th percentile pay ratio	167,500	26,462	6.33:1		162,500	24,565	6.62:1
	Median pay	167,500	34,225	4.89:1		162,500	31,806	5.11:1
	75th percentile pay ratio	167,500	46,920	3.57:1		162,500	44,814	3.63:1
Salary component of total pay and benefits								
	25th percentile pay ratio	172,500	23,525			167,500	21,777	
	Median pay	172,500	26,676			167,500	24,882	
	75th percentile pay ratio	172,500	41,197			167,500	39,027	

In 2022/23, 1 (2021/22, 0) employee received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £21,069 to £172,500 (2021/22, £18,576 to £167,500). The all-staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

*In terms of these disclosures, the Chief Executive is also the highest paid Director.

Financial Year Summary (audited information)

The total pay and benefits figure for the Chief Executive/Highest Paid Director is lower than the salary component due to a salary sacrifice scheme.

The employee who received remuneration in excess of the Chief Executive is a temporary agency worker who was in post as at the 31 of March and is not a Director.

In keeping with the Welsh Government circulars on pay, included in the calculations are a £1,400 consolidated increase and a one-off non-consolidated payment of 1.5%, along with an accrual for the consolidated 1.5% which was payable in 2022/2023 and will be paid in May 2023.

Percentage Changes		2021-22	2020-21
		to	to
		2022-23	2021-22
		%	%
% Change from previous financial year in respect of Chief Executive			
	Salary and allowances	3.1	-3
	Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director			
	Salary and allowances	3.1	-3
	Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees taken as a whole			
	Salary and allowances	6.1	3.6
	Performance pay and bonuses	0	0

The reduction of -3% reported in 2021/22 notes was in relation to a salary sacrifice scheme entered into by the Chief Executive which reduces the salary banding. The 3% shown in 2022/23 is in relation to the pay award received and accrued for during 22/23.

The 3.6% reported in 2021/22 notes in terms of the average pay per WTE related to the agreed AfC pay increases across the organisation. The 6.1% in 22/23 notes is related to the pay award receive and accrued for during 2022/23.

Salary and Pensions Entitlements of Senior Managers

a) Remuneration (audited information)

Salary and Pension entitlements of senior managers								
A) Remuneration (audited information)								
Name and Title	2022-23				2021-22			
	Salary (bands of £5000) (Note 22 & 23)	Benefits in Rounded to the nearest £100	Pension Rounded to the nearest £1000	Total (bands of £5000)	Salary (bands of £5000)	Benefits in Rounded to the nearest £100	Pension Rounded to the nearest £1000	Total (bands of £5000)
Martin Woodford (Chairman) (Note 1)	20-25	-	-	20-25	40-45	-	-	40-45
Colin Dennis (Chairman) (Note 2)	20-25	-	-	20-25	-	-	-	-
Kevin Davies (Non Executive Director / Vice Chairman)	15-20	-	-	15-20	15-20	-	-	15-20
Emrys Davies (Non Executive Director) (Note 3)	-	-	-	-	5-10	-	-	5-10
Paul Holland (Non Executive Director)	5-10	-	-	5-10	5-10	-	-	5-10
Martin Turner (Non Executive Director)	5-10	-	-	5-10	5-10	-	-	5-10
Anoop Joga Singh (Non Executive Director)	5-10	-	-	5-10	5-10	-	-	5-10
Bothan Evans (Non Executive Director)	5-10	-	-	5-10	5-10	-	-	5-10
Ceri Jackson (Non Executive Director)	5-10	-	-	5-10	5-10	-	-	5-10
Hannah Rowan (Non Executive Director) (Note 4)	5-10	-	-	5-10	-	-	-	-
Jason Killens (Chief Executive) (Note 5)	165-170	-	15	165-180	160-165	600	35	195-200
Christopher Turley (Executive Director of Finance & Corporate Resources) (Note 6)	110-115	-	15	125-130	105-110	-	10	115-120
Dr Brendan Lloyd (Executive Director of Medical and Clinical Services) (Note 7)	80-85	-	-	80-85	135-140	-	-	135-140
Claire Vaughan (Executive Director of Workforce & OD) (Note 8)	5-10	-	-	5-10	35-100	-	36	135-140
Dr Catherine Goodwin (Acting Executive Director of Workforce & OD / Interim Director of Workforce & OD) (Note 9)	45-50	-	10	55-60	-	-	-	-
Angela Lewis (Director of Workforce & Organisational Development) (Note 10)	60-65	-	4	65-70	-	-	-	-
Claire Roche (Executive Director of Quality and Nursing) (Note 11)	-	-	-	-	100-105	1,800	54	155-160
Gail Wendy Herbert (Interim Executive Director of Quality and Nursing / Interim Director of Quality and Nursing) (Note 12)	45-50	-	49	95-100	5-10	-	6	10-15
Liam Williams (Executive Director of Quality and Nursing) (Note 13)	75-80	-	14	90-95	-	-	-	-
Estelle Hitchon (Director of Partnerships & Engagement) (Note 14)	100-105	-	-	100-105	35-100	-	-	35-100
Rachel Marsh (Director of Strategy Performance & Planning / Executive Director of Strategy Performance & Planning) (Note 15)	105-110	-	-	105-110	100-105	-	46	150-155
Lee Brooks (Director of Operations / Executive Director of Operations) (Note 16)	115-120	2,300	28	145-150	115-120	4,200	27	145-150
Andrew Haywood (Director of Digital Services) (Note 17)	35-40	-	5	40-45	110-115	-	28	135-140
Dr Leanne Smith (Interim Director of Digital Services) (Note 18)	75-80	-	16	90-95	-	-	-	-
Andrew Swinburn (Director of Paramedics) (Note 19)	115-120	-	33	205-210	100-105	400	84	185-190
Patricia Mills (Board Secretary) (Note 20)	35-100	-	22	115-120	60-65	-	14	75-80
Keith Cox (Board Secretary) (Note 21)	-	-	-	-	40-45	-	0	40-45

Note 1 - Martin Woodford left the Trust on 30th September 2022

Note 2 - Colin Dennis joined the Trust on 1st October 2022. Salary full year equivalent is 40-45 (bands of £5000)

Note 3 - Emrys Davies left the Trust on 31st March 2022

Note 4 - Hannah Rowan joined the Trust on 1st April 2022

Note 5 - Jason Killens' salary includes £3,212 in terms of annual leave sold and excludes £5,742 sacrificed in respect of NHS Fleet Solutions. 2021-22 salary excluded £4,785 sacrificed in respect of NHS Fleet Solutions

Note 6 - Christopher Turley's salary includes £4,500 in terms of annual leave sold and excludes £10,612 sacrificed in respect of NHS Fleet Solutions. 2021-22 salary included £3,112 for annual leave sold and excluded £10,612 sacrificed in respect of NHS Fleet Solutions

Note 7 - Brendan Lloyd's tenure as Interim Deputy Chief Executive ended on 31st December 2021. Brendan retired on 31st December 2021, returning on 1st January 2022 to the role of Executive Medical Director on a 0.5 FTE basis. Salary includes £2,300 in terms of annual leave sold

Note 8 - Claire Vaughan left the Trust on 22nd April 2022

Note 9 - Dr Catherine Goodwin was appointed Acting Executive Director of Workforce & OD from 11th April 2022 until 21st April 2022, then Interim Director of Workforce & OD until 11th September 2022. Salary full year equivalent is 105-110 (bands of £5000)

Note 10 - Angela Lewis joined the Trust as Director of Workforce & Organisational Development on 12th September 2022. Salary full year equivalent is 105-110 (bands of £5000)

Note 11 - Claire Roche left the Trust on 4th March 2022

Note 12 - Gail Wendy Herbert was appointed Interim Executive Director of Quality and Nursing from 7th March 2022 until 31st July 2022, then Interim Director of Quality and Nursing until 31st August 2022. Salary full year equivalent is 110-115 (bands of £5000)

Note 13 - Liam Williams joined the Trust as Executive Director of Quality and Nursing on 1st August 2022. Salary full year equivalent is 115-120 (bands of £5000)

Note 14 - Estelle Hitchon's salary includes £2,356 in terms of annual leave sold

Note 15 - Rachel Marsh's salary includes £2,854 in terms of annual leave sold and excludes £5,006 sacrificed in respect of NHS Fleet Solutions. This post changed from Director of Strategy Performance & Planning to Executive Director of Strategy Performance & Planning from 25th April 2022

Note 16 - Lee Brooks' salary includes £3,472 sacrificed in respect of NHS Fleet Solutions. This post changed from Director of Operations to Executive Director of Operations from 1st April 2022

Note 17 - Andrew Haywood left the Trust on 31st July 2022

Note 18 - Dr Leanne Smith was appointed Interim Director of Digital Services from 1st August 2022. Salary full year equivalent is 110-115 (bands of £5000)

Note 19 - Andrew Swinburn was appointed Director of Paramedics on 1st December 2021. Andrew was previously included as Associate Director of Paramedics until 30th November 2021. Salary includes £2,144 in terms of annual leave sold. 2021-22 salary included £3,811 paid in terms of annual leave sold

Note 20 - Patricia Mills joined the Trust as Board Secretary on 2nd August 2021

Note 21 - Keith Cox retired on 1st August 2021

Note 22 - The salary column includes a £1400 consolidated increase applied to all A&C pay scales and individuals holding executive and senior posts, this did not apply to Board Chairs and Non-Executive Directors

Note 23 - The salary column also includes a 1.5% non-consolidated non-pensionable payment, along with a 1.5% consolidated accrual. As per the guidance from Welsh Government, this consolidated payment is not included within the pension benefits element of the above table. These payments did not apply to Board Chairs and Non-Executive Directors

Salary and Pensions Entitlements of Senior Managers

b) Pension Benefits (audited information)

Salary and Pension entitlements of senior managers					
B) Pension Benefits (audited information)					
Name and title	Accrued pension at pension age as at 31/3/23 and related lump sum £'000	Real increase in pension and related lump sum at pension age (bands of £'000)	Cash Equivalent Transfer £'000	Cash Equivalent Transfer £'000	Real increase in Cash £'000
Jason Killens (Chief Executive)	50-55 plus lump sum of 115-120	0-2.5 plus lump sum of -5--2.5	922	859	14
Christopher Turley (Executive Director of Finance & Corporate Resources)	50-55 plus lump sum of 100-105	0-2.5 plus lump sum of -2.5-0	925	863	21
Dr Brendan Lloyd (Executive Director of Medical and Clinical Services) *	-	-	-	-	-
Claire Vaughan (Executive Director of Workforce & OD)	30-35 plus lump sum of 45-50	-2.5-0 plus lump sum of -2.5-0	495	474	-
Dr Catherine Goodwin (Acting Executive Director of Workforce & OD / Interim Director of Workforce & OD)	10-15 plus lump sum of 20-25	0-2.5 plus lump sum of 0-2.5	201	169	5
Angela Lewis (Director of Workforce & Organisational Development)	0-5 plus lump sum of 0-5	0-2.5 plus lump sum of 0-2.5	35	19	-
Gail Wendy Herbert (Interim Executive Director of Quality and Nursing / Interim Director of Quality and Nursing)	45-50 plus lump sum of 110-115	2.5-5 plus lump sum of 5-7.5	911	759	48
Liam Williams (Executive Director of Quality and Nursing)	35-40 plus lump sum of 70-75	0-2.5 plus lump sum of -2.5-0	664	610	13
Estelle Hitchon (Director of Partnership & Engagement) **	-	-	-	-	-
Rachel Marsh (Director of Strategy Performance & Planning / Executive Director of Strategy Performance & Planning)	45-50 plus lump sum of 55-60	-2.5-0 plus lump sum of -5--2.5	768	736	5
Lee Brooks (Director of Operations / Executive Director of Operations)	30-35	0-2.5	394	354	14
Andrew Haywood (Director of Digital Services)	5-10	0-2.5	96	78	-
Leanne Smith (Interim Director of Digital Services)	5-10	0-2.5	62	43	1
Andrew Swinburn (Director of Paramedicine)	45-50 plus lump sum of 35-100	2.5-5 plus lump sum of 7.5-10	852	726	88
Patricia Mills (Board Secretary)	0-5	0-2.5	65	39	12
*Dr Brendan Lloyd chose to leave the pension scheme on 31st December 2021					
** Estelle Hitchon chose not to be covered by the NHS pension arrangements in the prior year, as well as the current reporting year					

Staff Numbers (audited information)

An analysis of staff numbers by category during 2022/23 are set out below. The figures relate to the average number of employees under contract of service in each month of the financial year, divided by 12 (and rounded to nearest Whole Time Equivalent). These figures have been calculated to include inward secondments and agency staff and to reconcile with the financial accounts.

Category	2022/23	2021/22	2020/21*
Additional Clinical Services	2,078	2,064	1,755
Professional, Scientific & Technical Staff	4	2	1
Administrative, Clerical and Board Members	618	581	558
Allied Health Professionals	1,092	1,052	1,106
Estates & Ancillary	64	62	62
Medical & Dental	1	1	1
Nursing and Midwifery	196	207	170
Total	4,053	3,969	3,653

*Note: The 2020/21 figures have similarly been re-calculated to include inward secondments and agency staff to reconcile with the 2020/21 financial accounts.

Staff Composition

An analysis of the number of persons of each sex who are senior managers of the Trust (i.e., Non-Executive Directors, Executive Directors, Directors, Board Secretary) as at 31 March 2023, are set out below (excludes secondees out of the Trust). This compares to a Trust wide staff composition of 49% female, 51% male.

Gender	Headcount	%
Female	8	42
Male	11	58
Total	19	100

Sickness Absence Data

	2022/23	2021/22	2020/21
Days lost (long term)	88,732.85	100,910.74	65,017.51
Days lost (short term)	47,226.89	50,050.55	31,864.22
Total days lost	135,959.74	150,961.30	96,881.73
Total staff years	335.66	329.20	302.85
Average working days lost	21.09	23.96	16.79
Total staff employed in period (headcount)	4,315	4,231	3,907
Total staff employed in period with no absence (headcount)	917	1,035	1,496
Percentage staff with no sick leave	21.09%	24.04%	36.61%

Note 1: The percentage and total number of staff without absence in the year has been sourced from the standard Electronic Staff Record (ESR) Business Intelligence (BI) report. With regard to the reporting in relation to the percentage of staff with 'no sickness', the standard BI report excludes new entrants and also bank assignments. Therefore, the number of staff who have had a whole year with no sickness absence is being divided into a smaller number than the total headcount at the end of the year.

Note 2: "Total staff employed in period with no absence (headcount)" is purely sickness absence and does not include those isolating/shielding due to Covid-19.

The Trust continues to performance manage absence robustly and has implemented many actions in 2022/2023. There has been a reduction in absence from 11.88% in March 2022 to 7.99% in February 2023.

- The project plan for improving attendance continues to be updated and delivered and has made a significant difference to levels of absence in the Trust;
- Regular reports are provided to the Executive Management Team, People and Culture Committee, and Trust Board with deep dives into specific issues;
- Training delivery to managers continues and has been well received;
- Quarterly checks of Global Rostering System and Electronic Staff Record data were undertaken to ensure; consistency across both systems;
- Regular meetings continued to take place to manage sickness absence within the Trust in all regions across Wales;
- Regular case reviews were undertaken across the Emergency Medical Service to discuss complex sickness cases and alternative duties arrangements;
- An audit of managing attendance noted reasonable assurance and no high priority recommendations;
- The number of colleagues absent with long Covid is significantly reduced;
- Occupational Health support for colleagues is robust with the team working closely with People Services to support colleagues back to work;
- Staff continue to utilise and engage with the Employee Assistance Programme and the Thrive App. Other wellbeing offers such as Silvercloud and Health for Health Professionals are also offered for psychological support;

Health promotion activities have expanded, with regular internal communication campaigns, and the occupational health and wellbeing van visits accident and emergency departments in South Wales weekly offering Trauma Risk Management (TRiM) and wellbeing support as well as supporting health campaigns for staff.

Staff Policies Applied During the Year

The Trust has a policy framework in place which covers policies, procedures, and processes and how these should be introduced, amended, replaced, and approved. These policies address all matters relating to the Trust and cover such issues as employment, health and safety and infection control.

The Trust has policies on recruitment and selection, training and flexible working and a treating people fairly strategy. All these are designed to ensure that equality and diversity issues are fully considered in the recruitment, selection, and employment of staff. Staff can access these policy documents through the Trust's Intranet.

Other Employee Matters

During 2022/2023 we continued to develop our Allyship programme and are developing active bystander training to further engage and support a culturally responsible organisation that holds inclusion at its core and makes it the responsibility of all. This is not only aligning with our commitments set out in our Strategic Equality Objectives and Plan but aligns with our commitment to the Anti-racist action plan and LGBTQ+ action plan set out by Welsh Government, and our organisational behaviours.

Bespoke sessions under Allyship have also been developed, which have included a talk on Black History Month, a lived experience shared by the parent of a Trans young person, and a programme of awareness sessions on neurodiversity. Providing training to and sharing stories with our people so that they are equipped to support and meet the different needs of those they interact with, are part of the Trust's goals in delivering our Strategy Equality Objectives actions.

A Speaking Up Safely Task and Finish Group was established in 2022 to develop a framework for raising concerns which supports staff, addresses barriers to speaking up, encourages a positive culture of speaking up and ensures matters raised are used as opportunities for learning and improvement. The group concluded its work in March 2023 with the mandate to implement the framework being transferred to the Director of People and Culture. The framework is based around the All-Wales Procedure for Raising Concerns but will be further supported by a number of speaking up safely guardians, the Trust's voices network, and a confidential third-party platform. The People and Culture Committee have the implementation of this framework as one of its priorities for 2023/24.

The Trust has continued to support working carers and is an active member of Carers UK's business forum, Employers for Carers. Our membership includes access to efcdigital.org which offers a range of resources that can help us support staff who juggle work and caring responsibilities. At the end of November 2022, the Trust launched the Carer Passport scheme in conjunction with Employers for Carers' Rights who delivered a session for all line managers. The session was very well received with 90 people across the organisation attending the Teams meeting.

Alongside this, a section on the Trust's Equality, Diversity, and Inclusion intranet page was created to provide guides and support staff with the Carer Passport, Carers' Rights membership and supporting paperwork, with advice for managers. The Carer Passport is a record that moves with employees through their career that sets out support, services or other benefits that can be accessed. A Carer Passport helps to improve and embed identification, recognition, and support for carers in the day-to-day life of an organisation. The organisation will also be funding a Carers app with Employers for Carers that will be launched on Careers week in June 2023.

The development of an Integrated Impact Assessment Tool is underway being led by a Trust Task and Finish Group. This tool will encompass the requirements on the Trust under the Public Sector Equality Duties, which are aligned to the Equality Act 2010, and this includes the socio-economic duties. The tool will also include a template assessment against the requirements of the Well-being of Future Generations (Wales) Act 2015 and Welsh Language (Wales) Measure 2011.

The new Integrated Impact Assessment Tool is in draft and has been produced using recommendations from the report released by Audit Wales in December 2022, in respect of Equality Impact Assessments. Up to date training has been developed and was launched in early 2023 to guide staff in the proper undertaking of an Equality Impact Assessment.

The Trust is working with Purple Space to support us in setting up a disability network, and a network for our neurodiverse workforce. This was decided after engagement activities took place, and it was decided the two separate networks were needed as different needs arose for both.

As part of our wider equality, diversity, and inclusion work, the Trust has continued to celebrate and bring awareness across the protected characteristics with a focus of an intersectional lens throughout the year, working internally and with external organisations and charities as well as in an All -Wales approach.

Expenditure on Consultancy

Expenditure during 2022/23 in respect of consultancy costs was £611, 451.17 (in 2021/22 it was £878,000) across the following areas:

Human Resources, Training & Education	£77,218.71
Organisation and Change Management	£261,532.80
Programme and Project Management	£2,176.04
Property and Construction	£125,511.51
Technical	(£108.00)
Strategy	£139,775.00
IT/IS	£5,345.11
Total	£611,451.17

The consultancy costs were higher in 2021/22 due to the review where support was reduced in 2022/23.

Expenditure on Temporary Staff

Expenditure during 2022/23 in respect of temporary staff costs was £1.85m (2021/22 £1.745m). This equals a variance of £0.091m which was because of delays in recruitment to vacancies to the cohorting service delivered outside GUH and Morriston Hospitals.

Off-Payroll Engagements

The Trust has a nil return in 2022/23 for off-payroll engagements. This is consistent with that reported in 2021/22.

Exit Packages (audited information)

The Trust has a cost of £170,966 in 2022/23 for six staff exit Trust packages. This compares to a return of £0.292m in 2021/22. Exit packages are described in Note 10.5 within the financial statements.

2.4 Senedd Cymru/Welsh Parliamentary Accountability and Audit Report

The Senedd Cymru/Welsh Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

Regularity of Expenditure

The Trust is required to ensure regularity of its income and expenditure. Sufficient evidence of the assurance of this has been provided as part of the audit of the accounts process and the audit certificate for the accounts concludes that in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by Welsh Parliament and that the financial transactions recorded in the financial statements conform to the authorities which govern them. The Trust confirms its expenditure for the year is regular.

Fees and Charges

The Trust is required by Welsh Government to ensure that the full cost of providing commercial services is passed on in its fees and charges and confirms that proper controls were in place in 2022/23 over how, when and at what level charges were levied. The Trust confirms its fees and charges are in accordance with Welsh Government requirements.

Material Remote Contingent Liabilities

The Trust has no material remote contingent liabilities within its 2022/23 accounts. This is consistent to that reported in 2021/22.

Audit Certificate and Report

The certificate and report of the Auditor General to the Welsh Parliament is attached on the following pages.

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of the Welsh Ambulance Services NHR Trust for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of the Welsh Ambulance Services NHS Trust as at 31 March 2023 and of its surplus for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for the Welsh Ambulance Services NHS Trust is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Accountability Report to be audited are not in agreement with the accounting records and returns;
- or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced, and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and

- assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the Welsh Ambulance Services NHS Trust's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and

- the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in expenditure recognition, and management override;
- Obtaining an understanding of the Welsh Ambulance Services NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Welsh Ambulance Services NHS Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Welsh Ambulance Services NHS Trust;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and the Audit Committee about actual and potential litigation and claims;
- reading minutes of meetings of the Audit Committee and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Welsh Ambulance Services NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

I have no observations to make on these financial statements.

Adrian Crompton
Auditor General for Wales
28 July 2023

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

PART 3: - FINANCIAL STATEMENTS

Welsh Ambulance Services NHS Trust

Foreword

These accounts for the period ended 31 March 2023 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Public Health Wales NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

Statutory background

The Trust was established in 1998. Spread over an area of almost 8000 square miles and serving a population of over 3 million, our diverse area encompasses tranquil rural retreats, busy seaside resorts and large urban boroughs.

Our varied and modern services are tailor-made for each community's differing environmental and medical needs, from cycles to fast response cars, frontline ambulances and nurses in our control centres.

We attend more than 250,000 emergency calls a year, over 50,000 urgent calls and transport over 1.3 million non-emergency patients to over 200 treatment centres throughout England and Wales.

Our dedicated staff are our biggest asset, and we employ in the region of 4,000 people. Approximately 70% of our workforce is within our emergency medical services which include our Clinical Contact Centres, and around 640 staff work in our Non-Emergency Patient Transport Service (NEPTS). Our patient facing services are also supported by colleagues working within our corporate and support functions (approximately 500 staff) and our valued extended volunteer workforce, including over 1,000 Community First Responders (CFRs) and circa 300 Volunteer Car Drivers.

We operate from over 90 buildings including ambulance stations, three control centres, three regional offices and five vehicle workshops.

We also have our own National Training College to ensure our staff remain at the top of their game and receive regular professional development.

We provide access to high quality, on-going training, regular continuous professional development opportunities and personal annual development reviews.

We are also the host for the 111 service, a 24 hour health advice and information service for the public and the front end call handling and clinical triage elements of the GP out-of-hours services.

Performance Management and Financial Results

This Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2020-2021 onwards. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-2017.

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. The first assessment of performance against the 3-year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-2017, being the first three year period of assessment.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2023

	Note	2022-23 £000	2021-22 £000
Revenue from patient care activities	3	283,196	261,570
Other operating revenue	4	12,489	14,889
Operating expenses	5.1	(296,341)	(276,398)
Operating (deficit)/surplus		(656)	61
Investment revenue	6	432	14
Other gains and losses	7	279	129
Finance costs	8	7	56
Retained surplus	2.1.1	62	260
Other Comprehensive Income			
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment		3,071	1,016
Net gain / (loss) on revaluation of right of use assets		0	
Net gain/(loss) on revaluation of intangible assets		0	0
Movements in other reserves		0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		220	0
Net gain/(loss) on revaluation of financial assets		0	0
Impairments and reversals		(318)	(96)
Transfers between reserves		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Sub total		2,973	920
Items that may be reclassified subsequently to net operating costs			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
Sub total		0	0
Total other comprehensive income for the year		2,973	920
Total comprehensive income for the year		3,035	1,180

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2023

		Note	31 March 2023	31 March 2022
			£000	£000
Non-current assets	Property, plant and equipment	13	98,617	95,594
	Right of Use Assets	13.3	12,735	
	Intangible assets	14	1,349	3,231
	Trade and other receivables	17.1	380	790
	Other financial assets	18	0	0
	Total non-current assets		113,081	99,615
Current assets	Inventories	16.1	2,032	1,826
	Trade and other receivables	17.1	18,939	17,148
	Other financial assets	18	0	0
	Cash and cash equivalents	19	19,192	18,708
			40,163	37,682
	Non-current assets held for sale	13.2	0	130
	Total current assets		40,163	37,812
Total assets			153,244	137,427
Current liabilities	Trade and other payables	20	(39,859)	(35,752)
	Borrowings	21	(2,999)	(1,364)
	Other financial liabilities	22	0	0
	Provisions	23	(5,104)	(4,402)
	Total current liabilities		(47,962)	(41,518)
Net current assets/(liabilities)			(7,799)	(3,706)
Total assets less current liabilities			105,282	95,909
Non-current liabilities	Trade and other payables	20	0	0
	Borrowings	21	(8,400)	0
	Other financial liabilities	22	0	0
	Provisions	23	(6,956)	(10,058)
	Total non-current liabilities		(15,356)	(10,058)
Total assets employed			89,926	85,851
Financed by Taxpayers' equity:				
	Public dividend capital		80,922	81,219
	Retained earnings		(4,007)	(5,701)
	Revaluation reserve		13,011	10,333
	Other reserves		0	0
	Total taxpayers' equity		89,926	85,851

The financial statements were approved by the Board on 27th July 2023 and signed on behalf of the Board by:

Chief Executive: Jason Killens

Date: 27th July 2023

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2022-23	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2022-23				
Balance as at 31 March 2022	81,219	(5,701)	10,333	85,851
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	1,337	0	1,337
Balance at 1 April 2022	81,219	(4,364)	10,333	87,188
Retained surplus/(deficit) for the year		62		62
Net gain/(loss) on revaluation of property, plant and equipment		0	3,071	3,071
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	220	220
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	(318)	(318)
Other reserve movement		0	0	0
Transfers between reserves		295	(295)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	357	2,678	3,035
New Public Dividend Capital received	0			0
Public Dividend Capital repaid in year	(297)			(297)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
Balance at 31 March 2023	80,922	(4,007)	13,011	89,926

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2021-22	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2021-22				
Balance at 31 March 2021	76,354	(5,961)	9,413	79,806
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment				
Balance at 1 April 2021	76,354	(5,961)	9,413	79,806
Retained surplus/(deficit) for the year		260		260
Net gain/(loss) on revaluation of property, plant and equipment		0	1,016	1,016
Net gain/(loss) on revaluation of right of use assets				
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	(96)	(96)
Other reserve movement		0	0	0
Transfers between reserves		0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	260	920	1,180
New Public Dividend Capital received	9,530			9,530
Public Dividend Capital repaid in year	(4,665)			(4,665)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued				
Other movements in PDC in year	0			0
Balance at 31 March 2022	81,219	(5,701)	10,333	85,851

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2023

		2022-23	2021-22
	Note	£000	£000
Operating surplus/(deficit)	SOCI	(656)	61
Movements in working capital	30	6,809	(593)
Other cash flow adjustments	31	29,050	25,662
Provisions utilised		(3,021)	(6,963)
Interest paid		(123)	(44)
Net cash inflow (outflow) from operating activities		32,059	18,123
Cash flows from investing activities			
Interest received		432	14
(Payments) for property, plant and equipment		(28,277)	(21,339)
Proceeds from disposal of property, plant and equipment		279	158
(Payments) for intangible assets		(121)	(270)
Proceeds from disposal of intangible assets		0	0
Payments for investments with Welsh Government		0	0
Proceeds from disposals with Welsh Government		0	0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		0	0
Net cash inflow (outflow) from investing activities		(27,687)	(21,437)
Net cash inflow (outflow) before financing		4,372	(3,314)
Cash flows from financing activities			
Public Dividend Capital received		0	9,530
Public Dividend Capital repaid		(297)	(4,665)
Loans received from Welsh Government		0	0
Loans repaid to Welsh Government		0	0
Other loans received		0	0
Other loans repaid		0	0
Other capital receipts		0	0
Capital elements of finance leases and on-SOFP PFI		0	(1,311)
Capital element of payments in respect of on-SoFP PFI		0	0
Capital element of payments in respect of Right of Use Assets		(3,591)	
Cash transferred (to)/from other NHS Wales bodies		0	0
Net cash inflow (outflow) from financing activities		(3,888)	3,554
Net increase (decrease) in cash and cash equivalents		484	240
Cash [and] cash equivalents	19	18,708	18,468
at the beginning of the financial year			
Cash [and] cash equivalents	19	19,192	18,708
at the end of the financial year			

The notes on pages 6 to 76 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts (NHST) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2022-2023 Manual for Accounts. The accounting policies contained in that manual follow the 2022-2023 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the NHST Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the NHST for the purpose of giving a true and fair view has been selected. The particular policies adopted by the NHST are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

From 2018-2019, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income is received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-2020 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, and in Wales the additional 6.3% would be funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA, the NHS Pensions Agency).

However, NHS Wales organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, vehicle or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income (SoCI).

From 2015-2016, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCI. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This ensures that asset carrying values are not materially overstated.

For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales organisation expects to obtain economic benefits or service potential from the asset. This is specific to NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCI. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCI. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCI on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCI. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application, Welsh Ambulance Services NHS Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16. Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16. There are further expedients or election that have been employed by Welsh Ambulance Services NHS Trust in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The entity will not apply IFRS 16 to any new leases of in tangible assets applying the treatment described in section 1.14 instead.

- Welsh Ambulance Services NHS Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16, Welsh Ambulance Services NHS Trust has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

Welsh Ambulance Services NHS Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 The Welsh Ambulance Services NHS Trust (the entity) as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the entity applies a revised rate to the remaining lease liability.

Where existing leases are modified the entity must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the entity.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when the NHS Wales organisation has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Wales organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operate a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participating NHS Wales bodies. The risk sharing option was implemented in both 2022-23 and 2021-22. The WRPS is hosted by Velindre NHS University Trust.

1.14.2 Future Liability Scheme (FLS)

General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

1.15 Financial Instruments

From 2018-2019 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by Public Health Wales NHS Trust is a change to the calculation basis for bad debt provisions: changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

1.16 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses.

All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value' through SoCI; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCI on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Wales organisation assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16.6 Other financial assets

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

1.17 Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from Welsh Government are recognised at historical cost.

1.17.1 Financial liabilities are initially recognised at fair value through SoCI

Financial liabilities are classified as either financial liabilities at fair value through the SoCI or other financial liabilities.

1.17.2 Financial liabilities at fair value through the SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output VAT does not apply and input VAT on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCI. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCI on an accruals basis, including losses which would have been made good through insurance cover had the NHS organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Wales organisations accounts for all losses and special payments gross (including assistance from the WRPS).

The NHS Wales organisation accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5-50%, the liability is disclosed as a contingent liability.

1.22 Pooled budget

The NHS Wales organisation has/has not entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the WRPS.

1.25 Provisions for legal or constructive obligations for clinical negligence, personal injury & defence costs

The NHS Wales organisation provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the WRPS which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement:

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
		Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

* Defence fee costs are provided for at 25%.

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of -0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%-94% respectively are held as a provision on the Trust's balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

1.26 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.27 Private Finance Initiative (PFI) transactions

The Trust has no PFI arrangements.

1.28 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.29 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting, dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC.

1.30 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM:

IFRS14 Regulatory Deferral Accounts - Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.31 Accounting standards issued that have been adopted early

During 2022-2023 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.32 Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as it is not the corporate trustee of Charitable Funds, it is considered for accounting standards compliance to not have control any Charitable Funds as a subsidiary, and therefore is not required to consolidate the results of any Charitable Funds within the statutory accounts of the Trust.

1.33 Subsidiaries

Material entities over which the NHS Wales organisation has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the NHS Wales organisation or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.34 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred.

1.35 Public Dividend Capital (PDC) and PDC dividend

PDC represents taxpayers' equity in the NHS Wales organisation. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from the NHS Wales organisation. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

2. Financial Performance

2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.

2.1.1 Financial Duty

	Annual financial performance			2020-21 to
	2020-21	2021-22	2022-23	2022-23
	£000	£000	£000	Financial
				duty
				£000
Retained surplus	70	260	62	392
Less Donated asset / grant funded revenue adjustment	0	(185)	0	(185)
Adjusted surplus/ (Deficit)	70	75	62	207

The Welsh Ambulance Services NHS Trust has met its financial duty to break even over the 3 years 2020-2021 to 2022-2023.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework for the period 2022-2025 issued to Trusts placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust submitted an Integrated Medium Term Plan for the period 2022-2025 in accordance with NHS Wales Planning Framework.

The Minister for Health and Social Services extant approval.

Status
Date 13/07/2022

The Welsh Ambulance Services NHS Trust has therefore met its statutory duty to have an approved financial plan.

2. Financial Performance (cont)

2.2 ADMINISTRATIVE REQUIREMENTS

2.2.1. External financing

The Trust is given an external financing limit which it is permitted to undershoot

The EFL target has been suspended for 2022-23, on the basis of value for money and the impracticality in relation to the length of deposit time required by the NLF to accept deposits.

2.3. Creditor payment

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	2022-23	2021-22
Total number of non-NHS bills paid	51,541	49,800
Total number of non-NHS bills paid within target	50,195	48,400
Percentage of non-NHS bills paid within target	97.4%	97.2%
The Trust has met the target.		

3. Revenue from patient care activities

	2022-23	2021-22
	£000	£000
Local health boards	16,569	41,034
Welsh Health Specialised & Emergency Ambulance Services Committees (WHSSC & EASC)	230,334	185,589
Welsh NHS Trusts	767	745
Welsh Special Health Authorities	0	0
Foundation Trusts	0	0
Other NHS England bodies	57	136
Other NHS Bodies	0	0
Local Authorities	0	0
Welsh Government	33,749	29,908
Welsh Government - Hosted Bodies	0	0
Non NHS:		
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	132	193
Other revenue from activities	1,588	3,965
Total	283,196	261,570

Injury Cost Recovery (ICR) Scheme income:

	2022-23	2021-22
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	23.76	23.76

4. Other operating revenue

	2022-23	2021-22
	£000	£000
Income generation	0	0
Patient transport services	0	0
Education, training and research	1,554	1,329
Charitable and other contributions to expenditure	0	0
Receipt of Covid Items free of charge from other NHS Wales Organisations	0	0
Receipt of Covid Items free of charge from other organisations	0	0
Receipt of donations for capital acquisitions	0	185
Receipt of government grants for capital acquisitions	0	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care services to other bodies	0	0
Right of Use Asset Sub-leasing rental income	0	0
Rental revenue from finance leases	0	0
Rental revenue from operating leases	149	141
Other revenue:		
Provision of pathology/microbiology services	0	0
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	71	79
Business unit	0	0
Scheme Pays Reimbursement Notional	0	0
Other	10,715	13,155
Total	12,489	14,889
Total Patient Care and Operating Revenue	295,685	276,459

Other revenue comprises:

Personal injury benefit scheme (PIBS)	(2,460)	132
Air Ambulance paramedic funding	0	0
Hazardous Area Response Team (HART)	2,615	2,570
Other minor services income	1,208	4,317
Funding for impairments (as funds flow monies)	9,352	6,136

Total

10,715	13,155
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The 'Other' revenue includes -£2,460k in relation to a return of income relating to the Personal Injury Benefit Scheme (PIBS) which has resulted in a repayment of income to WG.

5. Operating expenses	2022-23	2021-22
5.1 Operating expenses	£000	£000
Local Health Boards	112	131
Welsh NHS Trusts	958	914
Welsh Special Health Authorities	0	0
Goods and services from other non Welsh NHS bodies	0	0
WHSSC/EASC	0	0
Local Authorities	0	0
Purchase of healthcare from non-NHS bodies	12,541	12,599
Welsh Government	466	374
Other NHS Trusts	0	0
Directors' costs	1,780	1,835
Operational Staff costs	204,480	189,878
Single lead employer Staff Trainee Cost	0	0
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	5,874	6,801
Supplies and services - general	2,282	2,336
Consultancy Services	612	878
Establishment	5,465	4,373
Transport	17,470	16,995
Premises	11,447	12,216
Impairments and Reversals of Receivables	0	0
Depreciation	13,414	15,190
Depreciation (RoU Asset)	3,715	
Amortisation	1,948	1,750
Impairments and reversals of property, plant and equipment	9,352	6,135
Fixed asset impairments and reversals (RoU Assets)	0	
Impairments and reversals of intangible assets	0	0
Impairments and reversals of financial assets	0	0
Impairments and reversals of non current assets held for sale	0	0
Audit fees	167	163
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	(1,820)	843
Research and development	0	0
Expense related to short-term leases	0	
Expense related to low-value asset leases (excluding short-term leases)	0	
Other operating expenses	6,078	2,987
Total	296,341	276,398

The 'Losses, special payment and irrecoverable debts' expenditure includes -£2,460k in relation to the Personal Injury Benefit Scheme (PIBS), this is due to a change in discount rate from -1.3% to +1.7%.

5. Operating expenses (continued)

5.2 Losses, special payments and irrecoverable debts:

Charges to operating expenses	2022-23	2021-22
Increase/(decrease) in provision for future payments:	£000	£000
Clinical negligence;-		
Secondary care	1,931	310
Primary care	0	0
Redress Secondary Care	464	262
Redress Primary Care	0	0
Personal injury	(1,571)	(688)
All other losses and special payments	0	0
Defence legal fees and other administrative costs	324	171
Structured Settlements Welsh Risk Pool	0	0
Gross increase/(decrease) in provision for future payments	1,148	55
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	28	37
Less: income received/ due from Welsh Risk Pool	(2,996)	751
Total charge	(1,820)	843

Personal injury includes -£2.460m in respect of Permanent Injury Benefit Scheme (PIBS) (2021-22 £0.126m), the large movement is due to a change in discount rate to +1.7% (2021-22 -1.3%). This expenditure includes a charge of £0.130m relating to the change in the rate at which the provision for future payments is calculated.

The Contribution to Welsh Risk Pool is disclosed in Note 5.1 for 2022-23.

	2022-23	2021-22
	£	£
Permanent injury included within personal injury:	-2,461,950	125,783

6. Investment revenue	2022-23	2021-22
Rental revenue :	£000	£000
PFI finance lease revenue:		
Planned	0	0
Contingent	0	0
Other finance lease revenue	0	0
Interest revenue:		
Bank accounts	432	14
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
Total	432	14

The increase in the interest revenue is due to the increase in interest rates during 22/23, from 0.75% at March 2022 to 4.25% at March 2023.

7. Other gains and losses	2022-23	2021-22
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	279	129
Gain/(loss) on disposal of financial assets	0	0
Gains/(loss) on foreign exchange	0	0
Change in fair value of financial assets at fair value through income statement	0	0
Change in fair value of financial liabilities at fair value through income statement	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	279	129

8. Finance costs	2022-23	2021-22
	£000	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	123	44
Interest on obligations under Right of Use Leases	0	
Interest on obligations under PFI contracts:		
Main finance cost	0	0
Contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	123	44
Provisions unwinding of discount	(130)	(100)
Periodical Payment Order unwinding of discount	0	0
Other finance costs	0	0
Total	(7)	(56)

9. Future change to SoCI/Operating Leases

9.1 Trust as lessee

Operating lease payments represent rentals payable by Welsh Ambulance Services NHS Trust for properties and equipment.

	Post Implementation of IFRS 16		Pre implementation of IFRS 16
	Low Value & Short Term	Other	
Payments recognised as an expense	2022-23	2022-23	2021-22
	£000	£000	£000
Minimum lease payments	158	818	2,027
Contingent rents	0	0	0
Sub-lease payments	0	0	0
Total	158	818	2,027
Total future minimum lease payments	2022-23	2022-23	2021-22
Payable:	£000	£000	£000
Not later than one year	90	731	1,842
Between one and five years	0	1,440	4,167
After 5 years	0	588	1,798
Total	90	2,759	7,807
Total future sublease payments expected to be received	0	0	0

As a result of the implementation of IFRS 16 the current year operating lease figures relate to low value and short term leases only. Previously reported Minimum lease payments of £1,188,813 transitioned to the balance sheet as Right of Use (RoU) assets.

The amounts disclosed within 'Other' relate to the VAT and Service Charges in relation to RoU assets and lease cars which include a private element and are therefore outside the scope of IFRS 16.

9. Future change to SoCI/Operating Leases (continued)

9.2 Trust as lessor

The Trust leases part of Vantage Point House to Aneurin Bevan NHS Trust in respect of their GP Out of Hours service.

	Post Implementation of IFRS 16	Pre implementation of IFRS 16
Rental Revenue		
Receipts recognised as income	2022-23	2021-22
	£000	£000
Rent	0	0
Contingent rent	0	0
Other	150	143
Total rental revenue	150	143
Total future minimum lease payments	2022-23	2021-22
Receivable:	£000	£000
Not later than one year	0	0
Between one and five years	0	0
After 5 years	1	1
Total	1	1

10. Employee costs and numbers

						2022-23	2021-22
10.1 Employee costs	Permanently	Staff on	Agency	Specialist	Other	£000	£000
Operational Staff	employed	Inward	Staff	Trainee	Staff		
	staff	Secondment		(SLE)			
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	160,812	324	1,845	0	0	162,981	151,409
Social security costs	16,609	0	0	0	0	16,609	15,091
Employer contributions to NHS Pensions Scheme	27,592	0	0	0	0	27,592	25,744
Other pension costs	7	0	0	0	0	7	6
Other post-employment benefits	0	0	0	0	0	0	0
Termination benefits	171	0	0	0	0	171	292
Total	205,191	324	1,845	0	0	207,360	192,542

Of the total above:

Charged to capital	1,056	956
Charged to revenue	206,304	191,586
Total	207,360	192,542

Net movement in accrued employee benefits (untaken staff leave)	1,145	673
Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		673
Non Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		0

10.2 Average number of employees

	Permanently	Staff on	Agency	Specialist	Other	2022-23	2021-22
	Employed	Inward	Staff	Trainee	Staff	Total	Total
		Secondment		(SLE)			
	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	598	6	14	0	0	618	581
Medical and dental	1	0	0	0	0	1	1
Nursing, midwifery registered	196	0	0	0	0	196	207
Professional, scientific and technical staff	4	0	0	0	0	4	2
Additional Clinical Services	2,067	0	11	0	0	2,078	2,064
Allied Health Professions	1,091	0	1	0	0	1,092	1,052
Healthcare scientists	0	0	0	0	0	0	0
Estates and Ancillary	62	0	2	0	0	64	62
Students	0	0	0	0	0	0	0
Total	4,019	6	28	0	0	4,053	3,969

The average number is calculated using the full time equivalent (FTE) of employees

10.3. Retirements due to ill-health

	2022-23	2021-22
Number	9	5
Estimated additional pension costs £	324,957	348,066

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

10.4 Employee benefits

Employee benefits refer to non-pay benefits which are not attributable to individual employees, for example group membership of a club. The trust does not operate any employee benefit schemes.

10.5 Reporting of other compensation schemes - exit packages

	2022-23	2022-23	2022-23	2022-23	2021-22
				Number of departures where special payments have been made	
Exit packages cost band (including any special payment element)	Number of compulsory redundancies Whole numbers only	Number of other departures Whole numbers only	Total number of exit packages Whole numbers only	Whole numbers only	Total number of exit packages Whole numbers only
less than £10,000	0	1	1	1	0
£10,000 to £25,000	0	3	3	0	1
£25,000 to £50,000	0	1	1	1	3
£50,000 to £100,000	0	1	1	1	2
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	6	6	3	6

	2022-23	2022-23	2022-23	2022-23	2021-22
				Cost of special element included in exit packages	
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £	Cost of other departures £	Total cost of exit packages £	£	Total cost of exit packages £
less than £10,000	0	7,000	7,000	7,000	0
£10,000 to £25,000	0	46,776	46,776	0	22,191
£25,000 to £50,000	0	42,573	42,573	42,573	131,053
£50,000 to £100,000	0	74,617	74,617	74,617	138,628
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	170,966	170,966	124,190	291,872

Exit costs paid in year of departure	Total paid in year 2022-23 £	Total paid in year 2021-22 £
Exit costs paid in year	303,842	171,637
Total	303,842	171,637

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

10.6 Fair Pay disclosures

10.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2022-23 £000 Chief	2022-23 £000 Employee	2022-23 £000 Ratio	2021-22 £000 Chief	2021-22 £000 Employee	2021-22 £000 Ratio
Total pay and benefits	Executive	Employee	Ratio	Executive	Employee	Ratio
25th percentile pay ratio	167,500	26,462	6.33:1	162,500	24,565	6.62:1
Median pay	167,500	34,225	4.89:1	162,500	31,805	5.11:1
75th percentile pay ratio	167,500	46,920	3.57:1	162,500	44,814	3.63:1
Salary component of total pay and benefits						
25th percentile pay ratio	172,500	23,525		167,500	21,777	
Median pay	172,500	26,676		167,500	24,882	
75th percentile pay ratio	172,500	41,197		167,500	39,027	
	Highest Paid	Employee	Ratio	Highest Paid	Employee	Ratio
Total pay and benefits	Director	Employee	Ratio	Director	Employee	Ratio
25th percentile pay ratio	167,500	26,462	6.33:1	162,500	24,565	6.62:1
Median pay	167,500	34,225	4.89:1	162,500	31,806	5.11:1
75th percentile pay ratio	167,500	46,920	3.57:1	162,500	44,814	3.63:1
Salary component of total pay and benefits						
25th percentile pay ratio	172,500	23,525		167,500	21,777	
Median pay	172,500	26,676		167,500	24,882	
75th percentile pay ratio	172,500	41,197		167,500	39,027	

In 2022-23, 1 (2021-22, 0) employee received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £21,069 to £172,500 (2021-22, £18,576 to £167,500).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

*In terms of these disclosures, the Chief Executive is also the highest paid director.

Financial year summary

The total pay and benefits figure for the Chief Executive/Highest Paid Director is lower than the salary component due to a salary sacrifice scheme.

The employee who received remuneration in excess of the Chief Executive is a temporary agency worker who was in post as at the 31st of March and is not a Director.

In keeping with the Welsh Government circulars on pay, included in the calculations are a £1,400 consolidated increase and a one-off non-consolidated payment of 1.5%, along with an accrual for the consolidated 1.5% which was payable in 2022-2023 and will be paid in May 2023.

10.6.2 Percentage Changes	2021-22 to 2022-23	2020-21 to 2021-22
% Change from previous financial year in respect of Chief Executive	%	%
Salary and allowances	3.1	-3
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	3.1	-3
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees taken as a whole		
Salary and allowances	6.1	3.6
Performance pay and bonuses	0	0

The reduction of -3% reported in 21/22 notes was in relation to a salary sacrifice scheme entered into by the Chief Executive which reduces the salary banding. The 3% shown in 22/23 is in relation to the pay award received and accrued for during 22/23.

The 3.6% reported in 21/22 notes in terms of the average pay per FTE related to the agreed A4C pay increases across the organisation. The 6.1% in 22/23 notes is related to the pay award received and accrued for during 22/23.

11. Pensions

PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2022-2023 tax year (2021-2022 £6,240 and £50,000).

Restrictions on the annual contribution limits were removed on 1st April 2017.

12. Public Sector Payment Policy

12.1 Prompt payment code - measure of compliance

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	2022-23 Number	2022-23 £000	2021-22 Number	2021-22 £000
NHS				
Total bills paid in year	1,160	9,147	995	7,609
Total bills paid within target	1,103	8,771	923	6,848
Percentage of bills paid within target	95.1%	95.9%	92.8%	90.0%
Non-NHS				
Total bills paid in year	51,541	137,279	49,800	124,384
Total bills paid within target	50,195	134,198	48,400	122,353
Percentage of bills paid within target	97.4%	97.8%	97.2%	98.4%
Total				
Total bills paid in year	52,701	146,426	50,795	131,993
Total bills paid within target	51,298	142,969	49,323	129,201
Percentage of bills paid within target	97.3%	97.6%	97.1%	97.9%

12.2 The Late Payment of Commercial Debts (Interest) Act 1998	2022-23 £	2021-22 £
Amounts included within finance costs from claims made under legislation	0	0
Compensation paid to cover debt recovery costs under legislation	0	0
Total	0	0

13. Property, plant and equipment :

2022-23

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost at 31 March bf	9,043	28,879	0	23,262	19,068	76,044	38,234	1,831	196,361
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	(20,030)	0	(20,030)
At 1 April 2022	9,043	28,879	0	23,262	19,068	76,044	18,204	1,831	176,331
Indexation	(269)	1,010	0	0	0	0	0	0	741
Additions - purchased	0	1,214	0	20,503	2	1,125	1,489	299	24,632
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	6,393	0	(18,274)	507	10,433	845	87	(9)
Revaluation	577	(1,422)	0	0	0	0	0	0	(845)
Reversal of impairments	0	500	0	0	0	0	0	0	500
Impairments	(96)	(9,904)	0	0	0	(679)	4	0	(10,675)
Reclassified as held for sale	0	0	0	0	(695)	(7,529)	0	0	(8,224)
Disposals other than by sale	0	0	0	0	(211)	(242)	(2,655)	(771)	(3,879)
At 31 March 2023	9,255	26,670	0	25,491	18,671	79,152	17,887	1,446	178,572
Depreciation									
Depreciation at 31 March bf	0	4,181	0	0	13,104	51,227	30,838	1,417	100,767
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	(18,443)	0	(18,443)
At 1 April 2022	0	4,181	0	0	13,104	51,227	12,395	1,417	82,324
Indexation	0	45	0	0	0	0	0	0	45
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	(2,902)	0	0	0	0	0	0	(2,902)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(329)	0	0	0	(494)	0	0	(823)
Reclassified as held for sale	0	0	0	0	(695)	(7,529)	0	0	(8,224)
Disposals other than by sale	0	0	0	0	(211)	(242)	(2,655)	(771)	(3,879)
Charged during the year	0	1,042	0	0	1,982	8,252	1,980	158	13,414
At 31 March 2023	0	2,037	0	0	14,180	51,214	11,720	804	79,955
Net book value									
At 1 April 2022	9,043	24,698	0	23,262	5,964	24,817	5,809	414	94,007
Net book value									
At 31 March 2023	9,255	24,633	0	25,491	4,491	27,938	6,167	642	98,617
Net book value at 31 March 2023 comprises :									
Purchased	9,255	24,633	0	25,491	4,474	27,810	6,167	642	98,472
Donated	0	0	0	0	17	128	0	0	145
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2023	9,255	24,633	0	25,491	4,491	27,938	6,167	642	98,617
Asset Financing:									
Owned	9,255	24,633	0	25,491	4,491	27,938	6,167	642	98,617
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2023	9,255	24,633	0	25,491	4,491	27,938	6,167	642	98,617

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	32,136
Long Leasehold	1,752
Short Leasehold	0
Total	33,888

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. NHSTs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

The land and buildings have also been indexed as at 1st May 2022 based on the percentages provided by the Valuation Office Agency.

13. Property, plant and equipment :

2021-22

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	8,598	21,069	0	17,182	22,597	78,399	35,731	1,848	185,424
Indexation	174	988	0	0	0	0	0	0	1,162
Additions - purchased	0	344	0	26,071	2	461	965	0	27,843
Additions - donated	0	0	0	185	0	0	0	0	185
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	(29)	0	0	0	0	0	0	0	(29)
Reclassifications	300	12,710	0	(20,176)	1,901	1,863	1,980	32	(1,390)
Revaluation	0	(96)	0	0	0	0	0	0	(96)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(6,136)	0	0	0	0	0	0	(6,136)
Reclassified as held for sale	0	0	0	0	(118)	(4,227)	0	0	(4,345)
Disposals other than by sale	0	0	0	0	(5,314)	(452)	(442)	(49)	(6,257)
At 31 March 2022	9,043	28,879	0	23,262	19,068	76,044	38,234	1,831	196,361
Depreciation									
At 1 April 2021	0	3,105	0	0	16,203	47,335	28,113	1,278	96,034
Indexation	0	146	0	0	0	0	0	0	146
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(1)	0	0	0	0	0	0	(1)
Reclassified as held for sale	0	0	0	0	(118)	(4,227)	0	0	(4,345)
Disposals other than by sale	0	0	0	0	(5,314)	(452)	(442)	(49)	(6,257)
Charged during the year	0	931	0	0	2,333	8,571	3,167	188	15,190
At 31 March 2022	0	4,181	0	0	13,104	51,227	30,838	1,417	100,767
Net book value									
At 1 April 2021	8,598	17,964	0	17,182	6,394	31,064	7,618	570	89,390
Net book value									
At 31 March 2022	9,043	24,698	0	23,262	5,964	24,817	7,396	414	95,594
Net book value at 31 March 2022 comprises :									
Purchased	9,043	24,698	0	23,262	5,944	24,662	7,396	414	95,419
Donated	0	0	0	0	20	155	0	0	175
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2022	9,043	24,698	0	23,262	5,964	24,817	7,396	414	95,594
Asset Financing:									
Owned	9,043	24,698	0	23,262	5,964	24,817	5,809	414	94,007
Held on finance lease	0	0	0	0	0	0	1,587	0	1,587
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2022	9,043	24,698	0	23,262	5,964	24,817	7,396	414	95,594

The net book value of land, buildings and dwellings at 31 March 2022 comprises :

	£000
Freehold	30,806
Long Leasehold	2,935
Short Leasehold	0
Total	33,741

Valuers 'material uncertainty', in valuation.

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

13. Property, plant and equipment :

Disclosures:

i) Donated Assets

The Welsh Ambulance Services NHST has not received donated assets during the year.

ii) Valuations

The NHST Land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The NHST is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

iii) Asset Lives

Tangible fixed assets are depreciated at rates calculated to write them down to estimated residual value on a straight line basis over their estimated useful lives. No depreciation is provided on freehold land, assets in the course of construction and assets surplus to requirements.

Equipment lives range from three and a half to eight years.

Buildings are depreciated on useful lives as determined by the Valuation Office Agency.

iv) Compensation

£9.352 million was received from the Welsh Assembly Government in respect of compensation for assets impaired during the year, of which £4.533m related to the impairment of a building brought into use in March 2023. The compensation received is included in the income statement.

v) Write Downs

There have been no write downs for this financial year.

vi) The NHST does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.

There are assets held for sale or sold in the period. As shown within Note 13.2, a brought forward asset held for sale has been disposed of in the period.

Gain/(Loss) on Sale

Asset description	Reason for sale	Gain/(Loss) on sale £000
Vehicles	No longer servicable	259
Equipment	No longer servicable	25
Land	Surplus to requirements	(5)
		<u>279</u>

13.2 Non-current assets held for sale

	Land	Buildings, including dwellings	Other property plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance b/f 1 April 2022	130	0	0	0	0	130
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	220	0	0	0	0	220
Less assets sold in year	(350)	0	0	0	0	(350)
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2023	0	0	0	0	0	0
Balance b/f 1 April 2021	130	0	0	0	0	130
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2022	130	0	0	0	0	130

As at 1st April 2022, one property is included within this category and was sold during the period.

The property included became surplus to requirement following the relocation of staff to new office accommodation during the latter part of the 2018/19 financial year. The sale of the property was originally anticipated to take place during the financial year 2021/22 but as a result of delays caused by events outside of the Trust's control, the sale took place during the financial year 2022/23.

Within Note 13 there is £7.529m of Transport equipment and £0.695m of Plant & Machinery that is reclassified as held for sale. These relate wholly to fully depreciated vehicles and equipment which have been decommissioned and sold.

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, 3 are significant in their own right:
 VPH HQ & Control held under land and buildings nbv at 31 March 2023 £2,846k
 Beacons House held under land and buildings nbv at 31 March 2023 £1,081k
 Airwave under information technology nbv at 31 March 2023 £1,891k

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
2022-23									
Cost or valuation at 31 March	0	0	0	0	0	0	0	0	0
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	20,030	0	20,030
Operating Leases Transitioning	0	10,336	0	0	0	71	0	0	10,407
Cost or valuation at 1 April	0	10,336	0	0	0	71	20,030	0	30,437
Additions	0	1,934	0	0	0	0	2,522	0	4,456
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March	0	12,270	0	0	0	71	22,552	0	34,893
Depreciation at 31 March	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	18,443	0	18,443
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April	0	0	0	0	0	0	18,443	0	18,443
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,465	0	0	0	32	2,218	0	3,715
At 31 March	0	1,465	0	0	0	32	20,661	0	22,158
Net book value at 1 April	0	10,336	0	0	0	71	1,587	0	11,994
Net book value at 31 March	0	10,805	0	0	0	39	1,891	0	12,735
RoU Asset Total Value Split by Lessor									
	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	668	0	0	0	0	0	0	668
NHS Wales Market Value Leases	0	472	0	0	0	0	0	0	472
Other Public Sector Peppercorn Leases	0	503	0	0	0	0	0	0	503
Other Public Sector Market Value Leases	0	1,852	0	0	0	0	0	0	1,852
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	7,310	0	0	0	39	1,891	0	9,240
Total	0	10,805	0	0	0	39	1,891	0	12,735

13.3 Right of Use Assets continued

Quantitative disclosures

Maturity analysis

Contractual undiscounted cash flows relating to lease liabilities	£000
Less than 1 year	2,999
2-5 years	4,715
> 5 years	3,685
Total	11,399

Lease Liabilities (net of irrecoverable VAT)

	£000
Current	2,999
Non-Current	8,400
Total	11,399

Amounts Recognised in Statement of Comprehensive Net Expenditure

	£000
Depreciation	3,715
Impairment	0
Variable lease payments not included in lease liabilities - Interest expense	0
Sub-leasing income	0
Expense related to short-term leases	158
Expense related to low-value asset leases (excluding short-term leases)	0

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)

	£000
Interest expense	123
Repayments of principal on leases	3,591
Total	3,714

The nature of the Trust's leasing activities relates mainly to properties which are utilised as operational sites/stations and office accommodation. The Trust also leases pool vehicles.

The Trust is not committed to any leases which have not yet commenced.

14. Intangible assets

	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2022	11,273	0	4,512	0	0	0	15,785
Revaluation		0			0	0	0
Reclassifications	0	0	9	0	0	0	9
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	57	0	0	0	0	0	57
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1,035)	0	(996)	0	0	0	(2,031)
At 31 March 2023	10,295	0	3,525	0	0	0	13,820
Amortisation							
At 1 April 2022	9,271	0	3,283	0	0	0	12,554
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	1,185	0	763	0	0	0	1,948
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1,035)	0	(996)	0	0	0	(2,031)
Accumulated amortisation at 31 March 2023	9,421	0	3,050	0	0	0	12,471
Net book value At 1 April 2022	2,002	0	1,229	0	0	0	3,231
Net book value At 31 March 2023	874	0	475	0	0	0	1,349
Net book value							
Purchased	874	0	475	0	0	0	1,349
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2023	874	0	475	0	0	0	1,349

14. Intangible assets

	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	11,570	0	4,589	0	0	0	16,159
Revaluation		0			0	0	0
Reclassifications	788	0	602	0	0	0	1,390
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	128	0	0	0	0	0	128
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1,213)	0	(679)	0	0	0	(1,892)
At 31 March 2022	11,273	0	4,512	0	0	0	15,785
Amortisation							
At 1 April 2021	9,448	0	3,248	0	0	0	12,696
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	1,036	0	714	0	0	0	1,750
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1,213)	0	(679)	0	0	0	(1,892)
Accumulated amortisation at 31 March 2022	9,271	0	3,283	0	0	0	12,554
Net book value							
At 1 April 2021	2,122	0	1,341	0	0	0	3,463
Net book value							
At 31 March 2022	2,002	0	1,229	0	0	0	3,231
Net book value							
Purchased	2,002	0	1,229	0	0	0	3,231
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2022	2,002	0	1,229	0	0	0	3,231

14. Intangible assets

Disclosures:

i) Donated Assets

Welsh Ambulance Services NHS Trust has not received any donated intangible assets during the year.

ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

iii) Asset Lives

The useful economic lives of all intangible fixed assets held are finite and where applicable are in line with the terms of the individual license.

iv) Additions during the period

There have been additions to purchased software during the period.

v) Disposals during the period

The disposals made during the period as shown within Note 14 relate to nil net book value intangible assets that have been identified as no longer in use and have been written off.

15. Impairments

Impairments in the period arose from:	2022-23			2021-22		
	Property, plant & equipment	Right of Use Assets	Intangible assets	Property, plant & equipment	Right of Use Assets	Intangible assets
	£000	£000	£000	£000	£000	£000
Loss or damage from normal operations	0	0	0	0		0
Abandonment of assets in the course of construction	0	0	0	0		0
Over specification of assets (Gold Plating)	0	0	0	0		0
Loss as a result of a catastrophe	0	0	0	0		0
Unforeseen obsolescence	0	0	0	0		0
Changes in market price	0	0	0	0		0
Other	9,852	0	0	6,135		0
Reversal of impairment	(500)	0	0	0		0
Impairments charged to operating expenses	9,352	0	0	6,135		0

Analysis of impairments :

Operating expenses in Statement of Comprehensive Income	9,352	0	0	6,135		0
Revaluation reserve	318	0	0	96		0
Total	9,670	0	0	6,231		0

Included within the above total of £9.670m are the following items:-

- a review undertaken in connection with expenditure incurred on Trust buildings identified that a total impairment of £4.269m was required as there were instances where the value of the buildings had not been enhanced. Of this amount, £3.976m was charged to operating expenses.
- an amount of £0.687m was impaired in relation to the quinquennial revaluations and negative land indexation. Of this amount, £0.661m was charged to operating expenses.
- an amount of £0.181m was impaired in relation to damaged vehicles, all of this amount was charged to operating expenses.
- the remaining £4.533m relates to the amount spent on the Phone First call centre over and above the valuation received once the works to the property were complete and property brought into use during March 2023. All of this amount was charged to operating expenses.

16. Inventories

16.1 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	122	120
Consumables	1,655	1,439
Energy	0	0
Work in progress	0	0
Other	255	267
Total	2,032	1,826
Of which held at net realisable value:	0	0

16.2 Inventories recognised in expenses

	31 March 2023 £000	31 March 2022 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

17. Trade and other receivables

17.1 Trade and other receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Welsh Government	4,003	2,437
WHSSC & EASC	34	2,509
Welsh Health Boards	4,242	2,077
Welsh NHS Trusts	132	192
Welsh Special Health Authorities	140	8
Non - Welsh Trusts	60	15
Other NHS	27	24
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement:-		
NHS Wales Secondary Health Sector	5,605	4,198
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	151	1
Capital debtors- Tangible	0	0
Capital debtors- Intangible	0	0
Other debtors	3,105	4,560
Provision for impairment of trade receivables	(319)	(291)
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	1,759	1,418
Accrued income	0	0
Sub-total	18,939	17,148
Non-current		
Welsh Government	0	0
WHSSC & EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	0	406
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors- Tangible	0	0
Capital debtors- Intangible	0	0
Other debtors	380	384
Provision for impairment of trade receivables	0	0
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	0	0
Accrued income	0	0
Sub-total	380	790
Total trade and other receivables	19,319	17,938

The great majority of trade is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

Other debtors includes £0.585m re Compensation Recovery Unit (2021/22 £0.669m).

17.2 Receivables past their due date but not impaired

	31 March 2023 0 £000	31 March 2022 0 £000
By up to 3 months	427	1,342
By 3 to 6 months	0	1
By more than 6 months	0	0
Balance at end of financial year	427	1,343

17.3 Expected Credit Losses (ECL) Allowance for bad and doubtful debts

	31 March 2023 0 £000	31 March 2022 0 £000
Balance at 1 April	(291)	(259)
Transfer to other NHS Wales body	0	0
Provision utilised (Amount written off during the year)	1	5
Provision written back during the year no longer required	0	0
(Increase)/Decrease in provision during year	(28)	(37)
ECL/Bad debts recovered during year	0	0
Balance at end of financial year	(318)	(291)

17.4 Receivables VAT

	31 March 2023 0 £000	31 March 2022 0 £000
Trade receivables	40	38
Other	0	0
Total	40	38

18. Other financial assets

	31 March 2023 £000	31 March 2022 £000
Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	0	0
Non-Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	0	0

19. Cash and cash equivalents

	31 March 2023 £000	31 March 2022 £000
Opening Balance	18,708	18,468
Net change in year	484	240
Closing Balance	19,192	18,708
Made up of:		
Cash with Government Banking Service (GBS)	15,127	18,644
Cash with Commercial banks	64	60
Cash in hand	1	4
Total cash	15,192	18,708
Current investments	4,000	0
Cash and cash equivalents as in SoFP	19,192	18,708
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash & cash equivalents as in Statement of Cash Flows	19,192	18,708

20. Trade and other payables at the SoFP Date	31 March 2023 £000	31 March 2022 £000
Current		
Welsh Government	1,133	0
WHSSC & EASC	709	442
Welsh Health Boards	213	248
Welsh NHS Trusts	697	219
Welsh Special Health Authorities	0	35
Other NHS	50	95
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	2,233	1,589
National Insurance contributions payable to HMRC	2,622	2,192
Non-NHS trade payables - revenue	6,705	3,883
Local Authorities	2	8
Capital payables-Tangible	6,418	10,063
Capital payables- Intangible	40	104
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	26	
Obligations due under finance leases and HP contracts		0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	2,642	2,450
Non NHS Accruals	16,136	13,931
Deferred Income:		
Deferred income brought forward	493	230
Deferred income additions	199	263
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	(459)	0
Other liabilities - all other payables	0	0
PFI assets – deferred credits	0	0
PFI - Payments on account	0	0
Sub-total	39,859	35,752

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.

In respect of the Pensions figure shown above, £2.618m relates to the NHS Pension scheme (2021/22 £2.429m) and £0.024m to the NEST pension scheme (2021/22 £0.021m).

20. Trade and other payables at the SoFP Date (cont)

	31 March 2023 £000	31 March 2022 £000
Non-current		
Welsh Government	0	0
WHSSC & EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
National Insurance contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	0	
Obligations due under finance leases and HP contracts		0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income:		
Deferred income brought forward	0	0
Deferred income additions	0	0
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	0	0
Other liabilities - all other payables	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub-total	0	0
Total	39,859	35,752

21. Borrowings	31 March	31 March
Current	2023	2022
	£000	£000
Bank overdraft - Government Banking Service (GBS)	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities		1,364
RoU Lease Liability	2,999	
Other	0	0
Total	2,999	1,364

Non-current		
Bank overdraft - GBS	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities		0
RoU Lease Liability	8,400	
Other	0	0
Total	8,400	0

21.2 Loan advance/strategic assistance funding

	31 March	31 March
	2023	2022
	£000	£000
Amounts falling due:		
In one year or less	0	0
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	0	0
Wholly repayable within five years	0	0
Wholly repayable after five years, not by instalments	0	0
Wholly or partially repayable after five years by instalments	0	0
Sub-total	0	0
Total repayable after five years by instalments	0	0

The Trust has not received a loan advance or strategic funding from the Welsh Government.

RoU Lease Liability Transitioning & Transferring	£'000	£'000
RoU Liability as at 31 March 2020	0	0
Transfer of Finance Leases from PPE Note	1,587	0
Operating Leases Transitioning	10,409	0
RoU Lease Liability as at 01 April 2022	11,996	0

22. Other financial liabilities

	31 March 2023 £000	31 March 2022 £000
Current		
Financial Guarantees		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
Other		
At amortised cost	0	0
At fair value through SoCI	0	0
Total	0	0

	31 March 2023 £000	31 March 2022 £000
Non-current		
Financial Guarantees		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
Other		
At amortised cost	0	0
At fair value through SoCI	0	0
Total	0	0

23. Provisions

2022-23

	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	1,350	0	(438)	248	0	2,105	(1,081)	(324)	0	1,860
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	194	0	(3)	12	0	617	(219)	(154)	0	447
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,560	0	0	0	0	1,620	2,024	(3,191)	(130)	1,883
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	298	0	0	71	0	419	(181)	(95)	0	512
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	15		0	0	0	12	(6)	(4)	(1)	16
2019-20 Scheme Pays - Reimbursement	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	985		0	0	0	0	(599)	0		386
Total	4,402	0	(441)	331	0	4,773	(62)	(3,768)	(131)	5,104

Non Current

Clinical negligence:-										
Secondary Care	348	0	0	(248)	0	150	0	0	0	250
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	12	0	0	(12)	0	1	0	0	0	1
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	9,571	0	0	0	0	0	(2,952)	0	0	6,619
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	71	0	0	(71)	0	0	0	0	0	0
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	56		0	0	0	0	(7)	0	0	49
2019-20 Scheme Pays - Reimbursement	0		0	0	0	37	0	0	0	37
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
Total	10,058	0	0	(331)	0	188	(2,959)	0	0	6,956

TOTAL

Clinical negligence:-										
Secondary Care	1,698	0	(438)	0	0	2,255	(1,081)	(324)	0	2,110
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	206	0	(3)	0	0	618	(219)	(154)	0	448
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	11,131	0	0	0	0	1,620	(928)	(3,191)	(130)	8,502
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	369	0	0	0	0	419	(181)	(95)	0	512
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	71		0	0	0	12	(13)	(4)	(1)	65
2019-20 Scheme Pays - Reimbursement	0		0	0	0	37	0	0	0	37
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	985		0	0	0	0	(599)	0		386
Total	14,460	0	(441)	0	0	4,961	(3,021)	(3,768)	(131)	12,060

Expected timing of cash flows:

	In year to 31 March 2024 £000	Between 01-Apr-24 to 31 March 2028 £000	Thereafter £000	Totals £000
Clinical negligence:-				
Secondary Care	1,860	250	0	2,110
Primary Care	0	0	0	0
Redress Secondary Care	447	1	0	448
Redress Primary Care	0	0	0	0
Personal injury	1,883	1,828	4,791	8,502
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	512	0	0	512
Structured Settlements - WRPS	0	0	0	0
Pensions - former directors	0	0	0	0
Pensions - other staff	16	46	3	65
2019-20 Scheme Pays - Reimbursement	0	37	0	37
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	386	0	0	386
Total	5,104	2,162	4,794	12,060

"Other" provisions of £0.386m is in relation to the dilapidation of leasehold premises.

23. Provisions (continued)

2021-22

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current										
Clinical negligence:-										
Secondary Care	2,711	0	0	640	0	1,432	(1,963)	(1,470)	0	1,350
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	158	0	0	(14)	0	472	(212)	(210)	0	194
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,521	0	0	1,201	0	3,656	(375)	(4,344)	(99)	1,560
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	313	0	0	91	0	470	(206)	(370)	0	298
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	18		0	0	0	18	(9)	(11)	(1)	15
2019-20 Scheme Pays - Reimbursement	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0			0
Other	2,228		0	0	0	2,759	(3,868)	(134)		985
Total	6,949	0	0	1,918	0	8,807	(6,633)	(6,539)	(100)	4,402
Non Current										
Clinical negligence:-										
Secondary Care	640	0	0	(640)	0	348	0	0	0	348
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	14	0	10	(2)	(10)	0	12
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	11,096	0	0	(1,201)	0	0	(324)	0	0	9,571
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	91	0	0	(91)	0	71	0	0	0	71
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	60		0	0	0	0	(4)	0	0	56
2019-20 Scheme Pays - Reimbursement	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0			0
Other	0		0	0	0	0	0			0
Total	11,887	0	0	(1,918)	0	429	(330)	(10)	0	10,058
TOTAL										
Clinical negligence:-										
Secondary Care	3,351	0	0	0	0	1,780	(1,963)	(1,470)	0	1,698
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	158	0	0	0	0	482	(214)	(220)	0	206
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	12,617	0	0	0	0	3,656	(699)	(4,344)	(99)	11,131
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	404	0	0	0	0	541	(206)	(370)	0	369
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	78		0	0	0	18	(13)	(11)	(1)	71
2019-20 Scheme Pays - Reimbursement	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0			0
Other	2,228		0	0	0	2,759	(3,868)	(134)		985
Total	18,836	0	0	0	0	9,236	(6,963)	(6,549)	(100)	14,460

24 Contingencies

24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:

	31 March 2023 £000	31 March 2022 £000
Legal claims for alleged medical or employer negligence;		
Secondary care	13,818	9,193
Primary Care	0	0
Secondary care - Redress	0	0
Primary Care - Redress	0	0
Doubtful debts	0	0
Equal pay cases	0	0
Defence costs	376	316
Other	0	0
Total value of disputed claims	14,194	9,509
Amount recovered under insurance arrangements in the event of these claims being successful	(12,757)	(8,290)
Net contingent liability	1,437	1,219

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them.

Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents.

Contingent liabilities includes claims relating to alleged clinical negligence, personal injury and permanent injury benefits under the NHS Injury Benefits Scheme. The above figures include contingent liabilities for all Health Bodies in Wales.

24.2. Remote contingent liabilities

	31 March 2023 £000	31 March 2022 £000
Guarantees	0	0
Indemnities	0	0
Letters of comfort	0	0
Total	0	0

24.3 Contingent assets

	31 March 2023 £000	31 March 2022 £000
	0	0
	0	0
	0	0
Total	0	0

The Trust has no contingent assets.

25. Capital commitments

Commitments under capital expenditure contracts at the statement of financial position sheet date :

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	31 March	31 March
	2023	2022
	£000	£000
Property, plant and equipment	3,764	12,914
Right of Use Assets	0	
Intangible assets	62	86
Total	3,826	13,000

The decreases in capital commitments is due to an in-depth review of all open purchase orders being carried out during the year and closed where no longer required.

26. Losses and special payments

Losses and special payments are charged to the Income statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during year to 31 March 2023	
	Number	£
Clinical negligence	9	1,518,617
Personal injury	66	904,258
All other losses and special payments	123	245,501
Total	198	2,668,376

Analysis of cases in excess of £300,000

Case Type	In year claims in excess of £300,000		Cumulative claims in excess of £300,000	
	Number	£	Number	£
Cases in excess of £300,000:				
Personal injury	1	18,774	1	306,764
Personal injury	1	18,517	1	302,716
Clinical negligence			1	704,493
Personal injury			1	378,967
Clinical negligence			1	632,585
Personal injury			1	4,314,610
Clinical negligence	1	150,000	1	858,810
Clinical negligence	1	68,000	1	591,880
Clinical negligence	1	105,620	1	531,400
Clinical negligence	1	863,750	1	863,822
Sub-total	6	1,224,661	10	9,486,047
All other cases	192	1,443,715	696	10,150,743
Total cases	198	2,668,376	706	19,636,790

27. Right of Use / Finance leases obligations

27.1 Obligations (as lessee)

A contract was entered into with Airwave during 2007-08 in respect of the National Ambulance Radio Re-procurement Project. This was transferred to Right of Use Assets as at 1st April 2022.

The Trust does not hold any Finance Leases. All information shown is in relation to Right of Use Assets.

Amounts payable under right of use asset / finance leases:		Post Implementation of IFRS 16	Pre implementation of IFRS 16 (FL)
LAND		31 March 2023 £000	31 March 2022 £000
Minimum lease payments			
Within one year		0	0
Between one and five years		0	0
After five years		0	0
Less finance charges allocated to future periods		0	0
Minimum lease payments		0	0
Included in:			
Current borrowings		0	0
Non-current borrowings		0	0
Total		0	0
Present value of minimum lease payments			
Within one year		0	0
Between one and five years		0	0
After five years		0	0
Total present value of minimum lease payments		0	0
Included in:			
Current borrowings		0	0
Non-current borrowings		0	0
Total		0	0

27. Right of Use / Finance leases obligations

27.1 Obligations (as lessee) continued

	Post Implementation of IFRS 16 (RoU) 31 March 2023 £000	Pre implementation of IFRS 16 (FL) 31 March 2022 £000
Amounts payable under right of use asset / finance leases:		
BUILDINGS		
Minimum lease payments		
Within one year	1,385	0
Between one and five years	4,930	0
After five years	3,783	0
Less finance charges allocated to future periods	(408)	0
Minimum lease payments	9,690	0
Included in: Current borrowings	1,300	0
Non-current borrowings	8,390	0
Total	9,690	0
Present value of minimum lease payments		
Within one year	1,300	0
Between one and five years	4,706	0
After five years	3,684	0
Total present value of minimum lease payments	9,690	0
Included in: Current borrowings	1,300	0
Non-current borrowings	8,390	0
Total	9,690	0

	Post Implementation of IFRS 16 (RoU) 31 March 2023 £000	Pre implementation of IFRS 16 (FL) 31 March 2022 £000
OTHER - Non Property		
Minimum lease payments		
Within one year	1,706	1,373
Between one and five years	10	0
After five years	0	0
Less finance charges allocated to future periods	(7)	(9)
Minimum lease payments	1,709	1,364
Included in: Current borrowings	1,699	1,364
Non-current borrowings	10	0
Total	1,709	1,364
Present value of minimum lease payments		
Within one year	1,699	1,364
Between one and five years	10	0
After five years	0	0
Total present value of minimum lease payments	1,709	1,364
Included in: Current borrowings	1,699	1,364
Non-current borrowings	10	0
Total	1,709	1,364

27.2 Right of Use Assets / Finance lease receivables (as lessor)

The Trust has no amounts receivable under right of use asset or finance leases as lessor.

Amounts receivable under right of use assets / finance leases:		Post Implementation of IFRS 16 31 March 2023 £000	Pre implementation of IFRS 16 (FL) 31 March 2022 £000
Gross investment in leases			
Within one year		0	0
Between one and five years		0	0
After five years		0	0
Less finance charges allocated to future periods		0	0
Present value of minimum lease payments		0	0
Included in:			
Current borrowings		0	0
Non-current borrowings		0	0
Total		0	0
Present value of minimum lease payments			
Within one year		0	0
Between one and five years		0	0
After five years		0	0
Less finance charges allocated to future periods		0	0
Total present value of minimum lease payments		0	0
Included in:			
Current borrowings		0	0
Non-current borrowings		0	0
Total		0	0

27.3 Finance Lease Commitment

The Trust does not have any commitments becoming operational in a future period.

28. Private finance transactions

Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)

The Trust has no PFI or PPP Schemes.

29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

Interest-rate risks

The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

Foreign currency risk

NHS Trusts have no or negligible foreign currency income or expenditure and therefore are not exposed to significant foreign currency risk.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

General

The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

30. Movements in working capital

	31 March 2023 £000	31 March 2022 £000
(Increase) / decrease in inventories	(206)	(198)
(Increase) / decrease in trade and other receivables - non-current	410	1,488
(Increase) / decrease in trade and other receivables - current	(1,791)	(2,667)
Increase / (decrease) in trade and other payables - non-current	0	0
Increase / (decrease) in trade and other payables - current	4,107	7,231
Total	2,520	5,854
Adjustment for accrual movements in fixed assets - creditors	3,709	(6,547)
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	580	100
Total	6,809	(593)

31. Other cash flow adjustments

	31 March 2023 £000	31 March 2022 £000
Other cash flow adjustments		
Depreciation	17,129	15,190
Amortisation	1,948	1,750
(Gains)/Loss on Disposal	0	0
Impairments and reversals	9,352	6,135
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
NWSSP Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cas	0	
Non-cash movements in provisions	621	2,587
Total	29,050	25,662

32. Events after reporting period

NHS Wales Recovery payment 2022-23

NHS Wales bodies were notified in a pay circular letter issued on 25th May 2023 by the Welsh Government, of the additional pay arrangements for employees covered by the Agenda for Change terms and conditions in Wales for 2022-23, which will be funded by the Welsh Government.

