

## Bundle Trust Board (Open Session) 28 March 2024

### Agenda attachments

- ITEM 0 Trust Board Open Agenda 28 March 2024
- ITEM 0 Trust Board Open Agenda 28 March 2024-en-cy-C
- 0 09:30 – OPENING ITEMS
- 1 Chair’s welcome, apologies, and confirmation of quorum
- 2 Board Member Register of Interest  
*Board Member Register of Interests*
- 3 Minutes of Previous Meetings  
ITEM 3 Trust Board Minutes Open 25 January 2024
- 4 Action Log and Matters Arising  
ITEM 04 Trust Board (Public) Action and Decisions Log
- 5 09:35 – Chair’s Report  
ITEM 05 Chair’s Report to Trust Board – March 2024
- 6 09:45 – Chief Executive’s Report  
ITEM 06 CEO’s Report to Trust Board – March 2024
- 7 10:00 – Questions from Members of the Public
- 7.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 8 10:10 – Progress on Actions to Mitigate Avoidable Patient Harm  
ITEM 8 Realtime Mitigations  
ITEM 8.1 Reducing Patient Harm Action Plan
- 9 10:30 – Monthly Integrated Quality and Performance Report  
*Published on 26 March 2024.*  
ITEM 09 MIQPR SBAR – Trust Board, January February 2024  
ITEM 09.1 Annex 1 MIQPR TB January February 2024
- 10 10:45 – Risk Management and Board Assurance Framework  
ITEM 10 Executive Summary Risk Management Report Trust Board 280324  
ITEM 10.1 Risk Management Policy v0.13 180324
- 11 10:55 – NHS Wales Staff Survey  
ITEM 11 NHS Wales Staff Survey  
ITEM 11.1 Appendix 2 – Staff Survey Dashboard – Welsh Ambulances Services NHS Trust (1)  
ITEM 11.2 Appendix 3 – Board – Staff Survey Initial Results
- 11.1 11:10 – COMFORT BREAK
- 12 11:25 – Integrated Medium–Term Plan (IMTP) 2023 – 2026 Interim Q4 Delivery & Assurance  
ITEM 12 Executive Summary – IMTP interim Q4 Delivery Assurance Board 280324
- 13 11:35 – Integrated Medium–Term Plan 2024–2027, including Financial Plan  
*Item 13.5 published 26 March 2024*  
ITEM 13 Trust Board IMTP 24–27 Exec Summary 280124 v0.2  
ITEM 13.1 WAST IMTP 2024–27 Board March 2024  
ITEM 13.2 Appendix 1 – Challenges and Opportunities Shaping our IMTP File replaced  
ITEM 13.3 Appendix 2 Service Transformation deliverables  
ITEM 13.4 Appendix 3 WAST Financial plan 2024–25 040324  
ITEM 13.5 Appendix 4 – IMTP 24–27 EQIA
- 14 11:55 – Initial 2024/25 Revenue Budget  
ITEM 14 WAST Initial Revenue Budget 2024–25
- 15 12:05 – Financial Performance Month 11  
*Note: Items 15.2 and 15.4 have been circulated separately by e mail.*  
ITEM 15 Finance Report Month 11 2023–24  
ITEM 15.1 January Monitoring Return  
ITEM 15.3 February Monitoring return
- 16 12:15 – Strategic Equality Plan 2024–28  
ITEM 16 Strategic Equality Plan Approval Board March 2024 – SBAR  
ITEM 16.1 Strategic Equality Plan 2024–2028 Welsh Ambulance Service NHS Trust (1)

- ITEM 16.2 Strategic Equality 2024–2028 Plan Welsh version
- 17 12:25 – The Workforce Equality Monitoring Report 2022–23 and the Gender Pay Gap reports for 2022–23  
ITEM 17 Gender Pay Gap and Workforce Equality Monitoring Reports 2022–2023 SBAR Board March 2024  
ITEM 17.1 Gender Pay Gap 2022 2023  
ITEM 17.1a Welsh Translation Gender Pay Gap 2022 2023  
ITEM 17.2 Equality Monitoring Report 2022–2023  
ITEM 17.2a Welsh Translation Equality Monitoring Report 2022–2023
- 18 12:35 – Governance Report  
*The next meeting of Trust Board will be 25 November 2021*  
ITEM 18 Governance Report – March 2024
- 19 12:40 – Board Committee Reports  
*19.1 Quest Committee – 8 February 2024*  
*19.2 People and Culture Committee – 20 February 2024*  
*19.3 Audit Committee – 1 March 2024*  
*19.4 Remuneration Committee – 08 March 2024*  
*19.5 Finance and Performance Committee – 19 March 2024*  
ITEM 19.1 Quest Committee Highlight Report February 2024  
ITEM 19.1a HiW Annual Report 2022–23  
ITEM 19.2 People and Culture Committee Highlight Report February 2024 (3)  
ITEM 19.3 Audit Committee Highlight Report March 2024  
ITEM 19.4 Remuneration Committee Highlight Report March 2024  
ITEM 19.5 Finance and Performance Committee Highlight Report March 2024
- 19.1 **CONSENT ITEMS**  
*The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.*
- 20 Minutes of Board Committees:  
*20.1 Quest Committee: 31 October 2023*  
*20.2 People and Culture Committee: 16 November 2023*  
*20.3 Audit Committee: 30 November 2023*  
*20.4 Finance and Performance Committee: 15 January 2024*  
ITEM 20.1 QUEST Committee Minutes 31 October 2023  
ITEM 20.2 PCC minutes 16 November 2023  
ITEM 20.3 Audit Committee Minutes 30 November 2023  
ITEM 20.4 FPC Minutes 15 January 2024
- 21 NHS Wales Joint Committee Update Reports:  
*21.1 NHS Wales SSP Committee dated 18 January 2024*  
*Welsh Health Specialised Services Committee (WHSSC) Meeting Briefing: 30 January 2024*  
*21.2 EASC Summary dated 30 January 2024*  
*21.3 Welsh Health Specialised Services Committee (WHSSC) Extraordinary Meeting Briefing: 27 February 2024*  
ITEM 21.1 SSPC Assurance Report 18 January 2024  
ITEM 21.2 JC Briefing (Public) 30 January 2024  
ITEM 21.3 Chair's EASC Summary from 30 January 2024  
ITEM 21.4 JC Briefing (Public) 27 February 2024
- 21.1 **CLOSING ITEMS**
- 22 13:20 – Any Other Business
- 23 Date and time of next meeting: 30 May 2024 at 09:30
- 24 Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).
- 25 Acronyms  
ITEM 25 Acronyms



## MEETING OF THE TRUST BOARD

**Held in Open Session on Thursday 28 March 2024 from 09.30 to 13:25**

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

### AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
<b>OPENING ITEMS</b>					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Colin Dennis	Verbal	5 Mins
2.	<a href="#">Board Member Register of Interests</a>	To State Conflicts	Colin Dennis	Verbal	
3.	Minutes of Previous Meeting: 25 January 2024	Approval	Colin Dennis	Paper	
4.	Action Log and Matters Arising	Review	Colin Dennis	Verbal	
5.	Chair's Report	Information	Colin Dennis	Paper	10 Mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 Mins
7.	Questions from Members of the Public	Information	Estelle Hitchon	Verbal	10 Mins
<b>ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION</b>					
8.	Progress on Actions to Mitigate Avoidable Patient Harm	Assurance	Jason Killens	Paper	20 Mins
9.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 Mins
10.	Risk Management and Board Assurance Framework	Assurance	Trish Mills	Paper	10 Mins
	10.1 Risk Management Policy	Approval	Trish Mills	Paper	
11.	NHS Wales Staff Survey	Assurance	Angela Lewis	Paper	15 Mins
<b>COMFORT BREAK – 15 Minutes</b>					



No.	Agenda Item	Purpose	Lead	Format	Time
12.	Integrated Medium-Term Plan (IMTP) 2023 – 2026 Interim Q4 Delivery & Assurance	Assurance	Rachel Marsh	Paper	10 Mins
13.	Integrated Medium-Term Plan 2024-2027, including Financial Plan	Approval	Rachel Marsh Chris Turley	Paper	20 Mins
14.	Initial 2024/25 Revenue Budget	Approval	Chris Turley	Paper	10 Mins
15.	Financial Performance Month 11	Assurance	Chris Turley	Paper	10 Mins
16.	Strategic Equality Plan 2024-28	Approval	Angela Lewis	Paper	10 Mins
17.	The Workforce Equality Monitoring Report 2022-23 and the Gender Pay Gap reports for 2022-23	Approval	Angela Lewis	Paper	10 Mins
18.	Governance Report	Assurance	Trish Mills	Paper	5 Mins
19.	Board Committee Reports				
	19.1 Quest Committee – 8 February 2024	Assurance	Bethan Evans	Paper	10 Mins
	19.2 People and Culture Committee – 20 February 2024	Assurance	Paul Hollard	Paper	10 Mins
	19.3 Audit Committee – 1 March 2024	Assurance	Peter Curran	Paper	10 Mins
	19.4 Remuneration Committee - 08 March 2024	Assurance	Colin Dennis	Paper	10 Mins
	19.5 Finance and Performance Committee - 19 March 2024	Assurance	Joga Singh	Verbal	10 Mins
<b>CONSENT ITEMS</b> <b>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.</b>					
20.	Minutes of Board Committees:  20.1 Quest Committee: 31 October 2023	Information	Colin Dennis	Paper	





No.	Agenda Item	Purpose	Lead	Format	Time
	20.2 People and Culture Committee: 16 November 2023 20.3 Audit Committee: 30 November 2023 20.4 Finance and Performance Committee: 15 January 2024				
21.	NHS Wales Joint Committee Update Reports:  21.1 NHS Wales SSP Committee dated 18 January 2024 Welsh Health Specialised Services Committee (WHSSC) Meeting Briefing: 30 January 2024  21.2 EASC Summary dated 30 January 2024  21.3 Welsh Health Specialised Services Committee (WHSSC) Extraordinary Meeting Briefing: 27 February 2024	Information	Colin Dennis	Paper	
<b>CLOSING ITEMS</b>					
22.	Any Other Business	Discussion	Colin Dennis	Verbal	5 Mins
23.	Date and time of next meeting – Thursday 30 May 2024 at 09:30 in Cardiff MRD	Information	Colin Dennis	Verbal	
24.	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Colin Dennis	Verbal	
25.	Acronyms	Information	Colin Dennis	Paper	



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## Lead Presenters

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



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## CYFARFOD BWRDD YR YMDDIRIEDOLAETH

Cynhelir mewn Sesiwn Agored ddydd Iau 28 Mawrth 2024 o 09.30 tan 13:25

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

### AGENDA

Rhif	Eitem ar yr agenda	Diben	Arweinydd	Fformat	Amser
<b>EITEMAU AGORIADOL</b>					
1.	Croeso gan y Cadeirydd, ymddiheuriadau, a chadarnhad o gworwm	Gwybodaeth	Colin Dennis	Ar lafar	5 Munud
2.	<a href="#">Cofrestr Buddiannau Aelodau'r Bwrdd</a>	Nodi gwrthdaro buddiannau	Colin Dennis	Ar lafar	
3.	Cofnodion y Cyfarfod Blaenorol: 25 Ionawr 2024	Cymeradwyaeth	Colin Dennis	Papur	
4.	Cofnodion Gweithredu a Materion sy'n Codi	Adolygu	Colin Dennis	Ar lafar	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Colin Dennis	Papur	10 Munud
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	15 Munud
7.	Cwestiynau gan Aelodau'r Cyhoedd	Gwybodaeth	Estelle Hitchon	Ar lafar	10 Munud
<b>EITEMAU AR GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH</b>					
8.	Cynnydd ar Gamau i liniaru niwed cleifion y gellir ei osgoi	Sicrwydd	Jason Killens	Papur	20 munud
9.	Adroddiad Ansawdd a Pherfformiad Integredig Misol	Sicrwydd	Rachel Marsh	Papur	15 Munud



Rhif	Eitem ar yr agenda	Diben	Arweinydd	Fformat	Amser
10.	Rheoli Risg a Fframwaith Sicrwydd y Bwrdd  10.1 Polisi Rheoli Risg	Sicrwydd  Cymeradwyaeth	Trish Mills  Trish Mills	Papur  Papur	10 Munud
11.	Arolwg Staff GIG Cymru	Sicrwydd	Angela Lewis	Papur	15 Munud
<b>EGWYL – 15 munud</b>					
12.	Cynllun Tymor Canolig Integredig (IMTP) 2023-2026 Cyflenwi a Sicrwydd Ch4 Dros dro	Sicrwydd	Rachel Marsh	Papur	10 Munud
13.	Cynllun Tymor Canolig Integredig 2024-2027 gan gynnwys Cynllun Ariannol	Cymeradwyaeth	Rachel Marsh Chris Turley	Papur	20 Munud
14.	Cyllideb Refeniw Gychwynnol 2024/25	Cymeradwyaeth	Chris Turley	Papur	10 Munud
15.	Perfformiad Ariannol Mis 11	Sicrwydd	Chris Turley	Papur	10 Munud
16.	Cynllun Cydraddoldeb Strategol 2024-28	Cymeradwyaeth	Angela Lewis	Papur	10 Munud
17.	Adroddiad Monitro Cydraddoldeb y Gweithlu 2022-23 a'r adroddiadau Bwlch Cyflog rhwng y Rhywiau ar gyfer 2022-23	Cymeradwyaeth	Angela Lewis	Papur	10 Munud
18.	Adroddiad Llywodraethu	Sicrwydd	Trish Mills	Papur	5 Munud
19.	Adroddiadau Pwyllgorau'r Bwrdd				



Rhif	Eitem ar yr agenda	Diben	Arweinydd	Fformat	Amser
	19.1 Pwyllgor Quest – 8 Chwefror 2024	Sicrwydd	Bethan Evans	Papur	10 Munud
	19.2 Pwyllgor Pobl a Diwylliant – 20 Chwefror 2024	Sicrwydd	Paul Hollard	Papur	10 Munud
	19.3 Pwyllgor Archwilio – 1 Mawrth 2024	Sicrwydd	Peter Curran	Papur	10 Munud
	19.4 Pwyllgor Tâl Cydnabyddiaeth - 08 Mawrth 2024	Sicrwydd	Colin Dennis	Papur	10 Munud
	19.5 Pwyllgor Cyllid a Pherfformiad - 19 Mawrth 2024	Sicrwydd	Joga Singh	Ar lafar	10 Munud

## EITEMAU CYDSYNIO

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

20.	Cofnodion Pwyllgorau'r Bwrdd:  20.1 Pwyllgor Quest: 31 Hydref 2023 20.2 Pwyllgor Pobl a Diwylliant: 16 Tachwedd 2023 20.3 Pwyllgor Archwilio: 30 Tachwedd 2023 20.4 Pwyllgor Cyllid a Pherfformiad: 15 Ionawr 2024	Gwybodaeth	Colin Dennis	Papur	
21.	Adroddiadau Diweddar Cydbwyllgor GIG Cymru:  21.1 Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru dyddiedig 18	Gwybodaeth	Colin Dennis	Papur	



Rhif	Eitem ar yr agenda	Diben	Arweinydd	Fformat	Amser
	<p>Ionawr 2024 Cyfarfod Briffio Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC): 30 Ionawr 2024</p> <p>21.2 Crynodeb Pwyllgor Gwasanaethau Ambiwlans Brys dyddiedig 30 Ionawr 2024</p> <p>21.3 Cyfarfod Briffio Arbennig Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC): 27 Chwefror 2024</p>				
<b>EITEMAU CAU</b>					
22.	Unrhyw Fater Arall	Trafodaeth	Colin Dennis	Ar lafar	5 Munud
23.	Dyddiad ac amser y cyfarfod nesaf – Dydd Iau 30 Mai 2024 am 09:30 yn MRD	Gwybodaeth	Colin Dennis	Ar lafar	
24.	Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960).	Penderfyniad	Colin Dennis	Ar lafar	
25.	Acronymau	Gwybodaeth	Colin Dennis	Papur	



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Rhif	Eitem ar yr agenda	Diben	Arweinydd	Fformat	Amser

### Prif Gyflwynwyr

Enw'r Arweinydd	Swydd yr Arweinydd
Colin Dennis	Cadeirydd y Bwrdd
Jason Killens	Prif Swyddog Gweithredol
Peter Curran	Cyfarwyddwr Anweithredol a Chadeirydd y Pwyllgor Archwilio
Angela Lewis	Cyfarwyddwr Pobl a Diwylliant
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Joga Singh	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Kevin Davies	Cyfarwyddwr Anweithredol
Paul Hollard	Cyfarwyddwr Anweithredol a Chadeirydd y Pwyllgor Pobl a Diwylliant
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 25 JANUARY 2024  
MEETING HELD IN CARDIFF AMBULANCE STATION, and VIA ZOOM**

**Meeting started at 09:30**

**PRESENT:**

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

**Attendees**

Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager
Julie Doyle	British Sign Language (Virtual)
Anthony Evans	British Sign Language (Virtual)

**Apologies**

Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director
Martin Turner	Non-Executive Director



## **01/24 WELCOME AND APOLOGIES FOR ABSENCE**

### **Welcome and apologies.**

The Chair welcomed all to the meeting, and noted apologies were received from Hannah Rowan, Joga Singh, and Martin Turner.

### **Declarations of interest.**

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

**RESOLVED: That the declarations of interest on the register were formally recorded and the apologies from Hannah Rowan, Joga Singh and Martin Turner were formally recorded.**

## **02/24 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 23 November 2023 were presented and confirmed as a correct record subject to amending the titles of Martin Turner and Damon Turner, which had been erroneously transposed.

### **Action Log:**

The Board received the action log:

Minute 99/23: Winter Planning and Progress on Actions to Mitigate Avoidable Patient Harm. A discussion to be held at a Board Development Day (BDD) regarding the Consult and Close target and consider what was the appropriate target. This topic was already being discussed at BDDs. Action Closed.

Minute 103/23: MIQPR. Clarity was sought on the actions and progress being made to tackle the causes of late cancellations in respect of Ambulance Care journeys. A detailed update was appended to the action log. Action Closed.

**RESOLVED: That**

- (1) The Minutes of the meeting held on 23 November 2023 were confirmed as a correct record subject to a minor amendment with the titles of Damon Turner and Martin Turner which had been transposed; and;**
- (2) The update on the action log was noted.**

**03/24 CHAIR'S REPORT AND UPDATE**

The Chair presented the report as read noting that the outcome of the recruitment activity for two Non-Executive Directors (NEDS) has been successful and candidates Peter Curran (Finance NED) and Ian Mathieson (Academic NED) have been appointed to the Trust Board, effective 01 February, and 01 April respectively.

**RESOLVED: The update was noted.**

**04/24 CHIEF EXECUTIVE'S UPDATE**

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

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

The work on the Manchester Arena Inquiry (MAI) recommendations has been ongoing for 6 months, and a mid-year review was completed in December. This reviewed progress and scope and subsequently recategorized some of the recommendations, all of which have been approved through the Senior Leadership Team governance process as supported by the Executive Leadership Team (ELT). Twenty seven of the 68 recommendations are complete, with a few others nearing completion. Work is now focussed on the completion of the assessment of our capacity to respond to an incident and the subsequent outline resource case to the Commissioner which specifically connects to one of the recommendations. A business case will be submitted as there is a need for investment to be able to satisfy the requirements of the recommendations from the inquiry and we've already signalled the commissioning team and that a

business case will be likely to be coming through and support will be needed as required.

The first HIVE survey has been conducted and over 12% of our people responded, sharing their perspectives on the speaking up culture within WAST, yielding valuable insights. The majority expressed confidence in raising concerns, feeling supported in speaking up, and being comfortable expressing diverse opinions, a crucial aspect for fostering a psychologically safe and innovative organisation. Angela Lewis added that the Trust was focussed on understanding its culture through regular feedback sessions, including qualitative data from moving on interviews and Trade Union feedback. The aim was to capture a broad spectrum of information and share this with colleagues.

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

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

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

The Estates team is making significant progress in various locations with notable developments in North Wales including the long-awaited Dolgellau station and the establishment of the north control room. The team is actively engaging with staff to support them through these changes anticipating the relocation from Bryntirion to the North Wales contact centre around the middle of this calendar year.

Comments:

The Board welcomed the report and were encouraged to see that the recruitment video had a positive impact and increased candidate demand.

Reference was made to paragraph 40 in the report which stated that a key area of focus in Quarter 4 will be the commissioning resource envelopes for 111, EMS and NEPTS respectively, with the 111 envelope being a particular area of concern.

Further clarity was sought on this area. Rachel Marsh explained that this related to the way the Trust was commissioned to deliver 111 now, which was a spend and recover model. The Trust has a desire to move to a resource allocation model of commissioning, which if accepted would mean that the £10.3m available would be received with a series of outcomes to deliver. It was hoped this could be achieved through the new Joint Commissioning Committee arrangements.

The Chair commented that his recent visit to the new facility in Merthyr had left a positive impression, highlighting the impressive quality of the facility and the enthusiastic staff.

In terms of the development of the Welsh language, the Board were pleased to see that the internal translation service was now operational; and equally it was also positive that training for 111 staff was now available.

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

## **05/24 QUESTIONS FROM MEMBERS OF THE PUBLIC**

Estelle Hitchon reminded viewers that the Board welcomed questions from members of the public; one question had been received and it was from Riswana Nadeem:

*"The question was in respect of evening dialysis transport and was as follows: I have been told by dialysis nurses that they have the capacity and staff to carry out evening sessions for kidney dialysis, but transport refused to provide travel to the Renal units in the evening. I have seen many renal patients who are getting younger and cannot go to the University Hospital of Wales due to daytime only renal dialysis. I have sacrificed my career and ended up working fewer hours and suffering great financial loss due to daytime renal dialysis. The rest of the UK offers evening sessions that is why I could not take my previous employer to a tribunal to save my job. Kidney care have carried out research and have seen the poverty in renal patients in Wales due to this daytime only transport, so I think the nub of the question is why are we not able to provide evening transport to evening renal dialysis sessions."*

Lee Brooks commented that that the Trust is a Commissioned provider of the Non-Emergency Patient Transport Service (NEPTS) and for renal dialysis that includes the Welsh kidney network as well as Health Boards. The Trust continually works very closely with our commissioning team, the Welsh kidney network, and Health Boards to review the services that the Trust provides for renal service users. On occasion the Trust is advised that the way dialysis services are to be delivered could change and that could be either a change to location or a change

in the operating hours for those units and where those changes are supported by commissioners the Trust would adjust services to meet those operating needs.

The Trust does currently deliver some twilight dialysis services in Swansea and across the Betsi Cadwaladr University Health Board and if that was to be considered and supported by commissioners elsewhere in Wales the Trust would of course respond to those requests. So, the answer really is that the transport provision is a response to the operating provisions of dialysis units and the operating provisions of dialysis units is really owned by the Health Boards.

## **06/24 STAFF STORY – PETE BROWN: HEAD OF SERVICE 111**

Pete Brown, Head of Service 111 highlighted to the Board details of his early career before joining the ambulance service. It was from these initial stages in his career that he developed a proactive approach, cultivating a desire to explore alternative perspectives and find innovative ways to achieve results.

Immediately prior to joining the Trust he spent two years at the NHS Leadership Academy where he gained experience on learning about how to integrate valuable behaviours into the ambulance service. He found that collaborating with diverse colleagues across sectors proved to be a valuable and incredible opportunity.

In coming to current role, he was enthusiastic about refreshing and reshaping the status quo, challenging conventional rules, and driving forward quick and impactful change. Some of the challenges he faced in his team was to improve compliance in PADR completion and staff absences.

He settled upon implementing two initiatives; the first of which was to have one hundred and eleven conversations with a specific team in 111, and the other was to have the same number of conversations with the rest of the staff in 111. At the start, the bespoke team had a 47% sickness rate, extremely high attrition rates, and were identified as having a poor experience at work. The conversations were direct and candid, and aimed to understand what the issues were.

Following these conversations, a shared plan was implemented with a list of actions going forward. Currently, and for a seventh week in a row that team is recording 0% sickness. There has been a significant increase in performance and attrition levels have dropped to record low levels.

Subsequently, the conversations were broadened out to the rest of the team in 111. Everyone with a leadership role was contacted and held a conversation with 111 colleagues. Over 160 conversations lasting an hour took place and

these gave rise to a fascinating range of perspectives. The fundamental things that people wanted were: To feel safe and comfortable at work, be allowed to work in a way that suited them, give them a voice, and make it count - making their feedback matter, give them the ability to help, and finally, to let them know when they are doing a great job and help them when they are not. As a result of these conversations there have been some positive initiatives and considerable progress but there was still further to do.

Comments:

Angela Lewis thanked Pete Brown for sharing this story and thought it was an excellent illustration of great teamwork. His personal narrative was insightful, and it was admirable how that was applied to achieve notable team benefits in such a brief time frame. This story demonstrates as a reminder epitomises what the Trust was trying to achieve for its staff.

It was queried if comparable results had been achieved for the remainder of the 111 staff whether this approach could be used across the rest of the Trust. Pete Brown explained that it had not been scaled further, adding that due to the configuration of the 111 personnel it was not transferable.

The Board were keen to understand if Pete Brown was intending to publish a report on the findings from his work. Pete explained he was more focused now on the challenge to control more of what he could and try to identify those things we cannot and be honest with his team where it is not possible to do so and effect change.

Lee Brooks commented that this has shown a positive shift of management and the improvements in 111 which can be attributed to Pete Brown and the efforts of his team. The Operations Directorate is challenging the perception that it only prioritises data over people. Pete Brown's approach, emphasising the importance of individuals, reflects a broader trend among operational and management teams to focus on employee well-being. Implementing such strategies requires real skill. The Trust has been training managers to manage difficult conversations effectively, enabling them to navigate situations where a straightforward yes might not be possible.

Investing in strong management was vital to support and build upon the accomplishments of teams like Pete Brown's, ensuring continued success and organisational growth. He added that there were many opportunities within the Trust to apply the techniques as applied in Pete Brown's team adding a cautionary note that the Trust should be mindful of the ongoing challenges.

Liam Williams added it was helpful to see the positive impact on both staff and patient care when the focus was on organisational improvements. Pete Brown's remarkable work and dedication to the digital modernisation programme is commendable considering the challenges involved.

Rachel Marsh welcomed the work by Pete Brown and his team adding that she had been exploring ideas to manifest this work into next year's Integrated Medium-Term Plan. Estelle Hitchon highlighted the importance of supporting managers with their time, recognising the value they bring to the Trust.

Damon Turner commented that the feedback from the TU had been overwhelmingly positive. Whatever had been done in Pete Brown's work had shown that TU interaction had been effective and encouraged this to be cascaded throughout the Trust. Pete Brown reflected on the performance in December which had shown that 26% more calls had been answered.

The Chair reflected on his positive encounters at the 111 call centres, acknowledging the enthusiasm of staff. He added that balancing the rewards of good facilities with the challenges of running a call centre, especially in a competitive job market, was a complex task. The team's enthusiasm and effective management play a significant role, but it is essential to recognise both the positive aspects and the pressures associated with the job. The Board thanked Pete Brown for sharing his experience which had been remarkably interesting and valuable.

**RESOLVED: That the staff story was noted.**

**07/24**

## **PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM**

Jason Killens presented the report as read and highlighted the following for the Board's attention:

Red performance in December 2023 was 10 percentage points ahead of December 2022 and there were 58% less 12 hour or more waits/responses than in the previous December.

In support of the Winter Ambulance Improvement Plan, the Trust had identified five key priorities to make the Trust more resilient heading into winter:

- Capacity: targeted production of ambulance resources, with actual production in December 2023 being 11% higher than December 2022, along with a range of more specialist resource e.g. mobile foot teams, alcohol treatment centres etc., deployed as part of winter planning.

Capacity is also a product of reduced abstractions and sickness absence with sickness absence at 8.79% in November 2023.

- Demand Management: including improvements to the 111 digital platform (in hand, but not yet delivered due to timings of monies being made available); increasing the Consult & Close rate to the IMTP ambition of 17% (14.1% in December 2023) with a correction action plan in place and the new telephony system considered key to improvement.
- Efficient Use of Resources: reducing the multiple response ratio for Red incidents (most recent data under review by the Executive Director of Operations), reducing the use of the clinical advice line (CAL) by 111 call handlers (16% reduction comparing December 2023 with December 2022).
- Pathways: the Trust is supporting the NHS Executive with information on ambulance activity into Same Day Emergency Care (SDEC), including improved data accuracy using ePCR.
- Staff Well-Being: for example, the establishment of pods at various key hospital sites to enable crews to finish on time/take their meal break on time, with initial staff survey feedback being very positive.

Additionally, in support of the need to transform services to deliver better care and outcomes, the Chief Executive has written to all Health Board CEOs and a series of meetings have been arranged to enable the Trust to listen to Health Board views on how they can be supported in this system wide transformation in partnership.

Lee Brooks added the Trust continues to engage in a series of weekly meetings with Welsh Government, the Commissioner, Health Boards and Chief Operating Officers. These meeting have given rise to additional opportunities and initiatives for the Trust to consider and review going forward.

A Board member shared their experience they had recently with the stroke association, highlighting the success of Telestroke, a telemedicine platform which connected Trust staff to hospital consultants. Through this platform patients receive timely treatment, potentially preventing catastrophic outcomes or the need for permanent nursing care. This underscores the importance of implementing such innovations across Wales as they have the potential to save lives.

It was recognised that in some areas of Wales same day emergency care (SDEC) was working well, but it was queried whether the winter ambulance improvement plan aimed to improve those areas where SDEC was not working so well.

Rachel Marsh emphasised that SDEC remained a top priority for the Six Goals project team which has provided planning guidance to all Health Boards.



However, from the Trust's perspective, there are no SDEC services that are performing well in terms of patient volume, although they may benefit other hospital areas such as A&E.

Lee Brooks agreed with the comments made by Rachel Marsh about the need for additional work to make SDEC more effective from the Trust's perspective. He remained optimistic following high-level discussions with other Health Boards, particularly around direct referrals from remote clinicians, which would inevitably save NHS resources.

The Board acknowledged that in terms of the red, amber, green (RAG) rating from the action list, all red ratings related to external sources outside of the Trust. There was concern about whether there was confidence in the external partner's ability to engage and address these issues promptly. Jason Killens explained that the five points referred to earlier in terms of the winter plan were areas within the Trust's control, adding there was progress being made in some Health Board areas.

The Board, whilst recognising there had been improvements in performance from the same period last year, noted that there was still a significant distance to cover to prevent patients from experiencing avoidable harm. The Trust must not be complacent as the figures were still staggering; for example, patient handover hours against the target of 12,000 were at 23,000 in December.

Members inquired about the timeline for the completion of Audit Wales's investigation into urgent and emergency care and when they could expect to review the report. Jason Killens informed the Board that drafts, or certain aspects of the report were currently with stakeholders undergoing factual checking. Trish Mills advised that Fflur Jones from Audit Wales, who would be attending the meeting later, may be able to give a more accurate timeline for completion.

The Board requested an update on the Consult and Close rate for 999 calls and whether this target could be beyond 15% to the Trust's ambition of 17%. Lee Brooks advised the Board that the current rate was at 14.6%; acknowledging there had been challenges in achieving this particularly within existing resource constraints. The Trust has conducted work to identify if there are any areas to increase productivity which has revealed some variation of performance amongst clinicians. Liam Williams updated the Board on the ongoing work around the increased alignment of the remote clinical workforce; and the shared learning from 999 calls and 111 calls. There was also significant work being undertaken around the enhanced advance and consultant practice, and what that means in the clinical consultant space. Moving forward, the Trust should consider the needs of the patient, their family, and the broader healthcare system. While achieving the target may be possible from the Trust's perspective, it may not necessarily be beneficial for these groups, it might be appropriate to set a lower percentage target.

Andy Swinburn, following a request to provide an update in respect of the Cymru High Acuity Response Unit (CHARU), advised the Board with the following: There have been several discussions regarding recruitment in some of the areas where the Trust was struggling to recruit to get those final numbers. The Trust was on track to get to the 153 FTE to that plan which includes the contribution from the senior paramedics which is equivalent to circa 12 FTE. The challenge was to effectively deploy CHARU, balancing capacity and reaching as many patients as possible without over-deploying. This involves more than just deploying Rapid Response Vehicles (RRV), which potentially it will be compared to, and will require thorough analysis to establish the best deployment methodology.

**RESOLVED: The Trust Board:**

- (1) Noted the report and the progress the Trust was making on actions within its control;**
- (2) Considered whether there were any further actions available to the Trust to mitigate patient harm;**
- (3) Agreed that the target rate for Consult and Close would be a topic of discussion at a Board Development day.**

**08/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)**

Trish Mills presented the report indicating there were 14 principal risks on the risk register. All of the risks were assigned to a Director and all have had the relevant Committee oversight. The scrutiny of those highest risks rated 20 and 25 are drawn out as they are in each of these reports, with more particularity in the Executive Summary. 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) have already been discussed in depth in the previous item.

There is a robust system in place for managing these two risks, the risks are reviewed and discussed at Board meetings, Executive Leadership Team (ELT) meetings and the Quality, Patient Experience and Safety (Quest) Committee who have oversight. The Committee focusses specifically on avoidable harm and compliance issues which drives the agenda accordingly.

Risks 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) were noted; the details of which are included in the Executive Summary. Extensive discussion in recent meetings of the People and Culture Committee and ELT have prompted a review leading to a refocus on stakeholder confidence in long-term strategy delivery, which will shape future actions and controls.

There has also been some movement since the last meeting regarding Risk 163 (Maintaining Effective and Strong Trade Union Partnerships) has increased slightly from a score of 16 to 20. The commentary box in the report provides the context for this change which is attributed to the escalating challenging issues. However, there are also numerous actions underway, and these are expected to be completed in the coming months, indicating progress in addressing the risk.

It was noted that 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) had also increased in score from 15 to 20. It stems from a lack of confidence in releasing vehicles from hospitals. This issue was also discussed at the last Finance and Performance Committee meeting.

With respect to Risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) it was noted that despite reaching its target score the risk will remain in the Corporate Risk Register due to the fluctuating nature of the financial situation. Typically, risks are deescalated once they reach the target score; but this one will be retained for the time being.

The title of Risk 424 has been amended to include a reference to revenue, capital, and staff capacity, and now reads Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP).

Trish Mills concluded that the Trust's Structured Assessment, the next item on the agenda, highlights that the Board has a focus on risks, but there was room for improvement in aligning the Board Assurance Framework (BAF) with strategic objectives. Work continues to refine the BAF and for it to develop into a strategic BAF, which will continue in the coming fiscal year.

Comments:

Jason Killens referred to Risk 163 (Maintaining Effective and Strong Trade Union Partnerships) and noted that whilst the trend for this risk was upward, it did not necessarily indicate deterioration in relationships. The increase in the risk score was likely due to a lot of ongoing activities which can naturally lead to tensions emerging. Having said that, at senior level, relationships and dialogue remained strong and progressive despite the challenges.

Paul Hollard, the Chair of the People and Culture Committee concurred with the comments made by Jason Killens and added that a lot of feedback had been received on good partnership working. Although the score has increased slightly, it was not as concerning as it may appear upon initial examination.

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

- (1) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees;**
- (2) Noted the reduction in risk score of Risk 139 to the target score of eight;**
- (3) Noted the increase in risk score of Risk 594 from 15 to 20;**
- (4) Noted the increase in risk score of Risk 163 from 16 to 20;**
- (5) Noted the amendment to the title of Risk 424; and**
- (6) Noted the ratings and mitigating actions for each principal risk.**

## **09/24 STRUCTURED ASSESSMENT – 2023**

Fflur Jones presented the annual structured assessment and drew the following highlights for the Board's attention.

The report indicates improvement in the Trust's overall governance, and the running of Committee and Board meetings, ensuring there was effective oversight for key risk areas.

As previously mentioned, the Trust has made strides in improving its governance. There are areas which require strengthening such as reviewing outdated policies and optimising the Board Assurance Framework (BAF). However, there are reasonable plans in place to address this in a timely manner.

The Trust maintains robust planning procedures to secure the approval of its Integrated Medium-Term Plan (IMTP). It was felt that the Trust could benefit in ensuring it had a stronger focus on ensuring actions are specific measurable, achievable, realistic and time bound, also, reporting on the delivery of the intended outcomes could also be helpful.

The report also showed that the Trust maintains a strong financial

performance annually and over a three-year span with robust financial planning acknowledging unique risks, such as system pressures and funding constraints. There were opportunities to enhance financial reporting and oversight, particularly in distinguishing recurrent from non-recurrent funding.

Fflur Jones thanked everyone who had been engaged with Audit Wales during this review and noted there had been some really useful conversations, particularly when discussing management responses. Furthermore, it was positive to see that some of the actions had already been completed, including some during the meeting today for example the implementation of a written report by the Chair.

#### Comments:

Trish Mills thanked Fflur Jones for her assistance and support in developing the Structured Assessment. The backlog of policies was acknowledged, and she noted that good progress had been made. If necessary, policy approvals are sought via Chair's Action, a mechanism used where decisions are sought before a meeting of a Committee or a Board, to expedite the process.

The Trust also acknowledges Audit Wales support for its approach to risk and the principal risks while it moves into a transitional BAF and anticipated continued collaboration going forward.

Trish Mills added that an observation made in the report was that members are now providing more support and scrutiny during meetings, which indicates the positive changes implemented since last year. It was encouraging to see these improvements taking effect.

In response to the observation regarding the presentation of financial reports, Chris Turley commented that financial updates and reports are typically presented to the Finance and Performance Committee (FPC) via PowerPoint and then to the Board via a written report. This practice is likely to continue with the potential consideration to share the presentation with the committee a day before the meeting for extra scrutiny, time permitting.

In terms of the Long-Term Strategy framework and measuring progress, the Board queried if there were examples where Trusts, or Health Boards were doing this well. Fflur Jones agreed to ascertain areas of good practice and feedback to the Board at the right time.

In response to an earlier query regarding the timelines for completion of the unscheduled care report, Fflur Jones explained that the first part of the report which focussed on patient flow at hospitals, was currently undergoing factual

checks. It was expected to reach the Board within the coming weeks, with regular updates on progress given to the Audit Committee. Following this, Audit Wales will provide a national summary. Parts two and three covering patient access to unscheduled care and national structures respectively will commence fieldwork in the coming weeks.

**RESOLVED: The Trust Board noted and received the 2023 Structured Assessment.**

**10/24 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 – 2026, Q3/Q4 DELIVERY & ASSURANCE AND THE INTEGRATED MEDIUM-TERM PLAN 2024-2027 IMTP PROGRESS UPDATE**

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

Rachel Marsh presented the report adding that the purpose was to provide the Board with an update on the progress and delivery of actions in the IMTP 2023-26.

Overall, good progress has been made in many areas. Several actions have been paused deliberately as part of ongoing prioritisation of actions or where external factors have inhibited progress. It was noted at the Finance and Performance Committee (FPC) that a review will need to be undertaken of reporting against the IMTP in the next financial year, with the Structured Assessment recommending that a closer link is made between actions and outcomes.

**Comments:**

The Board recognised that the report had been extensively reviewed at the recent FPC meeting.

**Integrated Medium-Term Plan 2024-2027 IMTP Progress Update**

Rachel Marsh outlined Welsh Government's priorities in their planning guidance, emphasising a stronger focus on value and sustainability. The Ministerial Priorities remained consistent with last year. Progress on draft commissioning intentions has been positive with meetings and workshops underway. Going forward, the focus will shift towards finance and its role in enabling these priorities. The next Board development session will involve presenting comprehensive proposals and priorities.

## Financial allocation

Chris Turley highlighted that the Trust was in the process of determining the final quanta to shape future plans in the next week or so. This would be heavily influenced by recent directives issued to Health Boards. He also pointed out that whilst the Trust itself does not receive direct funding through the Health Board process, its Commissioners do. There were also ongoing challenges regarding clarifying funding levels to ensure all necessary expenses are accounted for.

in terms of the next steps, he added that the Executive Finance Group will convene a meeting to outline two or three scenarios for the plan based on various elements. Following this there will be a finance touchpoint meeting with WG finance colleagues. The Trust was expected to submit an Accountable Officer letter by 16 February if it anticipated being unable to balance for 2024/25. Additionally, the final plan and detailed budget, ensuring financial balance will be presented to the FPC in March, followed by presentation to the Board for approval thereafter.

**RESOLVED: The Board noted the overall delivery of the Integrated Medium Term Plan (IMTP) 2023 – 2026, Q3/Q4 Delivery & Assurance, the Integrated Medium-Term Plan 2024-2027 IMTP Progress Update and the SBAR relating to the Trust's accountability conditions (notably the Ministerial priorities).**

## 11/24 FINANCIAL PERFORMANCE MONTH 9

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

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

Additionally, the Board were updated on the following:

Given the ongoing discussions with all the NHS in Wales organisations, the repeated assurances previously provided, and the previous agreement with Welsh Government (WG) to treat this in this way, the Trust continues to not consider any impact of the required funding to cover 2023/24 pay deal costs as a risk. This has yet to be fully recovered from WG due to delays in confirming how all organisations in NHS Wales will do so; however, this is now expected to be confirmed by WG in the next few weeks.

Updated estimates have needed to be submitted this month for some technical items – impairments and depreciation - and are also included in the Welsh Government submission for month 9 (including in part the financial impact of IIS contract cessation). As in all previous years, it is again not expected that this will provide any financial risk in accessing the required funding that will be needed for the costs incurred; in relation to large elements of this, this is due to continuing discussions with WG and Audit Wales colleagues on how best some of the technical items need to be treated.

In addition, it was also assumed the Airwave contract extension will be fully funded by Welsh Government in year and will be a capital requirement, albeit the funding sources from a WG perspective, linked to IFRS16 implementation, may be slightly different.

An update on the Capital programme was given:

At month nine, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is £21.139m. This includes £16.818m of All Wales Approved schemes and £4.321m for Discretionary schemes.

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

Comments:

The Board recognised the significant effort from everyone involved to achieve financial stability, despite the challenges faced by other Heath Boards. Recognition of the hard work was very important, and the Board congratulated the Team, and everyone involved for their dedication and commitment in keeping financial balance.



**RESOLVED: The Board;**

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

**12/24 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)  
NOVEMBER/DECEMBER**

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

The Trust has identified, with senior stakeholders the need to achieve its IMTP ambition of 17% consult and close. Performance had dipped earlier in the year, but has now started to improve again, rising to 14.1% in December, with a corrective action plan in place. Cymru High Acuity Response Unit (CHARU) utilisation is just below 30% and was an area of focus.

111 call answering decreased, as expected over the holiday period, with the call abandonment target of <5% not being achieved in December 2023 for the first time in seven months (13.1%). This was mainly as a consequence of a sharp rise in the number of calls being received during the month.

Staff training and PADRs: PADR rates did not achieve the 85% target in December 2023 (78.16%). Compliance for Statutory and Mandatory training decreased very slightly to 76.55%.

**Comments:**

In terms of the length of overruns, Jason Killens highlighted there had been some progress coming through which is clearly positive and was a measure of success of some of the actions the Operations Team had been working on to improve the workplace experience in EMS. There was still a long way to go, but it should be borne in mind this had been an intractable and difficult problem to overcome. The Board observed a notable improvement in complaint response times from November to December.

Members expressed concern about the high number of amber one category immediate releases being declined. It was asked whether the Trust could

implement anything further to prevent patient harm when vehicles are not released, despite the ongoing conversations at Health Boards.

Jason Killens reminded the Board that the Trust shares its compliance data with immediate release directives as a group and by category. Whilst there has been improvement overall in the Red category with minimal refusal, the sheer volume of Ambers remains a challenge. The focus now was very much on collaboration to enhance patient flow and activity management, prioritising and addressing the root causes of delays rather than focusing solely on Amber compliance.

Following a query in relation to the CHARU and the 30% utilisation, it was asked whether this provided value for money and contributed effectively to the Red performance. Lee Brooks was unable to provide a figure stating that as CHARU numbers grew, it would contribute to the Red performance. However, it was acknowledged that as the CHARUs numbers grew, it was expected to aid in improving Red performance alongside its primary clinical practice role. Daily reports have shown that there are days when CHARU contributed more to Red performance than emergency ambulances. While acknowledging the need to review longer-term data for a comprehensive assessment, there is satisfaction in CHARU's contribution to Red performance. The transition from Rapid Response Vehicles (RRV) to CHARU was based on a clinical benefit model and efforts are ongoing to maximise CHARU's effectiveness. Part of the work involved assessing whether the Trust was deploying CHARU appropriately and if that was the case what would the utilisation output look like.

Andy Swinburn highlighted the complexities of deploying CHARU and RRV. Previously, RRVs were despatched broadly without focussing on the clinical outcomes, whereas CHARU's deployment is more specific, targeting incidents where it can provide significant clinical benefit. However, there is a challenge in balancing utilisation metrics with ensuring appropriate tasking for optimal clinical outcomes. He emphasised the need for a working group to continuously address this complexity and find the right balance. Jason Killens explained that the Trust was transitioning from the blunt arbitrary time measure, to a more targeted approach focused on improving the patient experience and outcomes aiming for a more sophisticated assessment method.

The Board considered and discussed the variation in response times in respect of rural versus urban and the challenges in recruiting for CHARU in rural areas. Lee Brooks accepted there was a CHARU recruitment challenge in some of the rural areas. The Trust was considering a rotational model to determine what it would look like. There are several issues involved included the number of

hours for staff as CHARU was not necessarily required on a 24-hour basis in some of the rural locations. He added it was intended to run a pilot scheme in one of the rural ascertain the type of variations.

Liam Williams added that the Trust had measures in place, on the back of the new legislation that came into force last year to refresh the Quality Management Strategy.

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

## **13/24 GOVERNANCE REPORT**

### **Request to Approve Affixing of the Seal**

Trish Mills presented the report which set out details of the affixing of the Trust Seal, as detailed below, and decisions made in private session. The Board was asked to approve the affixing of the Trust Seal for three separate legal transactions:

1. The renewal Lease of Unit 1A Spring Meadow Business Park, Rumney, Cardiff, CF3 2ES. The parties to this Lease renewal are the Welsh Ambulance Services NHS Trust and Sunflower UK Logistics Propco (2002) Ltd;
2. The disposal of land and buildings lying to the East of Y Gruffydd Road, Swansea (SA2 0GP) to Swansea Bay University Health Board and the need to execute as a deed the engrossment Transfer Deed;
3. The execution of the WAST Control Centre Lease (for additional space) with the Dyfed Powys Police and Crime Commissioner. The parties to the Lease are the Trust and the Dyfed Powys Police and Crime Commissioner (Carmarthen Headquarters, Llangunnor, Carmarthen, SA13 2PF).

### **Decisions in Private Session**

At the closed meeting of the Board on 23 November 2023 the Board approved the Business Justification Case for the 2024-25 Vehicle Replacement programme, for progression to the Welsh Government for funding consideration. At this meeting, the Board noted that the implementation of the business case was subject to funding approval, the value of which was subject to confirmation by Welsh Government.

Also, at the meeting of closed Trust Board on 23 November 2023 the Board approved an authority to settle a clinical negligence case. A further approval to settle was given in a different clinical negligence case on the 08 December 2023. The details of both cases are confidential.

**RESOLVED: The Board approved the affixing of the Trust seal as described and of the decisions made in private session at the 23 November 2023 Board meeting.**

## **14/24 TRUST BOARD & COMMITTEES – 2024/25 SCHEDULE OF MEETINGS**

Trish Mills presented the report which outlined the proposed calendar of Board and Committee meetings for the 2024-25 financial year based on consultation with the Chair of the Trust Board, Non-Executive Directors, and Executive Leadership Team.

There may be some movement around the AGM and annual report pending final details from the manual for accounts. Invitations for these meeting might already be inboxes for these meeting. There were no comments, and the Board approved the 2024/25 schedule of meeting.

**RESOLVED: The Trust Board approved the schedule of dates for the 2024-25 financial year Board and Committee meetings and noted the adaptations to the cadence of meetings.**

## **15/24 BOARD COMMITTEE REPORTS**

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

### **Audit Committee – 30 November 2023**

Paul Hollard, on behalf of the Chair Martin Turner informed the Board of the following points:

Members reflected that the that papers were well prepared, and presenters were clear. It was Martin Turner's last meeting and Chris Turley thanked him for the support and expertise during his tenure as Chair of the Audit Committee, as did Paul Hollard, Non-Executive Director.

Paul Hollard, Chair of People and Culture Committee, had provided an update on the speaking up safely work underway as discussed at that Committee's meeting in November.

In terms of policies, an oversight of the policy plan for the policy renewal was given, noting the progress being made.

An update was received on the revised Audit Tracker with c.30% of all management actions closed in the quarter and a number of historical actions revisited to open up discussions on potential revisions of management actions due to the passage of time. An updated version of the Audit Process Handbook was approved following additions by Audit Wales.

Progress against the 2023/24 Internal Audit Plan was received, and the following four Internal Audits reviews were completed during the quarter and presented to the Committee: Senior Paramedic Role, Records Management, Technical Resilience and Estates Assurance: Estate Condition with the latter being given a limited assurance whilst the rest were reasonable. The Committee noted that the Estates Condition review is being conducted across all seven Health Boards, the Trust and Velindre and that all have been given a limited assurance rated, therefore the Trust is not an outlier.

The Audit Wales Update was received as was the WAST Review of Workforce Planning Arrangements and the national NHS Workforce Data Briefing from the Auditor General for Wales. The Audit Wales Structured Assessment work for 2023 was considered. Planned work for 2024 includes a national deep dive into financial efficiencies and a follow up of the Review of Quality Governance Arrangements will begin in late 2023/24.

The losses and special payments report during the period 1<sup>st</sup> April to 31<sup>st</sup> October 2023 which amounted to £229.4K net payments was received.

The 2023/24 Committee Priority (review of Board member induction programme and annex) was reviewed and is on track.

The Committee reviewed progress against the risk management transformation programme. Areas of focus for the risk management improvement programme plan during 2023 are to deliver a risk management framework as a key enabler of the Trust's long-term strategy and decision making.

### **Finance and Performance Committee – 15 January 2024**

On behalf of the Chair, Joga Singh, Bethan Evans verbally updated the Board on the following points:

The IMTP both in terms of progress on the current plan and planning for the IMTP 2024-27.

A presentation was received on the financial position as at month nine.

A report was received on the Financial Sustainability Programme which demonstrated the great performance already recognised noting the Trust was on target to achieve £6m of savings.

The MIQPR was received which has previously been reviewed at this meeting today.

A report on the digital Key Performance Indicators (KPI) was received noting there was still progress to be made especially around automation. Members also noted that the digital plan was well underway.

A report around environment, decarbonisation and sustainability was received and the Committee were pleased to note the action plan moving in a positive direction.

An update was received on the risks pertaining to the Committee noting that the programme board risks have been reviewed.

The Committee received a report on fire safety compliance noting the good progress being made in this area.

Members discussed the Internal Audit review on the Estates Condition in more detail particularly around the fact that the rating was based on having a lack of funded strategy to deal with the various issues.

An update on the audit tracker was received noting that 17% of the management actions had been closed during the quarter.

Risks under the purview of the Committee were considered in particular, Risk 139 (Failure to Deliver our Statutory Financial Duties) which had reduced in score from 16 to eight. Risk 594 (The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) has increased in score from 15 to 20 which reflects Health Board's declining to include the testing of plans to release ambulances in a recent mass casualty exercise.

Committee priorities were discussed noting they were all on track.

### **Academic Partnership Committee – 16 January 2024**

On behalf of the Chair of the Committee, Hanah Rowan, Professor Kevin Davies updated the Board on the following areas:

The Trust's application for University Trust Status (UTS) has now gone to the

Minister for consideration.

The appointment of Ian Mathieson to the Board and this Committee from 1 April 2024 as Academic NED was welcomed.

Nigel Rees was congratulated on his recent visiting professorship at Warwick University.

Craig Brown Specialist Clinical Lead for 111 (North) shared his personal and professional journey of pursuing a PhD in public health and leadership, with the support of Bangor University and WAST (particularly Mike Brady, Consultant Clinician and Nigel Rees, Assistant Director of Research, and Innovation). Craig highlighted the benefits of this pathway for his own development, the 111 service, and the wider research community within WAST. He also acknowledged the challenges of navigating the academic and contractual processes.

This was the last meeting for Paul Hollard and Martin Turner, both of whom were thanked by the Chair for their support and advice throughout their tenures as members and wished them the best for the future.

The Committee held its effectiveness review, approved its annual report, and endorsed changes to its terms of reference, both of which will come to the Board in May.

The Committee's priorities for 2023/24 were considered which were to scope out the next 12 months of UTS, and to focus on the research governance framework. Both are on track with no escalations reported.

In private session the Committee received feedback from the Health and Care Research Wales Annual Review (as it contained confidential information) and the Trust's response thereto. This was the first-year reporting against the new research and development framework.

Paul Hollard advised that the Committee had suggested that colleagues from the Health and Care Research Wales and the Research and Development division in Welsh Government, meet with the Committee to understand each other's perspectives on research within the Trust.

**RESOLVED: The Board;**

- (1) Received the above Committee Highlight Reports and received assurance that each of the Committees had fulfilled their Terms of Reference, and that matters of concern had been escalated in line with the Alert, Advise, and Assure process.**

## **16/24 MINUTES OF COMMITTEES**

The minutes of the following Board Committees were received.

1. Audit Committee: 14 September 2023.
2. Academic Partnership Committee: 24 October 2023.
3. Finance and Performance Committee: 13 November 2023.

The following NHS Wales Joint Committee update reports were received:

1. Welsh Health Specialised Services Committee Joint Committee Briefing: 21 November 2023.
2. NHS Wales Shared Services Partnership Committee Assurance report: 23 November 2023.
3. Emergency Ambulance Services Committee Summary: 21 December 2023.

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

## **17/24 ANY OTHER BUSINESS**

The Chair noted this was to be Martin Turner's last meeting and thanked him for his contribution over the past several years.

There were two new Non-Executive Directors appointed, Peter Curran and Ian Mathieson, who take up their posts on 1 February and 1 April 2024 respectively.

## **18/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 25 JANUARY 2024**

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 January 2024.**

**Date of next Open meeting: 28 March 2024**

**Meeting closed at 12.27.**



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

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
Minute 07/24	25 January 2024	Progress on Actions to Mitigate Avoidable Patient Harm	A discussion to be held at a Board Development Day regarding the Consult and Close target and consider what was the appropriate target.	Trish Mills	28 March 2024	<u>Update for 28 March 2024</u> This has been programmed in for a Board Development Session in the Summer	Complete
Minute 12/24	25 January 2024	Structured Assessment	In terms of the Long Term Strategic Framework and measuring progress. It was asked if there were any examples of Trusts and Health Boards performing well in this area.	Fflur Jones	28 March 2024	<u>Update for 28 March 2024</u> Each NHS body is working on and it is, of course, unique to the organisation and the objectives they set.  Hywel Dda's long-term strategic objectives are built into their interactive BAF and interactive Performance Assurance Report which ensures regular monitoring of progress. They have built into some long-term outcomes which are displayed in the BAF against each of their strategic objectives, however they recognise that these are also a work in progress.  I also know from my discussions with the team that Cardiff and Vale UHB are currently looking at their arrangements for monitoring and reporting progress to Board	Complete



Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>5</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

## CHAIR'S REPORT

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 March 2024
<b>EXECUTIVE</b>	Colin Dennis, Chair
<b>AUTHOR</b>	Colin Dennis and Trish Mills, Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

## EXECUTIVE SUMMARY

1. Since the last meeting of the Trust Board in January we have welcomed Peter Curran, Non-Executive Director (Finance) to the Board. Peter commenced his tenure on the 1 February. As also reported in January Ian Mathieson, Non-Executive Director (Academic) will be joining the Board as of the 1 April 2024. I thoroughly look forward to Ian joining the Trust Board and supporting their induction.
2. This is the last meeting for Paul Hollard, Non-Executive Director. Paul has been a NED in the Trust since April 2016 and has served two terms on the Board. Paul has been the Chair of the People and Culture Committee since the Committee constituted in 2019. I would like to formally thank Paul on behalf of the Board for his contribution to the Trust over the last eight years and wish him the very best for the future.
3. On 22 February we held a Board Development session where we received a facilitated session from colleagues within the Trust regarding leading safely positive conversations, providing an insight on how to positively engage with individuals with the aim of reducing unsafe acts, unsafe conditions, and recognising good practice in order to continuously improve safety performance. At this Development Session we also had the opportunity as a Board to further contribute to the development of the Integrated Medium-Term Plan for 2024-27. The latter session included discussions around strategic transformation of clinical services.

4. I have been busy since our last meeting in January with the following: -
  - Regular meetings and briefings with Jason Killens, Chief Executive, and other Executives;
  - Regular meeting with the Minister for Health and Social Care together with Jason Killens;
  - Regular meetings with Ceri Jackson, newly appointed Interim Vice-Chair, who herself has been very active in visiting Trust colleagues;
  - Bi-monthly meetings with Non-Executive colleagues to discuss a wide range of issues. Jason Killens joins us for the first half hour of that meeting and briefs us on current pressing matters;
  - Routine meeting with Head of Internal Audit, Osian Lloyd;
  - Panel membership of the WAST Live events;
  - Routine meetings with Trade Union colleagues;
  - Attended the regular Chairs Peer Group (all Health Body Chairs) on 13 February; Furthermore, on the 7 March I attended the Chair's Ministerial Away Day;
  - I have taken the opportunity to visit various Trust sites and colleagues over the last two months, and these include visiting a new vehicle workshop on the 24 January, attending Diversity training on the 27 and 29 February, and joining the Duty Operations Manager in Newport on 1 February and the crews on the Cymru High Acuity Response (CHARU) in the Newport area on 21 February.
  
5. Lastly, I was able to attend the meeting of the People and Culture Committee on the 20 February 2024 to take advantage of the Committee's receipt and discussion of the draft Strategy Equality Plan 2024-28, and other equality related items, which are before the Board for approval at its meeting in March.

<b>KEY ISSUES/IMPLICATIONS</b>
Not applicable.

<b>REPORT APPROVAL ROUTE</b>
Not applicable.

<b>REPORT APPENDICES</b>
Not applicable.

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



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

## CHIEF EXECUTIVE REPORT: 28 MARCH 2024

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 March 2024
<b>EXECUTIVE</b>	Jason Killens, Chief Executive
<b>AUTHOR</b>	Jason Killens, Chief Executive
<b>CONTACT</b>	Jason.Killens@wales.nhs.uk

### EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 25<sup>th</sup> January 2024. 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 28 March 2024.

### REPORT APPENDICES

An SBAR is attached.

### REPORT CHECKLIST

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

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

## **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 25<sup>th</sup> January 2024.

### **BACKGROUND**

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

### **ASSESSMENT**

#### **CHIEF EXECUTIVE**

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, AACE, EASC and senior elected representatives.
- Attending a number of National Commissioning Implementation Board meetings in preparation for the commissioning changes coming into force on 1 April 2024.
- Meeting ORH to receive the interim findings of the latest EMS Demand and Capacity Review. The final report will be presented to Trust Board once received.
- A number of productive workshops have been held with Trade Union partners to further strengthen our joint commitment to work in partnership for the benefit of our people and patients.
- Attending a North Wales Cross Sector Chief Executive meeting to explore collaboration opportunities.
- I was delighted to attend Windsor Castle to receive the Kings Ambulance Medal announced in last years birthday honours list.
- I have held end of year PADR meetings with the full Executive Team.
- I undertook an operational shift with a CHARU paramedic in the Aneurin Bevan Health Board area. A review of the ideal calls and despatch routines for CHARU resources is underway to improve utilisation.
- The Senedd's Equality and Social Justice Committee had begun an inquiry into the findings of the South Wales Fire and Rescue Service's recent culture review. The Committee had asked the Trust to provide written evidence and Angie Lewis and I gave verbal evidence on 18<sup>th</sup> March.

#### **FINANCE AND CORPORATE RESOURCES**

## **Finance**

4. The outturn revenue financial position for the period ending 31st January 2024 resulted in a surplus of £108k with a balanced year end outturn position forecast.
5. The 2023/24 capital programme is progressing, however, the delivery time frame for a few schemes have been delayed. Therefore, a number of capital schemes contained in the 2024/25 programme have been brought forward to mitigate any potential underspend.
6. Tender prices are exceeding original estimates for a number of capital schemes which will increase the pressure on an already constrained capital programme. To date, these increases have been managed within existing budgets and work continues to ensure projects are delivered on budget.
7. The planning for the audit of 2023/24 financial statement is ongoing. The audit certification deadline has been moved forward from 31 July to 15 July 2024.
8. The Finance team continues to play a key part in delivering the significant £6m savings target for the 2023/24 financial year and scope out new and recurrent aspects of this into the 2024/25 financial year and beyond.
9. The Health Board funding allocation letter for 2024/25 was released just before Christmas 2023 and the Finance team have worked through the implications for WAST which has informed the discussions with our commissioners and allowed the development of the 2024/25 financial plan.
10. The Senior Finance Team held a 'Touch Point Meeting' with NHS Executive colleagues on 2nd February 2024 to discuss the emerging themes and assumptions included in the 2024/25 financial plan as well as contributing to wider discussions across NHS Wales.
11. Work has accelerated on evaluating the use of automation along with progressing the development of the Patient Level Information Costing system (PLICs). Both the financial and activity data has been uploaded into the system, and the process of quality checking, reconciling and reviewing this data has commenced to ensure consistency and accuracy. This will be a key underpinning element of the continuing progress on our Value Based Health Care agenda.

## **Capital & Estates**

12. The South East Fleet Workshop has been fully operational since October 2023, with the subsequent disposal of Blackweir in December 2023 and a revenue investment in Blackwood. The temporarily use of vacated space at Blackwood has been made to support the MDVS project for the installation of new vehicle equipment.



13. Discussions continue between NWSSP and the landlord for the new Dolgellau site to finalise the lease as planning permission has been granted. The procurement process is ongoing and further work has been required to respond to market conditions. As yet the programme of works has not yet concluded resulting in slippage in the capital programme which is being managed. That said, it is estimated that the site will be occupied in late Summer 2024.

14. Full planning permission for the new Ruthin site was granted in August 2023, however, tender costs exceeded the project budget. A paper was received at the January Capital Management Board and it was agreed to approach Fire and Rescue Service colleagues to establish an opportunity for partnership working within the current station footprint. At the time of writing a decision was still awaited.

15. A collaborative solution for a replacement Monmouth station continues to be explored with South Wales Fire and Rescue Service and Gwent Police. However, WAST and South Wales FRS have confirmed that the estimated costs exceed achievable budgets, and central financial support may be required to realise ambitions for a collective scheme. In the meantime, the challenges within the current facility continue to be recognised, and the scheme has been identified for prioritisation within the 2024/25 discretionary capital allocation process. It is anticipated that the scheme would look at all options for use of the current site, and what could be achieved within a reduced timescale.

16. A preferred site within Fforestfach, Swansea has been identified and negotiations about a lease agreement are progressing well. The project is currently in RIBA stage 2 and indicative plans have been developed for the site. A resource schedule is in development to quantify the resources required for the initial stages of developing the proposals required for any BJC to Welsh Government.

17. Decarbonisation/EFAB – Work is well underway on completion of all 5 EFAB project schemes. Blaenau Ffestiniog is due to be completed at the time of writing, with the Cardiff, Wrexham and Bryncethin schemes all due to complete by end March 2024. Glynneath works will start after that and will be completed by end of April 2024. Work has commenced on planning for 2024/25 schemes with specifications confirmed and some survey work undertaken so that procurement processes can commence early in the new financial year.

18. A project has been established for Newport Ambulance Station and a Project Initiation Document and Terms of Reference have been completed with initial site searches in progress.

19. The Llangunnor Project Board continues to work to finalise the design and internal layout plans. Dyfed Powys Police are progressing enabling works to allow the Trust to begin works. Final timescales will be confirmed once RIBA stage 3 and 4 have been completed, and the procurement process explored.

20. The North Wales CCC Project Board continues to oversee the required works and associated actions. The estates work package is progressing with the move to RIBA stage 4 and preparation for the procurement process. Initial work to make space available within Ty Elwy and support preliminary works has concluded and some minimal supporting infrastructure work is scheduled for completion by end March 2023.

21. Work has commenced on the prioritisation of schemes for the remaining 2024/25 Discretionary Capital allocation. A number of schemes are considered for prioritisation; notably, Monmouth, Bangor Workshop and Thanet House and a further update on this process will be provided to the Finance and Performance Committee.

22. Work is also being undertaken to provide an indication of Trust's requirements against the All Wales Capital Programme for the next 10 years. There will be a number of estates schemes included within this, in line with the Welsh Government endorsed Estates SOP (refreshed March 2021), alongside a prioritised list of decarbonisation schemes required to achieve the Decarbonisation Action Plan objectives.

## **Fleet**

23. In relation to the 2023/24 element of the 2022/23 fleet programme, only the following remain outstanding:

- 15 Ford Transit Customs, initially ordered in April 2022, have been received and delivered to the nominated convertor. Confirmation has been received that the conversions of these are scheduled for May 2024.
- 22 Renault Masters also ordered in early 2022. Eleven were converted into stretcher bearing vehicles and are in operation. The remainder were converted into double wheelchair accessible vehicles and are being commissioned.
- The 2023/24 Fleet BJC which contained further potential for decarbonisation and EV initiatives was approved by the Board in November 2022 and submitted to Welsh Government. The level of funding provided was significantly less than required. The reduced funding instigated a detailed re-prioritisation process, and the result of that work is that the Trust made the decision to order 41 Emergency Ambulance chassis.
- Those 41 Mercedes chassis have been delivered to the nominated contractor and delivery is expected to begin this month.

24. The 2024/25 Trust Board approved Fleet Replacement Programme and BJC was submitted to Welsh Government in November 2023 requesting funding for the replacement of 157 vehicles at a cost of £24.4M and a decision is awaited.

## **OPERATIONS DIRECTORATE**

### **111 CAS Replacement**

25. Since the SALUS software was unable to progress, the Trust must replace the existing CAS system before the contract expires in May 2024. It would normally take 12-18 months to complete such a large programme of work.

26. The chosen system is C3 from MIS which mirrors our system in 999, ECNS for clinical triage (the same as 999 Clinical Service Desk), and CPSS for non-clinical triage. CPSS is a version of ECNS written for non-clinical call prioritisation. These three products will work seamlessly together, as they do in our 999 system, and are much more modern in operation and capability. A significant amount of work has already been undertaken by ICT, Operations, Procurement and Finance teams before Christmas to enable the purchase and is now work is being undertaken across Operations, ICT, Training, Clinical, Health Informatics and Governance to install and prepare the system to go live on 30<sup>th</sup> April 2024.

27. The programme is on track, training is underway for over 300 staff, new procedures are being written, 54 CPSS protocols are being reviewed, around 50 servers continue to be installed across our sites and fallback centres. Collaboration with Health Boards also continues so they can ready their systems to accept electronic patient information. Initial feedback from the 111 teams trained so far is the new system is much more modern and easier to use and they are looking forward to its implementation.

### **EMS Coordination Reconfiguration**

28. On 17th January 2024, the Executive Leadership Team approved the recommendations within the EMS Coordination Reconfiguration paper and provided the authority to proceed with the Organisational Change Process. The EMSC Reconfiguration Project has been reinstated and the necessary governance framework is being put in place to reflect the agreed proposals.

29. In essence, there are four interrelated components of the EMSC Reconfiguration project. The first is the development of a Single Allocator Model, which was an ORH recommendation emerging from the Demand and Capacity Review in 2019 and was reaffirmed in the September 2023 ORH review. The second, which also emerged from the original ORH report, is the need to review the current boundaries and desk alignment to ensure a better equity of workload across areas. The third element is the review of the existing rosters. While the EMDs (call taking) rosters have been reviewed and changed in early 2023, the remaining roles have not, and to ensure that the rosters are fit for purpose for both colleagues and the organisation, it is prudent to review the existing roster pattern.

30. Finally, the fourth component is the development of a new structure for EMS Coordination that offers career progression from Band 3 through to Band 8C within

the EMSC environment. Working groups have been established and EMSC colleagues have been encouraged to become involved to help shape the necessary changes. It is anticipated that the OCP process will support the delivery of the necessary changes by the end of Q2 2024/2025, which will be aligned to the Bryn Tirion relocation into Ty Elwy.

### **Relocation of Staff from Bryn Tirion**

31. Since the update to Trust Board on the 25th January, further progress has been made with plans for Snowdon House and Ty Elwy shared with colleagues for comment and which have since been signed off by the Project Board and will progress to the next stage in the capital process. Alongside this, a group has been set up in partnership to set out how the small number of spaces identified in Snowden House in Bangor can be maximised. The options will be presented to Project Board within the next few weeks and shared with staff.

### **Quality and Support Days**

32. The EMS and Ambulance Care teams have conducted two Quality & Support Days. The sessions, which have received positive feedback, have allowed for over 450 separate discussions on quality and safety to take place across Wales. Topics for the discussions have included subjects such as vehicle checks, seat belt compliance, uniform standards and shoreline availability. Both managers and team members appreciated the opportunity to engage in meaningful discussions and further sessions are planned throughout the year.

### **CORPORATE GOVERNANCE**

33. The Board Secretary has had a title change to Director of Corporate Governance /Board Secretary which is aligned to peers in Health Boards and reflects the broader governance work of the Directorate.

34. Annual effectiveness reviews have been conducted for all Committees of the Board except for Audit Committee which will take place in April. Following this the Board will receive the annual reports for all seven Committees and WASPT at its May meeting following their review by Audit Committee.

35. The policy review work plan for 2023/25, overseen by the Executive Leadership Team and the Audit Committee, is on track. The Trust's Policy for Policies is undergoing a 'light touch' review and will be presented to Audit Committee and Trust Board in April 2024 for approval.

36. The Risk Management Transformation Programme has entered its third year. Areas of focus for 2024/25 are to deliver a strategic BAF that reflects more closely the Trust's strategic objectives against its long-term strategy – Delivering Excellence: Vision 2030.

Work has commenced, with external support, to review best practice BAFs, the development of a series of strategic risks and risk appetite statements.

37. The Risk Management Policy was endorsed by the Audit Committee and is before the Board for approval. Delivery will be supported by Risk Management procedures and the roll out of a programme of education and training across the Trust.

38. The Covid-19 Public Inquiry continues with the public hearings for Module 2B underway from 27th February 2024 to 14th March 2024. This module deals with core UK decision-making and Political Governance and addresses the strategic and overarching issues from a Welsh perspective. The Trust is not a core participant for this module; however, a statement has been submitted in response to a Rule 9 request received from the Inquiry in May 2023. Baroness Hallett has announced that Module 3's public hearings will run for 10 weeks in London split by a two-week break from the 9th September 2024 to 28th November 2024. The Trust is a core participant for this module and is finalising the statement for submission to the Inquiry.

39. The preparation of the Trust's 2023/24 annual report is underway which includes the performance report and the accountability report. The Trust will be required to prepare and publish a Duty of Quality and a Duty of Candour report for 2023-24. The Audit Committee approved the timetable and the proposal to hold extraordinary meetings to take account of the audit certification deadline of 15th July 2024.

40. The Welsh Language Team met in January to review the direction of travel of the Trust's first Welsh Language Policy which underpins the Trust's Welsh Language Framework. Discussions included the development of a Welsh language standards baseline, a rolling communications plan to staff to increase awareness of Welsh language, development of a feedback mechanism from patients via PECL, and a proposed Board Development programme and tools for Board and senior leaders.

41. In February the People and Culture Committee noted Welsh Governments' More Than Just Words Annual Report 2022-23 and received assurance against the Trust's progress in delivering its commitments to the plan that included a summary of the 111 Service's Welsh call answer improvement plan.

42. Our annual meeting with the Welsh Language Commissioner's Office held in Ty Elwy in February was positive, with the Trust being asked to share good practice on call answering in Welsh in the 111 service, and our work on bilingual recruitment which was commended.

## **STRATEGY, PLANNING AND PERFORMANCE**

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

43. The main area of focus for the Planning Team over the last two months has been the development of the Trust's Integrated Medium Term Plan for 2024-27. During this

period we have been refining our priorities for the next three years, taking into account the feedback from our ongoing programmes of work, directorates, our people and from our engagement with the public. We have met with the Board and across the senior ADLT and ELT to finalise priorities which include:

- How we advance digital opportunities.
- Developing our future service model and offers to the system across all our services.
- Our ongoing commitments to our people.
- A focus on value and sustainability, including how we further adapt to climate change and play our part in a sustainable future for Wales.
- How we work with our system partners and collaborate to develop health and care services fit for the future.

44. The Planning and Transformation teams have continued to drive forward change through our IMTP delivery programmes, with progress being made on a number of workstreams which are set out in the IMTP delivery report on the agenda. A key success is the EMS Operational Transformation Programme which has delivered significant growth and change following the 2019 Demand and Capacity review and having now achieved its objectives and will soon be closed. The Transformation team have recently welcomed some new project managers on secondment into the team from other parts of the organisation giving the transformation programmes a wider insight from clinical, operational and corporate departments in that project management role. A senior role has also been created in the team enabling succession opportunities throughout all levels of the Planning and Transformation structure.

45. The Assistant Director of Planning & Transformation has been leading a piece of work to undertake detailed reviews of all of our services (frontline and back office) across the Trust. This Service Review will make recommendations to the Executive Team in 2024/25 about where there are opportunities to be more efficient and make the most of the resources we have in the Trust. It will give us a real understanding of the activities that we undertake and how we are organised so that we make improvements for the benefit of our patients and our people.

46. The Planning Team has continued to engage with Health Boards on significant service change, particularly regional changes that impact on the way in which our ambulance services will have to work. Recent rapid changes have included supporting ward moves between two hospitals in Aneurin Bevan and temporary changes to Interventional Radiology in South Wales. However, we also engage and monitor a range of strategic changes across the country and in England which are at various stages of development. The Planning Team also engages on local commissioning decisions linked to the Six Goals programme for urgent and emergency care, continuing to champion the role WAST can play in managing its patients differently in each area, to benefit patients and the wider system.

## **Commissioning & Performance**

47. The strategic five year EMS Demand & Capacity Review is nearing completion with formal reporting due in Quarter 1 2024/25. The review includes quantified modelling of the inverted triangle for EMS. A significant range of other modelling has been undertaken recently, for example, Manchester Arena Inquiry related scenarios, changes to the Grange University Hospital transport model and spring modelling. A current area of focus is modelling what EMS performance might look like in 2024/25, based on the Trust's IMTP deliverables and different levels of handover lost hours. The team is also supporting the Operations and the Medical Directorates with forthcoming roster reviews of our expanding APP workforce and NEPTS transport, whilst the modelling outputs from the UCS strategic review are now being implemented by Ambulance Care. The Trust's arrangements for forecasting and modelling will be subject to their first ever internal audit in 2024/25

48. The team continues to service the high number of routine accountability meetings the Trust has with key external stakeholders, ensuring ELT members have strong papers that articulate the Trust's position, including the recent Welsh Government Integrated Quality, Planning & Delivery (IQPD) meeting, which was positive. In addition to the routine quality and performance reporting this quarter has seen a focus on responding to draft commissioning intentions for 111, EMS and NEPTS respectively, which then connect into the Trust's IMTP 2024/27. The new Joint Commissioning Committee (JCC) will commence from 1 April 2024. The first quarter will be transitional with the existing commissioning meetings staying in place.

49. The team has also been working on the Quality & Performance Management Framework, working alongside QSPE colleagues, with a strong connection to the Duty of Quality. The Q&PMF will also be subject to internal audit in Quarter 1. The team has also been working on ad-hoc performance, for example, a deep dive into APP reporting and performance in Powys.

50. Finally, the team is in the final stages of the EMS Operational Transformation Programme which is due to conclude in March 2024.

## **Strategy**

51. Since the last update at the end of January the Strategy team has focussed on the continued development of the organisations future service model. Work has commenced with graphic designers to develop a series of visuals including a high level design of the evolving integrated service offer. Further Test of Change PDSAs were undertaken in January, focussed on APP Flooding and joint working with the APP Navigator model in SBUHB. A further PDSA has been completed to test the Early Clinical Screening concept. The evaluation reports are currently being compiled and key recommendations being finalised.

52. Work has continued to engage with key system stakeholders to showcase WASTs strategic opportunities to support the system. Engagement opportunities have included presenting to the Six Goals Programme Board and a separate meeting with the Six Goals Transformation leads. The team also supported an all day collaborative workshop with colleagues from ABUHB to identify opportunities to reduce ED attendances. The workshop was successful with a range of joint actions agreed to enhance pathway availability for NHS 111 & CSD, and opportunities to bolster the Falls Level 2 response and seek to increase APP training spaces and overall numbers adopting a rotational model. Following the completion of a recent internal audit into 'Strategy Development', the Trust received a 'reasonable assurance' rating.

## **QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE**

### **Safeguarding**

53. In recognition of more than 36 years of service and dedication to the NHS I wish Nikki Harvey well on her well deserved retirement on the 31 March 2024. Nikki has been the Head on Safeguarding in WAST for almost a decade, during which time she has not only shaped and driven the safeguarding agenda but has influenced this critical service at a national level. Throughout her years of service, Nikki has touched and saved countless lives both directly and indirectly through her commitment to nursing and safeguarding. Her experience, dedication and passion will be greatly missed.

### **Publication of peer reviewed article on the MHP work in CSD in the RCN Emergency Nurse Journal:**

54. Demand for ambulances has increased significantly in recent years due, for example, to ongoing public health issues and lack of availability of alternative healthcare services. However, as demand increases, so too do ambulance waiting times, partly due to significant pressures on Emergency Departments (EDs) resulting in handover delays. People experiencing mental health distress who cannot access the care they need often contact Ambulance Services or present to ED. Ambulance Trusts across the UK are attempting to address this by employing Mental Health Professionals (MHPs) in various capacities. In this article, the authors explore some of the issues related to mental health related calls to 999 Services. The authors describe a service improvement initiative in Wales which involves MHPs working in 999 call centre Clinical Support Desk to improve the quality of care delivered to people with mental health issues and reduce demand on Ambulance and ED Services. Reducing the burden on Welsh ambulance services and emergency departments: a mental health 999 clinical support desk initiative ([rcni.com](https://rcni.com))



## **Mental Health Response Vehicles Pilot with Aneurin Bevan University Health Board**

55. The Mental Health Response Vehicle (MHRV) pilot support's the Trust's initiative to invert the triangle and avoid ED conveyance. Mental health patients spend an average of 5 hours waiting in ED and are twice as likely to be there for over 12 hours. A MHRV Service further supports the excellent work done by the Clinical Support Desk where MHPs deliver a hear and treat function (which has almost quadrupled historic mental health patient consult and close rates). The see and treat MHRV Service have reported 77% consult and close rates. WAST is currently working in partnership with Aneurin Bevan University Health Board in delivering a 10 week MHRV Pilot operating Friday - Sunday 13:00 - 01:00 in the Gwent area. The Pilot is staffed by our personnel who provide a peripatetic mental health crisis assessment with the aim of providing and diverting people to appropriate mental treatments and pathways. At present 75% are treated at scene, 11% conveyed to mental health support and 14% conveyed to ED for physical treatment.

## **Institute of Occupational Safety and Health (IOSH) Magazine Article**

56. The Institute of Occupational Safety and Health covered the Trust's Working Safely Programme in their January/February 2024 edition of their IOSH Magazine. The article noted the buy in and support of the Trust Board and Leadership Team has been crucial to the Programme's success in making substantial improvements in the Trust systems of health and safety. Whilst we continue to strive for improvements, the article has been well received by wider sectors.

57. The article has led to Nicola White, Head of Health and Safety being appointed to the Editorial Board of the Safety and Health Practitioner Magazine. The Magazine seeks to inform and improve health and safety practice across all sectors. Nicola's appointment will provide focus and expertise on the issues effecting staff in the health care sector, as well as behavioural change and management systems in challenging environments.

## **Putting Things Right**

58. The Putting Things Right (PTR) Team were awarded the Chairmans Award in the 2023 Staff Awards for their work liaising with patients and families and in identifying incidents where events have not gone as planned. It was a great honour for the team to be recognised by the Chairman for this important work.

59. The PTR team have also implemented the Duty of Candour in the Trust, as part of the Quality Act which came into force in April 2023.

60. The PTR team have seen the introduction of Medical Examiner Service and initiated the Learning from Deaths Group in WAST which will form a vital part of the Trusts endeavour to continuously improve its services and learn lessons. This work has seen

a huge increase in the PTR workload. That said, the team has been through an Organisational Change Process and in the final stages of recruiting into new posts.

### **Celebrating our Dementia programme at Alzheimer's Disease International Conference**

61. The Dementia Team are delighted to be representing the Trust at the 36th Global Conference of Alzheimer's Disease International on 24 - 26 April 2024. We have been selected to share 2 dementia improvement projects at the Conference, including our work to create more optimal dementia friendly environments and how we use reminiscence therapy technology to support people affected by dementia. This great opportunity is allowing us to share and celebrate our work at an international level.

### **PARTNERSHIPS AND ENGAGEMENT**

62. Significant political and stakeholder interest in a broad range of issues remains, and work to engage stakeholders on the Trust's longer term strategy is underway, with support from the Consultation Institute. A reputation audit to test the views of stakeholders about the way the Trust delivers services and works in partnership will get underway shortly. Meanwhile, a public-facing survey to gather views on the way the Trust uses social media is in train and will help to shape the way we use social media in the future.

63. Media relations work has focused on activity which will generate interest and support for the strategy. Broadcast opportunities on the horizon include a collaboration with Channel 5 to spotlight the new Community Welfare Responder role, which supports the ambition to provide the right care in the right place at the right time. Talks are also in progress with BBC Wales about a package to explore how Advanced Paramedic Practitioners are keeping more patients at home, and the technology which supports them to do that.

64. February marked the Trust's annual Defibuary campaign, designed to educate the public about the importance of early CPR and defibrillation, while LGBT+ History Month presented an opportunity to recognise and celebrate the value of a diverse workforce. World Cancer Day afforded Non-Executive Director Paul Hollard an opportunity to share his lived experience of prostate cancer in a bid to help others.

65. From June, the Trust will be a public body covered by the Well-being of Future Generations (Wales) Act, which gives us the ambition, permission and legal obligation to improve our social, cultural, environmental and economic well-being. Work to develop and publish the Trust's wellbeing objectives is in progress, and the Director of Partnerships and Engagement will convene and oversee a task and finish group to achieve these objectives; which is also an action in the Integrated Medium Term Plan.

66. The Director of Partnerships and Engagement and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder

engagement is regularly reviewed in this context. Work has been undertaken to review the corporate risk around reputation, which remains at 20, with a refreshed narrative and a review of controls and gaps.

67. The first Head of Charity role for the WAST charity is currently being banded and will be out to advert as soon as the banding process is complete.

## **CLINICAL DIRECTORATE**

### **Return of Spontaneous Circulation (ROSC) Deep Dive**

68. In November 2023, ROSC at hospital performance was at 22.2%. This further declined in December and January to 13.9%, with a slight rally in February to 14.7%. As a result of this decline, work is underway to determine the reason or reasons that this might be the case. ROSC at hospital is a complex indicator that relies on the system working as effectively as possible to implement the full chain of survival. In addition, we are looking closely at ePCR data to determine if the data has been correctly inputted, if case selection has been optimised and if patterns are emerging from this analysis. We will be reporting this analysis through the Clinical Intelligence and Assurance Group for the April 2024 meeting.

### **Visit from South East Coast Ambulance Service (SECAMB)**

69. The Clinical Directorate hosted a visit from ambulance colleagues in SECAMB at the end of last year where WAST was able to share its strategic direction and aspirations for growing the community care offering. The discussions focussed around the value that Advanced Paramedic Practitioners have brought and the expected additional future benefits.

### **Maternity Improvements**

70. Steve Magee, Consultant Paramedic and Regional Clinical Lead has been central to some of the excellent developments in the pre-hospital maternity care setting, many of which have been in collaboration with Bethan Jones, the Trust's Local Safety Champion for Maternity and Neonatal care. The pair recently presented at the PERIPrem Cymru 1-year celebratory event where they showcased some of the fantastic work our people have been doing, including the management of premature births and the introduction of the newborn thermoregulation equipment.

71. Steve and Bethan have also been working closely with the health boards to implement a 'RED' phone initiative into maternity units which allows staff direct access to pre-alert obstetric emergencies as efficiently as possible and the introduction of a National Maternity Early Warning Score (MEWS Cymru). Steve has also been appointed as the co-chair of the 'National Pre-Hospital Maternity and Newborn Care Leads Group', a group that has representation from every ambulance service in the UK and

reports to NASMeD, AACE. Their current focus is re-writing the maternity sections of the JRCALC clinical practice guidelines.

### **Data Integration Group (DIG)**

72. To support our key objective of the right care and advice, in the right place, every time by delivering quality driven, clinically led and value focussed services, the Trust recognises the need to develop an ecosystem that combines data sources for a unified view of our functions. Such a development to provide 'one version of the truth', will involve combining data from the various Trust sources. This is significant when considering developing our services for improving and protecting the health, care, and well-being of the current and future population of Wales.

73. The Data Integration Group (DIG) will be responsible for the development of a dashboard based ecosystem which will deliver several benefits to include:

- Consolidation of Patient and Stakeholder Engagement.
- Enhanced Decision Making.
- Real-time Insights and Responsiveness.
- Clinically Driven Allocation of Services.
- Unified Data Governance.

74. These will enable all staff and stakeholders to gain a greater understanding of our services and support the improvement and transformation of care provision.

### **Cymru High Acuity Response Unit (CHARU) Update**

75. The CHARU task and finish group was established to deliver the education and training requirements for this new and exciting role. A three-day course developed and delivered by members of the Clinical Directorate and Senior Paramedics was based around both technical and non-technical skills such as cardiac arrest management, major trauma, additional clinical equipment and the use of new medicines for enhanced analgesia. To date, over 110 paramedics and 46 Senior Paramedics have successfully completed the course.

76. The group also provided oversight for the transition of the existing 71 staff on a permanent RRV position which expanded the full recruitment of the 153 staff required. To date there are 101.7 WTE paramedics on CHARU and with a contribution from Senior Paramedics of 12.69 WTE, this leaves 38.61 vacancies with 11 paramedics due to begin their course at the beginning of May. The task and finish group currently reports into the EMS Operational Transformation Board but is now changing the focus from education/training and recruitment to operational delivery and benefits realisation. This has resulted in the establishment of a new steering group that will report into the Senior Operations Team.

## **WAST visit to London Ambulance Service (LAS)**

77. Peter Green, Clinical Development Lead and Ryan Higgins, APP recently visited LAS to gain an insight and understanding of their Emergency Operations Centre (EOC) and the role of their APPs within the dispatch model. Notable differences between the two services were seen from the number of 999 calls received, the number of resources allocated to calls and little to no hospital delays. All of which subsequently impacts the dispatch model and the outcomes for the patient. Additionally, the model used in LAS for APP clinical supervision appeared to be very supportive of the rotational model used. Visiting the LAS team was extremely beneficial in informing and understanding the possibilities for the future use of APPs in WAST.

## **Research and Innovation**

78. The Paramedic3 Trial remains active across Wales and has recruited 161 patients to date with a total of 310 Paramedics trained. The Clinical Research and Innovation team are monitoring survivors, completing consenting procedures and the 3 and 6 month follow up reviews. Recruitment was planned to complete April 2024 but has been extended to continue until August 2024.

79. The RAPID2 project is currently active in South Wales. Fifteen paramedics have completed Stage 3 theatre placements and are fully trained to commence with patient recruitment for the trial. There have been 4 successful recruitments to the projects to date. Further training sessions are being scheduled and drug packs on stations are being closely monitored.

80. The Research & Innovation Department has successfully recruited a fourth Clinical Research & Innovation Officer and the candidate will be joining the team to work on the current active project portfolio by the end of March 2024.

## **DIGITAL SERVICES**

### **Mobile Data Vehicle Solution Update**

81. The Mobile Data Vehicle Solution (MDVS) continues to be deployed, with over 431 EMS vehicles now fitted with the new technology. The Trust has the second highest number of vehicles installed across all UK Ambulance services, with only Yorkshire Ambulance Service, an original pilot site, ahead of WAST.

82. In addition to the EMS deployment the dedicated solution for the Non-Emergency Patient Transport Service (NEPTS) has completed Service Acceptance Testing with 5 vehicles installed and now in the live operational pilot stage which is scheduled to run to April 2024.

83. We remain on track to conclude the MDVS deployment, across the entire fleet by summer 2024.

## **Data and Analytics: Integrated Care Reporting**

84. The Health Informatics data and analytics team have worked with senior leaders in the CSD to build a Power BI dashboard that offers team leaders and individuals information on their activity during a shift, helping improve ways of working, create consistency in productivity, and enable us to report more accurately on outbound telephony for remote assessment and consultation. Additionally, the team have developed a 111 courtesy call back dashboard to support the rapid implementation of this new telephony feature, further enhancing the visibility of information in Integrated Care.

## **Data and Analytics: Clinical Dashboarding**

85. The Clinical Data Engineering and Analytics team within Health Informatics recently developed and published the ETCO<sub>2</sub> (End Tidal Carbon Dioxide) dashboard in support of the Clinical Directorate and in response to the findings of a coroner's court inquiry into the death of a patient. The ETCO<sub>2</sub> dashboard is a web-based application that allows clinicians and managers to track and review the records of patients who have received airway management from WAST. It is designed to address the recommendations of the coroner and support monitoring and auditing of airway management devices to improve the safety and quality. Analysis and insight provided within the dashboard include: visualisation of the frequency, distribution, compliance and trends of airway management devices; details of the device, outcome and complications for individual patients; evidence of adherence to best practice guidelines and protocols; and access to non-compliant ePCRs for review.

## **ICT: CAS Replacement**

86. The department has prioritised the CAS system upgrade. In January, we established three training environments, enabling staff training to begin in mid January. Furthermore, Beacon House was equipped with an extra training room on short notice to increase our training capacity.

87. Presently, our efforts are concentrated on developing the operational environments at both data centre locations and coordinating with multiple suppliers to secure data integration with other NHS systems. This phase is progressing according to plan and is expected to be completed by the end of March, setting the stage for comprehensive system testing in April.

## **ICT: Connected Support Cymru (CSC)**

88. The directorate continues to support the CSC programme and recently have been working with Luscii to prepare the governance and equipment kits to go out to care homes as part of the initial trial due to commence in March.

## **ICT: Infrastructure Improvements**

89. Work continues to migrate systems to the new data centre infrastructure which will enhance both the availability and resilience of these systems. Further works is ongoing to improve network capacity, wifi connectivity and our cyber posture. Support has also been provided to a number of Estates projects and fleet replacement programme.

## **PEOPLE AND CULTURE DIRECTORATE**

### **Culture**

90. In alignment with our commitment to equality, diversity, and inclusion, we are pleased to share that our Strategic Equality Plan 2024-2028, Gender Pay Gap Report, and Workforce Equality Monitoring Report for 2022-2023 were recently endorsed by our People and Culture Committee. Subject approval at today's meeting, these will be published on 31<sup>st</sup> March 2024.

91. Our ambition to amplify and celebrate the voices of all our people remains absolute and we're pleased to share that work is underway to analyse and understand the Trust's high level results of the recent NHS Wales Staff Survey. This information will help us further refine the specific actions within our People and Culture Plan, to enable cultural transformation and realisation of our 'rich picture' vision.

92. As per our IMTP objectives, a flexible working survey was recently launched, with the aim of gathering information from Operations colleagues on their experience of flexible working (including application and outcome). In addition to the survey, we also facilitated two virtual sessions on 28th and 29th February; these were open to all WAST colleagues and aimed to gather views, opinions and suggestions on the current flexible working culture across WAST. We're now working to revise guidance and support managers based on the intelligence gathered from these exercises, with the ultimate aim of improving the workplace experience for all of our people.

93. We recently celebrated International Women's Day across the Trust, facilitating an engaging Q&A session with some of our female senior leaders and a dedicated 'Women in Tech' symposium. We also shared 'shout outs' for numerous female colleagues, nominated and shared by individuals across the Trust.

94. There are several 'Team Cultural Review Projects' underway in operational areas that are critical in supporting WAST's service delivery transformation. These are being facilitated with support of internal teams and in one area we are working closely with an external partner, Honne, who specialise in organisational culture work. At the heart of this, is our goal to create a work environment where each team member can flourish, contribute their best, and feel a genuine sense of belonging. We know the significance of a healthy team culture in driving our collective success and we recognise the demands placed on services at this time. The reviews are an opportunity for colleagues

to have their voices heard, to talk about their experiences, put ideas forward and help us to work together to shape the future.

## **Capacity**

95. One of the fundamentals of our People and Culture Plan is the core belief in nurturing the potential of all of our people. To this end, we are pleased to share the imminent roll out of a series of Carer's Support Events throughout 2024, underlining our commitment to support our staff both within and beyond the workplace. With the impending enactment of the Carers Leave Bill in April 2024, our people will be able to apply for an additional week of unpaid leave to support with caring duties.

96. In alignment with our ambition to ensure the wellbeing of our people, we are pleased to share developments in terms of our organisational offering. Further support for those affected by menopause, guided by the latest directives from EHRC will soon be available and our forthcoming financial wellbeing resources, developed in collaboration with HEIW, aim to support colleagues affected by the current economic landscape. Additionally, Occupational Health colleagues recently undertook an audit around measles immunity across frontline colleagues and found that over 70% of staff had evidence of immunity to measles. Letters have been sent to those without documented evidence, to invite them for immunisation review and/or MMR to ensure they are protected.

97. Our ESR optimisation programme is underway, led by the NWSSP Digital Workforce Solutions Team. As part of this programme of work, we are reviewing and enhancing our ESR data, refreshing and standardising current interactions with the ESR system and implementing unused functionality, contributing to more accurate workforce information and better decision-making. This is a clear demonstration of our commitment to "getting the basics right" and improving the digital experience for our people, and runs alongside the national work underway to procure and implement a new workforce information system, to replace ESR.

## **Capability**

98. Our new Equality Impact Assessment Policy has been shared with networks and the EDI Steering Group for feedback, with plans for review by the Policy Group in March. We've also formed an All Wales EqIA sub-group to streamline procedures across NHS Wales and develop a shared EqIA library, aligning with our goal of efficient processes. We continue to roll out further EDI training, including Active Bystander and Allyship Training; this is crucial to support our work on creating a psychologically safe work environment and to embed desired behaviours, shift staff attitudes, and deepen understanding of challenges faced by vulnerable groups.

99. The Strategic Workforce Plan project has facilitated workshops to enhance managers' capabilities in workforce planning, with a recent focus on scenario planning exercises. Our work to develop our organisational Strategic Workforce Plan continues



and is due to be shared at the May People and Culture Committee meeting, for endorsement.

100. Preparations are underway for the upcoming Leadership Symposium taking place on 10th April, with a focus on elevating safety, wellbeing and excellence through leadership and Human Factors. This rolling development programme for our senior leaders and managers aims to equip colleagues with the necessary knowledge and skills to effectively support teams and is a key component of our People and Culture Plan, linking to our ambition to create a supportive, positive workplace experience for all.

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



GIG  
Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
NHS  
Welsh Ambulance Services  
NHS Trust

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

**Actions To Mitigate Avoidable Patient Harm in The Context Of Extreme And Sustained Pressure Across Urgent And Emergency Care**

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 <sup>th</sup> March 2024
<b>EXECUTIVE</b>	Jason Killens, Chief Executive
<b>AUTHOR</b>	Jason Killens, Chief Executive
<b>CONTACT</b>	Jason.Killens@wales.nhs.uk

**EXECUTIVE SUMMARY**

1. At its July 2022 meeting Trust Board received and discussed a report relating to avoidable harm. The original report was accompanied by a supporting action plan designed to mitigate patient harm. Updates have been provided at every subsequent Board meeting.
2. Good progress continues to be made on actions that the Trust can control both from a tactical and more strategic perspective; however, the Trust does not control the biggest variable that is affecting patient safety, namely, the levels of handover lost hours with handover lost hours in February 2024 at nearly 24,000 hours.
3. Long response times coupled with extended lengths of time in ambulances waiting for handover leads to harm. For the 3-month period December 2023 to February 2024;
  - 1,718 patients could have come to severe harm as a result of being held on an ambulance for longer than an hour outside an ED;
  - 28,367 patients will not have received a response due to the operation of the Clinical Safety Plan or through the patient cancelling the ambulance; and
  - There were 38 severe cases of avoidable harm, including death, referred to health boards under the Joint Investigation Framework.
4. This report sets out the actions that are being taken to mitigate and reduce risk and harm.

**RECOMMENDATIONS: The Board is asked to:**

- (1) **NOTE the continued level of avoidable patient harm; and**
- (2) **CONSIDER whether there are any further actions available to the Trust to mitigate patient harm.**

**KEY ISSUES/IMPLICATIONS**

As outlined in the Executive Summary above.

**REPORT APPROVAL ROUTE**

Date	Meeting
20 Mar-24	Executive Director of Strategy, Planning & Performance & Executive Director of Operations
28 Mar-24	Trust Board

**REPORT APPENDICES**

Appendix 1 – Action Plan Progress Update Status

**REPORT CHECKLIST**

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

## SITUATION

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

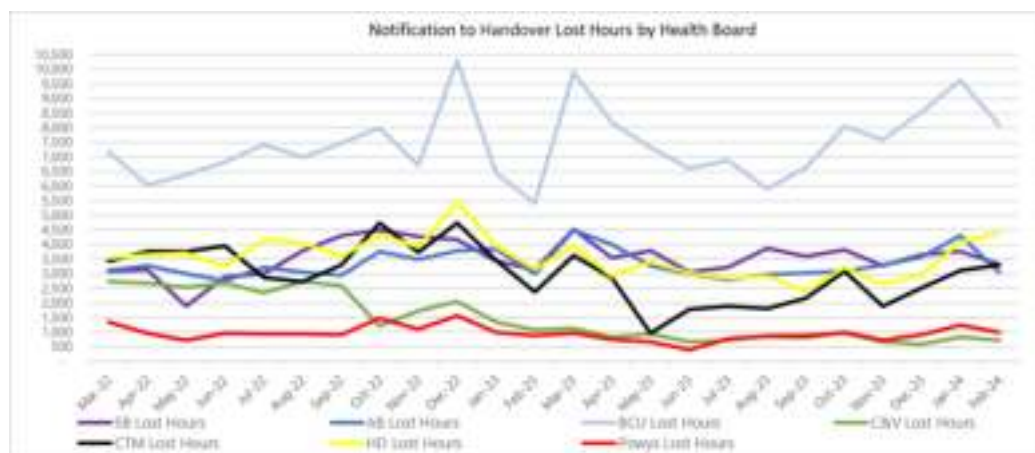
## BACKGROUND

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

## ASSESSMENT

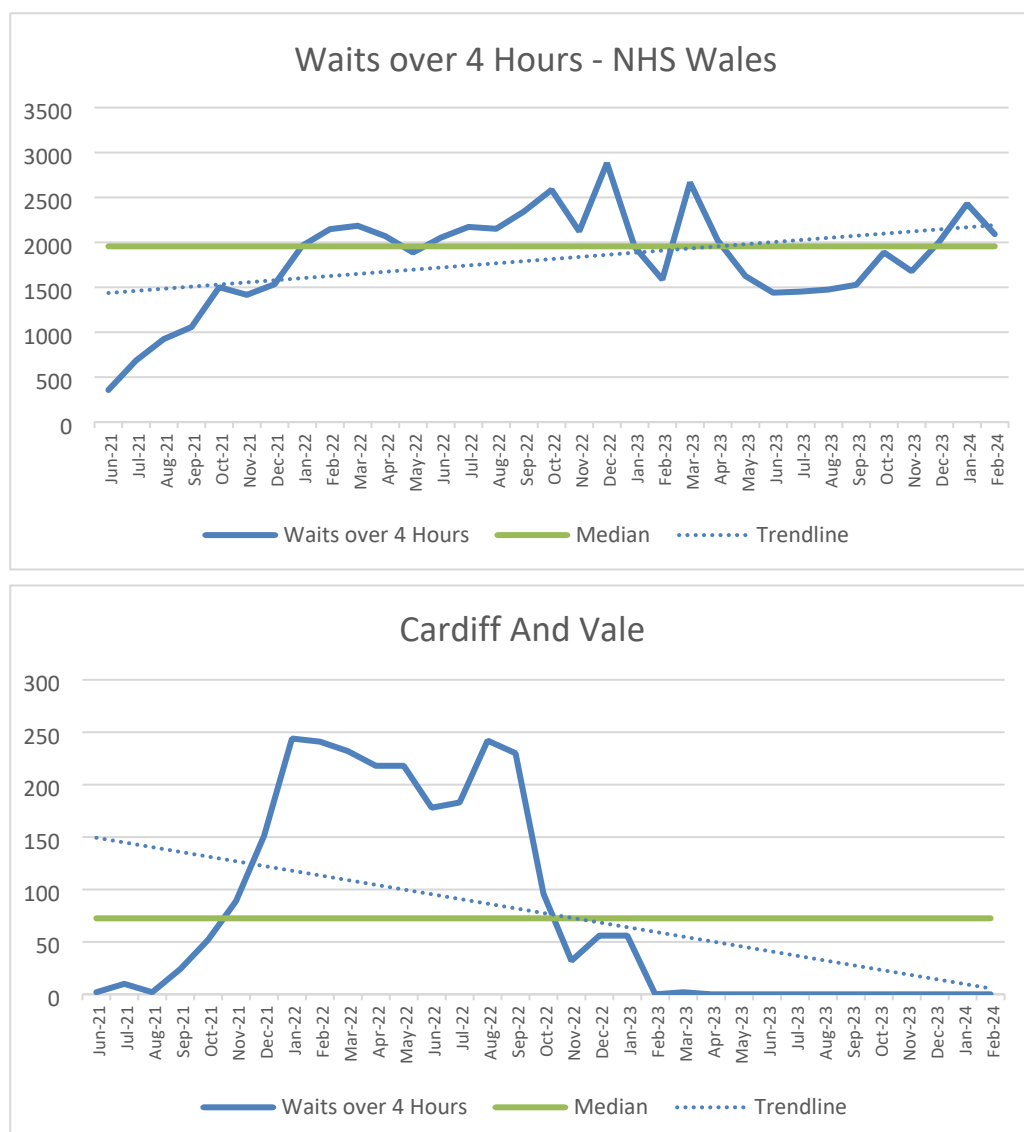
### Patient Harm & Mitigations

3. *Appendix 1* contains an updated action plan with a narrative update on each action. Many of the actions contained in the Board report from July 2022 have been completed and removed. Of the 29 actions live when last reported to Board:
  - 3 are red (significantly off target) which relates to health board areas of responsibility;
  - 6 are amber (off target);
  - 15 are green (on target); and
  - 3 have been completed.
4. The three red (significantly off target) are health board actions:
  - **Reduction in emergency department handover lost hours:** EASC set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. Handover lost hours in February 2024 were 23,896 compared to 19,110 in February 2023. Early data from March 2024 shows some days where over 1,000 hours were lost.

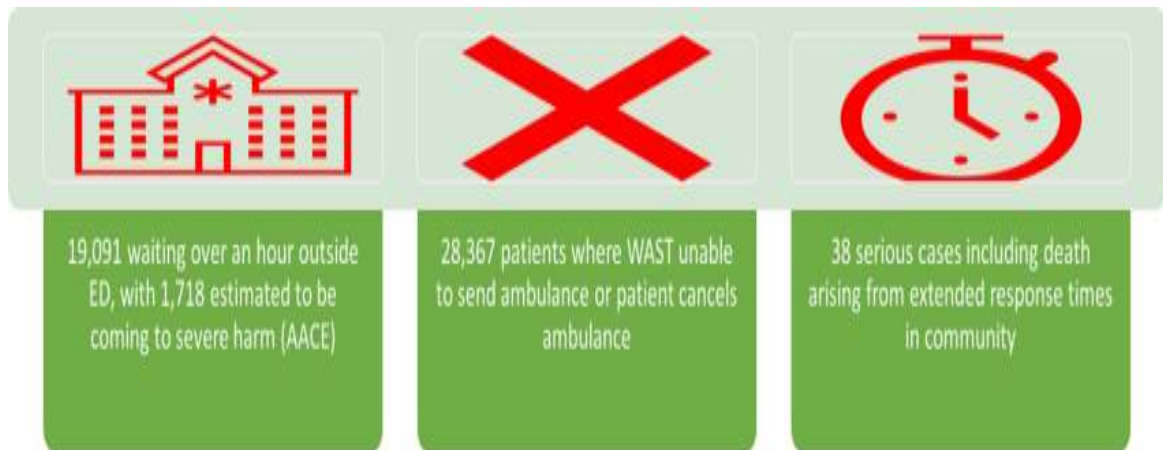


- **Eradication of handover waits of > 4 hours:** there were 2091 over four hour patient handovers in February 2024, compared to 1,586 in February 2023. The expectation is that these will be eradicated by end of 2023/24. Given the current levels of handover and financial pressures in health boards, it is unlikely that this will be achieved. Cardiff & Vale UHB has

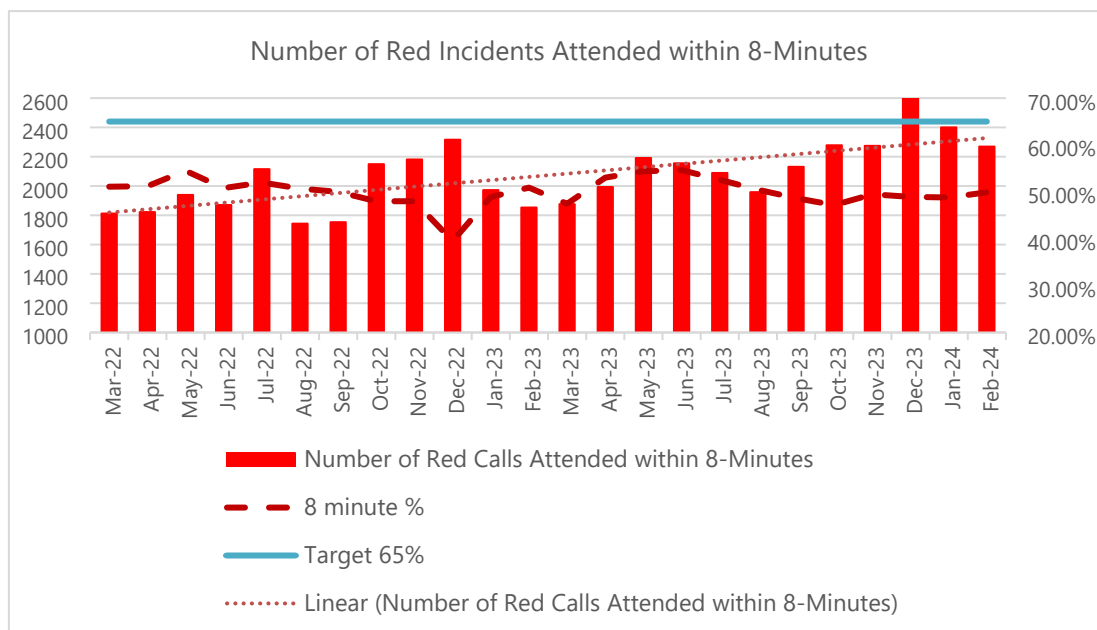
demonstrated material improvement and is a positive outlier when compared to other health boards.



- **Implementation of Same Day Emergency Care (SDEC) services in each Health Board:** SDEC referrals accounted for 0.17% of February 2024's verified demand. Trust modelling indicates 4% of the Trust's verified EMS demand could go into SDECs if the nationally agreed referral pathways were in place. It is important to note that SDECs do not only take referrals from WAST, but also from other sources, including Emergency Departments. Therefore SDECs have been implemented, but the pathways into them from WAST are not working as initially intended.
5. The Trust continues to estimate patient harm as part of its MIQPR. The visual below attempts to show the three areas of harm, updated with data for the last three months to the end of February 2024.



9. Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings (currently paused as commissioning arrangements transition into the new Joint Commissioning Committee) which are held monthly between the CASC, the Trust and each health board.
10. The Trust has now been asked to model three scenarios by the CASC for 2024/25:-
  - Scenario One: 25,000 handover lost hours, Trust delivers on improvements within its own gift as per the 2024-27 IMTP: full roll out of CHARU, 17% consult & close, abstractions (including sickness at 6%) 30%, resultant high production and 32 more APPs.
  - Scenario Two: every health board to achieve the no more than four hours handover ambition (with C&V UHB continuing to perform at its higher level); and the same Trust improvements.
  - Scenario Three: delivery of the WG target for handover of no wait over one hour: and the same Trust improvements.
11. This modelling will be completed by the end of March 2024 and made available to Trust Board and key external stakeholders.
12. The Trust has received some degree of challenge from those health boards where handover levels had improved, with a view that performance is not improving; however, the Trust is responding to more Red incidents, but the denominator (demand) has gone up, so this is not reflected in improved performance against the WG 8 minute target. A deep dive was undertaken in the Cardiff area to explore this issue in more depth.



13. Amber 1 activity is affected by handover, with the number of incidents responded to falling as handover increases.



14. Given the long-standing nature of the system pressures and long handover times, we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys.
15. The Trust's 2024-27 IMTP sets out a range of transformative actions, transformation being a necessity to try and address the impact of handover. Key planned deliverables include:-
- 111 digital platform: a business case that identifies what could be achieved;

- 111CAS: a new platform that will support integration between 111 and 999;
  - 111 demand & capacity review: subject to potential agreement and funding with the new commissioners, a review that informs patient safety performance parameters, efficiencies and the capacity to deliver;
  - 111/CSD: expansion of the remote clinician capacity and the scoping of the integration of 111 and CSD;
  - Clinical Model: the review of the current clinical response model and potential move to a new clinical model in particular, clinical screening and "hot" and "cold" responses;
  - 999 EMSC: the reconfiguration of the EMSC, to improve leadership, team structures, workloads and alignment to patient flows;
  - CHARU: full roll out and improved utilisation;
  - APPs: further expansion and improved utilisation; and
  - Ambulance Care: movement to the agreed tighter scope of practice, that enables a focus on core routine/planned activity.
16. Finally, the Trust will formally report the outputs from the collaborative and independent strategic EMS Demand & Capacity in quarter one. The review provides a quantified estimate of the capacity and impact of a traditional ambulance model v full inversion of the triangle (for EMS); in particular, the impact on conveyance to emergency departments.

**RECOMMENDATIONS: The Trust Board is asked to:**

**(1) NOTE the report; and**

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



## Patient Harm Mitigations &amp; Winter Resilience Actions

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
<b>WAST ACTIONS – Operational</b>				
1.	Immediate Release: Continue working with health boards to increase compliance, focusing on the validation process	Lee Brooks	<ul style="list-style-type: none"> <li>There were 616 requests made to health board EDs for immediate release of Red or Amber 1 calls in February 2024, significantly more than the 283 requested in February 2023. In the Red category 150 were accepted and released, ten were not. In the Amber 1 category, 148 were released, but 308 were not. The Red position is relatively positive, but Amber 1 remains a concern.</li> <li>There was some challenge from health boards at Oct-23's EASC Management Group meeting in relation to validation of the data. This has now been resolved with positive feedback from health boards. The Immediate Release Protocol is about to under-go its routine review.</li> </ul>	Dec 2023
2.	Clinical Safety Plan (CSP) & Resource Escalation Action Plan (REAP) annual review	Lee Brooks	<ul style="list-style-type: none"> <li>Both the CSP and the REAP were reviewed in advance of the festive season. Both are considered robust.</li> </ul>	Complete

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
3.	Introduction of limited Emergency Department "cohorting" to support reduction in shift overruns	Lee Brooks	<ul style="list-style-type: none"> <li>Some further "cohorting" (pods) was reintroduced for winter 2023/24 at sites where accommodation can be made available by health boards to alleviate shift overruns and release crews to return to base. ED Holding Area Survey completed and results presented to Strategic Transformation Board (STB) on 26 Feb-24: some positive signals and STB has asked the Operations Directorate team to consider next steps.</li> </ul>	Dec 23 Live
4.	Patient handover actions.	Exec team	<ul style="list-style-type: none"> <li>Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period of time e.g. WMAS and LAS. This will be reviewed by the Executive team.</li> </ul>	Keep under review.
<b>WAST ACTIONS – Tactical</b>				
5.	Sickness absence (and absences): Improve internal sickness efficiency to IMTP 2023/24 target and absences to ORH benchmark	Lee Brooks Angie Lewis	<ul style="list-style-type: none"> <li>Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP.</li> <li>In January 2024, sickness absence was 8.89%, an improvement on the previous month's 9.54% (target 6% by March 2024).</li> <li>The Trust will continue its focus through the Managing Attendance Programme into 2024/25, with a wider focus on absences as well. Absences have come down and have been 30% and 30% for the last two months: the benchmark is 30%.</li> </ul>	6% by 31 March 2024
6.	National 111 awareness campaign	Estelle Hitchon	<ul style="list-style-type: none"> <li>The Director of Partnerships &amp; Engagement previously provided Welsh Government with planned communications through the winter period. The Trust has then applied the</li> </ul>	Ongoing 31 Mar-24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			range of communication tools it has at its disposal through the winter period to raise awareness of 111, its services and when to use them, as well as demand messaging etc.	
7.	Winter Forecasting & Modelling		<ul style="list-style-type: none"> <li>The Trust has undertaken winter modelling which it has made available to Welsh Government and reported to EASC.</li> <li>The modelled most likely scenario (MLS) for December 2023 was Red 8 minute 45% and Amber 1 median three hours and 29 minutes. Actual performance was 49% and one hour and 36 minutes respectively.</li> <li>Focus now switches to forecasting and modelling for the spring and also working on three scenarios as directed by the CASC.</li> </ul>	19 Nov-23 Complete
8.	Additional Winter 111 Mitigations	Lee Brooks	<ul style="list-style-type: none"> <li>The Trust has comprehensive winter plans for the 111 service, which were further supported by monies from the 111 Commissioners.</li> <li>The service materially boosted the hours produced for call handlers, but there has been a material uplift in demand, for example, in February 2024 demand was 17% higher than February 2023.</li> <li>In year monies for website development currently being actioned with a particular focus on dental and reviewing the overall website as a guide to a future business case.</li> </ul>	Actioned / being actioned Demand outstripped capacity
9.	Winter Overtime		<ul style="list-style-type: none"> <li>The Trust targeted production and overtime to forecast demand peaks in the first half of winter. The Trust has achieved very high production in Q4 with EA production at 99% and 95% in January and February respectively.</li> </ul>	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
10.	Additional Winter NEPTS Discharge Capacity		<ul style="list-style-type: none"> <li>The Six Goals Programme made an allocation of £10,000 per health board.</li> <li>As of 10 January, BCU had committed the allocation in full for YGC &amp; Maelor, no commitment recorded at YG though. Others have committed some of it: HD (50% in total across their sites); and SB (15%). For all other health boards there is no recorded commitment specifically against this allocation; however, C&amp;V and CTM do regularly put on extra capacity in addition to already commissioned resource, so they may be coding additionality differently.</li> </ul>	Offer made. £70,000 allocation
11.	Operations Senior Planning Team (winter)		<ul style="list-style-type: none"> <li>The Operations Senior Planning Team is live and meeting every week.</li> </ul>	From 20 Nov-23 Complete
<b>WAST ACTIONS – Strategic / Transformational</b>				
12.	Maximise the opportunity from Consult & Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	<ul style="list-style-type: none"> <li>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.</li> <li>Performance is currently at 14.1%. A corrective action plan is in place and performance has recovered somewhat, but the 17% ambition looks challenging currently.</li> <li>The corrective action plan has a number of threads: capacity, technology, process, culture and abstractions, with the new telephone system considered key by the Executive Director of Operations. Also, the Trust is proceeding with the EMS strategic demand &amp; capacity review, which will develop the CSD First concept and quantify the cost/benefits of this</li> </ul>	March 24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>approach.</p> <ul style="list-style-type: none"> <li>The Trust is also in dialogue with key stakeholders on capacity as part of the 2024/25 budget deliberations.</li> </ul>	
13.	Recruit and train more Advanced Paramedic Practitioners	Andy Swinburn	<ul style="list-style-type: none"> <li>Whilst no additional funding has been secured, ELT has agreed to offer places to all APPs completing their education, funded from a reduction in technician posts (1/2s) i.e. internal movement.</li> <li>The net uplift to the APP establishment (after filling vacancies) is 15.7 FTEs. The Trust expects to see the APP establishment increase to over 100 FTEs in 2024/25. The current staff in post to establishment is 86.5 FTEs / 88.7 FTEs.</li> <li>The Trust is currently undertaken the next strategic EMS demand &amp; capacity review, which includes a future service model and expansion of APPs. The review should be available in Jan-23 (being reported to ELT 31 January 2024, with final report to March EASC).</li> <li>The Trust engaged with HEIW and commissioners in Dec-23 as part of developing the future education requirements for EMS and is aiming to have a draft strategic workforce plan, subject to final approval, by 31 Mar-24. An internal workshop on APPs workforce planning is arranged for 29 January 2024 (complete). An APP Utilisation task &amp; finish group now being established.</li> <li>The 2024/25 budget (and IMTP) includes a further uplift in the APP establishment.</li> </ul>	Q4 2023/24
14.	Senior system influencing	Jason Killens Colin Dennis	<ul style="list-style-type: none"> <li>CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for settings.</li> <li>A presentation is being given to the 6 Goals Board in</li> </ul>	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>January 24 setting out the potential opportunities that exist for WAST to support the system across each of the 6 goal areas.</p> <ul style="list-style-type: none"> <li>A series of meetings has been arranged with each of the Health Board CEOs in order to listen to their priorities and understand how we might work more productively at a strategic level with them.</li> <li>A follow up reputation audit is being finalised in readiness to launch the audit with external stakeholders in Q1.</li> </ul>	
15.	Overnight falls service extension and future modelling	Wendy Herbert	<ul style="list-style-type: none"> <li>Night Car Scheme extension agreed to 31 September 2024 (2 regional resources)</li> <li>Utilisation rates continue to be monitored:</li> <li>Nighttime utilisation:- Q2 65% Q3 64% Q4 to date 64%</li> <li>Daytime utilisation:- Q2 57% Q3 56% Q4 to date 58%</li> <li>Combined day and night Q2-Q3 58% Combined day and night Q4 to date 59%</li> </ul> <p>There is now also an additional Level1 nighttime resource through</p>	Live.