NHS Wales bodies will make a one off non-consolidated, prorated “recovery payment” for staff employed on the Agenda for Change terms and conditions (this includes most NHS staff including nursing staff but excludes medical staff).

These costs have not been recognised in the 2022-23 financial statements because the obligating event was the publication of the offer agreed with the Minister on 20 April 2023 and therefore post 31st March 2023. The costs will be accounted for in the 2023-24 Annual Accounts of NHS Wales bodies.

The estimated cost is £4,248,602.58

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 27/07/2023; post the date the financial statements were certified by the Auditor General for Wales.

33. Related Party transactions

The Trust is a body corporate established by order of the Welsh Minister for Health and Social Services.

The Welsh Government is regarded as a related party. During the year, the Trust has had a significant number of material transaction with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	4,371	38,020	1,133	4,004
WHSSC/EASC	15	230,371	693	34
Aneurin Bevan University Health Board	241	10,837	34	2,865
Betsi Cadwaladr University Health Board	496	1,893	96	562
Cardiff & Vale University Health Board	106	216	24	118
Cwm Taf Morgannwg University Health Board	85	764	11	521
Hywel Dda University Health Board	96	1,745	9	37
Powys Teaching Health Board	45	21	18	12
Swansea Bay University Health Board	140	1,214	23	128
Public Health Wales NHS Trust	34	49	7	0
Velindre University NHS Trust	2,275	1,080	689	132
Health Education and Improvement Wales (HEIW)	31	372	0	15
Digital Health & Care Wales (DHCW)	1,028	149	0	125
Welsh Local Authorities	1,843	332	2	150
	10,806	287,063	2,739	8,703

The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust (marked with an asterisk in the table overleaf) can act as a corporate trustee of the charity. During the year receipts from the Charity amounted to £0.010m (2021/22 £0.010m) with no other transactions being made. Net assets of the charity amount to £0.398m.

The Welsh Government income shown above includes £9.352m relating to impairment funding.

Lee Brooks, Executive Director of Operation, is also a Member of the Order of St John

Kevin Davies, Vice Chair & Non Executive Director, is both a Charity Trustee and Company Director of St John's Ambulance Cymru

Jason Killens, Chief Executive, is both a Member of the Order St John and Honorary Professor at Swansea University

33. Related Party transactions (continued)

A number of the Trust's members have declared interests in related parties.

The register of Declarations of Interest for the Trust's members can be found on the Trust website:

[Board Member Register of Interests, March 2023 - Live.xlsx \(nhs.wales\)](#)

No other Trust members provided declarations of interest in related parties during the period.

Material transactions between the Trust and related parties disclosed on the register of Declarations of Interest for 2022-23 were as follows (unless already reported on page 70):

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
St John Ambulance	4,301	0	323	0
Swansea University	19	256	12	0
TOTAL	4,320	256	335	0

34. Third party assets

The Trust has no third party assets.

35. Pooled budgets

The Welsh Ambulance Services NHS Trust has no pooled budgets.

36. Operating Segments

IFRS 8 requires organisations to report information about each of its operating segments.

The Trust's primary remit is the provision of Ambulance and Unscheduled Care services throughout Wales and this is viewed as the only segment that is recognisable under this legislation.

The Chief Operating Decision Maker (CODM) is considered to be the Trust Board. The CODM receives a variety of information in a variety of formats dealing with various aspects of ambulance service and NHS Direct Wales performance. The Trust however considers the provision of services to be ultimately generic, in terms of geography and service.

The Trust therefore is deemed to operate as one segment.

37. Other Information

37.1. 6.3% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2022 to 31 March 2023. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2022 and February 2023 alongside Trust data for March 2022.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2022-23	2021-22
STATEMENT OF COMPREHENSIVE INCOME		
FOR THE YEAR ENDED 31 MARCH 2023	£000	£000
Revenue from patient care activities	8,402	7,841
Operating expenses	8,402	7,841
3. Analysis of gross operating costs		
3. Revenue from patient care activities		
Welsh Government	8,402	7,841
Welsh Government - Hosted Bodies	0	0
5.1 Operating expenses		
Directors' costs	66	76
Staff costs	8,336	7,765

37. Other Information (continued)

37.2 Other (continued)

Welsh Government Covid 19 Funding

Details of Covid 19 Pandemic Welsh Government funding amounts provided to NHS Wales

	Total 2022-23 £000	Total 2021-22 £000
Capital		
Capital Funding Field Hospitals		0
Capital Funding Equipment & Works		200
Capital Funding other (Specify)		0
Welsh Government Covid 19 Capital Funding	-	200
Revenue		
Stability Funding	0	5368
Covid Recovery	0	0
Cleaning Standards	400	400
PPE (including All Wales Equipment via NWSSP)	388	966
Testing / TTP- Testing & Sampling - Pay & Non Pay	709	0
Tracing / TTP - NHS & LA Tracing - Pay & Non Pay	0	0
Extended Flu Vaccination / Vaccination - Extended Flu Programme	-	0
Mass Covid-19 Vaccination / Vaccination - COVID-19	0	0
Annual Leave Accrual - Increase due to Covid		0
Urgent & Emergency Care		6076
Private Providers Adult Care / Support for Adult Social Care Providers		0
Hospices		0
Other Mental Health / Mental Health		0
Other Primary Care	0	0
Social care		0
Other	0	0
Welsh Government Covid 19 Revenue Funding	1,497	12,810

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

NHS TRUSTS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated : 17.06.2010

1 Please see regulation 3 of the 2009 No 1558(W.153); NATIONAL HEALTH SERVICE, WALES; The National Health Service Trusts (Transfer of Staff, Property Rights and Liabilities) (Wales)

Audit of Accounts Report – Welsh Ambulance Services NHS Trust

Audit year: 2022-23

Date issued: July 2023

Document reference: 3686A2023

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

We intend to issue an unqualified audit report on your accounts. There are some matters to report to you prior to their approval.

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Audit of Accounts Report

Introduction

- 1 We summarise the main findings from our audit of your 2022-23 annual report and accounts in this report.
- 2 We have already discussed these issues with the Director of Finance.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We set this level at £3.0 million for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader and we have set lower materiality levels for these, as follows:
 - Executive Directors' and independent members' remuneration; and
 - Executive Directors' and independent members' related party interests.
- 6 We have now substantially completed this year's audit.
- 7 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.
- 8 In our Audit Plan we explained that the Financial Audit Manager's husband is the Director of Finance and Corporate Services at NHS Wales Shared Services Partnership. We confirm that the planned safeguards set out in our Audit Plan to ensure the independence of our work have operated as intended.

Proposed audit opinion

- 9 We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.
- 10 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts; otherwise we issue an unqualified opinion.
- 11 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit.
- 12 Our proposed audit report is set out in **Appendix 2**.

Significant issues arising from the audit

Uncorrected misstatements

- 13 There are no misstatements identified in the accounts which remain uncorrected.

Corrected misstatements

- 14 There were initially misstatements in the accounts that have now been corrected by management. However, we believe that these should be drawn to your attention and they are set out with explanations in **Appendix 3**.

Other significant issues arising from the audit

- 15 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. Any such issues arising in these areas this year are shown in **Exhibit 1**.

Exhibit 1 – significant issues arising from the audit

Ministerial direction relating to senior NHS staff's pension tax liabilities	<p>In prior years, the Trust has disclosed a contingent liability resulting from a Ministerial Direction to NHS bodies to fund certain pensions tax liabilities above the pension savings annual allowance threshold in 2019-20.</p> <p>For the first time, expenditure of £37,000 has been recognised in the Trust's 2022-23 accounts in relation to this matter.</p> <p>A number of NHS bodies received qualified audit opinions for their 2021-22 accounts when such expenditure was recognised for the first time. While the Auditor General still views such expenditure as irregular, he does not propose to classify it as material by its nature and qualify his 2022-23 audit opinions for this matter, given the recent abolition of some pensions tax allowance limits by the UK Government.</p>	For information only
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Recognition of expenditure in the 2022-23 accounts

Our audit testing of post year-end payments identified two transactions totalling £110,000 which were incorrectly recorded as 2022-23 transactions, when they should have been recorded in the 2023-24 accounts.

We have performed further audit procedures to provide assurance that there are no further material amounts of expenditure relating to 2023-24 currently accounted for in the 2022-23 financial ledger, and we are satisfied this is the case.

However, a risk remains that a material issue could arise in future years. As such we have raised this matter as a recommendation in this report.

See recommendation 1

Recommendations

- 16 The one recommendation arising from our audit is set out in **Appendix 4**. Management has responded to it and we will follow up progress against it during next year's audit. Where any actions are outstanding, we will continue to monitor progress and report it to you in next year's report.

Appendix 1

Final Letter of Representation

[Audited body's letterhead]

Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

27 July 2023

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of the Welsh Ambulance Services NHS Trust for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
 - prepare them on a going concern basis on the presumption that the services of Welsh Ambulance Services NHS Trust will continue in operation;
- ensuring the regularity of any expenditure and other transactions incurred;

- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects the Welsh Ambulance Services NHS Trust and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware; and
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 27 July 2023.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Jason Killens
Chief Executive

Colin Dennis
Board Chair

Date: 27 July 2023

Date: 27 July 2023

Appendix 2

Proposed Audit Report

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of the Welsh Ambulance Services NHR Trust for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of the Welsh Ambulance Services NHS Trust as at 31 March 2023 and of its surplus for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial

Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for the Welsh Ambulance Services NHS Trust is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Accountability Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and

- assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- enquiring of management, internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the Welsh Ambulance Services NHS Trust's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in expenditure recognition, and management override.
- obtaining an understanding of the Welsh Ambulance Services NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Welsh Ambulance Services NHS Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Welsh Ambulance Services NHS Trust.
- obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and the Audit Committee about actual and potential litigation and claims;
- reading minutes of meetings of the Audit Committee and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Welsh Ambulance Services NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

I have no observations to make on these financial statements.

Adrian Crompton
Auditor General for Wales
28 July 2023

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Appendix 3

Summary of Corrections Made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

None of the corrections below affect the Trust's disclosed surplus of £62,000 for 2022-23.

Exhibit 2: summary of corrections made

Area of correction	Nature of correction	Reason for correction
Revenue (Notes 3 and 4)	To ensure that funding is correctly classified within these notes.	Our audit identified that a £2.5 million transaction relating to Permanent Injury Benefits had been incorrectly netted off 'Welsh Government income' in Note 3, while 'other minor service income' in Note 4 had been increased by the same amount. 'Welsh Government income' has now been increased by £2.5 million while 'other minor service income' has been reduced by the same amount. Total revenue is unaffected by this amendment.
Employee Costs (Note 10.1)	To ensure that all pension contributions are correctly reflected in this disclosure for both 2022-23 and 2021-22.	Our audit identified that 6.3% of employer pension contributions (paid by the Welsh Government on the Trust's behalf, as agreed with the NHS Business Services Authority) were incorrectly reflected within 'salaries and wages' rather than 'employer pension contributions' for the current and prior financial year. These amounts (£8.4 million for 2022-23 and £7.8 million for 2021-22) have now been correctly classified within this disclosure for both financial years.
Property, Plant and Equipment (Note 13)	To ensure that the note is correctly disclosed and reflects current practice.	Our audit identified that the note for 2022-23 included reference to a 'material valuation uncertainty' raised by the District Valuer who values the Trust's assets. Such uncertainties were reported by valuers during the COVID-19 pandemic given their impact on valuation work at the time. However, no such uncertainty has been reported by the valuer for 2022-23, so this narrative has been removed from the final accounts.

Area of correction	Nature of correction	Reason for correction
Events After Reporting Period (Note 32)	To ensure that all relevant matters are presented in this disclosure note.	During the audit, NHS bodies were notified of the 'NHS Wales Recovery Payment' – additional Agenda for Change pay arrangements relevant to the 2022-23 financial year, to be funded by the Welsh Government. As the arrangements were not confirmed until after year-end, they do not affect these accounts even though the pay arrangements relate to 2022-23. However, the Trust has appropriately disclosed the arrangements and their future impact within Note 32.
Related Party Transactions (Note 33)	To ensure that the note is correctly disclosed in line with the Financial Reporting Manual (FReM).	Our audit identified required amendments to the disclosure in the draft accounts, including: <ul style="list-style-type: none"> • removal of transactions with universities as the Welsh Government is not their parent body (except for one instance where a personal relationship exists with Swansea University). • disclosure of other transactions with related parties where personal interests have been identified.
Various	To make other required minor amendments to the accounts.	A number of other narrative, presentational and minor amendments were made to supporting notes throughout the final financial statements.

Appendix 4

Recommendations

We set out the one recommendation arising from our audit with management's response to it. We will follow this up next year and include any outstanding issues in next year's audit report.

Exhibit 3: matter arising 1

Matter arising 1 – expenditure cut-off	
Findings	<p>Our audit testing of post year-end payments identified two transactions totalling £110,000 which were incorrectly recorded as 2022-23 transactions, when they should have been recorded in the 2023-24 accounts. The transactions have therefore been accounted for in the wrong financial year. Both transactions were recorded by the same individual.</p> <p>These transactions are not material in value, individually or in aggregate. We have performed further audit procedures to provide assurance that there are no material amounts of expenditure relating to 2023-24 accounted for in the 2022-23 financial ledger, and we are satisfied that is the case.</p> <p>However, there remains a risk that the Trust could record a material amount of expenditure in the incorrect financial year for future accounts.</p>
Priority	Medium
Recommendation	The Trust should ensure that all individuals are aware of the requirements and processes in place to accurately record income and expenditure in the appropriate financial year.
Benefits of implementing the recommendation	Enhancing awareness of these requirements should reduce the risk of future transactions being accounted for in the incorrect financial year, and therefore of potential material issues arising in future.
Accepted in full by management	Accepted by management.

Matter arising 1 – expenditure cut-off**Management
response**

As explained during the audit and confirmed through additional samples successfully tested by the auditors, this was a one-off incident and is not pervasive in the system as we continue to ensure the already existing process is adhered to in order to prevent any future occurrence.

**Implementation
date**

This will be an ongoing matter and will be internally monitored by the relevant process owner(s) to ensure process compliance.



Audit Wales

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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

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa'r Gwasanaethau Ambiwylans Cymru Welsh Ambulance Services Office

Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

27 July 2023

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of the Welsh Ambulance Services NHS Trust for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
 - prepare them on a going concern basis on the presumption that the services of Welsh Ambulance Services NHS Trust will continue in operation;
- ensuring the regularity of any expenditure and other transactions incurred;
- the design, implementation and maintenance of internal control to prevent and detect error.

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwylans

Regional Ambulance
Headquarters

Beacon House
William Brown Close
Llantarnam, Cwmbran
NP44 3AB

Ffôn/Tel
01633 626262

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects the Welsh Ambulance Services NHS Trust and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware;
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 27 July 2023.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Signed by:

Jason Killens
Chief Executive
Date: 27 July 2023

Colin Dennis
Board Chair
Date: 27 July 2023



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

AGENDA ITEM No	10
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

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

MEETING	Trust Board
DATE	27 th July 2023
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

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

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

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

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

2. The report identified 32 actions, 26 for the Trust and six system stakeholder actions. This is the seventh iteration of the report and identifies progress against these actions.
3. Whilst good progress has been made on the actions that the Trust can control, the extreme system pressure continues. In June 2023, over 18,000 hours were lost to hospital handover equivalent to 21% of the Trust's conveying capacity. This is a reduction from the 37% in December 2022, but is still extreme. The

monthly sickness absence figure for May 2023 was 7.6% with the interim IMTP target (March 2023) being 8% and final IMTP target (March 2024) being 6%.

4. 13 actions are rated blue (complete), 8 actions have been rated Green (on target), five are Amber (off target), five are Red (substantially off target) and one Grey (stopped). Of the five Red actions three are actions for the wider system (minutes per handover reduction, four hour back stop and Same Day Emergency Care), one is a Trust action with a dependency on health boards (immediate release protocol and subsequent compliance) and one is a Trust action (end of shift/post production lost hours (PPLH)) with this action also connected to handover lost hours.
5. The likelihood is that the levels of avoidable harm will continue. The Trust estimates that for the 3 month period April 2023 to June 2023;
 - 2,044 patients could have come to severe harm as a result of being held on an ambulance for longer than an hour outside an ED;
 - 23,793 patients will not have received a response due to the operation of the Clinical Safety Plan or through the patient cancelling the ambulance;
 - There were 45 serious cases of avoidable harm, including death, referred to health boards under the Joint Investigation Framework.
6. All of the hard won efficiencies and investment (re-rostering, increased consult & close, additional front line ambulance staff) by the Trust are still being offset by the levels of extreme handover.
7. Handover lost hours were 23% lower in June 2023 compared to June 2022, with Cardiff & Vale Health Board particularly noticeable for its handover hours improvement trend. This 23% reduction would indicate a level of c.25,000 hours for December 2023 if the pattern of worsening handovers happened into the winter period. This is however a main focus for the Health Boards with a target of 12,000 hours lost by the end of Q3.

RECOMMENDATIONS

Trust Board is asked to:

- **NOTE** the report and the progress the Trust is making on "WAST Actions".
- **CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm.

KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE	
Date	Meeting
14 July 2023	Executive Director of SP&P Sign Off
17 July 2023	CEO Sign Off
27 July 2023	Trust Board

REPORT APPENDICES
Appendix 1 – Action Plan Progress Update Status

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

SITUATION

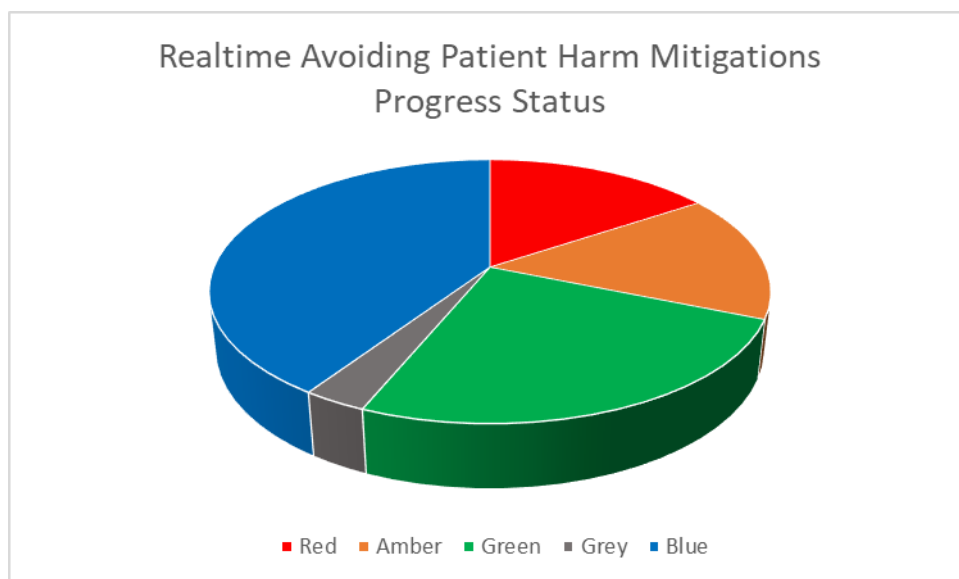
1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death. This report provides a progress update on actions to mitigate this patient harm that the Trust has put in place.

BACKGROUND

2. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm. This report provides an update to the end of June 2023.
3. There were 32 actions set out in the plan, 26 of which are for the Trust and six for system stakeholders.

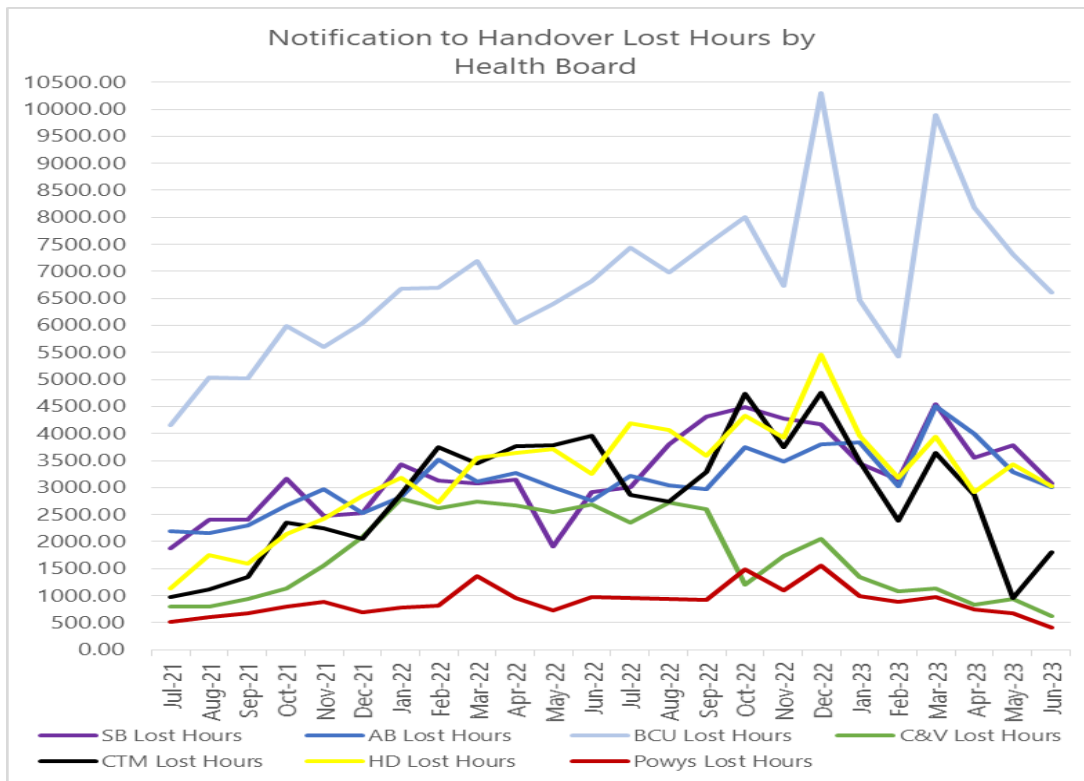
ASSESSMENT

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

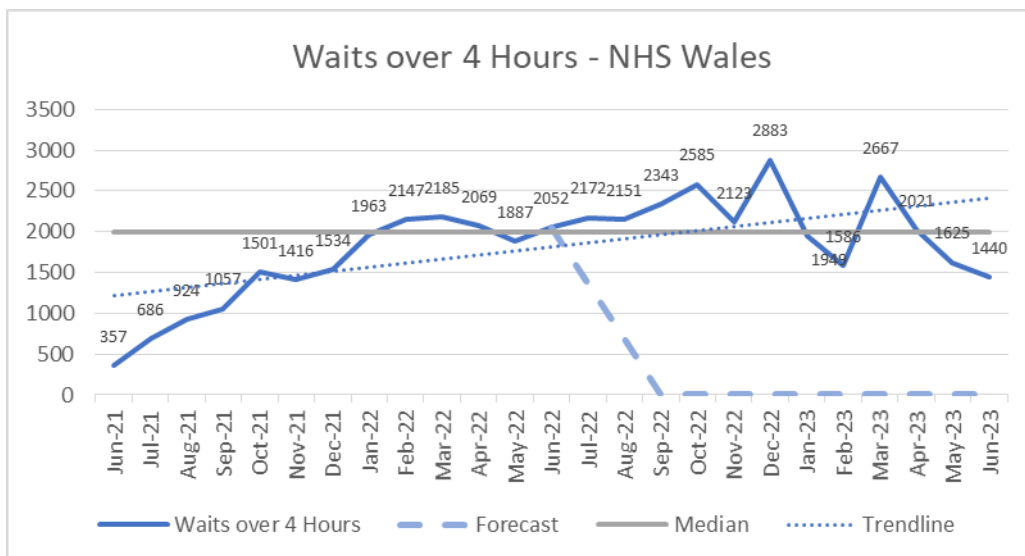


5. Appendix 1 contains the action plan with a narrative update on each action. Of the 32 actions:-
 - 5 are red (significantly off target);
 - 5 are amber (off target);
 - 8 are green (on target);
 - 1 is grey (stopped); and
 - 13 are blue (complete).

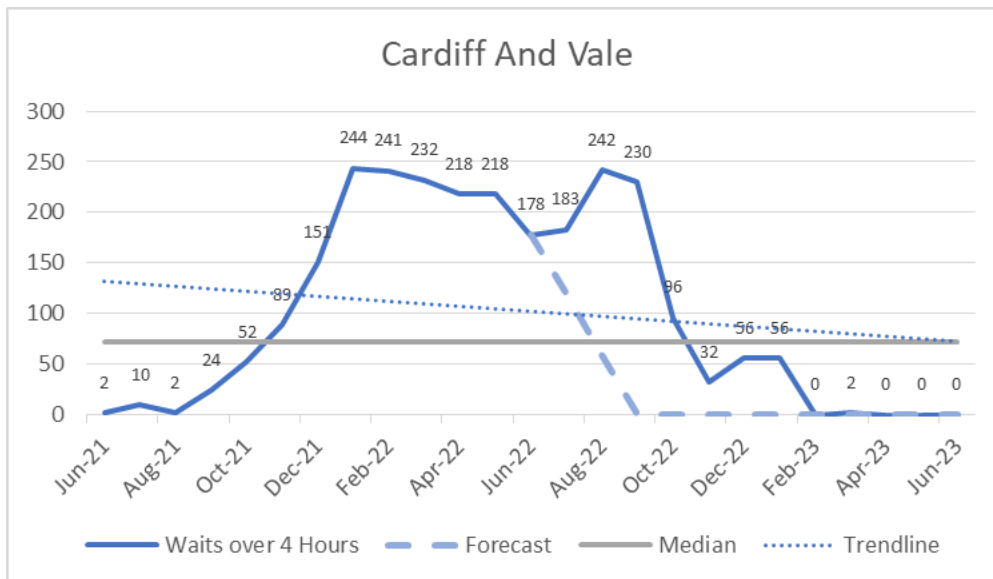
6. The number of actions has increased from 26 to 32 to reflect the additional actions currently being undertaken on red improvement.
7. The red (significantly off target) actions are:-
- **Immediate Release (action 1):** whilst the approach and reporting has been agreed and is in place, practice on the ground is at variance. There were 478 requests made to health board EDs for immediate release of Red or Amber 1 calls in June 2023, significantly less than the 1,234 requested in December 2022. In the Red category 130 were accepted and released, two were not. In the Amber 1 category, 99 were released, but 246 were not, significantly less than the 1,234 requested in December 2022.
 - **End of shift/Post Production Lost Hours (PPLH) (action 21):** there were 13,673 shift overruns of > 1 hour, 4,086 > 2 hours, 649 > 3 hours and 209 > 4 hours. The Trust has committed in its IMTP to work to substantially reduce overruns and discussions have been ongoing with TU partners on how this is to be achieved. For PPLH performance is stable, averaging just over 9,000 hours per month for the last 12 months.
 - **Reduction in emergency department handover lost hours:** for June 2023 the average number of minutes to handover per conveyance was 73 minutes. Handover lost hour levels are reducing with June 2023's level being 23% lower than June 2022 at 18,548 hours and 24,020 hours respectively, however, it should be noted that these levels are still extreme and three times the level on which the roster review was predicated and will continue to lead to high levels of patient harm. Cardiff & Vale is demonstrating a sustained improvement in handover lost hours, when compared to other health boards.



- **Eradication of handover waits of > 4 hours:** there were 1,440 over 4 hour patient handovers in June 2023. The target has moved here from previously set to last September, to now be zero by the end of 2023/24.

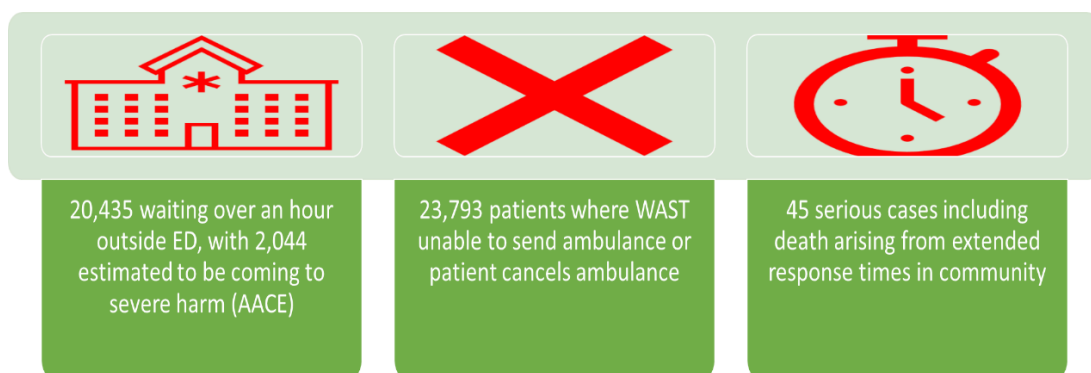


Again, Cardiff & Vale has demonstrated material improvement and is an outlier when compared to other health boards.

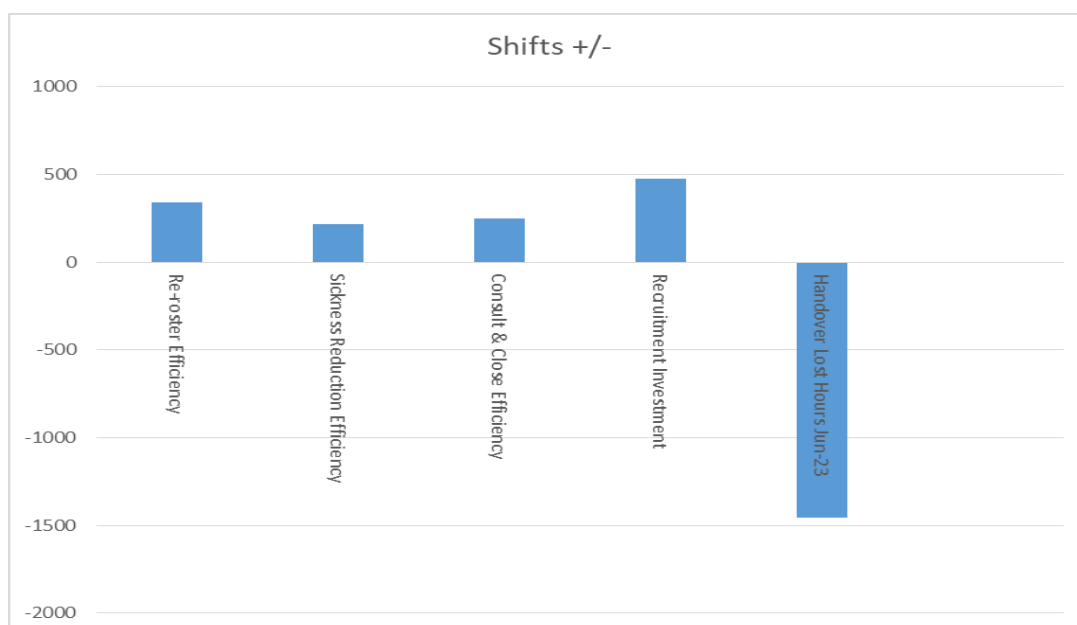


- Implementation of Same Day Emergency Care (SDEC) services in each Health Board:** modelling by the Trust has estimated that 4% of patient demand could flow into SDECs and have a five percentage point impact on Red performance. Currently (June 2023) 0.15% of demand is flowing in. The modelling has been made available to Welsh Government. Welsh Government has asked for the Trust to provide a regular data feed on SDEC activity, which the Trust is currently organising. This will enable Welsh Government to challenge health board performance.

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



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



9. The Trust will have put an equivalent of 1,282 EA/UCS 12 hour shifts back into the system in 2022/23 through efficiencies and investment: re-roster (343), sickness reduction (214), consult & close (249) and +100 FTE recruitment (476), but the Trust lost 1,456 EA/UCS 12 hour shifts to hospital handover in June 2023, which offsets all of the investment and efficiencies.
10. The Trust lost 21% of its conveying capacity to hospital handover hours in June 2023. The health boards have all been required to develop handover reduction action plans, which are monitored at their Integrated Quality and Delivery meetings by Welsh Government. This is also discussed at the Integrated Commissioning Action Plan meetings which are held monthly between the CASC, WAST and each health board. The Trust has flagged the very low levels of patient demand, from the Trust's ambulances, flowing into the SDEC units.
11. The re-rostering project completed its implementation stage in November 2022. The Trust achieved an average Consult & Close rate of 14.5% for quarter four, and therefore achieved its 2022/23 IMTP ambition. It has continued to achieve +14% in each month in quarter one. The 2023/24 ambition is 17%. The Trust is now using Clinical Support Desk (CSD) capacity to support Red review work with an action to model the optimum balance between Red reviews and consult & close within existing resource. It has been confirmed that the Trust will receive non-recurring funding again in 2023/24 for the +100 front line ambulance staff. The Trust has a coherent and comprehensive work programme for management attendance, a 2022-23 IMTP interim trajectory ambition of 8% and a final 2023/24 IMTP trajectory of 6% (March 2024). The Trust achieved 7.6% in May 2023.

- 12.** As outlined in the previous report to Trust Board, in the light of the continued pressures, patient (community and ED handover) waiting times are likely to remain under significant stress. As an early marker of winter 2023/24 June 2023's handover lost hours were 23% less than June 2022's, which is a positive, but implies a potential level of lost hours of c.25,000 for December 2023 if the pattern of worsening handover delays in winter is repeated. The delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed are likely to lead to a continuing number of cases of avoidable harm or death to patients. This situation will also continue to be one which is likely to have an adverse effect on our people.
- 13.** This issue continues to be discussed at the highest levels with the CASC, health board CEOs, the Director General and the Minister in a number of regular fora. Director peer groups are also regularly updated. The expectation from the Minister through the six goals programme priorities, is for no 4 hour delays to be seen by the end of 2023/24 and the EASC IMTP sets an expectation of a reduction in total hours lost to 12,000 by the end of Q3.

RECOMMENDATIONS

Trust Board is asked to: -

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

REPORT APPROVAL ROUTE	
Date	Meeting
14-17 Jul-23	CEO & Executive Director of Strategy, Planning & Performance & Executive Director of Operations
27 Jul-23	Trust Board

REPORT APPENDICES
Appendix 1 – Patient Harm Mitigation Action Plan

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

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
WAST ACTIONS				
1.	With respect to Red and Amber 1 immediate release directions: <ul style="list-style-type: none"> 1. Devise escalation protocol in the event of rejection 2. Share weekly highlight data with Judith Paget and CEOs showing those directions made, accepted and rejected 	Lee Brooks Rachel Marsh	<ul style="list-style-type: none"> NHS Wales CEOs and Chairs committed to Red and A1 rejection now being never event. Escalation protocol implemented and weekly report now being provided to WG and CEOs. There were 478 requests made to health board EDs for immediate release of Red or Amber 1 calls in June 2023, significantly less than the 1,234 requested in December 2022. In the Red category 130 were accepted and released, two were not. In the Amber 1 category, 99 were released, but 246 were not. The Red position is relatively positive, but Amber 1 remains a concern. 	31 July 2022
2.	Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation i.e. +100 FTEs.	Angie Lewis	<ul style="list-style-type: none"> Strong focus from Executives with detailed updates to EMT every two weeks. Year-end position is +85 FTEs, with a vacancy factor of just 1% Further non recurrent funding has been secured for 23/24 	End of Q3 and into Q4 Complete
3.	Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Andy Swinburn	<ul style="list-style-type: none"> Bid not successful. However Trust decision to proceed with 18 MSC places. RAG status reframed around the new timelines / programme. 22 trainee APPs expected to complete training in Jun-23. EMT has agreed to offer places to these 22 trainee APPs funded from a reduction in technician posts 1/2s i.e. internal movement. The Trust submitted a national bid to support APP expansion as part of the £5million additional Welsh 	Q4 2023/24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			Government funding for AHP expansion in Primary & Community Care. In June-23 the Trust were informed that the bid was not successful. The funding had been allocated to health boards based on the initial funding allocation specified by Welsh Government. WAST is involved with two health board bids in BCU and C&V which require the Trust to support for delivery.	
4.	Improve internal efficiency – roster review, providing performance gain equivalent of 72 WTE	Rachel Marsh	<ul style="list-style-type: none"> The roster review has concluded with all the roster lines that are funded live. The evaluation report is delayed due to internal capacity, however, all the modelling (ORH and Optima) indicated improved performance from this project. 	Q3 Complete
5.	Improve internal efficiency – improve attendance in line with agreed trajectory	Lee Brooks Catherine Goodwin	<ul style="list-style-type: none"> Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP Comprehensive action plan established Sickness is on a downward trend with the Trust achieving its interim (31 March 2023) IMTP target in May 2023, 7.6%. The Trust will continue its focus through the Managing Attendance Programme into 2023/24, with a wider focus on abstractions as well. 	6% by 31 March 2024
6.	Improve internal efficiency – post production lost hours (PPLH) (6792 hours unavailable for all reasons in June 2022) <ol style="list-style-type: none"> End of shift/rest break arrangements Other business/operational reasons 	Lee Brooks	<p>Figures updated for the 12 months to the end of June 2023 are as follows: -</p> <ul style="list-style-type: none"> There were 13,673 shift overruns of > 1 hour, 4,086 > 2 hours, 649 > 3 hours and 209 > 4 hours, a small decrease. In relation to PPLH it has previously been reported that work has been undertaken on definitions of lost hours and recording of and internal benchmarking. Performance is stable, averaging just over 9,000 hours per month for the last 12 months. 	End of Q2

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
7.	Maximise the opportunity from Consult & Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	<ul style="list-style-type: none"> The Trust has achieved an average of 14.5% for quarter four, therefore achieved, and has continued to achieve +14% in each month in quarter one. The IMTP 2023/24 ambition to move this up to 17% within existing resource constraints i.e. by delivering more efficiencies, by quarter four 2023/24. The Trust is now using Clinical Support Desk (CSD) capacity to support Red review work with an action to model the optimum balance between Red reviews and consult & close within existing resource. The Trust has been asked by Welsh Government to put forward a proposal on what more it could achieve this winter in terms of CSD capacity and consult & close. 	Dec-22 Delivered.
8.	Senior system influencing	Jason Killens Martin Woodford	<ul style="list-style-type: none"> CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for settings. Continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. 	Ongoing
9.	24/7 operational oversight by ODU with dynamic CSP review and system escalation as required	Lee Brooks	<ul style="list-style-type: none"> Specific actions complete - BAU 	BAU Complete
10.	Weekly REAP review by senior Operations Directorate team with assessment of action compliance	Lee Brooks	<ul style="list-style-type: none"> Ongoing BAU action that works well. 	On going
11.	Recruitment and deployment of new CFRs	Lee Brooks	<ul style="list-style-type: none"> Target for +100 CFR volunteers by 31 March 2023. Year-end figure +76 CFRs. Target exceeded in April 2023. 	Q4 Complete
12.	Sharing of potential case of serious avoidable harm/death with HBs for investigation when response delay	Wendy Herbert	<ul style="list-style-type: none"> Twice weekly SCIF to identify potential cases New joint investigation framework in place. 	Complete BAU

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
	associated with ED congestion is the primary cause			
13.	Evidence submission to Senedd Health and Social Care Committee	Jason Killens	<ul style="list-style-type: none"> Report published in June 2022 Our evidence appears in the report from paragraph 57 through to 65. 	Q2 - Complete
14.	National 111 awareness campaign	Estelle Hitchon	<ul style="list-style-type: none"> The national awareness campaign was undertaken as planned and ended in March 2023. An evaluation will be provided to the 111 Board. 	Complete
15.	Emergency Department cohorting	Lee Brooks	<ul style="list-style-type: none"> Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Morriston and GUH 	Stopped.
16.	Third party additional capacity	Lee Brooks	<ul style="list-style-type: none"> Contracted third party UCS equivalent capacity deployed where available and funded by commissioners Four vehicles a day 7 days a week secured for winter period 	Q3 and Q4 21/22 Live Complete
17.	Transition Plan	Jason Killens	<ul style="list-style-type: none"> Action complete, but the Trust will continue to undertake strategic and technical workforce planning in support of the Trust's ambition e.g. inverting the triangle etc. 	Complete Funding for +100 not recurrent at this time.
18.	Overnight falls service extension	Wendy Herbert	<ul style="list-style-type: none"> Night Car Scheme extension agreed to 31 March 2024 (2 regional resources) Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023) Day resources progress continuing toward 60% utilisation target. April – June responded to 1,845 incidents an 18% increase on same period 2022. 	30 June

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> Falls level 1 and 2 impact evaluation report completed - and presented to Clinical Quality Governance Group (CQGG) Jan 2023. Optima modelling underway to examine optimal resourcing level. The has been delayed due to prioritisation of Executive requests. 	
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"> Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support) WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. The CEO has a meeting with Audit Wales on this w/c 24 July 2023. 	Q1 23/24
20.	Consideration of additional WAST schemes to support overall risk mitigation through winter	Lee Brooks	<ul style="list-style-type: none"> Winter ended. Focus now on forecasting and modelling for the summer, but Trust not aiming to produce specific Summer Plan (the Trust did during the pandemic linked to travel restrictions). The Trust needs to determine whether there is value in producing a specific winter plan, particularly, within the context of the financial constraints NHS Wales is not operating in. 	Q3 Complete. Summer modelling. No Summer Plan.
21.	Full roll out of CHARU	Andy Swinburn	<ul style="list-style-type: none"> Current position (07 July 2023 EMS Programme Board) against the 153.1 FTEs, required for full roll out, is 97.45 staff in post and 10.98 Senior Paramedic contribution, with vacancies at 44.67. This is higher than the previously reported gap of 30.5 FTEs. The internal/external recruitment plan for North and Central operational areas being reviewed at the 	May-23

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			CHARU Task & Finish Group (06 July 2023). Vacancies approved for recruitment are BCU 5.85 FTEs, HD 14.15 FTEs and Powys 8.65 FTEs. Feedback from CHARU and Senior Paramedics report that the operational changes to the dispatch criteria are having a positive effect on the CHARU teams, with a reduction in the number of incidents that are allocated then stood down.	
22.	Virtual Ward now Connected Support Cymru	Liam Williams	<ul style="list-style-type: none"> • Service live. • Currently identifying a 48% EA avoidance rate. • Staff absence and roster gaps in SJA (provider) an issue currently. • Funding also obtained to support the capacity to recruit volunteers (600 in total). 	Apr-23 subject to funding
23.	Red screening		<ul style="list-style-type: none"> • Red review for protocol six breathing difficulties, currently undertaken when CSD UHP is over 100%. • The ability to sustain the Red review may work against increasing the consult & close rate. • The Trust has written to the CASC with regard to workforce additionality in 2023/24 which could include a further expanded CSD to support the screening of calls. • Related actions on automation, review and training. • Screening being undertaken within existing resource, with exception of when at high levels of the Clinical Safety Plan and/or when a lot of welfare screening being done. • The Trust needs to formally model the balance between screening and Paramedics in the Clinical Support Desk being focused on consult & close. 	Live
24.	Response Logic		<ul style="list-style-type: none"> • The change in dispatch logic for Red incidents (aimed at improving the 65% 8 minute performance 	Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>and improving patient safety) went live on 19 June 2023.</p> <ul style="list-style-type: none"> Operations SOT are monitoring the resource attendance ratios and the Director of Paramedicine is updating EMT each month, which have moved now to analysing the performance impact. 	
25.	Red modelling		<ul style="list-style-type: none"> Modelling estimates that a seven percentage point gain could be achieved for Red performance, based on full roll of CHARU, Red screening and handover reduction to 15,000 hours. Further modelling bringing together all the changes that have occurred in 2023 currently being undertaken, including further future efficiencies, e.g. handover reduction, abstraction reduction etc. 	Complete
26.	Further 2023/24 workforce additionality	Rachel Marsh	<ul style="list-style-type: none"> Detailed workforce planning has been undertaken for 2023/24 and what further front line workforce additionality the Trust could develop, if funding is made available. The Executive Director of Strategy, Planning & Performance has written to the CASC with the results of this work. No further funding available at this time. Internal movements agreed by EMT to support offers to the 22 APPs "tipping out" of university now, plus EMT3 open grade and supporting the Paramedic/APP pipeline. 	Complete Information Supplied

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
SYSTEM STAKEHOLDER ACTIONS				
27.	NHS Wales reduces emergency department handover lost hours by 25% Note: the target is -25% minute per arrival from the October 2021 baseline. The National Collaborative Commissioning Unit have calculated this target as 42 minutes per arrival.	HB CEOs	<ul style="list-style-type: none"> Commitment made at EASC in October 2021. June 2023's handover lost hours were 18,548, 23% below the same period last year, which is a clear improvement. Whilst a clear improvement the Trust lost 21% of its conveying capacity to handover in June 2023 and handover levels are three times higher than those used for the modelling for the roster review. 	Sep-22, revised to end of 2023/24
28.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	HB CEOs	<ul style="list-style-type: none"> There were 1,440 +4 hour patient handovers in June 2023; The target was originally to have 0 by September 2022. Expectation now that these will be eradicated by end of 2023/24. 	Sep-22, revised to end of 2023/24
29.	Alternative capacity equivalent to 1,000 beds	HB CEOs	<ul style="list-style-type: none"> 678 additional beds delivered, a significant achievement, but short of the target of 1,000. 	Q3
30.	Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	<ul style="list-style-type: none"> Some Challenges placed in the system from health boards in a number of areas. Limited progress has been made. 	Further progress dependent on NCCU and health boards.

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
31.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	<ul style="list-style-type: none"> The Trust has provided Welsh Government with information which indicates that SDEC referrals account for less than 1% of the Trust's verified EMS demand. The modelling indicates 4% of the Trust's verified EMS demand, using the acceptance criteria and opening times used in the modelling, could go into SDECs. The Trust reported to Welsh Government at its April 2023 Integrated Quality, Performance & Delivery meeting that in March 2023 0.14% of the Trust's demand went to SDECs. It was 0.15% in June 2023. Welsh Government have asked the Trust to supply a regular data feed on SDEC activity to so they can challenge health boards. This is currently being organised. 	Q4 22/23
32.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales WAST is represented on the Clinical Reference Group by Andy Swinburn The Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board. As part of its 2023-26 IMTP submission the Trust provided a detailed analysis of its contribution to the six goals programme. 	Ongoing



AGENDA ITEM No

11

OPEN or CLOSED

Open

No of ANNEXES ATTACHED

5

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	27 th July 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk, Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.
3. The more detailed description contained within the BAF provides the Board with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the framework in Annex 2.
4. The principal risks are updated as at 6th July 2023 and the high rated risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3. Focus has been given to the risk ratings and the mitigating actions identified and taken to ensure risks achieve their target score.
5. Updates made in respect of actions, controls and assurances are highlighted in blue on the BAF. Risk reports to Committees include a rationale for the risk ratings which is particularly important where ratings have remained static or increased.
6. This executive summary draws together broader discussions on the higher rated risks and signposts the Board accordingly. In addition, the Risk Owners will have an opportunity to add to this narrative during the meeting and Committee Chairs will also provide further assurance or escalations as appropriate, drawing from the Alert, Advise, Assure reports (AAA).
7. **Risks 223** (the Trust's inability to reach patients in the community causing patient harm and death) and **risk 224** (Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects

the Trust's ability to provide a safe & effective service for patients) both continue to be rated 25:

7.1. The Quality, Patient Experience and Safety Committee (QUEST) will review the updates to both risks at its forthcoming meeting in August 2023 and these continue to be presented at the Finance & Performance Committee (FPC) and the People & Culture Committee (PCC) at each meeting to ensure all perspectives and elements of these risks are considered and reviewed.

7.2. All current mitigating actions within WAST's control have been completed or superseded in relation to Risk 223 and remain on the BAF for review. The Trust will continue to challenge itself that all possible mitigations are in place or planned, this includes considering a potential breakdown of risk score by Health Board, however at this stage it was felt to be too early for that to reduce the overall score of this risk. Additionally, the Board will continue to receive an update against the Avoidable Harm paper and action plan at each meeting.

7.3. A deep dive in relation to Risk 224 took place at the Quality & Nursing Directorate meeting and it was agreed that the score should remain at 25 given recent cases of patients deteriorating outside of Emergency Departments.

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

8. **Risk 160** (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) is rated 20.

8.1. Whilst it was noted at the last People and Culture Committee in May 2023 that it was premature to reduce the risk score; it has been further considered during this reporting period. Good progress is being made to reduce sickness absence and a further review of the score and mitigations will be undertaken ahead of the September 2023 Board meeting but for this meeting the score has remained static.

8.2. The EMT continue to review the sickness absence management programme on a regular basis and the People and Culture Committee will review the risk in full at the next meeting in August 2023.

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

9.1. The current risk score remains at 20 and a context box has been included on the BAF like that of Risks 223 and 224 given that many of the mitigations are outside the Trust's control. The People and Culture Committee will review the risk in full at the next meeting in August 2023.

9.2. The recent reputation audit will be the subject of Board development during the forthcoming quarter which will give the Board and opportunity to review this risk in the round.

RECOMMENDATION:

10. Members are asked to consider and discuss the contents of the report and:
- Note the review of each high rated principal risk including ratings and mitigating actions.
 - Note the increase in score of Risk 424 from 12 to 16.
 - Note the increase in score of Risk 163 from 12 to 16.
 - Note the closure of Risk 245 from the Corporate Risk Register.
 - Note the closure of Risk 557 from the Corporate Risk Register.
 - Note the update on the Risk Management Transformation Programme.

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

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

ADLT (26 June 2023)

EMT (5 July 2023)

Charity Committee (5 July 2023)

Finance & Performance Committee (17 July 2023)

Quality, Safety & Patient Experience (10 August 2023)

People & Culture Committee (17 August 2023)

REPORT ANNEXES

SBAR report.

Annex 1 - Summary table describing the Trust's Principal Risks.

Annex 2 – Scoring Matrix

Annex 3 – Frequency of Risk review

Annex 4 - Board Assurance Framework

Annex 5 – Guidance on Interpreting the Board Assurance Framework

REPORT CHECKLIST

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

**RISK MANAGEMENT & BOARD ASSURANCE
FRAMEWORK REPORT**

SITUATION

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, an overview of the current risk management framework with particular focus on assurance to Committees and the Board, and an update regarding the risk programme within the Integrated Medium Term Plan (IMTP) 2023-26.
2. A summary of the Trust's 17 principal risks on the corporate risk register as at 6th July 2023 is detailed in Annex 1; each of these risks have been fully and formally reviewed.

BACKGROUND

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

ASSESSMENT

5. The summary of the 17 principal risks is set out in Annex 1 with the full risk detail including controls, assurances, gaps and mitigating actions contained within the Board Assurance Framework (BAF) in Annex 2.
6. The EMT has approved the Principal Risk activity described in this paper and considered the full review of each risk undertaken throughout June 2023 by Risk Owners and the ADLT.

Principal Risks

7. The principal risks are updated as at 6th July 2023. The high rated risks have been reviewed during this reporting period in line with the agreed review schedule detailed at Annex 3. Focus has been given to each of the risk ratings and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the regular review of controls, assurances, and any gaps.
8. Specifically, The Trust's highest rated Risks 223 and 224, scoring 25, remain unchanged despite a series of mitigating actions being in place. These risks

continue to be closely monitored by management, Board Committees, and the Trust Board.

9. All current mitigating actions within WAST's control have been completed or superseded in relation to Risk 223. The Trust will continue to challenge itself that all possible mitigations are in place or planned, this includes considering a potential breakdown of risk score by Health Board. Additionally, the Board will continue to receive an update against the Avoidable Harm paper and action plan at each meeting.
10. A deep dive in relation to Risk 224 took place at the Quality & Nursing Directorate meeting and it was agreed that the score should remain at 25 given recent cases of patients deteriorating outside of Emergency Departments.
11. In relation to Risk 201, while it is acknowledged that the rating for this risk remains high and has been static for some time given the current status, the Trust is not in a position to de-escalate it. Members should note that this risk is reviewed by the People and Culture Committee at each meeting. Any concerns are escalated through the Alert, Advise and Assure (AAA) report and during discussion at each Board meeting. The risk rating will be kept under regular review and will be de-escalated as soon as is appropriate and practicable.
12. Risk 160 - Whilst good progress is being made to reduce sickness absence, a decision was made in May 2023 to keep the risk rating under review. Profiling seasonal impacts of illness and historical data during the next 4 months will enable us to make an informed decision as to whether to reduce the risk.
13. The risk score has increased on Risk 424 from 12 (3x4) to 16 (4x4) given the level of risk the organisation is experiencing in the current financial climate and with no further recurrent funding agreed to deliver the Trust's transformational plans. This score is aligned to the Trust's financial Risk 139.
14. Risk 558 - Whilst there is significant work in this area, there remains a considerable risk to the health and wellbeing of the workplace. Handover delays remain high which leads to regular shift overruns. There are pilots in place to understand whether a different approach can be introduced; however, this need to be evaluated before reducing the risk. Staff will shortly be surveyed using our new staff survey tool which will give the Trust further insight and some data to measure how people are feeling. External pressures such as the cost of living crisis will likely increase the pressure our people are feeling.
15. Risk 163 - Whilst the national pay dispute has ended for the majority of Trade Unions (RCN potential action is currently paused) relationships with Trade Union Partners need to be approached sensitively. There are a range of issues that require engagement and partnership working, alongside the full implementation of all aspects of the WAST annex. On this basis, the score has increased from 12 (3x4) to 16 (4x4).

16. Risk 199 – The risk score is to remain the same as not all actions have been implemented and have been delayed during the operational pressures. Once the remainder of the actions have been completed then the score will be reduced. This will be reviewed in the next reporting period.
17. All original actions are now complete in relation to Risk 260; however, a review of the recent Cyber Resilience Unit (CRU) assessment is to be undertaken to identify any further actions. On this basis the score remains the same given continued activity by cyber actors due to wider world events. There is a general heightened alert for government and public sector bodies although no specific threat has been identified against NHS bodies. The Finance and Performance Committee reviewed the Cyber Resilience Internal Audit in private session on 17th July and heard of the work planned with the CRU.
18. Risk 543 – The majority of mitigating actions complete on Risk 543 and so the score remains unchanged as further reviews of the CE assessor and CRU reports are required to identify any further actions that need to be undertaken.
19. Risk 594 – The risk score remains at 15 following review. While the Health Boards have responded to the original letter sent from the Chief Executive highlighting this risk the responses have provided limited assurance. To this end the Trust is working with the Welsh Government NHS Executive to provide further assurances that the response from Health Boards is sufficient to reduce this risk. A Mass Casualty Exercise is being arranged for October 2023 to test the response and this will provide a further opportunity to review this risk and score at that time.
20. Risks 100 and 283 are not due for review until August 2023.

Closure and De-Escalation of Risks

21. As a result of reviewing the risk ratings and mitigating actions two risks have been closed from the CRR as described below.
22. Risk 557 was recommended by the Executive Risk Owner for closure from the CRR which was approved by the EMT given the risk has been mitigated due to the acceptance of the pay award by the majority of Trade Unions.
23. **Risk 557** - Potential impact on services as a result of Industrial Action

***IF** trade unions take industrial action in response to the national pay award*

***THEN** this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business*

RESULTING IN potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation.

24. Additionally, The Executive Risk Owner and ADLT recommended that Risk 245 be de-escalated from the CRR as this has achieved the target score of 8 (2x4) having reduced from 16 (4x4). The EMT approved the de-escalation.
25. **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

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)

26. The rationale is that the Control Room Solution implementation is complete across all 3 Emergency Medical Services (EMS) Clinical Contact Centres (CCCs) which has increased dispatch capability in all areas and the risk has reduced from 16 (4x4) and reached the target score of 8 (2x4). The remaining risk in relation to the ability to accommodate call handling functionality will be managed at a directorate level and reviewed when the telephony capacity in the new Vantage Point House resilient suite is identified. The risk of not being able to meet civil contingencies has now significantly reduced.

Development of New Principal Risks

27. Work continues to consider and develop potential new Risks for inclusion on the CRR in the following areas:
- a. Risks to the reputation of the Trust's Charity and Trustees due to late filing of accounts.
 - b. Charity governance.
 - c. Integrated technical planning capability and capacity.
 - d. Capacity to handle volume of complex concerns and requests i.e. Putting Things Right Team.
 - e. 111 Symptom Checkers
 - f. Decarbonisation programme
 - g. Salus implementation

Risk Management Transformation Programme

28. The Risk Management Transformation Programme has been designed to further strengthen and positively impact the development of the Trust's future strategic ambition which is highlighted in our 2023-26 IMTP as one of the fundamentals of a quality driven, clinically led, value focussed organisation.
29. Areas of focus for the risk management improvement programme plan during 2023 are to deliver a risk management framework as a key enabler of our long-term strategy and decision making. This will be achieved by further developing the risk management framework, transitioning to a strategic BAF that reflects more closely the Trust's strategic objectives against its long-term strategy – Delivering Excellence: Vision 2030. This is in addition to designing and delivering a programme of training and education on both the risk management framework and the BAF.
30. This programme is overseen by the Audit Committee.

RECOMMENDED

31. Members are asked to consider and discuss the contents of the report and:
 - a) Note the review of each high rated principal risk including ratings and mitigating actions.
 - b) Note the increase in score of Risk 424 from 12 to 16.
 - c) Note the increase in score of Risk 163 from 12 to 16.
 - d) Note the closure of Risk 245 from the Corporate Risk Register.
 - e) Note the closure of Risk 557 from the Corporate Risk Register.
 - f) 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>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Director of Operations	<p>25 (5x5)</p> <p>➔</p>
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	Director of Quality & Nursing	<p>25 (5x5)</p> <p>➔</p>
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of Workforce & Organisational Development	<p>20 (5x4)</p> <p>➔</p>
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	<p>IF the stability of the Trust deteriorates to a level where service delivery fails to meet</p>	Director of Partnerships & Engagement	<p>20 (4x5)</p> <p>➔</p>



CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<p>patient safety, national standards and contractual obligations</p> <p>THEN there is a risk of a loss of stakeholder confidence in the Trust</p> <p>RESULTING IN damage to reputation and increased external scrutiny</p>		
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p>IF the Trust does:</p> <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) <p>THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p>RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> <p>➡</p>
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	<p>IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed</p>	Director of Workforce & Organisational Development	<p>16 (4x4)</p> <p>⬆</p>

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<p>and trust and (early) engagement is not maintained</p> <p>THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p>RESULTING IN a negative impact on colleague experience and/or services to patients.</p>		12 (3x4)
245 FPC CLOSED	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>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</p> <p>THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p>RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	8 (2x4)  16 (4x4)
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	Director of Strategy Planning and Performance	16 (4x4)  12

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<p>THEN there is a risk that there is insufficient capacity to deliver the IMTP</p> <p>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</p>		(3x4)
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	<p>IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis</p> <p>THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p>RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> 
557 PCC CLOSED	Potential impact on services as a result of Industrial Action	<p>IF trade unions take industrial action in response to the national pay award</p> <p>THEN this is likely to disrupt our ability to provide a safe, efficient</p>	Director of Workforce & Organisational Development	<p>16 (4x4)</p> 



CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<p>and good quality service in the 6 core areas the business</p> <p>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</p>		
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>IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p>THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments</p> <p>RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation</p>	Director of Quality & Nursing	<p>15 (3x5)</p> <p>➔</p>
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p>	Director of Digital Services	<p>15 (3x5)</p> <p>➔</p>

CORPORATE RISK REGISTER

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

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004		
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	<p>IF WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p>THEN there is a risk of a delay or failure to receive funding and support</p> <p>RESULTING IN a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	12 (3x4) 
283 FPC	Failure to implement the EMS Operational Transformation Programme	<p>IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme</p> <p>THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p>RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage</p>	Director of Strategy Planning & Performance	12 (3x4) 

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review


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

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		26/06/2023	TREND	25 (5x5)
				Date of Next Review:		25/07/2023	➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26								
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
Risk Commentary Q4 2022/23								
The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death as a result of the Trust not being able to reach patients in the community.								
There were over 28,000 hours lost outside EDs in March 2023, a comparable figure to the pre Christmas delays. Whilst there has been improvement in some Health Board areas (Cardiff and Vale where there has been a corresponding improvement in red performance), other Health Board continue to experience protracted delays. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control.								
Improvement actions led by Welsh Government and system partners include: -								
a) Audit Wales’s investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E)								
b) Consideration of additional WAST schemes to support risk mitigation through winter (I)								
c) NHS Wales educes emergency department handover lost hours by 25% (E)								
d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)								
e) Alterative capacity equivalent to 1000 beds (E)								
f) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E)								
g) Implementation of Same Day Emergency Care services in each Health Board (E)								
h) National Six Goals programme for Urgent and Emergency Car (E)								
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. Regional Escalation Protocol				1. Daily conference calls to agree RE levels in conjunction with Health Boards				
2. Immediate release protocol				2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)				
3. Resource Escalation Action Plan (REAP)				3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.				
4. 24/7 Operational Delivery Unit (ODU)				4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.				
5. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans				5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.				
6. Limited Alternative Care Pathways in place				6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.				
7. Consult and Close (previously Hear and Treat)				7. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information				

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		26/06/2023		TREND	25
			Date of Next Review:		25/07/2023		➡	(5x5)
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	
			Management Internal Audit report February 2022 (External Assurance). Consult and Close rate has increased from 12% to circa 15% March 2023.					
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation			8. 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. EMT have agreed to offer contracts to the 22 APPs who are about to complete their Masters programme. This will take our APP headcount to 88.7FTE. An investment proposal has been submitted to Welsh Government AHP in primary and community care pot. I think that there is low expectation that the bid will be successful. We are currently workforce planning to increase our APP headcount by 40 per year.					
9. Clinical Safety Plan			9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group					
10. Recruitment and deployment of CFRs			10. Volunteers are another resource for response, Volunteer					
11. ETA scripting			11. 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					
12. Clinical Contact Centre (CCC) emergency rule			12. CCC Emergency Rule is policy that has been signed off by Execs.					
13. National Risk Huddle			13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
14.			14.					
15. Summer/Winter initiatives			15. Monitoring through SLT and STB					
16. CHARU implementation			16. Monitored via the EMS project Board					
17. National Transfer & Discharge Model			17.					
18. Conveyance Reduction			18. This is part of the weekly performance review and aligned to Care Closer to Home Programme					
19. Access to Same Day Emergency Care (SDEC) for paramedic referrals			19. This forms part of the handover improvement plans in place with Health Boards, however assurance is limited given that the acceptance of paramedic referrals is low (less than 1%) and inconsistent.					
20. Mental Health Practitioners in cars			20.					
21. Roll out of ECNS			21. Reported through QuEST					
22. Clinical Model and clinical review of code sets			22. Reported through QuEST					
23. Remote Clinical Support Strategy			23. Strategic Transformation Board – IMTP deliverable					
24. 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)			24. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)					
25. Information sharing			25. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
26. Completed EMS Roster Review			26. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner					
27. Work underway to reduce the number of multiple attendances dispatched to red calls			27. This will increase vehicle availability generally across the Trust					
28. Transfer of Care			28. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently work has commenced to withdraw WAST staff from portering duties on hospital premises, cease					

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				Inherent	4		5	20
				Current	5		5	25
				Target	2		5	10
			the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards					
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.								
8. During industrial action days, Health Boards demonstrated compliance with reducing handover delays in order to maximise WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is however a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data.								
9. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.								
10. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration								
11.								
12. Handover Improvement Plans agreed between WAST and Health Boards			12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays					
18. National Transfer & Discharge Model			18. National Transfer & Discharge model is yet to be determined. A task and finish has been established to progress this piece of work					
21. Mental Health Practitioners			21. Mental Health Practitioners – not yet implemented but part of the Care Closer to Home workstream					
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST								
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.			Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)			
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)			ADLT Sub-Group	30.09.22 - Superseded				
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters			Assistant Director of Operations EMS	Complete	Majority of EMS rosters complete and implemented			


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			Inherent	5	5	25		
			Current	2	5	10		
			Target					
4. Transition arrangements post pandemic		Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete				
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]		Director of Paramedicine / Director of Workforce & OD	30.07.23 Checkpoint	Offers to 22 in July 2023. 13.33 FTE uplift. Continue to seek opportunities for funding APPs to improve service delivery.				
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, Integrated Care	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.				
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.				
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]		Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc. and determine REAP level.				
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.				
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]			Superseded					
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.				

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:		27/06/2023		TREND	25 (5x5)
			Date of Next Review:		27/07/2023		➡	
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		
Risk Commentary Q4 2022/23 The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. There were over 2,000 +4 hour patient handovers in April 2023; the target being 0 from September 2022 has now moved to the end of 2023/24. Currently < 0.014% of the Trust’s demand is going into Same Day Emergency Care currently is <0.025% (modelling 4%). The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. The Joint Investigation Framework in place to review incidents across the system is now approved and included in the recently published National Policy on Patient Safety Incident Reporting & Management (May 2023).								
Improvement actions led by Welsh Government and system partners include: <div><div>a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 ‘Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) by the end of April 2025</div><div>b) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (LHB CEOs) by revised to March 2023/24.</div><div>c) Alternative capacity equivalent to 1,000 beds project (LHB CEOs)</div><div>d) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)</div><div>e) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (Welsh Government: Chief Medical Officer and Chief Nursing Officer)</div></div>								
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which is currently in pilot phase and an evaluation is to be undertaken in quarter 1 2023/24 by EASC. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.				
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.				
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)				3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.				
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).				4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.				

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			Date of Next Review:		27/07/2023	➡		
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
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.			5. Monthly Integrated Quality and Performance Report					
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).			6.					
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.			7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.					
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.			8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process.					
9. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.			9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays					
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.			10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end.					
11. Escalation forums to discuss reducing and mitigating system pressures.			11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.			12. Monthly Integrated Quality and Performance Report (April 2023 overall 75% - Safeguarding and dementia over 90%.					
13. Clinical audit programme in place.			13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.					
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.			14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.					
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”			15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board May 2023 and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.					

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				Target	3	2	6	
16. Implementation of Duty of Quality, Duty of Candour and new Quality Standards requirements in April 2023.			16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of February 2023 is ‘Implementing and operationalising’. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources.					
			External Sources of Assurance Management (1 st Line of Assurance)					
			1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC) and Joint Executive Team (JET) meeting Welsh Government (I&E).					
			2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC					
			3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures.			1.					
2.			2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. A number of overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 30 (as of 07.03.2023) overdue nationally reportable incident investigations.					
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.			3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. 23,082 hours were lost in April 2023 with 2021 +4 hour patient handovers in April 2023.					
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.			4. Strengthening of patient safety reports and audit processes as e PCR system embeds.					
5.			5.					
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. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.					
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.			9.					
10.			10.					
11.Variable response pan Wales / England. WAST have minimal control on this at patient level*.			11.					
12.			12.					
13.Transition to ePCR impacting on data temporarily			13.					
14.National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.			14. HIW approve and sign off WAST elements of recommendations.					
15.			15.					
			External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators					

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						Inherent	5	5	25
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						Target	3	2	6
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project		WAST QI Team (QSPE)	• TBC - Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).					
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.		Assistant Director of Quality & Nursing	• Q4 2023/24	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety dashboards.					
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.		Executive Director of Quality & Nursing	• Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.					
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	• Q4 2023/24	• Bid not successful. However, Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start. • 22 trainee APPs expected to complete training in Jun-23. • EMT has agreed to offer places to these 22 trainee APPs funded from a reduction in technician posts 1/2s i.e. internal movement. • The Trust has recently submitted a bid to increase AHPs in Primary and Community Care (WG fund) for more APPs.					
5. Overnight falls service extension		Executive Director of Quality & Nursing	• June 2023	• Night Car Scheme extension agreed to 31 March 2023 (2 regional resources) • Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through Jan-Mar 2023. Good progress has been made on this. • Falls level 1 and 2 impact evaluation report completed - presenting to Clinical Quality Governance Group (CQGG) 18 Jan-2023.					
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded.		Executive Director of Quality & Nursing	• Q3 2023/24	• Monthly updates to progress against actions following the baseline assessment and readiness returns. • Key policies updated and approved. • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. • Quality Management System workshop to be held 12 June 2023.					
7. Virtual Ward now Connected Support Cymru		Executive Director of Quality & Nursing	• Q2 2023/24	• Commencing Test of Change deployments with SJAC – two vehicles at present have been utilised, 2 to follow. • Arrangements – CSD selecting cases for SJAC to respond and take patient observation. To date, the small number of cases have negated any EA attendance to the scene. • Funding – CASC have awarded SJAC a direct commission for circa 20 weeks provision. • Small Business Research Initiative – has ‘kicked off’ phase one, with a virtual warding technology platform in development for the pre-hospital/community used (within WAST).					
8. Organisational change process of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	• Q2 2023/24	• Informal consultation phase commenced May 2023.					
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.		Assistant Director Quality & Nursing	• Q2 2023/24						
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	• Q4 2023/24	• Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance, and support)					

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:	27/06/2023		TREND	25 (5x5)
					Date of Next Review:	27/07/2023		➡	
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
					<ul style="list-style-type: none">WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.Expected outcomes in 2023/24.				
Completed Actions			Action Owner	When /Milestone	Progress Notes:				
1. HIW Improvement Plan / Workshop – WAST inputs / influencing improvements. Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ which links to Fundamentals of Care.			Assistant Director of Quality & Nursing	Completed					
2. Representation at the Right care, right place, first time Six Goals for Urgent and Emergency Care Delivery Boards and Clinical Advisory Board.			Chief Executive Officer	Completed	<ul style="list-style-type: none">Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across WalesWAST will be represented on the Clinical Reference Group by Andy Swinburn with first meeting now held.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 & 6 at delivery board level and on the clinical advisory board.				
3. Participation in the CASC led workshop to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.			Executive Director of Quality & Nursing	Completed	<ul style="list-style-type: none">Revised joint investigation approach agreed and now formalised.				
4. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation			Director of Workforce & Organisational Development	Completed	<ul style="list-style-type: none">Strong focus from Executives with detailed updates to EMT every two weeks.Year-end position is +85 FTEs, with a vacancy factor of just 1%, rather than the often used 5%, which would produce a figure of -88 FTEs rather than the estimated - 15 FTEs.Further non recurrent funding has been secured for 2023/24				
5. Transition Plan			Chief Executive Officer	Completed	<ul style="list-style-type: none">Action complete, but the Trust will continue to undertake strategic and technical workforce planning in support of the Trust’s ambition e.g. inverting the triangle etc.				
6. Consideration of additional WAST schemes to support overall risk mitigation through winter			Director of Operations	Completed	<ul style="list-style-type: none">Winter ended. Focus now on forecasting and modelling for the summer, but Trust not aiming to produce specific Summer Plan (the Trust did during the pandemic linked to travel restrictions).The Trust needs to determine whether there is value in producing a specific winter plan, particularly, within the context of the financial constraints NHS Wales is not operating in.				
7. National 111 awareness campaign			Director of Partnerships and Engagement Director of Digital	Completed	<ul style="list-style-type: none">The national awareness campaign was undertaken as planned and ended in March 2023. An evaluation will be provided to the 111 Board.				

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:		13/07/2023		TREND	20 (5x4)
			Date of Next Review:		13/08/2023		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score
					Inherent	4	4	16
					Current	5	4	20
					Target	3	4	12
IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34								
EXECUTIVE OWNER		Director of Workforce & Organisational Development	ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Managing Attendance at Work Policy/Procedures in place			1. (a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness					
2. Respect and Resolution Policy- recognising issues at work may contribute to sick absence			2. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames and contribute to All Wales forum on this policy					
3. Raising Concerns Policy- recognising issues at work may contribute to sick absence			3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames					
4. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture			4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan					
5. Operational Workforce Recruitment Plans- provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure			5. Local plans link to the wider organisational workforce plan and provide intelligence regarding any particular pinch points in terms of resources					
6. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels			6. Roster Review for EMS completed. Review in 111 underway					
7. Return to Work interviews are undertaken- ensuring accurate reporting of reason for absence and identifying any additional support required			7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly					
8. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained			8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood					
9. Directors receives monthly email with setting out ESR sickness data- ensures ownership and awareness			9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director					
10. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness			10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers					
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support			11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.					
12. WAST Keep Talking (mental health portal)- additional measures to offer support			12. Quarterly reporting on numbers accessing and regular promotion of service.					
13. Suicide first aiders- additional layer of support			13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have accessed.					
14. TRiM- additional layer of support			14. Quarterly reporting on access to TRiM and promotion of service					
15. Peer Support network- additional level of support			15. Promotion of network and support provided					
16. Coaching and mentoring framework- additional level of support			16. Promotion of network and support provided					
17. Staff surveys- assess levels of engagement and wellbeing			17. New pulse survey tool will provide data on overall engagement and wellbeing					
18. Stress risk assessments- identify measures that can be taken to address issues			18. Reference to the assessments during attendance management line manager training and to the TUS					
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- if needed at times of increased pressure			20. Standard procedures in place to access additional resource capacity					
21. Monthly reviews of colleagues on Alternative duties			21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings					
22. Manager guidance on managing Alternative duties			22. Evidence of managers guidance in place and referenced in attendance management training					
23. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee			23. Minuted meetings and action logs for EMT & People & Culture Committee					
24. Sickness audits for localities- provides additional level of detail			24. Audits carried out and actions taken forward					
25. Additional support for areas with higher than average absence – emphasis is on understanding reasons and developing action plans			25. Dedicated meetings taking place and support from people services for areas with higher than average absence with local plans in place to address specific issues					

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:		13/07/2023		TREND	20 (5x4)
				Date of Next Review:		13/08/2023		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		Likelihood		Consequence	Score	
				Inherent	4		4	16	
				Current	5		4	20	
				Target	3		4	12	
26. Review of top 100 cases -carried out on a monthly basis			26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.						
27. Deep dives on specific issues and reasons for absence			27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management eg – mental health and causes						
			External Management (2nd Line of Assurance)						
			1a. All Wales review of All Wales Attendance at Work Policy						
			Independent Assurance (3rd Line of Assurance)						
			1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24)						
			2. Audit Wales – Taking Care of the Carers report in October 2021 (controls 1 - 24)						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. (a) Consistency and Application in Managing Attendance at Work Policy			1. There are other factors that impact on sickness which can’t be controlled						
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received			9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers						
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments									
			External Gaps in Assurance None identified at the present moment						
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Implementation of Improving Attendance project			Deputy Director of Workforce & OD	31.09.23 Completed 2022/23	Underway and ongoing, 2022/23 actions complete or embedded as BAU. May data 7.6%. Trajectory continues to be positive. 10 point plan for 2023/24 agreed by EMT and being implemented.				
2. Implementation of Behaviours Refresh Plan			Assistant Director – Inclusion, Culture and Wellbeing	31.10.22 Extended to 31.05.23 CLOSED	Underway and ongoing. Captured in the IMTP for the service. Impacted by IA. New approach adopted from April 2023 to focus on a new behaviour every 6 weeks and continue conversations. Directly linked to people and culture plan. Closed				
3. Long term sickness absence deep dive			Deputy Director of Workforce & OD	31.07.23 Extend to 31.01.24 based on new plan for 2023/24	Underway and ongoing. Downward trajectory in levels of long term absence- proposed that this is extended until 31/12/23 to enable more detailed work of reasons, measures being implemented and impact.				
4. Develop guidance for line managers to support addressing challenging conversations and change			Deputy Director of Workforce & OD	31.07.22 Complete	Training produced and rolled out. Now BAU				
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)			Freedom to Speak Up Arrangements Task & Finish Group Ownership moving to DWOD	Extended from 31.07.22 to 31.03.23. Extended to 31.05.23 Extended to 31.08.23	Exetended date in terms of project plans and impact of Industrial Action. 21.3 The task and finish group has completed its work and the project is now going to be handed to DWOD as SRO for the work. 21.06 soft launch of the platform in August with official launch in September in line with Practice Ethically behaviour.				
6. Strengthen Freedom to Speak Up Arrangements policy and advice			Assistant Director of Inclusion, Culture and Wellbeing	31.05.23 Extended to 31/08/23	Deadline extended to coincide with launch of new platform, although Guardians are in place and weekly review meetings taking place. They are receiving the highly confidential Datix				


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:		13/07/2023		TREND	20
				Date of Next Review:		13/08/2023		➡	(5x4)
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity		RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	5	4	20
						Target	3	4	12
						and concerns raised through networks and attendance at ER monthly review from July. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Behaviours reinforced via culture champions group, rotating through behaviours, currently broaden our understanding. Head of Culture and OD in post from August to further this work.			
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements				Assistant Director Inclusion, Culture and Wellbeing	31.05.23 extended to 30/9/23	Ongoing – extended until 30/9/23 to enable soft launch with feedback and policy and advice to be shared. Training plan will be produced with an emphasis on making the platform and use of freedom to speak up as simple and accessible as possible. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Head of Culture and OD in post from August to further this work.			
8. Accountability meetings with senior ops managers				Deputy Director of Workforce & OD	30.09.22 Complete and ongoing BAU	Underway, conversations re sickness absence well established and continuing			
9. Attendance Management training for managers				Deputy Director of Workforce & OD	31.12.22 Complete and BAU	Underway and ongoing – now BAU 1.11.22			
10. PADR review including wellness questions				Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete. New PADR distributed October 22.			
11. Restart the Health and Wellbeing Steering Group				Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete – group started 17.10.22 and will meet quarterly.			
12. Review of top 100 cases by the team on a monthly basis				Deputy Director of Workforce and OD	Commenced and ongoing – review 30.06.23 BAU	Underway and now BAU			

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		19/06/2023		TREND	20 (4x5)
				Date of Next Review:		19/07/2023		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust	RESULTING IN damage to reputation and increased external scrutiny		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	4	5	20		
				Target	3	5	15		
IMTP Deliverable Numbers: 2,18, 26, 34, 38									
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee			
Risk Commentary Q4 2022/23									
a) The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues (including the impact of extended handover delays at hospitals), the impact of recent industrial action and the levels of patient harm which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue, but are not sufficient to outweigh the impact of the core issues which affect reputation. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders			1. Agendas, minutes and documents of engagement events						
2. Challenging of media reports to ensure accuracy			2. Programme of daily media engagement						
3. Media liaison to ensure relationships developed with key media stakeholders			3. Programme of daily media engagement						
4. Engagement Framework approved by the Board July 2022			4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.						
5. Engagement Framework Delivery Plan approved by the Board January 2023			5. The Director of Partnerships and the Head of Strategy are working closely with colleagues from PWC to inform further detail regarding future engagement including stakeholder analysis, case for change etc. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.						
6. Engagement governance and reporting structures are in place			6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g. EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs. Outcome of recent reputation audit to be reported through EMT in April and onward, as a minimum, to PCC.						
7. Escalation procedure for issues to the Board			7. Minuted meetings, action logs and Board papers						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1.			1.						
2.			2.						
3.			3.						
4.			4.						
5. The delivery plan is in abeyance pending outcome of the work underway by PWC in relation to the Trust’s strategic ambitions.			5.						
6.			6.						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner			By When/Milestone		Progress Notes:		
1. Submit refreshed Board Engagement Framework to Trust Board for approval		Director of Partnerships & Engagement			26.05.22 Complete		Approved July 2022		
2. Roll out of the Engagement Framework Delivery Plan		Director of Partnerships & Engagement			Paused		Pending outcome of PWC work		
3. Board oversight, scrutiny and challenge of performance, concerns, quality		CEO / Executive Management Team			Ongoing				
4. Monitoring internal Quality and Performance of Trust and raising system issues		Executive Management Team, Finance and Performance Committee			Ongoing		30		

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		19/06/2023		TREND	20
				Date of Next Review:		19/07/2023		➡	(4x5)
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust		RESULTING IN damage to reputation and increased external scrutiny			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	3	5	15
				Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee					
5. Engaging with internal and external stakeholders to develop confidence				CEO & Director of Partnerships & Engagement		Ongoing BAU	Regular engagement continued with staff, TU partners and a range of external stakeholders such as AMs, MPs, Local Authorities etc. BAU.		
6. Monitoring external factors that may affect the Trust				CEO & Director of Partnerships & Engagement		Ongoing BAU			
7. Llais (the new Citizens Voice Body attending October 2023 Board Development				Director of Partnerships & Engagement		October 2023			
8. Reputation Audit deep dive on findings to be presented at Board Development				Director of Partnerships & Engagement		October 2023			

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:	20/06/2023		TREND	16 (4x4)
				Date of Next Review:	20/07/2023		➡	
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)		THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
				Inherent	3	4	12	
				Current	4	4	16	
				Target	2	4	8	
IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38								
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. Financial governance and reporting structures in place				1. Risk is reviewed quarterly at F&P and a report is submitted bi-monthly to Trust Board				
2. Financial policies and procedures in place				2.				
3. Budget management meetings				3. Diarised dates for budget management meetings				
4. Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place				4. Diarised dates for EFG and FPC and monthly reports				
5. Welsh government reporting				5.				
6. Monthly review of savings targets				6. ADLT monthly review				
7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.				7.				
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.				8. Diarised dates for ICMB meetings with regular monthly report				
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications				9. Regular PSPP communications (Trust wide) on Siren				
10. Forecasting of revenue and capital budgets				10. (a) Monthly monitoring returns to ADLT, EFG, EMT and FPC (b) Reliance on available intelligence to inform future forecasting.				
11. Business cases and benefits realisation (both revenue and capital)				11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.				
				External Assurances Management (1 st Line of Assurance)				
				5. Monthly Monitoring Returns to Welsh Government				
				7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.				
				8. Bi-monthly Capital CRL meetings with Trust and WG capital leads				
				9. Regular P2P meetings diarised (bi-monthly)				
				10. Monthly monitoring returns into Welsh Government				
				Independent Assurances (3 rd Line of Assurance)				
				1-10 Internal audit reviews covering				
				1-10 External audit reviews				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
• Lack of formalised service contracts between Commissioner and WAST as a commissioned body				None identified.				