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>RPB and Gwent Resilience Plan ringfenced to ABUHB.</p> <p>The EMS Demand &amp; Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners and health boards. There is an immediate focus on the contract beyond September 2024.</p>	
16.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Audit Wales	<ul style="list-style-type: none"> <li>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)</li> <li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.</li> <li>Expected outcomes in 2023/24.</li> <li>The audit is proceeding. Trust awaiting the outcome. AD Commissioning &amp; Performance has requested an update from Audit Wales. Audit Wales have confirmed this has been reprofiled into 2024/25.</li> </ul>	24/25 Q1+Q2
17.	Full roll out of CHARU	Andy Swinburn	<ul style="list-style-type: none"> <li>Current position (December 2023 EMS Operational Transformation Programme Board) is 27 FTE vacancies (18%) against the 153 FTEs modelled requirement (including those just recently recruited, but not yet live). Recruitment into more rural areas remains challenging.</li> <li>ELT have identified an issue around the utilisation (compared to the modelled levels) of CHARUs. The</li> </ul>	Revised completion date: Q1 24/25 (recruitment into hard to reach areas)

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			CHARU Task & Finish Group is currently investigating this issue. The Group has received feedback from CHARU Paramedics, which is consistent with the utilisation rate identified.	
18.	Virtual Ward now Connected Support Cymru (CSC)	Liam Williams	<ul style="list-style-type: none"> <li>Currently awaiting WG feedback on the submitted business case.</li> </ul>	Apr-24 subject to funding
19.	Red screening		<ul style="list-style-type: none"> <li>Red review went live on 19 June 2023.</li> <li>Red review for protocol six breathing difficulties, currently undertaken when CSD UHP is over 100%.</li> <li>The Trust has now formally modelled the resource required for red screening and CSD First, which is now being undertaken by the EMS demand &amp; capacity review, which is expecting to report in Q4. The review has modelled 25.2 FTEs for Red review and clinical screening.</li> </ul>	Live
20.	Response Logic		<ul style="list-style-type: none"> <li>The change in dispatch logic for Red incidents (aimed at improving the 65% 8 minute performance and improving patient safety) went live on 19 June 2023.</li> <li>Work is progressing based upon a planning assumption that the desired ratio is between 1.1 and 1.3.</li> <li>The Trust's analysis is now focusing upon: <ul style="list-style-type: none"> <li>CHARU even if they are not the first response.</li> <li>Appropriate level of double dispatch, including if CHARU is first on scene.</li> <li>Reviewing what is included in the double dispatch criteria e.g. ensuring exclusion of EMRTS, CFRs, UFRs, HART.</li> <li>Evidencing that patients are receiving an appropriate response and that no harm is being incurred as a result of reduction in double dispatch.</li> </ul> </li> </ul>	Live



Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
21.	Integrated Commissioning Action Plans (ICAPs)	Rachel Marsh	<ul style="list-style-type: none"> <li>The ICAP meetings focus on ambulance response performance, handover delay performance and the development of actions to reduce handover delays and improve ambulance response times.</li> <li>NCCU have sought confirmation from health boards regarding the impact of financial savings plans on the delivery of actions aligned to the ICAP's.</li> <li>Health boards have not identified any direct impact, but there may be a potential impact on health board's abilities to flex some services due periods of increased demand.</li> <li>NCCU secured financial support from the Six Goals Programme for additional ED discharge transport.</li> <li>Key initiatives being discussed across ICAPs: <ul style="list-style-type: none"> <li>MDT Navigation Hubs;</li> <li>Falls &amp; frailty pathways</li> <li>System Escalation Processes</li> <li>SDEC</li> <li>System Flow (Continuous Flow Model &amp; Effective Discharge)</li> </ul> </li> <li>WAST's 'Menu of options' are being updated and reviewed to include evidence to support initiatives and prioritisation in each health board.</li> <li>The 2024/25 ICAP structure is being reviewed by the NCCU to consider the planned changes with regards to the new Joint Commissioning Committee (JCC). Currently paused as part of transition into JCC.</li> </ul>	Paused
22.	Inverting the Triangle Programme		<p><b><i>Future Service Model Design &amp; Visualization</i></b></p> <ul style="list-style-type: none"> <li>Building on the outputs from the collaborative workshops held in Dec / Jan, work has commenced to design a series</li> </ul>	Live

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>of visuals to describe the emerging future service model, patient flow and description of the benefits</p> <ul style="list-style-type: none"> <li>Graphic designers have been commissioned with initial drafts in development with an anticipated completion date by the end of April.</li> <li>The Trust are commencing an internal piece of work to develop a Strategic Case for Change presentation deck by the end of April.</li> </ul> <p><b><i>Developing the Evidence Base &amp; Testing Change</i></b></p> <ul style="list-style-type: none"> <li>Further Tests of Change have been undertaken in Q4 to test the APP Flooding concept aligned to the APP Navigator Model in SBUHB. Further PDSA cycle has been undertaken for the Early Clinical Screening concept. Detailed evaluations are underway to inform key learning and supporting future recommendations to embed changes into BAU.</li> <li>APP Navigator type model is being softly launched in C&amp;V Health Board in Q4, with encouraging discussions with CTM &amp; AB Health Boards seeking to explore this model.</li> <li>Connected Support Cymru Business Case has been submitted to Welsh Government for funding. Work continued with LUSCII as part of the SBRI work stream to test the 'Ambulance in a box' concepts in up to 20 Care Homes within ABUHB &amp; BCUHB. Really positive progress has been made in the recruitment of Community Welfare Responders across Wales.</li> </ul>	
23.	Strategic EMS Demand & Capacity Review		<ul style="list-style-type: none"> <li>The five year strategic review of EMSC and EMS is now well advanced, with the final report expected in Jan-24.</li> <li>ORH presented to ELT on 31 January. The Trust has been advised by the CASC to paused on formally presenting the results to commissioners and wait for the new JCC to</li> </ul>	Jan-24 Reprogram med to Q1 for JCC.

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			start in 2024/25. The results are sufficiently in time to influence thinking for 2024/25 with an uplift in APPs and CSD clinicians included in the 2024/25 budget.	
<b>SYSTEM STAKEHOLDER ACTIONS</b>				
24.	Reduction in handover lost hours to 15,000 by Q2 and 12,000 hours in Q3	HB CEOs	<ul style="list-style-type: none"> <li>February 2023's handover lost hours were 23,896 compared to 19,110 in February 2022.</li> <li>C&amp;V UHB being a clear outlier from other health board in demonstrating sustained improvement and no +4 hour waits</li> <li>The Trust continues to lose between 25%-30% of its conveying capacity to handover.</li> <li>Production is good and the Trust is reaching more Red patients in 8 minutes (the Clinical Safety Plan protects Red), but the number of Amber responses is affected by higher handover.</li> </ul>	Q3 / Q4 targets
25.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	HB CEOs	<ul style="list-style-type: none"> <li>There were 2,008 +4 hour patient handovers in December 2023, compared to 2,883 in December 2022.</li> <li>The target was originally to have 0 by September 2022.</li> <li>The NHS Wales 2024/25 Performance Framework target is no waits over one hour, but the system is some distance from achieving this (it would equate to an estimated 7,500 lost hours per month).</li> <li>The CASC has asked the Trust to model three different levels of handover: 25,000 hours, no waits over 4 hours (2 in C&amp;V) or 12,000 hours and the 7,500 hours as above.</li> </ul>	End of 2023/24
27.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>In December 2023 0.12% of verified demand was referred into SDECs. In February 2024 this had improved to 0.17%,</li> </ul>	Q4 22/23

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<p>but the activity is still very low.</p> <ul style="list-style-type: none"> <li>• The Trust is working on improving the accuracy of reporting SDEC demand, by using ePCR, but the activity is still expected to be low.</li> <li>• SDECs are however implemented across Wales and receiving referrals from other parts of the system. A number of workshops are underway across Wales to explore how they can be more effectively used.</li> </ul>	
28.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> <li>• Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales</li> <li>• WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning &amp; Performance.</li> <li>• The Trust also has a presence on all the individual goal boards.</li> </ul>	Ongoing



**GIG**  
Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>9</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –  
January/February 2024**

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 March 2024
<b>EXECUTIVE</b>	Rachel Marsh – Executive Director of Strategy, Planning & Performance
<b>AUTHOR</b>	Hugh Bennett - Assistant Director, Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O'Connor - Commissioning & Performance Officer
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**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 **January/February 2024**.

Our response times to 999 callers remains of concern with red 8-minute performance at 49.9% in February 2024 and Amber 1 median at 1 hour and 27 minutes, which the Trust knows leads to avoidable patient harm. The Trust continues to work on actions within its control to mitigate this risk including, for example, maintaining high levels of EA production and fully rolling out the CHARU service. Work continues on an action plan to increase the consult and close rates to the target 17%, as this is modelled to have a significant impact on response times. The Trust lost nearly 24,000 hours to handover in February 2024, and this level of lost capacity is difficult to compensate for, despite all of the actions being taken. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours.

111 performance is broadly stabilised, but patient demand was 17% higher in February 2024, compared to February 2023, with a commissioned 4% reduction in call handlers in 2024/25. The service is in a more resilient place, but if demand continues to remain at these levels future performance may become a concern. The immediate focus for 111 is the delivery of the new 111CAS by 30 April 2024, which is on target at this time.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology remaining above target and renal performance achieving its target. Both the NET Centre and NEPTS transport are due to be re-rostered, a key efficiency.

The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8.89% in January 2024 compared to 9.54% in December 2023. The 23/24 IMTP ambition is to reach 6%, but it is unlikely that this will be achieved. The Trust will continue its focus on sickness absence. It is of note that the EMS abstractions have hit the 30% benchmark in January and February respectively.

The Trust continues with its programme of transformation as detailed in its 2024-27 IMTP, which is required in order to ensure that patients receive the right care in the right place every time.

#### **RECOMMENDATION**

Trust Board is asked to: -

- **Consider** the January/February 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) The report provides sufficient assurance.
  - b) Whether further information, scrutiny or assurance is required, or
  - c) Further remedial actions are to be undertaken through Executives.

## SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **January/February 2024**.

## BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
  - Our Patients (Quality, Safety and Patient Experience);
  - Our People;
  - Finance and Value; and
  - Partnerships and System Contribution
3. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (IMTP) and strategies. A revised set were agreed for 2023/24. All the updates for the revised set have now been completed, with the exception of: a metric on the duty of candour where we will need to determine our own metric whilst national reporting is agreed; completed symptom checkers; and value indicators for 111/CSD – it is likely that this one will be difficult to determine.

## ASSESSMENT

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

4. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
5. **999** call answering times have declined to 15 seconds in February 2024 from 3 seconds in January 2024, not achieving the 6 second target. The 65<sup>th</sup> percentile and median performance remain very good.
6. **111 call answering performance remains broadly stable**, although the call abandonment performance at 6.2% in February was slightly off target. The Trust has almost recruited up to the 198 FTE call handler commissioning control total for 2023/24 with very good levels of production. It should be noted that the Trust is anticipating a reduction in the commissioned level of call handler FTEs next year (-4%). Demand in February 2024 was 17% higher than February 2023. If this level of demand is sustained, alongside a reduction in capacity, then future call abandonment performance could start to be a concern. In the short term, there

will also be a planned short term dip in staffing numbers linked to the imminent 111 CAS go live and the need to re-programme training capacity away from new recruits and towards the existing workforce on the new system. This will have some short term impact on performance.

7. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 95.8%. Unfortunately, response times for lower priority calls deteriorated and are some way below target. This drop in performance has been affected by a rise in call demand, but also high clinician sickness absence. Clinician sickness has seen a material improvement in February, falling to 11.3% compared to 15.6% in January. As with call handling performance, there is likely to be some further deterioration linked to staff abstracted to undertake training for the new system.
8. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for February 2024 was 49.9% remaining below the 65% target. However, as total red demand has increased, so has the actual number of red incidents attended within 8-minutes. The Amber 1 median in February was 1 hour 27 minutes and the Amber 1 95<sup>th</sup> percentile was 6 hours 51 minutes. These long response times have a direct impact on outcomes for many patients.
9. Factors which affect response times together with actions being taken are set out in the paragraphs below.

Capacity:

- Recruitment: The Trust currently has 95% of commissioned front-line posts in place. This very small vacancy factor compares very favourably with other health care organisations. Recruitment of another cohort of EMTs has been undertaken in Feb-24.
- Some additional funding was made available to pilot the new Connected Support Cymru service in partnership with St John Cymru (SJA). The Trust is also continuing with this project through the volunteer Community Welfare Responders, which is producing some positive early results.

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

- The Managing Attendance Programme continues, delivered through this year's ten-point plan. There was a reduction in overall sickness levels during the middle part of 2023, and although increases have been seen over the past few months, further work is still on-going to reduce to 6% during 2023/24 (January's performance was 8.80%). The Chief Ambulance Services Commissioner has asked for a formal update on the programme at the next EASC Management Group meeting in April 2024.



### Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close numbers over the past 12 months, with 4,657 successful consult and close outcomes achieved during February 2024. However, the actual percentage achieved during February 2024 was 13.9%, below the Trust's 2023/24 ambition of 17%. A corrective action plan is in place including a focus on recruitment and abstractions, but also a new telephony system (interim solution in place), which enables individual clinician activity and performance data. Further capacity will be added to the team in the first two quarters of 2023/24.

### Red Improvement Actions

- For Cymru High Acuity Response Units (CHARUs) the aim is to fully populate the CHARU roster keys (153 full time equivalents), with the current estimated gap (live and recruited, not yet live) is -18%. Recruitment into the more rural parts of Wales is proving challenging, but the gap 153 is gradually being achieved.
  - Red review. This rapid review of all red calls by a clinician in the CSD is being undertaken within additional resource, when possible, but ideally, as previously identified, would require additional capacity. The 2024/25 budget includes an uplift in the CSD establishment of 23 FTEs, which will enable the CSD to fully fund red review.
  - A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.
  - CHARU utilisation rates, with a focus on aspects of post-production lost hours and data analysis of utilisation and missed reds. Currently CHARUs are undertaking 1.86 jobs per shift.
10. One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 23,896 hours were lost during February 2024. These 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. Performance into March has remained very challenging with days where over 1,000 hours are lost.
11. **Ambulance Care (Patient Experience)**: Oncology performance in February 2024 was 71.28%, hitting the 70% target. Renal performance also remains above target at 73.69%. Advanced discharge & transfer journey booked in advance performance increased compared to the previous month to 85%; however, remains below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of

efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance. Subject to final approval, the Trust is anticipating re-rostering NEPTS transport in 2024/25 which will better align capacity with demand patterns.

- 12. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported five NRI's to the NHS Executive in February 2024, a slight increase from the three reported in January 2024; and 14 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In February 2024 complaint response times decreased to 35%, down significantly on the 53% recorded in January 2024, and remaining below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust is currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership, including a new Head of Service, appointed and arriving shortly.
- 13. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 73.5% in February 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate increased to 14.7% in February 2024 compared to 13.9% in January 2024.
- 14.** The Trust is now able to report on call to door times for Stroke and STEMI patients. For February 2024 these highlight call to hospital door times of two hours and 19 minutes for stroke patients and two hours and seventeen minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.
- 15.** In February 2024, 8,623 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 460 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be popping up elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.
- 16.** A formal programme to take forward the transformation of our service model continues. The Trust has proceeded with growing the numbers of APPs this year with the 2023/24 establishment now at 89 FTEs. A further 32 APPs are planned for 2024/25. The current focus is on developing a strategic case for change, which will be supported by the 2023 EMS Demand & Capacity Review. The review will be formally reported internally and to external stakeholders in Q1.

### Our People (workforce resourcing, experience, and safety)

- 17. Hours Produced:** The Trust produced 118,349 Ambulance Response unit hours in February 2024 and delivered an emergency ambulance unit hours production (UHP) of 95%, achieving the 95% target. Key to the number of hours produced are roster abstractions.
- 18. Response Abstractions:** EMS abstraction levels increased to 30.26% in February 2024, returning just above the 30% benchmark figure. EMS Response sickness abstractions stood at 8.13% (benchmark 5.99%).
- 19. Trust sickness absence:** the Trust's overall sickness percentage was 8.89% in January 2024, a slight decrease on the 9.54% recorded in December 2023. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The CASC has requested an update on the programme to the next EASC Management Group (April 2024).
- 20. Staff training and PADRs:** PADR rates did not achieve the 85% target in February 2024, but have been steadily improving (79.25%). Compliance for Statutory and Mandatory training increased slightly to 77.73%.
- 21. People & Culture Plan:** The Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a pan-Wales round of CEO Roadshows in November 2023. Feedback from attendees identifies workloads as the main cause of stress and pressure. The next round of CEO Roadshows is in April 2024.

### Finance and Value

- 22. Financial Balance:** The reported outturn performance at Month 11 is a surplus of £108,000, with a forecast to the year-end of breakeven.

### Summary

- 23.** The indicators used at this high-level highlight that the 111, EMS and Ambulance Care performance are stable; however, 111 and EMS performance are not where the Trust would want them to be.
- 24.** 111 has seen a clear improvement in performance over the past 12 months and the service is undoubtedly more resilient, however, the current high levels of demand plus a commissioned reduction in call handlers and clinicians may mean that the improved performance comes under pressure in 2024/25. The Trust and

commissioners will need to keep the level of demand under review and determine whether a reduction in capacity will affect performance into next year.

- 25.** EMS performance has been recognised as challenging for a long time. Transformation of our service offer is a necessity (not an option) for reducing handover lost hours along with handover reduction by health boards. The Trust also needs to continue its focus on core activities like abstractions, production and utilisation.

## RECOMMENDATIONS

TB is asked to: -

- **Consider** the January/February 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) The report provides sufficient assurance.
  - b) Whether further information, scrutiny or assurance is required, or
  - c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
<b>Date</b>	<b>Meeting</b>
<b>25<sup>th</sup> March 2024</b>	<b>Executive Director Strategy, Planning &amp; Performance</b>
<b>28<sup>th</sup> March 2024</b>	<b>Trust Board</b>

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

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

# Welsh Ambulance Services NHS Trust

## Monthly Integrated Quality & Performance Report

January / February 2024

Annex 1 – Top Indicator Dashboard



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

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

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by Commissioning & Performance Team





# Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2023/24	2 Year Average	Jan-24	Feb-24	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	11.0%	4.4%	6.2%	A
111 Clinical Triage Call Back Time (P1)	90%	97.6%	98.2%	95.8%	G
999 Call Answer Times 95th Percentile	00:06	00:35	00:03	00:15	R
999 Red Response within 8 minutes	65%	50.2%	48.8%	49.9%	R
999 Amber 1 Median	00:18	01:24	01:21	001:27	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	72.7%	73.4%	71.3%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	84.4%	84.0%	85.4%	A
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	18.0%	13.90%	14.70%	A
Stroke Patients with Appropriate Care	95%	77.1%	77.30%	73.50%	R
Stroke Call to Hospital Door Times	Reduction Trend	02:24	2:14	2:19	A
Acute Coronary Syndrome Patients with Appropriate Care	95%	42.8%	31.9%	45.10%	R
National Reportable Incidents reports (NRI)	Reduction Trend	5	3	5	A
Can't Send & Cancelled by Patient Volumes	Reduction Trend	10937	10568	10065	A
Concerns Response within 30 Days	75%	37.6%	53%	35%	R
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	94%	99%	95%	G

**In-Month RAG Indicates =**

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

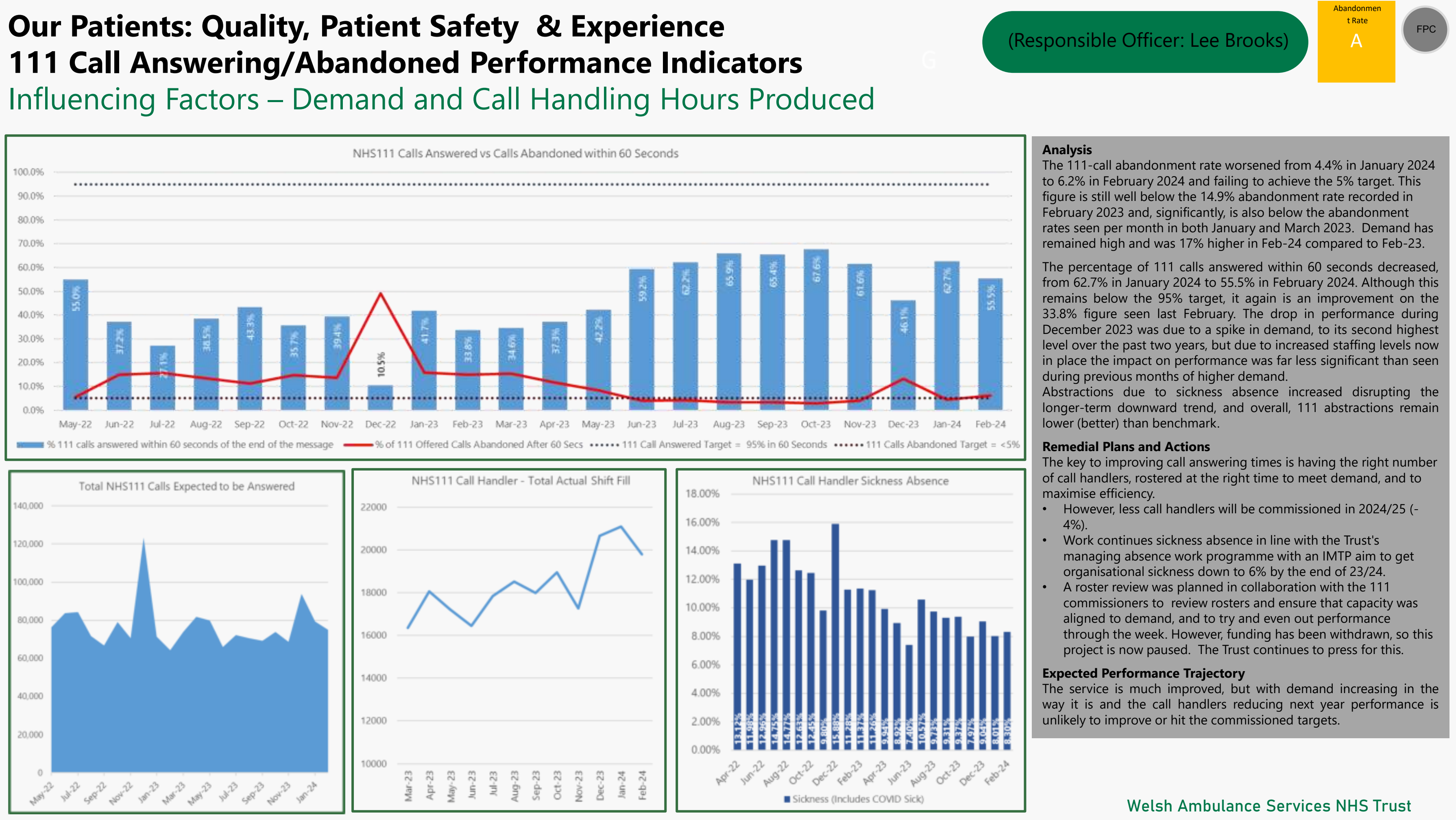
Amber: Performance is at or within 10% of target *(Indicates some issues/risks to performance (monitoring is required))*

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

TBD: Status cannot be calculated *(To Be Determined)*

Welsh Ambulance Services NHS Trust

Top Monthly Indicators	Target 2023/24	2 Year Average	Jan-24	Feb-24	RAG
Health & Well-being					
Sickness Absence <i>(all staff)</i>	6.0%	9.18%	8.89%	N/A	R
Mental Health Absence Rates	Reduction Trend	2.39%	2.23%	N/A	R
Staff Turnover Rate	Reduction Trend	10.26%	8.95%	8.83%	A
Statutory & Mandatory Training	>85%	79.32%	77.13%	81.00%	A
PADR/Medical Appraisal	>85%	71.32%	74.09%	79.25%	R
Number of Shift Overruns	Reduction Trend	3816	4289	3944	R
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.2%	1.5%	1.7%	A
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	31%	27.7%	28.0%	R
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.40	2.22	2.22	R
NEPTS on the Day Cancellations	Reduction Trend	19.6%	22.3%	19.6%	A
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	13.2%	14.3%	13.9%	A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.4%	12.22%	11.62%	A
Number of Handover Lost Hours	15,000	23,337	26,984	23,896	R
NHS111					
NHS111 Dental Calls	Increasing Trend	6,345	7,496	6,995	A
Consult & Close Volumes by NHS111	Increasing Trend	1,090	616	800	A





# Our Patients: Quality, Safety & Patient Experience

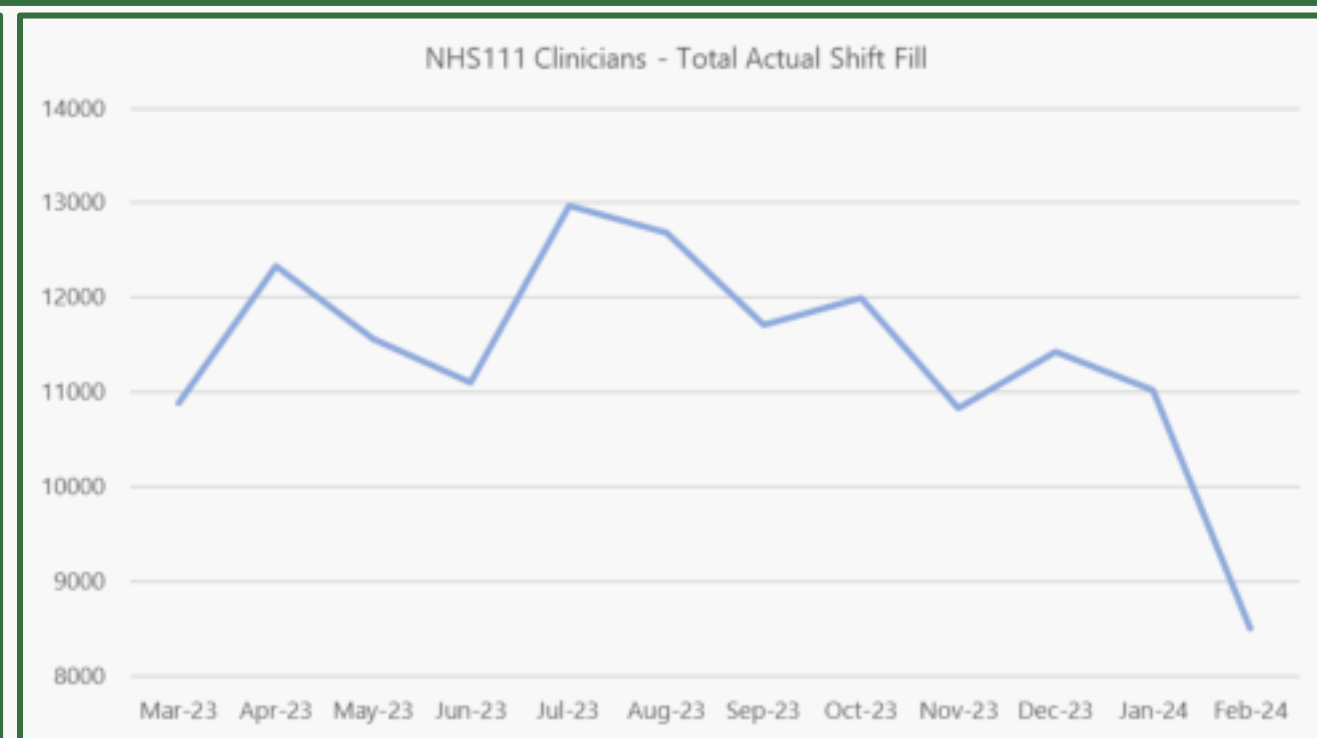
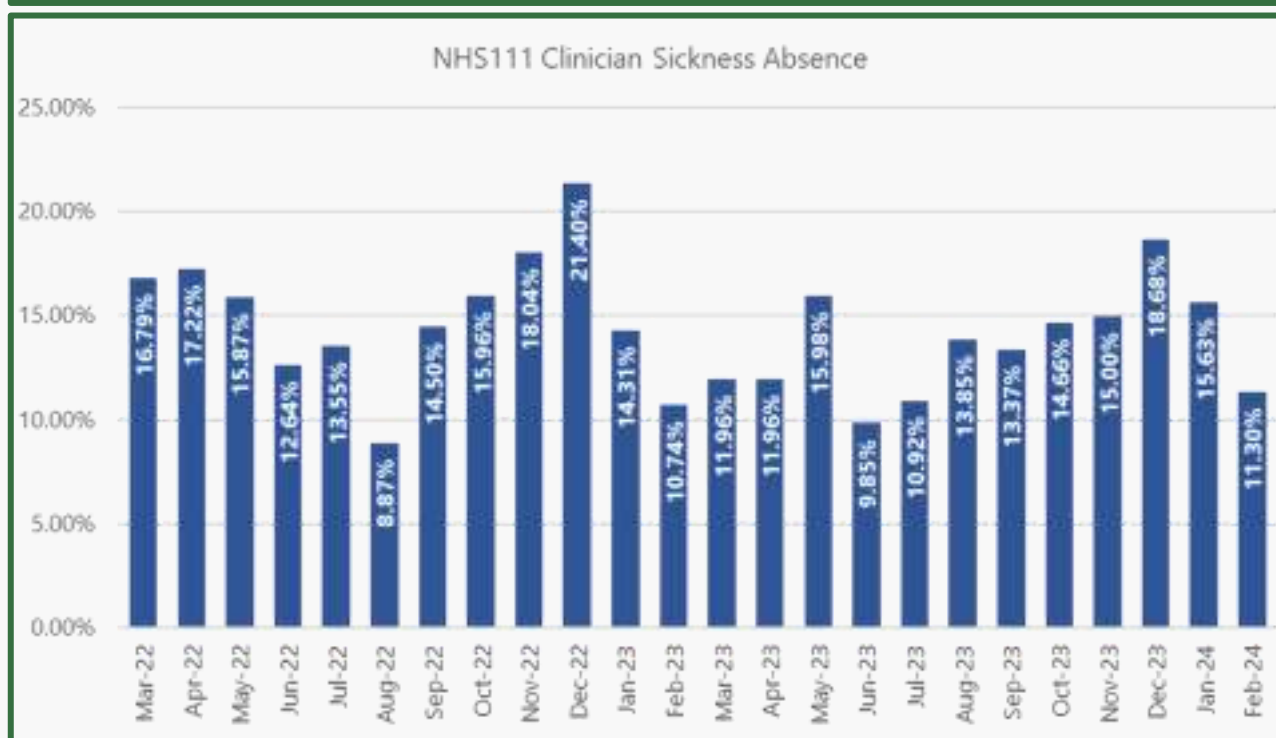
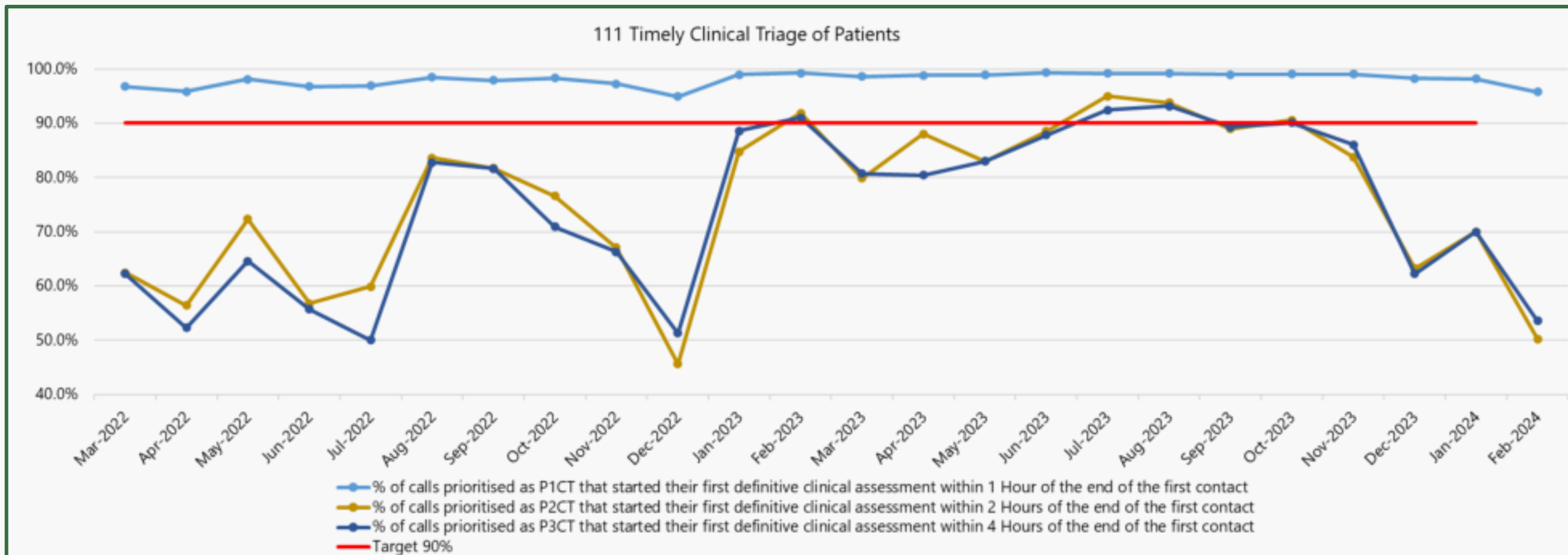
## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT  
G

FPC



#### Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 95.8% in February 2024.

Lower category calls both worsened during February, repeating a previous deterioration in performance. This drop is primarily due to an uplift in demand but was also compounded by staff abstractions for new systems training.

P2CT decreased from 70% in January 2024 to 50% in February 2024, while P3CT dropped from 70% to 54%.

Clinical staff capacity decreased to 11,021 hours during January 2024, down by 414 hours when compared to December 2023. Clinician sickness absence decreased to 15.63% in January 2024 from the 18.68% reported in December 2023.

Sickness absence management is another core component of capacity and workforce. Current levels within the 111 service, indicate that clinician absence remains higher than target in Feb-24 and further work is required, however there is a decrease from January 2024.

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

#### Remedial Plans and Actions

The main focus is the new 111CAS with a go live date of 30 April 2024. This is being implemented at very high pace to mitigate the non-delivery of SALUS.

The new system should deliver a range of benefits for service users and staff and improved performance, but this is not modelled currently.

Sickness levels amongst clinicians remains higher than the Trust would want, but there was a significant improvement in February.

As per the previous slide a demand & capacity review that quantifies the number of clinicians required to meet forecast demand (net of efficiencies) remains key.

#### Expected Performance Trajectory

The new 111CAS will bring performance benefits, however, demand is increasing materially, and the number of commissioned clinicians will be lower next year.

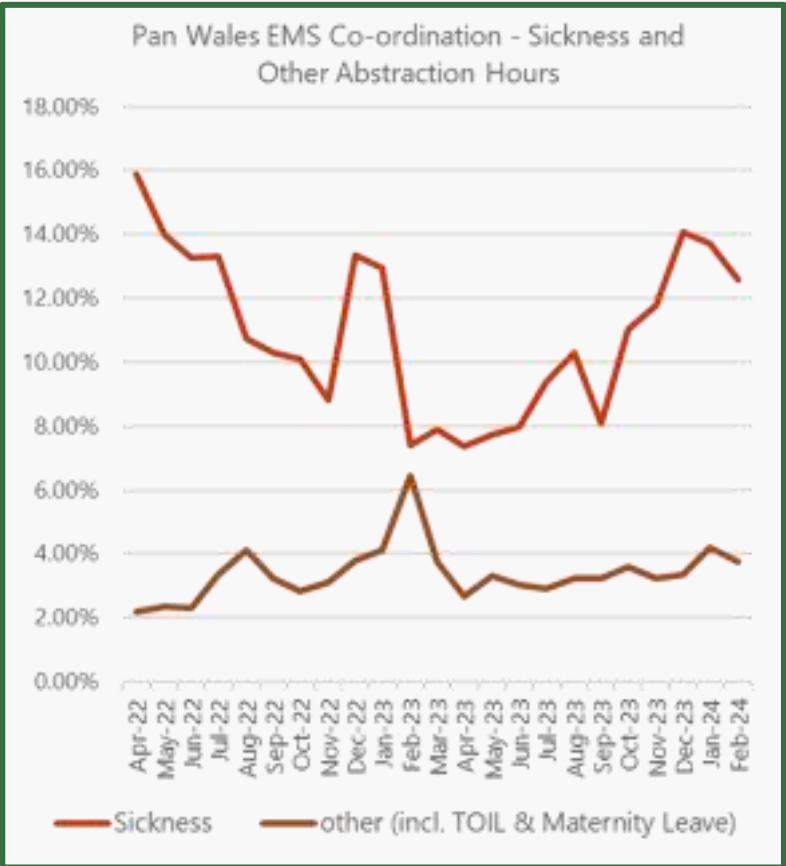
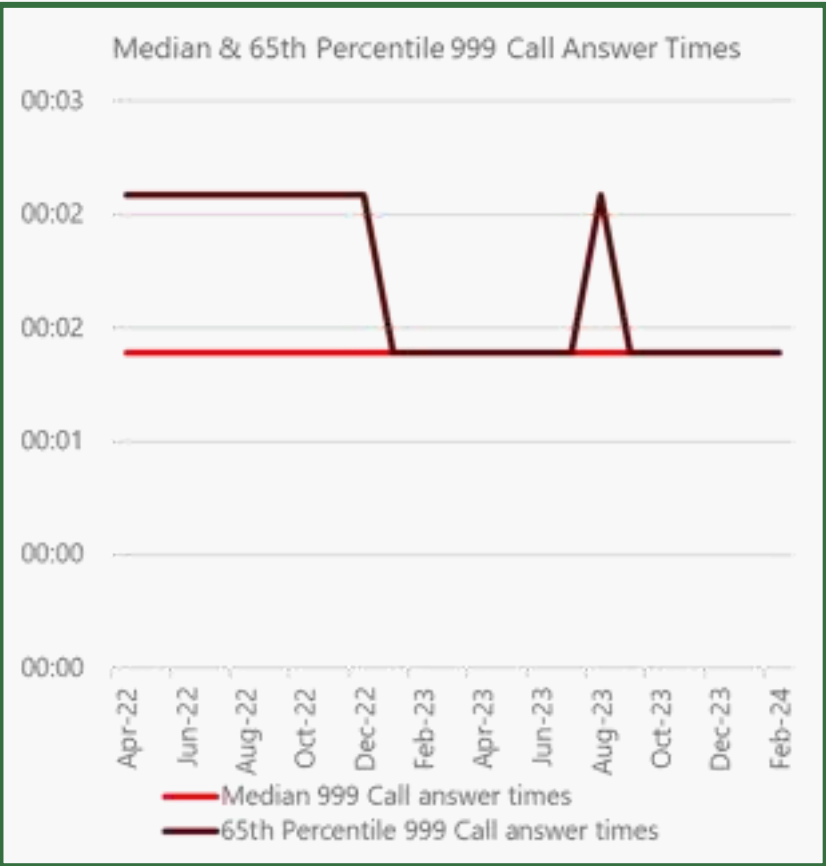
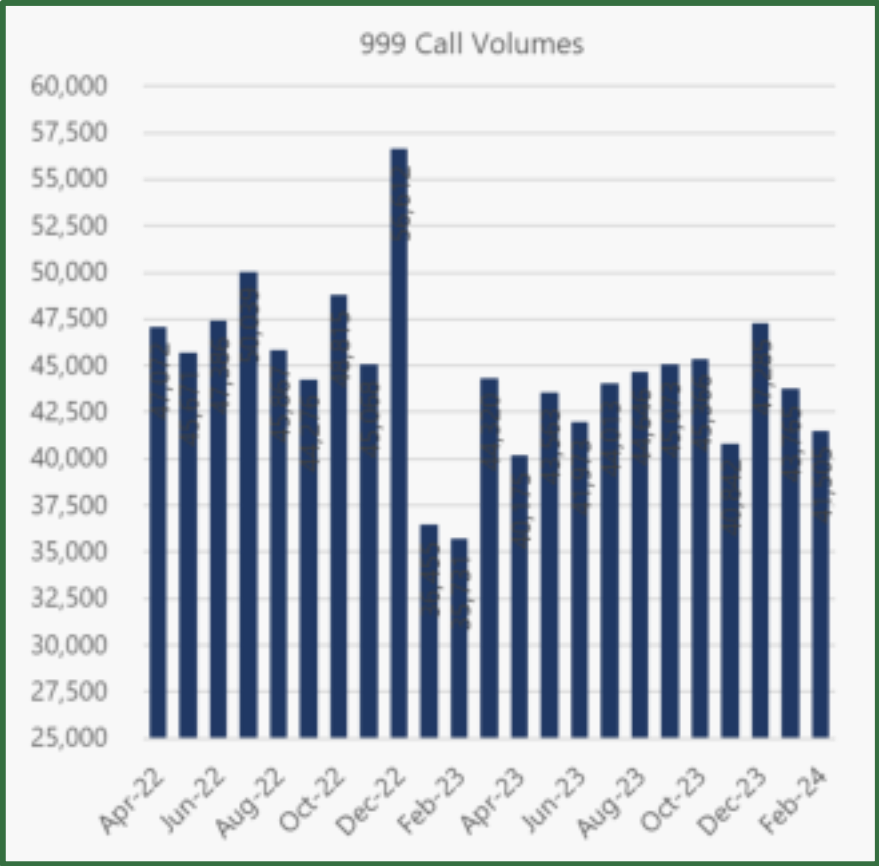
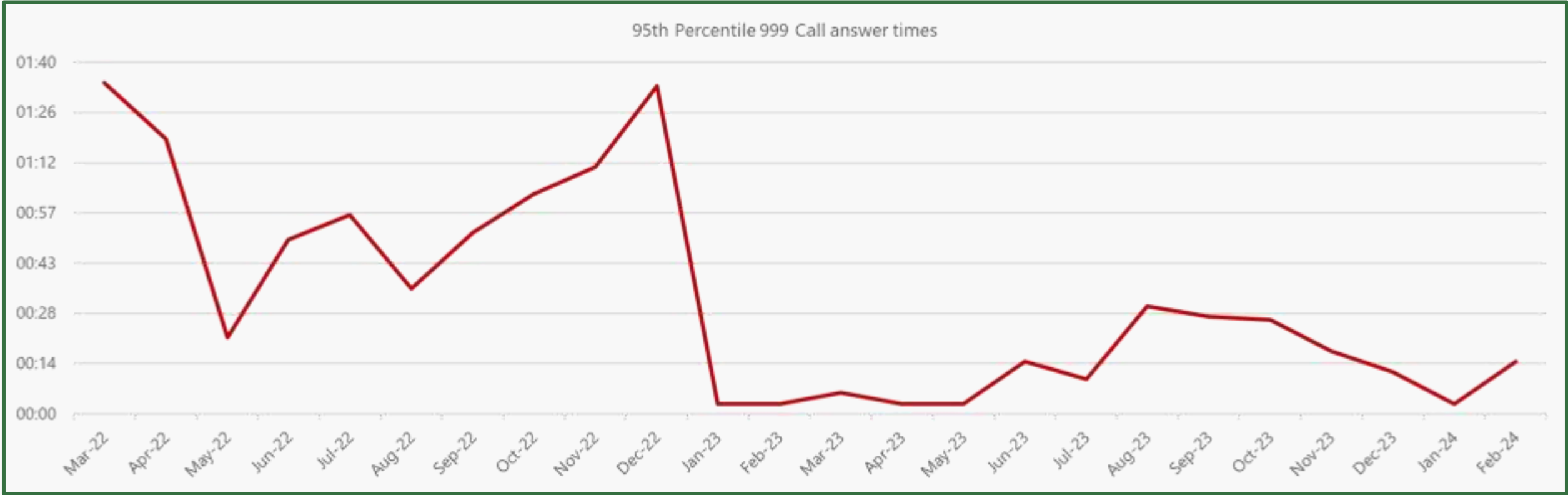
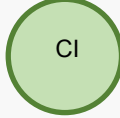


# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

### Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



**Analysis**  
The 95<sup>th</sup> percentile 999 call answering performance declined to 15 seconds in February 2024, up from 3 seconds in January 2024, and not achieving the 6 second target. The median call answer time for the 999-service remained consistent at 2 seconds and performance is good.

The Trust received 41,505 emergency 999 calls in February 2024, a decrease from the 43,766 calls received during January 2024.

Overall sickness abstractions within EMS Coordination has returned to a downward trajectory after a three month increase at the end of 2023. Sickness decreased to 12.59% in February 2024 from 13.72% in January 2024. These factors are likely to be having an impact on overall call answering performance which has not achieved the 6 second target since May 2023 until January 2024.

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

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

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

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

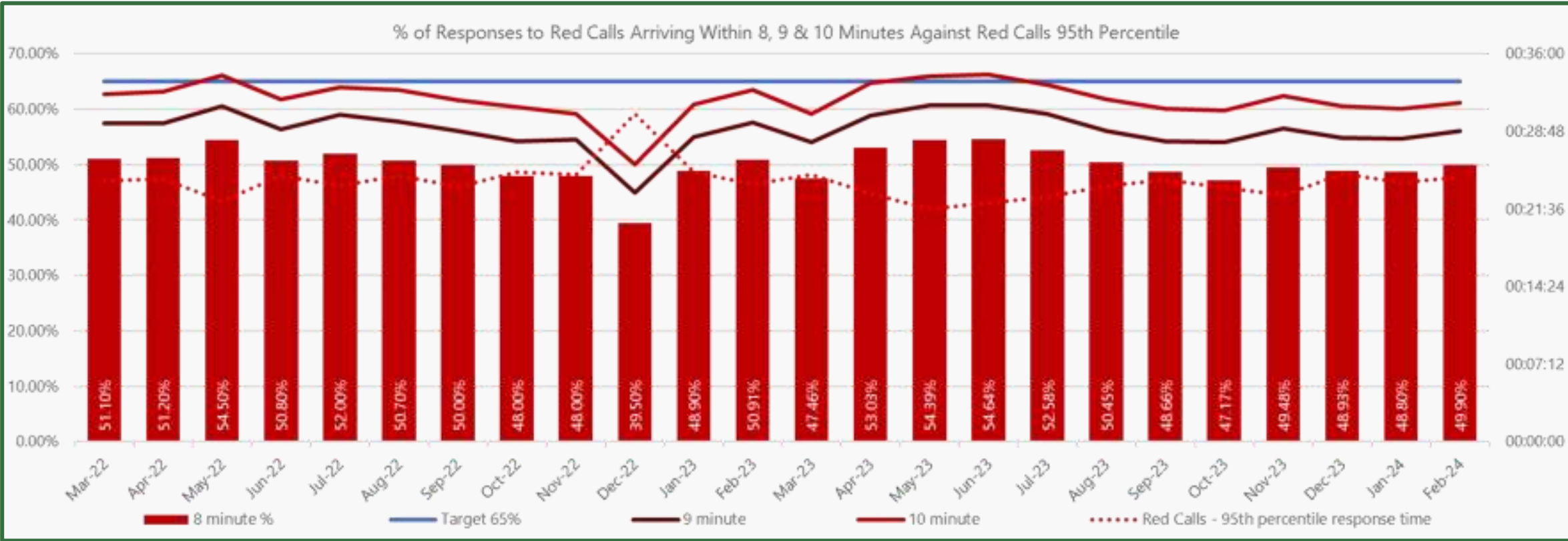
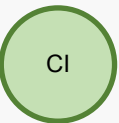
**Expected Performance Trajectory**  
Performance is expected to get back on track as demand levels decrease and actions being taken to improve performance take effect.

# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

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

(Responsible Officer: Lee Brooks)



#### Analysis

Red 8-minute performance continues to remain below the 65% target but increased marginally during February 2024 to 49.9%. This is a slight improvement compared to January 2024 (48.8%), and is the highest rate recorded since August 2023, over months where demand was significantly lower than that seen during both January and February.

Red 10-minute performance for February 2024 was 61.2%, a slight improvement from 60% in January 2024.

The bottom right graph shows that as demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for February 2024 being 2,269. This is above the 12-month average (2,186) and would indicate that performance in this area is remaining stable and is mirroring the rise experienced in demand during the month.

The lower left graph demonstrates the correlation between overall Red performance and hospital handover lost hours. February 2024 (23,896) saw an increase on the 19,110 recorded in February 2023, although this coincides with an increase in red demand during this February compared to last year.

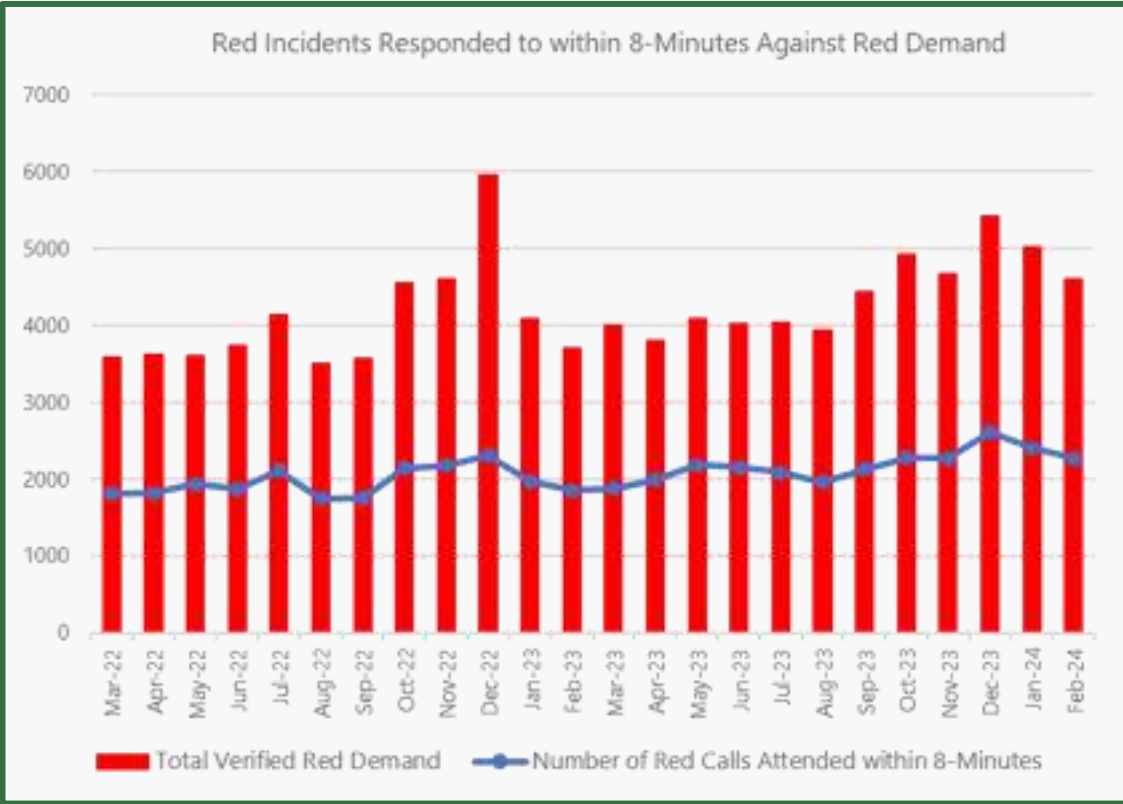
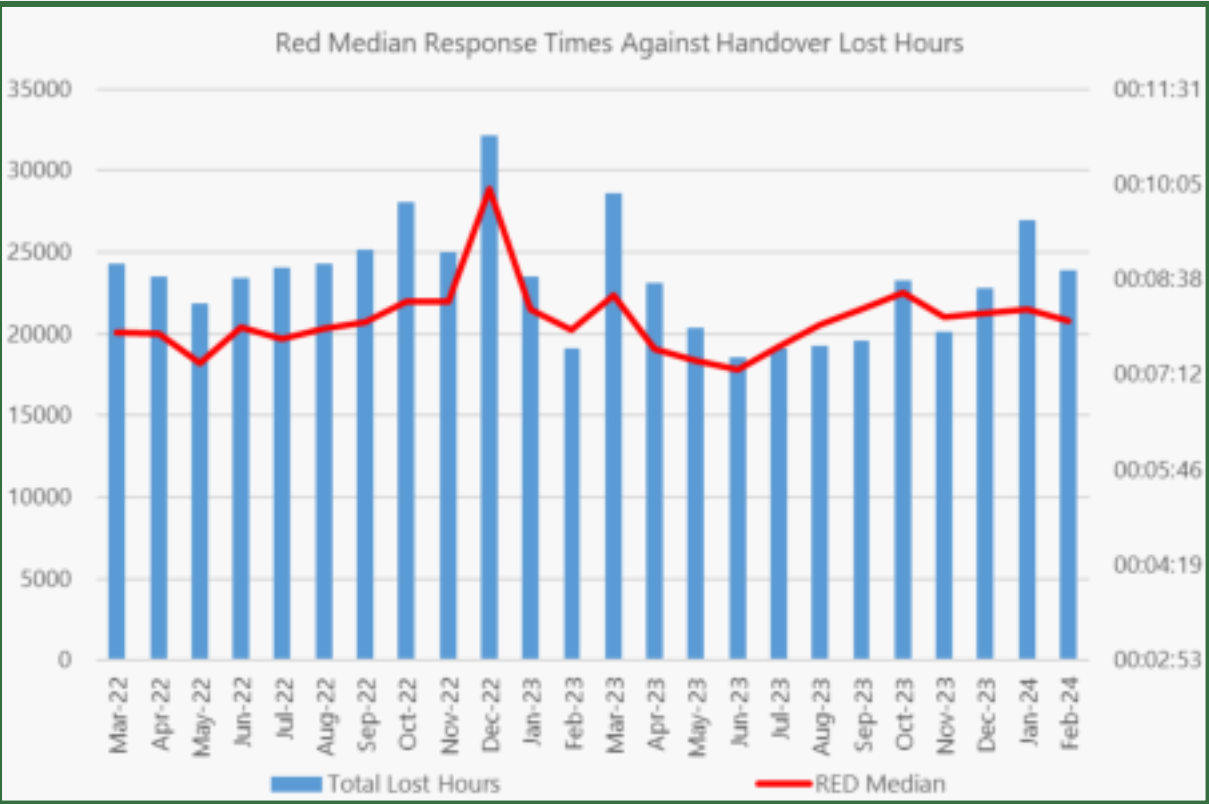
#### Remedial Plans and Actions

The main improvement actions are:

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

#### Expected Performance Trajectory

Based on the winter modelling, red 8-minute performance has not recovered to the levels expected during Q4. The tactical focus is now shifting to spring forecasting and modelling, which will be completed by the middle of Mar-24.



\*NB: Data correct at time of abstraction

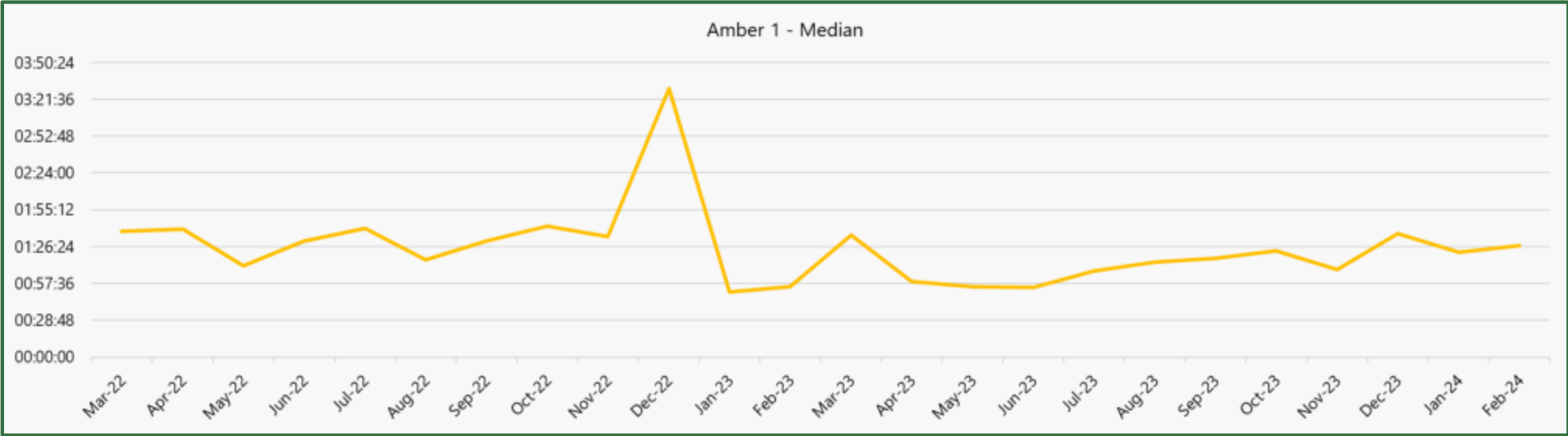
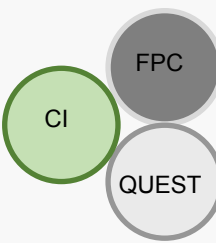


# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



### Analysis

Amber 1 median performance time increased during February 2024 to 1 hour 27 minutes, from the 1 hour 21 minutes recorded in January 2024. Although this figure is also higher than the 55 minutes recorded for February 2023, it is against a month of significantly higher Amber demand (+2,745) and an unprecedented level of hours lost to handover at hospitals. The ideal Amber 1 median response time remains at 18 minutes, although this has yet to be achieved during the 3-year reporting period.

The Amber 1 95<sup>th</sup> percentile also decreased slightly during February 2024 to 6 hours and 51 minutes from 6 hours 58 minutes in January 2024.

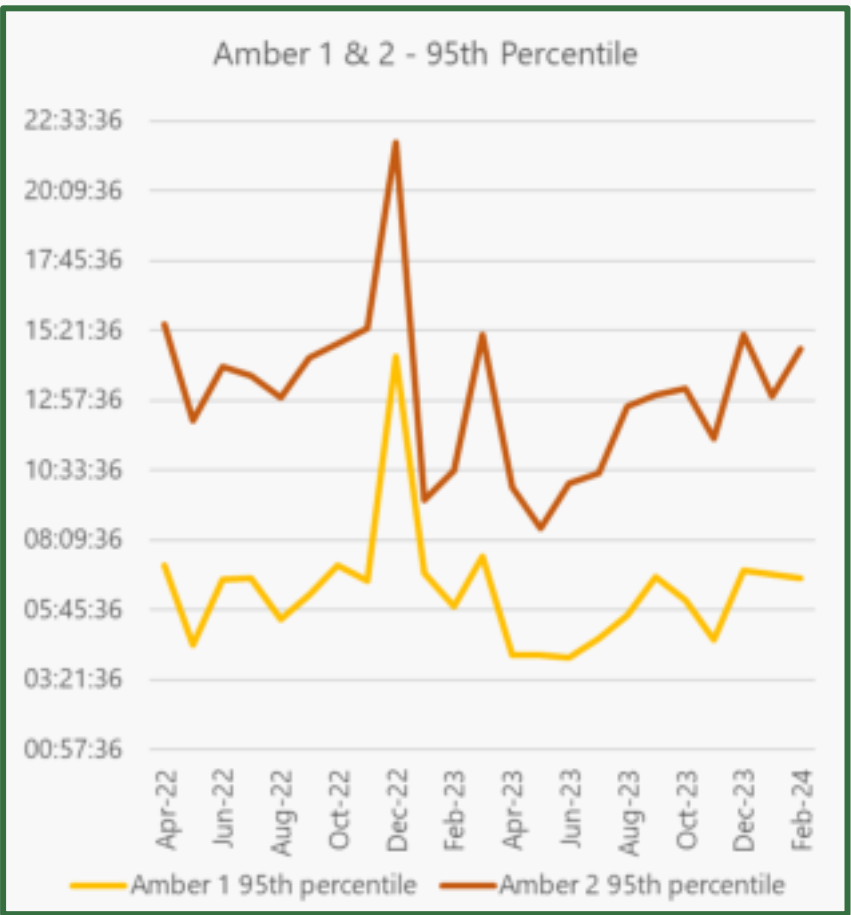
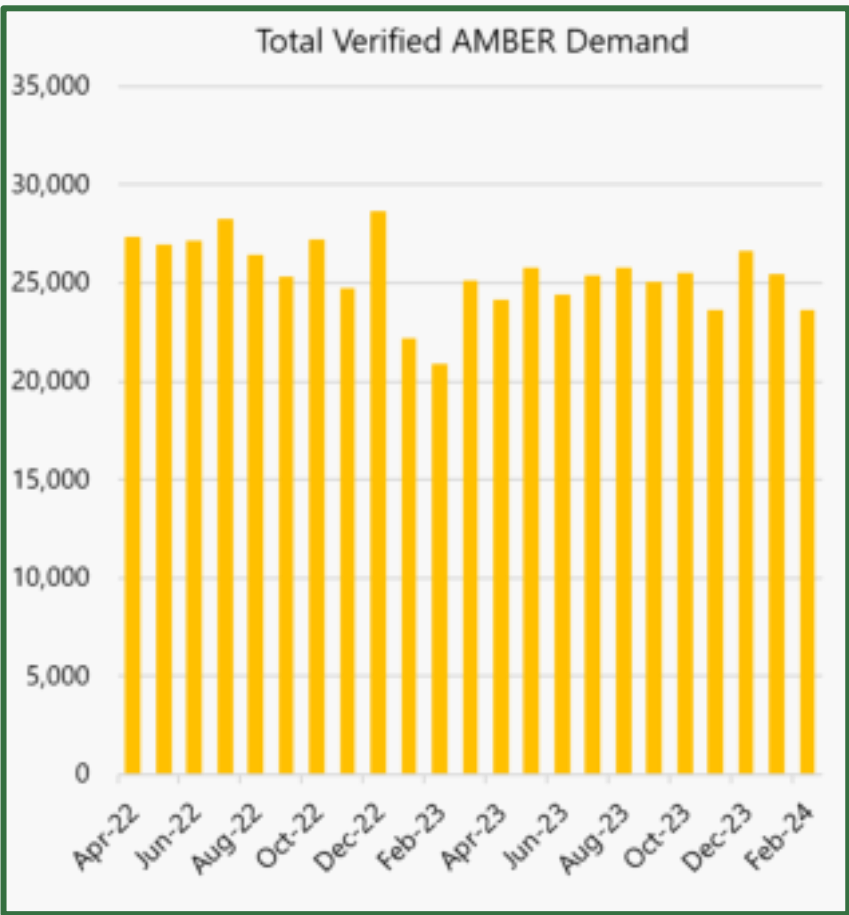
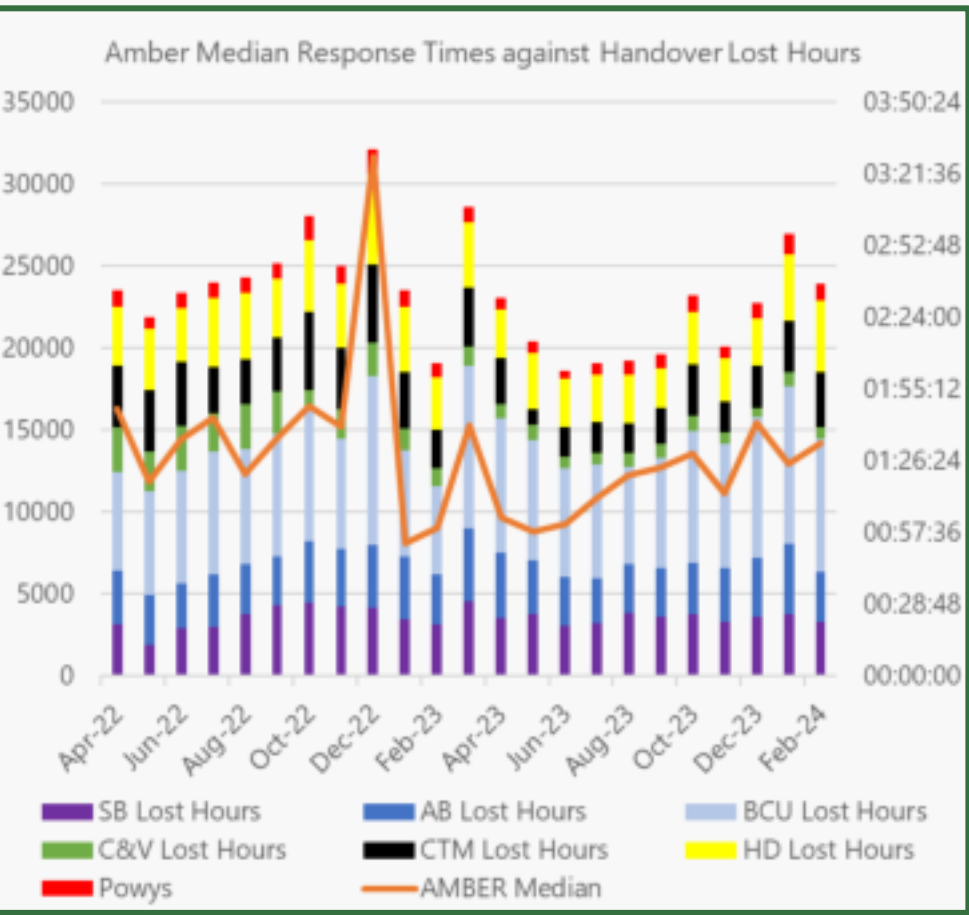
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

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



# Our Patients: Quality, Safety & Patient Experience

## Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Oncology

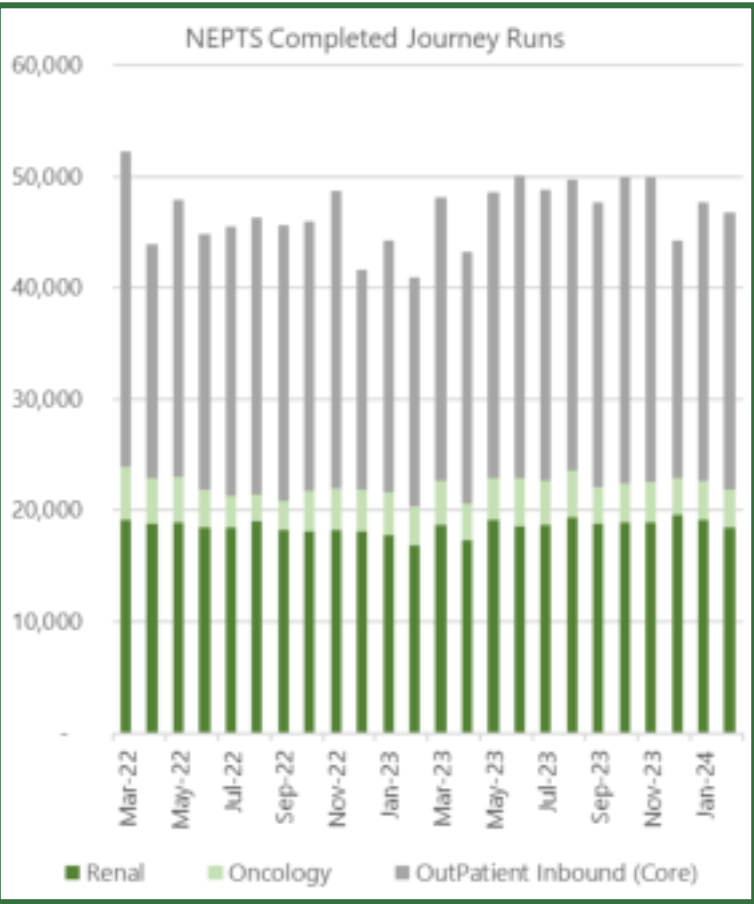
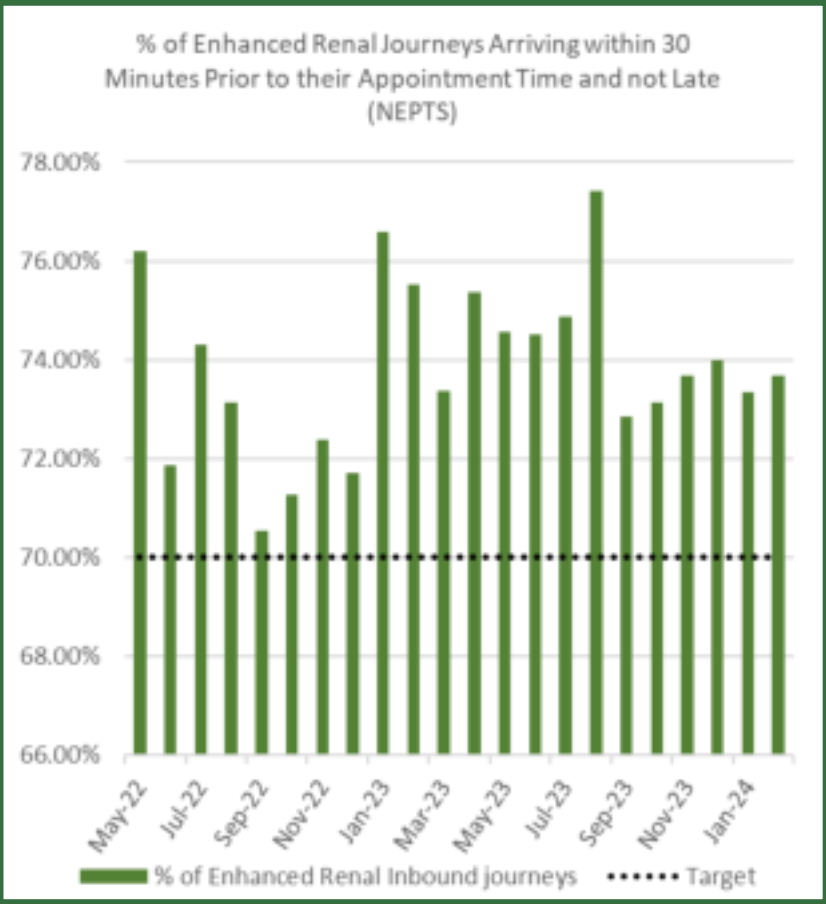
G

Welsh Calls

A

FPC

CI



**Analysis**  
**Ambulance Care (NEPTS element) performance decreased slightly during February 2024.** 71.28% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, a decrease from 73.4% in January 2024, however still achieving the 70% target. Enhanced Renal journeys, however, saw a slight increase, from 73.34% in December 2023 to 73.69% in February 2024 and continues the pattern of the last two years+ of exceeding the agreed performance standard.

The recent good performance of the enhanced service has been achieved despite continual growth in the sector, mainly driven by renal activity increasing.

The NEPTS service continues to be completely committed and focused on improving both timeliness and service quality and is currently trialling a focused service matching oncology patients up with dedicated drivers which has returned an initially positive set of outcomes. In addition, investment has been made in Oncology transport within areas of traditional poor performance,

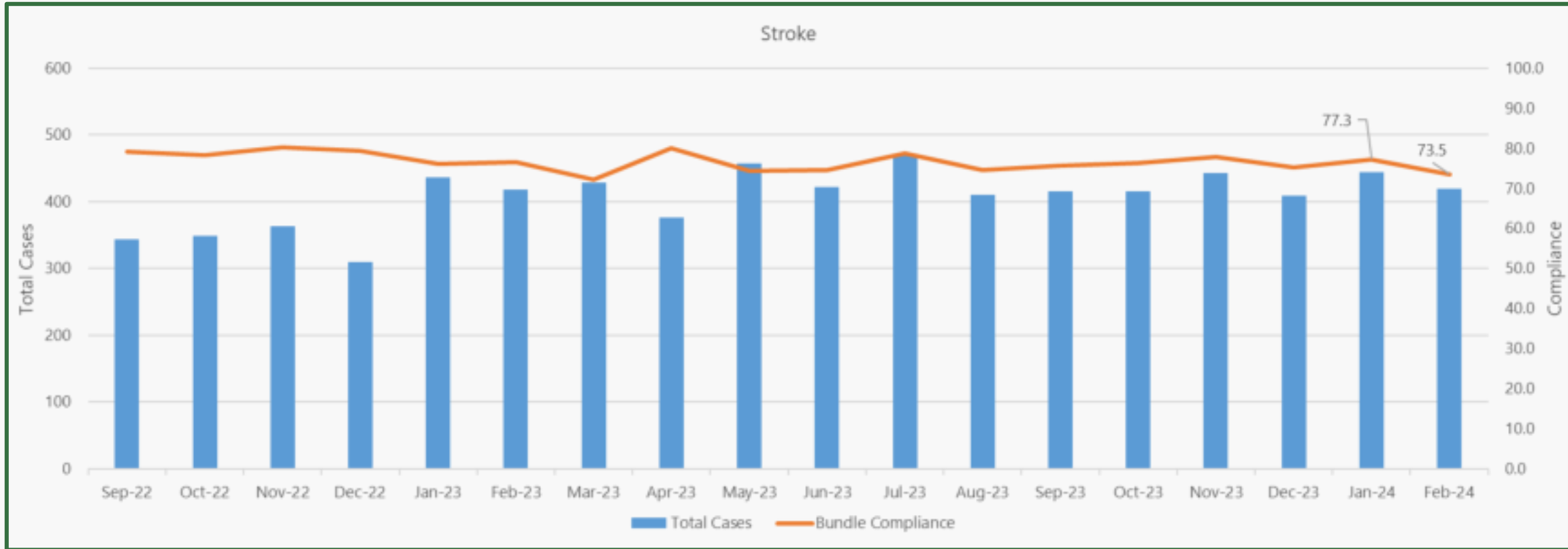
Call volumes answered decreased slightly in February 2024 (18,067) compared to January 2024 (18,810), however this is still 1,697 calls higher than the same month last year. The average speed of call answering improved slightly in February 2024 (00:03:59) for the first time since November 2023 compared to January 2024 (00:04:05).

ACA1 (NEPTS) sickness increased slightly in February 2024 to 12.65% compared to 12.56% in January 2024. However, ACA2 (UCS) sickness increased to 9.73% in February 2024 compared to 8.19% in January 2024.

- Remedial Plans and Actions**
- The journey booking team are currently in the process of reviewing both the existing service standards, which are uncontracted historical measures and not fully funded.
  - Opening hours and delivery methodology are also being reviewed to establish alternative, more efficient methods of achieving service delivery requirements.
  - Sickness is a particular area of focus and enhanced monitoring processes have been implemented.

**Expected Performance Trajectory**  
It is anticipated that, as we work through the attendance at work policy actions, sickness will begin to improve.

## Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care



**Analysis**

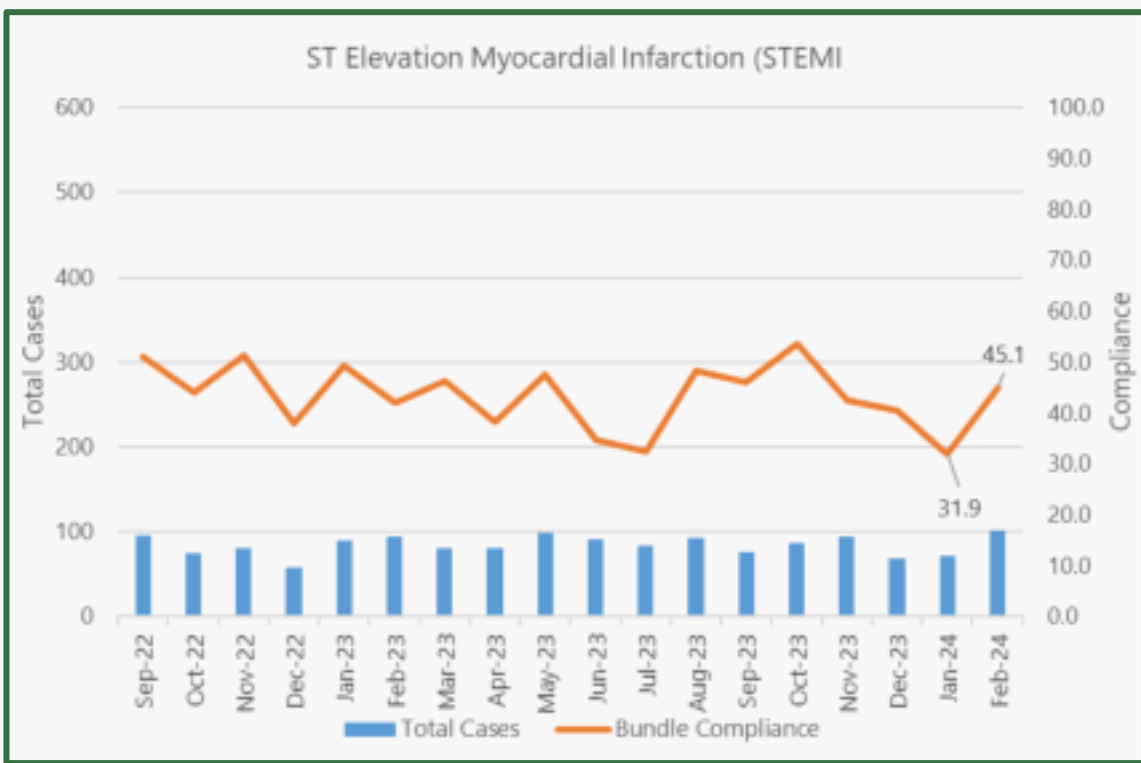
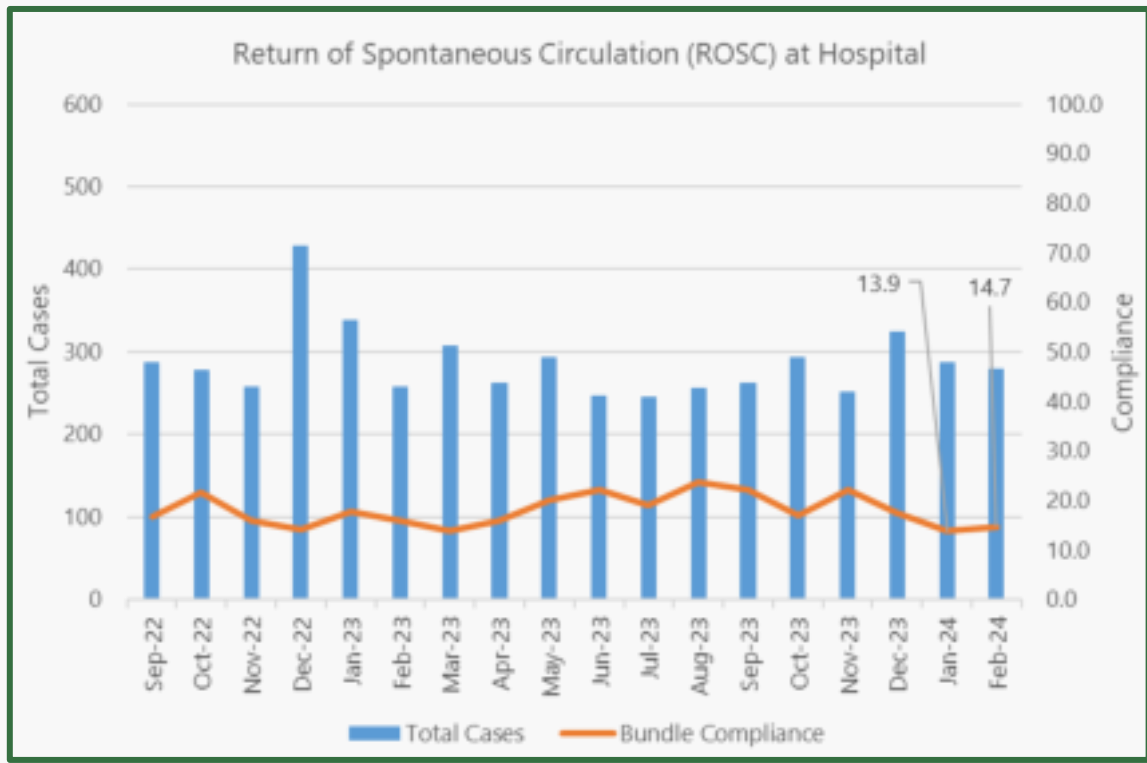
The percentage of suspected stroke patients receiving an appropriate care bundle in February 2024 was 73.5%. This was a decrease from the 77.3% recorded in January 2024. This was against a total case number of 419 during the month of February. There is a correlation between documenting FAST and the care bundle, this will inform the improvement plan.

The ROSC rate for February 2024 was 14.7% an increase from 13.9% in January 2024. This was against a total case number of 279 during the month of February. The highest rate recorded since the implementation was seen in August 2023, achieving 23.8% of ePCR.

Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this may include response times, bystander resuscitation and response type/numbers

As a result of the recent decline in ROSC, the Clinical Intelligence & Assurance Team are undertaking work to understand the reason. This so far has identified an improved clinical picture as information is documented in the narrative and not the specific ePCR fields for CIs reported on using raw data. This will be presented at CIAG in April 2024.

The percentage of suspected STEMI patients receiving an appropriate care bundle in February 2024 was 45.1%, an increase from 31.9% in January 2024. This was against a total case number of 102 during the month of February. There is a correlation between documenting of Aspirin and the care bundle, this will inform the improvement plan.



All Clinical Indicators remain within the normal bundle control limits

Updates to the User Interface for the ePCR were rolled out on 12th December 2023, in particular around elements of the application that affect the CIs. These will be discussed further at ePCR CRG. The ePCR Compliance Approval Group are exploring options to improve ePCR completion and compliance to CIs which will be implemented in a stepwise approach.

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

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

- User understanding and behaviour with the ePCR application
- Adapting the user interface



# Our Patients: Quality, Safety & Patient Experience

## Clinical Indicators

(Responsible Officer: Andy Swinburn)

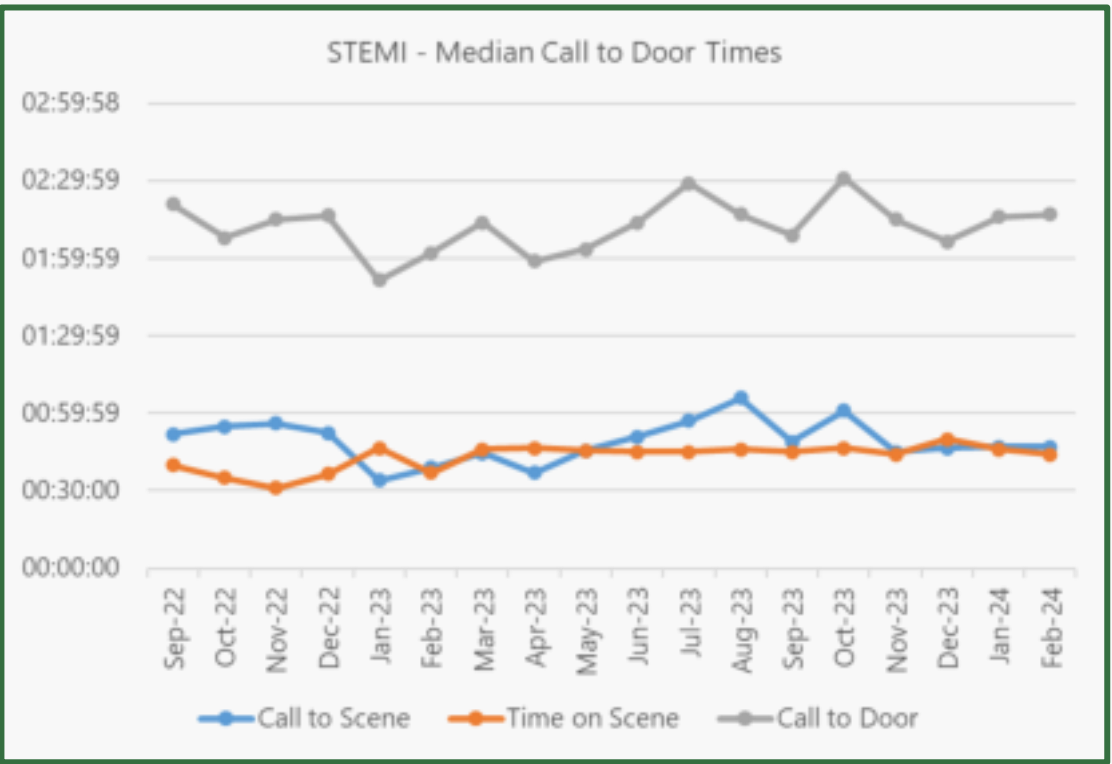
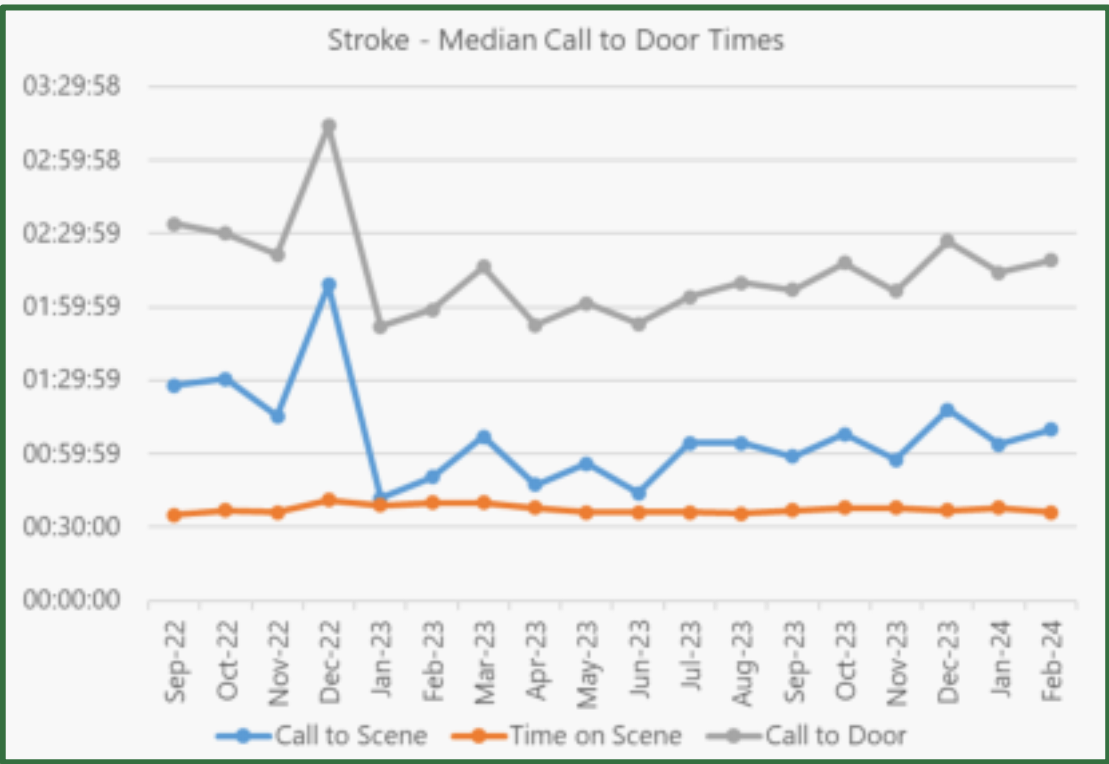
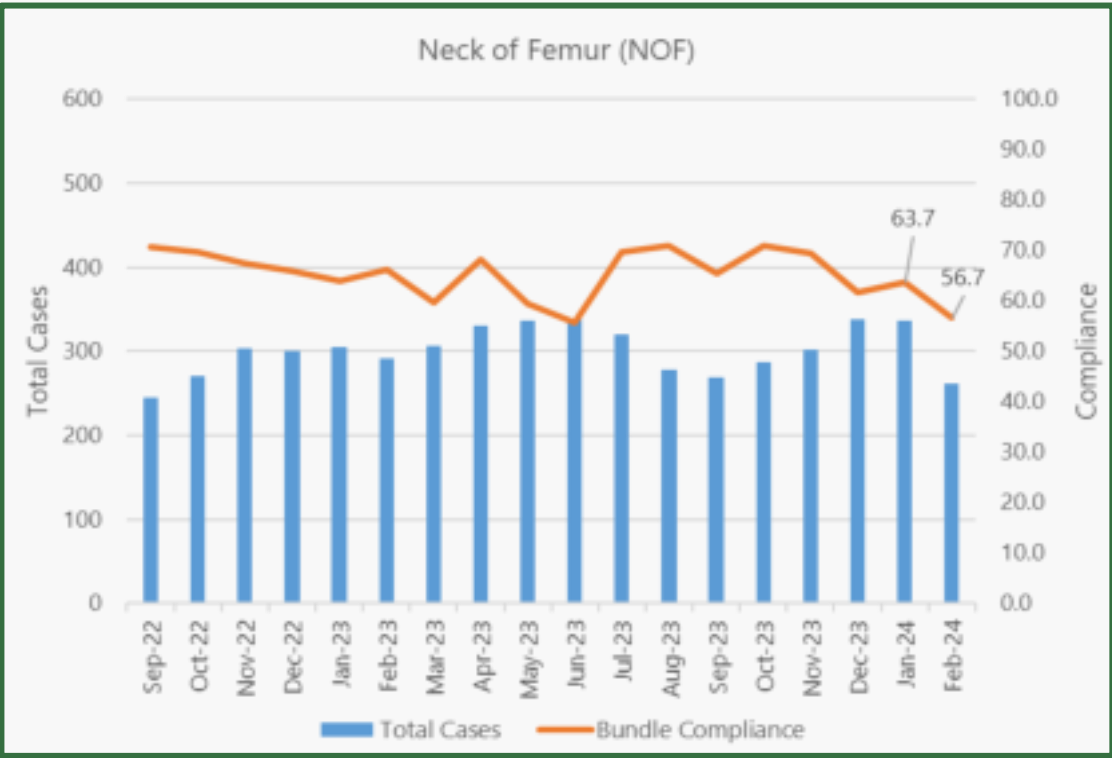
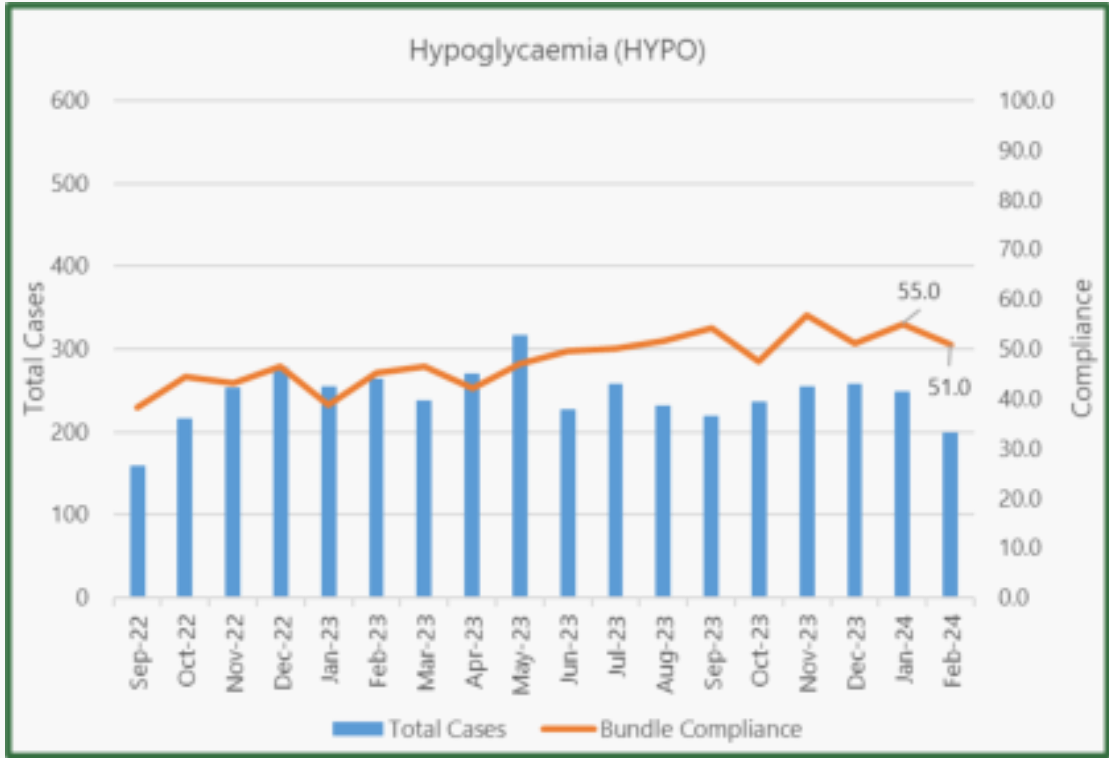
Door to Door

A

Self-Assessment:  
Strength of Internal  
Control: Moderate

QUEST

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



#### Analysis

The percentage of hypoglycaemic patients receiving an appropriate care bundle in February 2024 was 51%, a decrease from 55% in January 2024. This was against a total case number of 200 in February. There is a correlation between documenting BM readings and the care bundle, this will inform the improvement plan.

The percentage of #NOF patients receiving an appropriate care bundle in February 2024 was 56.7%, a decrease from 63.7% in January. There is a correlation between documenting pain score and analgesia and the care bundle which will inform the improvement plan.

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

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

#### Remedial Plans and Actions

An improvement approach has been taken which includes Senior Paramedic support to discuss Clinical Indicators (CIs) with WAST clinicians as part of the ride-out process. A Clinical Indicator dashboard (v2) was approved by the Clinical Intelligence & Assurance Group and is now available. This illustrates performance by Health Board area and informs discussions.

Electronic Patient Clinical Record (ePCR) User Interface changes, resulting from recommendations based on quality assurance audits, were implemented during December 2023. These include a further change to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields which will improve compliance.

A pain management framework has been developed and approved at the Clinical Quality & Governance Group (CQGG) in response to an internal audit action to improve assurance on completeness of documented pain management for patients, and the ability to extract data, identifying and reporting themes and trends.

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

#### Expected Performance Trajectory

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

# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

(Responsible Officer: Liam Williams)

Concerns.

R

NRI.

A

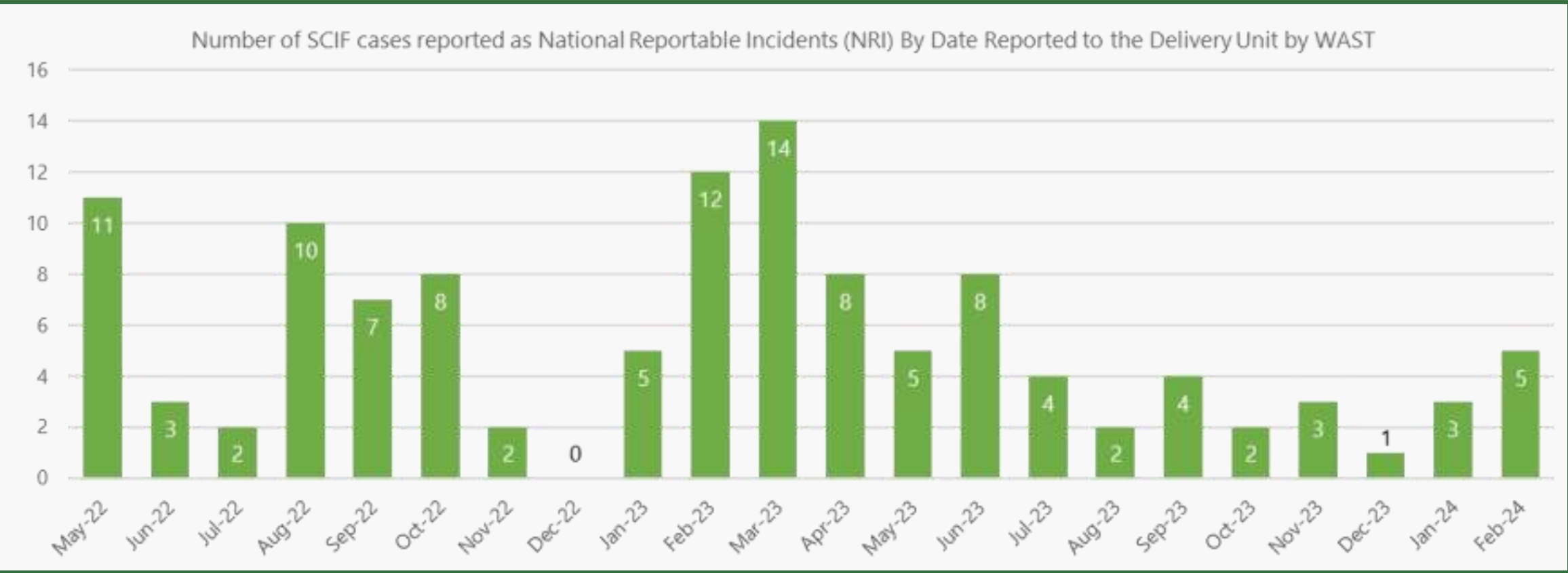
Self-Assessment: Strength of Internal Control:

Moderate

QUEST

Health & Care Standard

Health - Safe Care / Timely Care

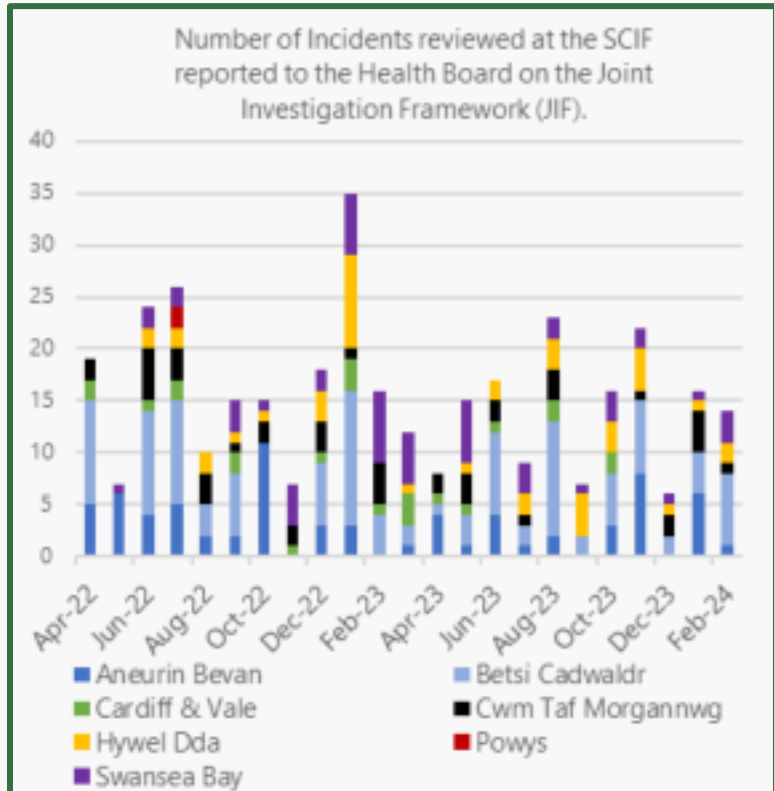
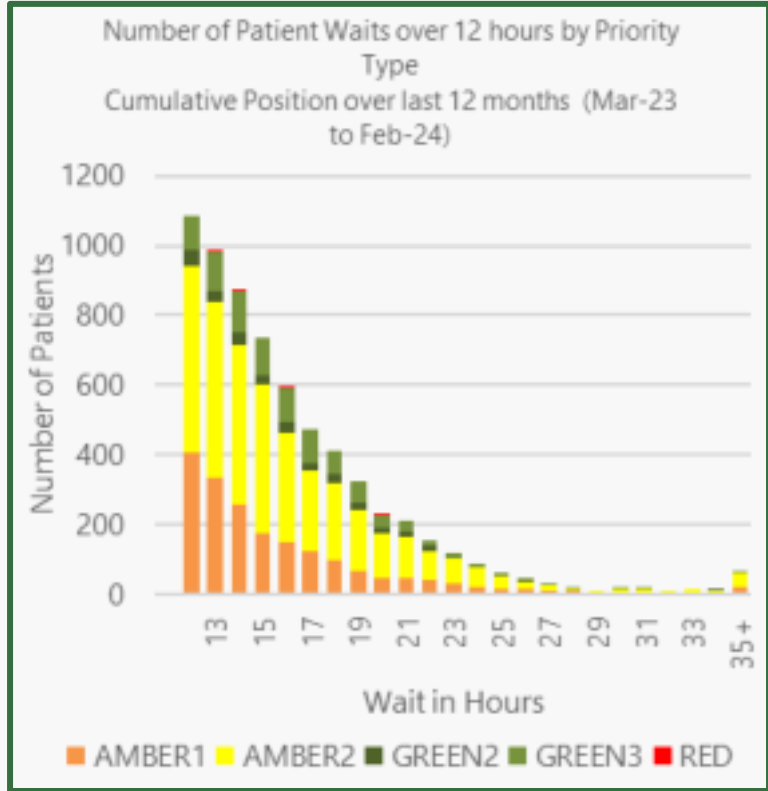
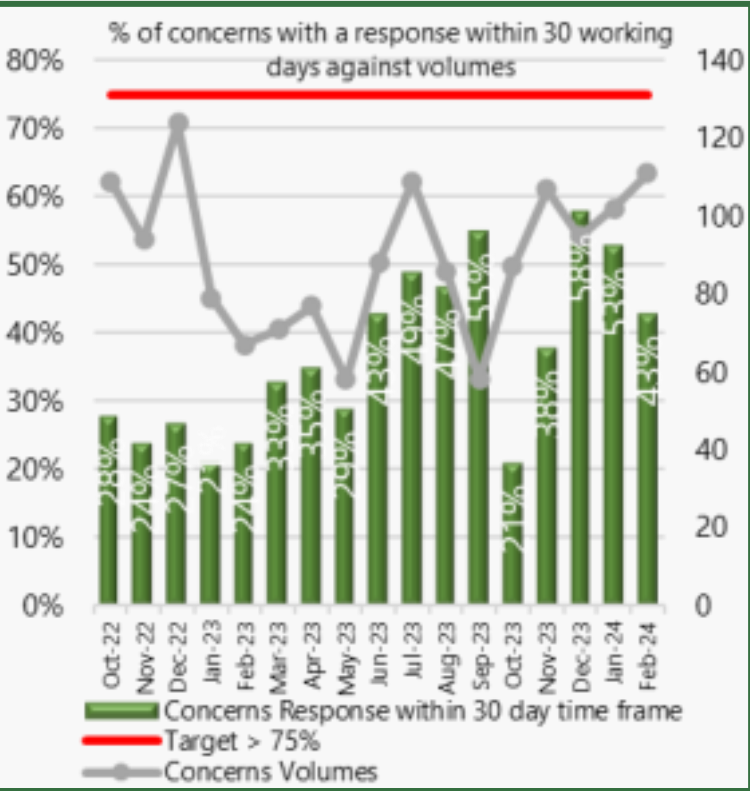


**Analysis**

The percentage of responses to concerns in February 2024 was 35% against a 75% target (30-day response) which is a decreased position. Several factors continue to affect the Trust’s ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident’s (NRIs) and timely response to requests for information from key parties. The number of total concerns has increased with 111 complaints being received and processed in February 2024. These complaints are frequently complex with our concerns administrators taking lengthy calls from distressed patients or family members for up to one hour per call. Seven (7) Serious Case Incident Forums (SCIF) were held during the month and 35 cases were discussed. Following discussion 5 serious patient safety incidents were reported to the NHS Wales Executive and 14 cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received 2 referrals from Health Boards under the Joint Investigation Framework during the period. Learning from the Joint Investigation Framework process remains limited with Health Boards citing high levels of escalation as causal factors.

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

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



In February 2024, 758 patients waited over 12 hours for an ambulance response and 51 compliments were received from patients and/or their families.

**Remedial Plans and Actions**

A range of actions are in place:-

Following financial agreement at the Executive Leadership Team in September 2023 an organisational change process commenced in the Putting Things Right Team on 25.09.2023 and posts have been recruited to. It is envisaged that the structure will be fully in place by April 2024.

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

The key strategic action is the EMS Operational Transformation Programme.

**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.

\*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

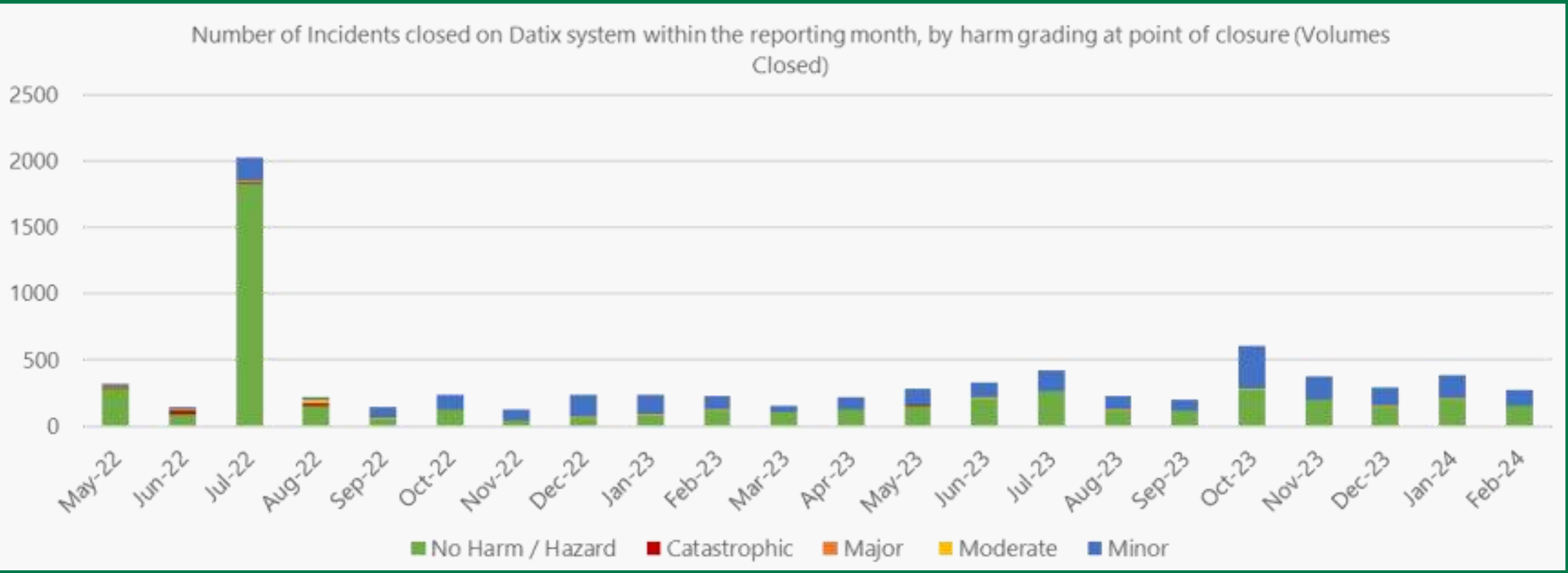
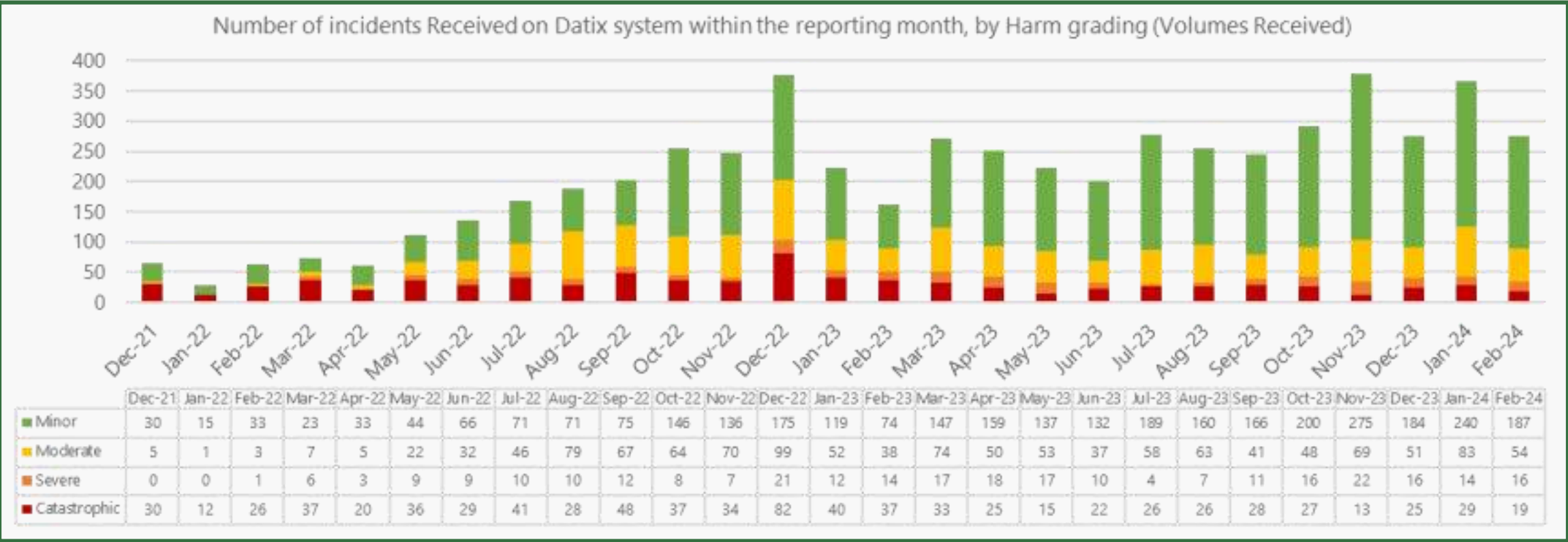
## Patient & People Safety Indicators

(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 – 64
- Minor harm – 187
- Moderate harm – 54
- Severe Outcomes – 16
- Catastrophic – 19

(\*NB: Volumes received).

The bottom graph highlights the 272 Incidents that were closed on the Datix system in February 2024. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

### Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. The combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service has meant additional activity for the Putting Things Right Team. There is also a backlog of MPDS audits currently. The EMSC team are working hard to conclude these as soon as possible.

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

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

### Expected Performance Trajectory

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

*\*NB: Data 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

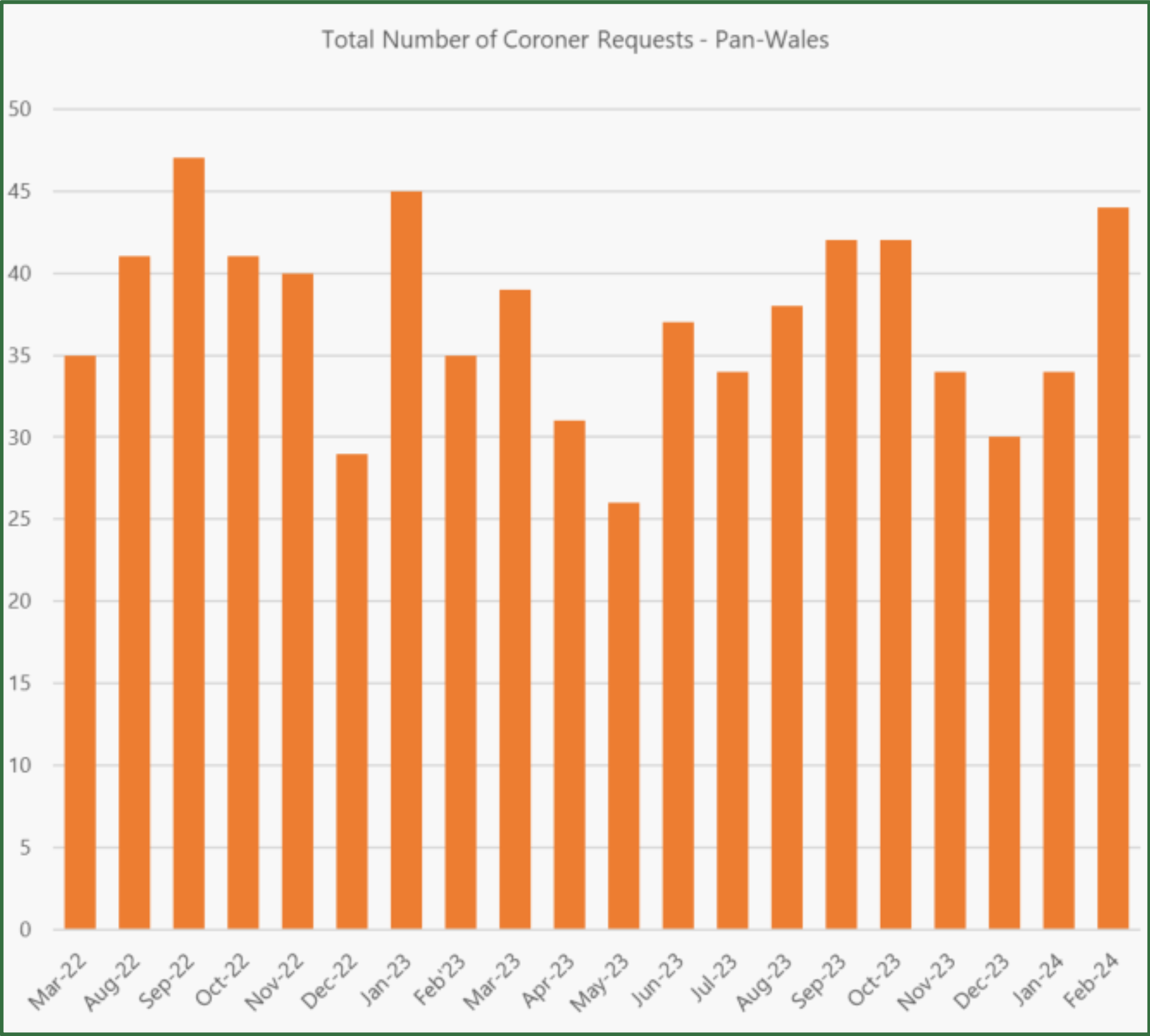
(Responsible Officer: Liam Williams)

Coroners  
Self-Assessment:  
Strength of  
Internal Control:  
Moderate

Mortality  
Self-Assessment:  
Strength of  
Internal Control:  
Moderate

QUEST

Health & Care  
Standard  
Health – Safe Care



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

### Analysis

**Coroners:** The complexity of the cases remains high, with multiple statements and actions per approach. This is in addition to the work required to manage cases where the Trust has been given IP status. Cases continue to be registered and distributed. Delayed statement requests are escalated to ensure that the Trust does not receive a Schedule 5 summons. There continues to be additional work due to the ongoing recovery of the Trust solicitor/claims manager. There has been a new administrative team in Swansea Bay and the Trust has received several requests that have been delayed by the coroner's officer failure to make requests against the Trust.

**Ombudsman:** There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. A deeper dive into the cases has been undertaken and will be reported as part of the next quarter report. The Ombudsman is considering issues surrounding joint investigations and the issues of elderly patients laying on floors waiting for ambulances.

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

### Remedial Plans and Actions

**Coroners:** There continues to be additional work due to the ongoing recovery of the Trust solicitor/claims manager, who is unable to travel for long distances. A temporary staff member's contract has been extended to the end of the financial year to try and minimise the impact of the additional work. This has resulted in the Trust being represented by external counsel (such as Legal and Risk Solicitors), all these cases require the instruction of counsel (preparation of bundles, instruction,).

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

**Mortality Review:** The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews aligning to the national approach. This includes consideration of the resources required in the new Putting Things Right (PTR) Team structure with additional roles included in the Patient Safety Team. Recruitment to the new structure is expected to be completed by May 2024. Representation and contribution by the Trust at the All-Wales Mortality Working Group continues. The Patient Safety Team are engaged in the meetings lead by the Once for Wales Datix Cymru Team who are developing the Datix Cymru Mortality Module. The Learning from Deaths Forum, chaired by the Assistant Director of Quality & Nursing is established and is currently meeting on at least a quarterly basis, with oversight and reporting to the Clinical Quality Governance Group. Following the finalisation of the All-Wales National Mortality Framework which will include the processes in primary care, the Learning from Deaths Forum will oversee the updates to the Trust's Framework.

### Expected Performance Trajectory

**Coroners:** This level of activity seems to be the new normal and will continue to be monitored.

**Ombudsmen:** Learning has been placed in a PTR, for sharing pan Wales.

**Mortality Review:** Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by the end of April 2024 and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been escalated following screening and reviewed via PTR processes internally through the Serious Case Incident Forum. Following the recruitment to the new PTR Structure (expected by May 2024) improvements in the timely review of MES referrals is expected.