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Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:	20/06/2023	TREND	16 (4x4)
				Date of Next Review:	20/07/2023		
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)		THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
				Inherent	3	4	12
				Current	4	4	16
				Target	2	4	8
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. Continuing negotiations with Commissioners		Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/24 – Checkpoint Date	22/23 Finances have been agreed as part of year end agreement of balances. Issue currently around the 100 WTE £6m funding and negotiations continue.			
2. Embed a transformative savings plan and ensure organisational buy in		ADLT and Savings subgroup	31/03/24 – Checkpoint Date	The Financial Sustainability workstreams that were launched in May 2023 have now been rebranded as the Financial Sustainability Program (FSP) and the work of the program underpins the need of the organisation to deliver transformative savings via the Achieving Efficiencies and Income Generation subgroups.			
3. Embed value-based healthcare working through the organisation		Executive Management Team and Value Based Healthcare Group	31/03/24 – Checkpoint Date	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.			
4. WIIN support for procurement, savings and efficiencies		WAST Improvement and Innovation Network group	31/03/24 – Checkpoint Date	WIIN ideas are regularly communicated across to the Achieving Efficiencies subgroup of the FSP.			
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales		Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/24 – Checkpoint Date	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best vfm while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales.			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		23/06/2023		TREND	16 (4x4)
				Date of Next Review:		23/09/2023		↑	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score		
				Inherent	5	3	15		
				Current	4	4	16		
				Target	4	3	12		
IMTP Deliverable Numbers: 2, 4, 6, 11, 20, 34									
EXECUTIVE OWNER		Director of Workforce and Organisational Development		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership				1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.					
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement				2. Both parties refer to the documents and are signed up/committed to it					
3. IPA Workshops				3. Meetings completed with participation from TUs and senior managers. Attendance lists are available					
4. Trade Union representation at Trust Board, Committees				4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned as a result of TU partner buy in					
5. Monthly Informal Lead TU representatives and Chief Executive meetings				5. Diarised meetings					
6. Staff representative management in Task & Finish Groups				6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference					
7. WASPT re-established post stand down of cell structure post pandemic				7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.					
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team				8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings					
9. Quarterly Report on TU activity to People and Culture Committee				9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes					
10. Structures below WASPT to be signed off at next WASPT meeting in June 2023				10.					
				External - Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Need to move back to business-as-usual footing				None identified					
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring									
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
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 th Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway				

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships				Date of Review:	23/06/2023		TREND	16
					Date of Next Review:	23/09/2023		↑	(4x4)
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients			Likelihood	Consequence	Score
						Inherent	5	3	15
						Current	4	4	16
						Target	4	3	12
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).		Deputy Director of Workforce & Organisational Development		Completed 12/01/23	WASPT feeding into PCC				
5. Establish formal meeting structures below WASPT		Deputy Director of Workforce and Organisational Development		30.06.2023 Completed	Structure agreed with TUs. Sign off at next WASPT meeting. Highlight reports to be shared at WASPT. Completed structures for Local Partnership Forums and SOT/ SLT for operations and Partnership Meeting for Corporate Services agreed, ToR for SOT /SLT and LFP agreed.				
6. Refresh of engagement programme post Industrial Action and establish work		Deputy Director, People and Culture		30/08/23					

Risk ID 424	Resource availability (capital) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)			Date of Review:		23/06/2023		TREND	16 (4x4)
				Date of Next Review:		23/09/2023		↑	
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	4	4	16		
				Target	1	4	4		
IMTP Deliverable Numbers: 5,9,10, 17, 28									
EXECUTIVE OWNER		Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE		Strategic Transformation Board and Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Prioritisation of IMTP deliverables				1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board					
2. Financial policy and procedures				2.					
3. Governance and reporting structures e.g. Strategic Transformation Board (STB)				3. IMTP sets out delivery structures and meeting minutes are available					
4. Assurance meetings with Welsh Government and Commissioners				4. Agendas, minutes and slide decks available					
5. Transformation Support Office (TSO) which supports the major delivery programmes				5. Paper on TSO to Strategic Transformation Board					
6. Project and programme management framework				6. PowerPoint pack detailing PPM					
7. Regular engagement with key stakeholders				7. Stakeholder Engagement Framework					
8. Financial Sustainability Programme – savings and income work streams				8. FSP programme highlight reports					
				Independent Assurance (3 rd Line of Assurance) 2. Subject to Internal Audit					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Project and programme management (PPM) framework to be reviewed				1. PPM needs to be reviewed and approved through STB					
2. Head of Transformation vacancy				2. Benefits have not been fully linked to benefits realisation					
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)									
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Recruit a Head of Transformation			Assistant Director of Planning	30.09.22 complete	Recruited 02.08.22 in post on 01.11.22				
2. Review the PPM			Head of Transformation	Extended from 31.03.23 – To 31.06.23 and then to 30.09.23 in line with milestone for delivery	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3.				
1. Develop Benefits Realisation plans in line with Quality and Performance Management framework			Assistant Director of Planning/Assistant Director, Commissioning & Performance	Extended from 30.09.22 – to 31.03.23. Further extend to 31.06.23 and then to 30.09.23 in line with milestone for delivery	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3 as part of Project Path Framework.				
2. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)			Director of Finance	31.12.22 – checkpoint date 31.06.23 and then to 30.09.23	Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner				


Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services		Date of Review:		20/06/2023		TREND		16			
			Date of Next Review:		20/07/2023				(4x4)			
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.			THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients.			RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage				Likelihood	Consequence	Score
									Inherent	3	4	12
									Current	4	4	16
									Target	2	4	8
IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38												
EXECUTIVE OWNER			Director of Finance and Corporate Resources			ASSURANCE COMMITTEE			Finance and Performance Committee			
CONTROLS						ASSURANCES						
						Internal Management (1 st Line of Assurance)						
1. Financial governance and reporting structures in place						1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board						
2. Financial policies and procedures in place						2.						
3. Setting and agreement of recurrent resources						3.						
4. Budget management meetings						4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.						
5. Budget holder training						5. Diarised dates for budget holder training						
6. Annual Financial Plan						6. Submission to Trust Board in March annually						
7. Regular financial reporting to EFG & FPC in place						7. Diarised dates for EFG and FPC with full financial reports						
8. Regular engagement with commissioners of Trust’s services						External Management (1 st Line of Assurance) 1. Accountability Officer letter to Welsh Government e.g. November 2021 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised. 9. Monthly monitoring returns						
9. Welsh Government reporting on a monthly basis						Independent Assurance (3 rd Line of Assurance) 2. Internal Audit reviews of financial policies & procedures as part of their audit plan						
GAPS IN CONTROLS						GAPS IN ASSURANCE						
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding						1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)						
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:				
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.				Executive Management Team		31.12.23		Update: 22/23 Recurrent & non-recurrent Finances have been agreed as part of year end agreement of balances. Issue currently around the 100 WTE £6m funding and negotiations continue.				
3. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.				Deputy Director of Finance		31.12.23		Update: Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.				

Risk ID 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:	23/06/2023		TREND	15 (3x5)
			Date of Next Review:	23/07/2023		➡	
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 st 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.				
1.	Health & Safety Governance and reporting arrangements – National Health, Safety and Welfare Committee. Reporting into People and Culture Committee. (PCC)		2. Trusts Legislative Compliance Register in place. Assessments to be reviewed in ADLT in April 2023. Monthly, Quarterly and Annual H&S performance reports to ADLT and H&S National Health, Safety and Welfare Committee. Quarterly performance reports to ADLT, EMT, PCC. Reports published on H&S webpage. H&S climate cultural survey developed to determine perception of Trust position against Bradley Curve.				
2.	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’.		H&S Policy approved in 2018. Following landing of business case, Policy reviewed and commences substantial consultation process on 30.06.23 -Q1 2023. Violence and Aggression Policy in place. Risk Assessment Procedure, Display Screen Equipment Procedure, Workplace Premise Audits inspection Procedure in place. Control of Substances Hazardous to Health (COSHH), New and Expectant Mothers Risk Assessment Procedure approved at ADLT in February 2023. Lifting Operations Lifting Equipment / Provision and Use of Workplace Equipment (PUWER) combined Procedure in draft with an expectation of commencing the approval process approval during Q2-Q3 2023. Lone Worker Procedure ongoing - expectation of second draft Q2 2023. Trust wide Hazard register in place. Reviewed by ADLT in Q1 2023 and approved in Q1 2023.				
3.	Health & Safety Policy and Corporate level Procedures.		4. H&S Policy approved in 2018. Following landing of business case, Policy review underway Q4 2022-Q1 2023. Violence and Aggression Policy, Risk Assessment Procedure, Display Screen Equipment Procedure, Workplace Premise Audits inspection Procedure in place. Control of Substances Hazardous to Health (COSHH), New and Expectant Mothers Risk Assessment Procedure approved at ADLT in February 2023. Dangerous Substances Explosive Atmospheres (DSEAR) Procedure, Lifting Operations Lifting Equipment / Provision and Use of Workplace Equipment (PUWER) combined Procedure in draft with an expectation of commencing the approval process approval during Q1 2023. Lone Worker Procedure ongoing - expectation of second draft Q1 2023. Trust wide Hazard register framework in place. Reviewed by ADLT in Q1 2023 with expectation of approval Q1 2023.				
4.	Mandatory Health and Safety training for all staff on ESR. Induction training in place for all new operational staff.		5. Quarterly statistics provided by ESR support team and incorporated into Health and Safety quarterly and annual Performance reports. Induction training compliance held on ESR				
5.	2 year rolling programme of scheduled H&S premise audits.		6. Inspections are being undertaken in line with schedule. Ongoing. Live action.				
6.	Risk assessments (including local risk assessments, Covid 19, Workplace Risk Assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments).		7. Workplace risk assessments are undertaken by local management teams, reviewed by H&S team and previously monitored by BCRT. These are being monitored by local operations mangers. Other operational risk assessments and SOPs are held on dedicated Share-point sections. Performance metrics in place.				
7.	Working Safely Strategic Programme Board (STB) to provide oversight of the Working Safely Action plan. Dynamic Delivery Action Group to continue to undertake actions on the Working Safely Action Plan.		8. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored through the Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved.				

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:		23/06/2023		TREND	15
			Date of Next Review:		23/07/2023		➡	(3x5)
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	
8. Rolling programme of IOSH Managing Safely- for Managers- scheduled training programme in place.			9. Attendance and competency figures provided in a quarterly report to ADLT, National Health, Safety and Welfare Committee and People and Culture Committee.					
9. IOSH Leading Safely for Directors and Senior Managers training in place.			10. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis					
10. Board Development Day covering Health & Safety Management and Culture Awareness training undertaken in April 2022.			11. Diarised meeting.					
11. Health and Safety Management System recognised document approval routes for health and safety documentation.			12. Approved and minuted at ADLT meeting in 2022.					
12. IOSH Leading Safely training delivered to majority of Board and Executive Team on 26 July 2022.			13. Compliance metrics held on H&S team database.					
13. IOSH Leading Safely additional sessions for new Board /EMT members and ADLT to be scheduled for 2023.			14.					
14. Leading Safely, Safety Positive conversations training to be delivered to Board and EMT to be rescheduled from June 2023.			15.					
15.			16. Internal Audit to be undertaken in Q1 23/24 (controls 1– 10) (External Independent Assurance (3rd Line of Assurance))					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1.			1. Baseline audit for HSMS not to be commenced till Q1-Q2 2023 (being addressed in Action 1)					
2. Subgroups of National H&S and Welfare Committee currently under review. (being addressed in Action 2)			2. H&S Climate Cultural survey to be rolled out once political pressures (IA) reduce. Expectation of roll out Q1-Q2 2023/24 (being addressed in Action 3)					
3.			3.					
4. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q4 2022 in Q1 2022 (being addressed in Action 4)			4. (a) Review of H&S Policy is due by the end of Q1 2023 has been undertaken. Policy to commence consultation process 30.06.23. (being addressed in Action 4) (b) Workforce Transformational change has influenced some content within H&S policy (being addressed in Action 4)					
5. Poor uptake in statutory and mandatory H&S training (being addressed as part of Actions 5)			5.					
6.			6. Two-year Schedule for H&S inspections and visits commenced September 2022. Compliance metrics, themes and trends are to be included within Monthly and Quarterly and Annual Performance Reports. (being addressed as part of Actions 6)					
7.			7. (a) Current copies of risk assessments and SOPs are not available at all stations. (being addressed as part of Actions 7) (b) Lack of clarification over many SOPs are required until HSMS baseline audit has been completed. (being addressed as part of Actions 7)					
8. Operational pressures and Industrial Action on service impacting on Working Safely Programme delivery (being addressed in Action 8)			8.					
9. Staff availability to attend training (being addressed in Action 5)			9. Work ongoing to determine how many Managers require IOSH Manging Safely. (being addressed in Action 9) . A H&S Training needs analysis has been developed and incorporated into the H&S Policy.					
10. Effective learning from events to be documented (being addressed in Action 8)			10. Currently there is no structured monitoring process in place to ensure attendance on the IOSH Leading Safely course. (being addressed in Action 5)					
11.			11.					
12.			12.					
13.			13.					
14.			14.					

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:		23/06/2023		TREND	15 (3x5)
				Date of Next Review:		23/07/2023		➡	
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		
15.			15.						
16.			16.						
17.			17.						
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Meetings to be scheduled to undertake baseline assessment and feedback to EMT.			Head of Health and Safety	Q1-Q2 2023 Q2-Q3 2023					
2. Meetings to be held with TU partners and AD/Head of H&S to agree arrangements for sub-groups.			Head of Health and Safety	Q1 2023	ToR Developed and presented at National HSW Committee in Q2 2022. Further discussions requested a Charter arrangement. Draft Charter developed and presented in National HSW committee in Q3 2022. Further discussions requested by TU partners. Following discussions held with OD in April 2023 to provide consideration of integrating subgroups into WASTP, 23.06.23- H&S to be incorporated into WASTP sub-groups LPF.				
3. Assessment to be undertaken in Q1 2023 of political pressure to determine viability of conducting culture survey			Head of Health and Safety	Q1-Q2 2023 Q2-Q3 2023	Political pressures still present. Survey to be rolled out once eased. Watching brief.				
4. H&S Policy Group meeting to be established and draft policy to be created			Head of Health and Safety	Q1 2023	Initial meeting held in December 2022 first draft to be presented at Policy Group Meeting in January 2023 for comments from key stakeholders. Challenges with attendance due to IA. Expectation of draft Policy being presented at Policy Group to propose full consultation in May 2023. Policy presented at Policy Group in June 23 and commences substantial consultation process on 30.06.23.				
5. IT solution being investigated to collate data from inspections to enable trending and monitoring of actions generated			Deputy Head of Health and Safety	Q4 2023	The audit proforma has been migrated onto MS Forms to allow for improved data collection. Meeting held with I.T. provider in Q4 2022 provide consideration for the development of utilisation of Power B.I systems. Ongoing.				
6. H&S advisors will liaise with local management teams to identify risk assessments and SOP's in place and ensure visibility on SharePoint			Deputy Head of Health and safety	Q2-Q3 2023	Ongoing action. Assessment against the HSMS Principle 3- Compliance Assurance will assist in determining what RA/SOPS are required.				
7. Priority Elements of Working Safely Action Plan to be identified and programme schedule presented to STB to ensure sufficient support from Operational Teams. Migrate into Annual Health and Safety Improvement Plan.			Head of Health and Safety	Q2 2023	Priority actions for 2023-24 identified as Culture, Manual Handling, Violence and Aggression, Incident investigation training. 05.04.23 Development of Health and Safety Improvement Plan underway.				
8. Review of number of line managers within the Trust to put in place a suitable schedule to roll out appropriate H&S training as determined within the training needs analysis within the H&S Policy.			Deputy Head of Health and Safety	Q2 2023	Interim schedule in place to address known line managers. Further work required with other Directorates to allow for performance metrics to be generated.				
Completed Actions			Action Owner	When /Milestone	Progress Notes:				
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)			Head of Health & Safety	31.09.22 Partially completed. Long term action.	Pump and Prime phase commenced 01.09.21. Closure report for PPP presented to EMT during Q3 2022/23. Working Safely Programme to continue being monitored by STB. Four priorities determined for 2023/24- Violence & Aggression, Culture, Manual Handling and Incident Investigation.				
2. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)			Head of Health & Safety	31.12.22 Partially completed.	Training delivered to Board and Executive team on 26.07.22. IA and operational pressures impacted on availability to attend during Q4 2022.Further sessions to be scheduled for Q1 2023/4- Q2 2023/24 for new members.				
3. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)			Head of Health & Safety	31.12.22 Scheduled	Initially scheduled for BDD - February 2023. Rescheduled to June 2023.				
4. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)			Head of Health & Safety	31.03.22 Completed	Completed- Workforce review fully implemented 03.10.22				40

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:	23/06/2023	TREND	15 (3x5)
				Date of Next Review:	23/07/2023	➡	
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
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 until political pressures ease. Expectation of roll out Q4 2023-Q1 2023/24. Political unease impacted on the roll out of the survey roll out. Expectation that survey will be rolled out during Q1-Q2 2023/4			
6. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)		Deputy Head of H&S	30.06.22 Completed	Compliance Register framework developed Q2 2022.			
7. An initial assessment will provide assurance on how we are complying with the legislation.		Deputy Head of H&S	Partially completed. Assurance - 01.06.22 Rolling programme of assessments – 31.12.22	Assessments undertaken. Some outstanding estates assessments scheduled January 2023. Compliance register presented to ADLT members on 04.04.23 for feedback/agreement of assessments undertaken.			
8. Quarterly report on training compliance to be presented to ADLT for actioning within respective Directorates		Head of Health and Safety	Q3 2022 - Complete	Report is a standard section of Quarterly H&S Performance report to ADLT			

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:	25/06/2023		TREND	15	
				Date of Next Review:	25/07/2023			(3x5)	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident		RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	3	5	15
						Target	2	5	10
IMTP Deliverable Numbers: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Appropriate policy and procedures in place for Information/Cyber Security				1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.					
2. Trust Business Continuity Procedure and Incident Response Plan				2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing					
3. IT Disaster Recovery Plan				3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.					
4. Relevant expertise in Trust with respect to information security				4. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise					
5. Data Protection Officer in post				5. In job description of Head of ICT					
6. Cyber and information security training and awareness				6. Training statistics are available on ESR and from Phish threat module					
7. Mandatory Information Governance training which includes GDPR				7. Training statistics reported on by Information Governance department					
8. ICT tests and monitoring on networks & servers				8. Any issues would be identified and flagged and actioned					
9. Information Governance framework				9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.					
10. Internal and NHS Wales governance reporting structures in place				10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.					
11. Checks undertaken on inactive user accounts				11. Software in place to run check on inactive accounts as and when					
12. Business Continuity exercises				12. Annual schedule of testing					
13. Operational ICT controls e.g. penetration testing, firewalls, patching				13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when.					
14. Security alerts				14. Daily alerts are received. Anti-virus alerts received as and when threat discovered					
				External Independent Assurance NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Not all information security procedures are documented				1. No regular Cyber/Info Security KPIs are reported to senior management committees					
2. Lack of understanding and compliance with policy and procedures by all staff members				2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly					

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Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		25/06/2023		TREND	15 (3x5)
				Date of Next Review:		25/07/2023		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident		RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	3	5	15
						Target	2	5	10
3. No organisational information security management system in place									
4. IT Disaster Recovery Plan does not include a cyber response									
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Establish Cyber and Information Security KPIs		Director of Digital Services	31.03.23 complete	KPI format agreed and will be produced from Q1 2023-24 with a retrospective annual report produced for 2022-23.					
2. Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	28.10.22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.					
3. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	28.10.22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness					
4. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 - Ongoing	Exercise reports being drafted.					
5. Formalise Cyber Incident Response Plan		Head of ICT	30.06.23 – complete Checkpoint Date 31.12.2023	Cyber Incident Response Plan adopted, and CRU Assessment conducted during May 2023 with report expected by end June 2023. Review of CRU Cyber assessment and development of action plan in response to any recommendations.					
6. Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	30.06.23 – Checkpoint Date	Additional learning modules purchased, and both will be rolled out from Q1 2023-24.					

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems			Date of Review:		25/06/2023		TREND	15 (3x5)
				Date of Next Review:		25/07/2023		➡	
IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems		THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Trust Incident Response Plan and Department Business Continuity Plans			1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.						
2. IT Disaster Recovery Plan			2. Recent ICT tabletop exercise undertaken						
3. Recovery/contingency plans for critical systems			3. Reports from tabletop exercises						
4. Service management processes in place			4. Documented and approved service management processes in place						
5. Incident Management Policy, Procedure and Process			5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier						
6. Regular data back ups			6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken						
7. Resilient and high availability ICT infrastructure in place			7.						
8. Robust security architecture and protocols			8.						
9. Diverse IT network (both data and voice) delivery at key operational sites			9.						
10. Regular routine maintenance and patching			10.						
11. Environmental controls			11.						
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements			12. Via email and webinars						
			External Independent Assurance <ul style="list-style-type: none">2021_16 Internal Audit review of IM&T Control Assessment – baseline exercise2021_19 Internal Audit review of ICT Disaster Recovery – Limited AssuranceNIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
Non identified			Undertaking Cyber Essentials assessment						
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone	Progress Notes:			
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.			North Resilience Manager		31.12.22 extend to 30.06.23 now complete	Suite of exercise available via BC teams channel.			
2. Exercise template report which shows recommendations to be created			North Resilience Manager		31.12.22 extend to 30.06.23 now complete	Joshua and Joshua 2 reports produced and circulated.			
3. Cyber Essentials assessment to be completed			Head of ICT		30.06.23 Extend to 31.12.23	Evidence submitted to assessor – further works required to meet requirement. Review of CRU Cyber assessment and development of action plan in response to any recommendations			

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:		23/06/2023		TREND	15 (3x5)
				Date of Next Review:		23/07/2023		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Health and wellbeing strategy in place and shared across the Trust.			1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually.						
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme			2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.						
3. Self-referrals or managerial referrals to Occupational Health			3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.						
4. Wellbeing support and training for line managers			4. Diarised meetings, webinars and workshops in place through a rolling programme.						
5. Development of range of wellbeing resources for staff and line manager			5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E , CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.						
6. Peer support network forum			6. Agendas and minutes of meetings produced for each meeting.						
7. WAST Keep Talking (mental health portal) and Sway on the Intranet			7. Available on intranet for staff to access easily.						
8. TRiM			8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.						
9. Coaching and mentoring framework			9. Information on intranet on Learning launch pad available to all staff.						
10. Acting on results of staff surveys relating to staff experience			10. Each Directorate has developed their own action plan to address staff surveys.						
11. HSE stress risk assessments			11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.						
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity			12. Received at WOD Business Meetings monthly.						
13. Wellbeing drop-in sessions for CCC and 111 staff			13. Diarised sessions in place as part of the programme.						
14. Fast track physiotherapy			14. Regular review meetings with physiotherapy provider and monthly monitoring information received at WOD Business meetings.						
15. Specialist trauma counselling service			15. Same as 15.						
16. Regular psycho-educational sessions with managers and staff			16. Diarised sessions						
17. Compassionate leadership training sessions			17. Same as 17 in place as part of the programme.						
18. Chaplaincy programme			18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.						
19. Occupational Health team inclusion in sickness and absence meetings			19. Diarised meetings in place.						
20. Procure a pulse survey tool to benchmark how colleagues are feeling and get feedback on the employee experience			20.						
			External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
			4. Reporting on wellbeing training take up						
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety.			Lack of awareness about staff wellbeing services						
			Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing.						
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:		23/06/2023		TREND	15 (3x5)
					Date of Next Review:		23/07/2023		➡	
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.						
3. Deliver the employee engagement tool into WAST		Deputy Director of WOD	30.06.23	Software has been procured. Planning for rollout has started is underway. First survey delivery in July 2023.						

RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:		11/07/2023		TREND	15 (3x5)
				Date of Next Review:		11/08/2023		NEW	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance & Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Immediate release protocol				1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.					
2. Resource Escalation Action Plan (REAP)				2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.					
3. Regional Escalation Protocol				3. Daily conference calls to agree RES levels in conjunction with Health Boards					
4. Incident Response Plan				4. The Incident Response Plan has been ratified via EMT					
5. Mutual Aid arrangement with NARU				5. AACE National Policy on mutual aid in place					
6. Clinical Safety Plan				6. CSP adopted by EMT and operational; reviewed annually by SLT					
7. Operational Delivery Unit 24/7 cover				7. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end of shift					
8. In hours and Out of hours command cover				8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan					
9. Notification and Escalation Procedure				9. Published procedure in operation, reviewed 3 yearly by SLT					
10. Continued escalation of risk to partners and stakeholders				10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasises at the face to face COO Peer Group meeting on 14 April 2023.					
				External Independent Assurance N/A					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.				The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.					
				Following two incidents (Pembroke Dock Ferry fire on 11 th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans			CEO/DOO	3 Jan 2023 Complete	Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in ABUHB commencing at 4 hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.				
2. Multi Agency Exercise to be arranged			4 x LRF	Dec 2023					
3. Review of Manchester Arena Inquiry			EPRR Team	Dec 2023					
4. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration			DOO	Feb 2023 Complete	All Health Boards responded with assurance of plans except BCU and HDUHB. 47				

Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:	05/05/2023		TREND	12 (3x4)	
				Date of Next Review:	03/08/2023		➡		
IF 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 st Line of Assurance)					
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings				1. Minutes of meetings and a standard agenda item					
2. EASC and its 2 sub-committees established as a forum to discuss WAST’s strategy				2. Minutes of meetings and a standard agenda item					
3. Weekly catch up between CASC/CEO				3. Meetings are diarised every week					
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme				4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.					
5. Monthly CASC Quality and Delivery Meeting established				5. Formal meeting with agendas, minutes and action logs available.					
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced				6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior 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 st Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. EASC meetings focus largely on EMS and cursory note of NEPTS				1.					
2. Governance coordination between NCCU and WAST to be improved.				2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface. Actioned but has lapsed due to capacity and resourcing in NCCU team. HB to reboot.					
3.				7. This is a new structure that has been established and is yet to be embedded and tested for assurance					
Xx WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility)									
Xx Funding does not flow in a manner to balance demand with capacity (this is outside of WAST’s control)									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST		CEO WAST		02/08/23 Checkpoint Date		30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure.			
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours		CEO WAST		02/08/23 Checkpoint Date		30.09.22 4 hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023.			
3. Increased understanding of NEPTS by EASC		Director of Strategy Planning and Performance		02/08/23 Checkpoint Date		30.09.22 “Focus on” session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme.			
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface		Assistant Director Commissioning & Performance		02/08/23 Checkpoint Date		30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability ofNCCU to undertake.			
5. Utilising the engagement framework to engage with the stakeholders		Director of Partnerships & Engagement AD Planning & Transformation		02/08/23 Checkpoint Date		30.09.22 Significant engagement through roster review briefings. 12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas. 02.05.23 Continued interest from various stakeholders as the roster review concludes.			

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		02/05/2023		TREND	12 (3x4)
				Date of Next Review:		03/08/2023		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters		RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
IMTP Deliverable Numbers: 3, 7, 17, 18, 19, 20, 27									
EXECUTIVE OWNER		Director of Strategy Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership				1. Minutes and papers of Implementation Programme Board					
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place				2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board					
3. Programme Manager and Programme support office in place (for delivery of the programme)				3. Same as 2					
4. Programme risk register				4. Highlight reports showing key risks reported to STB every 6 weeks					
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks				5. Highlight reports presented to STB every 6 weeks					
6. Programme budget in place (including additional £3m funding for 22/23)				6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23					
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report				7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.					
8. Regular engagement with the Commissioner and Trade Unions and representation				8. Commissioner and TU participation at the Implementation Programme Board					
9. Management of external stakeholder and political concerns				9. Communications and Engagement Plan sets out WAST’s arrangements for engagement with stakeholders					
10. Secured specialist consultancy to support decision making				10. Reports and contractual compliance					
				External Management (1 st Line of Assurance)					
				a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board					
				b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months					
				c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Current controls on workforce buy in are not sufficient due to changes in working practices				1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position. The PID has been updated for 2023/24 and reflects the budget, commissioning intentions and IMTP.					
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)				2. No prompts from STB for programme PID or risk register updates. The SRO continues to provide the HLR, but the PID needs to be signed off by the Executive Sponsors. This can be done outside of STB.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Increase in engagement on the specifics of change through facilitation mechanisms			Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete. 02.05.23 There remains some minor engagement as the project concludes.				
2. More capacity requested (transition plan)			Assistant Director of Planning & Transformation	02.08.23 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure. 02.05.23 this has not been forthcoming and handover lost hours are offsetting all of the gains that the Trust has made.				

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Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:	02/05/2023	TREND	12 (3x4)
				Date of Next Review:	03/08/2023	➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage			Likelihood	Consequence	Score
				Inherent	4	4	16
				Current	3	4	12
				Target	2	4	8
3. Engage with key stakeholders to reduce handover delays	CASC	02.08.23 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme.				
4. Reduce abstractions in particular sickness absence	Deputy Director of Workforce & OD	02.08.23 Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.025.23 the Trust achieved 7.99% in Feb-23 but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23.				
5. Engage with Assistant Director of Planning and Transformation on process for PID updates	Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but needs to be signed off by Executive Sponsors.				

IMTP Deliverable Key

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



Welsh Ambulance Services NHS Trust

Guidance on Interpreting the Board Assurance Framework

Board Assurance Framework

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

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

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

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

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

COMPONENTS OF THE BAF

Elements for the Board to consider when scrutinising the BAF:

1. REVIEW DATE

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

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

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

2. RISK ARTICULATION

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

3. SCORING

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

4. CONTROLS

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

5. ASSURANCE

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

6. GAPS

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

7. ACTIONS

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

RISK SCORING MATRIX

Annex 1

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

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Business Objectives or Projects	Insignificant cost increase/schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets. 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised; other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/service/property.	Moderate impact on environment/service/property.	Major impact on environment/service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

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



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

Integrated Medium Term Plan (IMTP) 2023 – 2026
FY23/24 Delivery & Assurance Arrangements (incorporating Post Implementation Review)

MEETING	Trust Board
DATE	27 th July 2023
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden – Head of Transformation
CONTACT	Heather.holden@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to update the Board on the agreed structure and governance/reporting arrangements for Strategic Transformation Board (STB) and the programmes it will oversee in its dual role:

- Delivery of the Trust's IMTP to realise its strategic ambitions, with an oversight of the benefits of delivery.
- Continually reviewing the strategic viability of the Trust's IMTP and driving forward the development of the Trust's strategic ambition.

The paper also sets out the development of a new Project Path Framework, including an embedded evaluation process which will be the assurance mechanism for the Trust Board that post implementation reviews are being completed consistently and appropriately for projects.

An assurance report reflecting on delivery during FY22/23 and confirming the forward view for FY23/24 was reviewed at the Finance and Performance Committee on the 17th July with only one high risk noted.

RECOMMENDED:

That the Board:

1. **Notes the update against WAST's IMTP delivery governance and assurance mechanisms.**
2. **Notes the approach to project delivery and Post Implementation Review set out in this paper.**

KEY ISSUES/IMPLICATIONS

1. Following Trust Board approval on 30 March 2023, the WAST IMTP for 2023-26 was submitted to Welsh Government on 31 March 2023. We are currently awaiting formal feedback and approval, including any accountability conditions.
2. During FY22/23 Q4 it was agreed that it was timely to review the governance arrangements for STB and the IMTP delivery programmes to identify opportunities to strengthen and improve their functioning. The Transformation Support Office (TSO) is also undertaking a review of the delivery and post implementation assurance mechanisms and has been developing a new Project Path Framework which incorporates the recommended approach to benefits realisation and post implementation evaluation.
3. A SWOT analysis (strengths, weaknesses, opportunities, threats) exercise was completed by all STB members in February-23 and the feedback used to develop a revised approach for FY23/24. The revised approach seeks to strengthen those elements of the programme and governance structures that are working well, and to resolve the issues identified in practice and through stakeholder engagement.

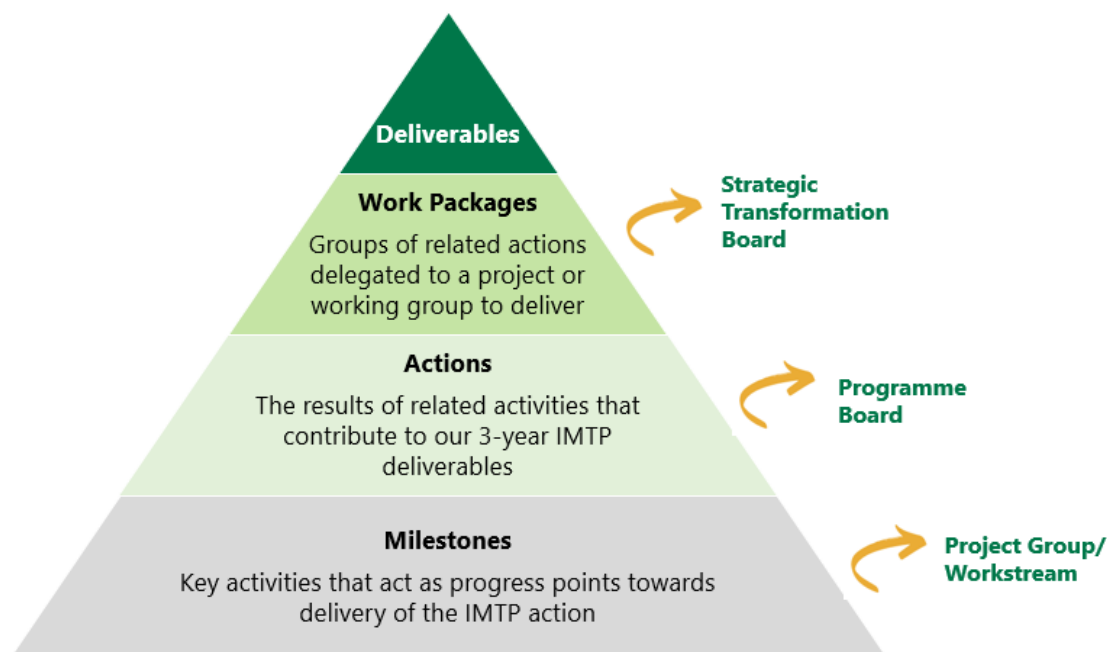
Assurance Principles

4. When revising the approach, the following principles were developed by STB members and have been applied in establishing the governance arrangements for FY23/24:
 - a) **Future Focused** – we will maintain a focus on our strategic ambitions.
 - b) **Quality & Value Driven** – we will focus on the quality of information and data, and value and benefits realisation when seeking assurance.
 - c) **Purposeful and Efficient** – we will always avoid duplication, scope creep, and complexity and will maintain a focus on driving delivery.
 - d) **Value our People** – we will value people's time and will encourage ownership, empowering at the lowest possible level.
 - e) **Interactive** – our programme boards will engage innovatively and will promote discussion.

IMTP Assurance Arrangements

5. All FY22/23 IMTP actions (c.150) have been reviewed and a single reporting line has been defined for actions continuing into FY23/24.
6. All actions for delivery in FY23/24 have been grouped into work packages. These work packages have been aligned to projects or workstreams. Many of these work packages will be managed through the main service focussed IMTP Delivery Programmes and will report directly to the relevant programme board, and to STB.

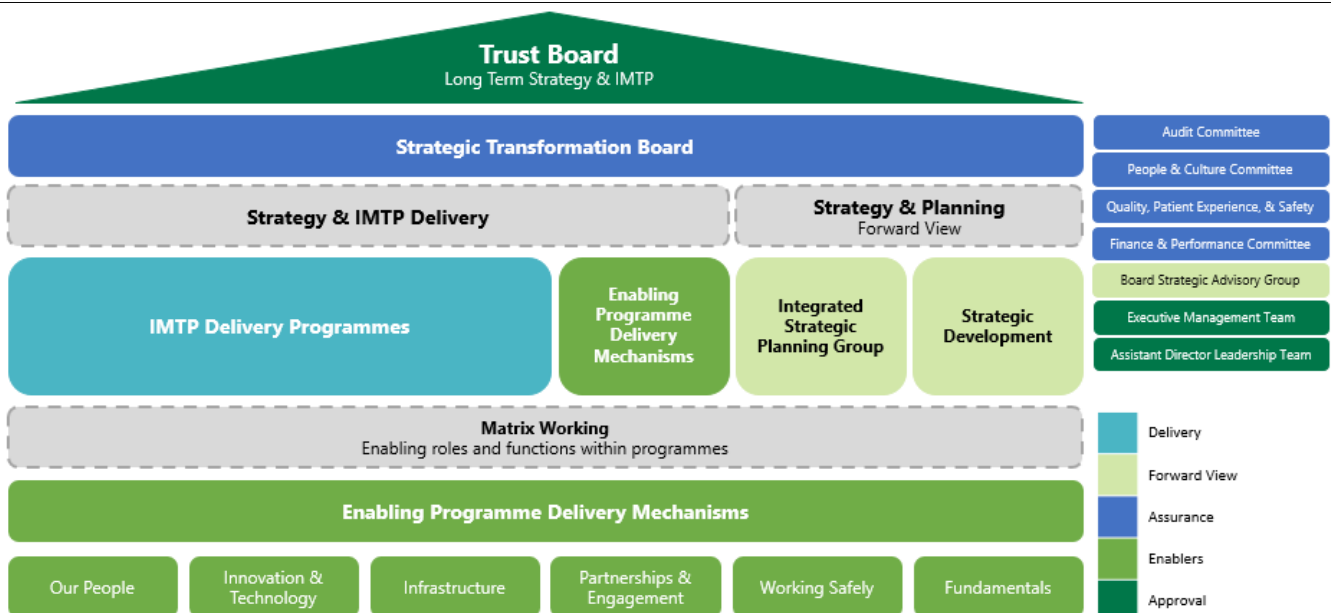
7. Others will be delivered locally within directorates and may report into alternative boards e.g. Capital Management Board or be tracked discretely through Directorate Plans and directorate Senior Leadership Team.
8. For IMTP projects and workstreams (work packages), a series of quarterly milestones have been agreed, and will be reviewed and updated at the end/start of each quarter. STB level reporting will provide a high-level progress update against each project and workstream.
9. Q1 milestones have been agreed across all programmes. Updates are currently being collated and will be presented to STB on 15th August.



10. Whilst the Q1 IMTP Assurance Report is due to be presented at the next STB, it should be noted that the **delivery risk around SALUS remains Red and was raised for escalation** by the Programme SRO.
11. Whilst many individuals across the organisation are engaged in SALUS readiness and are making significant progress, it was noted that there is a lack of overall project coordination internally and that dedicated project management capacity would help to reduce some of the risks associated with implementation. Work is therefore underway to identify resources to support the coordination of efforts over the coming weeks and months.

IMTP Delivery Structure

12. Most FY23/24 IMTP deliverables will be delivered and managed through our main service focused programmes; our IMTP Delivery Programmes. IMTP enabling deliverables will be managed through Directorate Plans and both monitored through Strategic Transformation Board (STB).



The defined IMTP Delivery Programmes for FY23/24 are:

- EMS Operations Programme
- Inverting the Triangle Programme (EMS Transformation Programme)
- Ambulance Care Programme
- Gateway to Care Programme
- Clinical Transformation Programme
- Financial Sustainability Workstreams

These programmes will provide a written assurance report quarterly to STB, including progress against agreed milestones.

The defined IMTP Enabling Programmes for FY23/24 are:

- People and Culture
- Digital
- Infrastructure
- Fundamentals (including Quality Safety & Patient Experience, and Corporate Governance)

13. The majority of enabling actions will be reported through the main IMTP delivery programmes and will be managed and monitored in Directorate Plans. However, where there are discrete, Directorate-led IMTP work packages, assurance will be provided to STB, including progress against agreed milestones.

IMTP Project Delivery



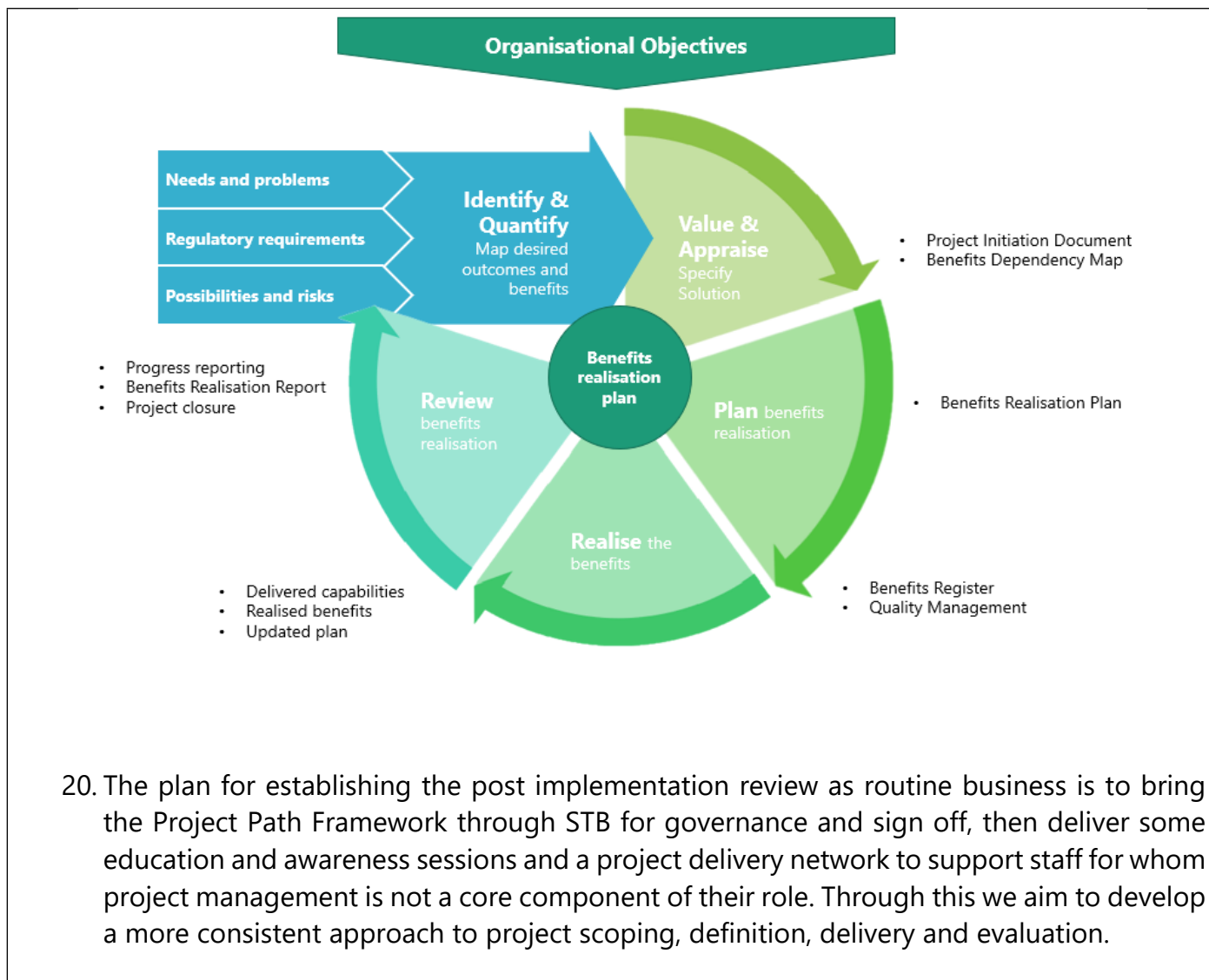
In addition to reviewing the IMTP assurance arrangements, the Transformation Support Office have been developing project management guidance for all Trust staff.

A previous WAST Project Management Framework based on PRINCE2 methodology, was developed and approved for rollout, however this unfortunately failed to embed and is not widely adopted across the organisation.

14. This was partly due to the timing of its publication as this aligned with organisational reprioritisation in response to COVID-19. However, the complexity and administrative burden of the framework also made it impractical to adopt organisation-wide, particularly when so many of our projects and change initiatives are managed by operational and corporate colleagues, alongside business as usual. Within WAST we have limited project management capacity and subsequently need to be smart in our approach to project management.
15. The Project Path Framework aims to provide a simple and practical guide to implementing business change, regardless of the scale of the project or the user's level of experience in project management. The Project Path will be accompanied by a variety of practical tools and templates that can be applied by change agents across the organisation.
16. In particular, the framework will seek to strengthen our organisational approach to benefits realisation by promoting a benefits-led approach, with sections on evaluation and benefits realisation woven into each stage of the project lifecycle.
17. Once approved, we will begin to socialise the Project Path Framework across the organisation and will start to review our current project portfolios to identify any areas that could be strengthened or streamlined.

Post Implementation Review

18. Recent audits of the ePCR Project and the IMTP Delivery Programme delivery and assurance mechanisms highlighted a number of themes for development including the need to **increase focus on benefits realisation, lessons learnt, and quality management**. The Finance and Performance Committee Terms of Reference then also require that assurance is provided around project delivery through post implementation review.
19. These recommendations are fully accepted and the TSO are developing an **Evaluation process** alongside the Project Path:



REPORT APPROVAL ROUTE
Finance and Performance Committee Meeting 17 th July 2023

REPORT APPENDICES
None

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Y	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	N/A
Estate	Y	Patient Safety/Safeguarding	N/A

Ethical Matters	N/A	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	N/A
Health and Safety	Y	TU Partner Consultation	Y



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

AGENDA ITEM No	13
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

**Financial Performance as at
Month 3 – 2023/24**

MEETING	Trust Board
DATE	27 th July 2023
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2023/24 financial year, the reported position as at Month 3 (June 2023).

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

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue deficit (£33k) for month 3 2023/24;
- In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust is currently forecasting to breakeven for the 2023/24 financial year;
- Capital expenditure plans are being finalised with plans to fully achieve in year;
- In line with the financial plans that support the IMTP, gross savings of £1.820m have been achieved in month 3 against a target of £1.727m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.3% for the number, and 99.4% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- F&PC – 17th July 2023 – Finance Presentation

REPORT APPENDICES

Appendices 1 – 4 – Monitoring return submitted to Welsh Government for months 2 and 3 – as required by WG

REPORT CHECKLIST

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

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

FINANCIAL PERFORMANCE AS AT MONTH 3 2023/24

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 30th June 2023 (Month 3 2023/24), along with a brief update on the 2023/24 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 3 2023/24** (1st April 2023 – 30th June 2023) are that:
 - The cumulative revenue financial position reported is a small **overspend against budget of £0.033m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2023/24. The underlying year-end forecast for 2023/24 is currently a balanced position;
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £1.820m have been achieved against a target of £1.727m. The future phasing of residual savings requirements as we progress through the early part of the financial year will be key to the continuing delivery of a balanced position and forecast;
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.3% for the number, and 99.4% of the value** of non-NHS invoices paid within 30 days.
3. Whilst broadly balanced at the outset of the financial year, which is encouraging given the financial challenges the organisation is facing, it is key to also note the following assumptions that have been made in reporting this current position:
 - That funding for the £6m 100 front line WTEs funded non recurrently in and appointed to in 2022/23 is fully assumed. Without this, we would be c£1.500m overspent already after three months. Discussions have continued with CASC and WG colleagues to secure the required clarity of this funding, further correspondence has been received from WG, via CASC, confirming that funding will be made available to the Trust, albeit on a non-recurring basis again in 2023/24, to cover the costs being incurred for these additional staff. Linking this requirement to the need to retain current staffing levels due to

the ongoing delays at EDs across Wales, future requirements for this level of staffing will be further explored and agreed in due course;

- Specifically in terms of the forecast balanced position at year end, this still assumes the full delivery of the required £6m savings plan for 2023/24. What is encouraging is that, since the submission of the financial plan as part of the IMTP, which included a residual savings gap to be found of c£2.5m, these additional savings and in year financial benefit has now been identified.
4. Some of this is best presented in terms of the annual savings requirement, and that delivered to date by the following summary table. As we progress through the financial year, much more detailed monitoring and updates of the full savings programme will be provided to Strategic Transformation Board (via FSP updates), Finance & Performance Committee and Board.

Savings Performance by Theme 23-24				
Reporting Month	3			
	Annual Plan £000	Year To Date		
		Plan £000	Actual £000	Variance £000
Workforce Efficiencies & Transformation	615	122	182	60
Management of Non Operational Vacancies	2600	918	891	-27
Digital	220	93	139	46
Estates	134	33	33	-1
Fleet	142	23	0	-23
Income	1175	314	302	-12
Local Schemes (non pay)	614	161	211	50
Procurement Efficiencies	500	63	63	0
Totals	6,000	1,727	1,820	93

5. As we know, no plan, forecast or reported delivery at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 3 are set in line with the submitted IMTP and summarised later in this report. Accepting that it is early in the new financial year, as we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, as Board members will be aware, we do currently hold a greater number (and value) of financial risk as we enter the 2023/24 financial year.

REVENUE FINANCIAL PERFORMANCE – MONTH 03 2023/24

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

Revenue Financial Position for the period 1st April - 30th June				
	Annual Budget £000	Year to date		
		Budget £000	Actual £000	Variance £000
Income	-297,135	-73,120	-73,104	15
Expenditure				
Pay	214,680	53,713	53,591	-122
Non-pay	59,830	13,850	14,036	186
Total pay & non-pay expenditure	274,510	67,564	67,627	63
Depreciation & Impairments / interest payable & receivable	22,625	5,556	5,510	-46
Total	0	0	33	33

Treatment of Covid-19 spend

- Due to the Covid-19 pandemic, and that which had been indicated by WG that will continue to be supported by additional funding in 2023/24, the Trust has recorded additional unavoidable spend up to Month 3 totalling **£0.033m** relating to PPE costs.
- A summary of the Covid-19 revenue costs reported in the Month 3 financial position is shown in the table below:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	0	0
Total Non Pay	33	400
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	33	400

Income

- Reported Income against the initial budget set to Month 3 shows an underachievement of **£0.015m**.
- As above, within this we are assuming income will be fully provided by WG for the reported Covid costs.

Pay Costs

- Overall, the total pay variance at Month 3 is an underspend of **£0.122m**.

Non-pay Costs

- The overall non-pay position at Month 3 is an overspend of **£0.140m**.

Savings

13. As above, the 2023/24 financial plan identifies that a minimum of **£6.000m** of savings, cost avoidance and cost containment measures are required to achieve financial balance in 2023/24. This is a significant increase from that which has been able to be achieved in the recent past, and especially over the last couple of years.
14. As at Month 3 for the financial year 2023/24 the Trust achieved total savings of **£1.820m** against a target of **£1.727m**.

Financial Performance by Directorate

15. Whilst there is a small deficit reported at Month 3 there are some small variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, given we are early in the financial year, but they will be continued to be closely monitored.

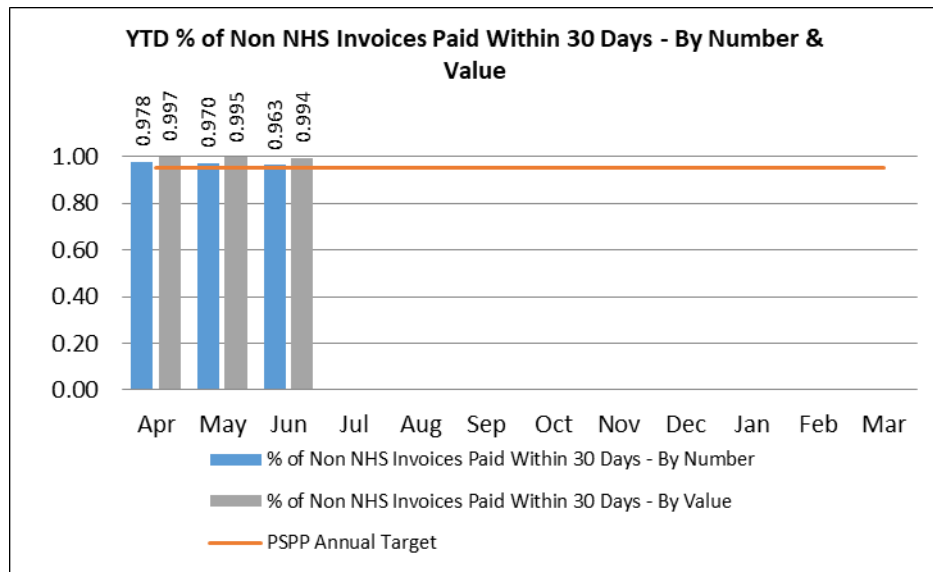
Financial position by Directorate @ 30th June	Annual Budget £000	Year to date			
		Budget	Actual	Variance	Tolerance 5%
		£000	£000	£000	%
Directorate					
Operations Directorate	189,643	44,899	44,775	-124	-0.3%
Chief Executive Directorate	1,933	495	521	27	5.4%
Board Secretary	500	147	139	-9	-5.8%
Partnerships & Engagement Directorate	587	138	136	-2	-1.6%
Finance and Corporate Resources Directorate	33,905	8,265	8,335	70	0.8%
Planning and Performance Directorate	2,429	511	510	-1	-0.3%
Quality, Safety and Patient Experience Directorate	5,911	1,388	1,335	-53	-3.8%
Digital Directorate	12,891	2,868	2,825	-43	-1.5%
People and Culture	4,514	1,075	1,165	90	8.4%
Medical & Clinical Services Directorate	3,390	650	649	-0	-0.1%
Trust Reserves	5,001	259	329	70	26.9%
Trust Income (mainly WHSSC)	-260,703	-60,695	-60,686	9	0.0%
Overall Trust Position	0	0	33	33	

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

- Most directorates broadly in line with budget plan for Month 3;
- Reserves – small overspend due to NHS Pension payments having to be covered centrally.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

17. Public Sector Payment Policy (PSPP) compliance up to Month 3 was **96.3%** against the **95%** WG target set for non-NHS invoices by number and **99.4%** by value.



FINANCIAL SUSTAINABILITY PROGRAMME UPDATE

18. Alongside the detailed month 3 financial performance, an update on progress against some of the key areas of work being progressed by the FSP are detailed below:

- The **Support Services Review** is nearing completion. A workshop with the Project Team and TU Partners to discuss key findings, themes, and recommendations was undertaken on July 7th, with a second and final workshop to be undertaken on 13th July. First draft of the Support Services Review report is due by 24th July for Exec signoff, with a final report likely to be presented mid-August to September. The report will cover high-level themes focusing on standardising process, accuracy of data and information, and consistency across ways of working. With potential recommendations around cost-saving/spend avoidance.
- The **Service Review** project documents have been provided for signoff; however structure, approach, and methodology have not been confirmed yet, and there are queries over the resource to lead and support the work. The recommendations and work from the Support Services will also help with the aims of this project.
- **Recruitment Control Panel** (*This update is correct as of the 30th June*) - A total of 20 panel meetings have been undertaken, with 177 posts being submitted for consideration, and 145 being approved. Internal vacancies are being prioritised for approval, and while there are potential cost-savings attached, this is unsustainable long-term with regards to progression, development, and capacity. EMT have been asked to confirm whether this approach should continue.

- **Ops Savings Group** - The Operations Financial Savings Group have identified the £2m which represented the 'unidentified' element of the financial plan, however focus is now on delivery. The Finance team is working closely with each of the Heads of Service to monitor and track savings on a month-by-month basis.
- **Income Group** - While the Income Generation Group work is progressing well, much of the £1m worth of schemes identified for the 2023/24 financial year identified are non-recurrent by nature for example Interest rate rises on cash balances held and VAT rebates. Additional income has also been generated from asset sales; however, funding has been lost around apprenticeships following the curtailing of Welsh Government funding. Priorities for the rest of the financial year is to embed a culture of commercial nous and assess risk appetite. There are long-term schemes being scoped and identified but assurances required around the impact on core services, and resource to lead and deliver.

19. This is a significant cultural shift by the organisation from 22/23, in identifying and delivering savings, but there is a long way to go yet in embedding a sustainable culture further. We as a programme are optimistic that we can deliver sustainable and transformative change that will be carried through to 24/25 and beyond.

2023-24 CAPITAL PROGRAMME

20. At Month 3, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£32.184m**. This includes **£27.863m** of All Wales Approved schemes and **£4.321m** for Discretionary schemes.
21. Whilst the above values are now fully committed, to M3, the Trust has expended **£0.387m** against the current All Wales capital scheme full year budget of **£27.863m** (as detailed below), and **£1.332m** against the discretionary budget of **£4.321m**, also as per the table below.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP – Control Room Solution	0	801
111 Project Costs	90	13,200
MDVS	0	1,791
Ambulance Replacement Programme 23-24	0	8,732
Ambulance Replacement Programme 22-23	294	2,389
EFAB - Infrastructure	0	381
EFAB - Decarbonisation	3	569
Sub Total	387	27,863
Discretionary:		
I.T.	96	975
Equipment	82	915
Statutory Compliance	0	0
Estates	969	1,903
Other	184	181
Unallocated Discretionary Capital	0	348
Sub Total	1,332	4,321
Total	1,719	32,184
Less NBV reinvested		
Total Funding from WG	1,719	32,184

22. Expectation remains, as per previous years, the capital plan will be fully spent by the end of the financial year.

RISKS AND ASSUMPTIONS

23. Understandably this early in the financial year, the risks reported are still being fully assessed and these have been reduced from the risks stated within Month 2. However, in reporting through to WG it is considered that there are currently no individual high likelihood risks but as we move through the next few months, 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.

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

25. Given the significantly larger saving target that has been required this financial year, to cover increasing cost pressures the Trust had included a number of risks around

both the identified savings and the remaining non-identified savings, at Month 1 this stood at c£3.500m, following the Trust being able to finalise the schemes this has now been reduced to **£1.000m** (low risk), a further £0.200m reduction from Month 2 and as we move through the financial year the aim will be to reduce the risk down once savings are achieved and plans crystalise. The level of unidentified savings requirement is however now fully identified, which is clearly positive at this stage of the year.

26. The Trust is still awaiting further written details in relation to the funding for the 100 WTE, at present the position assumes this funding in full, this is included at the full amount of **£6.000m** (low risk), therefore once confirmation is received, this will almost half the risk value currently stated.
27. There are a number of risks that have materialised in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices (**£1.000m** low risk), whilst we have seen a decrease in these, they still remain volatile therefore a low risk has been included. Also included in line with the current financial climate is a risk associated with non-pay inflation (**£1.500m** low risk), whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions.
28. Given the pressures the Trust feels every winter, the Trust has included a figure of **£1.000m** to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.
29. A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) of **£1.000m**. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon (WG).
30. A low-level risk is included of **£0.900m** in relation to pay award funding, given the current uncertainty around the pay deal for 2023/24. We are still awaiting clarification of this funding, as there is a significant difference between the calculated value and the actual amount paid.
31. On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 will be fully funded by WG.
32. As noted above, whilst there are therefore no current individually assessed high financial risks as we enter the financial year, the number and total value of financial risk described within these returns is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed withing the IMTP, this will likely be a challenging financial year, despite the initial continued good financial

performance in M03. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees.

RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 3 revenue financial position and performance of the Trust as at 30th June 2023;
- b) **Notes** the update in relation to the Financial Sustainability Programme and progress in relation to residual savings to be identified;
- c) **Notes** the capital programme for 2023/24, and;
- d) **Notes** the Month 2 and Month 3 Welsh Government monitoring return submissions included within Appendices 1 – 4 (as required by WG).

Appendix 1

Attached

Appendix 2

Circulated separately

Appendix 3

Attached

Appendix 4

Circulated separately



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th June 2023

Your ref:

Dear Claire,

Re: MAY 2023 (MONTH 2 2023/24) MONITORING RETURN

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

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

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

The Trust's performance against financial targets for Month 2 2023/24 is as follows: -

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

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

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

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

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

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambwlans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

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

It should be noted that as per the IMTP the income and corresponding pay cost do not include any allowances for the 2023/24 pay awards or any one off allowances now agreed by WG.

The resulting reported performance at Month 2 as per Table B is therefore a very small over-spend against budget of **£0.022m**. The main funding and expenditure / savings assumptions within this reported position needs to be recognized, however.

The reported total pay variance against plan as at Month 2 is an underspend of £0.084m.

The non-pay position at Month 2 is a reported overspend of £0.101m.

Income at Month 2 shows an underachievement of £0.005m. However, as noted above, there is one income stream contained within our IMTP, supported as such by the CASC and which is therefore currently assumed within the M02 reported financial position, for which whilst the Trust has again recently received further confirmation, however we are still awaiting more details around the drawdown mechanism. This is the funding for the additional 100 WTEs front line staff appointed in 2022/23 and if this was not funded the Trust's month 2 position would be showing a much larger deficit, in the region of £1m and the full year forecast would potentially be up to c£6m deficit.

2. Movement (Table A)

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

The Trust is pleased to confirm that the previously reported "unallocated operational saving" have been reallocated into the existing savings **(Action Point 1.1 & 1.2)**

Due to the reallocation of the unidentified savings in month a separate adjustment line has been included in table A to realign the forecast.

3. Risk (Table A2)

Understandably this early in the financial year, the risks reported in Table A2 are still being fully assessed, and these have been reduced (reduction of £8.4m) from the risks stated within the Month 1 return **(Action Point 1.3)** however at present it is considered that there are no individually high likelihood risks, but as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this return, we may be moving towards higher risks having to be reported in due course, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

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

The Trust is constantly monitoring the risks, looking for opportunities and ways to mitigate the risks **(Action Point 1.5)**

Given the significantly larger saving target that has been required this financial year, to cover increasing cost pressures the Trust had included a number of risks around both the identified savings and the remaining non-identified savings, at Month 1 this stood at c£3.500m, following the Trust being able to finalize the schemes this has now been reduced to £1.200m, and as we move through the financial year the aim will be to reduce the risk down once savings are achieved and plans crystalize. The level of unidentified savings requirement is however now fully identified, which is clearly positive at this stage of the year.

As detailed above the Trust is still awaiting further written details in relation to the funding for the 100 WTE, at present the position assumes this funding in full, this is included at the full amount of £6.000m, therefore once confirmation is received, this will almost half the risk value currently stated.

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

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

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

Given the current uncertainty around the pay deal for 2023/24, as per our email from Jason Collin to Gwen Kohler on the 5th April and then the subsequent follow up email from Navin Kalia to Matthew Denham-Jones on the 7th June we are still awaiting clarification of this funding, as there is a significant difference between the calculated value and the actual amount paid **(Action Point 1.4)**

Thank you for the clarity around the IFRS 16 risk, this has now been removed, however further work is ongoing assessing a number of existing leases with details that will be forthcoming in future months. **(Action Point 1.6)**

As noted above, whilst there are therefore no current individually assessed high financial risks as we enter the financial year, the number and total value of financial risk described within these returns is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed withing the IMTP, this will likely be a challenging financial year, despite the initially reported good financial performance in M02, based on the assumptions made in reporting this.

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

4. Monthly Profiles (Table B)

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

Please note the figures quoted for the baseline depreciation are based on the figures previously provided and have not been adjusted in the Month 2 work is ongoing internally to adjust for this.

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

Agency costs for Month 2 totalled £0.107m. The current percentage of agency costs against the total pay figure is 0.6%, this is to cover vacancies. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance and information provided in the required table. Following your previous comments, both the costs and funding is now shown in the opening plan **(Action Point 1.9)**

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

For Month 2 the Trust is reporting planned savings (including Income generation) of £0.977m and actual savings of £1.242m.

The Trust can confirm that it has expanded the descriptions of the schemes **(Action Point 1.7)**, also the Trust has changed the pay savings from "Other" in Table C4. **(Action Point 1.8)**

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

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

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

The figures have been amended to now include the full year values for the DEL, AME IFRS 16 values **(Action Point 1.10)**

Work is currently ongoing to ensure an invoice is raised as requested for the IFRS 16 Depreciation **(Action Point 1.11)**

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

At Month 2 there were 9 invoices over 11 weeks, however none of these invoices have queries raised against these and the Trust is actively chasing payment on these.

10. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	12	15	15	15	15	15	15	15	15	15	15	15	177
Other Non NHS Income	214	231	200	200	200	200	200	200	200	200	200	200	2,445
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	164	1,078	350	350	350	350	350	350	350	350	350	350	4,742
Risk Pool Refund	108	0	0	0	0	0	0	0	0	0	0	0	108
Total	498	1,324	565	565	565	565	565	565	565	565	565	565	7,472

11. Public Sector Payment Compliance (Table H)

This table is not required until month 3.

12. Capital (Tables I, J and K)

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

Given it is only Month 2, works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses. The Trust's initial discretionary capital programme for this financial year was approved at the Finance and Performance Committee 15th May 2022.

13. Committee to receive Financial Monitoring Return

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

The Month 2 Financial Monitoring Return will be presented to Finance and Performance Committee 17th July 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 Navin Kalia, Deputy Director of Finance & Corporate Resources and Jason Killens, Chief Executive.

14. Other Issues

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

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

Yours sincerely

A handwritten signature in black ink that reads "Navin Kalia".

Navin Kalia
Deputy Director of Finance & Corporate Resources

A handwritten signature in blue ink that reads "Jason Killens".

Jason Killens
Chief Executive

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



GIG
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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th July 2023

Your ref:

Dear Claire,

Re: JUNE 2023 (MONTH 3 2023/24) MONITORING RETURN

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

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

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

The Trust's performance against financial targets for Month 3 2023/24 is as follows: -

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

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

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

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

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

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Pencadlys Rhanbarthol
Ambiwylans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

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

It should be noted that as per the IMTP the income and corresponding pay cost in our opening plan did not include any allowances for the 2023/24 pay awards or any one-off allowances now agreed by WG. It is assumed that the actual costs incurred for each pay award which includes the 1.5% consolidated paid in May 23, recovery payment paid in June 23 and the pending 5% award to be paid in July 23 will be funded in full by WG and this is reflected in this return.

The resulting reported performance at Month 3 as per Table B is therefore a very small over-spend against budget of **£0.033m**. The main funding and expenditure / savings assumptions within this reported position needs to be recognized, however.

The reported total pay variance against plan as at Month 3 is an underspend of £0.122m.

The non-pay position at Month 3 is a reported overspend of £0.140m.

Income at Month 3 shows an underachievement of £0.015m. However, as noted above, there is one income stream contained within our IMTP, supported as such by the CASC and which is therefore currently assumed within the M03 reported financial position, for which whilst the Trust has again recently received further confirmation, however we are still awaiting more details around the drawdown mechanism. This is the funding for the additional 100 WTEs front line staff appointed in 2022/23 and if this was not funded the Trust's month 3 position would be showing a much larger deficit, in the region of £1.5m and the full year forecast would potentially be up to c£6m deficit.

2. Movement (Table A)

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

Thank you for your time earlier in the month helping my colleague Edward Roberts work through the action points from Month 2, following these discussions, given the way the opening position, being set at Month 1 and the internal plan then changing this had impacted the Movement Table, these amendments now should hopefully resolves the issues in the month 2 return (**Action Point 2.1 / 2.2 / 2.3**)

3. Risk (Table A2)

Understandably this early in the financial year, the risks reported in Table A2 are still being fully assessed, and these have again been reduced from the risks stated within the Month 2 return however at present it is considered that there are no individually high likelihood risks, but as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this return, we may be moving towards higher risks having to be reported in due course, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

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

The Trust is constantly monitoring the risks, looking for opportunities and ways to mitigate the risks.

Given the significantly larger saving target that has been required this financial year, to cover increasing cost pressures the Trust had included a number of risks around both the identified savings and the remaining non-identified savings, at Month 1 this stood at c£3.500m, following the Trust being able to finalize the schemes this has now been reduced to £1.000m, a further £0.200m reduction from Month 2 and as we move through the financial year the aim will be to reduce the risk down once savings are achieved and plans crystalize. The level of unidentified savings requirement is however now **fully identified**, which is clearly positive at this stage of the year.

As detailed above the Trust is still awaiting further written details in relation to the funding for the 100 WTE, at present the position assumes this funding in full, this is included at the full amount of £6.000m, therefore once confirmation is received, this will almost half the risk value currently stated.

There are a number of risks that have materialized in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these. Also included in line with the current financial climate is a

risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions.

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

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

Given the current uncertainty around the pay deal for 2023/24, as per our email from Jason Collins to Gwen Kohler on the 5th April and then the subsequent follow up email from Navin Kalia to Matthew Denham-Jones on the 7th June we are still awaiting clarification of this funding, as there is a significant difference between the calculated value and the actual amount paid in relation to the 1.5% consolidated pay award deal.

Thank you for the clarity around the IFRS 16 risk, this has now been removed, however further work is ongoing assessing a number of existing leases with details that will be forthcoming in future months.

As noted above, whilst there are therefore no current individually assessed high financial risks as we enter the financial year, the number and total value of the financial risks described within these returns is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed withing the IMTP, this will likely be a challenging financial year, despite the initially reported good financial performance in M03, based on the assumptions made in reporting this.

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

4. Monthly Profiles (Table B)

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

Please note the figures quoted for the baseline depreciation have now been adjusted with the exception of the impairment funding which will be amended from Month 4 onwards.

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

Agency costs for Month 3 totalled £0.062m. The current percentage of agency costs against the total pay figure is 0.3%, this is to cover vacancies. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance and information provided in the required table. Anticipated spend and hence income assumptions will be reviewed at Month 4 and updated accordingly.

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

For Month 3 the Trust is reporting planned savings (including Income generation) of £1.727m and actual savings of £1.820m.

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

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

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

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

The figures have been amended to now include the full year values for the DEL, AME IFRS 16 values (**Action Point 2.4**)

The Trust can confirm that an invoice has been raised and issued to WG, once this is paid only the movement will then be shown in table E1 (**Action Point 2.5**)

As requested the Trust can confirm that all values in LTA's and SLA's have been agreed in accordance with the WHC. (**Action Point 2.6**)

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

At Month 3 there were 14 invoices over 11 weeks, two of which are Welsh Government invoices, however none of these invoices have queries raised against them and the Trust is actively chasing payment on these.

10. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	12	15	15	15	15	15	15	15	15	15	15	15	177
Other Non NHS Income	214	231	186	200	200	200	200	200	200	200	200	200	2,431
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	164	1,078	0	1,020	350	350	350	350	350	350	350	350	5,062
Risk Pool Refund	108	0	41	0	0	0	0	0	0	0	0	0	149
Total	498	1,324	242	1,235	565	565	565	565	565	565	565	565	7,819

11. Public Sector Payment Compliance (Table H)

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

Up to quarter 1 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 96.3% against a target of 95%.

12. Capital (Tables I, J and K)

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

Given it is only Month 3, works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses. The Trust's initial discretionary capital programme for this financial year was approved at the Finance and Performance Committee 15th May 2022.

13. Committee to receive Financial Monitoring Return

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

The Month 3 Financial Monitoring Return will be presented to the Trust Board on 27th July 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 Jason Collins, Head of Financial Management and Jason Killens, Chief Executive.

14. Other Issues


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

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'J Collins', written in a cursive style.

Jason Collins
Head of Financial Management

A handwritten signature in blue ink, appearing to read 'J Killens', written in a cursive style.

Jason Killens
Chief Executive

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – May/June 2023

MEETING	Trust Board
DATE	27 th July 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning & Performance Mark Thomas – Commissioning & Performance Manager
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **May/June 2023**. The report puts forward a revised set of metrics for 2023/24 for agreement.

The indicators used at this high-level show an easing of system pressure, in particular, handover lost hours and therefore improved quality and performance for the Emergency Medical Service (EMS), but the operating context remains very challenging. 111 is showing continuous improvement throughout 2023 with abandonment rates and call answer times achieving the best performance since February 2022. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, but with demand increasing to pre-Covid levels, performance has dipped slightly over the past two months. Overall the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there are system dependencies e.g. handover lost hours.

RECOMMENDATION

Trust Board is asked to: -

- **Consider** the May/June 2023 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.
- **Agree** the new metrics for 2023/24.

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 **May/June 2023**.
2. This report also sets out, and seeks final approval for, a revised set of metrics for 2023/24 further to discussions at the Finance and Performance Committee in May 2023 and a Board Development session in June 2023.

BACKGROUND

3. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
 - Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
4. These four areas of focus broadly correlate with the Quadruple aims set out in '*A Healthier Wales*'.
5. As previously agreed, the metrics which form part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (Integrated Medium-Term Plan - IMTP) and strategies.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

6. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
7. **999** call answering times, having been challenging across the winter, have now been on target for the last 6 months.
8. **111 call answering is improving**, with the call abandonment target of 5% being achieved in June (3.8%) and 59.2% of calls being answered within 60 seconds, although this remains significantly off target (95%). Negotiations with commissioners have indicated that funding is available for 198 call handlers and recruitment has been underway to secure this number, but there remain a number of vacancies. The number of vacancies will increase as we move through the year

with limited opportunity to recruit as a result of the SALUS implementation and urgent consideration is being given internally to how this risk can be mitigated. It has recently been agreed to recruit another cohort in November, with the aim of delivering the 198 level. Further work is required to reduce capacity lost through sickness absence (particular improvement now being seen in call handlers), aligning capacity with demand and improving the efficient use of resource. A priority is now re-rostering 111, which is dependent on commissioners initiating the procurement process (currently out to tender).

9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back time target for the highest priority 111 calls (P1CT – 99.3%) the P2 and P3 call back times continue to remain slightly below the 90% performance target, with the respective figures for June being 88.5% and 87.8%. Numbers of clinicians are now broadly at agreed establishment levels (recently agreed as 100 WTE).
10. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for June 2023 was 54.6%, a slight improvement when compared to May 2023, but still below the 65% target. The Amber 1 median was 54 minutes 43 seconds (ideal 18 minutes) and the Amber 1 95th percentile was just over 4 hours. Although both times continue to show improvement, these long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

Capacity:

- Recruitment: Confirmation has been received of further non recurrent funding in 2023/24 to support the 100 Whole Time Equivalent (WTE) staff recruited in 2022/23. Work will continue through the year to ensure that establishment remains at commissioned levels.
- Some additional funding has also been made available to pilot the new Connected Support Cymru service in partnership with St John Cymru.

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

- The Managing Attendance Programme continues, which includes seven work-streams. This has reduced overall sickness levels, with further work to reduce to 6% during 2023/24. There remain risks associated with delivery of this level of improvement.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate, achieving 13.9% in June 2023, with an increased ambition of 17% in 2023/24 (quarter 4).

Red Improvement Actions

- The full roll out of the Cymru High Acuity Response Units (CHARUs). Recruitment and training is being undertaken at pace with the aim to fully

populate the CHARU rosters keys (153 full time equivalents). The Trust is commissioned for 52 FTEs plus the Senior Paramedic contribution currently, so 89.5 FTEs will be required via an internal movement between the emergency ambulance roster and the CHARU rosters.

- Red review. This is being undertaken within additional resource, when possible, but ideally, as previously modelled, would require additional FTEs. A further request to model the balance between consult & close v red review is currently being actioned.
 - A more efficient response logic, which went live on 19 June 2023.
11. One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 18,548 hours were lost during June 2023, a continued decrease compared to the 20,392 hours lost in May 2023 and the 23,082 lost in April 2023; however, the levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Immediate Release figures for June 2023 were: Red 130 accepted and 3 declined; and Amber 199 accepted and 246 declined.
 12. Modelling has indicated that red performance could improve by 7% to around 58% as a result of the CHARU implementation, red logic changes and a reduction to 15,000 lost hours. Further modelling is currently being undertaken to determine the further potential improvements in line with a reduction to 12,000 hours, an improvement to 6% sickness and the increase in consult and close rates.
 13. **Ambulance Care (formally NEPTS) (Patient Experience):** Oncology performance achieved the 70% target in June 2023 (69.6%). Discharge performance also declined slightly to 78% (target 90%). Overall demand for the service continues to increase, and in June 2023 demand was at levels not seen since 2019. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance.
 14. **National Reportable Incidents (NRIs) / Concerns Response:** The Trust reported 8 NRIs to the NHS Executive in June 2023, an increase of 2 from the 6 reported in May 2023; and 17 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In June 2023 complaint response times increased to 43%, although still failed to meet the 75% target with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust has put more capacity into the Putting Things Right (PTR) team, which has had a positive impact for the Legal Team until periods of long-

term sickness absence. The Concerns Administrators responding to patients and families continue to have lengthy and repeated calls due to protracted response times in the community, compounded by an inability to always respond in a timely manner to their concerns and questions. The Trust is concerned for the welfare of the team, given the nature and volume of the PTR work across all functions and a number of supportive actions are progressing/planned for both the corporate team and EMS Coordination & Resourcing.

15. **Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 74.6% in June 2023, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) rate continued to increase to 22.2% in June 2023, the highest figure recorded by the Trust.

Our People (workforce resourcing, experience, and safety)

16. **Hours Produced:** The Trust produced 117,574 Ambulance Response unit hours in June 2023, a decrease from the 124,692 produced in May 2023. Emergency ambulance unit hours production (UHP) was 92% in June 2023, thus failing to achieve the 95% target. CHARU UHP also increased month on month to 139% in May (note this is of the commissioned level, not full roll out). Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving.
17. **Response Abstractions:** EMS abstraction levels decreased to 34.02% in June 2023, but remaining above the 30% benchmark. An initial deep dive meeting has been held, with further work planned. EMS Response sickness abstractions stood at 8.47% in June 2023 (benchmark 5.99%).
18. **Trust sickness absence:** the Trust's overall sickness percentage was 7.60% in May 2023, an improvement from the 8.04% recorded in April 2023. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level.
19. **Staff training and PADRs:** PADR rates did not achieve the 85% target in June 2023 (73.14%), compliance for Statutory and Mandatory training increased slightly to 77.53%.

Finance and Value

20. **Financial Balance:** The reported outturn performance at Month 3 is a deficit of £33k, with a forecast to the yearend of breakeven.

Partnerships/ System Contribution

21. **Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 13.9% in June 2023, close to the Trust's 2022/23 IMTP ambition of 15%.
22. The Trust **conveyed** 40.3% of patients to emergency departments in May 2023. This figure needs to be treated with caution as analysis shows that conveyance rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In June 2023, 7,987 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 177 callers. A formal programme to take forward "inverting the triangle" has been established. The Trust has proceeded with growing the numbers of APPs in training. The current focus is on developing a "strategic case for change" and a stakeholder engagement process.