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

(Responsible Officers: Jonny Sammut & Liam Williams)

Self-Assessment:  
Strength of Internal Control:  
Strong

QUEST

Health & Care Standard  
Health – Safe Care

Safeguarding Data source: Doc Works

### Analysis

**Safeguarding:** In February 2024 staff completed a total of 182 Adult at Risk Reports, 91% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 499 referrals were received and processed to the local authority during this reporting period. There have been 218 Child Safeguarding Reports in February 2024, 95% of these were processed within 24 hours.

**Data Governance:** In February 2024, there were 19 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 19 breaches, 11 related to IG/Confidentiality, 1 Records/Information, 2 Transfer/Discharge, 2 Communication, and 3 Information Technology.

**Public Engagement:** During February, the Patient Experience and Community Involvement Team attended 24 community engagement opportunities, engaging with approximately 205 people. This month engagement has included attendance at a number of condition specific support groups, including groups for Stroke survivors and their careers, people living with arthritis and support groups for people with mental health conditions. We have attended Carers 'Me Time' sessions where carers come to learn from other carers' experiences and gain confidence in their caring roles. We attended the Gwent Youth Question Time, hosted by the Office of the Police & Crime Commissioner which offered an opportunity to talk with young people about their experiences and expectations. In a similar vein we also attended the Cardiff Community Safety Partnership Meeting with partner organisations across CVUHB to share information and intelligence about locality-based anti-social behaviour alongside colleagues from Cardiff Council, South Wales Police, Probation Services, South Wales Fire, Cardiff Youth Services, Victim Support, Prevent and third sector organisations related to Youth Services. Throughout February we also promoted our annual #Defibuary campaign, aiming to increase public awareness of public access defibrillators and the benefit of early bystander intervention and CPR. Through the month we have also continued to make a range of Patient Experience Surveys (PREMs) available to the public, asking people to provide feedback about their interactions with our services. We acknowledge that response rates to some of these surveys remains low and isn't truly reflective of all patient's experience, though we are working with colleagues to try and increase return rates. Engagement and survey outcomes remain largely consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999, but that people are generally happy with the care they eventually receive. 111 callers have told us 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 longer than wanted delays when waiting for their transport home following their appointment.

### Remedial Plans and Actions

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

**Data Governance:** During the reporting period, of the 19-information governance related incidents reported on Datix, 2 incidents were reported to the Information Commissioner's Office (ICO). One of these relating to post sent to wrong address, the other related to records found in an unsecure location. The IG Team will continue to review and provide advice on reported incidents.

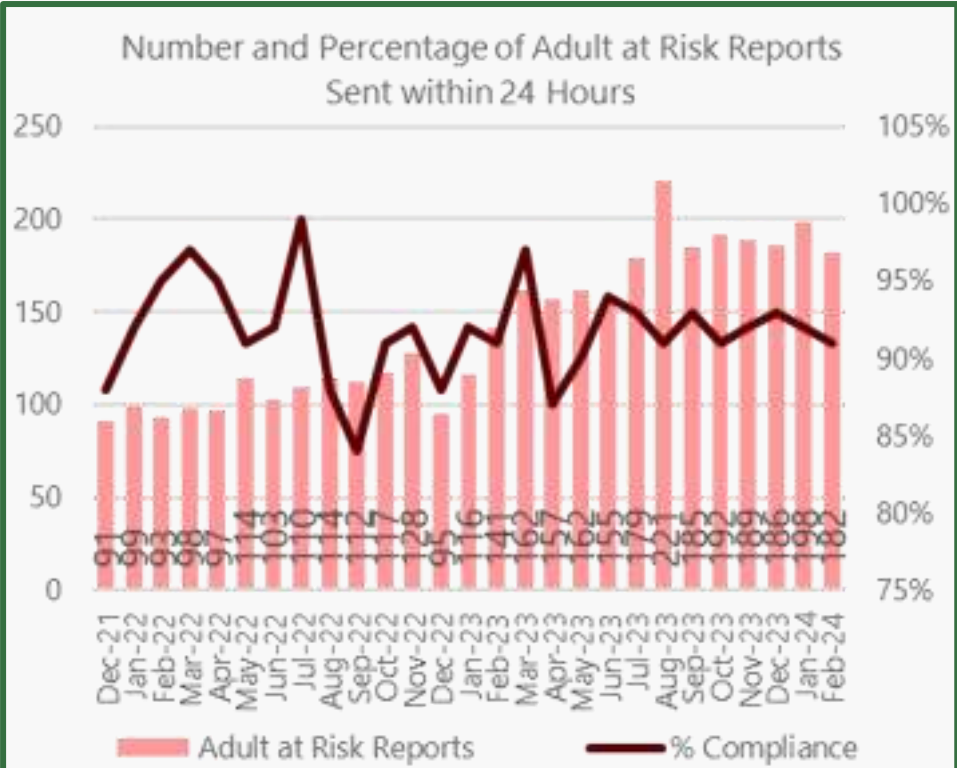
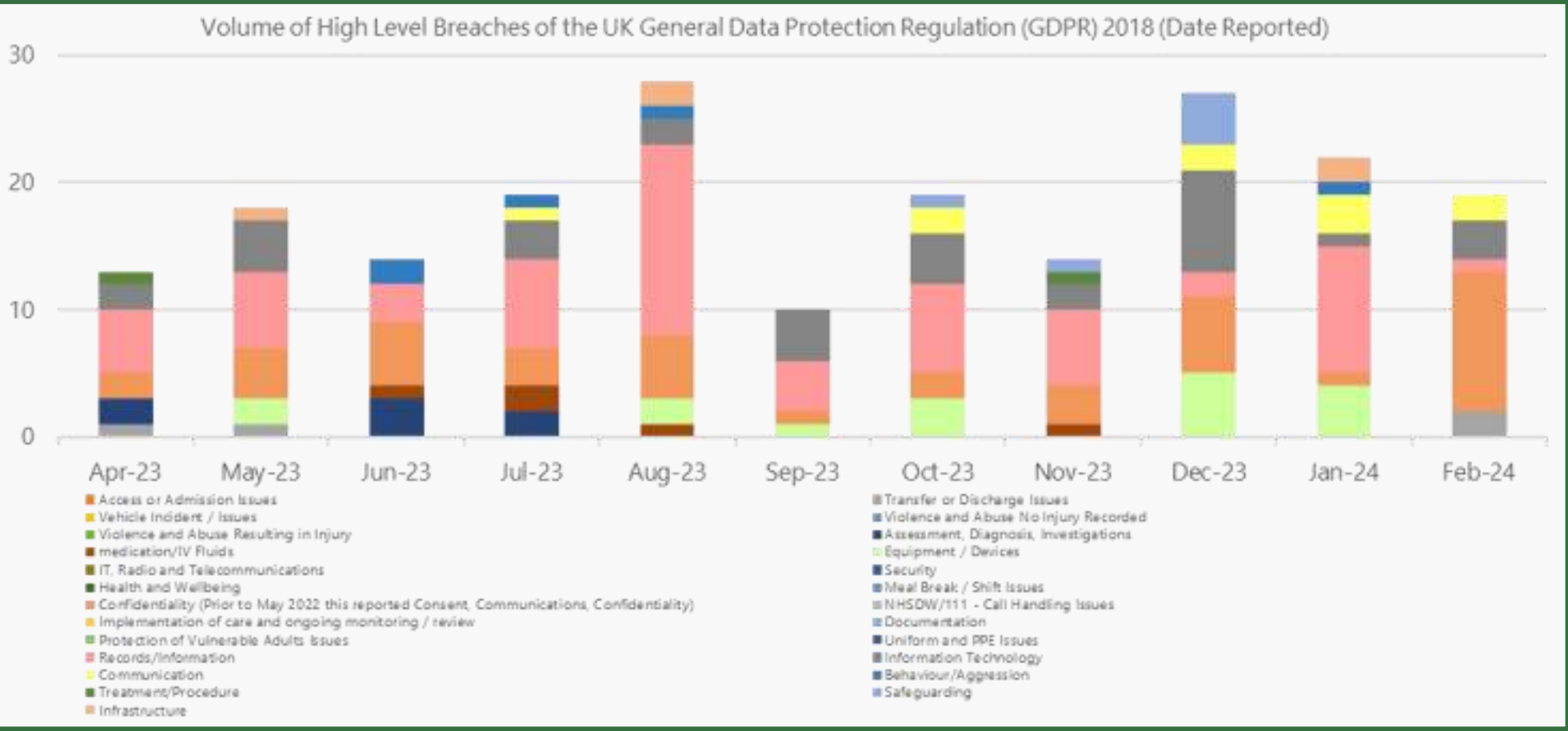
**Public Engagement:** Community involvement and engagement with patients/public forms an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PEGI Team is supporting 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 PEGI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Response rates to some of our PREM's surveys is disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. We are actively working with colleagues across the Trust in a number of different departments to try and agree on solutions that would allow us to directly contact more patients to ask for feedback about their experiences with us. We have escalated our concerns to barriers which are preventing us from directly contacting patients to colleagues at the Welsh Risk Pool who oversee implementation of the Once for Wales Civica & Datix systems. We are seeking their advice on a way forward following a letter to WAST from the Welsh Risk Pool which highlighted WAST as an outlier in not fully utilising all of the available features in Civica to record and report on patient experience. WAST's Information Governance Team has also contact the Information Commissioner's office who are reviewing the situation for us ad will provide further guidance.

### Expected Performance Trajectory

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

**Data Governance:** The IG Toolkit submission for FY23/24 continues to be populated with the deadline for submission at end of March. The action plan for the Minimum Expectations criteria currently stands at 80% completed and continues to be monitored.

**Public Engagement:** All feedback received is shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement. Patient experience and community engagement information is now shared weekly at the Senior Quality Team meeting.



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



# Our Patients: Quality, Safety & Patient Experience

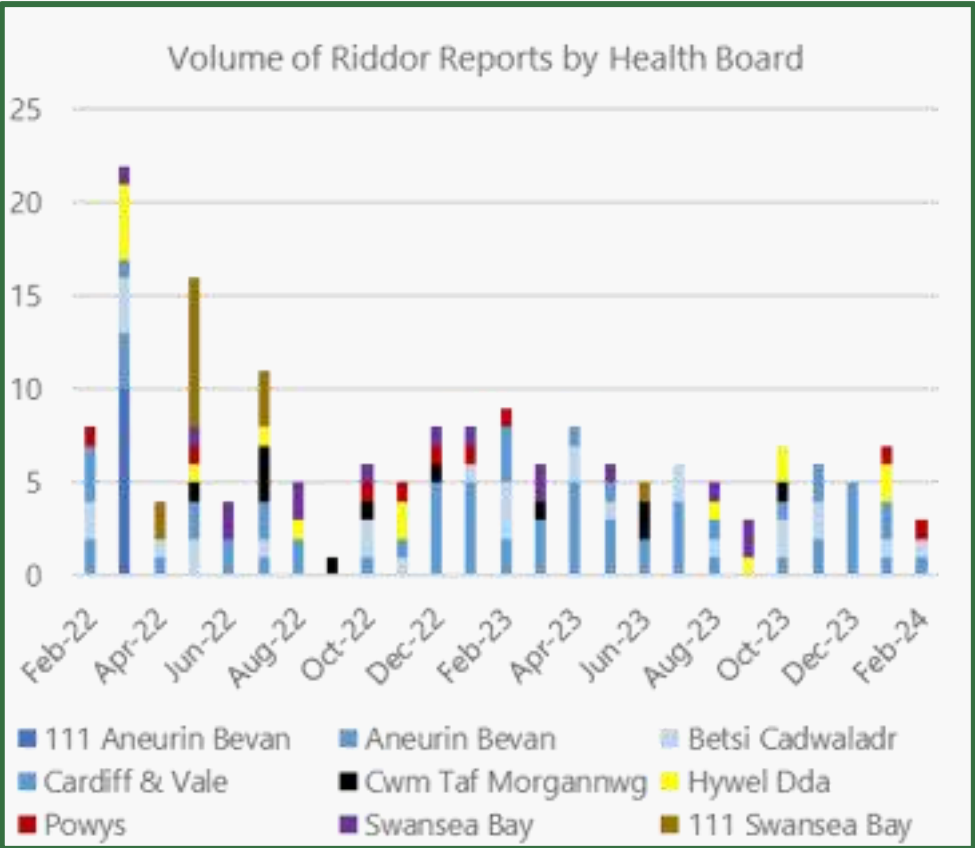
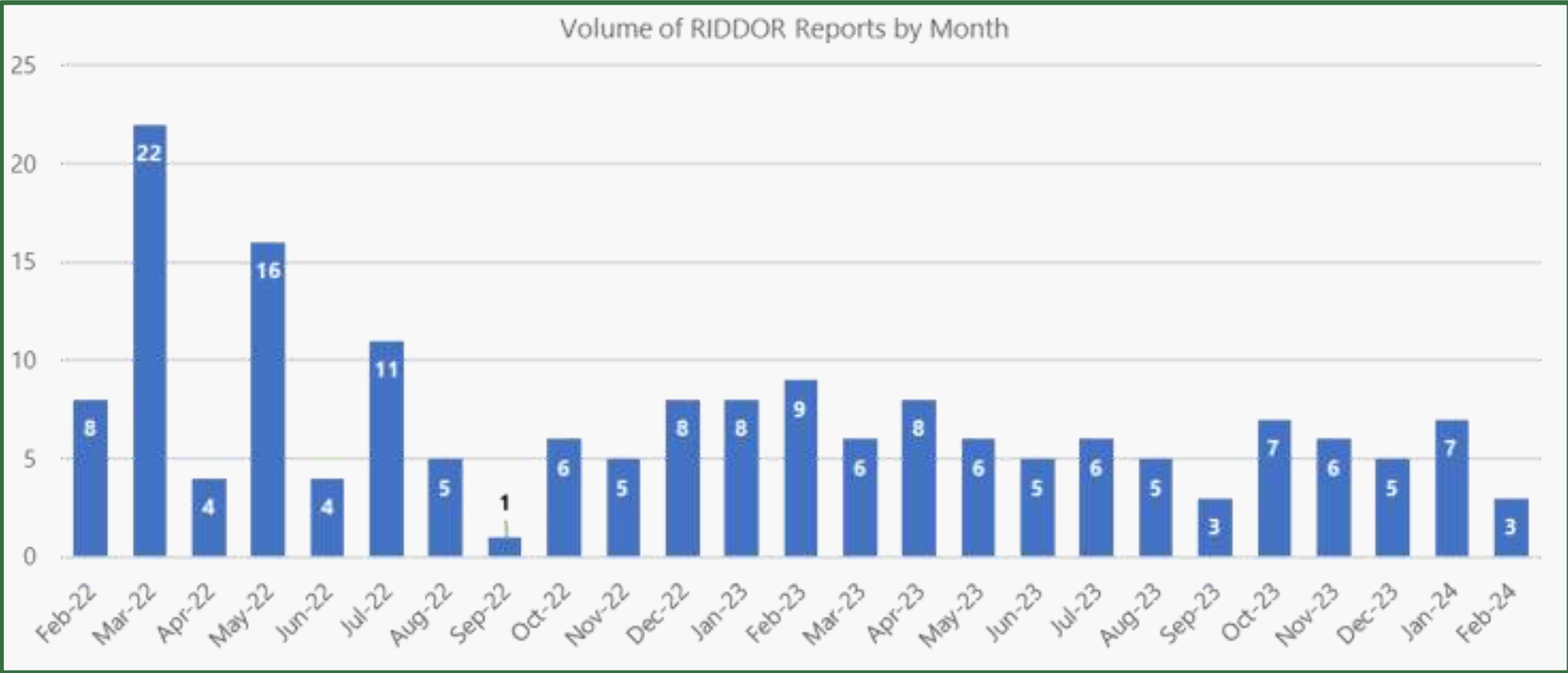
## Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

PCC

Health & Care  
Standard  
Health – Safe Care



### Analysis

**RIDDOR:** There were 3 incidents requiring reporting under RIDDOR during February.

All were related to staff being absent from work for over 7 days because of their injury that resulted from manual handling activities

100% of the reports were completed within the reporting required time frames. Health and Safety team will continue to work with Incident Handlers to ensure reports are submitted within the required timescales.

Manual handling continues to be the highest category of incidents reported under RIDDOR.

**Violence and Aggression:** A total of 51 incidents have been reported of V&A in February. 6 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 45 for the month.

There were 2 reports for inappropriate sexual behaviour 1 verbal and another behavioural. 8 incidents were reported as Moderate in harm and 25 noted as low harm which continues the higher trend seen since August 2023.

Verbal abuse continues to be the major category of reporting received with aggressive and threatening behaviour toward staff still at high levels.

A number of Individuals convicted of violence an aggression toward staff from previous incidents will be sentenced in March.

### Remedial Plans and Actions

**RIDDOR:** A new DSE/Manual Handling Advisor has been appointed and they are undertaking an analysis of the manual handling incidents within the Trust to identify areas for continuous improvements.

**Violence and Aggression:** The V&A Team have visited the 111 call centres and plan to visit the EMSC areas to gain a better understanding of the incidents of verbal abuse received and the challenges of reporting the incidents on Datix. The aim is to ensure more constant reporting and investigation to ensure the physical and mental safety of our staff.

V&A Team are investigating the impact of police response to mental health calls as more forces class such incidents as medical issues that do not require the presence of a police officer.

### Expected Performance Trajectory

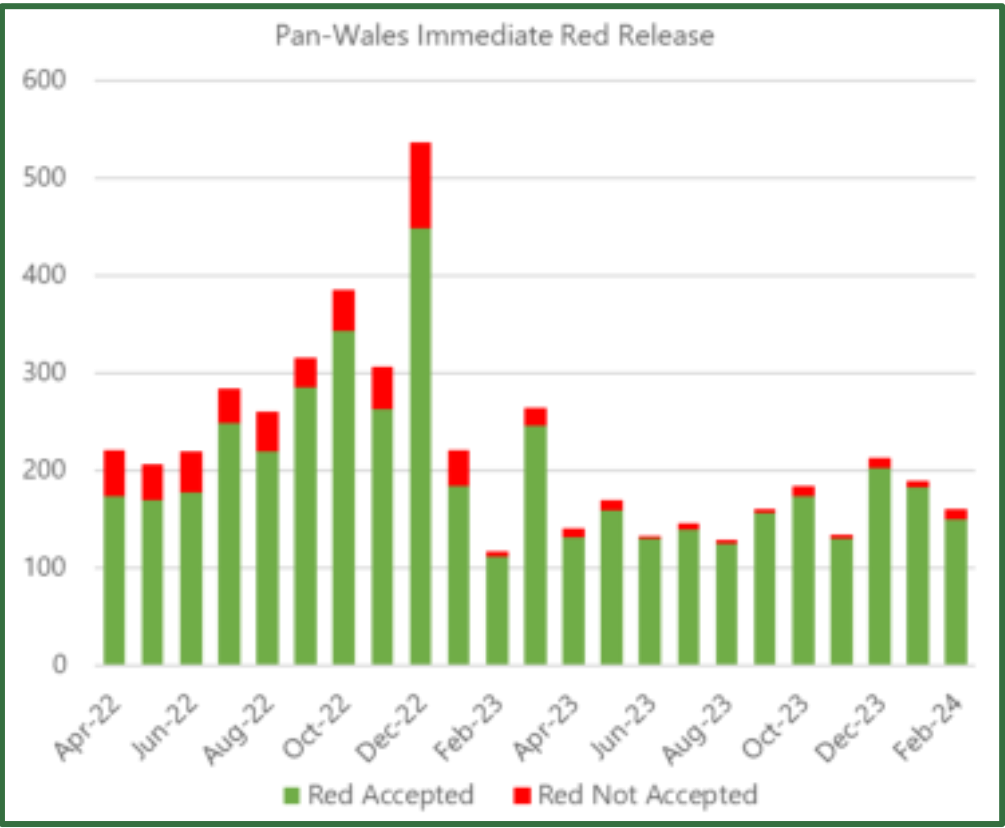
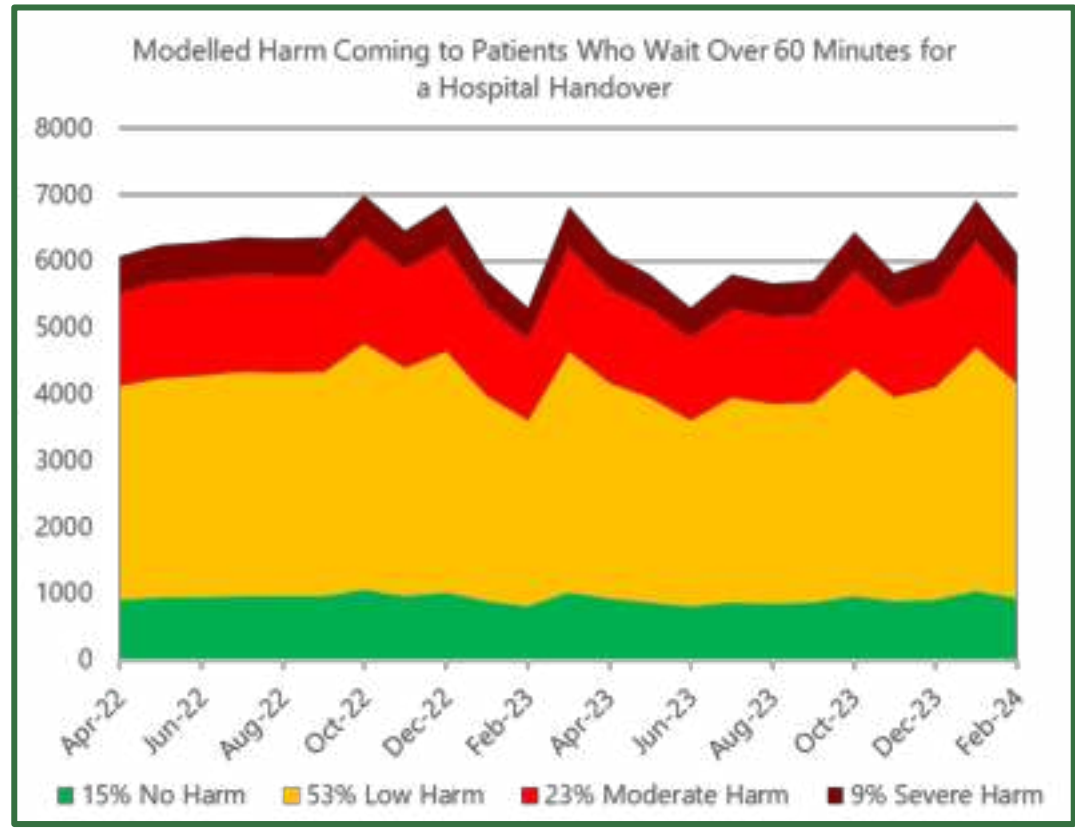
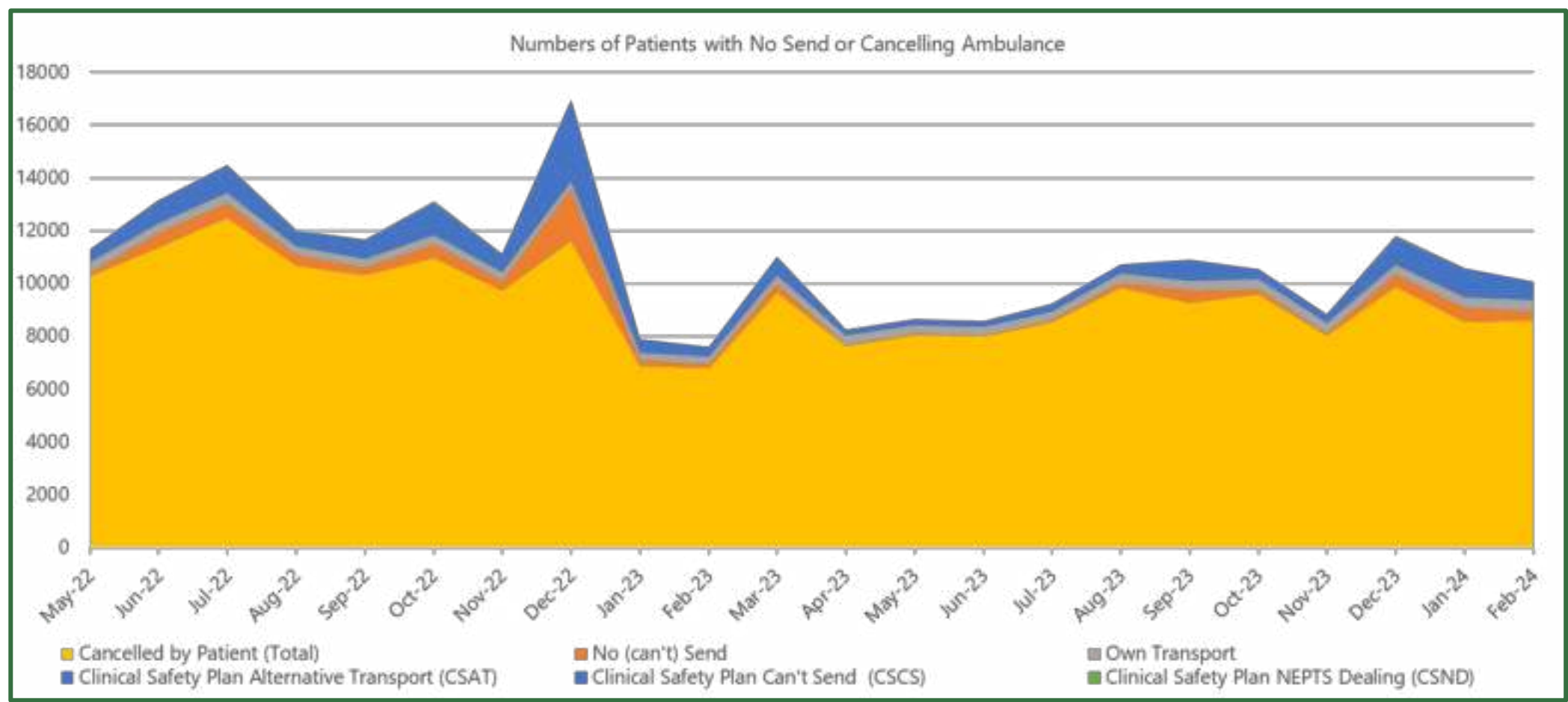
**RIDDOR:** As recommendations from the manual handling review are implements the number of incidents are projected to fall.

**Violence and Aggression:** The decrease in Police attendance at mental health call may result in an increase reporting of V&A incidents as staff try to deal with unstable patients.

*\*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



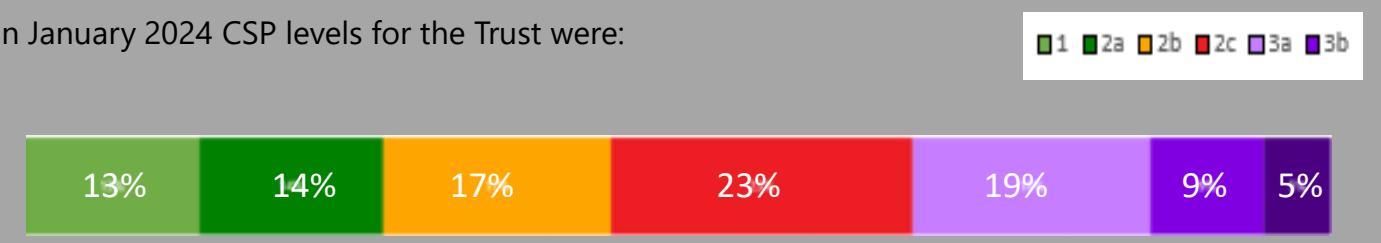
### Analysis

In February 2024, 227 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 460 were stopped due to CSP 'Can't Send' options. In addition, 8,623 ambulances were cancelled by patients (including patients refusing treatment at scene) a slight increase from 8,558 in January 2024 and 437 patients made their way to hospital using their own transport.

There were 616 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in February 2024. Of these 150 were accepted and released in the Red category, with 10 not being accepted. Further to this, 148 ambulances were released to respond to Amber 1 calls, but 308 were not.

The graph in the bottom left shows that in February 2024 of the 6,120 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% (918 patients) would experience no harm, 53% (3,243 patients) would experience low harm, 23% (1,407 patients) would experience moderate harm and 9% (550 patients) would experience severe harm.

In January 2024 CSP levels for the Trust were:



### Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

### Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

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



# Our Patients: Quality, Safety & Patient Experience

## Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

PCC

Health & Care  
Standard  
Health – Safe Care

February 2024		
NEPTS (143 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	73
Were you happy with the transport you received?	85	93
999 (18 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	84
The 999-call taker who answered your call explained what was going to happen next.	85	74
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	81
The length of time I waited for an ambulance to arrive was acceptable.	85	58
111 (13 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	68
Did you follow the advice given to you by NHS 111 Wales?	85	82
Would you consider using NHS 111 Wales again?	85	78
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
○ Ambulance care	88.10% Good	8.73% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	55.56% Good	27.78% Poor
○ EMS (including CSD)	61.11% Good	27.78% Poor
○ NHS 111 Wales Online	68.00% Good	8.00% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

### Analysis

Within the NEPTS survey the responses provided did not hit the benchmark in relation to the question ‘How long did you wait for your transport to take you home after your appointment, therefore not providing the level of service the patient expected. However, 93% were happy with the transport they did receive.

It is acknowledged that the small number of respondents for the 999 and 111 surveys does not provide a great enough response to reflect a true patient experience picture, but work is currently underway to develop a process that will increase response rates and make them more meaningful.

### Remedial Plans and Actions

We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

The Civica Experience platform provides some enhanced reporting facilities, including the ability to weight questions and produce ‘Heat Maps’ based on responses. A benchmark is set of 85, with aggregated scores of 85 and above representing a positive response. WAST is currently working through the requirements to add the SMS functionality within the Civica experience platform and other systems as well as strengthening information governance arrangements to increase the data experience returns.

The aim is to increase the number of patient experience feedback returns and to further integrate systems with Civica to push email/text surveys to patients. However, this requires input from the ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

These surveys are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.

### Expected Performance Trajectory

Further integrate our systems with Civica to push email/text surveys to patients. Requires input from ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

# Our People

## Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

G

Abstractions

R

CI

PCC

FPC

### Analysis

The total hours produced is a key metric for patient safety. The Trust produced 118,349 hours in February 2024, compared to the 105,568 hours produced during February 2023 (2024 a leap year). The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. In February 2024, total EMS abstractions (excluding Induction Training) stood at 30.26%. This was an increase from the 29.95% recorded in January 2024 meaning the Trust is just above 30% (which is the benchmark figure). The highest proportion of abstractions was due to annual leave at 13.53% followed by sickness at 8.13%. This figure for sickness abstractions for February 2024 was a slight decrease when compared to the same month last year (8.63%).

**Emergency Ambulance Unit Hours Production (UHP) achieved 95% in February 2024** which equated to 76,358 Actual Hours. This is a 3.4% increase on the Actual Hours produced during February 2023.

CHARU UHP achieved 160% (13,348 Actual Hours) compared to 168% in January 2024 (this is the commissioned level not the modelled level). This equates to 79% UHP of the full roll out requirement against the agrees rosters.

### Remedial Plans and Actions

Continued focus on managing attendance across the Trust and managing abstractions from rosters.

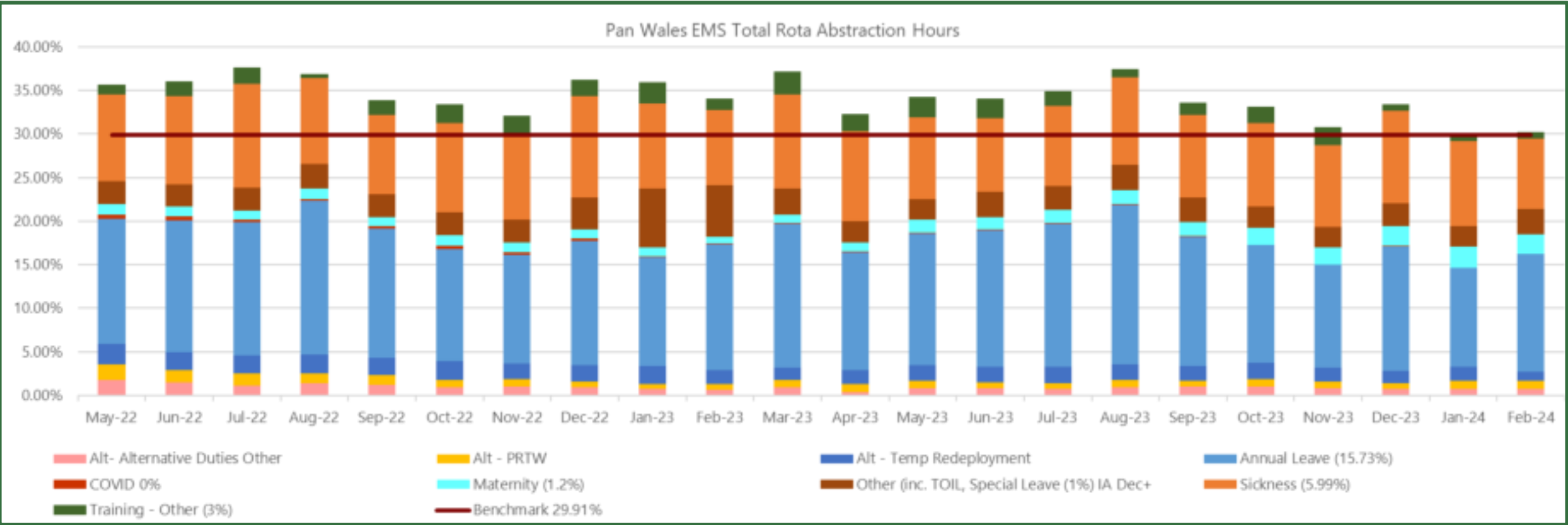
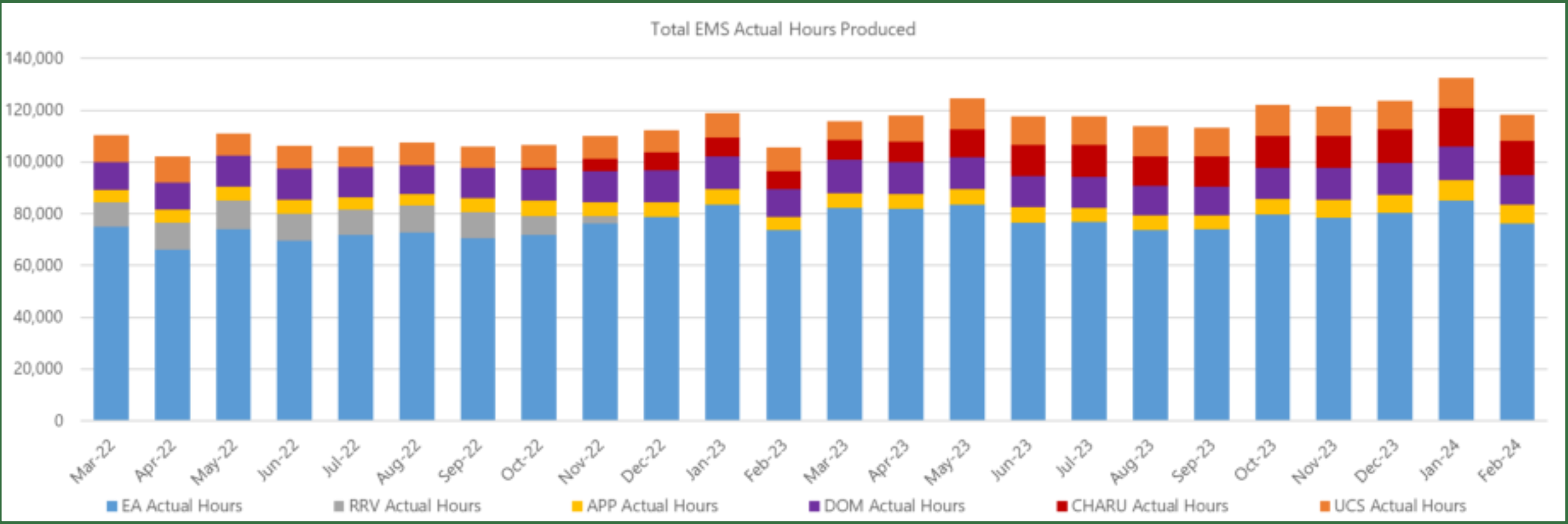
Full roll out of CHARUs.

Continued focus on staff in post to establishment, aiming for 95% benchmark.

Smoothing of staff between urban and rural areas.

### Expected Performance Trajectory

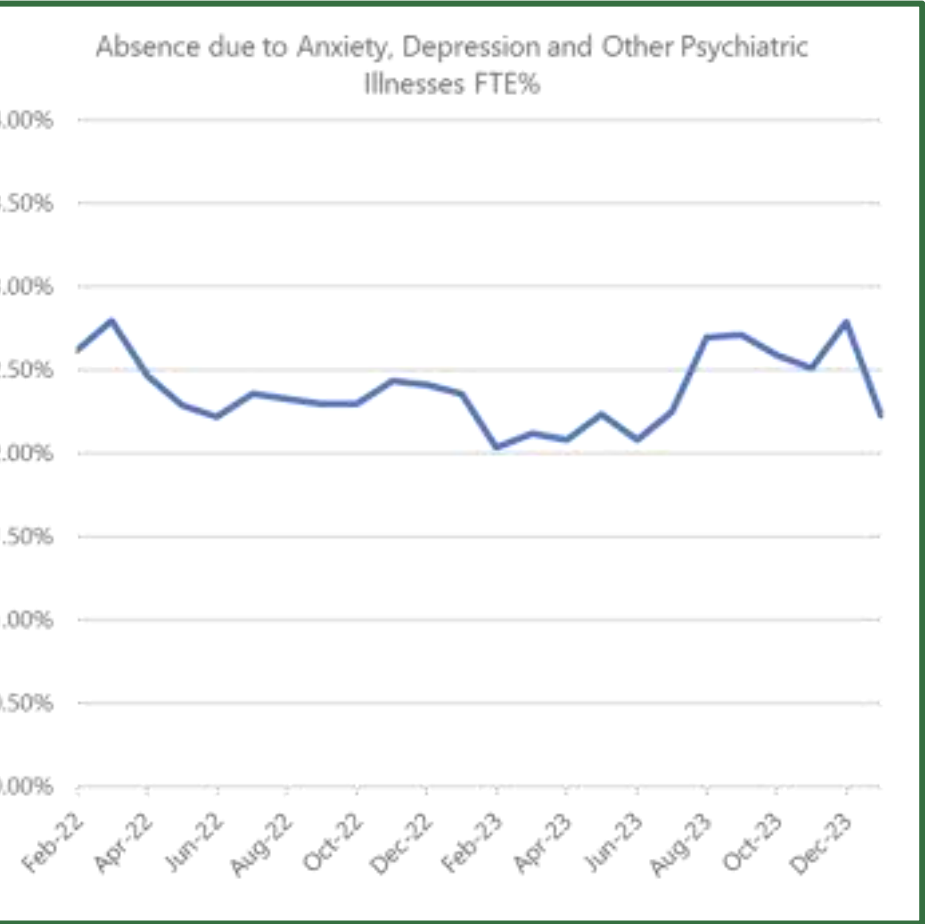
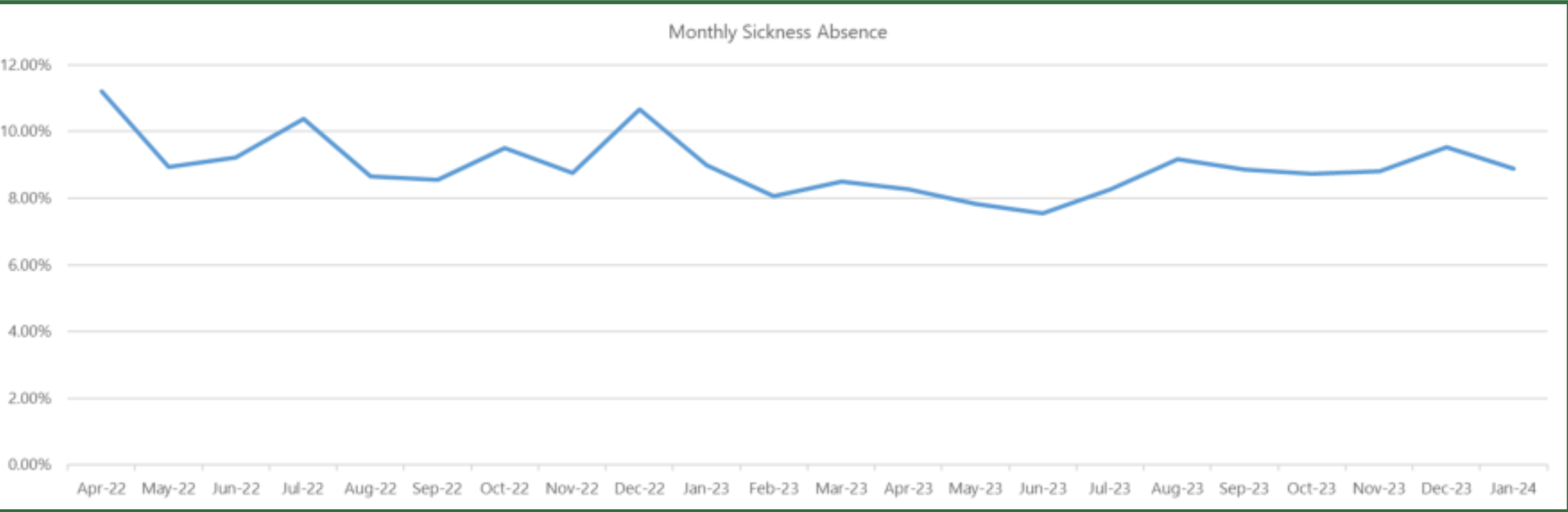
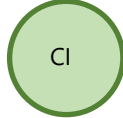
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good. The Trust has an ambition to reduce sickness to 6% and abstractions to 30% by March 2024, which would further boost production; however, the handover levels are extreme, and the rosters are simply not designed to cope with over 23,000 lost hours; they were predicated on 6,000 hours.



# Our People

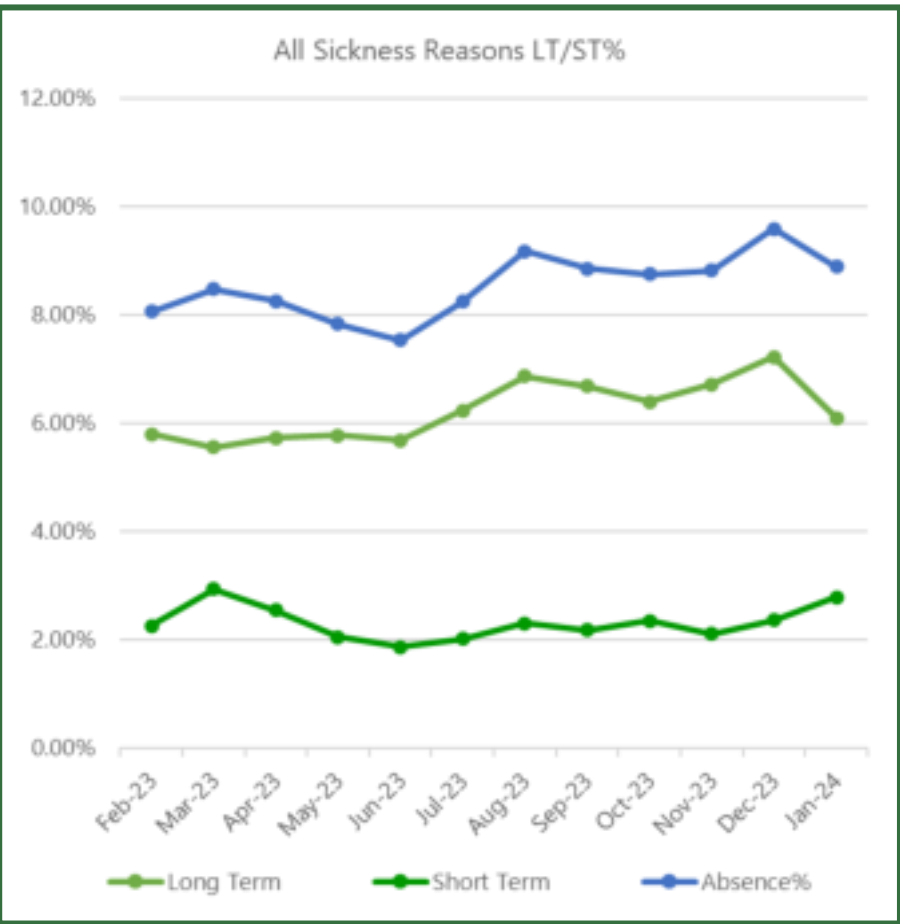
## Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



Average working days lost per FTE (Annual)	
19.49 days	
Single month Absence %	
8.89%	
Long Term	Short Term
6.10%	2.78%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.23%	1.11%

January 2024



### Analysis

There was decrease in overall sickness absence rates between December 2023 and January 2024, dropping from 9.54% to 8.89%.

Long term absence decreased from 7.23% in December 2023 to 6.10% in January 2024, however short-term absence increased marginally from 2.36% in December 2023 to 2.78% in January 2024.

Indicative figures (as of 27.02.2024) show a decrease in overall sickness absence in February to 8.41%, with long term absence decreasing to 5.52% and short-term absence increasing to 2.89%.

The highest reason for short term absence in January 2024 was Anxiety/ Stress/ Depression, other musculoskeletal problems and cold, cough, flu-influenza.

Absence due to Mental Health has had an upwards trajectory since June 23, however, is now at 2.23%, which is back in line with figures seen during the early part of 2022.

Physiotherapy: 17 referrals were received in January 2024. This is 10 more than the previous month.

Health Assured (EAP): - 75 calls in January-212.5% change from December (24)

### Remedial Plans and Actions

- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support. Three MAAW training sessions have been scheduled for April, June & September 2024.
- Three bitesize training sessions have been scheduled for March 2024 whilst we continue to develop the use of e-learning for the sessions through the use of LMS365.
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.

### Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

NB: Sickness data will always be reported one month in arrears. It should be noted that the figures reported in this presentation are official to 31<sup>st</sup> January 2024. All figures for February 2024 are indicative only (as of 27.02.2024).

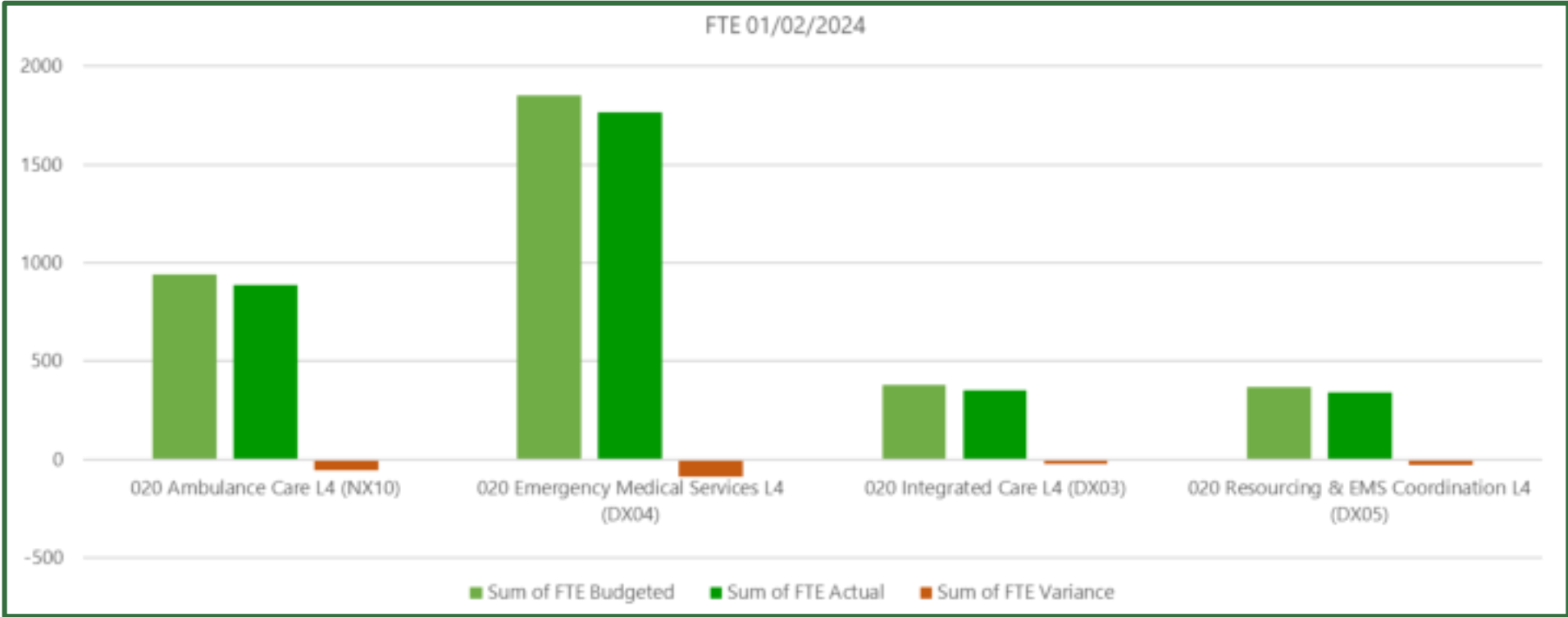
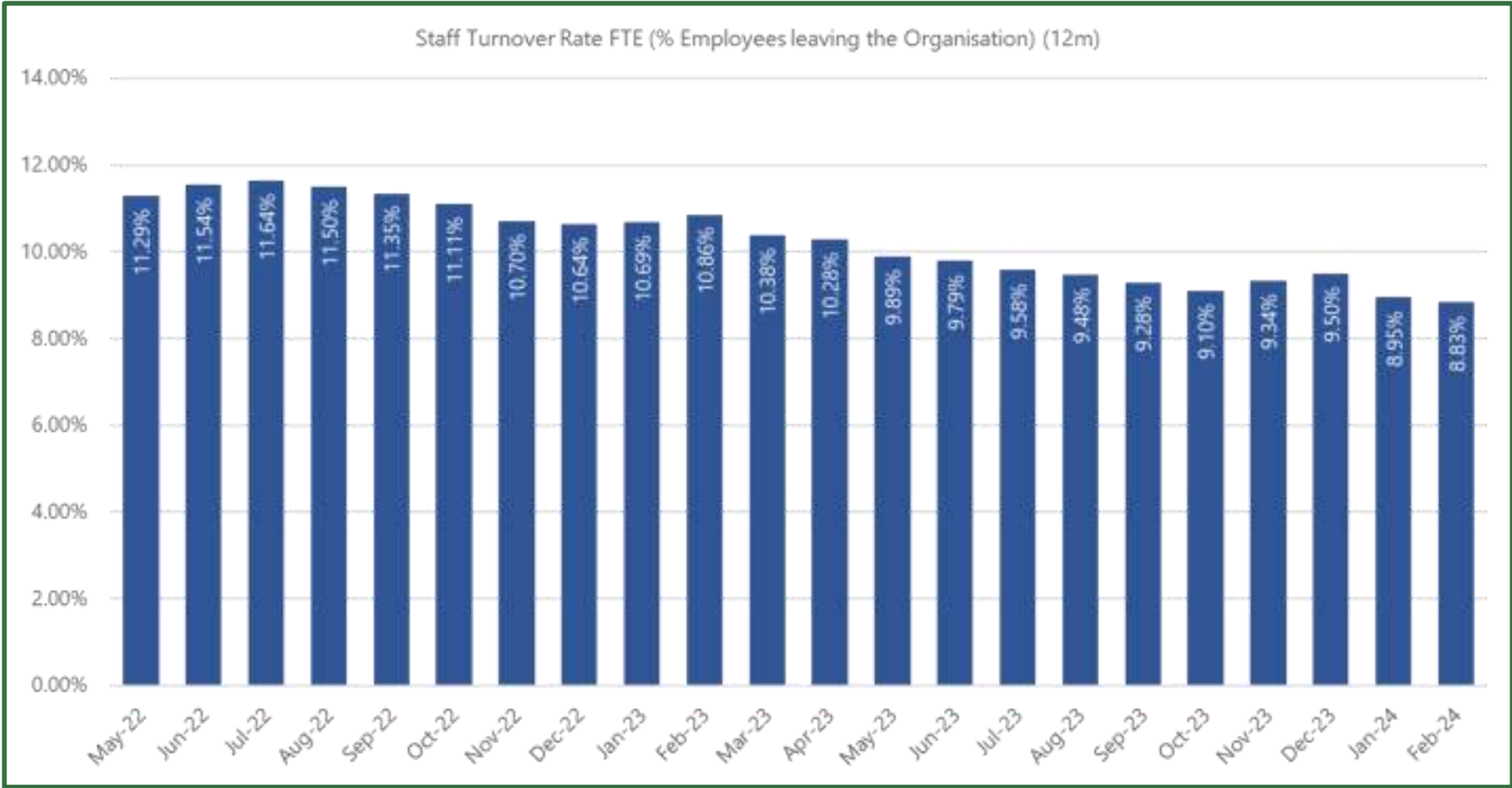


# Our People

## Capacity - Turnover

(Responsible Officer: Angela Lewis)

Turnover  
A



### Analysis

Staff turnover rates in February 2024 were 8.83%, which is a decrease from the 8.95% recorded in January 2024, and rates have generally been declining since they peaked in July 2022. February saw 26 leavers (25.11 FTE) from WAST compared to 27 in January and 45 in December. (Turnover in months at the end of the quarter are generally higher). This was balanced with 27 joiners (26.28 FTE) in February. Of those leaving, the majority were from Additional Clinical Services (14 people, 13.11 FTE). 6 leavers were due to retirement, 3 were granted flexible retirement, 4 were dismissals, 13 were resignations

Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. The average figure for February 2024 was 43 minutes and 13 seconds compared to 42 minutes and 41 seconds in January 2024. 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.

Our occupational health waiting times have now improved, we are meeting our KPI of 10 working days from receipt of management referral to first offer of appointment, (currently around 6 days). From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is 2 days. All referrals and enquiries are triaged to ensure prioritisation of anything that requires urgent attention. We have now completed the tender process for the EAP and the contract has been awarded.

### Remedial Plans and Actions

We continue to improve our data collection through our MI system (Opas G2), so that we can produce accurate and reliable data and subsequently report on themes and trends. From this we can identify areas that may require additional support and target our health and wellbeing themes/promotional events in an appropriate way. We are currently working with the Welsh health boards to standardise our reporting. The Wellbeing team are supporting colleagues and managers who are facing large-scale changes through regular meetings and facilitating drop-in sessions. We are currently offering support to managers through scheduled events; Occupational Health - Guidance on Management Referrals. We have recently conducted a tender process for our Employee Assistance Programme. The successful provider will be appointed in preparation for commencement of the service in March 2024. We are now offering a self-booking option for Occupational Health referrals to our colleagues, this improves the service for everyone and streamlines processes for the team, thus creating capacity. We continue to evaluate the service through gathering feedback from our colleagues, we are improving this process by updating our questionnaire and circulating this through Opas G2. The clinical team continue to support People Services and managers through sickness absence meetings. Team members from OH/Wellbeing/TRiM continue to promote the service using our Occupational Health & Wellbeing vehicles, also through presenting to new starters within WAST and through attendance at managers' meetings. The team continue to deliver Drop-in sessions across all of our Clinical Contact Centres, dates for 2024 have been advertised. The REACT (Recognise, Engage, Actively Listen, Check Risk, Talk) training is still proving popular, upcoming dates are advertised on Siren. We are still in the process of writing the Wellbeing strategy for 2025/29. The team has implemented outcome measures and integrated them into OPAS G2, our MI system, this means that we will be able to send questionnaires to colleagues around mental health assessment measures. The team are currently working on a plan for 2024 for the Health Surveillance programme, to help monitor staff health and to identify any potential health issues early and provide appropriate interventions (where necessary). A project plan for the implementation of a pilot Health Check Programme (for up to x 400 WAST staff, age 46+ years), Health Diagnostics, is still in process to look at reducing risk of cardiac ill health in our older workforce, by implementing a screening programme. The project plan will be shared with the team and will include key milestones and will be implemented initially as a pilot.

### Expected Performance Trajectory

The People and Culture Strategy will continue with its wellbeing focus. We are currently in the process of writing the Wellbeing strategy for 2025/29. The wellbeing provision is regularly reviewed to ensure that services/interventions offered are relevant, appropriate, and up to date, our focus is on continuous improvement. Our tender process for an EAP has been successful and a provider will be appointed. The contract will be in place for 2 years. We are currently evaluating the In Work Support programme, (currently funded by Welsh Government), to which the team have been referring colleagues for physiotherapy. We will be monitoring turnaround times/general quality of service for our colleagues.



# Our People

## Culture - Staff Vaccination Indicators

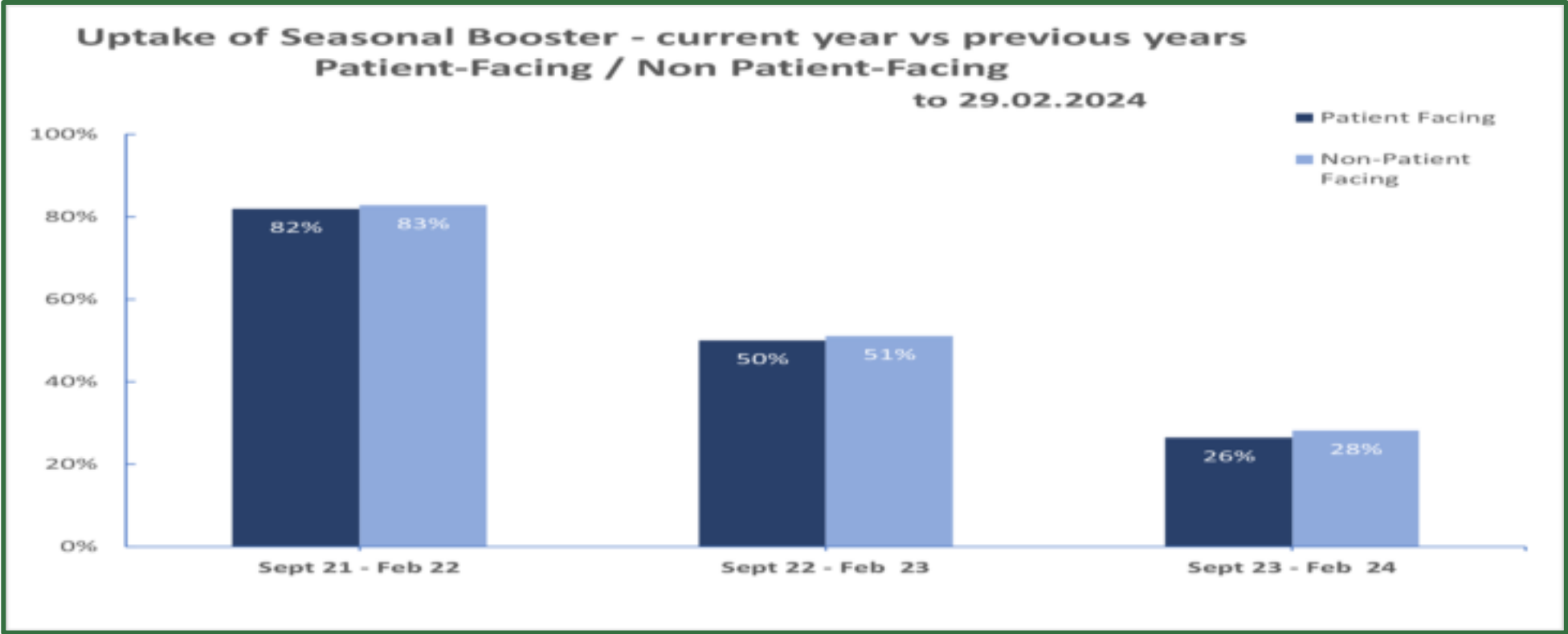
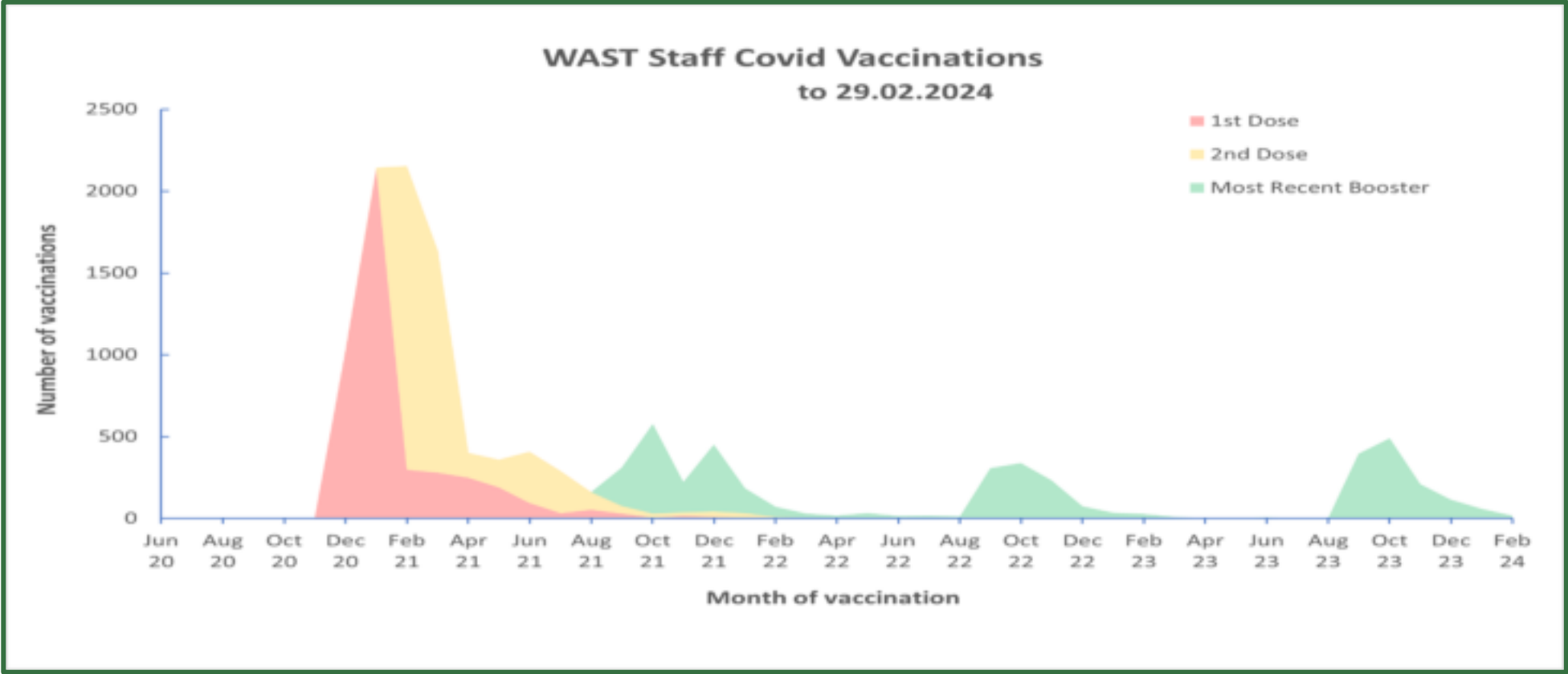
(Responsible Officer: Angela Lewis)

Self-Assessment:  
Strength of Internal  
Control: Moderate

PCC

CI

Health & Care  
Standard  
- Health (PPI)



### Analysis

**Flu:** During the flu campaign so far, 1,310 flu vaccines have been administered by our Vaccinators (including to staff from the follow groups:- CFRs, EMRTS, HCS, PHW, St John Cymru and Students), with both Occupational Health vaccinators and Peer Vaccinators are continuing to undertake ad-hoc vaccinations. Of these vaccines administered, 1,096 have been received by WAST staff\* (\*staff who hold an ESR payroll number). A further 377 WAST staff have completed our Trust Microsoft Form to confirm they have received the flu vaccine elsewhere (i.e. at their GP surgery or a COVID Booster setting). Consequently, a total of 1,473 WAST staff have received the vaccination against flu, equating to 33.9% of the overall workforce. Additional engagement has been received from 245 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, meaning the campaign has reached a 44.5% engagement rate so far.

**COVID-19:** As of the end of February 2024, 93% of Patient-Facing, and 93% of Non-Patient-Facing staff have received the first COVID-19 vaccination dose. As of the end of February 2024, 93% of Patient-Facing, and 92% of Non-Patient-Facing staff have received the second COVID-19 vaccination dose. 85% of Patient-Facing, and 84% of Non-Patient-Facing, WAST staff have received at least one of the Covid-19 boosters offered in the last 3 years.

Since September 2023, 26% of Patient-Facing staff and 28% of Non-Patient-Facing staff have received this season's Covid-19 Booster.

This is compared to 50%/51%, respectively, for the equivalent time period in 22/23 and 82%/83%, respectively, for the equivalent time period in 21/22.

### Remedial Plans and Actions

**Flu:** The 202/24 WAST Flu campaign ended at the end of February 2024. The end of season report is currently being drafted and consultation with the project team. Once finalised, the report will be shared and discussed at the Clinical Directorate Business meeting and ELT.

**COVID-19:** The four UK CMOs agreed it was appropriate to pause the alert level system, which was suspended on 30<sup>th</sup> March 2023. Routine testing was also paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools during the spring of 2023.

### Expected Performance Trajectory

By continuing to engage with staff, the aim is for as many WAST staff as possible to complete the Microsoft Form to inform us if they have had the flu vaccine in the workplace, elsewhere or choose to opt-out of having the vaccine.

**\*\*NB:** COVID Vaccinations for the past 2 years have only reported using the WAST definition of Frontline Patient Facing employees and therefore only includes those employed within Emergency Services, and Patient Transport Services..

**\*\*\*NB:** Flu data accurate at time of publication and subject to change / COVID-19 vaccination data correct at time of publication and subject to change.

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

# Our People

## Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR

R

Stat & Mand

A

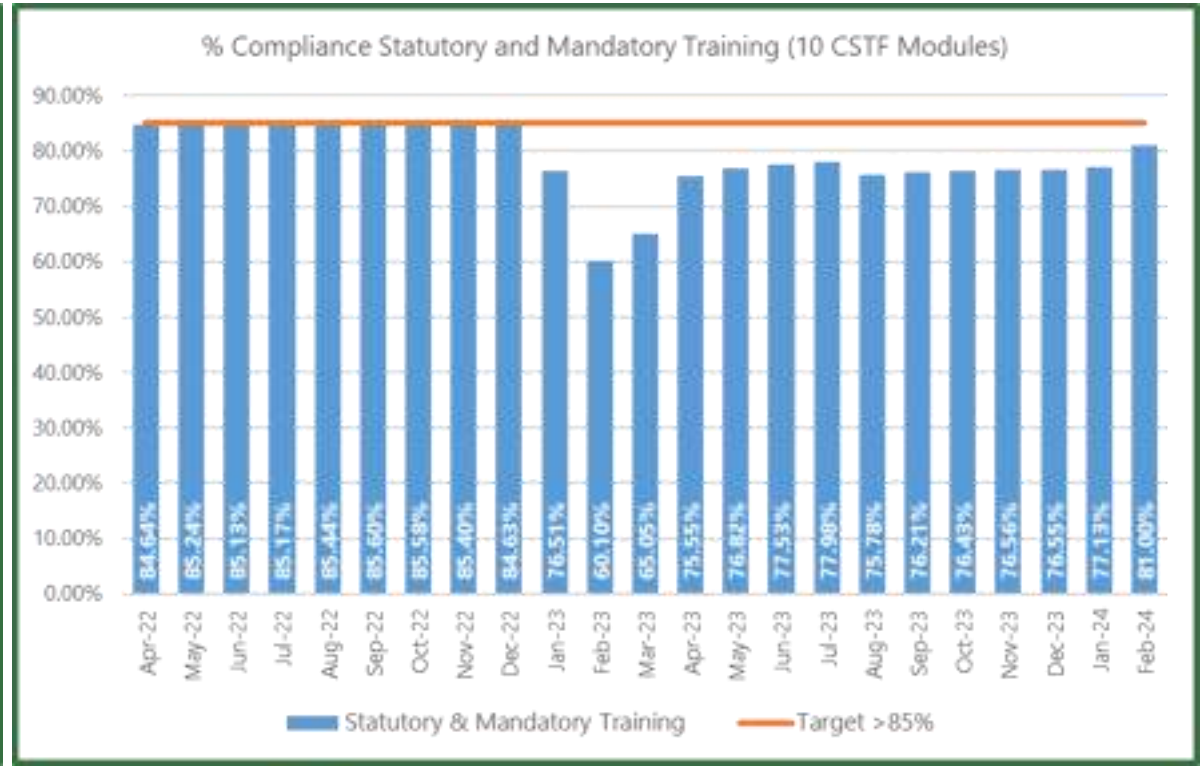
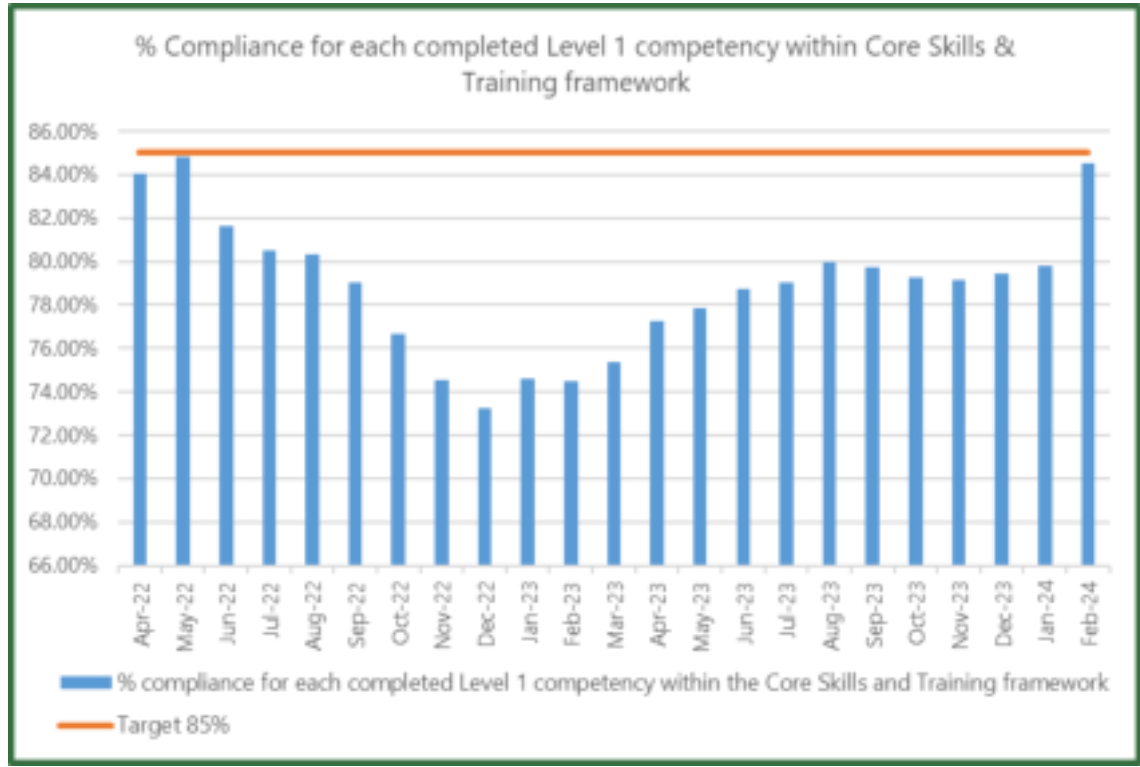
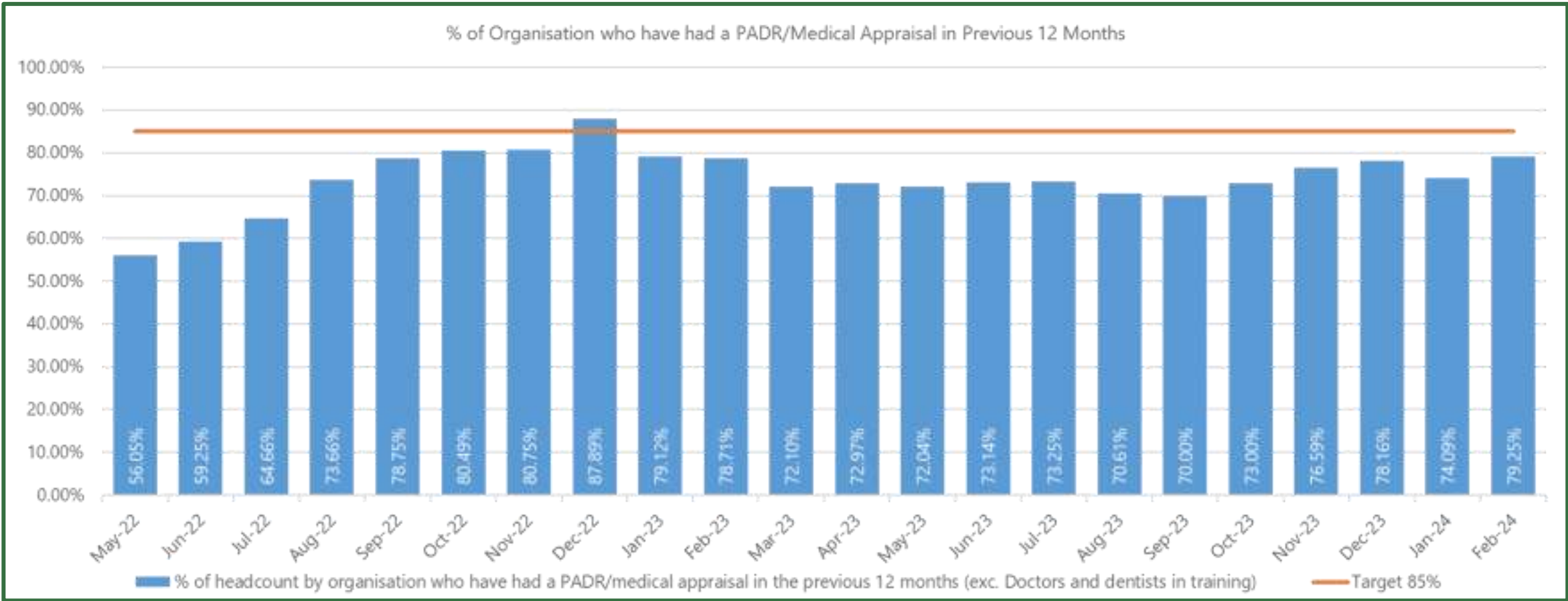
CI

PCC

Health & Care Standard

Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong



### Analysis

PADR rates for February 2024 increased when compared to the previous month to 79.25% but remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, but the current rates are 0.54% higher than the same month last year.

In February 2024 Statutory & Mandatory Training rates reported a combined compliance of 81%; with only Dementia Awareness (93.29%) achieving the 85% target. Equality & Diversity (81.81%), Safeguarding Adults (81.37%). Violence Against Women, Domestic Abuse & Sexual Violence (78.21%), Fire Safety (77.59%), Moving & Handling (75.38%), Information Governance (72.80%), Paul Ridd (66.51%), Welsh Language Awareness (59.20%) and Fraud Awareness (55.64%), all remain below this target.

There are currently 15 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table below:

### Remedial Plans and Actions

At time of reporting, annual Mandatory In-Service update programmes have been accessed by 88% of colleagues across ACA, EMT and Paramedic roles. Those absent from work access this programme on their return to practice providing assurance of their up-to-date knowledge and skills.

Progress toward 85% target for mandatory competencies introduced in 2023/24, namely Welsh Language Awareness, Fraud Awareness and the Paul Ridd Learning Disability awareness is falling short on the first anniversary of them reporting; this is a disappointing position and targeted focus will be applied to these 3 competencies in the early part of 2024/25.

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly LMS365 environment enabling easier access to these reportable competencies and the wider suite of Ambulance Service specific learning hosted outside ESR.

### Expected Performance Trajectory

Performance is improving as compliance has risen.

Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years
Resuscitation - Level 1	3 years
Safeguarding Adults - Level 1	3 years
Safeguarding Children - Level 1	3 years
Violence & Aggression (Wales) - Module A	No renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Welsh Language Awareness	3 Years
Paul Ridd Learning Disability Awareness	No renewal
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

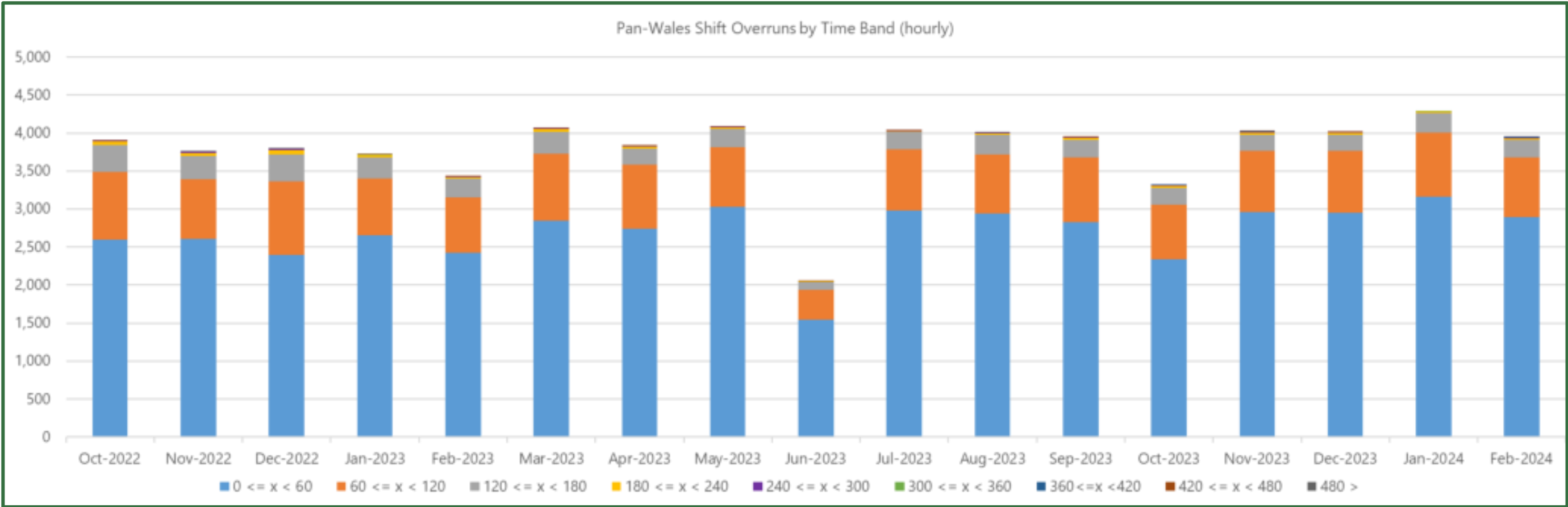
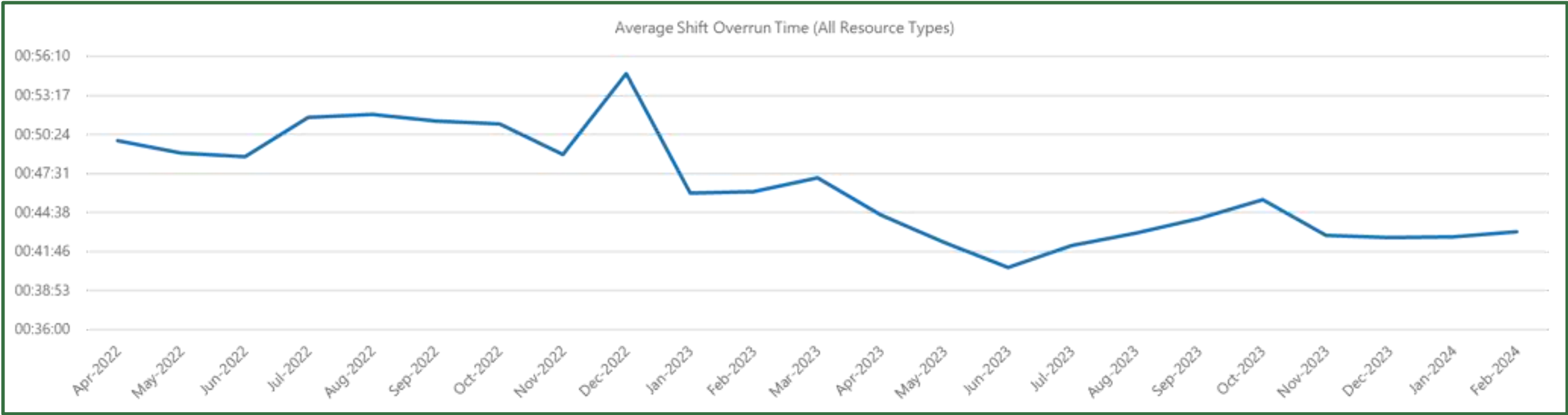
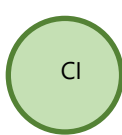
# Our People

## Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

Overruns

R



**Analysis**

Shift overrun average times have been steadily increased between June and October 2023, but have since varied. The average figure for February 2024 was 43 minutes and 13 seconds compared to 42 minutes and 50 seconds in January 2024.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 74.6% of the total. 20.9% fall within the 61 to 120-minute category, 6% in the 121 to 180-minute category, 0.6% in the 181 to 240-minute category and 0.4% in the 241 minutes and over category.

**Remedial Plans and Actions**

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

As part of the Trust’s winter resilience planning, it is introducing “pods” at some hospital locations to aid staff finishing on time.

**Expected Performance Trajectory**

There is clearly an upward trajectory from Jun-23 as handover has started to increase. Whilst the Trust had amended its end of shift policies and introduced “pods” at key sites, as above, as handover increases further into the winter, we may expect overruns to increase.



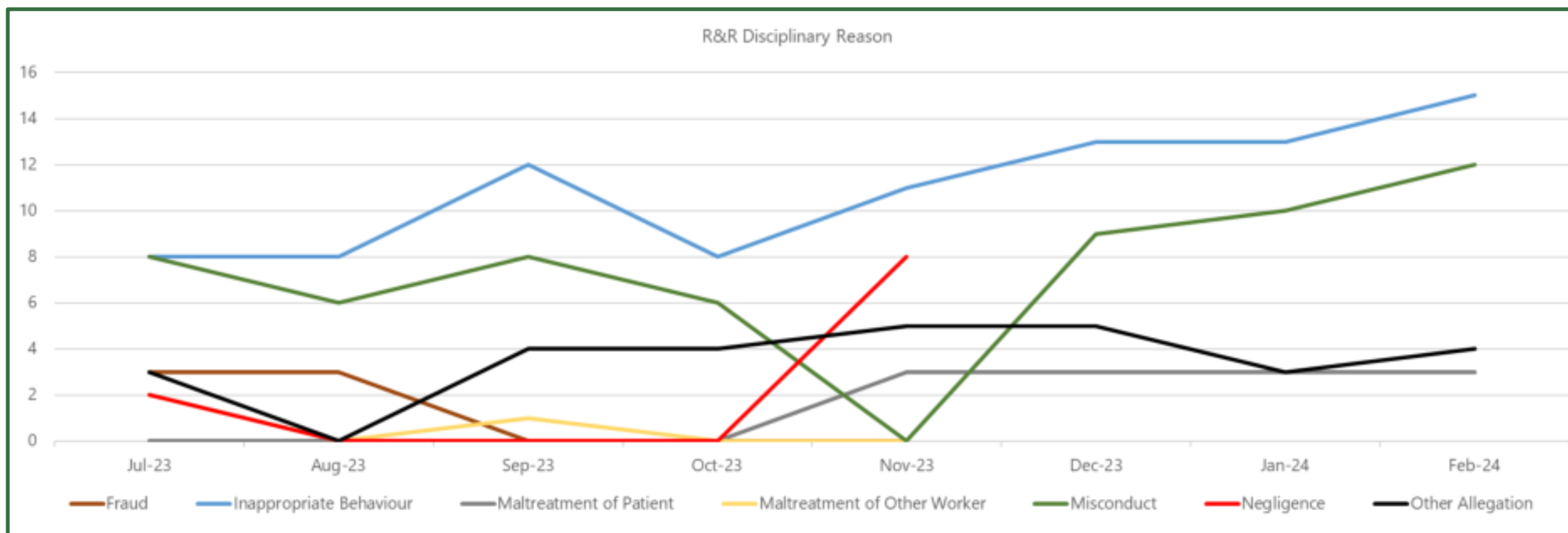
# Our People

## Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment:  
Strength of Internal  
Control: Moderate

PCC



### Analysis

There were 34 open formal disciplinary cases recorded at the end of February 2024, an increase compared to the month of January 2024 where 29 open cases were recorded. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were again 9 open formal Respect and Resolution cases submitted by employees, a decrease from the figure recorded in January 2024 (18). These are a mixture of both Respect and Resolution Grievances and Dignity at work.

In February, 65% of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 55.6% in January 2024, while the volume of applications also increased, from 9 to 123.

Of the 123 total applications from under-represented groups in February 2024, 54 were in the category of Ethnicity, 36 within Disability and 33 within Sexual Orientation.

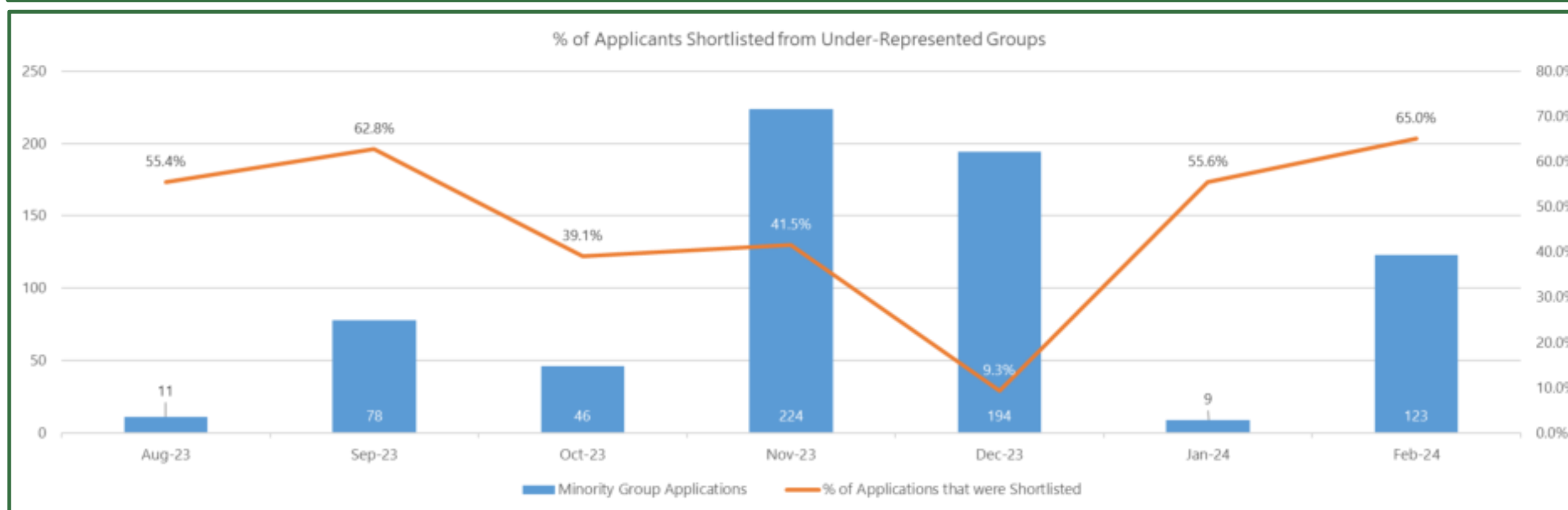
### Remedial Plans and Actions

**R&R Formal Disciplinary Cases:** Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

**Applications:** The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events.

### Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

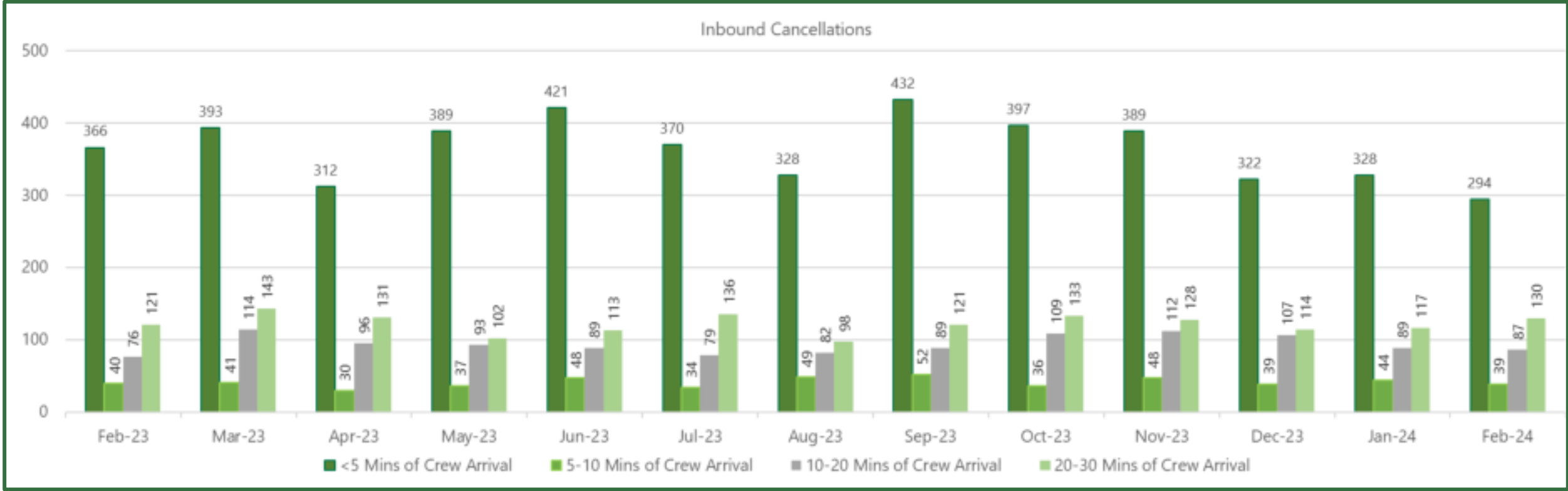


# Finance, Resources and Value

## Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations  
A



### Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in February 2024 to 294, compared to 328 in January 2024. The total number of cancellations within 30 minutes also decreased from 578 in January 2024 to 550 in February 2024.

Cancellations within 5-minutes of arrival appears to have seen an overall increase during the past 12 months. However, in February 2024 there were 88 cancelled by patient\* entries made within 5-minutes of crew arrival an increase compared to the previous month (96). The top reasons for less than 5-minute cancellations included: 34 patient not located, 19 too ill to travel and 4 no appointment. During the past 14 months there has been a minimum of 30 patients not located in the 5-minutes or less each month.

Same day cancellations decreased from 22.3% in January 2024 to 19.6% in February 2024.

### Remedial Plans and Actions

Work is underway with Hywel Dda to develop a direct link between their PAS system and our CAD. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

This change should reduce the number of cancellations where crews arrive at a property and the patient advises that their appointment has been changed.

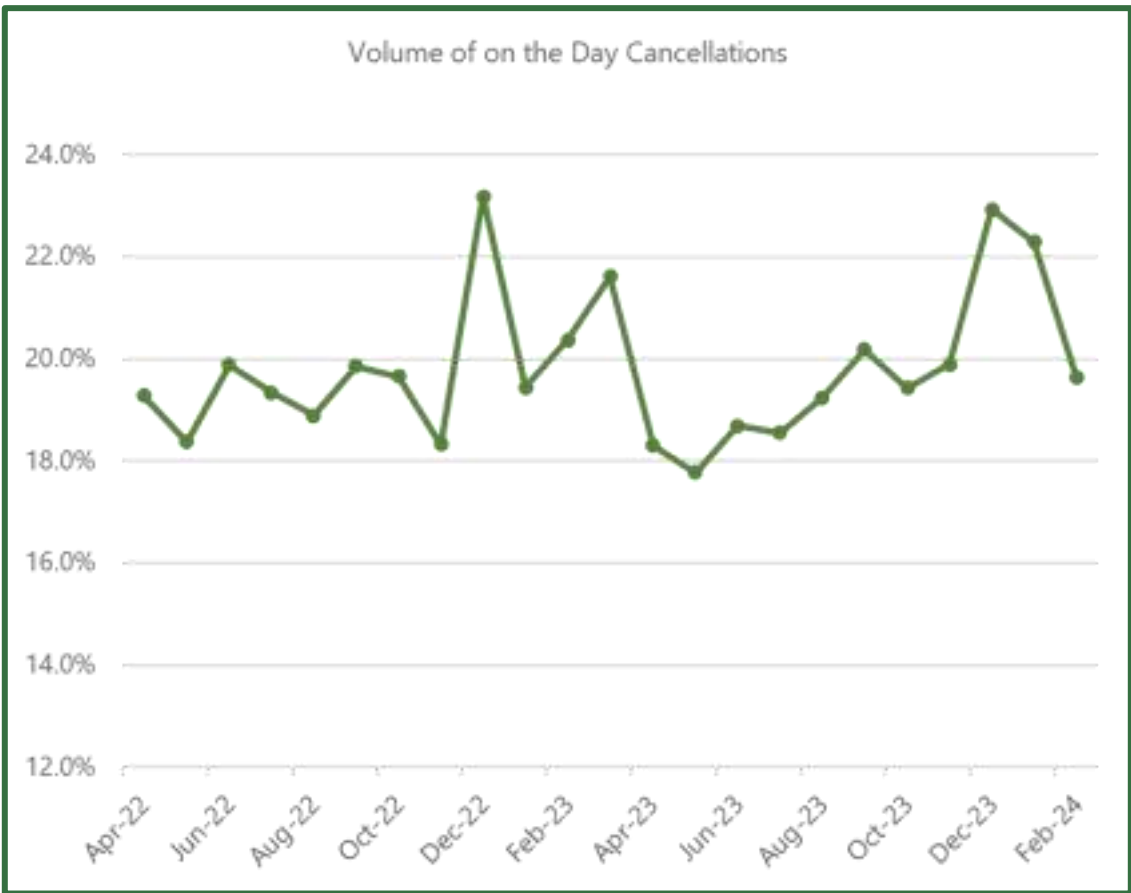
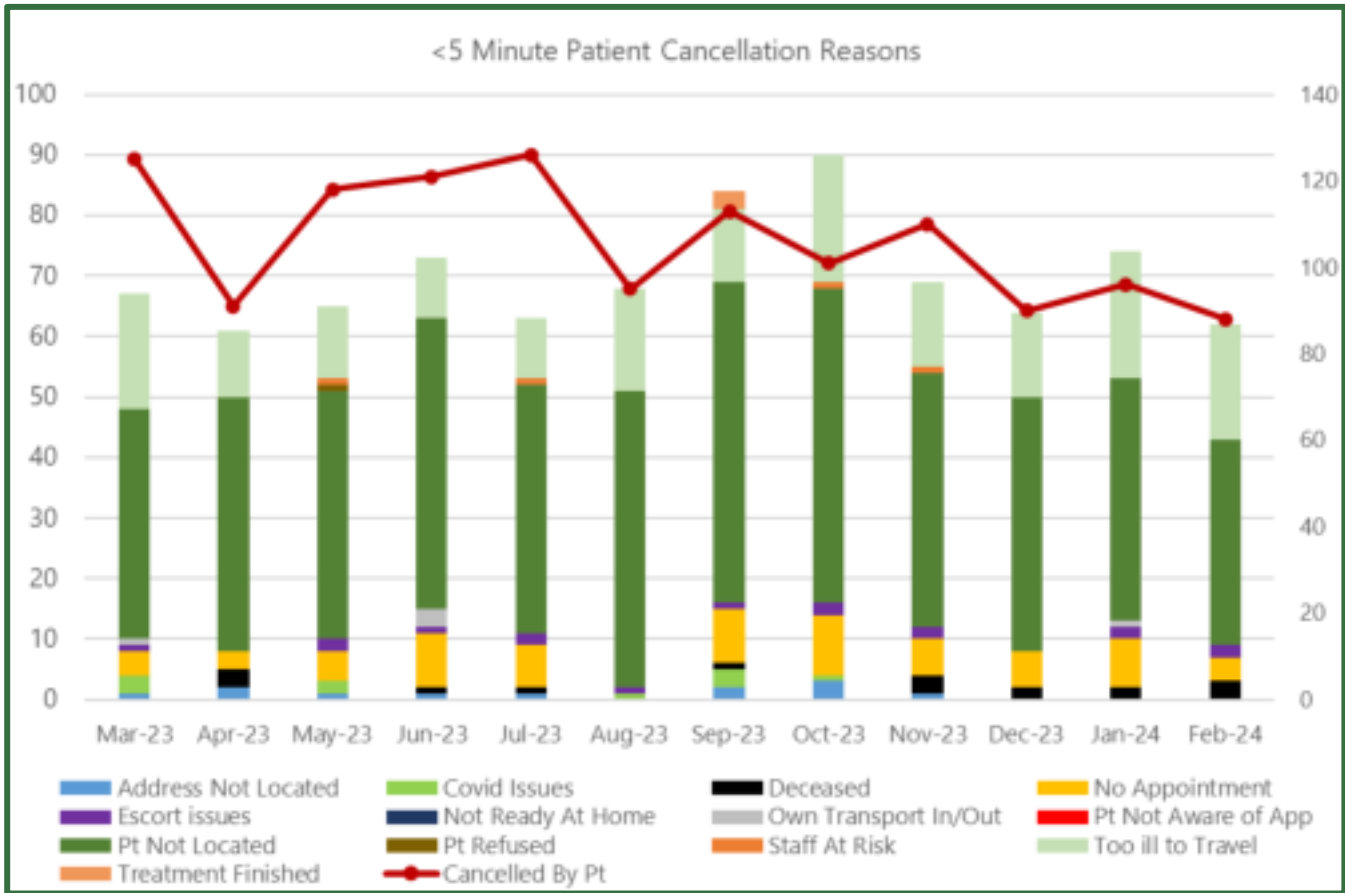
This work is at an advances stage and should go live in Q1, once evaluated and, if successful we will explore a wider geographical rollout.

### Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory.

*Please note that that figures may be lower than overall totals due to some records having no cancellation date.*

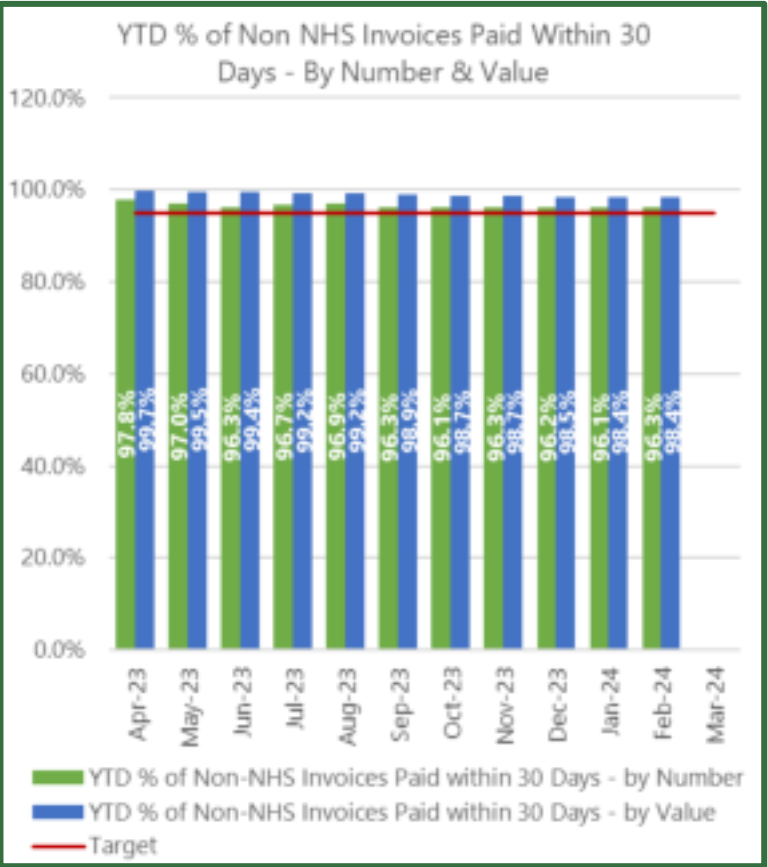
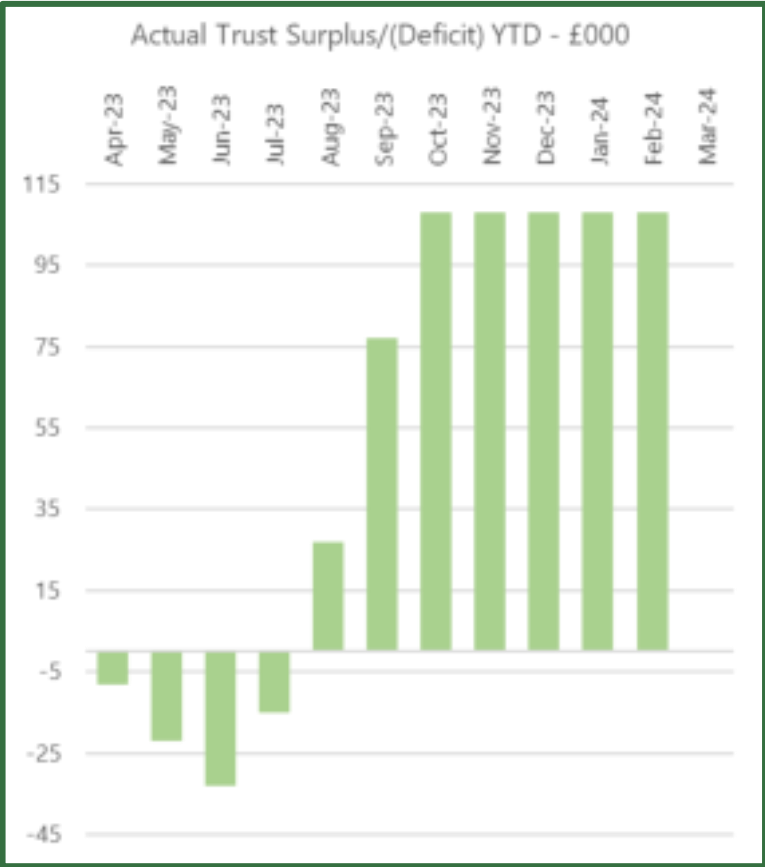
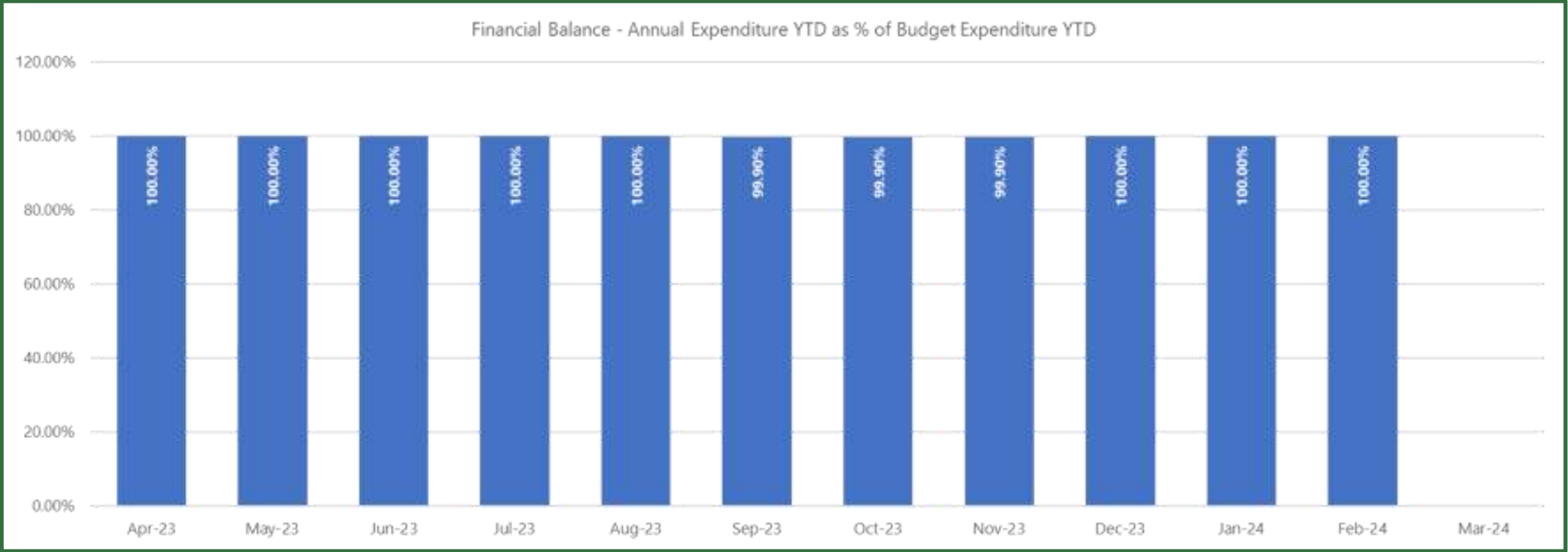
*\*Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*



# Finance, Resources and Value

## Value - Finance Indicators

(Responsible Officer: Chris Turley)



### Analysis

The reported outturn performance at Month 11 is a surplus of £108k, with a forecast to the yearend of breakeven.

For Month 11 the Trust is reporting planned savings of £4.471m and actual savings of £4.949m (an achievement rate of 110.7%).

The Trust's cumulative performance against PSPP as at Month 11 is 96.3% against a target of 95%.

At Month 11 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

### Remedial Plans and Actions

There is no remedial plan required given the Trust is expecting to breakeven; however, as the Trust moves into 2024/25 key areas of focus include:-

- Undertaking a review of commercial opportunities for income generation (preferred bidder appointed);
- A continued focus on the Trust's financial sustainability programme;
- Improved governance for Value Based Health Care, with a particular focus on benchmarking;
- An improved approach to benefits realisation; and
- Data linking with health boards that enables the Trust to better evidence the impact it is having on the wider unscheduled care system.

### 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 but is expecting to set a balanced budget.



# Finance, Resources and Value

## EMS Utilisation & Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Job Cycle  
R

CHARU Utilisation  
R

FPC

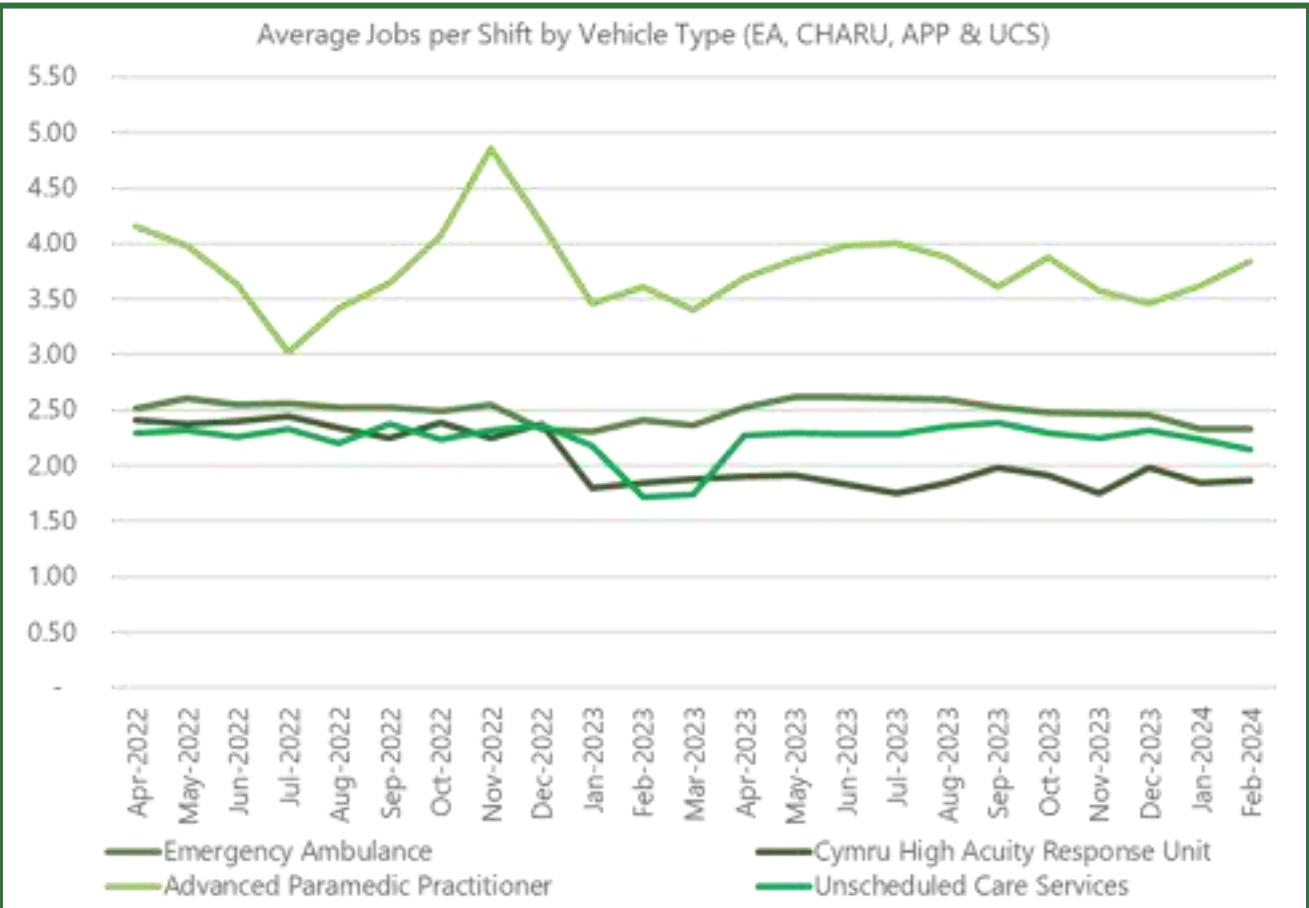
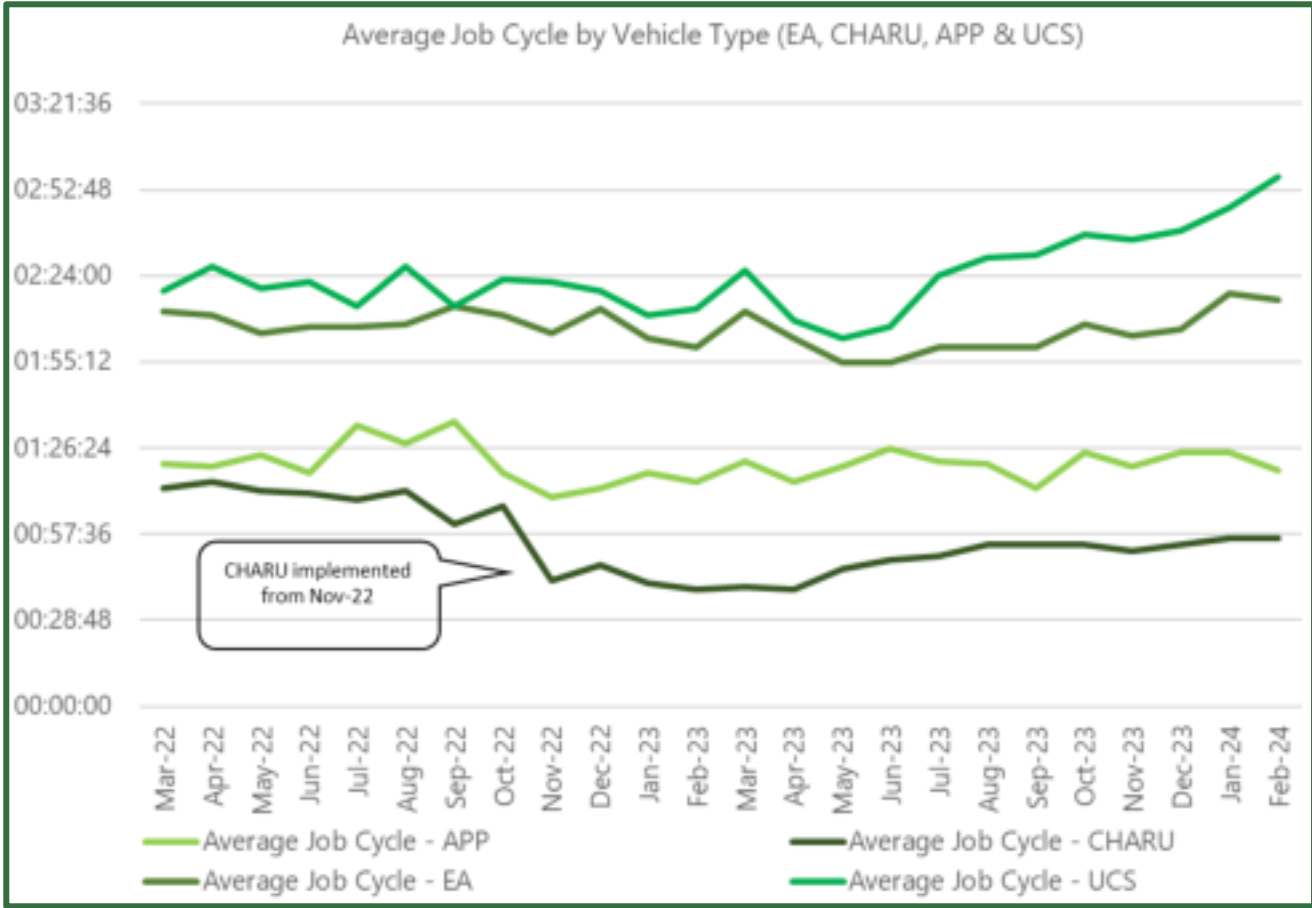
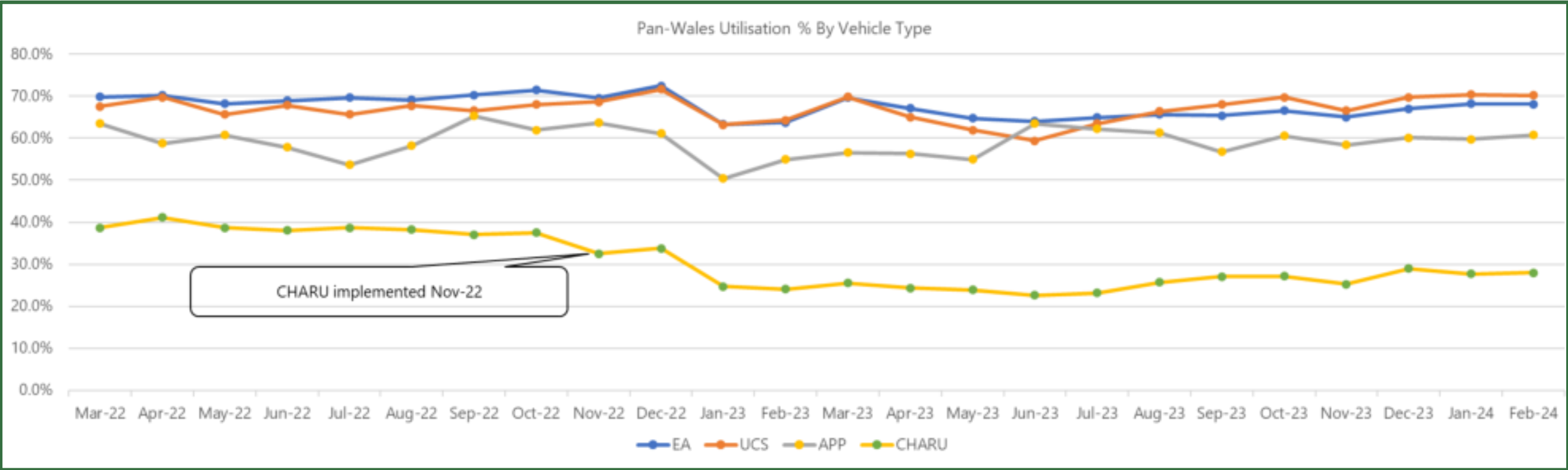
**Analysis**  
**Pan Wales Utilisation metrics in February 2024 were 58.8% for all vehicles types, increasing from January 2024 (58.6%).** UCS achieved the highest rate during the month at 70.2% while EA was at 68.1%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in February 2024 decreased to 2 hours 16 minutes for EAs and to 1 hour and 19 minutes for APPs. The UCS average increased to 2 hours and 57 minutes, whilst CHARU remained the same at 56 minutes. Overall average jobs per shift was 2.22 in February 2024, remaining consistent with January 2024 (2.22). EAs 2.33 jobs per shift, UCS crews 2.14 jobs per shift This is less than half of what would be ideal and a product of handover delays.

APPs attended on average 3.84 jobs per shift,. and CHARU's 1.86 jobs per shift. This CHARU utilisation rate and shifts per job is a particular area of concern.

**Remedial Plans and Actions**  
EA and UCS jobs per shift is fundamentally a product of handover delays. For APPs, the newly created APP Utilisation Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster. CHARU is a particular area of focus, with work required on analysing why the jobs per shift is so low. Work commenced.