Summary

23. The indicators used at this high-level show an easing of system pressure, in particular, handover lost hours and therefore improved quality and performance for the Emergency Medical Service (EMS), but the operating context remains very challenging. 111 is showing continuous improvement throughout 2023 with abandonment rates and call answer times achieving the best performance since February 2022. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, but with demand increasing to pre-Covid levels, performance has dipped slightly over the past two months. Overall the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there are system dependencies e.g. handover lost hours.

Review of metrics

24. Each year a review of Board level metrics is undertaken. A presentation was provided to Finance and Performance Committee in May 2023 setting out some proposed changes. These were discussed further at EMT and at a Board development meeting in June 2023 and again at Finance & Performance Committee this month. As a result of these discussions a number of changes have been made and the final set of metrics is set out in Appendix 2 attached to this report. A total of 43 metrics are proposed, which is a slight increase on those which have been reported this year.

25. At the Board development session, there was a discussion about further iterations and considerations. In particular, it was felt that it would be helpful to be able to pull out and visualise those metrics which linked specifically to our long-term ambition and the inverting the triangle strategy and some initial ideas were presented which will be developed further. In addition, board members discussed the potential, over time, to develop a more tiered approach, with a smaller set of metrics at Board and a more detailed set for each of the sub committees. It was noted that the one set enabled a reduction in workload and also ensured that each sub committee continued to review metrics in an integrated way. Further thinking will be undertaken through the year.

RECOMMENDATIONS

Board is asked to: -

- **Consider** the May/June 2023 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

- Agree the new metrics for 2023/24.

REPORT APPROVAL ROUTE	
Date	Meeting
26 July-23	Executive Management Team
27 July-23	Trust Board

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard Appendix 2 – Review of Board Level Metrics Appendix 2 Metrics Review FPC July 2023

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

Health and Safety	x	TU Partner Consultation	x
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Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

May/June 2023

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

by Commissioning & Performance Department

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2023/24	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	2 Year Trend	RAG
Timeliness Indicators															
NHS111 Call Handling Abandonment Rates	< 5%	15.6%	13.3%	11.2%	14.8%	13.6%	49.5%	16.0%	14.9%	15.4%	11.8%	7.9%	3.8%		G
111 Clinical Triage Call Back Time (P1)	90%	96.9%	98.5%	97.9%	98.3%	97.2%	94.9%	99.0%	99.3%	98.5%	98.9%	98.9%	99.3%		G
999 Call Answer Times 95th Percentile	95% in 00:00:06	00:57	00:36	00:52	01:03	01:11	01:34	00:03	00:03	00:06	00:03	00:03	N/A		G
NEPTS Call Answering	Improvement Trend	07:44	08:28	05:36	03:22	03:32	02:38	01:47	02:08	01:08	01:43	01:18	00:46		G
999 Red Response within 8 minutes	65%	52.0%	50.7%	50.0%	48.0%	48.0%	39.5%	48.9%	50.9%	47.5%	53.0%	54.4%	54.6%		R
999 Amber 1 Median	00:18	01:40	01:16	01:30	01:42	01:34	03:30	00:50	00:55	01:35	00:59	00:55	00:55		R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	74.3%	73.1%	70.5%	71.3%	72.4%	71.7%	76.6%	75.5%	73.4%	76.5%	69.9%	69.6%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	85.0%	86.0%	88.0%	85.0%	90.0%	90.0%	90.0%	78.5%	82.7%	82.2%	83.0%	78.0%		R
Clinical Outcomes / Quality Indicators															
Return of Spontaneous Circulation (ROSC)	Improvement Trend	-	-	-	-	15.9%	14.2%	17.8%	15.9%	14.0%	16.0%	20.7%	22.3%		A
Stroke Patients with Appropriate Care	95%	82.5%	78.6%	79.1%	78.2%	80.2%	79.4%	76.2%	76.6%	72.2%	80.1%	74.5%	74.6%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	32.3%	43.9%	51.0%	44.0%	51.3%	37.9%	49.4%	42.1%	46.3%	38.3%	47.5%	34.8%		R
National Reportable Incidents reports (NRI)	Reduction Trend	2	10	7	8	2	0	5	12	3	8	8	8		A
Can't Send & Cancelled by Patient Volumes	Reduction Trend	13,039	11,073	10,605	11,482	10,087	13,556	7,086	6,938	10,124	7,694	8,105	8,044		R
Concerns Response within 30 Days	75%	22%	24%	28%	28%	24%	27.0%	21.0%	24.0%	33.0%	35.0%	29.0%	43.0%		R
Our People															
Capacity															
Hours Produced for Emergency Ambulances	95-100%	94%	95%	96%	90%	92%	91%	97%	95%	95%	98%	97%	92%		A

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated *(To Be Determined)*

Top Monthly Indicators	Target 2023/24	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	2 Year Trend	RAG
Health & Well-being															
Sickness Absence <i>(all staff)</i>	6.0%	10.35%	8.72%	8.68%	9.48%	8.77%	10.65%	8.92%	8.06%	8.33%	8.04%	7.60%	N/A		A
Mental Health Absence Rates	Reduction Trend	2.36%	2.33%	2.30%	2.30%	2.44%	2.41%	2.36%	2.04%	2.12%	2.08%	2.24%	N/A		A
Staff Turnover Rate	Reduction Trend	11.64%	11.50%	11.35%	11.11%	10.70%	10.64%	10.69%	10.86%	10.38%	10.28%	9.89%	9.79%		G
Statutory & Mandatory Training	>85%	85.17%	85.44%	85.60%	85.58%	85.40%	84.63%	76.51%	60.10%	65.05%	75.55%	76.32%	77.53%		A
PADR/Medical Appraisal	>85%	64.66%	73.66%	78.75%	80.49%	80.75%	87.89%	79.12%	78.71%	72.10%	73.0%	72.0%	73.1%		A
Number of Shift Overruns	Reduction Trend	3,960	3,785	3,786	3,901	3,758	3,799	3,720	3,431	4,064	3,839	4,087	2,053		A
Inclusion & Engagement / Culture															
NHS111 % of Total Calls Answered in Welsh	TBD	0.22%	0.28%	0.37%	0.30%	0.35%	0.03%	0.48%	0.28%	0.31%	0.44%	0.59%	0.74%		TBD
NEPTS % of Total Calls Answered in Welsh	TBD	0.7%	0.6%	0.7%	1.2%	1.3%	0.8%	0.7%	0.9%	1.1%	1.4%	1.8%	1.7%		TBD
Value															
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		G
EMS Utilisation Metric (All Vehicles)	Improvement Trend	61.8%	61.6%	61.8%	62.6%	61.2%	64.6%	56.0%	56.6%	61.4%	58.8%	56.3%	55.3%		A
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.51	2.46	2.43	2.46	2.48	2.38	2.23	2.32	2.28	2.39	2.45	2.43		A
NEPTS on the Day Cancellations	Reduction Trend	19.3%	18.9%	19.9%	19.7%	18.3%	23.2%	19.4%	20.4%	21.6%	18.3%	17.8%	18.7%		A
Partnerships / System Contribution															
Inverting the Traingle															
Successful Consult & Close Outcome	17.0%	11.7%	11.7%	12.2%	12.8%	12.6%	14.6%	14.9%	14.2%	13.8%	14.7%	14.1%	13.9%		R
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	11.95%	11.99%	11.14%	10.65%	11.04%	11.18%	10.72%	10.05%	11.1%	10.7%	11.8%	N/A		A
Number of Handover Lost Hours	15,000	24,021	24,295	25,174	28,038	25,020	32,098	23,525	19,110	28,620	23,082	20,392	18,548		R
NHS111															
NHS111 Dental Calls	-	5,892	6,038	5,913	6,051	5,829	4,657	6,063	5,746	6,668	6,723	6,865	6,515		TBD
Consult & Close Volumes by NHS111	Increasing Trend	1,323	1,283	1,180	1,287	1,196	1,338	811	949	956	985	1,015	1,031		A

Our Patients: Quality, Patient Safety & Experience

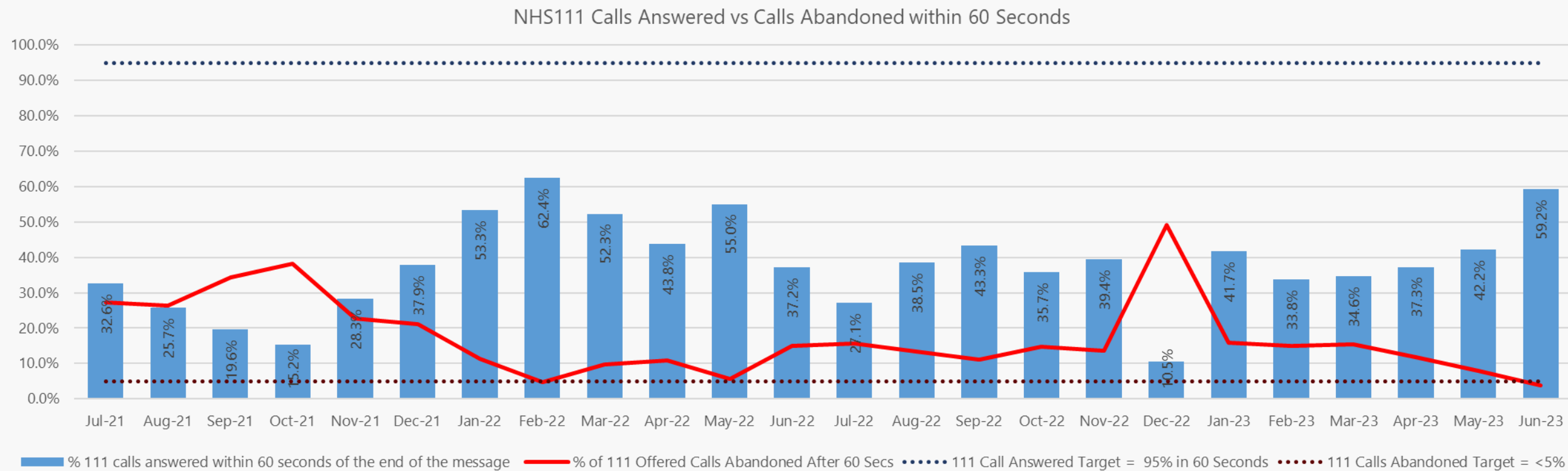
111 Call Answering/Abandoned Performance Indicators

Influencing Factors – Demand and Call Handling Hours Produced

(Responsible Officer: Lee Brooks)

G

FPC



Analysis

111 call abandonment is a key patient safety indicator for the service. June 2023 saw an **abandonment rate of 3.8%**, a further improvement when compared to the 7.9% figure seen in May 2023, and the 11.8% recorded for April 2023. It is also the lowest monthly figure recorded during the 2-year recording period.

The percentage of 111 calls answered within 60 seconds of the end of the message also increased again in June 2023 to 59.2%, the fourth consecutive month in which an improvement has been seen.

Total capacity measured through shift fill decreased in June to just below the 12-month average.

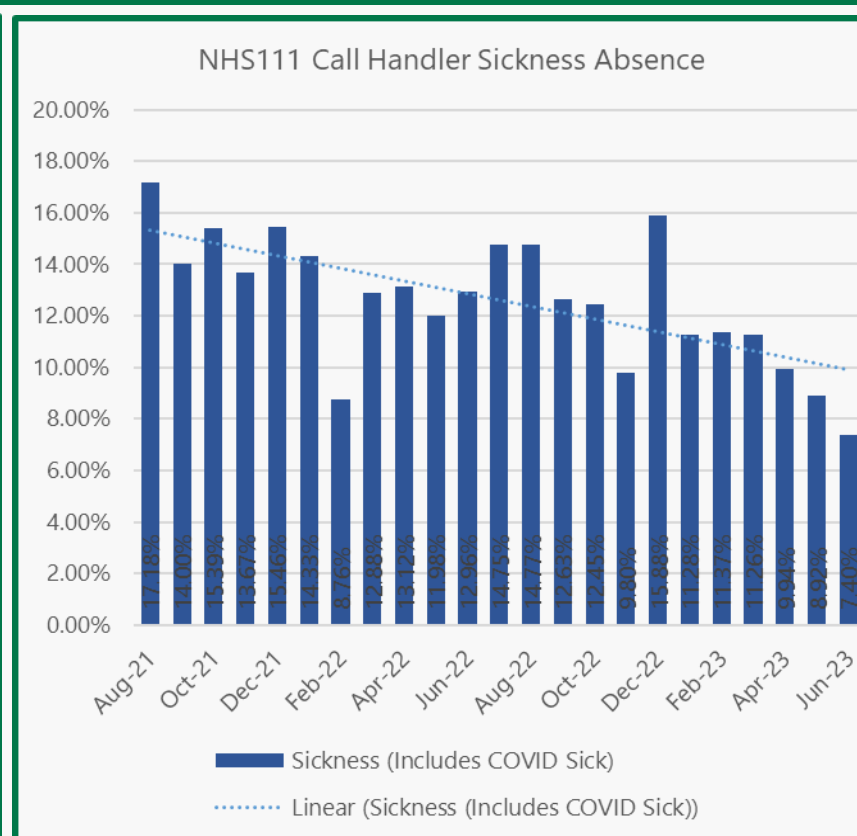
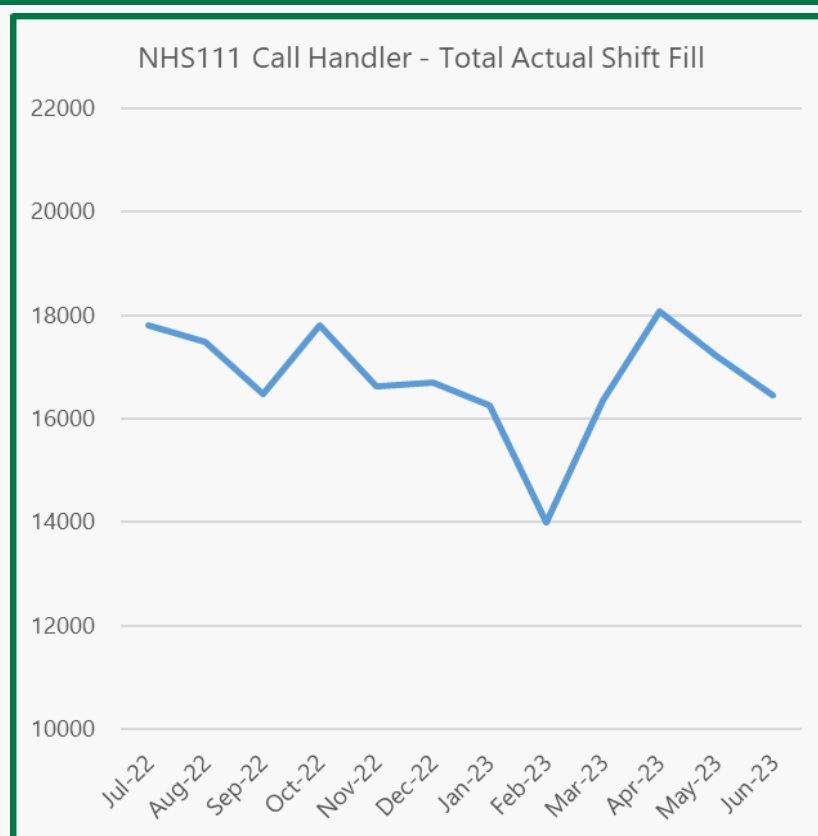
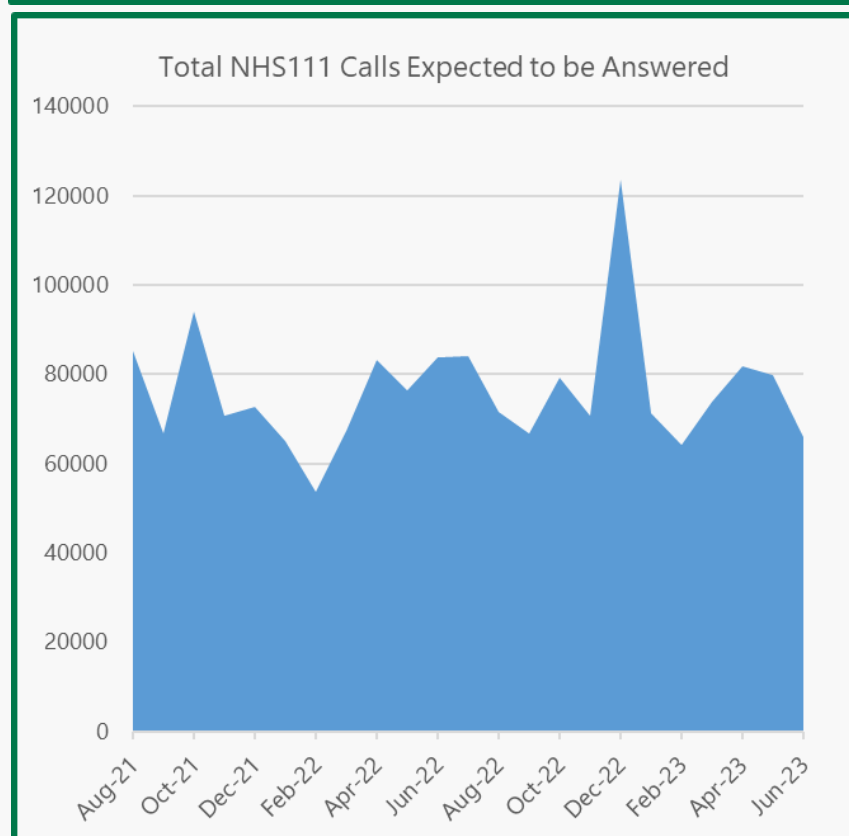
Remedial Plans and Actions

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

- Agreement has been reached with commissioners that 198 WTE call handlers will be funded in 2023/24. The Trust is currently 21.25 FTE short of establishment. The Trust is aiming to address this in quarter three.
- Work continues on sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6%
- A roster review in three parts is due to start, in collaboration with the 111 commissioners to review rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week. Currently out to tender.
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore call times are related to clinician availability. In May, the % of calls passed to the CAL was 24%, a reduction from 34% in recent months.

Expected Performance Trajectory

As call handler numbers reduce through the SALUS implementation phase and additional abstractions for SALUS training are accommodated performance is expected to deteriorate month on month until Q4. Agreed further action to address this.



Our Patients: Quality, Safety & Patient Experience

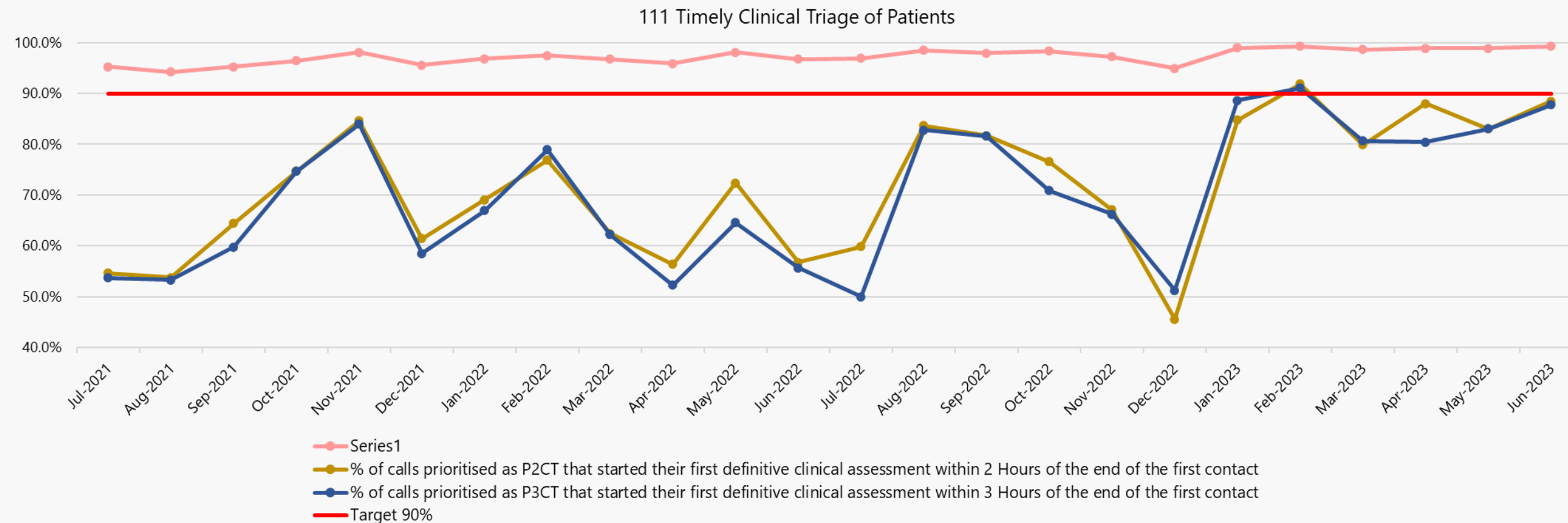
111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT
G

FPC



Analysis

The highest priority calls, P1CT, continues to achieve the 90% target (99.3%).

For lower category calls P2CT increased to 88.5% in June 2023 when compared to 83% in May 2023, while P3CT also rose to 87.8% in June 2023 compared to 83% in May 2023.

Clinical staff capacity is the key issue. 11,106 hours were filled by clinicians during June 2023, a decrease of 455 when compared to May 2023. Clinician sickness absence decreased to 11.01% in June 2023, from the 15.98% reported in May 2023.

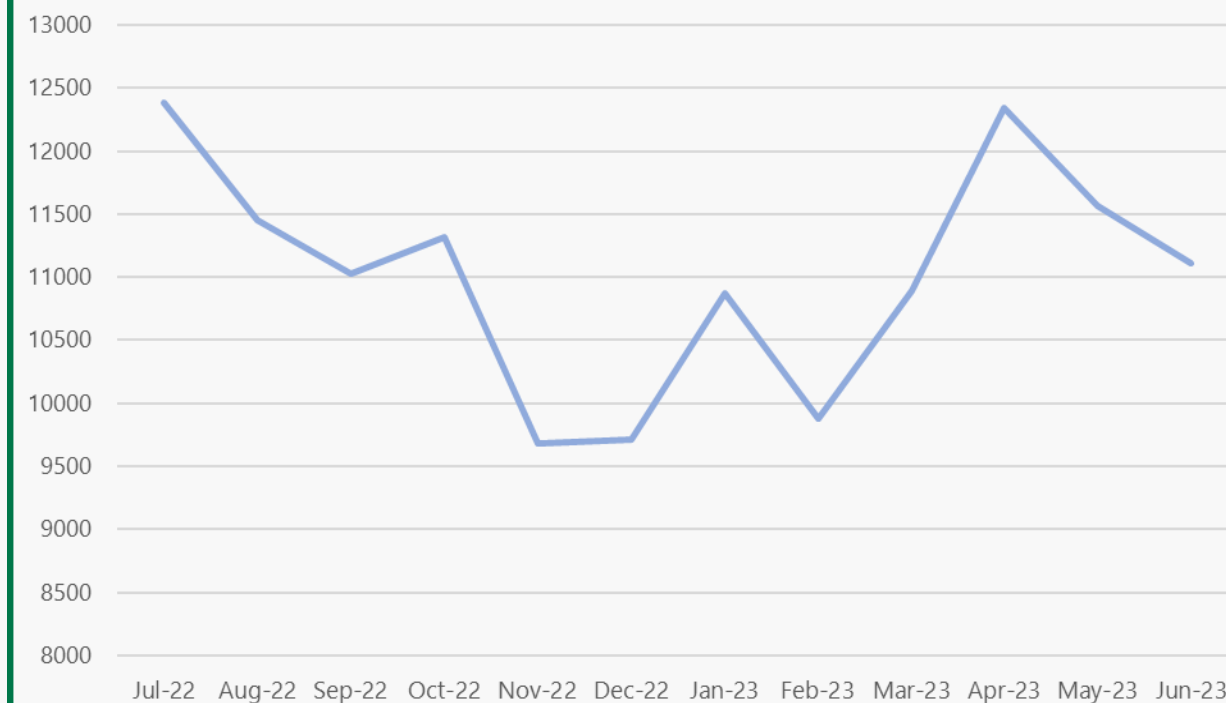
Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. At present 103.71 FTE nurses and paramedics are in post, and commissioners have indicated that they have funding available for 100 WTE. Additional staff have been recruited recently which will help the service through the SALUS implementation, with numbers expected to fall to around the 87 WTE mark by the end of the year.

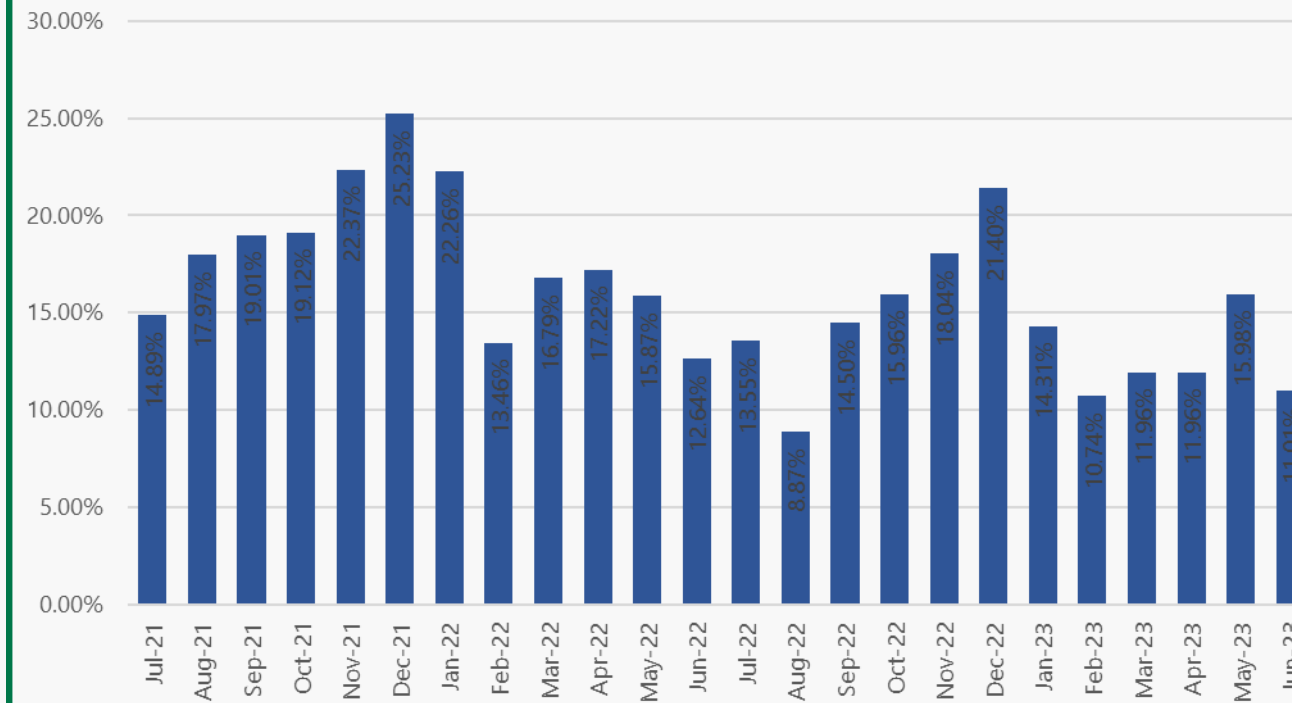
Expected Performance Trajectory

Clinical performance, whilst much improved, is expected to decline due to attrition and abstractions arising as a result of SALUS. Further demand & capacity work to determine the correct number of clinicians with the correct level of abstractions is also an area of future development.

NHS111 Clinicians - Total Actual Shift Fill



NHS111 Clinician Sickness Absence

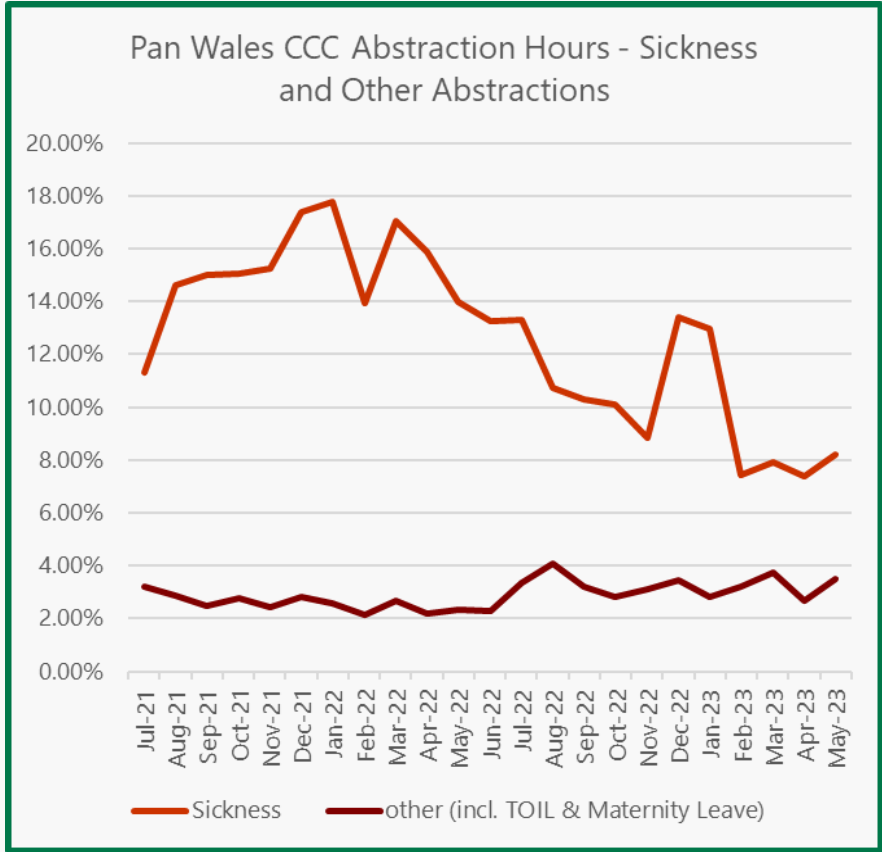
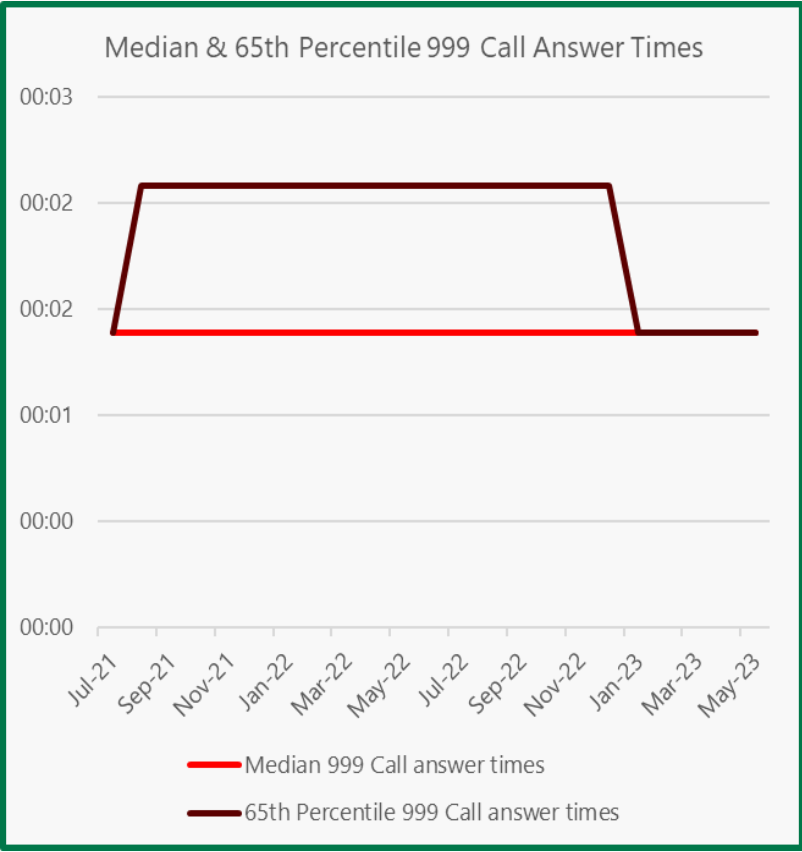
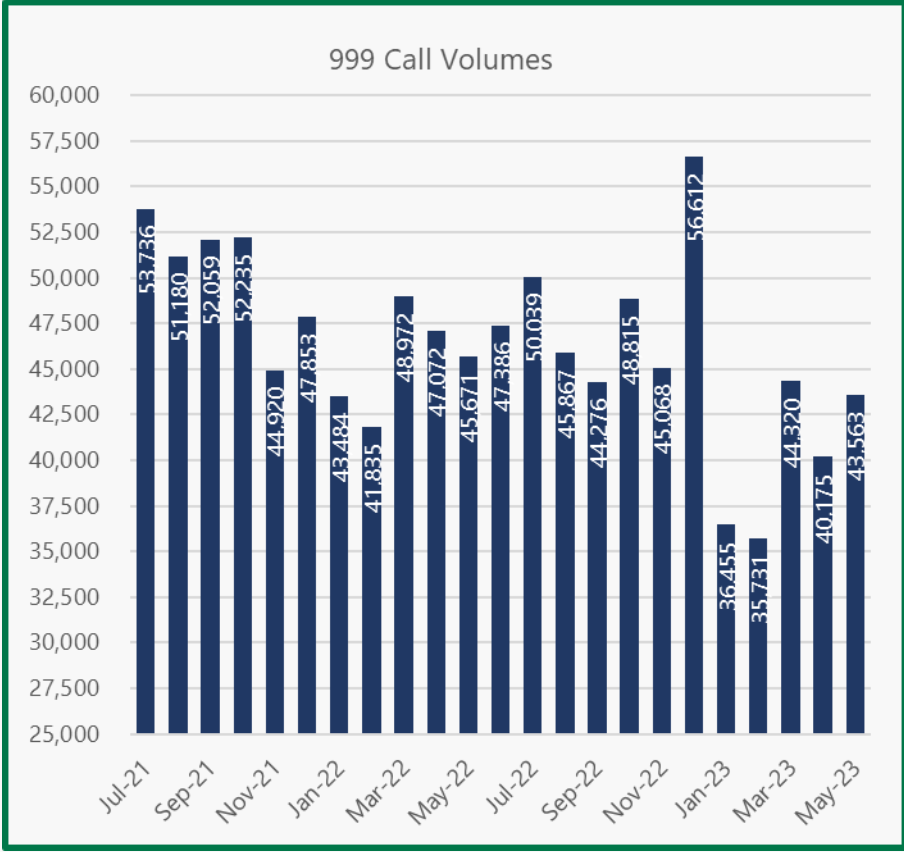
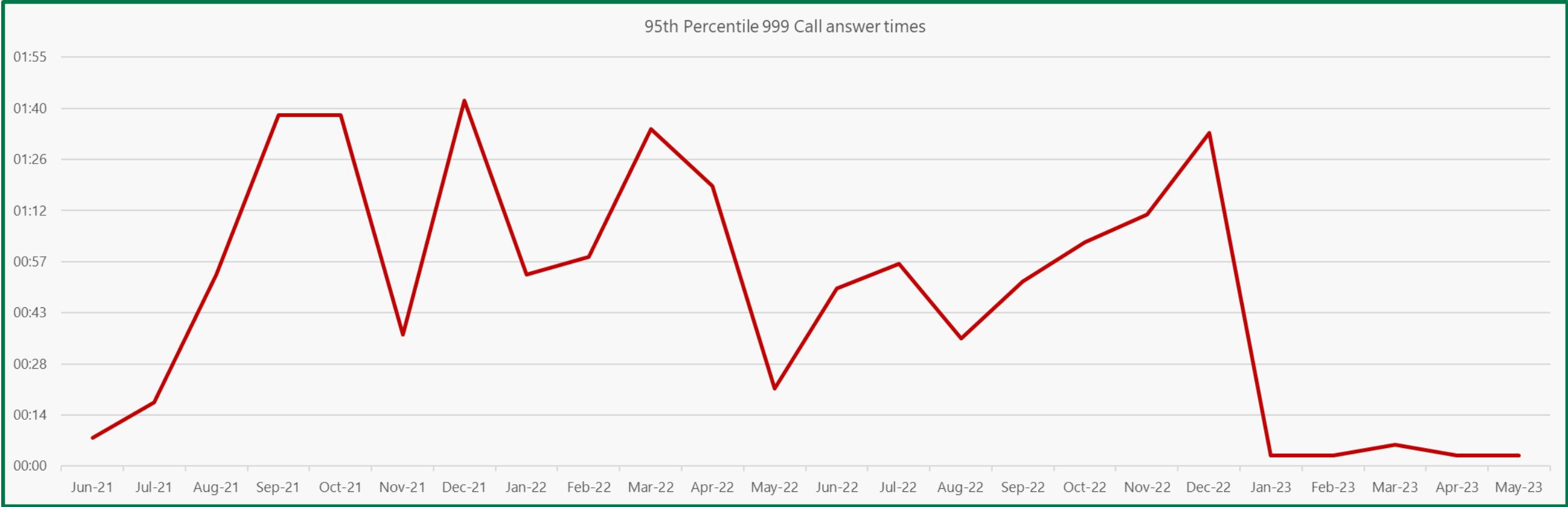
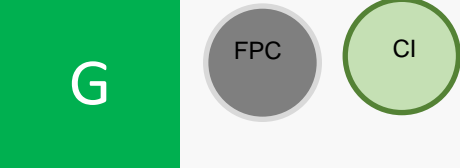


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



Analysis
The 95th percentile 999 call answering performance remained at 3 seconds in May 2023, above the 6 second target.

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

The Trust received 43,563 emergency 999 calls in May 2023, an increase from the 40,175 calls received in April 2023.

Overall sickness abstractions are on a downward trajectory, although they increased slightly in May 2023 to 8.22%, which is the first time they have risen above the 8% target since January 2023. Over the past few months lower demand and fewer sickness abstractions has resulted in a positive effect upon call answering times.

Remedial Plans and Actions

- EMS Coordination meet twice weekly to review demand profiles and design tactics for service delivery based on demand, staffing levels and business continuity plans.
- EMD FTE is currently 119.89 against a funded establishment of 111.76; however, this includes new starters still in the sign off period. Once qualified, experienced staff will be re-aligned to vacant dispatcher posts.
- Intelligent Routing Platform is now in operation following configuration changes.
- Five new EMD cohorts were trained during May and June across 3 EMS co-ordination centres. 19 new EMDs are already live call handling from these cohorts with another 11 currently training and due to go live in the next 2 weeks. A further cohort was agreed for North CCC, which will begin training in the next couple of weeks.
- Three workstreams are currently being progressed through the EMS Reconfiguration project (the complete reconfiguration has not commenced due to cost pressures required to fund the agreed model approved by EMT).

Roster Review. Having successfully implemented an EMD roster review in February 23 the project has now progressed to commencing a dispatch Roster review for Allocators and Dispatchers however this is currently on pause while negotiations continue with TUP

Boundary changes. In line with ORH recommendations in the Demand & Capacity Review of 2019 EMS Coordination intend to realign dispatch boundaries to balance workload and pressures for individual dispatch teams.

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

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

Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

65%
R

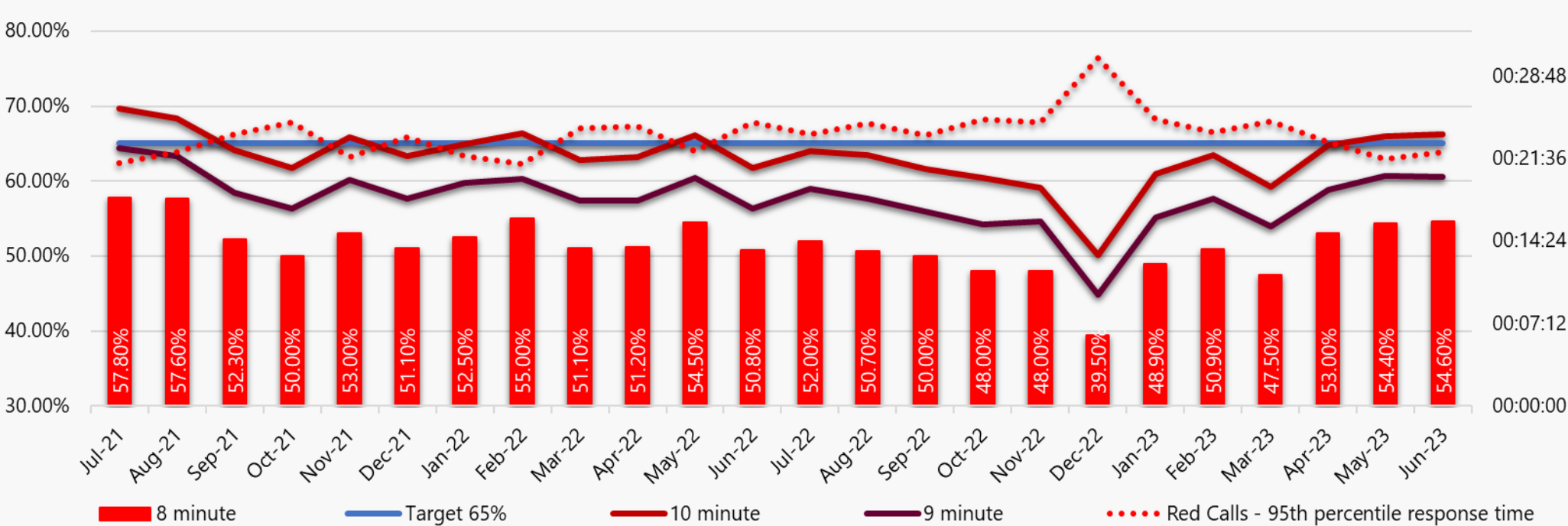
95%
R

QUEST

FPC

CI

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



Analysis

Red performance improved again in June 2023, with Red 8-minute performance increasing to 54.6% although it continues to remain below the 65% target. Although there was variation, none of the seven health boards achieved this target. Red 10-minute performance was 66.2% for June 2023, improving slightly from 66% in May 2023.

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

Red demand has generally been increasing over the past two years, reaching a peak in December 2022. Although demand has fallen since that peak, it remains higher than the same period last year.

Hours produced have decreased slightly to 117,574 hours in June, although this remains above the 2-year monthly average.

The lower centre graph demonstrates the correlation between overall Red performance and hospital handover lost hours. Lost hours are now lower than their peak in December, declining again in June 2023 to 18,548 hours lost compared to 20,392 in May 2023. However, these levels continue to remain significantly above where they need to be.

Remedial Plans and Actions

The main improvement actions are:

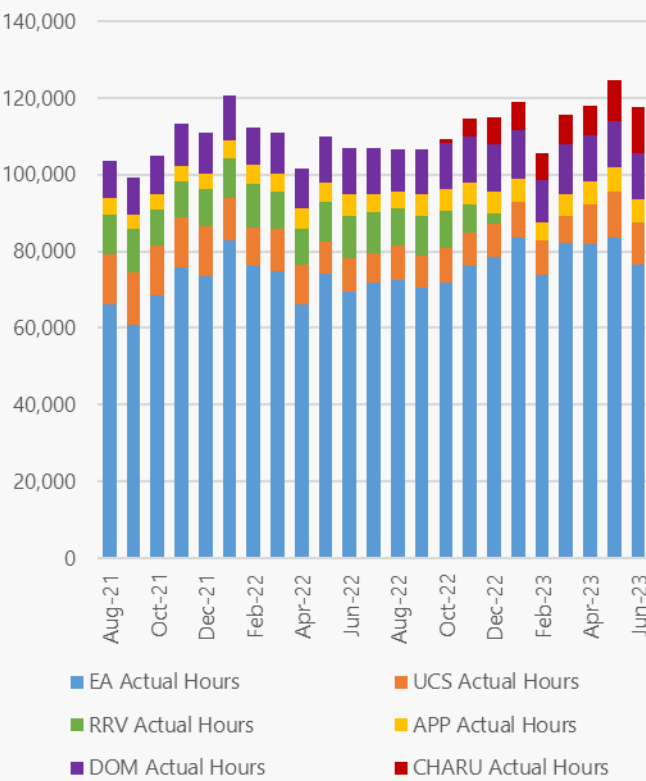
- To maintain commissioned establishment levels overall. WG have confirmed funding for the additional 100 will remain in place for this financial year
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete with the exception of some hard-to-reach areas. Further actions to address;
- Potential changes to the response logic and clinical screening of red calls, which are now live (19 June 2023);
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of Integrated Medium-Term Plan (IMTP) (8% by Mar-23/6% Mar-24);
- Working closely with Health Boards to support reduction in lost hours and a reduction in conveyances to ED. This is undertaken within local Integrated Commissioning Action Plan meetings and will include work on improvements in referrals to Same Day Emergency Care Units (SDECs).

Expected Performance Trajectory

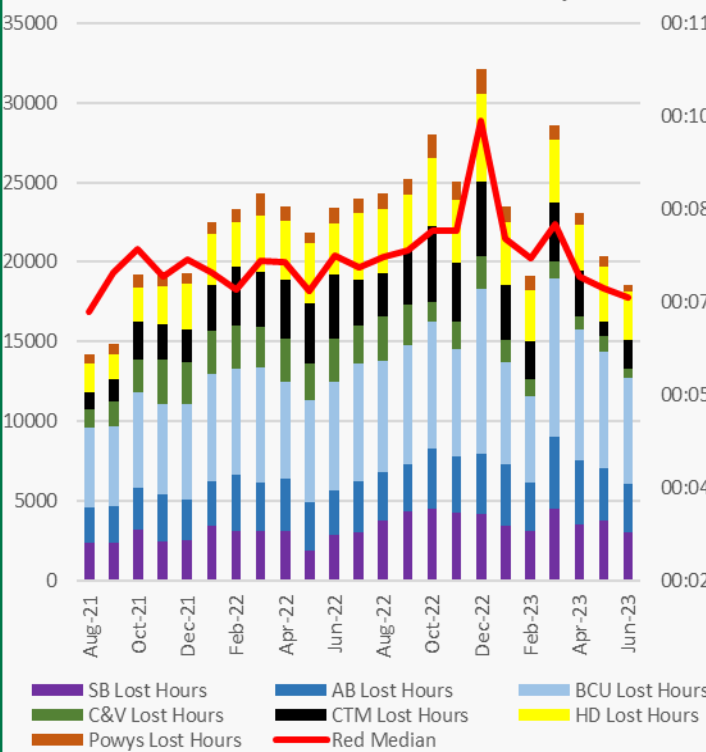
The Red modelling estimates a 7%-point improvement in Red 8-minute performance if CHARUs are fully rolled out, and associated Red improvement actions are delivered. Including a reduction in lost hours to 15,000.

*NB: Data correct at time of abstraction

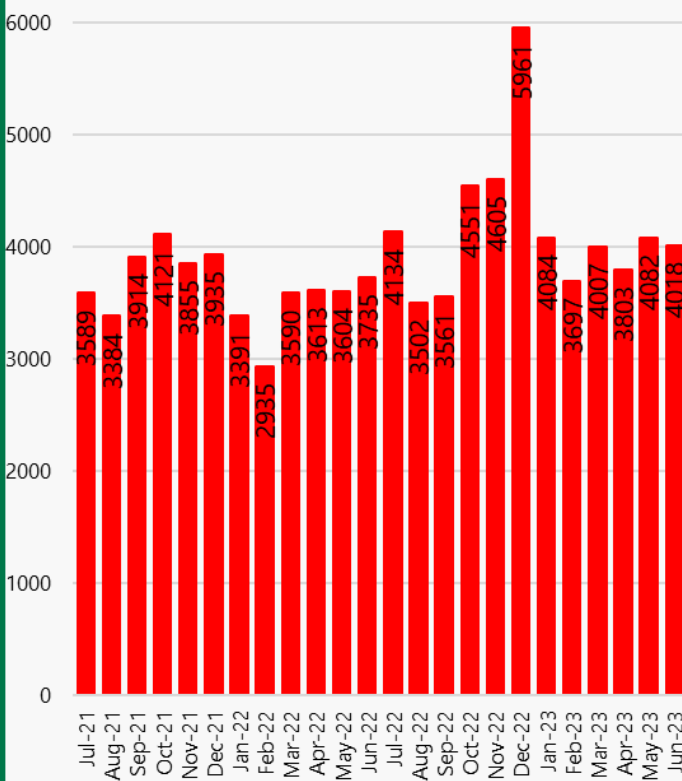
Total EMS Actual Hours Produced

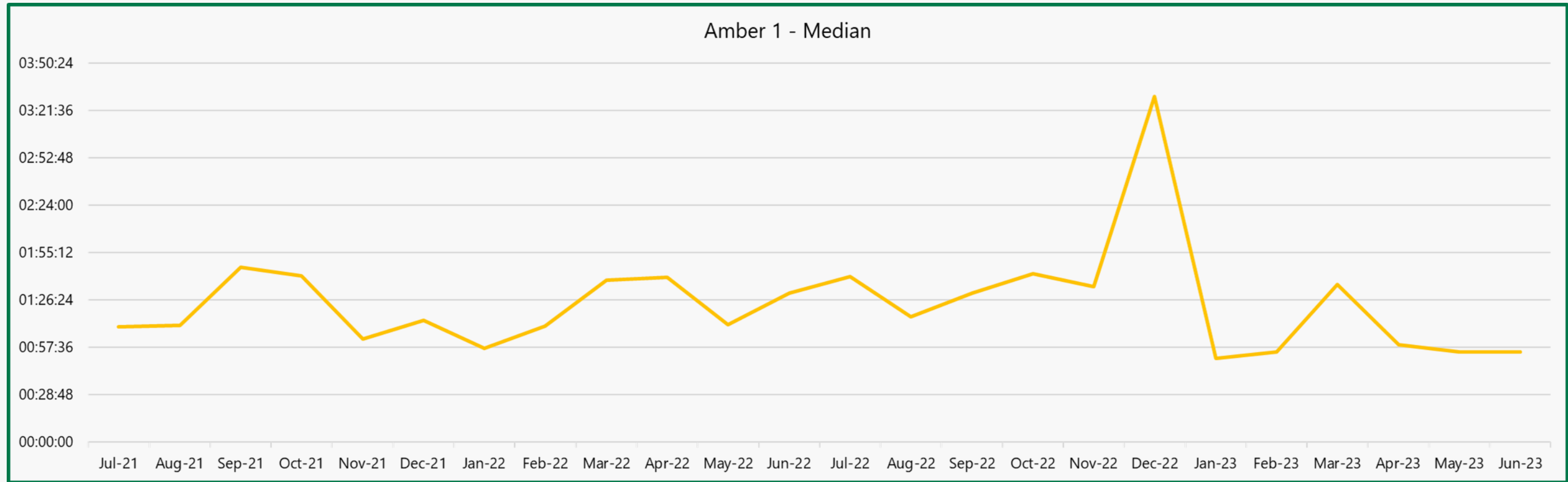


Red Median Response Times Against Lost Hours to Notification to Handover Delays



RED Demand





Analysis

Amber 1 median improved slightly in June 2023 to 54 minutes 43 seconds, from the 54 minutes 48 seconds recorded in May 2023. The ideal Amber 1 median response time is 18 minutes. The 95th percentile also reduced to 4 hours and 7 minutes.

There were still some long patient waits in June 2023, with 1,440 patients (all categories, not just Amber) waiting over 4 hours. This is however a decrease from the 1,625 recorded in May 2023.

Amber demand decreased in June 2023 to 24,433 verified incidents.

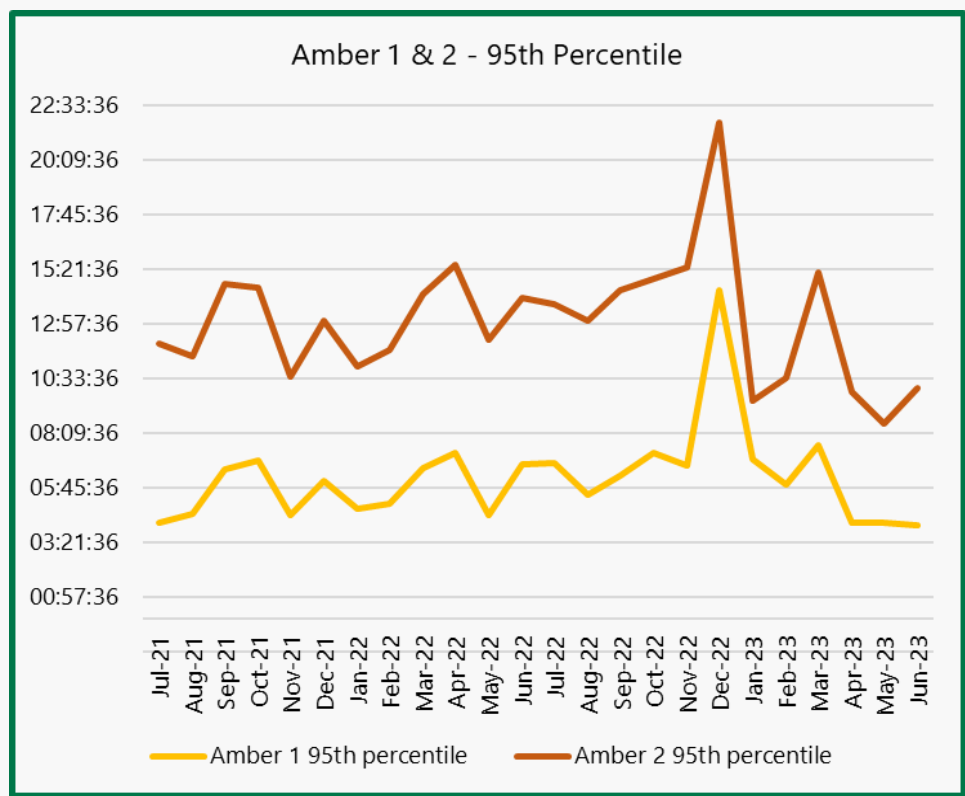
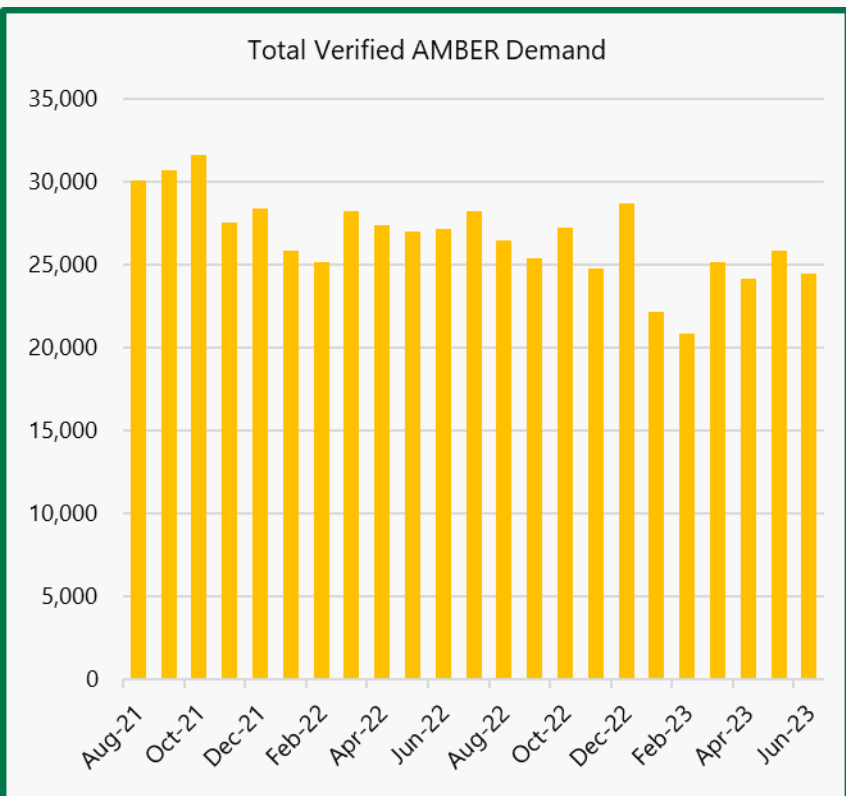
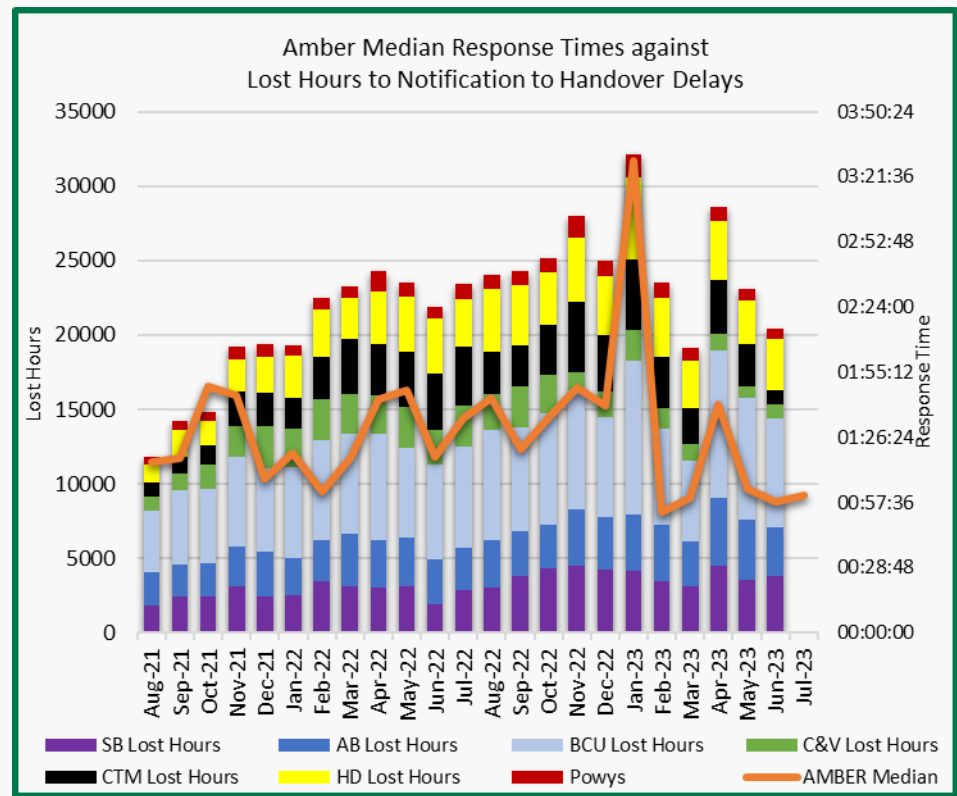
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

Remedial Plans and Actions

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

Expected Performance Trajectory

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



Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

Patient Experience

(Responsible Officer: Lee Brooks)

Oncology

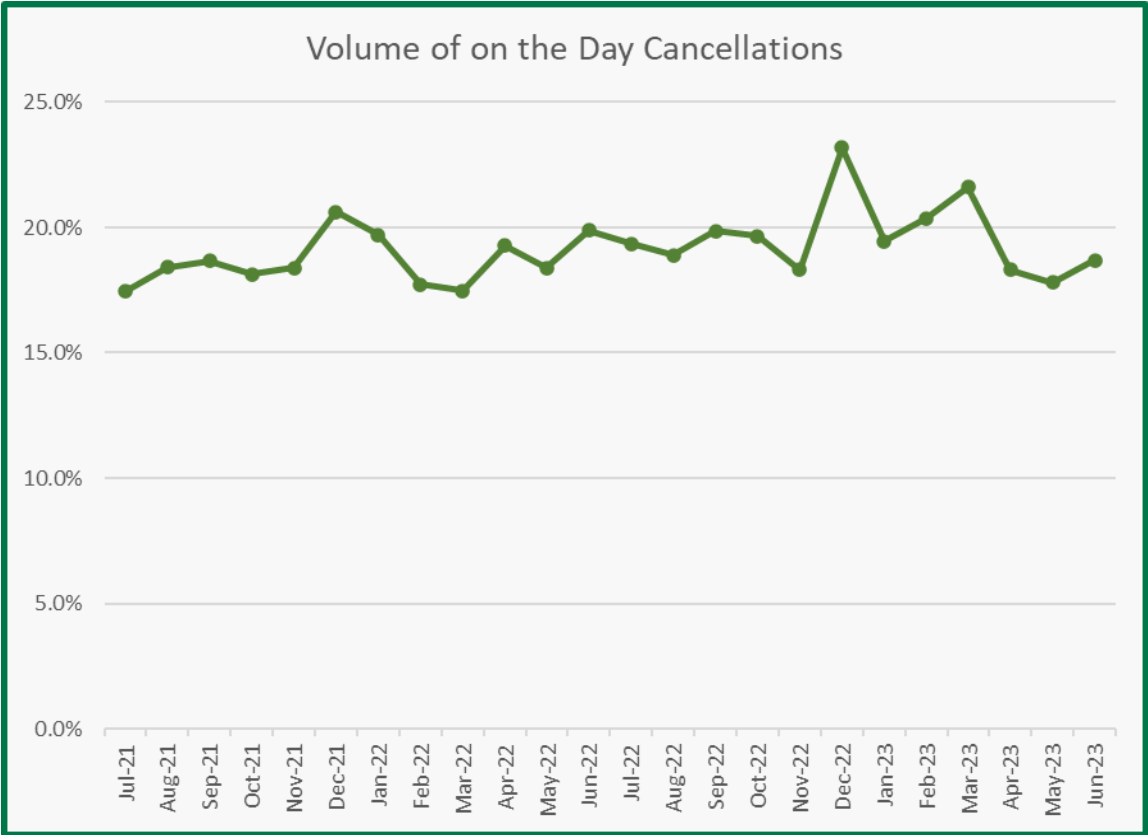
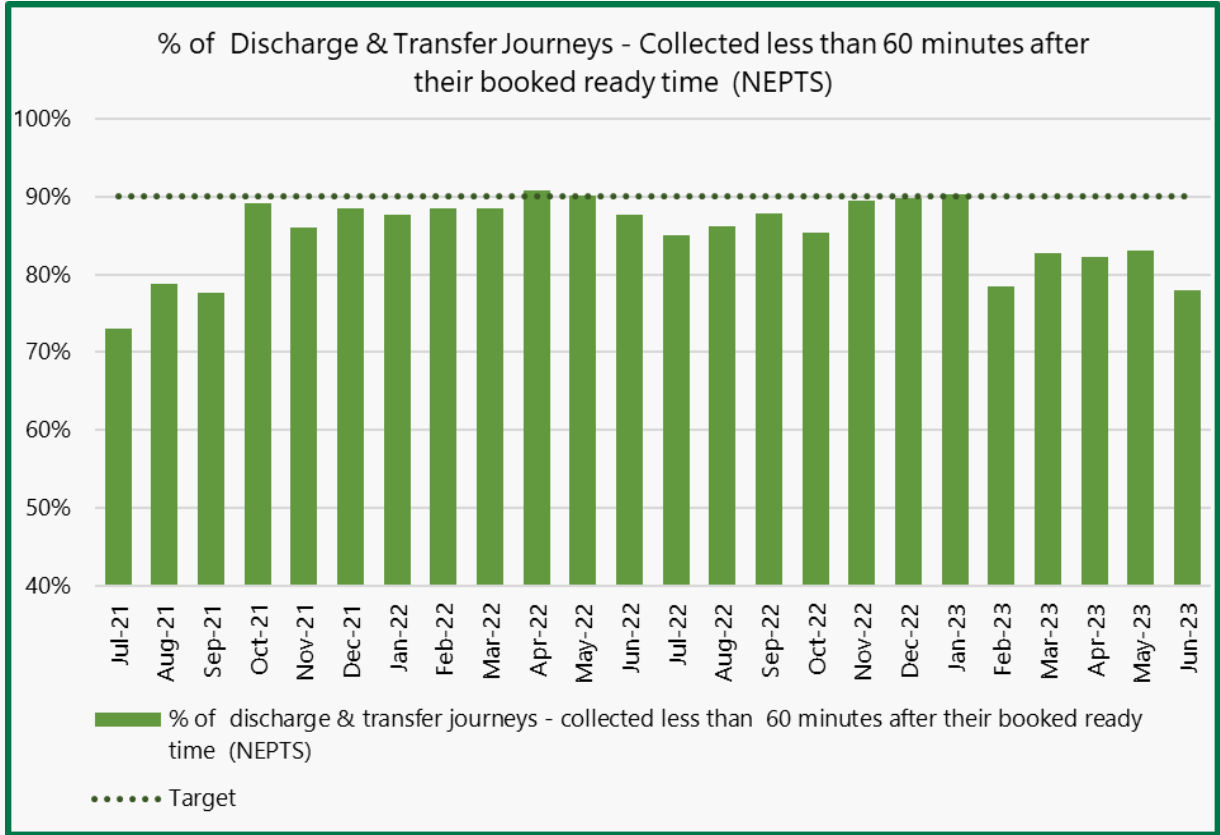
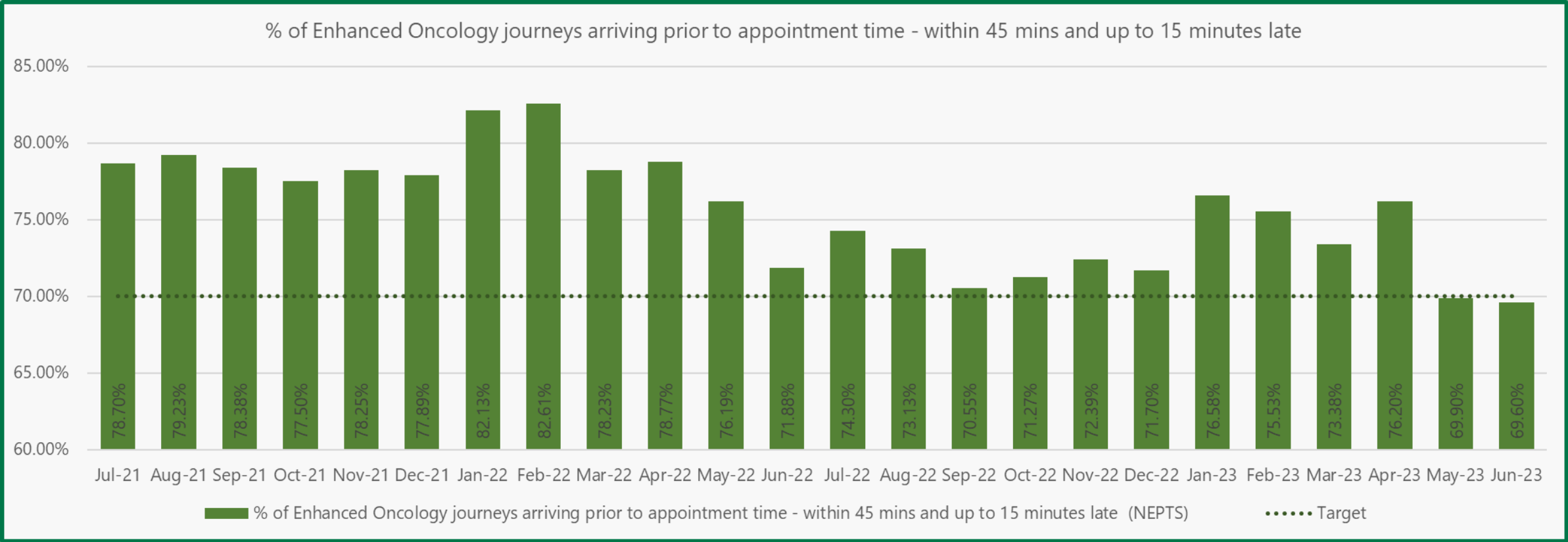
G

D&T

R

FPC

CI



Analysis
Ambulance Care (NEPTS element) performance declined slightly during June 2023. 69.6% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, down from 69.9% in May 2023, achieving the 70% target.

78% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, a decrease compared to May 2023 (83%), and the fifth consecutive month where the 90% target has not been achieved.

Same day cancellations increased slightly from 17.8% in May 2023 to 18.7% in June 2023.

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

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

- Remedial Plans and Actions**
- D&C Project: roster review of NEPTS transport paused as part of IMTP prioritisation exercise.
 - Transfer and Discharge Service: work is in progress with regards to the modelling (initial results received, almost complete).
 - The service has implemented a performance standard implementation plan to support the roll out of the new parameters. This plan is focused on ensuring the entire team are aware of the standards and their role in delivering them.
 - Updated NEPTS performance parameters went live in April 2023, these will separate out on the day and advance booked journeys. At present most bookings are made on the day, which makes it difficult to respond to within the times allowed. A focus on pre-planned discharge should support work being completed by working groups 5&6 of the 6 goals programme board

Expected Performance Trajectory
At present, the uncertainty around demand as health boards move through system recovery following the pandemic, with the potential addition of austerity and a move to different performance parameters, means that it is difficult to forecast performance. WAST will continue to work with the HBs through the commissioning DAG (NCCU) to deliver the best performance possible for the patient.

Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

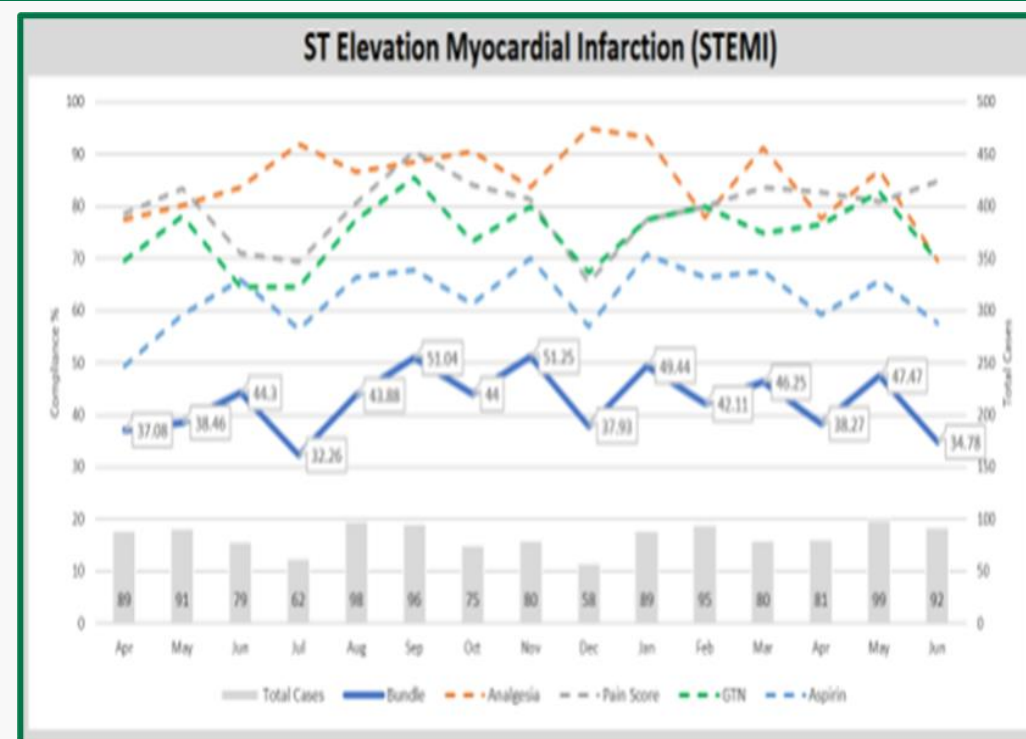
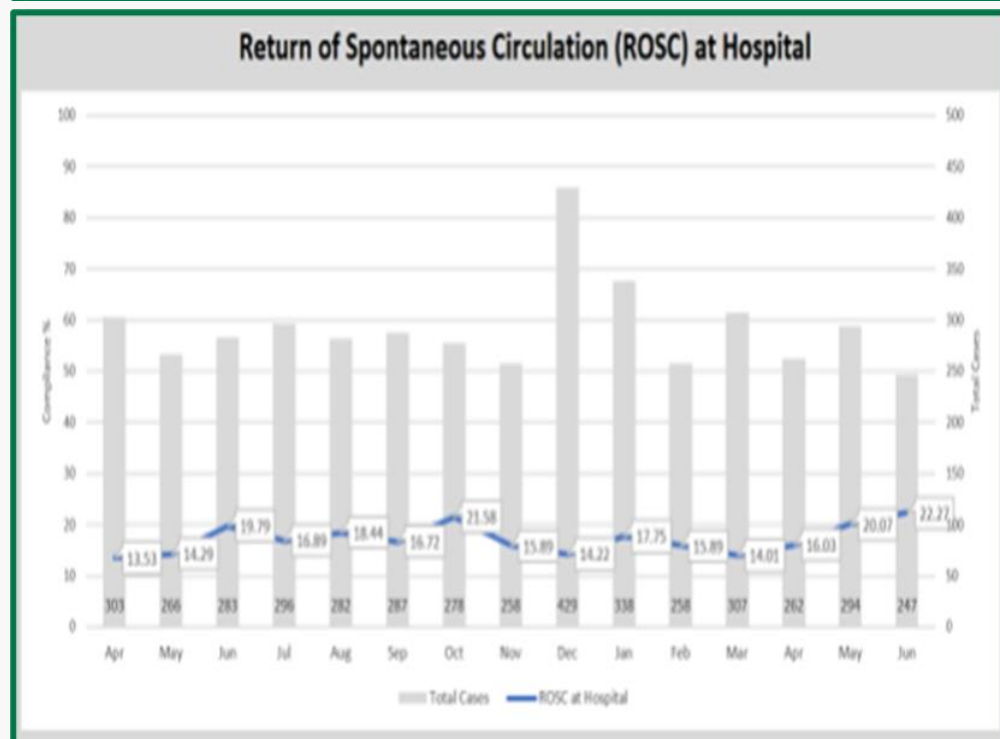
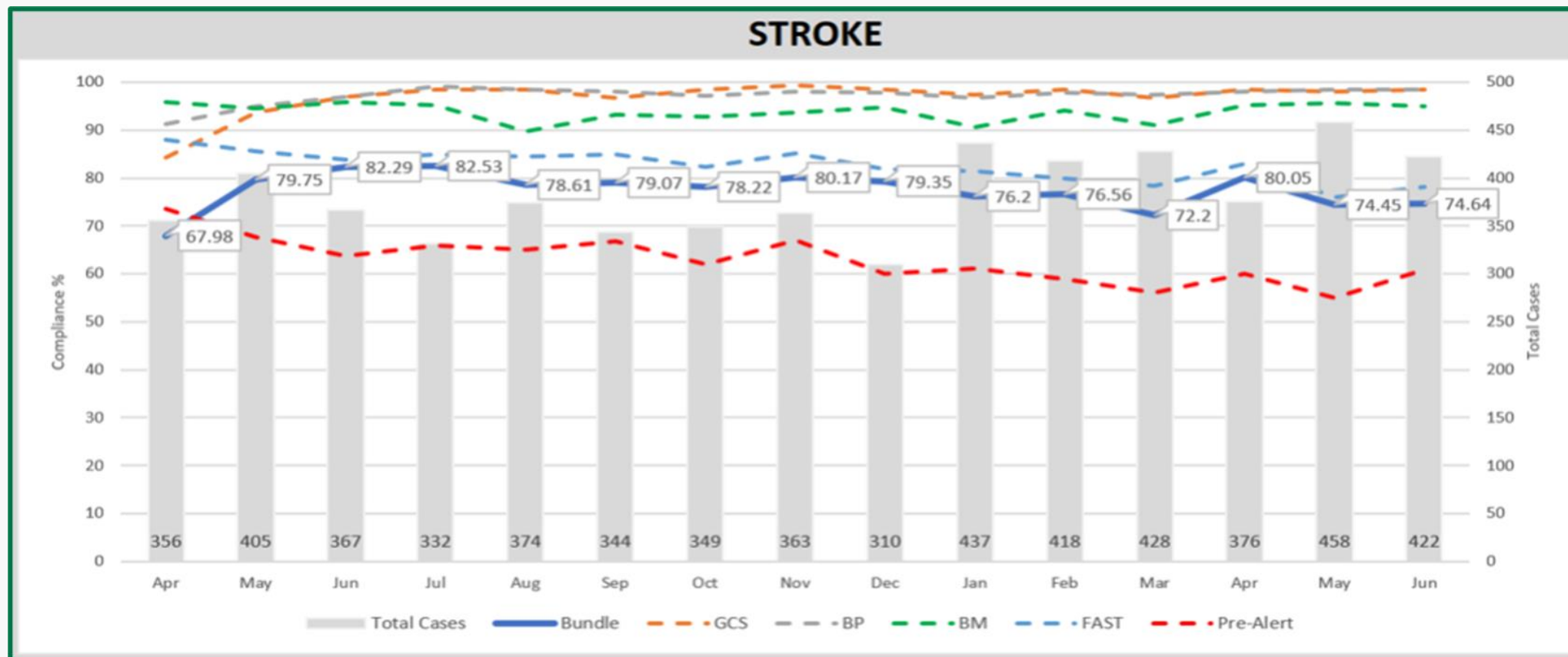
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, Acute Coronary Syndrome Patients with Appropriate Care

(Responsible Officer: Andy Swinburn)

Stroke/Hip
Fracture/Hypoglycaemic
R

Self Assessment:
Strength of Internal
Control: Moderate

QUEST



Analysis

The Trust currently uses ePCR to report on five clinical indicators (CI) to the Emergency Ambulance Services 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 quality assurance audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group (CIAG) prior to approving publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive quality assurance audits are contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application, change requests have been submitted to Terrafox and are being processed.

Remedial Plans and Actions

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 (commissioning intention) include:

- (1) Call to door time for STEMI and Stroke and;
 - (2) Reporting on Outcomes (by response type).
- There is a lot of work required to agree and then report on these indicators:

Q3 (Oct – Dec 2022)

- (1) Discussions commenced between the CIAT/HI/NCCU to define 'call to door' and 'at hospital' for the STEMI & Stroke time-based metrics. The various data points available are not always consistently available for all calls so options on the best approach will be discussed and decided on at the CIAG.
- (2) Establish initial requirements with the NCCU for Reporting on Outcomes (by response type), this may be by staff grade, patients conveyed or not conveyed. Initial consideration is to use Stroke and #NOF data.

Q4 (Jan – Mar 2023)

- (1) Work continued with CIAT/HI/NCCU to decide on the most appropriate data points, taking into consideration those used by English Ambulance Trusts to look at potentially comparing like-for-like data. HI have produced sample data (December 2022) for discussion at CIAG which has representation from the NCCU. Review potential data points for use as test data/discussed with NCCU. Test reporting with initial data points/discussed with NCCU.

April - June 2023

- (1) The criteria and reporting format for STEMI and Stroke time-based metrics were agreed, and the dashboard was presented to CIAG with data from April 2022. Approve time-based metrics for ASI reporting, this will be via CIAG when presented.
- (2) Submit sample data (December 2022) to CIAG for the Reporting on Outcomes (by response type). Due to various priorities, this work is ongoing.

July - September 2023

- (1) The data points are being reviewed for v2 to consider the '1st available time'. This may ensure more incidents are included.
- (2) This work is ongoing due to various priorities and capacity.

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 has been in place since October 2022 in some areas.