**Expected Performance Trajectory**  
The Trust ability to reduce the high utilisation rates for EA and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

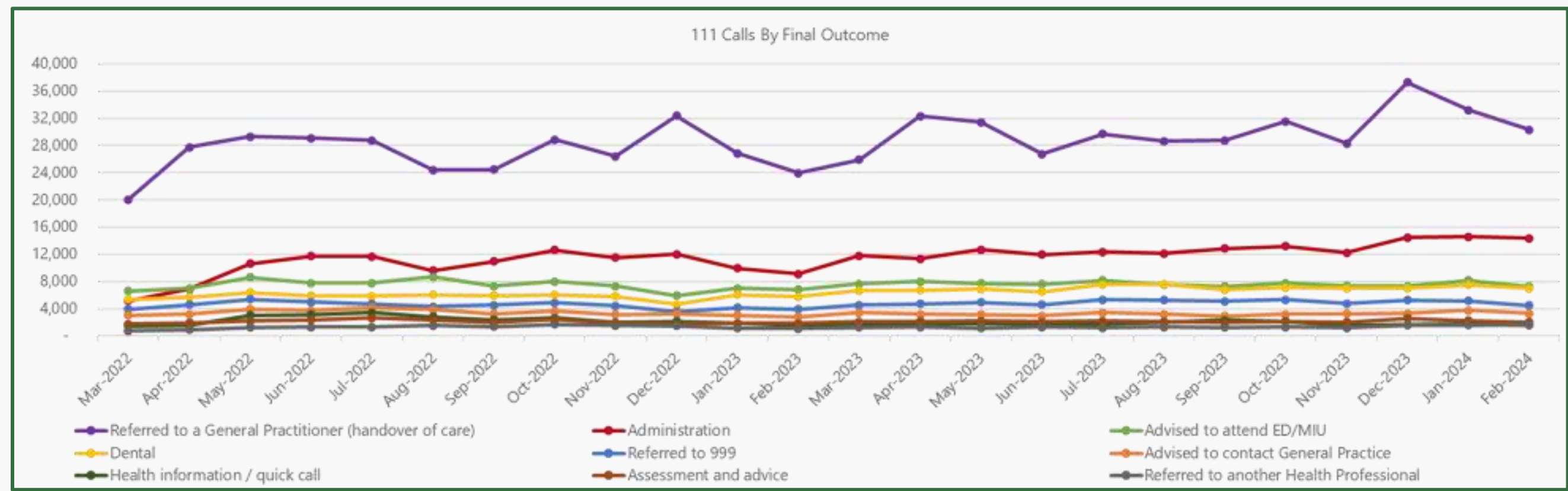


# Partnerships / System Contribution

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

### Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



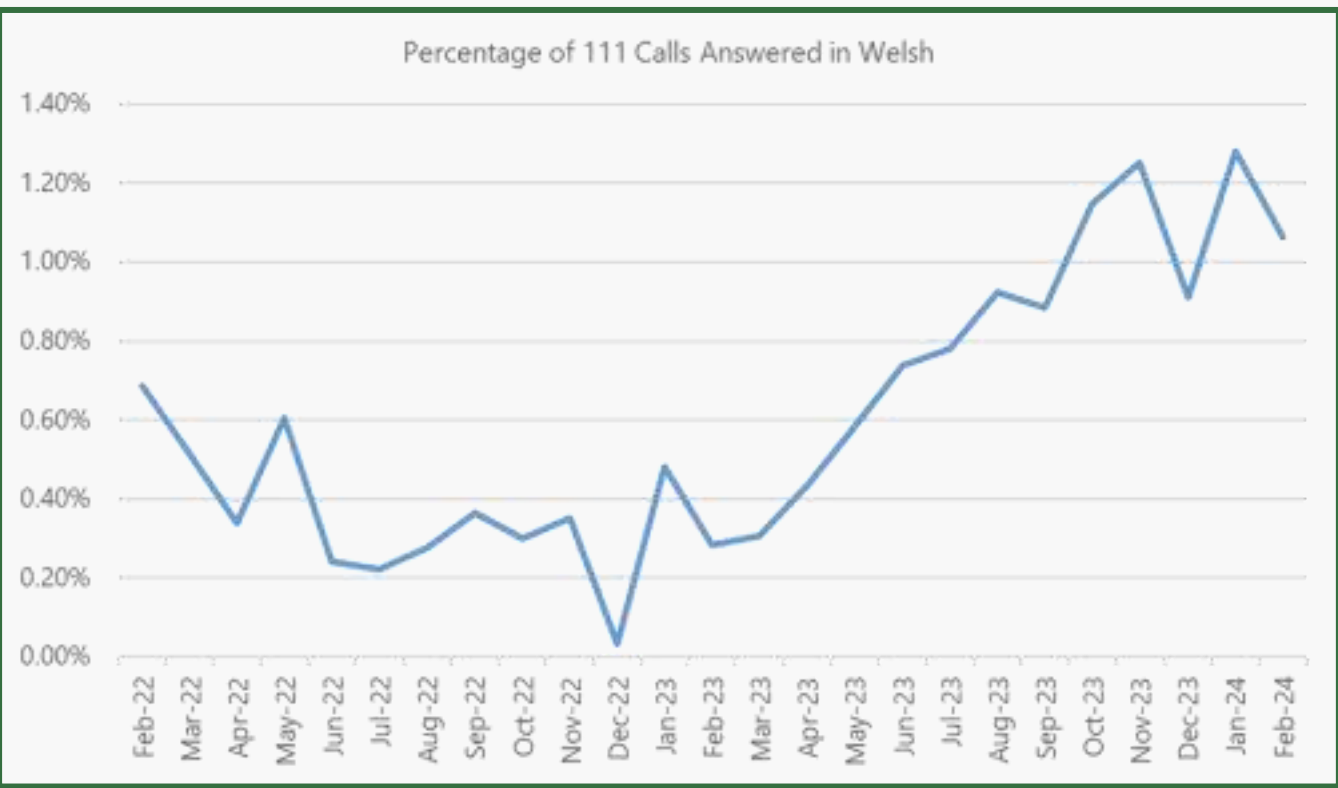
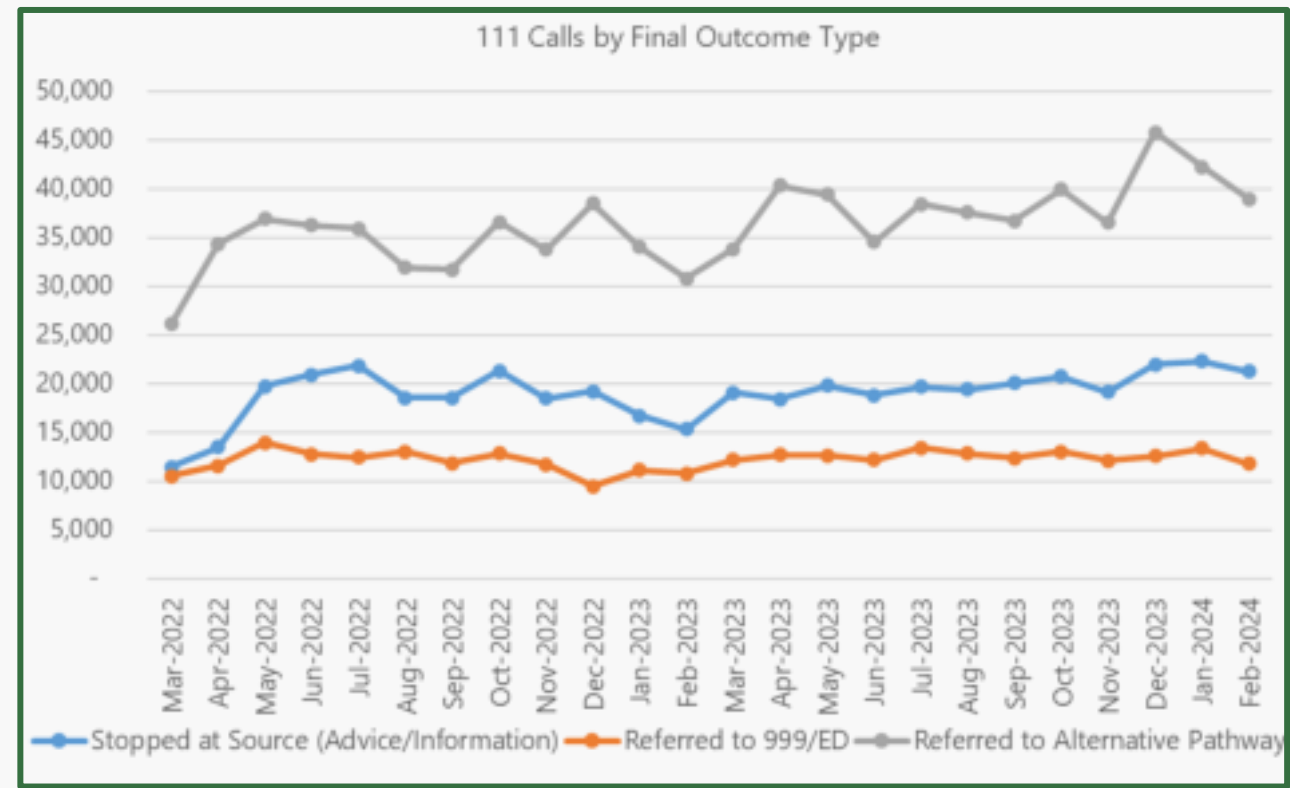
#### Analysis

During February 2024, 72,011 calls were received into the 9 categories displayed in the graph opposite, a decrease compared to the 77,938 received during January 2024.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 42.12% of all calls during February 2024.

As the bottom left graph highlights, in February 2024, 21,288 calls into 111 were provided with information or advice, with no onward referral, a decrease from the 22,302 in January 2024, however, a huge increase from the 15,345 during February 2023.

The percentage of 111 calls answered in Welsh decreased from 1.28% in January 2024 to 1.06% in February 2024.. This equated to 52.2% of all 111 calls being offered in Welsh being answered, a slight decrease from the 58.8% answered in January 2024.



#### Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST its commissioners and DCHW. The focus is the development of a nationally reportable 111 data set. Similar to what is currently in place for Ambulance Service Indicators (ASIs) Part of this work involves looking at the reporting of disposition final outcomes.

#### Expected Performance Trajectory

No performance trajectory is set at this time, as the Trust develops measures and systems around these metrics. Once these have been developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.



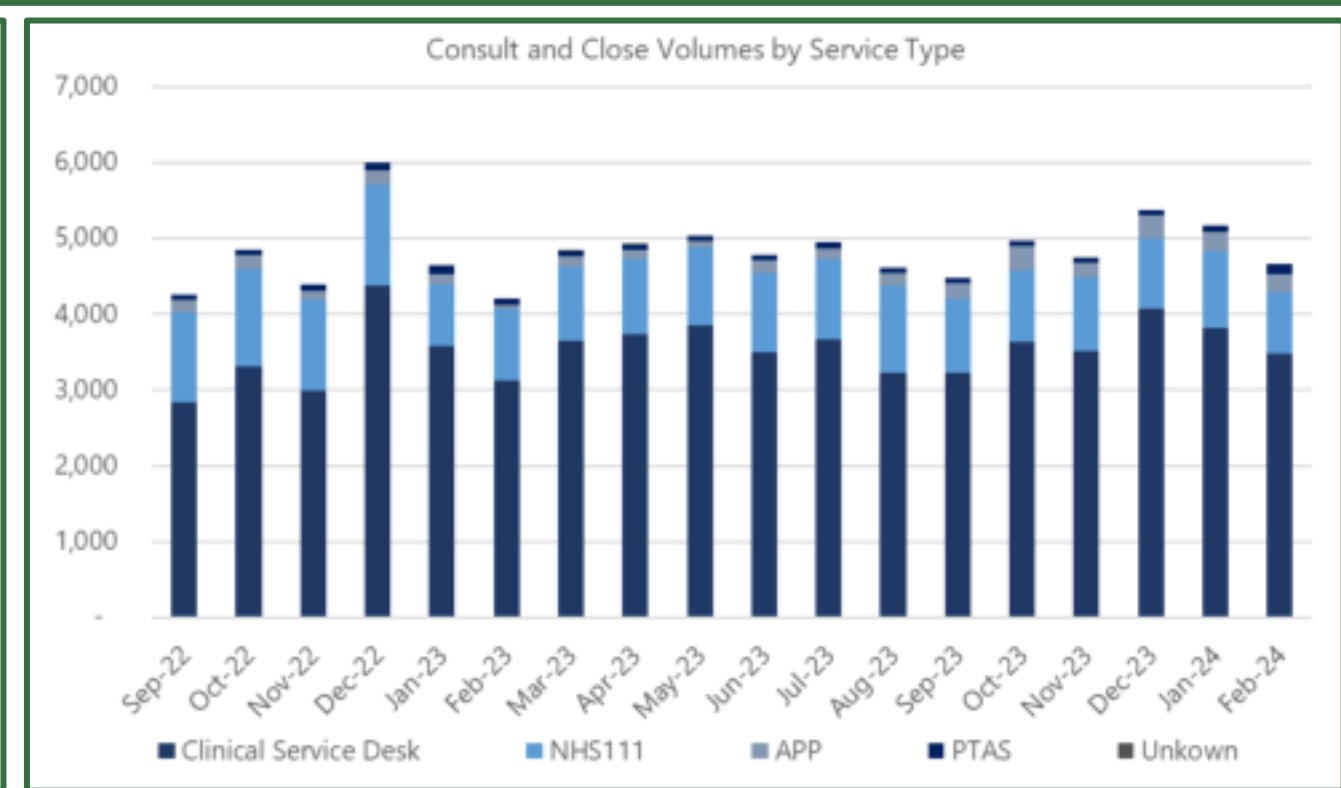
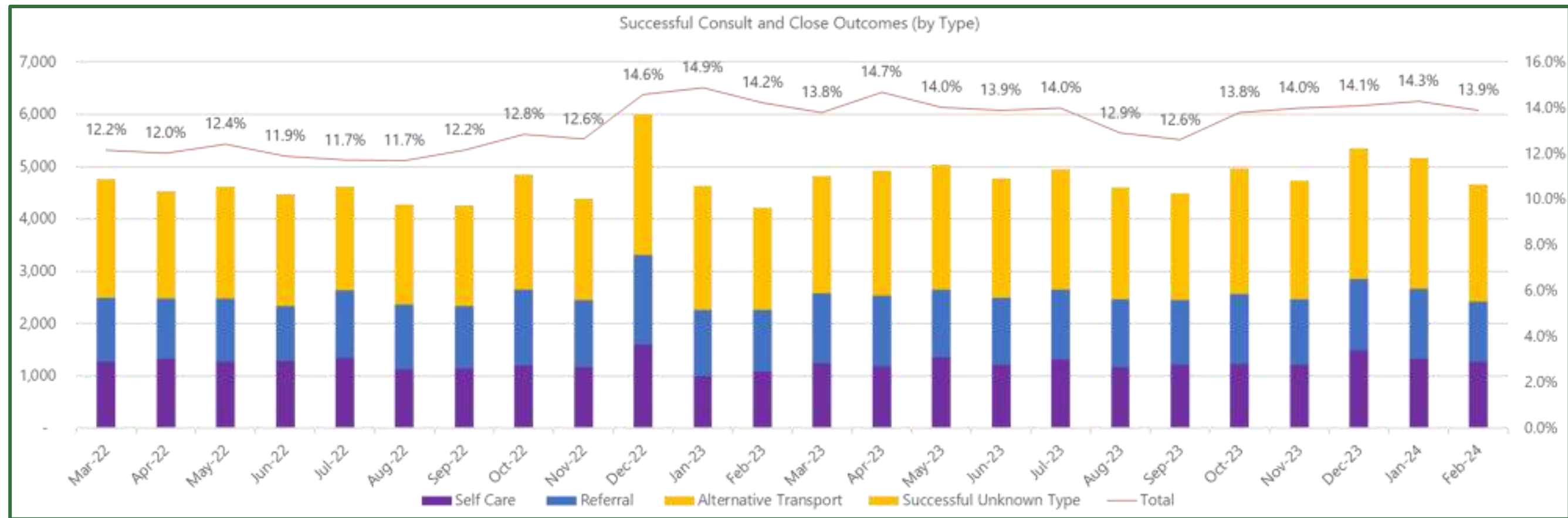
# Partnerships / System Contribution

## Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C  
A

FPC



### Analysis

**Consult and Close**, with contributions from Clinical Service Desk (CSD) (10.5%), NHS111 (2.4%), WAST APP (0.7%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.3%) achieved 13.9% in February 2024. This is a decrease from the 14.3% seen during January 2024, and remained short of the new 17% IMTP ambition. In February 2024, the number of 999 calls resulting in a Consult and Close outcome was 4,657, down from 5,164 in January 2024.

Of the calls successfully closed in February 2024, 1,274 patients received an outcome of self-care; 1,146 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,237 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in February 2024 were 7%, a decrease on the 10.5% seen in January 2024.

### Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling.
- Implementation of 15 recommendations from commissioner review.
- Failed contact activity from EMSC has reduced
- Progressing process with 111 to pass calls electronically from CSD, saving time
- Additional 23 FTEs for 24/25.
- Work commenced on PDSA for CSD First

### Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced absences and less vacancies). The ambition remains 17%.

# Partnerships / System Contribution

## Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

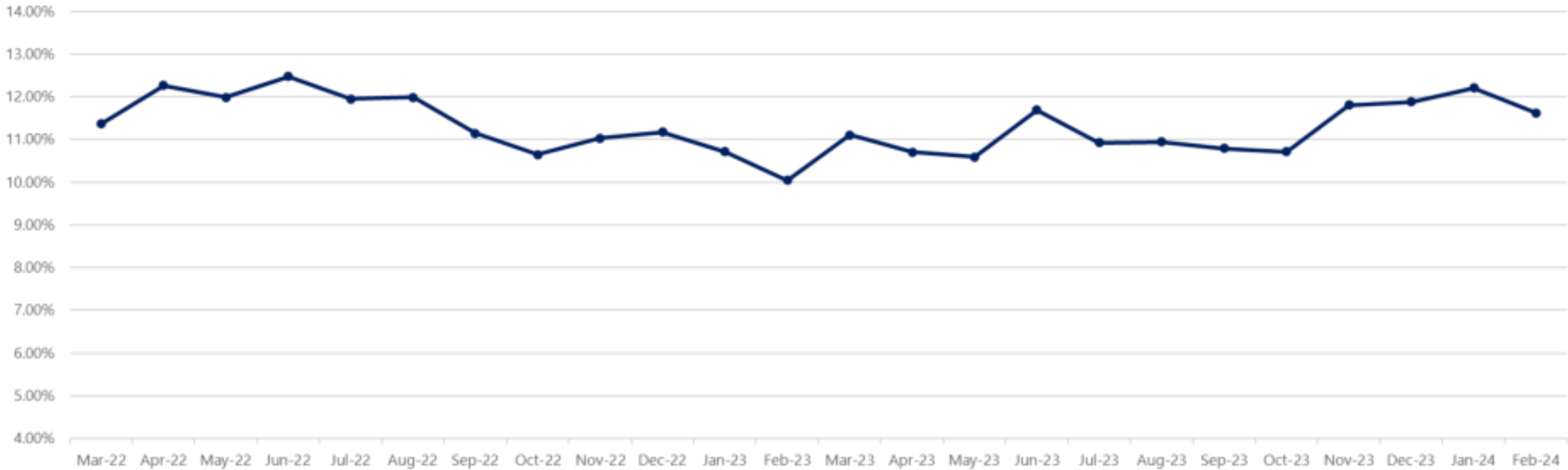
Conveyances

A

FPC

Ministerial Measure

% of Total Conveyances taken to a service other than a Type One Emergency Department



### Analysis

**In January 2024 11.62% of patients (1,590) were conveyed to a service other than a Type One ED, while 36.37% of patients were conveyed to a major ED, as a percentage of verified incidents.**

The combined number of incidents treated at scene or referred to alternate providers decreased slightly, from 4,055 in January 2024 to 3,599 in February 2024.

APP conveyance rates decreased slightly to 41.3% in February 2024, after experiencing a generally increasing trend since June 23.

Patients conveyed to SDEC's decreased from 0.19% in January 2024 to 0.17% in February 2024.

### Remedial Plans and Actions

Continued provision of information to external stakeholder about the effectiveness of SDECs.

Further investment in the APP workforce in 2024/25 (+32 APPs).

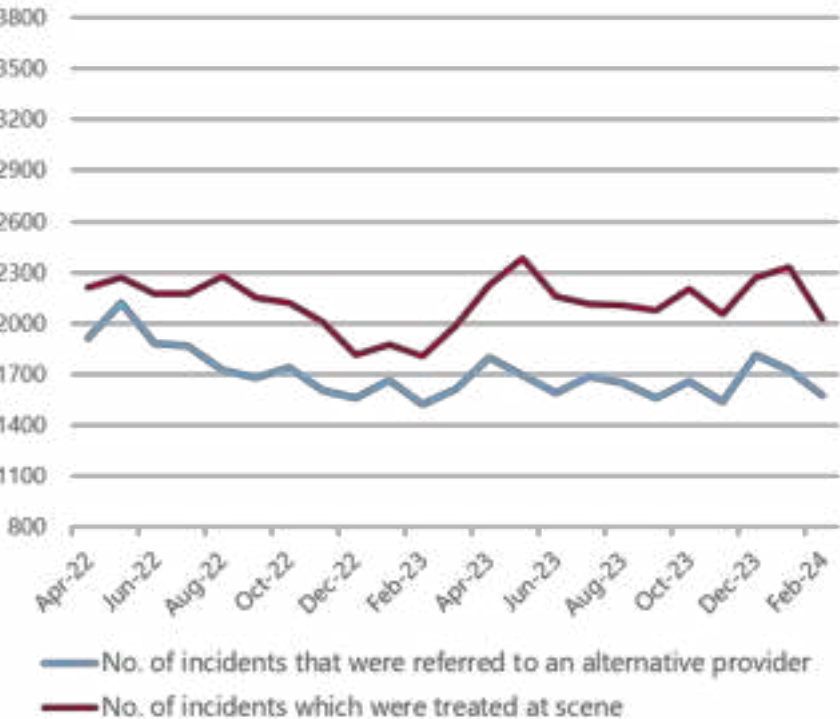
Establishment of APP Utilisation Task & Finish Group, with focus on re-rostering to demand keys, improved placement (training) experience, more certainty for TAPPs about where they will be located.

Review of performance systems for APPs to improve data quality.

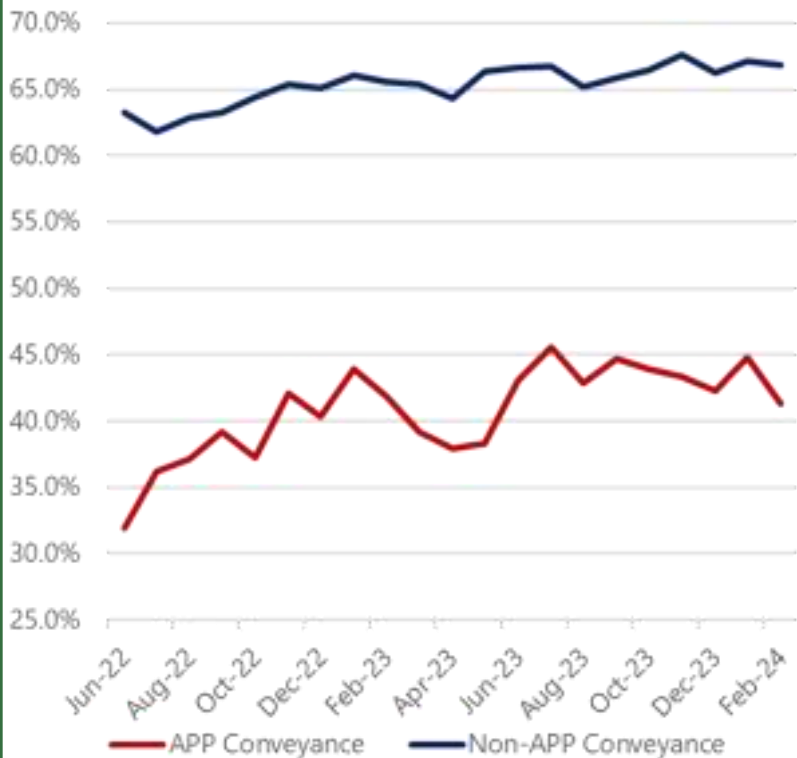
### Expected Performance Trajectory

The forthcoming EMS Demand & Capacity Review models a major expansion of APPs (and related) and a modelled position on what full inversion of the triangle could look like in terms of conveyance to ED. Current project on "Measuring our Strategy", which has a focus on articulating the impact the Trust could have on supporting the unscheduled care system and supporting handover reduction.

Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



# Partnerships / System Contribution

## Handover Indicators

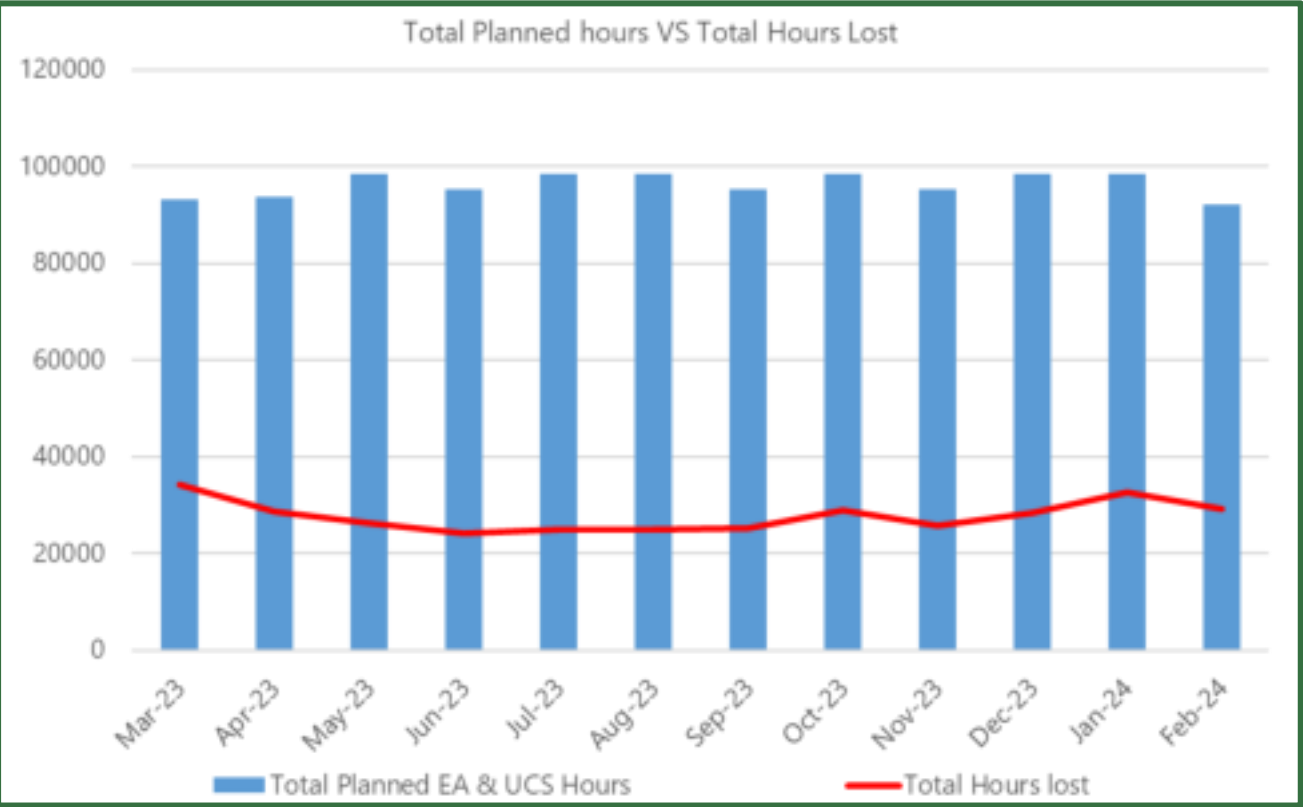
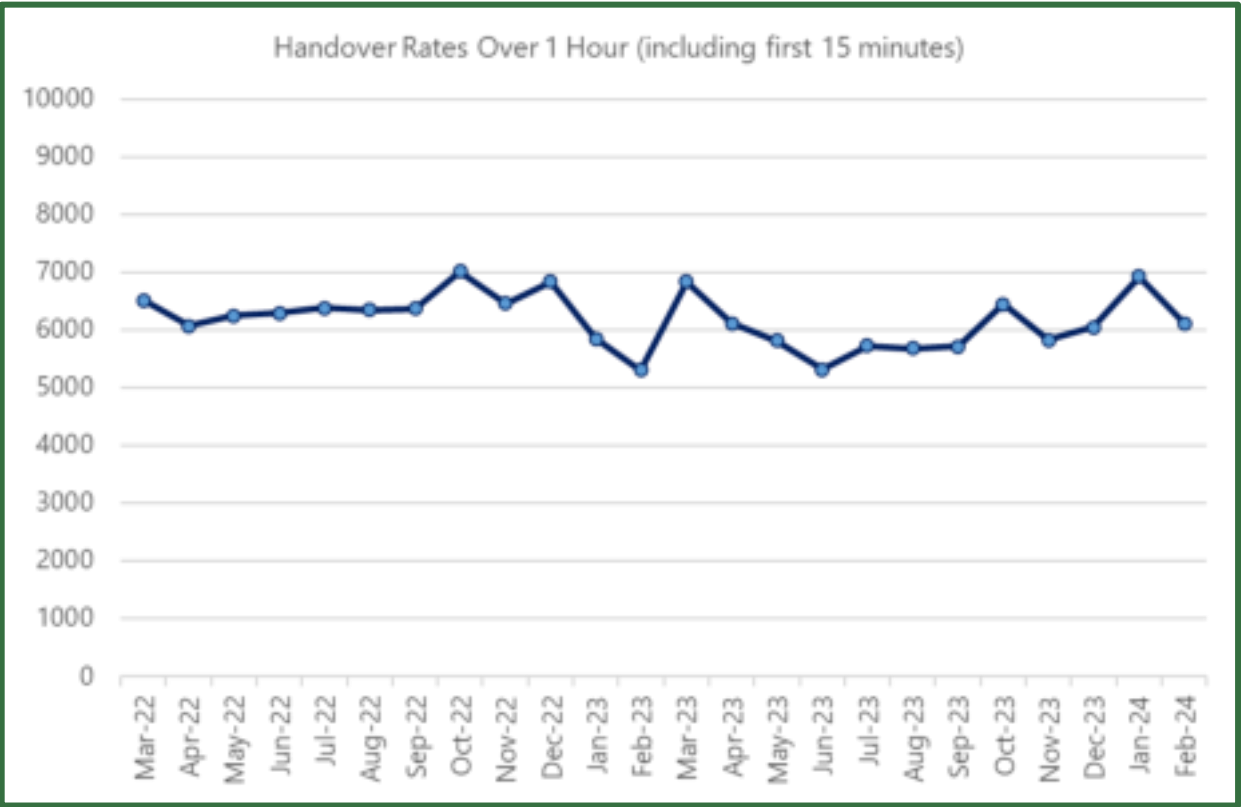
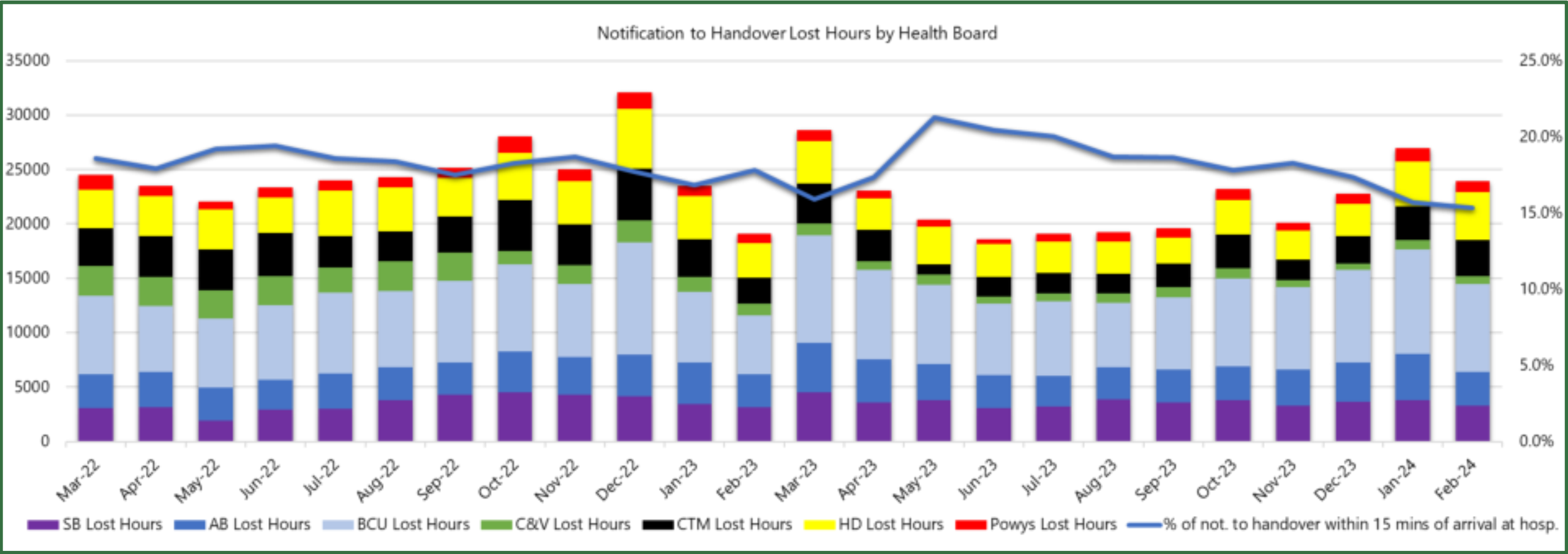
(Responsible Officer: Health Boards)

Lost Hours

R

CI

QUEST



### Analysis

**265,615 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Mar-23 to Feb-24), compared to 294,378 over the same timeframe the previous year.** There were 23,896 hours lost in February 2024, a slight decrease from the 26,984 lost in January 2024 (although over 2 fewer days). February 24 levels were 4,785 hours above where they were during February 2023 (19,110).

The hospitals with the highest levels of handover delays during February 2024 were:

- Morriston Hospital (SBUHB) at 3,197 lost hours
- Wrexham Maelor Hospital (BCUHB) at 3,010 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,972 lost hours
- The Grange University Hospital (ABUHB) at 2,916 lost hours
- Glangwilli Hospital (H DUHB) at 2,103 lost hours

Notification to handover lost hours averaged 823 hours per day during February 2024 compared to 870 hours a day in January 2024,.

In February 2024, the Trust could have responded to approximately 7,538 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

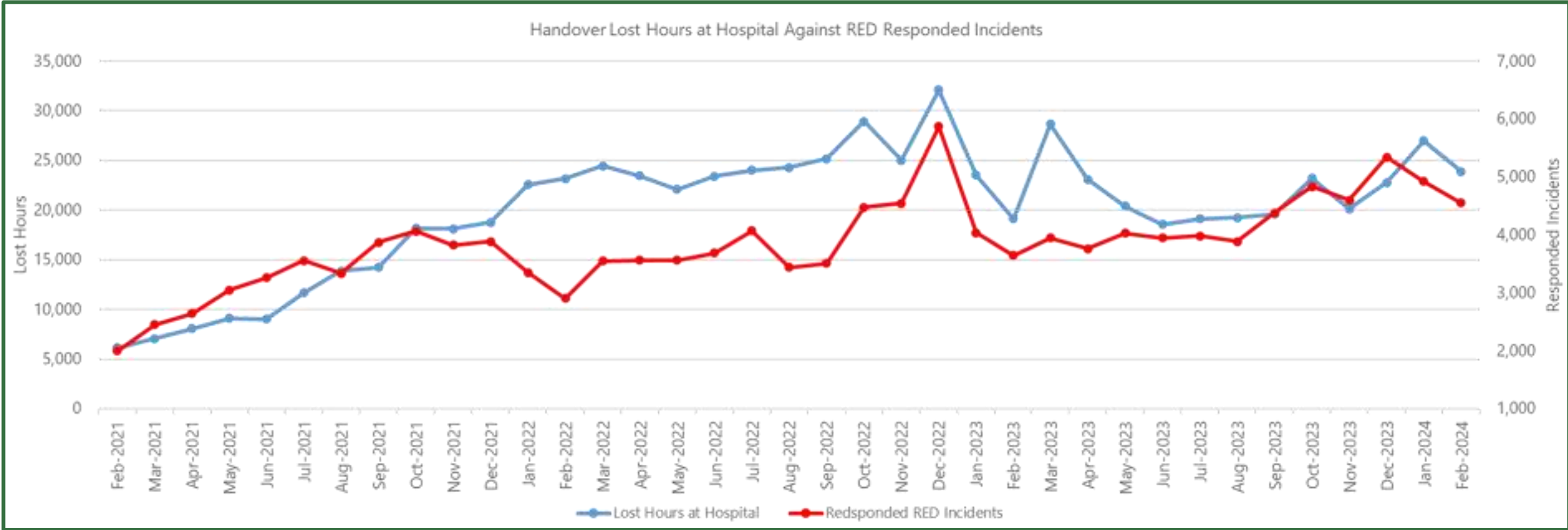
The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The 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.*



# Partnerships / System Contribution

## Handover Lost Hours Against Red & Amber 1 Responded Incidents



### Analysis

The top graph highlights that as handover lost hours have increased since March 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill, although during December 2023 Amber 1 responses also increased slightly when compared to November 2023.

The bottom graph also highlights that as lost hours have increased since mid-2021, so Amber 1 responses have declined, due to the increased system pressures. However, as lost hours reduced during the first half of 2023, so Amber 1 responses increased, from 10,326 in December 2022 to 13,055 in May 2023. Therefore, it was possible to see the reduction of pressure within the system and subsequent performance improvement through the Amber 1 metric.

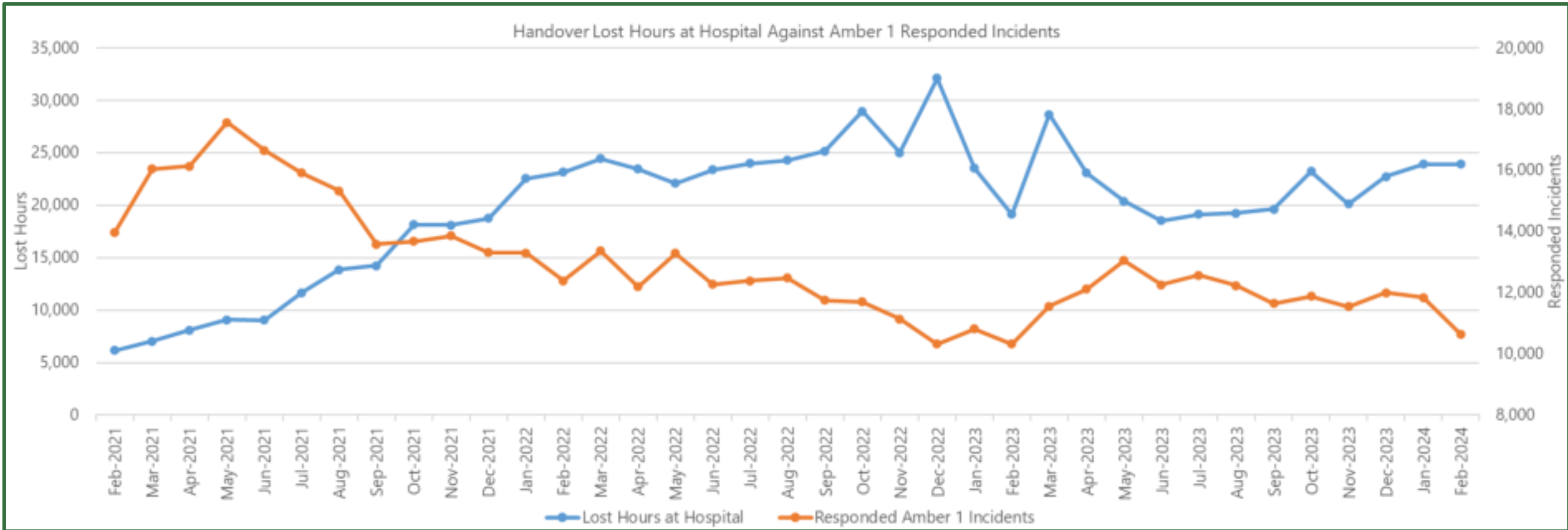
### Remedial Plans and Actions

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

### Expected Performance Trajectory

The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

*\*NB: Data correct at time of abstraction.*



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	DU	Delivery Unit	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EASC	Emergency Ambulance Service Committee	HR	Human resources	NRI	Nationally Reportable Incident	SPT	Senior Pandemic Team
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD	Emergency Medical Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCRs	Patient Care Record(s)	UFH	Uniformed First Responder
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	UHP	Unit Hours Production
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	U/A RTB	Unavailable – return to Base
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	VPH	Vantage Point House (Cwmbran)
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WAST	Welsh Ambulance Services NHS Trust
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme	WG	Welsh Government
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience	WIIN	WAST Improvement & Innovation Network

# Definition of Indicators

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



GIG  
NHS  
WELSH

Ymddiriedolaeth GIG  
Gwasanaethau Ambydlans Cymru  
Welsh Ambulance Services  
NHS Trust

**AGENDA ITEM No**

**10**

**OPEN or CLOSED**

**Open**

**No of ANNEXES ATTACHED**

**5**

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

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 <sup>th</sup> March 2024
<b>EXECUTIVE</b>	Trish Mills, Director of Corporate Governance/Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk, Deputy Board Secretary
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### **EXECUTIVE SUMMARY**

1. The purpose of the report is to provide assurance in respect of the management of the Trust's 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 7<sup>th</sup> February 2024 and each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3. Focus has been given to the risk ratings, controls, assurances, gaps and mitigating actions.
5. The focus for the forthcoming round of reviews will predominantly continue to be in relation to the mitigating actions identified and taken to support risks to achieve their target score.
6. Updates are highlighted in blue on the BAF which show changes to actions, controls, and assurances.
7. This executive summary draws together the broader discussions across the senior leadership teams and the Committees on the higher rated risks and signposts the Board accordingly. The Risk Owners have an opportunity to further add to this narrative and detail of any assurances or escalations during the meeting and Committee Chairs will also contribute to this as appropriate, drawing from the Alert, Advise, Assure reports (AAA).

8. **Risks 223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) scoring 25 and remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death.
- 8.1. The controls and assurances have been updated during this period which are highlighted on the BAF to address gaps in assurance.
  - 8.2. Both risks have been reviewed closely in conjunction with each other to ensure the synergy between them to ensure the actions from the avoidable harm paper are reflected in the same way.
  - 8.3. The risks will be considered further, as part of the Risk Management Improvement Programme and with external support, in terms of how the Trust can approach them given that their score has remained catastrophic over a significant period of time.
  - 8.4. These risks continue to be regularly dynamically reviewed and closely monitored by management, Board Committees, at the Trust Board meetings as well as at internal forums.
  - 8.5. As reported to the January 2024 Trust Board, whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. Because of this, the likelihood is that the levels of avoidable harm will continue. That does not mean that the Trust is not continually seeking additional actions to mitigate these risks and the actions are articulated in the avoidable harm paper that the Board receive at each meeting.
  - 8.6. The Quality, Patient Experience and Safety Committee (QUEST) reviewed both risks at its meeting in February 2024 with the theme of these risks arising throughout the agenda items discussed at this meeting and are escalated in the QUEST AAA report for this meeting.
  - 8.7. The risks were presented to the Finance & Performance Committee (FPC) in January and March 2024 and the People & Culture Committee (PCC) meeting in February 2024 to ensure all perspectives and elements of these risks are considered and reviewed.
  - 8.8. The Executive Director of Quality & Nursing and Executive Director of Operations continue to report to Committees on the depth of review that is undertaken on these risks during the reporting cycle.
  - 8.9. Whilst both risks remain static at the highest score of 25, it is anticipated that this will be the case for the foreseeable future as long as the Trust is in a position where it is highly likely to have an incidence of premature death or avoidable harm because of being unable to respond in a way that it would wish to. The score is not based on the volume of cases of catastrophic harm, it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will



always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.

8.10. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions related to these risks.

9. **Risk 160** (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) is rated 20.

9.1. The ELT continue to review the sickness absence management programme and undertook a deep dive on the mitigations and rating of this risk in February and March 2024. Detailed action plans were discussed and will be reflected in the mitigations ahead of the May 2024 Trust Board and drawn out in more detail in the BAF report.

9.2. The risk score remains static; however, whilst there has been a reduction in sickness absence levels over the past 18 months, rates remain higher than desired.

9.3. Each of the controls, assurances and mitigating actions have been strengthened, and included in the BAF report. A further review at the end of quarter 4 2023/24 will include a review of the score.

10. **Risk 163** (*Maintaining Effective & Strong Trade Union Partnerships*) is rated 20.

10.1. It is foreshadowed that the score will be reduced to 16 (4x4) in the next review period because of a tailored bespoke development programme for managers and Trade Union Partners at all levels has been launched to address issues.

10.2. The programme of engagement and relationship building will continue throughout 2024/25. Alongside this, specific workforce issues related to potential respect and resolution processes have been addressed.

11. **Risk 201** (*A loss of stakeholder confidence that damages the Trust's reputation*) remains static at 20.

11.1. The current risk score remains at 20 given that many of the mitigations are outside the Trust's control.

11.2. The PCC discussed this risk in detail at the meeting in November 2023 and it was a topic of discussion at the ELT away day in December 2023.

11.3. As a result, the risk summary description has changed and the "resulting in" element strengthened to describe the difficulties in being able to progress the organisation's long term strategic ambition because of lack of stakeholder confidence and support.

11.4. Additional controls and mitigations have been articulated to support this change during the detailed review.

11.5. The reputation audit will be the subject of a future Board development discussion and a further deep dive will take place on the risk at the May PCC meeting.

12. **Risk 594** *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.* The Health Board Chief Operating Officers have agreed a framework for the release of ambulances in the event of a major incident being declared; however, the score remains static at 20 reflecting the continued challenges across the unscheduled care system.
13. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static or increased.
14. Notwithstanding, a detailed review, discussion and challenge takes place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on each of the risks monthly.
15. The Risk Management Policy is before the Board for endorsement following approval at Audit Committee on 01 March 2024. This is the Trust's first Risk Management Policy and replaces the previous Risk Management Strategy. Risk Management guidelines are available for staff, and procedures will be finalised in line with publication to support the delivery of the Policy.

**RECOMMENDATION:**

- a) Members are asked to consider and discuss the contents of the report and:
- b) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.
- c) Note the ratings and mitigating actions for each principal risk.
- d) Approve the Risk Management Policy

**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 considered by the following Committees, as relevant to their remit, during the forthcoming reporting period:

ELT (07 February 2024)

Finance & Performance Committee (15 January and 19 March 2024)

Quality, Safety & Patient Experience (08 February 2024)

People & Culture Committee (20 February 2024)

Additionally, all Principal Risks were considered by the Audit Committee at its last meeting on 01 March 2024.

**REPORT ANNEXES**

SBAR report.  
 Annex 1 - Summary table describing the Trust's Principal Risks.  
 Annex 2 – Scoring Matrix  
 Annex 3 – Frequency of Risk review  
 Annex 4 - Board Assurance Framework  
 Appendix 1 – Risk Management 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)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

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

### **SITUATION**

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, an overview of the current risk management framework with particular focus on assurance to Committees and the Board.
2. A summary of the Trust's 14 principal risks on the corporate risk register as at 07 February 2024 is detailed in Annex 1; each of these risks have been fully and formally reviewed in accordance with the review schedule.

### **BACKGROUND**

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

### **ASSESSMENT**

5. The summary of the 14 principal risks is set out in Annex 1 with the full risk detail including controls, assurances, gaps and mitigating actions contained within the Board Assurance Framework (BAF) in Annex 4.
6. The Executive Leadership Team (ELT) has approved the Principal Risk activity described in this paper and considered the full review of each risk undertaken throughout January and February 2024 by Risk Owners and the Assistant Directors Leadership Team (ADLT).

#### Principal Risks

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

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

9. As reported to the January 2024 Trust Board, whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. As a result, the likelihood is that the levels of avoidable harm will continue. That does not mean that the Trust is not continually seeking additional actions to mitigate these risks and the actions are articulated in the avoidable harm paper that the Board receive at each meeting.
10. Several updates have been made to the controls and assurances in relation to Risk 223 and 224 during this period and these are highlighted on the BAF to address gaps in assurance.
11. These two risks have been reviewed closely in conjunction with each other to ensure the synergy between them both and that they reflect the actions from the avoidable harm paper in the same way.
12. Additionally, these risks will be considered further as to how the Trust can approach them by applying the risk appetite methodology as part of the Risk Management Improvement Programme and the most efficient and effective way of managing them internally.
13. Risk 160 *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, whilst good progress is being made to reduce sickness absence, a decision has been made to keep the risk rating under review. Each of the controls, assurances and mitigating actions have been reviewed in full and strengthened during March 2024. A further scheduled review at the end of the quarter 4 2023/24 will include a review of the score.
14. Risk 163 *Maintaining Effective & Strong Trade Union Partnerships* – It was recognised that there would need to be a period of healing across the organisation following the industrial action in 2023. Since this has ended, there has been a significant focus placed on maintaining effective and strong trade union relationships at all levels. Whilst this has helped to improve communication and understanding of different styles and approaches there is still work to do particularly in relation to clarity of roles, openness and building trust, which were key recommendations of the ACAS report. In response, a tailored bespoke development programme for managers and Trade Union Partners at all levels has been launched to address these issues and has been well received. This programme of engagement and relationship building will continue throughout 2024/25. Alongside this, specific workforce issues related to potential respect and resolution processes have been addressed.

15. On this basis it is foreshadowed that the score will be reduced to 16 (4x4) in the next review period recognising the level of investment in terms of time and commitment that is required to continue to embed effective partnership in WAST and the dynamic nature of this risk.
16. In relation to Risk 201 *Reputation*, whilst it is acknowledged that the rating for this risk remains high and has been static for some time given the status, the Trust is not able to de-escalate it. This risk is reviewed by the People and Culture Committee at each meeting and a deep dive was held at the last meeting in November 2023 and it was a topic of discussion at the ELT away day in December 2023.
17. As a result of these discussions, the risk summary description has been strengthened as follows:

**IF** there is an inability of the Trust to deliver its core services because of system or organisational pressures

**THEN** there will be a loss of stakeholder confidence in the Trust

**RESULTING IN** a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny.
18. This more closely describes the difficulties in being able to progress the Trust's long term strategic ambition because of lack of stakeholder confidence and support. Additional controls and mitigations have been articulated to support this change during the detailed review in January 2024.
19. 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 static at 20 reflecting the continued challenges across the unscheduled care system.
20. The risk title has been amended on Risk 424 from *Prioritisation or Availability of Resources to Deliver the Trust's IMTP* to *Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)*. Additional work will be undertaken to ensure that the change is reflected in the controls, assurances, and mitigating actions.
21. Risk 458 *A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning*, the risk is linked to 139; however, the score remains unchanged currently.
22. Whilst there has been full engagement with the team during the reporting period all original actions are now complete in relation to Risk 260 *A significant and sustained*

*cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.* A review of the recent Cyber Resilience Unit (CRU) assessment is to be undertaken to identify any further actions. On this basis the score remains the same given continued activity by cyber actors due to wider world events. There is a general heightened alert for government and public sector bodies although no specific threat has been identified against NHS bodies.

23. Risk 543 *Major disruptive incident resulting in a loss of critical IT systems* - Most mitigating actions are complete on Risk 543; however, the score remains unchanged as further reviews of the CE assessor and CRU reports are required to identify any further actions that need to be undertaken. It is foreshadowed that this score will reduce in the next review as it has been mitigated to target.
24. Risk 558 *Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures* currently remains unchanged.
25. Risks 100 *Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience* and Risk 283 *Failure to implement the EMS Operational Transformation Programme* remain unchanged and are not due for review again until April 2024.
26. Risk 139 *Failure to Deliver our Statutory Financial Duties in accordance with legislation* remains unchanged; however, it will continue to be monitored in month and it is expected that the risk score will increase in the next financial year.

#### Risk Management Policy

27. The Risk Management Policy has been developed and was approved by the Audit Committee ahead of endorsement at Trust Board today. A procedural document will be finalised to support the delivery of the Policy following publication. The Policy is the Trust's first Risk Management Policy and replaces the Trust's Risk Strategy.

#### **RECOMMENDED**

28. Members are asked to consider and discuss the contents of the report and:
  - a) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.
  - b) Note the ratings and mitigating actions for each principal risk.
  - c) Endorse the Risk Management Policy





## Annex 1 – Corporate Risk Register Summary

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

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<p>increase in fragility and the ability to effectively deliver change is compromised</p> <p><b>RESULTING IN</b> a negative impact on colleague experience and/or services to patients.</p>		
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation	<p><b>IF</b> there is an inability of the Trust to deliver its core services because of system or organisational pressures</p> <p><b>THEN</b> there will be a loss of stakeholder confidence in the Trust</p> <p><b>RESULTING IN</b> a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny</p>	Director of Partnerships & Engagement	<p><b>20</b> <b>(4x5)</b></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><b>IF</b> a major incident or mass casualty incident is declared</p> <p><b>THEN</b> 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> <p><b>RESULTING IN</b> catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.</p>	Director of Operations	<p><b>20</b> <b>(4x5)</b></p> <p>⬆</p> <p><b>15</b> <b>(3x5)</b></p>
424 FPC	Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-	<b>IF</b> resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	Director of Strategy Planning and Performance	<p><b>16</b> <b>(4x4)</b></p> <p>➡</p>

## CORPORATE RISK REGISTER

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

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<p><b>THEN</b> there is a risk of a significant information security incident</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>		
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	<p><b>IF</b> there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems</p> <p><b>THEN</b> there is a risk of a loss of critical IT systems</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's effective ability to deliver essential services</p>	Director of Digital Services	<p><b>15</b> <b>(3x5)</b></p> <p>➔</p>
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	<p><b>IF</b> significant internal and external system pressures continue</p> <p><b>THEN</b> there is a risk of a significant deterioration in staff health and wellbeing within WAST</p> <p><b>RESULTING IN</b> increased sickness levels, staff burnout, poor staff and patient experience and patient harm</p>	Director of Workforce & Organisational Development	<p><b>15</b> <b>(3x5)</b></p> <p>➔</p>
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	<p><b>IF</b> WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p><b>THEN</b> there is a risk of a delay or failure to receive funding and support</p> <p><b>RESULTING IN</b> a catastrophic impact on services to patients and</p>	Director of Strategy Planning & Performance	<p><b>12</b> <b>(3x4)</b></p> <p>➔</p>

## CORPORATE RISK REGISTER

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

Annex 2 - Risk Scoring Matrix

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

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



### **Annex 3** - Frequency of Risk Review

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

## Annex 4 – Board Assurance Framework

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:	17/01/2024		TREND	25 (5x5)
			Date of Next Review:	14/02/2024		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
IMTP Deliverable Numbers:							
EXECUTIVE OWNER		Director of Operations	ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
<p><b>Risk Commentary Q3 2023/24</b></p> <p>The risk score remains constant at 25 (almost certain &amp; catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. <b>The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust has received 6 reports since April 2023, including 1 report in quarter 3 2023/4. 5 of these reports directly relate to system pressures with the coroners raising concerns about delays in responding to patients in the community and handover of care delays at emergency</b> departments. In <b>November</b> 2023, over <b>20,126</b> hours were lost <b>and 22,756 in December 2023</b>. Only Cardiff &amp; Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.</p> <p>Improvement actions led by Welsh Government and system partners include: -</p> <ul style="list-style-type: none"><li>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)</li><li>b) Consideration of additional WAST schemes to support risk mitigation through winter (I)</li><li>c) NHS Wales reduces emergency department handover lost hours by 25% (E)</li><li>d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)</li><li>e) Alterative capacity equivalent to 1000 beds (E)</li><li>f) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E)</li><li>g) Implementation of Same Day Emergency Care services in each Health Board (E)</li><li>h) National Six Goals programme for Urgent and Emergency Car (E)</li></ul>							
CONTROLS		ASSURANCES					
		Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Regional Escalation Protocol		1. Daily conference calls to agree RE levels in conjunction with Health Boards					
2. Immediate release protocol		2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)					
3. Resource Escalation Action Plan (REAP)		3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP <b>has undergone an</b> annual review with v4.1 released <b>in November 2023</b> .					
4. 24/7 Operational Delivery Unit (ODU)		4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.					
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans		5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.					
6. Limited Alternative Care Pathways in place		6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.					
7. Consult and Close (previously Hear and Treat)		7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. <b>Whilst Consult and Close is in place, the action to increase compliance is detailed in action 10</b> .					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		17/01/2024	TREND	25 (5x5)
			Date of Next Review:		14/02/2024	➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation		8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.					
9. Clinical Safety Plan		9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.					
10. Recruitment and deployment of CFRs		10. CFR numbers have grown during 2022/23 which alongside a cleanse of the volunteer database has realised 500 current active volunteers with an ambition to recruit a further 100 by end of Q4. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR’s, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1’s and volunteer highlight report (IMTP).					
11. ETA scripting		11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.					
12. Clinical Contact Centre (CCC) emergency rule		12. Emergency Rule is incorporated into CSP 999 levels.					
13. National Risk Huddle		13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
14. Summer/Winter initiatives		14. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.					
15. CHARU implementation		15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.					
16. Clinical Model and clinical review of code sets		16. Reported through CPAS and DCR Review reporting through CQGG					
17. Remote clinical support enabling discharge at scene		17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%					
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)		18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.					
19. Information sharing		19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
20. Completed EMS Roster Review		20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.					
21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls		21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.					
22. Transfer of Care		22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief					
23. Virtual Ward – Connect Support Cymru		23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru • Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:	17/01/2024		TREND	25 (5x5)
				Date of Next Review:	14/02/2024		➡	
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	
			capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers.					
24. ARA – Acute Release Area - GUH			24. Live until 31 <sup>st</sup> March 2024					
25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. 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.			25. 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.					
26. 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.			27. 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.					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.					
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow								
3. Local delivery units mirroring WAST ODU								
4. Handover delays link to risk 224								
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.			The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.					
6. Handover Improvement Plans agreed between WAST and Health Boards			12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays (see above)					
18. Access to Same Day Emergency Care (SDEC) for paramedic referrals			18. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.					
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST								
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.			Assistant Director of Operations EMS / Assistant Director of	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)			

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Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		17/01/2024		TREND	25 (5x5)	
			Date of Next Review:		14/02/2024		➡		
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		
		Operations – National Operations & Support							
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group		30.09.22 - Superseded					
3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]		Director of Paramedicine / Director of People & Culture		Extended to March 2024	WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.				
4. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]				Superseded					
5. 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.				
6. New 2023 EMS Demand and Capacity (roster) review		Assistant Director of Planning & Performance		March 2024	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March				
7. Swansea Bay Winter actions		Assistant Director of Operations, EMS		December 2023	Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.				
8. Mental Health response pilot		Assistant Director of Operations, EMS		Not yet Active.	Pilot to commence in Aneurin Bevan Health Board area Nov 2023				
9. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Assistant Director of Quality Governance			Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. Phase 1 delivered through St John Ambulance Cymru, with further funding by the commissioner for a further phase via SJAC. Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers.				
10. Maximise the opportunity from Consult and Close – stretch to 17%					Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead				



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IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death			Likelihood	Consequence	Score	
			Inherent		4	5	20	
			Current		5	5	25	
			Target		2	5	10	
					to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, thus increasing the percentage of consult and close to 17%.			
11. Development of new model of care		Head of Strategy Development	2024/25	Development of the model remains ongoing				
12. Development of the pathway which connects mental health users connecting via the 999 system to 111 Press 2 services		Assistant Director of Operations, Integrated Care	March 2024	Development of the model remains ongoing				
13. Palliative Care Paramedic Unit		Assistant Director of Operations	January 2024	Reducing demand via APPs – 15 <sup>th</sup> January Start.				
14. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	Q4 2023-2024	<ul style="list-style-type: none"><li>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)</li><li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.</li><li>Expected outcomes in 2023/24.</li></ul>				
15. Winter Ambulance Handover Improvement Plan Meetings		Executive Director of Operations	February 2024 (six weeks duration)	<ul style="list-style-type: none"><li>Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&amp;C, CWR, red dispatch and local updates from EMS HOS on initiatives.</li></ul>				




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:		17/01/2024		TREND	25 (5x5)
				Date of Next Review:		14/02/2024		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score		
				Inherent	5	5	25		
				Current	5	5	25		
				Target	3	2	6		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Quality & Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
Risk Commentary Q3 2023/24									
<p>The risk score remains constant at 25 for quarter 3 2023/24 (almost certain &amp; catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. <b>There were 1,888 patient handovers in October 2023 which were over 4 hours.</b> The target was originally to have zero by September 2022. <b>In November 2023 over 20,126 hours were lost and 22,756 were lost in December 2023</b> Cardiff &amp; Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. <b>The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust has received 6 reports since April 2023, including 1 report in quarter 3 2023/4. 5 of these reports directly relate to system pressures with the coroners raising concerns about delays in responding to patients in the community and handover of care delays at emergency departments.</b> 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 &amp; Management (May 2023). Themes from system partners following review of incidents remains the consequences of high escalation levels in acute care and crowded emergency departments.</p> <p>Improvement actions led by Welsh Government and system partners include:</p> <ul style="list-style-type: none"><li>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) <b>by the end of April 2025</b></li><li>b) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) <b>revised to March 2023/24.</b></li><li>c) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000.</li><li>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)</li><li>e) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (Welsh Government: Chief Medical Officer and Chief Nursing Officer).</li></ul>									
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.					
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.					
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)				3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.					
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).				4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.					

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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:		17/01/2024		TREND	25 (5x5)
				Date of Next Review:		14/02/2024		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.				5. Monthly Integrated Quality and Performance Report					
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).				6.					
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.				7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure. <b>REAP has undergone an annual review with v4.1 released in November 2023.</b>					
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.				8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST					
9. 24/7 operational oversight by ODU with dynamic <b>Clinical Safety Plan</b> 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. <b>In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.</b>					
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. <b>On Call cover is reviewed weekly at SLT Performance Meetings.</b>					
11. Escalation forums to discuss reducing and mitigating system pressures.				11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.				12. Monthly Integrated Quality and Performance Report (October 2023 overall 76% - Safeguarding and dementia awareness remains over 91%.					
13. Clinical audit programme in place.				13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.					
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.				14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.					
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals. Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time				15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board November 2023) and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.					

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					Date of Next Review:		14/02/2024			
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score	
						Inherent	5	5	25	
						Current	5	5	25	
						Target	3	2	6	
lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”										
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.				16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of <b>December</b> 2023 is ‘Implementing and operationalising’. The Trust has representation on the All Wales Duty of Candor Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical Quality Governance Group.						
17. Clinical Support Desk First in place				17.						
18. Summer/Winter initiatives				18. <b>Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.</b>						
				<b>External Sources of Assurance Management (1<sup>st</sup> Line of Assurance)</b>						
				1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).						
				2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC						
				3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.						
<b>GAPS IN CONTROLS</b>				<b>GAPS IN ASSURANCE</b>						
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures.				1.						
2.				2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 38 overdue nationally reportable incident investigations. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.						
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales.				3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.						
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS.				4. Strengthening of patient safety reports and audit processes as e PCR system embeds.						
5. Variation pan Wales / England as position not implemented across all emergency departments*.				5. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.						
6. 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.				6. HIW approve and sign off WAST elements of recommendations.						
				<b>External Gaps in Assurance</b> 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators						
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).					

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Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients				Date of Review:		17/01/2024	TREND	25 (5x5)
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						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
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	<ul style="list-style-type: none"> <li>Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level.</li> <li>Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety and health board dashboards.</li> </ul>					
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.	<ul style="list-style-type: none"> <li>Monthly meetings continue to be held and networking through EDoNS.</li> </ul>					
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	• Q4 2023/24	<ul style="list-style-type: none"> <li>WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.</li> </ul>					
5. Overnight falls service extension		Executive Director of Quality & Nursing	• 31.03.2024	<ul style="list-style-type: none"> <li>Night Car Scheme extension agreed to 31 March 2024 (2 regional resources)</li> <li>Utilization rates continue to be monitoring. Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023); Nighttime falls assistance 66% Utilisation (July – Oct 2023); Daytime utilisation sustained: July -August 58%. September- October 58% utilisation.</li> <li>Optima modelling has now been completed. The modelling clearly identifies that the level two falls' vehicles are the more effective resource. The modelling has identified an estimated need of 48 (38 day and 10 overnight) falls vehicle level 2 12 hours shifts. The modelling is now being built into the strategic (five year) demand &amp; capacity review.</li> </ul>					
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	<ul style="list-style-type: none"> <li>Monthly updates to progress against actions following the baseline assessment and readiness returns.</li> <li>RL Datix Dashboards and KPIs under development nationally.</li> <li>Key policies updated and approved.</li> <li>Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.</li> </ul>					
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Executive Director of Quality & Nursing	• Q3 2023/24	<ul style="list-style-type: none"> <li>SJAC funded ended on 31 October 2023.</li> <li>Proof of concept using WAST CFR volunteers as CWRs is underway. Grant funding is being used to put in place roles and processes to recruit and train to new volunteer role.</li> <li>This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data suggesting a 35% consult &amp; close rate for the cohort of patients covered by the pilot.</li> <li>The business case has now been completed and can be made available to key stakeholders. Now awaiting business case approval.</li> <li>The CWR will be modelled as part of the options being considered by the current EMS demand &amp; capacity review.</li> </ul>					
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	• Q4 2023/24	<ul style="list-style-type: none"> <li>OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by <b>May</b> 2024 (taking notice periods into account).</li> </ul>					
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.		Assistant Director Quality & Nursing	• Q4 2023/24	<ul style="list-style-type: none"> <li>Positive meeting held in August 2023 as planned with the Chair of the TVN network. Next steps are for the Patient Safety Team to attend a TVN leads meeting to discuss opportunities for collaborative working and data / information sharing. Date to be confirmed and there has been good engagement from Health Board Tissue Viability Nurses. Workshop date confirmed in January 2024.</li> </ul>					

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:		17/01/2024	TREND	25 (5x5)
					Date of Next Review:		14/02/2024	➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	• Q4 2023/24	<ul style="list-style-type: none"> <li>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)</li> <li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.</li> <li>Expected outcomes in 2023/24.</li> </ul>					
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework		Executive Director of Quality & Nursing	• Q4 2023/24	<ul style="list-style-type: none"> <li>Internal audit in progress. Delays due to sickness in the internal audit team.</li> </ul>					
12. Winter Ambulance Handover Improvement Plan Meetings		Executive Director of Operations	• February 2024 (six-week duration)	<ul style="list-style-type: none"> <li>Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&amp;C, CWR, red dispatch and local updates from EMS HOS on initiatives.</li> </ul>					
13. Swansea Bay Winter actions		Assistant Director of Operations, EMS	• December 2023	<ul style="list-style-type: none"> <li>Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.</li> </ul>					

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:		17/01/2024	TREND	20 (5x4)
				Date of Next Review:		14/02/2024	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	5	4	20	
				Target	3	4	12	
IMTP Deliverable Numbers:								
EXECUTIVE OWNER			Director of People & Culture	ASSURANCE COMMITTEE	People and Culture Committee			
Risk Commentary Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. As we move into winter, we also see increased absence due to respiratory illness and Covid. The outcome of this is to maintain the risk at a score of 20 and review the level at the end of Q4 2023/24.								
CONTROLS				ASSURANCES				
				Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Managing Attendance at Work Policy/Procedures in place and followed				1. (a) Audits undertaken by People Services Team (b) Outputs reviewed				
2. Respect and Resolution Policy- recognising issues at work may contribute to sick absence				2. R&Rs addressed in timely way to reduce risks of sickness absence. Compassionate Practices approach engaged. Referral of colleagues to appropriate levels of support				
3. Updated Freedom to Speak Up Policy replacing the Raising Concerns Policy- recognising issues at work may contribute to sick absence				3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Freedom to speak Up Safely process introduced from the start of October 2023 including three Trust guardians.				
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 28/11/2023 Health and Wellbeing Strategy coming to an end in 2024 to be replaced with a new plan with a focus on employee experience in line with the All-Wales Framework and the People and Culture Plan 2023-2026				
5. Operational Workforce Recruitment Plans - provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure				5.				
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 - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required				7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly				
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 receive 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. Reported in MIQPR				
13. Suicide first aiders- additional layer of support				13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have access. Mental Health Team deliver this				
14. TRiM- additional layer of support				14. Quarterly reporting on access to TRiM and promotion of service Included in MIQPR				
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 28/11/2023 on pause to focus on Leadership Framework with a focus on culture and its impact on the experience of work and workplace wellbeing				
17. Staff surveys- assess levels of engagement and wellbeing				17. New HIVE survey tool will provide data on overall engagement and wellbeing 28/11/2023 the NHS Wales Staff Survey has also just closed and will provide information in the new year to inform us further.				
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 28/11/2023 OH to lead on a refresh of stress risk assessments use				



Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service		Date of Review:		17/01/2024	TREND	20 (5x4)
			Date of Next Review:		14/02/2024	➡	
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	
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 and is also supported by PCC deep dives into sickness. Reporting is also shared with CASC and EASC. Discussions on sickness are reported in minutes and AAA to Board					
20. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure		20.					
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. Monthly report on absence to ELT and report to every meeting of People & Culture Committee via the Workforce Report and provision of deep dives when requested.		23.					
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 absence with local plans in place to address specific issues					
26. Review of top 100 cases -carried out monthly		26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.					
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 e.g. – mental health and causes 28/11/23 Recognition of the impact of employee experience and workplace conditions and link to absence. <b>Reported to ELT for information</b>					
28. Implementation of the Managing Attendance Project 2022-23 completed and ongoing activities maintained		28. <b>BAU evaluating for delivery</b>					
29. Implementation of Behaviours Refresh Plan completed		29. <b>BAU evaluated for delivery</b>					
30. 2023 10-point action plans shared with EMT for assurance and RAG rated to track progress quarter		30. Offers assurance to ELMT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports					
31. Work in Confidence system implemented and Freedom to Speak Up Month in October 2023 focused attention on this		31. External Management (2nd Line of Assurance)					
32. Actions from Audit of Nov 22 <b>completed</b>		32. <b>Audit actions completed</b>					
33. Strengthen Freedom to Speak Up Arrangements policy and advice and roll out of platform for raising concerns (in relation to Freedom to Speak Up Arrangements) (Having additional mechanisms in place for individuals to speak up potentially reducing work related stress and anxiety which is a key reason for absence)		33. Monitor FTSU concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.					
34. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements		34. Monitored through numbers of FTSU concerns raised and continual promotion via Comms and Roadshow Events.					
35. <b>Health and Wellbeing Steering Group in place</b>		35. Agendas, minutes etc.					
36. <b>Actions identified from the Managing Attendance Audit implemented</b>		36. Underway and now BAU – we need to say what this means by way of assurance					
37. <b>PADR review undertaken and now including wellness questions</b>		37. PADRs undertaken and questions asked					
		<b>Independent Assurance (3<sup>rd</sup> Line of Assurance)</b>					
		1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)					
		2. Audit Wales – Taking Care of the Carers report in October 2021					
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>					
(a) Consistency and Application in Managing Attendance at Work Policy		There are other factors that impact on sickness which can't be controlled					
1. 9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received		1. 9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers					
1 – 22 Education and communication with managers about resources available and how to implement it e.g., stress risk assessments							

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Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		17/01/2024	TREND	20 (5x4)
				Date of Next Review:		14/02/2024	➡	
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	
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. Scrutinising on a monthly basis all long term sickness absence case to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.			Deputy Director of People & Culture	Ongoing	Discussion on levels of long term sick absence is undertaken in a variety of forums including EASC, ELT and PCC			
2. Develop guidance and training for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.			Deputy Director of People & Culture	Ongoing (training new managers)	Measured through ongoing participation in development sessions and feedback from TU regarding management handling of absence cases.			
3. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities.			Deputy Director of People & Culture	Ongoing action	Assurance – meetings taking place and active discussions on operational areas experiencing high levels of absence			
4. Senior Ops Managers have accountabilities sessions on attendance management with their Heads of Service.			ADOs Operations	Ongoing action	Assurance – meetings taking place and active discussions on operational areas experiencing high levels of absence			
5. Case studies developed on examples of areas of business where attendance management has improved significantly to share learning across WAST			Deputy Director of People & Culture	31/05/24	Case studies published and discussed at leadership meetings and evidence of good practice adopted			
6. Review of top 100 cases by the wider People & Culture Team on a monthly basis (Wellbeing, OCC Health, People Services)			Deputy Director of People & Culture	Ongoing	Understanding within the wider People & Culture Directorate of cases and action plans clearly identified			
7. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST			Deputy Director, People and Culture	30/06/24	Discuss at P&C Business Meeting and share at ELT/PCC with recommendations.			
8. Ensure that the specific issues associated with muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified			AD Q&N	Ongoing	It is on the agenda and outcomes are available for discussion at H&SC			
9. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns. Alongside this these areas are also experiencing significant change.			Director of People & Culture	Ongoing	Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.			
10. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.			AD of Wellbeing	To commence 30/05/24	Evaluation of pilot after 6 months to assess if there has been a reduction in sick absence in specific areas where this approach has been adopted.			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	17/01/2024		TREND	20 (5x4)
				Date of Next Review:	14/02/2024		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score	
				Inherent	5	3	15	
				Current	5	4	20	
				Target	4	3	12	
IMTP Deliverable Numbers:								
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee		
Risk Commentary								
This risk is regularly reviewed. Work is underway to seek to improve partnership working and an action plan has been created to deliver this. The engagement structures below WASPT are in place and running. The Deputy Director of P&C is currently writing a workshop session with TU partners to deliver to managers are TU reps across the organisation and a second session for senior TUPs and senior managers to improve the understanding of the challenges for both groups. Individual relationships with TUPs are quite good. However, there is a further prospective risk as discussions on pay commence for 2024/25 which are out of the gift of WAST but may result in further tension and industrial action if an offer made is not accepted by the trade unions. This is in the context of the current financial pressures for Welsh Government who are seeking to make significant savings. At a local level there are challenging issues to be managed such as USH payments for those off sick and EMT 2-3, demand and capacity reviews, industrial injury appeals and changes to the workforce profile by increasing APPs. Some of these issues are escalating and <b>may</b> likely result in R&R processes. When there are discussions on one area then there appears to be difficulty disengaging different issues.								
CONTROLS			ASSURANCES					
			Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership			1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.					
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement			2. Both parties refer to the documents and are signed up/committed to it					
3. IPA Workshops			3. Meetings completed with participation from TUs and senior managers. Attendance lists are available					
4. Trade Union representation at Trust Board, Committees			4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in					
5. Monthly Informal Lead TU representatives and Chief Executive meetings			5. Diarised meetings					
6. Staff representative management in Task & Finish Groups			6. Good attendance and commitment are 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 <b>in place and operating</b>			8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings					
9. Quarterly Report on TU activity to People and Culture Committee			9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes					
10. Structures below WASPT in place from June 2023			10. Triple A reports through to WASPT and to PCC. <b>Any escalations are appropriately noted.</b>					
11. Project plan in place to support the improvement in relationships based on the ACAS report from 2022.			11.Development of mentoring and training opportunities for TUPs to support their roles.					
12. <b>AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).</b>			12.Training for local managers and TUPs in development <b>and diarised delivery for February / March 2024.</b>					
13. <b>AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT</b>			13.Change in senior TU personnel on a temporary basis meaning new senior TU representative needs to be brought up to speed with work on improving partnership working.					
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.								

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Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	17/01/2024	TREND	20 (5x4)		
				Date of Next Review:	14/02/2024				
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients			Likelihood	Consequence	Score
						Inherent	5	3	15
						Current	5	4	20
						Target	4	3	12
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. 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 People & Culture	Completed 12/01/23	Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26 <sup>th</sup> Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway				
2. Refresh of engagement programme post Industrial Action and establish work			Deputy Director of People & Culture	30/08/23 Underway and work ongoing. Plan delivery to be completed in 2024. However, this will be subject to the national picture.	Plan agreed and being monitored via WASPT. Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated.				

Risk ID 201	A loss of stakeholder confidence that damages the Trust’s reputation			Date of Review:	18/01/2024		TREND	20 (4x5)
				Date of Next Review:	14/02/2024		➡	
IF there is an inability of the Trust to deliver its core services because of system or organisational pressures		THEN there will be a loss of stakeholder confidence in the Trust	RESULTING IN a lack of stakeholder support for the Trust’s long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	4	5	20	
				Target	3	5	15	
IMTP Deliverable Numbers:								
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee		
Risk Commentary Q3 2024/25								
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, coupled with the levels of patient harm and poor patient experience 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, including with Welsh Government and civil service colleagues, together with politicians, commissioners and partners, media relations work, patient experience and internal communication and engagement continue, in order to build trust and credibility. The day to day experience of staff and patients, coupled with the need to further build relationships, mean the risk remains heightened. 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, including as it relates to support for the Trust’s longer term strategy and ambition.								
CONTROLS			ASSURANCES					
			Internal Management (1 <sup>st</sup> Line of Assurance)					
1. CEO and DSP meeting with HB CEOs throughout Q4 to informally discuss strategic ambition			1. Feedback reported via ELT, TSAG etc/					
2. Revision of engagement framework delivery plan (approved by Board Jan 2023) to reflect feedback from stakeholders and revised timelines for strategy engagement			2. Will report via strategy programme architecture plus discussion at Board development/PCC etc. Included in 2024/25 IMTP					
3. Challenging of media reports to ensure accuracy			3. Programme of daily media engagement documented on digital system					
4. Media liaison to ensure relationships developed with key media stakeholders			4. Programme of daily media engagement documented on digital system					
5. Routine stakeholder and staff engagement, including the recent round of Executive roadshows and WAST Live.			5. Agendas, minutes, and documents of engagement events. Informal feedback via ELT and reported via Trust Board (CEO update)					
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., ELT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs.					
7. Annual deep dives on reputation in place			7. Reported to Committees, documented in minutes, action logs and papers					
8. Engagement of the Board on matters of reputation in development sessions. If required, escalation procedure for issues to the Board where circumstances dictate, following discussion at ELT			8. Minuted meetings, action logs and Board papers					
9. Regular engagement with senior stakeholders e.g., Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders			9. Informal feedback reported via ELT and occasionally in formal correspondence (nature of discussion often precludes formal recording)					
10. Monitoring external factors that may affect the Trust			10. ELT verbally updated on a regular basis with written notes if appropriate					
11. Board oversight, scrutiny and challenge of performance, concerns, quality			11. What is the assurance that this control is effective					
12. Internal Quality and Performance monitoring in the Trust and raising system issues			12. What is the assurance that this control is effective - reports at ELT, Finance and Performance Committee, Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. The delivery plan is currently under review and is subject to further agreement			1.					
2. Managing the narrative of the media			2.					
3. Strategic collaboration – further work needed to formalise opportunities			3.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone		Progress Notes:	
1. Review of 2022 Engagement Framework Delivery Plan in conjunction with the Consultation Institute to reflect revised strategic ambition			Director of Partnerships & Engagement		31/03/24		Board development planned 22/02 on reputation	
2. Reputation audit year two planned			Director of Partnerships & Engagement		Q4/Q1 23/24 24/25			
3. Roll out of the revised Engagement Framework Delivery Plan			Director of Partnerships & Engagement		From Q1 24/25			
4. Reputation Audit deep dive on findings to be presented at Board Development			Director of Partnerships & Engagement		Q1 2024/25			


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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:		17/01/2024		TREND	20 (4x5)
				Date of Next Review:		14/02/2024		➡	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	4	5	20		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance & Performance Committee			
Risk Commentary Q3									
The challenges across the unscheduled care system    November 2023, over 20,126 hours were lost and 22,756 in December 2023. Only Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.									
CONTROLS			ASSURANCES						
			Internal Management (1 <sup>st</sup> Line of Assurance)						
1. Immediate release protocol			1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.						
2. Resource Escalation Action Plan (REAP)			2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.						
3. Regional Escalation Protocol			3. Daily conference calls to agree RES levels in conjunction with Health Boards						
4. Incident Response Plan			4. The Incident Response Plan has been ratified via EMT						
5. Mutual Aid arrangement with NARU			5. AACE National Policy on mutual aid in place						
6. Clinical Safety Plan			6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.						
7. Operational Delivery Unit 24/7 cover			7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting						
8. In hours and out of hours command cover			8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings						
9. Notification and Escalation Procedure			9. Published procedure in operation, reviewed 3 yearly by SLT						
10. Continued escalation of risk to partners and stakeholders			10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.						
			External Independent Assurance N/A						
11. 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.			11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.						
12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.			12. All Health Boards responded with assurance of plans except BCU.						
13. Multi Agency Exercise to be arranged.			13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans						


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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:		17/01/2024	TREND	20	
				Date of Next Review:		14/02/2024		(4x5)	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites		RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	2	5	10
14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.				14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.					
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 <sup>th</sup> February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust’s ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morriston Hospital, Wales’s dedicated burns unit (formal debrief still to be conducted).					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Review of Manchester Arena Inquiry			Assistant Director of Operations	March 2024	This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios. The financial case associated with MAI is planned to be familiarised with ELT and EASC during Jan and Feb 2024, with the final outline case to ELT in March 2024.				
2. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans			Assistant Director of Operations	January 2024	Correspondence with Welsh Government remains ongoing				

Risk ID 424	Resource availability (revenue, capital, and staff capacity) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)			Date of Review:		17/01/2023	TREND	16 (4x4)
				Date of Next Review:		14/02/2024	➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)		THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	4	4	16	
				Target	1	4	4	
IMTP Deliverable Numbers: All								
EXECUTIVE OWNER		Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE		Strategic Transformation Board and Finance and Performance Committee		
<b>Risk Commentary</b> Risk score remains currently at 16 as some outstanding gaps in controls and, linked to risk 458, some continued risk with regards to recurrent funding. There are also currently sickness & vacancies in the Transformation team resulting in gaps to support delivery of key workstreams and delivery of mitigations listed in this BAF, however these are in the recruitment and managing attendance processes. IMTP planning for 2024-2027 underway to refresh our priorities for the next three years, taking into account the external context in which the Trust is working. This risk will therefore remain under review as we put further controls in place but also taking account of the new commissioning landscape, financial context and our strategic developments.								
CONTROLS			ASSURANCES					
			Internal Management (1 <sup>st</sup> 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 Path Framework (PPF)			6. PowerPoint pack detailing Project Path Framework					
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 <sup>rd</sup> Line of Assurance) 2. Subject to Internal Audit					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Project and programme management (PPM) framework to be reviewed			1. PPM needs to be reviewed and approved through STB					
2.—			2. Benefits have not been fully linked to benefits realisation					
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)								
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
1. Recruit a Head of Transformation		Assistant Director of Planning	30.09.22 complete	Recruited 02.08.22 in post on 01.11.22				
2. Review the PPF		Head of Transformation	Extended from 31.03.23 – To 31.06.23 and then to 30.09.23 in line with milestone for delivery Extend to 31.12.23 in line with timescales for sign off. Extend to 31.01.24 in line with timescales for sign off. Extend to end of Feb in line with next STB.	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3. Planning Framework approved by STB on 04.07.2023 which sets out the Project Path framework at a high level. Project Path Framework presented at ISPG on 27.10.23 and is scheduled for approval at STB on 27.11.23. STB reviewed the Project Path Framework and generally good feedback but some alterations to be made and brought back to STB in January 2024 for approval. Further finalisation required; approval deferred to STB meeting 26.02.24.				

Risk ID 424	Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)			Date of Review:		17/01/2023		TREND	16
				Date of Next Review:		14/02/2024		➡	(4x4)
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)		THEN there is a risk that there is insufficient capacity to deliver the IMTP		RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	4	4	16
						Target	1	4	4
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework		Assistant Director of Planning/Assistant Director, Commissioning & Performance		Extended from 30.09.22 – to 31.03.23. Further extend to 31.06.23 and then to 30.09.23 in line with milestone for delivery Extend to 31.12.23 as priorities have taken precedence but there is work ongoing in this space. Extend to 29.02.24 as other priorities have taken precedence but there is work ongoing in this space. As above extend to end of Feb.		Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3 as part of Project Path Framework. Work continues with the Commissioning and Performance Team to align performance metrics with programme/IMTP deliverables. An evaluation methodology is being trialled with Swansea University to look at benefits realisation of small, agile projects and PDSA cycles. Work continues this but will be rolled out as part of the PPF.			
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)		Director of Finance		31.12.22 – checkpoint date 31.06.23 and then to 30.09.23 Extend to 31.12.23. As above extend to end of Feb.		Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner. A business case panel process has been developed and trialled as part of the development of the project path framework and is factored into the IMTP planning cycle, to give finance colleagues a timelier view of potential developments into the next 3-year cycle. Extended in line with the roll out of PPF as the business case process is within that framework, however it has been utilised to review the recent CSC Business Case and was found to be helpful and supportive – albeit the model for developing business cases needs to be reviewed further to make the actual output more streamlined			

Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services			Date of Review:	17/01/2024		TREND	16
				Date of Next Review:	14/02/2024			(4x4)
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.		THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients.	RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		Likelihood	Consequence	Score	
				Inherent	3	4	12	
				Current	4	4	16	
				Target	2	4	8	
IMTP Deliverable Numbers:								
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary Linked to risk 139, though funding has been sourced internally for the EMS staff, and non-recurrently from EASC, the score remains the same as clarity from Commissioners has still not been provided on any recurrent funding ask on this topic which could have a negative recurrent impact on the Trusts financial position. Other key item to note is funding for 111, WAST continues dialogue with commissioners of the service and any financial risk is mitigated by operating on a spend and cost recovery basis with commissioners.								
CONTROLS				ASSURANCES				
				Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Financial governance and reporting structures in place				1. Risk is reviewed quarterly at FPC, and a report is submitted bimonthly to Trust Board				
2. Financial policies and procedures in place				2.				
3. Setting and agreement of recurrent resources				3.				
4. Budget management meetings				4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.				
5. Budget holder training				5. Diarised dates for budget holder training				
6. Annual Financial Plan				6. Submission to Trust Board in March annually				
7. Regular financial reporting to EFG & FPC in place				7. Diarised dates for EFG and FPC with full financial reports				
8. Regular engagement with commissioners of Trust’s services				External Management (1 <sup>st</sup> Line of Assurance) 1. Accountability Officer letter to Welsh Government 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised. 9. Monthly monitoring returns				
9. Welsh Government reporting monthly				Independent Assurance (3 <sup>rd</sup> Line of Assurance) 2. Internal Audit reviews of financial policies & procedures as part of their audit plan				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding				1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.			Executive Leadership Team	31.3.24	Update: 23/24 Recurrent funding remains an issue for the 100 WTE £6m funding from commissioners. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.			
2.Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.			Deputy Director of Finance	31.3.24	Update: Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.			

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		17/01/2023		TREND	15 (3x5)
				Date of Next Review:		14/02/2024		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
Risk Commentary The latest National Cyber Security Centre (NCSC) assessment indicates that the threat of Cyber-attacks remains unchanged with activities of state actors and criminal gangs still high. Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. To raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC.									
CONTROLS			ASSURANCES						
			Internal Management (1 <sup>st</sup> Line of Assurance)						
1. Appropriate policy and procedures in place for Information/Cyber Security			1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.						
2. Trust Business Continuity Procedure and Incident Response Plan			2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing						
3. IT Disaster Recovery Plan			3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.						
4. Relevant expertise in Trust with respect to information security			4. Staff undertake relevant training courses e.g., CISSP to increase knowledge and expertise						
5. Data Protection Officer in post			5. In job description of Head of ICT						
6. Cyber and information security training and awareness			6. Training statistics are available on ESR and from Phish threat module						
7. Mandatory Information Governance training which includes GDPR			7. Training statistics reported on by Information Governance department						
8. ICT tests and monitoring on networks & servers			8. Any issues would be identified and flagged and actioned						
9. Information Governance framework			9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.						
10. Internal and NHS Wales governance reporting structures in place			10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.						
11. Checks undertaken on inactive user accounts			11. Software in place to run check on inactive accounts as and when						
12. Business Continuity exercises			12. Annual schedule of testing						
13. Operational ICT controls e.g., penetration testing, firewalls, patching			13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when. 04/08/23 – Exploring procurement of additional penetration tests with the aim of annual testing of all critical systems.						
14. Security alerts			14. Daily alerts are received. Anti-virus alerts received as and when threat discovered						
15. Cyber/Info Security KPI are reported to senior management and committees			15. Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group, ELT, IGSG and FPC						
16. Regular cyber awareness campaigns are conducted			16. Cyber training is provided to staff and regular phishing campaigns are conducted. These are reported as part of the KPI reports						
17 IT recovery Plan does include a cyber response			17. Cyber response incorporated into IT Disaster Recovery Plan						
18.Information Security Policy refreshed and in Trust wide consultation.			External Independent Assurance38						



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:		17/01/2023	TREND	15
				Date of Next Review:		14/02/2024	➡	(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	
			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. Lack of understanding and compliance with policy and procedures by all staff members			1.					
2. No organisational information security management system in place			3. SIRO in place and ISMS evolving in line with refresh of Trust information Security Policy					
3.								
4. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects, and procurement and this has a cyber security, information governance and resource impact								
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
1. Establish Cyber and Information Security KPIs		Director of Digital Services	31.03.23 complete	KPI format agreed and will be produced from Q1 2023-24 with a retrospective annual report produced for 2022-23.				
2. Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	28.10.22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.				
3. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	28.10.22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness				
4. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 - Complete	Exercise reports being drafted.				
5. Formalise Cyber Incident Response Plan		Head of ICT	30.06.23 – complete	Cyber Incident Response Plan adopted, and CRU Assessment conducted during May 2023 with report expected by end June 2023.				
6. Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	30.06.23 – Complete  Checkpoint Date 31.03.2024	Additional learning modules purchased, and both will be rolled out from Q1 2023-24. Drive up staff compliance of IG & Cyber training				
7. Cyber Improvement Plan		Senior ICT Security Specialist	Next checkpoint date 31.03.2024	Implementation of Cyber Improvement Plan actions ongoing and reported into IGSG				



Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems			Date of Review:		17/01/2024		TREND	15 (3x5)
				Date of Next Review:		14/02/2024		➡	
IF there is an unexpected or uncontrolled event e.g., flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems		THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance and Performance Committee				
Risk Commentary									
The risk remains static as work continues to migrate services to the new infrastructure. In addition, controlled cut over of key systems to backup sites was undertaken during this quarter. Maintenance works has been undertaken by estates on power systems supporting key ICT sites which will provide additional assurance for sites in the event of incoming mains disruption. Further desktop exercises are being considered to test both department BCP and ICT recovery plans. Internal audit has completed an audit on ICT system resilience which was rated as reasonable assurance. Work will be undertaken to address the recommendations.									
CONTROLS			ASSURANCES						
			Internal Management (1 <sup>st</sup> Line of Assurance)						
1. Trust Incident Response Plan and Department Business Continuity Plans			1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.						
2. IT Disaster Recovery Plan			2. Recent ICT tabletop exercise undertaken						
3. Recovery/contingency plans for critical systems			3. Reports from tabletop exercises						
4. Service management processes in place			4. Documented and approved service management processes in place						
5. Incident Management Policy, Procedure and Process			5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier						
6. Regular data back ups			6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken						
7. Resilient and high availability ICT infrastructure in place			7. 04/08/23 – New back-up system ordered with the aim of implementation before the end of Nov23.						
8. Robust security architecture and protocols			8.						
9. Diverse IT network (both data and voice) delivery at key operational sites			9.						
10. Regular routine maintenance and patching			10. 04/08/23 – Ongoing continual update of servers and replacement of out-of-date equipment						
11. Environmental controls			11.						
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements			12. Via email and webinars						
			External Independent Assurance <ul style="list-style-type: none"><li>2021_16 Internal Audit review of IM&amp;T Control Assessment – baseline exercise</li><li>2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance</li><li>WAST_2324-14 Internal Audit review of ICT Technical Assurance – Reasonable Assurance</li><li>NIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)</li></ul>						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
Non identified			Undertaking Cyber Essentials assessment						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone			Progress Notes:			
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	31.12.22 extend to 30.06.23 now complete			Suite of exercise available via BC teams’ channel.			
2. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 extend to 30.06.23 now complete			Joshua and Joshua 2 reports produced and circulated.			
3. Cyber Essentials assessment to be completed.		Head of ICT	30.06.23 Extend to 31.03.24 - ongoing.			Evidence submitted to assessor – further works required to meet requirement. Implementation of action plan in response to CRU Cyber assessment recommendations			
4. Implement recommendations of IA Technical resilience audit		Head of ICT	30.06.2024			Implementation of the 4 recommendations from the internal audit technical resilience			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		17/01/2024		TREND	15 (3x5)
				Date of Next Review:		14/02/2024		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee			
Risk Commentary									
The ongoing system challenges remain with long handover delays which are likely to worsen again as we head into winter pressures. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Front line operations had little respite over the summer months.									
CONTROLS			ASSURANCES						
			Internal Management (1 <sup>st</sup> Line of Assurance)						
1. Health and wellbeing strategy in place and shared across the Trust.			1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually. 28/11/23 Health and Wellbeing Strategy coming to a close in 2024 and new plan with emphasis on workplace experience being developed in line with the All Wales framework proposals and the People and Culture Plan 2023-2026.						
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme			2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.						
3. Self-referrals or managerial referrals to Occupational Health			3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.						
4. Wellbeing support and training for line managers			4. Diarised meetings, webinars and workshops in place through a rolling programme.						
5. Development of range of wellbeing resources for staff and line manager			5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E, CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.						
6. Peer support network forum			6. Network supported by Assistant Psychologist and TRiM lead. 28/11/23						
7. WAST Keep Talking (mental health portal) and Sway on the Intranet			7. Available on intranet for staff to access easily.						
8. TRiM			8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.						
9. Coaching and mentoring framework			9. Information on intranet on Learning launch pad available to all staff.						
10. Acting on results of staff surveys relating to staff experience			10. Each Directorate has developed their own action plan to address staff surveys. 28/11/23 NHS Wales Staff Survey has just closed with results due in the new year.						
11. HSE stress risk assessments			11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.						
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity			12. Received at People and culture Business Meetings monthly.						
13. Wellbeing drop-in sessions for CCC and 111 staff			13. Diarised sessions in place as part of the programme.						
14. Fast track physiotherapy			14. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings.						
15. Specialist trauma counselling service			15. Same as 15.						
16. Regular psycho-educational sessions with managers and staff			16. Diarised sessions						
17. Compassionate leadership training sessions			17. Same as 17 in place as part of the programme.						
18. Chaplaincy programme			18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.						
19. Occupational Health team inclusion in sickness and absence meetings			19. Diarised meetings in place.						
20. Procure a pulse survey tool to benchmark how colleagues are feeling and get feedback on the employee experience			20. HIVE went live in September 2023.						
			External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
			4. Reporting on wellbeing training take up						

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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:		17/01/2024		TREND	15 (3x5)
				Date of Next Review:		14/02/2024		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety.			Lack of awareness about staff wellbeing services						
			Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing.						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Restart the Health and Wellbeing Steering Group (link to risk 160)		Assistant Director Inclusion, Culture and Wellbeing	Completed 03.08.23 Group paused due to two key vacancies. Completed 26/10 /23. Steering Group in place 28/11/2023  CLOSED	First meeting was on 17/10/2022. This however does not yet bring down the score of the risk as the Steering Group meeting was to re-establish a way forward. Next meeting to be scheduled within 2 months. 03/08/23 - Head of workplace Wellbeing due to be in post in October and OH Manager about to go to advert. No capacity within the team to restart the group. 26/10/23 Head of Workplace Wellbeing in Post, OH Manager starting in December. Steering Group arranged for first week of December.					
2. Increase the education and communication with managers about stress risk assessments		Head of Health & Safety	Completed	This is part of the IOSH Managing Safety Training BAU. OH, to undertake workshops with CCC managers – dates to be confirmed this week.					

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:		17/01/2024		TREND	12 (3x4)
				Date of Next Review:		10/04/2024		➡	
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		
<b>Risk Commentary</b> The ambition is appropriate levels of patient safety and good working conditions for our staff. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels <b>at 23,000 (Dec-23)</b> . EASC has an ambition to achieve 12,000 handover lost hours by the beginning of quarter four 2023/24, which looks very unlikely, but even if it was achieved, it would still be double what the EMS rosters are predicated on. The Trust is not fully funded on these rosters either. The Trust is not fully funded for the CHARU roster lines, with an identified shortfall of -89.5 FTEs. The Trust has made the decision to transfer staff from emergency ambulance roster lines to CHARU roster lines, which is almost complete, but does not add more staff. Similarly, the Trust has made the decision <b>(delivered)</b> to recruit another intake of APPs, an additional 16 FTEs, but this is also being funded through internal movements, with a planned <b>temporary relief gap to fund these internal movements</b> .  The 2023 EMS Demand & Capacity Review is live with an estimated completion date of <b>March 2023 EASC</b> . This strategic review will enable the Trust to articulate the type and level of resource that optimises response and conveyance to deliver appropriate levels of patient safety and good working conditions for our staff i.e., the ambition. Health boards are clearly under substantial financial pressures, so whether EASC can then support the ambition as articulated by the review, remains to be seen. The Trust <b>have provided senior external stakeholders with five key areas that it is focused on, as detailed in the Patient Harm Mitigations report to Trust Board (25/01/24) with health boards being asked to do the same</b> . If further funding is not forthcoming, post the 2023 EMS Demand & Capacity Review, the risk may need to be revise its score upwards.									
CONTROLS			ASSURANCES						
			Internal & External Management (1 <sup>st</sup> Line of Assurance)						
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings			1. Minutes of meetings and a standard agenda item						
2. EASC and its 2 sub-committees established as a forum to discuss WAST’s strategy			2. Minutes of meetings and a standard agenda item						
3. Weekly catch up between CASC/CEO			3. Meetings are diarised every week						
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme			4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.						
5. Monthly CASC Quality and Delivery Meeting established			5. Formal meeting with agendas, minutes, and action logs available.						
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced			6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder’s fortnightly						
7. Programme structure has been established for ‘inverting the triangles’ including EASC			7. <b>This is now an established programme of work with the Trust making an offer to the system via the Six Goals Programme in January 2024.</b>						
			External Management (1 <sup>st</sup> Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes, and action logs available						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. EASC meetings focus largely on EMS and cursory note of NEPTS			1. NEPTS is covered in the WAST Provider Report to EASC.						
2. Governance coordination between NCCU and WAST to be improved.			2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface. Actioned but has lapsed due to capacity and resourcing in NCCU team. <b>The Trust is currently meeting every two weeks connected to the development the IMTP.</b>						
3. WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility)			3. Ministerial direction on handover reduction <b>with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements.</b>						

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Risk ID 100	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		17/01/2024	TREND ➡	12 (3x4)
				Date of Next Review:		10/04/2024		
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
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST's control)			4. Strategic demand and capacity review being undertaken with output due to be reported to EASC in Mar-24, with initial findings already shared.					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST		CEO WAST	02/08/23 Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure. 28.07.23 Funding secure for 23/24, but not recurring. 18.01.24 Offer being made to the system in January 2024 via the Six Goals Programme.				
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours		CEO WAST	02/08/23 Checkpoint Date	30.09.22 4-hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023. 28.07.23 There has been some reduction, but levels remain extreme. 18.01.24 NHS Leadership Board is increasing accountability and focus of health board handover reduction actions.				
3. Increased understanding of NEPTS by EASC		Executive Director of Strategy Planning and Performance	02/08/23 Checkpoint Date	30.09.22 "Focus on" session in May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme. 28.07.23 EASC want WAST to develop a LTS for NEPTS, which will increase the focus on it. 18.01.24 Ambulance Care strategy sessions held as part of the inverting the triangle programme and IMTP development held.				
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface		Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU. 18.01.24 This specific meeting remains lapsed, but the Trust is currently meeting every two weeks with the NCCU on the development of the IMTP.				
5. Utilising the engagement framework to engage with the stakeholders		Director of Partnerships & Engagement AD Planning & Transformation	02/08/23 Checkpoint Date	30.09.22 Significant engagement through roster review briefings. 12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas. 02.05.23 Continued interest from various stakeholders as the roster review concludes. 28.07.23 New engagement manager appointed linked to inverting the triangle work. 18.01.24 The Trust is currently still working with PWC on the information that will drive engagement, but as above an offer being made to the system in January 2024.				



Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		17/01/2024		TREND	12 (3x4)
				Date of Next Review:		10/04/2024		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Strategy Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee			
<b>Risk Commentary</b> The EMS Operational Transformation Programme is the Trust’s strategic delivery response to the 2019 EMS Demand & Capacity Review. The programme has now largely been delivered e.g., closure of relief gap (recruitment of +300 staff), increase consult & close above the 10.2% benchmark, re-roster EMS, ensure that there was sufficient fleet and estate to support these changes and roll out the new CHARU resource. The main area outstanding is the reconfiguration of EMSC, which was initially delayed by the pandemic and then further delayed by the need to update the data used to ensure the recommended actions were still correct. This update has just been completed, so the focus is now on finishing the EMSC project within this programme. <b>The full role out of the CHARU resource also remains an open action. The programme was subject to internal audit in 2022 and narrowly missed substantial assurance (quoracy to be reflected in PID and PID updated, both of which have been addressed).</b>  Whilst the programme has largely delivered on its agreed outputs, it has not delivered the required levels of patient safety and staff working conditions for two main reasons: extreme handover (+20,000 lost hours v the 6,000 that the programme was predicated on) and abstractions (34% v the 30% benchmark).									
CONTROLS			ASSURANCES						
			Internal Management (1 <sup>st</sup> Line of Assurance)						
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership. Now every 6 weeks as the programme largely delivered.			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. PID is up to date.						
3. Programme Manager and Programme support office in place (for delivery of the programme).			3. Same as 2 above.						
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 <sup>st</sup> 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.						



Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		17/01/2024		TREND	12 (3x4)
				Date of Next Review:		10/04/2024		➡	
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
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. 18.01.24 The main o/s action here is engaging with the TU partners on the evaluation of the roster review. A draft evaluation has been written up and will be shared with TU partners this quarter.				
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 the gains that the Trust has made. 03.08.23 More capacity unlikely within current financial pressures, but Trust has recently started the next iteration of the strategic EMS Demand & Capacity Review. 18.01.24 Trust currently making an offer to the system via the Six Goals Programme.				
3. Engage with key stakeholders to reduce handover delays			CASC	02.08.23 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme. 28.07.23 Increasing focus through ICAP meetings, with C&V showing notable progress and early signs of progress in some other health boards. 18.01.24 Significant increase in health board accountability and focus via the NHS Leadership Board.				
4. Reduce abstractions in particular sickness absence			Deputy Director of Workforce & OD	02.08.23 Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.05.23 the Trust achieved 7.99% in Feb-23, but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23. 28.07.23 Abstractions, which includes sickness now less than 35% with benchmark to 30%. 18.01.24 Abstractions were 31% in November 2023. They did increase in December.				
5. Engage with Assistant Director of Planning and Transformation on process for PID updates			Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but needs to be signed off by Executive Sponsors. 28.07.23 PID updated and programme aligned to new arrangements required by HoT. 18.01.24 PID up to date.				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		17/01/2024		TREND	8 (2x4)
				Date of Next Review:		10/04/2024		➡	
<b>IF</b> the Trust does: <ul style="list-style-type: none"><li>not achieve financial breakeven and/or</li><li>does not meet the planning framework requirements and/or</li><li>does not work within the EFL and/or</li><li>fails to meet the 95% PSPP target and/or</li><li>does not receive an agreement with commissioners on funding (linked to 458)</li></ul>			<b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
					Inherent	3	4	12	
					Current	2	4	8	
					Target	2	4	8	
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary Q3 2023/24									
The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust’s financial monitoring returns submitted to WG. The score has improved in year as a result, in part due to WAST being able to resource the remaining cost of the EMS staff increase itself in year, whilst further confirmation and assurance has been received from WG on any pay award funding due. In addition, a recent letter from WG confirmed that the Trust does not need to contribute anything further to the wider NHS Wales deficit reduction plan or will see any further reduction in its income to do so, providing further confidence that for this financial the risk has reduced. It must be noted that even though the risk has reduced for this year, in the current challenging financial climate for all public sector organisations the risk will remain elevated especially as focus turns towards financial planning for the new financial year e.g., recurrent funding will still need to be agreed with Commissioners for the new financial year for the 100 WTE EMS staff.									
CONTROLS					ASSURANCES				
					Internal Management (1 <sup>st</sup> Line of Assurance)				
1.	Financial governance and reporting structures in place				1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board				
2.	Financial policies and procedures in place								
3.	Budget management meetings				3. Diarised dates for budget management meetings				
4.	Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place				4. Diarised dates for EFG and FPC and monthly reports				
5.	Welsh government reporting								
6.	Monthly review of savings targets				6. ADLT monthly review				
7.	Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.								
8.	Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.				8. Diarised dates for ICMB meetings with regular monthly report				
9.	PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications				9. Regular PSPP communications (Trust wide) on Siren				
10.	Forecasting of revenue and capital budgets				a) Monthly monitoring returns to ADLT, EFG, ELT and FPC (b) Reliance on available intelligence to inform future forecasting.				
11.	Business cases and benefits realisation (both revenue and capital)				11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, ELT, FPC prior to Trust Board for approval as appropriate according to value.				
					External Assurances Management (1 <sup>st</sup> 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 <sup>rd</sup> Line of Assurance)				
					1-10 Internal audit reviews covering				
					1-10 External audit reviews				

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Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:		17/01/2024		TREND	8 (2x4)
			Date of Next Review:		10/04/2024		➡	
<b>IF</b> the Trust does: <ul style="list-style-type: none"><li>not achieve financial breakeven and/or</li><li>does not meet the planning framework requirements and/or</li><li>does not work within the EFL and/or</li><li>fails to meet the 95% PSPP target and/or</li><li>does not receive an agreement with commissioners on funding (linked to 458)</li></ul>			<b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
					Inherent	3	4	12
					Current	2	4	8
					Target	2	4	8
GAPS IN CONTROLS				GAPS IN ASSURANCE				
• Lack of formalised service contracts between Commissioner and WAST as a commissioned body				4. None identified.				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone		Progress Notes:	
1. Continuing negotiations with Commissioners			Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance		31/03/24 – Checkpoint Date		In line with the recent WAST financial position and monthly monitoring letter sent to WG, WAST can resource the cost of the EMS staff itself. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.	
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. WAST is currently over delivering against its savings plan.	
3. Embed value-based healthcare working through the organisation			Executive Leadership Team and Value Based Healthcare Group		31/03/24 – Checkpoint Date		Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.	
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 value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales.	



# Risk Management Policy

<b>Policy Number:</b>	107	<b>Version No:</b>	V0.13	<b>Supersedes:</b>	V0.12
<b>Date of Approval:</b>		<b>Review Date:</b>	Annually from date of approval	<b>Impact Assessments Completed:</b>	Yes
<b>Classification of Document:</b>	Corporate	<b>Type of Document:</b>	Policy	<b>Approved by:</b>	Trust Board
<b>Brief Summary of Document:</b>	The Risk Management Policy sets out the roles and responsibilities for risk management and the Board Assurance Framework				
<b>Scope:</b>	This Policy applies to all staff that are directly employed by WAST and encompasses Non-Executive Directors, bank staff, volunteers, contractors, and all those that it has legal responsibility for such as students and trainees.				
<b>To be read in conjunction with:</b>	Risk Management Guidelines (October 2023) Board Assurance Framework Guidance (April 2023)				
<b>Owned By</b>	Trust Board				
<b>Policy Lead:</b> <b>Trade Union Lead:</b>	Julie Boalch Hugh Parry	<b>Job Title:</b>	Head of Risk/Deputy Board Secretary Trade Union Partner		
<b>Director:</b>	Trish Mills	<b>Job Title:</b>	Board Secretary		

## Version Control Sheet

Version	Date	Author	Summary of Changes
0.1	31/07/22	Julie Boalch	New Policy
0.2	08/09/22	Julie Boalch	Minor amendments following Policy Group discussion
0.3	08/01/23	Julie Boalch	Review and amendment of whole Policy following consultation period
0.4	10/01/23	Julie Boalch	Further redrafting based on comments received in consultation.
0.5	23/10/23	Marinela Stoicheci	Review of sections
0.6	31/10/23	Julie Boalch	Prepare draft 2.5 for onward review and governance
0.7	17/11/23	Trish Mills	Review of sections
0.8	15/12/23	Julie Boalch	Formatting, enhancing three lines of defence model, risk appetite and statements section, the BAF section and adding Duty of Quality to introduction and BAF section. Updated auditing and monitoring section.
0.9	19/12/23	Julie Boalch	Front cover, who policy applies to, to be read in conjunction with, 3.4 included monitoring, treatment and acceptance of risk, updated 3 <sup>rd</sup> line of defence definition
0.10	04/01/24	Julie Boalch	Minor update following Policy Group i.e. Trist instead of Trust. No material changes
0.11	13/02/24	Julie Boalch	Version control updated to reflect new policy. Section on strategic objectives strengthened to align to LTS.
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0.13	18/03/24	Julie Boalch	Addition of volunteers to scope
<b>Keywords</b>	Risk, Risk Appetite, Risk Management, Risk Assessment		

## Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
EqlA / Welsh Language	30/08/22	Julie Boalch, Melfyn Hughes, Hugh Parry
EqlA / Welsh Language	02/12/23	Julie Boalch, Hugh Parry, Kathryn Cobley

## Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	08/09/22	Review prior to consultation
Policy Group	23/01/23	Review post consultation
Policy Group	04/01/24	Review following further update
Trade Union Partners Team	TBC	Recommend for approval
Assistant Directors Leadership Team	TBC	Recommend for approval
Executive Leadership Team	TBC	Recommend for approval
Audit Committee	01/03/24	Recommend for approval
Trust Board	28/03/24	Approval

**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 by emailing [AMB\\_Policies@wales.nhs.uk](mailto:AMB_Policies@wales.nhs.uk)



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## 1. INTRODUCTION AND AIM

Risk is inherent in everything we do to deliver high quality services. Effective and meaningful risk management remains as important as ever in taking a balanced view to managing opportunity and risk (HM Government, Orange Book, 2020).

The Welsh Ambulance Services NHS Trust (WAST) governing documents, the Standing Orders, set out the requirements that the Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of Trust business, its governance, and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

The Trust is also guided by its legal responsibility outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 to ensure that there is an effective quality management system embedded across all areas of the Trust.

Risk is a vital component of this quality management system, and, in line with the Health and Care Quality standards 2023, the Trust has a responsibility to prioritise and implement a Risk Management Framework that enables the identification and monitoring of risks, and where possible, reduces or prevents risks to safety and ensuring it delivers a safe and high quality service.

The Trust is fully committed to fulfilling its obligations under the Duty of Quality by setting the highest standard of quality in everything it does, by embedding quality in its decision making and in managing the risks associated in the delivery of its services.

The purpose of this policy is to set out the roles and responsibilities for risk management and internal control at WAST and to maintain a robust risk management framework that ensures risks are effectively addressed.

It will:

- Set out the approach to risk management within the Risk Management Framework.
- Set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation.
- Ensure that risk management is an integral and positive part of the Trust's culture.
- Ensure that the Trust meets its legal obligations in respect of risk management.

- Minimise the impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment, and management.
- Maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed effectively.

## 2. SCOPE

This Risk Management Policy applies to all staff that are directly employed by WAST and encompasses Non-Executive Directors, bank staff, volunteers and contractors and all those that it has legal responsibility for.

It is intended to cover all the potential risks that the organisation could be exposed to and must be read in conjunction with the Risk Management Guidelines (October 2023) Procedure and the Board Assurance Framework Guidance (April 2023) that have been produced as subordinate adjuncts to this Policy.

## 3. RISK MANAGEMENT

### 3.1. What is Risk Management

Risk Management improves performance, encourages innovation, and supports the achievement of the Trust strategic objectives.

It consists of a defined series of steps which help us understand risks and their impact. It is the process of assessment, analysis, and management taken to minimise the likelihood of a risk materialising and reducing the potential impact it may have if it does.

Good risk management awareness and practice at all levels is a critical success factor for the Trust and needs to be seen as integral in every function, service, and area.

### 3.2. Types of Risk

**Strategic Risks** are those risks that could impact upon the delivery of the Trust's strategic objectives as outlined in its long-term strategy, Delivering Excellence 2030, and which need to be raised and monitored by the Executive Leadership Team (ELT) and the Board.

**Principal (Corporate) Risks** are risks that are escalated to the Corporate Risk Register (CRR) from the Directorate Risk Register (DRR) dependent on scoring or whether they are cross directorate risks Plan and require a corporate response. These are reviewed and monitored by the Assistant Directors Leadership Team (ADLT), the ELT, Board Committees, and the Board.

**Operational (Service and Directorate) Risks** are key risks that could affect the quality, safety or delivery of services and are managed by individual Directorates and their local teams. If necessary, these can be escalated through the risk reporting structure for inclusion on the CRR.

**Project risks** are risks that could cause doubt about the ability to deliver a project on time, within budget and to quality. These are monitored and reported through the Project and Programme Boards.

### 3.3. Recording and Reporting

The purpose of risk recording and reporting is to enable the Trust to manage risk and mitigating actions as well as communicate risk management activities and outcomes across the organisation, provide information for decision making, meet governance requirements and support the Board in meeting its responsibilities.

It is important that risks are included on a register in order that they can be escalated if necessary and managed at higher level.

### 3.4. Risk Appetite

The Trust recognises, as a healthcare provider, that risks will inevitably occur while providing the right care and treatment to patients at the right time, as well as in enabling and empowering our staff, managing its finances and resources, and striving to continue to be a quality driven and innovative service.

Risk appetite is defined as the amount and type of risk that the Trust is prepared to take in pursuit of its strategic objectives. It enables the Trust to strike the balance between innovation or opportunities and the threats that are an inevitable part of delivering any service.

The Trust's Risk Appetite should be aligned to its long-term strategy (Delivering Excellence 2030) to enable the organisation to prioritise those risks that are most relevant to achieving its objectives.

The Board is committed to developing a suite of Risk Appetite statements within its risk transformation programme, as essential components of the Trust's risk management framework. These will set out and describe the level of acceptable risk that it is willing to take in pursuit of better outcomes for our patients and local communities as well as for our staff and in working with our partners and stakeholders.

This will be achieved by considering the external and internal environments that it operates in, by establishing a positive risk culture and ensuring a robust risk management framework is in place to monitor, manage and mitigate risk. The result will be the provision of a framework for managers to operate within that includes a risk-based approach to decision making at all levels of the organisation.

Decisions on accepting risks may be influenced by the following:

- The likely consequences are insignificant and/or the risk has a very low possibility of occurring.
- A higher risk consequence is outweighed by the chance of a much larger benefit if the risk is appropriately managed.
- The potential financial costs of minimising the risk outweigh the costs that would arise if the risk event occurred.
- Treating the risk may lead to further unacceptable risks in other ways.
- It is reasonable to accept a risk that under normal circumstances would be unacceptable if the risks or all other alternatives, including doing nothing, is even greater.

Whilst risk is inherent in many of the Trust's activities, it has zero appetite to accept risks that materially impair the ability to deliver services to a high standard of safety and quality (including physical and/or psychological harm) of its patients, workforce, and the public, and its reputation or those that may cause any loss of confidence with its stakeholders.

The Trust may accept some risks if the cost of mitigation is too high or if the risk is deemed to be within acceptable limits. In such circumstances, ongoing monitoring is essential to detect any changes and prompt a reassessment of the risk.

### **3.5. Board Assurance Framework**

The Board Assurance Framework (BAF) is an integral part of the system of internal control and contains the strategic risks. It summarises the controls and assurances that are in place, any gaps in these and the actions to mitigate them. The BAF provides a basis upon which the Board will identify, monitor, and evaluate risks which impact upon its strategic objectives.

The BAF is a key source of evidence that links the Trust's strategic objectives to risk and assurance, and one of the tools that the Board will use in discharging its overall responsibility for internal control.



It will be developed through the following key steps:

- The Board agrees its strategic objectives, as set out in the Long Term Strategy, which are delivered through the Integrated Medium Term Plan (IMTP process) and aligned to the BAF.
- The ELT, with the support of the Head of Risk/Deputy Board Secretary, will identify the principal risks that may threaten the achievement of the Trust's objectives; these risks will then be discussed and approved by the Board.
- Once agreed by the ELT the completed BAF will be presented to the Trust Board for scrutiny and approval at all regular meetings.

The Trust is embarking on a maturity journey of the BAF which relies on risk appetite statements being aligned to it to inform decisions about its strategic direction and objectives and will have due regard for the requirements of the Duty of Quality.