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

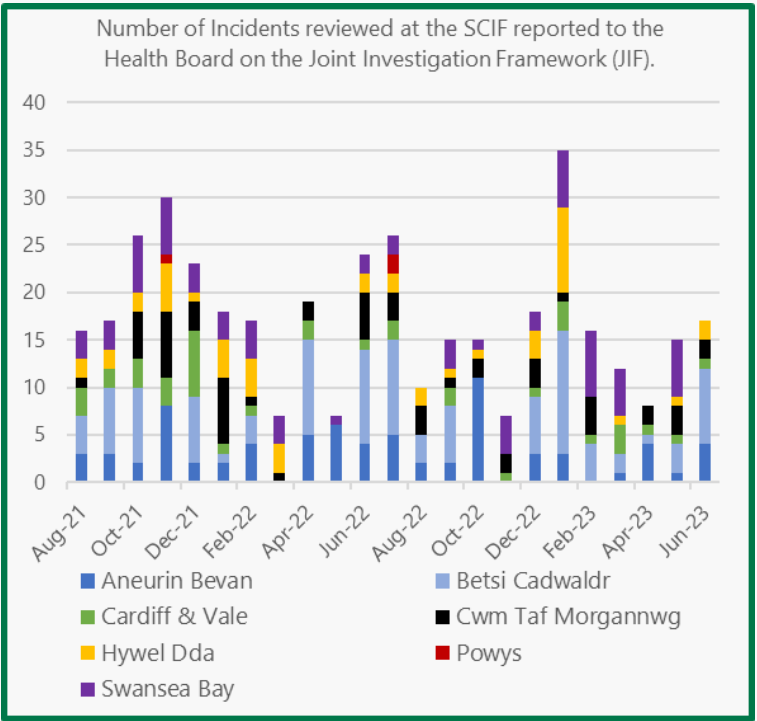
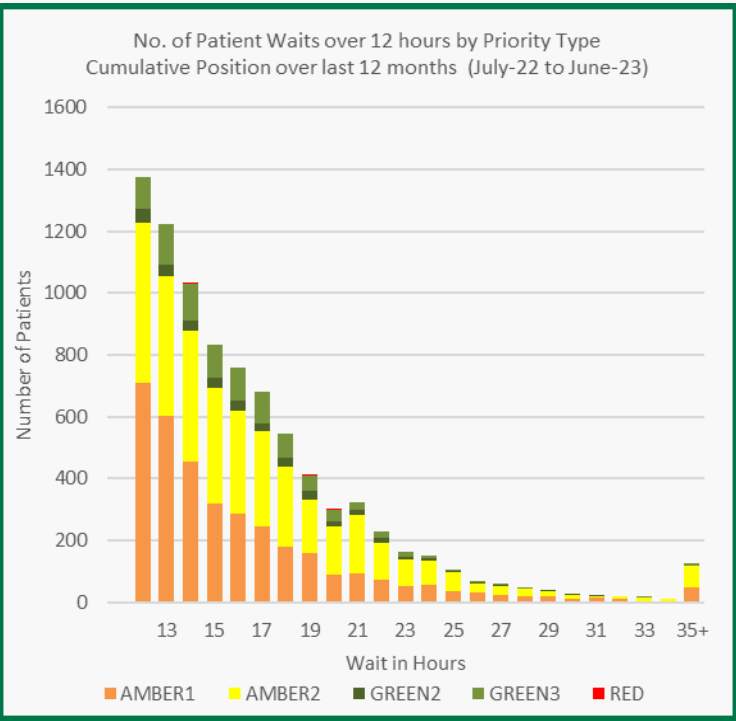
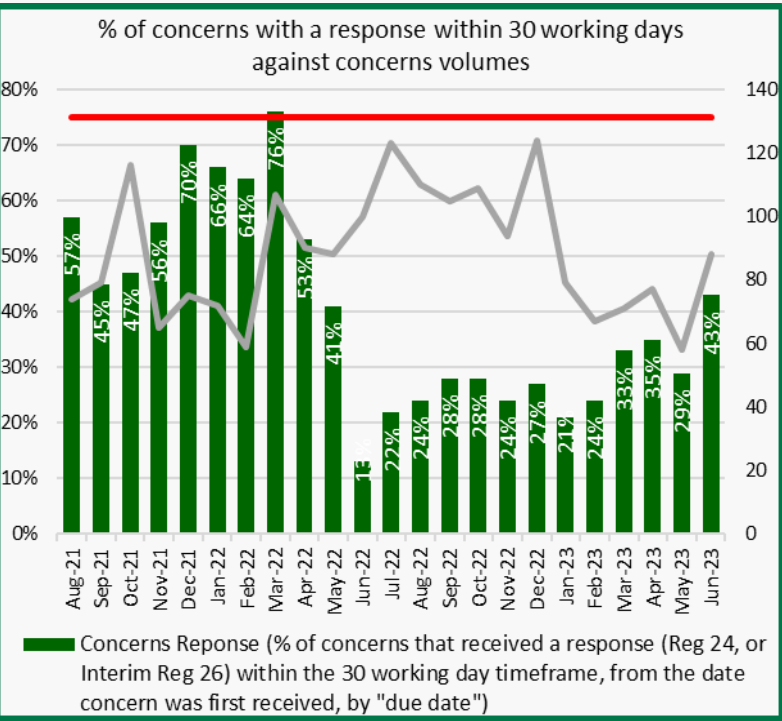
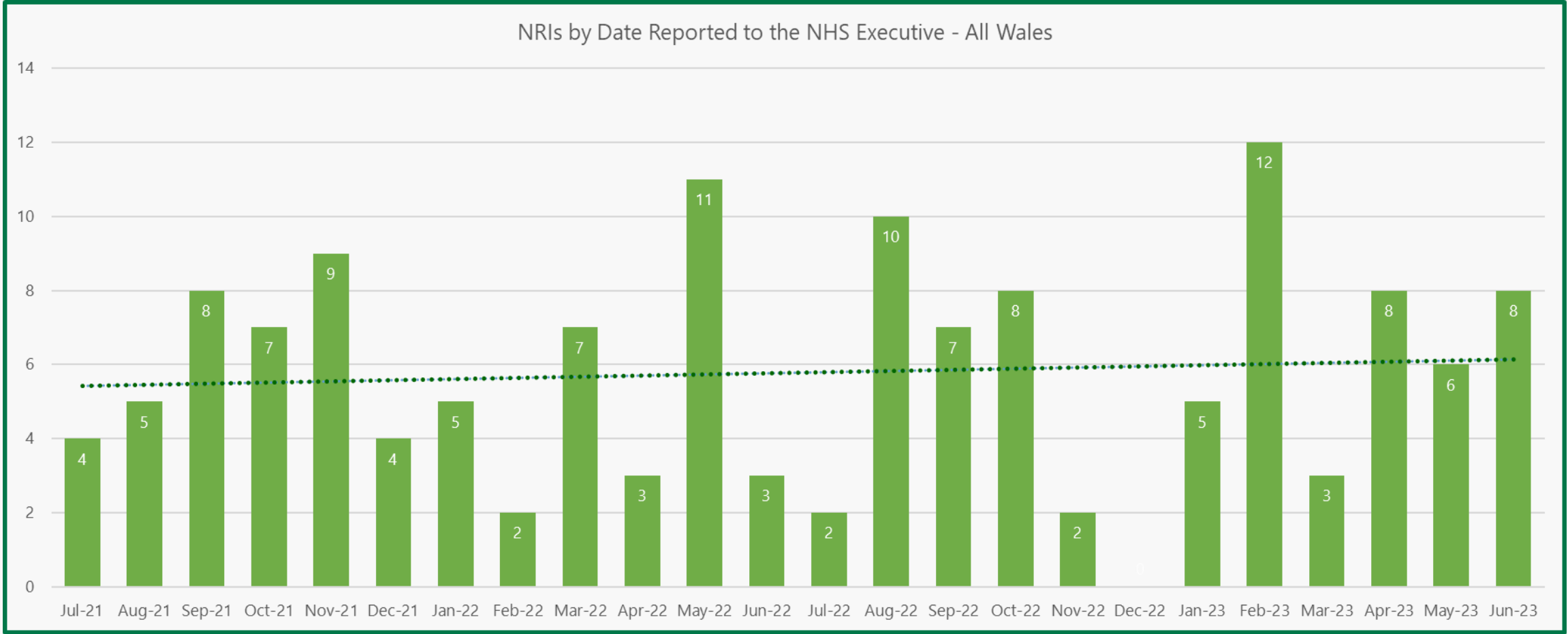
(Responsible Officer: Liam Williams)

NRI.
A

Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health - Safe Care
/ Timely Care



Analysis

The percentage of responses to concerns in June 2023 is 43% against a 75% target (30-day response) which is a slightly improved position. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns is now increasing again with 88 complaints being received in June 2023. These complaints are frequently complex with our concerns administrators frequently taking lengthy calls from distressed patients or family members for up to one hour per call. From April 2023 the 2-day acknowledgment measure for complaints has been revised to a 5-day acknowledgement measure (98% compliance May 2023). This is to bring the Putting Things Right Regulations in line with Duty of Candour. The 2-day measure will continue to be monitored internally due to the fragile position currently.

Six Serious Case Incident Forums (SCIF) were held during the month and 27 cases were discussed. Following discussion eight serious patient safety incidents were reported to the NHS Wales Executive (Delivery Unit) and seventeen cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received no referrals from Health Boards under the Joint Investigation Framework during the period.

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

In June 2023, 351 patients waited over 12 hours for an ambulance response, which is an increase on the 264 reported in May.

66 Compliments were received from patients and/or their families in June 2023.

Remedial Plans and Actions

A range of actions are in place:-

Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the EMS Coordination Team. An organisational change process is planned across the Putting Things Right functions in quarter three 2023/24. Additionally, we are working closely with the Trust's Wellbeing Team to understand what additional support can be provided to staff across the Putting Things Right functions.

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

The Joint Investigation Framework is now formally in place across NHS Wales and is referenced in the recently published NHS Wales National Policy on Patient Safety Incident Reporting & Management (May 2023) which has been formally adopted by the Trust.

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

The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

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

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

Welsh Ambulance Services NHS Trust

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

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

Our Patients: Quality, Safety & Patient Experience

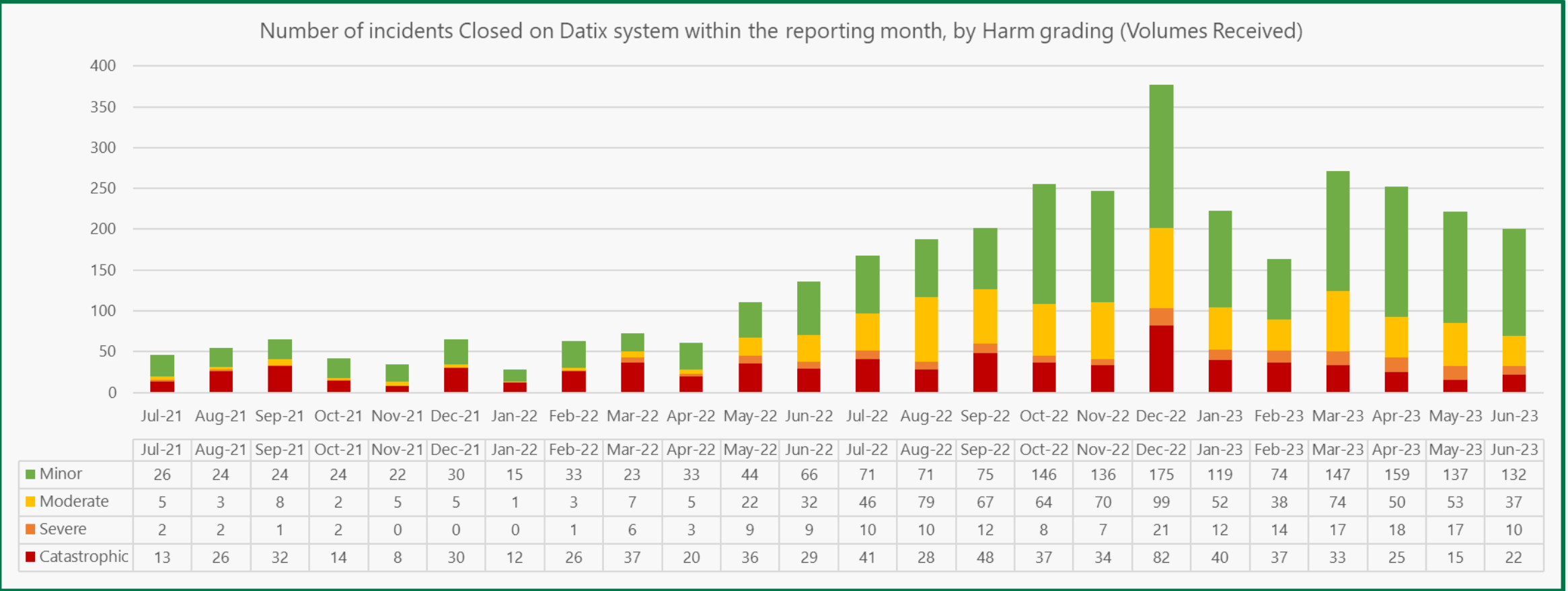
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis

Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported and further work to develop a dashboard is in progress. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

- No harm or hazard – 115
- Minor harm – 132
- Moderate harm - 37
- Severe Outcomes - 10
- Catastrophic - 22

(*NB: Volumes received).

The bottom graph highlights the 332 Incidents that were closed on the Datix system in June 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. It is expected that the combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service will involve additional activity for the Putting Things Right team.

Early informal engagement on the structure of the Putting Things Right team has begun ahead of the formal organisational change process planned for quarter 2 2023/24 which will consider our local and national priorities and resources to meet the needs of our patients and families.

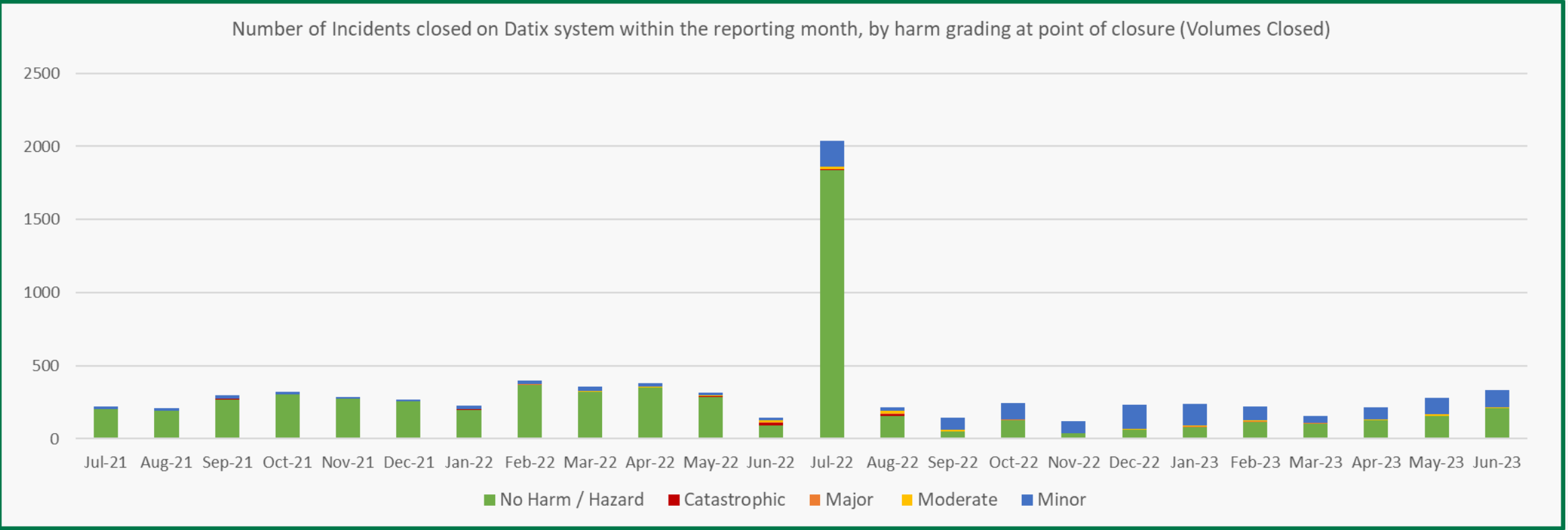
The Trust is represented at national networks including Duty of Candour, Complaints, Mortality, Claims and Redress and Datix Cymru development groups as resources allow.

Work is progressing in respect of the development of dashboards to inform reporting and oversight internally with Health Informatics and through the national Once for Wales team (Datix Cymru).

Expected Performance Trajectory

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

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



Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

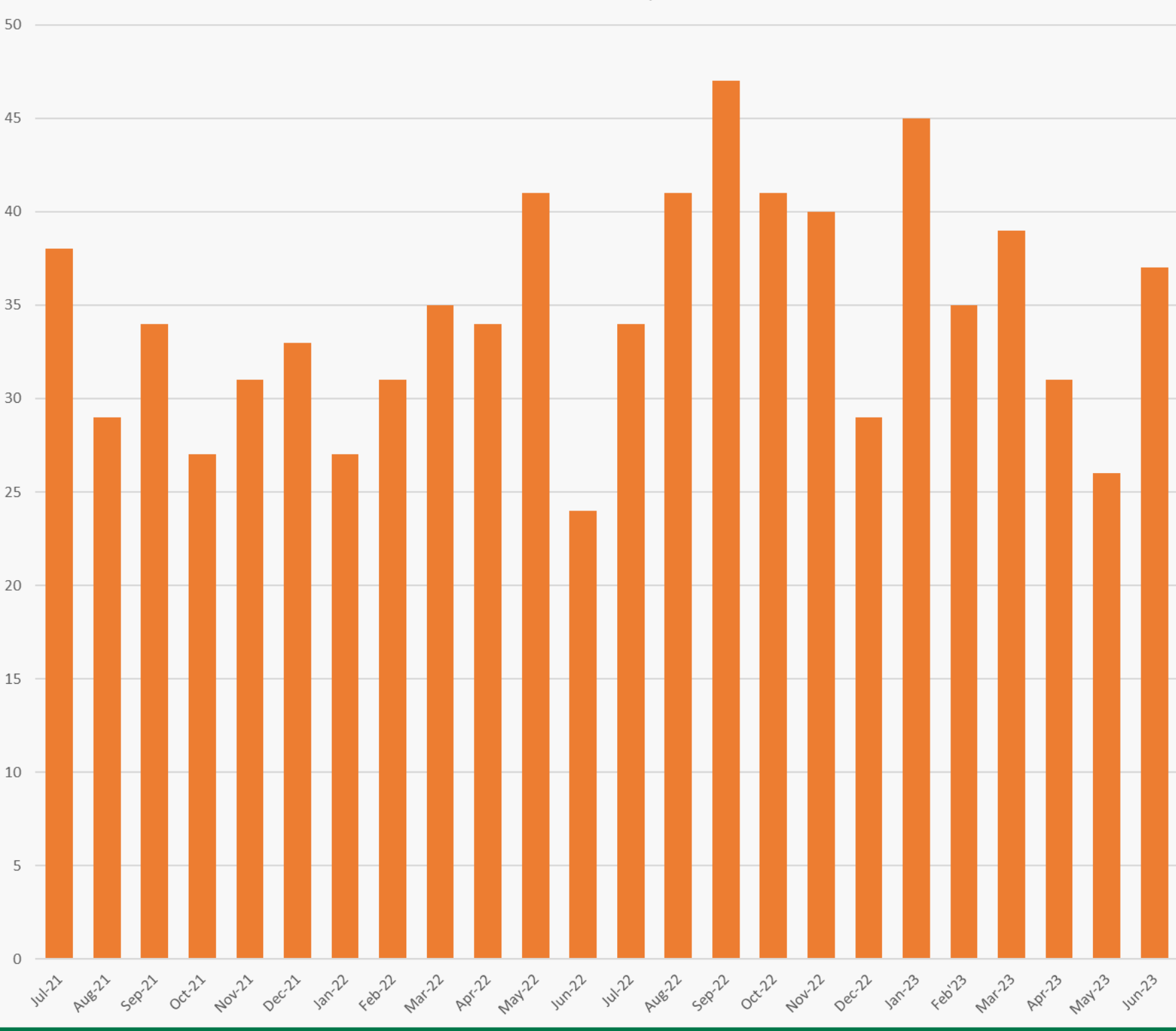
Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care

Total Number of Coroner Requests - Pan-Wales



Analysis

Coroners: The number of in month request continues to be higher than pre pandemic. This increased number of approaches is now the norm, rather than the exception. The complexity remains high, with multiple statements per approach. The Trust is moving the cases from the Datix web system (legacy) to the new Datix Cymru system. This will affect how we record our data and what we will be able to report on, as we come in line with an all-Wales format. Additionally, 50% of the staff managing coroner and Road Traffic accident cases have not been in work this financial year.

At the end of June 2023 there were 506 claims open; these relate to Personal Injury (70 Claims); Personal Injury - Road Traffic Accidents (61 Claims), Clinical negligence (131 claims); Road Traffic Accident (223 claims) and Damage to Property (21 claims).

Ombudsman: There are currently 10 open Ombudsman cases in June 2023. At present cases are not being investigated, which supports the Trust's actions. Intermediate actions are being agreed to close without full investigations by the Ombudsman.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. To date the Trust have received over 500 requests for information from the Medical Examiner Service.

To date the Trust has not received any requests to undertake a Level 2 mortality review of patients in our care under the new processes in place across NHS Wales. Currently the focus of the Medical Examiner Service is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service from September 2023 when an increase in activity for requests / reviews for the Trust is expected..

The NHS Wales Executive (Delivery Unit) is leading a thematic review of 'do not attempt cardiopulmonary resuscitation' (DNACPR) processes across Wales with an initial workshop held on 23 May 2023 with WAST representation. The outcomes and learning from the day are being collated to inform next steps.

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed and the Team has had to introduce a new process surrounding the notification of summons to inquest. This has affected the timeliness of our case registration and distribution. The number of cases where staff are giving evidence for continuity purposes has reduced and the number where staff are giving evidence as the Trust is an IP has increased significantly, representing a quarter of all open cases. This also has a significant impact on the capacity of the Team, as these cases require considerably more management.

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

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach and our internal framework has been approved at the Clinical Quality Governance Group and an internal mortality group (learning from deaths) is being established, closely aligning to the Serious Case Incident Forum.

Representation and contribution by the Trust at the All-Wales Mortality Working Group will continue and a task and finish group has been established to review the process for contacting families following their meetings with the medical examiners. Additionally, the Trust are engaged in the meetings lead by the Once for Wales Datix Cymru team who are developing the Datix Cymru Mortality Module currently.

Expected Performance Trajectory

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

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

Data source: Datix

Mortality Reviews Data source: Internal Web Application

Our Patients: Quality, Safety & Patient Experience

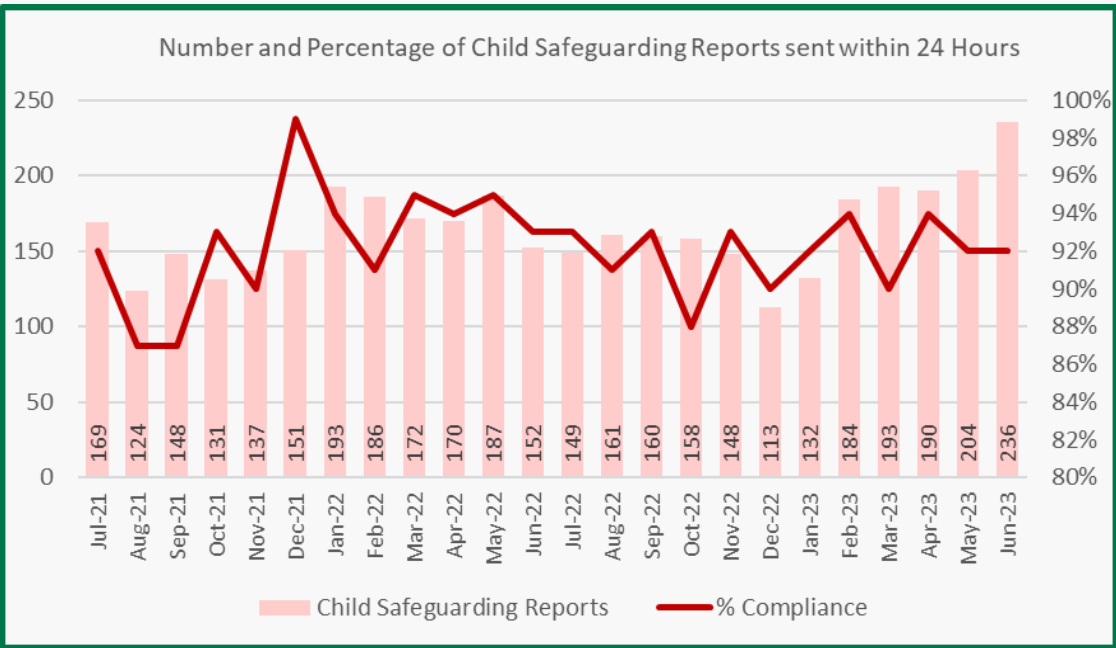
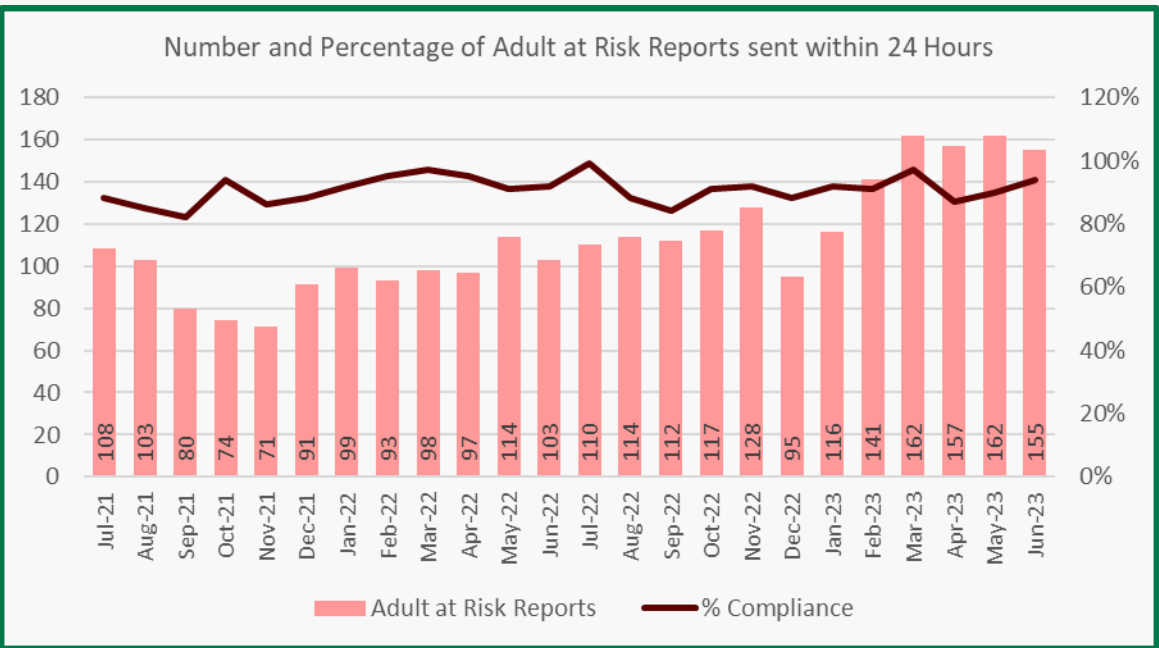
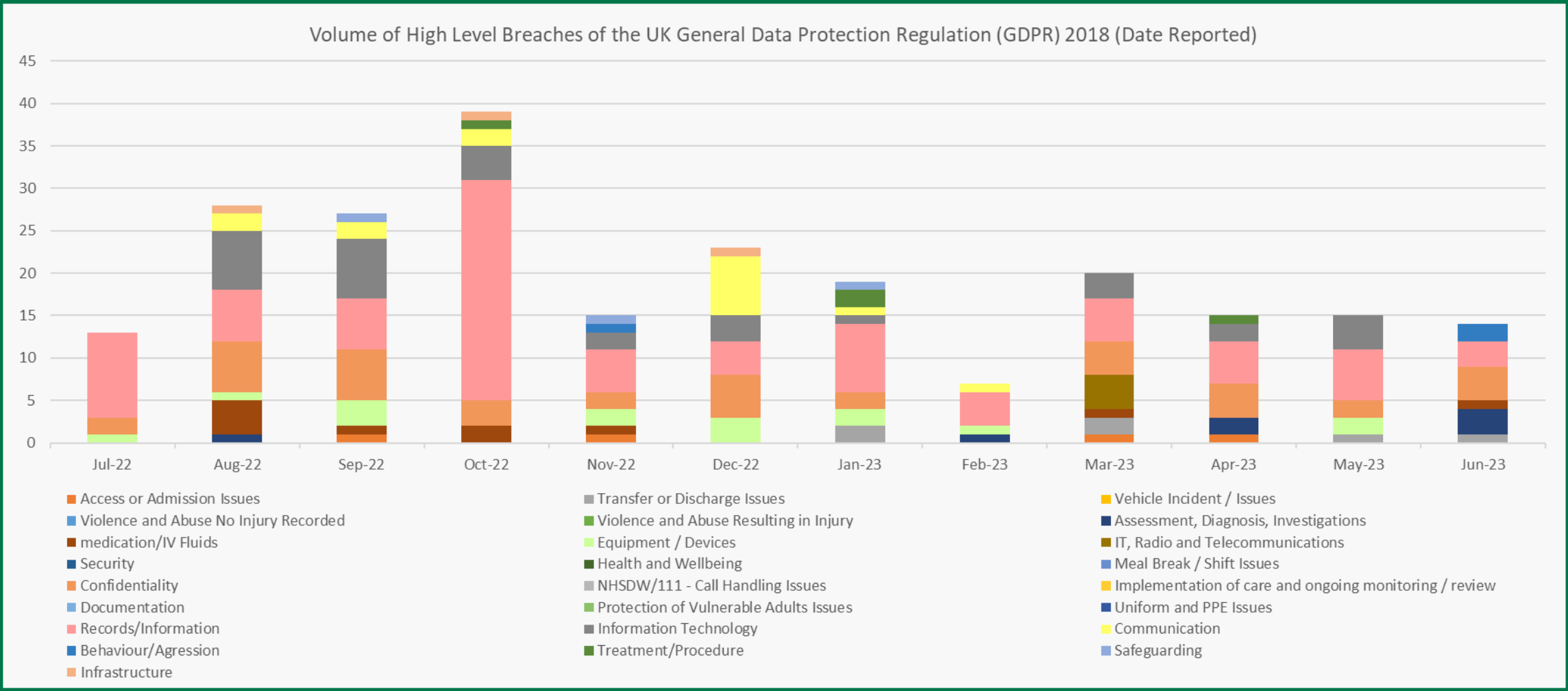
Safeguarding, Data Governance & Public Engagement Indicators

Self-Assessment:
Strength of
Internal Control:
Strong

QUEST

(Responsible Officer: Liam Williams)

Health & Care
Standard
Health – Safe Care



Analysis

Safeguarding: In June 2023 staff completed a total of 155 Adult at Risk Reports, 94% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 476 referrals were received and processed to the local authority during this reporting period.

There have been 236 Child Safeguarding Reports in June 2023, 92% of these were processed within 24 hours.

Data Governance: In June 2023 there were 14 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 14 breaches, 5 related to information governance/confidentiality, 3 records/information, 3 assessment/diagnosis, 2 behaviour/aggression and 1 medication/IV/fluids.

Public Engagement: During June, the Patient Experience and Community Involvement Team attended 17 community engagement opportunities, engaging with 1,600 people. This month our engagement has incorporated attendance at several large-scale equality and diversity events including Cardiff Mela and Pride Cymru. At engagement events throughout the month, we continued to use engagement opportunities to listen to people's experiences of using our services and to recruit people to join our People & Community Network. During June we also continued to promote series of Patient Reported Experience Survey's (PREMS), asking people to provide feedback about their interactions with our services. Outcomes of our engagement results collected from surveys remain consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999. 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 Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support staff with the use of the Docworks Scribe App and liaise with local authorities when or where required. Numbers of paper safeguarding reports have significantly reduced with the embedding of Docworks; however, they are used as a back-up and are sent directly to the Safeguarding Team for further action. Continued monitoring supports practice in this area which is seeing a steady improvement.

Data Governance: During the reporting period, of the 14-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). 1 incident is in the process of assessment of risk for ICO notification reporting. The IG team has provided advice and determined remedial actions for other relevant incidents where appropriate.

Public Engagement: Community involvement and engagement with patients/public will form an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECE Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PECE Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. The new 'Once for Wales' Patient Experience Recording solution Civica is now slowly being embedded across the Trust and reporting on feedback received through the system will become central to a new Welsh Government reporting framework. Monitoring feedback received and satisfaction scores given by service users will also become a KPI used by the PECE Team.

Expected Performance Trajectory

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

Data Governance: The submission for the FY22-23 IG Toolkit closed on 30th June 2023.

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

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

Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

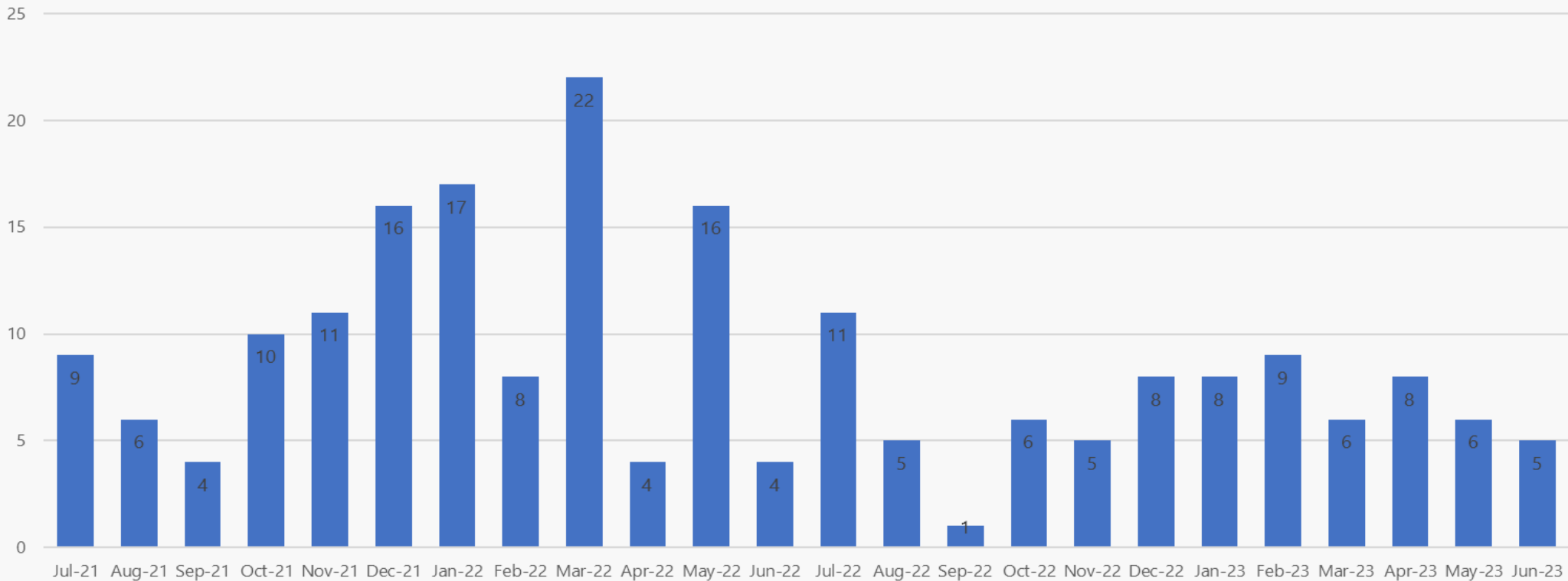
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

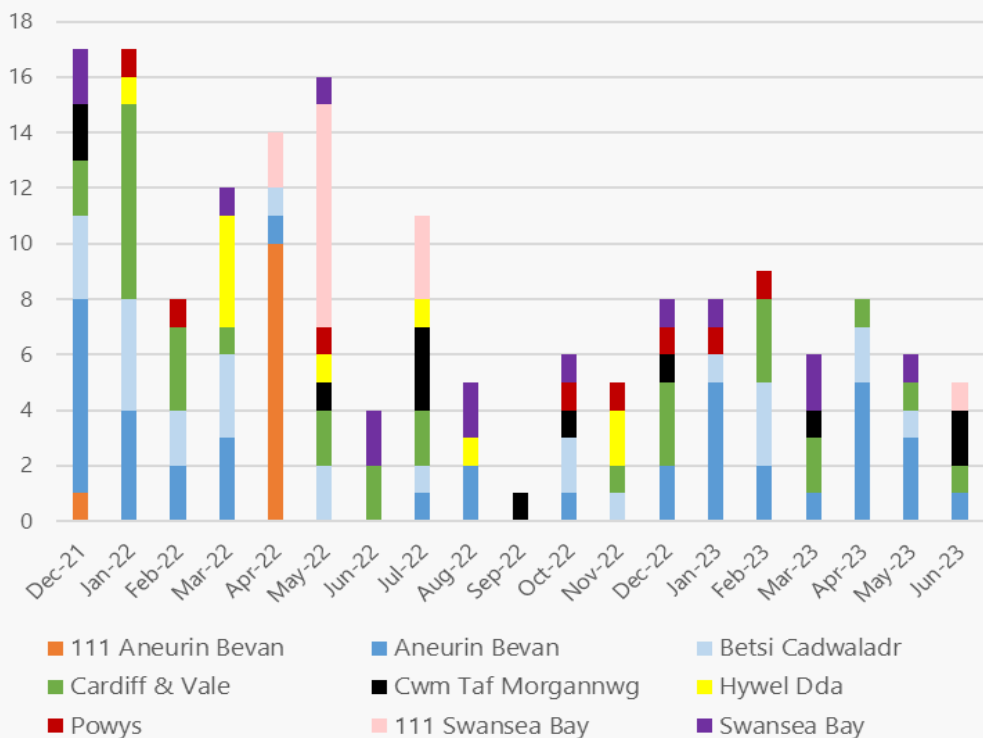
PCC

Health & Care
Standard
Health – Safe Care

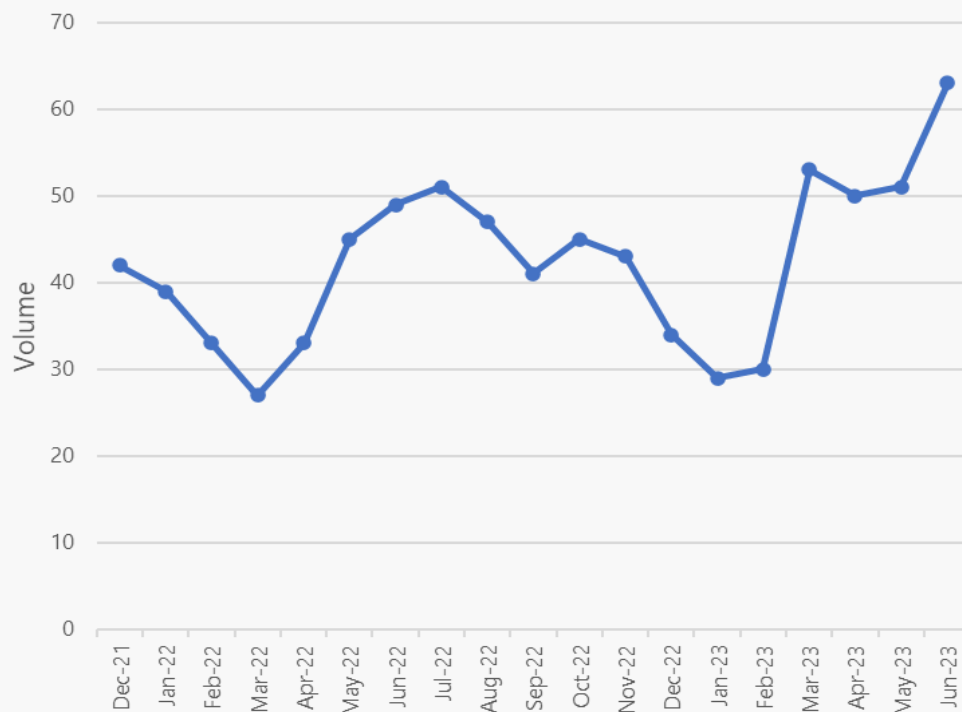
Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Total Violence & Aggression Reports by Month



Analysis

RIDDOR: There were 5 incidents requiring reporting und RIDDOR during June 2023. All were due to staff being absent from work for over 7 days as a result of their injury. 3 of the RIDDOR reports were as a result of Manual Handling whilst moving patients, 1 was a Slip/trip incident and 1 was from contact with an object. Four of the incidents occurred at the patient's property where we have little control over the environment, 2 were whilst using vacuum mattress where greater control of the manual handling method used may have prevented the incident.

80% of the reports were completed within the reporting required timeframes the reduction in reporting on time percentage was due to late notification of the injured person being absent form work for over 7 days to the Health and Safety team. Communication between the Health and Safety Team and the incident investigators continues to provide high levels or reporting performance.

Risk 199 remains rated 15. The revised Health and Safety Policy and Safety Annual Improvement Plan has articulated actions required to implement the controls identified in the risk that will beneficially impact the risk rating during this financial year.

Violence and Aggression: The number of V&A incidents reported in June 2023 increased to 63 for the month. Physical Assaults on staff increased to 4 in this reporting period with incidents of verbal abuse increasing to 9.

Remedial Plans and Actions

RIDDOR: The importance of good manual handling techniques in the prevention of muscular skeletal injuries is of vital importance a deep dive of manual handling incidents is ongoing to identify common causation and propose a suitable action plan.

RIDDOR performance continues to be presented in monthly reports and service units business meetings.

Violence and Aggression: Collaborative working with AACE regarding V&A training is continuing with the aim of improving the current training to better support staff. Particularly around clinical restrictive physical intervention.

Reestablishment of the Strategic Anti-Violence Collaborative will commence next month continuing to improve working relationships with all four Welsh police forces and Crown Prosecution service and the Trust

Toolbox talks , raising awareness of case management support are taking place across the Region by the Case Manager & V&A Manager to support staff and raise awareness, it is planned to establish regular interaction with staff directly affected by incidents of V&A.

Expected Performance Trajectory

RIDDOR: The reporting of Trust-wide incident statistics has seen an increase in reporting in a number of areas. This is to be encouraged as it provides valuable data that can be trended to identify immediate and underlying causes that can be address by the Health and Safety Team.

Violence and Aggression: Work is continuing in the development of further DATIX dashboards to allow for further scrutiny into V&A incidents by both operational area and Health Board Area with the aim of influencing local interventions where required.

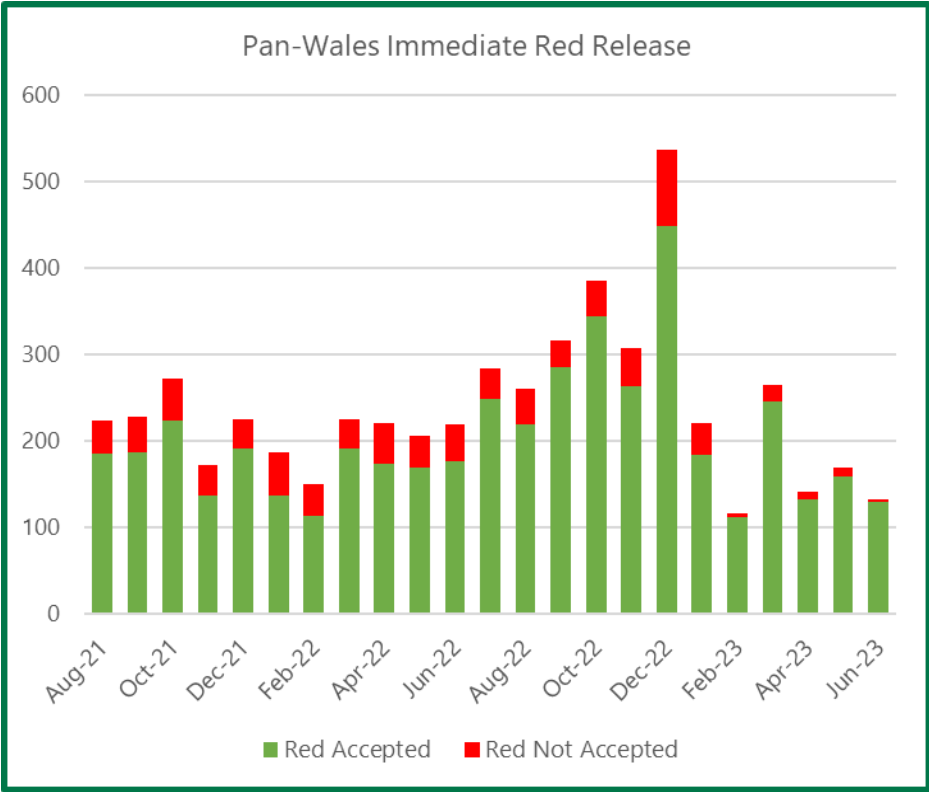
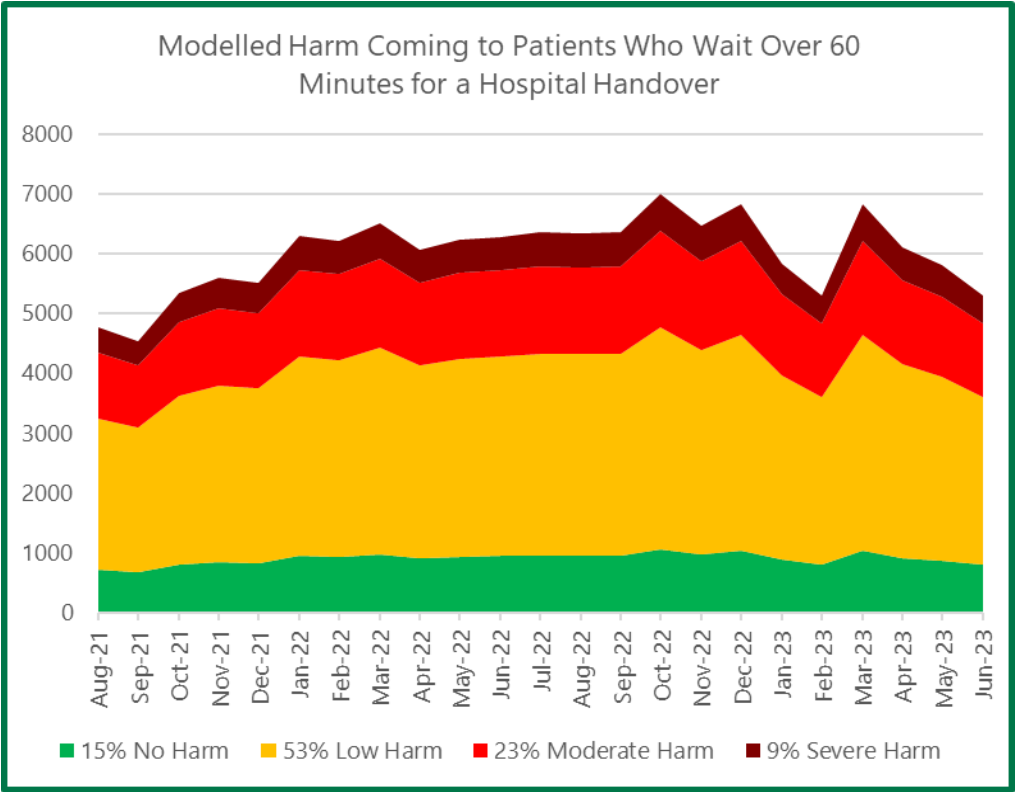
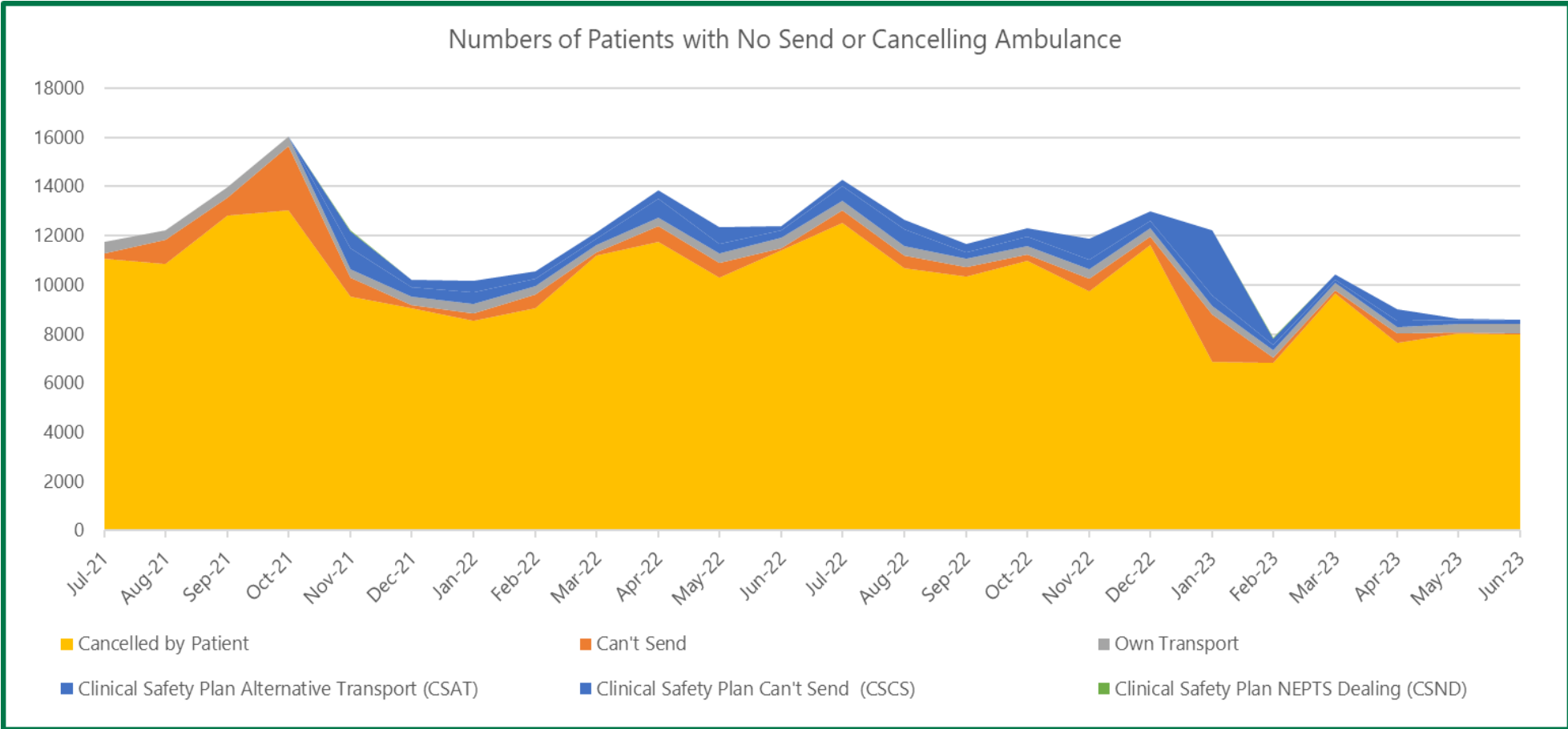
**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

Data source: Datix

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Safety & Patient Experience

Escalation and Patient Experience



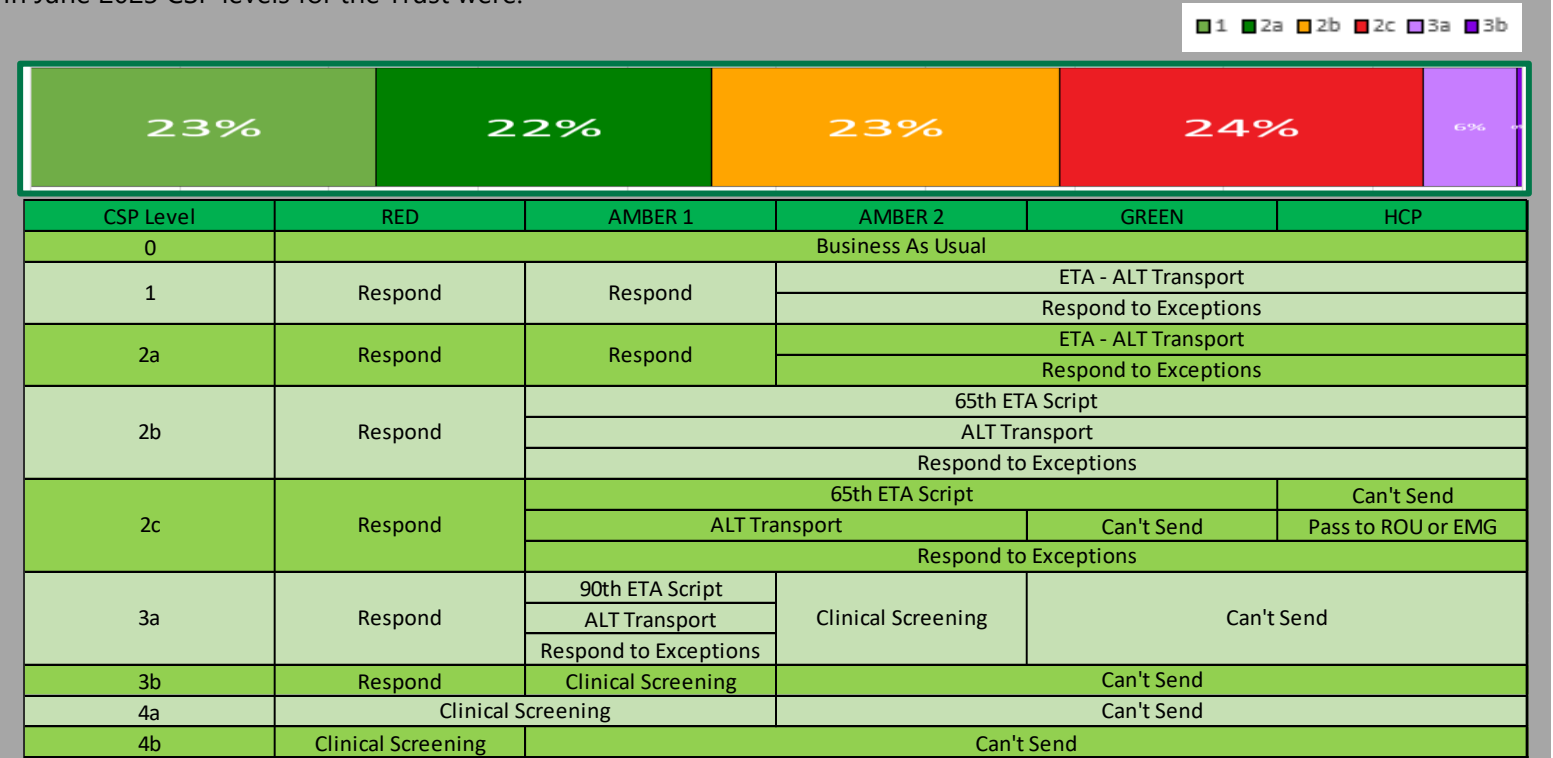
Analysis

In June 2023, 177 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 57 were stopped as a result of CSP 'Can't Send' options. In addition, 7,987 ambulances were cancelled by patients (including patients refusing treatment at scene) and 331 patients made their way to hospital using their own transport.

There were 478 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in June 2023. Of these 130 were accepted and released in the Red category, with 3 not being accepted. Further to this, 99 ambulances were released to respond to Amber 1 calls, but 246 were not.

The graph in the bottom left shows that in June 2023 of the 5,311 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (797 patients) would experience no harm, 53% (2,815 patients) would experience low harm, 23% (1,221 patients) would experience moderate harm and 9% (478 patients) would experience severe harm.

In June 2023 CSP levels for the Trust were:



Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

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

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

G

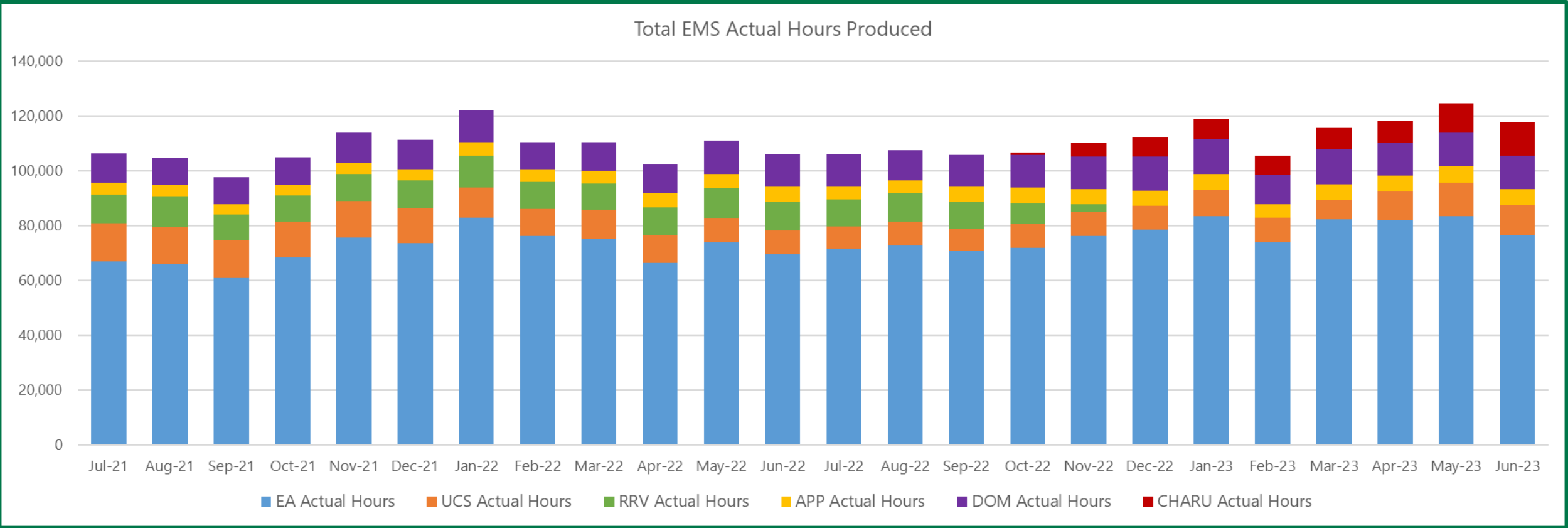
Abstractions

R

CI

PCC

FPC



Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In June 2023, total EMS abstractions (excluding Induction Training) stood at 34.02%. This was a slight decrease from the 34.28% recorded in May 2023. However, this percentage remains above the 30% benchmark figure set in the Demand & Capacity Review. The highest proportion of abstractions was due to annual leave at 15.69% followed by sickness at 8.47%. This figure for sickness abstractions for June 2023 was lower when compared to the same month last year (10.07%).

Emergency Ambulance Unit Hours Production (UHP) was 92% in June 2023 (76,577 Actual Hours). CHARU UHP achieved 139% (11,996 Actual Hours) compared to 121% in May 2023 (this is the commissioned level not the modelled level). The total hours produced is a key metric for patient safety. The Trust produced 117,574 hours in June 2023, which is higher than the 124,692 hours produced in May 2023.

Remedial Plans and Actions

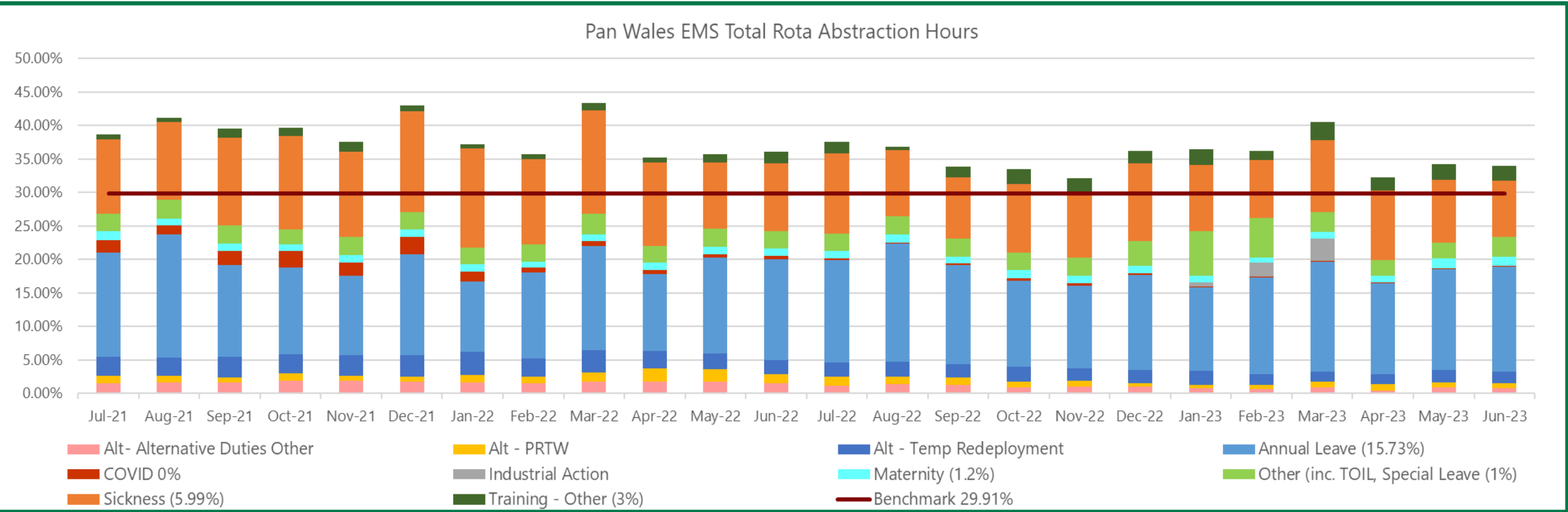
The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks.

The Trust has a budgeted establishment of 1,761 FTEs for 2022-23. This is changing due to internal movements e.g., new APPs, EMT3s, maximising the inflow of NQPs. The vacancy factor has been very low with a prediction to widen to 5% by August, which will be reviewed.

The Trust is currently widening out its focus on sickness absence to look at all abstractions recognising that abstractions are already regularly reviewed in Operations performance meetings.

Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to EMT.



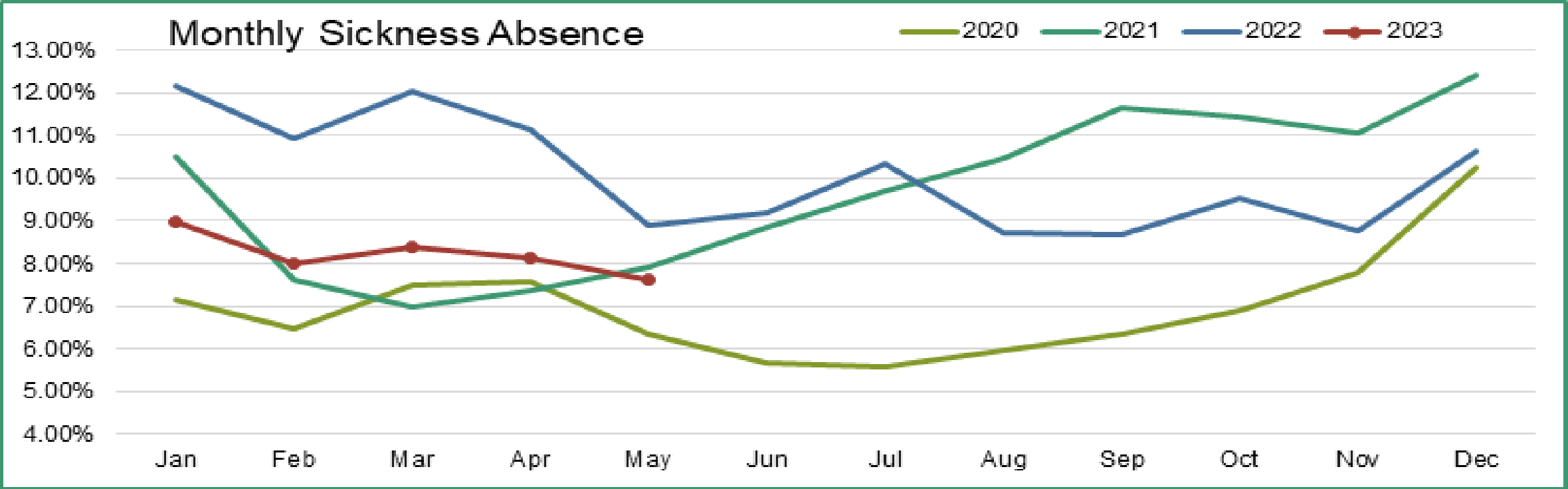
Our People

Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



NB: Sickness data will always be reported one month in arrears.



Analysis

There was a decrease in sickness absence in May, decreasing from 8.04% in April 2023 to 7.60% in May 2023. Short-term absence also decreased from 3.09% in April to 2.67% in May, and this was also true for long-term absence, declining from 4.95% in April to 4.93% in May.

Indicative figures (as of 22.06.2023) show a further decrease in sickness absence in June 2023 to 7.22%, with long term absence showing a decrease to 4.37% and a small decrease in short term absence to 2.85%.

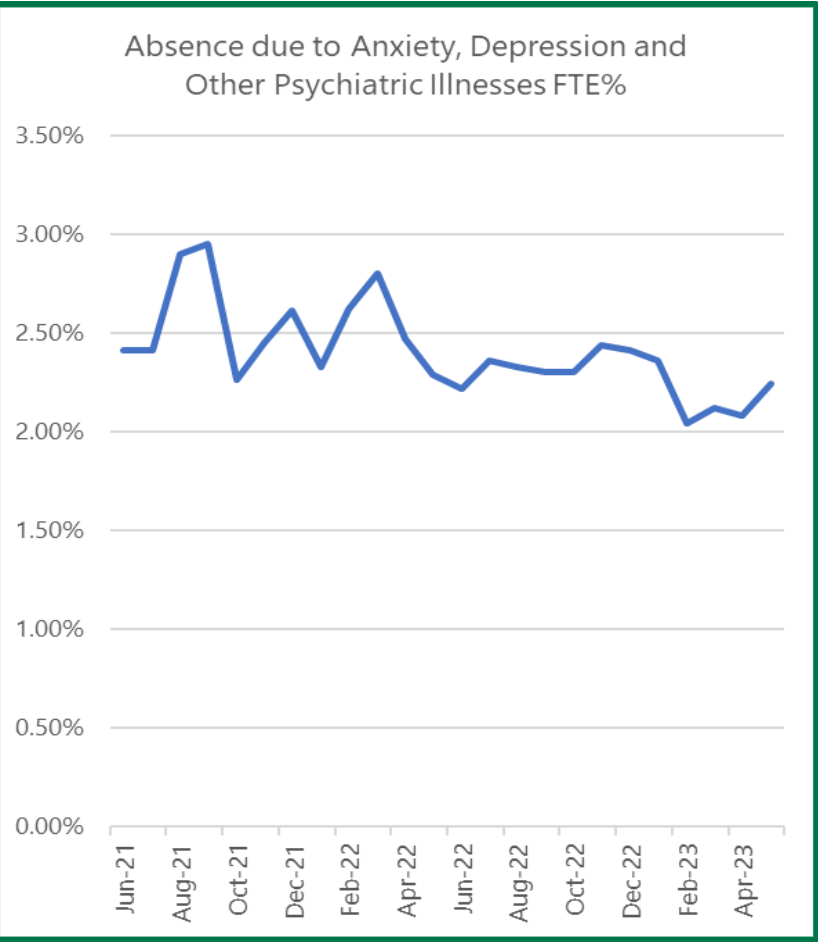
The number of long COVID cases continues to decline with 1 colleague absent (as of 22.06.2023) with long COVID compared to 15 in July 2022.

Remedial Plans and Actions

- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
 - The findings of the audit displayed common themes across all areas within the Operational Directorate, including missing paperwork, no return-to-work meeting and inappropriate discretion applied.
 - Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.
- Indicative figures for short term absence in June 2023 shows an increase to 2.85% from 2.67% in May. The highest reasons for short term absence in May & June 2023 are Anxiety/ Stress/ Depression, Musculoskeletal, Cough/ Cold/ Flu, Headache/ Migraine and Gastrointestinal problems.
- Physiotherapy: 38 referrals were received in May 2023; this was 7 less than April 2023.

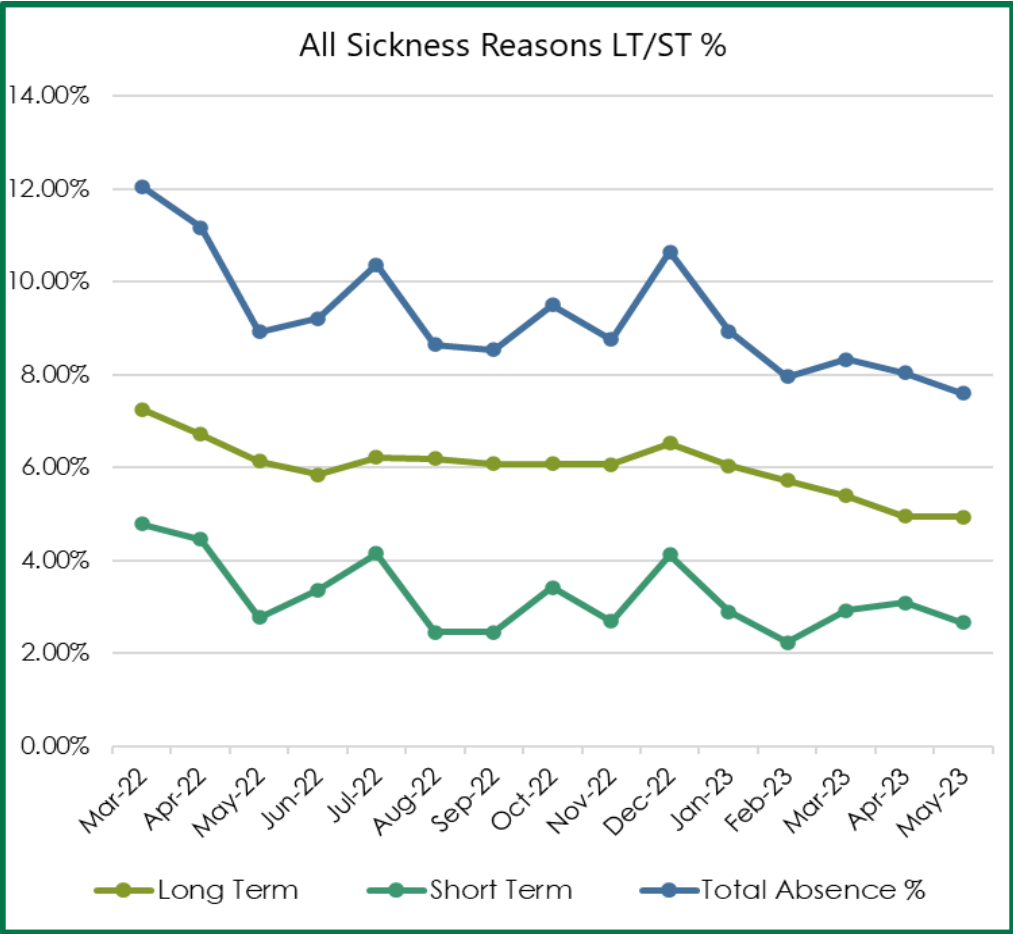
Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.



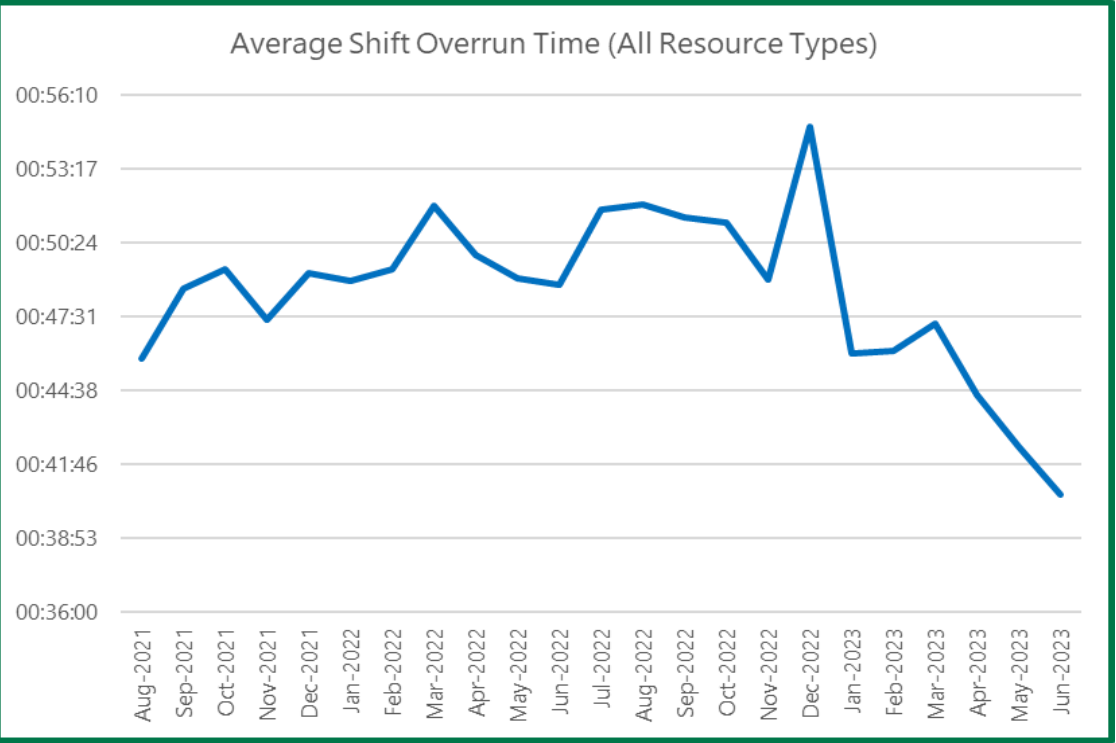
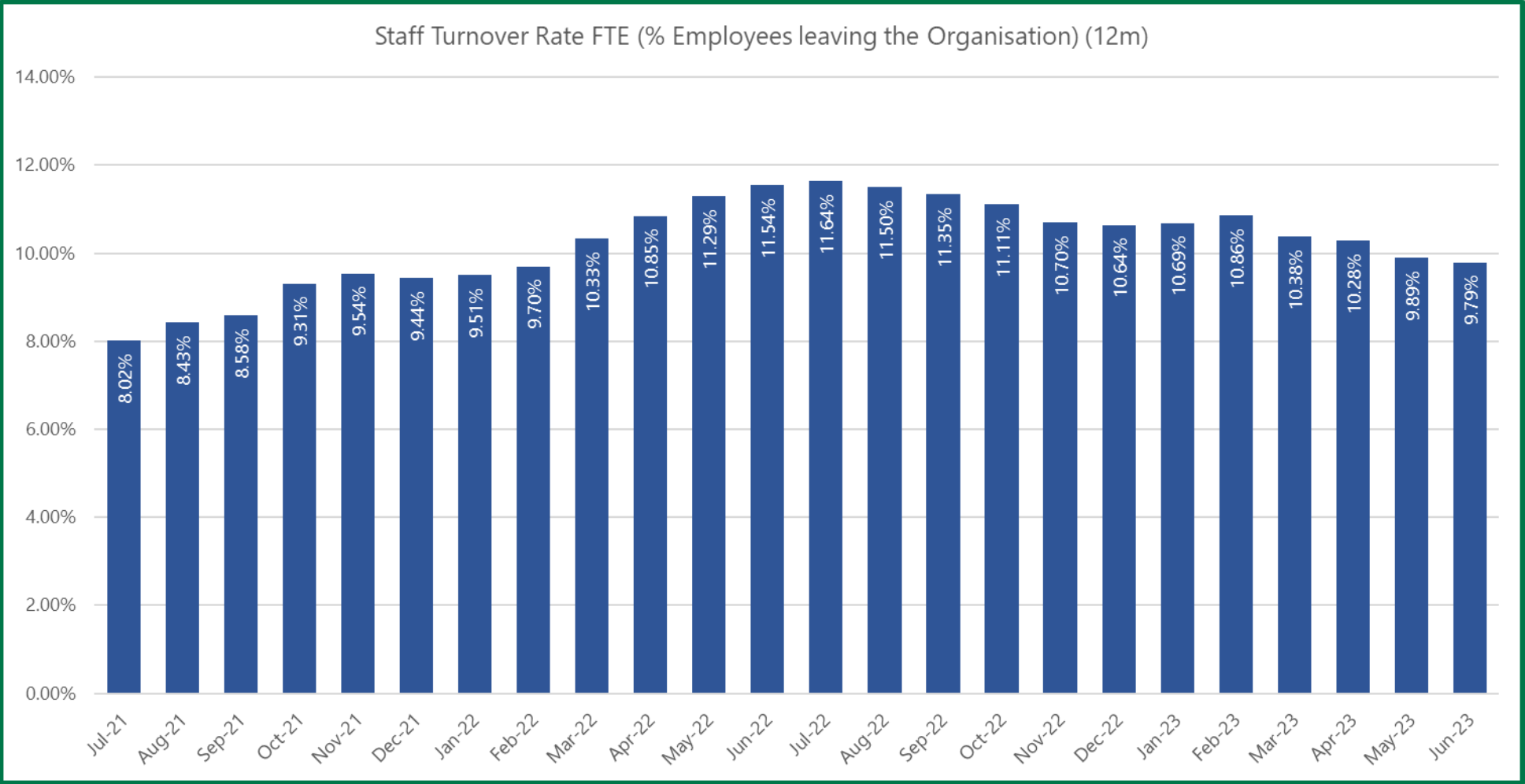
Average working days lost per FTE (Annual)	
20.25 days	
Single month Absence %	
7.60%	
Long Term	Short Term
4.93%	2.67%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.24%	1.29%

May 2023



Our People

Capacity - Turnover



May-23	FTE by Post
Org L4	
020 Ambulance Care L4 (NX10)	908.09
020 Emergency Medical Services L4 (DX04)	1,785.90
020 Integrated Care L4 (DX03)	435.19
020 National Operations & Support L4 (DX02)	134.57
020 Resourcing & EMS Coordination L4 (DX05)	347.03
Grand Total	3,610.78
Ambulance Response	1536.81
020 Ambulance Care L4 (NX10) ACA2/Team Leaders	281.2

Analysis

Staff turnover rates in June 2023 were 9.79%. However, rates have gradually been declining since they peaked in July 2022, with the current monthly rate being the lowest reported since February 2022. Staff leave the Trust for a variety of reasons including promotions, relocations, culture and due to the pressures of NHS working.

WAST remains committed to colleague wellbeing, and ensuring appropriate provisions are in place to support colleagues. We have an EAP which enables our people to access support 24/7, with access to counselling. We continue to deliver workshops for colleagues on stress, and wellbeing and resilience to support them in their roles. We have had guest speakers join our Circle of Support and Women’s Health Group this month, delivering talks on cold water swimming and how to deal with chronic pain. We continue to run health promotion, having focused on mental health awareness week and men’s health more recently.

Remedial Plans and Actions

Accessible financial wellbeing support is available to colleagues through a dedicated page on Siren. The page links to a short video presentation outlining available support, ideas shared through the digital suggestion box which remains open to all colleagues (including our volunteers) and broader employee benefits information. A podcast has been recorded with the Money & Pensions Service and will be shared through communications platforms in April 2023.

The WAST Voices Network held its first Advocate meeting in March 2023 and activity continues relating to themes of misogyny and sexual safety within the organisation. Reverse mentoring relationships have been established and the impact of these will be measured after 2 sessions of Senior Leaders hearing from lived experience of these issues.

Work around improving the preparedness of new colleagues has begun and we now facilitate group discussions around anti racism and sexual safety at all welcome sessions. We are also capturing organisational culture experiences through the 3 months check in carried out with all new colleagues. The allyship programme continues to be rolled out for current colleagues and where required, team interventions taking place.

A volunteer wellbeing package has been put together and the OD Team are running monthly evening Warm WAST Welcome sessions for new volunteers.

WAST Outdoors initiatives being trialled.

Expected Performance Trajectory

The situation regarding wellbeing of staff remains challenging, many of the difficulties and frustrations are difficult to influence and change. Management development will continue with a focus on people skills and support with robust wellbeing offers so colleagues know where to get support. The People and Culture Plan will continue to highlight that employee experience and culture contribute to overall wellbeing.

The wellbeing offer is regularly reviewed and fully described on SharePoint.

Our People

Culture - Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

PCC

CI

Health & Care
Standard
- Health (PPI)

NB: Flu – Next reporting schedule is October 2023

Analysis

Flu: The 2022-23 Flu Campaign has officially come to an end, concluding data collection as of 28th February 2023. During the campaign 1,813 flu vaccines administered by Occupational Health Vaccinators and Peer Vaccinators (including flu vaccines administered to PHW staff / Students / HCS staff etc.) Of these vaccines administered within the Trust, 1,601 were received by WAST staff. There was a further 289 given to staff elsewhere (i.e., GP surgery, COVID Booster setting) therefore a total of 1,890 WAST staff received the vaccination against flu, equating to 44.5% of the overall workforce. Additional engagement was received from 247 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, concluding the campaign with 50.3% engagement rate.

Both the vaccine uptake and Microsoft Form engagement surpassed that experienced in the previous campaign last year, 2021-22. There was a 6% increase on vaccinations and a 9.6% increase in engagement. Patient facing staff specifically saw a 46.3% uptake of the vaccine this year (a 5.2% increase from last year).