### 3.6. The Trust's Strategic Objectives

The Trust's six strategic objectives as described in the long-term strategy are detailed below:



### 3.7. Risk Management Procedure

The full risk management process is articulated in the Risk Management Guidance (aligned to ISO31000) which supports this Risk Management Policy by explaining in detail how to manage risk in particular:

- Types of Risk (Strategic, Principal and Directorate)
- Risk Assessment
- Risk Identification
- Articulation of Risk (Title, summary description, controls, assurances, gaps, actions)
- Risk Analysis and Assessment
- Risk Treatment
- Monitoring and Review
- Recording and Reporting (Datix, BAF)
- Escalation/De-escalation of Risks
- Review of Risks
- Risk Scoring
- Risk Training
- Definitions

#### **4. STATUTORY AND REGULATORY REQUIREMENTS**

The Trust's governing documents, the Standing Orders, require the Trust to have a Risk Management Framework in place. The Chief Executive Officer, as Accountable Officer, has overall responsibility for ensuring that the Trust has an effective risk management framework and system of internal control; however, Directors have a responsibility for the ownership and management of principal and operational risks within their own portfolios.

This Policy is the overarching document for implementing the Risk Management requirements and is intended to meet all legal and internal requirements.

#### **5. RISK MANAGEMENT ORGANISATIONAL STRUCTURE**

##### **5.1. The Three Lines of Defence in Effective Risk Management and Control**

Apart from internal and external audit, the Trust has the freedom to decide on where it receives its assurance from. The Board, Audit Committee and ELT will determine the source of assurance it needs and from a wide range of sources.

The three lines of defence model is a risk management framework that is designed to create a system of checks and balances, promote transparency, accountability, and ensure the Trust takes a structured and effective approach to risk management. By clearly setting responsibilities and oversight functions, this model will help the Trust to prevent and detect risks early.

Each line of defence has a distinct role in creating a positive environment for risk management and control across the Trust. The three lines are described below:

**First line:** This is operational management assurance where day to day operations take place.

**Second line:** This is where the oversight of management activity takes place and is separate from those responsible for delivery. It provides guidance, monitoring, and independent assessment of risk management processes but it is not independent of the Trust's management chain.

**Third line:** This relates to independent and external bodies that are separate and detached from the Trust that operate autonomously which ensures transparency, credibility, and impartiality. These are mandated and commissioned. The principal aim of this type of assurance activity, such as internal audit, Audit Wales, and Health Inspectorate Wales (HIW) is not only to assure the Board, but also to provide assurance to the public and other stakeholders.

Whilst there is a wide range of assurance activities within the Trust, in determining its programme of assurance, the Board will need to ensure that they are making the best use of the information they have available to them.

The table below describes the types of assurance the Trust will receive in each of the three lines of defence.

First line of defence	Second line of defence	Third line of defence
<ul style="list-style-type: none"> <li>• Evidence of delegation of responsibility through line management arrangements</li> <li>• Compliance with PADRs</li> <li>• Compliance with policies, procedures, strategies, and frameworks</li> <li>• Incident reporting and thematic reviews</li> <li>• Performance reports</li> <li>• Finance reports</li> <li>• Compliance with risk management processes and systems</li> </ul>	<ul style="list-style-type: none"> <li>• Quality, Performance Management Framework</li> <li>• Strategic Transformation Board</li> <li>• Local Delivery Plans</li> <li>• Key metrics</li> <li>• Audit Tracker</li> <li>• Clinical audit</li> <li>• Speaking Up Safely Guardians</li> <li>• Risk management</li> <li>• Local counter fraud</li> <li>• Quality standards self-assessment</li> <li>• Pulse surveys</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Staff satisfaction survey</li> <li>• Patient feedback</li> <li>• Audit Wales Structured Assessment</li> <li>• Auditing of accounts Trust and Charity</li> <li>• WG monitoring status.</li> <li>• Commissioned/peer review reports.</li> <li>• HIW inspection report</li> <li>• WG reviews</li> <li>• Regulator visits</li> <li>• Accreditation schemes</li> </ul>

	<ul style="list-style-type: none"> <li>• NIS Toolkit</li> <li>• Annual report</li> <li>• Equality impact assessments</li> <li>• Welsh language standards compliance</li> <li>• Governance codes</li> <li>• PIRs</li> <li>• Systems of integrated governance</li> </ul>	<ul style="list-style-type: none"> <li>• Llais</li> <li>• Various Commissioners</li> <li>• Public service ombudsman</li> <li>• HSE</li> </ul>
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## 6. ROLES AND RESPONSIBILITIES

The section below describes the respective risk management duties for individual staff members.

### 6.1. Chief Executive

The Chief Executive is the Accountable Officer of WAST and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management, health and safety, quality, financial and organisational controls, and governance.

The Chief Executive has overall accountability and responsibility for ensuring that the Trust maintains an up-to-date Risk Management and Board Assurance Framework that is endorsed by the Board.

In addition, the Chief Executive will:

- Ensure that there is a framework in place which provides assurance to the Board in relation to the management of risk and internal control.
- Ensure that risk issues are considered at each level of business planning from the corporate process to the setting of staff objectives.
- Have in place an effective system of risk management and internal control.
- Set out the Trust's commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974 and the National Health Service (Wales) Act 2006.

## 6.2. Board Secretary

The Board Secretary is responsible for the effective management of, and compliance with, this Policy. This includes:

- Work closely with the Chair, Chief Executive, Chair of the Audit Committee and Executive Directors to implement and maintain the Risk Management Policy and BAF and related processes, ensuring that effective governance systems are in place.
- Work with the Board to develop a shared understanding of the risks to the Trust's strategic objectives.
- Develop and communicate the Board's risk awareness, appetite, and tolerance.
- Lead and participate in risk management oversight at the highest level, covering all risks across the organisation, on a Trust basis.
- Work closely with the Chief Executive and Directors to support the development and maintenance of Corporate and Directorate level risk registers.
- Develop and oversee the effective execution of the BAF and ensure effective processes are embedded to rigorously manage the risks therein.
- Monitor the action plans and the processes for risk reporting to the Board and relevant Committees.
- Develop and implement the Trust's Risk Management Policy and BAF.
- Ensure the Policy is approved as part of the Governance framework by the Trust Board.
- Ensure that the document is accessible to all relevant staff, cascaded appropriately across the Trust and is reviewed in a timely manner.

## 6.3. Directors

The Directors are responsible for the effective management of and compliance with this policy within their Directorate.

Each Director is accountable for the delivery of their area of responsibility and will therefore ensure that the systems, policies, and people are in place to manage, eliminate or transfer the key risks related to the Trust's strategic objectives.

Specifically, they will:

- Communicate to their directorate the Board's strategic objectives and ensure that directorate, service and individual objectives and risk reporting are aligned to these.
- Ensure that a forum for discussing risk and risk management is maintained within their area which will encourage integration of risk management.
- Co-ordinate risk management processes to encompass risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register.
- Ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading guidance contained in this document.
- Provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk.
- Assess and communicate the risk related training needs of their staff and ensure staff attend relevant mandatory and local training programmes.
- Ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.
- Ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post and those key objectives are reflected in the individual performance review/staff appraisal process.

Executive Directors are also responsible for ensuring that the BAF and the risk management reporting timetable are delivered to the Board.

#### **6.4. Head of Risk/Deputy Board Secretary and Risk Team**

The Head of Risk/Deputy Board Secretary will act as the Trust's operational gatekeeper with the responsibility for providing guidance, advice, and support for the process of risk management on behalf of the Trust.



The Risk Team are responsible for co-ordinating the Trust's operational and strategic risks, including the Corporate Risk Register and the BAF. The team has a remit to work with Executives and Managers to co-ordinate, integrate, oversee, and support the risk management agenda, ensuring that risk management principles are embedded across the Trust.

The team will also coordinate the Risk Management Internal Audit process.

On a quarterly basis they will receive from the ADLT risks for potential inclusion on the Corporate Risk Register, as well as updates on those risks already being managed on the Corporate Risk Register. The team also provides training and support for WASTs individuals and teams engaged in Risk Management.

#### **6.5. Head of Service/ Service Managers/ Locality Managers/ Duty Operations Managers**

Each Directorate operates within the First Line of Defence. They are responsible for risks within their areas of operation and providing assurance to the Executive Leadership Team on the operational management and any support required in relation to the management of risk.

The identification and management of risk requires the active engagement and involvement of staff at all levels. This First Line of Defence recognises that staff are best placed to understand the risks relevant to their areas of responsibility and that the identification and management of risk requires the active engagement and involvement of operational teams.

Therefore, staff must be supported and enabled to manage these risks, within a structured risk management framework, and Managers are expected to take an active lead to ensure that risk management is embedded into the way their service or team operates.

They will update existing risks, consider new risks for inclusion, and escalate any extreme risks, utilising, where required, specialist input from individuals/teams within the first line of defence. These are presented to the ADLT and ELT for review and decision respectively.

## **6.6. Line Managers**

Managers must ensure that their staff understand and implement this Policy and supporting processes, ensuring that staff are provided with the education and training to enable them to do so, thus reducing the risk of misinterpretation.

In addition, ensuring that new members of staff that join the Trust are made aware of the policy process and associated documents at local induction, and how to access the Policy.

Managers must be fully conversant with the Trust's approach to risk management and governance. They will support the application of this Policy and its related processes and participate in the monitoring and auditing process.

## **6.7. All Staff**

All members of staff are accountable for maintaining risk awareness, identifying, and reporting risks as appropriate to their line manager. More specifically they will:

- Accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by the Trust's business.
- Report all incidents/accidents and near misses and comply with the Trust's incident and near miss reporting procedures.
- Be responsible for attending mandatory and relevant education and training events.
- Participate in the risk management system, including the risk assessments within their area of work and the notification to their line manager of any perceived risk which may not have been assessed.
- Be aware of and comply with the Trust's Risk Management Policy, processes, and associated procedures.

## **6.8. Central Corporate Functions**

Central Corporate Functions such as Corporate Governance, Patient Safety and Putting Things Right, Health and Safety, Capital Estates and Facilities, Finance Directorate, People Services Directorate, Occupational Health etc all operate within the First Line of

Defence. They will assist clinicians and managers by providing risk related advice and support specific to their area of responsibility.

### **6.9. Local Counter Fraud Services.**

The Trust's Local Counter Fraud Specialist (LCFS) provides assurance to the Audit Committee regarding risks relating to fraud and/or corruption. The Trust's Annual Counter Fraud Work Plan, as agreed by the Audit Committee, identifies the arrangements for managing and mitigating risks because of fraud and/or corruption. Where such issues are identified they are investigated by the LCFS and then reported to the Audit Committee as appropriate. The LCFS works with the Head of Risk/Deputy Board Secretary to review any fraud or corruption risks. Such risks are referred to the relevant risk register for the Finance Directorate and are then escalated through the Trust's escalation process.

### **6.10. Health and Safety Team**

The Health and Safety Team will be responsible for providing advice where a risk is related to Health and Safety. These types of issues are closely linked with risk management and specialist Health & Safety advisers can assist with the conduct of specific and/or specialist assessments.

## **7. RISK MANAGEMENT REPORTING STRUCTURE**

### **7.1. The Board**

Executive Directors and Non-Executive Directors share responsibility for the success of WAST, including the effective management of risk, and compliance with relevant legislation. In relation to risk management, the Board is responsible for:

- Articulating the Strategic Objectives for the organisation.
- Protecting the reputation of the organisation.
- Providing leadership on the management of risk.
- Approving the risk appetite for the organisation.
- Ensuring the approach to risk management is consistently applied.
- Ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately.
- Reviewing the BAF (strategic risks) and the high scored corporate risks (scored 15 and above) at each meeting.
- Endorsing risk related disclosure documents.
- Approving the Risk Management Policy on an annual basis.

## 7.2. Audit Committee

The Audit Committee has a specific role in relation to reviewing the effectiveness of the Risk Management Policy and the Board Assurance Framework by reviewing the adequacy and effectiveness of:

- A system of internal control and risk management.
- All risk and control related disclosure statements (particularly the Annual Governance Statement), prior to endorsement by the Board.
- The structures, processes, and responsibilities for identifying and managing clinical and non-clinical risks facing the organisation.
- The Trust's Corporate Risk Register and the adequacy of the scrutiny of risks by assigned Committees.
- The underlying assurance processes that indicate the degree of achievement of strategic objectives
- the systems and processes for the identification, management, escalation, and monitoring of risks.
- BAF and the appropriateness of disclosure documents.

## 7.3. Board Committees

The Committees of the Board all have a role to play in ensuring effective risk management. They will, through the scrutiny inherent in their committee activity, provide onwards assurance to the Board in relation to their elements of the BAF.

They will:

- Receive and scrutinise corporate risks and provide onward assurance to the Board in relation to risks assigned to them for oversight and scrutiny.
- Receive updates on actions taken to mitigate the risks and provide feedback and challenge to risk owners on these and any further actions required.

## 7.4. Executive Leadership Team

The Executive Leadership Team undertake the following duties:

- Promote a culture within the Trust which encourages open and honest reporting of risk with local responsibility and accountability.
- Provide a forum for the discussion of key risk management issues within the Trust.
- Ensure appropriate actions are applied to both clinical and non-clinical risks Trust wide.

- Enable risks which cannot be dealt with locally to be escalated, discussed, and prioritised.
- Ensure Directorate Risk Registers are appropriately rated and agreeing action plans to control them.
- Review the risks on the CRR to determine whether any of them will impact on the Trust's Strategic Objectives, and if so, adding the risk to the BAF.
- Review the BAF before presenting it to the Board.
- Advise the Board of exceptional risks to the Trust and any financial implications of these risks.
- Review and monitor the implementation of the Risk Management Policy.
- Ensure that all appropriate and relevant requirements are met to enable the Chief Executive to sign the Annual Governance Statement.
- Approve documentation relevant to the implementation of the Risk Management Policy.

These duties have the aim of providing assurance to the Board that there is an effective system of risk management across the organisation.

### **7.5. Assistant Directors Leadership Team**

The Assistant Directors Leadership Team (ADLT) are responsible for risks within their areas of operation and providing assurance to the ELT on the operational management and any support required in relation to the management of risk.

The ADLT will review updates to existing risks, consider new risks for inclusion and escalate any extreme risks to the relevant Executive Director with responsibility for that risk and the ELT, utilising, where required, specialist input from the Risk Owner and individuals/teams. This framework is managed by the Risk Team for presentation by Directors throughout the governance structure.

### **7.6. Internal Auditors**

Internal Auditors operate as the 3rd Line of Defence. Internal Audit Services, provided by NHS Wales Shared Services Partnership, through a risk-based programme of work, will provide the Trust with independent assurance in respect of the adequacy of the systems of internal control across a range of financial and business areas in accordance with the standards of good practice contained within the NHS Internal Audit Manual. They will also review the effectiveness of risk management arrangements as part of their programme of audits and reviews, reporting findings to the Audit Committee as appropriate.

## 8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EqIA) was carried out to ensure this policy maintained the Trust's equality standards. The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010), Human Rights and the Welsh Language. Evidence gathered by undertaking an initial screening has indicated that a full EqIA is not required.

## 9. TRAINING

The effectiveness of managing risk within the Trust relies upon the knowledge of staff, patients and public regarding risk identification and reporting.

It is important that all staff are aware of their responsibilities regarding risk management and the identification and management of risk must be a core competency of the personal appraisal and development review.

A range of training and education relating to risk management will be available aimed at the specific needs of staff members and will follow a tiered approach to enable personnel to meet their Risk Management responsibilities outlined in this policy.

**Level One – Risk Management Awareness.** This will be provided to all staff on induction, as part of Core Mandatory Training, and will be repeated on ESR every 2 years. The intended learning outcomes are to understand what risk is, what risk management is, how a risk is reported and how the organisation's risk culture operates.

**Level Two – Practical Risk Management.** This level of training is targeted for any employee undertaking risk management as part of their primary or secondary roles, and for Team Leaders/Managers/Departmental Heads. Line Managers and Directors have a specific role to play in identifying candidates for this training, ideally in prelude to assuming a risk facing role, but if not then as soon as practicable after taking up a role. Level Two training does not require repetition, though this does not mean that additional risk related training and education should not be identified through PADRs. This training will be in two parts:

- Part 1. To understand the risk management framework including the risk management policy, the associated procedures, the BAF, the corporate risk register, risk appetite, risk culture, and roles and responsibilities.



- Part 2. To understand the risk management process including context, risk versus issue and incidents. Risk assessment, risk tolerance, risk scoring, risk treatments, escalation, communication, monitoring, and review.

**Level Three – Board Level Risk Management Awareness.** This level of training is designed for Board Members. It will be provided on induction and, to meet governance requirements, it must be repeated every two years thereafter. Level Three training will be sourced by the Board Secretary and scheduled within the rhythm of board meetings. The training aim is to provide Members with an understanding of the risk management framework, with specific emphasis on the operational risk management approach; the risk management policy; 'setting the tone' and risk culture; risk appetite; the CRR and the BAF.

**Non-Specific Training and Support.** It is recognised that, in addition to these three levels of specified training, there may emerge a need for non-specific risk management training and support. Where this is applicable the Risk team can discuss the training need and either signpost to external sources of training/education or provide a bespoke training event for individuals, directorates, or small groups.

Where required the education and training programmes can also be extended to our independent contractor colleagues to support their responsibilities in the management of risk and safety.

Risk management training or awareness will be provided to all staff and further details are included in the associated Risk Management and Board Assurance Framework Procedure.

All Managers must ensure:

- That all members of staff receive sufficient training to fulfil their individual duties, to ensure compliance with this policy, and to understand the importance of identifying and controlling risks.
- That adequate risk assessment training is given to appropriate members of staff in their specific duties as defined within the Risk Management and BAF Procedure.
- It is essential that risk assessments are completed by competent members of staff, who have sufficient experience of the working procedures and have received the appropriate training.

## 10. AUDIT AND MONITORING

There is a requirement of all staff to comply with the provisions of this Policy and, where requested, to demonstrate such compliance.

Monitoring, compliance, and the effective implementation of this Policy will be considered through the ADLT, ELT and from feedback from the Risk Owners and Executive Directors which will ultimately support the risk maturity of the Trust.

All Risk Leads/Heads of Service will regularly monitor to ensure that measures to control risks are being fully implemented and remain effective. This includes the regular and continual review of risk assessments and risk registers, in accordance with the frequency set out in the Risk Assessment Procedure.

The regular review of the CRR and BAF will be undertaken and reported to each meeting of the Trust Board.

Internal Audit will undertake an annual review of the Risk Management within the Trust as part of its annual audit plan.

Audit Wales will consider the effectiveness of the Trust's Risk Management Framework within its annual Structured Assessment.

This Policy will be formally reviewed every year, or sooner should there be any service or legislative changes that require an earlier review to be undertaken.

## 11. HELP AND SUPPORT

Risk Management support and guidance is available from the Risk Team:

[Head of Risk/Deputy Board Secretary](#)  
[Risk Officer](#)



GIG  
NHS  
WELSH

Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>11</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>3</b>

## NHS WALES STAFF SURVEY

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 <sup>th</sup> March 2024
<b>EXECUTIVE</b>	Angela Lewis - Director of People and Culture
<b>AUTHOR</b>	Sarah Davies – People and Culture Directorate Business Manager
<b>CONTACT</b>	<a href="mailto:Sarah.davies31@wales.nhs.uk">Sarah.davies31@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of this report is to:

- (1) present the results of the recent NHS Wales Staff Survey;
- (2) provide an overview of our plans to utilise the intelligence obtained;
- (3) contextualise this work in terms of our broader People and Culture Plan ambitions; *and*
- (4) outline the role of Board members in supporting and enabling this agenda.

### KEY ISSUES/IMPLICATIONS

2. Several key themes emerge, many of which align with intelligence gathered from recent engagement exercises including CEO Roadshows, Moving On Interviews and the November 2023 HIVE Pulse Survey. These include:

- (1) Excessive workload;
- (2) Low levels of safety (psychological, sexual and physical workplace);
- (3) Leaders' and managers' behaviours;
- (4) Lack of confidence that action will be taken in response to concerns raised;
- (5) Work-related stress;
- (6) Communication effectiveness;
- (7) Patient safety and experience

### **RECOMMENDED: That the Board:**

- (1) **NOTE the contents of the report;**
- (2) **COMMENT ON insights shared; *and***
- (3) **SUPPORT delivery of our People and Culture ambitions, by actively amplifying the voices of our people and effectively role modelling our desired behaviours.**

REPORT APPROVAL ROUTE	
<ul style="list-style-type: none"> <li>• <b>ELT 28.02.2024</b></li> <li>• <b>Trust Board 28.03.2024</b></li> </ul>	

REPORT APPENDICES
<b>Appendix 1:</b> SBAR – NHS Wales Staff Survey <b>Appendix 2:</b> Detailed WAST Results, provided by HEIW <b>Appendix 3:</b> Summary of WAST results, compiled by WAST

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

## **Appendix 1: SBAR: NHS Wales Staff Survey**

### **SITUATION**

3. The purpose of this report is to:
  - (1) present the results of the recent NHS Wales Staff Survey;
  - (2) provide an overview of our plans to utilise the intelligence obtained;
  - (3) contextualise this work in terms of our broader People and Culture ambitions; *and*
  - (4) outline the role of Board members in supporting and enabling this agenda.

### **BACKGROUND**

4. Following closure of the Survey on 27<sup>th</sup> November 2023, high level results (NHS Wales and organisation-specific) were provided to WAST on 23<sup>rd</sup> February 2024 (**Appendix 2**).
5. In response, WAST-specific data was reviewed and summarised (**Appendix 3**); this was shared at ELT on 28<sup>th</sup> February 2024.
6. Access to full data is expected to be granted week commencing 8<sup>th</sup> April; this will allow WAST to interrogate data at various levels and understand local trends and themes.

### **ASSESSMENT**

7. Several key themes emerge, many of which align with intelligence gathered from recent engagement exercises including CEO Roadshows, Moving On Interviews and the November 2023 HIVE Pulse Survey. These include:
  - (1) Excessive workload;
  - (2) Low levels of safety (psychological, sexual and physical workplace);
  - (3) Leaders' and managers' behaviours;
  - (4) Lack of confidence that action will be taken in response to concerns raised;
  - (5) Work-related stress;
  - (6) Communication effectiveness;
  - (7) Patient safety and experience.
8. The results also provide insight into positive experiences of our people, including the following themes:
  - (1) Levels of trust among colleagues and teammates;
  - (2) Compassion for patients and service users;
  - (3) Colleagues going the extra mile;

- (4) Colleagues supporting each other.
9. Given the nature of some of the experiences and feedback shared around bullying, harassment and personal safety, People and Culture colleagues will work closely with and provide additional support to areas where these concerns have been raised.
10. In order to harness the full potential of this valuable information, leads from each Directorate have been identified. Engagement with these colleagues is currently underway, with a view to involving the wider workforce in these conversations and developing meaningful actions. Our approach to this work is summarised below:
- (1) Directorate Leads identified and introductory meeting held;
  - (2) High level results and WAST Summary shared with Directorate Leads, to cascade among local teams;
  - (3) Upon receipt of detailed results, access for Directorate Leads will be granted, to enable scrutiny of local data;
  - (4) With the guidance and support of People and Culture colleagues, this data will be utilised to develop meaningful, local action plans, tailored to the specific needs and dynamics of individual departments and teams.
11. This approach is underpinned by a robust communications plan, segmented by stakeholder, with information tailored accordingly.
12. It is intended that this approach will enable the development of relevant, feasible actions that address the realities of each individual area. By engaging colleagues in these discussions and collaboratively agreeing these actions, we aim to create a sense of ownership and accountability, in a bid to increase the likelihood of successful implementation and benefits realisation.
13. Empowering these leads to work with their teams aligns with our overarching ambition to create an inclusive environment where colleagues feel able to communicate openly and share ideas to enable the organisation to continuously improve. This approach also plays a key role in developing and implementing sustainable plans that drive the long-term change required. True cultural transformation cannot be delivered through a top-down approach; it requires change and influence from within and this is the basis on which we have built our plans for the Staff Survey.
14. Learning is a fundamental aspect of our commitment to continuous improvement, as articulated within our People and Culture Plan. The intelligence gathered from this survey will serve as a foundational element in shaping the actions for the second and third years of our People and Culture Plan, a piece of work which is currently ongoing. By referencing the perspectives obtained, we aim to make informed decisions that resonate with the actual experiences and needs of our



people. This aligns with our commitment to amplify the voices of our people and underscores our dedication to actively listening to feedback.

15. This agenda links to our ongoing work to develop an internal communications strategy, a fundamental part of which will be a focus on establishing and implementing continuous feedback mechanisms. We envisage a shift from the historical approach of annual staff surveys and associated action plans to a more dynamic framework, comprising regular pulse surveys alongside the annual national survey, ensuring a continuous stream of feedback and a responsive, live action plan. Informed by these insights, our aim is to establish a “culture of conversations”. This would see us supplementing our annual PADR conversations with regular, meaningful team meetings and frequent one-to-ones between all line managers and their direct reports.
16. Board members play a crucial role in keeping the Trust's leadership in touch with the reality of day-to-day operations and are highly influential role models for our people. It is essential that our members remain attuned to the challenges and successes experienced by our people, ensuring a well-rounded understanding of organisational culture. Board members are therefore encouraged to actively participate in candid conversations with our people, utilising every opportunity to understand and assess cultural dynamics across the Trust. Gathering feedback directly from colleagues in this way will provide invaluable insights into our people’s experiences and perceptions. Members are encouraged to share these insights with People and Culture colleagues, offering a firsthand account of WAST’s cultural temperature and contributing to the ongoing refinement of our People and Culture Plan.
17. With the next NHS Wales Staff Survey due to be undertaken in September 2024, it is vital that we work quickly to make use of this valuable data and information, to enable assessment of the impact of our interventions and to demonstrate to our people that we are actively listening and responding with purpose.

**RECOMMENDED: That the Board:**

- (1) NOTE the contents of the report;**
- (2) COMMENT ON insights shared; *and***
- (3) SUPPORT delivery of our People and Culture ambitions, by actively amplifying the voices of our people and effectively role modelling our desired behaviours.**

# Staff Survey Dashboard - Welsh Ambulances Services NHS Trust

**Last data refresh:**

2/22/2024 4:33:59 PM UTC

**Downloaded at:**

2/23/2024 3:27:44 PM UTC



Dear Colleagues,

Thank you to everyone who participated in this year's NHS Wales Staff Survey. We heard from a total of 22,535 colleagues and we are working in the background to undertake thematic analysis of your feedback. The Staff Survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS Wales to explore staff experience across different parts of the NHS and work to bring about the necessary improvements.

This dashboard has been created to share NHS Wales wide survey results. In April, your NHS organisation will be granted access to run more detailed directorate level reports (with no identifier information) for your organisation, please bear with us. If you have any questions, you can email the NHS Wales Staff Survey team at [nhswalesstaffsurvey@wales.nhs.uk](mailto:nhswalesstaffsurvey@wales.nhs.uk).

## **Reporting Design**

The survey results have been grouped under the following headings for ease. The Staff Engagement score is located at the end.

1. Morale
2. Patient Safety
3. Staff Engagement
4. We are compassionate and inclusive.
5. We recognise everyone's contribution.
6. We are all able to speak up.
7. We are stronger together.
8. We nurture healthy working environments.
9. We champion flexible working.
10. We are continuously learning and improving.

*Please note: A question may appear more than once, if the question relates to more than one category.*

## **Response Rates**

For response rate information, click the information icon at the top right.





The staff survey was launched on 16th October 2023 and closed after a period of 6 weeks, on 27th November 2023. The overall response rate was 20.7% with the following breakdown across NHS Wales:

Organisation	Sample Size	Paper	Online	Smartphone	Total Response	Response Rate
Aneurin Bevan UHB	15,108	43	2,299	396	2,738	18.1%
Betsi Cadwaladr UHB	19,891	257	3,267	497	4,021	20.2%
Cardiff and Vale UHB	17,096	101	2,938	623	3,662	21.4%
Cwm Taf Morgannwg UHB	12,685	113	1,116	1,071	2,300	18.1%
Digital and Health Care Wales	1,191	0	653	68	721	60.5%
Health Education and Improvement Wales	467	0	326	25	351	75.2%
Hywel Dda UHB	11,659	27	1,125	250	1,402	12.0%
NHS Wales Shared Services Partnership	5,823	24	992	172	1,188	20.4%
Powys Teaching HB	2,405	26	547	100	673	28.0%
Public Health Wales	2,351	16	1,119	143	1,278	54.4%
Swansea Bay UHB	13,932	156	2,083	386	2,625	18.8%
Velindre University NHS Trust	1,679	22	508	40	570	33.9%
Welsh Ambulances Services NHS Trust	4,344	22	785	199	1,006	23.2%
<b>All Wales Total</b>	<b>108,631</b>	<b>807</b>	<b>17,758</b>	<b>3,970</b>	<b>22,535</b>	<b>20.7%</b>

Select Theme

- Stressors
- Thinking about leaving
- Work pressure

Morale					
Stressors					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	3%	9%	10%	54%	23%
I am involved in deciding on changes introduced that affect my work area/team/department.	21%	25%	21%	22%	12%
I have a choice in deciding how to do my work.	13%	19%	20%	34%	14%
My immediate manager (line manger) encourages me at work.	8%	11%	18%	38%	24%
Relationships at work are strained.	7%	30%	27%	24%	12%

Question	Always	Often	Sometimes	Rarely	Never
I have unrealistic time pressures.	17%	26%	34%	20%	3%

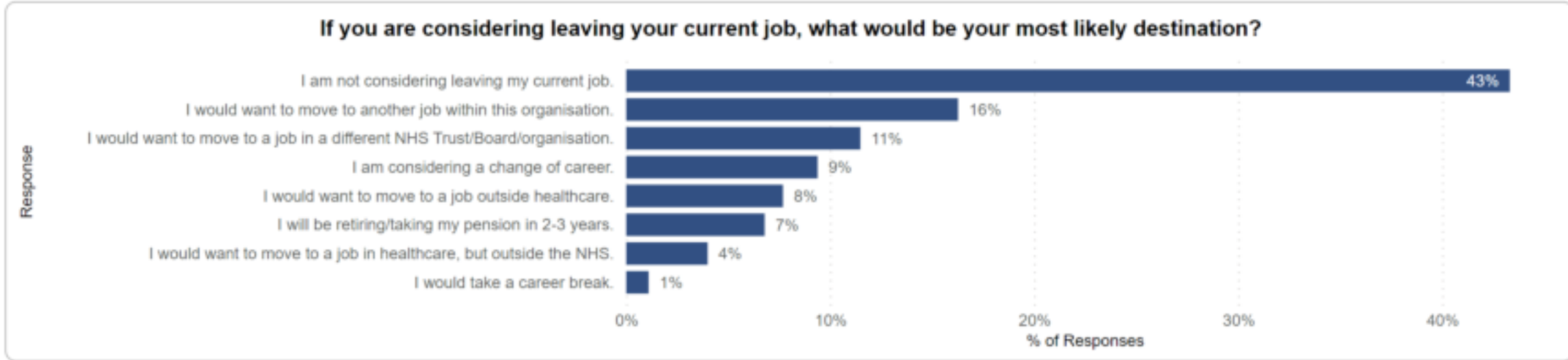
Select Theme

- Stressors
- Thinking about leaving
- Work pressure

**Morale**  
Thinking about leaving

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied in my current role and intend to remain in it for the foreseeable future.	10%	17%	25%	31%	16%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As soon as I can find another job, I will leave this organisation.	29%	24%	25%	12%	10%
I often think about leaving this organisation.	18%	21%	20%	25%	16%
I will probably look for a job at a new organisation in the next 12 months.	22%	26%	25%	16%	11%

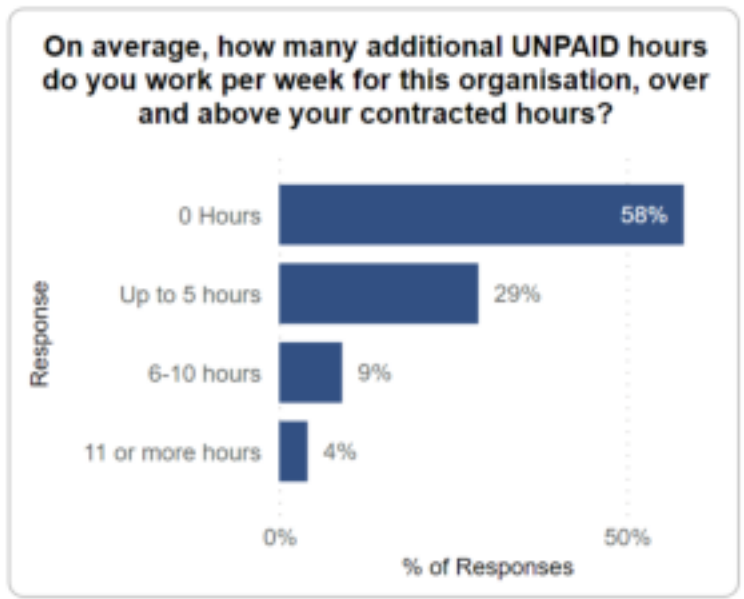
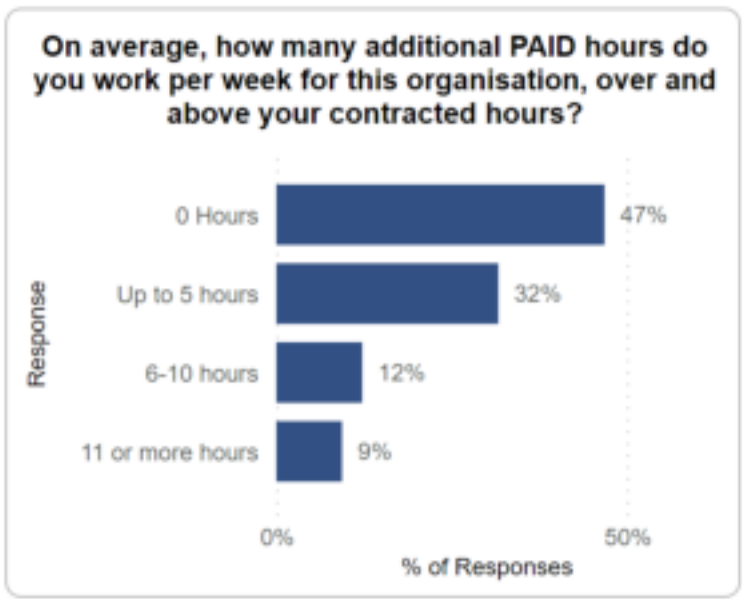
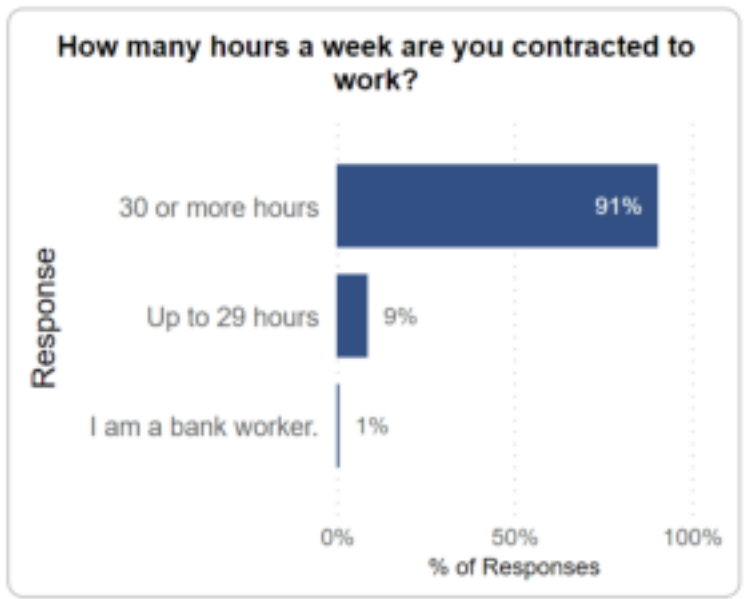




Select Theme

- Stressors
- Thinking about leaving
- Work pressure

Morale					
Work pressure					
Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	6%	17%	34%	35%	7%
I have adequate supplies, materials and equipment to do my work.	3%	12%	25%	36%	24%
There are enough staff at this organisation for me to do my job properly.	16%	26%	33%	19%	6%



## Patient Safety

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation encourages us to report errors, near misses or incidents.	4%	6%	18%	53%	19%
My organisation treats staff who are involved in an error, near miss or incident, fairly.	8%	13%	42%	28%	8%
We are given feedback about changes made in response to reported errors, near misses and incidents.	11%	18%	34%	30%	6%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	7%	12%	35%	37%	8%

Question	Yes	Prefer not to say	No
In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?	42%	4%	54%

## Staff Engagement

### Ability to contribute towards improvement at work

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to make improvements in my area of work	13%	18%	28%	32%	9%
I am involved in deciding on changes introduced that affect my work area/team/department.	21%	25%	21%	22%	12%

### Intrinsic psychological engagement (Motivation)

Question	Never	Rarely	Sometimes	Often	Always
I am enthusiastic about my job.	4%	12%	25%	36%	23%
I am happy to go the extra mile at work when required.	4%	6%	19%	35%	36%
I look forward to going to work.	6%	18%	34%	32%	10%

### Staff advocacy and recommendation (Advocacy)

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am proud to tell people I work for my organisation.	9%	12%	21%	35%	24%
I would recommend my organisation as a place to work.	13%	16%	23%	36%	12%

## Select Theme

Compassionate culture

Compassionate leadership

Diversity and equality

Inclusion

## We are compassionate and inclusive

### Compassionate culture

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients/service users is my organisation's top priority.	8%	14%	19%	37%	22%
I feel safe to speak up about anything that concerns me in this organisation.	11%	20%	21%	36%	12%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	9%	12%	15%	47%	17%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	10%	20%	21%	37%	12%
My organisation acts on concerns raised by patients/service users.	4%	8%	29%	43%	16%
People here are compassionate in the way they behave towards patients/service users.	2%	2%	20%	58%	18%
People here are compassionate towards colleagues when they face problems.	4%	6%	19%	53%	18%
People here give good support to colleagues who are distressed.	4%	4%	17%	53%	22%
People here take effective action to help patients/service users in distress.	2%	2%	18%	58%	20%

Select Theme

- Compassionate culture
- Compassionate leadership**
- Diversity and equality
- Inclusion

**We are compassionate and inclusive**

Compassionate leadership

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	9%	10%	18%	39%	24%
My immediate manager (line manger) takes effective action to help me with any problems I face.	8%	11%	20%	37%	24%
My immediate manager (line manger) works together with me to come to an understanding of problems.	9%	10%	20%	40%	22%



## Select Theme

Compassionate culture

Compassionate leadership

Diversity and equality

Inclusion

## We are compassionate and inclusive

### Diversity and equality

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	7%	12%	28%	41%	11%

Question	No	Don't know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?	33%	26%	4%	37%
In the coming 12 months would you consider applying for a progression opportunity in your workplace?	35%	17%	2%	47%
In the last 12 months have you sought a progression opportunity in your workplace?	56%	1%	3%	40%

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	12%	9%	79%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	11%	7%	82%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	14%	5%	81%



Select Theme

- Compassionate culture
- Compassionate leadership
- Diversity and equality
- Inclusion**

We are compassionate and inclusive					
Inclusion					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel valued by my team.	11%	13%	22%	37%	16%
The people I work with are polite and treat each other with respect.	4%	8%	20%	52%	16%
The people I work with are understanding and kind to one another.	4%	10%	19%	51%	17%

## We recognise everyone's contribution

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I get recognition for good work.	14%	22%	23%	30%	12%
My immediate manager (line manger) values my work.	9%	10%	20%	37%	25%
The organisation values my work.	13%	21%	29%	28%	8%
The people I work with show appreciation to one another.	4%	9%	25%	47%	15%

## Select Theme

Autonomy and control

Raising concerns

## We are all able to speak up

## Autonomy and control

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always know what my work responsibilities are.	3%	9%	10%	54%	23%
I am involved in deciding on changes introduced that affect my work area/team/department.	21%	25%	21%	22%	12%
I am trusted to do my job.	4%	7%	10%	47%	32%
I have a choice in deciding how to do my work.	13%	19%	20%	34%	14%
There are frequent opportunities for me to show initiative in my role.	8%	13%	20%	39%	21%

## Select Theme

Autonomy and control

Raising concerns

## We are all able to speak up

## Raising concerns

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am confident my organisation would address my concern.	12%	17%	30%	32%	10%
I feel safe to speak up about anything that concerns me in this organisation.	11%	20%	21%	36%	12%
I would feel secure raising concerns about unethical behaviour.	8%	10%	15%	47%	19%
I would feel secure raising concerns about unsafe clinical practice.	7%	10%	21%	44%	18%
If I spoke up about something that concerned me, I am confident my organisation would address my concern.	15%	20%	31%	27%	8%

Select Theme

Line management

Team working

We are stronger together					
Line management					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My immediate manager (line manger) asks for my opinion before making decisions that affect my work.	13%	19%	21%	31%	17%
My immediate manager (line manger) encourages me at work.	8%	11%	18%	38%	24%
My immediate manager (line manger) gives me clear feedback on my work.	9%	14%	19%	35%	22%
My immediate manager (line manger) is interested in listening to me when I describe challenges I face.	9%	10%	18%	39%	24%
My immediate manager (line manger) recognises the importance of staff emotional wellbeing.	9%	9%	16%	39%	27%
My immediate manager (line manger) takes a positive interest in my health and well-being.	10%	9%	18%	35%	27%
My immediate manager (line manger) takes effective action to help me with any problems I face.	8%	11%	20%	37%	24%
My immediate manager (line manger) values my work.	9%	10%	20%	37%	25%
My immediate manager (line manger) works together with me to come to an understanding of problems.	9%	10%	20%	40%	22%

Select Theme

Line management

Team working

We are stronger together					
Team working					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy working with the colleagues in my team.	3%	5%	15%	48%	29%
I feel able to ask other members of this team for help when I need it.	4%	6%	11%	52%	27%
I feel valued by my team.	11%	13%	22%	37%	16%
I'd feel able to speak up in my team if I noticed poor or incorrect practice.	9%	12%	15%	47%	17%
Team members are able to communicate closely with each other to achieve the team's objectives.	7%	16%	21%	44%	12%
Team members take time out to reflect and learn.	10%	22%	25%	36%	7%
Team members trust each other.	8%	16%	21%	42%	13%
Team members understand each other's roles.	5%	13%	15%	53%	15%
Team members work well with other teams.	5%	10%	24%	47%	13%
The team I work in has a set of shared objectives.	6%	11%	16%	52%	16%
The team I work in often meets to discuss the team's effectiveness.	25%	22%	13%	28%	12%



**We champion flexible working**

## Support for work-life balance

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I achieve a good balance between my work life and my home life.	15%	17%	19%	35%	13%
I am satisfied with the opportunity for flexible working patterns.	17%	13%	26%	29%	16%
I can approach my immediate manager (line manager) to talk openly about flexible working.	7%	9%	23%	40%	22%
My organisation is committed to helping me balance my work and home life.	21%	15%	27%	25%	12%

## Select Theme

Burnout

Health and safety climate

Negative experiences

## We nurture healthy working environments

## Burnout

Question	Always	Often	Sometimes	Rarely	Never
How often, if at all, are you exhausted at the thought of another day/shift at work?	16%	30%	30%	17%	7%
How often, if at all, do you feel burnt out because of your work?	15%	38%	26%	17%	4%
How often, if at all, do you feel that every working hour is tiring for you?	12%	21%	30%	27%	10%
How often, if at all, do you feel worn out at the end of your working day/shift?	22%	34%	31%	11%	2%
How often, if at all, do you find your work emotionally exhausting?	16%	36%	33%	12%	3%
How often, if at all, do you not have enough energy for family and friends during leisure time?	11%	27%	34%	21%	6%
How often, if at all, does your work frustrate you?	18%	43%	30%	7%	1%



Select Theme

Burnout

Health and safety climate

Negative experiences

We nurture healthy working environments					
Health and safety climate					
Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	6%	17%	34%	35%	7%
I have adequate supplies, materials and equipment to do my work.	3%	12%	25%	36%	24%
There are enough staff at this organisation for me to do my job properly.	16%	26%	33%	19%	6%

Question	Never	Rarely	Sometimes	Often	Always
I have unrealistic time pressures.	3%	20%	34%	26%	17%

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation takes positive action on health and wellbeing.	10%	18%	28%	37%	8%

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced harassment or bullying at work, did you or a colleague report it?	29%	3%	41%	2%	25%
The last time you experienced physical violence at work, did you or a colleague report it?	8%	1%	71%	1%	20%



Select Theme

Burnout

Health and safety climate

Negative experiences (Part 1)

Negative experiences (Part 2)

We nurture healthy working environments  
Negative experiences (Part 1)

Question	No	Don't know	Not applicable	Yes, a colleague reported it	Yes, I reported it
The last time you experienced abuse at work (work from patients/service users, their relatives, or other members of the public) did you or a colleague report it?	22%	2%	52%	1%	22%

Question	Yes	No
During the last 12 months have you felt unwell as a result of work-related stress?	52%	48%
In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?	34%	66%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	73%	27%

Question	Yes	No	Not applicable
Have you felt pressure from your manager to come to work?	25%	49%	26%

## We nurture healthy working environments

### Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	68.89%	12.52%	8.35%	2.78%	5.47%	1.99%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	69.68%	13.12%	6.86%	1.69%	2.98%	5.67%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	70.78%	16.10%	4.97%	1.49%	2.88%	3.78%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	60.10%	16.32%	10.95%	3.88%	6.37%	2.39%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	98.31%	0.60%	0.10%		0.10%	0.89%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.51%	0.60%	0.10%			0.80%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	83.40%	12.82%	2.29%	0.40%	0.20%	0.89%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user	82.41%	10.93%	4.57%	0.60%	0.60%	0.89%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from	88.07%	5.47%	1.69%	0.99%	1.99%	1.79%



Select Theme

Development

PDR/Appraisal

We are continuously learning and improving					
Development					
Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to access the right learning and development opportunities when I need to.	10%	19%	26%	36%	9%
I feel supported to develop my potential.	12%	21%	23%	34%	10%
I have opportunities to improve my knowledge and skills.	7%	13%	18%	48%	13%
There are opportunities for me to develop my career in this organisation.	12%	18%	24%	37%	9%
This organisation offers me challenging work.	4%	5%	20%	54%	17%



Select Theme

Development

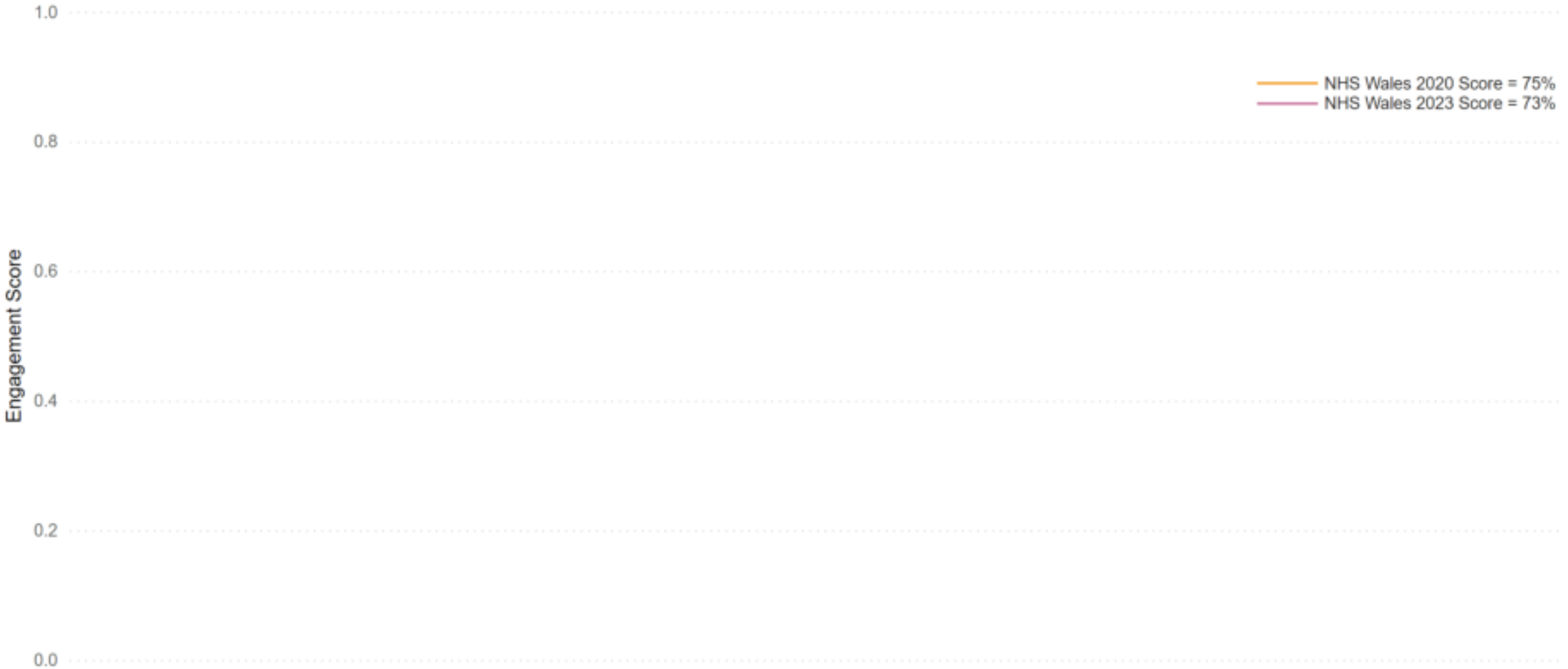
PDR/Appraisal

**We are continuously learning and improving**  
PDR/Appraisal

Question	No	Can't remember	Yes
In the last 12 months, have you had an appraisal, PADR, annual review or development review?	18%	3%	79%

Question	No	Not applicable	Yes, to some extent	Yes, definitely
It helped me agree clear objectives for my work.	26%	21%	37%	16%
It helped me to improve how I do my job.	36%	21%	33%	10%
It left me feeling that my work is valued by my organisation.	32%	21%	31%	17%

NHS Wales and Organisation Engagement Score



**Note:** Digital and Health Care Wales 2020 score is the score for NHS Wales Informatics Services.





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Welsh Ambulance Services  
NHS Trust



# NHS WALES STAFF SURVEY 2023

Board 28.03.2024

# HEADLINES

- **Dashboard** created to share survey results; spotlights on 3 areas contained within these slides (top 10 positive; top 10 negative; healthy work environments)
- Access to detailed **Directorate level reports** to be granted in **April**
- **WAST response:** 1,006 completions (23.2% response rate)
- **WAST Engagement Score:** 67% (down from 72% in 2020)
- **NHS Wales Engagement Score:** 73% (down from 75% in 2020)



# POSITIVES: TOP 10

<b>79% (c.795)</b>	<b>feel trusted to do their job</b>
<b>79% (c.795)</b>	<b>feel able to ask other members of their team for help when they need it</b>
<b>78% (c.785)</b>	<b>feel people at WAST take effective action to help patients / service users in distress</b>
<b>77% (c.775)</b>	<b>feel they always know what their work responsibilities are</b>
<b>76% (c.765)</b>	<b>feel people at WAST are compassionate in the way they behave towards patients / service users</b>
<b>75% (c.755)</b>	<b>feel people at WAST give good support to colleagues who are distressed</b>
<b>72% (c.725)</b>	<b>feel that WAST encourages us to report errors, near misses and incidents</b>
<b>71% (c.715)</b>	<b>are always / often happy to go the extra mile at work</b>
<b>71% (c. 715)</b>	<b>feel people here are compassionate towards colleagues when they face problems</b>
<b>71% (c.715)</b>	<b>feel that WAST offers them challenging work</b>

# NEGATIVES: TOP 10

<b>73% (c.734)</b>	<b>came to work in the last 3 months, despite not feeling well enough to perform their duties</b>
<b>61% (c.614)</b>	<b>reported that their work frustrates them</b>
<b>56% (c.564)</b>	<b>always / often feel worn out at the end of the working day</b>
<b>53% (c.534)</b>	<b>always / often feel burnt out because of work</b>
<b>52% (c.524)</b>	<b>always / often find work emotionally exhausting</b>
<b>52% (c.524)</b>	<b>reported feeling unwell in the last 12 months as a result of work-related stress</b>
<b>47% (c.473)</b>	<b>reported that their team does not often meet to discuss team effectiveness</b>
<b>46% (c.463)</b>	<b>do not feel involved in deciding on changes introduced that affect their work area / team / department</b>
<b>46% (c.463)</b>	<b>always / often feel exhausted at the thought of another day at work</b>
<b>43% (c.433)</b>	<b>reported unrealistic time pressures</b>



# SPOTLIGHT ON: HEALTHY WORK ENVIRONMENTS

## We nurture healthy working environments

### Negative experiences (Part 2)

Question	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	68.89%	12.52%	8.35%	2.78%	5.47%	1.99%
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers/team leaders?	69.68%	13.12%	6.86%	1.69%	2.98%	5.67%
In the last 12 months how many times have you personally experienced harassment or bullying at work from other colleagues?	70.78%	16.10%	4.97%	1.49%	2.88%	3.78%
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	60.10%	16.32%	10.95%	3.88%	6.37%	2.39%
In the last 12 months how many times have you personally experienced physical violence at work from managers/team leaders?	98.31%	0.60%	0.10%		0.10%	0.89%
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.51%	0.60%	0.10%			0.80%
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	83.40%	12.82%	2.29%	0.40%	0.20%	0.89%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from patients/service user*	82.41%	10.93%	4.57%	0.60%	0.60%	0.89%
In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from staff/colleagues?	88.07%	5.47%	1.69%	0.99%	1.99%	1.79%

\*their relatives or other members of the public.

# HOW DOES THIS ALIGN WITH OTHER INTELLIGENCE?

CEO Roadshow Menti responses highlighted negative impact of workload, conflicting pressures and insufficient resource; this is reflected in the following Staff Survey responses:

- **42%** work additional, unpaid hours (c. 423 colleagues)
- **43%** report unrealistic time pressures (c.433 colleagues)
- **42%** feel there are never / rarely enough staff at WAST for them to be able to do their job properly (c. 423 colleagues)
- **36%** do not agree that WAST is helping them balance their work and home life (c.362 colleagues)

Recurring themes emerging regarding confidence to speak up and confidence that appropriate action will be taken (aligning with responses to the recent HIVE survey):

NHS Wales Staff Survey Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I feel safe to speak up about anything that concerns me in the organisation	11%	20%	21%	36%	12%
If I spoke up about something that concerned me, I am confident my organisation would address my concern	15%	20%	13%	27%	8%

29% (c.292 colleagues) of respondents stated that the last time they experienced harassment / bullying at work, they (or a colleague) did not report it

# HOW DOES THIS ALIGN WITH OTHER INTELLIGENCE?

Previous reports of unfair practice (“if your face fits”) reflected in Staff Survey results:

NHS Wales Staff Survey Statement		No	Don't Know	Prefer not to say	Yes
Does your organisation act fairly with regard to career progression / promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?		33%	26%	4%	37%

Responses to the statement “I am proud to tell people I work for my organisation” broadly reflected those of the recent HIVE survey, with a slight deterioration:

HIVE Scoring System		0 - 3	4 - 6	7 - 10
HIVE Responses		17.2%	19.6%	62%
Staff Survey Scoring System		Strongly Disagree / Disagree	Neither Agree Nor Disagree	Agree / Strongly Agree
Staff Survey Responses		21%	21%	59%

# HOW DOES THIS ALIGN WITH OTHER INTELLIGENCE?

## Areas for Improvement - Recurring themes:

- Excessive workload, competing demands, insufficient time and resources
- Reluctance to speak up
- Leadership and Management behaviours
- Lack of confidence that concerns will be dealt with appropriately
- Not feeling valued by the organisation
- Low response rate
- Low engagement scores
- Unpaid hours over and above contracted hours
- Patient safety
- Ability to contribute towards changes that affect work/team/department
- Fair career progression
- Burnout, work-related stress & healthy working environment
- Support for learning and Development, including PADRs

# NEXT STEPS

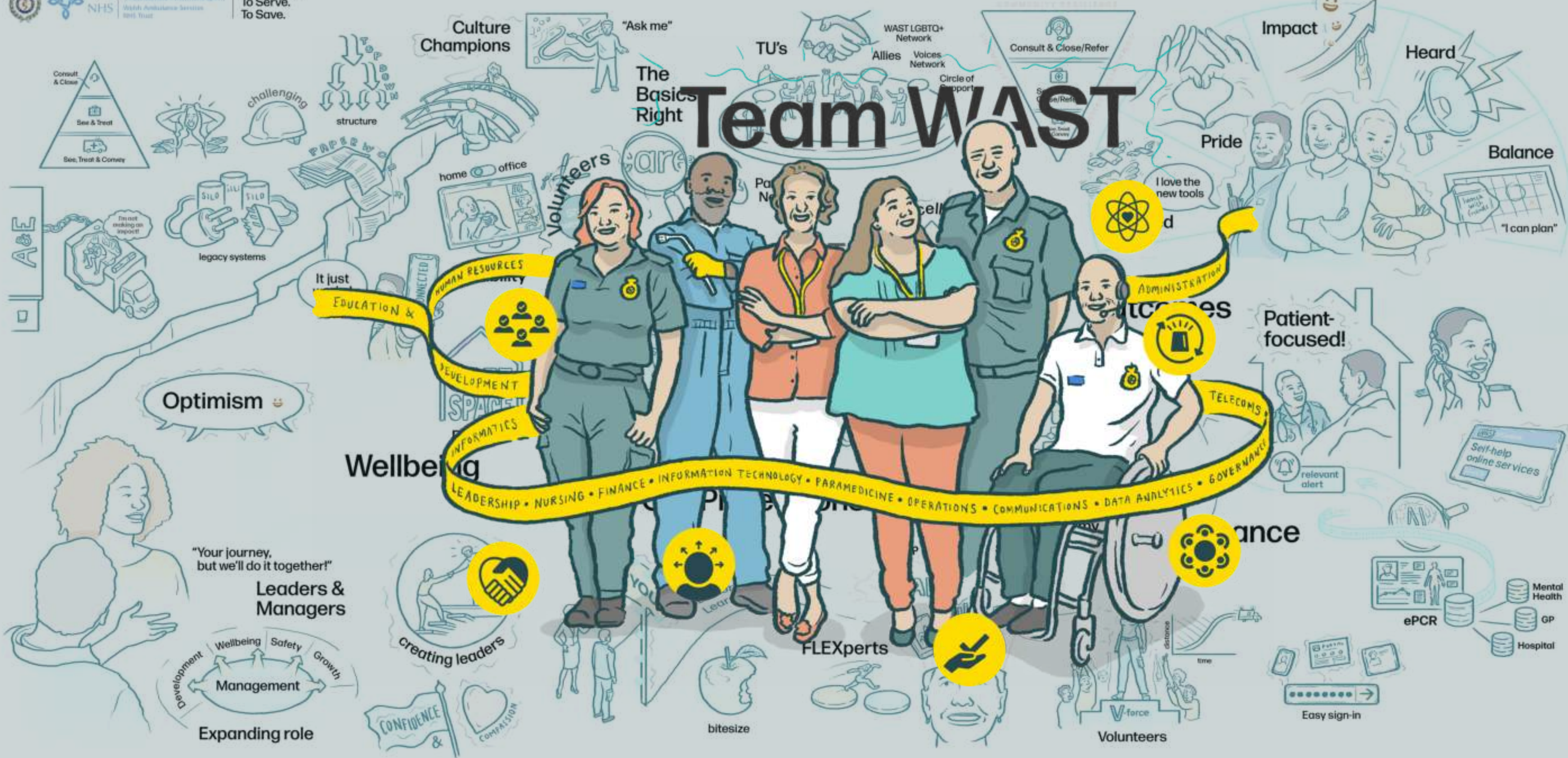
- 8th February: Staff Survey Directorate Leads Appointed & Brief consultation provided
- 22nd February: Brief introductory meeting with staff survey leads on the expected results & timelines
- 23rd February: HEIW published high-level survey results
- 21st March: HEIW presenting a paper at the Welsh Partnership Forum to seek agreement on next steps
- w/c 8th April: HEIW to share national picture of 2023 survey findings
- w/c 8th April: WAST will have access to the survey system to run organisational reports (exact date TBC)
- w/c 15th April: OD to share with directorate leads directorate results
- 24th April: Online workshop held with directorate leads to discuss next steps





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<b>AGENDA ITEM No</b>	<b>12</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

**Integrated Medium-Term Plan (IMTP) 2023 – 2026  
Interim Q4 Delivery & Assurance**

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 <sup>th</sup> March 2024
<b>EXECUTIVE</b>	Rachel Marsh - Executive Director of Strategy, Planning and Performance
<b>AUTHOR(S)</b>	Alexander Crawford - Assistant Director of Planning and Transformation
<b>CONTACT</b>	alexander.crawford2@wales.nhs.uk

**EXECUTIVE SUMMARY**

1. The purpose of this paper is to provide the Board with the progress and delivery of actions in the IMTP 2023-26 as an interim Q4 position. A final year end position will be brought to the next Board meeting in May.
2. A full delivery and assurance report was made available for assurance at Finance and Performance (F&P) Committee on 19<sup>th</sup> March 2024. The paper sets out the overall RAG rating reported against our main delivery programmes at F&P Committee, and at Strategic Transformation Board (STB) on the 26th February 2024.
3. Progress was also reported at F&P Committee on the IMTP accountability conditions and Ministerial Priorities action plans for the 2023-26 IMTP, and the Committee accepted the delivery report against each accountability condition.
4. As we reach year end, progress has been good and next year's IMTP sets out some of the key achievements we have made through the year. However, there are some deliverables which had to be paused (as reported at previous Board meetings) and some that are off track and rolled over into 2024/25 in the 2024-27 IMTP. This was discussed at F&P committee with a focus on deliverability of next year's plan. The Committee was assured that a review of delivery programme structures and additional resources will help to support the delivery of our ambitious plans.

**RECOMMENDED: That the Board Notes the overall delivery of the IMTP detailed in this paper as an interim Q4 position.**

## KEY ISSUES/IMPLICATIONS

This report was submitted to STB on the 26<sup>th</sup> February for noting, and F&P Committee on 19<sup>th</sup> March 2024.

The Committee received a full delivery and assurance report including updates from each of the IMTP Delivery Programmes:

- EMS Operations Programme
- Ambulance Care Programme
- Gateway to Care Programme
- Clinical Transformation Programme
- Financial Sustainability Workstreams

The Committee also received updates on the IMTP Enabling Programmes:

- People and Culture
- Digital
- Infrastructure
- Fundamentals (including Quality Safety & Patient Experience, and Corporate Governance)

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, and as noted, assurance on progress against agreed milestones was provided to STB on the 26<sup>th</sup> February.

## IMTP Delivery Programmes

### EMS Operations Programme

#### Overall RAG Status: **AMBER**

- The EMS Response Roster Review completed implementation last year, and the project evaluation has been drafted. First Draft to be taken to EMS Programme Board for approval on the 2nd of February 2024, and to STB at the end of February, however awaiting additional ORH information ahead of STB approval.
- The rightsizing of EMS Response is **AMBER**. The EMS Operations Programme aims to run a post-roster change relief gap temporarily as agreed by WAST CEO in consultation with TU Partners.
- The EMS Control Reconfiguration Project is currently recorded as **GREEN** across all four workstreams. New structure approved by SLT and ELT, which has taken into account some of the recommendations of the Manchester Arena Inquiry.
- CHARU work is also rated **Amber** as there continues to be a vacancy rate of 38.61FTEs. Recruitment advert went out again in December. Utilisation rates currently differing from ORH modelling, and investigation underway.

Whilst the programme is rated as Amber a number of actions are now considered 'business as usual' (e.g. recruitment of CHARU) and with the programme having completed its original purpose

to deliver the 2019 EMS Demand and Capacity Review the programme will be closed down with the only remaining project EMSC Reconfiguration reporting directly to STB.

## Ambulance Care Programme

### Overall RAG Status: **AMBER**

- 1 **RED** deliverable relates to the NET Centre re-roster as current funding does not provide a new roster within current operating hours. This will now be rolled in 2024/25 where provision for the re-roster has been made in the financial plan.
- Implementation of the new NEPTS roster pan-Wales remains paused, whilst funding to support is identified. 12FTEs in the NET Centre Project is also paused as no funding from commissioners to progress. **PAUSED**
- The Urgent Care Service (UCS) Demand and Capacity review is now complete and was presented to the UCS Steering Group. Recommendations approved by ELT 13/12/23, and transition planning now underway. **COMPLETE**
- Project manager appointed for the UCS Transformation Plan and a delivery group is now in place. **AMBER**
- Transfer and discharge project is currently working on options following ORH review of demand and capacity modelling having been completed, with final options being developed for sharing with Commissioners. Delayed by ongoing discussions as to the feasible options and modelling of alternatives. However progress is being made on a new protocol within the CAD which will better identify transfers and transferring resources. **AMBER**
- Implementation plan regarding improved performance parameters for NEPTS completed with actions underway.
- The Quality Assurance agenda continues to move forward, approved by Ops SLT 12 December and CQGG on 29 Jan 24.
- Opportunities to expand the ambulance car service sought; none identified, decision to close the project noting that a case be developed should opportunities emerge at a later date. **CLOSED**
- The NEPTS Operational Improvement Plan remains **AMBER** with work ongoing to maximise discharge lounges (CTMUHB) due to CTMUHB capacity to engage.
- The roll out of the refresh of the ambulance care fleet mix is on track. **GREEN**

## Gateway to Care Programme

### Overall RAG Status: **GREEN/AMBER**

- Re-rostering call handlers and clinicians remains paused pending funding, and work to develop clinically confident and competent workforce remains ongoing despite elements paused due to the CAS replacement system.
- CAS replacement work on track to achieve 30<sup>th</sup> April deadline.
- Work to increase consult and close rates remains at 14% and will not achieve 17% by Year End.

- Improvements to the 111.Wales website are also currently paused due to ongoing resource envelope discussions with 111 commissioners.
- Remote clinical support strategy closure report accepted at G2C Programme Board
- 111 booking and pathway work currently **AMBER** due to interim technology led delays. Due to be aligned with CAS however still on track for delivery by Year End.
- Resource currently impacting G2C/Power BI dashboard development

## Clinical Transformation Programme

### Overall RAG Status: **GREEN**

- 1 **RED** relates independent prescribing due to the and a lack of supervisory support for TAPPs and APPs, as the APP Clinical Supervision infrastructure remains **AMBER** but features as a priority in next year's IMTP.
- APP Navigator and APP Dispatch Criteria workstreams currently **GREEN**
- Optimising Conveyance workstream all **GREEN** however the 6 Goals clinical elements are being monitored as continued engagement but financial constraints in HBs are impacting.
- All work within the Clinical Intelligence Assurance Group currently **GREEN**. The development of the Clinical Audit Plan has been **CLOSED** as this is now business as usual
- Older Persons and Falls workstream currently **GREEN**. Additional funding through the RPB for a night Level 1 service in ABUHB has gone live and work underway for an additional Level 2 Falls and Frailty Service also.
- Funding for Mental health response vehicle approved for AB. Some delay in go live due to availability of ABUHB mental health practitioners. The pilot has now gone live utilising WAST MHPs from CSD working on overtime. Currently **AMBER**
- Connected Support Cymru work currently experiencing challenging timescales to evaluate applications and awaiting feedback on the submitted Business Case so currently **YELLOW**

## Financial Sustainability Programme - Income Generation

### Overall RAG Status: **GREEN/AMBER**

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

- Met with preferred bidder to initiate commercial market analysis work on Wednesday 21st February following successful tender exercise. Work to be completed and presented to ELT 25th March, and Trust Board 28th March. Project Team initiated, scope agreed, and data gathering underway.
- Continued scoping of potential additional income schemes. New process to be implemented in 2024/25
- Commercial mindset work will align with the outcome of the commercial analysis work, while the Service Review has also provided opportunity for comment and feedback regarding the need for additional financial training.

## Financial Sustainability Programme – Achieving Efficiency

### Overall Project RAG Status: **GREEN/AMBER**

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

- Assurance provided on Administrative Review Action Plan via Achieving Efficiency. Formal invitation for permanent member from ADLT from April 2024. Progress on recommendation implementation being monitored via ADLT Action Plan.
- Continued scoping of potential 'small wins'. 2023/24 highlights include Consumables Waste (transitioned to directorate-led delivery following pilot), Fuel Efficiencies (continued monitoring).
- Larger programmes of work such as RPA (Robotic Process Automation) to be initiated in 2024/25 following release of funding and recruitment of developers. Programme of work to be led by Digital Directorate but reported into the Financial Sustainability Programme. Work on behaviours to be discussed at Leadership Symposium in April 2024.
- Process efficiencies to be collated ahead of end-of year report / benefits realisation.

## IMTP Enabling Programmes (by exception only)

### People & Culture

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

#### CULTURE

##### **Develop and articulate our target culture: GREEN/AMBER**

On track overall, however there is an **Amber** status against rollout of EQIA training due to limited training capacity

##### **Refresh TU partnership working arrangements: GREEN/AMBER**

On track overall, and ACAS action plan has now been developed and agreed in partnership with TUPs. Implementation of the plan is underway, but timelines have been updated in the context of IA.

#### CAPACITY

##### **Develop our employee offer: GREEN**

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

1. **Shift Overruns** – ED Holding Area Survey completed and results was presented to STB on the 26th of February 2024 – some positive signals from the survey and STB has asked the Operations teams to consider the next steps for 2024/25 in the IMTP as this remains a commitment to staff.
2. **Flexible Working Policy** – Developments around flexible working include,
  - a. Reviewing current policy.
  - b. Establishing a clear understanding of current processes and impacts of flexible working arrangements across frontline services.
  - c. Reviewing current research for frontline flexible working across NHS& Emergency services.
  - d. Engaging with the wider Ambulance Sector to understand flexible working practices across the UK.

- e. Developing coaching / process material.
  - f. Exploring ESR functionality for requesting and recording agreed / declined flexible working requests.
  - g. Engaging with WAST colleagues to understand perceptions and views on flexible working options and evaluate after changes are implemented.
  - h. Continuing to establish a pathway of support for Carers within the organization.
3. **Digital Experience** – Work ongoing with the EqIA process, in order to make this more digitally accessible. Regarding Digital Literacy Skills, the development of accredited and non-accredited education programmes is underway, as is the implementation of LMS365. Also within this commitment is the expansion of Learning Launchpad content. There will be further work on simplified access to digital tools through the refresh of the Digital Plan set out in next years' IMTP.

## CAPABILITY

### Promote personal responsibility: GREEN/AMBER

On track overall, however, there remains a **RED** status against Apprenticeship provision, due to inability to draw down previously secured funding (income), the financial implications of which have been highlighted. These financial implications have been partially mitigated by residual funding but will be considered next financial year.

## Digital

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

### National Data Resource Programme Support: GREEN/AMBER

All planned activities are complete, however longer-term funding has not been agreed which poses a potential risk.

### Upgrade 999 Telephony Platform: AMBER

Voice recorder is currently being upgraded, also needs a new version of Callpilot installing and configuring that will need testing, with the aim to go live mid-April.

### Digital Experience of Staff: AMBER

**AT RISK:** Meetings ongoing work on hold due to CAS replacement taking priority on resources, impacting capacity.

### Operations Communication Programme: GREEN

The NEPTS National Mobilisation Application (NMA) has passed Service Acceptance testing and is deployed on 3 vehicles as part of a live pilot, with plans to increase this to 5. Conclusion of the pilot will be achieved once the Trust is adequately assured the platform is suitable for operational deployment. The MDVS project is seeking to conclude deployment across all vehicle types in Q2 2024.

## Fundamentals

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



**Risk Management: AMBER**

Risk Management Framework in draft – due for approval at Audit Committee March 2024 and recorded as **GREEN**, however programme of training and Board risk education rolled over into 2024/25 IMTP.

**Welsh Language Policy: GREEN**

Translation service is currently in operation as part of a soft launch. It is expected that a hard launch of the service will be made during March 2024. More than just words year 1 report submitted to WG. Year 2 development of a Welsh Language Workforce Strategy as part of the overall WAST Strategic Workforce Plan. To be completed by 31 March 2024. Policy in draft – this policy will focus on the positive steps the Trust can take to develop our use of Cymraeg - approval due 2024. Annual Report completed and approved at Trust Board on 28/09/23. Development of a Welsh Language Standards Compliance dashboard.

**Quality Management System Implementation: AMBER**

Quality Management Group regular meetings being held and attended for each service area.

QPMF Self-Assessment pilots concluded end of Q3 and review ongoing through Q4.

Also due to commence development of robust QMS. Risk to delivery remains dependant on QMF functioning with Operations engagement/risk capacity to attend. Operations have since engaged. Communications strategy drafted to launch DoQ e-learning across Organisation. Developing packages for supervisory/leadership roles. MIQPR now available via SIREN SharePoint as phase 1 of Always on reporting.

QPMF now available via SIREN SharePoint to support development of local QMS Frameworks.

Website presence for Duty of Quality now complete (bilingual) to provide point of presence for future Annual reporting externally.

**REPORT APPROVAL ROUTE**

**STB 26<sup>th</sup> February 2024**

**F&P Committee 19<sup>th</sup> March 2024**

**REPORT APPENDICES**

**Nil**

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



GIG  
NHS

Ymddiriedolaeth GIG  
Gwasanaethau Ambulans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>13</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>5</b>

## **WAST Integrated Medium Term Plan 2024-2027**

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 March 2024
<b>EXECUTIVE</b>	Rachel Marsh, Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Alexander Crawford, Assistant Director of Planning & Transformation
<b>CONTACT</b>	alexander.crawford2@wales.nhs.uk

### **EXECUTIVE SUMMARY**

The purpose of this report is to update the Board on the progress of developing the 2024-2027 Integrated Medium-Term plan (IMTP) in the context of the Welsh Government Planning Framework and the EASC and 111 Commissioning Intentions for 2024/25, and to seek approval of the plan to submit to Welsh Government on 28 March 2024.

The report will highlight the key issues in the plan including the financial plan.

#### **It is RECOMMENDED that the Board**

- **APPROVES** the IMTP for submission to Welsh Government on 28 March 2023, subject to any final editing.

### **KEY ISSUES/IMPLICATIONS**

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

WAST's IMTP planning cycle has run from June 2023 to March 2024. Planning happens alongside delivery, making the plan a dynamic and live document. The key to good planning is not only in the final written plan but in the processes, conversations and engagement that go into developing the plan.

Welsh Government issued its Planning Guidance in letters from the Minister to Chairs and followed by more detail from the Director General to Health Board and Trust Chief Executives on 18<sup>th</sup> December 2023. Furthermore, following the 2024/25 draft budget for Welsh Government released on 19<sup>th</sup> December 2023, Health Boards received their allocation letters for the 2024/25 financial year on 21<sup>st</sup> December 2023. Whilst this did not directly confirm funding for WAST, it was subsequently confirmed that the uplift of 3.67% would be fully passed through to WAST with the expectation that we would make at least 2% cost improvements in our plan.

The confirmation of funding allocations has helped us develop our priorities throughout January and February.

The requirement is to submit clear narrative plans set over three years, showing clear progression over those three years, together with templates setting out how organisations are delivering against the Health Minister's key priorities for the NHS and aligned to a Minimum Dataset (activity and performance trajectories, workforce plans and financial plan). These priorities are:

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

We have addressed the last 4 priorities as being most relevant to WAST.

Two further areas that have influenced how we have finalised the narrative and deliverables in our IMTP since the last Board meeting are:

- We have been advised that we will be formally named under the Wellbeing of Future Generations Act from the end of June 2024; and
- We have been granted University Trust Status with effect from 1<sup>st</sup> April 2024

Our IMTP is developed at the same time as Commissioner plans and commissioning intentions, as well as those key priorities for the Minister. Welsh Government will continue to scrutinise the extent to which the assumptions that underpin our planning (activity, income etc.) align with those of Commissioners, key partners and the Ministerial priorities for NHS Wales.

The approach to developing the IMTP this year as with previous years has been through phases, or workstreams. The workstreams were as follows:

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

We have engaged fully on this plan, and Appendix 1 of the IMTP in particular shows how we have considered the views of our patients and the public as well as engagement opportunities with our people. We have held planning events across our programmes, with our directorates, at senior leadership sessions and with the Board, as well as collaborative planning with our commissioners. In January and February this culminated in final discussions about our key priorities to inform our revenue & capital financial plans and workforce & other enabling plans over the next three years.

We have engaged fully with our Trade Union partners through both the Corporate Partnership forum and WASPT.

We held a final prioritisation session on 14 February 2024 with Assistant Directors and Executives where we focussed on revenue priorities where there are unavoidable costs attached, as well as priorities for delivery within our existing resources. We also focussed on priorities for capital funding in 2024/25. We then had a Board Development session on 22 February 2024 at which we discussed the final priorities and how they would impact patients, our people, the system and the quality of services we provide over the next three years (i.e. 'what will good look like?').

We presented the plan at EASC Management Group (made up of senior members of health boards and chaired by the CASC) on 7 March 2024. There was broad agreement with the priorities set out in the plan. The plan was also taken to 111 Commissioning Board on 13 March 2024 where it was also endorsed. The plan was not able to be taken to full EASC/WHSSC joint committee on 19 March 2024 due to time constraints, but an additional presentation is planned for 25<sup>th</sup> March. The CASC has acknowledged that our IMTP is in line with the EASC IMTP and we are expecting a letter of support for our IMTP from the CASC to accompany its submission to Welsh Government.

At the heart of this plan is the recognition that there remains a pressing need to change the way in which we and our partners respond to and meet our patients' needs. There will be a purposeful focus on delivering three key priorities:

- Transforming the way in which we deliver care with health board partners by developing, agreeing and implementing a new clinical response model that will provide patients with the right advice and care, in the right place, every time and reducing harm;
- Doing everything in our gift to improve our people's workplace experience, enabling them to be the best they can be; and
- Delivering exceptional value and sustainability, in the context of finance, the environment and Value Based Health Care.

This plan will provide for a balanced revenue financial outturn for the Trust for the 2024/25 financial year based on the following key financial assumptions:

- The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67%, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced for additional energy costs support for WAST;
- That the first call on the above uplift is to ensure that the recurring costs and subsequent funding base for the Trust is put on a sustainable footing and includes that recurring assumed at the outset of the 2023/24 financial year. Specifically, this means that the full costs of an additional 100 frontline EMS staff appointed through the latter half of the 2022/23 financial year are now funded in full recurrently;
- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated and now, in some cases, specifically funded within it;
- The ability to fully deliver on a range of cost containment, cost avoidance and savings of a minimum of £6.4m, or 2.2% of cost baseline, which will be key to delivery of a balanced financial position in year;
- That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
  - costs relating to the 2024/25 pay deal, along with the recurrent costs of the 2023/24 pay deal, still to be confirmed;
  - Any costs relating to any proposed banding change for EMT / technician level posts following the issuing of updated national A4C job profiles during the latter part of 2023, and outcome of formal job evaluation process;
  - Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, and
  - Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.



The high-level summary revenue financial plan for 2024/25 set out in the main body of the IMTP is as follows:

	Opening Budgets 24/25	Planned Savings	Revenue Set Budgets 24/25
	£m	£m	£m
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
Total Expenditure	295.554	-5.781	289.773
Planned Budget Surplus (-) / deficit	6.421	-6.421	0.000

The plan has been scrutinised by Finance & Performance Committee, who have endorsed the plan subject to final edits which have included:

1. Proof reading and consistency checks;
2. Updated deliverables tables to ensure they are all consistent with the narrative and on another, and are 'SMART' in line with recommendations from our last Structured Assessment;
3. Developed an Appendix 2 which sets out quarter by quarter the actions we will take in transforming our service offer;
4. Further developed appendices 3a-h (the Ministerial Priority action plans) to include provisional 2024/25 trajectories (not attached to this paper); and
5. Finalised the executive summary.

The Committee recognised that the plan is a good plan and is ambitious, noting caution around the ability to deliver such ambitions. We have made provision in this year's IMTP for additional resources in support of the plan delivery and we will also be reviewing our main programme delivery structures to make efficient use of the people we have focussed on IMTP delivery. Appendix 2 to the plan has been developed subsequent to the FPC discussion and provides assurance that a clear timetable of actions has been reviewed and agreed by Executives.

We have undertaken a full EQIA which is attached which the Board will need to consider as part of its approval of this plan.

The plan presented to the Board is therefore a final version (subject to any minor amendments following the Board discussion) of the technical document that will be submitted to Welsh Government. Throughout April we will translate the technical document into Welsh and develop **accessible summary versions** for the public and for our people in both English and Welsh, which will be published on our website once we have received approval from Welsh Government for the plan.

### REPORT APPROVAL ROUTE

Finance & Performance Committee 19 March 2024

The following table outlines the next steps to finalise the IMTP:

Milestone	Actions	Date
<b>Review/Sign off plan (vFINAL)</b>	Trust Board sign off	28 March 2024
<b>WG Submission</b>	SPP to submit to WG	28 March 2024

### REPORT APPENDICES

- Annex1: WAST IMTP 2024-27
- Appendix 1: Challenges and Opportunities Shaping our Plan
- Appendix 2: Service Transformation Deliverables
- Appendix 3: Detailed Financial Plan
- Appendix 4: EQIA (to follow)

We have not included all of the appendices listed at the end of the IMTP, as these are technical documents for Welsh Government submission, but these are available to Board members on request.

### REPORT CHECKLIST

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



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust

# Welsh Ambulance Services NHS Trust

## **Integrated Medium-Term Plan**

2024-2027



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## Foreword from the Chairman and Chief Executive

It is our pleasure to publish our 2024-27 Integrated Medium-Term Plan, a plan which sets out what we need to do as a provider of urgent & emergency care services and planned transport services to transform for the benefit of our patients, our people and value & sustainability in partnership with the wider system.

Our people work in a health and care system which continues to see unrelenting pressure on the range of services provided across Wales. As a national provider we feel this pressure too, but we also recognise areas where we can improve, be more efficient and meet the needs of our commissioners, whilst still focusing and evolving our strategic transformation journey towards our 2030 vision set out in 'Delivering Excellence' (our long-term strategy).

We also work in a sector which has come under the spotlight for its culture and poor behaviours. We want our people to work in a culture where they can feel psychologically and physically safe. We will therefore continue the proactive work to address issues raised through our review of Sexism and Sexual Safety in the workplace, making the Trust a place where people feel free to speak up against such behaviours as well as furthering our work on diversity, inclusion and allyship.

At the heart of our services is our response to people with the most critical and life-threatening health needs. We know that too many of these people are not getting the service they need and many of them are either coming to harm in the community or taking themselves to hospital when the wait for ambulances is too long. Our plan sets out how we want to transform our services to protect resources that convey people to hospital by providing remote and community based clinical services to patients who ring 111 or 999.

We occupy a unique position in NHS Wales, a position in which we see an opportunity to meet the demand from our patients differently. This is not a plan to step into spaces occupied by our existing health and care partners but a collaborative plan that seeks to make the most of this unique position.

We enter a new phase of health and care commissioning in Wales in which specialist and ambulance services will be commissioned by a Joint Committee, presenting opportunities for us to balance the core demands of all our services with our transformation offer. We also aim through this plan to deliver against Welsh Government priorities, particularly in support of the Six Goals for Urgent & Emergency Care, where we increasingly see ourselves playing a bigger role in support of the system.

Our plan is predicated on providing the **right care and advice, in the right place, every time** by delivering **quality driven, clinically led and value focussed** services. Delivering this plan will see a greater emphasis on remote and community-based assessment and care, closing cases remotely and in the community safely and without onward travel to Emergency Departments unless absolutely necessary. We will also deliver on our statutory obligations including financial balance.



Jason Killens  
Chief Executive

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

**To Support. To Serve. To Save**



Colin Dennis  
Chair

## Executive Summary

At the heart of this IMTP is our recognition that there remains a **pressing need to change** the way in which we and our partners respond to and meet our patients' needs. We now believe such change need to happen **at pace**. Too many patients continue to come to harm, services are often centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care in the right place at the right time.

Much of this exacerbates the **pressures on our people**, evidenced in levels of sickness absence and turnover that are higher than we would want, although there have been positive improvements over the last two years. We heard directly from staff in roadshows and through surveys about what it feels like to work in WAST, much of it reflecting their frustrations.

With these drivers at the forefront of our minds, and acknowledging all that our people have worked hard over the last few years to bring us to this point, we are clear that there must be a **purposeful focus on delivering three key priorities**:

- **Transforming** the way in which we deliver care with health board partners by developing, agreeing and implementing a **new clinical response model** that will provide patients with the right advice and care, in the right place, every time and reducing harm;
- Doing everything in our gift to improve **our people's** workplace experience, enabling them to be the best they can be; and
- Delivering exceptional **value and sustainability**, in the context of finance, the environment and Value Based Health Care.



### Our Patients

'**Delivering Excellence**', our Long-Term Strategy, was agreed in 2019. It sets out an ambition to move away from being a traditional ambulance and transport service to a trusted provider of 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 direction of travel remains broadly right for the next five years, but we are committed to refining our thinking and agreeing a **new clinical service and response model**, which adopts a more **holistic and integrated approach**, considering how our 999, NHS 111 and Ambulance Care services contribute to the transformation of care.

Our primary and most important priority has always been and will continue to be the provision of a world class **emergency response** service. Our new clinical model needs to ensure that we have sufficient appropriate resources to provide this rapid, emergency response, securing the best possible outcome for each and every patient.

But those needing an emergency response are a small proportion of the overall numbers of patients who contact or call us. A significant proportion of our demand is for patients who have an urgent or lower acuity



health need, and these can present either through a 999 call or via the 111 system. For these patients, irrespective of how they have accessed us, we need to work with our partners to create an integrated **24/7 urgent response service** which is a more bespoke service meeting patient's individual needs closer to home. This includes:

- **a Remote Integrated Care Service** where our existing NHS 111 and 999 clinical teams will come together, working closely with health board remote clinical hubs and developing mechanisms to support their clinical decision making, including access to real time observations through **Connected Support Cymru**;
- **an Urgent On-Scene Community Response service** providing face-to-face assessment and treatment. We already provide a range of responses, such as advanced practitioners, falls services, mental health response and palliative care paramedics, and we want to work with health boards to grow and integrate these with their own community response services. Key to the success of these teams will be working with others to develop access to community pathways.

Our Ambulance Care **patient transport service** will have a greater role in the future in supporting flow across the system, whether that is through flexible discharge services, dedicated and responsive inter-hospital transfer schemes or on the day 'planned' health transport service accessible to HCPs or our own clinicians.

Our ideas need further **evolution in collaboration** with our commissioners, system stakeholders, our people and the public in 2024/25, but in this IMTP we are starting to describe what **good will look like** in three years' time, and how the system can expect to see measurable change and improvements in outcomes. Increasing sophistication in how we measure system wide improvements is a priority, and in particular, ensuring that **data and information is linked** across organisations.

Within our 111 service, our key priorities will be to:

- Work with partners to create a '**digital first**' vision for urgent and emergency care services, which is likely to centre around the NHS Wales APP, but in which we will play a part;
- Build on our digital platforms, delivering the **new CAS system** and making improvements to the **111 website** (funding dependent)
- Sustain the core 111 service by maintaining **commissioned numbers of staff**, undertaking a **demand and capacity review** and re-rostering to appropriately meet demand and continuing to find ways of enhancing **clinical practice and** improving **productivity**;
- Work with the Six Goals programme and commissioners to develop new and improved **pathways** including dental care, palliative care, Urgent Primary Care Centres, medicines management line;
- Develop attractive career pathways and opportunities that retain and attract colleagues, specifically for clinicians seeking **portfolio-based careers**.
- Work with Commissioners to agree a **vision for the 111 Gateway to Care** which fully utilises our capabilities to enable primary prevention as well as urgent care responses, for example through use of wearable technologies.

For our EMS service, we will:

- **Invest in and restructure the EMS Coordination** function aimed at enhancing leadership and team structures and opportunities, improving efficiency and reducing turnover;
- Fully staff the **CHARU** service and review the model in order to further improve clinical outcomes and boosting red performance up to 65% by year 3;

- Maximise the impact and benefit of the Clinical Support Desk (CSD) by growing capacity by **23 WTE**, introducing a **rapid clinical screening service**, and **clinically led deployment** in line with the new clinical response model;
- Grow our **Connected Support Cymru** service which supports better remote clinical decision making through on-scene observations, including deployment of 600 **Community Welfare Responders** and 50 Luscii **'Ambulance in a Box'** solutions;
- Continue to work with health boards through Integrated Commissioning Action Plans (ICAPs) and enhance integrated working across teams with health boards;
- Grow our on-scene urgent community response services. This will include
  - training and deploying more **Advanced Paramedic Practitioners (APP)** to support the Trust and the wider health care system, with **sixteen** additional APPs recruited in year 1. To support the growing numbers, new rosters will be introduced and a new **clinical leadership and supervision structure** will be agreed and implemented.
  - expanding our on-scene **mental health response model**;
  - expanding the provision of **Level 2 falls** services.
- Through these changes, aim to **double the numbers of patients** who we safely manage at home or in the community over the next 3 years;
- Make the **case for further change** through a formal engagement process with stakeholders, supported by an updated, strategic, collaborative demand and capacity review.
- Develop and submit the case for investment to meet recommendations of **Manchester Arena Inquiry**.

Within our Ambulance Care service, our top priority will be to work with commissioners to develop and agree a **vision** for these important services, including how they contribute to the wider system transformation. We will continue to make improvements in productivity and efficiency including **re-rostering** within NEPTS. We will also be working closely with ambulance commissioners on the development of a **national Transfer and Discharge model**, considering carefully how this could bring coherence to a potentially fragmented offering and improve services for patients and flow across the system.

### Improving our people's workplace experience

The key to delivering the best patient care is focusing on the needs of our people. We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Alongside this, acknowledging the cultural issues that have come to light in the wider emergency service sector, we are continuing work to build a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work. These are the core elements of high performing organisations. By creating this environment, our people will feel valued and trusted and experience a true sense of purpose and belonging which will enable us to keep improving and deliver our long-term ambitions.

We have agreed a People and Culture Plan for 2023-26 which supports our organisational strategic ambitions which will have a focus on our 3Cs: **Culture, Capacity and Capability**, which provide the basis for the objectives and plans for our people.

We are committing to continuing to work on three specific priorities that we identified last year as important, and we will redouble our efforts, looking for innovative ways of being able to make significant improvements:

- Improving **flexible working** models for our frontline colleagues;
- Eradicating **shift overruns**, through co-created solutions
- Improving our people's **digital experience** e.g. simplified sign on, automation etc.

We will continue our focus on reducing absences due to sickness absence. Our aim is to bring sickness absences down to 6% through this three-year period, accepting that there are many factors which will influence and shape achievement.

## Delivering exceptional value and sustainability

The plan is underpinned by a **balanced financial** plan that continues our recent strong financial performance of balancing throughout the financial year. To achieve this, however, will require the delivery of a challenging savings target of c£6.4m. This will concentrate not just on **savings and efficiencies** but also on proactively exploiting **income generation** opportunities.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and plans including our Quality Plan, Clinical Plan, People and Culture Plan, Digital Transformation Plan and Volunteering Plan. The Estates and Fleet Strategic Outline Programmes will be driven forward as well as, importantly, work to deliver on our contribution to the NHS in Wales and WG Environmental Sustainability Plan taking us towards delivery of our **carbon targets by 2030**. This threads through our plan with decarbonisation actions featuring throughout.

We know that this plan is ambitious and acknowledge that there are risks to delivery: in relation to the **financial constraints** across the system; in relation to a range of external factors over which we have limited control; and in relation to the potential impacts of moving to **new commissioning arrangements**. We will be **strengthening support** into a number of our structures and transformation programmes to reduce risks.

However, the steps we will be taking do not sit in a vacuum and are consistent with the ambitions set for us specifically through our **commissioning intentions** and more broadly for the wider system through the **Six Goals Programme**.

We are rightly proud of what we have achieved over the last 12 months. The key will now be continued dialogue and engagement internally and externally, which we are committed to doing in pursuit of a better service for the people of Wales.



# Introduction

This document sets out the Welsh Ambulance Services NHS Trust's (the Trust) Integrated Medium Term Plan (IMTP) for 2024-27, written in line with the NHS Wales Planning Framework and the Emergency Ambulance Services Committee (EASC) and 111 commissioning intentions.

The document is supported by the Minimum Data Set (MDS) as required by Welsh Government (WG), ministerial priority action plans and appendices which provide more detail on areas of our plan. Further information is available on request.

## 1. Our Long-Term Strategy

### 1.1 Our Purpose



A purpose statement is something that can bind and unite people across the organisation towards a common goal.

We agreed our purpose in 2023 and we continue to build our plans which help us to live our purpose: **To Support. To Serve. To Save.**

### 1.2 Our Strategic Objectives

Our Long-Term Strategic Framework for 2030, '**Delivering Excellence**' was endorsed in 2019, setting out our long-term vision for the organisation. It set out our 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. This not only ensures that patients receive safe and timely care, meeting their individual needs, and reducing unnecessary conveyances to secondary care, it also supports flow across the wider health and care system and contributes to health board strategies and plans.

It is a whole organisational strategy, and fundamental to delivering on service improvement is a need to support and enable our **people to be the best that they can be**. We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, remains utterly focussed on being **quality driven and clinically led**, and delivers exceptional **value**. We have continued to develop our IMTPs around this strategy and its **six core strategic objectives**.





Last year we took the opportunity to review progress against 'Delivering Excellence'. It is clear that that we have made significant progress in delivering on our strategic ambitions, some of which can be seen in our roadmap from 2019 to 2024 below.

But since we developed the strategy in 2019, the landscape within which we operate has changed considerably. Whilst we are confident that the broad direction of travel remains fit for purpose, our review identified that there was a need to develop and refine our thinking on our clinical response model which will deliver the ambition of 'providing the right care and advice, in the right place, every time'. Our emerging thinking is described in more detail in the next section.



### 1.3 Evolving and Transforming our Service Offers

It is clear to us that there remains a **pressing need to change** the way in which we and our partners respond to and meet our patients' needs. Too many patients continue to come to harm, services are centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care in the right place at the right time.

Previously, our service transformation ambitions were visualised through the concept of 'Inverting the Triangle'. This focussed primarily on transforming our response to patients who call 999 - moving away from the traditional ambulance model of care of clinical logistics and conveyance to a future where the majority of care needs are met and resolved in or close to the patient's home.

The principles of this concept still hold true. But working across such a complex and interconnected health and care system, in order to maximise the impact and benefits for our patients, we want to broaden our thinking and adopt a more **holistic and integrated approach**, considering how all of our services (999, NHS 111 and NEPTs) contribute to the transformation of care. Visioning workshops have helped to shape our



thinking but our ideas need further **evolution in collaboration with our commissioners**, system stakeholders, our people and the public in 2024/25. It is important to us that our transformation agenda aligns to and delivers the priorities of health boards and the Six Goals Programme.

We are starting to describe a new **integrated clinical response model**, which has a number of key components which are described in more detail in the sections below.

Our primary and most important priority has always been and will continue to be the provision of a world class **emergency response** service. Patients suffering from, for example, cardiac arrests, strokes, respiratory failure or serious injury need either immediate or rapid response and, in many cases, swift conveyance to an appropriate receiving department to meet their ongoing health care needs. For some of our frailer patients who have fallen, whilst they may not be injured, they also need a rapid response to pick them up to avoid the consequences of a long lie. Our strategy must ensure that we have **sufficient, available emergency ambulances, CHARU and other resources** to provide this rapid, emergency response to secure the best possible outcome for each and every patient.

But those needing an emergency response are a small proportion of the overall numbers of patients who contact or call us. A significant proportion of our demand is for patients who have an urgent or lower acuity health need, and these can present **either through a 999 call or via the 111 system**. To enable us to provide the rapid response to emergency situations, we need to more effectively manage those patients whose presentation, whilst urgent in nature, does not necessarily mean that a trip to the emergency department is required. For these patients, irrespective of how they have accessed us, we need to work with our partners to create a **24/7 urgent community response service** which is a more bespoke service meets their individual needs closer to home, avoiding the need for conveyance to hospital or admission. This will include:

- **Remote Integrated Care Service:** we already have a national clinical footprint and infrastructure supporting **NHS 111 and 999** services. These teams help to navigate patients safely through the system to the right care, often providing the advice and care needed themselves so that no further intervention is required. Growing the capacity and capability of this workforce will be key, as well as developing mechanisms to support their clinical decision making, including access to real time observations through **Connected Support Cymru**, enabling both primary prevention as well as urgent care responses, for example through use of wearable technologies. These two clinical teams will be brought together over the next 2 years.
- **Urgent On-Scene Community Response:** Many patients will still need face-to-face assessment and treatment. We already provide a range of responses, such as advanced practitioners, falls services, mental health response and palliative care paramedics, and we want to work with health boards to grow and integrate these with their own community response services. Key to the success of these teams will be working with others to develop access to community pathways.

Our ambulance care **patient transport service** will have a greater role in the future in supporting flow across the system, whether that is through flexible discharge services, dedicated and responsive inter-hospital transfer schemes or on the day 'planned' health transport service accessible to HCPs or our own clinicians. At the planned care end of the spectrum, the continued provision of patient transport for pre-planned outpatient appointments will need to be modernised to provide better patient experience.

There will be a variety of access points to these services, which will include an integrated digital gateway, aligned fully with the NHS Wales App. As well as providing access to urgent care, this is also the mechanism for patients with more **routine needs** to access advice, guidance and to communicate with us. This could



include realising the benefits of AI and Chat Bots, offering a more interactive Directory of Service and the ability to schedule appointments online.

Importantly, we will need to be able to better measure and demonstrate our strategic impact across the system. To take this forward we will focus on the following three work streams:

- **System metrics:** In 2024/25 we will map and review our “system metrics” and seek to develop regular reporting that enables us and our stakeholders to track our impact in line with the new clinical response model. This will have a particular focus on visualisation.
- **Evidencing impact:** The critical enabler is data linking. For us to demonstrate the value we add to the system, we need to be able to follow patients through the system, identifying outcomes, and demonstrating that when we close an episode of care, that patient’s needs are met and they don’t simply access healthcare elsewhere. Our ePCR data is not currently shared with health boards, but we are working with DHCW to make a flow available in late spring / early summer. Further work is required to ensure that any linked data is also available to us.
- **Productivity and efficiency:** We also want to improve data around the productivity and efficiency of each element of the new clinical response model. This will include modelling utilisation levels and working on enhancing access to individual team and clinician data.

**Appendix 2** summarises the key 2024/25 actions, outlined in sections below, which will deliver this transformation.

## 2. Our Key Achievements in 2023/24



Our plan follows on from strong delivery in 2023/24 in which we made strides towards our strategic objectives.

## 3. Challenges and Opportunities shaping our plan

### 3.1 What do our patients say about our service?

Appendix 1 sets out in more detail the patient engagement we undertook in 2023/24 and how the feedback we have been provided with throughout the year contributes to the priorities set out in this plan. This section summarises some of the key feedback we have received in our 3 main service areas.

#### NHS 111 Wales



Whilst we are putting a proposal forward to the Information Commissioners Office to try and remedy barriers to effective patient feedback, we do not yet have a governance process in place allowing us to directly contact 111 callers to ask for feedback, leading to a limited response to our telephony survey. However, we received valuable feedback in 2023/24 about the **NHS 111 Wales website** experience. The website is intended to be a helpful and intuitive first port of call for people seeking advice and guidance about their urgent care

needs. The feedback from patients this year has been helpful in identifying areas for improvement.

The majority of the respondents to our surveys rated their experience using the website as poor or very poor, so there is clearly improvement to be made, but there are some positives to build on as we develop our 111 digital vision for the next three years.

#### Emergency Medical Services and Clinical Support Desk - 999

We have been using the **Civica patient experience system** as one mechanism to measure feedback and quality in our 999 services, which now includes patient stories video functionality. The numbers of respondents so far have been limited as we continue to work through consent and information governance requirements. However, the **feedback was largely positive** about most aspects of patients experience of the 999 system, albeit as expected, there was negative feedback about the **wait times for an ambulance**.



Themes coming through our **patient stories, complaints and compliments** also focussed heavily on ambulance response times and handover delays at hospital. There was a feeling of anxiety and examples of poor and in some cases catastrophic outcomes from long waits including for those people who had to make their own way to hospital during period of high escalation, where we were unable to send a resource.

#### Ambulance Care

Feedback about Ambulance Care on the whole was **positive**. Some negative feedback was received in respect of waiting times for ambulances, comfort and pain. What is clear though is the dedication, compassion and friendliness of staff making the patient experience a good one for more people who respond to our surveys.

### 3.2 What are our colleagues' priorities?

We have continued to engage with colleagues across the Trust throughout 2023/24 to understand the key issues that affect them. This not only helps us shape our future service plans, but also helps us to identify issues that impact on their day to day working lives.

We continue to use a range of digital and face to face engagements complemented by our new Hive pulse **surveys** and as well as our 6 monthly **CEO Roadshows** and **Leadership Symposiums**. Health and safety data is also used to inform our plans to improve the health, safety and wellbeing of our people through this plan. We have launched our Freedom to Speak up platform, which provides people with an avenue to feedback on concerns and the Voices Network gives a further avenue for feedback.

There has been a real strength of feeling coming from our people during these engagement opportunities. The unrelenting **system pressure** continues to have a significant impact. Staff are frustrated at the long delays outside hospital. For road staff, not only do they see first-hand the harm that comes to patients who have waited too long in the community, they are also worried about the decay of their **clinical skills** as they see fewer patients each shift. Whilst we have put measures in some areas to alleviate the impact of delays, particularly **shift over-runs** which impact on commitments outside work, these are still not eliminated. Control centre staff **feel powerless** to help patients when they ring again and again to ask for an update on arrival times or when there are no ambulances to dispatch. Our 111 staff are affected when demand is so high, they can't respond as quickly as they would like.

This year we started to hear broader concerns from our staff, some of which are set out here. →

Despite the worries amongst our people, we have had some positive feedback throughout the year and people continue to be proud of working for WAST. During the CEO Roadshows around 500 people shared their hopes for the future.

Appendix 1 sets out more detail about the feedback we have received and the areas within this plan where we aim to address some of that feedback we received.



### 3.3 Our operating and financial context

**The Trust monitors quality and performance in an integrated way**, looking at four domains based on the Quadruple Aim: our patients, our people, value and system contribution. We have an agreed Quality and Performance Management Framework (QPMF).





The operating context for the Trust remains challenging. The graphic above summarises some of the headline performance challenges we are facing (based on December 2023 data), with many of the areas of poor performance triangulating with information from our patients and our people. There are some good news stories within the data as well. Whilst the percentage of red calls responded to within 8 continues to be well below the 65% target, we are responding to **more red calls** within 8 minutes than ever before as overall red demand increases. We have also seen positive improvements in the quality in our NHS 111 Wales service, with increased capacity delivering improvements in **call answering performance**, fewer calls abandoned and improved clinical call back times.

However, we are particularly conscious of the fact that, despite the actions we have taken, the ongoing system pressures and excessive hospital handover delays have led to **unacceptably long waiting times** for an ambulance which in turn have contributed directly to avoidable **patient harm**. We know that 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. This has been the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its meetings on actions being taken to reduce and mitigate harm and large numbers of cases being investigated under the Joint Investigation Framework with health boards.

We will meet our statutory financial duties in 2023/24 but have had to deliver £6m in savings. The continued impact of inflation, costs of living and volatility in energy prices as they relate to the Trust mean that **the financial outlook for 2024/25 and beyond continues to be challenging**.

The **Minimum Data Set (MDS)** at appendix 2 sets out the expected activity and some of our performance trajectories for 2023/24, as well as the workforce and financial plan.

### 3.4 What are our legislative, strategic, financial and policy drivers?



**The Wellbeing of Future Generations (Wales) Act (WBFGA)** underpins the Programme for Government, and 'A Healthier Wales' remains the long-term strategy for the health and social care system. The Minister for Health and Social Care set out her priorities in the 2024-27 Planning Framework which this plan will need to meet.

- Enhanced Care in the Community
- Primary and Community Care
- Urgent and Emergency Care
- Planned Care and Cancer
- Mental Health, including CAMHS

The **Six Goals** programme ([Link](#)) has been established at a national and local level to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals, and this can be seen as the six goals icons have been included in the relevant section of this plan. A complete review of our contribution to the six goals and how this can translate to improved outcomes and performance can be found in appendix 1.



We will continue prepare early in 2024/25 for the Trust to be a named organisation under the Well-Being of Future Generations Act ([Link](#)), ensuring that our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working. **Wellbeing Objectives** will be developed around which our next IMTP will be framed.

A further key driver for us in 2024/25 will be the **Social Partnership and Public Procurement (Wales) Act 2023** coming into force. The Act 'provides a framework to promote the well-being of the people of Wales by enhancing sustainable development (including by improving public services) through social partnership working, promoting fair work and socially responsible procurement' (Source: [Law.gov.wales](http://Law.gov.wales))

As a national organisation in Wales, we have also continued to focus on our commitment to the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards, making a huge step forward in employing internal Welsh translation to support our operational and corporate teams.

We are committed to our responsibilities to future generations in respect of the Environment Wales Act ([Link](#)). We have set out throughout this plan how we will tackle our environmental impact, as we strive to work towards Welsh Government net zero targets.

Our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality ([Link](#))
- Duty of Candour ([Link](#))
- Socio-Economic Duty ([Link](#))
- Equality legislation and the Strategic Equality Plan ([Link](#))
- The Race Equality Plan for Wales ([Link](#))
- More than Just Words Action Plan ([Link](#))



### 3.5 What do our commissioners say?

The current commissioning arrangements for EMS, NEPTS and 111 will end on 31 March 2023, with the creation of the new **Joint Commissioning Committee**. This will bring commissioning of all our core services into one committee, which may offer further opportunities for integration of our three main patient pathways. In the meantime, the commissioning intentions across 111, EMS and NEPTS have been agreed through existing and current commissioning mechanisms.

The **commissioning intentions for 111** are broadly similar to those set out in 2023/24. For 2024/25 they set out a requirement for a continued focus on quality and performance, an immediate focus on the 111 software system replacement, support for a review of the 111 website and a desire to re-establish a roster review. The Trust is keen to establish a **resource envelope** for 111 in the same way as we are commissioned for EMS and NEPTS, moving away from a spend and recover model. Discussions will continue with the new commissioner in this regard.

For **EMS the 2024/25 intentions** retain their focus on shifting left in the patient pathway and many others remain the same as those in 2023/24. However, there are some new areas of attention including a requirement to develop a strategic workforce plan, recruitment and retention into more challenging rural areas and, interestingly, mental health responses in the light of the Right Care Right Person programme. The Chief Ambulance Services Commissioner (CASC) has indicated continued support for transformation, whilst striking a balance with attending to key core performance targets. We will underpin these developments with the outputs from the independent and collaborative strategic EMS demand & capacity review, which will become available towards the end of Q4 2023/24.

For our commissioners, performance expectations will be introduced in 2024/25 that are aligned to health board's performance improvement levels. With ambulance handover delays being the single greatest factor in emergency ambulance performance, ambulance performance outcomes will be modelled and forecasted against ambulance handover delay levels. Ambulance performance outcomes for 2024/25 will therefore be based on three scenarios which will be modelled in the coming weeks:

- Scenario 1 - No reduction in ambulance handover delays
- Scenario 2 - Reduction in handover delays as per the 2023/24 emergency ambulance services demand and capacity modelling
- Scenario 3 - No ambulance handover delay waits over 1 hour

The **NEPTS intentions are essentially unchanged**, but, importantly, include a wider collaborative piece of work being undertaken led by commissioners on the long-term strategy for Ambulance Care services. In addition to this work on the longer-term strategy, 2024/25 will see a focus on 5 specific areas of performance improvement for NEPTS.

- Improvements in operational performance for oncology service patients
- Improvements in operational performance for outpatient services
- Reduction in the number of reduced treatments for renal dialysis patients



- Reduction in the number of on the day cancellations
- Reduction the number of bookings made on the day

During 2023/24, **Integrated Commissioning Action Plans** were established with health boards and the NCCU. Meetings have been paused pending the establishment of the joint commissioning arrangements, but we remain committed to local planning and commissioning arrangements with health boards.

### 3.6 What are the risks that we are managing?

We know that there are several high scoring risks within the service that need to be managed and mitigated. The Trust's **Board Assurance Framework** provides a clear line of sight to the controls and related assurances on those controls, and the actions we are able to take (and that are within our gift) to mitigate those risks.



Appendix 1 sets out what we are doing in our plan to address our range of corporate risks. However, risks relating to system wide pressures remain largely outside our full control and we continue to work with system partners to reduce the impact of these risks.

This graphic sets out the four highest rated risks, however other key risks include failure of critical systems, cyber security and resources not being available to respond to major incidents, particularly in the light of the Manchester Arena Inquiry findings and recommendations.

Further to feedback from health boards, Regulators and Coroners we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. A specific concern being considered jointly with wider partners is the need to ensure that clinicians are working within their personal and organisational scope of professional practice. This is expected to report in the first quarter of next financial year.

### 3.7 How we are focusing our plan.

With these drivers at the forefront of our minds, and acknowledging all that our people have worked hard over the last few years to bring us to this point, and collaborating with **partners** - health boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public, we are clear that there must be a **purposeful focus on delivering three key priorities:**

- **Transforming** the way in which we deliver care with health board partners by developing, agreeing and implementing a **new clinical response model** that will provide patients with the right advice and care, in the right place, every time and reducing harm. Our specific priorities are set out in Section 4 which identifies what we will do for patients who use 111, 999 and Ambulance Care services;
- Doing everything in our gift to improve **our people's** workplace experience, enabling them to be the best they can be. Priorities can be seen in Section 5; and

- Delivering exceptional **value and sustainability**, in the context of finance, the environment and Value Based Health Care. More detail on this can be found in Section 10 'Value and Sustainability'

#### Decarbonisation and Sustainability

We will build on the 23/24 successful establishment of the Decarbonisation Programme Board to further integrate decarbonisation and sustainability throughout the Trust and promote ownership across all actions in the Decarbonisation Action Plan.



## 4. Our patients

**Strategic Objective 1 – Providing the right care or advice, in the right place, every time**

### 4.1 NHS 111 Wales

#### What will good look like for 111 users in 2027?

- Patients know how to access the 111 service and choose it as their preferred gateway to care.
- Patients are confident that the service steers them safely through the complex health and care system.
- Patients are happy to comply with the information and advice that they are given.
- Patients receive timely, high quality remote clinical assessments with no further intervention needed for many.
- Where needed, patients are booked directly and seamlessly into the right service.



#### What will be different?

- ☐ Consistently timely – less than 5% abandonment
- ☐ Improved patient reported satisfaction.
- ☐ Increased proportion of consultations closed with no further follow up needed.
- ☐ Increased proportion of next steps seamlessly booked.



#### **111 - Gateway to Urgent Care**

*A range of access channels which are people's preferred port of call to meet their urgent health care needs.*

The Welsh Government's priority, set out under Goal 2 of the Six Goals programme is that 'When people need or want urgent care, they will be able to **access a 24/7 Urgent Care Service via the NHS 111 Wales online or telephone service...**'. This closely aligns to our own strategic ambition.



Huge strides have been made in the last two years with the completion of the national 111 roll-out and the introduction of the 111 Press 2 service, which provides immediate access to local mental health teams for those with urgent mental health needs.

Now that the service is fully national, we continue to act with partners to **promote the use of 111 across Wales** using material from previous communication and marketing campaigns and integrating with public health and wider health campaigns.

There is more that can be done to expand the number of services that are accessed via 111. **Urgent dental care** is only accessed via 111 in 4 of our health board areas and work is ongoing with partners to streamline

and improve processes in those areas. A National Urgent Dental Pathway will be developed to support all HBs, with consideration given to how this can be rolled-out in the remaining three.

Over the course of 2024/25, we will be working with Goal 2 leads and commissioners to establish '**what good looks like**' for NHS 111 Wales into the future. This will be an opportunity to consider whether it can provide the national platform for access to **urgent primary care services** both in and out of hours, or support for the wider population health agenda, potentially undertaking **remote monitoring** of patient's conditions through **wearable** devices.

In the sections below, we set out some of the priorities for each of the components of the 111 service, and how they contribute to the overall goals and outcomes we are working towards.



### 111 Digital

*A modern, easily accessible, user-friendly digital offer integrated with the NHS Wales App and with the 111 telephony service, acting as a gateway to the information, advice and care that patients need*

Across the NHS 111 Wales service, there is an opportunity to work with partners to build on our digital platforms to maximise support to patients, carers, citizens, call handlers and clinical advisors. The **NHS 111 Wales website** continues to be a key priority, and we see opportunities to align its development more closely with the Welsh digital and data strategy. It is likely, in the future, that the NHS Wales App will be the digital gateway for the



people of Wales needing urgent care advice and signposting, and our digital offer will need to be fully integrated. Over the course of the next 3 years, we would expect to see the **integration of our digital and telephony channels** so that patients can pass seamlessly from one to the other.

Although the NHS 111 Wales Website and online symptom checkers have millions of unique views each year, patient feedback indicates that there is **much to be done to improve the offer**. Some funding has been made available this year which has allowed for small improvements to accessibility, usability, choice architecture and planned care pages but a full review is long overdue.

In 2024, a **review of the current website** has been commissioned. This will articulate improvements required in front-end design, clinical and communication content, platform structure, reporting and insights, product strategy and service flow. Its outputs will help us to articulate **options for the future of the 111 digital offer**, and the funding required to sustainably use it as a tool to alleviate system pressure, increase user experience, manage demand for NHS 111 Wales phone contacts and create a truly effective digital-first access point for urgent care in Wales. We continue to press commissioners in terms of additional recurrent funding which is urgently required to realise these ambitions.



### Call handling

*Rapid call answering, initial triage and onward referral, part of the gateway for anyone with routine or urgent care needs.*



High quality and rapid **call answering performance** is key to excellent patient experience and provides a confidence in the service. We have delivered significant improvements in call handling performance and clinical ring back times in the last 12 months, hitting the targets for several months. Further improvements and consistency across the week are still required.

Targeted **recruitment and training** efforts will ensure that we achieve commissioned call handling levels, which are currently agreed at 190 WTE. In 2024/25 we will commission a strategic **demand and capacity review** which will allow us to **re-roster** our capacity into 2025/26. Implementing performance and process improvement measures, reducing sickness levels, reviewing skill mix and career progression opportunities, and realising the benefits from the 111 systems implementation (below) will allow us to maximise the value from our call handling resource and hence deliver continuous improvements in call answering times.



### Remote clinical assessment service

*Timely, high quality clinical assessment, advice and referral to pathways that meet patients' needs.*

*Many patients will not need any further intervention.*

#### Decarbonisation and Sustainability



The roll-out of technology to support remote assessment is a key deliverable within our Decarbonisation Action Plan as we look to embrace opportunities to provide care closer to home.

One of our ambitions is to develop the service so that more patients have their needs met without the need for onward referral. This is also a priority for commissioners and is included in our commissioning intentions. We can achieve that by increasing the **capacity and capability of our clinical teams** - growing, developing, and empowering our clinical workforce and equipping them with the right training, skills, and support to excel in everything they do.



In relation to **capacity**, we will seek to recruit up to commissioned levels of clinicians, currently agreed as **103 WTE**, and as part of our offer in terms of recruiting and retaining staff, we will look to introduce a fully **home working option** for staff. At present, all clinicians within this service are nurses or paramedics. Employing clinicians from other professions and specialties, as we have within our 999 Clinical Support Desk, would allow us to increase overall knowledge and experience within the team, increase confidence and autonomy and lead to better outcomes for patients.

In 2024/25 we will consider the case for changing the **skill mix** within existing resource, employing **pharmacists** and **respiratory and paediatric** clinical leads. Benefits will be evaluated, and further skill mix changes considered for years 2 and 3. This will support the development of career pathways and opportunities that attract and retain colleagues working in NHS Wales 111, specifically for clinicians seeking **portfolio-based careers**.



The teams' **capabilities** will be enhanced through our work with Health Education and Improvement Wales (HEIW) to deliver **remote clinician decision-making (RCDM) qualification** in Wales, hopefully achieved during 2024/25. The '**Confident and Clinically Competent Workforce Programme**', led by our 111 consultant clinician, will continue across the next 2 years. Lastly, we will be trialling the utilisation of **advanced practice** within the remote clinical setting and look to expand this over the 3 years.

Critical to the 111 service is the computer decision support system. Our current CAS system, which hosts both the non-clinical Call Streaming Prioritisation Tool (CSPT) and clinical consultation, is no longer fit for purpose. A procurement and implementation programme has been underway since November 2023 for a replacement. The legacy CAS contract for the Trust terminates on 20th May 2024 and cannot be extended. We will replace and go-live with a **new system by 30th April 2024**. This investment in a new 111 CAS system will enable safe continuation of the 111 Wales service, but due to the rapid procurement and deployment, further work will be required over the next few years to further develop the various elements to secure maximum benefit.



The new system will use the same triage software as that used by our clinical support desk for 999 calls. This will have the benefit of **interoperability between 111 and 999** supporting our ambition to integrate the clinical functions of those services. The system will also enable functionality to fully operate pathways such as mental health press 2 and dental access. The new system will therefore make for a more seamless experience for our patients, ensuring they get the right care and advice in the right place every time.



#### **Access to pathways**

*A wide range of pathways accessible from the 111 service, increasingly able to be booked directly, with seamless integration of information to get patients the right care in the right place*

As set out in the commissioning intentions, we will work with the Six Goals Programme (Goal 2) transformational workstreams, specifically the development of 'Enhanced Clinical Pathways', which will include:





- Palliative Care pathway development
- Medicines Management Model
- Consultant Connect & support to Care Homes
- Directory of Services
- Direct Booking (the first direct booking into Urgent Primary Care has been implemented in BCU in the last few months)



#### **Future integration of 111 and 999 services**

We have described here how the 111 service will become the Gateway to 24/7 urgent care services that meet patient needs. There are many patients who ring 999 who also have urgent, as opposed to emergency, care needs. With the integration of commissioning functions, there will be an opportunity to explore how we can provide one **remote integrated care service** irrespective of a patient's access route. Pathways available for 111 patients should also be available to those who ring 999 where they are appropriate and vice versa. It is our intention to develop a case for integration and alignment of pathways and processes but also bring together remote clinical capacity in CSD and 111 as **an integrated remote clinical assessment team in 2025/26**. This is a high-level concept at present and will need much more detailed discussion with both commissioners and with our people and we commit to **developing proposals in collaboration**, listening in particular to the needs of our staff.



	IMTP objective	Year 1	Year 2	Year 3
	<i>A modern, easily accessible, user-friendly and integrated digital offer</i>	<ul style="list-style-type: none"> <li>• Priority improvements made to existing digital offer by end of Q3 (funding dependent)</li> <li>• Vision &amp; business case for 'digital first' by end of Q4</li> </ul>	<ul style="list-style-type: none"> <li>• Agree and implement plan to achieve vision in partnership with DHCW, Welsh Government &amp; Six Goals Programme</li> </ul>	<ul style="list-style-type: none"> <li>• Continued implementation of digital first vision</li> </ul>
	<i>Rapid call answering, initial triage and onward referral</i>	<ul style="list-style-type: none"> <li>• Undertake demand &amp; capacity review in Q4</li> <li>• Maintain commissioned staffing levels throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>• Re-roster of integrated care services following D&amp;C review</li> </ul>	
	<i>Timely, high quality clinical assessment, advice and referral</i>	<ul style="list-style-type: none"> <li>• 111 CAS system implemented by end April (Q1)</li> <li>• Increase multi-disciplinary working - pharmacy, respiratory, neonatal by end Q4</li> <li>• Plan to create integrated remote clinical care service Q4</li> </ul>	<ul style="list-style-type: none"> <li>• Implement integrated remote clinical assessment team</li> <li>• Continue to grow multidisciplinary teams</li> </ul>	<ul style="list-style-type: none"> <li>• One remote clinical assessment team in place</li> </ul>
	<i>Seamless transfer of callers to wide range of available pathways</i>	<ul style="list-style-type: none"> <li>• Strengthen links with primary care / out of hours inc. UPCC by Q4</li> <li>• Dental access improved for 4 HBs by Q4</li> <li>• Pathways in place for medicines management &amp; end of life by Q4</li> </ul>	<ul style="list-style-type: none"> <li>• Scoped further opportunities for collaboration across clinical hubs</li> <li>• Dental access via 111 for all HBs</li> <li>• Implement and increase direct booking opportunities</li> </ul>	

## 4.2 Emergency Medical Services (EMS) - 999

### What will good look like for 999 callers in 2027?

- All patients receive an appropriate and timely response.
- Patients in life threatening or emergency situations consistently receive an immediate or rapid response.
- Patients who need to go to hospital are conveyed and handed over quickly.
- More patients' needs are met closer to home.



### What will be different?

- ☐ Achieve 65% red target.
- ☐ Reduce unmet demand by half.
- ☐ Double the numbers of patients safely managed at home or in the community.
- ☐ Increase ROSC rates to between 25-30%



We have continued to see significant pressures within the 999 service in the last 12 months which have led to very **poor patient experience and outcomes**, with ambulance response times remaining too high for all categories of patients.

Too many patients have come to harm as a result, whether that's through waiting too long for a response in the community, waiting too long in the back of an ambulance for offload into an Emergency Department or through not getting an ambulance at all at times of highest escalation (unmet demand). This has continued to be the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its meetings on actions being taken to reduce and mitigate this harm.



Too many patients have come to harm as a result, whether that's through waiting too long for a response in the community, waiting too long in the back of an ambulance for offload into an Emergency Department or through not getting an ambulance at all at times of highest escalation (unmet demand). This has continued to be the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its meetings on actions being taken to reduce and mitigate this harm.

All of this contributes to the pressures our people have felt at work, whether that's those who work in our control centres, on the road or supporting in corporate departments. The pressure is often evidenced in high levels of **sickness absence and turnover**, although there have been positive improvements over the year. We heard directly from staff in roadshows and through a variety of surveys about what it felt like to work in the Trust.



As we look forward to the next 3 years, the clear priority is to **reduce avoidable patient harm** and to deliver on the ambitions set out above. We don't believe that doing more of the same is the answer, and are convinced that our emerging **clinical response model**, delivered in collaboration with health care partners, is critical to getting patients the right care, in the right place, every time.

There have been a range of factors which have affected this, including a further significant **9%** rise in the number of **red calls**, and continued capacity losses through **hospital handover delays** which accounted for 27% of conveying capacity in January 2024. We took many actions in mitigation including maintaining a high level of **front-line production** and very small numbers of vacancies, doubling the number of **CHARU on-scene** responses, supporting more people to return to / stay in work, introducing **community welfare responders** to support our remote clinicians with eyes-one observations to aid clinical decision making, expanding numbers of **Advanced Paramedic Practitioners**, and working with health boards on alternative pathways through, for example, including embedding the **APP Navigator** roles into 4 health board locations.

Each component of our service will need to evolve and transform to allow these ambitions to be realised.



### **Emergency Medical Services Co-ordination (EMSC)**

*Delivering immediate 999 call answering, accredited determination of callers' needs and efficient and effective processes to allocate and dispatch the right resource.*

Whilst the headline performance metrics for our control centres are positive, this is a high-pressure environment, with high levels of turnover and work required to deliver our target culture. A range of transformation workstreams, initially identified in the 2019 Demand and Capacity Review, have recently been invested in and recommenced, designed to enhance stability of the service, improve the experience of our people within this important service and deliver a range of efficiency improvements.

- **New management structures:** implementation of a new career structure that offers more opportunities for the development and retention of staff who want an emergency call handling career. This will also support the cultural transformation of the department.
- **Development of a single allocator model:** This will ensure greater efficiency in the allocation and dispatch function, in line with practice across other UK ambulance services.
- **Realignment of boundaries and dispatch desks:** Aside from an equitable spread of work this also provides some changes to the alignment of patient flows across health board boundaries and from one part of Wales and into another.

- **Building new rosters that align to these changes:** rosters should be reflective of the workloads across desks and during times when demand has dropped off significantly.
- **Target culture work:** working with our TU partners on culture change with clear action plans put in place to address key themes and issues across the area.

The current clinical response model, which delivers a determination of MPDS code and linked broad response priority (red, amber, green), can mean that patients with very different needs are provided with the same broad response. We have tested out the concept of **rapid clinical screening** and **clinically led dispatch** within EMSC in the last year and aim to implement this fully during 2024/25 as a core component of our new clinical response model. This will mean that all calls will be rapidly reviewed by a clinician immediately after the call handler has completed their work. The clinicians will confirm whether an immediate dispatch is required as well as the number and type of resources to be dispatched or identify those patients where it is clear that a conveying resource is required rapidly, such as for strokes. The remaining calls will be transferred to our remote clinical assessment team. **Additional capacity** will be deployed to enable this new function.



#### **Remote Clinical Assessment Service**

*Multi-disciplinary team delivering high quality, timely, remote clinical triage, assessment and consultation, making decisions on the best response for each patient and the system*

Increasingly, this service is becoming central to our new clinical response model, allowing us to ensure that each patient receives a more bespoke and personalised response which meets their needs and ultimately allows more patients to be treated safely in or near their home, reducing the numbers who are conveyed to Emergency Departments.

Calls will be transferred to our **remote clinical assessment** team from the clinicians in EMSC. They will contact the patient via telephone or video call, undertake an assessment and determine the most appropriate response, which may include advice on self-care, signposting to alternative pathways, advising alternative transport, or dispatching a range of our clinicians for an on-scene assessment.



Additional capacity will clearly be required to meet the demand for rapid clinical screening (as above) and remote clinical assessment, and an **additional 23 w.t.e.** will be recruited during the first quarter of 2024/25. Further work is underway to determine the precise mix of professions as we continue to work on the development of increased multi-professional knowledge and experience within the service.

With over 45% of calls assessed by our **mental health practitioners** being closed, plans are in place

to use some of this additional capacity to provide mental health cover 24/7 (currently 12 hours / day).

**Connected Support Cymru (CSC)** is an initiative which has developed significantly in 2023. Starting as a concept for 'night sitting' within EMS commissioning intentions, this has evolved into a service which supports the remote clinical teams to enable better clinical decision making, manage cases remotely and supports patients to stay safely at home. It also provides us with the opportunity to test digital advancements through Small Business Research Institute (SBRI) challenge funding which could lead to our infrastructure offering a once for Wales front end to wearable and remote diagnostic support that clinically screens and supports patients achieve timely access to health board pathways. CSC therefore has three major components:

- **Community Welfare responders:** alongside our volunteer strategy we are recruiting up to 600 more volunteers across Wales to provide 'eyes on' observations of patients in their own homes.
- **Clinical Support Desk:** CSD clinicians review observations and 'case manage' patients in their own homes until there is an opportunity to refer on to community or primary care services or close the case down remotely.
- **'Ambulance in a box':** a digital solution being developed and tested over a 12-month period for remote monitoring of patients by the CSD. Twenty of these 'boxes' will be used in stage 1 to test in care homes in Aneurin Bevan and Betsi Cadwalader health boards, with a further 30 'boxes' available for stage 2 testing in other areas.



There are plans for this concept to be scaled up in phases over the life of this IMTP and for it to eventually allow us to maximise our expertise in remote clinical management and use of remote technology in a 'once for Wales' approach, supporting and enabling health board strategies and plans. Whilst we have secured some charitable and SBRI funding to support Phase 1, the full benefit of this service will only be realised through additional investment, with a **business case** currently being considered at a national level.

We must maximise the value of this precious clinical resource, and so work will also be undertaken over the course of the IMTP to work with our people on moving towards our target **culture**, support staff and their well-being to **improve attendance**, continue to develop and enhance the way in which the **ECNS software system** is used, improve the **efficiency and effectiveness** of processes within the department, and develop more **sophisticated data collection** mechanisms to support a better understanding of the service.

Following an independent review of the Clinical Support Desk by the NCCU in 2023, a number of recommendations were accepted, predominantly around the need to develop a standard operating procedure for the service as well as enhance the way in which the service is measured and monitored. These will be actioned in 2024/25.

For 2025/26 and 2026/27 further transformation is expected as the new clinical response model starts to emerge. In particular, as we consider our response to all patients with urgent care needs who currently access our services either through ringing 111 or 999, we will be considering how we can make best use of all of remote clinical resources and will be working to create one **integrated clinical assessment hub** in 2025/26.





### **24/7 on-scene, clinical assessment, treatment, and referral service**

*A range of clinicians providing high quality, immediate or timely on scene assessment, care, and referral*

We need to take action to ensure that sufficient capacity is in place across Wales to provide a world class, **immediate emergency response** to the most critically ill patients and **timely conveyance** into the hospital for those that need that level of care. Areas of action will include:

- Recurrent funding of the additional **100 WTE** paramedics and technicians recruited last year;
- Support for the recruitment and training functions to **maintain capacity at commissioned levels**, whilst smoothing the balance of the available workforce between **urban and rural areas**;
- Fully staffing the **CHARU service**, with focussed recruitment into rural areas and action taken to **adapt the model** to maximise outcomes for patients;
- Developing improved career pathways for staff, including review of **Band 4 technician** role;
- Increasing capacity through continuing our programme of **managing attendance** towards a target of 6% over the 3 years;
- Working closely at all levels with health boards to support them in **reducing handover delays** and aligning our **escalation** arrangements with theirs. We will continually model the right level of capacity as handover levels fall.

We will develop and grow our capacity and capabilities to provide the right care for those patients with **urgent, same day health needs**, treating more patients on scene or where required referring confidently and safely into health board services within the community, avoiding the need for conveyance and possible admission into secondary care and helping to reduce system pressures. It is clear to us that there will be a range of different responses required, some of which we will provide ourselves and others which will be provided in **partnership with health boards** or other health care providers. Areas of focus in the next 3 years are set out below.

### **Advanced Paramedic Practitioners (APPs)**

Our ambition will be to grow our APP workforce by **up to 40 per year** for the next 3 years (**16 in Year 1**). This will involve providing permanent roles for those who successfully complete the existing master's education programmes, but will also require us to increase the pipeline of those in education. This workforce will not only be **deployed within the Trust**, directly providing clinical care for patients with urgent care needs who access our services but could also be **embedded in health board services**, where their skills and experience are in demand. Examples at present include rotational models into primary care, the Safer at Home team in Cardiff and Vale and APP navigators working in multi-disciplinary, remote clinical settings in 3 health board areas.



To inform the new clinical response model, we will continue to focus on optimising the dispatch processes through 'tests of change' to ensure APPs are allocated to the right calls aligned to where they offer the greatest patient and system benefits. With many of our APPs now **independent prescribers**, over the course of the next 3 years, we will move to a position where all APPs can prescribe.

As this workforce grows, we will need to ensure that there is robust clinical leadership and supervision, and in 2024/25 we will identify and implement a **new clinical leadership structure** that will enable our APPs to operate safely and confidently at the top of their skill set.

## Falls Service

Over the next years we will review the model of falls provision including **Level 1 falls** and **Level 2 Falls and Frailty services**, considering the demand and capacity modelling undertaken and with an imperative to outline a model which enables patients to be swiftly and safely lifted from the floor, reducing the impact of potential long lies and improving subsequent clinical outcomes. The enhanced Level 2 service offers a response to patients experiencing complexity, experiencing a new onset or worsening of frailty, providing access to a timely response, receiving support closer to home, working in partnership with health boards. We will look to expand the number of Level 2 services in advance of next winter.

## Mental Health Services

We will develop our **Mental Health and Dementia Plan**, working with Welsh Government partners on the new 10-year mental health strategy for Wales.

Mental health calls represent around 10% of ambulance demand and continue to increase. These calls are often complex and a significant challenge to a generalist workforce. Mental health service users are twice as likely to experience significant waits than others in this highly unsuitable environment when in distress. However, through the introduction of **Mental Health Practitioners** in our Clinical Support Desk we have made positive improvements achieving increased consult and close rates reducing the need for ambulances and reducing impact on EDs.



Whilst there have been significant improvements for patients it remains the case that a proportion of our mental health calls will still require a face-to-face assessment. In other areas of the UK **mental health response vehicles** have been introduced to address this need resulting in increased see and treat rates and reduced conveyances to ED. Our team has reviewed outcomes from other areas with significant see and treat rates of 85% with 95% positive staff feedback and a 100% staff perception that service users had benefitted from the service.

We are currently testing mental health response in collaboration with Aneurin Bevan UHB, with early data suggesting performance in line with findings in England. We will use the evidence to confirm the model we wish to deploy and then implement this in key areas across Wales. We will explore the opportunity to increase the Mental Health Practitioners capacity and create a portfolio career that enables us to respond remotely and in person through the MHRV to people in crisis.

Additionally, we are looking to develop our mental health offer further to ensure we have the capacity and capability to respond to the '**Right Care Right Person**' ([Link](#)) **implementation**. The impact of this in areas that have commenced has been significant to ambulance services; within South West Ambulance Service they have experienced a 25% increase in mental health contact and in London Ambulance Service over half of their mental health response vehicles have been taken up by RCRP demand. Without increased resource there is a risk that patients with mental health needs will fall in between services (Police/ NHS/ Social Services) and be left without the support and treatment they require exposing the trust to organisational risks.



We will continue to **develop our internal training for our people** to support them with the skills and knowledge required to support mental health needs including children and young person's mental health, perinatal mental health and personality disorders. In addition to this since May 2023 we have offered weekly suicide first aid virtual classroom training to all Trust staff. Finally, the team is ambitious that the training provided to staff is formalised through the provision and development of a level 7 mental health crisis assessment module to further develop the knowledge, skills and experience of our people in effectively treating mental health patients; discussions are underway with HEIW to deliver this.

We will continue to progress establishing our **optimal configuration for dementia friendly ambulance environments** by establishing a program to assess national initiative and opportunities available to the Trust. The MHD Team has completed Phase 1 of the of this program in piloting Reminiscence Interactive Therapy Activities (RITA) tablets on our ambulances. The RITA pilot has now been evaluated with positive outcomes and there are ongoing discussions with our commissioners to explore funding options and further rollout.

Phase 2 is a 12-month pilot that began in September 2023 focusing on the internal ambulance environments and ameliorating their aesthetics to **promote a positive and therapeutic dementia friendly environment**. The pilot is being carried out in Ceredigion area and utilises local imagery on windows, reminiscence booklets and music therapy for 2 NEPTS vehicles. Finally, the team have been working in partnership with Cardiff & Vale HB to explore pathways in their Emergency Department for dementia patients, focusing on the admissions process, improvements to the handovers, training and ED environments.

### **Learning Disabilities and Neurodiversity**

An extensive programme of engagement and development work has taken place to improve the experiences and outcomes for those with a learning disability accessing Trust service and this will continue.

In September 2023 representatives were invited and presented to the Learning Disability Ministerial Advisory Group on progress made in key areas and the Trust's ambitions for how it might meet the needs of people with a learning disability moving forward. The presentation was well received and led to discussions including flagging of individuals, systems that speak to each other so clinicians can learn about individuals' needs, frequent callers, the intersectionality of learning disability, neurodiverse and ethnic minority communities and further engagement and networking opportunities.

We will therefore develop a plan setting out how we are **supporting people with learning disabilities and neurodiverse service users** throughout the period of this IMTP.

### **Access to alternative pathways**

The numbers of our patients safely referred to alternative pathways has remained low for many years. As part of their strategies and plans, health boards continue to develop their preventative offer as well as growing the numbers of primary and community care services which allow patients to stay at home. Direct access to these services for our remote or road clinicians to use will support the reduction of conveyance to EDs. Our teams will continue to engage with health board and Welsh Government colleagues through Integrated Commissioning Action Plans (ICAPs) meetings and the Six Goals programme to influence and drive this agenda. The six goals programme has a focus on referrals into **Same Day Emergency Care**, where there is the potential for around 4% of our demand to be referred into these services but is also working on pathways for specific groups of patients such as **fallers, chest pain, breathing problems and those with mental health needs**. Our APPs also offer benefits in providing a pathway within WAST for some of these conditions.

The changes which we have outlined here, coupled with reductions in handover delays, have been modelled in our 2023 EMS Demand & Capacity Review, with initial and draft results demonstrating that it is possible to deliver a service for Wales which consistently responds immediately to those with life threatening or emergency needs as well as improving outcomes for all other patients by providing a more bespoke and appropriate response that meets their needs. This independent and collaborative strategic EMS Demand & Capacity Review will be presented to the new Joint Commissioning Committee in the first half of 2024/25 for determination of next steps and future investment.

#### 4.2.1 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations

The Trust is a category one responder under the Civil Contingencies Act 2004, the framework for civil protection across the UK. This legislation determines how we plan for and respond to emergencies, manage our business continuity arrangements, and co-operate with other agencies. A key strand of our preparedness relates to the Manchester Arena Inquiry. **The Manchester Arena Inquiry:** Volume 2 was released on the 22<sup>nd</sup> November 2022. 149 recommendations were made within the report and each emergency service across the UK is required to assess their own capabilities against these recommendations. Having carried out that review, we will make recommendations to our commissioners detailing the additional or different resources required to ensure we are able to respond effectively to a mass casualty incident in the numbers required.







#### 4.2.2 Volunteers

This year marks **Year 4 of our inaugural volunteering strategy**. Whilst significant progress has been made in years 1 to 3 in developing our volunteering offer and embedding our volunteers within Team WAST, there remains more to do.

The **development of our Community Welfare Responder role** as part of the broader Connected Support Cymru programme is at the heart of our enhanced volunteering experience. Additionally, our **new volunteer management system will also go live**, streamlining much of our administrative processes and improving our information systems. We will also develop our function-based model across our volunteer management team and continue to increase our numbers of Community First Responders and Volunteer Car drivers with ambitious recruitment programmes across both programmes.



	IMTP Objective	Year 1	Year 2	Year 3
	<i>Immediate 999 call answering, and efficient and effective dispatch of the right resource</i>	<ul style="list-style-type: none"> <li>New management structure EMSC Q2</li> <li>Implement single allocator model, dispatch roster review &amp; boundary changes Q2</li> <li>Deliver targeted support around culture and change Q4</li> <li>Implement rapid clinical screening and dispatch Q3</li> </ul>	<ul style="list-style-type: none"> <li>EMS &amp; NEPTS CAD business case(s) written</li> </ul>	
	<i>High quality, timely, clinical triage, assessment and consultation, with personalised response</i>	<ul style="list-style-type: none"> <li>Recruit additional 23 remote clinicians from Q1</li> <li>Connected Support Cymru: Deploy 600 Community Responders/ 50 'ambulance in a box' throughout the year</li> <li>New clinical response model agreed by end of Q2</li> <li>Scope interoperability of 111/ 999 by Q4</li> </ul>	<ul style="list-style-type: none"> <li>Develop business case for ongoing funding for CSC</li> <li>Recruit and grow MDTs</li> <li>Wearable tech implemented</li> </ul>	<ul style="list-style-type: none"> <li>Implement full CSC (subject to funding)</li> <li>One remote clinical assessment team</li> </ul>
	<i>High quality, immediate or timely on scene assessment, care and conveyance where needed</i>	<ul style="list-style-type: none"> <li>Maintain commissioned staffing levels, and smooth between urban and rural Q4</li> <li>Fully roll out CHARU Q2 and implement plan to improve effectiveness Q3</li> <li>Employ 16 APPs completing masters Q1</li> <li>Commission 16 APP training places in Q2</li> <li>Implement APP clinical leadership in Q2</li> <li>Year 4 - volunteering strategy actions Q4</li> <li>Manchester Arena Inquiry (MAI) investment case completed Q1</li> <li>Develop response to RCRP and share with commissioners Q1</li> </ul>	<ul style="list-style-type: none"> <li>Further growth in APP numbers (up to 40)</li> <li>Strategy agreed for embedding APPs into HBs</li> <li>Expand number of APP prescribers</li> <li>Implement MAI recommendations subject to investment</li> <li>Year 5 actions - volunteering strategy</li> </ul>	<ul style="list-style-type: none"> <li>Further growth in APP numbers (up to 40)</li> <li>All APPs now prescribers</li> <li>Implement MAI recommendations subject to investment</li> <li>New volunteer strategy</li> </ul>
	<i>A range of 24/7 pathways available for further assessment or treatment, closer to home</i>	<ul style="list-style-type: none"> <li>Evaluation of APP navigator model Q3</li> <li>Evaluation of mental health response in AB and design and deploy model Q3</li> <li>Evaluate falls &amp; frailty services and expand Level 2 Q3</li> <li>Work with health boards to improve SDEC access throughout year</li> </ul>	<ul style="list-style-type: none"> <li>MH response expanded to more health board areas</li> <li>Falls level 2 expanded to more health board areas</li> </ul>	<ul style="list-style-type: none"> <li>MH response reviewed to ensure sustainability and value</li> <li>Falls level 2 expanded to more health board areas</li> </ul>

## 4.3 Ambulance Care

### What will good look like for Ambulance Care users in 2027?

- ❑ Eligible patients receive a prompt, modern transport service to their appointments with easy booking and tracking systems.
- ❑ Patients needing to be transferred from one hospital to another are conveyed to the right place quickly and safely, which helps hospitals manage flow.
- ❑ Patients are transported home safely without having to wait



### What will be different?



- ❑ All performance targets on timeliness will be exceeded.
- ❑ Improved efficiency – fewer on day bookings and cancellations
- ❑ All inter-site transfers will be provided within time specified.
- ❑ Patient satisfaction rates will have increased.

Ambulance Care comprises of our Non-Emergency Patient Transport Service (NEPTS), our Urgent Care Service and a specifically commissioned Inter Hospital Transfer Service to support Aneurin Bevan University Health Board's model of care. These services have a critical role in enabling flow across our health system and access to planned care across Wales for patients that are eligible for transport. Ambulance care plays a vital role in supporting **Goals 5 and 6 of the Six Goals.**



We have made significant progress on our continuing transformational journey in Ambulance Care; implementing improvements whilst also working on our **strategic vision** for the future, we have undertaken modelling in our service areas to consider how we can continue to maximise our potential offer to support

the health system whilst continuing to improve quality and patient experience. The key areas we will take forward this year will be the ongoing **development of our vision**, and the underpinning transformation plans for ambulance care, consolidating the work we have done for NEPTS, Urgent Care and the ambitions around Transfer & Discharge.



### Non-Emergency Patient Transport Service

*A flexible, user-centred transport service, ensuring patients can access their outpatient appointments on time and are discharged home safely.*



We continue to build on the transformational collaborative work with our health board partners and Trusts, introducing **an extended enhanced hub** to support our **oncology patients**, building on the success of the renal enhanced hub, providing an improved service to patients. We also will continue our work and develop an enhanced joint implementation plan for oncology patients to enable further improvements.

We are also committed to working collaboratively with health boards to develop in partnership some outcomes and principles to jointly improve the proportion of

discharge and transfers **booked in advance** which will enable a more efficient service and reduce the number of **on the day cancellations**.

We have also reviewed our **liaison service** model and proposed some changes to our commissioners to enable greater support to the systems flow; in 2024/5 we aim to agree and implement a preferred model.

We will also seek to implement recommendations from the demand and capacity review for NEPTS which includes **re-rostering** in both our NEPTS contact centre (NET centre) and on the road.

We will actively seek to engage ambulance commissioners and wider partners in how to **effectively manage demand** and support eligible patients in the light of the extant **eligibility criteria** – in the current financial climate, where we will have to make difficult choices, we cannot afford to deploy resources in areas which are not commissioned or funded or continue to provide transport to ineligible patients at the detriment of those patients eligible under the Welsh Government eligibility criteria.

We are reviewing and enhancing our ICT systems to:

- offer our patients and healthcare professionals different ways to book, review and update transport requests,
- review and build upon pilot testing that has been underway this year to integrate our ICT systems with health board patient administration systems to help reduce late notice cancellations.

#### Decarbonisation and Sustainability

We will continue to explore opportunities for lower emission vehicles. Our changing mix of Ambulance Care fleet will look to provide smaller vehicles which will support this. Further work around reduction in on the day cancellations will contribute to our reduced carbon emissions.






### All Wales Transfer and Discharge Service

*A national service, still in development, which will provide a dedicated resource to ensure patients can be conveyed in a timely way between hospitals, to access the right level of care for their needs*

Increasingly, as described in the section below, health boards are developing new service models which see centralised services and a greater need for movement between hospital sites. We will work with Commissioners on the development of the **All-Wales Transfer and Discharge service**. Work was commenced in this year, but we will build on the concept and the outcomes of the modelling and will specifically focus on how this service can be provided in a financially sustainable way.

★★★★ We will continue to develop and strengthen the focus on delivery and reporting of improved **patient experience** and **service quality** including the implementation of the Welsh Ambulance Quality Standard Award which will ensure Ambulance services across Wales are delivered in the most safe and consistent possible manner.

	IMTP Objective	Year 1	Year 2	Year 3
	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	<ul style="list-style-type: none"> <li>New systems implemented to reduce cancellations &amp; same day bookings Q4</li> <li>Re-rostering across NEPTS Q4</li> <li>Enhanced oncology implementation plan Q4</li> <li>UCS review implemented Q2</li> </ul>	<ul style="list-style-type: none"> <li>Continued implementation of reductions in same day bookings</li> <li>Continued implementation of oncology plan</li> </ul>	
	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	<ul style="list-style-type: none"> <li>Implement new protocols in CAD for transfers in Q1</li> <li>CAD system upgrade and exploration of integration with EMS CAD by end Q4</li> <li>T&amp;D national model agreed with commissioners Q4</li> <li>Plan for 24/7 major trauma desk (subject to funding) by Q4</li> </ul>	<ul style="list-style-type: none"> <li>T&amp;D implementation (subject to additional cost)</li> <li>Wales-wide major trauma desk (subject to funding)</li> <li>Implement clinical desk model for seamless integration of all transfers</li> </ul>	
	A clear vision for Ambulance care services that supports wider health and care transformation	<ul style="list-style-type: none"> <li>Commissioner led strategic review completed Q1</li> <li>Internal vision for Ambulance Care services agreed in Q2</li> </ul>		
★★★★	A high quality, safe service with improved patient experience	<ul style="list-style-type: none"> <li>Quality assurance mechanisms for external providers further enhanced Q4</li> </ul>	<ul style="list-style-type: none"> <li>NEPTS Fleet Review</li> <li>User experience evaluation (link to work on Value Based Health Care)</li> </ul>	<ul style="list-style-type: none"> <li>Business Case for NEPTS Fleet</li> </ul>

#### 4.4 How will health board strategic plans affect us?

Our services are recognised as a key enabler of transformational changes across the system to enable access to sustainable and specialist services across the country; working together to ensure safe and effective pathways into services whilst also planning for the additional demand for transfers, repatriations and discharges where required. We continue to work collaboratively and proactively with health boards and Clinical Networks to support strategic, **transformational service changes** (national, regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales.

We need to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace. We will take account of the full range of strategic service changes in Wales as we develop options for a Transfer & Discharge service in collaboration with health boards.





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## 5. Our people

### Strategic Objective 2 – Enabling our people to be the best they can be

#### What will good look like for our people in 2027?

- ❑ Culture: Our people will experience WAST as an exceptional place to work, volunteer, develop and grow
- ❑ Capacity: our people will embrace change, be highly skilled, belong to a profession and have access to development and career pathways.
- ❑ Capability: we will see compassionate, collaborative & courageous people and leaders, benefitting from bespoke development programmes, demonstrating a growth mindset



#### What will be different?



- ❑ Sickness absence will be below 6%
- ❑ Turnover rates will have fallen.
- ❑ Engagement scores will be amongst highest in Wales.
- ❑ Staff will have regular check-ins with their manager.
- ❑ More colleagues will be part of our networks.

### 5.1 Our workforce profile

In order to deliver our ambitions in terms of service transformation, it is **critical** that we have the right people in the right posts at the right time and we must enable them to be the best they can be.

We will shortly be publishing our **Strategic Workforce Plan**, developed in collaboration with colleagues across the organisation. This dynamic document gives the framework for workforce planning priorities for the next five years to support the organisation's aspirations. In particular it will address: the future workforce skill mix; the role for advanced and enhanced practice and consequential education requirements; how we accommodate portfolio careers and develop rotational models; and how the use of digital will play out over the next few years in people's working lives.

Our Integrated Technical Planning Group brings together colleagues across the organisation to work on the holistic picture including clinical skills, education and training, planning, fleet and estate teams to ensure the organisation is taking a co-ordinated approach to planning the deployment of its key resources. This supports a cross-functional approach to developing and deploying our workforce to maximise their impact and productivity.

#### **Workforce Challenges**

Appendix 1 sets out some of our key workforce challenges. A key area with a direct impact on our ability to deliver high quality services is **sickness absence**. Following some significant improvements since 2021/22, we have seen a slight increase in sickness absence over the last few months, most likely attributed to seasonal variation. There has continued to be a concerted effort to support and manage colleagues back into work alongside a proactive approach focused on culture change and support.



We have hard to fill posts and **recruitment challenges** in some **rural areas** for jobs at all levels. We will be working with universities to set realistic expectations for newly qualified paramedics in terms of locations and will review what can be done to deliver some wrap around support and incentivisation for these rural areas.

## Workforce System Improvement and Future Programmes Plan 2024 – 2027

A further challenge over the coming three years is the **Future NHS Workforce Solution Programme**, which is one of the biggest digital transformation programmes NHS Wales staff will experience for some time and will run throughout the three-year term of this IMTP and beyond. This national transformation programme will provide a robust, intuitive, agile workforce system that meets the evolving needs of NHS Wales.

## 5.2 People and Culture

To align with our People and Culture Plan ambition of an inclusive, professional and psychologically safe organisation, our IMTP objectives fall under our three Cs of **Culture, Capacity and Capability**. We also continue to set out three clear **Commitments** which our people have told us are important in terms of their workplace experience.

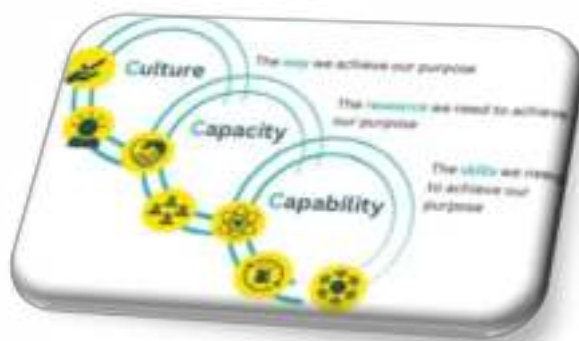
### Culture

The aims under the Culture theme are threefold. Firstly, we aim to **enhance and strengthen our internal capacity to**

**drive culture change**, with a particular emphasis on further developing and leveraging the Culture Champion role, Change Agents, and our staff networks. These individuals will play a pivotal role in championing and supporting our ongoing cultural transformation.

Secondly, our focus extends to **developing and amplifying employee voice**, for both individuals and collectively through social partnership, a crucial component for increasing overall employee engagement. To achieve this, we will mobilise various tools such as team diagnostics embedded in the culture health check toolkit, Hive pulse surveys, CEO Roadshows, Freedom to Speak Up initiatives, Voices Network, employee recognition programs, and the proactive scrutiny of exit interview feedback. Additionally, we will continue to prioritise creating a workplace that is safe and respectful by addressing concerns related to Sexual Safety and Misogyny.

Thirdly, we are committed to incorporating **compassionate practices** into all our people-focused activities. This involves a comprehensive plan with all managers undergoing additional training, accompanied by guidance and support materials. Case reviews and coaching sessions are integral elements of this approach, ensuring that our leaders consistently embody and promote compassionate practices in their interactions.



## Capacity

Under the Capacity theme, our IMTP objectives are geared towards delivering on **our Strategic Workforce Plan**, a dynamic document essential for aligning workforce requirements with the ongoing business transformation.

Concurrently, we continue in our efforts to embed a **culture of positive attendance management** through targeted interventions, supporting colleagues to remain in the workforce, and actively implementing our Health and Wellbeing Plan. The Health and Wellbeing Plan also recognises the significant impact of employee experience and the growing evidence that no amount of individualised wellbeing support will mitigate for poor experience.

Our continued focus on the experience of work and enabling our capacity to provide new patterns of work including flexible working options and listening to our people as their external and personal experiences change the support that they need to continue to be their best in work. This also applies to our volunteers and we want to ensure their experience and support reflects our appreciation of their outstanding support.

Additionally, we maintain **our focus on 'getting the basics right'**, which involves preparing for the implementation of the ESR (Electronic Staff Record) replacement system and enhancing our systems and processes for greater efficiency. A key aspect of our capacity-building efforts is the publication of a refreshed Health & Wellbeing Plan for the Trust, the Health Check Pilot Programme and Health Surveillance, providing diagnostic access for staff and facilitating ongoing evaluation of our health initiatives.

## Capability

Our objectives centre around developing the **capability of leaders and managers** to lead and manage change while reinforcing the evolving organisational culture outlined in the People and Culture Plan. Initiatives such as the Management Essentials Programme, Team Culture Health Check Toolkit, coaching and mentoring skills to enable managers to facilitate conversations around issues including equalities, diversity and inclusion, 'Our WAST Way', form the cornerstone of this objective.

We are dedicated to **growing and nurturing our leadership and management capability for the future**. Providing a career development pathway for leaders and managers within the Trust demonstrates our commitment to growing leaders of the future through building an internal pipeline of talented and skilled colleagues committed to cultural change and transformation. It is imperative that our leaders possess the necessary skills to facilitate conversations around protected characteristics and EDI issues. There will be an intensified focus on coaching and mentoring efforts to address EDI issues and inappropriate behaviour promptly ensuring ongoing support for team needs, relationship strengthening, and early issue management.

We understand the importance of **reinforcing professions and professional development**, across the entirety of the workforce. Finalising the People Development Plan is a critical component of this objective; providing a clear summary of job families, progression routes and the support accessible throughout careers to nurture talent and navigate the opportunities available.

To **create an environment conducive to growth and well-being**, we will emphasise effective and ongoing conversations, 'Check Ins', that contribute to improved individual and team performance and development.

Throughout these endeavours, the golden thread of equality, diversity, and inclusion (EDI) runs, underpinning all aspects of our operations. This commitment includes publishing and **delivering our Strategic Equality**

**Plan (SEP)**, ensuring adherence to statutory requirements, and making EDI a cornerstone of our organisational culture.

In alignment with our commitment to equality, diversity, and inclusion (EDI), we will continue to actively **monitor compliance and ensure the correct reporting procedures**, adhering to the public sector duty and relevant statutory requirements. As part of our comprehensive approach, we prioritise the publication of key reports and plans to transparently communicate our progress and actions in the realm of EDI.

Through our experience work with communities, we are noticing that poor patient experiences relate to those who come under specific characteristics of the Equality Act with instances where we have not made reasonable adjustments or assessed the specific risks for these patients. This is particularly the case in some of our Ambulance Care services and we need to ensure that our work around EDI is holistic and captures the individualised needs to our service users as well as our people.

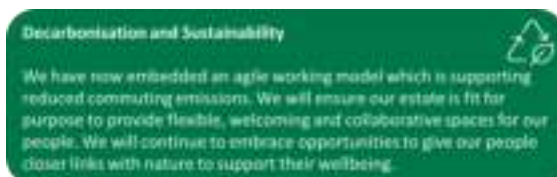
Underpinning our EDI commitment are specific actions aligned with SEP Objectives for the coming years. This comprehensive framework ensures that our EDI initiatives are not only monitored do but also strategically implemented, contributing to a workplace that is diverse, inclusive, and committed to eliminating discrimination.

## Commitments

In our 2023-26 IMTP we made a clear commitment to our people to address three key issues that came through feedback from them during engagement opportunities. From the feedback staff and volunteers have given us again this year we know these are still as important to them and we have further work to do. It is imperative that we make better progress on this through the next financial year.



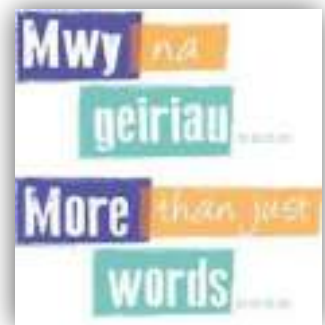
- **Shift overruns:** we made progress in 2023/24 in some areas of Wales by implementing 'holding areas' allowing staff to take breaks and end their shift whilst patients are looked after by dedicated ambulance staff in clinical areas outside or near to the Emergency Department. Whilst it is not certain that we can maintain these areas indefinitely we are seeking to implement them at other sites where there are persistent handover delays and will explore other opportunities to support staff at end of shift to maintain a good work/life balance.
- **Digital Experience:** we have made strides in developing tools and training to support digital literacy and process automation. However, we have further to go to including implementing a simplified sign on solution across our PCs and iPads, as well as delivering automated solutions for our colleagues to reduce the burden of manual tasks where possible.
- **Flexible working:** there has been progress in developing a culture whereby flexible working has less barriers for, particularly, frontline staff. In 2024/25 there will be additional legal requirements for the Trust to ensure there are no barriers to flexible working and this programme of work will continue.



IMTP objective	Year 1	Year 2	Year 3
<b>Culture</b>	<ul style="list-style-type: none"> <li>Strategic Equality Plan published Q1</li> <li>Dedicated Guardians appointed Q1</li> <li>Expand culture champions, change community and network membership by Q4</li> <li>Assess impact of cultural toolkit by Q4</li> <li>Review Allyship &amp; Bystander training in Q3</li> <li>Identify and implement measures to promote the employee offer by Q3</li> </ul>	<ul style="list-style-type: none"> <li>Further development and roll out of compassionate practices, equality, allyship &amp; bystander training</li> <li>Continue to expand and develop our networks</li> <li>Evaluate impact of employee offer on recruitment</li> <li>Seek organisation-wide feedback on psychological safety levels</li> </ul>	<ul style="list-style-type: none"> <li>Continue to build our desired culture</li> <li>Review and evaluate interventions to inform future plans</li> <li>Refresh our People and Culture Plan</li> </ul>
<b>Capacity</b>	<ul style="list-style-type: none"> <li>Health and Wellbeing plan finalised Q4</li> <li>Approved Strategic Workforce Plan Q1</li> <li>Implement retention work plan by Q4</li> <li>Support ESR optimisation and replacement programmes - ongoing</li> <li>Refresh and deliver managing attendance programme - ongoing</li> <li>Carers support initiatives commenced Q1</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of Health &amp; Wellbeing Plan</li> <li>Year 2 delivery Strategic Workforce Plan</li> <li>WAST support for potential early adopter of ESR replacement system</li> <li>Continue to establish a pathway of support for Carers within the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Year 2 delivery plan for Health &amp; Wellbeing Plan</li> <li>Year 3 delivery and review of Strategic Workforce Plan</li> <li>Readiness for transition to ESR replacement system</li> <li>Continue to establish a pathway of support for Carers within the organisation</li> </ul>
<b>Capability</b>	<ul style="list-style-type: none"> <li>Coaching and mentoring of leaders &amp; managers focussed on EDI -ongoing</li> <li>Implement People Management Essentials by Q4</li> <li>Finalise People Development Plan by Q4</li> <li>Introduce ongoing 'check ins' to support formal PADRs by Q4</li> </ul>	<ul style="list-style-type: none"> <li>Refresher training in workforce planning to support reviews of workforce, training &amp; succession plans</li> <li>Leadership aspects of Strategic Equality plan continue to be delivered</li> </ul>	<ul style="list-style-type: none"> <li>Expand opportunities for colleagues to embrace and develop within their profession and demonstrate those professional qualities and standards in all that they do</li> </ul>
<b>Commitments:</b> To develop <b>flexible working</b> across the organisation Commitment to reduce <b>shift overruns</b> , through partnership working across NHS Wales and with TU partners & our people Improve our people's <b>digital experience</b> through a refreshed digital plan			

## 5.3 Welsh language

Leadership is a key driver for the successful implementation of **More than just words**. We will need strong leadership to underpin the actions to transform Welsh language provision for the future, to drive the impetus for change and create a culture where people feel empowered to use the Welsh language each day at work. This is more than just compliance with statutory requirements, it should be something inherent in what we do in **working towards the 'Active Offer'**. An Active Offer simply means providing a service in Welsh without having to ask for it and having the Welsh language as visible as the English language.



During this financial year we improved our compliance with the Welsh Language Standards and our delivery of an Active Offer by **centralising our translation service** with the recruitment of a Welsh Language Translator. This has increased our ability to provide bilingual services to our service users and to our staff. Our **111 Service** implemented an improvement plan that included new ways of working in order to increase its ability to answer calls from our service users in Welsh. A new **mandatory Welsh language awareness course** was introduced to staff and we will seek to further promote the course through this IMTP period to increase compliance.



In Year 1 we will seek set to develop a **baseline for compliance** with the Welsh language standards and to introduce and implement a new **Welsh Language Policy** for the promotion and facilitation of the Welsh language. As part of our commitment to the More Than Just Words Action Plan we will seek to complete our Strategic Workforce Plan which contains a



Welsh language workstream where work will progress via a **Welsh language skills gap analysis** followed by training and development initiatives and recruitment strategies.

We will continue to ensure compliance with the Welsh Language Standards, reported and monitored regularly to the Board and via the CEO and Chair through their accountability to the Minister.

IMTP objective	Year 1	Year 2	Year 3
Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	<ul style="list-style-type: none"><li>Welsh language policy approved and communicated in Q1</li><li>Welsh language standards baseline established in Q2</li><li>Toolkit for senior leaders &amp; Board developed by Q4</li><li>Welsh language advisory group established in Q2</li></ul>	<ul style="list-style-type: none"><li>Recruitment strategy developed to attract and evaluate candidates based on their Welsh language proficiency</li><li>Introduction of minimum 'courtesy' level of Welsh language skills</li></ul>	<ul style="list-style-type: none"><li>Develop our priorities for Welsh language in line with a refresh of the plan for compliance</li></ul>

## 6. Infrastructure – estates, fleet and climate change

Strategic Objective 3 - Being at the forefront of innovation and technology

Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our **estates and fleet**. Building on a period of growth in 2022/23, the 2023/24 year has seen the progression of a number of schemes to enhance and improve the estate, whilst disposing of some of our poorest condition estate. This ensures we can work towards having the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales.

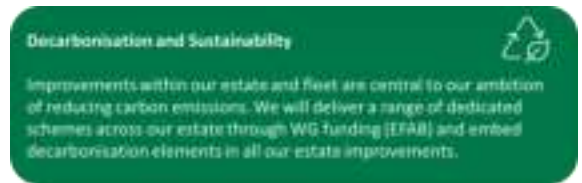
Our increased focus on the start of the patient pathway is supported by progress in projects to relocate staff from Bryn Tirion and accelerated plans for a revised Llangunnor CCC footprint. We have supported our Fleet and Commissioning Teams in strengthening their regional presence with the opening of the South-East Workshop and Commissioning Centre in Merthyr Tydfil and supported front line EMS operations through relocation of Cwmbran Ambulance Station to Beacon House, and further accelerating plans for a Dolgellau Ambulance station. 2023/24 has also seen us dispose of poor and inefficient estate at Blackweir in Cardiff, and Cefn Coed in Swansea.



The **Estates Strategic Outline Programme (SOP)** and **Fleet SOP** (refreshed in 2021) have been fully endorsed by Welsh Government enabling us to work towards producing a series of business cases to achieve this vision. We continue to align with the strategic ambitions of these plans, but there is now an opportunity to refresh these plans. We will need to respond to our major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support any planned growth in services linked to our transformed service offer.



In refreshing the SOPs, the **“Make Ready”** concept continues to be at the forefront of operational site business case development and operational teams are a vital component in ensuring our premises are fit for the future.



In 2024/45 we will complete the relocation of staff from **Bryn Tirion to Ty Elwy**, providing a modern and fit for purpose facility which brings EMSC, Ambulance Care, Resources and 111 into the same building. We will complete work on a new ambulance station in **Dolgellau**, and we will further progress our delivery of a new footprint within **Llangunnor CCC** (with work anticipated to complete in 2025/26).



We also continue to consider the impacts for our corporate staff on **agile working practices** and have three modern fit for purpose office spaces at Cwmbran, St Asaph and Swansea which can be used by all our staff on a flexible and collaborative basis to ensure that we provide good facilities for staff to meet, and work from, as and when they are required, whilst ensuring that we maximise the use of Trust assets and building occupancy.

At the time of writing, prioritisation of schemes against the remaining 24/25 Discretionary Capital allocation is ongoing with a number of schemes being considered to address challenges

e.g. improvements to estate at Monmouth Ambulance Station and the Bangor Fleet Workshops, and replacement of iPads over their asset life.

A **modern and efficient fleet** is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. In light of limited funding in 2023/24, we have submitted the **Business Justification Case** to Welsh Government for the 2024/25 vehicle replacement scheme and, subject to approval, over the next 12 months we will be replacing 157 vehicles across our fleet including EMS and Ambulance Care. As part of our commitment to reducing our carbon and vehicle emissions, we have focussed procurement on smaller and more efficient vehicles. For our Car Based Response Vehicles we will be seeking to provide a full EV solution, which is backed up with appropriate charging infrastructure.



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

IMTP objective	Year 1	Year 2	Year 3
<i>The right buildings in the right place, enabling our staff to provide the best and safest care across Wales</i>	<ul style="list-style-type: none"> <li>Complete Dolgellau Ambulance Station (DC)</li> <li>Complete Bryn Tirion relocation project (DC)</li> <li>Refresh Estates SOP (AWC)</li> <li>Business cases for Swansea, Newport, Llanelli &amp; Llandrindod Wells</li> <li>Scoping work for Bangor Fleet workshop &amp; Monmouth</li> </ul>	<ul style="list-style-type: none"> <li>Year 2 discretionary capital priorities</li> <li>AWC bids – delivery of successful business cases &amp; development of next round of business case priorities</li> <li>Delivery of Llangunnor CCC new footprint (DC)</li> </ul>	<ul style="list-style-type: none"> <li>Year 3 discretionary capital prioritisation</li> <li>AWC bids – delivery of successful business cases &amp; development of next round of business case priorities</li> </ul>
<i>The right fleet in the right place, enabling our staff to provide the best and safest care across Wales</i>	<ul style="list-style-type: none"> <li>Delivery of the 2024/5 Vehicle Replacement Programme</li> <li>Consider timeline and process for a refresh of the Fleet SOP (AWC)</li> <li>Fleet replacement BJC for 2025/26 (AWC)</li> </ul>	<ul style="list-style-type: none"> <li>Fleet replacement BJC &amp; programme (AWC)</li> </ul>	<ul style="list-style-type: none"> <li>Fleet replacement BJC &amp; programme (AWC)</li> </ul>

## 7. Our Digital roadmap

### Strategic Objective 3 - Being at the forefront of innovation and technology

#### What will good look like for digital in 2027?

- ☐ We use cutting-edge systems to ensure impenetrable cybersecurity.
- ☐ Digital solutions are integrated into daily life, giving enhanced efficiency and experience.
- ☐ We lead in innovation with state-of-the-art technologies supporting strategic goals.
- ☐ We embrace a digital-first strategy for transformation, maintaining agility and patient-focused efficiency.
- ☐ We enable integrated, actionable data across

#### What will be different?

- ☐ No successful breaching cyber attacks
- ☐ Reduced numbers of calls to helpdesk and improved first resolution rate.
- ☐ Increased number of technology exploration projects scaled up.
- ☐ Increased number of users confident in accessing, using and interpreting data
- ☐ Increased levels of patient and staff satisfaction and adoption of our digital solutions

The other aspect of 'being at the forefront of innovation and technology' is **how we develop our digital offers** to support our service delivery and long-term strategic ambitions. This digital offer needs to keep pace with the needs of our patients and our people today but also the development of our future service model. Our long-term strategy 'Delivering Excellence', sets out how we could adopt digital technologies that provide greater, and seamless accessibility for our patients, support our people to provide timely, safe and effective services and to use data to inform how our system can operate optimally for the needs of future generations.

The **rapid progress of technology** presents both opportunities and challenges. We need to ensure we address the fundamental challenges of a 24/7 urgent and emergency care service which is heavily reliant on data and technology whilst balancing the need for progression and adoption of new technologies such as robotics and AI.

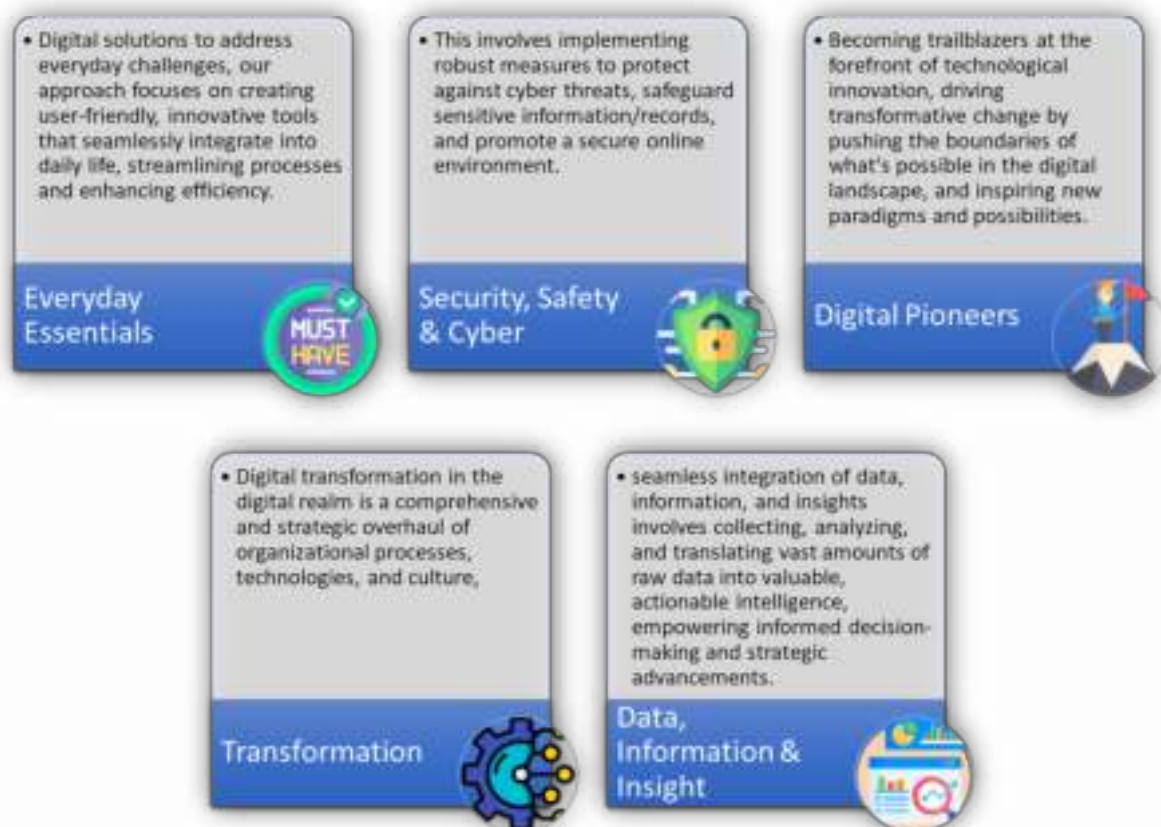
We are also faced with **workforce challenges**. In a competitive employment market for digital specialists, we need to ensure we can develop the capability and capacity of our digital teams to both ensure our essential services are maintained alongside the opportunities to be pioneers in digital health care in Wales.

#### Decarbonisation and Sustainability

We continue on our journey to significantly reduce our use of paper and digitise our records. We are working to link our systems together so that we can monitor the efficiency of our buildings, outputs generated by our renewable technology across the estate and the utilisation of our EV charging network.

We are not starting from a blank page. In November 2020 we published our first **digital strategy**. Whilst the 'Principles' and digital 'Missions' set out in the strategy remain important, we have begun to refresh and reframe our digital plan in light of the challenges we face and the opportunities available to us.

The refreshed plan will focus on five '**cornerstones**' which seek to attend to the '**here and now**' issues that require urgent attention, whilst also setting out a path towards **adoption of new technologies** and ways of working which will modernise our services, meeting the expectations (and limitations) of digital end users (both our patients and our people) whilst also providing greater efficiency and added value across the patient pathway.



Each of these cornerstones includes a range of options to move us forward, but this is a plan which covers 5 years and within that we will have to make choices and **prioritise** the most important programmes of work that will have the most benefit for our patients and our people within the resource envelope available. We will not do this alone, some of our advancements will require collaborative work across the system with our health board Partners and Digital Health and Care Wales (DHCW), particularly the implementation and

utilisation of the **National Data Resource (NDR)**. This will support how we deliver and measure the impact of our plan in a value-based way.

Our digital plan will underpin our commitment to data quality in support of the wider system in NHS Wales through enhancement of our **data quality provision and assurance plan**. Finally, one of our most important digital priorities that will feature in our refreshed digital plan is **information governance (IG)**, which sits within our IG strategy and compliance framework, as we seek to continually improve IG compliance across the Trust.

Our digital plan is in development and our key milestones for the next 5 years will be developed and agreed by the **end of Q2 2024/25**. We have committed in our financial plan to investing in our digital capacity and capability to ensure we are able to meet the challenges and opportunities that digital provides throughout across the 3 years of this IMTP. Publishing the plan will be the first and most important milestones in 2024/25.

## 8. Partnerships and the wider system

### Strategic Objective 4 - Developing services in collaboration

#### What will good look like for our partnerships in 2027?

- ☐ We will be seen as a credible, reliable, forward thinking and collaborative partner.
- ☐ We will have a shared vision for the ambulance service, supported by stakeholders and funders.
- ☐ We will work with non-traditional partners on innovative solutions and services.
- ☐ We will have a culture of democratised learning underpinning our university status.
- ☐ We will actively contribute to the Well-Being of Future Generations through well-being objectives.



#### What will be different?



- ☐ Improving scores on reputation metrics (TBD)
- ☐ Stakeholder support for strategy gained over a three-to-five-year timescale.
- ☐ Increased number of research projects ongoing
- ☐ Increased levels of alternative funding streams

### 8.1 Partnerships and engagement

We continue to **recognise the importance of partnership and collaboration** as we seek to redefine our role in the Welsh health and care system. This means working to develop strong relationships with our partners, predicated on optimising the use of public service resources to better serve our patients, ensuring that our strategic ambitions are aligned.

There is much to do to achieve this, including understanding more about how we are **viewed by our partners**, working with them to build and strengthen understanding and opportunities for collaboration.

We have ambitious ideas about how we can work very differently to meet the needs of patients, but we cannot achieve these ambitions in isolation. 2024/25 and beyond will see us reviewing our current



engagement framework in light of feedback secured through a range of mechanisms, including a **refreshed reputation audit**. What we learn and how we respond will be crucial in supporting our longer-term strategy.

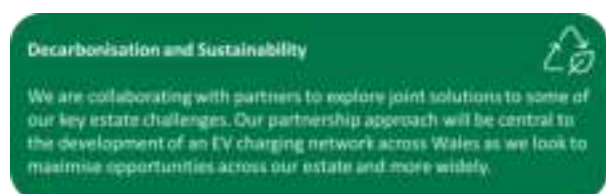


While we have been working in the spirit of the Act for a number of years, 2024/25 will also be the year that sees the Welsh Ambulance Services formally come under the **Wellbeing of Future Generations Act**. This will bring with it a number of responsibilities, including **the development and publication of wellbeing objectives** by the end of March 2025, as well as further responsibilities aligned to the Act such as our duties under the Environment Act and Social Partnership and Public Procurement (Wales) Act.

**Aligning our strategy with the Act**, ensuring what we do now and in the future does not disadvantage our future generations and builds a stronger NHS that can meet their needs will be an important element of how we move forward.

We continue to be represented on six of the seven **Regional Partnership Boards in Wales**. Being visible at RPBs allows us to participate not only in system wide discussion with health, care and other partners about our collective challenges, but also to look for collaborative opportunities to make a difference for our population.

As a Trust, we have benefited from RPB funding through the **Regional Integration Fund (RIF)** for example to support falls services and trial a mental health response vehicle in South East Wales. In the next year, as public finances continue to be stretched, RPBs will doubtless be taking a keen interest in how their funds are spent and the outcomes for people that result from those investments.



We will continue to look for innovative ways to **work with RPB partners** to test and develop new approaches, to make sure our collective efforts are targeted, effective and improve access and wellbeing for our populations.

## 8.2 Academic partnership & democratised learning

Over the last couple of years, the Trust has been working hard to deliver **university trust status** and consolidate its approach to research, innovation and the democratisation of learning.

With a multiplicity of clinical, operational and corporate staff possessing a range of interests, skills and qualifications, coupled with an ambitious organisational strategy to redefine what it means to be an ambulance service, it is important that we enable our people, and our organisation, to be the best they can be.

If we are to genuinely develop as a leading ambulance service, it is important we **continue to innovate, support research and development**, both in testing new approaches with academic partners and using the best evidence available to inform our longer term plans.

The Trust continues to develop and deliver world-class research and innovation (R&I) which relies on local, national, and international partnerships. We operate within wider Health and Social Care R&I infrastructures and ecosystems and benefit from initiatives such as the UK Life Sciences Vision, UK vision for clinical research delivery, and saving and improving lives: future of clinical research.



We continue to deliver the Trust's **Clinical Strategy: Delivering Clinical Excellence** in Wales, which reflects the Health Care Research Wales (HCRW) policy perspective set out in Making Research Careers Work. We are embedding research across the organisation, encouraging, and developing our people to actively support high-quality R&I that is responsive to our population's care needs and translating evidence-based findings into our models of care. In 2023 we contributed to many local national and international policies and initiatives, such as the Innovation Strategy for Wales and NHS R&D Framework which will inform our own strategies and plans.

Confirmation has been received that the organisation will gain **university trust status from April 2024**. This will mark the culmination of a number of years of work and will help us drive our focus on innovation, research and learning to inform our future development. This is particularly important as we strive to meet the requirements of the new NHS Wales Research and Development Framework, which has pan-organisational impact.

April will also see a **new non-executive director** from academia join our Board, which will add another layer of expertise and support to our growing ambition.

The Trust's **Academic Partnerships Committee** will be the assurance committee for the NHS Wales R&D Framework and will continue to act as an "engine room" of innovative thinking as the Trust accelerates its transformational plans.



The Trust's core priorities in its UTS bid included **decarbonisation and sustainability, advanced clinical practice and digital opportunities**. These continue to be core elements of the organisation's IMTP and, while performance monitoring may occur through other committees, the Academic Partnership Committee will continue to show a keen interest in these areas and receive information and presentations on these subjects as appropriate.

Our research priorities for 2024/25 will be to:

- Develop, attract, and deliver high-quality R&I and contribute to Wales strategy, policies and forums such as the NHS R&D Leadership Group and NHS R&D Framework.
- Work with a range of research organisations and academia, and develop new partnerships, to collaborate and influence building our skilled workforce supporting R&I.
- Continue to develop R&I as a golden thread across all of our activities, building innovation and knowledge into practice.
- Continue to collaborate with key partners such as SBRI, Health Technology Wales and the HCRW evidence centre.



IMTP Objective	Year 1	Year 2	Year 3
<i>Well-placed to influence system thinking / strategy development</i>	<ul style="list-style-type: none"> <li>• Second reputation audit completed Q1</li> <li>• Finalised influencing / stakeholder engagement plan Q1</li> <li>• Structured engagement commenced with stakeholders &amp; public from Q2</li> <li>• Continued engagement with RPBs throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>• Year 2 delivery of influencing / stakeholder engagement plan</li> <li>• Further reputation audits undertaken</li> <li>• Continued engagement with RPBs</li> <li>• Further focused work with staff and TU partners</li> </ul>	<ul style="list-style-type: none"> <li>• Year 3 delivery of influencing / stakeholder engagement plan</li> <li>• Further reputation audits undertaken</li> <li>• Continued engagement through RPBs</li> <li>• Further focused work with staff and TU partners</li> </ul>
<i>Meet the requirements of the Wellbeing of Future Generations Act</i>	<ul style="list-style-type: none"> <li>• Wellbeing objectives signed off and published to frame IMTP for 2025-28 by Q4</li> </ul>	<ul style="list-style-type: none"> <li>• Framework for internally monitoring wellbeing objectives agreed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Continual monitoring and review of wellbeing objectives as BAU</li> </ul>
<i>University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation</i>	<ul style="list-style-type: none"> <li>• UTS status communicated Q1 and embedded through year</li> <li>• Mechanism for reporting against NHS Wales R&amp;I Framework and UTS agreed in Q1</li> <li>• Academic Partnership priorities updated and published</li> <li>• Organisation name changed in relation to UTS by Q3</li> </ul>	<ul style="list-style-type: none"> <li>• Further embedding of UTS and internal monitoring and review arrangements agreed</li> <li>• Embed academic partnership remit changes as a result of updated priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Continual monitoring and review of research &amp; innovation framework, academic partnership priorities and UTS as BAU</li> </ul>

## 9. Quality driven and clinically led

### Strategic Objective 5 - Being quality driven and clinically led

#### What will good look like for a quality driven and clinically led organisation in 2027?

- ☐ We will be open and honest with patients and families when things go wrong, saying sorry and taking action to put things right.
- ☐ All of our people will be committed to improving quality and safety, with robust quality management systems in place.
- ☐ We will engage with our communities, with meaningful opportunities for co-production.
- ☐ Clinicians will feel supported, empowered and developed through excellent clinical leadership



#### What will be different?

- ☐ All duty of candour requirements met and learning acted on.
- ☐ Increased number of patient outcome measures reported, driving improvement.
- ☐ Increased evidence of meaningful engagement and involvement, driving satisfaction
- ☐ Increased opportunities for our people to progress their clinical practice and career.



## 9.1 Health & Social Care (Quality and Engagement Wales) Act

### Delivery of Duty of Quality, 12 Health and Care standards

With our continued commitment to the Act, we will maintain progress on internal and external demonstration of compliance to the Duty of Quality. **'Always On' Reporting** from 'Floor to Board' will be a key facet of our Quality & Performance Management Framework. We will also support the **national Safeguarding Review** and consider additional measures required to offer public confidence in safe and reliable services.

We will also aim to secure more **real time** and **effective patient** experience feedback on all services provided and realise the expected benefits of the CIVICA platform, working through consent and IG considerations so that we can use this rich source of feedback to inform quality improvement and transformation.



### Delivering to the Duty of Candour

In 2024/25 we will be investing further in our Putting Things Right function to complete the organisational change process and recruitment. We will also deliver a **performance improvement** plan within our Putting Things Right team across concerns, complaints, incidents, and mortality (Coroner, Medical Examiner & Trust) reviews (including automation efficiencies). This will provide us with a more robust and efficient platform to support our obligations under the Duty of Candour.

We have made significant progress in our reporting of harm but we have more to do on this and how we measure outcomes for patients. We will identify opportunities for data engineering and modelling to **better inform** the Trust and wider system on levels of harm/outcomes for patients, joining up our value-based healthcare agenda with our measurement of strategic impact across the wider system.

### Working Safely

We are committed to working with our **Trade Union (TU) Regional Partnership Forums** to build confidence in the processes which support Health & Safety (H&S). We will continue to develop effective H&S risk assessment and compliance assurance processes across the organisation, maintaining support to operational colleagues in enabling workforce wellbeing. There will be a greater focus on **musculo-skeletal injury** over the coming year following an increase in the number of reported injuries and related sickness absence. There will also be a continued focus on preventable stressors that affect mental health and wellbeing, such as shift overruns.

During 2023/24 the Trust has taken significant steps to address the concerns of our people relating to **diesel fumes** exposure and we have worked with partners across the NHS to implement mitigating measures where diesel fume exposure is greatest. Over the period 2024/25 we will continue to work with partners to resolve the root cause of exposure by reducing handover delays and increase the assurance processes for mitigating actions to exposure being taken on each site. We have also been working with Dyson to develop a heating unit that could be used within an ambulance and that would reduce the requirement for the engine to be

switched on during extended handover delays; it is expected that this will be licenced for use and fitting in new vehicles during 2024/25 and consideration is being given to retrofitting although this is unlikely.

We will also play a role in supporting the Welsh Government renewed focus on **Healthcare Acquired and Community Acquired Infection, Prevention and Control** expected in 2024/25, embedding key learning from the COVID-19 pandemic.

## Quality Improvement & Population health

Throughout this IMTP period we will **identify areas for quality improvement** based on clinical outcomes, service utilisation, patient experience and international evidence, applying a consistent QI methodology to our improvement initiatives and large-scale transformation programmes alike.

In being 'patient-centred' we have focused on where we can add most **value** for the people of Wales. This includes innovative approaches through digital technologies and embedding quality assurance and improvement.



We will be responding to and promoting mental health and well-being, promoting healthy behaviours/decisions, delivering excellent clinical care to avoid hospital admissions, fostering resilient communities through engagement and education, and promoting dignified care.

Wales is facing significant health challenges. It is projected to see a significant change in its population demographic with over 1,008,000 older people living in Wales by 2030 – 33% of

the total population. This brings challenges in ensuring older populations can maintain good health; improve feelings of isolation and loneliness, frailty, and dementia.

A further health challenge will be the **impact of obesity** on hospital admissions in Wales and a recognition that bariatric patients will present with different body shapes resulting in more specialist equipment need and implications for handover to hospital staff. Improved communication between control, the ambulance crew and hospital and issues relating to dignity, safety, and privacy. We are already aware and reporting the need to improve staff education/training on bariatric care.

Our **Population Health analytics programme will be developed** as a programme of work centred on population health, this includes information from our personalised care initiatives (wearables, vital signs etc.), risk stratification and pathway design.

## 9.2 Clinically led

Enhancing our **clinical leadership** across the Trust continues to be a key priority, significantly contributing to and underpinning our future visions for our service models.

Significant workstreams contribute to continually reviewing and optimizing our responses and pathways as we transition towards the future. This includes clinical leadership and capacity into our **clinical support desk** and our ambitions to enhance our clinical offer to our patients, reducing the need for conveyance to hospital

through increased clinically driven improvements. Improvements will include the use of advanced practice paramedics and advanced nursing practitioners, independent prescribing, senior paramedics supporting emergency ambulance crews with clinical feedback, CHARU and remote clinical consultations. Importantly, as a newly recognised University Trust we will continue to build on our research reputation in the pre-hospital emergency care domains and ensure that clinicians have the opportunity to **progress their career in research** if desired.

We will put in place a new leadership and supervision structure for advanced paramedics, which will pave the way for greater consistency of outcome and further opportunities to enhance the skills of all **advanced paramedics** in independent prescribing. In addition, we are strengthening our leadership in remote clinical care through both **generalist and clinical specialty** roles that lead clinical practice and improvement across the organisation; as has been undertaken for mental health crisis support and pre-hospital maternity emergency care. For our **Maternity and Neonatal Safety Programme** we are seeking to securing substantive funding for the Trust's Lead Midwife to maintain the quality and safety improvements achieved in remote and face to face clinical practice to date. We will maintain collaboration with the Chief Nursing Officer Wales' office to develop a proposal for the Trust hosting a 24/7 'labour-line' as set out in the Maternity and Neonatal Review recommendations.

Our ambition is to continue to build on our clinical leadership and to place the Trust at the forefront of progression within pre-hospital care in Wales and beyond.

IMTP objective	Year 1	Year 2	Year 3
<i>Systems that meet the requirements of the Duty of Quality and Duty of Candour</i>	<ul style="list-style-type: none"> <li>• Always on Reporting Dashboard in Q1</li> <li>• Quality Plan - Create Vision for improvement by Q4</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Strategy 2024-27 review</li> <li>• Implementation 24/7 labour line</li> <li>• Implementation of MEWS</li> <li>• 3 P's Framework</li> </ul>	<ul style="list-style-type: none"> <li>• ANTT Continue to monitor compliance and report to Training School. Embed into Training Programme</li> </ul>
<i>Excellent clinical leadership</i>	<ul style="list-style-type: none"> <li>• New APP clinical leadership structure introduced in Q2</li> <li>• New remote clinical assessment service clinical leadership team Q2</li> </ul>	<ul style="list-style-type: none"> <li>• Fully implement clinical supervision policy</li> </ul>	<ul style="list-style-type: none"> <li>• First learners 2026 Confidence and Competence workplan</li> </ul>
<i>A culture of quality improvement with robust quality management systems</i>	<ul style="list-style-type: none"> <li>• Quality Improvement hub - Design and testing in operations Q1 Implementation, Q2</li> <li>• Embed Quality management system Trust wide Q4</li> </ul>	<ul style="list-style-type: none"> <li>• New WIIN solution</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Assurance Self Assessments Gap Analysis and forward Plan</li> <li>• Educational content for Level 2&amp;3</li> <li>• Datix Quality Plan operational review</li> </ul>
<i>High quality Putting Things Right, Safeguarding and Health &amp; Safety systems</i>	<ul style="list-style-type: none"> <li>• Safeguarding Annual Report draft, annual VAWDASV report Q1</li> <li>• Implement bespoke training materials Q2</li> <li>• Draft Health &amp; Safety Strategy Q1</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding Maturity Matrix</li> <li>• Health &amp; Safety strategy pilot &amp; implementation</li> <li>• Refresher training</li> </ul>	<ul style="list-style-type: none"> <li>• PTR Sustained 5-day response review process</li> </ul>
<i>Meaningful engagement and co-production with communities</i>	<ul style="list-style-type: none"> <li>• CIVICA enhancements Q2</li> <li>• Continuing commitment to improving experiences for People with a Learning Disability – Q1</li> <li>• Improve Data Capture adapting ePCR.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of patient stories and in-person focus groups</li> <li>• PREMS operational reporting</li> <li>• Patient story podcast, linked to storytelling</li> </ul>	<ul style="list-style-type: none"> <li>• CIVICA build into BAU dependant on Information Governance</li> </ul>

## 9.3 Well governed

### Managing risk



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

The Trust embarked upon a **risk management transformation programme** during 2023/24 to further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

The programme built on the positive risk culture embedded during 2022/23 with the re-articulation of the Trust's principal risks, the development of a Risk Management Policy and Procedures, and the introduction of a transitional Board Assurance Framework (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 this year's IMTP which will incorporate the design and **implementation of a strategic BAF** as well as the development of a **suite of risk appetite statements** and **roll out of organisational wide training** which will bring the risk management transformational change programme to a conclusion in its final year.

As the Risk Management transformation programme is concluded, it is anticipated that the **Policy Improvement Programme will begin in the latter half of 2024/25 and into 2025/26.**

### Integrated Governance





Integrated governance is a **holistic approach that aims to streamline and unify the mechanics and dynamics of governance in the Trust**. It involves the application of a set of simplified governance principles to the existing, maturing and emerging elements of our governance, accountability, risk and assurance frameworks. This will ensure coherence, efficiency, and accountability at all levels from ‘**floor to board**’.

We will be developing an **integrated governance handbook**, together with a number of supporting tools, policies and guidelines which provide guidance and structure for the organisation. The scope of the project is wide-ranging and aligns to outcome of the administration and support services review. It will be rolled out on a priority basis in 2024/25 due to capacity constraints whilst the Covid-19 Public Inquiry is underway.

IMTP Objective	Year 1	Year 2	Year 3
A risk management framework as a key enabler of our long-term strategy and decision making	<ul style="list-style-type: none"> <li>Strategic Board Assurance Framework agreed and implemented by end Q3</li> <li>Suite of risk appetite statements implemented and issued in Q4</li> <li>Risk management policy and procedures published in Q1</li> <li>Risk training rolled out and level 1 training package on ESR by end Q4</li> </ul>	<ul style="list-style-type: none"> <li>Board Assurance Framework digitised</li> <li>Risk appetite sessions with Board</li> <li>Risk management sessions with Board</li> </ul>	
An integrated governance framework	<ul style="list-style-type: none"> <li>Governance structures mapped out in Q2</li> <li>Legislative universe developed in Q3</li> <li>Audit of compliance priorities complete by end Q3</li> <li>Corporate Governance SOP digitised in Q4</li> </ul>	<ul style="list-style-type: none"> <li>Corporate Governance Plan / Handbook published</li> </ul>	<ul style="list-style-type: none"> <li>Full suite of documents, training and education in place</li> </ul>

## 10. Value and sustainability

### Strategic Objective 6 - Delivering exceptional value

#### 10.1 Financial sustainability programme



The need to produce and deliver a **transformative savings and income generation plan** is essential to support the strategic direction of travel for the Trust. Building on the work that has already been undertaken as part of our financial sustainability workstreams in 2023/24, we have brigaded a range of activities and put in place a robust delivery framework that aligns to two key areas of work, **Achieving Efficiencies**, and **Income Generation**.

Our focus is on proactively identifying efficiencies and cost savings and seeking out opportunities to generate income and investment. In order to deliver on longer-term financial sustainability, a deeper understanding of how our organisation works, is required. This will be achieved by completion of review of all our service lines, and implementation of resulting recommendations of this and the administration and support service review.



2023/24 saw significant challenges in the way we approached and **enhanced our income generation potential**, and work was undertaken to analyse the existing barriers to sourcing and delivering income, which included sourcing additional capacity and resource within existing teams. Work continues to **assess the viability of potential commercial opportunities and business development**, considering the impact on our people and maintaining core services. This will involve undertaking a robust market analysis to explore commercial potential.

The **Financial Sustainability Programme** will continue to be a key pillar in this plan and will drive transformation to achieve efficiencies as well as exploring opportunities for income generation alongside our existing commissioning arrangements.

## 10.2 Value Based Healthcare

Whilst the focus of financial sustainability is on the financial efficiencies and income opportunities that might add value to what we do as a Trust, it is important to reiterate our **commitment to Value-Based Healthcare**. We will work with colleagues across Wales to ascertain, and utilise, the methodology for determining commissioning investments that ensure the most effective use of finances for improved **population health outcomes**.

We are unwavering in our commitment to develop meaningful outcome measures which truly represent what is important to patients (**PROMs**) and which capture their experience of our services as they describe it (**PREMs**), lining up with the work being undertaken to embed the Civica system alongside other feedback and engagement opportunities.

In 2024/25 we will continue to work closely with the **Value in Health Centre** with whom we have already engaged extensively over the last year. They have helped us think in more detail about how we can culturally embed value based healthcare through education, engagement and tools which can be applied in urgent and emergency care services run by the Trust and as we link across the entire urgent and emergency care system, while aligning WAST-centric VBHC objectives with work ongoing across the entire NHS Wales system.



Source: [vbhc.nhs.wales/files/our-strategy-to-2024/](https://vbhc.nhs.wales/files/our-strategy-to-2024/)

Inefficiencies remain via variation in both our service availability across Wales and the cost of the services we provide. We will continue to develop and implement **Patient Level Information and Costing** (PLICS) to understand variation and use it to better allocate resources where they add most value, while better understanding service variation via the ongoing Service Review which is due to be completed in Q2 2024/25. We will also use **benchmarks** to demonstrate where we can tailor improvements to the services we provide.

## 10.3 Environmental sustainability

We are committed to ensuring that our developing infrastructure supports the Trust's and Welsh Government ambition for net carbon neutrality by 2030 and we have made good progress in the implementation of some key actions within our **Decarbonisation Action Plan**, supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions. In 2023/24 we have successfully delivered 5 EFAB funded estates schemes which increase the efficiency of our buildings, whilst also addressing some additional infrastructure issues such as roofing. In addition, wherever possible we are seeking to further understand the potential within our estate, and within the supporting infrastructure, to ensure that funding opportunities can be realized, further delivering required improvements.

The Welsh Government net-zero targets pose real and complex challenges for the Trust. In response to this, we are developing our **Sustainability and Infrastructure investment requirements** in line with our Estates and Fleet SOP deliverables, 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 we are keen to maximise all funding opportunities to realise our ambitions, as well as working with our partners wherever possible. 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. Our Decarbonisation Action Plan can be found in appendix 5 but also our key decarbonisation priorities can be found throughout this document aligned to our plans.

In addition to work around decarbonisation and net zero, NHS Wales has been asked to consider the reality of climate change and its impacts in the short, medium and long term. In 2024/25 **we will work closely with NHS Wales partners on Adaptation Planning** and will bring together a working group of experts in the field of planning, environmental sustainability, capital development, business continuity and emergency planning across the Trust to develop adaptation plans.



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IMTP objective	Year 1	Year 2	Year 3
<i>Sustainable savings &amp; efficiencies</i>	<ul style="list-style-type: none"> <li>Service Review across the Trust completed with recommendations by Q2</li> <li>Develop FSP communications and engagement plan in Q1</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; refresh plan for 2025/26*</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; refresh plan for 2025/26*</li> </ul>
<i>Generate income alongside our core commissioned functions</i>	<ul style="list-style-type: none"> <li>Complete commercial market analysis exercise in Q1</li> <li>Develop commercial strategy based on outcome of market analysis exercise in Q2</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; refresh plan for 2025/26*</li> </ul>	<ul style="list-style-type: none"> <li>Review &amp; refresh plan for 2025/26*</li> </ul>
<i>A Value-Based approach across the organisation which is embedded in culture</i>	<ul style="list-style-type: none"> <li>Agree on reporting structure and lead Executive in Q1</li> <li>VBHC Framework agreed in Q2</li> <li>Finalise implementation of PUCs in Q1</li> <li>Agree pathways for value-based healthcare – working with NHS Exec in Q2</li> </ul>	<ul style="list-style-type: none"> <li>Established pathways for value-based interventions and evaluation</li> <li>Refresh value-based health care work programme</li> </ul>	<ul style="list-style-type: none"> <li>Application of value-based principles &amp; evaluation across our future service model</li> </ul>
<i>Developing and implementing our plans for Environmental Sustainability and Adaptation</i>	<ul style="list-style-type: none"> <li>Develop a Decarbonisation Action Plan delivery resource plan in Q1</li> <li>Further accelerate delivery of actions within the Decarbonisation Action Plan (timescales as per the plan)</li> <li>Establish a cross-organisational Adaptation Planning group in Q1</li> <li>Deliver a range of EFAB funded schemes across the estate throughout the year</li> </ul>	<ul style="list-style-type: none"> <li>Publish Adaptation Plans aligned to Business Continuity, Decarbonisation and Capital plans</li> <li>Refresh of the DAP in response to the revised WG Decarbonisation Strategic Delivery Plan</li> </ul>	

\*due to annual nature of financial allocations the FSP plan is refreshed annually in line with cost improvement requirements.

## 11. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2024/25 is provided in appendix 4

### Revenue

The financial plan is presented as a balanced revenue financial plan for the 2024/25 financial year. This is based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2024/25 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2026/27.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2024/25 financial year based on the following key financial assumptions:

- The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67%, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced for additional energy costs support for the Trust;
- That the first call on the above uplift is to ensure that the recurring costs and subsequent funding base for the Trust is put on a sustainable footing and includes that recurring assumed at the outset of

the 2023/24 financial year. Specifically, this means that the full costs of an additional 100 frontline EMS staff appointed through the latter half of the 2022/23 financial year are now funded in full recurrently;

- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated and now, in some cases, specifically funded within it;
- The ability to fully deliver on a range of cost containment, cost avoidance and savings of a minimum of £6.4m, or 2.2% of cost baseline, which will be key to delivery of a balanced financial position in year;
- That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
  - costs relating to the 2024/25 pay deal, along with the recurrent costs of the 2023/24 pay deal, still to be confirmed;
  - Any costs relating to any proposed banding change for EMT / technician level posts following the issuing of updated national A4C job profiles during the latter part of 2023, and outcome of formal job evaluation process;
  - Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, and
  - Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.

The high-level summary revenue financial plan for 2024/25 is therefore as follows:

	Opening Budgets 24/25 £m	Planned Savings £m	Revenue Set Budgets 24/25 £m
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
Total Expenditure	295.554	-5.781	289.773
Planned Budget Surplus (-) / deficit	6.421	-6.421	0.000

## Risks

No financial plan is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:

- The recovery of all of the income assumptions this balanced financial plan now makes;
- No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere;

- The ability to deliver a minimum of c£6.4m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income;
- Despite an element of additional funding provided, some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
- That the upcoming proposed changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

## Capital

Appendix 4 also summarises our initial capital programme for 2024/25, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed discretionary capital commitments for the 2024/25 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2023/24 financial year end on the 2024/25 programme will be presented to both the Trust's F&PC and the Trust Board in May 2024, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

## 12. Delivering our plan

### 12.1 Risks to delivery

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards or lead directorate, escalating to Strategic Transformation Board where necessary and raising to the Corporate Risk Register/Board Assurance Framework if Board level awareness and scrutiny is required.

The **key risks to delivery** of this IMTP will be:

- Our ability to deliver a **balanced financial plan** – the financial outlook has improved but remains challenging for the next three years and a key indicator of success of this plan will be to confidently present a plan that could balance and subsequent delivery of financial balance by year end in year one and into years two and three (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan – our financial plan seeks to mitigate this through the resources directed towards supporting priority areas/areas of unavoidable spend, with some increasing levels of capacity in key areas.
- Difficulty in maintaining progress on strategic ambition with **focus on the short term** – it remains difficult to plan ahead of year one towards our longer-term ambitions without certainty of the future operating and financial context. However, recent Demand & Capacity reviews seek to address this imbalance and the financial plan identifies resources to support priorities within the plan.
- **Ongoing wider system pressures** impacting on our services - we are in a vicious circle of operational pressure we think can only be addressed through wholesale transformation. However, the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
- **Commissioning landscape** – the new joint commissioning arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that present through the new arrangements.

## 12.2 Managing transformation

The **Trust Board** remains the overarching accountable committee for delivery of the Trust's IMTP and long-term strategic plans, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. Further assurance is provided through the **Board Assurance Framework (BAF)**.

To further support the Trust Board to retain an overarching view of IMTP delivery, the **Strategic Transformation Board (STB)** chaired by the Chief Executive, will continue to provide monitoring, oversight, and governance over the implementation of the deliverables in this IMTP.



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

However, with the integration of our strategic transformation agenda across our service areas in developing a service model fit for the future, we will **review the current transformation programmes** to ensure they are fit for purpose. The governance will remain broadly the same, but there are opportunities to make our approach even more **agile, lean and efficient**.

We continue to populate and test portfolio, programme and project management software to support the strategic and programme level oversight of our IMTP delivery.

The **Transformation Support Office** will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes and service change internally and across the system. Each programme will have its own detailed plans behind each of the deliverables in this IMTP. Based on the anticipated benefits set out in this IMTP, the new programme structures will update benefits realisation plans, which will feed into the mechanisms set out in the QPMF which will be a tool to support delivery of the IMTP. As a result, we will synergise our quality improvement, innovations and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by a **value focussed, data driven, evidence based, and patient focussed service and quality improvement methodologies**.

Not all delivery of the IMTP will be undertaken in programmes, and there are local improvements that are made throughout the period of this plan at directorate level that provide the environment for performance and quality improvement to enable transformation at a Trust wide level. We will **strengthen our corporate resource** to support change and ensure capacity to undertake the performance and quality improvement work required. We will also strengthen our links through to local directorate plans, in line with the QPMF, so that all areas of the Trust are linked into the improvements we make through cross-directorate / matrix working.



## Questions

Thank you for taking the time to read our plan. If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP or require a version in Welsh please contact [AMB.Planning.And.Performance@wales.nhs.uk](mailto:AMB.Planning.And.Performance@wales.nhs.uk)

### **List of appendices**

Appendix 1 Challenges and opportunities shaping the plan

Appendix 2 Service Transformation Deliverables 2024/25

Appendix 3 Ministerial templates (a-h)

Appendix 4 Detailed Financial Plan

Appendix 5 Decarbonisation Action Plan

Appendix 6 Minimum Data Set

Appendix 7 EQIA



# Welsh Ambulance Services NHS Trust

## **Integrated Medium-Term Plan**

2024-2027



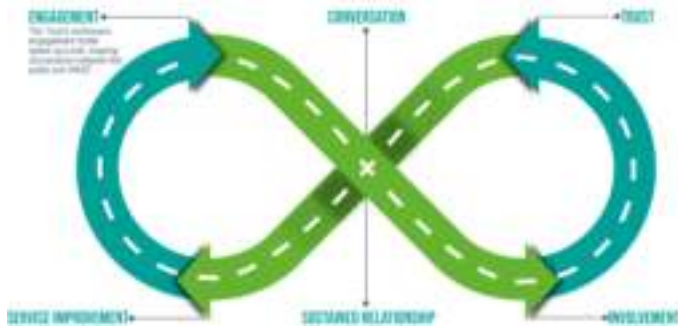
## **Appendix 1**

The challenges and opportunities shaping our plan

# Appendix 1 – The challenges and opportunities shaping our plan

## What do our patients say about our service?

### The Public & Our Patient Continuous Engagement



Patient experience at the Welsh Ambulance Service (WAST) is influenced by the many interactions people have with our staff, their expectations when in need, and their first and lasting impressions of those interactions.

The patient experience within our regular reports to our Quality Experience & Safety Committee (QuEst) is defined by what it feels like for people to access and receive care from WAST, it is based on their perceptions of their care and treatment.

Experience has been reported directly by patients, their families and carers and though this is a subjective indicator of quality, it provides an insight into how our service processes, procedures and staff impact on peoples' perception of a quality service and patient experience.

The team continues to engage in an ongoing dialogue with the public on what is important to them and our patients and on developments they feel the Trust could make to improve services they receive from us, this is despite certain challenges faced relating to Information Governance barriers and similar restrictions in place, which we are working to overcome, and as part of equipping ourselves to embrace the changing pace in which experience data is reached, via our **digital functionalities**.



### PECI Experience & Engagement

On April 1<sup>st</sup>, 2023, The Health and Social Care (Quality & Engagement, Wales) Act 2020 came into force, following which our WAST PEGI team have achieved various 'experience & engagement' successes during the last year. Some of the headlines are:

- ❖ The launch of the **Welcome to Wales pack**.
- ❖ The highest ever sign up to '**Shoctober**' (Annual educational campaign held throughout October around cardiac arrest and use of defibrillators)
- ❖ **Continuous engagements** with Patients and the Public
  - Over **250 events** have been attended and the team met with and listened to around 10,000 people.
- ❖ Capturing **Experiences feedback**
- ❖ Ensuring the **Trust is responsive** to Peoples values, needs and preferences.



- ❖ Providing a platform for **Peoples Voices** to be heard – **Civica** (Once for Wales Patient experience platform) successfully rolled out.
- ❖ **Networking Rebrand and Communication plan**, with focus on patient experience, accessibility, and inclusion.
- ❖ Continuing **commitment to improving experiences** for **People with a Learning Disability**

### Using our WAST 'plan on a page'

To support the IMTP update we have been using our engagement sessions to capture feedback from the public on what they expect from the ambulance service and will feed this information into the Performance & Planning Team.

At the time of writing plans were also underway to host two 'Come and Meet' events in partnership with the Experience and Engagement Teams at BCUHB and SBUHB. Working in partnership with Health Board colleagues, these events will have a broader focus than just services delivered by WAST, but will provide opportunity to demonstrate how WAST's services integrate with and support services delivered by the Health Board.



### Patient Stories

Patient stories are making a significant contribution to our understanding of the patient experience and provides a valuable insight into the quality of the healthcare people receive. Amongst the eight patient stories recorded for meetings Steven's story, along with stories from Beth, a Palliative Care Paramedic, and Keith, a CFR, have been aired and discussed at length at QuEST (Quality, Experience and Safety) Committee and Trust Board. They have related to chronic ill health, End of Life Care, and traumatic event due to delayed ambulance response times. These stories have enabled us to reflect on the experiences, the sequence of events and the emotional effect on the person sharing their story.

In using advances in digital technology our online virtual video booth, hosted on the Trust website is enabling people to record themselves and submit their experience stories to us at a time convenient to them. We hope to be able to build on the existing library of stories and promote storytelling across communities. In broadening access to patient stories and offer a means of providing more context and details, we have taken our first steps towards developing a dedicated channel for Patient Story podcasts. Podcasts would allow more depth to explore wider issues surrounding an incident or experience and gives room and flexibility to ask more questions and provide more answers.

The patient story tracker is helping us keep track, monitor, and demonstrate actions/outcomes from stories and help with evidenced based reporting.

A new feature of Civica version 8 is the patient stories video functionality.

The key functions of the patient stories feature are the ability to upload videos from external sources; ability to categorise/sort stories; option to play videos directly within the experience platform; ability to download videos for use within a health board; share videos between organisations (currently only apply to NHS Wales) and process for managing patient consent for video stories.

The new feature will not allow patients to directly record and upload stories themselves into the system. This means we will likely need to retain access to the 'Virtual Video Booth' system we have in place that allows patients to record their stories online.

Key themes coming through the patient stories include, particularly around our EMS service include:

- People feeling extremely anxious
- Harm caused by delayed responses/waiting.
- Post traumatic stress / difficult decision making
- Catastrophic outcomes from long waits
- Catastrophic outcomes from self-conveyancing; relatives/family member.
- Ability to offer online appointments / scheduling of care

## **National engagement**

We have also supported engagement with a range of partners around Wales including:

- The **Palliative End of Life Care experience survey** is a national survey running across NHS Wales
- **National Patient Experience Survey**
- We have been and continue to reach out and engage with **Patient & Public Engagement Officers at Llais**, the new citizen voice body for health & social Care in Wales
- Work with **Centre for Healthcare Evaluation, Device Assessment and Research (CEDAR)** on PREMS development
- As part of the **Co-production Network** for Wales, reaching out to minority communities
- Phase 1 of the **Bevan Commission 'Big Conversation'** with the public on the future of health and care in Wales

Some of the key issues relating to ambulances from our work with external partners, particularly the Bevan Commission, includes:

- Agreement that the way services are delivered and organised needs to change; a lack of integration and continuity between professionals, services, and organisations
- A lack of access to appropriate information about services, support and managing health and wellbeing
- the lack of family structures and support around older people unable to look after own health and wellbeing
- The need for inclusivity in the design of health and care services
- Concerns about the future sustainability of the workforce, aligning with workforce recruitment and retention issues
- Poor working conditions with high stress and staff feeling undervalued

## **Specific feedback on our services through our PREMS development:**

### **NHS 111 Wales**

Throughout this reporting period we have continued to make available a patient experience survey asking people to share their views with us about accessing health information and advice through the NHS 111 Wales website. **Between April and September 2023 195 people completed a website experience survey.**

- 53% told us that they didn't find it easy to find the information they were looking for on the website



- In contrast, 37% of respondents said they found it either 'Extremely' or 'Very' easy to find the information they needed
- 42% of people said they intended to follow the advice they found on the website.
- 49% of respondents rated their overall experience of using the website as 'Poor' or 'Very Poor'. When asked to explain why they gave that rating, people said:
  - **"Looking for pictures of rashes, site said there are 18 pictures. This just doesn't work on iPhone. Very poor. Still have an unexplained rash. Money wasted!"**
  - **"Sorry for the language but the only way I can tell you is it's a crap website that only frustrates users and you don't do anything about it"**
- 36% of respondents rated their overall experience of using the website as 'Excellent' or 'Very Good'. When asked to explain why they gave that rating, people said:
  - **"Website is fantastic and informative; I truly appreciate the NHS and all the staff that support it"**
  - **"Could easily find the symptoms straight away, will keep an eye on bite and if symptoms worsen/do not improve with treatment will call 111 as advised"**

999

The Civica Experience platform provides us with some enhanced reporting facilities, including the ability to weight questions and produce 'Heat Maps' based on responses. We set a benchmark of 85, with aggregated scores of 85 and above representing a positive response.

From the Heat Maps below we can see that the benchmark was reached in all areas except waiting time for an ambulance response.

Responses	Overall Experience	EMS Coordination				CSD			
	Thinking of the last time you called 999. Overall, how would you rate your experience of the service?	The 999 call taker who answered your call listened carefully	The 999 call taker who answered your call was reassuring	The 999 call taker who answered your call explained what was going to happen next	You felt confident in the 999 call takers ability to manage your call and provide appropriate advice	Was the Clinical Adviser you spoke with polite?	Did you feel that you were listened to by the Clinical Adviser?	Did the Clinical Adviser explain why an ambulance would or would not be sent to you on this occasion	Do you feel you were given enough advice on the telephone about what to do next?
10	87	82	90	90	91	100	100	86	100
Benchmarks	85	85	85	85	85	85	85	85	85

EMS Response								
The length of time I waited for the ambulance to arrive was acceptable	I understood the explanation of the care and treatment provided	I felt safe whilst in the care of the ambulance staff	The ambulance staff were professional and reassuring	The ambulance journey was comfortable	Overall, I was happy with the service received from Welsh Ambulance Service	Overall, I felt that I was treated with dignity and respect	Did the Paramedic or ambulance service staff clearly explain why you were not being taken to hospital	Before leaving you at home, did the Paramedic or ambulance service staff provide you with enough inf
77	90	100	100	93	90	90	100	100
85	85	85	85	85	85	85	85	85

## Ambulance Care

An established governance process is in place which allows us to contact people who have received transport via NEPTS to their appointment and ask for feedback. This contact is made either by SMS Text or by posting a hard copy survey to the patient at home. The survey is also freely accessible online, all NEPTS vehicles now also have a sticker onboard containing a QR Code which directs people to the feedback survey.



We are investing further in our Clinical Support Desk to screen and assess more calls so that the right response is sent to patients, protecting our emergency ambulances and CHARUs for the

<p>Feedback through our PEGI engagement, patient stories, complaints and compliments have suggested the following:</p> <ul style="list-style-type: none"> <li>• People feel extremely anxious</li> <li>• We have heard about harm caused by delayed responses/waiting</li> <li>• There are reported incidences of post traumatic stress as a result of difficult decision making when people feel vulnerable</li> <li>• There have been catastrophic outcomes from long waits</li> <li>• There have been catastrophic outcomes from self-conveyancing; relatives/family member</li> </ul> <p>National feedback, such as the 'Big Conversation' suggests:</p> <ul style="list-style-type: none"> <li>• Things need to change in health and care – we cannot keep doing the same thing</li> <li>• Services need to be more integrated</li> </ul>	<p>most life threatening emergencies. <b>(see section 4.2 of the IMTP)</b></p> <p>Over the next three years we will continue to work with our commissioners to ensure there are the right resources in the right place every time by focussing on recruitment in key areas, including the type of resource (e.g. CHARU) which focus on red calls, the volume of resources available and how we improve capacity in rural areas. <b>(see section 4.2 of the IMTP)</b></p> <p>We know that our services need to change. We are working on a more integrated service offer for the future. One in which 111 and 999 offer integrated, remote clinical support <b>(see sections 4.1 and 4.2 of the IMTP)</b>, more care can be provided at or close to home either through safe monitoring of patients remotely or by a response from one of our advanced practitioners. Our future plans are set out in <b>sections 1.3 and 4.2 of the IMTP</b></p>
<h3>Ambulance Care</h3>	
<ul style="list-style-type: none"> <li>• Our NEPTS service is rated highly</li> <li>• Some improvements needed in waiting times for transport, passenger comfort and pain management</li> <li>• There has been positive feedback on more experiential measures such as friendliness, politeness, compassion and professionalism of the service</li> </ul>	<p>Our plan this year for NEPTS focussed on further improvement to drop off and pick up times, and improvement in our oncology performance. We aim to put in place an enhanced hub for our oncology patients which will see the same benefits that our renal patients have seen.</p> <p>Over the course of this three year plan we will seek to improve our fleet across UCS and NEPTS.</p> <p>Our workforce plan for Ambulance Care, ensuring the right skill mix across our Urgent Care and Non-emergency Transport Services should ensure that the skills are in place to support the right pain management for our patients during journeys.</p> <p>To ensure we maintain high quality standards, we will be developing a Welsh Ambulance Quality Standard award which will be awarded to our third party providers on meeting the criteria for quality set out in our agreements with them.</p> <p>Our plans for Ambulance Care are set out in <b>section 4.3 of the IMTP.</b></p>

## 4.2 What are our colleagues' priorities?

In our commitment to deliver the People & Culture plan, we have started to collect both qualitative and quantitative metrics to try to measure improvements.

A report was presented to our People & Culture Committee in December 2023 summarising the following across our '3C's' below:

**Culture:** Pulse survey responses highlight current sentiment regarding staff confidence in voicing concerns, providing an indication of the Plan's impact on employee engagement and psychological safety.

**Capacity:** 'Moving on Interview' data reviews experiences of colleagues leaving the organisation or moving into other roles, shedding light on factors that influence retention and job satisfaction.

**Capability:** Feedback from the recently redesigned Mandatory In-Service Training provides insights into the effectiveness of our initiatives in embedding a culture of continuous learning, inclusivity and professionalism.

### Culture

Some of the key issues coming through staff feedback from pulse surveys included:

- Nearly two thirds of our organisation feel proud to work for WAST, however around half of our workforce regularly considers alternative employment with the area most at risk being Operations.
- There are concerns about how feedback is listened to and used to make improvements, which provides us with valuable insight into where we need to focus our cultural improvement journey.
- Staff continue to be worried about their ability to provide a safe and high quality service, particularly in light of continued delays at hospitals.

A key area of our plan last year was listening to people's concerns about psychological and sexual safety in the workplace. The development of our Voices Network has given us insights into the feelings of staff as we have worked to tackle this issue:

- An increase in domestic abuse related concerns where colleagues are in relationships with colleagues. 'Love bombing' has come up a few times.
- Feedback from operations Advocates that there is a positive shift in attitudes around banter, but not everywhere
- Feedback that some directors come along to WAST Voices meetings which is appreciated.
- Students sharing they feel better supported organisationally to challenge casual sexism without feeling they will become the problem by pointing it out.
- A waiting list of teams requesting learning and support around the subject of sexual safety.

## **Capacity**

Exit interviews also provide valuable insight into where WAST could improve for both patients and our people:

- A range of issues including expectations of the role v. reality, demands of the job, work/life balance and the lack of face to face support have contributed to people leaving or changing their role.
- People still had positive experiences of their role including how they make a difference to people's lives, their colleagues & managers, flexibility and training & development opportunities.
- However, people do not always enjoy the shift pattern, skills decay from reduction in exposure to a variety of patient conditions (due to handover delays), stress due to working in high pressured environments and little interaction with colleagues.
- People felt health and wellbeing would benefit from such interventions as rota flexibility, more time with their own team, being able to call upon support more immediately within the local work environment and more preventative interventions during periods of high pressure.
- People felt that job satisfaction would improve if such things as break opportunities, clinical support & mentorship, more trust and autonomy and progression & development were much more explicitly available to them.

## **Capability**

Our people have provided positive and constructive feedback about Mandatory In-service Training (MIST).

Colleagues found the sessions:

- Engaging, fun, enjoyable
- Empowering, interactive
- A clear change in culture
- Great learning atmosphere, safe space
- Inclusive, worked as a team, felt valued
- Relevant, beneficial, interesting

They felt the sessions could be improved through:

- Continuing to deliver sessions locally
- More frequent MIST (more than once a year)
- More content for NEPTS
- More on mental health and maternity

## **CEO Roadshows**

The Chief Executive and the Executive Team held a series of Chief Executive Roadshows across Wales in November 2023. Colleagues were invited from all parts of the organisation to come together to

discuss directly with the Executive Team the concerns, challenges, and issues they face on a day-to-day basis. We discussed with people what is really important to them and what their hopes are for the future in WAST.



Some key themes came through in the feedback:

### ***Financial Strain and Cost of Living:***

- There is a pervasive concern about the impact of the cost of living on staff, affecting their well-being and job satisfaction.
- The financial challenges faced by staff, including reliance on overtime, are significant and need to be addressed to maintain a motivated workforce.

### ***System Pressures and Demand:***

- Increased demand and system pressures, highlighted by handover delays and overruns, are putting a strain on staff and affecting patient care.
- Discussions suggest the need for a comprehensive, whole-system approach to healthcare to effectively manage the challenges arising from increased demand.

### ***Digital Transformation and Training:***

- The importance of digital tools is recognized, but challenges in digital literacy and system integration need attention.
- Training, especially for new staff, is crucial to ensure competence and maintain the quality of services.

### ***Staff Well-being and Mental Health:***

- Concerns about staff well-being, increased mental health issues, and the need for proactive support mechanisms indicate the importance of prioritizing employee welfare.
- Addressing issues before they lead to sickness is crucial to maintaining a healthy and resilient workforce.

### ***Public Expectations and Communication:***

- Discrepancies between public expectations and the reality of services, especially in terms of 111 and primary care access, emphasize the need for effective communication and managing expectations.

### ***Climate Change and Sustainability:***

- The **impact of climate change** on operations, such as flooding, and discussions on sustainability reflect the need for organizations to adapt to environmental challenges.

### ***Career Progression and Training Opportunities:***

- **Concerns about career progression**, especially for certain roles, suggest the importance of offering clear pathways for professional development.
- Ensuring ongoing **training opportunities** is crucial for maintaining competent and skilled staff.

### ***Collaboration and Whole-System Approach:***

- The feedback underscores the importance of collaboration, both within the organization and with external partners, to address complex challenges.
- A whole-system approach is necessary to navigate the interconnected issues faced by the organization.

### ***Media Impact and Public Perception:***

- The impact of media stories on staff morale and public perception emphasizes the need for effective communication strategies and managing reputational challenges.

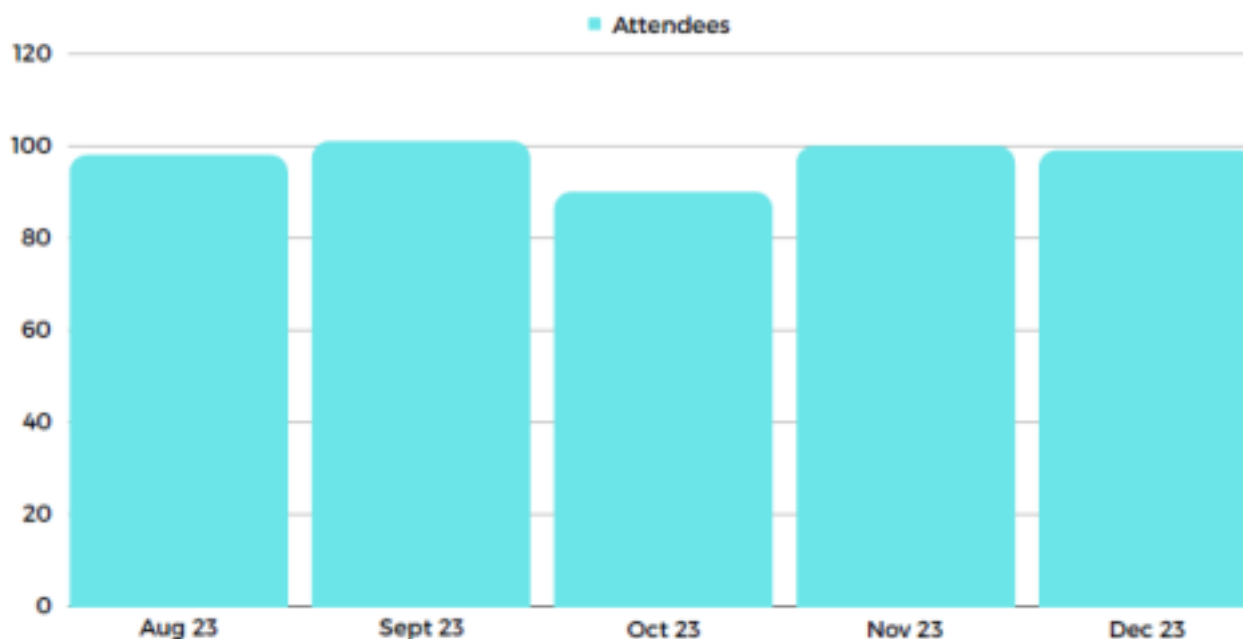
## **WAST Live**

The Trust continued to run regular WAST Live meetings with staff via Zoom enabling staff to directly connect with the Executive Team on key issues, through both information sharing and question & answer sessions.

The graph below shows that they attract on average around 100 staff, although the recordings are available for people who couldn't attend live sessions. The word cloud below also shows some of the key issues that staff have raised through the sessions.



## WAST Live



### Themes of Questions Asked:



## Health & Safety mechanisms

We learn a lot from the experience of our people which is communicated through incident reports and the trends feed through our local mechanisms to the National Health and Safety Committee. We have heard a lot about the impact of long waits outside hospitals, including the impact of running engines in the winter to keep patients and our people warm on the back of the ambulance. Diesel fumes continue to be a key issue for staff and patients and we are working with Health Boards to find solutions whilst delays remain high.

Such impacts are considered in this plan alongside a range of wellbeing and welfare offers and Health and Safety remains a priority for the Trust.

## Recognised workforce challenges

Our key workforce challenges which drive our approach to our people are:

- Delivery of an effective, flexible and responsive workforce plan which captures the organisational aspirations and identifies the workforce needed to deliver those aspirations.
- Building on management and leadership capability ability across the organisation to facilitate the best outcomes for our people.
- Working within our financial envelope and reviewing the types of posts we need to deliver high quality services to patients and reducing the level of conveyance to hospital.
- Managing rurality challenges which create recruitment and retention difficulties in some parts of Wales which can impact on service delivery, performance and patient outcomes.
- Securing a pipeline of people through effective career pathways into senior clinical, technical and professional roles.
- Identifying short and long term options to address rural recruitment challenges.
- Working across the sector with other retention leads on projects and interventions that encourage colleagues to remain with WAST.
- Reviewing identified skills gaps and creating opportunities for development e.g. digital.
- Analysing pressures in support services and opportunities to address this.
- Taking a holistic approach to attendance management with focus on culture and improving the working environment and increasing support for people to stay in work.
- Deliver culture reviews in service areas requiring support and improving employee experience across the Trust.
- Develop high quality relationships with social partners.

What we have heard from our people:	How we will address this in our IMTP:
<ul style="list-style-type: none"> <li>• Concerns about how feedback is listened to and used to make improvements</li> <li>• worries about their ability to provide a safe, high quality services with ongoing system pressures</li> <li>• Concerns about staff well-being, increased mental health issues</li> <li>• Career progression - the importance of offering clear pathways for professional development.</li> <li>• the shift pattern, skills decay from reduction in exposure to a variety of patient conditions (due to handover delays), stress due to working in high pressured environments and little interaction with colleagues.</li> <li>• Flexible options for work life balance</li> <li>• Digital experience and literacy are still issues for a lot of staff, and they highlighted the importance of training in the tools they are given</li> </ul>	<p>Within this plan we are doing more around Freedom to speak up, appointing an additional Guardian this year, which will ensure our ability to listen and develop individual solutions</p> <p>Our plans for 111, 999 and ambulance care set out in <b>sections 1.3, 4.1, 4.2 and 4.3</b> set out the need to change the way in which we deliver services in the future. Whilst this won't mitigate the issues that create pressure across the wider system they will offer our staff and volunteers more opportunities to care for people at home or close to home, either in person or remotely.</p> <p>Our People and Culture Plan in <b>section 5.2</b> includes the implementation of a refreshed Health and Wellbeing Plan. The wellbeing of our people is a priority for us. Alongside this the plan also includes the continuation of the managing attendance programme which seeks to support people back into the workplace, regular 'check ins' and compassionate conversations training which aim to develop a more supportive inclusive environment which keeps people safe and well.</p>

	<p>We have maintained our three commitments from last year across our plan which are:</p> <ul style="list-style-type: none"> <li>• To develop <b><i>flexible working</i></b> across the organisation (see section 5.2)</li> <li>• To reduce <b><i>shift overruns</i></b> (see section 4.2 and 5.2)</li> <li>• To improve people's <b><i>digital experience</i></b> (see section 7)</li> </ul>
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## What are our legislative, strategic, financial and policy drivers?



**The Wellbeing of Future Generations (Wales) Act (WBFGA)** underpins the Programme for Government, and ‘**A Healthier Wales**’ remains the long-term strategy for the health and social care system. The Minister for Health and Social Care set out her priorities in the 2024-27 Planning Framework which this plan will need to meet.

- Enhanced Care in the Community
- Primary and Community Care
- Urgent and Emergency Care
- Planned Care and Cancer
- Mental Health, including CAMHS

The **Six Goals** programme has been established at a national and local level to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals as visualised here. A complete review of our contribution to the six goals and how this can translate to improved outcomes and performance can be found in appendix 1.



We will continue prepare early in 2024/25 for WAST to be a named organisation under the Well-Being of Future Generations Act, ensuring that our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working. **Wellbeing Objectives** will be developed around which our next IMTP will be framed.

A further key driver for us in 2024/25 will be the **Social Partnership and Public Procurement (Wales) Act 2023** coming into force. The Act ‘provides a framework to promote the well-being of the people of Wales by enhancing sustainable development (including by improving public services) through social partnership working, promoting fair work and socially responsible procurement’ (Source: [Law.gov.wales](https://www.law.gov.wales))

As a national organisation in Wales, we have also continued to focus on our commitment to the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards, making a huge step forward in employing internal Welsh translation to support our operational and corporate teams.