COVID-19: As of end of June 2023, front line (Patient Facing and Non-Patient Facing staff), 94% (4,404) of staff have received a first dose COVID-19 vaccination, 94% (4,377) have received a second dose, 86% (4,026 Staff) have received the Booster 1 vaccination and 51.2% (2,389) have received the Booster 2 vaccination.

Remedial Plans and Actions

Flu: Following a full review of this year’s campaign, recommendations have been devised based on some of the key areas of learning and development. The aim is to streamline current processes, remove duplication of effort and improve engagement with the workforce. It is evident that positive steps have been made, and a number of the lessons learnt from the previous campaign have been implemented. However, there is a range of areas that require continued development for future campaigns. Planning for the next Flu Campaign is expected to start shortly, earlier than ever before.

COVID-19: Welsh Government have been involved in discussions between the four UK Chief Medical Officers (CMOs) regarding the UK Covid-19 alert level. This alert level system has been in operation since May 2020. Its function is to clearly communicate, to the public and across governments, the current level of direct Covid-19 risk. Since September 2022, we have been at level 2. The four UK CMOs have agreed it is appropriate to pause the alert level system. It was suspended on 30 March.

Routine testing will be paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools over the (2023) spring and summer.

Expected Performance Trajectory

The 2022-23 Flu campaign has now concluded. The Trust will continue to monitor influenza and COVID-19 through intelligence gathered by the Forecasting & Modelling Group on a weekly basis. Any learning from southern hemisphere countries will be shared and used for modelling purposes for the 2023-24 winter flu season.

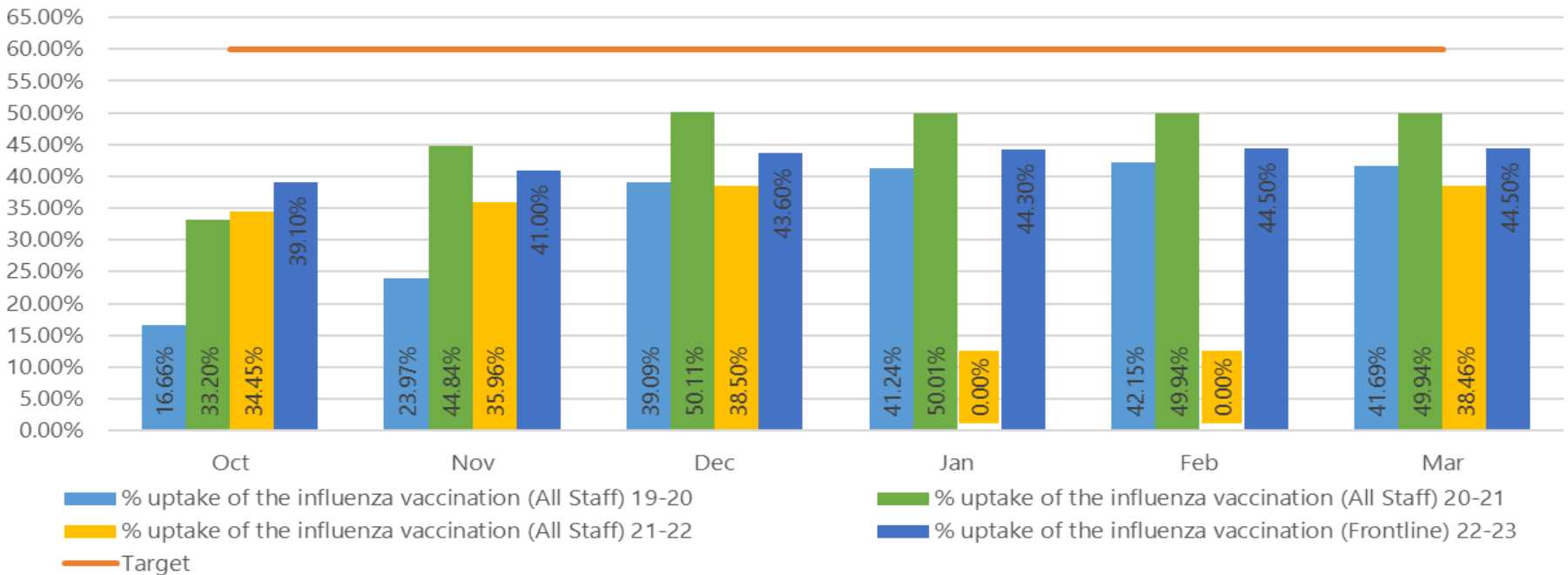
**NB: Due to a technical error in the downloading of data for the Trust are unable to report monthly flu data for January & February 2022.*

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

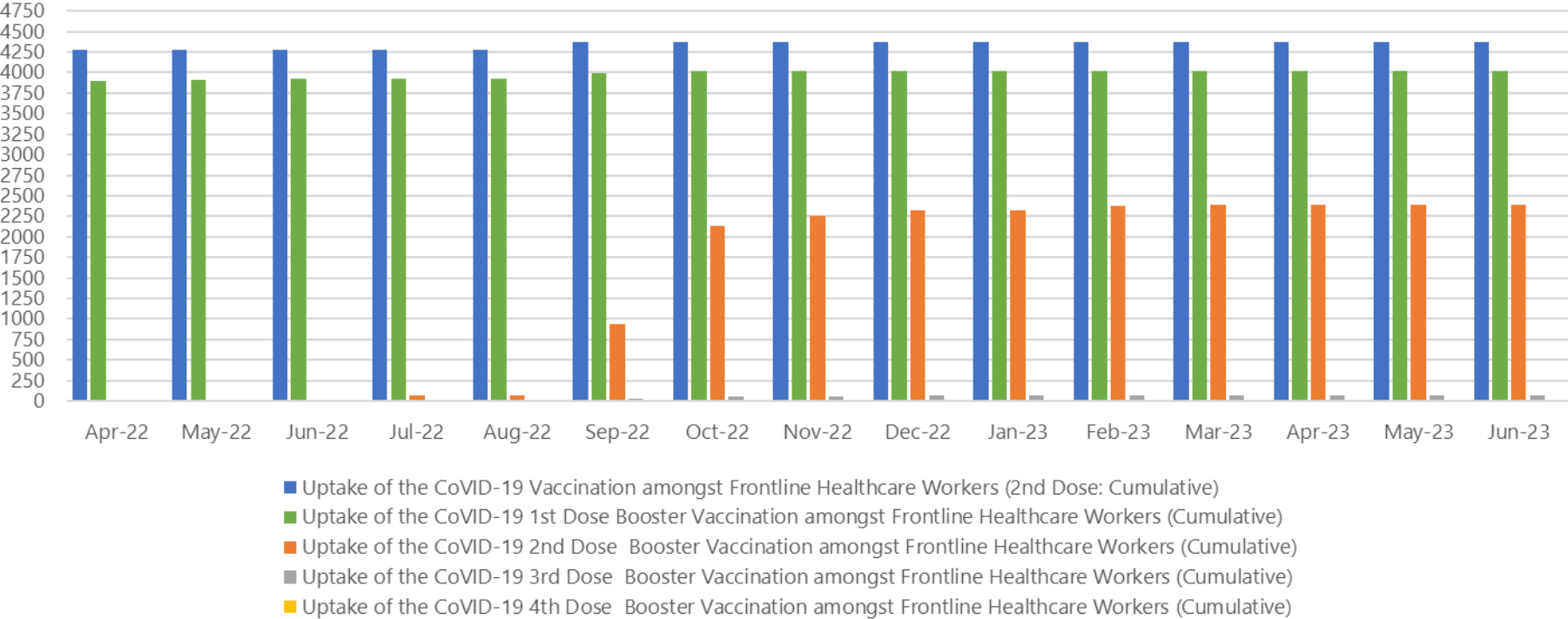
****NB: Flu data accurate at time of publication and subject to change / Spikevax vaccination data correct at time of publication and subject to change.*

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

% Uptake of the Influenza Vaccination amongst WAST Frontline Healthcare Workers



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



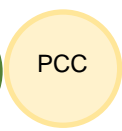
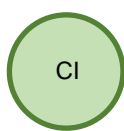
Our People

Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

A

Self-Assessment:
Strength of Internal
Control: Strong



Health & Care
Standard
Health – Staff &
Resources

Analysis

PADR rates for June 2023 increased slightly when compared to the previous month to 73.14% but remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, although current rates are significantly higher than during the same period last year.

In June 2023 Statutory & Mandatory Training rates reported a combined compliance of 77.53%; with Safeguarding Adults (92.1%), Dementia Awareness (91.3%) and Violence Against Women, Domestic Abuse & Sexual Violence (85.8%) all achieving the 85% target. Moving & Handling (78.3%), Fire Safety (75.2%), Equality & Diversity (76.2%), Information Governance (69.5%), and Paul Ridd (50%) all remain below this target. The Paul Ridd course is new and is the reason for a reduction in overall compliance.

There are currently 15 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table below:

Remedial Plans and Actions

At the time of reporting, 1200 of 1,836 EMS colleagues (65.3%), 94 of 284 ACA2 (33%) and 240 of 540 ACA1 colleagues (44.8%) have completed MIST Training days. Sessions continue to be facilitated Pan-Wales through the Education and Training Team, who Continue to manage and monitor these via the online booking system accordingly. Sessions have now completed for the training year 2022/2023, although we may have a small number of colleagues who complete it as a part of their return to work if they have been absent from patient facing duties for more than 6 months.

From the 01 April 2023 e-learning mandated by Welsh Government in relation to Welsh Language will be added to all colleagues' compulsory competencies via ESR. Communication to ensure colleagues are prepared and aware of this continues to be circulated via Siren and Yammer.

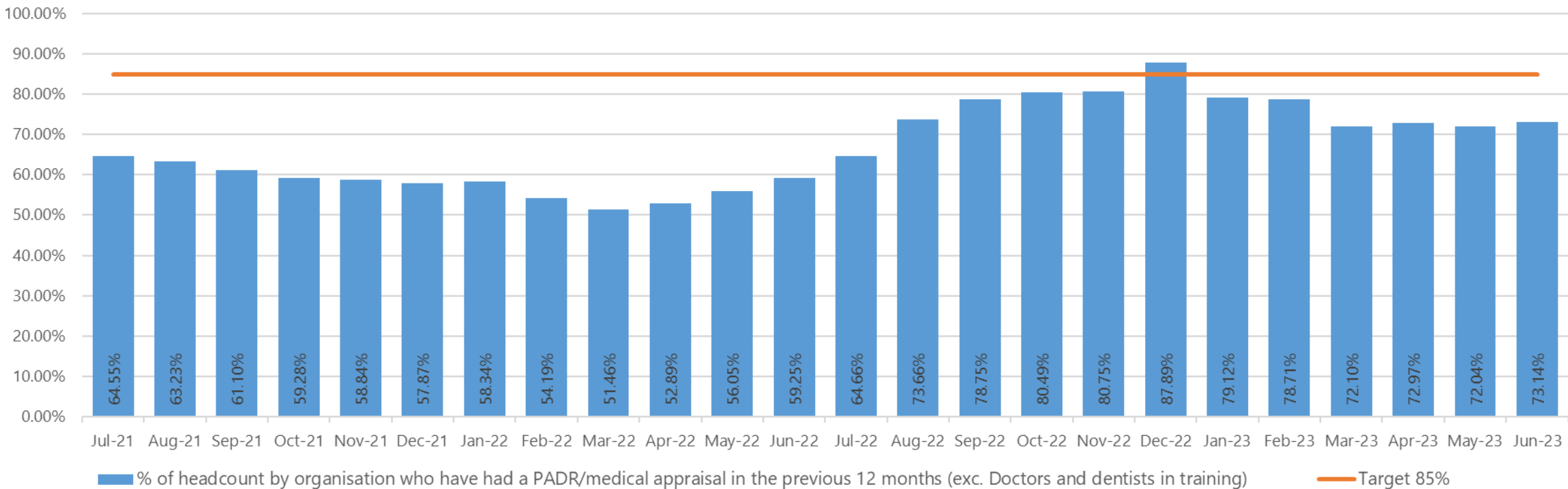
Expected Performance Trajectory

Performance is improving as compliance Has risen in relation to Paul Ridd

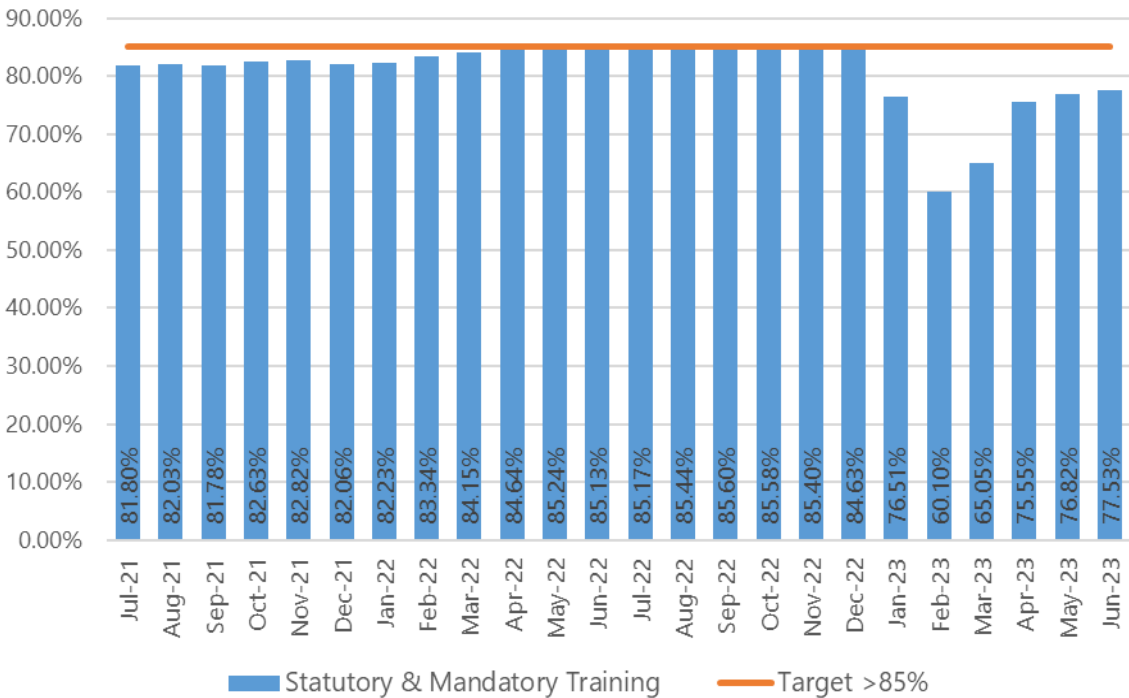
Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years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

Data source: ESR

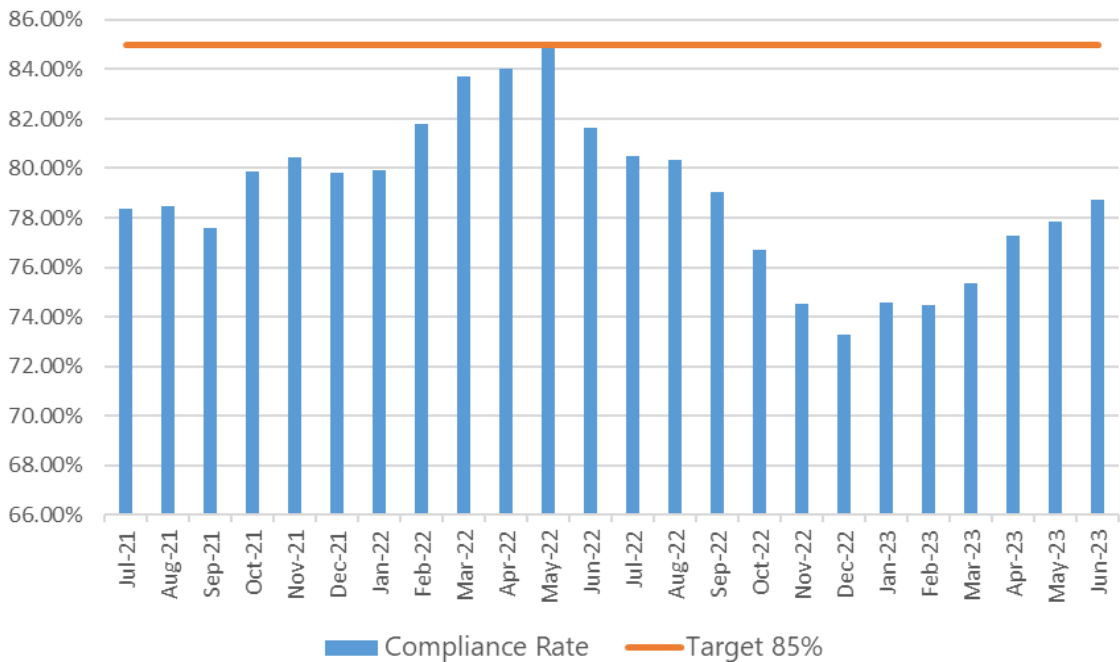
% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



% Compliance Statutory and Mandatory Training (10 CSTF Modules)

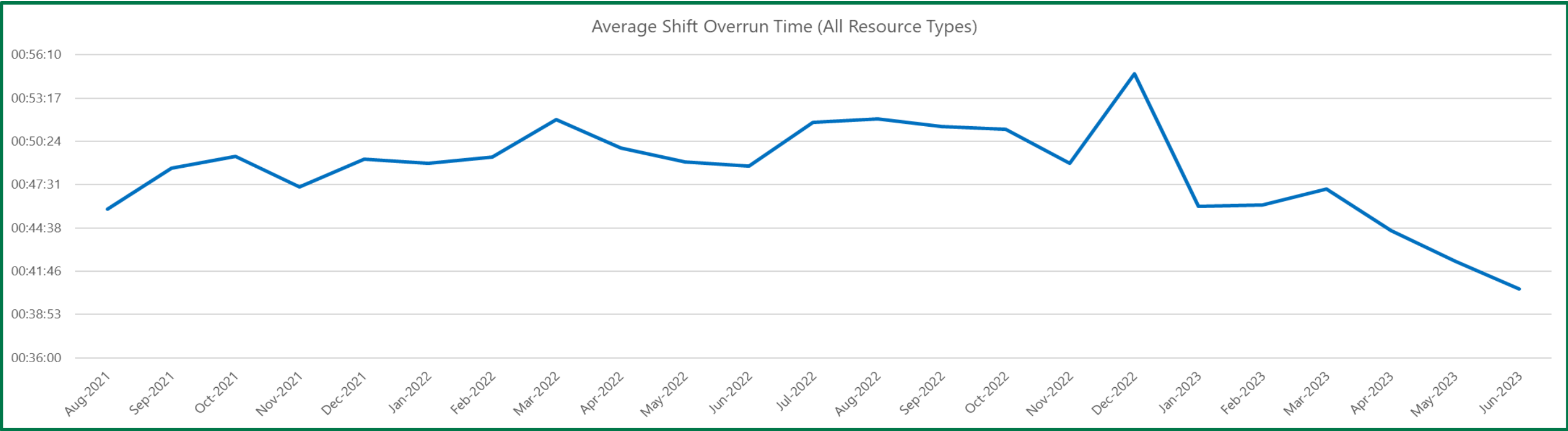


% Compliance for each completed Level 1 competency within Core Skills & Training framework



Our People

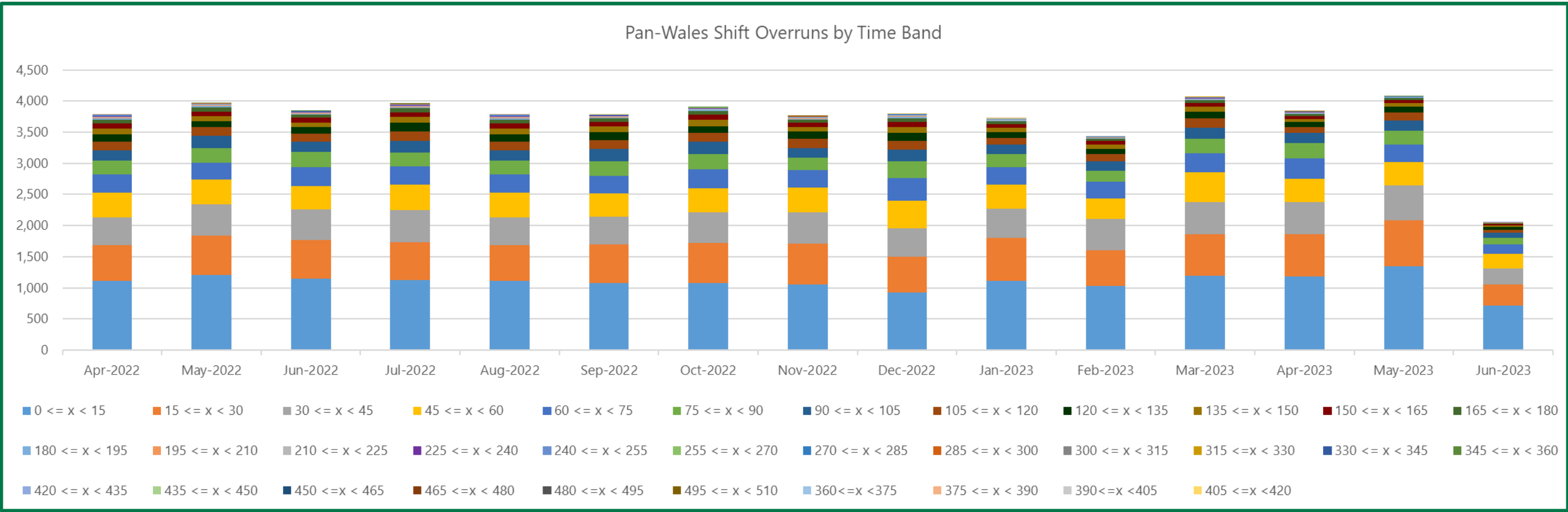
Health and Well-being – Shift Overruns



Analysis

The average shift overrun (for all resource types) in June 2023 was 40 minutes and 36 seconds, a decrease when compared to the previous month (42 minutes and 26 seconds).

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 69.1% of the total. 21.6% fall within the 61 to 120-minute category, 7.8% in the 121 to 180-minute category, 1% in the 181 to 240-minute category and 0.5% in the 241 minutes and over category.



Remedial Plans and Actions

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

Expected Performance Trajectory

A new People and Culture Plan is due to be launched in the coming months along with an accompanying enabling framework that covers People and Culture Directorate Plans that focus on our people.

Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)



Analysis

The reported outturn performance at Month 3 is a deficit of £33k, with a forecast to the year end of breakeven.

For Month 3 the Trust is reporting planned savings of £1.727m and actual savings of £1.820m.

The Trust’s cumulative performance against PSPP as at Month 3 is 96.3% against a target of 95%.

At Month 3 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust’s financial plan for 2023-26 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2023-26 financial plan was submitted to WG following Board sign off on 31st March 2023.

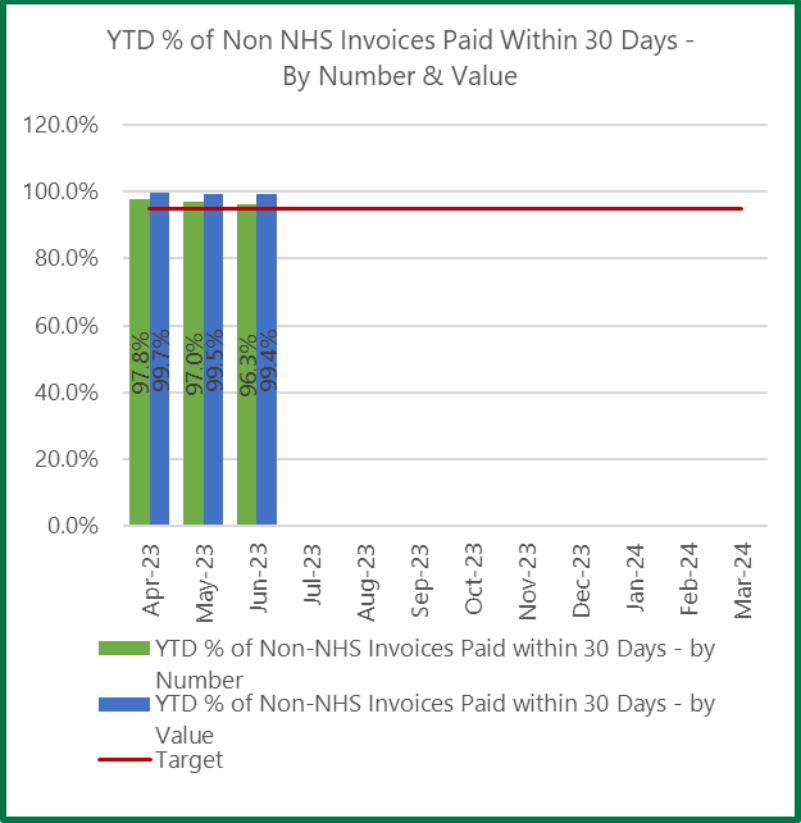
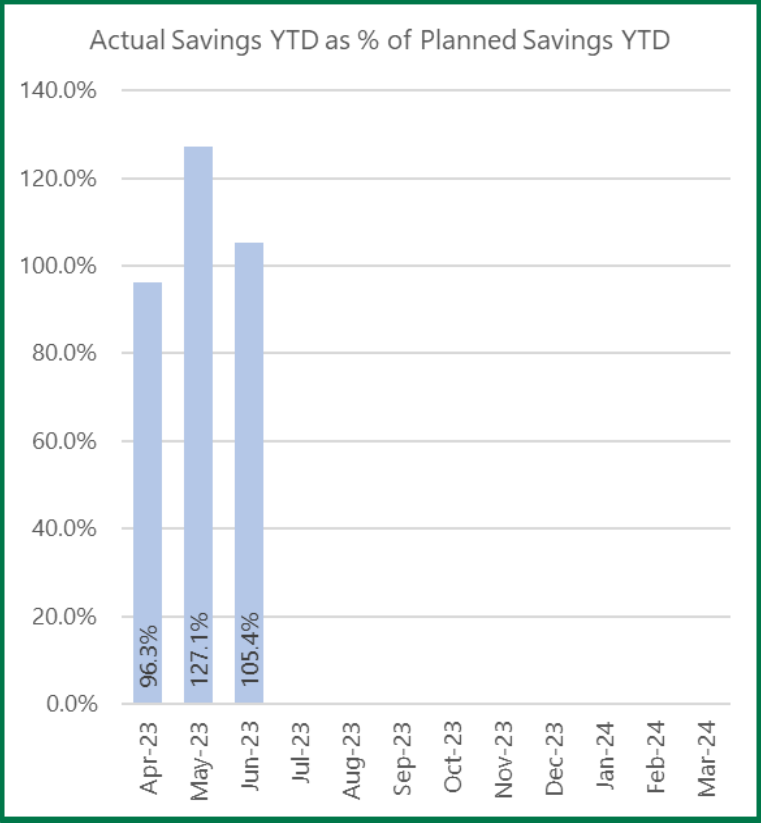
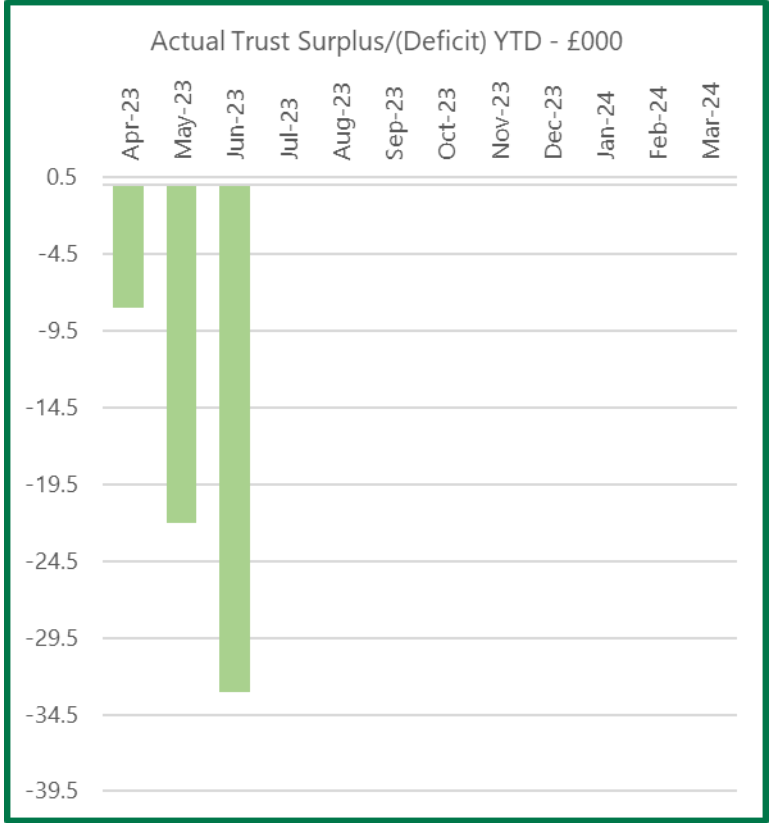
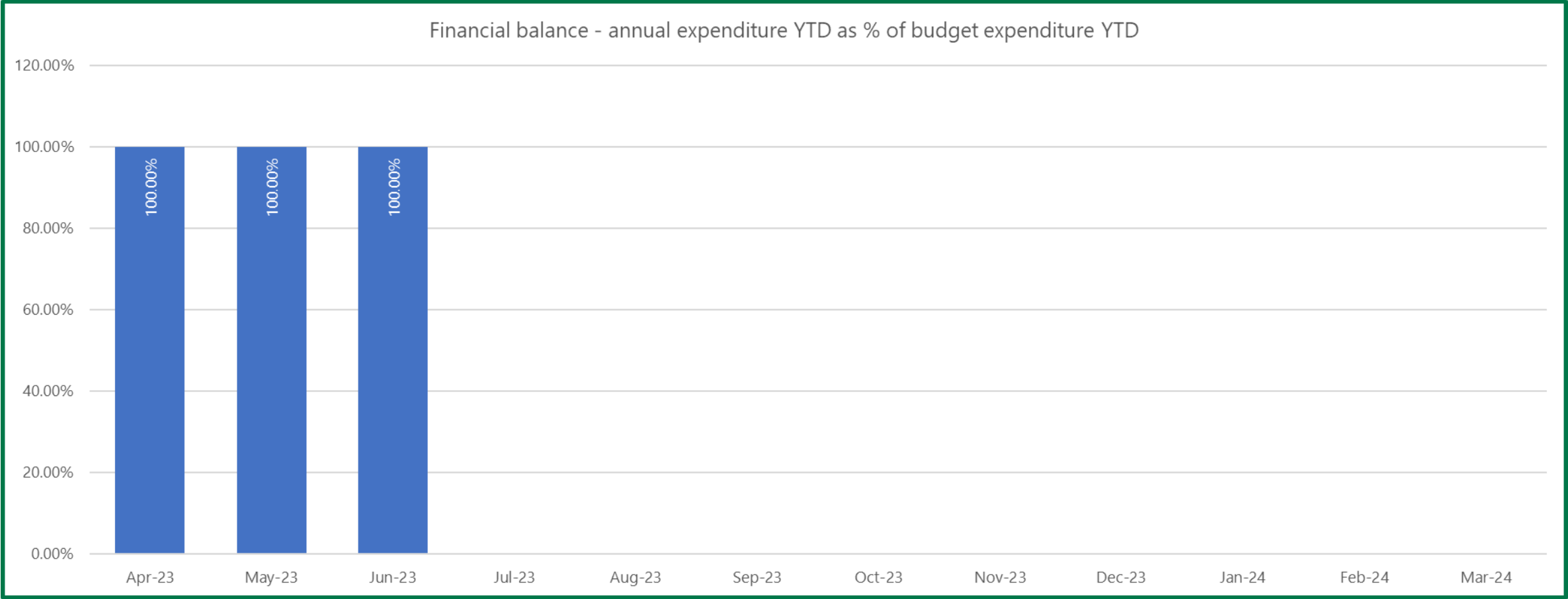
No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both the Trust’s ambitions and savings targets. The Trust continues to seek to strengthen where it can its financial capacity and corporate focus on finance, and as an organisation have structures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

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

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

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2023/24 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2024/25 financial year.



Value / Partnerships & System Contribution

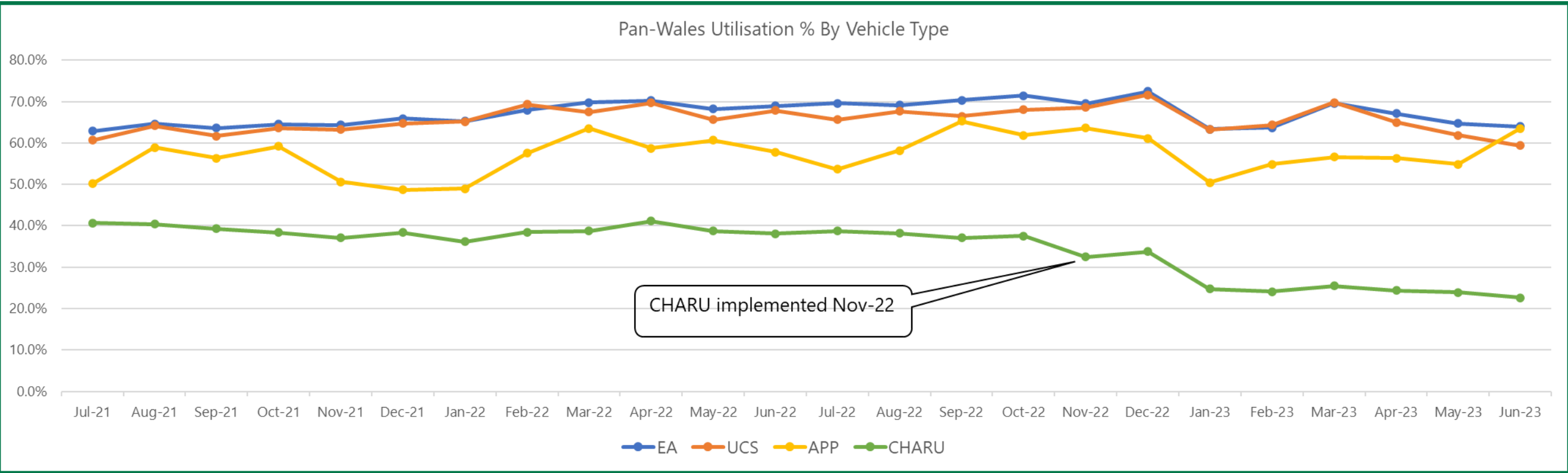
EMS Utilisation & Postproduction Lost Hours Indicators

(Responsible Officer: Lee Brooks)

Utilisation

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Analysis
Pan Wales Utilisation metrics in June 2023 was 55.3% for all vehicles types, a drop from 56.3% in May 2023. EA achieved the highest rate during the month at 64% while UCS was at 59.4%. Both have seen a generally increasing trend over the past two years before dropping off slightly since February 2023. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

There were 5,035 post-production lost hours (PPLH) across EA, RRV/CHARU, APP & UCS vehicles in June 2023; which is considerably lower than in May 2023 (10,505) and lower than all months in the past year. However, it has been identified that this low figure is due to no data being available between the 14th and 26th June following the CCM update. Unfortunately, it is unlikely that this data will be recoverable and therefore the June figure will remain low.

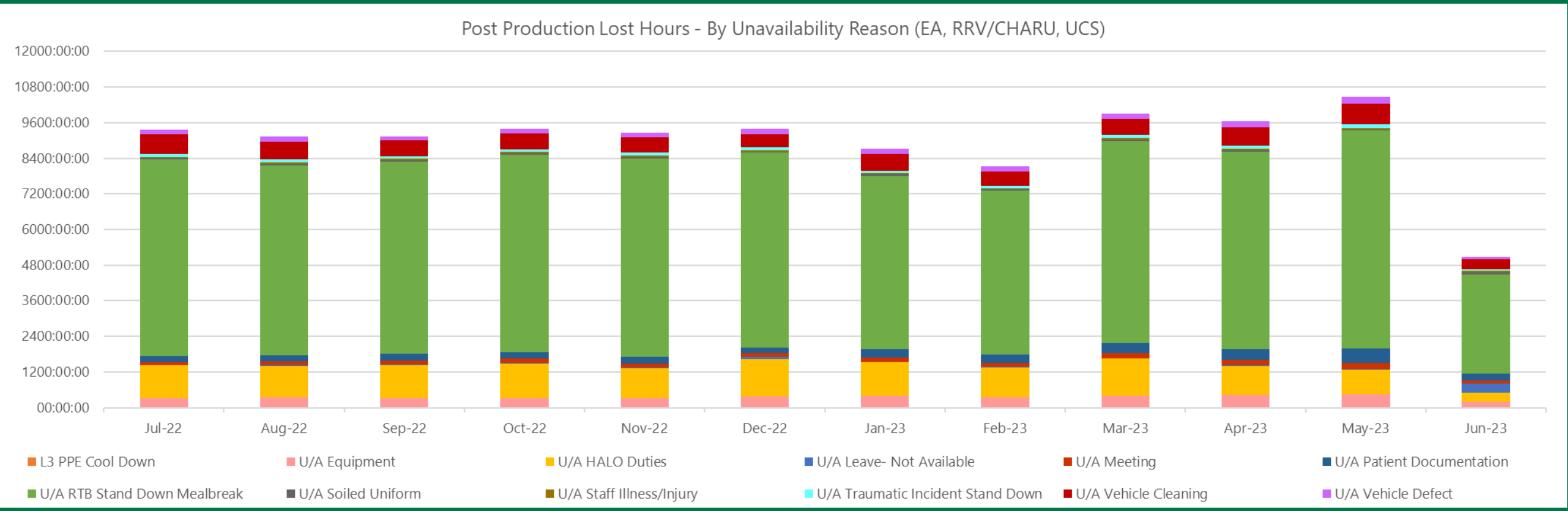
PPLH are due to numerous factors, as outlined in the bar chart, which demonstrates they remained relatively consistent since May 2022 (the month a retrospective fix was undertaken for the under-reporting of U/A RTB Stand Down Meal-break code).

Remedial Plans and Actions

The Trust will not be able to eliminate PPLH, however, efficiency options continue to be worked through, and PPLH are monitored and scrutinised closely, forming part of the weekly performance meeting. In relation to the U/A RTB Stand Down Meal-break reason, the rest break automation initiative has been paused due to industrial relations. The Trust plans to revisit this once the industrial dispute with Welsh Government has concluded. Good progress has been made on other areas of PPLH.

Expected Performance Trajectory

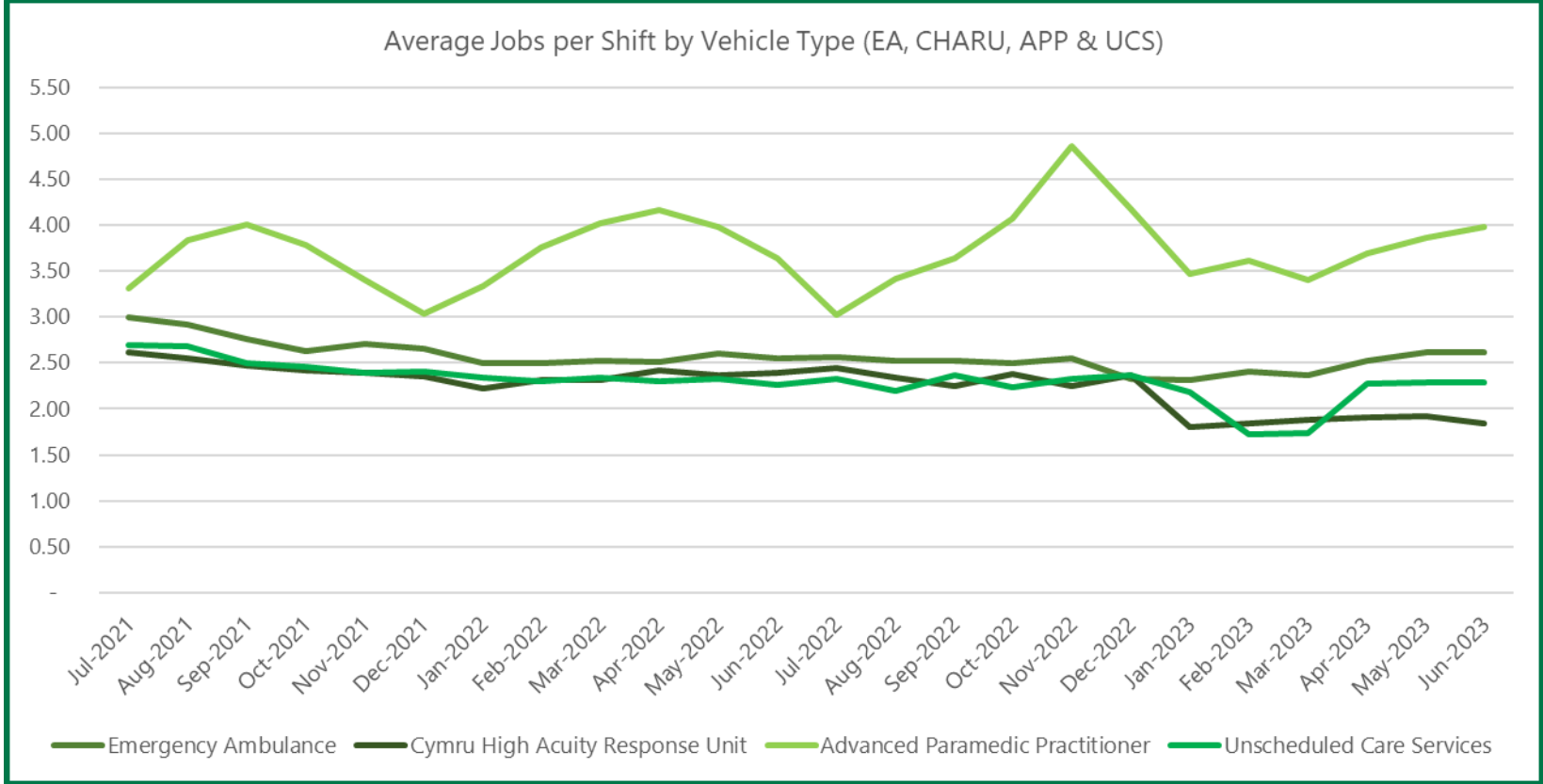
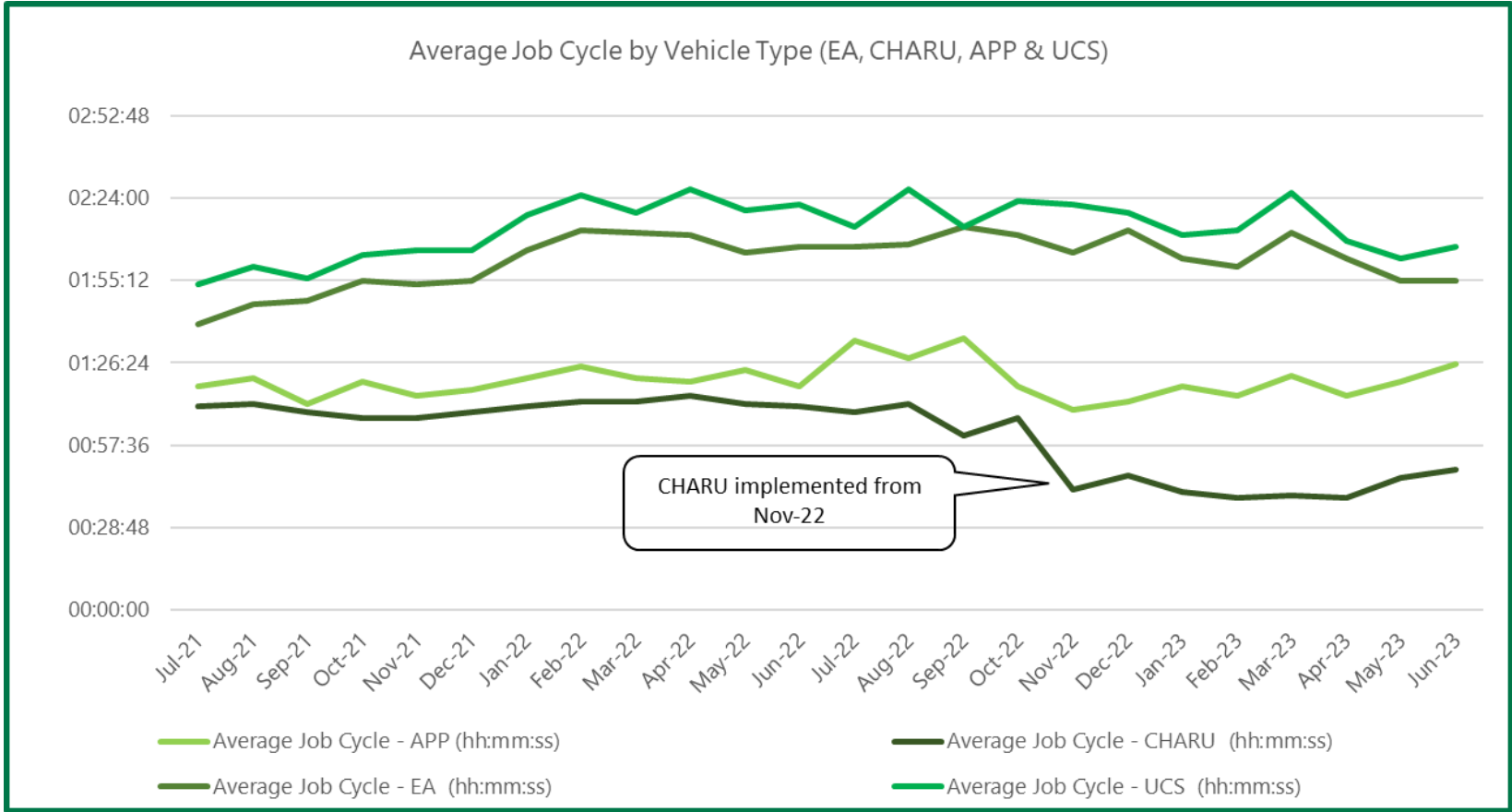
The current data needs to be treated with a degree of caution. As stated above, the Trust will not be able to eliminate PPLH. Although delayed handover hours outside EDs have improved slightly from December 2022, the lost hours for March 2023 were extreme, meaning resources are returning to base for rest predominantly outside of the rest break window, resulting in an unavailable status being assigned.



Finance, Resources and Value

Resource and Value Indicators

(Responsible Officer: Chris Turley)



Value – Job Cycle and Volume

Analysis

As demonstrated in the top graph, the average job cycle in June 2023 remained static at 1 hour 55 minutes for EA but increased for UCS, APP and CHARU. EA calls UCS crews saw their average increase to 2 hours 7 minutes, APPs rose from 1 hour 20 minutes to 1 hour 26 minutes and CHARUs increased from 46 minutes to 49 minutes.

Overall average jobs per shift was 2.43 in June 2023, a slight decline from the 2.45 recorded in May 2023. APPs attended on average 3.98 jobs per shift, EAs 2.62 jobs per shift, UCS crews 2.28 jobs per shift and CHARU's 1.84 jobs per shift.

Overall average jobs per shift has remained relatively static for EA, CHARU and UCS throughout the past year, while in comparison average jobs per shift for APPs is on a fluctuating, but generally increasing, trajectory.

Remedial Plans and Actions

The increase in average job cycle time since 2021 can be attributed to numerous factors including the introduction of ePCR and increasing hospital delays (staff pre-empting and packaging patients in readiness for long waits and patients waiting longer for an ambulance response therefore requiring more treatment/assessment). These times are monitored at Weekly Performance Meeting and local work to establish appropriate efficiency initiatives is ongoing

Expected Performance Trajectory

The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not been seen.

**NB: Average jobs per shift only includes data where the full shift worked is less than 20 hours.*

Total shift hours currently includes the meal break for the shift. Total shift hours also includes Postproduction Lost Hours

Resource - Decarbonisation

Analysis

Delivery of the capital programme in 2023/24 sought to maximise decarbonisation aspects associated with investment. Examples include PV panels and battery storage at Bridgend Ambulance Hub, PV panels, battery storage and installation of air source heat pump within the development of the SE Fleet Workshop, and other energy saving schemes such as LED lighting, glazing and building management systems where possible during the last quarter of 2023/24. The Trust's EV charging network (initially to support implementation of 23 PHEV car-based response vehicles) developed from minimal provision to 67 chargers over 54 sites.

Remedial Plans and Actions

WAST Decarbonisation Action Plan is currently reporting internally as Amber. Estates and Facilities Advisory Board funding in 2023/24 and 2-24/25 will allow for investment in further infrastructure and decarbonisation schemes across a range of sites. Plans for Building Management Systems, and a design guide for retrofit of estate continue to be developed. However, further funding will be required. The Trust has completed a scoping exercise for electrical capacity requirements across the WAST estate and work is ongoing with Welsh Government Energy Services on rapid EV charging. The first Programme Board meeting held on 30th January 2023 with Executive level chair. The Board will oversee the delivery of the DAP and all associated underpinning programme management elements such as workstreams, management of risks, identification of benefits and supporting ongoing programme lessons. The programme board then met again on 24th April 2023, and continues to develop its work programme and risk management approach with meetings every quarter.

The first meeting of the Transport Group took place on 29th March 2023 chaired by the Head of Capital Development. This group follows on from the small group (comprised of Fleet and Capital and Estates colleagues) which has overseen the EV charging network development in 2022/23 but looks to widen the scope of works to encompass all transport elements of the DAP including EV, other low emission vehicles, charging, staff EV charging, cycle and other transport initiatives and the grey fleet/staff vehicles aspects. The group will also be responsible for delivering associated policies and procedures underpinning the safe use of the network.

Expected Performance Trajectory

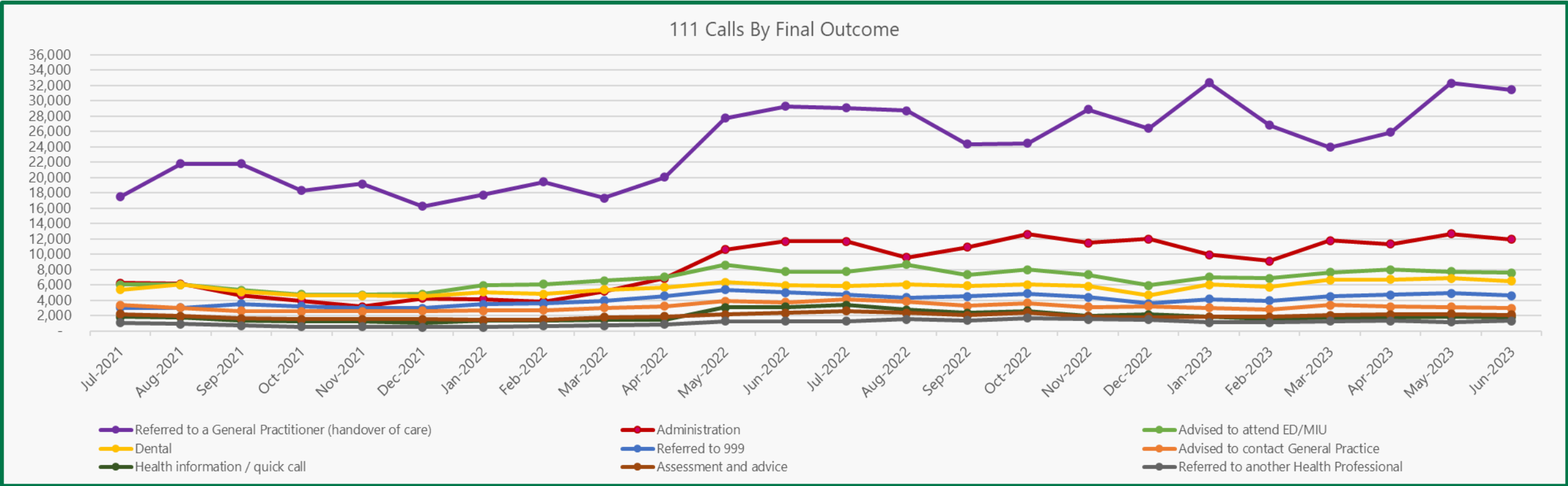
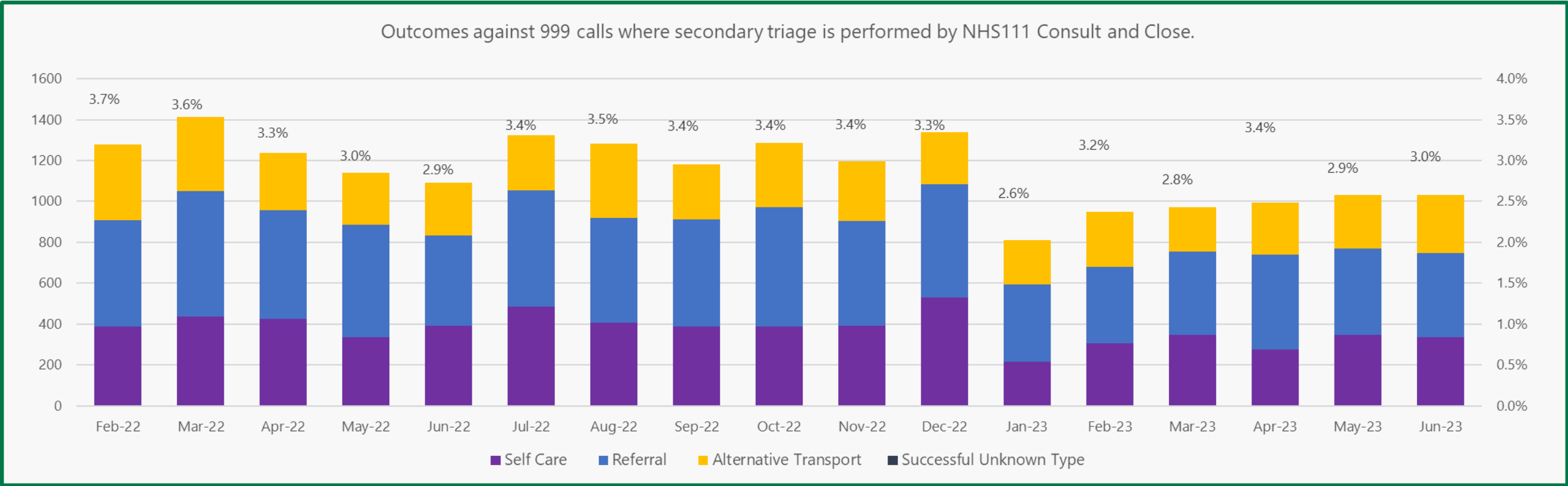
The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for WAST. In response to this, a key action over the next year will be to develop our Sustainability and Infrastructure Strategic Outline Programme, which will outline the financial and resource implications 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. However, it should be noted that there continues to be global issues with motor vehicle supply chains which is hindering the progress of electric emergency ambulances, alongside limited funding.

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 against 999 calls where secondary triage is performed by NHS111 Consult and Close. As demonstrated in the graph, in May 2023, referral was the top outcome for calls handled by NHS111 followed by self-care and alternative transport.

65,611 calls were received into the 9 categories displayed in the bottom graph during June 2023, a decrease compared to the 71,920 received during May 2023. This was lower than the average volume of calls seen over the past 12 months (65,905).

In June 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 41% of all calls.

Remedial Plans and Actions

The new Consult and Close dashboard is now complete and live, enabling the Trust to report more meaningful and specific data in relation to calls ending in alternative transport, referral and self-care.

The use of video consultation has been implemented and is now live, early indications show this to be a useful tool.

Expected Performance Trajectory

The Trust currently have a target to consult and close 15% of calls and are ambitious in aims to increase the proportion of activity resolved at step 2 by increasing the current target to 17% by the end of Quarter 1 2023/24 through internal efficiencies. The IMTP aspiration is to advance this to 20% but will require further investment of FTEs in the Clinical Support Desk (CSD).

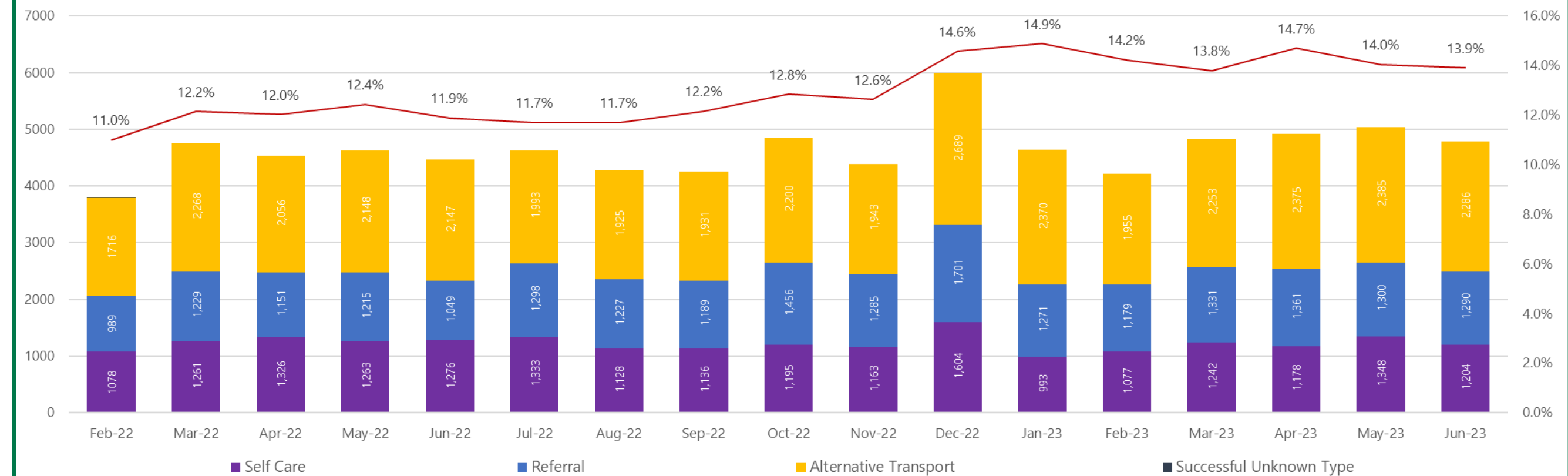
Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)

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Successful Consult and Close Outcomes (By Type)



Analysis

Consult and Close, with contributions from Clinical Support Desk (CSD) (10.2%), NHS111 (3.0%), WAST APP (0.5%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 13.9% in June 2023. This was a decrease on the 14.1% seen during May 2023 and remained short of the new 17% target figure. In May 2023, the number of 999 calls resulting in a Consult and Close outcome was 4,780, down from 5,033 in May 2023.

Of the calls successfully closed in June 2023, 1,204 patients received an outcome of self-care; 1,290 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,286 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in May 2023 were 15%, a significant increase compared to 9.7% seen in April 2023, and the 7.4% in April 2022, although this rise can in part be attributed to one caller re-contacting the service on 74 occasions over the space of a few hours.

Remedial Plans and Actions

- The team are undertaking process maps of the work that they do in order to identify where improvements can be made.
- Red Review of 999 calls to confirm appropriate category selection continues to be a high priority for CSD in addition to Consult and Close activity.
- Discussions are ongoing to identify additional resources required on top of Consult & Close priorities.

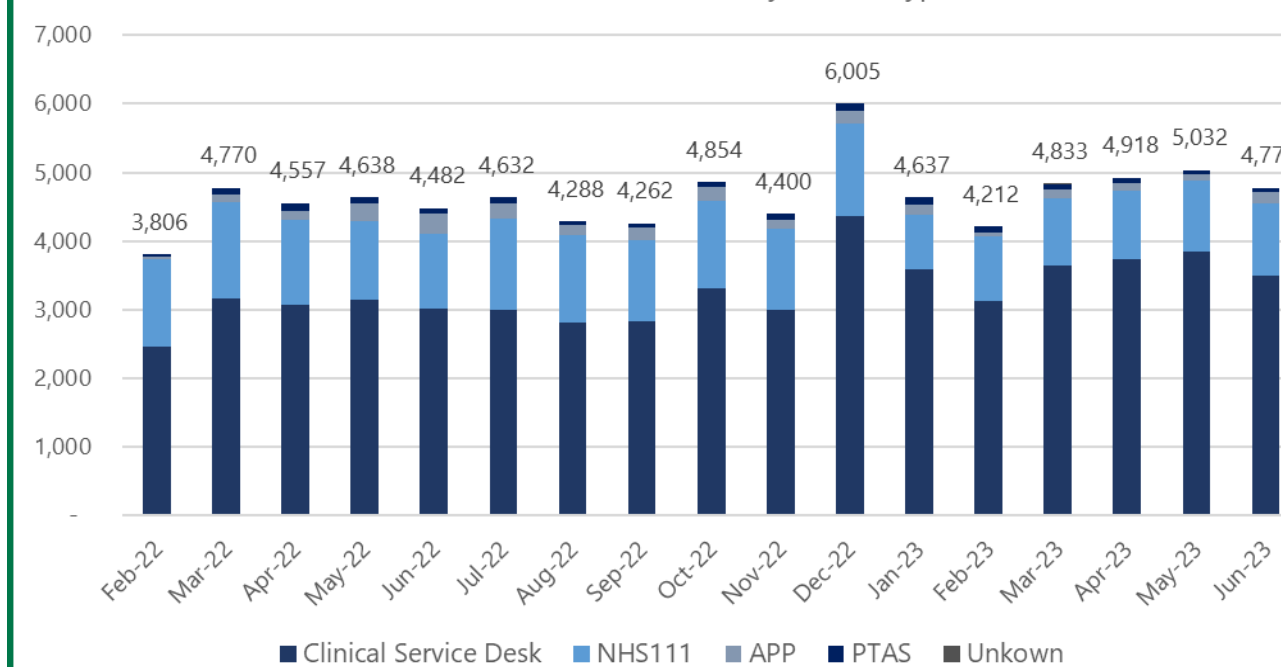
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Re-Contact % within 24hrs of Telephone Triage (Consult and Close)



Consult and Close Volumes by Service Type



Partnerships / System Contribution

Conveyance to ED Indicators

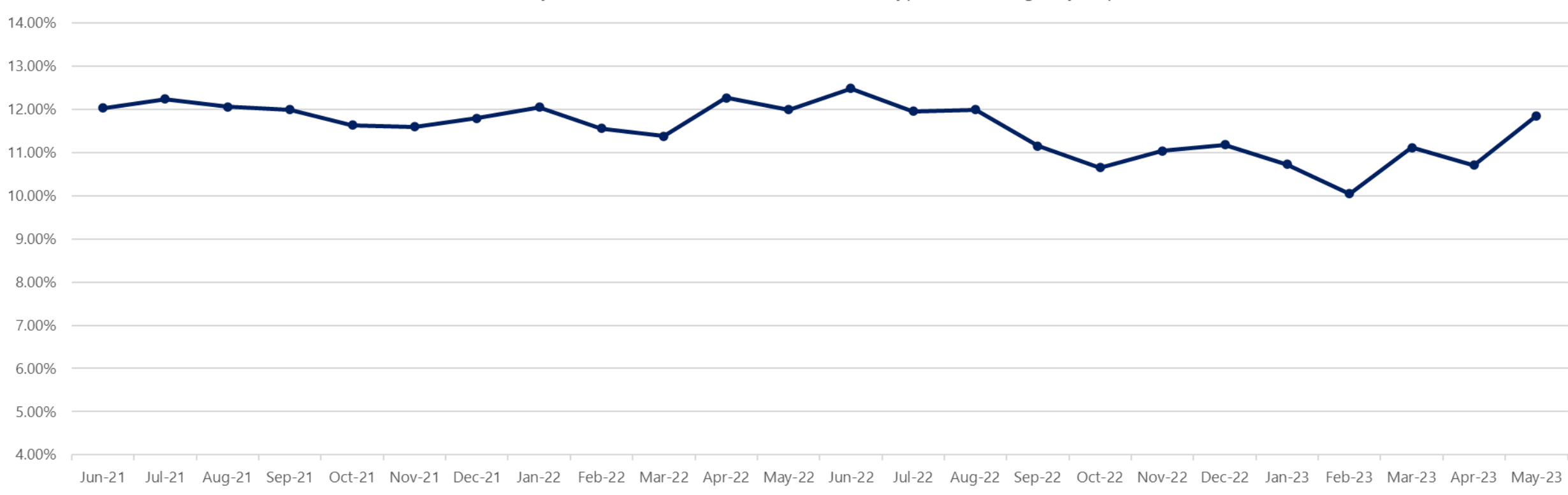
(Responsible Officer: Andy Swinburn)

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Ministerial Measure

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



Analysis

In May 2023 11.84% of patients (1,712) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs increased compared to the same month last year by 1.2 percentage points. In May 2023 conveyance to EDs as a proportion of total verified incidents was 40.3% (compared to 39.1% in May 2022).

The combined number of incidents treated at scene or referred to alternate providers increased, from 4,027 in April 2023 to 4,080 in May 2023.

There has been a general increase in APP conveyance rates in recent months, due to several factors: -

- CSP means the right jobs are not always there for APPs to alter or influence the disposition.
- The tasking of APPs has changed, moving away from APPs reviewing the stack to mandatory code sets.
- There has been an increase in respiratory patients of all ages over the last quarter who have been poorly and required hospital admission.

The volume of patients conveyed to Same Day Emergency Care (SDEC) Units remains low, at 0.17% during June 2023.

Remedial Plans and Actions

The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.5%. This modelling has been provided to both EASC and WG. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust, for example, SDECs.

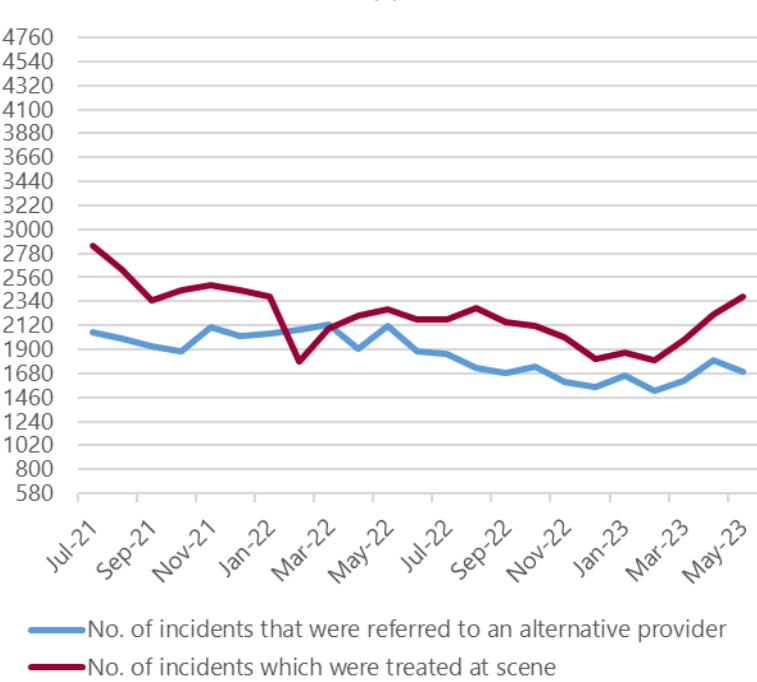
Utilisation of APP resources will continue to be monitored as part of weekly performance reviews and evaluation of the appropriate APP code-set will be undertaken through the Clinical Prioritisation and Assessment Software (CPAS) group.

Expected Performance Trajectory

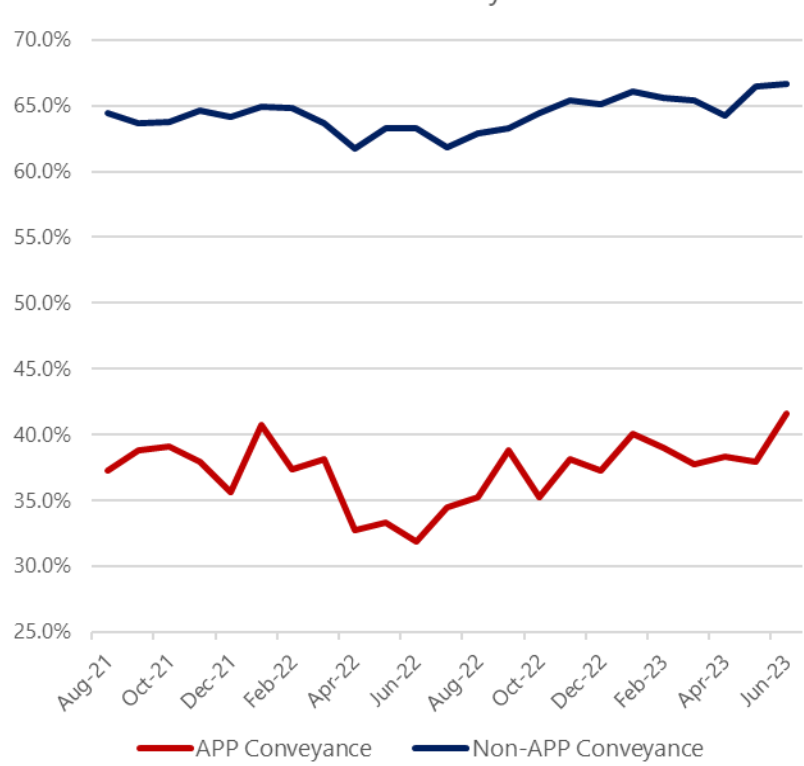
The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes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

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

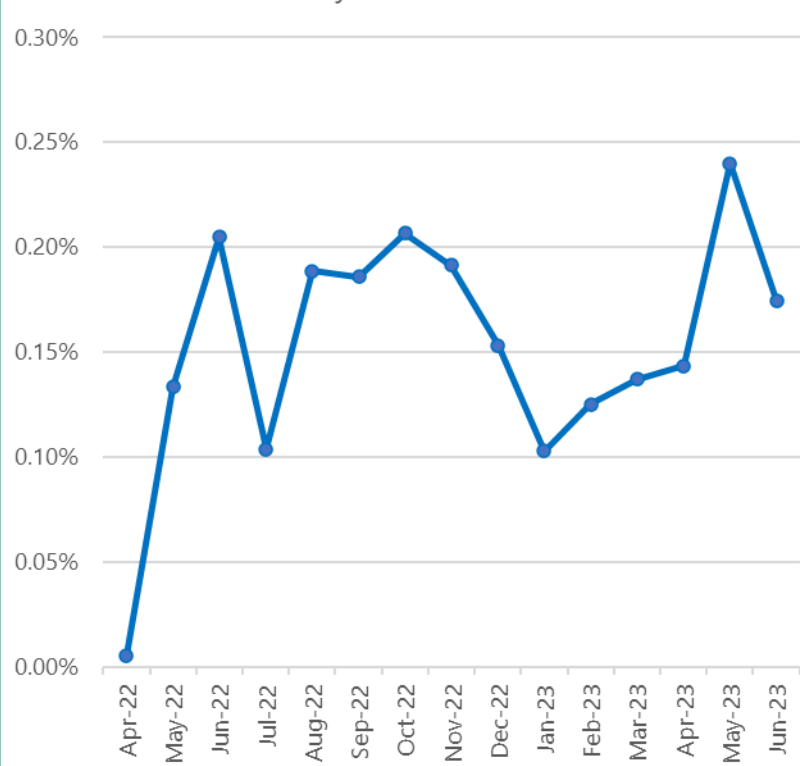
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution

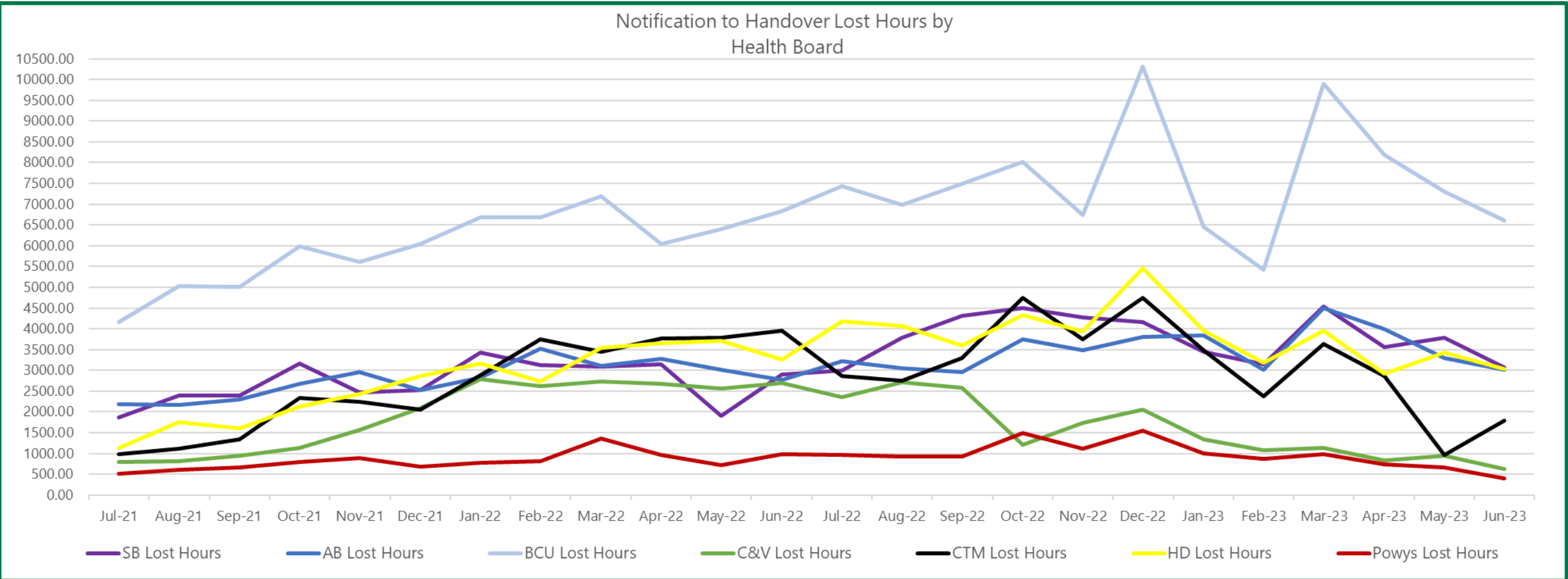
Handover Indicators

(Responsible Officer: Health Boards)

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Analysis
292,816 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Jul-22 to Jun-23), compared to 234,057 over the same timeframe the previous year. 18,548 hours were lost in June 2023, a decrease from the 20,392 lost in April 2023, and the third month in a row that the figure has declined.

The hospitals with the highest levels of handover delays during June 2023 were:

- Morriston Hospital (SBUHB) at 2,877 lost hours
- Glangwili Hospital (HDHB) at 2,060 lost hours
- The Grange University Hospital (ABUHB) at 2,997 lost hours
- Ysbyty Glan Clwyd Hospital (BCUHB) at 2,635 lost hours

Notification to handover lost hours averaged 618 hours per day during June 2023 compared to 658 hours a day in May 2023.

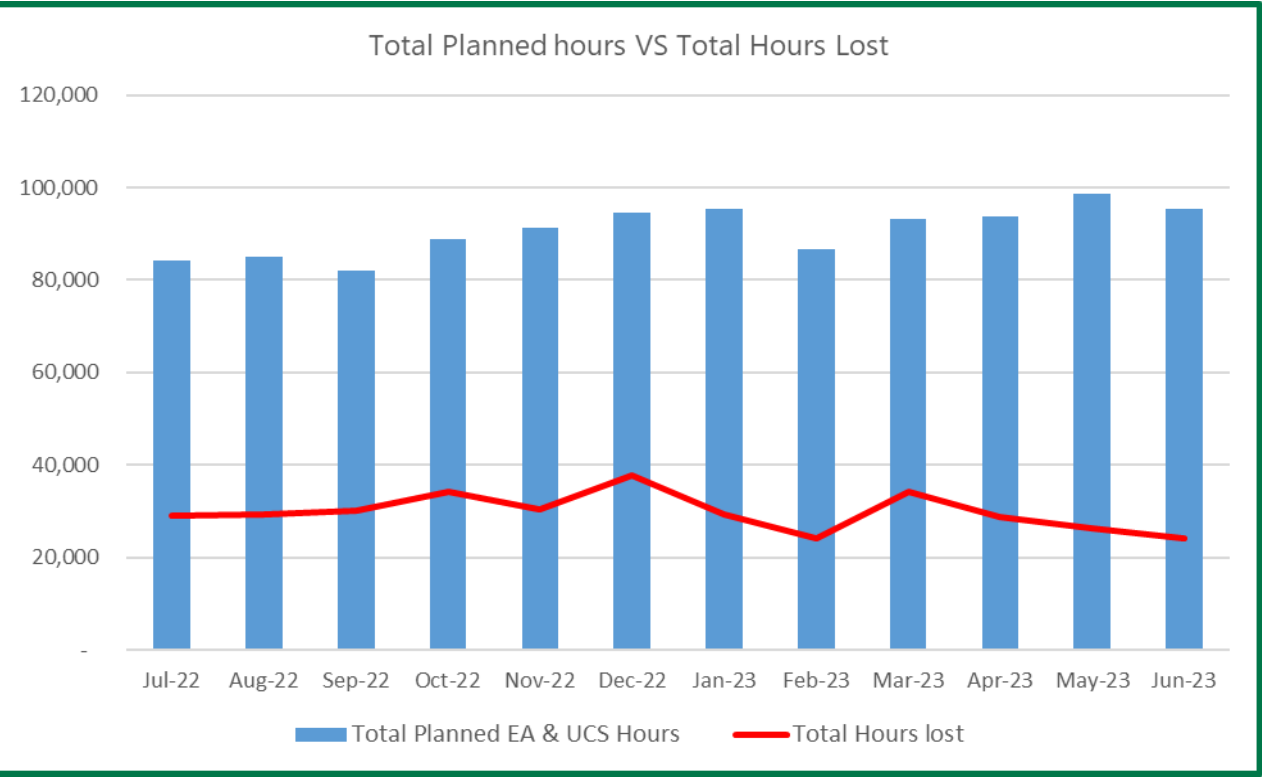
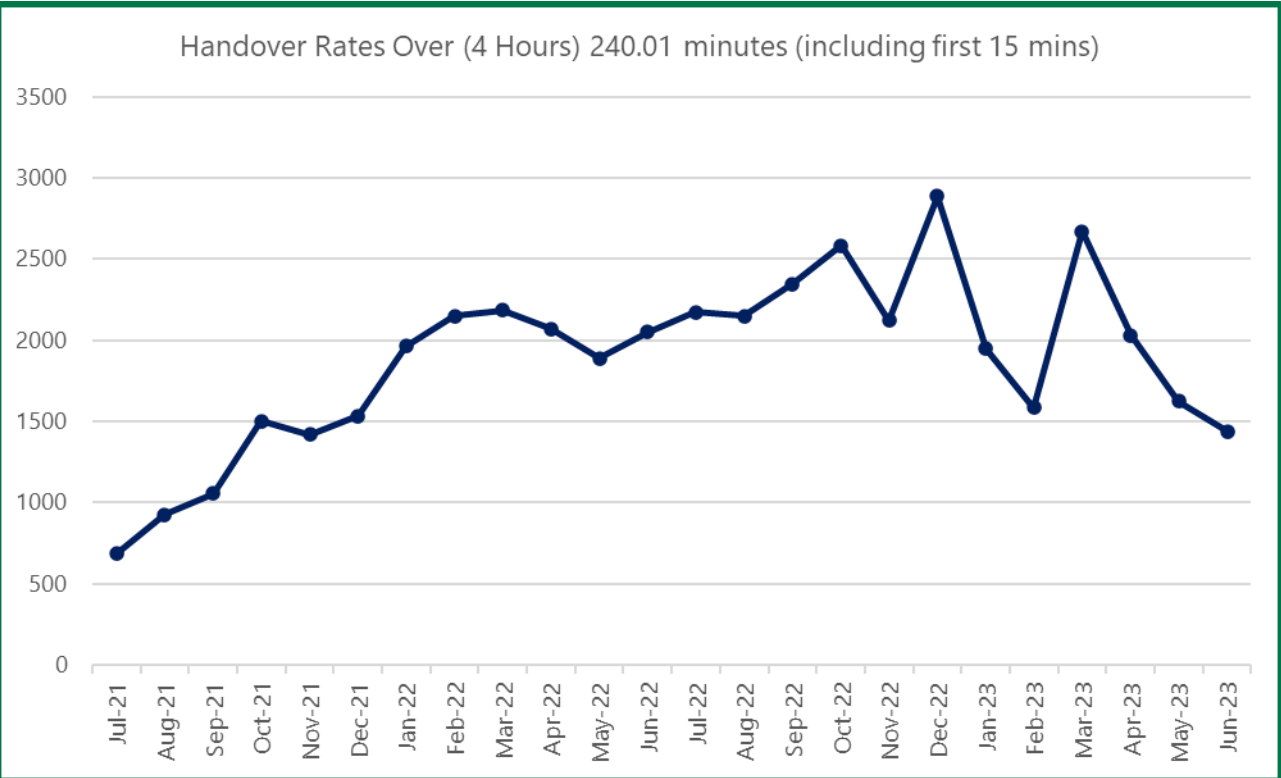
In June 2023, the Trust could have responded to approximately 5,851 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions
Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve. Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR).