Our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty ([Link](#))
- Equality legislation and the Strategic Equality Plan ([Link](#))
- The Race Equality Plan for Wales ([Link](#))
- More than Just Words Action Plan ([Link](#))

Table 3: WAST response to the 6 goals – reference [Right care, right place, first time: Six Goals for Urgent and Emergency Care - A policy handbook 2021-2026 \(gov.wales\)](#)

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
<p><b>Goal 1: Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care.</b></p> <ul style="list-style-type: none"> <li>To help prevent future urgent or emergency care presentations, populations at greater risk of needing to access them should expect to receive proactive support through enhanced planning and coordination of their health and social care needs. This should support better outcomes, experience and value.</li> </ul>	<ul style="list-style-type: none"> <li>People with a progressive life-shortening illness have the offer of agreeing an advance care plan through close collaboration between the person, their families and carers; and the professionals involved in their care to enable them to die in the place of their choice.</li> <li>Residents of care homes and people known to be at greater risk of falling, are offered proactive support through home safety checks, home adaptations and advice on adoption of healthy behaviours appropriate to their needs.</li> <li>People with frailty syndromes, including those with dementia, are proactively identified by health and social care teams to ensure they receive care by a team of professionals competent to assess and manage individual needs at, or closer to, home.</li> </ul>	<ul style="list-style-type: none"> <li>WAST has palliative care paramedics operating in certain areas in Wales. There is an opportunity to scale up these roles in all Health Board areas and we will discuss this with Health Boards through our Integrated Commissioning Action Plan (ICAP) meetings and through our work to develop pathways for our clinicians. <b>See sections 4.1 and 4.2</b></li> <li>Our falls teams across Wales are actively involved with Care Homes and we continue to seek to review the model of care for fallers at home at levels 1 and 2 across Wales. We will discuss this with Health Boards through our Integrated Commissioning Action Plan (ICAP) and through the development of our future service model. <b>See sections 1.3 &amp; 4.2</b></li> <li>Our Older People Framework identifies how we can best support this element of goal 1. As part of our offer under goal 3 we are also piloting our <b>'ambulance in a box'</b> concept with care homes in Aneurin Bevan &amp; Betsi Cadwalader. This will enable WAST to remotely monitor patients at home, making the right clinical decision for their needs. <b>See section 4.2</b></li> <li>In support of our role in Goal 1, we are working closely with DHCW and Health Boards to implement the National Data Resource and working on data linkage to ensure accurate and up to date information is held on patients to</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in conveyance from deployment of specific resource: e.g. end of life; mental health; Falls.</li> <li>Efficient and improved data sharing and transfer</li> </ul>

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
		<p>allow the best decision making by our staff, primary care and Health Boards.</p> <p><b>See section 7</b></p>	
<p><b>Goal 2: Signposting people with urgent care needs to the right place, first time.</b></p> <ul style="list-style-type: none"> <li>When people need to access urgent care they can access a 24/7 urgent care service, accessible via NHS 111 Wales, providing advice online or over the telephone and where necessary are signposted or referred to the right community or hospital-based service, first time.</li> </ul>	<ul style="list-style-type: none"> <li>People who require urgent care are supported to understand the value of seeking advice through the NHS 111 Wales online platform or telephony service, receiving a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience.</li> <li>Those who have an urgent health and wellbeing issue that may result in significant or permanent harm if not assessed or treated within the next eight hours, are supported to achieve optimal experience and outcome through urgent primary care services. This will include:               <ul style="list-style-type: none"> <li>an initial phone consultation through 111</li> <li>signposting to a same day or out-of-hours primary care appointment; or pharmacy, dental or optometry advice</li> <li>direct connection to mental health advice</li> <li>signposting / referral to an urgent primary care centre; and/or</li> <li>signposting / scheduling to an arrival time slot at a</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>NHS 111 Wales is a key component of goal 2 and we have a comprehensive plan to meet the priorities set out in the handbook alongside the Six Goals Programme team and commissioners. Our plans include:               <ul style="list-style-type: none"> <li>Improving the website (with a business case for funding) and creating a 'digital first' vision for 111</li> <li>Improvement in website symptom checkers</li> <li>Focus on 111 dental and palliative care pathways</li> <li>Pilot direct booking to UPCCs</li> <li>Increase multi-disciplinary working - pharmacy, respiratory, neonatal specialisms</li> <li>Improvements to further enable the 111 Press 2 line for Mental Health</li> <li>A re-roster to ensure capacity to manage calls more efficiently and to within target</li> <li>A new CAS system which is essential for the running of 111 with the opportunity for interoperability with 999 so that patients receive seamless services</li> </ul> </li> </ul> <p><b>See section 4.1</b></p>	<ul style="list-style-type: none"> <li>No. of website hits</li> <li>Total numbers of callers (increase)</li> <li>Numbers and proportions of callers into each pathway</li> <li>Clinical call back times for 111 – meet targets set</li> <li>Consistently timely – less than 5% abandonment</li> <li>Improved patient reported satisfaction</li> <li>Increased proportion of consultations closed with no further follow up needed</li> <li>Increased proportion of next steps seamlessly booked.</li> </ul>



Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
	<p>minor injuries unit or Emergency Department</p> <ul style="list-style-type: none"> <li>Health and care staff have access to a 'directory of services' (DOS) holding comprehensive, accurate and contemporaneous information to signpost or refer people to the right place, first time based on their individual need.</li> </ul>	<ul style="list-style-type: none"> <li>The DOS is now business as usual for the Trust but our digital vision will include how we can better utilise information through the DOS to signpost people to the right part of the system</li> </ul>	
<p><b>Goal 3: Clinically safe alternatives to admission to hospital.</b></p> <ul style="list-style-type: none"> <li>People with urgent or emergency care needs can access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Community based nurses, allied health professionals and GPs should have timely access to GP and / or specialty advice and guidance to support safe decisions about a person's urgent or emergency care needs. This includes helping them to remain at home; receive timely follow-up care after accessing the ambulance service or accessing the right hospital setting, first time.</li> <li>People who have a clinical need for a hospital-based urgent or emergency face-to-face assessment, diagnostics and/or treatment are always considered for management on an (ambulatory) same day emergency care (SDEC) pathway.</li> </ul>	<p>Our IMTP includes the following:</p> <ul style="list-style-type: none"> <li>Development of the remote clinical assessment speciality</li> <li>Developing a fully remote working clinician offer (operations / training / digital)</li> <li>Delivering the next stage of Connected Support Cymru which enables remote monitoring of patients in their own homes by CSD clinicians supported on scene by volunteer Community Welfare Responders</li> <li>Developing Pre-Dispatch Outcome Risk Stratification Tools linking CAD &amp; ePCR data which mean the right response is sent which may not be a conveying resource</li> <li>Roll out of new integrated (111/clinical support desk) care model</li> <li>Extend use of video/ phone consultation</li> <li>24/7 on-scene, clinical assessment, treatment, and referral service which includes APPs, falls &amp; mental health services (cross ref Goal 1)</li> <li>Access to alternative pathways including SDEC referral pathways (for</li> </ul>	<ul style="list-style-type: none"> <li>Increased numbers of patients safely managed at home or in the community</li> <li>Conveyance rates - reduce</li> <li>Proportion of incidents attended by APPs / other advanced or specialist practitioners - increase</li> <li>Numbers and proportions of callers into each pathway</li> <li>Increase in activity from on scene to SDEC</li> </ul>

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
		<p>which we are reliant on the updated criteria and availability of SDEC spaces</p> <p><b>See section 4.2</b></p>	
<p><b>Goal 4: Rapid response in physical or mental health crisis.</b></p> <ul style="list-style-type: none"> <li>The fastest and best response provided for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.</li> </ul>	<ul style="list-style-type: none"> <li>People with mental health and emotional distress will receive a coordinated response from services across the urgent and emergency care pathway. This should seamlessly link: <ul style="list-style-type: none"> <li>in-hours and out-of-hours primary care</li> <li>emergency ambulance services</li> <li>Emergency Departments</li> <li>Police</li> <li>mental health liaison</li> <li>NHS crisis services; and</li> <li>Crisis cafes and sanctuaries.</li> </ul> </li> <li>People dialling 999 with non-time critical presentations are referred to alternative community, mental health single points of access or direct access hospital pathways, or safely discharged over the telephone following a secondary clinical assessment.</li> <li>People who have dialled 999 for an emergency ambulance and are in imminent danger of loss of life or limb, have a time sensitive injury or illness or require palliative care receive the fastest and best type of response commensurate with their clinical need. They are transported/referred to the best</li> </ul>	<p>Our IMTP includes the following:</p> <ul style="list-style-type: none"> <li>Recurrently funding the additional 100 WTEs to ensure stability in our ability to maintain high UHP</li> <li>Evaluation of the pilot Mental Health Response Vehicle in Aneurin Bevan and exploration of expanding this to the rest of Wales in line with other UK ambulance services</li> <li>Ensuring mental health capacity to manage patients following Right Care Right Person</li> <li>Full roll out of CHARU with improved utilisation to respond to the most serious incidents</li> <li>Addressing capacity in rural areas</li> <li>Building capacity through sickness absence reduction through our managing attendance programme, flexible working workstream and refreshed health and wellbeing plan</li> </ul> <p><b>See sections 4.2 and 5.2</b></p> <p>There is also cross over with work in Goals 1,2 and 3 – our plans seek to protect emergency ambulance resources to provide capacity to the most life threatening incidents</p> <p>Whilst handover can be seen as out of WAST control we will continue to work with health boards to improve handover lost hours and reduce delays. We will also ensure that the quality of care those</p>	<ul style="list-style-type: none"> <li>Achieve 65% red target.</li> <li>Reduce unmet demand by half.</li> <li>Increase ROSC rates to between 24-30%</li> <li>Reduced sickness absence (target in IMTP to 6%)</li> </ul>

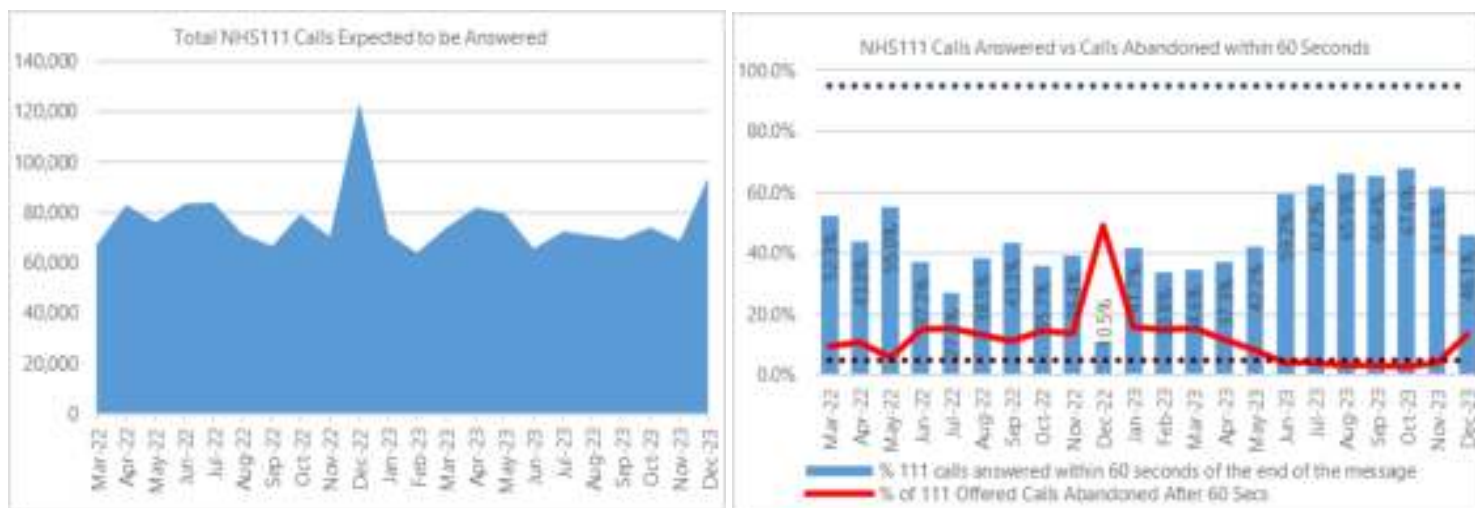
Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
	<p>direct access pathway based on clinical need, as quickly as possible.</p> <ul style="list-style-type: none"> <li>Those arriving by ambulance at a hospital facility should be transferred safely from ambulance clinicians to the care of hospital clinicians in order of clinical priority and always in a timely manner (an hour at most)</li> <li>Ambulance clinicians will develop necessary end of life assessment and support skills to deal with difficult conversations, administer appropriate medications and support family/carer concerns.</li> </ul>	<p>patients waiting outside hospitals is of a high standard.</p>	
<p><b>Goal 5: Optimal hospital care and discharge practice from the point of admission</b></p> <ul style="list-style-type: none"> <li>Optimal hospital based care is provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice</li> </ul> <p><b>Goal 6: Home first approach and reduce the risk of readmission</b>            People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.</p>	<ul style="list-style-type: none"> <li>People who are eligible for discharge through Non-Emergency Patient Transport Services (NEPTS) will receive safe, timely and comfortable transport to and from their destination, without detriment to their health. They are treated with dignity and have their religious and cultural beliefs respected. Where people are at a hospital ward or department, the Health Board will ensure they are ready to leave at the time they notify the transport provider of readiness to travel.</li> <li>People who require additional support on discharge should be transferred from hospital onto the appropriate 'discharge to recover then assess pathway' (usually back to their normal place of residence)</li> </ul>	<ul style="list-style-type: none"> <li>Our IMTP sets out the plan to develop an all Wales transfer and discharge model. We have modelled the requirement based on time related KPIs and utilisation. The next steps for us are to engage on what the modelling has told us and develop options with health boards going forward.</li> </ul> <p><b>See section 4.3</b></p> <ul style="list-style-type: none"> <li>Our fleet will be modern and take account of the needs and comfort of patients.</li> </ul> <p><b>See section 4.3 &amp; 6</b></p>	<ul style="list-style-type: none"> <li>KPIs for transfer and discharge being reviewed as part of the transfer and discharge project in WAST</li> </ul>

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
	<p>within 48 hours of the treatment of their acute problem being completed.</p> <ul style="list-style-type: none"> <li>• All patients on mental health or learning disability wards with admissions longer than 90 days must have a clear discharge plan in place. All patients cared for in specialist services outside of NHS Wales will have a repatriation plan in place.</li> </ul>		

## Our Operating and Financial Context

The Trust monitors quality and performance in an integrated way, looking at four domains based on the Quadruple Aim: our patients, our people, value, and system contribution. We have an agreed Quality and Performance Management Framework. At Board level, we monitor 31 key metrics which are designed to show progress against our strategy and plan.

### Our Patients



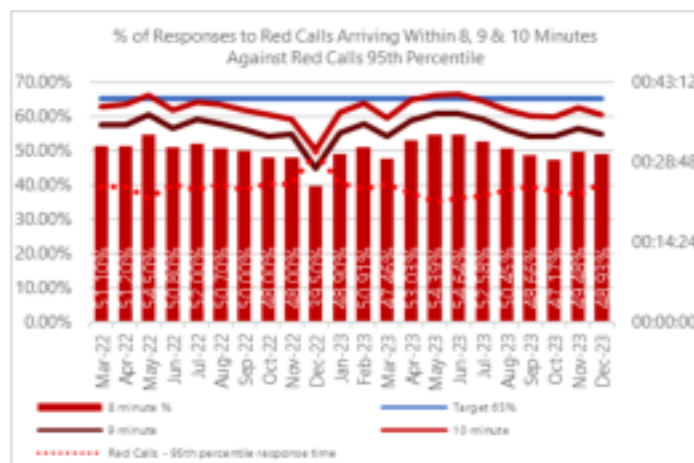
**NHS 111 Wales** has struggled to achieve its response time target of calls being answered within 60 seconds (95%), although the second half of 2023 saw improvements in this metric, with answer rates in October 2023 achieving 68%. Abandonment rates also improved throughout the year, with the number of calls being abandoned consistently remaining below the 5% target between June and November 2023. December 2023 saw high levels of demand, linked to seasonality, which consequently had a negative effect on call answering performance. However, due to increased call handler hours being produced during December, coupled with other improvements in process, the significant rise in call numbers did not have the same impact on performance as experienced during previous months of unprecedented demand.

Similarly, clinical call times have shown sustained improvement during 2023, with P1CT, P2CT and P3CT prioritised calls all achieving the 90% target between July and October 2023, something that was not seen throughout the whole of 2022.

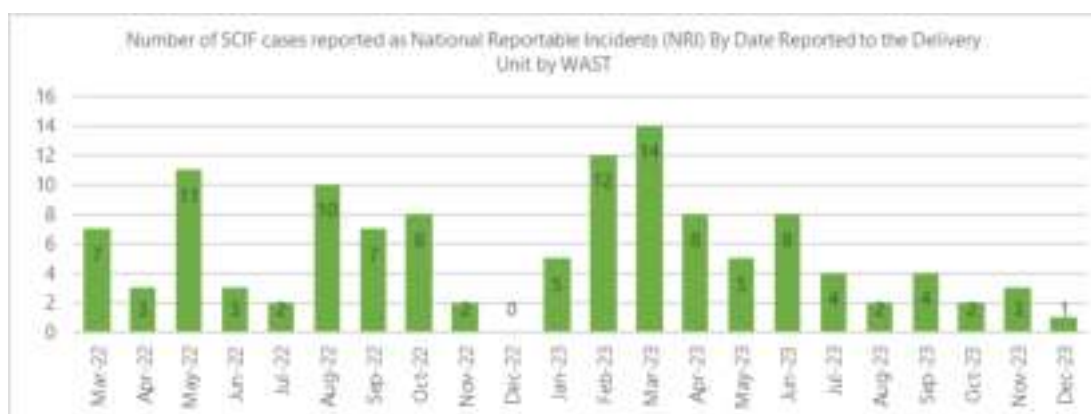
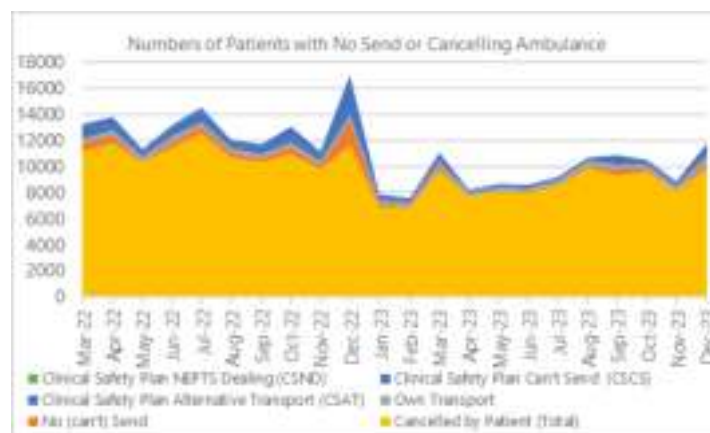
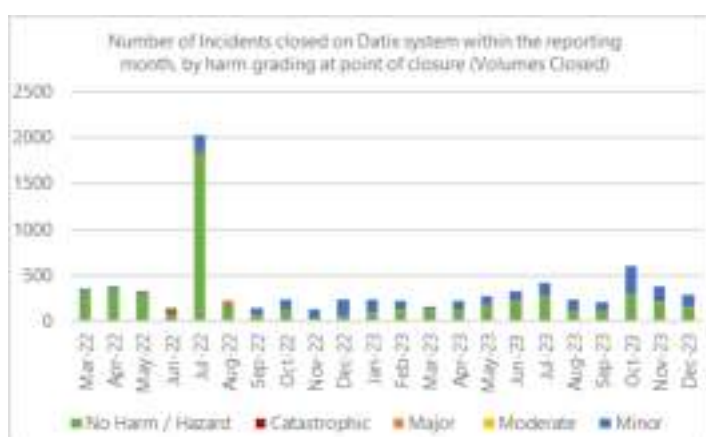
Whilst the NHS 111 Wales service is now more resilient, the increased in demand in December 2023 has continued into 2024, with demand in February 2024 (leap year) being 17% higher than demand in December 2023 (it was also higher in January year on year). The Trust and commissioners will need the level of demand under review and what this means for performance delivery.

The **Emergency Medical Service (EMS)** has continued to be under pressure during 2023/24 with Red 8-minute response performance averaging 51.1%. Although a slight improvement on the 49.3% achieved during 2022/23, it remains significantly below the 65% target. However, as Red demand has increased year-on-year, the actual number of Red incidents being responded to within 8-minutes has increased; averaging 2,187 hits per month in 2023/24 compared to 1,966 in 2022/23. Whilst Red performance is the headline metric, the majority of patient safety incidents occur within the Amber 1 category. The Amber 1 median (year to date) is 1 hour and 16 minutes and the Amber

1 95<sup>th</sup> percentile 6 hours and 55 minutes. This is an improvement on the respective figures of 1 hour 39 minutes and 8 hours 42 minutes reported in 2022/23. The Amber 1 median ideal is 18 minutes, with the interim performance parameter being 30 minutes. The Trust would expect the Amber 1 95<sup>th</sup> percentile to be under one hour.

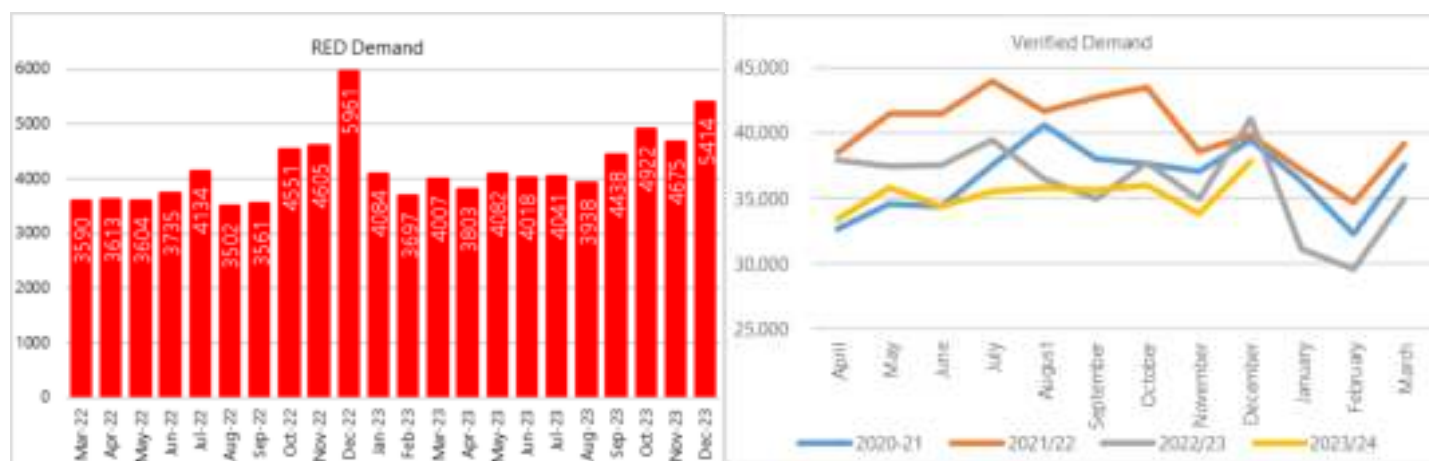


The protracted waiting times are causing high levels of avoidable harm in our communities and patient cancellations, for example in December 2023 9,900 ambulances were cancelled by patients.



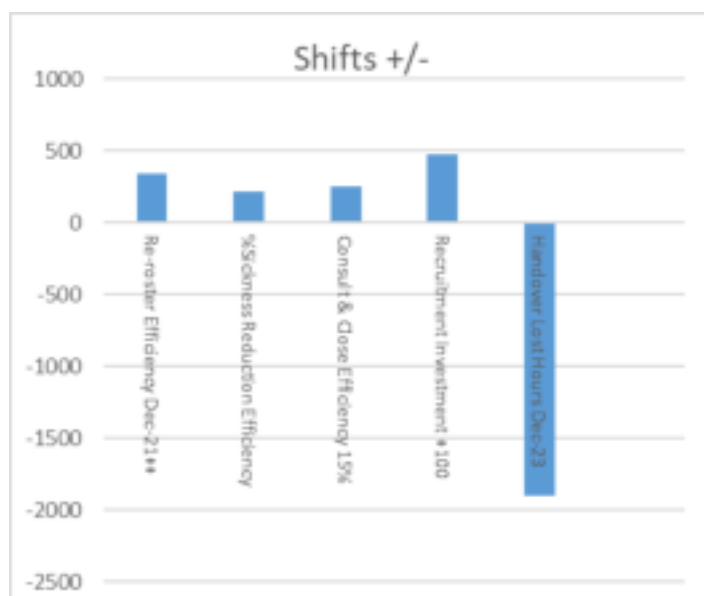


EMS demand has remained stable, and below 2019/20 (pre-pandemic) levels, during 2023/24, although the acuity has changed, with Red demand showing an increasing trend and accounting for 12.4% of total demand (year to date) compared to 11.3% during 2022/23. Red demand accounted for 6% of overall demand in the 2019/20 EMS Demand & Capacity Review.

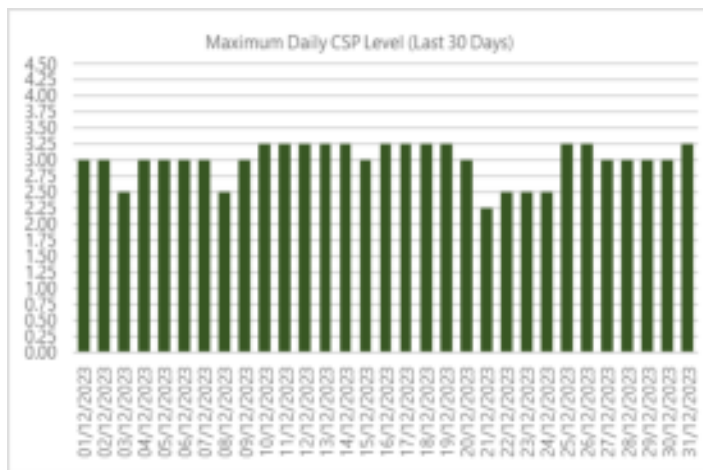


The fundamental issue for EMS is lost capacity, in particular, hospital handover lost hours which, although reducing, remain extreme. During 2022/23 an average of 24,970 hours were lost due to hospital handovers each month, with this peaking at 32,098 hours in December 2022. Although this reduced to 20,679 hours per month during 2023/24, the time lost remains excessive and means that without these lost hours the Trust could have responded to an average of 7,283 more patients each month.

The Trust has a range of efficiencies and investment actions, but these are not sufficient to offset this scale of extreme loss from handover delays. In line with its plan for EMS and performance trajectories set out in the 2022- 2025 IMTP, the Trust has successfully completed the pan-Wales Response roster review, reduced sickness absence (albeit it has risen recently again), has improved consult & close to almost 15% and has delivered +100 FTE additional frontline EMS staff.



The Trust also has in place comprehensive tactical seasonal planning arrangements (forecasting,

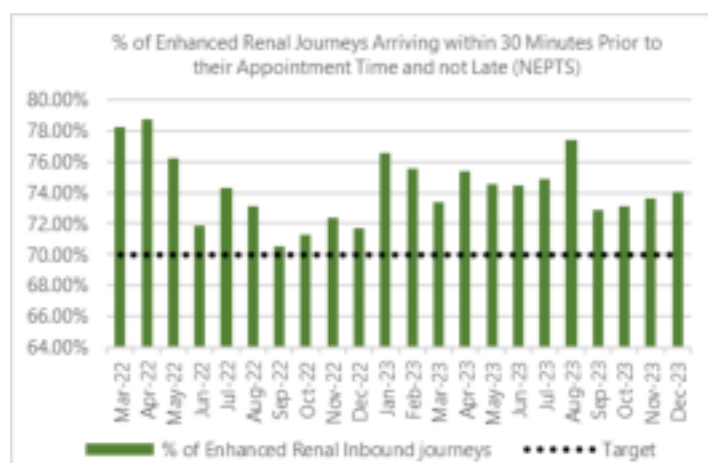


modelling and robust plans) and operates its Clinical Safety Plan, at increasing high levels (3b is the third highest level). This can be seen in the maximum daily CSP levels for December 2023 in the adjacent chart.

The Trust will shortly be completing its Q1, 2024/25 seasonal modelling. Although overall demand has remained relatively stable, there has been a reduction in the number of handover lost hours seen in the latter half of 2023, when compared to the previous year, along with

some improved performance within the Amber categories, which may indicate a more positive picture for 2024/25, but this improvement would need to be sustained throughout Q4.

The Non-Emergency Patient Transport Service (**NEPTS**) service is broadly stable and has made good progress via the Ambulance Care Transformation Programme.



Last year oncology performance was recognised as underperforming, and with agreement between the CASC and the Trust, revised performance parameters were introduced in April 2024. Local management teams are working closely with Health Board colleagues to develop local actions in response to the current underperforming level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.

The NEPTS Demand & Capacity Review identified two major efficiencies for NEPTS: aligning clinic patient ready times with ambulance availability (complete) and re-rostering the NET Centre. Although lack of funding for additional FTEs has generated a pause, work had commenced to align resources and shift patterns. As part of the 2024/25 deliverables, the national NEPTS roster review has been un-paused and will now proceed. Changes are also being developed in North Wales to deliver the commitment on the renal 6-day service.

The Minimum Data Set (MDS) at appendix 2 sets out the expected activity and performance trajectories for 2023/24 aligned to the commissioning intentions set out in the EASC IMTP.

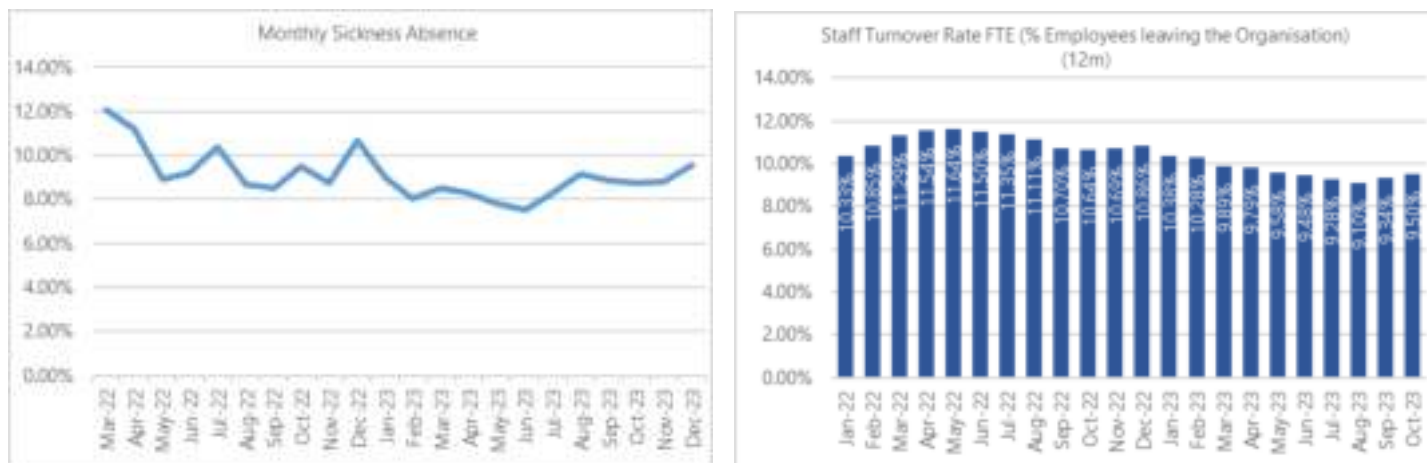
## Our People

In relation to our workforce, the key indicators are reviewed at Board, which relate to whether we have the right workforce capacity in place to meet demand, how we are keeping staff safe and well, and how they are being developed.



The numbers of EMS hours produced has seen a steady increase throughout the year. This helped UHP achieve 97.6% in December 2023, above the 95% benchmark, which it has been for several months during 2023. However, a key factor in our ability to ensure capacity continues to meet demand is the impact of abstractions. There have been significant pressures over the past few years, linked to COVID, the cost-of-living crisis and wider system changes, which have all impacted on staff well-being. This has seen EMS abstraction rates remain above the 30% benchmark figure, set out in the 2019 Demand and Capacity review, throughout the whole of the year, with an average monthly abstraction rate of 34.1%. Although still above the target, it is an improvement on the 40.7% figure seen during 2022/23. However, this picture is improved when looking at 111 and Ambulance Care which both recorded average annual figures of 30.1% and 27.3% respectively.

Sickness absence continues to be a main contributor to overall abstraction rates with an organisational average monthly sickness rate of 8.43% during the year, remaining above the 8% IMTP 22/23 target rate. These rates are higher amongst EMS staff (9.63%) and within the CCC (10.02%). To support the workforce there has been an ongoing focus on wellbeing activities across all areas of the Trust, including those in frontline and support roles and this has seen a general declining trend in sickness levels over the past 2-years. The ambition is to achieve the 6% IMTP target rate by year end.



Staff attrition rates have generally decreased throughout the year, falling to a 2-year low of 9.1% in October 2023. Following on from the findings of the staff survey undertaken across the Trust in November 2020 several improvements have been implemented, including management development programs and robust well-being offers, so colleagues know where to get support.

Other indicators of how the Trust is keeping its staff safe and well include vaccination rates. As of February 2023, 94% of staff had received a first dose COVID-19 vaccination, 94% had received a second dose and 35% have received the SPIKEVAX booster vaccination. 44.3% of staff have also received a flu vaccination which is higher than the uptake seen in both the previous years.

In terms of staff development, the Trust reviews levels of Personal Appraisal and Development reviews (PADR) as the best way of representing development at a high level. However, from a 2-year high figure of 87.9%, seen in December 2022, rates declined during 2023, falling to just 70% in September 2023 which is significantly below the 85% target. An organisational push to increase these levels has seen rates rise once again to 78.2% in December 2023.

Uptake of the CoVID-19 Vaccination Programme Amongst Frontline



## System contribution

The Trust aims to consider both its impact on the wider system, but also the wider system's impact on the organisation. Handover lost hours reached unprecedented levels during the latter half of 2022 and although they have reduced throughout 2023, they still remain extremely high, with the figure for December 2023 being 22,756 lost hours. This equated to 257,370 hours being lost during 2023 which can have catastrophic outcomes for patients and reduce front line staff job satisfaction. The Trust is aware that Health Boards have introduced urgent and emergency care escalation frameworks, and that the Welsh Government and the Minister are focused on this being tackled as a matter of priority. This in turn appears to have had a positive impact within some Health Board areas during 2023, with Cardiff & Vale in particular seeing handover rates diminish dramatically over the course of the year. However, given the scale of the challenge and its links to wider system pressures coupled with a gradual increase in demand throughout the year, the Trust is planning on the basis that these levels will remain relatively high for the immediate future.

In order to help tackle increased demand and additional pressures the Trust is committed to transforming and improving its services to become more sustainable and efficient and to reduce the reliance on emergency departments as the default location for definitive urgent and emergency care. One of the areas where we already support the system in reducing demand is in consult and close through the work of the Clinical Support Desk (CSD) and NHS111.



After achieving an annual high figure of 14.9% in January 2023, the Consult & Close service experienced a general decline in percentage rates, falling to 12.6% in September 2023. However, December 2023 recorded a figure of 14.1% during a month when demand spiked to over 5,000 calls for the first time during the year. It is expected that performance will continue to improve during 2024 with the aim to achieve the 17% target.

Looking to convey a patient to an alternative provider, other than an Emergency Department, and treating more patients at the scene can also help to alleviate pressure on EDs and reduce lost handover hours. Both of these options have seen a small increase over the past year, with December 2023 seeing 1,812 patients referred to alternative providers and 2,277 patients being treated at the scene, compared to 1,806 being conveyed to an alternative provider and 1,942 patients being treated at the scene in June 2023.

## Financial

We have had a good track record of planning for and subsequently delivering financial balance for several years.

Following a sustained pandemic response and with the impact of inflation and the costs of living as they relate to WAST, the financial outlook for 2023/24 and beyond is still challenging with a range of unavoidable costs in our plan and with a requirement to make at least 2% savings. We have been working with EASC, WG and the Finance Delivery Unit (FDU) to develop our financial plan for 2023/24 and horizon scanning across the full three years of this plan.

Whilst we have been able to address some of the income requirements in the plan (set out in the financial plan in section 11) there will be challenges and cost pressures that we have also had to plan for. This had led us to develop a plan which has more focus on value and financial sustainability as well as the impact on our people, whilst maintaining our ambitions to improve the quality of service we provide to our patients. The Financial Sustainability Programme is a key programme of work in



this plan and will drive transformation to achieve efficiencies as well as exploring opportunities for income generation alongside our existing commissioning arrangements.

## What do our commissioners say?

### 111, EMS and NEPTS

The 111 Commissioning Framework went live in May 2023. The Trust has received positive feedback from 111 Commissioners on its collaboration and engagement with these new arrangements, including putting in place robust quality, performance, workforce and financial reporting and most importantly the significant strides the Trust had made on improving service stability during 2023/24

For 2024/25 111 Commissioners have identified a continued focus on quality and performance, an “immediate focus” on the 111CAS replacement, support for a review of the 111 digital platform, a desire to resurrect the roster review (including demand & capacity pre-work and clarification of the performance parameters that the Trust is being held to account on). There are different views between the Trust and 111 commissioners on: the cost & recover model versus a resource envelope; the Trust’s ambition to increase its 111 offer to the system and the potential for integration between 111 and CSD; however, there is on-going dialogue in this space

The Emergency Ambulance Services Committee (EASC) sets commissioning intentions for EMS and NEPTS. This process has been running for much longer than 111. The commissioning intentions are not intended to set out all activity that will be undertaken this year by commissioners or the Trust, but provide a clear indication of the key strategic priorities of the Committee for the Trust in 2024/25.

For EMS the 2024/25 intentions include new aspects, including a strategic workforce plan for EMS, recruitment and retention into more challenging areas e.g. rural and collaborative, Duty of Candour around call to door STEMI and stroke times; and commissioning of ambulance transfer services that respond to the needs of health boards and clinical networks. The CASC has indicated continued support for inverting the triangle/offer to the system, whilst striking a balance between core and transformation. Dialogue indicates that there may be opportunities to expand the offer in 2024/05. Mental health is an area of focus, with a particular concern about the Police plans to stop responding to mental health incidents. A focus on key enablers: implicitly digital, for example the wearables being piloted in the Connecting Support Cymru initiative, workforce planning and value remain key. The Trust will underpin these developments with the outputs from the independent and collaborative strategic EMS demand & capacity review, which will become available towards the end of Q4 2023/24.

The Trust has supported the Integrated Commissioning Action Plans (ICAPs) process through 2023/24, but ICAPs are currently paused as the new commissioning arrangements start to go live from 01 April 2024. This will see the merging of 111 commissioning, EMS/NETPS commissioning and specialist services commissioning all move into one new Joint Commissioning Committee (JCC).

The NEPTS intentions are essentially unchanged, reflecting service stability and a wider collaborative piece of work being undertaken led by commissioners on the long term strategy for



NEPTS; however, there are a range of significant developments planned for Ambulance Care (NEPTS and UCS) in 2024/25 including: re-roster NEPTS transport, tightening the Ambulance Care scope of practice and improvements to the NEPTS CAD.

Finally, as mentioned above, the current commissioning arrangements will end on 31 March 2023, with the creation of the new Joint Commissioning Committee starting on 01 April 2024. There will be a period of transition in the first half of 2024/25, but in the medium term these new arrangements are expected to bring further opportunities for the Trust to integrate the three patient pathways that WAST is accountable for.

## WAST response to commissioning intentions

Commissioned Service	Summary of Priorities	Metrics	Response in this IMTP
111	<ul style="list-style-type: none"> <li>Continue to review “<b>what good looks like</b>”.</li> <li>Continue to review <b>workforce skill mix</b> and rations of call handlers to clinicians.</li> <li>Identify opportunities for <b>enhanced clinical practice</b>.</li> <li>Support the <b>Six Goals Programme</b> e.g. urgent dental, palliative care etc.</li> <li>Collaborate on <b>national reviews</b> e.g. a “rapprochement”</li> <li>Complete the <b>111 CAS replacement</b> and start to realise benefits from it.</li> <li>Undertake a review of the <b>111 digital platform</b>.</li> <li>Review calls, dispositions and outcomes, including self care, <b>number of touchpoints</b>, flows into UPCC, GMS etc.</li> <li>Keep under review <b>effectiveness of IVR</b> messaging.</li> <li>Keep under review <b>demand and the capacity</b> (including productivity).</li> <li>Ensure 111 is reflected in WAST’s <b>strategic workforce plan</b>.</li> <li>Ensure <b>good workforce planning arrangements</b>.</li> <li>Undertake a <b>workforce training review</b>.</li> <li>Undertake a <b>roster review</b>.</li> <li>Continue to develop a <b>staff education matrix</b> to ensure it aligned with agreed service model, in particular, the new 111 CAS.</li> <li>Reduce <b>sickness absence</b>.</li> </ul>	<p>WAST produces a monthly report to the 111 DAG and a bi-monthly WAST 111 Provide Report to the Interim 111 Board, which detail the key metrics that WAST is focused on. These include:-</p> <p><u>Our Patients</u></p> <ul style="list-style-type: none"> <li><b>&lt;5% call abandonment rate.</b></li> <li><b>95% calls answering within 60 seconds.</b></li> <li><b>90% of P1 patients to start their definitive clinical assessment</b> within one hours of the end of the first contact.</li> <li>90% of P2 patients to start their definitive clinical assessment within two hours of the end of the first contact.</li> <li>90% of P3 patients to start their definitive clinical assessment within four hours of the end of the first contact).</li> <li>National Reportable Incidents.</li> <li>Datix as a % of total call volume.</li> <li><b>Themes and trends from quality metrics.</b></li> </ul> <p><u>Our People</u></p> <ul style="list-style-type: none"> <li><b>Staff in post v commissioned establishment</b> for call handlers and clinicians.</li> <li>Abstractions (benchmark 30.7%).</li> <li><b>Sickness absence</b> (IMTP ambition 5.99%).</li> <li><b>Clinical Advice Line</b> usage rate by call handlers (lowest benchmark 20%.</li> <li><b>Shift fill compared to predicted demand</b></li> <li>Developing <b>advanced practice</b> within 111</li> </ul> <p><u>System Contribution</u></p> <ul style="list-style-type: none"> <li><b>Calls stopped at source i.e. by WAST.</b></li> <li><b>Calls referred to alternative pathway.</b></li> <li>Calls referred to 999/ED (18% the 2023 average)</li> </ul> <p><u>Financial</u></p> <ul style="list-style-type: none"> <li>Maintaining the <b>core staff in post</b> (call handlers and clinicians) <b>inside the core commissioning control</b> total of 190 FTEs and 101 FTEs.</li> </ul>	<p>WAST responded to the draft 111 commissioning intentions, which were signed off at 111 Board in Jan-24. The Trust sees the commissioning intentions operating at three levels:-</p> <p><u>Transition</u></p> <ul style="list-style-type: none"> <li>The 111 commissioners wanted the Trust to focus on “stability” in 2023/24. The 111 service is much more stable with the abandonment rate being achieved for six consecutive months.</li> <li>Clarity on the commissioning framework for 111</li> <li>Also there is <b>no agreed demand &amp; capacity review</b>, which identifies the level of capacity (including efficiencies) to deliver the WG targets.</li> <li>The Trust will be working to lower commissioned control totals for call handlers and clinicians in 2024/25, which will have some impact on performance.</li> <li>Subject to funding by commissioners the Trust wants the <b>roster review</b> (including demand &amp; capacity element) <b>to be undertaken</b></li> <li><b>‘Confident and Clinically Competent Workforce Programme’</b></li> </ul> <p><u>Transformation</u></p> <ul style="list-style-type: none"> <li>The immediate transformation focus in 2024/25 will be on the <b>implementation of the new 111CAS</b> and starting to realise the business case benefits.</li> <li>A related focus will be on ensuring the workforce plan supports this delivery.</li> <li>The Trust will also focus on <b>completing a business case on options for the 111 digital platform</b> and how it can add greater value.</li> <li>The Trust will continue to <b>actively support the Six Goals Programme</b> e.g. urgent dental etc.</li> <li>The Trust will continue to work with commissioners and DHCW on a <b>set of 111 ASIs</b>.</li> <li>The Trust will engage with the <b>Duty of Quality</b> through a work plan developed from its self-</li> </ul>

			<p>assessment against the core requirements.</p> <ul style="list-style-type: none"><li>• Developing <b>advanced practice</b> within 111</li><li>• Expanding <b>specialty input</b> into a multi-disciplinary team in 111 e.g. pharmacists, respiratory and paediatric</li></ul> <p><u>Longer Term/Strategic</u></p> <ul style="list-style-type: none"><li>• The recent review by Professor Mark Llewellyn identified very different views on the future service model for 111. <b>The Trust thinks it can do a lot more to support the system in the 111/Integrated Care/digital &amp; telephone space</b>, and wants to actively engage in the recommended "rapprochement".</li></ul>
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Emergency Medical Services	<p><u>Clinical Response Model</u></p> <ul style="list-style-type: none"> <li>• Increase the proportion of activity <b>resolved at Step 2</b>.</li> <li>• Right response first time: <b>optimising conveyance at step 3</b>.</li> <li>• A <b>remote clinical support infrastructure</b>, including mental health.</li> <li>• An <b>optimizing conveyance plan</b>.</li> <li>• <b>Quality &amp; Performance metrics</b> for remote clinical activity.</li> <li>• <b>Clinical Support Desk Outcomes</b>: quarterly reporting.</li> </ul> <p><u>Availability</u></p> <ul style="list-style-type: none"> <li>• <b>Workforce</b>: reducing sickness, increasing retention, recruiting into difficult areas to recruit e.g. rural, core v transformation and the Civil Contingencies Act.</li> <li>• <b>Rosters</b>: on-going review of resources aligned to patient demand.</li> <li>• <b>Forecasting and Modelling</b>: using forecasting and modelling to support work across the five steps and develop a formal Forecasting &amp; Modelling Framework.</li> <li>• <b>Strategic Workforce Plan</b>: finalise one that reflects shared ambitions and is connected to the HEIW education commissioning process.</li> <li>• <b>Workforce Measures</b>: abstractions, work force planning predictions, utilisation rates, production etc.</li> </ul> <p><u>Productivity</u></p> <ul style="list-style-type: none"> <li>• Reducing <b>Post Production Lost Hours</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• 17% or more <b>consult and close</b> (WG target).</li> <li>• <b>Clinically review</b> and/or <b>clinically assess</b> all RED calls to ensure clinical appropriateness.</li> <li>• Red response ratio: 1:1 to 1:3.</li> <li>• Continued <b>reduction in conveyance to ED</b> (38% of verified demand in 23/24), but <b>including unmet demand</b> (patient cancellations and can't sends) being responded to.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Red performance</b>: 65% of incidents responded to 8 minutes (60% health board) (WG target).</li> <li>• <b>ROSC rate</b>: continued improvement towards UK benchmarks.</li> <li>• <b>Amber performance</b>: median response to show 12 months improvement trend (WG target).</li> <li>• <b>Amber Ideal response</b>: improvement trend.</li> <li>• <b>CHARU</b>: full roll out of the 153 CHARU FTE requirement, including rural areas.</li> <li>• <b>Commissioned UHP</b> to be 95% for CHARU.</li> <li>• <b>Three modelled scenarios</b> for performance improvement, based on WAST improvements and different levels of handover (to be available in March/early April).</li> <li>• <b>Trust Board approved Strategic Workforce Plan</b> (and collaborative agreement with commissioners).</li> <li>• <b>Abstractions and sickness absence</b>: 30% and 5.99%.</li> <li>• Workforce: <b>95% staff in post v establishment %</b> actual and predicted, with additional focus on rural stations.</li> <li>• <b>Additionality</b>: recruit additional FTEs to identified target number e.g. CSD staff (+23), APPs (+32).</li> </ul> <ul style="list-style-type: none"> <li>• <b>Post Production Lost Hours to remain stable</b>.</li> </ul>	<p>See section 4.2 of the IMTP – which includes:</p> <ul style="list-style-type: none"> <li>• The new telephony system “<b>Finesse</b>” is considered key to further improving the consult &amp; close rate.</li> <li>• Delivering the agreed actions from the <b>NCCU CSD review</b> will help improve performance.</li> <li>• <b>Connecting Support Cymru</b> offers a further ability to improve the consult &amp; close rate.</li> <li>• <b>2024/25 additionality</b> may further support the CSD with FTEs (+23) to undertake red review and clinical screening.</li> </ul> <ul style="list-style-type: none"> <li>• Fully staffing the <b>CHARU roster lines</b> (95% UHP against modelled requirement) <b>will</b> improve clinical outcomes and boost red performance.</li> <li>• Continued focus on <b>efficiencies and productivity (core)</b>: managing attendance programme, abstractions reduction and APP/CHARU utilisation.</li> <li>• Responding to the <b>Manchester Arena Inquiry</b> recommendations (Civil Contingencies Act).</li> <li>• A serious and material reduction in <b>Amber performance is dependent on handover levels</b>.</li> <li>• <b>2023 strategic EMS Demand &amp; Capacity Review</b> will set out the modelled future FTE requirements and will feed into the Strategic Workforce Plan, which will connect to education commissioning.</li> <li>• The Trust is already acting on the 2023 EMS Demand &amp; Capacity Review and <b>will increase its CSD and APP workforce in 2024/25</b> in support of reducing ED conveyance.</li> <li>• Make the <b>case for inverting the triangle (transformation)</b> through a <b>formal engagement</b> process with stakeholders. Transformation is viewed as a necessity to cope with extreme handover delays.</li> </ul> <ul style="list-style-type: none"> <li>• The Trust continues to focus on its own</li> </ul>
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	<ul style="list-style-type: none"> <li>• <b>Handover:</b> a health board responsibility, but the Trust to support reduction.</li> <li>• <b>Workforce Modernisation:</b> continue to improve practices including staff well-being.</li> <li>• <b>Utilisation:</b> continue to refine measurement of and optimal level.</li> </ul> <p>Value</p> <ul style="list-style-type: none"> <li>• <b>Value-Based Health Care:</b> including benchmarking, PLICS, PREMS and an overall organisational approach.</li> </ul> <p>Harm &amp; Outcomes</p> <ul style="list-style-type: none"> <li>• <b>Patient Harm:</b> including early identification, review and sharing with wider system.</li> <li>• Compliance with the <b>Duty of Quality</b> and <b>Duty of Candour</b>.</li> <li>• <b>Core Requirement Compliance</b></li> <li>• <b>Clinical Indicator Plan and Audit Cycle</b></li> <li>• The <b>Welsh Out of Hospital Cardiac Arrest Registry</b>.</li> <li>• A <b>unique patient identifier</b> to support whole patient pathway data sets.</li> </ul> <p>Wider Health System</p>	<ul style="list-style-type: none"> <li>• Further reduction in <b>shift overruns</b>.</li> <li>• 0 ambulance patients waiting for handover more than an hour (WG target), this equates to 7,800 hours. Third of 3 modelled scenarios with other two being no handover reduction (25,000 hours) and no &gt;4 hour waits.</li> <li>• <b>CHARU utilisation</b> 40%. EA utilisation to reduce (optimum level 57%).</li> </ul> <ul style="list-style-type: none"> <li>• Suite of <b>benchmarking</b> metrics.</li> <li>• Regular reporting of <b>patient experience metrics</b> from an increasing pool of surveyed patients.</li> </ul> <ul style="list-style-type: none"> <li>• Number of <b>NRIs</b> that remain open for more than 90 days (WG target): reduction trend or 0.</li> <li>• Reduction trend in <b>patient cancellations</b> and “<b>can’t sends</b>” (currently averaging 8,750 per month).</li> <li>• <b>Reduction in estimated severe harm</b> caused by long waits in the community and at hospital.</li> <li>• <b>75% of concerns</b> that receive a response within 30 days (WG target).</li> <li>• Publication of <b>Annual Quality Statement</b> (progress against Act).</li> <li>• <b>Duty of Candour metric</b> (to be determined and aligned with WG approach).</li> <li>• <b>Stroke and STEMI call to door times:</b> reduction trend.</li> <li>• Improved <b>clinical indicator bundle compliance</b>.</li> <li>• <b>Routine flow</b> of cardiac data to registry.</li> <li>• <b>Commencement of data linking</b> and WAST patient contacts with other parts of the system.</li> </ul>	<p>efficiencies, but in 2024/25 the main focus will be <b>utilisation of its assets</b> (including a re-roster of the APP workforce) with PPLH expected to remain stable, but monitored.</p> <ul style="list-style-type: none"> <li>• The <b>results of the modelling</b> on handover and WAST improvements will be available in <b>early April 2024</b>, shared with commissioners and WG and monitored through the year.</li> <li>• Benchmarks are notoriously difficult (apples and pears), so the Trust will focus on a report that provides <b>lines of enquiry</b> across <b>inputs, efficiency and effectiveness</b>. The Trust has a substantial range of metrics available, but does not collate them into one report.</li> <li>• The Trust will continue to report a <b>patient harm mitigations report</b> to Trust Board and key stakeholders.</li> <li>• The <b>Putting Things Right Team</b> has received investment and a new structure.</li> <li>• The Trust will continue to develop is <b>quality management system</b> and quality &amp; performance management framework.</li> <li>• Improved call to door times require a fundamental reduction in handover lost hours. The Trust will continue to <b>report call to door times</b> as part of its response to the <b>Duty of Candour</b>.</li> <li>• The <b>ePCR interface</b> has received investment and been improved which should aid clinical indicator bundle compliance.</li> <li>• <b>Cardiac data linking</b> is currently being tested and is expected to <b>go live in early 2024/25</b>.</li> <li>• Health Informatics are aiming to <b>complete data linking by Summer 2024</b>, but in order to track WAST patients into the system, the Trust will need health boards to supply that data.</li> <li>• <b>Further reductions in conveyance</b> to EDs is a product of increased consult &amp; close, expanded see &amp; treat (Connecting Support Cymru, falls vehicles and APPs) and pathways, including</li> </ul>
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	<ul style="list-style-type: none"> <li>• <b>System Flow:</b> optimizing conveyance and flow.</li> <li>• <b>Transfer &amp; Discharge:</b> partnership approach to development of solutions.</li> <li>• <b>Escalation Plans:</b> aligned WAST and health board plans.</li> <li>• <b>Ambulance Transfers:</b> commissioning of a transfer services that are able to respond to the needs of health boards and clinical networks.</li> <li>• <b>System Pressure Dashboard:</b> WAST to collaborate on the provision of information in support of.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued <b>reduction in conveyance to ED</b> (38% of verified demand in 23/24), but <b>including unmet demand</b> (patient cancellations and can't sends) being responded to.</li> <li>• Transfer &amp; discharge metrics for new services <b>will depend on what is commissioned.</b></li> <li>• <b>Reduction in high periods of escalation</b> and higher levels of the clinical safety plan.</li> <li>• <b>Provision of a dashboard</b> that helps improve the management of the unscheduled care system (WAST can support, but is not the lead).</li> </ul>	<p>SDECs.</p> <ul style="list-style-type: none"> <li>• A <b>new service offer for high acuity discharge &amp; transfers</b> with a continued focus on the core discharge &amp; transfer service: percentage of discharge &amp; transfer journeys booked in advance collected less than 60 minutes after their booked ready time; and percentage of discharge &amp; transfer journeys booked on the same day collected within 4 hours after their booked ready time.</li> <li>• A reduction in periods of high escalation is dependent on a material reduction in handover.</li> <li>• The Trust will support the development of a system wide pressures dashboard, with regular flows of data and expertise.</li> </ul>
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<p>Ambulance Care (NEPTS)</p>	<ul style="list-style-type: none"> <li>• <b>Efficiency:</b> benefits from national service, resources aligned to demand, reduced lost hours.</li> <li>• <b>Plurality:</b> expand and improve availability of providers.</li> <li>• Improved dynamic <b>planning processes.</b></li> <li>• <b>Demand management:</b> effective use of resources, effective rostering and appropriate transport.</li> <li>• <b>Transforming</b> and increasing capacity from within current resources.</li> <li>• <b>Reducing lost capacity</b> including minimising lost time at hospitals</li> <li>• <b>Forecasting and Modelling Framework</b> – strategic, tactical and operational focus.</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements in operational performance for oncology service patients</li> <li>• Reduction in the number of on the day cancellations</li> </ul> <p>Reduction the number of bookings made on the day</p>	<p>See section 4.3 of the IMTP which includes:</p> <ul style="list-style-type: none"> <li>• Continue to make improvements in efficiency and demand management, including <b>re- rostering NEPTS transport</b>, completing the NET Centre re-roster and new systems to reduce same day cancellations.</li> <li>• Continued development of the plurality model, in particular, further development of <b>quality assurance mechanisms.</b></li> <li>• Transformation through a range of improvements to the <b>CAD</b> (upgrades and integration).</li> <li>• A <b>strategic review</b> to develop a long term vision for Ambulance Care (note: Trust is commissioned for EMS and NEPTS), facilitated by commissioners.</li> <li>• Development of a Trust wide Forecasting &amp; Modelling Framework, that includes NEPTS.</li> </ul>
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## What are the risks that we are managing?

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

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

Risk ID	Description	Score	Controls within this IMTP
223	The Trust's inability to reach patients in the community causing patient harm and death	25	Our plans for the EMS in <b>section 4.2</b> set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. <b>Section 1.3</b> sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients.
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	25	Our plans for the EMS in <b>section 4.2</b> set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. <b>Section 1.3</b> sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients.  <b>Section 3.6</b> also describes work we are doing to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition.
160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	20	<b>Sections 5.1 and 5.2</b> set out the continued work of our managing attendance programme and the refresh of our Health and Wellbeing Plan. Also the range of actions we take across our People and Culture Plan are designed to develop a culture that supports staff wellbeing
201	Damage to Trust reputation following a loss of stakeholder confidence	20	<b>Section 8.1</b> sets out our plans for stakeholder engagement including further reputation audits and working with our partners to improve our reputation.
163	Maintaining Effective & Strong Trade Union Partnerships	16	We expect this risk score to reduce, however we have set out plans in <b>section 5.2</b> for continued partnership working with our trade union colleagues

			so that we continue to develop positive and collaborative relationships.
424	Resource availability (revenue & capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)	16	This risk will be reviewed in light of the 2024-27 IMTP and its financial plan ( <b>section 11</b> ).
458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services	16	This risk will be reviewed in light of the 2024-27 IMTP, its financial plan ( <b>section 11</b> ) and the EASC IMTP.
260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	15	Cyber security is one of five cornerstones for our developing digital plan set out in <b>section 7</b> . We will publish a new Digital plan with Cyber Security at the forefront of its priorities.
543	Major disruptive incident resulting in a loss of critical IT systems	15	Everyday Essentials (i.e. ensuring are able to maintain our IT systems) is one of five cornerstones for our developing digital plan set out in <b>section 7</b> . We will publish a new Digital plan with Everyday Essentials at the forefront of the priorities.
558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	15	<b>Sections 5.1 and 5.2</b> set out the continued work of our managing attendance programme and the refresh of our Health and Wellbeing Plan. Also the range of actions we take across our People and Culture Plan are designed to develop a culture that supports staff wellbeing and enable them to speak up when things are not going well.
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	15	<b>Section 4.2.1</b> sets out how we will respond to the Manchester Arena inquiry and we will be discussing with WG and commissioners the requirements to ensure we have resources available for major incidents. However, this is also depended on resources being available from outside A&E departments.  Our plans for the EMS in <b>section 4.2</b> set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. <b>Section 1.3</b> sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients.
139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	12	Our financial plan is set out in <b>section 11</b> and sets out a balanced plan.
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	12	<b>Section 8.1</b> sets out our plans for stakeholder engagement including further reputation audits and working with our partners to improve our reputation.
283	Failure to implement the EMS Operational Transformation Programme	12	This programme will close in 2024/25 and therefore this will no longer be a 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	10	Section 9.1 sets out the next steps in embedding a Working Safely culture across WAST.
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Welsh Ambulance Services NHS Trust

# ***Appendix 2***

## ***Transforming our Clinical Service Model***

### ***Year 1 actions***



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust





## Remote Integrated Care Service




Project / Work Stream	Q1	Q2	Q3	Q4
111 CAS Replacement	111 CAS Replacement (Live)	Ongoing development of new CAS		
Clinician Expansion	Recruitment additional 23 FTEs		Recruit MHPs (other clinical roles?)	
New response model	Targeted time to develop, document and agree new clinical response model	Commence implementation of the new clinical response model, including rapid clinical screening		
Connected Support Cymru	Community Welfare Responder Recruitment (phased Internal volunteers / external volunteers / groups)			
	SBRI Stage 1: Evaluate Care Home Trial			
	SBRI LUSICC Commence Stage 2 (50 x LUSCII boxes wider application)			
	Business case decision		Planning for formal Implementation (subject to business case approval)	
Remote Integrated Care model	Supporting leadership and management structures		Commence tests of change for Remote Integrated Care Service	
	* Cultural / Change Management approach to enable successful integration			



## On scene Community Urgent Response Service

Test of Change		Test of Change Next Steps (1) AB focus aligned to outputs of March workshop				
APP	APP Expansion	ABC&V Full Roll out	APP x 16 Additional FTEs		APP x 16 Commence Education Full time course	
	APP Navigator		CTM NAV?	AB NAV?		
	APP Tasking	Agree APP future tasking model		APP Clinical Leadership Model		
	Clinical Leadership					
	APP Re-roster		APP re-roster			
Mental Health Response		Develop mental health response model	Implement mental health response model		Continue to develop thinking on longer term sustainability	
Falls & Frailty			Implement Falls Level 2 i			
					Review full falls model and delivery	



Project / Work Stream		Q1	Q2	Q3	Q4
 <b>Digital Front End</b>	Future Vision Statement	Finalise future vision statement for Front End			
	111 Website		Improvements to website within existing revenue / control		
	Symptom Checkers	Subject to 'investment / prioritisation'			
	DOS	Subject to 'investment / prioritisation'			
 <b>Emergency Response</b>	CHARU	CHARU Full Recruitment			
		Review model to optimise outcomes		Implement changes to model	
	EMSC	Preparatory work for investment and re-structuring (OCP)	Implement investment and re-structuring		
		Implement estate move in North Wales			
 <b>Health Transport</b>	Strategic Vision	Finalise strategic vision for Amb Care with commissioners			
	T&D Model	Work on development of T&D model			National T&D Model (subject to BC)
	Rosters	Updated D&C review		Re-rostering	
	NEPTS CAD				NEPTS CAD Upgrade (integration EMS?)
<b>Key Enablers</b>	D&C Outputs	Agree outputs with commissioners	Commence planning for implementation of agreed changes		
	System engagement	Engagement with key stakeholders (WG / Politicians / NHS Leaders)			
	System Data Linkage	DHCW National work stream to develop end to end reporting system			

**Welsh Ambulance Services NHS Trust**  
**2024/25 financial plan**

1. This is presented as a balanced revenue financial plan for the 2024/25 financial year. This is based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2024/25 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2026/27.
2. Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2024/25 financial year based on the following key financial assumptions:
  - a. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67% uplift provided to Health Boards in the 2024/25 NHS Wales Allocation Letter issued on 19<sup>th</sup> December 2023, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced in the above allocation for additional energy costs support for WAST;
  - b. That the first call on the above uplift is to ensure that the recurring costs and subsequent funding base for the Trust is put on a sustainable footing and includes that recurring assumed at the outset of the 2023/24 financial year. Specifically this means that, in the short to medium term in any case, the full costs of an additional 100 frontline EMS staff appointed through the latter half of the 2022/23 financial year are now funded in full recurrently. It is noted that the longer term requirement for such staffing levels are subject to ongoing review and linked, at least in part, to demand and capacity challenges placed on the Trust, including as a result of hospital handover delays;
  - c. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated and now, in some cases, specifically funded within it. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to energy, utilities, fuel, general non pay inflation, and a range of costs either having had to be incurred or committed in 2023/24, or will unavoidably need to be spent in 2024/25 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
  - d. The ability to fully deliver on a range of cost containment, cost avoidance and savings of a minimum of £6.4m, or 2.2% of cost baseline, which will be key to delivery of a balanced financial position in year;

- e. That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
    - i. As per the above allocation letter issued to the NHS in Wales, costs relating to the 2024/25 pay deal, along with the recurrent costs of the 2023/24 pay deal, still to be confirmed;
    - ii. Any costs relating to any proposed banding change for EMT / technician level posts following the issuing of updated national A4C job profiles during the latter part of 2023,
    - iii. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which will need to be subject to a separate business case for funding consideration, and
    - iv. Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
3. Despite the level of general uplift being assumed by the Trust for the upcoming financial year, the financial context and outlook for the Trust, along with the rest of the NHS in Wales and indeed the public sector UK wide, remains very challenging. The combination of increasing costs, costs remaining for enhancements that were put in as a result of the COVID-19 pandemic, a cost of living crisis, and continuing service and demand pressures, including that resulting from the ongoing challenges and levels of hospital handover delays inevitably result in choices and a continuing high level of productivity, efficiency and savings having to be made if the Trust is to continue its excellent recent financial performance of delivering a balanced position year on year.
4. This plan presents a way forward in the shape of what needs to be done to deliver a balanced financial performance for the 2024/25 financial year. However it is built on a range of assumptions in relation to both income and funding and expenditure, including some of the key ones already set out, that will need to be delivered in order to do so.
5. The financial plan as presented is the culmination of a range of activity delivered over a number of months, both pre and since the publication of the Welsh Government 2024/25 draft budget and the NHS Wales Allocation Letter. Alongside the more general sessions developing the rest of this IMTP, this includes the key financial ones as follows:
  - a. A specific “key enablers” to the plan workshop held on 11<sup>th</sup> January 2024;
  - b. A half day Executive Finance Group discussion on 31<sup>st</sup> January 2024;
  - c. The finance “touchpoint” meeting with WG and NHS Executive Finance colleagues on 2<sup>nd</sup> February 2024;
  - d. Key national discussions with DoFs and DDoFs on 19<sup>th</sup> January, 7<sup>th</sup> February and 16<sup>th</sup> February 2024;
  - e. Various touchpoint meetings with the CASC and his team through January and February 2024, and
  - f. A Board Development Day on 22<sup>nd</sup> February 2024.

6. At each of the above, various iterations of the development of the Trust's 2024/25 revenue financial plan were presented. In the earlier discussions this presented a range of potential scenarios, as some of the key financial planning assumptions were confirmed. In particular in relation to the full pass through of the general uplift and some of the key unavoidable cost estimates, this was further refined to the following high level summary iterative financial plan for 2024/25, which forms the basis of the Trust's overall gross financial plan and subsequent budget setting for the upcoming financial year:

**2024/25 iterative revenue financial plan**

	2024/25 £m
<b>Gross additional funding assumed from commissioners 2024/25:</b>	
- EASC (EMS) 3.67%	-8.0
- EASC (NEPTS) 3.67%	-1.0
- EASC (111) 3.67%	-0.4
- Other NHS Org uplifts 3.67%	-0.1
Plus ringfenced energy funding in NHS Wales HB Allocation Letter - WAST	-0.5
<b>Additional funding 2024/25</b>	<b>-9.9</b>
To maintain the additional 100 WTEs frontline EMS staff first appointed in 2022/23 - balance of residual funding (equivalent to maintaining an additional 60 WTEs)	3.0
<b>FYE / cost pressures / in year 2023/24</b> (to include PTR team, EMSC staffing, SPs, FSP infrastructure)	1.6
<b>Unavoidable cost pressures from 2023/24 (covered non recurring in year):</b>	
Covid inquiry and recommendations	0.5
Final pension costs	0.5
Increasing fleet maintenance linked to reduced capital funding / aging fleet	1.0
Estates backlog maintenance (recent limited assurance IA)	0.5
Pentrox replenishment	0.3
Impact of capital schemes	0.3
Costs held in year due to income variations / reductions	0.4
<b>2024/25 inflationary and unavoidable cost pressures:</b>	
2024/25 Non Pay Inflation	1.8
Additional WRP contribution	0.1
Vehicle Fumes - Monitoring	0.1
New waste legislation 2024/25	0.2
Medicines management staffing	0.1
111 staffing - to be finalised with Commissioners and currently linked to 111 uplift	0.4
Cost pressures relating to service and system pressures, including the impact of handover delays, plus delivery of commissioning intentions. This includes:	4.2
- Additional remote clinical triage - CSD staffing - c23 WTEs	
- Clinical navigation	
- Maximising the value of APPs previously trained - 16 WTEs	
- Additional clinicians to support "shift left" / reduced conveyancing - c16 WTEs	
- Potential NEPTS impact following strategic review	
- Support costs to deliver the above	
Additional senior clinical leadership (in part to support the above)	0.3
Additional digital costs, including e timesheets, robotics, cyber security	0.4
Additional organisational and corporate costs to support the above	0.5
(inc NEPTS efficiencies and roster review, Freedom to speak up, WL compliance and greater regionalisation)	
Other 2024/25 cost pressures	0.3
Required savings delivery 2024/25	-6.4
<b>Summary financial planning position - 2024/25</b>	<b>0.0</b>

7. The key points to note from this are as follows:

- a. The above is a summary of the Trust's iterative revenue financial plan for the 2024/25 financial year. As such, the baseline for this is the recurring plan approved, and for which the initial 2023/24 budget was set and approved by the Trust Board.
- b. Due to that subsequently received in terms of funding through the 2023/24 financial year, and the non recurring nature of this in some part, the first call on this agreed with commissioners has been to ensure that the previously planned recurring baseline is now delivered on a sustainable basis. This element in particular relates to the full funding requirement for the costs of an additional 100 WTEs frontline EMS staff recruited through the latter part of the 2022/23 financial year.
- c. The total additional funding required through commissioners, across the full range of services funded, in 2024/25 therefore, based on that provided through the NHS Wales Allocation letter is **£9.9m**, over and above that actually received in 2023/24.
- d. From the areas of resulting spend that this gross funding will be incurred, it can be seen that between 75% - 80% of this is on direct front line resources, including that which will be able to further manage demand on the wider urgent and emergency care system in Wales, further reduce the reliance on hospital conveyance and more safely manage those waiting for a response.
- e. As is almost always the case, cost pressures have arisen through the 2023/24 financial year, which have needed to be managed through delegated budgets, the Trust contingency or managed through variances elsewhere, which now need to be recognised within the plan, the majority now at a greater level than in the 2023/24 financial year given the full year effect going forward. These include pressures within the PTR team, EMSC staffing and structure, an element of additional costs in relation to the previous Senior Paramedic development and an ability to fully capture the future benefits in relation to the Financial Sustainability Programme.
- f. On top of the above, there are a range of further cost pressures that have emerged over the last year or so that also now need to be fully recognised within the Trust's financial plan. Again managed through non recurring means in 2023/24, including in part through any accountancy gains that have been able to be realised, the most significant of these are:
  - i. Fleet maintenance. The continuing impact of the inability for the full capital funding for the fleet replacement programme to be able to be supported, in line with the previously endorsed Fleet SOP. The immediate initial impact of this is a revenue cost one; running an on average older fleet than would have been expected means greater levels of breakdowns, maintenance, repairs and servicing. Added to this the Trust does now have a small number of additional vehicles than when the fleet maintenance budgets were last fully reviewed and set;
  - ii. Building on that recognised in a recent limited assurance internal audit and, despite some of the significant improvements made across much of the WAST estate, backlog maintenance remains an issue. Coupled with reducing capital availability to update, and in some cases replace, some of the Trust estate,

- additional revenue costs continue to be incurred in order to try and keep higher risk elements of the Trust's backlog maintenance to a minimum;
- iii. Current and ongoing costs of the Covid inquiry and emerging recommendations.
- g. The final element of spend that then needs to be recognised within the 2024/25 plan is that which will unavoidably be incurred in year, predominantly as a result of the following:
- i. Non Pay inflation, currently estimated at an average of c3.2% of non pay spend;
  - ii. New waste management legislation;
  - iii. Linked in part to that recognised as a funding uplift for the 111 service, and subject to further discussions with commissioners, but a further review of the level of required 111 staffing going forward, and whether the funding level currently suggested within the overall NHS Wales Allocation for the 111 service is sufficient. On top of this discussions are required in relation to the continuation of 111 digital development and the availability of any additional resources to support this;
  - iv. A range of cost pressures as a result of continuing demand, service and system pressures being put on the Trust, including as a result of hospital handover delays and continuing long community waits for a response, as well as that required to seek to deliver all that required of the Trust through a range of commissioning intentions. This includes, but is not limited to, the following:
    - The need to continue the enhancement of remote clinical triage and the number of clinicians working on the Clinical Support Desk. To provide further enhanced safety and cover for long community waits as well as deliver and sustain further improvements in Consult and Close rates;
    - The need to maximise the value of previous investments made in a cohort of APP developments, as well as a further need for a similar cohort to ensure a continuing pipeline for both the Trust's transitional and health board's operational requirements;
    - The potential for some costs to emerge from the upcoming commissioner led strategic review of the NEPTS service;
    - A required level of support and infrastructure costs to deliver this.
  - v. An ongoing pressure and requirement to further enhance senior clinical decision making in the Trust, in part linked to some of the above, and
  - vi. A small level of additional digital and wider organisational costs to support much of this, noting the lack of increase in many of these areas for a number of years.
- h. All of the above results in the requirements for a savings plan of a minimum of £6.4m in 2024/25 in order to balance. More detail on the current status of this is provided in **Appendix 1**, being in part made up of:
- i. Full year effect of schemes enacted part way through the 2023/24 financial year – as a minimum this will be in the region of c£1.4m;
  - ii. A range of new schemes already identified to the order of a minimum of £2m;



- iii. Further detailed work progressing on additional potential areas of income generation, and
  - iv. How that previously identified as non recurring in delivery can either be delivered again in 2024/25, or what alternative, in some cases similar, savings can be achieved.
8. This result of all of the above is the following high level summary gross Income & Expenditure plan for the 2024/25 financial year. More detail will also be provided in a separate budget setting paper, which is planned to be presented to the Trust Board on 28<sup>th</sup> March 2024, for approval:

	<b>Opening Budgets 24/25 £m</b>	<b>Planned Savings £m</b>	<b>Revenue Set Budgets 24/25 £m</b>
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
Total Expenditure	295.554	-5.781	289.773
Planned Budget Surplus (-) / deficit	6.421	-6.421	0.000

## Risks

9. No financial plan is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:
- The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments and elements supported within the EASC IMTP are fully delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
  - No other developments, enhancements or cost increases not currently funded within budgets, including potentially some linked to proposed areas of development within this IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current total savings already required to balance in year makes this unlikely. This includes that identified in paragraph 2e;

- The ability to therefore deliver a minimum of c£6.4m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income and would be the 2<sup>nd</sup> year of having to achieve such a level, following the c40% increase required in savings delivery from 2022/23 (which in itself delivered over 50% more savings than that required over the previous two financial years). Finance & Performance Committee (F&PC) will be continue to be provided with significantly enhanced monitoring of the savings plan and wider FSP updates;
- Despite an element of additional funding provided, some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
- That the upcoming proposed changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

#### **Draft Capital Programme 2024/25**

10. The capital programme has continued to be developed in parallel with our service, estate and fleet plans. The Trust is broadly in a good position with WG endorsed 10 year SOPs for both fleet and estates, with a number of business cases aligned to these in varying stages of development. Despite more recent challenges in terms of the ability to see our annual fleet replacement programme fully funded in line with the endorsed SOP, and recognising the current capital funding outlook, the Trust is progressing with business cases so that when funding does become available this can be bid for and further work can be completed at that point to progress with schemes, essentially maximising opportunities as they arise.
11. As in previous years, the 2023/24 financial year is yet to be fully closed, however it is known that a small number of the All Wales Capital Schemes are not going to fully deliver in year to their revised programmes, and as such discussions have already been held with WG to agree brokerage arrangements of these monies between internal schemes to ensure achievement of the 2023/24 CEL and the best way to manage schemes that inevitably straddle financial year end. As in previous years, a detailed update on the final impact of the 2023/24 financial year end on the 2024/25 programme is due to be presented to both F&PC and the Trust Board in May 2024.
12. At the time of writing the Trust is still awaiting the outcome of the business case submitted for its fleet replacement requirements for the coming financial year. Including an element of that needed to catch up on that not funded in 2023/24, this requested funding for the replacement of 157 vehicles at a cost of c£24.4m. Indications have been received from WG that not all of this will be able to be afforded in the 2024/25 financial year; once the level of fleet replacement funding for this financial year is confirmed further work will be progressed on the need to significantly update and re-write the Trust's fleet strategy going forward.

## Discretionary Capital

13. The Trust was notified in January 2024 of a discretionary capital allocation of a net c£5.5m for 2024/25, after the agreed Trust 30% contribution towards a range of EFAB funded schemes. From this it will be necessary to fund a range of estates, digital, medical equipment and other schemes.
14. The organisation has continued to strengthen its overall approach to capital planning, with the now well established Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversees all aspects of capital planning. On top of this, if funding is available, there is a specific discretionary capital Task & Finish Group that meets twice yearly to prioritise the discretionary capital schemes. These are all then taken to the F&PC via Capital Management Board, and, where required, Trust Board for approval.
15. Due to the way a number of schemes approved from the Trust's discretionary capital funding have been progressed through the 2023/24 financial year, scheme lead times, scheme development times and the expected phasing of some of these through to the 2024/25 financial year, a reasonable amount of the confirmed discretionary capital funding for the coming financial year is already committed. However, there are also some emerging challenges to some of the costs previously estimated for some of these and as such, a recent session of the Trust's ELT and ADLT therefore sought to further reconfirm a number of priorities for the coming year, alongside agreeing the process for prioritisation of the residual available funding, which will be confirmed once the final spend values for a range of these schemes in the 2023/24 financial year is known.
16. The table below shows a draft plan for the 2024/25 discretionary capital funding therefore, considering items which the Trust has recently reconfirmed its priority to deliver, along with that currently proposed as the "top slice" for funds which allows the Trust to progress with smaller less complex schemes.

	£m
<b>2024/25 Net Discretionary Capital Allocation</b>	<b>5.46</b>
<b>Scheme</b>	
<b>Previously committed and re-confirmed as priorities:</b>	
Dolgellau - estimated revised max spend based on tendered costs	0.90
Llangunnor - current estimate of likely 2024/25 spend	0.50
North CCC: Ty Elwy - current updated maximum spend	0.50
Clinical Equipment Asset Management System	0.11
<b>Top slices 2024/25:</b>	
Estates (inc fees)	0.45
Digital	0.30
Fleet	0.25
Project / staff costs	0.18
<b>Total</b>	<b>3.19</b>
<b>Balance remaining - 2024/25</b>	<b>2.27</b>

17. This would then leave a minimum residual value of c£2.3m to commit from the Trust's discretionary funding for the 2024/25 financial year, in the updated plan being progressed via an ongoing prioritisation exercise and which will be confirmed and finalised as soon as possible after the 2023/24 financial year end. Schemes being proposed include the following:

- a. Bangor fleet workshop replacement;
- b. Enhancements and improvements to Monmouth station;
- c. A replacement for a number of mobile devices;
- d. A potential to reconfigure and rationalise some call centre estate within the Swansea area, and
- e. Further enhancements linked to the Trust's Decarbonisation Action Plan.

18. Work is however also progressing through the above groups and Boards to ensure cases are available for additional capital schemes; it is envisioned that the schemes which are unable to be progressed at this stage will be held in reserve should further monies become available throughout 2024/25 and beyond.

19. On top of the above, there are other schemes such as Swansea Ambulance Station & MRD, Llanelli, Newport, and Llandrindod Wells Ambulance Stations, which will all likely be submissions as part of the All Wales Capital Programme funding BJC and business case process.

## Appendix 1

Savings Performance by Scheme 24-25		
Scheme	PLAN 24/25	
	Recurring	Non Recurring
	£000	£000
Accident Repair	80	
Apprentice Income		200
Balance Sheet Flexibility	200	
End of Shift Overrun	250	
Fuel (forecourt price saving against budget)	150	
Fuel (swipe, chip & pin and reduction in misfuelling etc)	100	
Income Schemes	140	
Interest Receivable	300	
MS Office VAT Rebate		300
Non Pay Local Schemes - Corporate	600	
Non Pay Local Schemes - Operations	514	
Pay Cost Management (Variable / Net Vacancies) - Operations	1,312	
Pay Vacancy Management - Corporate		2,275
<b>OVERALL TOTALS</b>	<b>3,646</b>	<b>2,775</b>

## Evidencing Due Regard – Integrated Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Trust Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant.

### Step 1

#### Complete Part A

##### Section 1

- General Information
- Which Assessments are Required
- Links to WAST Behaviours and Strategic Equality Objectives
- Wellbeing of Future Generations

##### Section 2 – Evidence to support assessment

- a. Record of Engagement and Consultation activity
- b. Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

### Step 2

#### Complete Part B – Equality Impact Assessment (EqIA)

##### Section 1 - Equality Impact

##### Section 2 - Human Rights

##### Section 3 – Armed Forces Due Regard

##### Section 4 - Welsh Language

##### Section 5 - Assurance for Compliance

##### Section 6 – EQIA Action Plan

##### Section 7 – Equality Risks

##### Section 8 – Sign Off

### Step 3

#### Complete Part C - Socio-economic Impact Assessment (SEIA)

##### Section 1 - Assessment information

##### Section 2 - Impacts on Socio-economic Duty Domain Areas

##### Section 3 – SEIA Action plan

##### Section 4 – Sign Off



## Part A – Information on assessment work required

### Section 1 – General information

<b>Title:</b> IMTP 2024-2027 EQIA
<b>Assessment Lead:</b> Kelsey Rees-Dykes
<b>Who has been involved in undertaking this equality assessment:</b> Alexander Crawford Kathryn Cobley Planning & Performance Business Partners

<b>Quick guide on what assessments are required:</b> This section will help guide you to which assessments are required for your proposal.			
<b>Types of decision being assessed:</b>	<b>What is being assessed? please tick the one which applies ✓</b>	<b>EQIA Required [Part B]</b>	<b>SEIA Required [Part C]</b>
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions			
Trust Wider Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	✓		
Business Case/Capital Involvement/Options Appraisal required			

Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)	✓		
Changes to and development of public services/Closure of Services			
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services	✓		
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	✓		
Directorate Financial Planning	✓		
Divisional policies and procedures affecting staff			
New policies, procedures or practices that affect service delivery	✓		
Large Scale Public Events			
Major procurement and commissioning decisions	✓		
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	✓		
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	Socio-economic Impact Assessment
Start date: 02/01/2024 Completed date: 25/03/2024	Start date: N/A Completed date: N/A
<b>If not undertaking EqIA state reason:</b> (Note that EqIA is a requirement of the Trust to evidence compliance to equality legislation)	<b>If not undertaking SEIA state reason:</b> For individual initiatives individual assessment will be conducted to see if a SEIA is required.
Please complete the rest of this section if EQIA / SEIA is required.	
Summary of the purpose and aims of the decision / service / policy / function / change being assessed:	

Our three year medium term plan which sets out delivery against our long term strategic ambitions, commissioning intentions and political, economic, social, technical, legal and environmental drivers over the next three years. It also addresses key performance improvements and risks across the Trust.

### Links to WAST Behaviours

Indicate any behaviours that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

 Take ownership	 Broaden our understanding	 Respect others	 Show belief in each other	 Practice ethically	 Continually improve our service	 Be inclusive of the whole team
✓	✓	✓	✓	✓	✓	✓

### Links to WAST Equality Objectives 2020-2024








The Trust published the Strategic Equality Plan (SEP) in 2020, for the period 2020-2024. Please indicate which objectives align for this decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

Equality Objectives	Tick if decision relates	Any supporting narrative

1	We will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.	✓	
2	We will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.	✓	
3	We will take action to increase awareness and tackle key equalities issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all.	✓	
4	We will take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop, and grow for all.	✓	

### Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.  
 please tick the one which applies ✓

 A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
✓	✓	✓	✓	✓	✓	✓

For descriptors of these goals - [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

**Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?**

Yes, it covers all areas of the Trust's business

**Governance Route for this assessment and Executive Sponsor (usually Director level):** please state which Committee / Board will scrutinise and approve this assessment:

Trust Board.

## Section 2 - Evidence to support assessment

### a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of [A Healthier Wales](#). This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

**a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design.**

- Formal and Informal Board engagement in December, January, February and March
- Ongoing patient and staff feedback informing the plan, including CEO roadshows, Behaviours and Values reset, regular WAST Live CEO sessions, Viva Engage, PEGI engagement activity with patients and the public including specific engagement with people with protected characteristics as set out in Appendix 1 of the IMTP.
- TU partners included in Board strategy development sessions and engagement through the Corporate Partnership Forum and WASPT. TU partners have championed the needs of colleagues with protected characteristics and provided valuable learning as we develop summary versions of our plans in accessible format.



**b. Give a summary on how the decision / service / policy / function / change will be shared?**

The IMTP is shared at ELT, STB, Trust Board as well as disseminated across the organisation via team meetings and service meetings. Additionally summarised posters will be displayed across sites and stations within Welsh Ambulance service and added to Siren where all employees have access to.

Externally, the IMTP will be published on our website and presented and shared with all DOP/ADOP members of Health Boards, Trusts and other NHS organisations, commissioning and Welsh Government Meetings and presented at TU committees.

**c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?**

All initiatives agreed and signed up to within the IMTP have been reviewed via a prioritisation process at ALDT/ELT level on 14<sup>th</sup> February 2024 and at Board Development on 22 February 2024 prior to final sign off at Board on 28<sup>th</sup> March 2024.

We work closely with the PECL team around engagement with patients and the public on the impact of our plans, and how these affect communities across Wales.

Following the agreement and implementation of the IMTP, each initiative individually will be expected to complete its own EQIA where a strategic decision is required.

**d. Summarise any emerging themes from the engagement work carried out:**

It is recognised across the organisation that we will continue to develop services to provide a better offer as a health care provider to the population of Wales.

**e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?**

Appendix 1 of the IMTP sets out how the feedback from our people, patients and the public has been used to guide the plan.

What patients have said:	How we will address this in our IMTP:
<b>NHS 111 Wales</b>	
<ul style="list-style-type: none"> <li>• Difficulty accessing information on our website, although some find it easier than others</li> <li>• Information on the website didn't help with the concern some people had, whilst others found the information they wanted</li> <li>• A feeling that we are not addressing the issues with the website</li> <li>• Inability to offer online appointments / scheduling of care</li> </ul>	<p>Over the next three years we will be investing in our website and staff capacity to support development of our digital front end to NHS 111 Wales and developing a vision for digital access to NHS 111 Wales in the future. We will take into account the feedback and we will work hard on improving our symptom checkers and the content available on the website. <b>(see section 4.1 of the IMTP)</b></p>
<b>EMS</b>	
<ul style="list-style-type: none"> <li>• Civica data (whilst limited) shows that our call handling and clinical support desk are working well</li> <li>• Data shows however that time waiting for an ambulance to arrive are still area of dissatisfaction for our patients.</li> </ul> <p>Feedback through our PEGI engagement, patient stories, complaints and compliments have suggested the following:</p> <ul style="list-style-type: none"> <li>• People feel extremely anxious</li> </ul>	<p>We are reconfiguring our contact centre workforce to ensure we can maximise the people available to ensure calls are answered as quickly as possible. <b>(see section 4.2 of the IMTP)</b></p> <p>We are investing further in our Clinical Support Desk to screen and assess more calls so that the right response is sent to patients, protecting our emergency ambulances and CHARUs for the most life threatening emergencies. <b>(see section 4.2 of the IMTP)</b></p>

<ul style="list-style-type: none"> <li>• We have heard about harm caused by delayed responses/waiting</li> <li>• There are reported incidences of post traumatic stress as a result of difficult decision making when people feel vulnerable</li> <li>• There have been catastrophic outcomes from long waits</li> <li>• There have been catastrophic outcomes from self-conveyancing; relatives/family member</li> </ul> <p>National feedback, such as the 'Big Conversation' suggests:</p> <ul style="list-style-type: none"> <li>• Things need to change in health and care – we cannot keep doing the same thing</li> <li>• Services need to be more integrated</li> </ul>	<p>Over the next three years we will continue to work with our commissioners to ensure there are the right resources in the right place every time by focussing on recruitment in key areas, including the type of resource (e.g. CHARU) which focus on red calls, the volume of resources available and how we improve capacity in rural areas. <b>(see section 4.2 of the IMTP)</b></p> <p>We know that our services need to change. We are working on a more integrated service offer for the future. One in which 111 and 999 offer integrated, remote clinical support <b>(see sections 4.1 and 4.2 of the IMTP)</b>, more care can be provided at or close to home either through safe monitoring of patients remotely or by a response from one of our advanced practitioners. Our future plans are set out in <b>sections 1.3 and 4.2 of the IMTP</b></p>	
<b>Ambulance Care</b>		
<ul style="list-style-type: none"> <li>• Our NEPTS service is rated highly</li> <li>• Some improvements needed in waiting times for transport, passenger comfort and pain management</li> <li>• There has been positive feedback on more experiential measures such as friendliness,</li> </ul>	<p>Our plan this year for NEPTS focussed on further improvement to drop off and pick up times, and improvement in our oncology performance. We aim to put in place an enhanced hub for our oncology patients which will see the same benefits that our renal patients have seen.</p>	

<p>politeness, compassion and professionalism of the service</p>	<p>Over the course of this three year plan we will seek to improve our fleet across UCS and NEPTS.</p> <p>Our workforce plan for Ambulance Care, ensuring the right skill mix across our Urgent Care and Non-emergency Transport Services should ensure that the skills are in place to support the right pain management for our patients during journeys.</p> <p>To ensure we maintain high quality standards, we will be developing a Welsh Ambulance Quality Standard award which will be awarded to our third party providers on meeting the criteria for quality set out in our agreements with them.</p> <p>Our plans for Ambulance Care are set out in <b>section 4.3 of the IMTP.</b></p>	
<p>Section 9 of the IMTP sets out how we will continue to engage with the public and we will continue to engage with staff through existing means, including at CEO Roadshow events in April 2024 (and every 6months thereafter).</p>		

## b. Additional information

**Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?**

Appendix 1 sets out the range of legislation that drives the IMTP.

In particular, our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty
- Equality legislation and the Strategic Equality Plan
- The Race Equality Plan for Wales
- More than Just Words Action Plan
- LGBTQ+ Action Plan for Wales

As an all Wales emergency services provider our plans are based on the principle that our service is accessible to all people. We use ORH and Optima modelling to determine the levels of service required within our plans for the population of Wales to try to maintain equitable access. This has driven actions within the plan such as a focus around rural areas.

We intend in 2024/25 to be more sophisticated in the use of health inequalities data and will engage with Public Health Wales and AACE on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics. In particular we should be looking to published research such as the following to inform our improvements in population health outcomes:

[Equality and Human Rights Monitor 2023: Is Wales Fairer? | EHRC \(equalityhumanrights.com\)](https://equalityhumanrights.com/2023/03/20/equality-and-human-rights-monitor-2023-is-wales-fairer/)

[mentalhealthstrategyreport\\_english\\_dev6.pdf \(mind.org.uk\)](https://www.mind.org.uk/media/64882/mentalhealthstrategyreport_english_dev6.pdf)

[Black, Asian and Minority Ethnic COVID-19 socioeconomic subgroup: report | GOV.WALES](https://gov.wales/black-asian-and-minority-ethnic-covid-19-socioeconomic-subgroup-report)

[Cost of living crisis: a public health emergency - Public Health Wales \(nhs.wales\)](#)

## End of Part A

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### **Part B – Equality Impact Assessment with Human Rights**

#### **Section 1 - Equality Impact Assessment**



## Assessment – due regard relating to people / group who share protected characteristics

This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

A key pillar of the IMTP is the improvement in the quality of services for all patients.

The National Service Framework (NSF) for Children, Young People and Maternity Services sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. Its scope includes all children and young people from pre-conception to 18th birthday, for whom NHS Wales and local social services authorities have a responsibility.

There are particular plans in the IMTP around improving services around falls and frailty.

The ageing population is increasing faster in rural authorities than in urban areas, compounded by the outward migration of young people and inward migration of older people. This will have a significant impact on local service needs and support systems across health and social care. We have a focus in this plan on seeking to address key actions in rural areas such as recruitment to some of our core services and how our volunteers can better support in these areas.

As we transform our services digital will play a greater part in how we deliver services, so we will be cognisant of the need for support around digital literacy. This is not only for patients but also the confidence of our staff of all ages to use digital and technology solutions – we have a key commitment in our plan around the digital experience of our people.

Our mental health and dementia plan aims to improve environments within which we provide care for people with dementia.

We take account of the following:

<p>The Strategy for Older People in Wales 2013 -2023 aims to address the barriers faced by older people in Wales today and to ensure that wellbeing is within the reach of all.</p> <p>Health in Wales   Older People  Health in Wales   Populations  Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)  What is happening to life expectancy in England?   The King's Fund (kingsfund.org.uk)</p>			
<p>Mitigation action if adverse impact found:</p> <p>N/A</p>			
<p><b>Disability</b>  (Including long term conditions, mental health, neurodivergence and invisible impairments)</p>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
	✓		
<p>Evidence / supporting narrative:</p> <p>This IMTP sets out the implementation of our Strategic Equality objectives covering a range of disabilities and will be published on our website from 1<sup>st</sup> April 2024.</p> <p>There are specific actions relating to mental health, our support to people with long term conditions in terms of how we play a role in public and population health and we have engaged with people with learning disabilities and those with neurodivergence with further plans through our PECI team how we further understand the needs of these protected groups.</p> <p>Our mental health and dementia plan aims to improve environments within which we provide care for people with dementia.</p> <p>We will take account of the following:</p> <p>Learning-Disability-Strategic-Action-Plan2021-26-Draft-V5-Action-Plan-January-2022.pdf (ldw.org.uk)</p>			

Review of Evidence of Inequalities in Access to Healthcare Services for Disabled People in Wales. This report was undertaken to review inequalities in access to healthcare services associated with the protected characteristic of disability. This report therefore presents a synthesis of such evidence based on a scoping review of published literature.

Mental health problems can affect anyone, regardless of age, race, gender or social background. Mental health disorders take many different forms and affect people in different ways. Schizophrenia, depression and personality disorders are all types of mental health problem. Diseases such as Alzheimer's and dementia generally develop in old age, whereas eating disorders are more common in young people. (Source: NPHS website)  
Health in Wales | People with Mental Health Problems

Mitigation action if adverse impact found:

N/A

## Sexual Orientation

**Positive  
effect**

**Negative effect**

**Neutral**

✓

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area.

We take account of the following:

LGBTQ+ Action Plan for Wales (gov.wales)

We will continue to work with Stonewall Cymru and take account of their research when implementing initiatives set out within the IMTP.

Stonewall commissioned YouGov to carry out a survey asking 1,272 lesbian, gay, bi and trans (LGBT) people in Wales about their life in Wales today. This report investigates their experiences at work. This report, part of a series based on the research, investigates the specific experiences of the 825 employed LGBT people and their experiences of discrimination in the workplace as well as the extent to which LGBT people still feel they have to conceal who they are at work. It also looks at steps taken by employers to ensure a safe and equal work environment for LGBT people, for example, implementation of equality policies, steps to make the workplace trans inclusive and visible commitment from senior management.

Ward, R, Pugh, S, Price, E (2010) Don't look back? Improving health and social care service delivery for older LGB users

Aspinall, P.J., Mitton, L. (2009) Operationalising 'sexual orientation' in routine data collection and equality monitoring in UK Culture, Health & Sexuality, 10(1), pp.57-72

Mitigation action if adverse impact found:

**Gender Reassignment / Gender identity**  
(Including non-binary, gender fluid and intersex)

**Positive  
effect**

**Negative effect**

**Neutral**

✓

Evidence / supporting narrative:

Inequalities in the prevalence of mental ill-health for people in this characteristic.

Assessing differences in the prevalence of mental illness between social groups is challenging and complex, because rates of recognition, reporting and diagnosis are likely to vary between groups. Existing evidence, although in many cases patchy and inconsistent, suggests a number of important patterns.

Evidence suggests that inequalities in various types of mental ill-health exist across a range of protected characteristics, including sexual orientation, sex and ethnicity. People in the United Kingdom who identify as lesbian, gay, bisexual or transgender (LGBT), for example, experience higher rates of poor mental health, including depression, anxiety and self-harm, than those who do not identify as LGBT.

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

We will continue to work with AACE LGBTQ+ Network to educate staff and raise awareness of the issues faced by our trans communities.

Mitigation action if adverse impact found:

N/A

Sex / Gender	Positive effect	Negative effect	Neutral
			✓

Evidence / supporting narrative:

There are biological differences between the sexes in rates of susceptibility, symptoms and response to treatment in many major areas of health, including heart disease and some cancers.

There are also a wide range of personal, social, economic and environmental factors like smoking, drinking alcohol, physical activity levels, low paid work and bringing up a family that can affect the health of men and women differently. Some of the important issues for Women's Health, including :

- Coronary Heart Disease
- Women's Cancers
- Sexual Health
- Mental Health
- Pregnancy and early years

Life Expectancy and Mortality in Wales report published - Public Health Wales ([nhs.wales](https://nhs.uk))  
 What is happening to life expectancy in England? | The King's Fund ([kingsfund.org.uk](https://kingsfund.org.uk))

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign and the programme of work to reduce misogyny and improve sexual safety continues to be an element of the plans to improve WAST culture.

Mitigation action if adverse impact found:

Race (including ethnicity)	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

This plan specifically references the Race Equality Action Plan as a driver for our IMTP. This is a key element of our EDI across WAST and builds on the cultural journey started in our 2023-26 IMTP and the range of Allyship and Bystander training available and being



developed and the objectives within our Strategic Equality Plan. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

Race/Ethnicity is an important issue because, as well as having specific needs relating to language and culture, people from ethnic minority backgrounds are more likely to come from low-income families, suffer poorer living conditions and gain lower levels of educational qualifications. In addition, certain ethnic groups have higher rates of some health conditions. In addition, certain Black, Asian and Minority Ethnic groups have higher rates of some health conditions. For example, South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-descended populations are more likely to avoid alcohol but to smoke and sickle cell anaemia is an inherited blood disorder, which mainly affects people of African or Caribbean origin. (Source: Public Health Wales) All can impact on our work in terms of having this knowledge. COVID-19 Black, Asian and Minority Ethnic Socio-economic Subgroup Report: Welsh Government response [HTML] | GOV.WALES

We will continue to implement the actions set out in the healthcare sector within Welsh Government's Anti-Racist Wales Action Plan: 41912 An Anti-Racist Wales - Race Equality Action Plan for Wales (gov.wales)

Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)  
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

We intend in 2024/25 to be more sophisticated in the use of health inequalities data and will engage with Public Health Wales and AACE on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics.

Mitigation action if adverse impact found:

N/A

Religion and Belief (including non-belief and Philosophical belief)	Positive effect	Negative effect	Neutral
			✓

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and mentoring opportunities that have been available to our senior leaders. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area.

Some important sources of information for us include:

The Role and Value of Chaplains in the Ambulance Service: Paramedic Perspectives | SpringerLink  
 Religion or belief: A practical guide for the NHS (clatterbridgecc.nhs.uk)

Mitigation action if adverse impact found:

N/A

Pregnancy and Maternity	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

The plan sets out specific actions relating to the continuation of the maternity and neonatal clinical leadership role which has already helped to improve outcomes for expectant mothers and babies. The ambition in the plan is to develop a 24/7 labour line along with continued improvements in obstetric and neonatal care that our services can provide. We are also linked into the South Wales Neonatal network regional service development through an Operational Delivery Network.

We also take account of the following reports:

What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)  
 Sharp rise in ambulance call-outs following home abortion pills - The Christian Institute

Mitigation action if adverse impact found:			
N/A			
<b>Marriage and Civil Partnership</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
			✓
Evidence / supporting narrative:			
<p>There is no specific evidence or research that suggests that there is a direct impact on this protected group. However, evidence cited for some of the other protected groups, e.g, Sexual orientation, gender etc will have an impact on our plans.</p> <p>For our people, improvements through our people and culture plan and across our commitments to staff on flexible working would support the rights of this protected characteristic. However we have rated this as neutral on the basis of there being no specific actions that would relate to these groups.</p>			
Mitigation action if adverse impact found:			
N/A			
Other groups at risk of poorer health outcomes:			
<b>Unpaid Carers</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
	✓		
Evidence / supporting narrative:			
<p>This plan does not directly address the needs of unpaid carers, however our people and culture plan and our commitment to flexible working opportunities provide opportunities for working carers to enhance the existing mechanisms which include:</p>			

<p>WAST are members of Employers for Carers Wales and membership includes access to EFCDigitalWales.org</p> <p>WAST hosts a Carers Network for working carers</p> <p>Carers Passport - A tool which can be used by Carers and line managers to start the conversation on caring responsibilities and the support and flexibility available.</p> <p>Our Making Every Contact Count training will also equip staff with tools to identify the public health needs of all people with whom they come into contact, including unpaid carers, and in 2024/25 we want to renew our focus on public and population health.</p> <p>Our IMTP will monitor our implementation of the Strategic Equality Objectives which will also encompass support for unpaid carers.</p>			
<p>Mitigation action if adverse impact found:</p> <p>N/A</p>			
<b>Socio-economically disadvantaged</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
			✓
<p>Evidence / supporting narrative:</p> <p>Through the development of the IMTP we undertook detailed PESTLE analysis with our assistant directors, execs and the Board. Some of the themes that came up included poverty, health inequalities and socio-economic disadvantage. Whilst the IMTP will not detriment these groups, we acknowledge we have more to do to understand these inequalities across Wales. We are taking part in work with AACE around tackling health inequalities and learning from colleagues in England such as Yorkshire and London ambulance services who have done a lot of work in this area.</p> <p>Through our engagement with staff at CEO roadshows there is still concern around the cost of living and rising costs. We undertook some work on this through last year's IMTP and this is now business as usual and support is available for staff.</p>			

We also need to be cognisant in our plans around digital, particularly around digital literacy and Wi-Fi & digital poverty, as well as NEPTS eligibility for services ensuring that our plans are individually assessed to ensure they do not have detrimental impact on socio economic disadvantaged populations.

Mitigation action if adverse impact found:

n/a

Other groups / communities of interest - please state	Positive effect	Negative effect	Neutral

Explanation:

Mitigation action if adverse impact found:

**Intersectional disadvantages** - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.

We recognise that for some individuals, intersectionality will impact their experiences of accessing services. Equally, some staff with intersectional needs may require more tailored support. The Strategic Equality Plan Objectives and the work of the Inclusion, Culture and Wellbeing Team will help to address intersectionality where it presents itself.

## Section 2 – Human Rights Assessment

Assessment – based on human rights-based approach in health	
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Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker <a href="https://humanrightstracker.com">https://humanrightstracker.com</a>	
<b>Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?</b>	Use a tick ✓
Article 2 - Right to life	✓
Article 3 - Prohibition of inhuman or degrading treatment	✓
Article 5 - Right to liberty and security	✓
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	✓
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	✓
UN Convention on the Rights of Persons with Disabilities	✓
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	✓
Other articles – <i>please state:</i>	

<b>Is the proposal aligned to the FREDA principles?</b> You can copy and paste this tick: ✓				
<b>Fairness</b>	<b>Respect</b>	<b>Equality</b>	<b>Dignity</b>	<b>Autonomy</b>
✓	✓	✓	✓	✓
<b>If any negative impacts are identified, how will this be reduced/addressed?</b>				

## Section 3 – Armed Forces Covenant



All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?			✓
<p><b>Reasons for your decision</b> (including brief summary that has led you to decide on the level of impact)  <b>If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.</b></p> <p>There are no specific actions relating to armed forces but the service has received the Employer Recognition Scheme Gold Award which celebrates organisations that employ and support those who serve, both veterans and their families. We are also committed to a pathway into employment for veterans and we have plans this year to recruit additional staff through our workforce plan.</p>			

## Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

<p><b>Welsh Language Impact Assessment</b></p> <p>You can copy and paste this tick: ✓</p>
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<p>Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh &amp; English.</p> <p>e.g. Consider if the proposal increase or decrease the opportunities for people to receive information or access information in Welsh.X</p>	Yes	No
	✓	
<p>We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board</p>		
<p>Will the proposal have a positive effect on opportunities for persons to use the Welsh language?</p> <p>Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh?</p> <p>e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?</p>	Yes	No
	✓	

We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board

Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.	<b>Yes</b> ✓	<b>No</b>
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We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language.  
We will also as part of our commitment continue to deliver Welsh Language awareness training through ESR.  
We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board

Will the proposal increase the department/division's ability to deliver services through the medium of Welsh?	<b>Yes</b> ✓	<b>No</b>
<i>e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.</i>		

The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP  
We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board

Will the proposal treat the Welsh language no less favourably than the English language?	<b>Yes</b> ✓	<b>No</b>
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e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.		
The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		

## Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has WAST given due regard and given consideration for this proposal with the following:	
<b>Eliminating unlawful discrimination, harassment, and victimisation?</b> <i>Unlawful discrimination takes place when people are treated 'less favorably' as a result of having a protected characteristic</i>	Yes
<b>Advancing equality of opportunity between people who share a protected characteristic and those who do not?</b> <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i>	Yes
<b>Fostering good relations between people who share a protected characteristic and those who do not?</b> <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>	Yes
<b>Are there any potential Human Rights concerns?</b>	No
<b>Compliance to the Welsh Language requirements?</b>	Yes
<b>Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?</b>	Yes
<b>Supporting narrative to support the above responses: This section must be completed</b>	

The IMTP is developed in line with relevant legislation, which are drivers for our plans. Our service and enabling plans are built on the premise of equality of access to all who call 111 or 999 irrelevant of whether they have a protected characteristic or not. Through our six strategic objectives, we strive to continually improve our services to meet Welsh population needs.

<b>Do you consider the evidence used in this assessment to be robust?</b> If you answer no, address this in the action plan (section 6)	No
<b>Has this assessment been subject to scrutiny / been reviewed?</b>	Yes
As part of the IMTP approval process at Trust Board	

## Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with WAST risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
Identify how within cultural metrics and through our patient engagement how we evidence positive impacts across all protected characteristics – discussion to be held at STB in Q1	Improved understanding of the impact of our plans on protected characteristics to ensure we continue	Neutral	End Q1	STB	Asst Director of Planning & transformation
Establish our baseline health inequalities maturity (ongoing work)	Improved understanding of health inequalities through data and	TBC through digital plan	TBC	STB	Asst Director of

with AACE) and use this to determine how we further use population health analytics which is built into this IMTP	exploration of how to improve and deploy our resources more effectively				Data and Analytics

## Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available [here](#) on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you <b>should escalate to risk management procedures</b> .					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
If you have identified an equality risk: No What is the consequence? 4 What is the likelihood? 1 Risk score = consequence x likelihood			Risk Score = 1x4		



<p>Any narrative relating to risk score:</p> <p>We</p>
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## Section 8 – EQIA Sign off

<p><b>Name of persons who signed-off this Equality Impact Assessment (see below):</b>  <i>As per the Trust’s Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the ‘Schedule of Matters Reserved for the Board’, to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee, or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions <u>must</u> have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.</i></p>
<p><b>Approval Date: 02/01/2024</b></p>
<p><b>Review Date:</b></p>

<p><b>Project Lead Sign-off</b>  I confirm that this Equality Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust’s Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant.</p> <p>Signed:  (Project Lead)</p>	<p><b>Equality Team Sign-off  (Required when both EQIA and SEIA is required)</b>  I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.</p>	<p><b>Committee Chair Sign-off</b>  I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to:</p> <ol style="list-style-type: none"> <li>1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.</li> <li>2. Advance equality of opportunity between people who share a protected characteristic and those who do not.</li> <li>3. Foster good relations between people who share a protected characteristic and those who do not.</li> </ol> <p>Signed:  (Committee Chair)</p>
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<b>Alex Crawford</b> <b>Assistant Director of Planning &amp; Transformation</b>	Signed: Kathryn Cobley, Head of Inclusion and Engagement  (Head of Inclusion and Engagement)	
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**End of Part B. Only complete Part C if required.**

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## **Part C – Socio-economic Impact Assessment**

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see <https://gov.wales/more-equal-wales-socio-economic-duty>

<b>Section 1 - Assessment information – evidence</b>	
<b>Has this assessment identified Stakeholder groups:</b> <i>Supporting narrative if different to Part A.</i>	Yes / No

<b>Has this assessment used a range of evidence:</b> <i>Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.</i>	Yes / No
<b>Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy?</b> <i>Supporting narrative if different to Part A.</i>	Yes / No

<b>Relevant communities of interest identified that may be impacted by this proposal and engagement work undertaken:</b>	<b>Proposal may impact these groups</b> Use a tick ✓	<b>Engagement undertaken</b> Yes / Planned	<b>Any supporting narrative / comments</b>
People experiencing poverty			
Carers			
People who share a common first language			
People experiencing homelessness			
Lone parent families			
Those seeking sanctuary			
Experience of local health and social care system			
Military Veterans and Armed Forces Community			
University students			
Long term caravan residents and second home visitors			
Other – please state:			
<b>Relevant communities of place</b>			
Urban areas			
Rural areas			

Areas of high levels of unemployment / deprivation			
Other – please state:			
<b>How has / will this influence your work/guided your policy/proposal, or changed your recommendations? Supporting narrative:</b>			

## Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

*It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regard to each of these areas, evidence is provided below and issues for consideration suggested.*

*Consider evidence from both research and any engagement already carried out. Who is being affected? Are some communities of interest or communities of place more affected by disadvantage than others? WAST Equality pages provides further guidance.*

What are the main socio economic impacts of the proposal?			
Domain area: Education	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			

**Supporting narrative:**

*How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?*

*Think about how careers support at WAST and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.*

**Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:****What are the main socio economic impacts of the proposal?****Domain area: Health**

You can copy and paste this tick: ✓

**Positive  
impact****Negative  
impact****Neutral / No  
impact****Supporting narrative:**

*How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.*

<p><b>Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage?</b>  <b>What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?</b></p>

What are the main socio economic impacts of the proposal?			
<p><b>Domain area: Living standards</b>          You can copy and paste this tick: ✓</p>	Positive impact	Negative impact	Neutral / No impact
<p><b>Supporting narrative:</b>  <i>How does your proposal take account of the impact of poverty and deprivation?</i>  <i>Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.</i></p>			



**As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?**

**What are the main socio economic impacts of the proposal?**

**Domain area: Work**

You can copy and paste this tick: ✓

**Positive  
impact**

**Negative  
impact**

**Neutral / No  
impact**

**Supporting narrative:**

*Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.*

**How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage?**

**As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?**

What are the main socio economic impacts of the proposal?			
<b>Domain area: Justice and personal security</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>Neutral / No impact</b>
You can copy and paste this tick: ✓			
<b>Supporting narrative:</b> <i>How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.</i>			
<b>How can your proposal promote and protect people's rights and increase their access to justice and personal security?</b>			

What are the main socio economic impacts of the proposal?			
<b>Domain area: Participation</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>Neutral / No impact</b>
You can copy and paste this tick: ✓			
<b>Supporting narrative:</b> <i>How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.</i>			

How can your proposal increase participation for people who experience socio-economic disadvantage?

### Section 3 – Socio-economic Duty Action plan

<b>Socio-economic Impact Assessment Action Plan and Recommendations</b> Please include any related recommendations arising from this assessment. Include any positive action.					
Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ Owner

### Section 4 – SEIA Sign off

**Who signed-off this SED Impact Assessment:**

*As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*

**Approval Date:****Review Date:**

<b>Project Lead Sign-off</b> I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant.  Signed: (Project Lead)	<b>Equality Team Quality Check (required when both EQIA and SEIA is required)</b> I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.  Signed: (Equality and Inclusion Manager)	<b>Committee Chair Sign-off</b> I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.  Signed: (Committee Chair)
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## End of SED assessment

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GIG  
Cymru  
NHS  
Wales  
Yrddiriedolaeth GIG  
Gwasanaethau Ambulans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>14</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## INITIAL 2024/25 REVENUE BUDGET

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 <sup>th</sup> March 2024
<b>EXECUTIVE</b>	Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Jason Collins, Head of Financial Management
<b>CONTACT</b>	Jason.Collins@wales.nhs.uk

## EXECUTIVE SUMMARY

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2024/2025 is translated into delegated budgets, the key assumptions made and any remaining choices required in doing so.
2. Following the requested approval of this initial 2024/25 budget, as in previous financial years, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2024/25 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs). These meetings will take place as early in Q1 2024/25 as practically possible.
3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2024/25 financial year have been produced within the framework of the Trust's anticipated resource envelope.

**RECOMMENDATION: Trust Board is asked to Approve the initial 2024/25 revenue budget, building on the WAST Financial Plan included in the IMTP, and as endorsed and recommend by the Finance & Performance Committee at its meeting on 19<sup>th</sup> March 2024.**



## KEY ISSUES/IMPLICATIONS

1. The current planned resource envelope (planned income) for the Trust for the financial year 2024/25, as per the financial plan within the IMTP, totals **£289.8m** of which £277.0m is via (former) EASC commissioned services (£237.0m is planned EMS, £29.3m is Ambulance Care and £10.7m for 111 related services), £7.0m from other NHS Welsh Organisations, £4.6m from Welsh Government (WG) and £1.2m from other sources, of which £0.6m is assumed to be delivered via WAST Savings programme.
2. Key elements of planned income includes that the additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67% uplift provided to Health Boards in the 2024/25 NHS Wales Allocation Letter issued on 19<sup>th</sup> December 2023, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced in the above allocation for additional energy costs support for WAST. No income (or expenditure) assumptions have been included for the 2024/25 pay deal, as values are currently unknown, although Welsh Government (WG) have advised this will be fully funded and hence cost neutral.
3. Core initial operating revenue budgets for 2024/25 for Pay, Non Pay, plus any profit on sale of assets, interest payable and receivable and depreciation totals **£295.6m**. This recognises the full year impact of 2023/24 developments and brought forward cost pressures as well as inflation pressures and unavoidable cost pressures for 2024/25. As noted, no expenditure assumptions have been included for the 2024/25 pay deal and costs are assumed as fully funded and hence cost neutral. Also excluded in this opening financial plan are costs relating to any proposed banding change for EMT / technician level, costs emerging from the recommendations of the Manchester Arena Inquiry and costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants as these areas will need to be subject to separate business cases for funding consideration. WAST savings programme has identified £5.8m from its operating revenue budgets and hence budget will be set at **£289.8m**, providing **an opening balanced financial plan for 2024/25**.
4. The initial savings requirement for the 2024/25 financial year within the balanced financial plan is **£6.4m** of which £0.6m is income related and £5.8m from operating revenue budgets. Themes and schemes have been identified to this value and their continued development, delivery and monitoring of their performance will be via the Financial Sustainability Programme. Finance & Performance Committee (F&PC) will be provided with regular monitoring of the savings plan via its normal Financial Reporting papers and agenda items.

5. Key risks and issues identified in the financial plan include the need to ensure full recovery of all the updated income assumptions via commissioners, delivery of a £6.4m savings target as a minimum and the control of increasing costs such as enhancements that were put in as a result of the COVID-19 pandemic, a cost of living crisis, and continuing service and demand pressures, including that resulting from the ongoing challenges and levels of hospital handover delays.

#### REPORT APPROVAL ROUTE

- F&PC – 19<sup>th</sup> March 2024 – to endorse for TB approval
- Final financial plan as presented to Trust Board on 28<sup>th</sup> March 2024 as part of IMTP submission.

#### REPORT APPENDICES

Appendix 1 includes the detail and narrative to support the Financial Plan for 2024/25. This includes two annexes of:

- Annex 1 – Savings Schemes
- Annex 2 – Directorate Revenue Budgets

#### 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**

**INITIAL 2024/25 REVENUE BUDGET**

**SITUATION / BACKGROUND**

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2024/2025 is translated into delegated budgets, the key assumptions made, and remaining choices required in doing so.
2. Following the approval of the initial 2024/25 budget, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2024/25 budgets, in accordance with the Trust Standing Financial Instructions (SFIs).
3. A final financial plan for 2024/25 will be presented to Trust Board and included in the IMTP. The revenue elements of this paper are consistent with that contained within the current IMTP financial plan and hence forms the basis of the revenue budget for 2024/25, along with a recommendation from the Finance & Performance Committee that Trust Board approves this.

**ASSESSMENT**

4. In accordance with the SFIs, annual budget setting cycle and IMTP timetable, budgets for the 2024/25 financial year have been produced within the framework of the Trust's anticipated resource envelope.

**KEY INCOME ASSUMPTIONS**

5. As detailed in the updated financial plan, the current WAST planned resource envelope for the 2024/25 financial year is currently **£289.8m**, summarised in the table below.

Income Sources	£m	£m
<b><i>EASC / WHSSC</i></b>		
EMS	237.0	
Ambulance Care	29.3	
111	10.7	
<b><i>Total EASC / WHSSC</i></b>		<b>277.0</b>
<b><i>Welsh NHS Organisations</i></b>		
Ambulance Care Services	2.9	
EMS Services	2.7	
Other	1.4	
<b><i>Total Welsh NHS Organisations</i></b>		<b>7.0</b>
<b><i>Welsh Government</i></b>		
HART / CBRN / SORT	3.2	
PIBS	1.0	
Mental Health & Dementia	0.4	
<b><i>Total Welsh Government</i></b>		<b>4.6</b>
<b><i>Other Income</i></b>		
Savings Targets	0.6	
Other Sources	0.6	
<b><i>Total Other Income</i></b>		<b>1.2</b>
<b>Total Income Assumptions</b>		<b>289.8</b>

### **“Core” (former) EASC / future JCC income**

6. As can be seen above, the biggest single funding source to the Trust is via (former) EASC and current assumed income for 2024/25 is currently of **£277.0m** with £237.0m for EMS related services, £29.3m for Ambulance Care and £10.7m for 111 services (with this element transferred to “EASC” / the new Joint Commissioning Committee (JCC) in 2024/25 where in 2023/24 was funded via Aneurin Bevan Health Board as main commissioner):

### ***EMS Income baseline changes for 2024/25 includes the following:***

- £8.0m for the 3.67% growth uplift;
- £12.4m for the recurrent cost of 2023/24 pay awards that was funded direct by WG;
- £0.5m for additional energy support costs and £0.3m for strategic depreciation support as identified in the NHS Wales Allocation Letter issued on 19<sup>th</sup> December 2023;
- c£3.5m of funding for the cost to support the Grange University Hospital inter transport service which, whilst funded specifically by ABUHB, the funding for which

flows through to the Trust via this route. This service provision has reduced which has resulted in the income baseline reducing by c£1m for 2024/25 with a corresponding reduction in expenditure budgets;

- Funding is also assumed to continue to flow from Welsh Government (WG) to EASC / JCC for the 2024/25 cost estimates of delivering the Emergency Services Mobile Communications Programme (ESMCP) & airwave extension costs;
- All other income values in the 2023/24 baseline are assumed to rollover into 2024/25.

***Ambulance Care Income baseline changes for 2024/25 includes the following***

- £1.0m for the 3.67% growth uplift;
- £1.7m for Transfer of Services from NHS Health Boards (£1.1m from Powys Health Board and £0.6m from Cwm Taf Health Board);
- All other income values in the 2023/24 baseline are assumed to rollover into 2024/25

***111 Income baseline changes for 2024/25 includes the following***

- As noted for 2024/25, 111 services income is now passed through EASC / JCC, where in 2023/24 this was funded via Aneurin Bevan Health Board as its main commissioner;
- Opening income value is £10.3m and then £0.4m for the 3.67% growth uplift for 2024/25 resulting in an initial income budget value of £10.7m. Discussions continue with commissioners over the full funding required to deliver this service.

**2024/25 Income from other Welsh NHS Organisations**

7. The main items included here are as follows:

- Ambulance Care income of £2.9m includes of £0.7m for Velindre NHS Trust of which funding cannot flow via EASC as it's a not a Health Board, £0.7m for Renal Transport Services commissioned locally via Betsi Cadwalader Health Board, £0.2m of recharged costs to WHSSC for renal transport costs and then a mix of local Health Board commissioned services provided by Urgent Care Services (UCS) functions such as Neo Natal Transport and Ambulance Care local support to capacity demands totalling £1.3m;
- Locally commissioned EMS services include services such as prompt cardiac transport, dedicated discharge services, APP support to primary care services, FALLS support services and neonatal clinical transport total £2.7m;

- Other health board income totals £1.0m and includes fleet maintenance income, rental income from WAST Estate, provision of Occupational Health Services, operational CPD income support and external secondments.

### **Income from Welsh Government**

8. Included here are the following:

- Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) totalling £3.2m;
- WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed at the outset of 2024/25 is £1.0m;
- No additional income has been included currently for 'technical adjustments' of Depreciation and Impairments above baseline (baseline depreciation is funded via EASC contracts and for 2024/25 the value is £15.3m). Any additionality is invoiced on actual values as the year progresses. Corresponding expenditure budget has been set at the same baseline value, so any fluctuation is cost neutral;
- WG also provide funding to support WAST activities for mental health and dementia totalling £0.4m.

### **Other Income**

9. Other income includes:

- £0.6m of the £6.4m savings target for 2024/25 and this includes £0.2m for apprentice income and £0.3m VAT recovery challenge as part of an overall NHS Wales reclaim and £0.1m for other income increases;
- £0.6m from other income sources include Ambulance Care provision provided to English NHS organisations, Compensation Recovery Unit (CRU) for Road Traffic Accidents, Welsh Universities for Paramedic Training and Operational Cover at Sports Events.

### **OPENING REVENUE BUDGETS**

10. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break-even duty that align to the operational delivery plans of the organisation. From a high-level budget setting perspective, the financial plan for 2024/25 is summarised below.



	Opening Budgets 24/25 £m	Planned Savings £m	Revenue Set Budgets 24/25 £m
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
Total Expenditure	295.554	-5.781	289.773
Planned Budget Surplus (-) / deficit	6.421	-6.421	0.000

11. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring "rollover" position from the 2023/24 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process.

## Pay

12. The pay budget for 2024/25 has been set based on the following assumptions.

13. NHS pay award rates for the 2024/25 financial year are currently unknown and therefore pay scales have been set at 2023/24 pay rates. Overall directorate budget control totals will manage the pay progression up spinal points together with attrition salary differences and mostly vacancies have been set at entry point of scales. The following other key assumptions have been made:

- Funded whole time equivalents (WTEs) are rolled over from 2023/24 and flexed for their full year impacts in 2024/25 including any skill mix changes;
- Pay costs include estimated staff costs for cost pressures in relation to service and system pressures and delivery of commissioning intentions, in line with that included within the IMTP financial plan;
- Budgets for the main variable cost elements of overtime, enhancements and overrun will be broadly set on a mix of roster relief calculations for 2024/25 and forecast outturn position for 2023/24.

14. The plan provides that £0.180m of pay costs will be capitalised to support the development of the 2024/25 capital schemes with a corresponding requirement being highlighted against the discretionary capital allocation for 2024/25.