Expected Performance Trajectory
The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

**NB: Data correct at time of abstraction.*



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	DU	Delivery Unit	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EASC	Emergency Ambulance Service Committee	HR	Human resources	NRI	Nationally Reportable Incident	SPT	Senior Pandemic Team
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	HSE	Heath and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD	Emergency Medical Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCRs	Patient Care Record(s)	UFH	Uniformed First Responder
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	UHP	Unit Hours Production
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	U/A RTB	Unavailable – return to Base
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	VPH	Vantage Point House (Cwmbran)
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WAST	Welsh Ambulance Services NHS Trust
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme	WG	Welsh Government
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience	WIIN	WAST Improvement & Innovation Network

Definition of Indicators

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

Welsh Ambulance Services NHS Trust

Review of Board Level Metrics

June 2023



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

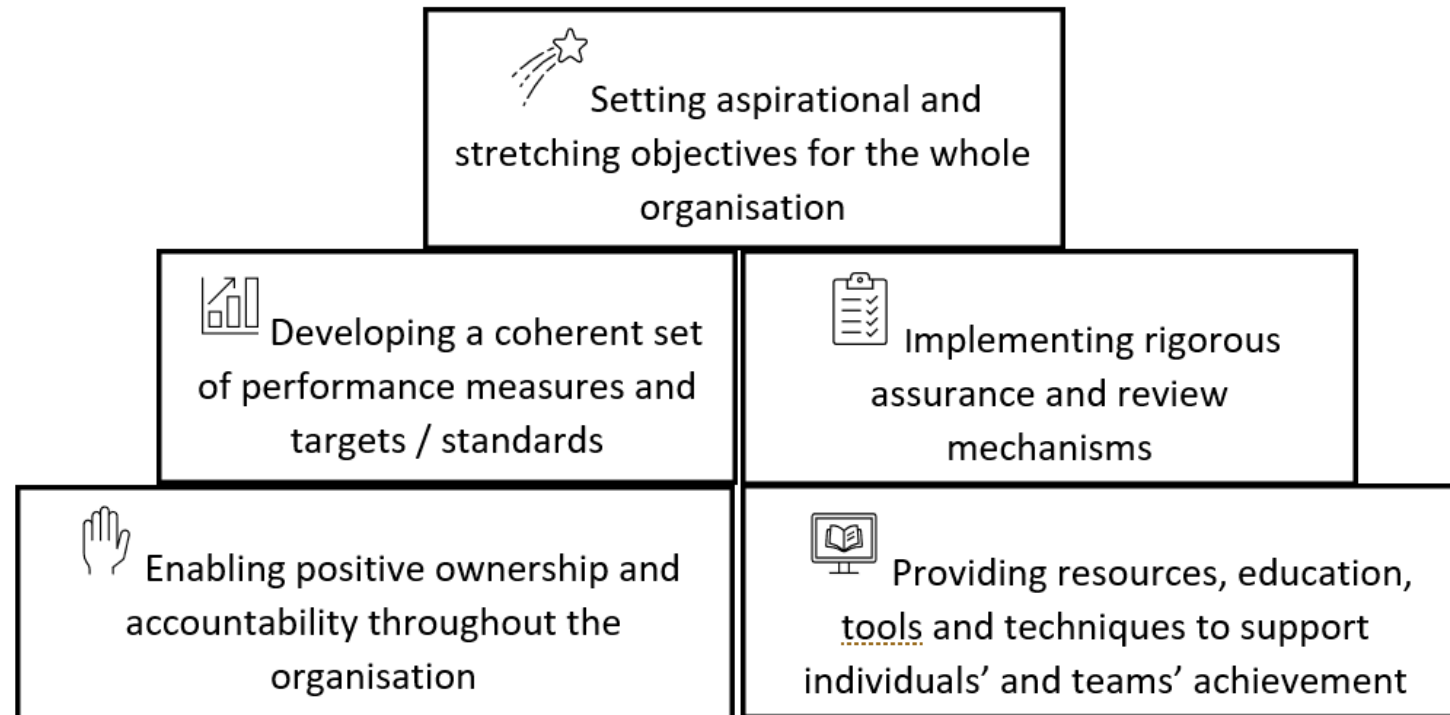
Review of Board Level Metrics
Version 2.0
Released: June 2023

by Commissioning & Performance Team



Quality and Performance Management Framework

- The Framework sets out 5 organisational building blocks
- Enabler for improving **the quality of our services and achieving our ambitions**
- Measures are expected to be developed at **each level** of the organisation
- Measures will reflect the quality of services to patients, our people, value and system contribution.





MIQPR

- MIQPR provides a narrative on the metrics at Board level
- The headline metrics are grouped into 4 themes: Our Patients (Quality / Safety / Pt Experience); Our People; Value; and System Contribution.
- Board level metrics are chosen to reflect the smaller number of quality and performance indicators which
 - relate to key Welsh Government or commissioner priorities / targets;
 - would impact on reputation;
 - provide assurance on progress towards long term strategy.
- Each metric is assigned to one or more of the committees and they then have primary oversight of that quality or performance area
- The MIQPR also includes additional data on patient safety indicators to reduce duplication
- As part of the QPMF, a series of appropriate metrics and indicators needs to be agreed at every level of the organisation (sub committees / EMT / Directorate / team / individual)

2022/23 Dashboard Metrics agreed by Board

37

Our Patients	<ul style="list-style-type: none"> • 111 call handling abandonment rate • 111 Clinical triage ring back time • 999 call handling time 95th centile • Red 8 minute • Amber 1 median • ROSC rates • Stroke bundle compliance • ACS bundle compliance • NEPTS renal journey performance • NEPTS Discharge performance • Complaints response times • NRIs (WAST) • Immediate Release • Number of no sends / cancellations • PROMS / PREMS 	Our People	Capacity <ul style="list-style-type: none"> • Total EMS Hours produced against commissioned levels. • Other hours produced against commissioned levels for 111. Health and Well-being <ul style="list-style-type: none"> • Organisational sickness absence • Ops sickness absence. • Turnover rate. • Vaccination rates. • Statutory / Mand compliance. • PADR compliance. Inclusion & Engagement and culture <ul style="list-style-type: none"> • Age / gender profiles
Value	<ul style="list-style-type: none"> • Financial balance. • Utilisation metric EMS. • Post production lost hours EMS. • Numbers of jobs per shift / hour. • Emissions. 	Partnerships and System Contribution	<ul style="list-style-type: none"> • Consult and close (111). • Consult and close rates (999). • See, treat and refer rate. • Percentage of total conveyances taken to a service other than a Type One ED. • Hospital handover lost hours. • Number of patients over 4 hours wait • Numbers of completed symptom checkers

Existing & Proposed Metrics 2023/24 – Our Patients

Proposed new	
Proposed remove	

Our Patients	<p>Timeliness</p> <ul style="list-style-type: none">• 111 call handling abandonment rate.• 111 clinical triage call back time (P1).• 999 call handling time 95th centile.• Red 8 minute.• Amber 1 median• NEPTS renal journey performance.• NEPTS Oncology• NEPTS Discharge performance. <p>Clinical Outcomes / Quality</p> <ul style="list-style-type: none">• ROSC rates.• Stroke bundle compliance.• Call to Door Times STEMI/Stroke.• ACS bundle compliance.• NRIs (WAST).• Immediate release.• Numbers of no send / patient cancellation (unmet care need).• PREMs/ PROMS• Complaints response times.• Metric on Duty of Candour	<p>Oncology is a commissioning intention</p> <p>Only one on stroke This will replace the stroke bundle metric from Q2</p> <p>Welsh Ambulance Services NHS Trust</p>
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Existing & Proposed Metrics 2023/24 – Our People

Proposed new	
Proposed remove	

12

Our People	<p>Capacity</p> <ul style="list-style-type: none">• Total EMS Hours produced against commissioned levels.• Total 111 hours produced against commissioned levels <p>Health and Well-being</p> <ul style="list-style-type: none">• Organisational sickness absence level.• Mental health absence• Ops sickness absence.• Turnover rate.• Vaccination rates.• Statutory / Mand compliance.• PADR compliance.• Number / length of shift overruns <p>Inclusion & Engagement and culture</p> <ul style="list-style-type: none">• Number of applicants and shortlisted number from under-representated groups• Number of R and R and disciplinaries by theme• 111/NEPTS calls in Welsh	<p>Allows us to measure one of key priorities in IMTP</p> <p>How do we consider psychological safety? Welsh Ambulance Services NHS Trust</p>
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Existing & Proposed Metrics 2023/24 – Value

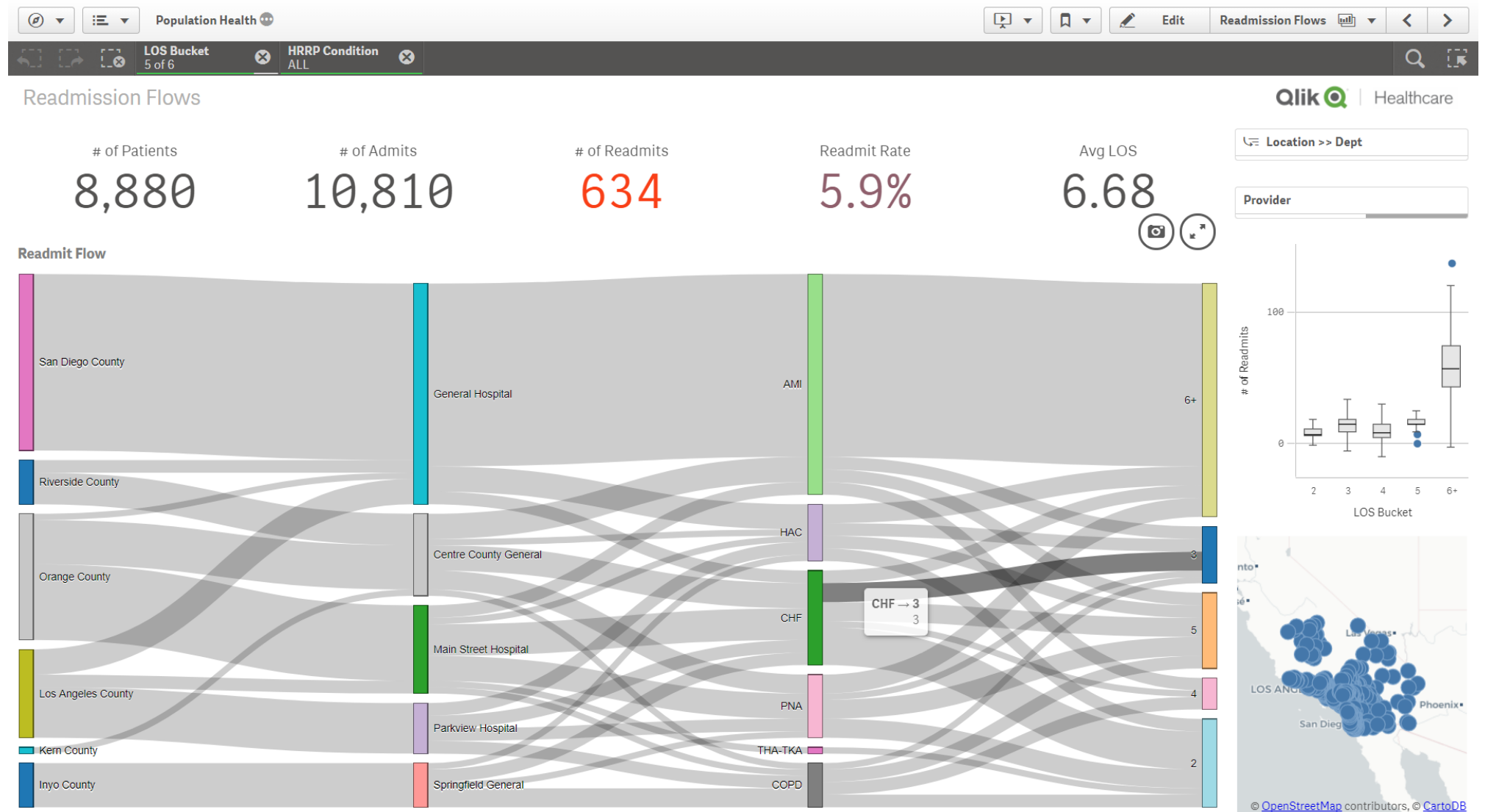
Proposed new	
Proposed remove	

5

Value	<ul style="list-style-type: none">Financial balance.Utilisation metric EMS.Post production lost hours EMS.Numbers of jobs per shift / hour.Emissions.Value indicators for 111 / CSD (TBD)NEPTS cancellations on arrival	<p>No further specific action on this in 2023/24</p> <p>Emissions – unable to report monthly</p>
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Next Steps





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

AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES	1

STANDARDS OF BUSINESS CONDUCT POLICY AND INTERNAL AUDIT UPDATE

MEETING	Trust Board
DATE	27 July 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The limited assurance internal audit on standards of business conduct received in December 2022 recommended that a revised policy be developed. That draft policy is at Annex 1 for approval by the Board in accordance with Standing Orders.
2. The policy is due for review by the Audit Committee on 25 July and the Chair of that Committee will provide a verbal update to the Board on the outcome of that review at this meeting.
3. The policy has undergone a wholesale revision and details of the material changes are set out in the SBAR. An All-Wales approach to standards of business conduct is being developed, however the policy has been drafted on best practice principles and has been reviewed and endorsed by the Policy Group and the Executive Management Team. A focused campaign of stakeholder consultation has assisted in the presentation of a well-rounded policy to the Committee.
4. The Audit Committee was provided with an update on the progress of management actions on the limited assurance internal audit. All audit recommendations have been addressed with one management response being extended to April 2024 and one due in August.

5. A communications plan has been developed which will begin with the initial announcement on Siren of the revised policy and include regular announcements throughout the year, particularly at festive and religious holidays when issues with gifts is most prevalent.
6. Electronic declarations, repository and reporting solutions are being investigated to make the process of declaring simpler for staff and to provide assurance on breadth and depth.
7. The Register of Interests is available on the Trust website and is linked to all Board and Committee agenda. Declarations for decision makers will be centrally held and published from April 2024.

RECOMMENDATION:

8. The Trust Board is asked to approve the Standards of Business Conduct Policy, subject to any verbal update from the Chair of the Audit Committee following its review on 25 July.

KEY ISSUES/IMPLICATIONS

Key issues/implications are set out above

REPORT APPROVAL ROUTE

Policy Group – 25 April and 20 June 2023
 Executive Management Team – 14 June 2023
 Audit Committee – 25 July 2023

REPORT APPENDICES

Annex 1 – Draft Standards of Business Conduct Policy

REPORT CHECKLIST

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

STANDARDS OF BUSINESS CONDUCT POLICY AND INTERNAL AUDIT UPDATE

SITUATION

1. The purpose of this paper is to seek the Board's approval to the revised Standards of Business Conduct Policy.

BACKGROUND

2. The current policy is the 'Gifts, Hospitality Interests: Commercial Sponsorship and Fundraising Policy' which was approved on 13 September 2018 and was due for review in September 2021.
3. A limited assurance internal audit on Standards of Business Conduct was received in December 2022 and reviewed by the Audit Committee on 2 March 2023. An update on the progress of management actions on the limited assurance internal audit was provided to the Audit Committee on 25 July. All audit recommendations have been addressed with one management response being extended to April 2024 and one due in August.

ASSESSMENT

4. The policy at Annex 1 is a wholesale review of the extant policy. There is currently not an All-Wales policy approach however the direction of travel is for a policy similar to this (largely based on the NHS England policy) to be adopted. Major changes include:
 - (a) The determination of a cohort of decision makers whose declarations will be centrally held by the Corporate Governance Team and added to the register of interests to be published publicly.
 - (b) Clarity on what constitutes an interest, where it may come into conflict and how to manage conflicts when they arise.
 - (c) Clarity on family member connections and where their interests may need to be declared.
 - (d) Options when a gift has been received and cannot be refused or the donor cannot be found.
 - (e) More particularity around hospitality including from contractors and suppliers.
 - (f) A wider range of conduct inclusions such as political activity, social media, confidentiality, gambling, lending, borrowing, trading on WAST premises, insolvency/CCJs, arrest or conviction.
 - (g) Publication and reporting schedule.
 - (h) Addition of research related interests.

5. Monitoring of the policy will be by way of:
- (a) Register of Interests publicly available on the Trust website;
 - (b) Register of Interests reported to the Audit Committee annually;
 - (c) Register of Gifts, Hospitality and Sponsorship reported to the Audit Committee annually;
 - (d) Training programme available to new staff and annual refreshers.

RECOMMENDATION

6. The Trust Board is asked to approve the Standards of Business Conduct Policy, subject to any verbal update from the Chair of the Audit Committee following its review on 25 July.



Standards of Business Conduct Policy

Policy Number:	035	Version No:	3.0	Supersedes:	V2.2 2018
Date of Approval:	TBC	Review Date:	2 years following approval	Impact Assessments Completed:	EqIA Welsh Language
Classification of Document:	Corporate	Policy		Approved by:	Trust Board
Brief Summary of Document:	The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the Welsh Ambulance Services NHS Trust (WAST). In particular it sets out the specific arrangements for the appropriate declarations of interest, and the acceptance/refusal of offers of gifts, hospitality and sponsorship.				
Scope:	This policy applies to WAST Non-Executive Directors and employees. For the purpose of this policy the term 'employees' encompasses individuals who are not direct employees of WAST and includes consultants, agency workers, specialist contractors, those who have an honorary contract with WAST, secondees who carry out work for WAST but are not directly employed by it, NHS Wales trainees on placement with WAST, jointly appointed staff and volunteers.				
To be read in conjunction with:	Nolan Principles Code of Conduct for NHS Managers UK Corporate Governance Code Standards for members of NHS boards and CCG governing bodies in England Working Time Policy				
Owning Committee	Audit Committee				
Policy Lead:	Trish Mills	Job Title:	Board Secretary		
Trade Union Lead:	Damon Turner	Job Title:	Trade Union Representative		
Executive Director:	Trish Mills	Job Title:	Board Secretary		

Version Control Sheet

Version	Date	Author	Summary of Changes
2.0	31/10/17	Carl Window	Updated counter fraud legislation references
2.0	19/11/17	Julie Boalch	Transposed to new template
2.0	13/02/18	Keith Cox	Updated narrative
2.1	08/03/18	Julie Boalch	Formatting
2.2	17/04/18	Keith Cox	Comments post consultation
3.0	Mar 23	Trish Mills	<p>This is a wholesale review of the current policy therefore this version does not have tracked changes. Changes include:</p> <ul style="list-style-type: none"> • Includes 'decision makers' category. • Centrally held and published 'decision makers' interests. • Breaches and publication section added. • Included patents and IP. • Defined who is in scope. • Publication and reporting schedule. • Included sponsored posts. • Range of conduct inclusions such as political activity, social media, confidentiality, gambling, lending, borrowing, trading on WAST premises, insolvency/CCJs, arrest or conviction. • Clarity on interest categories and examples. • Options where gifts have been received and cannot be refused or donor found. • More particularity around hospitality including from contractors or suppliers. • Included family member connections in policy (previously was in form).

Version	Date	Author	Summary of Changes
			<ul style="list-style-type: none"> • Clear indication that all staff must provide declaration, even if nil declaration. • Detail on how to manage conflicts. • Crossover to standing orders and terms and conditions clearer. • Clarity on legacies. • Provides for gifts to be channelled to charity.
Keywords	Declaration of interest Gifts Hospitality Sponsorship Conflict of interest		

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Training	N/A	N/A
Counter Fraud	March 2023	Carl Window
Information Governance	8 June 2023	Kelly Holding
Records Management	8 June 2023	Kelly Holding
EqlA / Welsh Language	13 April 2023	Melfyn Hughes/Alex Payne
Estates	N/A	N/A
Environment	N/A	N/A
ESMCP	N/A	N/A

Task and Finish Group Members

Name	Job Title
NOT APPLICABLE	

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	25 April 2023	Initial review
	20 June 2023	Final review after consultation
Executive Management Team	14 June 2023	Review
Audit Committee	25 July 2023	Endorse
Trust Board	28 July 2023	Approve

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Corporate Governance Manager](#)

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1. Introduction

- 1.1 The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the Welsh Ambulance Services NHS Trust (WAST).
- 1.2 It is a long and well-established principle that public-sector organisations must be impartial and honest in their business and that their staff must act with integrity. As a publicly funded organisation, we have a duty to set and maintain the highest standards of conduct and integrity. We expect the highest standards of corporate behaviour and responsibility from Board members and all employees in accordance with our WAST behaviours.
- 1.3 The "Seven Principles of Public Life", or the "Nolan Principles" form the basis of the Standards of Behaviour requirements for WAST staff and Board Members. These are:

Selflessness – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends.

Integrity – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit.

Accountability – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position.

Openness – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

Honesty – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership – Individuals should promote and support these principles by leadership and example.

2. Policy Statement

- 2.1 The Trust is committed to ensuring that its staff practice the highest standards of conduct and behaviour. This policy sets out those expectations and provides supporting guidance so that all staff are informed and supported in delivering that aim.
- 2.2 This Policy re-states and builds on the provisions of the Trust's Standing Orders. It re-emphasises the commitment of the Trust to ensure that it operates to the highest standards, sets out key roles and responsibilities and the arrangements for ensuring that declarations can be made.

3. Scope

- 3.1 This policy applies to WAST Non-Executive Directors, employees and workers. For the purpose of this policy this encompasses individuals who are not direct employees of WAST and includes consultants, bank workers, agency workers, specialist contractors, those who have an honorary contract with WAST, secondees who carry out work for WAST but are not directly employed by the Trust, NHS Wales trainees on placement with WAST, jointly appointed staff and volunteers. This policy is relevant to all those persons and for ease of reference they are called 'staff' or 'staff member' in this policy.

Decision Making Officers

- 3.2 Some staff are more likely than others to have a decision-making role or influence on the use of public money because of the requirements of their role. In the context of this policy, the officers listed below are referred to as 'decision making officers', however additions may be made to this list from time to time:
 - (a) Board members (including Non-Executive Directors and Executive Directors);
 - (b) Executive Management Team (EMT);
 - (c) Assistant Directors Leadership Team (ADLT);
 - (d) Board and Committee attendees (per Committee terms of reference); and
 - (e) Staff on Band 8 and above not in the above.
- 3.3 Declarations made by decision making officers will be published in accordance with paragraph 9.21 from March 2024.

4. Aim

- 4.1 The aim of this policy is to ensure that arrangements are in place to support staff to act in a manner that upholds WAST's standards of behaviour as well as setting out specific arrangements for the appropriate declarations of interest and dealings with gifts, hospitality, and sponsorship.

5. Objectives

- 5.1 As well as promoting the standards of business conduct expected of public bodies, this policy aims to protect our organisation and staff from any suggestion of corruption, partiality, or dishonesty. It does this by providing a clear framework through which WAST can give guidance and assurance that staff conduct themselves with honesty, integrity, and probity. The policy should be read in conjunction with all relevant organisational policies, terms and conditions of employment/engagement, and related documents which are set out in the cover sheet.

6. Failure to Comply with Policy

- 6.1 Failure to comply with the requirements set out in this policy and any accompanying procedures may result in action being taken in accordance with the Trust's Disciplinary Policy and Procedure.
- 6.2 Where the failure to comply relates to an individual that is not a direct employee of the Trust, action may be taken in accordance with the relevant engagement procedures (e.g. termination of a secondment agreement).
- 6.3 Any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery, or corruption by any staff, will be reported to NHS Counter Fraud Authority or the Trust's Local Counter Fraud Specialists in accordance with its Standing Financial Instructions and the Counter Fraud and Corruption Policy, with a view to an appropriate investigation being conducted and potential prosecution being sought if deemed appropriate.

7. Raising Concerns and Breaches

- 7.1 This policy may be breached innocently, accidentally, or because of deliberate actions. Staff should speak up about any genuine concerns they have in relation to compliance with this policy. These can be raised directly with their own line manager, another senior manager or with the Board Secretary. Alternatively, staff can use the Trust's confidential third party platform for raising concerns.

- 7.2 All reported concerns will be treated with the appropriate confidentiality and investigated in line with WAST policies and procedures.
- 7.3 The Board Secretary will take a report on breaches and responses to the Audit and Assurance Committee and the Board on an annual basis.

8. What are Conflicts of Interest?

- 8.1 A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of carrying out their role is, or could be, impaired or influenced by another interest they hold.
- 8.2 A conflict of interest may be:
 - (a) Actual: there is a relevant and material conflict *now* between one or more interests of the member of staff;
or
 - (b) Potential: there is the possibility of a material conflict *in the future* between one or more interests of a staff member.
- 8.3 Staff are expected to act at all times with the utmost integrity and objectivity and in the best interests of the organisation in performing their duties, and to avoid situations where there may be a potential conflict of interest. Staff must not use their position for personal advantage or seek to gain preferential treatment.
- 8.4 Staff are required to declare any actual or potential interests which may be perceived as conflicting with that overriding requirement.

9. Declarations of Interest

- 9.1 Staff are required to declare interests to ensure that, should they be involved in discussions or decisions that bring that interest into conflict with their role at the Trust, that can be managed appropriately. It also promotes transparency and the highest standards of business conduct. The fact that a staff member has declared an interest, whether that is ownership of a consultancy, a directorship, or a position of authority in a charity, does not assume it will in fact cause a conflict to arise at any stage.
- 9.2 Where a staff member does not hold any interests as set out in this policy, they must in any event return a 'nil declaration'. The form for declaring interests is at Annex 1 and enables staff to make this declarations simply and quickly.

- 9.3 Conflicts can occur because of interests held by the staff member, as well as interests held by a close family member, business partner, close friend, or associate. If staff are aware of material interests (or could reasonably be expected to know about these) then these should be declared. In this context, close family members are defined as:
- (a) spouse or civil partner;
 - (b) any other person with whom the individual cohabits;
 - (c) children or stepchildren;
 - (d) spouse/partners' children or stepchildren;
 - (e) parents;
 - (f) grandparents; and
 - (g) siblings.
- 9.4 Staff may hold interests for which they cannot see any potential conflict. However, caution is always advisable because others may see it differently and may *perceive* an interest. It is important to exercise judgement and to declare such interests where there is otherwise a risk of suggestion of improper conduct. Where there is potential for interests to be relevant and material to the organisation, the interest must be declared. If in doubt, declare and/or seek advice from the Board Secretary on the materiality of the interest you hold.

Categories of Interests Which Could Cause a Conflict

- 9.5 Interests can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision and may attract a benefit to the staff member. In this context, a benefit may be a financial gain or avoidance of a loss.
- 9.6 Interests can generally be considered in the following categories, although the examples are not exhaustive:
- (a) Financial interests
This is where an individual may get direct financial benefit from the consequences of a decision they are involved in making. Some example of financial interests you should therefore declare are as follows:

- (i) Directorships, including Non-Executive Directorships held in private companies or public limited companies;
- (ii) Ownership or part-ownership of private companies, businesses, or consultancies likely or possibly seeking to do business with the NHS;
- (iii) Shareholdings and ownership interests in any publicly listed, private or not for profit company, business, partnership, or consultancy which are doing or might reasonably be expected to do business with the NHS. This includes shareholdings, debentures, or rights where the total nominal value is £5,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less;
- (iv) Secondary employment (or in the case of a Non-Executive Director who is in employment, the details of that employment);
- (v) Other commercial interests relating to a decision to be taken by the Trust;
- (vi) Being in receipt of a grant or sponsored research;
- (vii) Being in receipt of an honoraria.

(b) Non-financial professional interests

This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career. Some examples of what you should therefore declare are set out below:

- (i) An advocate for a particular group of patients;
- (ii) A clinician with a special interest;
- (iii) An active member of a particular specialist body;
- (iv) An advisor for a WAST regulator (e.g., HIW).

(c) Non-financial personal interests

This is where an individual may benefit personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because

of decisions that they are involved in making in their professional career. Some examples of what you should therefore declare are set out below:

- (i) A position of authority in another NHS organisation, commercial, charity trustee, voluntary, professional, statutory, or other body which could be seen to influence their role;
- (ii) A position on an advisory group or other paid or unpaid decision-making forum that could influence how the NHS spends taxpayers' money;
- (iii) Any connection with a private, public, voluntary, or other organisation contracting or likely to contract for NHS services;
- (iv) Membership of a lobbying or pressure group with an interest in health and care;
- (v) Membership of an organisation which might lead to conflict or might be perceived to do so.

(d) Indirect interests

This is where an individual has a close association (see paragraph 9.3) with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision the staff is involved in making. It could also include an staff member's involvement in the recruitment or management of close family members and relatives.

(e) Loyalty interests

As part of their role, staff may need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define. They are unlikely to be directed by any formal process or managed via any contractual means, however these 'loyalty' interests can influence decision making.

Declaring Interests

9.7 Staff must declare any relevant and material interests on the form at Annex 1. Declarations should be made as soon as is reasonably practicable, and within 28 days after the interest arises.

9.8 Staff are required to make their declarations interests as follows:

Officer Category	Frequency of Mode of Declaration
(a) Members of the Trust Board	<ul style="list-style-type: none"> • On appointment • Annually in March • In formal meetings where an interest is material • In relation to individual procurement exercises or contracts • When potential conflicts are identified <p>Declarations will be held centrally by the Board Secretary and placed on a register of declarations of interest.</p>
(b) Decision Making Officers	<ul style="list-style-type: none"> • On appointment • Annually in March • In formal meetings where an interest is material • In relation to individual procurement exercises or contracts • When potential conflicts are identified • When moving to a new role <p>Declarations will be held centrally by the Board Secretary from March 2024 and placed on a register of declarations of interest.</p> <p>The Board Secretary will provide line managers of decision makers with copies of centrally held declarations.</p>
(c) All other staff	<ul style="list-style-type: none"> • On appointment • Annually (even if a nil declaration is made) • When potential conflicts are identified • When moving to a new role <p>Declarations are held by line managers and will be made available for inspection on request by the Board Secretary, Internal Audit and Audit Wales</p>

9.9 If staff are in any doubt as to whether they have an interest or whether it is declarable, they should consult their line manager or the Board Secretary.

Register of Declared Interests

- 9.10 The register of interests is maintained by the Board Secretary who will formally record the declared interests of all staff. Interests will remain on the register for six months after they have expired at which point it will be removed from the register. Records will be kept in line with the Trust's retention policy. There may be occasions when a staff member declares an interest which the Board Secretary later agrees is not material. In such an instance the declaration will be recorded but not published.

Publication of Declarations

- 9.21 The register of interests of decision making officers will be published on the WAST website and updated where new interests arise. The register of interests of Board members and those attending Committees will be published with the Board and Committee papers at each meeting.
- 9.22 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register. Where a staff member believes that substantial damage or distress may be caused to them or somebody else by the publication of information about them, they may make a request in writing to the Board Secretary. A confidential, un-redacted version of the register will be held securely by the Board Secretary.
- 9.23 Staff should be aware that external organisations, e.g., Association of British Pharmaceutical Industries (ABPI), may also publish information relating to commercial sponsorship or other payments. The Trust will review such publications to ensure that appropriate internal declarations have been made in accordance with this policy and will take appropriate action where they have not.

Managing Conflicts of Interest - General

- 9.24 All declarations of interest must be reviewed by the appropriate line manager, and in the case of decision makers by the Board Secretary, with consideration given to any actions required to mitigate the conflict in the individual circumstances. However, it is not always possible to identify mitigations at the time of declaration. These are often more appropriately made where the staff member's interests conflicts with their role, for example where they are required to make or be involved in a decision. In such cases it may be necessary for the line manager to consider a range of possible actions which may include:

- (a) Deciding that no action is warranted;
- (b) Restricting the staff member's involvement in discussions and excluding them from decision making;
- (c) Removing the staff member from the whole decision-making process;
- (d) Removing the staff member's responsibility for an entire area of work; or
- (e) Removing the staff member from their role altogether if the conflict is so significant that they are unable to operate effectively in the role.

9.25 An audit trail of the actions taken must be maintained by the line manager. The Board Secretary can provide advice on mitigations.

Managing Conflicts of Interest – In Meetings

- 9.26 All formal meetings, including of the Board and its Committees, must have a standing agenda item at the beginning of each meeting to determine whether there are any conflict of interest to declare in relation to the business to be transacted at the meeting. The Standing Orders and all Committee terms of reference will incorporate this requirement. Any new interests declared at the meeting should be included in the relevant register of interest by the Board Secretary as soon as practicable after the meeting.
- 9.27 In the event that the chair of the meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action to manage conflicts of interests. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should unanimously agree how to manage the conflict(s).
- 9.28 When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:
- (a) Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;
 - (b) Requiring the individual who has a conflict of interest (including the chair or vice chair if necessary) not to attend the meeting;

- (c) Ensuring that the individual does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- (d) Requiring the individual to leave the discussion while the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s);
- (e) Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s);
- (f) Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be an appropriate course of action where it is decided that the declared interest is either not material or not relevant to the matter(s) under discussion;
- (g) Conflicts of interest arising at a Board meeting must be managed in accordance with the requirements of the Standing Orders.

9.29 In all cases a quorum must be present for the discussion and decision.

9.30 All decisions under a conflict of interest must be recorded by the meeting secretariat and clearly reported in the minutes of the meeting. The minutes will include:

- (a) Who has the interest;
- (b) The nature and extent of the conflict;
- (c) An outline of the discussion;
- (d) The actions taken to manage the conflict; and
- (e) Evidence that the conflict was managed as intended.

9.31 To support chairs in their role, the secretariat will provide access to details of any conflicts which have already been made by members of the group.

10. Patents and Intellectual Property

10.1 An All Wales Policy on Intellectual Property is in development and will be the primary policy statement for this area once approved. In the meantime, however, staff are to be guided by the following.

- 10.2 Staff should declare patents and other intellectual property rights they hold (either individually or by virtue of their association with a commercial or other organisation) relating to goods and services which are, or might reasonably be expected to be, procured, or used by the NHS.
- 10.3 Any patents, designs, trademarks or copyright resulting from the work (e.g. research) of a staff member carried out as part of their employment shall be the Intellectual Property of WAST.
- 10.4 Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work, benefits or enhances our reputation or results in financial gain, consideration will be given to rewarding staff subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health and Social Services
- 10.5 Staff must seek prior permission through their line manager before entering into any agreement with bodies regarding product development where this impacts on normal working time or uses WAST equipment and/or resources.
- 10.6 Where holding of patents and other intellectual property rights give rise to a conflict of interest, then this must be declared.

11. Procurement

- 11.1 Conflicts of interest need to be managed appropriately through the whole procurement process. At the outset of any process, the relevant interests of individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should not participate in, and in some circumstances, whether the individual should be involved in the process at all.
- 11.2 The Procurement Department (provided by the NHS Wales Shared Services Partnership) will seek to have staff working on a project with the Procurement Department complete a declaration of interest to ensure that there is no opportunity for conflicts to arise.

12. Gifts

- 12.1 A gift is an item of personal value, given by a third party e.g., a patient or a supplier. This includes prizes in draws and raffles at sponsored events/conferences.

- 12.2 All staff must ensure that they are not placed in a position that risks, or appears to risk, compromising their role or the organisation's public and statutory duties or reputation. Staff should always refuse gifts or other benefits which might reasonably be seen to compromise their personal judgement or integrity.
- 12.3 The Bribery Act 2010 makes it a criminal offence to give or offer a bribe, or to request, offer to receive, or accept a bribe. The Act reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.
- 12.4 Staff should not ask for or accept gifts, gratuities, or honoraria from any individual or organisation that may be capable of being construed as being able to influence any decision or cast doubt on the integrity of such decisions. Staff are reminded that it may be considered to be a breach of the organisation Disciplinary Policy to solicit gifts. It may also be illegal, under the Bribery Act 2010, and staff that are found to have done so may face disciplinary action and prosecution.
- 12.5 Individuals offering gifts must be advised by the intended recipient that there is a requirement to declare and report such offers.

Gifts of cash or cash equivalents

- 12.6 Under no circumstances should staff accept a personal gift of cash or cash equivalents (e.g., tokens, vouchers, gift cards, lottery tickets or betting slips) regardless of the value.
- 12.7 Such gifts should be politely refused; however, the donor may be informed that should they wish to, they may make a donation to the WAST charity. If that is the case, the donor should be directed to the charity's financial accountant or by contacting the Board Secretary on amb_corporategovernance@wales.nhs.uk.
- 12.8 Where cash is left by an unknown donor that may also be deposited to the WAST charity.

Gifts from patients, families, service users, foreign dignitaries, etc., (not suppliers or contractors – see below)

- 12.9 Personal gifts of cash may not be accepted. However, as set out in paragraph 12.7 the donor may be directed to the WAST charity.

12.10 The acceptance and declaration of gifts is dependent upon their value. A common sense approach should be applied to the valuing of gifts, using the actual amount if known, or an estimate that a reasonable person would make as to its value.

12.11 Gifts valued up to £25:

- (a) Staff may accept gifts up to the value of £25 from patients/service users/relatives as a mark of their appreciation for the care that has been provided. This can include items such as chocolates, flowers, cards.
- (b) There is no requirement to declare such gifts, However multiple gifts from the same source over a 12 month period should be declared where the cumulative value exceeds £25.

12.12 Gifts valued at over £25:

- (a) Where a gift is offered that is likely to be over £25 in value it should be politely declined.
- (b) In some cases, the gift may have been delivered and it may be difficult to return it or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, with the options for its use being agreed with the line manager and communicated to the donor:
 - Share the gift with all staff;
 - Raffle the gift for charity;
 - Donate the gift to charity; or
 - Make a donation to charity and keep the gift.
- (c) The gift must be declared via the form at Annex 2 and instructions set out on that form followed. A clear reason should be recorded as to why it was considered permissible to accept the gift, alongside the way it was used, actual or estimated value and include line manager approval.

12.13 If there is any doubt about the appropriateness of accepting a gift, staff should either politely decline or consult their line manager or the Board Secretary.

Gifts from suppliers, contractors, customers etc.

12.14 Gifts from suppliers or contractors the NHS does business with, or is likely to do business with, or customers, should be declined, whatever the value. An exception to this is low

cost branded promotional aids (such as calendars and pens) which may be accepted where they are valued at under £6 in total.

- 12.15 Gifts to a team or directorate of low value such as confectionary (up to £25) intended to be shared by the team or directorate may also be accepted. Gifts accepted from suppliers in accordance with this provision must be declared via the form at Annex 2 and instructions set out on that form followed. A clear reason should be recorded as to why it was considered permissible to accept the gift, alongside the actual or estimated value and include line manager approval.
- 12.16 Gifts from suppliers, contractors or customers that have been declined in line with this policy should be declared via the form at Annex 2 and instructions set out on that form followed. This will allow WAST to monitor when such organisations are inappropriately offering gifts or potential inducements.

Legacy in a Will

- 12.17 On occasions staff are left bequests in a service user's will which they become aware of before the service user is deceased or because they have been informed by the deceased service user's legal representative. In such circumstances the member of staff must immediately inform their manager. It should be borne in mind that staff cannot benefit from a bequest by virtue of their position as a Trust staff, undertaking their duties. If a member of staff receives a bequest they should contact the Board Secretary.

Gifts from Dignitaries/Overseas Organisations

- 12.18 There may be occasions when visits are made by dignitaries or overseas organisations who consider it cultural custom and practice to exchange gifts. In such cases staff should seek guidance from the Board Secretary and declare these gifts. A decision will then be jointly made as to the most appropriate way to manage the gift. This will depend on the nature of the gift culture and may include decisions to keep and display in public, donate to an internal user group, auction for charity, etc.

Publication

- 12.19 The register of gifts, hospitality and sponsorship will be published on the WAST website following its presentation to the Audit Committee annually.

13. Hospitality

- 13.1 Hospitality is where there is an offer of food, non-alcoholic drink, accommodation, entertainment or entry into an event or function by a third party, regardless of whether provided during or outside normal working hours.
- 13.2 Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- 13.3 Staff should exercise discretion in accepting offers of hospitality in case it would, or might appear to place them under any obligation to the individual or organisation making the offer; compromise their professional judgement and impartiality; or otherwise, be improper.
- 13.4 Hospitality should only be accepted on a one-off basis and should not take the form of regular events. It is very important that receiving hospitality does not influence, or is perceived to potentially influence, any decision making or behaviours.
- 13.5 Hospitality might be offered during working visits but may also be offered where:
- (a) There is a genuine need to impart information, or represent WAST at stakeholder or community events which have an association with WAST;
 - (b) Staff are being invited to receive an award or prize in connection with the work of the organisation or their role within it;
 - (c) Staff are invited to a Society or Institute dinner or function which is to be funded by a commercial organisation and where there is a genuine benefit to the professional standing of the individual or WAST.

These types of hospitality must be authorised prior to their acceptance by the Director by completing the form at Annex 2 and instructions set out on that form followed.

- 13.6 Individual offering hospitality must be advised by the intended recipient that there is a requirement to declare and report such offers.

Hospitality from suppliers or contractors

- 13.7 Staff in contact with current or potential suppliers or contractors should be particularly mindful of accepting any hospitality that might later be misconstrued as impacting on strict independence and impartiality.
- 13.8 Offers can be accepted if modest and reasonable but must be declared and approved by the line manager.

Meals and refreshments

- 13.9 Meals and refreshments (food and non-alcoholic drinks) which are equivalent to that offered in similar circumstances by NHS Wales can be accepted and need not be reported (unless it is offered by a supplier or contract – see paragraph 13.8).
- 13.10 Meals and refreshments offered of a value between £15 and £50 may be accepted and must be declared, indicating whether it has been accepted or declined, via the form at Annex 2 and instructions set out on that form followed.
- 13.11 Offers over a value of £50 should be refused unless (in exceptional circumstances) Director approval is given in advance of acceptance. A clear reason should be recorded on the declaration as to why it was permissible to accept hospitality of this value.
- 13.12 A common sense approach should be applied to the valuing of meals and refreshments, using an actual amount, if known, or an estimate.

Travel and accommodation

- 13.13 Modest offers to pay some or all the travel and accommodation costs related to attendance at events may be accepted but must be declared. Offers which go beyond the type which would be funded by WAST must have Director approval in advance. A clear reason should be recorded on the declaration as to why it was permissible to accept travel and accommodation of this type.
- 13.14 Examples of travel and accommodation which would not normally be funded might include:
- (a) offers of business or first-class travel and accommodation (including domestic travel);
 - (b) offers of foreign travel and accommodation;
 - (c) A holiday or weekend/overnight break;
 - (d) Offers of hotel accommodation when this is not associated with a sponsored source or conference;
 - (e) Use of a company flat or hotel suite.
- 13.15 Where a meeting is funded by the pharmaceutical industry, this must be disclosed in the papers relating to the meeting and in any published minutes or actions. The Department or Directorate organising or hosting the event must ensure that the funding has been

approved in line with the requirements set out in the Commercial Sponsorship section of this policy.

Register of Gifts and Hospitality

- 13.16 The register of gifts and hospitality is maintained by the Board Secretary who will formally record the declarations of all staff. The register is reported to the Audit Committee annually and available for public inspection.

14. Sponsorship

Sponsored Posts

- 14.1 Staff who are considering entering into an agreement regarding the external sponsorship of a post within NHS Wales must seek formal approval. Staff will be required to demonstrate acceptance of a sponsored post is transparent and does not stifle competition.
- 14.2 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of the arrangements continuing.
- 14.3 There should be written confirmation that the sponsorship arrangements will have no effect on any commissioning or other management decisions over the duration of the sponsorship and auditing arrangements should be established to ensure that this is the case. These written arrangements should set out the circumstances under which we may exit the sponsorship arrangements if conflicts of interest arise which cannot be mitigated.
- 14.4 Holders of sponsored posts must not promote or favour the sponsor's specific products or organisation and information about alternative suppliers must be provided.
- 14.5 Sponsors must not have any influence over the duties of the post or have any preferential access to services, materials or intellectual property related to or developed in connection with the sponsored post.

Sponsored events

- 14.6 Sponsorship of events, including courses, conferences, and meetings, by external bodies should only be approved if it can be demonstrated that the event will result in clear

benefits for WAST. Sponsored events require the approval of the relevant Director in advance.

- 14.7 Sponsorship should not in any way compromise decisions or be dependent on the purchase or supply of goods or services.
- 14.8 Sponsors should not have any influence over the content of an event, meeting, seminar, publication, or training event.
- 14.9 WAST will not endorse individual companies or their products or services because of the sponsorship.
- 14.10 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection (or other) legislation. As a general rule, information which is not in the public domain should not be supplied and no information should be supplied to a company for its commercial gain.
- 14.11 At WAST's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event.
- 14.12 The involvement of a sponsor in an event should always be clearly identified in the interests of transparency.
- 14.13 All pharmaceutical companies entering into sponsorship agreements must comply with the Code of Practice for the Pharmaceutical Industry.

Sponsored research

- 14.14 Funding sources for research purposes must be transparent. Any proposed research must go through the relevant approvals process.
- 14.15 There must be a written protocol and written contract and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services. Where the contract includes provision of people this, and accompanying arrangements, must be clearly articulated.
- 14.16 The study must not constitute an inducement to commission any service.

Declaring sponsorship

- 14.17 Should there be any doubt about the appropriateness of accepting sponsorship, staff should seek advice from their line manager or the Board Secretary.
- 14.18 Declarations should include the value of the sponsorship. A common-sense approach should be applied to valuing the sponsorship if there is not a contractual value specified, for example a room and refreshments being provided for an event.
- 14.19 Sponsorship secured through, contracted by, paid directly to, or managed through a third party, such as exhibitors at our events sold through a third party or a sponsor paying for catering directly to an event venue should be declared.
- 14.20 Declarations should be made via the form at Annex 2 within 28 day of when the sponsorship was agreed rather than the date of the event. In exceptional circumstances where there are multiple sponsorship arrangements, the sponsorship may be declared within 28 days of the event taking place provided that this is agreed in advance by the relevant Director.
- 14.21 Declarations made in accordance with the policy will be published on the WAST website. In exceptional circumstances the value of the sponsorship may be published in bands where there are multiple sponsors of an event. A complete register will be held by the Board Secretary.
- 14.22 The register of sponsorship is maintained by the Board Secretary who will formally record the declarations of all staff.

15. Miscellaneous Payments and Honoraria

- 15.1 Staff may be invited to give presentations at conferences, provide responses to surveys or attend professional meetings where a one off payment or honoraria is offered. The activity should be reported using a Gifts, Hospitality, Sponsorship and Honoraria Form and it should be authorised by the appropriate Director.

Honoraria received for work undertaken during working hours

- 15.2 When appropriate authorisation has been granted to permit a staff member to be involved in activity outside their normal contract during working hours, any honoraria paid must be received back to the Trust revenue budget to reimburse the Trust for the staff member's time.
- 15.3 To avoid personal tax implications, staff are urged to request the Honoraria is paid directly to the Trust. This is then seen as reimbursement to the Trust to cover the loss of

the staff member's time, and not honoraria. This money will then be transferred into the Trust revenue budget. The staff member who has undertaken the work must not be the budget holder for the budget receiving the funds in lieu of the honorarium due to a conflict of interest.

- 15.4 If the staff member receives the honoraria directly and then reimburses the Trust, the staff member remains liable for the payment of both tax and National Insurance Contributions (NIC), regardless of the final destination of the honoraria.

Honoraria received for work undertaken in an individual's own time (out of normal working hours or on authorised annual leave)

- 15.5 Staff are personally liable for the payment of both tax and NICs on any honoraria payments received. Following their first honoraria declaration staff will be asked to sign a declaration statement confirming that they understand their responsibilities and this will be held on file by the Board Secretary.
- 15.6 If the staff member wishes to suggest a donation may be made to the Trust's Charitable Funds in lieu of an honoraria, this must be received into the Charity's general fund and it is then for the Charity to determine how the donated funds should be used. The basic principle being that the staff member giving their own time should have no influence over how the donation is then used and therefore lessens the risk of this being interpreted as being of any benefit to them as 'income' in any sense.
- 15.7 In cases of doubt, staff should seek advice from the Board Secretary and should report any case where an offer of sponsorship or honoraria is pressed which might be open to objection. Instances where honoraria has been offered and declined should still be declared on the Gifts, Hospitality, Honoraria and Sponsorship Declaration Form.

16. Secondary Employment (and Clinical Private Practice)

- 16.1 All staff (depending on the details of their contract as regards secondary employment and private practice) are required to seek approval from their line manager if they are engaged in or wish to engage in secondary employment in addition to their work with WAST. This approval should be sought even if the staff member is temporarily absent from work e.g., through sickness, maternity leave, or secondment.
- 16.2 Secondary employment or private practice must neither conflict with nor be detrimental to the WAST work of the staff member in question. Examples of secondary employment or private practice which may give rise to a conflict of interest includes, but is not limited to:

- (a) employment with another NHS body;
 - (b) working two roles internally for WAST;
 - (c) employment with another organisation which might be in a position to supply goods/services to the NHS in Wales; and
 - (d) self-employment, including private practice, in a capacity which might conflict with the work of the NHS in Wales or which might be in a position to supply goods/services to NHS in Wales.
- 16.3 Where a risk of conflict of interest is identified, these should be managed in accordance with the guidance provided at paragraph 9.24. WAST reserves the right to refuse permission where it reasonably believes a conflict will arise or that approval would be detrimental to the work of the staff member in question.
- 16.4 In undertaking any secondary employment, staff should have regard to section 'Trading on Official NHS Premises' at paragraph 19.12.
- 16.5 WAST may have legitimate reasons within employment law for knowing about secondary employment of staff, even where this does not give rise to the risk of a conflict of interest. Nothing in this policy prevents such enquiries being made.

Declaring secondary employment and private practice

- 16.6 All staff must declare any relevant secondary employment or private practice on appointment, and when any new employment arises, in accordance with the guidance above. Declarations should be made by via the form at Annex 1 and instructions set out on that form followed.
- 16.7 The register of secondary employment and private practice is maintained by the Board Secretary who will formally record the declarations of all staff for the public record.

17. Charitable Collections

Charitable Collections Individual

- 17.1 Whilst WAST supports staff who wish to undertake charitable collections amongst immediate colleagues, no reference or implication should be drawn to suggest that WAST is supporting the charity. Permission is not required for informal collections

amongst immediate colleagues on an occasion like retirement, marriage, birthday or a new job.

Charitable Collections - Organisational

- 17.2 Charitable collections which reference WAST must be authorised and documented by the appropriate Director in advance and reported to the Board Secretary.

18. Political Activity

- 18.1 Any political activity should not identify an individual as a staff member of WAST. Conferences or functions run by a party-political organisation should not be attended in an official capacity, except with prior written permission from the Director of Partnerships and Engagement.

19. Personal Conduct

Corporate Responsibility

- 19.1 All staff have a responsibility to respect and promote the corporate or collective decision of WAST, even though this may conflict with their personal views. Staff may comment as they wish as individuals however, if they decide to do so, they should make it clear that they are expressing their personal view and not the view of WAST.
- 19.2 When speaking as a staff member of WAST, whether to the media, in a public forum or in a private or informal discussion, staff should ensure that they reflect the current policies or view of the organisation.
- 19.3 For any public forum or media interview, approval should be sought in advance. In the case of the Board, approval is from the Chairman and/or Chief Executive with advice from the Head of Communications. In the case of all other staff, the Head of Communications will provide the approval. Where this is not practicable, they should report their action to the Chairman (for Board members) and Head of Communications for all others as soon as possible.
- 19.4 All staff must ensure their comments are well considered, sensible, well informed, made in good faith, in the public interest and without malice and that they enhance the reputation and status of WAST.

- 19.5 Staff must follow the guidance for communication with the media; disciplinary action may be taken if this is not followed.

Use of Social Media

- 19.6 Staff should be aware that social networking websites are public forums and should not assume that their entries will remain private. Staff communicating via social media must comply with the relevant organisational social media and associated policies. Staff must not conduct themselves in a way that brings WAST into disrepute, or disclose information that is confidential to WAST, its staff or patients.

Confidentiality

- 19.7 Staff must, at all times, operate in accordance with the UK General Data Protection Regulation and Data Protection Act 2018, and maintain the confidentiality of information of any type, including but not restricted to patient information; personal information relating to staff; commercial information. This duty of confidence remains after staff (however employed) leave WAST.
- 19.8 For the avoidance of doubt, this does not prevent the disclosure of information where there is a lawful basis for doing so (e.g., consent). Staff should refer to the suite of WAST Information Governance and Corporate Information Technology policies for detailed information.

Gambling

- 19.9 No staff member may bet or gamble when on duty or on WAST premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues within the same offices where no profits are made or the lottery is wholly for purposes that are not for private or commercial gain.

Lending and borrowing

- 19.10 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.
- 19.11 It is a particularly serious breach of discipline for any staff member to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

Trading on WAST Premises

- 19.12 Trading on official premises is prohibited, whether for personal gain or on behalf of others. This includes but is not limited to flyers advertising services/products in common areas, or catalogues in common areas.
- 19.13 Canvassing within the office by, or on behalf of, outside bodies or firms (including non-WAST interests of staff or their relatives) is also prohibited.
- 19.14 Trading does not include small tea or refreshment arrangements solely for staff.

Individual Voluntary Arrangements, County Court Judgment (CCJ), Bankruptcy/Insolvency

- 19.15 Any staff member who becomes bankrupt, insolvent, has active County or High Court Judgment, or has made an individual voluntary arrangement with an organisation must inform their line manager and the Workforce and Organizational Development Directorate as soon as possible. Staff who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might permit the misappropriation of public funds or involve the approval of orders or handling of money.

Arrest or Conviction

- 19.16 A staff member who is arrested, subject to continuing criminal proceedings, or convicted of any criminal offence must inform their line manager and the Workforce and Organisational Development Directorate as soon as is practicably possible.

20. Annual Eligibility Reviews

- 20.1 Board Members will, on appointment and annually, declare that they are eligible to hold the office of Board Member. These declarations extend to members of the Executive Management Team who are not voting members of the Board and to Trade Union Representatives on the Board.
- 20.2 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in the Membership Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their

eligibility to hold office. The Chair will advise the Minister of Health and Social Services in writing of any such cases immediately.

- 20.3 The Board Secretary will undertake annual due diligence checks at the same time as receiving the eligibility declarations. These will include disqualified director and trustee searches, and bankruptcy and insolvency searches. In addition, the Board Secretary will ensure that all members have a DBS on file and have had or are undergoing their annual appraisal.
- 20.4 Completion of annual eligibility reviews will be reported to the Audit Committee.

21. Roles and Responsibilities

- 21.1 The Chief Executive is the Accountable Officer with overall responsibility for ensuring that the Trust operates efficiently, economically and with probity. The Chief Executive will ensure a policy framework is set and that arrangements are in place to support the delivery of that framework.
- 21.2 The Chair will:
 - (a) Ensure that Non-Executive Directors Board are aware of the requirements contained within this Policy;
 - (b) Lead by example and ensure that they personally declare any relevant interest or the offer of gifts, hospitality, or sponsorship;
 - (c) Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered to Non-Executive Directors prior to the event.
- 21.3 The Director of Finance and Corporate Resources is responsible for ensuring appropriate monitoring arrangements are established to ensure that purchasing decisions are not being influenced by a sponsorship agreement.
- 21.4 The Board Secretary will:
 - (a) Ensure that the appropriate forms and paperwork for declaring an interest are available on the intranet;
 - (b) Review the content of declarations of interest made by decision makers on receipt;
 - (c) Review the contents of declarations of gifts, hospitality and sponsorship made and the advice subsequently provided by Line Managers to ensure that the recommended action is compliant with Trust policy. The Board Secretary will liaise directly with the relevant Line Manager in instances where this is not considered to be the case;
 - (d) Advise staff on all aspects of this policy;

- (e) Ensure arrangements are in place to prompt staff to complete a Declaration of Interest Form on initial employment with WAST and at periodic intervals thereafter;
- (f) Ensure that a Register of Interests and a Register of Gifts, Hospitality and Sponsorship is established and maintained as a formal record of interests declared by staff;
- (g) Published those registers on the WAST Website in accordance with the requirements of the organisation's Freedom of Information Publication Scheme;
- (h) Report the content of those registers and the effectiveness of the arrangements in place to the Audit Committee at agreed intervals, including any breaches of this policy.

21.5 Directors will:

- (a) Lead by example and ensure that they personally declare any interests the subject of this policy;
- (b) Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered within their Directorate prior to the event;
- (c) Ensure that they review the contents of the Register of Declarations on an annual basis to assist with the verification of the information contained within it.

21.6 Line Managers will:

- (a) Ensure that staff are aware of the requirements of this policy and the implications for their work, particularly at annual PADR discussions;
- (b) Support individuals in their declaration applications, seeking advice from other managers or from the Board Secretary if required;
- (c) Ensure any declarations of interest are managed in accordance with this policy.

21.7 All staff will:

- (a) Ensure they are aware of and are compliant with the requirements of this policy, consulting their line manager or appropriate senior manager if they require clarification;
- (b) Declare to WAST any relevant interests, gifts, hospitality, and sponsorship;
- (c) Obtain permission from their line manager/Director before accepting gifts, hospitality, or sponsorship;
- (d) Verbally declare any relevant interest when a potential for conflict arises e.g., at Board and Committee meetings, during procurement process etc;

(e) Observe the Standing Orders, Standing Financial Instructions and procurement policies and procedures of the Trust.

21.8 An annual training package to raise awareness and understanding of this policy will be included in the WAST training for all staff. All decision making officers will be required to submit an annual attestation that all appropriate declarations required by the policy have been submitted.

22. Impact Assessments

22.1 Equality Impact Assessment

An Equality Impact Assessment initial screening was undertaken on this policy and it was assessed not to be significant from the perspective of the application of the Equality Act 2010, and that no negative impact on the protected characteristics within the legislation were identified. A full Equality Impact Assessment was not required.

22.2 Welsh Language Assessment

The Equality Impact Assessment took account of Welsh Language and it was found to be neutral/no impact.

22.3 Environmental Impact Assessment

This policy will put the relevant requirements in place (such as waste management plan, reduction of CO₂ emissions & reduction of carbon footprint) in order to ensure that the Welsh Ambulance Services NHS Trust ongoing commitment to reduce its impact on the environment is maintained and to become a more sustainable organisation in line with Trust policy and Environmental Governance System.

23. Counter Fraud

The Welsh Ambulance Services NHS Trust is committed to taking all necessary steps to counter fraud, bribery, and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively, staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting line on 0800 028 40 60; or the on-line reporting facility <https://cfa.nhs.uk/reportfraud> Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

24. Records Management

The Welsh Ambulance NHS Services Trust (WAST) recognises the importance of sound records management arrangements for both clinical and corporate records. The Trusts' records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

25. Information Governance

Information Governance (IG) is an overarching term used to describe all aspects of information management. The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust.

26. Health and Safety

The health, safety and well-being of staff, volunteers and Contractors who work for the Welsh Ambulance is of paramount importance.

The Management of Health and Safety at Work Regulations 1999 require the Trust to make a suitable and sufficient assessment of the risks to the health and safety of its employees to which they are exposed whilst they are at work and the risks to the health and safety of anyone else affected by the activities of the Trust.

27. Audit and monitoring

Monitoring for compliance with this policy will be by way of:

- (a) Register of Interests publicly available on the Trust website
- (b) Register of Interests reported to the Audit Committee annually

- (c) Register of Gifts, Hospitality and Sponsorship reported to the Audit Committee annually

28. References

Not applicable

29. Appendices

Annex 1 – Declaration of Interests

Annex 2 – Declaration of Gifts, Hospitality and Sponsorship

ANNEX 1 - This form should be downloaded separately from the Trust's Intranet [here](#).

DECLARATION OF INTERESTS FORM

Please review the Standards of Business Conduct Policy for details of interests which may be relevant and material and therefore subject to declaration. The policy can be found on the Trust's Intranet [here](#).

All staff should make a declaration - even where it is a 'nil' declaration i.e., you do not have any interests to declare.

For 'decision making officers' as defined in the policy, this form is reviewed by the Board Secretary and provided to your line manager for their review. It is placed on the Register of Interests which is maintained by the Board Secretary, provided to the Audit Committee annually, and published on the Trust's website.

Full Name	
Position	
Directorate	
Employee Number	
Line Manager's Name and Position	

Section A: Nil Declaration:

I do not hold any of the interests set out below, and have nothing to declare:	<input type="checkbox"/>
--	--------------------------

If you have completed Section A go straight to sign off section C

Section B: Interests to Declare:

Refer to the policy for full details but note that you will not automatically be conflicted just because you hold some of the interests set out below. A conflict may arise where your interests do not align to decisions you are making, or where there is a perception that they do not align. In those circumstances a mitigation plan will be put in place.

Interest Declared that relate to you	Details of Interest including the full name of any organisations/companies/directorships	Date When Interest Commenced
<p>Financial Interest</p> <p>This is where you may get direct financial benefit from the consequences of a decision you are involved in making. This may include but is not limited to:</p> <ul style="list-style-type: none">• <u>Directorships</u>, including Non-Executive Directorships held in private companies or public limited companies;• <u>Ownership</u> or part-ownership of private companies, businesses, or consultancies likely or possibly seeking to do business with the NHS• <u>Shareholdings</u> and ownership interests in any publicly listed, private or not for profit company, business, partnership, or consultancy which are doing or might reasonably be expected to do business with the NHS		

Interest Declared that relate to you	Details of Interest including the full name of any organisations/companies/directorships	Date When Interest Commenced
<ul style="list-style-type: none"> • <u>Secondary employment</u> (or in the case of a Non-Executive Director who is in employment, the details of that employment) • Other <u>commercial interests</u> relating to a decision to be taken by the Trust • Being in receipt of a <u>grant</u> or <u>sponsored research</u> • Being in receipt of an <u>honoraria</u> 		
<p>Non-Financial Professional Interest</p> <p>This is where you may obtain a non-financial professional benefit from the consequences of a decision you are involved in making, such as increasing your professional reputation or status or promoting your professional career.</p> <p>This may include but is not limited to where you are:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients • A clinician with a special interest • An active member of a particular specialist body • An advisor for a WAST regulator (e.g., HIW) 		
<p>Non-financial personal interests</p> <p>This is where you may benefit personally because of decisions that you are involved in making.</p> <p>This may include but is not limited to where you are in:</p>		

Interest Declared that relate to you	Details of Interest including the full name of any organisations/companies/directorships	Date When Interest Commenced
<ul style="list-style-type: none"> • A position of authority in another NHS organisation, commercial, charity, voluntary, professional, statutory, or other body which could be seen to influence your role • A position on an advisory group or other paid or unpaid decision-making forum that could influence how the NHS spends taxpayers' money • Any connection with a private, public, voluntary, or other organisation contracting or likely to contract for NHS services • Membership of a lobbying or pressure group with an interest in health and care • Membership of an organisation which might lead to conflict, or might be perceived to do so 		
<p>Indirect interests</p> <p>This is where you have a close association with an individual (relative/friend/business associate) who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision the officers is involved in making.</p> <p>If you are aware of material interests, or could reasonably be expected to know about these, then they should be declared.</p>	<p><i>Include here the details of the interest of the individual(s) with whom you have a close association and their relevant interests.</i></p>	

Interest Declared that relate to you	Details of Interest including the full name of any organisations/companies/directorships	Date When Interest Commenced
Loyalty interests As part of you role you may need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define. They are unlikely to be directed by any formal process or managed via any contractual means, however these 'loyalty' interests can influence decision making.		

Section C: Declaration

I declare that the information I have given on this form is correct and complete and that I will not create a conflict of interest between my NHS employment and an external body/organisation or my personal interests. I understand that if I knowingly provide false information or fail to disclose relevant information, this may result in disciplinary action and I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of information on this form to review by the Trust's Auditors and understand the form may be reviewed for the purpose of fraud prevention and detection by NHS Counter Fraud Specialists. I agree to submit further notices in order to bring up to date information given in this notice and will declare any interest I acquire after the date of this notice. I agree to publication of my interests on the public record on the Trust website.

Signature of person making this declaration	
Date of Signature	

As line manager of the person making this declaration I confirm that I have reviewed the declaration. I do not consider that the interests declared (if any) present an immediate conflict and will manage any conflicts that may arise from time to time in accordance with the Standards of Business Conduct Policy

Signature of line manager	
Date of Signature	

The Line Manager is required to retain these declarations for inspection on request by members of the Executive Team, Internal/External Audit or the Counter Fraud Officer.

ANNEX 2 - This form should be downloaded separately from the Trust's Intranet [here](#).

DECLARATION OF GIFTS, HOSPITALITY, AND SPONSORSHIP

Extracts of the gifts, hospitality, and sponsorship section of the Standards of Business Conduct Policy are set out below for context and ease of reference, however staff are requested to review the Policy before completing this form. The policy can be found on the Trust's Intranet [here](#).

Complete the relevant section of this form for declaration of receipt or offer of a gift, hospitality (including travel and accommodation) or sponsorship.

This form must be authorised by your line manager or Director and reviewed and held centrally by the Board Secretary. Your declaration will be placed on the Register of Interests which is maintained by the Board Secretary, provided to the Audit Committee annually, and published on the Trust's website. The Board Secretary can be contacted for advice on the Policy and this form directly or via amb_corporategovernance@wales.nhs.uk.

Full Name	
Position	
Directorate	
Employee Number	
Signature	
Date	

A declaration must be made even where a gift or hospitality has been declined.

1. GIFTS

Staff must not be placed in a position that risks, or appears to risk, compromising their role or the organisation's public and statutory duties or reputation. Staff should always refuse gifts or other benefits which might reasonably be seen to compromise their personal judgement or integrity.

Staff may accept gifts up to the value of £25 from patients/service users/relatives as a mark of their appreciation for the care that has been provided. These may be items such as chocolates, flowers etc. **There is no requirement to declare these gifts unless** the gift is from a supplier, or multiple gifts from the same source over 12 months have a cumulative value over £25.

Cash or cash equivalents (tokens, gift cards, vouchers etc) **of any value must not be accepted**. Where cash has been left by a donor who cannot be traced it may be deposited to the WAST Charity.

Gifts over £25 should be declined, but where that is not possible the gift **must be declared on this form**. In some cases, the gift may have been delivered and it may be difficult to return it or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, with the options for its use being agreed with the line manager in line with section 12 of the Policy.

Gifts from suppliers or contracts should be declined whatever the value, other than low cost branded promotional items such as calendars and pens. Any gifts from suppliers, regardless of the value **must be declared on this form**. Likewise, any offers of gifts *declined* from suppliers or contracts must be declared.

Where a gift is required to be declared in line with the Policy, the following information is required. Your line manager or the Board Secretary can provide advice.

Details of gift including date it was offered	
Estimated value of gift	
Name of donor if known	
Was the gift refused?	
Where gift could not be refused, why it was considered suitable to accept the gift	
How the gift was used	

2. HOSPITALITY

Hospitality is where there is an offer of food, non-alcoholic drink, accommodation, entertainment or entry into an event or function by a third party, regardless of whether provided during or outside normal working hours.

Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

Staff should exercise discretion in accepting offers of hospitality in case it would or might appear to place them under any obligation to the individual or organisation making the offer; compromise their professional judgement and impartiality; or otherwise, be improper. This is particularly important when it is offered by current or potential suppliers or contractors.

Meals and refreshments which are equivalent to that offered in similar circumstances by NHS Wales can be accepted and need not be declared. This may arise for example as part of a conference.

Meals and refreshments offered of a value between £15 and £50 may be accepted and must be declared. This may be signed off by your line manager.

Offers over a value of £50 should be refused unless (in exceptional circumstances) **Director approval** is given in advance of acceptance. A clear reason should be recorded on the declaration as to why it was permissible to accept hospitality of this value.

Modest offers to pay some or all the **travel and accommodation** costs related to attendance at events may be accepted but must be declared.

Details of hospitality including date	
Estimated value of hospitality. Where the value is over £50 provide reason why accepted.	
Name of provider of hospitality	
Is the provider of the hospitality a current or potential supplier or contract	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>

3. SPONSORSHIP

Sponsorship of events, including courses, conferences, and meetings, by external bodies should only be approved if it can be demonstrated that the event will result in clear benefits for WAST. Sponsored events require the approval of the relevant Director in advance.

Sponsorship of a post and of research are dealt with in more detail in the Policy at section 14.

Details of sponsorship including date	
Estimated value of sponsorship	

4. LINE MANAGER/DIRECTOR DECLARATIONS

(a) I have reviewed this declaration and consider the action taken by the individual are appropriate.

Full Name	
Position	
Signature	
Date	

or

(b) I have reviewed this declaration and consider the action taken by the individual is not appropriate and I have advised the individual accordingly as set out below.

Reasons for considering offer not appropriate	
Full Name	
Position	
Signature	
Date	

Once completed and signed this form must be sent to the Board Secretary directly or via amb_corporategovernance@wales.nhs.uk.



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AGENDA ITEM No	16
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	

GOVERNANCE REPORT

MEETING	Trust Board
DATE	27 July 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out where applicable the Chair's Action taken since the last Board meeting, decisions made in private session, and the use of the Trust Seal.
2. There have been no decisions made by Chair's Action since the last meeting of the Trust Board on 25 May 2023 which require ratification and no decisions made in private session to report.

Use of the Trust Seal

3. **The Board is requested to approve the affixing of the Trust Seal** to the license for alterations for Unit 3, Phoenix Park, Telford Street, Newport NP19 0LW. The license is between the South Wales Chamber of Commerce, Enterprise and Industry Limited (landlord) and WAST to enable minor works to be carried out. The Board will note it is not being requested to approve the license, just the affixing of the Trust Seal in accordance with the Standing Orders.
4. On 26 January 2023 the Board was notified of the use of the Trust Seal entry number 0239 for fence installation at Cardiff Make Ready Depot. This transaction was not finalised and amendments were required to the Engrossment License for Works and the Engrossment Deed of Covenant. These will be re-executed as deeds with trust seal entry reference 0246.
5. The Board will note that since the last Board meeting the Trust Seal has been applied to the following document:
 - 5.1 Reference number 0244 – Transfer of Registry Title at HM Stanley to Betsi Cadwaladr University Health Board.

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
None.

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



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FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	27 July 2023
Committee Meeting Date	17 July 2023
Chair	Kevin Davies

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Following the Trust's revised policy process being implemented in 2017 there was a significant improvement in the number of policies within their review date. However, the rate of review fell below reasonable levels during the pandemic as policy work was largely paused and efforts directed to support the response. This, coupled with a challenging Winter and prolonged industrial action has led to a significant number of **policies past their review date**. A prioritisation exercise has taken place on the basis of a risk assessment, and a revised governance process for policies and delegations for approvals is underway. The risk assessments were based on known risks, internal audits completed and those planned for 2023/24. Whilst only 14% of policies are currently within their review date, the Committee noted that policies do not 'expire' and that extant but overdue for review policies have undergone rigorous review prior to their approval and as a result would likely stand the test of time with minor amendments. The Audit Committee will monitor progress of improvement plans and will review the revised governance arrangements.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The proposed **Board and Committee Level Key Performance Indicators for 2023/24** were endorsed for Board approval at the July meeting. It was noted that some of the metrics will need further defining and therefore may not appear on the August MIQPR, including the measure for the Duty of Candour which may be subject to national measures.
3. The **Operational Update for Q1** was received. On the issue of WAST's facilitation of extended transfer of care, in particular portering, members sought to understand at a future meeting the risks of staff working in this way where they are not trained to so and where WAST is not commissioned to provide this service. The impacts on staff of handling a high number and increasing complexity of concerns was discussed, as was the high levels of attrition in Emergency Medical Services (EMS) Coordination. Both these issues will be reviewed in more detail in the Quality, Patient Experience



and Safety Committee and the People and Culture Committee at their next meetings. The cohorting of patients in ambulances was also discussed and noted that this was not an answer to the continued lengthy handover delays.

4. Members **reflected** that culture was discussed in terms of income generation and business continuity, and that this was a positive step that supports organisational cultural change more broadly.

ASSURE

(Detail here assurance items the Committee receives)

5. The Committee received a presentation on the **financial position for Month 3 2023/24** due to the date of this meeting coming close to end of month. The Board will have a detailed paper on the financial position before it for the July meeting. The cumulative year to date revenue position is a small overspend of £33K, with the year end forecast being one of break even. The capital plan is forecast to be fully spent by the end of the financial year. Key assumptions underpinning the year to date performance were discussed and assurance provided regarding the agreed salary increases being covered by Welsh Government. The Committee commended the finance and operations teams on the £6m of savings planned now being fully identified but noted the risk in delivery and the need to deliver more sustainable recurrent savings schemes.
6. Gross savings of £1.820m have been achieved against a year to date target of £1.727m. A **Financial Sustainability Programme** update was received against identified initiatives including the support services review; service review; recruitment control panel; operations savings group; and income generation group. Members recognised the good progress and were assured that there was momentum in the programme, with the support services review shortly coming to a close, and resources identified for the service review. It was recognised that income generation for transformative schemes was a slower programme of work, and that focus on sustainability across all reviews was key. Resourcing across all programmes to develop initiatives and to implement them is a continuing risk, however the support services review and the services review should highlight potential opportunities to mitigate this. Garnering external support and recognition for initiatives was raised given reliance on non-recurrent funding for the 100 WTE this year, and it was noted that WAST now has a seat on the Six Goals Programme Board.

The Committee reviewed the **Saving and Efficiencies Internal Audit Report** which focused on the 2022/23 financial year and received reasonable assurance. The report noted the introduction of the financial sustainability programme for the challenging year of 2023/24 and this will be reviewed as part of the 2024/25 Internal Audit Plan. The Committee will continue to monitor the management actions which address the six medium level recommendations through the Audit Tracker.

7. The Audit Wales **unqualified opinion on the draft financial accounts** for 2022/23 and the timelines and next steps was noted and recognition of this was made by the Chair.
8. The **structure and governance for the Strategic Transformation Board** and its programmes was reviewed and the Committee was assured that these were appropriate and clear.



9. Whilst formal approval of the **Integrated Medium-Term Plan (IMTP) 2023-26** is awaited from Welsh Government along with any accountability conditions, the final year 2022/23 actions (c.150) have been reviewed and a single reporting line has been defined for actions continuing into 2023/24. The year end position, transitioning arrangements, and deep dive on the Inverting The Triangles Programme provided assurance to the Committee on progress and milestones.
10. A **Project Path Framework** has been developed to provide a guide to implementing business change, regardless of the scale of the project or the user's level of experience in project management. The Project Path will be accompanied by a variety of practical tools and templates that can be applied by change agents across the organisation. In particular, the framework seeks to strengthen our organisational approach to **benefits realisation** by promoting a benefits-led approach, with sections on evaluation and benefits realisation woven into each stage of the project lifecycle. This approach will be embedded in the IMTP delivery programmes.
11. The **MIQPR** for May 2023 was received and is before the Board at the July meeting. The Committee noted:
- Over 20,000 hours were lost in May, a decrease compared to the 23,000 hours lost in April. Whilst this has led to improved quality and performance for EMS, Amber 1 performance with waits of over four hours remain unacceptable and the levels of lost hours to handover delays remain so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss.
 - There is improving 111 performance but resilience into the winter and the planned SALUS implementation in November are key areas of focus.
 - Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable.
 - ROSC (return of spontaneous circulation) is at 20% - the highest on record.
- Overall, the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there are system dependencies e.g. handover lost hours.
12. The Committee received a number of reports on **Emergency Preparedness, Resilience and Response (EPRR)** and were assured as to EPRR arrangements and leadership. Content included the Review of the Civil Contingencies in Wales report where the team has been working with partners, including Welsh Government, to look at the future of Civil Contingencies within Wales. The UK Resilience Framework which describes the vision the UK government has for Civil Contingencies. The report highlights the annual HART/SORT Key Performance Indicators Report. The Trust's response to the recommendations following the Manchester Arena Inquiry were also reviewed and the Committee assured that dedicated resources are applied to ensuring the 71 relevant recommendations for the Trust are incorporated into programmes of work and implemented.
13. The **Welsh Government Annual Emergency Planning Report** reports on the Trust's compliance and readiness to meet its obligations under the Civil Contingencies Act 2004. This included assurance that:
- Emergency plans are in place for the Trust to respond effectively to incidents of different types.



- Plans are reviewed and updated to reflect lessons identified internally and by external organisations.
- Training and exercises are carried out alongside partners, including seven tabletop exercise and over 20 multiagency counter terrorism tabletop exercises over the previous year, and participation in 12 multiagency live exercises over the previous three years. Using this data, the Trust was able to assure Welsh Government that the Trust has met the required standards. It was confirmed that exercises practices are in the main consistent with actual events the Trust has been involved in but that the SORT Business Case will provide scope for more complex training scenarios. The Committee will monitor this as there is risk should the Business Case not be approved by Welsh Government.
- Processes are in place to train our commanders and refresher training has been provided at all levels of command.

The WAST Incident Response Plan remains the overarching plan to determine the Trust's response to an incident. The plan was updated in October 2022 and will be reviewed in October 2023.

The Committee thanked the operations teams for the presentation and were assured at the significant amount of work that is ongoing and the preparedness and resilience evident in the annual report.

14. The Committee reviewed the **IM&T Infrastructure Internal Audit Report**, the overall objective of which was to provide assurance over the management and operation of the WAST Information Management and Technology (IM&T) Infrastructure. The report received reasonable assurance and the Committee will monitor the eight recommendations (three high, three medium and two low). In private session the Committee reviewed the Cyber Security Internal Audit Report.
15. The Committee was presented with the **audit tracker** and noted the revised dates on some recommendations and the need to provide further updates to actions due in April, May and June. The Audit Tracker will undergo a revision over the next quarter, with a recommendation to the September Audit Committee on a revised process and format. This will include an approach to the more historical recommendation and management action plans. The Corporate Governance Team will work in partnership with Internal Audit and Audit Wales in the production of this.
16. The **Committee priorities** for 2023/24 are on track.

RISKS

Risks Discussed: There are nine principal risks within the remit of this Committee. Seven risks remained static (noting that two were not due for review until August), one score increased, and one risk was closed. The Committee were assured that the mitigating actions were appropriate, and all relevant risks had been reviewed, with members welcoming the continued evolution of the BAF and inclusion of the rationale for changes in score which illustrates the work owners and the risk team put into these reviews.

Risk 424 (prioritisation or availability of resources to deliver the Trust's IMTP) has seen an increase in the likelihood score from 12 (3x4) to 16 (4x4) given the level of risk the organisation is experiencing in the current financial climate and with no further recurrent funding agreed to deliver the Trust's



transformational plans. This score is aligned to the Trust's financial Risk 139.

Risks 139 (failure to deliver our statutory financial duties in accordance with legislation) and **458** (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) scores remain static at 16 (4x4) due to the challenging financial climate.

Risks 260 (a significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems) and **543** (major disruptive incident resulting in a loss of critical IT systems) remain at a score of 15 (3x5). Whilst the majority of mitigating actions are complete, further work is underway to identify further actions but the score remains the same given the profile of these risks.

Risk 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) remains at 15 (3x5). While the Health Boards have responded to the original letter sent from the Chief Executive highlighting this risk the responses have provided limited assurance. The Trust's civil contingency response was also discussed during the review of the EPRR annual report.

Risk 245 (failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations) has reached its target score of 8 (2x4), having reduced from 16 (4x4), in particular due to the control room solution implementation.

New Risks Identified: No new risks identified.

COMMITTEE AGENDA FOR MEETING

Operations Quarterly Report	Financial position for month 3 2023/24	Risk Management and Corporate Risk Register
Integrated Medium Term Plan 2023-26 and post implementation review process	Monthly Integrated Quality and Performance Report	Emergency Preparedness, Resilience and Response (EPRR) Annual Report
Internal audit tracker	Policy Report	Committee Priorities

COMMITTEE ATTENDANCE

Name	15 May 2023	17 July 2023	18 Sep 2023	13 Nov 2023	15 Jan 2024	19 Mar 2024
Joga Singh						
Kevin Davies	Until 11.30am	Chair				
Bethan Evans						
Ceri Jackson						
Martin Turner		Left at 11.30				
Chris Turley		Navin Kalia				
Rachel Marsh		Hugh Bennett				
Lee Brooks	Sonia Thompson	Judith Bryce ¹				
Liam Williams	Wendy Herbert					
Angie Lewis	Liz Rogers					
Leanne Smith						
Hugh Parry						
Damon Turner						
Trish Mills						

¹ Lee Brooks in attendance for EPRR item



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	Attended
	Deputy attended
	Apologies received
	No longer member

Head of Internal Audit Opinion & Annual Report 2022/2023

July 2023

Welsh Ambulance Services NHS Trust



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Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
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Appendix A

Conformance with Internal Audit Standards

Appendix B

Audit Assurance Ratings

Report status:	Final
Draft report issued:	30 June 2023
Final report issued:	13 July 2023
Author:	Osian Lloyd, Head of Internal Audit
Executive Clearance:	Trish Mills, Board Secretary
Audit Committee:	25 th July 2023

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the Audit Charter as approved by the Audit & Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Ambulance Services NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY


1.1 Purpose of this Report

Welsh Ambulance Services NHS Trust's (Trust) Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards.

1.2 Head of Internal Audit Opinion 2022-23

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement. The overall opinion for 2022/23 is that:

Reasonable assurance		The Board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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1.3 Delivery of the Audit Plan

Our internal audit plan has needed to be agile and responsive to ensure that the Trust's key developing risks are covered. As a result of this approach, and with the support of officers and non-executive directors across the Trust, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee (the 'Committee'). In addition, regular audit progress reports have been submitted to the Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give

an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for the 2022/23 year was initially presented to the Committee in March 2022. Changes to the plan have been made during the course of the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at NWSSP, DHCW, and EASC that support the overall opinion for NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) (in March 2023), and our own annual Quality Assurance and Improvement Programme (QAIP) have both confirmed that our internal audit work 'fully conforms' to the requirements of the Public Sector Internal Audit Standards (PSIAS) for 2022/23. We are able to state that our service 'fully conforms to the IIA's professional standards and to PSIAS.'

1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the areas in the table below.

Where we have given Limited Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where it is appropriate to do so.

In addition, we also undertook a number of advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2022/23

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Risk management and assurance Health and Safety (draft) Infection prevention and control Savings and efficiencies Fleet maintenance Major incidents Hazardous Area Response Team Immediate release directions Attendance management IMTP delivery Cyber security IM&T infrastructure Data analysis Electronic Patient Clinical Record Follow up review
Limited Assurance	Advisory/Non-Opinion
<ul style="list-style-type: none"> Pain management Trade union release time Standards of Business Conduct: Declarations 	<ul style="list-style-type: none"> Decarbonisation
No Assurance	
<ul style="list-style-type: none"> N/A 	

Please note that our overall opinion has also taken into account both the number and significance of any audits that have been deferred during the course of the year (see section 5.7) and also other information obtained during the year that we deem to be relevant to our work (see section 2.4.2).

2. HEAD OF INTERNAL AUDIT OPINION

2.1 Roles and Responsibilities

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The Trust's risk management process and system of assurance should bring together all of the evidence required to support the Annual Governance Statement.

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the Trust. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board takes into account but is not intended to provide a comprehensive view.

The Board, through the Audit Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded

picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of Welsh Ambulance Services NHS Trust which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement, and may also be taken into account by regulators including Healthcare Inspectorate Wales in assessing compliance with the Health & Care Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the course of the 2022/23 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of PSIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

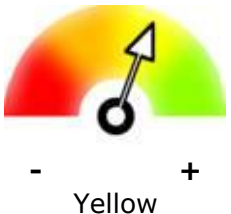
This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix B**.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were used to frame the audit plan at its outset (see section 2.4.2).

2.4 Head of Internal Audit Opinion

2.4.1 Scope of opinion

The scope of my opinion is confined to those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Reasonable Assurance		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
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This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised. Particular focus should be placed on the agreed response to any Limited Assurance opinions issued during the year and the significance of the recommendations made (of which there were three audits in 2022/23).

2.4.2 Basis for Forming the Opinion

The audit work undertaken during 2022/23, and reported to the Audit Committee has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements (see section 2.4.3).

- The results of any audit work related to the Health & Care Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the Governance, Leadership and Accountability module.
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).
- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; observation of Board and other key committee meetings; meetings with Executive Directors, senior managers and Non-Executive Directors; the results of *ad hoc* work and support provided; liaison with other assurance providers and inspectors; research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the Trust.

In reaching this opinion we have identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas.

From the opinions issued during the year, 15 were allocated Reasonable Assurance and three were allocated Limited Assurance. No reports were allocated a 'substantial assurance' or a 'no assurance' opinion. In addition, one advisory or non-opinion report was issued.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming their overall opinion.

A summary of the findings is shown below. We have reported the findings using the eight areas of the Trust's activities that we use to structure both our 3-year strategic and 1-year operational plans.

Corporate Governance, Risk Management and Regulatory Compliance

We have undertaken three reviews in this area.

The audit of **Risk management and assurance** derived **reasonable assurance**. Our review noted the continued maturity of risk scrutiny and reporting and the strengthening of the Board Assurance Framework element, which was assigned limited assurance in the prior year. This recognises the progress made by the Trust through delivery of its risk transformation programme.

Limited assurance was provided following our review of **Standards of business conduct: declarations**. Two high priority findings were raised around the absence of a central Declaration of Interest register, including the capture of key decision makers in line with other NHS Wales bodies, and non-compliance relating to the completion of gifts and hospitality forms. Other matters requiring attention include the completeness and accuracy of declarations of interest submissions, lack of evidence to support due diligence checks undertaken and the need to strengthen the gifts and hospitality register.

Our **Follow up review** delivered a **reasonable** assurance rating, which recognises the systems in place to monitor progress with the implementation of actions in response to internal audit reports.

A review of the draft **Annual Governance Statement** highlighted that it was generally consistent with our knowledge of the Trust through the audit work performed in the Internal Audit plan and a review of other organisational documents.

Strategic Planning, Performance Management & Reporting

We have undertaken one review in this area.

Our review of **IMTP delivery** received **reasonable** assurance rating, which recognised the effectiveness of the Strategic Transformation Board structures in delivering change programmes. We identified no significant issues for reporting. Three medium priority findings were raised, including the absence of benefit realisation plans and need to document quality management activity.

The **Strategy development** audit, to review the arrangements to support the development of the Trust's strategic ambitions, was deferred to 2023/24. The programme is still at the developmental phase due to the need to pause and re-prioritise key organisational activities to respond to the system pressures and continuing industrial action.

Financial Governance and Management

Both reviews undertaken in this area received **reasonable** assurance.

Our review of **Savings and efficiencies** evaluated savings plans and their monitoring arrangements. The Trust has a track record of achieving its savings programme, although this has predominantly been due to its reliance on non-recurrent savings such as vacancy management. Four medium priority findings were raised relating to developing documented guidance, provision of financial training and developing templates to ensure savings information is robustly recorded and reported. The Trust has recently established a Financial Sustainability Programme to address current financial challenges and to deliver further strategic development and transformation.

Our **Fleet maintenance** review gave a positive assessment of the application of the fleet management system and its impact in improving the coordination of fleet maintenance and cost control. However, two high priority findings were raised, highlighting the need to address inconsistencies between the Fleetwave and Oracle authorised signatory lists, and ensuring the appropriate procurement of suppliers and to enhance and regularly review supplier lists.

The audits of the payment systems provided by NWSSP, which we audit each year, concluded with positive assurance. The audits of Payroll and Accounts Payable both received reasonable assurance opinion ratings.

Quality & Safety

We have undertaken three reviews in this area.

Reasonable assurance was provided following our review of **Health and safety**. This reflects positively on the progress made by the Trust through delivery of its five-year Working Safely Programme.

Our review of **Infection prevention and control (IPC)** reported **reasonable** assurance. This demonstrated the heightened profile of IPC within the pandemic structures. However, we raised one high and five medium priority findings that require addressing in the return to business as usual.

Limited assurance was reported in relation to **Pain management**. Our audit found a poor completion rate of authorisation forms in respect of Patient Group Directions (PGDs), with a lack of monitoring at group / Committee level; PGDs are not reviewed on a regular basis; and a lack of oversight into pain scores and administration of analgesia. We also highlighted the need to improve record keeping, in order to identify the crew member administering the analgesia to ensure it is in line with protocol.

The **Clinical handover** audit was deferred to 2023/24, to recognise the operational nature of these reviews and the impact of service pressures and the continuing industrial action.

Information Governance & Security

All three reviews undertaken in this area received **reasonable** assurance.

Our review of the arrangements in place within the Trust to improve its **Cyber security** position resulted in a positive assessment. However, two high priority recommendations were raised in relation to establishing a formal reporting structure and encrypting backups in storage. There is also a need to approve the Cyber Security Plan and ensuring timescales for delivery are set.

The review of the management and operation of the Trust's **Information Management & Technology infrastructure** included a high priority issue on the recording of switches on the asset register and security patching. We also identified three medium priority matters, including to ensure the accuracy of the asset register, formalising the alert management process, and ensuring the services to be provided within the back-up site are appropriately prioritised.

The **Data analysis** review concluded that the Trust is a data-rich organisation and has the people and systems in place to manage and use its data to continuously monitor its performance and forecast future demand. Two high priority findings were raised around replacing legacy reporting software and fully defining and resourcing the CAD system administrator role.

Operational Service and Functional Management

Reasonable assurance was provided for the three reviews undertaken in this area.

The **Major incidents** review gave a positive assessment of the Trust's approach to prepare for such events. One high priority matter was raised to consider options to support more frequent exercising and testing of incident plans, including with multi-agency partners, and develop a system to capture these.

The audit of the **Hazardous Area Response Team** considered the arrangements the Trust in place to ensures the team is appropriately trained and equipped to respond to high-risk and complex emergency situations, in line with national standards of interoperability. Key matters arising concerned a high priority finding on the need to improve completion of training competencies and compliance monitoring, as well as seven medium priority findings.

The **Immediate release directions** review reflected positively on the arrangements in place within the Trust in relation to the release ambulances outside hospitals to respond to patient needs in the community, and

recognises the challenges it faces due to the significant volumes being made. We raised two high findings relating to the escalation of declined directions and the timely completion and review of Datix incidents.

Workforce Management

We have undertaken two reviews in this area.

Our review of **Attendance management** reported **reasonable assurance**, a positive reflection of the effectiveness of the early intervention mechanisms the Trust has put in place to improve staff attendance. Six matters were raised requiring management attention, including scope to improve analysis of underlying causes of sickness, alternative duties and their reporting, and the development of key performance indicators and data for evaluating quality and effectiveness of services.

The **Trade union release time** review derived **limited assurance**. Whilst the refreshed Facilities Agreement recommends processes to follow, these are not mandated, and several methods of recording facility time are in place. The lack of integrated systems for capturing this data at an organisational level, further reduces visibility and compliance. The findings replicate the recommendations raised in the 2018/19 limited assurance report.

Capital & Estates Management

We have undertaken two reviews in this area.

Reasonable assurance was provided following our review of the **Electronic patient clinical record**, reflecting the delivery and management arrangements in place to support the implementation of the system. The audit found that the programme was progressing within budget and target delivery, for a highly complex implementation involving multiple health bodies across Wales.

Decarbonisation audits were planned to be undertaken simultaneously across NHS Wales to provide assurance to respective NHS Wales bodies on their arrangements to reduce carbon emissions and control climate change. It was clear that in each instance the implementation plans had not been sufficiently developed to allow meaningful testing and to provide an assurance rating to respective Audit Committees. Accordingly, the decision was taken to report common themes to provide an overview of the overarching position across NHS Wales. A full audit review (with associated audit opinion) is provided within the agreed 2023/24 Internal Audit Plan for the Trust.

2.4.3 Approach to Follow Up of Recommendations

As part of our audit work, we consider the progress made in implementing the actions agreed from our previous reports for which we were able to give only Limited Assurance. In addition, where appropriate, we also consider

progress made on high priority findings in reports where we were still able to give Reasonable Assurance. We also undertake some testing on the accuracy and effectiveness of the audit recommendation tracker.

In addition, Audit Committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

It is the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the PSIAS) and the level of overall assurance that we can give.

The Trust's recommendation tracking process continued during 2022/23. The Corporate Governance team has continued to review all outstanding recommendations with management and the outcomes have been reported to the Audit Committee. The Trust also continues to refer relevant extracts of the audit tracker to each Board Committee to support oversight and scrutiny of recommendations relating to their remit.

We have undertaken work towards the end of the year to validate the stated position for a sample of recommendations within the tracker. We were able to confirm the recorded position for the majority of the sampled recommendations and therefore provide the Audit Committee with additional assurance around the accuracy of the tracker.

2.4.4 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards, and with the agreement of senior management and the Board, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and

cyclical coverage on key control systems. In addition, the impact of COVID-19 on previous year's programmes makes any comparison even more difficult.

2.4.5 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Trust, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

The majority of audit reviews will relate to the systems and processes in operation during 2022/23 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the Trust's Annual Report and accordingly will be completed and reported to management and the Audit Committee subsequent to this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.5 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2022/23.

2.6 Statement of Conformance

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. The

work of Internal Audit is also subject to an annual assessment by Audit Wales. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in February and March 2023. CIPFA concluded that NWSSP's Audit & Assurance Services conforms with all 64 fundamental principles. It is therefore appropriate for NWSSP Audit & Assurance Services to say in reports and other literature that it conforms to the IIA's professional standards and to PSIAS.

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audit at Trust in conformance with the Public Sector Internal Audit Standards for 2022/23.

Our conformance statement for 2022/23 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2022/23 which will be reported formally in the Summer of 2023;
- the results of the work completed by Audit Wales; and
- the results of the EQA undertaken by CIPFA in 2023.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2022/23 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any member of NWSSP's Audit & Assurance Service who undertook work on the Trust's audit programme for 2022/23.

2.7 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the Board need to take into account other assurances and risks when preparing their statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
 - internally assessed performance against the Health & Care Standards;
 - results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;
 - reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
-

- reviews completed by external regulation and inspection bodies including Audit Wales and Healthcare Inspectorate Wales.

3. OTHER WORK RELEVANT TO THE TRUST

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other Health bodies. These are set out below, with relevant comments and opinions attached, and relate to work at:

- NHS Wales Shared Services Partnership;
- Digital Health & Care Wales; and
- Emergency Ambulance Services Committee.

NHS Wales Shared Services Partnership (NWSSP)

As part of the internal audit programme at NHS Wales Shared Services Partnership (NWSSP), a hosted body of Velindre University NHS Trust, a number of audits were undertaken which are relevant to the Trust. These audits of the financial systems operated by NWSSP, processing transactions on behalf of the Trust, derived the following opinion ratings:

Audit	Opinion	Outline Scope
Accounts Payable	Reasonable	To evaluate and determine the adequacy of the systems and controls in place over the management of the NWSSP Accounts Payable service.
Payroll	Reasonable	To evaluate and determine the adequacy of the systems and controls in place for the management of Payroll Services.
Recruitment Services	Reasonable	To assess the adequacy and effectiveness of systems and controls for the management

		of Recruitment Services.
Procurement	Reasonable	Review of procurement activity within the new integrated procurement teams to establish consistency in processes and assess compliance with procurement guidance.

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP internal audit programme. The overall Head of Internal Audit Opinion for NWSSP is Reasonable Assurance.

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to the Trust. These audits derived the following opinion ratings:

Audit	Opinion	Outline Scope
Switching Services	Reasonable	To ensure that the Switching Service is maintained appropriately and that risks to the operation of the service are appropriately managed.
Embedding the Stakeholder Engagement Plan	Reasonable	To provide assurance on the arrangements for the management and the embedding of the DHCW External Stakeholder Engagement Strategy.
Centre of Excellence	Reasonable	To provide an opinion over the controls for the establishment of the Office 365 Centre of Excellence.

Technical Resilience	Substantial	To establish and assess the organisation's position to maintain acceptable service levels through, and beyond, severe disruptions to its critical processes and the IT systems which support them.
Cyber Security	Substantial	To provide assurance that the organisation is working to improve its cyber security position, and that appropriate reporting is in place that shows the current status.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

Emergency Ambulance Services Committee (EASC)

The work the Emergency Ambulance Services Committee (EASC) is undertaken as part of the Cwm Taf Morgannwg internal audit plan. These audits are listed below and derived the following opinion ratings:

Audit	Opinion	Outline Scope
EASC – Ambulance handover improvement arrangements	Substantial	We focused on the adequacy of the systems and controls in place within EASC for the development of the seven Welsh health boards' ambulance handover improvement plans and their Integrated Commissioning Action Plans (ICAPs) and ongoing monitoring.

While these audits do not form part of the annual plan for the Trust, they are listed here for completeness as they do impact on the organisation's activities. The Head of Internal Audit has considered if any issues raised in

the audits could impact on the content of our annual report and concluded that there are no matters of this nature.

Full details of the NWSSP audits are included in the NWSSP Head of Internal Audit Opinion and Annual Report and are summarised in the Velindre NHS Trust Head of Internal Audit Opinion and Annual Report. DHCW audits are summarised in the DHCW Head of Internal Audit Opinion and Annual Report, and the EASC audits are summarised in the Cwm Taf Morgannwg University Health Board Head of Internal Audit Opinion and Annual Report.

4. DELIVERY OF THE INTERNAL AUDIT PLAN

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Audits that remain to be reported but are reflected within this Annual Report will be reported alongside audits from the 2023/24 operational audit plan.

The audit plan approved by the Committee in March 2022 contained 21 planned reviews. Changes have been made to the plan with two audits deferred/cancelled. All these changes have been reported to and approved by the Audit Committee. As a result of these agreed changes, we have delivered 19 reviews.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the Trust. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2022/23	G	March 2022	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2022/23	G	100%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	84%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 working days]	R	61%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%

5. RISK BASED AUDIT ASSIGNMENTS

The overall opinion provided in Section 1 and our conclusions on individual assurance domains is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total 19 audit reviews were reported during the year. Figure 2 below presents the assurance ratings and the number of audits derived for each.

Figure 2 Summary of audit ratings

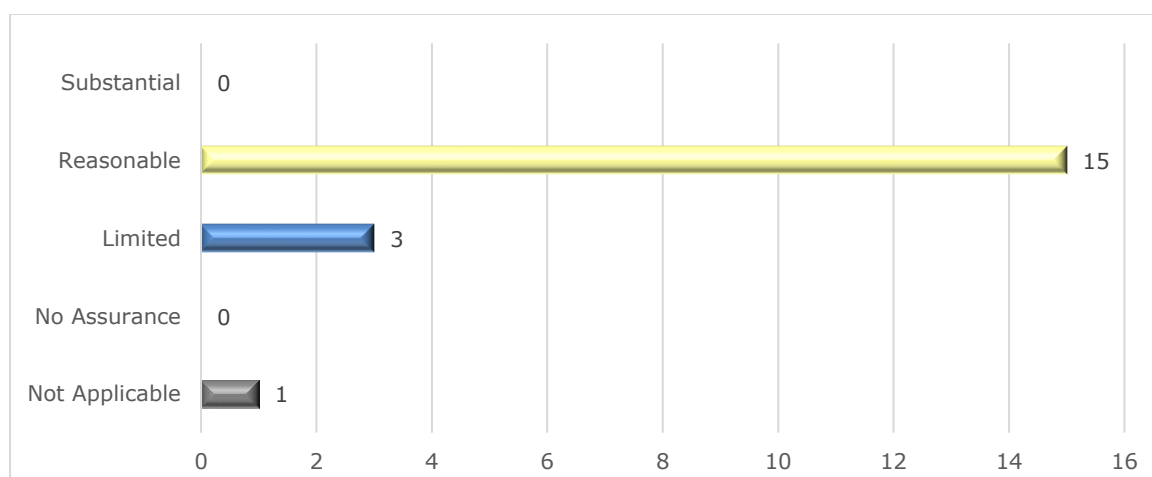


Figure 2 above does not include the audit ratings for the reviews undertaken at NWSSP, DHCW or EASC.

The assurance ratings and definitions used for reporting audit assignments are included in **Appendix B**.

In addition to the above, there were two audits which did not proceed following preliminary planning and agreement with management. In some cases, the impact of service pressures and industrial action on the Trust was the reason for the deferral or cancellation and in other cases, it was recognised that there was action required to address issues and/or risks already known to management and an audit review at that time would not add additional value. These audits are documented in section 5.7.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Green)



No reviews were assigned a 'substantial assurance' opinion.

5.3 Reasonable Assurance (Yellow)



In the following review areas, the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Risk management and assurance	The audit sought to review the framework of organisational assurances in place and report on risk management.
Health and Safety (draft)	A review of the Trust's structures and arrangements for complying with the Health & Safety legislation. Commencement of fieldwork was deferred to April 2023 at the request of

Review Title	Objective
	management, due to system pressures and the impact of the continuing industrial action.
Infection prevention and control	The purpose of this audit was to assess adherence to organisational policies and the Standards for Health Services in Wales.
Savings and efficiencies	The audit was undertaken to provide assurance that savings plans are specific, realistic and measurable and that monitoring arrangements are effective.
Fleet maintenance	The audit assessed the application of the fleet management system and its impact in improving the coordination of fleet maintenance and cost control.
Major incidents	The overall objective of this audit was to assess the Trust's approach to prepare for major incidents and how it ensures it learns from such events.
Hazardous Area Response Team	The purpose of this audit was to review how the Trust ensures the team is appropriately trained and equipped to respond to high-risk and complex emergency situations.
Immediate release directions	The audit was a review of the effectiveness of the mechanisms in place to request the immediate release of ambulances outside hospitals to respond to patient needs in the community.
Attendance management	The objective of this audit was to evaluate the effectiveness of the early intervention mechanisms the Trust has put in place.
IMTP delivery	The purpose of this audit was to assess the effectiveness of the Transformation Programme structures as a mechanism to support delivery of the Trust's strategic ambitions.
Cyber Security	The audit was undertaken to provide assurance that the Trust is working to improve its cyber security position, and that appropriate reporting is in place that shows the current status.

Review Title	Objective
IM&T Infrastructure	This audit reviewed the management of the IM&T infrastructure and network.
Data analysis	This review sought to establish and assess data analysis within the Trust and the foundations for it becoming a data-led organisation.
Electronic patient clinical record	The objective of this audit was to review the delivery and management arrangements in place to progress the implementation of the electronic patient clinical record system.
Follow up review	The purpose of this audit was to review the systems in place to monitor progress with the implementation of actions in response to internal audit reports.

5.4 Limited Assurance (Amber)



In the following review areas, the Board can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Pain management	A review of the application of pain relief methods and their effect on patient outcomes in terms of pain relief and patient satisfaction.
Trade union release time	The objective of this audit was to provide assurance on the deployment of the refreshed Trade Union facilities agreement. To include review of progress made to implement recommendations raised in the 2018/19 'limited' assurance report.
Standards of Business Conduct: Declarations	The audit was undertaken to review compliance with the Standards of Business Conduct, including arrangements in place to manage declarations.

5.5 No Assurance (Red)



No reviews were assigned a 'no assurance' opinion.

5.6 Assurance Not Applicable (Grey)



The following reviews were undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for these reviews are deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
Decarbonisation	The audit sought to determine the adequacy of management arrangements to ensure compliance with the Welsh Government decarbonisation strategy, and to provide assurance on capital allocations provided by Welsh Government to address decarbonisation issues across the estate.

5.7 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Objective
Clinical handover	<u>Deferred</u> to quarter 1 of the 2023/24 Internal Audit Plan to recognise the operational nature of this review and the impact of the continuing industrial action.
Strategy development	Deferred to 2022/23 to allow time for processes to embed. The programme is still at the developmental phase due to the need to pause and re-prioritise key organisational activities to

Review Title	Objective
	respond to the system pressures and continuing industrial action.

6. ACKNOWLEDGEMENT

In closing I would like to acknowledge the time and co-operation given by Directors and staff of the Trust to support delivery of the Internal Audit assignments undertaken within the 2022/23 plan.

Osian Lloyd

Pennaeth Archwilio Mewnol / Head of Internal Audit

Gwasanaethau Archwilio a Sicrwydd/ Audit and Assurance Services

Partneriaeth Cydwasanaethau GIG Cymru/ NHS Wales Shared Services Partnership

July 2023



Appendix A – Conformance with Internal Audit Standards

ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive and Audit Committee chair. There have been no impairments to our independence during 2022/23.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. Audit Wales complete an annual assessment. An EQA was undertaken in 2018.
PERFORMANCE STANDARDS	
2000 Managing the internal audit activity	The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee.

	Policies and procedures which guide the Internal Audit activity are set out in an Audit Quality Manual. There is structured liaison with Audit Wales, HIW and LCFS.
2100 Nature of work	The risk-based plan is developed and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
2300 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee. An annual report and opinion is produced for the Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition, audit reports are followed-up by Internal Audit on a selective basis as part of the operational plan.
2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management it would be discussed and will be escalated to Board level for resolution.

Appendix B - Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.



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Services Partnership](#)



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

EXTRAORDINARY REMUNERATION COMMITTEE TO PUBLIC TRUST BOARD

This report provides the Board with key escalation and discussion point at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	27 July 2023
Committee Meeting Date	5 June 2023
Chair	Colin Dennis

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. No alerts for the Board's attention from this meeting.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. The Committee **ratified the Chair's Action** for authorization of a settlement agreement which took place by email on 22 March 2023.
3. The Committee **approved the process and timeline for the appointment of the Digital Director**. The assessment and interview process will run over a two-day period on 3 and 4 July 2023 to allow candidates time to demonstrate their suitability for the role through a robust and rigorous selection process. There will be a structured interview with the Chief Executive, the Director of People and Culture, Welsh Government and Digital Health Care Wales (DHCW) on the second day. The Committee approved the process and the appointment being made following interview without further recourse to the Committee.
4. The Committee's **cycles of business** for 2023/24 was approved.

ASSURE

(Areas of assurance the Committee has received)

5. As reported to the Trust Board in July 2022 via the Committee's AAA report, in 2021/22 at the request of the Committee the Association of Ambulance Chief Executives (AACE) was commissioned to undertake an independent **benchmarking review of Director salary** levels with the UK ambulance sector. As a consequence of that review, it was agreed that Welsh Government be asked to review job descriptions that have not been reviewed for some time, do not accurately reflect the current responsibilities of the role, and are notably at variance to the UK national mean salary point. Welsh Government undertook the first tranche of formal evaluations in December 2022. The outcome was a change of ESP banding for the Executive Director of Operations from Band 10 to Band 11 effective from 6 December 2022.



Rather than continue this review in tranches, Welsh Government has adopted a more holistic approach and wishes to assess and understand all of the roles within the executive management team at the same time. This would allow them to ask relevant questions, provide a broader context and understanding of how the roles relate to each other and ensure a more informed process and assessment takes place. The review is intended to take place in September 2023 and complete by October 2023. This approach also aligns with a wider piece of work which NHS Employers are undertaking on benchmarking salaries of Executive and Director posts in NHS Wales. This new approach and the change in banding from ESP Band 10 to ESP Band 11 for the Executive Director of Operations was approved.

6. The Committee reviewed the **CEO's outturn position for 2022/23 and his objectives for 2023/24** noting they had been cascaded to his direct reports and appraisals for all Directors now being completed. The Committee noted the outturn position for 2022/23 was consistent with discussions throughout the year and showed some great progress despite many challenges throughout the year.

RISKS

Risks Discussed: N/A

New Risks Identified: N/A

COMMITTEE AGENDA MEETING

Ratification of Chair's Action	Re-evaluations of Executive Director Job Descriptions and Executive Director Salary Benchmarking	Director of Digital Services – Recruitment Process
CEO Objectives Outturn 2022/23 and Objectives for 2023/24	Committee Cycle of Business and Monitoring Report	

COMMITTEE ATTENDANCE

Name	5 June 2023	July 2023	5 Oct 2023	7 Dec 2023	8 Mar 2024
Colin Dennis					
Prof. Kevin Davies					
Bethan Evans					
Paul Hollard					
Ceri Jackson					
Hannah Rowan					
Joga Singh					
Martin Turner					
Hugh Parry					
Damon Turner					
Jason Killens	*				
Trish Mills					
Angie Lewis					

*Recused from discussions on relevant agenda items

	Attended
	Sent Deputy



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

	Apologies
	No longer a member.

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 15 MAY 2023 VIA TEAMS

Meeting started at 09:30

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Bethan Evans	Non-Executive Director
Kevin Davies	Non-Executive Director (left after item 32/23)
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Wendy Herbert	Deputy Director of Quality and Nursing
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Head of Internal Audit
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
Duncan Robertson	Assistant Director of Clinical Development
Liz Rogers	Deputy Director of People and Culture
Leanne Smith	Interim Director of Digital Services
Sonia Thompson	Assistant Director of Operations
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Representative

APOLOGIES:

Lee Brooks	Executive Director of Operations
Angie Lewis	Director of People and Culture
Liam Williams	Executive Director of Quality and Nursing

27/23 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's declarations of interest register. Apologies were received from Lee Brooks, Angie Lewis and Liam Williams.

Minutes

The minutes of the open session held on 21 March 2023 were considered by the Committee and confirmed as a correct record.

Action Log

The Action log was considered and the following was recorded:

Action 17/23 – Committee to receive an update on risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) – This was on the agenda under the finance update. Action closed.

Action 18/23 – IMTP updates to include specific narrative on the Red actions within the IMTP – This was on the agenda under IMTP update. Action closed.

Action 20/23 – Update on Staff and mandatory training to be included in future MIQPR reports. Rachel Marsh explained that the MIQPR contained details on this in the MIQPR. Action closed.

Action 20/23a – Deep dive on clinical call back times to be included in MIQPR. Agreed to defer to 17 July 2023 meeting. Action to remain open.

Action 21/23 – Cyber/Digital updates to be added to Committee cycle of business. Action Completed and closed.

RESOLVED: The minutes of the meeting held on 21 March 2023 were confirmed as a correct record and the action log was considered.

28/23 OPERATIONS QUARTERLY REPORT

Sonia Thompson presented the update and drew the Committee's attention to the following areas:

1. The Covid Mobile Testing Unit (CMTU) has now been closed since the end of March 2023 when the contracts came to a natural close. It was noted that the CMTU had carried out over 75k tests across Wales.

2. Analgesia issued to volunteers – Approval has now been given for analgesia to be issued to Community First Responders (CFR) for them to administer to patients when appropriate; this includes the use of Pentrox. WAST is the first UK ambulance service to issue Pentrox to CFRs.
3. A new Integrated Communication Control System (ICCS) has been fully implemented in collaboration with the Ambulance Radio Programme. Feed back to date has been very positive.
4. The Committee were reminded on the impact of Industrial Action (IA) across the Emergency Medical Services (EMS), and noted that the RCN will take IA on 6 and 7 June 2023.

Comments:

Members were keen to understand what the expected trajectory was in terms of Immediate Release Directives (IRD) going forward. Sonia Thompson advised the Committee of the concerns with IRD, noting that Cardiff and Vale University Health Board were leading in reducing their tolerance for handover of patients. There were measures in place for hospitals to set a four hour backstop; and it was hoped that there would be improvements going forward. Rachel Marsh added that by the end of quarter two, it was anticipated that pan-Wales, the target was 15k lost hours, improving to 12k lost hours by quarter three. This was the trajectory expected by the Minister of Health and Social Services.

Members noted there continued to be increasing system pressures and acknowledged the challenges associated with IA and asked to be kept updated on the situation going forward.

Following a query in terms an update on actions following the Manchester Arena Inquiry, the Committee asked for future updates to include the recruitment of additional posts to be included in next Operations update.

The Committee discussed overall recruitment and how and when the Trust planned any recruitment drives to fill any gaps as they appeared.

RESOLVED: That the Committee noted the report.

29/23 FINANCIAL POSITION MONTH 12 2022/23 AND MONTH ONE 2023/24

The Committee received an update from Chris Turley on the financial position for Month 12, 2022/23. Key highlights from the report included:

1. The Trust was reporting a small revenue surplus (£62k) for the 2022/23 financial year (subject to audit).
2. Capital expenditure was fully spent in line with updated plans.

3. In line with the financial plans that support the IMTP, gross savings of £4.392m have been achieved against a target of £4.300m.
4. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.4% for the number, and 97.8% of the value of non NHS invoices paid within 30 days.

Comments:

The Committee congratulated the finance team in achieving a small surplus and also all Directorates in achieving the gross savings target.

Month One

In terms of the financial position as at Month one the Committee were given a presentation by Chris Turley who drew their attention to the following areas:

1. The cumulative year to date (M1) revenue financial position reported was a small overspend against budget of £0.008m.
2. The forecast for 2023/24 was one of breakeven.
3. The capital plan was being worked through and expenditure was forecast to be fully spent.
4. In line with the financial plans that supported the IMTP, gross savings of £0.552m has been achieved against a year-to-date target of £0.573m.
5. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.8% for the number, and 99.7% of the value of non-NHS invoices paid within 30 days.
6. There were several key assumptions which Members should be aware of in particular; agreement of funding for the 100 front line Whole Time Equivalent (WTE) and delivery of the £6m in savings. It was noted that the current gap in savings had been reduced with further areas of savings identified.
7. In terms of financial performance by directorate, it was acknowledged that most directorates were broadly in line with the budget plan for Month one. It was noted that savings were underachieved by £21k thus far.
8. In respect of the Financial Savings Programme (FSP), the Committee were updated on progress to date which included updates on recruitment and identification of further savings could be achieved in other areas across the Trust, specifically, the Operations Directorate has tasked itself to identify £2m worth of savings.

9. The Committee were briefed on the overall financial risks which included the challenging savings targets for 23/24 financial year and the impact of any future Industrial Action. Members were also updated on the actions being taken to mitigate risk 139 (Failure to deliver our Statutory Financial Duties in accordance with legislation). Chris Turley added that the Board would continue to receive regular updates through the finance report.
10. Members were informed that the draft accounts for 2022/23 had been submitted to Welsh Government and Audit Wales on 5 May 2023; Audit Wales have confirmed the audit certification deadline of 31 July 2023.

Comments:

1. Given the level of demand and service pressures, the Committee queried the confidence levels in terms of achieving the efficiencies which need to be seen. Chris Turley commented that it would be a challenge, however it was early in the year. .
2. Acknowledging there were financial pressures across the whole NHS, the Committee were keen to understand whether Directors of Finance (DoF) of other Health Boards understood the impact on WAST, whilst appreciating their own challenges. Chris Turley suggested that the DoF's were cognisant of WAST's challenges; however, in terms of their priorities, this was not a top one. He added that the key themes from DoF meetings have focussed on the financial deficits and how, across the whole system, this can be managed.

RESOLVED: The Committee:

- (1) Noted and gained assurance in relation to the Month one revenue financial position and performance of the Trust as at 30th April 2023 along with current risks and mitigation plans;**
- (2) Noted the delivery of the 2023/24 savings plan as at Month 1, and the context of this within the overall financial position of the Trust;**
- (3) Noted the Audit Wales extended audit certification deadline to 31 July 2023 for 2022/23 accounts;**
- (4) Noted a detailed paper on the financial position will be presented to the Board at the 25th May meeting.**

30/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Trish Mills presented the report which contained details of the nine risks relevant to the Committee's remit, and additionally the Trust's two highest scoring risks which were assigned to the Quality, Safety and Patient Experience (QuEST) Committee.

The report included a new 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' with a score of 15 which was still in development.

Comments:

The Committee held a discussion in which they considered where risks were monitored and reviewed on a regular basis.

Trish Mills commented that at each Committee agenda setting meeting, details of the highest rated risks were now included on the agenda as a reminder.

RESOLVED: The Committee accepted the status of the nine corporate risks which it has been assigned to oversee the management of. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls.

31/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 AND END OF YEAR POSITION 2022/23

Rachel Marsh presented the report as read and noted that the Trust continued to progress on the conditions as set out in the Welsh Government accountability letter dated 22 July 2022.

In terms of the Financial year 2022/23 an IMTP delivery tracker had been put in place to map all the priorities and actions; details of those actions and their status were illustrated within the update report.

Comments:

The Committee acknowledged that some of the actions had not been achieved, however despite the ongoing challenges, a significant number had been completed.

In terms of the compassionate training for staff, the Committee noted this had been paused due to Industrial Action, and queried if there were any updates on recommencing the training. Liz Rogers advised the Committee that three sessions had been rescheduled in the next few months. Following these sessions, it was estimated that 150 staff will have been trained face to face in the compassionate practices element. There were virtual sessions planned later in the year and depending on attendance could boost those numbers up to 250.

RESOLVED: The Committee noted the update against WAST's IMTP accountability conditions and the overall delivery of the IMTP.

Rachel Marsh gave a presentation which gave details on how the Trust measured its performance through the use of key metrics underpinned by the Quality and Performance Management Framework.

The Monthly Integrated Quality Performance Report (MIQPR) provided a narrative on the metrics at Board level in which there were 37 headline metrics agreed at Board. The narrative sets out analysis of the data and the actions taken to continue to provide a good level of performance or how to improve that level.

Each metric was assigned to one or more of the committees and they then have primary and regular oversight of that quality or performance area.

The MIQPR also includes additional data on patient safety indicators and this sets out a series of more detailed measures on quality.

The Committee were then presented with slides which provided in more detail the dashboard metrics which had been agreed by Board; these metrics were contained under the headings of; Our patients, Our people, Value and Partnerships and system contribution. There were several metrics which were yet to be completed and processes were in place to report on these in the near future. Rachel Marsh outlined each one of these in more detail.

In terms of the metrics listed under the four headings, the Committee were shown slides which set out the current and proposed new metrics to be added, replaced or removed.

The Committee was asked to consider whether there was the right balance, appropriateness and allocation of metrics and to note that the Executive Management Team (EMT) will review in early June. A further review will be undertaken virtually by the People and Culture Committee and QuEST Committee with a final review by this Committee on 17 July in readiness for approval at Board on 27 July 2023.

Comments:

In terms of the process involved the Committee felt it would be useful for EMT to review the effects of the Duty of Quality and the Duty of Candour and how that could be measured. There were several other metrics which the Committee asked for to be reviewed at EMT and these included; Respect and resolution cases and Immediate Release Directives. The Committee were apprehensive that consideration was being given for the IRD metric to be removed.

If possible, the Committee felt it would be beneficial to have a broader conversation on metrics at a future Board Development Day. In the meantime it was agreed that Members would provide direct feedback on the presentation to Rachel Marsh.

Wendy Herbert added that the national quality and safety advisory forum met on a quarterly basis and looked at standard metrics from a patient outcome and quality

measures perspective; which will include the Duty of Candour. This information would be captured in the MIQPR.

A discussion ensued in which Members considered, and on the whole were very supportive of the new metrics as illustrated in the presentation. They also were of the opinion that it was important to have metrics which measured the impact of the Duty of Candour and the Duty of Quality. Other topics discussed included the requirement to have sufficient resource for example, to capture and respond to calls in welsh.

It was agreed that the presentation would be circulated to Members and any comments to be sent to Rachel Marsh in advance of the next meeting.

RESOLVED: The Committee reviewed the metrics and it was agreed Members would provide feedback on the presentation prior to the next meeting.

33/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

The Monthly Integrated Quality and Performance Report (MIQPR) was received.

Rachel Marsh advised the Committee on the following areas for noting:

1. It was noted that the call answering times for the 111 service during April had improved slightly from previous months. Further work was still required to reduce capacity lost through sickness absence, and aligning capacity with demand and improving the efficient use of resource. A priority now was to re-roster the 111 service, which will involve a further consideration of the required number of staff to meet demand.
2. In terms of the ambulance response times, the Red 8 minute response for April was 53% and whilst an improvement when compared to March was still below the target of 65%. The Trust continued to deploy several actions to improve Red performance and this included the roll out of Cymru High Activity Response Units (CHARU).
3. One of the key factors in relation to response times was the capacity lost to handover outside Emergency Departments. 23,082 hours were lost in April 2023, a decrease compared to the 28,620 hours lost in March 2023. The levels remain so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss.
4. Hours Produced: The emergency ambulance unit hours production (UHP) was 98% in April and was above the target of 95%.
5. Personal Appraisal Development Review (PADR) rates had fallen slightly in March to 72.1%, still below the 85% target. Compliance for Statutory and Mandatory training had also fallen below the target and for March was 73.69%; the reason for this decline was under review.

Comments:

The Committee, whilst acknowledging there were some positive trends in the report, expressed their concern with the staggeringly high number of hours lost due to hospital handover delays; and as a consequence avoidable harm to patients was occurring. It was similarly acknowledged that although Immediate Release Directives had improved for Red, there had been 72% declined for Amber one.

A Member raised a concern that the Trust was still not achieving the target for 111 call answering times; accepting the challenges and demands on the service. Rachel Marsh outlined the efficiency measures the Trust had in place to improve these times which included reducing staff sickness and re-rostering with the aim being to re-align capacity at busier times.

RESOLVED: Noting the comments above, the report was considered and provided sufficient assurance of progress against the 26 key performance indicators detailed, which demonstrate how the Trust was performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.

34/23 DEMAND AND CAPACITY PLANS

At a previous meeting, Rachel Marsh advised that the Committee requested a report which detailed matters relating to demand and capacity.

Whilst the focus of the report was on forecasting and modelling, the Trust has also made significant progress in the workforce planning, recruitment & training and rostering.

It was noted that the Trust had undertaken strategic demand and capacity reviews for each of its three main patient pathways: Emergency Medical Services (EMS), Non-Emergency Patient Transfer Service (NEPTS) and the 111 service.

The responsibility for forecasting and modelling in the Trust was discharged through the Forecasting & Modelling Group. The Group involved colleagues from across the Trust, but also the NHS Executive (Delivery Unit). The Forecasting & Modelling Group was currently modelling the following areas; EMS strategic demand and capacity, unscheduled care service, proposed national discharge and transfer service, end of shift modelling and seasonal modelling.

Going forward the Trust would ideally like to record data in a formal forecasting and modelling framework which would provide the Committee with formal assurance of this business critical process; however, at this time, the Trust does not have the sufficient resource capacity to implement it.

Comments:

In terms of the forecasting and modelling framework, the Committee asked if it would be possible to re-align resources to develop the framework. Rachel Marsh commented that at this stage it was not realistic due to the paucity of current resource available within the team and the competing range of priorities. She added that consideration would be given as to whether the framework could be aligned to the Quality Performance Management Framework.

The Committee recognised that the 111 Demand & Capacity Review had a less successful outcome and queried whether the Trust had lost the opportunity to apply any lessons learned. Rachel Marsh explained that the review had highlighted areas where the Trust can work differently and improve on.

RESOLVED: The Committee noted the work being undertaken in relation to forecasting and modelling.

35/23 QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK (QPMF) UPDATE

A verbal briefing was provided by Trish Mills who advised that the QPMF would, as it was a framework for assurance it was suggested that it would be more appropriate for it to be reviewed and endorsed by the Audit Committee. The Finance and Performance Committee would continue to monitor performance, however the Audit Committee will oversee the implementation of the Framework

Comments:

The Committee discussed the suggestion in more detail and it was agreed that Trish Mills would converse with the Chair of Audit Committee and speak with Committee Members offline prior to any formal decision being made. In the meantime should there be any other comments it was requested they be circulated to Trish Mills.

RESOLVED: The Committee noted the update.

36/23 VALUE BASED HEALTHCARE (VBH) UPDATE

Chris Turley gave a verbal update in which it was noted a VBH workshop had been scheduled at which Non-Executive and Executive Directors will focus their attention on ideas for VBH. The workshop will also look at the wider engagement and education across WAST and to build a framework which outlines how to achieve VBH.

RESOLVED: The update was noted.

37/23 DECARBONISATION UPDATE

Chris Turley presented the report as read and drew the Committee's attention to the following areas:

1. As part of the capital structure a Decarbonisation Programme Board has been established with one of its main tasks to review risks.
2. Going forward the Committee noted there would be more updates on waste management.
3. Members were advised that funding from the Welsh Government Estates Funding Advisory Board had been confirmed for 2023/24 and 2024/24; with a range of schemes receiving support.

Comments:

It was queried how staff were being informed of any updates. Chris Turley advised that the Decarbonisation Programme Board will see this as one of their priorities going forward.

RESOLVED: The Committee:

- (1) Noted this update, specifically in relation to the Decarbonisation Action Plan reporting and establishment of programme management arrangements;**
- (2) Noted annual waste reporting requirements, changes to waste policy & upcoming changes to waste legislation.**

38/23 ELECTRONIC PATIENT CARE RECORD (ePCR) BENEFITS REALISATION

The report was presented by Duncan Robertson who drew the Committee's attention to the following key points:

1. The aim of the benefits realisation process was to ensure that the ePCR system delivered and would continue to deliver tangible improvements in service efficiency, patient care, and operational cost savings. The process also provided a framework for learning and continuous improvement, informing future technology investments by WAST.
2. Following a review of the original benefits, 31, a change in the approach was undertaken to test each benefit and that resulted in reducing the number to 12.
3. The revised set of benefits were successfully mapped to the investment objectives and a final report was received in April 2022.

Comments:

With regards to benefit number one, 'Improved Quality of Clinical Informatics', the Committee noted that as the target had been missed queried the scope and timing into investigation. Duncan Robertson explained that the investigation had already commenced which was looking into the auto-closure aspect of ePCR which may have led to the initial issue.

Members queried why benefit number four 'Improved Patient Experience' had been postponed. Duncan Robertson explained that as part of the ePCR closure this would be addressed through liaison with the Patient Experience and Community Involvement team.

RESOLVED: The report was noted.

39/23 DIGIPEN CLOSURE REPORT

Duncan Robertson reminded the Committee that the Digital Pen was the means of collating the WAST PCRs from 2015 until the deployment of ePCR. An initial contract extension had been agreed in March 2021 via a Chair's Action to enable the system to be used until such time as ePCR was ready for operational use.

The ePCR was deployed into operational practice in December 2021, and phased into each Health Board area, with the final Health Board becoming operational on 30 March 2022; work had commenced in summer 2021 to plan the decommissioning of the Digital Pens as part of the overall ePCR Programme.

Digital Pen docking systems were deactivated on 4 April 2022 with the exception of the Clinical Intelligence Team who required to retrieve Patient Clinical Records from returned Digital Pens.

A lessons learned exercise was held with members of the Clinical, Digital and Strategy & Planning Directorates where several key lessons were learned; these included the need to have improved reporting mechanisms between the Trust and the supplier and the late adoption of the ePCR by Health Boards as part of their Emergency Department handover processes.

RESOLVED: The Committee noted the report.

40/23 INTERNAL AUDIT TRACKER REPORT

The report was presented by Trish Mills who informed the Committee there were 23 internal recommendations assigned to the Committee for oversight which were overdue. It was noted there were no external audit reports that were overdue.

Members noted that the Audit Tracker would undergo a revision in the next few months with a recommendation to the Audit Committee to approve a revised process and format.

Comments:

It was asked when there would be an update on the digital strategy. Leanne Smith explained that the timelines were currently being worked through.

RESOLVED: The update was noted.

41/23 COMMITTEE CYCLE OF BUSINESS

Trish Mills presented the updated cycle of business as the final step in the 2023/24 effectiveness review process.

The Committee noted that the cycle of business was a maturing document and would inevitably change throughout the year.

RESOLVED: The Committee:

- (1) Reviewed and approved the 2023-24 cycle of business; and**
- (2) Noted the cycle of business monitoring document.**

42/23 MARCH COMMITTEE AAA REPORT

The report was presented for information.

43/23 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

The Committee acknowledged it was starting to see those areas reflected in the Committee terms of reference being presented, for example the demand and capacity review and the benefits realisation.

Members welcomed a varied agenda which gave a fuller picture of the overall situation.

Should there be a lengthy report on the agenda more time should be allocated to that particular item.

Meeting concluded at 12:45

Date of Next Meeting: 17 July 2023



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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	19
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

NHS WALES JOINT COMMITTEE UPDATE REPORT

MEETING	Trust Board
DATE	27 July 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Steve Owen, Corporate Governance Officer
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

1. Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.
2. Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
3. Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.
4. This report provides an update to Trust Board in respect of the following recently held meetings:
5. The minutes, agendas and additional reports from EASC, NHS Wales SSPC and WHSSC meetings are available from each Committee's websites via the following links.

<https://easc.nhs.wales/> <https://whssc.nhs.wales/> <https://nwssp.nhs.wales/>

RECOMMENDED: That the minutes of meetings as listed below be received.

KEY ISSUES/IMPLICATIONS
Not Applicable

REPORT APPROVAL ROUTE
Not Applicable

REPORT APPENDICES
<p>19.1 – Welsh Health Specialised Services Committee Joint Committee Meeting Briefing – 16 May 2023.</p> <p>19.2 – Emergency Ambulance Services Committee meeting – 16 May 2023.</p> <p>19.3 – NHS Wales Shared Services Partnership Committee meeting – 18 May 2023</p>

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

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 16 MAY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 16 May 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 14 March 2023 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. WHSSC Specialised Services Strategy

Members received a report and presentation presenting the final draft of the Specialised Services Commissioning Strategy for approval.

Members **noted** that following the Joint Committee workshop to discuss the strategy on 17 April the document had been updated to reflect the feedback received from the Joint Committee and Welsh Government.

Members (1) **Approved** the final draft of the Specialised Services Commissioning Strategy; and (2) **Supported** the decision to undertake further detailed work on the development of a set of meaningful success measures for the strategic objectives, with a timescale of September 2023 for completion.

4. WHSSC & HB Shared Pathway Saving Target – Milestones on Governance System & Process

Members **received** a presentation on the outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target, which had been requested by the Committee following approval of the Integrated Commissioning Plan (ICP) 2023-2024 on 13 February 2023.

Members **noted** that WHSSC had applied a programme management approach to establishing a mechanism to monitor savings and efficiencies and had developed Project Initiation Document (PID) outlining that a Programme Board be established comprising of representatives from each Health Board (HB). The PID had been shared with the Management Group in readiness for detailed discussion on 23 March 2023.

Members **noted** that an update on progress would be provided as a standing item on the agenda of future Joint Committee meetings.

Members **noted** the presentation.

5. Chair's Report

Members received the Chair's Report and **noted**:

- **Chair's Action** - The Chair's Action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips, Independent Member (IM), WHSSC from 31 May 2023 until 30 June 2023,
- **WHSSC Independent Member (IM) Recruitment** - that a recruitment process for the third WHSSC IM position will open in May 2023,
- **Welsh Government (WG) Review of National Commissioning Functions** - further to the Minister for Health & Social Services's announcement concerning a review of national commissioning functions a facilitated discussion with Joint Committee members took place on 14 March 2023 to coincide with the EASC and WHSSC meetings scheduled for that day; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Ratified** the Chair's action taken on 9 May 2023 to extend the tenure of Professor Ceri Phillips, Independent Member (IM), WHSSC from 31 May 2023 until 30 June 2023.

6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Single Commissioner for Mental Health** - Further to the Joint Committee meeting on 10 January 2023, when six of the seven HBs on the Joint Committee supported a recommendation to WG that WHSSC should be the single commissioner for secure Mental Health service in Wales, on 20 March 2023 WHSSC received confirmation from WG that they accepted the recommendation. A letter has been issued to Welsh Government requesting funding for project management support for the associated programme of work,
- **Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales** - WHSSC has received a request from the Chair of the NHS Wales Health Collaborative Executive Group (CEG) formally requesting that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales. The

WHSSC Team will undertake an evidence review of the procedure and an estimation of demand and budget impact to feed into the WHSSC Integrated Commissioning Plan. A report outlining the process and timeline, will be brought to the July Joint Committee,

- **Spinal Operational Delivery Network (ODN)** - Following highlighting the delay reported in the March 2023 meeting the Implementation Board have confirmed that the plan is for the ODN to go live in September 2023,
- **Thoracic Surgical Centre Update** - Following further detailed capital planning work undertaken by SBUHB as the host provider of the future single Thoracic Surgical Centre a briefing has been received with a more detailed timeline for the delivery of the scheme. At the Project Board meeting in November 2022 an initial indicative timeline was reported that the Centre will be operational during 2026; and
- **All Wales IPFR Policy Review**
The final draft of the All Wales Individual Patient Funding Panel (IPFR) Policy will be presented to the Joint Committee in July 2023. It has not been possible to complete the work in time for the May committee meeting due to the availability of the KC to consider the draft which has now been agreed by WHSSC and stakeholders.

Members **noted** the report.

7. Review of Specialised Commissioning in Haematology: Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia

Members received a report outlining the main findings and proposals of the report on Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) from the review of specialised commissioning in haematology.

Members (1) **Noted** the findings of the specialised haematology review in relation to the opportunities, risks and challenges for the Acute Myeloid Leukaemia (AML), Acute Lymphoblastic Leukaemia (ALL) and High Risk Myelodysplasia (HRM) service in Wales, (2) **Considered** the options proposed for how specialised commissioning under WHSSC could address the opportunities, risks and challenges in the AML, ALL and HRM service to provide an equitable, high quality and sustainable service for patients in Wales; and (3) **Approved** option 4, the phased implementation of option 1 (all Wales MDT) and option 3 (network service model for Wales), as the preferred option.

8. Review of Specialised Commissioning in Haematology: Allogeneic Haematopoietic Stem Cell Transplantation, Salvage Therapy in Non-Hodgkin's Lymphoma and Secondary Immunodeficiency

Members received a report outlining the main findings and proposals of the review of specialised commissioning in haematology for Allogeneic Haematopoietic Stem Cell Transplantation (AHSCT), salvage therapy for high grade Non-Hodgkin's Lymphoma (HG NHL) and Secondary Immunodeficiency in haematology patients.

Members (1) **Noted** the findings of the specialised haematology review in relation to the management of AHSCT, salvage therapy for HG NHL and treatment for secondary immunodeficiency in haematology patients, (2) **Noted** the options proposed for how specialised commissioning under WHSSC may address the opportunities, risks and challenges in these service; and (3) **Approved** the following specific recommendations:

- Management of AHSCT:
 - Commissioning responsibility for long term follow up (post 100 days) by the specialist AHSCT team is transferred from HBs to WHSSC,
- Salvage therapy for HG NHL:
 - Current commissioning arrangements are retained,
 - The role of central commissioning is re-evaluated once an agreed national pathway for HG NHL is in place,
- Secondary immunodeficiency:
 - Current commissioning arrangements are retained; and
 - Consideration is given to undertaking work at an all Wales level to evaluate the feasibility of a national sub-cutaneous immunoglobulin therapy service for patients with secondary immunodeficiency.

9. Review of Specialised Commissioning in Haematology: Thrombotic Thrombocytopenic Purpura

Members received a report outlining the main findings and proposals of the review of specialised commissioning in haematology for Thrombotic Thrombocytopenic Purpura (TTP).

Members (1) **Noted** the current model of service delivery for TTP across Wales and the risks to equitable access to best treatment, (2) **Approved** the transfer of commissioning responsibility for TTP from Health Boards to WHSSC; and (3) **Approved** the proposed preferred option to commission TTP for the population of south Wales from a designated comprehensive TTP centre in NHS England.

10. Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement & Next Steps

Members received a report outlining the targeted engagement process undertaken regarding Cochlear and BCHI services for people in South East

Wales, South West Wales and South Powys, the findings from that process and the proposed next steps.

Members (1) **Noted** the process that has been followed both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales, (2) **Noted** and **Considered** the feedback received from patients, staff and stakeholders with respect commissioning intent, (3) **Approved** the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model, (4) **Supported** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation, (5) **Noted** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and (6) **Agreed** to take the outcome and proposed next steps through Health Boards for consideration.

11. Performance Management Framework

Members received a report presenting the draft WHSSC Performance Management Framework approach which subject to approval will be embedded into WHSSC's business as usual processes, and shared with provider organisations, for transparency and awareness.

Members (1) **Noted** the report, (2) **Approved** the proposed approach for an updated WHSSC Performance Management Framework; and (3) **supported** the proposed implementation arrangements.

12. Development of the Integrated Commissioning Plan 2024-2027

Members received a report outlining the high level process for the development of the WHSSC Integrated Commissioning Plan (ICP) for 2024-2027.

Members (1) **Noted** the report, (2) **Considered** and **Approved** the timeline; and (3) **Received assurance** on the process.

13. Annual Governance Statement 2022-2023

Members received a report presenting the Annual Governance Statement (AGS) 2022-23 for approval.

Members (1) **Noted** the final report, (2) **Noted** that the draft Annual governance Statement was presented to the Integrated Governance Committee on the 18 May 2023 for assurance, (3) **Noted** that the WHSSC Annual governance Statement 2022-2023 will be presented at the CTMUHB Audit & Risk Committee Meeting on 21 June 2023, (4) **Noted** that the WHSSC Annual Governance Statement 2022-2023 will be included in the CTMUHB Annual report submission to Welsh Government and Audit Wales in June 2023, recognising that it has been reviewed and

agreed by the relevant sub committees of the Joint Committee; (5) **Noted** that the final documents will be submitted to the CTMUHB Audit & Risk Committee in July 2023 for recommendation for CTMUHB Board Approval on 27 July 2023; and (6) **Noted** that the final Annual Governance Statement will be included in the Annual Report presented at the CTMUHB Annual General Meeting in September 2023.

14. Sub Committee Annual Reports

Members received a report presenting the Sub-Committee Annual Reports for 2022-2023.

Members **noted** the Sub-Committee Annual Reports for 2022-23.

15. Sub Committee Terms of Reference

Members received a report presenting the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC), and the Welsh Kidney Network (WKN) for approval.

Members (1) **Noted** that the Welsh Kidney Network (WKN) Terms of Reference were discussed and approved at the WKN Board Meeting on 4 April 2023, (2) **Noted** that the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) Terms of Reference were discussed and approved at sub-committee meetings on 18 April 2023, (3) **Noted** that the MG ToR were discussed at the MG meeting on 27 April 2023 and no changes were proposed; and (4) **Approved** the revised Terms of Reference (ToR) for the IGC, the QPSC and the WKN.

16. Performance & Activity Report Month 11 2022-2023

Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members **noted** the report.

17. Financial Performance Report – Month 12 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 12 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The year-end financial position reported at Month 12 for WHSSC was an underspend of (£10.939m). The under spend predominantly relates to releasable reserves of (£18m) arising from 2021/22 as a result of WHSSC

assisting Health Boards to manage resources over financial years on a planned basis, as HBs could not absorb underspends above their own forecasts, and to ensure the most effective use of system resources.

Members **noted** the current financial position and forecast year-end position.

18. South Wales Trauma Network Delivery Assurance Group (Quarter 3 Report)

Members received a report providing a summary of the Quarter 3 2022/23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the full South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) report.

19. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

20. Other reports

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC; and
- Welsh Kidney Network (WKN).

21. Any Other Business

- Members noted a Joint Committee development session will be held on 11 September 2023.





Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	16 May 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/may-2023/>

The following were warmly welcomed to the meeting

- Nerissa Vaughan, Interim Director of Strategy for Swansea Bay UHB (for the first time)
- Carol Shillabeer in her new role as Acting CEO for Betsi Cadwaladr UHB
- Hayley Thomas in her new role as Interim CEO at Powys Teaching HB
- Fflur Jones, from Audit Wales observing the meeting and
- Steve Ham, returning from a period of absence.

The minutes of the EASC meeting held on 14 March 2023 were approved.

PERFORMANCE REPORT

A new Performance Report and supporting dashboard was received which included the Ambulance Service Indicators and the EASC Action Plan.

Noted that:

- Ambulance Service Indicators were published monthly and information was available back to 2016 <https://easc.nhs.wales/asi/>
- The return of 111 calls back to the 999 service had increased to 19% during January to March
- There had been a 12% increase in incidents
- The overall red performance had deteriorated and this had also been seen in the longest waits in the amber category
- Ambulance Handover delays in 2022, were 178% higher than 2019.
- Handover over 4 hours had deteriorated significantly from Feb 23 to Mar 23.
- Progress was being made in relation to reducing handover delays of over 4 hours, particularly in Cardiff and Vale UHB and more recently improvements had been made in the Cwm Taf Morgannwg UHB area
- The Integrated Commissioning Action Plan (ICAP) meetings were providing an important opportunity for health boards and WAST teams to work together to improve overall performance. Future local ICAPs would capture trajectories on handover improvements

- There was an aim by the end of the current Welsh Senedd (Parliament) term to have no delays of over one hour.

Discussion took place and Members welcomed the new dashboard which allowed more local analysis of the data available and felt it was a big improvement on previous iterations.

Members noted that:

- There continued to be significant variation on a month by month basis
- The EASC IMTP referred to total hours lost, as opposed to the trajectory to meet the aim of no delays of over one hour (Ministerial target), and the need to consider the narrative of actual numbers versus percentages – this would be clarified in the next version of the report
- The EASC Team would be developing a specific dashboard to report on the commitments made in the IMTP in order to closely monitor any progress being made.
- March had been a very difficult month for performance but it was expected that improvements would be seen in April and May
- WAST had increased the UHP (units of hours produced); had completed the roster reviews; reduced sickness absence levels and combined with the impact of the additional 100WTE on performance would be closely monitored and reported to the Committee.

Stephen Harray gave an overview of the current ongoing actions across all health boards in Wales highlighting the importance of maintaining the trajectories already committed to and mindful of the work needed to improve and prepare for the seasonal variations, especially over the winter months.

QUALITY AND SAFETY REPORT

The revised quality report in light of the requirements of the Duty of Candour and Duty of Quality was received.

Noted that:

- The timescales to respond to complainants within 28 days was challenging across Wales
- The themes of complaints received referred predominantly to delayed responses and were also linked to performance
- A review of responses to red incidents had been completed and discussions taking place in relation to delivering improvements
- The Commissioning Intentions had for a number of years referred to 'call to door times' and it was hoped that data would soon be available for members on this matter
- The mode of arrival at the emergency department (ED) (patients making their own way when no ambulance was available) was also being reported.

Members responded by:

- Welcoming the new Quality Dashboard and the information presented
- Raising concerns about the potential inequity (for patients) in relation to the mode of arrival at EDs and the impact of being able to access the right pathways quickly
- Agreeing to further develop the report by offering lines of enquiry to be added to the dashboard.

Future reporting would include an atlas of variation for ambulance demand, however the report identified opportunities across the system to support improvement.

FOCUS ON – COMMITTEE EFFECTIVENESS

The Chair introduced the Focus on Committee Effectiveness, the annual opportunity to discuss the processes and work of the Joint Committee itself. A presentation was shared which showed the information from the survey circulated with the reports under the key headings:

- Composition and Establishment
- Effective functioning of the Joint Committee
- Compliance with the law and regulations governing the NHS
- Assurance
- Other issues
- Administrative arrangements
- Questions for consideration and discussion
- Effective functioning – individual members.

Noted that:

- The EASC is a decision-making committee (2/3 majority required) and health boards are bound by the decision of the Committee; if unable to agree on any matter it would be escalated to the Welsh Government and ultimately to the Ministers
- To be quorate, four health boards need to be present and in all meetings during 2022-23 this requirement was met
- Members were asked if they felt that there was effective challenge at meetings and were again invited to contact the Chair at any time if they had concerns
- In terms of monitoring performance across the system, the ongoing changes, supported by the weekly / monthly dashboard sent to all members and HB teams, provided a better balance of approach during the year which aligned with information from WAST on performance, units of hours produced, sickness absence, post production lost hours etc
- there were limitations on the performance information that could be shared at the Committee (due to StatsWales and legal rules) this meant that the latest information was not shared in public and this may mean more “in committee” sessions would need to be arranged although the Chair had some reservations about this approach; more discussions were planned with StatsWales with an aim to resolve the issue
- all health boards presented the confirmed minutes to Board meetings and the work of the committee was discussed across NHS Wales and was also linked to the work in relation to the Six Goals for Urgent and Emergency Care Programme
- one member of the committee had not attended any meetings in the last year and one associate member had not attended a meeting for at least 4 years.

During the session it was agreed to:

- Develop a short presentation with key information for new members
- Meet twice a year in person and work with WHSSC to try and get the best dates / times of year for this
- Continue to provide the Chair’s Summary as soon as possible after meetings
- Receive feedback on the formal engagement process related to the EMRTS Service Review (Air Ambulance) and the response from the public, which included wider views on other services, at a future meeting

- Look at wider benchmarking for ambulance services
- Consider using patient and or staff stories from provider organisations
- Continue to use Teams Live until the decision is made about the EMRTS Service Review and then record a Teams meeting and make the recording public as the Members felt this allows for better discussion
- Continue with the agenda and reports being sent out 7 days prior to meetings (as opposed to the 10 days within the Standing Orders) and report to Audit and Risk Committee
- Continue with the EASC Team chairing the sub group meetings (which is not in line with the Standing Orders but there is only one independent member – the Chair of EASC) and report to Audit and Risk Committee
- Continue providing similar reports as now, Members felt these were about right, not too long or too short but would keep under constant review
- Review the Committee's risk appetite during the summer
- Send out the Declaration of Interest form for all members and members of the EASC sub groups
- Continue to develop the Forward Look and Annual Business Plan to effectively capture all of the business required.

Members felt it was a useful session to consider the effectiveness and a helpful discussion was held. **The view of the Committee was that it was working well and that their overall assessment was positive.** In summarising the discussion, the Chair thanked Members for their ideas, comments and suggestions and reiterated that he would welcome any further comments or suggestions to improve the work of the Committee at any time.

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received.

Noted that:

- Support from health boards had been provided for some sessions
- The approach taken had aimed to build trust and confidence in the process and in the independence of the Chief Ambulance Services Commissioner, which had been mostly achieved
- Cooperation with key local stakeholders had been achieved
- Continued to hear concerns related to the original Service Development Proposal and the impact on the air bases in mid and north Wales
- The last face to face engagement session would take place in Newtown on **5 June 2023**.

Members thanked the team for the ongoing work and highlighted

- the importance of the next phase of the work
- the new approach being taken by Llais and the 'Guidance on changes to health services' released by the Welsh Government on 5 May 2023.

Members noted:

- the next phase of the work would involve detailed analysis of data and would develop options for consideration

- meetings would continue until 5 June, including with senior staff at Llais
- A comprehensive update would be provided at the next meeting, including key themes heard from meeting with the public across Wales.

It was noted that the public had commented many times that they were very grateful to be heard.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received.

Members noted

- The ongoing roll out of the Cymru High Acuity Response Units (CHARU), where good progress was being made and training planned, a further 100 staff had been identified as required and some recruitment would be needed to balance the overall establishment
- The improvement to the sickness absence trajectory
- The achievement of the 'consult and close' where the rate had improved from 15% to 17%
- Ongoing work related to the exposure to diesel fumes whilst queueing outside EDs, in winter for heating and summer for air conditioning. This had been monitored by an external organisation and was found to be within the safe legal limit but remained unpleasant for staff and patients (and impacted some EDs as well)
- The use of 'Penthrox' for pain relief which could also now be used by the Community First Responders (CFRs); this was judged to be an important issue to improve the patient experience (Penthrox was a recently licensed drug for wider use).

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received.

Noted that:

- important to get the balance right between red and amber performance and not attaining one at the expense of the other
- important to have the right balance of rapid response (CHARU) with the ability to be flexible for deployment
- single and double person responses would be tracked in relation to meeting improved performance
- remote clinical support, if correctly applied, would lead to reduced conveyance to hospital and linked to the clinical assessment of 999 calls and to support this a baseline review by the EASC Team working in collaboration with WAST will be undertaken and the Terms of Reference were received
- In relation to the EASC IMTP constructive discussion had taken place with Welsh Government officials. Central funding had been found for the 100wte this year and potential to taper as efficiencies and improvements take effect
- WAST suggested the potential to discuss further with Members in relation to the 100WTE and the funding arrangements including whether different roles could be considered or utilised and moving from conveyance to safely treating in communities

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received.

This included:

- Commissioning Framework
- Integrated Commissioning Action Plans (ICAP)
- Integrated Medium Term Plan
- Commissioning Intentions 2022-23

Noted that:

- Work had commenced on the Non-Emergency Patient Transport Service (NEPTS) Quality and Delivery Framework which had been planned for Q1 and Q2, anticipated to have the final version ready by Q3
- Significant progress had been made by NEPTS on the expectations of the original business case and there was now an opportunity to consider the strategic future
- The refresh for the Emergency Medical Retrieval and Transfer Service (EMRTS) was planned to take place in Q4 and launch in the new financial year of 2024
- The ICAP meetings were working well; a new approach had been adopted (meeting less frequently, now monthly) bringing teams together to improve service delivery. Update ICAPs would be developed by the end of May
- An Internal Audit Report (on the ICAP process) Ambulance Handover Improvement Plan Arrangements had been undertaken and had received a “**substantial assurance**” rating. One recommendation had been made to capture risks and the meeting template had already been amended to do this
- The EASC IMTP had been submitted (with the requested changes) at the end of March and had been subject to some challenge in the collective review process

One issue was raised in relation to the NEPT service and its eligibility criteria which would need to be resolved in order to improve the service and meet local requirements of service, this would be discussed again at the NEPTS Delivery Assurance Group.

The Chair congratulated all involved for the excellent Internal Audit Report on the ICAP process which appeared to be working well to the benefit of all parties.

EASC FINANCIAL PERFORMANCE REPORT MONTH 12 2022/23

The EASC Financial Performance Report at month 12 in 2022/23 was received.

Noted that:

- There was an underspend at year end of £341k.
- The dispute in relation to £186,000 non-recurrent funding not paid by one health board had been resolved
- The National Collaborative Commissioning Unit position, with the Sexual Assault Referral Unit and the Six Goals for Urgent and Emergency Care Programme had a £821k surplus; Members noted that WHSSC meeting had confirmed a £1.1m surplus. Work was underway to finalise funding for the 100wte with the EASC Team, WAST and Welsh Government.

EASC SUB-GROUPS CONFIRMED MINUTES

Approved: EASC Management Group – 15 February 2023

EASC GOVERNANCE

The report on EASC Governance was received.

Highlighted the following key areas:

- EASC Risk Register
- EASC Assurance Framework
- EASC Draft Annual Governance Statement
- EASC Draft Annual Report 2022 – 2023
- EASC Draft Audit Enquiries Letter 2022-23
- EASC Management Group Annual Report 2022 -2023
- EASC Key Organisational Contacts
- Welsh Language Commissioner – Final Report and Decision Notice

Noted that:

- The **Risk Register** had five red risks in total, three scoring the highest level at 25. Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm. It had been agreed to discuss the Members Risk Appetite at a future meeting.
- The **EASC Assurance Framework** had been updated in line with the changes above to the risk register
- The **EASC Draft Annual Governance Statement** was presented although the Committee was not required to have one, it was good governance. The AGS would also be presented to the Audit and Risk Committee at CTM for inclusion with the host body approach
- The **EASC Draft Annual Report 2022 – 2023** provided an overview of the work of the work of the Committee over the last year. The attendance of members and their nominated deputies had been good at Committee meetings with all meetings being quorate (at least 4 health boards present).
One EASC Member had not attended any meetings of the Committee and one Associate Member had not attended any meetings over the last three years.
- The **EASC Draft Audit Enquiries Letter 2022-23** required by Audit Wales was presented which reflected similar information from WHSSC. There were no concerns identified to report and none were raised.
- The **EASC Management Group Annual Report 2022 -2023** captured the work of the EASC Management Group over the last year. Generally, attendance was volatile and poor, which was a worse position than for the previous year. Members were asked to review their representatives for the Group
- The latest **EASC Key Organisational Contacts** report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The **Welsh Language Commissioner – Final Report and Decision Notice**. The Commissioner found that EASC had failed to comply with Standard 39 and therefore had failed to ensure that every Welsh Language page on the website was fully functional and therefore treated the Welsh Language less favourably than the English language on the website. Also, a failure to comply with Standard 60 and failed to promote the use of the Welsh version of the EASC Website by providing service of inferior quality to the service on the English version of the website

The EASC Team would now take steps to ensure that content cannot be published on one site without the other and provide written evidence that enforcement action has been completed. In apologizing to the Committee, Gwenan Roberts reported that the following actions had been taken.

More robust training had been provided to members of the EASC Team to ensure the ability to add to the websites at any time. Work was also underway with the CTM Welsh Language team and a meeting had already taken place with staff from Digital Health and Care Wales to seek a software solution to this matter.

There were now three months to comply and ensure that this would not recur.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST
- The ongoing formal engagement process for the EMRTS Service Review, face to face meetings will end on 5 June.

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	
Date of next meeting	18 July 2023			

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 May 2023
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Duty of Quality</u>	
<p>Following a formal presentation to the Committee in March, a verbal update was provided demonstrating good progress in identifying the quality measures in each division and mapping the Quality Management Systems already in place within NWSSP. Staff have been briefed on the requirements and implications and discussions have taken place with Welsh Government and Delivery Unit colleagues on how the self-assessment, which is primarily clinically focused, can best be adapted to accurately portray the activities undertaken within NWSSP. A further formal update will be provided in September.</p> <p>The Committee NOTED the update.</p>	
<u>Deep Dive – Welsh Risk Pool</u>	
<p>The Committee were provided an overview of the many and various activities undertaken by the Risk Pool.</p> <p>One of the key aims of the Risk Pool is to ensure that NHS Wales organisations learn and share lessons from claims that are received. Learning from Events reports were introduced in 2018 and scrutiny is undertaken by a Learning Advisory Panel. A number of Safety and Learning networks help to share good practice and support is provided to Health Bodies to conduct complex investigations where specialisms and/or independence will add value. Investigations are supported not only by specialists from within NHS Wales, but from across the UK to ensure that advice being provided is of the highest calibre.</p> <p>The Committee NOTED the update.</p>	
<u>Chair's Report</u>	

The Chair updated the Committee on her attendance at recent meetings, both within NWSSP and externally.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The very positive outcome of the five-yearly External Quality Assessment of the Audit and Assurance Service.
- The recent visit of the NWSSP Senior Leadership Group to North Wales where they visited a number of sites including the Laundry and Stores and presented awards to staff who had been successful in the Staff Awards process that concluded in January of this year.
- The recent visit to India by NWSSP members including the Medical Director and colleagues from Health Boards and Welsh Government which has led to the potential recruitment of 58 nurses and on-going conversations with a further 20 Doctors.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Citizen Voice Body SLA - LLAIS

The Committee were presented with the draft SLA to govern the services provided to LLAIS by NWSSP. Further work is required on the SLA and the accompanying Memorandum of Understanding (MOU) and so while there was **AGREEMENT IN PRINCIPLE** on the documentation provided, the final SLA and MOU will need to be brought back to the Committee for formal approval.

Service Level Agreements

The overarching Service Level Agreement and the supporting schedules for 2023/24, which cover the core services provided to all NHS Wales bodies by NWSSP, were **APPROVED** by the Committee.

Primary Care Workforce Intelligence System

A summary of the Business Case for the Workforce Intelligence System for Primary Care was presented. This pulls together a number of separate systems into one system covering the following:

- Compliant registration of practicing clinicians to meet the NHS regulations via the Performers List & Pharmacy Database;
- The capture and reporting of the primary and community service workforce data and information respectively including the compliance registration for the Scheme of General Medical Practice Indemnity (GMPI) of substantive

and Locum workforce; and

- Capture and publication of declarations of interest enabling open and transparent assessment of conflict of interest.

The proposal requires capital funding in Year One but thereafter will deliver savings against current costs.

The Committee **APPROVED** the paper subject to confirmation of Welsh Government funding and sight of the Full Business Case.

Items for Noting

Internal Audit – External Quality Assessment

The 5-year external quality assessment of Internal Audit was undertaken by the Chartered Institute of Public Finance & Accountancy over recent months and resulted in the highest possible rating being awarded to the service that is operated by NWSSP. There were no areas of either partial or non-compliance noted with the standards.

The Committee **NOTED** the paper.

Laundry Services Update

The business case to build two new laundries and to significantly refurbish a third laundry has been put on hold due to a lack of available capital funding. Alternative plans are therefore being developed to ensure that the laundry service meet the appropriate environmental and legal regulations, but within a much-reduced financial envelope. These have been produced but at present Welsh Government are still unable to confirm any capital funding for the laundry service.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The final (unaudited) position for 2022/23 was a surplus of £12k with £2m re-distributed to Health bodies and Welsh Government. The Welsh Risk Pool position was as forecast in the IMTP, and all allocated capital funding was spent. The value of stock amounted to £24m and reflected several valuation adjustments that had been made in accordance with the relevant Accounting Standards. The adjustments had been approved by and funded by Welsh Government.

People & OD Update – Sickness absence rates remain low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. Staff turnover is relatively high, but this is largely due to starters and leavers in the Single Lead Employer Division.

Performance – In-month performance was generally on target with an improvement seen in Recruitment service time to hire. Report turnaround within

Audit and Assurance continues to be behind target but is largely outside the direct control of NWSSP. With regards to recruitment the review of, and subsequent clearance of historic cases, is continuing to adversely affect performance in the short-term but will deliver a longer-term benefit. The Payroll Call Handling Team have achieved their targets for the last three months, which represents a significant turnaround in performance.

IMTP Q4 Progress Report - Progress has been made towards achieving our IMTP objectives that form part of our 3-year rolling plan, with 45% on track for delivery as part of those longer-term programmes of work. 36% of our total objectives were successfully achieved, as planned, in year across our divisions.

Project Management Office Update – The new Case Management System, the Patient Medical Records Accommodation and the TrAMS Projects remain red-rated. All other projects are on track.

Corporate Risk Register – Two of the previously reported seven red-rated risks covering energy costs and industrial action, have been down-graded to amber. A number of COVID-specific risks have also been removed from the Register.

Draft Annual Governance Statement – This was provided for comment at this stage and will come back to the July Committee prior to final approval at the Audit Committee.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Audit Wales Plan
- 2023/24 Internal Audit Plan
- Audit Committee Assurance Report;
- 2022/23 Annual Complaints Report
- Finance Monitoring Returns (Months 12 and 1).
- 2023/24 Forward Plan.

AOB

It was agreed that the planned Committee Development Session scheduled for 9 June would be postponed in recognition of the pressures on NHS Wales colleagues at the current time. The session planned for November will however still go ahead.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees	
N/A	
Date of next meeting	20 July 2023



GIG
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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Acronyms (WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AMPDS	Advanced Medical Priority Dispatch System
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BAU	Business as Usual
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAS	Clinical Assessment Software
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CPAS	Clinical Prioritisation Assessment Software Group
CHARU	Cymru High Acuity Response Unit
D&C	Demand and Capacity
DOM	Duty Operations Manager
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team



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Abbreviation	Term
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ERADI	Emergency Response Ambulance Driving Instruction
ESMCP	Emergency Services Mobile Communications Programme
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
ITT	Inverting the Triangle
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
HEIW	Health and Education Improvement Wales
HoS	Head of Service
HCS	Health Courier Services
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MIST	Mandatory In-Service Training
MRD	Make Ready Depot
MTS	Manchester Triage System
MDS	Minimum Data Set
MDT	Mobile Data Terminal
MDT	Multi Disciplinary Team
MTU	Mobile Testing Unit
NCCU	National Collaborative Commissioning Unit
NEPTS	Non Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NEDs	Non Executive Directors
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PADR	Personal Appraisal Development Review
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PID	Project Initiation Document
PLIC	Patient Level Information and Costing system
PPLH	Post Production Lost Hours
PRINCE2	Projects in a Controlled Environment (methodology)



Abbreviation	Term
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
PTaS	Physician Triage and Streaming
REAP	Resource Escalation Action Plan
RITA	Reminiscence Therapy Interactive Activities
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, diseases and dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
TU	Trade Union
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government
WHC	Welsh Health Circular
WTE	Whole Time Equivalent