## **Non-pay, technical items and contingency**

15. Non pay budgets for 2024/25 will be set taking into consideration the existing budget levels together with 2023/24 forecast expenditure outturn. Recognition of inflation uplifts on certain non-pay expenditure budgets at c3%-3.2% will be applied but there is an expectation that some of this will be required to be met within directorate core budgets and saving schemes. Revenue cost increases of the 2023/24 approved capital business cases have also been funded as part the 2024/25 budgets and these are predominately around fleet and estates, again fully in line with that included in the IMTP financial plan.
16. Non pay budgets will include full year impact of those unavoidable cost pressures from the 2023/24 financial year and those identified for the 2024/25 financial year.
17. As noted in pay budgets, a similar approach for non-pay costs will apply and budgets will include estimates for cost pressures in relation to service and system pressures and delivery of commissioning intentions.
18. As per previous years a contingency budget is included and the 2024/25 value proposed is £1.0m.
19. For the 2024/25 financial year, the opening profit on asset disposal budget is £0.445m. This includes the sale of vehicles, obsolete and replaced equipment.
20. Interest receivable budget brought forward from 2023/24 was £0.5m but due to the significant increase in interest rates now received on government and commercial accounts then an estimated recovery of an additional £0.3m has been included as part of the savings programme. Hence proposed budget for 2024/25 is £0.8m. Interest payable budgets have been 'rolled over' at 2023/24 values.
21. Depreciation and impairment budgets correspond with an income budget totalling £15.3m. This does not include any additionality in depreciation or indexation planned for 2024/25 and when this figure is available any impact will be cost neutral as these areas are assumed as 'ring fenced' allocation by Welsh Government with under spends clawed back and agreed increases because of capital investments funded, therefore assumption is no under or overspends in this area during the 2024/25 financial year.

## **Unavoidable Cost pressures, System Pressures and Commissioning Intentions**

22. Further to that included in the pay and non-pay budgets sections of this paper then below summarises the main components included in the 2024/25 financial plan for the unavoidable cost pressures, system pressures and commissioning intentions;

	2024/25 £m
<b>FYE / cost pressures / in year 2023/24</b> <i>(to include PTR team, EMSC staffing, SPs, FSP infrastructure)</i>	1.6
<b>Unavoidable cost pressures from 2023/24 (covered non recurring in year):</b>	
Covid inquiry and recommendations	0.5
Final pension costs	0.5
Increasing fleet maintenance linked to reduced capital funding / aging fleet	1.0
Estates backlog maintenance (recent limited assurance IA)	0.5
Pentrox replenishment	0.3
Impact of capital schemes	0.3
Costs held in year due to income variations / reductions	0.4
<b>2024/25 inflationary and unavoidable cost pressures:</b>	
2024/25 Non Pay Inflation	1.8
Additional WRP contribution	0.1
Vehicle Fumes - Monitoring	0.1
New waste legislation 2024/25	0.2
Medicines management staffing	0.1
111 staffing - to be finalised with Commissioners and currently linked to 111 uplift	0.4
Cost pressures relating to service and system pressures, including the impact of handover delays, plus delivery of commissioning intentions. This includes:	4.2
- Additional remote clinical triage - CSD staffing - c23 WTEs	
- Clinical navigation	
- Maximising the value of APPs previously trained - 16 WTEs	
- Additional clinicians to support "shift left" / reduced conveyancing - c16 WTEs	
- Potential NEPTS impact following strategic review	
- Support costs to deliver the above	
Additional senior clinical leadership (in part to support the above)	0.3
Additional digital costs, including e timesheets, robotics, cyber security	0.4
Additional organisational and corporate costs to support the above	0.5
<i>(inc NEPTS efficiencies and roster review, Freedom to speak up, WL compliance and greater regionalisation)</i>	
Other 2024/25 cost pressures	0.3

## SAVINGS AND EFFICIENCIES

23. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2024/25. As above, this is currently £6.421m of which themes and schemes have been identified to this value and these are included in **Annex 1**.
24. This value equates to c2.2% of WAST baseline and is a further stretch than the £6m planned and is forecast to be delivered in the 2023/24 financial year.
25. Financial Sustainability Programme and workstreams will have oversight of the savings target and the schemes delivery and monitoring. Finalisation of the profile of savings over the financial year by month is currently being worked through prior to its reporting in the Minimum Data Set (MDS) that will be submitted in conjunction with the IMTP.
26. Key risk is the ability to deliver this value and manage any other in year cost pressures as they arrive, within the small contingency this financial plan continues to hold. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not

out of the range being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.

27. Further development of the detailed plans and delivery and monitoring of the achievement of this will be via the Financial Sustainability Programme, through to the Strategic Transformation Board. Finance & Performance Committee (F&PC) will also be provided with monitoring of the savings plan via its normal financial reporting reports that are also provided to ELT, Trust Board and externally to Welsh Government and Commissioners.

### **Initial Directorate Budgets**

28. **Annex 2** therefore provides a summary of much of the above and how these translate into proposed opening 2024/25 revenue budgets by Directorate. Due to the continuation of work on some service and system pressures most of these budgets are currently held in reserves and will be rolled out to directorate budgets when some of this unavoidable spend is incurred. This is however expected to be included in final budget values to be discussed in budget meetings planned with CEO, Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

### **Key risks**

29. No financial plan, or resulting budget set is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, as highlighted within the IMTP financial plan, include:
- The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments and elements supported within the EASC / JCC IMTP are fully delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
  - No other developments, enhancements or cost increases not currently funded within budgets will be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere;
  - The ability to deliver a minimum of c£6.4m in savings and efficiencies in year. This equates to c2.2% of the Trust's discretionary income;
  - Despite an element of additional funding provided, some cost elements are still hard to predict through the coming 13 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
  - That the upcoming proposed changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
  - That the profile and pattern of additional unavoidable spend in year is as currently projected, with any significant variances to this being able to be managed in year whilst ensuring maximum value, and
  - The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

**RECOMMENDATION: Trust Board is asked to: Approve the initial 2024/25 revenue budget, consistent with the financial plan contained within the IMTP, and as endorsed and recommended by the F&PC at its meeting on 19<sup>th</sup> March 2024.**

Savings Performance by Scheme 24-25		
	PLAN 24/25	
Scheme	Recurring	Non Recurring
	£000	£000
Accident Repair	80	
Apprentice Income		200
Balance Sheet Flexibility	200	
End of Shift Overrun	250	
Fuel (forecourt price saving against budget)	150	
Fuel (swipe, chip & pin and reduction in misfuelling etc)	100	
Income Schemes	140	
Interest Receivable	300	
MS Office VAT Rebate		300
Non Pay Local Schemes - Corporate	600	
Non Pay Local Schemes - Operations	514	
Pay Cost Management (Variable / Net Vacancies) - Operations	1,312	
Pay Vacancy Management - Corporate		2,275
<b>OVERALL TOTALS</b>	<b>3,646</b>	<b>2,775</b>



Opening Revenue Budgets 2024/25							
	Income Budgets			Pay & Non Pay Budgets			
	Core Budgets	Savings to Directorates	Opening Budgets	Core Budgets	Savings to Directorates	Opening Budgets	Net Opening Budgets
	£000	£000	£000	£000	£000	£000	£000
Chief Executive Directorate	0	0	0	1,858	-139	1,719	1,719
Board Secretary	0	0	0	495	-36	459	459
Partnership & Engagement	0	0	0	628	-46	582	582
Operations	-9,084	0	-9,084	211,333	-2,601	208,732	199,648
Finance & Corporate Resources	-1,614	-300	-1,914	38,710	-1,050	37,660	35,746
Planning & Performance	0	0	0	2,576	-83	2,493	2,493
Quality, Safety and Patient Experience	-425	0	-425	6,994	-479	6,515	6,090
Digital Directorate	-23	0	-23	15,461	-508	14,953	14,930
People & Culture	-657	-200	-857	6,189	-389	5,800	4,943
Medical & Clinical	-29	0	-29	3,742	-250	3,492	3,463
Trust Core Income	-276,951	0	-276,951	0	0	0	-276,951
Reserves	-350	-140	-490	7,568	-200	7,368	6,878
<b>TRUST TOTAL</b>	<b>-289,133</b>	<b>-640</b>	<b>-289,773</b>	<b>295,554</b>	<b>-5,781</b>	<b>289,773</b>	<b>0</b>



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Cymru  
NHS  
Wales  
Ymddiriedolaeth GIG  
Gwasanaethau Ambulans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>15</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>4</b>

**Financial Performance as at  
Month 11 – 2023/24**

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 <sup>th</sup> March 2024
<b>EXECUTIVE</b>	Chris Turley (Executive Director of Finance & Corporate Resources)
<b>AUTHORS</b>	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

**EXECUTIVE SUMMARY**

This paper presents to the Board the Financial Performance Report of the 2023/24 financial year, as at Month 11 (February 2024).

This builds on a presentation on the Month 11 financial performance given to the meeting of the Finance & Performance Committee (F&PC) on 19<sup>th</sup> March 2024.

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

**RECOMMENDED that the Board:**

- (1) Notes and gains assurance in relation to the Month 11 revenue financial position and performance of the Trust as at 29<sup>th</sup> February 2024;**
- (2) Notes the capital programme update for 2023/24, and;**
- (3) Notes the Month 10 and 11 Welsh Government monitoring return submissions included within Appendices 1 – 4 (as required by WG).**

## KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue year to date surplus (£0.108m) for month 11 2023/24;
- In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, and in year financial performance to date, the Trust continues to forecast a breakeven position for the 2023/24 financial year;
- Capital expenditure is on track with plans to fully achieve in year;
- In line with the financial plans that support the IMTP, gross savings of £6.079m have been achieved in month 11 against a target of £5.461m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.3% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.

## REPORT APPROVAL ROUTE

- ELT – 13<sup>th</sup> March 2024 – verbal update on M11 position
- F&PC – 19<sup>h</sup> March 2024 – Financial Presentation

## REPORT APPENDICES

**Appendices 1 – 4** – Monitoring return submitted to Welsh Government for months 10 and 11 – 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 11 2023/24

#### INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 29<sup>th</sup> February 2024 (Month 11 2023/24), along with an update on the 2023/24 capital programme.

#### BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 11 2023/24** (1<sup>st</sup> April 2023 – 29<sup>th</sup> February 2024) are that:
  - The cumulative revenue financial position reported is a small **underspend against budget of £0.108m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2023/24. The underlying year-end forecast for 2023/24 is currently a balanced position;
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £6.079m have been achieved against a target of £5.461m;
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.3% for the number, and 98.4% of the value** of non-NHS invoices paid within 30 days.
3. In terms of the annual savings requirement in 2023/24, and that delivered to date, this is summarised in the following table. The 2023/24 financial plan identifies that a minimum of **£6.000m** of savings, cost avoidance and cost containment measures are required to achieve financial balance in 2023/24. This is a significant increase from that which has been able to be achieved in the recent past, and especially over the last couple of years.
4. As at Month 11 for the financial year 2023/24 the Trust achieved total savings of **£6.079m** against a target of **£5.461m**.

Savings Performance by Directorate Level 3 23-24										
Reporting Month	11									
	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Chief Executive Directorate	137	11	14	3	126	72	-54	137	84	-53
Corporate Governance	32	2	4	2	30	35	5	32	37	5
Digital Directorate	478	13	31	18	478	642	164	478	642	164
Finance and Corporate Resources Directorate	1,655	149	78	-71	1,507	1,357	-150	1,655	1,458	-197
Medical & Clinical Services Directorate	296	18	13	-5	278	271	-7	296	284	-12
Operations Directorate	1,857	113	146	33	1,625	2,384	759	1,857	2,570	713
Partnerships & Engagement Directorate	50	3	7	4	47	72	25	50	75	25
People & Culture	735	60	40	-20	675	455	-220	735	475	-260
Planning and Performance Directorate	83	6	3	-3	77	68	-9	83	74	-9
Quality, Safety and Patient Experience Directorate	477	39	44	5	438	543	105	477	578	101
Trust Reserves	200	20	20	0	180	180	0	200	200	0
<b>Totals</b>	<b>6,000</b>	<b>433</b>	<b>399</b>	<b>-34</b>	<b>5,461</b>	<b>6,079</b>	<b>618</b>	<b>6,000</b>	<b>6,477</b>	<b>477</b>

5. Following a detailed review all but one of the previously described risks to delivering financial balance have been removed; this is due to where we are in the financial year and the likely impact these would have had given there only remains a few weeks until the end of the period.

## REVENUE FINANCIAL PERFORMANCE – MONTH 11 2023/24

6. The table below presents an overview of the financial position for the period 1<sup>st</sup> April 2023 to 29<sup>th</sup> February 2024.

Revenue Financial Position for the period 1st April - 29th February				
	Annual	Year to date		
	Budget	Budget	Actual	Variance
	£000	£000	£000	£000
<b>Income</b>	<b>-295,594</b>	<b>-269,905</b>	<b>-269,176</b>	<b>729</b>
<b>Expenditure</b>				
Pay	212,792	195,087	192,085	-3,003
Non-pay	58,956	52,433	55,226	2,793
<b>Total pay &amp; non-pay expenditure</b>	<b>271,749</b>	<b>247,520</b>	<b>247,310</b>	<b>-210</b>
<b>Depreciation &amp; Impairments / interest payable &amp; receivable</b>	<b>23,845</b>	<b>22,385</b>	<b>21,758</b>	<b>-627</b>
<b>Total</b>	<b>-0</b>	<b>0</b>	<b>-108</b>	<b>-108</b>

## Treatment of Covid-19 spend

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

## Income

8. Reported Income against the initial budget set to Month 11 shows an underachievement of **£0.729m**.

## **Pay Costs**

9. Overall, the total pay variance at Month 11 is an underspend of **£3.003m**.

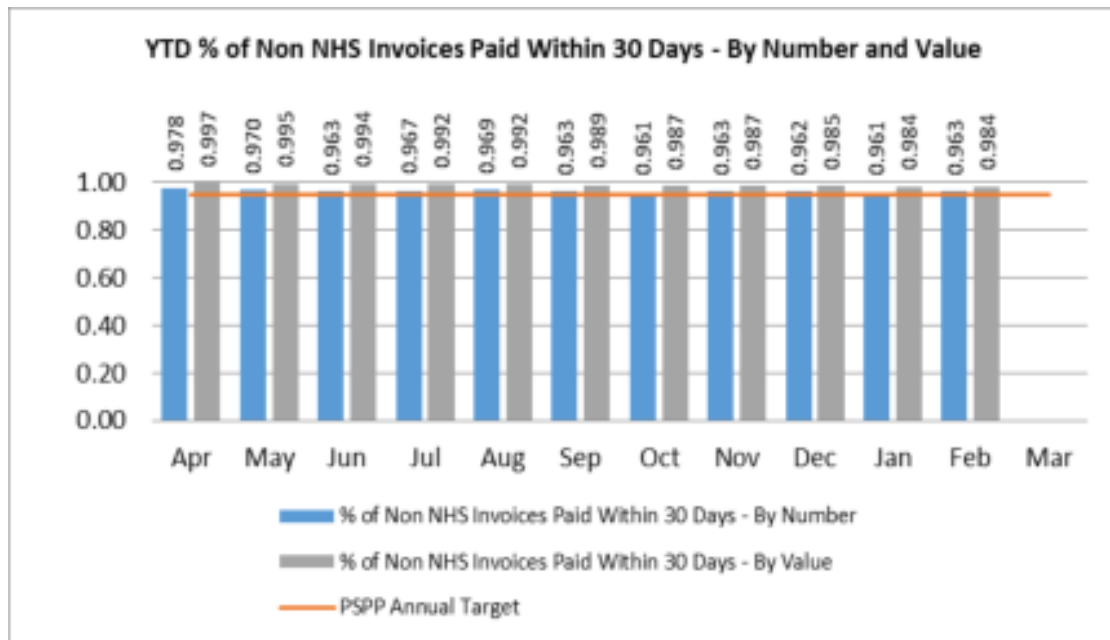
## **Non-pay Costs**

10. The overall non-pay position at Month 11 is an overspend of **£2.166m**.
11. As previously reported to Board, it is however important to note that these variances are those set against the initial opening budgets of the Trust, as approved by the board in March 2023. As Trust Board members will be aware, one main update to the income, funding (and subsequent delegated budget funding) of the Trust in year is in relation to an element of funding previously expected for an additional 100 WTEs front line staff initially appointed to in the latter half of 2022/23. How this adjustment has been able to deliver within a continued year end forecast balance position has previously been reported to the board, and we remain on track to deliver this. However, this does also mean some known and planned "netting off" is required to some of the above headline variances.
12. As also previously highlighted to board, and which can now be confirmed as part of the separate IMTP and 2024/25 financial plan being presented to board, the recurring cost impacts of this 100 WTEs has now been agreed as part of 2024/25 financial planning and budget setting. This should allow for an expected realignment of some of the above, along with the reintroduction of some more meaningful analysis of headline variances across Directorates within the Trust, from 1<sup>st</sup> April 2024. In the meantime, the local reporting of the in year financial position remains robust with allowances made in doing so to that agreed now as the final levels of income in year.

## **PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)**

13. Public Sector Payment Policy (PSPP) compliance up to Month 11 was **96.3%** against the **95%** WG target set for non-NHS invoices by number and **98.4%** by value.





## 2023-24 CAPITAL PROGRAMME

14. At Month 11, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is **£22.598m**. This includes **£18.277m** of All Wales Approved schemes and **£4.321m** for Discretionary schemes.
15. Whilst the above values are now fully committed, to M11, the Trust has expended **£6.960m** against the current All Wales capital scheme full year budget of **£18.277m** (as detailed below), and **£3.410m** against the discretionary budget of **£4.321m**, also as per the table below.

	Actual £'000	Plan £'000
<b>All Wales Capital Programme: Schemes:</b>		
ESMCP – Control Room Solution	406	801
111 Project Costs	(1,130)	(1,130)
Additional 111 CAS system - Project Costs	263	4,159
MDVS	766	1,561
Ambulance Replacement Programme 23-24	3,784	8,732
Ambulance Replacement Programme 22-23	2,330	2,389
EFAB - Infrastructure	34	381
EFAB - Decarbonisation	74	569
Protective Equipment for Hazardous Incidents	195	242
DPIF for Improvements to NHS Wales Cyber Security (WAST) - FL-DPIF-WAST-Cyber-2023-24-1	0	93
Emergency Medical Services Computer Aided Despatch System (CAD) – Contingency funding	238	480
<b>Sub Total</b>	<b>6,960</b>	<b>18,277</b>
<b>Discretionary:</b>		
I.T.	951	950
Equipment	500	742
Statutory Compliance	0	0
Estates	1,956	2,549
Other	3	80
Unallocated Discretionary Capital	0	0
<b>Sub Total</b>	<b>3,410</b>	<b>4,321</b>
<b>Total</b>	<b>10,370</b>	<b>22,598</b>
Less NBV reinvested		
<b>Total Funding from WG</b>	<b>10,370</b>	<b>22,598</b>

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

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

18. The treatment of a small number of specific in year items, and the resulting profile of how spend will be finally incurred and / or accrued at year end to support the delivery of the CEL, was also presented to F&PC on 19<sup>th</sup> March. These included:

- The new 111 CAS system given implementation timelines;
- 2023/24 new EAs;
- Defibs to held as Trust ownership as at 31/3, and
- Some of the EFAB schemes, due to tender negotiations.

## RISKS AND ASSUMPTIONS

19. As part of the WG reporting it is considered that there are currently no individual high likelihood risks. Even at this late stage in the financial year we will continue to review any risks to ensure that the level of likelihood is assessed along with the financial value, and that nothing emerges that should have an impact on our current forecast financial position.
20. The Trust is constantly monitoring financial risks, looking for opportunities and ways to mitigate them. 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 had continued to be included for these up until month 10 of £0.150m, however has now been removed. Also included in line with the current financial climate was a risk associated with non-pay inflation of £0.200m, whilst budgets have been set on the latest intelligence, there remained a risk associated with inflation going higher than original predictions, this has now also been removed, given we are moving towards the final month of the year.
21. Given the pressures the Trust feels every winter, the Trust had included a figure of £0.500m which had been reduced in previous month, this was included to cover any unfunded winter pressures; this had been deemed as a low risk, based on support provided from Commissioners over recent years, given we are now into March this has now also been removed.
22. Given the discussions ongoing with all of the NHS in Wales organisations, the repeated assurances previously provided and the previous agreement with WG to treat this in this way, the Trust continues to not consider any impact of the required funding to cover 2023/24 pay deal costs as a risk. This had yet to be fully recovered from WG, due to delays in confirming how all organisations in NHS Wales will do so, however following the submission of the monitoring return it has been confirmed that the Trust can invoice for the final outstanding 10%.
23. A low-level risk continues to be included re PIBS (Permanent Injury Benefit Scheme) now revised in line with the latest estimate of £0.321m. Matched funding for this highly volatile area is provided by WG on an annual basis.
24. Full consideration and management of all these risks will clearly be high on the agenda for the EFG and the relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also recently been subject to a more detailed review of this risk on the Trust's Corporate Risk Register.

**RECOMMENDED that the Board:**

- (1) **Notes and gains assurance in relation to the Month 11 revenue financial position and performance of the Trust as at 29<sup>th</sup> February 2024;**

- (2) Notes the capital programme update for 2023/24, and;**
- (3) Notes the Month 10 and 11 Welsh Government monitoring return submissions included within Appendices 1 – 4 (as required by WG).**

## **Appendix 1**

**Attached**

## **Appendix 2**

**Circulated by e mail**

## **Appendix 3**

**Attached**

## **Appendix 4**

**Circulated by e mail**



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

Cadeirydd  
Chair: Colin Dennis

Prif Weithredwr  
Chief Executive: Jason Killens

## Swyddfa Cyllid ac Adnoddau Corfforaethol

### Finance and Corporate Resource Office

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

13<sup>th</sup> February 2024

Your ref:

Dear Claire,

**Re: JANUARY 2024 (MONTH 10 2023/24) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for January 2024.

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

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

The Trust's performance against financial targets for Month 10 2023/24 is as follows: -

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

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

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

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

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](http://www.ambulance.wales.nhs.uk)

Pencadlys Rhanbarthol  
Ambiwlans a Chanolfan  
Cyfathrebu Clinigol

Regional Ambulance  
Headquarters and  
Clinical Contact Centre

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

actual costs incurred for each pay award which includes the 1.5% consolidated paid in May 2023, recovery payment paid in June 2023 and the 5% award paid in July 2023 will be funded in full by WG and the calculated value yet to be invoiced but reflected in this return, is a further **£12.390m** - as per the plan this is the amount included within our forecast to ensure breakeven. Further to the latest email communication by Matthew Denham-Jones (WG) on 5<sup>th</sup> February 2024 instructing all HBs & Trusts that pay award allocations of 90% of organisations anticipated income was being provided as an interim allocation – WAST have raised the required invoice to draw down these funds. We also await instruction from WG as to when the remaining 10% element can also be invoiced for and will continue to assume that the risk for the remaining 10% remains a matter for Welsh Government to address. It would be appreciated if the process for recovering this remaining element of funding could be confirmed now as soon as possible.

The resulting reported performance at Month 10 as per Table B remains a small under-spend against budget of **£0.108m**. The main funding and expenditure / savings assumptions within this reported position needs to be recognised, however.

The reported total pay variance against plan as at Month 10 is an underspend of £2.952m, set against the budgets set at the outset of the financial year.

The non-pay position at Month 9 is a reported overspend of £1.045m.

Income at Month 10 now shows an underachievement of £1.799m, including the impact if that adjusted for income assumptions and de-risking the Trust's income position in year, as described in last month's returns.

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

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

Lines 1-11 have been reverted to the original plan (**Action Point 9.1**)

In regards to the original question regarding the disposal figure, as in previous year the "Planned Profit/(Loss) on Disposal of Assets only includes the additional above what is already included with our base line, given our Vehicle Replacement Programme, there is a recurrent amount included, however as this section (Table A) relates to movement only, whereas the figure stated within our table B is the actual forecast including the baseline figure from the previous year. (**Action Point 8.1**)

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

The financial risks reported in Table A2 continue to be assessed on a monthly basis, and these have again been reduced from the risks stated within the Month 9 return and at present it is considered that there are no individually high likelihood risks, but as we move through the final few months of the financial year we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value, whilst also ensuring that the Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

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

The Trust is constantly monitoring these risks, looking for opportunities and ways to mitigate the risks. These include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has continued to be included for these, this has however been reduced in month to £0.150m, as reported at the All Wales Energy group this remains volatile due to the ongoing geopolitical events in Ukraine and Middle-East. Also included in line with the current financial climate is a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions, this has however been reduced in month to £0.200m based on current intelligence.

Given the pressures the Trust feels every winter, the Trust has included a figure of £0.500m which has been reduced in month, to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.



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

A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) now revised in line with the latest estimate of £0.321m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon.

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

The previous risks have now been removed from the risks table. **(Action Point 9.2)**

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

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

In response to **(Action Point 9.3)** a review was undertaken of the YEF across categories as at M9 to take account of the run in to year end and the reduction in staff costs and the fact that nearly all the spend is happening now via non-pay. This has resulted in a simple re-categorization of forecast cost. **(Action Point 9.4)**

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

Agency costs for Month 10 totalled £0.139m. The current percentage of agency costs against the total pay figure remains very small, at 0.8%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into, however it is hoped that some of these agency staff will be replaced by permanent staff in the near future.

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

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

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

For Month 10 the Trust is reporting planned savings (including Income generation) of £5.030m and actual savings of £5.681m.

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

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

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

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

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

At Month 10 there were 6 invoices over 11 weeks, and 1 invoices over 17 weeks, a copy invoices was requested and provided payment is awaited, this will be resolved before the next return.

The increase in trade payables in month 10 was due to a review of accruals including the increase in depreciation and Impairment. **(Action Point 9.5)**

## 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
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	12	15	15	17	16	12	13	14	13	12	12	12	163
Other Non NHS Income	214	231	186	64	59	227	370	206	110	1,259	200	200	3,326
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	164	1,078	0	397	858	322	1,039	440	535	297	300	300	5,730
Risk Pool Refund	108	0	41	0	0	0	4	0	80	0	0	0	233
<b>Total</b>	<b>498</b>	<b>1,324</b>	<b>242</b>	<b>478</b>	<b>933</b>	<b>561</b>	<b>1,426</b>	<b>660</b>	<b>738</b>	<b>1,568</b>	<b>512</b>	<b>512</b>	<b>9,452</b>

## 11. Public Sector Payment Compliance (Table H)

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

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

## 12. Capital (Tables I, J and K)

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

At month 10, works continues well with Programme managers to continue to monitor spend against programmes, with schemes progressing well, as is normal at this time of the year, a number of schemes have started to report slippage, however the Trust has plans to manage this between financial years, and at present the Trust is still expecting to achieve the CEL.

Following some detailed discussions and clarification from WG Capital team, the treatment of the required Airwave contract extension has been confirmed, with a funding request for the lease extension being included on the latest IFRS 16 submission. We are assuming there is no risk around this and WG will fully fund the unavoidable cost of the Airwave project, being £3.222m additional capital in this financial year and an estimated £2.923m additional revenue to match the cost of extension of Bundle 1 through to 2029, as per recent detailed correspondence shared with WG colleagues.

Following discussions with WG colleagues the Trust is now obtaining Audit Wales' advice regarding the treatment of the in year expenditure in relation to a mutually agreed termination of a contract, WG have agreed the process and timeline for submitting the request for the impairment funding, however the Trust needs to ensure that the treatment of the in year expenditure currently coded to capital should remain as such, prior to requesting the impairment figure.

## 13. Committee to receive Financial Monitoring Return

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

The Month 10 Financial Monitoring Return will be presented to the Finance & Performance Committee on 19<sup>th</sup> March 2024.

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

#### 14. Other Issues

As requested also included within this submission is the IFRS16 template **(Action Point 9.6)**

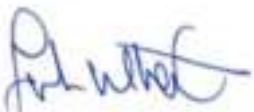
There are no other matters of major significance to draw to your attention at this stage.

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

Yours sincerely



Chris Turley  
Executive Director of Finance & Corporate Resources



Jason Killens  
Chief Executive

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



GIG  
Cymru  
NHS  
Wales

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

Cadeirydd  
Chair: Colin Dennis

Prif Weithredwr  
Chief Executive: Jason Killens

## Swyddfa Cyllid ac Adnoddau Corfforaethol

### Finance and Corporate Resource Office

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

13<sup>th</sup> March 2024

Your ref:

Dear Claire,

**Re: FEBRUARY 2024 (MONTH 11 2023/24) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for February 2024.

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

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

The Trust's performance against financial targets for Month 11 2023/24 is as follows: -

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

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

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

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

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](http://www.ambulance.wales.nhs.uk)

Pencadlys Rhanbarthol  
Ambiwlans a Chanolfan  
Cyfathrebu Clinigol

Regional Ambulance  
Headquarters and  
Clinical Contact Centre

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

actual costs incurred for each pay award which includes the 1.5% consolidated paid in May 2023, recovery payment paid in June 2023 and the 5% award paid in July 2023 will be funded in full by WG and the total calculated value of this reflected in this return, is a further **£12.390m** - as per the plan this is the amount included within our forecast to ensure breakeven. Further to the latest email communication by Matthew Denham-Jones (WG) on 5<sup>th</sup> February 2024 instructing all HBs & Trusts that pay award allocations of 90% of organisations anticipated income was being provided as an interim allocation – WAST have raised the required invoice to draw down these funds.

We still await instruction from WG as to when the remaining 10% element can also be invoiced for and will continue to assume that the risk for the remaining 10% remains a matter for Welsh Government to address. It would be appreciated if the process for recovering this remaining element of funding could be confirmed now **as soon as possible** please, to avoid the need to include as accruals on the TMS, given we are rapidly approaching financial year end, and would have hoped, based on assurances provided at both Deputy DoF's and DoF's this was to be resolved in Month 11.

The resulting reported performance at Month 11 as per Table B remains a small under-spend against budget of **£0.108m**. The main funding and expenditure / savings assumptions within this reported position needs to be recognised, however.

The reported total pay variance against plan as at Month 11 is an underspend of £3.003m, set against the budgets set at the outset of the financial year. However, as previously reported much of this is in line with that expected given the in year variations accepted in terms of income, and is therefore offset by the non pay and income variations below.

The non-pay position at Month 11 is a reported overspend of £2.166m.

Income at Month 11 now shows an underachievement of £0.729m, including the impact of that adjusted for income assumptions and de-risking the Trust's income position in year, as described in previous returns.

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

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

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

The financial risks reported in Table A2 continue to be assessed on a monthly basis, and these have again been reduced from the risks stated within the Month 10 return and it remains that there are no individually high likelihood risks.

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

The Trust is constantly monitoring these risks, looking for opportunities and ways to mitigate the risks. These include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk had continued to be included for these up until month 10, however has now been removed. Also included in line with the current financial climate was a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remained a risk associated with inflation going higher than original predictions, this has now also been removed, given we are moving towards the final month of the year.

Given the pressures the Trust feels every winter, the Trust had included a figure of £0.500m which had been reduced in previous month, this was included to cover any unfunded winter pressures; this had been deemed as a low risk, based on support provided from Commissioners over recent years, given we are now into March this has now also been removed.

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

A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) now revised in line with the latest estimate of £0.321m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon.

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

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

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

The negative value included in Month 10 relates to the Month 1 to 9 costs being based on estimates with the month 10 analysis based on actuals which subsequently resulted in a reduction in the year to date costs. **(Action Point 10.1)**

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

Agency costs for Month 11 totalled £0.106m. The current percentage of agency costs against the total pay figure remains very small, at 0.6%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into, however it is hoped that some of these agency staff will be replaced by permanent staff in the near future.

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

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

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

For Month 11 the Trust is reporting planned savings (including Income generation) of £5.462m and actual savings of £6.080m.

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

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

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

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

Work is on-going in relation to finalisation of the IFRS 16 figures which ensure the data aligns between all reports and the Trust ledger. **(Action Point 10.3)**

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

At Month 11 there were 3 invoices over 11 weeks, and 2 invoice over 17 weeks, both invoices over 17 weeks were paid on the 01/03/2024, the other 3 invoices have no queries and payment is being chased. **(Action Point 10.2)**

#### **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
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	12	15	15	17	16	12	13	14	13	12	15	12	166
Other Non NHS Income	214	231	186	64	59	227	370	206	110	1,259	150	200	3,276
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	164	1,078	0	397	858	322	1,039	440	535	297	301	410	5,841
Risk Pool Refund	108	0	41	0	0	0	4	0	80	0	26	0	259
<b>Total</b>	<b>498</b>	<b>1,324</b>	<b>242</b>	<b>478</b>	<b>933</b>	<b>561</b>	<b>1,426</b>	<b>660</b>	<b>738</b>	<b>1,568</b>	<b>492</b>	<b>622</b>	<b>9,542</b>

## 11. Public Sector Payment Compliance (Table H)

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

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

## 12. Capital (Tables I, J and K)

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

At month 11, works continues well with Programme managers to continue to monitor spend against programmes, with schemes progressing well, as is normal at this time of the year, a number of schemes have started to report slippage, however the Trust has plans to manage this between financial years, and at present the Trust is still expecting to achieve the CEL.

Following some detailed discussions and clarification from WG Capital team, the treatment of the required Airwave contract extension has been confirmed, with a capital funding letter being received in Month. We continue to be grateful for WG support with this and are assuming there is no risk around the estimated £2.923m additional revenue to match the cost of extension of Bundle 1 through to 2029, as per recent detailed correspondence shared with WG colleagues.

Following discussions with WG colleagues the Trust obtained Audit Wales's advice regarding the treatment of the in year expenditure in relation to a mutually agreed termination of a contract, on behalf of the NHS in Wales. WG have agreed the process and timeline for submitting the request for the impairment funding required to cover the opening AUC value of costs previously capitalised for this contract, and the figure and invoices for impairment funding are being processed. The Trust's year end forecast to breakeven assumes this impairment funding is received in full, with no risk to this being the case having been indicated in the many discussions with WG colleagues in relation to this matter.

## 13. Committee to receive Financial Monitoring Return

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

The Month 11 Financial Monitoring Return will be presented to the Trust Board on 28<sup>th</sup> March 2024.

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

## 14. Other Issues

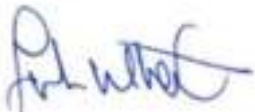
There are no other matters of major significance to draw to your attention at this stage.

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

Yours sincerely

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

Chris Turley  
Executive Director of Finance & Corporate Resources

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

Jason Killens  
Chief Executive

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



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NHS Trust

<b>AGENDA ITEM No</b>	<b>16</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## Strategic Equality Plan 2024-2028

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 March 2024
<b>EXECUTIVE</b>	Angela Lewis, Director of People and Culture
<b>AUTHOR</b>	Kat Copley Head of Inclusion and Engagement & Catherine Goodwin Assistant Director Inclusion, Culture and Wellbeing
<b>CONTACT</b>	<a href="mailto:Kat.copley@wales.nhs.uk">Kat.copley@wales.nhs.uk</a> <a href="mailto:Catherine.goodwin@wales.nhs.uk">Catherine.goodwin@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

Under the requirements of the Equality Act 2010: The Public Sector Equality Duty, the Trust is required to publish a Strategic Equality Plan (SEP) and a set of objectives by 31<sup>st</sup> March 2024 which will demonstrate how the Trust will:

- eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

This work must involve a review of the previous SEP and the progress made against the objectives. The new 4 year plan and objectives must be informed by the relevant information that we already hold, followed by consultation and engagement with staff, service users and stakeholders, in particular those with a protected characteristic, Welsh speakers and other minority groups or those who are vulnerable. The SEP should also take into account the findings published in the Equality Human Rights Commissions' 2024 Report 'Is Wales Fairer?'.

The responsibility for meeting the requirements and giving due regard to the PSED lies with all employees, senior leaders, and board members.

Based on the information we have, and the feedback received during consultation and engagement, we have drafted an SEP for 2024-2028 with the following overarching strategic equality objectives:

- Designing Equitable Services
- Leading by Example
- Being an Employer of Choice
- Creating Allyship

During the consultation period no further comments were received from the public or stakeholders which require changes to the draft SEP and objectives. However, feedback has suggested that there is a need for the Trust to produce an easy read version alongside the plan for people whose first language isn't English or Welsh. Options to create an easy read version and a video animation to provide an overview of the SEP are begin explored.

The comments received in People and Culture Committee related to providing more detailed actions about how the goals would be achieved and measured and these will be laid out in the EDI annual workplan. The Head of Inclusion and Engagement and the EDI Steering Group will oversee the development and implementation of the workplan and monitor progress.

## KEY ISSUES/IMPLICATIONS

The Trust will soon be conducting its final annual review of the previous SEP for 2020-2024. Annual reports on the progress made against the SEP objectives are published each year on the website along with a gender pay gap report and a workforce equality monitoring report which provides data on the diversity of our current workforce.

Progress has been made over the past four years and WAST has implemented initiatives to help reduce inequalities for service users, staff and stakeholders. However, there is clearly more to do to make further improvements. The new four-year SEP and objectives aim to build upon this work.

The following points will require further attention when implementing the SEP 2024-2028:

- *The need to embed SEP Objectives into all other plans and strategies.* Individual directorates and teams must take ownership of the actions required of them as the SEP Objectives cannot be achieved by the Organisational Development and Culture Team alone. Directorate Plans will need to include local actions to help achieve the overarching SEP objectives and there needs to be genuine support from senior managers and staff to realise the SEP objectives.
- *Progress in some areas can be slow and difficult to measure.* Actions which aim to raise awareness and change cultural attitudes can often occur over long periods of time and can be influenced by external societal factors making it difficult to implement and measure change within the workplace.
- *Competing priorities and meeting operational targets may mean that colleagues have little capacity to focus on implementing actions to achieve SEP Objectives.* Lack of capacity and funding may also make it difficult for colleagues to attend relevant training around equality, diversity and inclusion.

- *Lack of diversity in the workplace and incomplete workforce equality data.* Current recruitment challenges and national recruitment procedures can impede active recruitment of a more diverse workforce. The Trust will need to explore more creative ways of attracting and supporting applications from people with a protected characteristic. The Trust will also need to encourage accurate equality data reporting from staff (which is a voluntary process) to monitor current workforce diversity.

**Recommended: The Trust Board are asked to approve the final draft SEP prior to the publication deadline of 31 March 2024.**

### REPORT APPROVAL ROUTE

The People and Culture Committee endorsed the SEP 2024-2028 on 20<sup>th</sup> February 2024.

### REPORT APPENDICES

Appendix A – Final SEP

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



GIG  
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NHS Trust

# STRATEGIC EQUALITY PLAN 2024-2028





# A WORD FROM THE CHAIR AND CHIEF EXECUTIVE

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**JASON KILLENS**  
CHIEF EXECUTIVE

**COLIN DENNIS**  
CHAIR

As Chair and Chief Executive of the Welsh Ambulance Service NHS Trust, we are proud to present our Treating People Fairly Strategic Equality Plan for 2024-2028.

Reflecting on the progress made over the past four years, we are pleased to see how far we have come as an organisation to create a fair and inclusive service for our service users, staff and stakeholders. This new four-year plan builds upon the foundations which have been laid and continues to maximise our efforts to be an exemplar organisation for equality, diversity and inclusion. Over the next four years we will continue in our ambition to lead by example and succeed in creating a truly inclusive environment for all, treating everyone fairly regardless of who they are, their background or circumstances.

There is no denying that the last four years has seen significant challenges which have greatly influenced the way in which we work. The COVID-19 global pandemic had an unprecedented impact upon people's physical and mental health and wellbeing. This coupled with the impact of leaving the EU and the ongoing cost of living crisis has changed the way in which healthcare services are delivered. These events have had a detrimental effect upon everyone, with some of the most vulnerable people within our communities finding themselves faced with even more challenges. Health inequalities have been brought to the forefront highlighting the need to bridge the gap and eliminate discrimination. This plan focuses its efforts on doing just that; providing services that are equitable and accessible to all, tailoring our service to meet individual needs.

This plan has been developed to align with our new People and Culture Plan and will sit alongside our Delivering Excellence: A Vision for 2030 strategy. We have also developed a new set of behaviours and cultural values for the Trust which are woven through all of our strategic plans. This plan underpins these behaviours and is designed to further embed them throughout the Trust.

We are an organisation that prides itself on celebrating diversity and individual differences. We value and respect all those who come into contact with the Trust. We continue to support our staff to develop an understanding of the communities we serve in order to meet people's individual needs and make a positive contribution in the delivery of healthcare services. This plan is not just about compliance with legislation; we appreciate the value and benefits of having a diverse workforce that is culturally aware in order to improve the quality of care and increase innovation to adapt to our evolving diverse population.

We look forward to collaborating and working in partnership with our staff, citizens, commissioners and other key stakeholders and groups across health and social care, the public sector and beyond to achieve the ambitions and commitments set out in this strategy.



As the Director and Non-Executive Director with the lead for Equality, Diversity and Inclusion across the Welsh Ambulance Service, this is our opportunity to share with you why we believe it is so important that we make greater progress towards achieving our strategic equality objectives over the next four years.

As a Trust we want to work more effectively with our people and the public to enable them to recognise, understand and value difference and the positive impact that diversity brings. We want everyone to understand that this is not just about compliance or a problem to be solved, or even just because we feel a moral and ethical obligation to do something to tackle injustice. It is all these things and more. We firmly believe this is about showing leadership at all levels of the organisation and throughout the health and social care system. This is about doing what's right for our people and for our public.

We are committed to putting our people and culture at the heart of everything we do. Creating a diverse and culturally competent workforce that demonstrates respect, empathy, support and understanding for others is a priority. By investing in our people, we hope to enhance creative thinking and innovation, helping them to realise their full potential. We recognise that this is key to achieving success in improving the quality of care and service user experience.

Engaging with our staff, service users and stakeholders has been a crucial part of developing our strategic equality objectives. Listening to what people want and hearing their ideas for change has helped us to identify themes of focus and has provided clear direction for the Trust in order to become a truly inclusive organisation. This has led us to developing four overarching objectives which will aim to help us:

- Design equitable services
- Lead by example
- Be an employer of choice
- Create allyship

The above objectives are intrinsically linked with the aims of our People and Culture Plan which focus around culture, capacity and capability. The Strategic Equality Plan reinforces our ambition to create a positive and inclusive working environment, where everyone can bring their whole self to work, actively contributes and is proud to work for #TeamWAST. Our people should all feel valued, respected and supported to help us deliver the best possible service to the people of Wales.

We look forward to seeing the plan being implemented over the next four years and we are confident that by aligning our Strategic Equality Plan, our People and Culture Plan and our long-term vision, we will succeed in achieving our objectives.

## INTRODUCTION



A handwritten signature in blue ink that reads "H Rowan".

**HANNAH ROWAN**

NON-EXECUTIVE DIRECTOR

A handwritten signature in blue ink that reads "Angela Lewis".

**ANGELA LEWIS**

DIRECTOR OF PEOPLE  
AND CULTURE

# WHO WE ARE

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Over 4000 members of staff ranging from paramedics, nurses, consultants and ambulance care assistants to corporate teams, workforce managers, finance assistants, estates and maintenance teams, plus many more invaluable people who make up our workforce.



Providing a range of frontline healthcare services including emergency paramedicine, non-emergency patient transport and healthcare advice via NHS 111 Wales.



Over 700 volunteers who include Community First Responders, Volunteer Car Service Drivers and others who provide voluntary services for our staff and service users.



Serving just over 3.1 million people in Wales across 7 Health Boards and 22 Counties.

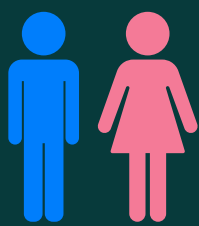
# THE PEOPLE WE SERVE



115,000  
veterans



Over one fifth  
aged 65yrs+



49% 51%



6% identify with an  
ethnic group other  
than white



18% speak Welsh



21% with a long-term  
health condition or  
illness expected to  
last 12 months or  
more



Polish, Arabic and  
Romanian are the  
three most common  
languages across  
Wales apart from  
English and Welsh



10.5%  
unpaid carers



900 BSL service  
users



1.4 m Christians  
67,000 Muslims  
12,000 Hindus  
10,000 Buddhists  
5,000 Pagans  
4,000 Sikhs  
2,000 Jews



Over 10,000 people  
with a different  
gender to their sex  
assigned at birth



77,000 identify as  
lesbian, gay, bisexual  
or another minority  
sexual orientation



22,000 cannot  
speak English or  
Welsh very well

# BACKGROUND

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The Trust is committed to implementing a series of strategic equality objectives because we value our staff, service users and stakeholders. We believe that everyone has the right to be treated fairly with dignity and respect. We recognise that some people face additional challenges in their everyday lives for a number of reasons. In particular, those with a protected characteristic, minority and vulnerable groups, people who experience socioeconomic disadvantage, people who speak Welsh, unpaid carers, veterans and people who belong to the armed forces community. It is our aim to meet the needs of everyone and ensure that our services are accessible and inclusive of all those who come into contact with the Trust.

There are also a number of legislative and statutory duties placed upon the Trust to help us deliver equitable services. A number of national strategy and policy drivers have shaped our thinking and the design of our strategic objectives. These include:

- Wellbeing of Future Generations Act
- A Healthier Wales, the Health and Social Care (Quality and Engagement) (Wales) Bill 2019
- A More Equal Wales, Is Wales Fairer?
- Public Sector Equality Duty

As a public body, we have a responsibility to ensure we consider how we can positively contribute to a fairer society through advancing equality and good relations amongst everyone in our day-to-day activities and the design of our policies and services. When making decisions and delivering services we must have due regard to:

- Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

As well as the General Duty, we have a responsibility to meet the Specific Duties in Wales. The Specific Duties underpin the General Duty. These can be found here alongside more information on the Public Sector Equality Duty:

<https://www.equalityhumanrights.com/guidance/public-sector>

# PROTECTED CHARACTERISTICS

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What are the protected characteristics?



Age



Disability



Race and Ethnicity



Religion or Belief



Sex or Gender



Gender Reassignment



Sexual Orientation



Marriage and Civil Partnership



Pregnancy and Maternity

## WELSH LANGUAGE

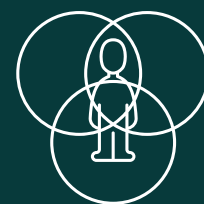
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Within Wales, the Welsh language is treated the same as a protected characteristic and has its own legislation to ensure its protection. The Welsh Language Standards require organisations to provide public services through the medium of Welsh and promote opportunities for people to use the Welsh language. The Trust values and respects our Welsh speaking staff, service users and stakeholders, and actively supports the recruitment of Welsh speaking staff and recognises the importance of delivering bilingual services. The Trust's Welsh Language Framework which incorporates the More Than Just Words Action Plan 2022-27 sets out our aims and objectives to increase the visibility and opportunities for the Welsh language and outlines our targets to increase support for our Welsh speaking communities and our Welsh learners. Feedback from our consultation and engagement on the Strategic Equality Plan demonstrated how important bilingualism was to our service users in terms of inclusivity and equality. Therefore, our Strategic Equality Plan has been developed to sit alongside our Welsh Language Framework and will both aim to ensure that Welsh speakers are not discriminated against or disadvantaged in any way.

## INTERSECTIONALITY

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We recognise that many individuals have more than one protected characteristic. The intersectionality of people with multiple characteristics means that they are likely to experience unique modes of discrimination or different barriers and challenges compared to people with just one characteristic. The Trust aims to take a more intersectional approach to understanding our equality, diversity and inclusivity data and priorities where appropriate.

# CONSULTATION AND ENGAGEMENT

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Listening to people is key to helping us learn how best we can create a truly inclusive organisation. This plan has been shaped by the views of our staff, service users and stakeholders. Consultation and engagement is an ongoing process here at the Trust which has resulted in opinions being gathered via a range of methods. Our Patient Engagement Community Involvement Team have been talking to members of the public at various public events, such as health and wellbeing events, school educational events and recruitment open days. Staff have also attended specific events for people with a protected characteristic to ensure that everyone has had the opportunity to voice their opinions. For example, conversations were held at various Pride events, local sight loss support groups, homeless cafés, mosques, churches, volunteer conferences, learning disability groups, multicultural drop-in cafes, and many more.

In addition to the face-to-face conversations, an accessible online survey was available to all (paper copies and alternative formats were available upon request). National charities and support groups such as Age Cymru, Welsh Government Youth Parliament and Carers Wales, were also invited to complete the survey.

The Strategic Equality Plan was also discussed in detail at various stakeholder groups and internal meetings, for example, the NHS Wales Equality Leadership Group and the Welsh Language Advisory Group. Staff have also had the opportunity to help shape the plan at a series of roadshow events across Wales.

We recognise that consultation and engagement is an ongoing process. We want our Strategic Equality Plan to be flexible to adapt to the needs of our people; objectives can be strengthened, actions can be added, and priorities can change to meet the needs of our people. Therefore, plans are in place to ensure that the conversations continue and regular reviews of our objectives will take place. Progress and updates will be reported and published annually on our website.

## OUR HEALTHCARE SERVICES

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Improving the quality of our services and the outcomes for service users is a key priority for the Trust. In line with the requirements of the Duty of Quality which forms part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Trust is committed to implementing improvements across all service areas. There are clear links between the Strategic Equality Plan and the six domains within the Duty of Quality which aim to ensure that the care we deliver is safe, timely, effective, efficient, equitable and person-centred. Therefore, the actions set out within this plan will each have the underlying aim to enable our staff to be their best in order to deliver the best healthcare services.



# OUR STRATEGIC EQUALITY OBJECTIVES



*We will aim to*

**DESIGN EQUITABLE SERVICES**

**LEAD BY EXAMPLE**

**BE AN EMPLOYER OF CHOICE**

**CREATE ALLYSHIP**

## DESIGN EQUITABLE SERVICES

### What will we do?

By 2028 we will improve the way we plan and design our services to ensure that they are designed to suit the needs of our diverse population.

When designing our services we will consider the specific needs of people to ensure that our services are accessible to all and inclusive of everyone.

### How will we do it?

Continue to develop and implement robust impact assessments throughout each of the service planning stages.

Undertake regular engagement and consultation with our service users and build relationships with communities and individuals who find accessing our services challenging. We will listen to their feedback and look for solutions together.

Amend service plans and implement changes where necessary to help meet the needs of our service users.

### How will we measure our success?

Evidence of more robust EQIA and QIA procedures, including socioeconomic and Welsh language impact assessments.

Feedback from engagement and consultation events will inform future planning and result in positive changes and improved healthcare services.

Putting Things Right concerns with EDI links will demonstrate positive outcomes and provide lessons learnt.

Digital patient record systems which capture individual patient needs to minimise clinical risks and discrimination.

Physical environment assessments to identify accessibility.





# OUR STRATEGIC EQUALITY OBJECTIVES



*We will aim to*

**DESIGN EQUITABLE SERVICES**

**LEAD BY EXAMPLE**

**BE AN EMPLOYER OF CHOICE**

**CREATE ALLYSHIP**

## LEAD BY EXAMPLE

### What will we do?

We will encourage all our staff actively promote a culture of inclusion and wellbeing across the organisation.

Staff will demonstrate an understanding and awareness of the individual needs of the diverse population that we serve.

Our executive and non-executive teams and senior managers will promote the Trust as an inclusive organisation. They will display genuine empathy and support for those who are disadvantaged in any way. They will not accept discriminatory behaviour in any form.

### How will we do it?

Use lived experience to help identify where improvements can be made and ensure that staff are supported to put their ideas into practice.

Continue to develop, evaluate and embed WAST behaviours which foster inclusivity and respect for everyone.

Create links and support networks with other organisations who aim to eliminate discrimination.

Ensure that senior leaders and managers' personal objectives include a focus around improving equality, diversity and inclusion.

### How will we measure our success?

Meaningful commitments in our IMTP, our People and Culture Plan, and other published strategies which will be monitored by the executive and non-executive team.

Evidence of executive and non-executives personal objectives and actions which aim to improve equality, diversity and inclusion, eliminate discrimination, promote the use of Welsh language and a thriving Welsh culture.

Visible support for people with a protected characteristic at national events and conferences and joint working initiatives with 3rd sector partners.



# OUR STRATEGIC EQUALITY OBJECTIVES



*We will aim to*

**DESIGN EQUITABLE SERVICES**

**LEAD BY EXAMPLE**

**BE AN EMPLOYER OF CHOICE**

**CREATE ALLYSHIP**

## BE AN EMPLOYER OF CHOICE

### What will we do?

We will aim to increase the diversity in our workforce so that it is reflective of the population we serve.

Staff will feel at ease to bring their whole self to work and will be free from judgement and discrimination in the workplace.

We will proactively offer support to staff according to their individual needs in order to help them perform in the workplace to the best of their ability.

### How will we do it?

Develop recruitment strategies which include targeted recruitment initiatives.

Ensure that our strategic workforce plan is reflective of the needs of our diverse population.

Health and wellbeing initiatives such as the Wellbeing Service.

Promote our Freedom to Speak Up process.

Provide accessible education and training opportunities to all staff.

Establish career progression pathways which are fair and inclusive of all staff.

### How will we measure our success?

Workforce equality monitoring reports, WRES Report, NHS Staff Surveys and HIVE pulse surveys will show an improvement in staff satisfaction and will reflect changes in our workforce diversity.

Feedback from staff engagement events will be used to inform changes to improve employee experience.

Feedback from recruitment events will evidence engagement with diverse populations.

Feedback from staff access occupational health and wellbeing support.

Improvement in staff Welsh language skills.



# OUR STRATEGIC EQUALITY OBJECTIVES



*We will aim to*

**DESIGN EQUITABLE SERVICES**

**LEAD BY EXAMPLE**

**BE AN EMPLOYER OF CHOICE**

**CREATE ALLYSHIP**

## CREATE ALLYSHIP

### What will we do?

We will equip our workforce with the skills and knowledge to act as true allies to all those who face discrimination and challenges.

We will increase staff awareness and understanding of the issues faced by minority groups to create empathy and create a series of staff support networks.

### How will we do it?

Develop and deliver training sessions for staff to increase their knowledge of equality, diversity and inclusion matters.

Work with external experts on less well known topics of equality, diversity and inclusion to help raise awareness amongst staff of the challenges that people may face.

Create psychological safety for all staff who wish to raise concerns.

### How will we measure our success?

Examples of staff applying their learning within the workplace, for example, being an active bystander, raising concerns and showing support for staff.

Feedback from training.

Staff surveys will show an increase in psychological safety amongst staff.

Staff will report an increased confidence that concerns will be addressed appropriately.

Monitor respect and resolution cases with a link to EDI, Welsh language and other forms of discrimination and apply learning outcomes to prevent further incidents.

# Get Involved



Thank you for taking the time to read our Strategic Equality Plan for 2024-2028.

We welcome all comments or questions on all aspects of this plan.

If you would like to comment, know more about the work, or how to get involved, please contact:

**Head of Inclusion and Engagement  
Welsh Ambulance Service NHS Trust  
Matrix One  
Northern Boulevard  
Swansea Enterprise Park  
Swansea  
SA6 8RE  
Tel: 01792 311773  
Email: [AMB\\_Inclusion@wales.nhs.uk](mailto:AMB_Inclusion@wales.nhs.uk)**



This document can also be made available in alternative formats and languages.  
Please use the contact details above to make a request.



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CYMRU  
NHS  
WALES**

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



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Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

# CYNLLUN CYDRADDOLDEB STRATEGOL 2024-2028





# GAIR GAN Y CADEIRYDD A'R PRIF WEITHREDWR



**JASON KILLENS**  
PRIF WEITHREDWR

**COLIN DENNIS**  
CADEIRYDD

Fel Cadeirydd a Phrif Weithredwr Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru, rydym yn falch o gyflwyno ein Cynllun Cydraddoldeb Strategol Trin Pobl yn Deg ar gyfer 2024-2028.

Gan fyfyrio ar y cynnydd a wnaed dros y pedair blynedd diwethaf, rydym yn falch o weld pa mor bell yr ydym wedi dod fel sefydliad i greu gwasanaeth teg a chynhwysol i'n defnyddwyr gwasanaeth, ein staff a'n rhanddeiliaid. Mae'r cynllun pedair blynedd hwn yn adeiladu ar y sylfeini a osodwyd ac yn parhau i uchafu ein hymdrechion i fod yn sefydliad enghreifftiol ar gyfer cydraddoldeb, amrywiaeth a chynhwysiant. Dros y pedair blynedd nesaf byddwn yn parhau yn ein huchelgais i arwain drwy esiampl a llwyddo i greu amgylchedd gwirioneddol gynhwysol i bawb, gan drin pawb yn deg waeth pwy ydyn nhw, eu cefndir neu eu hamgylchiadau.

Does dim amheuaeth bod y pedair blynedd diwethaf wedi gweld heriau sylweddol sydd wedi effeithio'n andwyol ar y ffordd yr ydym yn gweithio. Mae'r pandemig bydol COVID-19 wedi cael effaith digynsail ar iechyd a lles corfforol a meddyliol pobl. Mae hwn, ynghyd â'r effaith o adael yr Undeb Ewropeaidd a'r argyfwng costau byw parhaus wedi herio'r ffordd y caiff gwasanaethau iechyd eu cyflenwi. Mae'r digwyddiadau hyn wedi cael effaith niweidiol ar bawb, gyda rhai o'r bobl fwyaf agored i niwed yn ein cymunedau yn wynebu hyd yn oed mwy o heriau. Mae anghydraddoldebau iechyd wedi cael eu dwyn i'r amlwg gan dynnu sylw at yr angen i bontio'r blwch a dileu gwahaniaethu. Mae'r cynllun hwn yn canolbwyntio ei ymdrechion ar wneud hynny; darparu gwasanaethau sy'n deg ac yn hygyrch i bawb, gan deilwra ein gwasanaethau i ddiwallu anghenion unigol.

Mae'r cynllun hwn wedi'i ddatblygu er mwyn alinio â'n Cynllun Pobl a Diwylliant a bydd yn cyd-fynd â'n cynllun Cyflawni Rhagoriaeth: Gweledigaeth ar gyfer 2030. Rydym hefyd wedi datblygu set newydd o ymddygiadau a gwerthoedd diwylliannol ar gyfer yr Ymddiriedolaeth sydd wedi'u cynnwys yn ein holl gynlluniau strategol. Mae'r cynllun hwn yn sail i'r ymddygiadau hyn ac mae wedi'i gynllunio i'w wreiddio ymhellach ar draws yr Ymddiriedolaeth.

Rydym yn sefydliad sy'n ymfalchiö mewn dathlu amrywiaeth a gwahaniaethau unigol. Rydym yn gwerthfawrogi ac yn parchu pawb sy'n dod mewn cyswllt â'r Ymddiriedolaeth. Rydym yn parhau i gefnogi ein staff i ddatblygu dealltwriaeth o'r cymunedau rydym yn eu gwasanaethu er mwyn diwallu anghenion unigol pobl a gwneud cyfraniad cadarnhaol wrth ddarparu gwasanaethau gofal iechyd. Nid yw'r cynllun yn ymwneud â chydymffurfio â deddfwriaeth yn unig; gwerthfawrogwn werth a manteision cael gweithlu sy'n ddiwylliannol ymwybodol er mwyn gwella ansawdd gofal a chynyddu arloesedd i addasu i'n poblogaeth amrywiol sy'n esblygu.

Edrychwn ymlaen at gydweithio a gweithio mewn partneriaeth â'n staff, dinasyddion, comisiynwyr a rhanddeiliaid a grwpiau allweddol eraill ar draws iechyd a gofal cymdeithasol, y sector cyhoeddus a thu hwnt i gyflawni uchelgeisiau ac ymrwymïadau a nodir yn y strategaeth hon.

Fel y Cyfarwyddwr a'r Cyfarwyddwr Anweithredol ynghyd â'r arweinydd dros Gydraddoldeb, Amrywiaeth a Chynhwysiant ar draws Gwasanaeth Ambiwylans Cymru, dyma ein cyfle i rannu gyda chi pam ein bod yn credu ei bod mor bwysig ein bod yn gwneud mwy o gynnydd tuag at gyflawni ein hamcanion cydraddoldeb strategol dros y pedair blynedd nesaf.

Fel Ymddiriedolaeth rydym am weithio'n fwy effeithiol gyda'n pobl a'r cyhoedd i'w galluogi i adnabod, deall a gwerthfawrogi gwahaniaeth a'r effaith gadarnhaol a ddaw yn sgil amrywiaeth. Rydym am i bawb ddeall nad yw hyn yn ymwneud â chydymffurfedd yn unig neu broblem i'w datrys, neu hyd yn oed oherwydd ein bod yn teimlo rhwymedigaeth foesol a moesegol i wneud rhywbeth i fynd i'r afael ag anghyfiawnder. Mae'n ymwneud â'r holl bethau hyn a mwy. Credwn yn gryf fod hyn yn ymwneud â dangos arweinyddiaeth ar bob lefel o'r sefydliad a thrwy'r system iechyd a gofal cymdeithasol. Mae hyn yn ymwneud â gwneud yr hyn sy'n iawn i'n pobl ac i'n cyhoedd.

Rydym wedi ymrwymo i roi ein pobl a'n diwylliant wrth wraidd popeth a wnawn. Mae creu gweithlu amrywiol a diwylliannol cymwys sy'n dangos parch, empathi, cefnogaeth a dealltwriaeth i eraill yn flaenoriaeth. Trwy fuddsoddi yn ein pobl, rydym yn gobeithio gwella meddwl ac arloesi creadigol, gan eu helpu i wireddu eu potensial llawn. Rydym yn cydnabod bod hyn yn allweddol i sicrhau llwyddiant wrth wella ansawdd gofal a phrofiad defnyddwyr gwasanaeth.

Mae ymgysylltu â'n staff, defnyddwyr gwasanaeth a rhanddeiliaid wedi bod yn rhan hanfodol o ddatblygu ein hamcanion cydraddoldeb strategol. Mae gwrandao ar yr hyn y mae pobl ei eisiau a chlywed eu syniadau am newid wedi ein helpu i nodi themâu ffocws ac mae wedi rhoi cyfeiriad clir i'r Ymddiriedolaeth er mwyn dod yn sefydliad gwirioneddol gynhwysol. Mae hyn wedi ein harwain at ddatblygu pedwar amcan trosfwaol a fydd yn ceisio ein helpu i wneud y canlynol:

- Dylunio gwasanaethau cyfartal a hygyrch
- Arwain drwy esiampl
- Bod yn gyflogwr o ddewis
- Creu cynghreiriaeth

Mae'r amcanion uchod wedi'u cysylltu'n gynhenid â nodau ein Cynllun Pobl a Diwylliant sy'n canolbwyntio ar ddiwylliant, galluedd a gallu. Mae'r Cynllun Cydraddoldeb Strategol yn atgyfnerthu ein huchelgais i greu amgylchedd gwaith cadarnhaol a chynhwysol, lle gall bawb dod â'u hunan cyfan i'r gwaith, yn cyfrannu'n weithredol ac yn falch o weithio i #TeamWAST. Dylai ein pobl teimlo eu bod wedi'u gwerthfawrogi, eu parchu a'u cefnogi i'n helpu ni ddarparu'r gwasanaeth gorau posibl i holl bobl Cymru.

Edrychwn ymlaen at weld y cynllun yn cael ei roi ar waith ar draws y pedair blynedd nesaf ac rydym yn hyderus y byddwn yn llwyddo i gyflawni ein hamcanion drwy alinio ein Cynllun Cydraddoldeb Strategol, ein Cynllun Pobl a Diwylliant a'n gweledigaethau hirdymor.

# CYFLWYNIAD



*Hannah Rowan*

**HANNAH ROWAN**

CYFARWYDDWR ANWEITHREDOL

*Angela Lewis*

**ANGELA LEWIS**

CYFARWYDDWR POBL A  
DIWYLLIANT

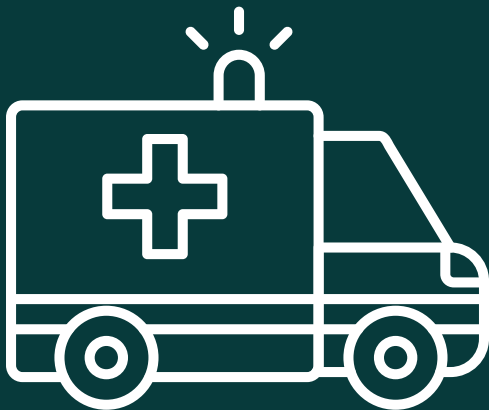


# PWY YDYM NI

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Dros 4000 aelod o staff yn amrywio o barafeddygon, nyrsys, ymgynghorwyr a chynorthwyyr gofal ambiwlans i dimau corfforaethol, rheolwyr y gweithlu, cynorthwyyr cyllid, timau ystadau a chynnal a chadw, ynghyd â mwy o bobl werthfawr sy'n rhan o'n gweithlu.



Cyflawni ystod o wasanaethau gofal iechyd rheng flaen gan gynnwys parafeddygaeth brys, cludo cleifion di-frys, cyngor gofal iechyd drwy GIG 111 Cymru



Dros 700 o wirfoddolwyr sy'n cynnwys Ymatebwyr Cyntaf Cymunedol, Gyrwyr Gwasanaeth Car Gwirfoddol a phobl eraill sy'n darparu gwasanaethau gwirfoddol i'n staff a'n defnyddwyr gwasanaeth.



Yn gwasanaethu ychydig dros 3.1 miliwn o bobl yng Nghymru ar draws saith bwrdd iechyd a 22 sir.

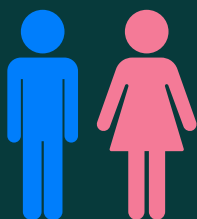
# Y BOBL RYDYM YN EU GWASANAETHU



115,000 o gyn-filwyr



Dros un bumed 65oed a mwy



49% 51%



6% yn uniaethu â grŵp ethnig ar wahân i wyn



18% o siaradwyr Cymraeg



21% â chyflwr iechyd neu salwch hir dymor sy'n debygol o bara 12 mis neu fwy



Pwyleg, Arabeg a Rwmaneg yw'r tair iaith fwyaf cyffredin ar draws Cymru ar wahân i Saesneg a'r Gymraeg



10.5% gofalwyr di-dâl



900 sy'n defnyddio gwasanaethau BSL



1.4 m Cristnogion  
67,000 Mwslimiaid  
12,000 Hindŵiaid  
10,000 Bwdhyddion  
5,000 Paganiaid  
4,000 Sikhiaid  
2,000 Iddewon



Dros 10,000 o bobl sydd â rhyw gwahanol i'w rhyw a gofrestrwyd adeg geni



77,000 yn hunaniaethu fel lesbiaidd, hoyw, deurywiol a chyfeiriadedd rhywiol lleiafrifol arall



22,000 yn methu siarad Saesned neu Gymraeg yn dda iawn

Mae'r Ymddiriedolaeth wedi ymrwymo i weithredu cyfres o amcanion cydraddoldeb strategol oherwydd ein bod yn gwerthfawrogi ein staff, defnyddwyr gwasanaeth a rhanddeiliaid. Credwn fod gan bawb yr hawl i gael eu trin yn deg ag urddas a pharch. Rydym yn cydnabod bod rhai pobl yn wynebu heriau ychwanegol yn eu bywydau bob dydd am nifer o resymau. Yn benodol, y rhai sydd â nodwedd warchodedig, grwpiau lleiafrifol a bregus, pobl sy'n profi anfantais economaidd-gymdeithasol, pobl sy'n siarad Cymraeg, gofalmwr di-dâl, cyn-filwyr a phobl sy'n perthyn i gymuned y lluoedd arfog. Ein nod yw diwallu anghenion pawb a sicrhau bod ein gwasanaethau'n hygyrch ac yn gynhwysol o bawb sy'n dod i gysylltiad â'r Ymddiriedolaeth.

Mae hefyd nifer o ddyletswyddau deddfwriaethol a statudol yn cael eu gosod ar yr Ymddiriedolaeth i'n helpu i ddarparu gwasanaethau teg. Mae nifer o yrwyr strategaeth a pholisi cenedlaethol wedi siapio ein syniadau a dyluniad ein hamcanion strategol. Mae'r rhain yn cynnwys y canlynol:

- Deddf Llesiant Cenedlaethau'r Dyfodol
- Cymru Iachach, Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2019
- Cymru sy'n Fwy Cyfartal, Adroddiad A yw Cymru'n Decach?
- Dyletswydd Cydraddoldeb Sector Cyhoeddus

Fel corff cyhoeddus, mae gennym gyfrifoldeb i sicrhau ein bod yn ystyried sut y gallwn gyfrannu'n gadarnhaol at gymdeithas decach drwy hyrwyddo cydraddoldeb a pherthynas dda rhwng pawb yn ein gweithgareddau o ddydd i ddydd a dyluniad ein polisiau a'n gwasanaethau. Wrth wneud penderfyniadau a darparu gwasanaethau mae'n rhaid i ni roi sylw cyhoeddus i'r canlynol:

- Dileu gwahaniaethu, aflonyddu, erledigaeth ac unrhyw ymddygiad arall a waherddir o dan y Ddeddf.
- Hyrwyddo cyfle cyfartal rhwng personau sy'n rhannu nodwedd warchodedig berthnasol a phersonau nad ydynt yn ei rhannu.
- Meithrin perthnasoedd da rhwng personau sy'n rhannu nodwedd warchodedig berthnasol a phersonau nad ydynt yn ei rhannu.

Yn ogystal â'r Ddyletswydd Gyffredinol, mae gennym gyfrifoldeb i gyflawni'r Dyletswyddau Penodol. Mae'r Dyletswyddau Penodol yn sail i'r Ddyletswydd Gyffredinol. Gellir dod o hyd i'r rhain yma ochr yn ochr â mwy o wybodaeth am Ddyletswydd Cydraddoldeb y Sector Cyhoeddus:

# NODWEDDION GWARCHODEDIG

Beth yw  
nodweddion  
gwarchodedig?



Oed



Anabledd



Hil ac  
Ethnigrwydd



Crefydd  
neu Gred



Rhyw



Ailbennu  
Rhywedd



Cyfeiriadedd  
Rhywiol



Priodas a  
Partneriaeth  
Sifil



Beichiogrwydd  
a Mamolaeth

## YR IAITH GYMRAEG



Yng Nghymru, mae'r Gymraeg yn cael ei thrin yr un â nodwedd warchodedig ac mae ganddi ei deddfwriaeth ei hun i sicrhau ei bod yn cael ei diogelu. Mae Safonau'r Gymraeg yn ei wneud yn ofynnol i sefydliadau ddarparu gwasanaethau cyhoeddus drwy gyfrwng y Gymraeg a hyrwyddo cyfleoedd i bobl ddefnyddio'r Gymraeg. Mae'r Ymddiriedolaeth yn gwerthfawrogi ac yn parchu ein staff, defnyddwyr gwasanaeth a rhanddeiliaid sy'n siarad Cymraeg, ac yn cefnogi recriwtio staff sy'n siarad Cymraeg ac yn cydnabod pwysigrwydd darparu gwasanaethau dwyieithog. Mae'r Fframwaith y Gymraeg Ymddiriedolaeth sy'n ymgorffori Cynllun Gweithredu Mwy na Geiriau 2022-27 yn nodi ein nodau a'n hamcanion i gynyddu gwelededd a chyfleoedd i'r Gymraeg ac yn amlinellu ein targedau i gynyddu cefnogaeth i'n cymunedau Cymraeg a'n dysgwyr Cymraeg. Dangosodd adborth o'n hymgyngoriad a'n hymgysylltiad ar y Cynllun Cydraddoldeb Strategol pa mor bwysig oedd dwyieithrwydd i'n defnyddwyr gwasanaeth o ran cynwysoldeb a chydaddoldeb. Felly, mae ein Cynllun Cydraddoldeb Strategol wedi'i ddatblygu i gyd-fynd â'n Fframwaith y Gymraeg a bydd y ddau yn anelu at sicrhau nad oes gwahaniaethu yn erbyn siaradwyr Cymraeg nac o dan anfantais mewn unrhyw ffordd.

## CROESTORIADEDD



Rydym yn cydnabod nad un nodwedd yn unig sydd gan unigolion. Mae croestoriadedd gan bobl sydd â nodweddion lluosog yn meddwl eu bod yn debygol i wynebu dulliau unigryw o wahaniaethu neu rwystrau neu heriau gwahanol o gymharu â phobl sydd ag un neu nodwedd yn unig. Mae'r Ymddiriedolaeth yn bwriadu defnyddio dull mwy croestoriadol at ddeall ein data cydraddoldeb, amrywiaeth a chynhwysiant ac yn blaenoriaethu camau gweirthedu lle bo'n berthnasol.

# YMGYNGHORI AC YMGYSYLLTU

Mae gwranddo ar bobl yn allweddol i'n helpu i ddysgu sut orau y gallwn greu sefydliad gwirioneddol gynhwysol. Mae'r cynllun hwn wedi'i lunio gan farn ein staff, defnyddwyr gwasanaeth a rhanddeiliaid. Mae ymgynghori ac ymgysylltu yn broses barhaus yma yn yr Ymddiriedolaeth sydd wedi arwain at gasglu barn drwy amrywiaeth o ddulliau. Mae ein Tîm Profiad Cleifion a Chynnwys y Gymuned wedi bod yn siarad ag aelodau'r cyhoedd yn ystod digwyddiadau amrywiol, megis digwyddiadau iechyd a llesiant, digwyddiadau addysgol ysgol, diwrnodau agored recriwtio, ac ati. Mae staff hefyd wedi mynychu digwyddiadau penodol ar gyfer pobl gyda nodwedd warchodedig i sicrhau bod gan bawb y cyfle i leisio eu barn. Er enghraifft, cynhaliwyd sgysiau mewn gwahanol ddigwyddiadau Pride, grwpiau cymorth colli golwg lleol, caffis i bobl ddigartref, mosgiau, eglwysi, cynadleddau gwirfoddolwyr, grwpiau anawsterau dysgu, caffis galw heibio amlddiwylliannol, a llawer mwy.

Yn ogystal â'r sgysiau wyneb yn wyneb, roedd arolwg hygyrch ar-lein ar gael i bawb (roedd copïau papur a fformatau amgen ar gael ar gais). Gwahoddwyd elusennau cenedlaethol a grwpiau cymorth fel Age Cymru, Senedd Ieuencid Llywodraeth Cymru a Gyrfa Cymru i gwblhau'r arolwg hefyd.

Trafodwyd y Cynllun Cydraddoldeb Strategol yn fanwl hefyd mewn gwahanol grwpiau rhanddeiliaid a chyfarfodydd mewnol, er enghraifft, Grŵp Arweinyddiaeth Cydraddoldeb GIG Cymru a Grŵp Cynghori'r Gymraeg. Mae staff hefyd wedi cael y cyfle i helpu i lunio'r cynllun mewn cyfres o ddigwyddiadau sioe deithiol ledled Cymru.

Rydym yn cydnabod bod ymgynghori ac ymgysylltu yn broses barhaus. Rydym am i'n Cynllun Cydraddoldeb Strategol fod yn hyblyg er mwyn addasu i anghenion ein pobl; gellir cryfhau amcanion, gellir ychwanegu camau gweithredu, a gall blaenoriaethau newid i ddiwallu anghenion ein pobl. Felly, mae cynlluniau ar waith i sicrhau bod y sgysiau'n parhau a bydd adolygiadau rheolaidd o'n hamcanion yn cael eu cynnal. Bydd cynnydd a diweddariadau yn cael eu hadrodd a'u cyhoeddi'n flynyddol ar ein gwefan.

## EIN GWASANAETHAU IECHYD

Mae gwella ansawdd ein gwasanaethau a'r canlyniadau i ddefnyddwyr yn flaenoriaeth allweddol i'r Ymddiriedolaeth. Yn unol â gofynion y Ddyletswydd Ansawdd sy'n ffurfio rhan o Ddeddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020, mae'r Ymddiriedolaeth wedi ymrwymo i weithredu gwelliannau ar draws bob maes gwasanaeth. Mae cysylltiadau clir rhwng y Cynllun Cydraddoldeb Strategol a'r chwe pharth o fewn y Ddyletswydd Ansawdd sy'n ceisio sicrhau bod y gofal a ddarparwn yn ddiogel, amserol, effeithiol, effeithlon, teg ac yn canolbwyntio ar yr unigolyn. Felly, bydd gan y camau a nodir yn y cynllun hwn y nod sylfaenol i alluogi ein staff i fod ar eu gorau er mwyn darparu'r gwasanaethau gofal iechyd gorau.



# EIN HAMCANION

## CYDRADDOLDEB STRATEGOL



*Byddwn yn anelu at*

DYLUNIO GWASANAETHAU CYFARTAL

ARWAIN DRWY ESIAMPL

BOD YN GYFLOGWR O DDEWIS

CREU CYNGHREIRIAETH

## DYLUNIO GWASANAETHAU CYFARTAL

### Beth fyddwn yn ei wneud?

Erbyn 2028 byddwn yn gwella'r ffordd rydym yn cynllunio ac yn dylunio ein gwasanaethau i sicrhau eu bod wedi'u cynllunio i ddiwallu anghenion ein holl boblogaeth amrywiol.

Wrth ddylunio ein gwasanaethau, byddwn yn ystyried anghenion penodol pobl er mwyn sicrhau bod ein gwasanaethau'n hygyrch i bawb ac yn cynnwys pawb.

### Sut byddwn yn gwneud hyn?

Parhau i ddatblygu a gweithredu ystod o asesiadau effaith cadarn ym mhob un o'r camau cynllunio gwasanaeth.

Ymgysylltu'n rheolaidd ac yn ymgynghori â'n defnyddwyr gwasanaeth a meithrin perthnasoedd â chymunedau ac unigolion sy'n cael hi'n heriol cael mynediad i'n gwasanaethau'n. Byddwn yn gwrando ar eu hadborth ac yn chwilio am atebion gyda'n gilydd.

Diwygio cynlluniau gwasanaeth ac yn gweithredu newidiadau i'n gwasanaethau lle bo angen er mwyn helpu i ddiwallu anghenion ein defnyddwyr gwasanaeth.

### Sut byddwn yn mesur ein llwyddiant?

Tystiolaeth o weithdrefnau Asesiad o'r Effaith ar Gydraddoldeb ac Asesiad Gwella Ansawdd mwy cadarn gan gynnwys asesiadau effaith economaidd-gymdeithasol a'r Gymraeg.

Bydd adborth o ymgysylltu a digwyddiadau ymgynghori'n hysbysu cynlluniau'r dyfodol ac yn arwain at newidiadau cadarnhaol a gwasanaethau gofal iechyd gwell.

Bydd pryderon Gweithio i Wella'n dangos canlyniadau positif ac yn darparu gwersi a ddysgwyd.

Systemau cofnod cleifion digidol sy'n cynnwys anghenion yr unigolyn i leihau risgiau clinigol a gwahaniaethu.

Asesiadau amgylchoedd i ddangos hygyrchedd.

# EIN HAMCANION



## CYDRADDOLDEB STRATEGOL



*Byddwn yn anelu at*

DYLUNIO GWASANAETHAU CYFARTAL

ARWAIN DRWY ESIAMPL

BOD YN GYFLOGWR O DDEWIS

CREU CYNGHREIRIAETH

## ARWAIN DRWY ESIAMPL

### Beth fyddwn yn ei wneud?

Byddwn yn sicrhau bod ein holl staff yn mynd ati i hyrwyddo diwylliant o gynhwysiant a lles ar draws y sefydliad.

Bydd staff yn dangos dealltwriaeth ac ymwybyddiaeth o anghenion unigol y boblogaeth amrywiol rydym yn eu gwasanaethu.

Bydd ein huwch arweinwyr a rheolwyr yn hyrwyddo WAST fel sefydliad cynhwysol. Byddant yn dangos empathi a chefnogaeth wirioneddol i'r rhai sydd dan anfantais mewn unrhyw ffordd. Ni fyddant yn derbyn ymddygiad gwahaniaethol ar unrhyw ffurf.

### Sut byddwn yn gwneud hyn?

Defnyddio profiad bywyd staff a defnyddwyr gwasanaeth i helpu nodi lle gellir gwneud gwelliannau a sicrhau bod staff yn cael eu cefnogi i roi eu syniadau ar waith.

Parhau i ddatblygu, gwerthuso ac ymgorffori ymddygiadau WAST sy'n meithrin cynwysoldeb a pharch at bawb.

Creu cysylltiadau a rhwydweithiau cymorth gyda sefydliadau eraill sy'n ceisio dileu gwahaniaethu.

Sicrhau bod amcanion personol uwch arweinwyr a rheolwyr yn cynnwys ffocws ar wella cydraddoldeb, amrywiaeth a chynhwysiant.

### Sut byddwn yn mesur ein llwyddiant?

Ymrwymadau ystyrlon yn ein Cynllun Tymor Canolig Integredig, ein Cynllun Pobl a Diwylliant, a strategaethau cyhoeddedig eraill a fydd yn cael eu monitro gan y tîm gweithredol ac anweithredol.

Tystiolaeth o amcanion a chymau gweithredu personol rheolwyr sy'n anelu at wella cydraddoldeb, amrywiaeth a chynhwysiant, dileu gwahaniaethu, hyrwyddo defnydd Cymraeg a diwylliant Cymreig bywiog.

Cefnogaeth weladwy i bobl sydd â nodweddion gwarchodedig yn digwyddiadau cenedlaethol a cynadleddau a mentrau cydweithio gyda phartneriaid y 3ydd sector.



# EIN HAMCANION



## CYDRADDOLDEB STRATEGOL



*Byddwn yn anelu at*

DYLUNIO GWASANAETHAU CYFARTAL

ARWAIN DRWY ESIAMPL

BOD YN GYFLOGWR O DDEWIS

CREU CYNGHREIRIAETH

## BOD YN GYFLOGWR O DDEWIS

### Beth fyddwn yn ei wneud?

Byddwn yn anelu at gynyddu'r amrywiaeth yn ein gweithlu fel ei fod yn adlewyrchu'r boblogaeth rydym yn ei gwasanaethu.

Bydd staff yn teimlo'n gyfforddus i ddod â'u hunan cyfan i'r gweithle a byddant yn rhydd o farn a gwahaniaethu yn y gweithle.

Byddwn yn cynnig cefnogaeth i staff yn rhagweithiol yn unol â'u hanghenion unigol er mwyn eu helpu i berfformio yn y gweithle hyd eithaf eu gallu.

### Sut byddwn yn gwenud hyn?

Datblygu strategaethau recriwtio sy'n cynnwys mentrau recriwtio wedi'u targedu.

Sicrhau bod ein cynllun strategol y gweithlu'n adlewyrchu anghenion ein poblogaeth amrywiol.

Mentrau iechyd a lles megis y Gwasanaeth Lles.

Hyrwyddo ein proses Rhyddid i Siarad.

Darparu addysg a hyfforddiant hygyrch i bawb.

Sefydlu llwybrau dilyniant gyrfa sy'n deg ac yn gynhwysol o'r holl staff.

### Sut byddwn yn mesur ein llwyddiant?

Bydd adroddiadau monitro cydraddoldeb y gweithlu, Adroddiad WRES, Arolwg Staff y GIG ac arolygon byr HIVE yn dangos gwelliant yn boddhad staff a bydd yn adlewyrchu newidiadau yn amrywiaeth ein gweithlu.

Defnyddir adborth gan ddigwyddiadau ymgysylltu â staff i lywio newidiadau i wella profiad gweithiwr.

Bydd adborth o ddigwyddiadau recriwtio yn dystiolaeth o ymgysylltiad â phoblogaethau amrywiol.

Adborth gan staff sy'n cael cymorth iechyd galwedigaethol a lles.

Gwelliant yn sgiliau Cymraeg ein staff.

# EIN HAMCANION



## CYDRADDOLDEB STRATEGOL



### Byddwn yn anelu at

DYLUNIO GWASANAETHAU CYFARTAL

ARWAIN DRWY ESIAMPL

BOD YN GYFLOGWR O DDEWIS

CREU CYNGHREIRIAETH

## CREU CYNGHREIRIAETH

### Beth fyddwn yn ei wneud?

Byddwn yn rhoi'r sgiliau a'r wybodaeth i'n gweithlu i weithredu fel cynghreiriad cywir i bawb sy'n wynebu gwahaniaethu a heriau.

Byddwn yn cynyddu ymwybyddiaeth staff o'r materion sy'n wynebu grwpiau lleiafrifol i greu empathi a chreu cyfres o rwydweithiau cefnogi staff.

### Sut byddwn yn gwneud hyn?

Datblygu a chyflwyno sesiynau hyfforddi i staff gynyddu eu gwybodaeth am faterion cydraddoldeb, amrywiaeth a chynhwysiant.

Gweithio gydag arbenigwyr ar bynciau arbenigol o gydraddoldeb, amrywiaeth a chynhwysiant i helpu codi ymwybyddiaeth ymhlith staff o'r heriau y gallai pobl eu hwynebu.

Creu diogelwch seicolegol i'r holl staff sy'n dymuno codi pryderon.

### Sut byddwn yn mesur ein llwyddiant?

Enghreifftiau o staff sy'n defnyddio eu dysgu o fewn y gweithle, er enghraifft, bod yn gwyliwr gweithgar, codi pryderon a dangos cefnogaeth i staff.

Adborth o hyfforddiant.

Bydd arolygon staff yn dangos cynnydd mewn diogelwch seicolegol ymhlith staff.

Bydd mwy o hyder ymhlith staff y bydd pryderon yn cael eu gweithredu'n briodol.

Monitro achosion urddas a pharch yn y gwaith gyda chysylltiad â chydraddoldeb, amrywiaeth a chynhwysiant, Cymraeg a ffurfiau eraill gwahaniaethu ac yn defnyddio canlyniadau dysgu i atal digwyddiadau dyfodol.

# Cymryd rhan



Diolch am gymryd yr amser i ddarllen ein  
Cynllun Cydraddoldeb Strategol ar gyfer 2024-2028.

Rydym yn croesawu unrhyw sylwadau neu gwestiynau  
ar bob agwedd y cynllun hwn.

Os hoffech roi sylwad, gwybod mwy am y gwaith, neu sut i gymryd rhan,  
cysylltwch â ni:

**Pennaeth Cynhwysiant ac Ymgysylltiad  
Ymddiriedolaeth GIG Gwasanaeth Ambiwylans Cymru  
Matrix One  
Northern Boulevard  
Parc Menter Abertawe  
Abertawe  
SA6 8RE  
Ffôn: 01792 311773  
Ebst: [AMB\\_Inclusion@wales.nhs.uk](mailto:AMB_Inclusion@wales.nhs.uk)**



Gall y ddogfen hon fod ar gael mewn fformatau ac ieithoedd eraill.  
Cysylltwch â'r manylion uchod i wneud cais.



**GIG  
CYMRU  
NHS  
WALES**

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



GIG  
Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>17</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## Gender Pay Gap Report & Workforce Equality Monitoring Report 2022-2023

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 March 2024
<b>EXECUTIVE</b>	Angela Lewis, Director for People and Culture
<b>AUTHOR</b>	Kat Cobley, Head of Inclusion and Engagement and Catherine Goodwin, Assistant Director Inclusion, Culture and Wellbeing
<b>CONTACT</b>	<a href="mailto:Kat.cobley@wales.nhs.uk">Kat.cobley@wales.nhs.uk</a> <a href="mailto:Catherine.goodwin@wales.nhs.uk">Catherine.goodwin@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

The gender pay gap reporting requirements and equality monitoring data requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

As an organisation that employs more than 250 people the Welsh Ambulance Services NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Government's website.

As a public sector body, we are required to publish workforce data and assess the diversity of the workforce in relation to the population we serve. This information is pulled from our ESR system and the TRAC system.

Gender pay gap is the difference between the average earnings of men and women across an organisation. In 2022-2023 our gender pay gap was 5.4%. This compares favourably to other NHS Wales organisations with some of these between 20-25%. It also sits in the middle of the table comparison between UK Ambulance Trusts whose gender pay gap reports range from 0.85% (NEAS) to 10.77% (NWAS).

In 2022-2023, there was a small increase in the diversity of our workforce in relation to the number of staff with a disability, those who identify as LGBTQ+ and those from a Black, Asian and Minority Ethnic background.

Both data reports will be published on the Trust website prior to the deadline on 31<sup>st</sup> March 2024 and will sit alongside the Strategic Equality Plan Annual Report for 2022-2023 which has already been approved and published.

**RECOMMENDATION: Trust Board are asked to approve the Gender Pay Gap Report for 2022-2023 and the Workforce Equality Monitoring Report for 2022-2023 prior to publication deadline of 31 March 2024.**

### KEY ISSUES/IMPLICATIONS

As a public sector body, we are required to publish workforce data and assess the diversity of the workforce in relation to the population we serve. To do this, we are reliant upon staff voluntarily completing the equality monitoring questions on ESR and sharing their personal data with us. We can see from the data we hold on ESR that many staff have not provided this data. Therefore, the data that we publish is not a full picture of our workforce. Actions have been identified within the EDI Workplan to work with the ESR Lead to develop guidance on how to update equality monitoring data on ESR and will develop a communication plan to build trust and confidence amongst staff to share this data and address these gaps.

Overall, the data provided on these data reports does not indicate any large risks to the organisation. Some of the data compares favourably to other NHS Wales organisations, in particular our gender pay gap data and our staff who identify as LGB+. We recognise that current systems do not allow for staff to identify as any other gender apart from male or female. This is a current limitation of the national ESR system which we cannot amend. The planned replacement ESR system will include the option for staff to accurately record their gender when the system is introduced in the coming years. In the interim, internal processes are in place to support staff who identify as another gender and our LGBTQ+ group have worked closely with AACE to develop a number of resources to help managers support staff in the workplace.

When assessing whether our workforce is reflective of the population we serve, there are some shortfalls in the following areas:

Non-White population in Wales 6.2% (Census data 2021)	WAST Staff from BAME background 1.83%
People with a disability in Wales 21.1% (Census data 2021)	WAST Staff with a disability 5.93%

**Please note:**

\*The non-White population figures and the people with a disability in Wales figures include children and people over the age of 65 and is not reflective of the general working age population

\*The data above is Wales-wide. The population percentages for the non-White category is much higher in urban areas of Wales, in particular Cardiff, Newport and Swansea.

Work is already ongoing to increase diversity in our workforce via a number of initiatives such as the inclusive recruitment programme and the implementation of the actions set out in the Anti-Racist Wales Action Plan. The inclusive recruitment programme should also focus on attracting higher numbers of staff with a protected characteristic in our urban areas to be more reflective of the local populations. Funding has been made available to introduce Retention Leads within NHS Wales organisations who will be contributing to the development of inclusive recruitment and retention initiatives in 2024-2025.

Even though our gender pay gap has not worsened over the past 6 years and there has been minimal fluctuation, the gender pay gaps still exists within the Trust despite the actions taken to improve our female staff experience in the workplace. We will continue to implement initiatives which focus on encouraging career progression amongst our female staff and are continuing to support women's health in the workplace via staff networks and policy development, e.g. All Wales Menopause Policy, Shared Parental Leave Policy, Flexible Working Policy, etc. Actions will focus on engagement with our female staff to understand the reasons behind the gender pay gap. This work will also link to our actions around increasing psychological and sexual safety in the workplace.

The Trust has not been able to obtain data relating to the recruitment of staff with a protected characteristic. The Trust is required to publish data for 2022-2023 on the number of applicants with specific protected characteristic (LGBTQ+, Black, Asian and Minority Ethnic and Disability). The Trust is also required to report on the number of those applicants who were shortlisted and those who were appointed. This information is collated within the TRAC system, however, this information is erased from the TRAC system after 400 days, meaning that we cannot access this data for the 2022-2023 financial year. To rectify this, the Trust will commit to including a comparison of data over a 2-year period when it publishes its workforce data reports for 2023-2024.

In 2022-2023, 514 people left the Trust. 237 of these were in Band 3 (46.1%) and 103 were in Band 6 (20%). We believe that the reasons for this is due to the high turnover of contact centre staff in Band 3 roles which is comparable to other Ambulance Service Trusts. We also believe that the high turnover of staff in Band 6 is in part due to the retirement of paramedics who remained in work to support the pandemic effort who subsequently retired post pandemic and having more leavers as a result of working through COVID which was experienced by all health organisations.

In 2022, we also increased the organisational headcount by an additional 100. Due to the numbers being appointed and the short timescales, some applicants were appointed at risk, meaning they were offered posts and started training whilst checks were underway. This meant that some starters did not meet the requirements of the checks and the employment offer was withdrawn. There were seven candidates this applied to. In addition, a small number of successful candidates did not feel the role was a good fit for them and left relatively quickly during training. Comparing the

year-to-date data on the number of staff who have left the Trust, we can already anticipate a noticeable decrease in these figures:

	Total leavers	Band 3	Band 6
2022-2023	514	237	103
2023 – date	360	144	73

The new Retention Lead took up post in February 2024 and will be focussing initiatives to reduce staff turnover going forward into 2025.

There is a discrepancy in the total headcount of staff in the Gender Pay Gap Report and the Annual Workforce Equality Monitoring Report. The Gender Pay Gap Report must include information on our bank staff, therefore the total headcount of staff for 2022-2023 is 4731. The data for this report is automatically populated in the specific gender pay gap data tab on ESR.

The Workforce Equality Monitoring Report does not include our bank staff, therefore, the total headcount of staff for 2022-2023 is 4383. The data for this report is pulled from different data tabs on ESR which lacks some capability to breakdown data in relation to the workforce.

Trust Board are asked to **approve** the Gender Pay Gap Report for 2022-2023 and the Workforce Equality Monitoring Report for 2022-2023 prior to publication deadline of 31 March 2024.

#### REPORT APPROVAL ROUTE

Reports were endorsed at People and Culture Committee 20<sup>th</sup> February 2024

#### REPORT APPENDICES

Appendix A – Gender Pay Gap Report 2022-2023

Appendix B – Workforce Equality Monitoring Report 2022-2023



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)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	Y	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA



# Gender Pay Gap Report 2022-2023



Take  
ownership



Broaden our  
understanding



Respect  
others



Show belief  
in each other



Practice  
ethically



Continually  
improve  
our service



Be inclusive  
of the  
whole team

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—————	Trend over time
—————	Action
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# Introduction

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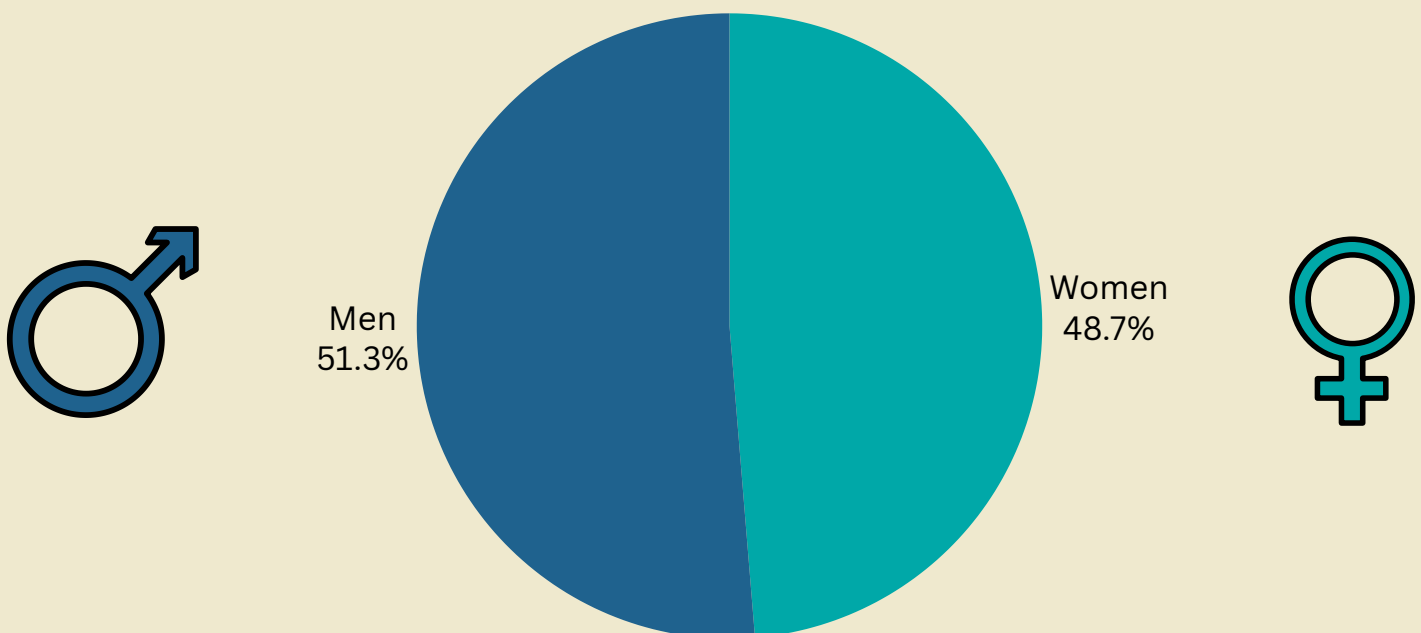
The gender pay gap reporting requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Government's website.

It is important to recognise and understand that the gender pay gap differs from equal pay. Equal pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change job evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without any reference to gender or any other protected characteristic so equal pay is assured.

Gender Pay Gap is the difference between the average earnings of men and women across an organisation.

This data is provided as an annual snapshot of the gender pay gap between 1st April 2022 and 31st March 2023.

On the 31st March 2023 the Welsh Ambulance Service employed 2306 women and 2425 men therefore 48.7% of the workforce was female.



# Snapshot data as at 31 March 2023

Women's mean hourly rate is 5.4% lower than men's.

In other words when comparing mean hourly rates, women get paid 94.5p for every £1 that men get paid.

Women's median hourly rate is 6.3% lower than men's.

In other words when comparing median hourly rates, women get paid 93.7p for every £1 that men get paid.

No bonus payments were made therefore there is no mean or median bonus gender pay gap to report on bonus payments.



## About mean and median

The mean hourly rate is the average hourly wage across the entire organisation so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and taking the hourly wage of the person in the middle; so the median gender pay gap is the difference between women's median hourly wage and men's median hourly wage.

# Quartile Data


Pay quartiles are calculated by splitting all employees in the organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

## Quartile 1: Lower quartile (lowest paid)

50.74% (549)	
49.26% (533)	

**51% of the lower quartile are women**



## Quartile 2: Lower middle quartile

53.83% (583)	
46.17% (500)	

**54% of the lower middle quartile are women**



# Quartile Data

## Quartile 3: Upper middle quartile

50.14% (543)	
49.86% (540)	

**50% of the upper middle quartile are women**

## Quartile 4: Upper quartile (highest paid)

39.85% (432)	
60.15% (652)	

**40% of the top quartile are women**

This table shows the ratios of male to female employees split between those working part time and full time. There is an important difference in the part time/full time split for males and females supporting the hypothesis that more women choose part time roles, and this is likely to be a reflection of caregiving responsibilities.

Gender	Female	Male
Part time	15.30%	10.31%
Full Time	33.44%	49.94%



This table demonstrates the ratio of male to female across the different pay bands in the organisation. In general, our differences across the pay bands is relatively small in terms of percentage. With the exception of bands 3, 5 and 8C, we have more men in each other pay band which is indicative of the gender pay gap across the Trust, particularly within our higher paid bands.

<b>Pay Band</b>	<b>Female</b>	<b>Male</b>
<b>Other</b>	0.21%	0.30%
<b>Band 2</b>	1.10%	1.32%
<b>Band 3</b>	16.70%	13.30%
<b>Band 4</b>	8.74%	10.40%
<b>Band 5</b>	5.61%	5.13%
<b>Band 6</b>	11.96%	12.64%
<b>Band 7</b>	3.1%	5.16%
<b>Band 8a</b>	1.3%	1.41%
<b>Band 8b</b>	0.52%	0.46%
<b>Band 8c</b>	0.21%	0.50%
<b>Band 8d</b>	0.14%	0.16%

# Trend over time

When comparing the annual data over time, there is small fluctuation amongst the gender pay gap. We continue to work smarter to understand what is causing this gap and consider what we can do to reduce and eventually eliminate this gap in the future.

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
<b>Women's mean hourly rate as % lower than men's.</b>	5.3%	4.7%	5.5%	5.2%	6.7%	5.4%
<b>Women's mean hourly rate for every £1 that men get paid.</b>	95p	95p	94p	95p	93p	94.5p
<b>Women's median hourly rate as % lower than men's.</b>	11.2%	8.9%	9.9%	7.94%	7.29%	6.3%
<b>Women's median hourly rate for every £1 men get paid.</b>	89p	91p	90p	92p	93p	93.7p

# Action

WAST continues to aim to be an employer of choice. We recognise that we are in a sector where there is intense competition and staff turnover rates can often prove challenging for healthcare sector organisations. This can have an effect upon our ability to nurture and encourage female career progression within the Trust.

We understand the importance of ensuring that all our staff have a keen sense of belonging within the Trust where everyone is treated fairly, and everyone has access to learning and development opportunities. This is why we have prioritised actions to help us close our gender pay gap and improve gender equality. The Strategic Equality Plan 2020-2024 includes actions which will help us to do this although we recognise that more needs to be done. Some of the initiatives we are implementing to help close the gender pay gap include:

- We continue to roll out our support for staff who are unpaid carers with the support of Employers for Carers Scheme. This will include the introduction of a Carer's Support Network, access to wellbeing activities and support resources from Carers Wales.
- We are reviewing our Flexible Working Policy in line with new statutory requirements. This policy will aim to offer more flexible working patterns and workspaces to help recruit and retain staff and to facilitate a healthy work-life balance that is essential to the health and wellbeing of our workforce.
- We are reviewing our Women's Health Group to increase awareness around women-specific challenges, such as menopause and childcare. The support network will aim to introduce additional support mechanisms for women in the workplace.
- We will monitor the implementation of the NHS All Wales Menopause Policy and will continue to offer advice to staff and line managers.
- We will ensure that our Active Bystander and Allyship training includes reference to gender discrimination and promotes gender equality.
- We will continue to lead on sexual safety awareness across the UK Ambulance Trusts. This has included the development of a sexual safety charter which we will promote widely across the Trust.
- We also continue to participate in the sharing of best practice across the UK Ambulance Sector and Welsh Health Boards.

# Conclusion

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When developing initiatives, it is essential to remember that we are many things and have different individual experiences. For example, women from ethnic minorities, women with a disability, and gay or trans women will have very different experiences. We need to be conscious of these unique experiences and intersectionality.

We continue on the journey of improvement. We need to continue to embed our actions to improve the gender pay gap, promoting culture change and encouraging better employee experience across the Trust. These will be reflected in our People and Culture Plan 2023-2026 and our new Strategic Equality Plan 2024-2028.

**Only together may we begin to peel  
back the layers of inequalities**



Make WAST a truly inclusive organisation



# Adroddiad Bwlch Cyflog Rhwng y Rhywiau 2022-2023



Take  
ownership



Broaden our  
understanding



Respect  
others



Show belief  
in each other



Practice  
ethically



Continually  
improve  
our service



Be inclusive  
of the  
whole team

# Tabl Cynnwys

_____	Cyflwyniad
_____	Ciplun o ddata
_____	Ynghylch cymedr a chanolrif
_____	Data Chwartel
_____	Tuedd dros amser
_____	Cam Gweithredu
_____	Conclusion

# Cyflwyniad

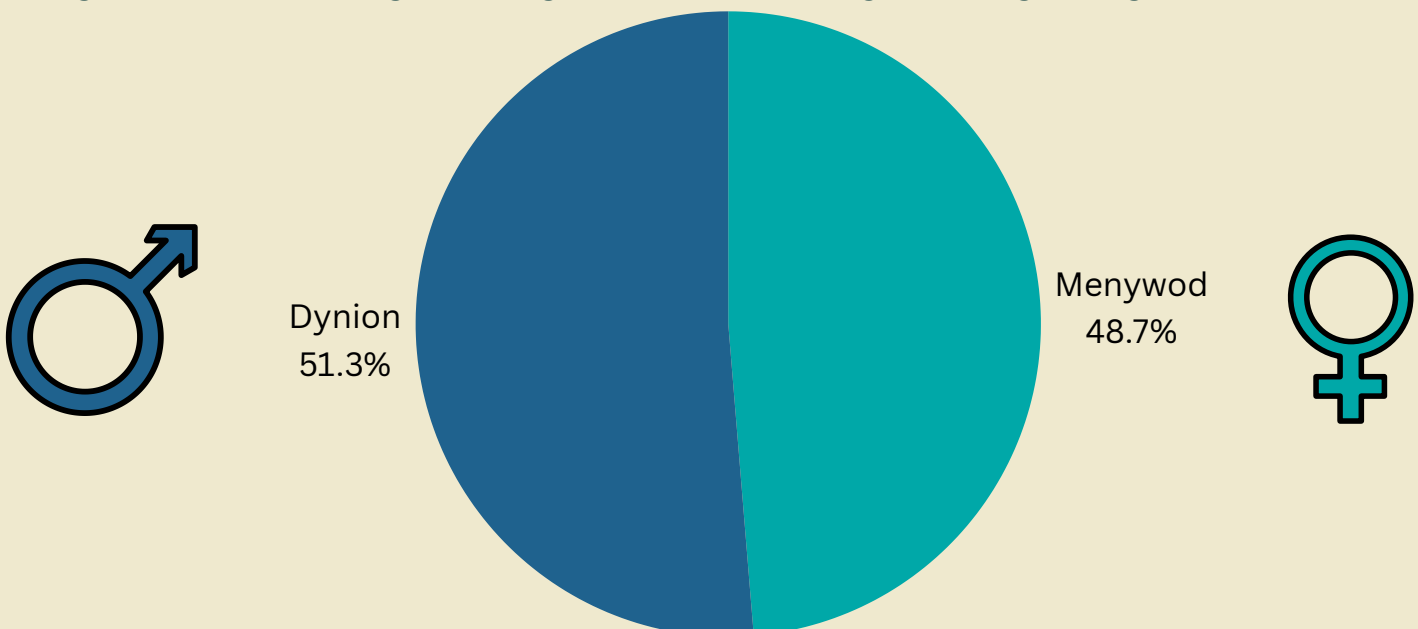
Amlinellir y gofynion adrodd ar y bwlch cyflog rhwng y rhywiau yn Rheoliadau Deddf Cydraddoldeb 2010 (Gwybodaeth Bwlch Cyflog rhwng y Rhywiau) 2017. Fel sefydliad sy'n cyflogi mwy na 250 o bobl, mae'n rhaid i Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru gyhoeddi ac adrodd ar wybodaeth benodol am ein bwlch cyflog rhwng y rhywiau ar ein gwefan ein hunain ac ar wefan y Llywodraeth.

Mae'n bwysig cydnabod a deall bod y bwlch cyflog rhwng y rhywiau yn wahanol i gyflog cyfartal. Mae cyflog cyfartal yn golygu bod rhaid i ddynion a menywod yn yr un gyflogaeth sy'n perfformio 'gwaith cyfartal' dderbyn 'cyflog cyfartal', fel y nodir yn Neddf Cydraddoldeb 2010. Mae'n anghyfreithlon talu pobl yn anghyfartal oherwydd eu rhywedd. Mae proses gwerthuso swyddi Agenda ar gyfer Newid y GIG yn gwerthuso'r swydd ac nid deiliad y swydd. Mae'r broses gwerthuso swydd hon yn edrych ar y swydd heb unrhyw gyfeiriad at rywedd nac unrhyw nodwedd warchodedig arall felly mae cyflog cyfartal yn cael ei sicrhau.

Bwlch Cyflog rhwng y Rhywiau yw'r gwahaniaeth rhwng enillion cyfartalog dynion a menywod ar draws sefydliad.

Darperir y data hwn fel ciplun blynyddol o'r bwlch cyflog rhwng y rhywiau rhwng 1 Ebrill 2022 a 31 Mawrth 2023.

Ar 31 Mawrth 2023 roedd Gwasanaeth Ambiwlans Cymru yn cyflogi 2306 o fenywod a 2425 o ddynion felly roedd 48.7% o'r gweithlu yn fenywod.





# Ciplun o ddata ar 31 Mawrth 2023

Mae cyfradd gymedrig fesul awr menywod 5.4% yn is na chyfradd dynion.

Mewn geiriau eraill, wrth gymharu cyfraddau cymedrig fesul awr, mae menywod yn cael eu talu 94.5c am bob £1 y mae dynion yn cael eu talu.

Mae cyfradd ganolrifol fesul awr menywod 6.3% yn is na chyfradd dynion.

Mewn geiriau eraill, wrth gymharu cyfraddau canolrifol fesul awr, mae menywod yn cael eu talu 93.7c am bob £1 y mae dynion yn cael eu talu.

Ni wnaed unrhyw daliadau bonws felly nid oes unrhyw fwlb cyflog bonws cymedrig na chanolrif rhwng y rhywiau i'w adrodd ar daliadau bonws.



## Ynghylch cymedr a chanolrif



Y gyfradd fesul awr gymedrig yw'r cyflog fesul awr ar gyfartaledd ar draws y sefydliad cyfan felly mae'r bwlch cyflog cymedrig rhwng y rhywiau yn fesur o'r gwahaniaeth rhwng cyflog cymedrig fesul awr menywod a chyflog cymedrig fesul awr dynion.

Cyfrifir y gyfradd ganolrifol fesul awr trwy restru pob gweithiwr yn nhrefn y cyflog uchaf i'r cyflog isaf, a chymryd cyflog fesul awr y person yn y canol; felly y bwlch cyflog canolrifol rhwng y rhywiau yw'r gwahaniaeth rhwng cyflog canolrifol fesul awr menywod a chyflog canolrifol fesul awr dynion.

# Data Chwarterel



Cyfrifir chwartereli cyflog drwy rannu holl weithwyr y sefydliad yn bedwar grŵp cyfartal yn ôl lefel eu cyflog. Mae edrych ar y gyfran o fenywod ym mhob chwarterel yn rhoi syniad o gynrychiolaeth menywod ar wahanol lefelau o'r sefydliad.

Chwarterel 1: Chwarterel isaf (y tâl isaf)

50.74% (549)	
49.26% (533)	

**Mae 51% o'r chwarterel isaf yn fenywod**


Chwarterel 2: Chwarterel canol isaf

53.83% (583)	
46.17% (500)	

**Mae 54% o'r chwarterel canol isaf yn fenywod**


# Data Chwartzel

Chwartzel 3: Chwartzel canol uchaf

50.14% (543)	
49.86% (540)	

**Mae 50% o'r chwartzel canol uchaf yn fenywod**

Chwartzel 4: Chwartzel uchaf (y tâl uchaf)

39.85% (432)	
60.15% (652)	

**Mae 40% o'r chwartzel uchaf yn fenywod**

Mae'r tabl hwn yn dangos cymarebau gweithwyr gwrywaidd i fenywaidd wedi'u rhannu rhwng y rhai sy'n gweithio'n rhan amser ac yn llawnamser. Mae gwahaniaeth pwysig yn y rhaniad rhan amser/llawnamser ar gyfer gwrywod a benywod sy'n cefnogi'r ddamcaniaeth bod mwy o fenywod yn dewis rolau rhan amser, ac mae hyn yn debygol o fod yn adlewyrchiad o gyfrifoldebau gofalu.

Rhywedd	Menywod	Dynion
Rhan amser	15.30%	10.31%
Llawnamser	33.44%	49.94%

Mae'r tabl hwn yn dangos y gymhareb o wrywod i fenywod ar draws y gwahanol fandiau cyflog yn y sefydliad. Yn gyffredinol, mae ein gwahaniaethau ar draws y bandiau cyflog yn gymharol fach o ran canran. Ac eithrio bandiau 3, 5 ac 8C, mae gennym fwy o ddynion ym mhob band cyflog arall sy'n arwydd o'r bwlch cyflog rhwng y rhywiau ar draws yr Ymddiriedolaeth, yn enwedig o fewn ein bandiau cyflog uwch.

Band Cyflog	Menywod	Dynion
Other	0.21%	0.30%
Band 2	1.10%	1.32%
Band 3	16.70%	13.30%
Band 4	8.74%	10.40%
Band 5	5.61%	5.13%
Band 6	11.96%	12.64%
Band 7	3.1%	5.16%
Band 8a	1.3%	1.41%
Band 8b	0.52%	0.46%
Band 8c	0.21%	0.50%
Band 8d	0.14%	0.16%

# Tuedd dros amser

Wrth gymharu'r data blynyddol dros amser, mae amrywiad bach ymhlith y bwlch cyflog rhwng y rhywiau. Rydym yn parhau i weithio'n gallach i ddeall beth sy'n achosi'r bwlch hwn ac ystyried beth y gallwn ei wneud i leihau'r bwlch hwn ac yn y pen draw ei ddileu yn y dyfodol.

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
<b>Cyfradd gymedrig fesul awr menywod fel % yn is na dynion.</b>	5.3%	4.7%	5.5%	5.2%	6.7%	5.4%
<b>Cyfradd gymedrig menywod ar gyfer pob £1 y mae dynion yn cael eu talu.</b>	95p	95p	94p	95p	93p	94.5p
<b>Cyfradd ganolrifol fesul awr menywod fel % yn is na chyfradd dynion.</b>	11.2%	8.9%	9.9%	7.94%	7.29%	6.3%
<b>Cyfradd ganolrifol fesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.</b>	89p	91p	90p	92p	93p	93.7p

# Cam Gweithredu

Mae WAST yn parhau i anelu at fod yn gyflogwr o ddewis. Rydym yn cydnabod ein bod mewn sector lle mae cystadleuaeth ddwys a gall cyfraddau trosiant staff fod yn heriol yn aml i sefydliadau yn y sector gofal iechyd. Gall hyn gael effaith ar ein gallu i feithrin ac annog dilyniant gyrfa menywod o fewn yr Ymddiriedolaeth.

Rydym yn deall pwysigrwydd sicrhau bod gan ein holl staff ymdeimlad brwd o berthyn o fewn yr Ymddiriedolaeth lle mae pawb yn cael eu trin yn deg, a phawb yn cael mynediad at gyfleoedd dysgu a datblygu. Dyma pam rydym wedi blaenoriaethu camau gweithredu i'n helpu i gau ein bwlch cyflog rhwng y rhywiau a gwella cydraddoldeb rhywiol. Mae Cynllun Cydraddoldeb Strategol 2020-2024 yn cynnwys camau gweithredu a fydd yn ein helpu i wneud hyn er ein bod yn cydnabod bod angen gwneud mwy. Mae rhai o'r mentrau yr ydym yn eu rhoi ar waith i helpu i gau'r bwlch cyflog rhwng y rhywiau yn cynnwys:

- Rydym yn parhau i gyflwyno ein cefnogaeth i staff sy'n ofalwyr di-dâl gyda chefnogaeth Cynllun Cyflogwyr i Ofalwyr. Bydd hyn yn cynnwys cyflwyno Rhwydwaith Cymorth i Ofalwyr, mynediad at weithgareddau lles ac adnoddau cymorth gan Ofalwyr Cymru.
- Rydym yn adolygu ein Polisi Gweithio Hyblyg yn unol â gofynion statudol newydd. Bydd y polisi hwn yn anelu at gynnig patrymau gwaith mwy hyblyg a mannau gwaith i helpu i recriwtio a chadw staff ac i hwyluso cydbwysedd iach rhwng bywyd a gwaith sy'n hanfodol i iechyd a lles ein gweithlu.
- Rydym yn adolygu ein Grŵp Iechyd Menywod i gynyddu ymwybyddiaeth o heriau penodol i fenywod, megis menopos a gofal plant. Nod y rhwydwaith cymorth fydd cyflwyno mecanweithiau cymorth ychwanegol ar gyfer menywod yn y gweithle.
- Byddwn yn monitro gweithrediad Polisi Menopos Cymru Gyfan y GIG a byddwn yn parhau i gynnig cyngor i staff a rheolwyr llinell.
- Byddwn yn sicrhau bod ein hyfforddiant Gwylwyr Gweithredol a Chynghreiriaid yn cyfeirio at wahaniaethu ar sail rhywedd ac yn hyrwyddo cydraddoldeb rhywiol.
- Byddwn yn parhau i arwain ar ymwybyddiaeth o ddiogelwch rhywiol ar draws Ymddiriedolaethau Ambiwylans y DU. Mae hyn wedi cynnwys egwyddion arweinol y byddwn yn ei hyrwyddo'n eang ar draws yr Ymddiriedolaeth.
- Rydym hefyd yn parhau i gyfrannu at rannu arfer gorau ar draws Sector Ambiwylans y DU a Byrddau Iechyd Cymru.

# Casgliad

---

Wrth ddatblygu mentrau, mae'n hanfodol cofio ein bod yn llawer o bethau a bod gennym brofiadau unigol gwahanol. Er enghraifft, bydd menywod o leiafrifoedd ethnig, menywod ag anabledd, a menywod hoyw neu drawsrywiol yn cael profiadau gwahanol iawn. Mae angen inni fod yn ymwybodol o'r profiadau unigryw hyn a'r croestoriadedd.

Rydym yn parhau ar y daith o welliant. Mae angen i ni barhau i ymgorffori ein camau gweithredu i wella'r bwlch cyflog rhwng y rhywiau, hyrwyddo newid diwylliannol ac annog gwell profiad i weithwyr ar draws yr Ymddiriedolaeth. Bydd y rhain yn cael eu hadlewyrchu yn ein Cynllun Pobl a Diwylliant 2023-2026 a'n Cynllun Cydraddoldeb Strategol 2024-2028 newydd.

**Dim ond gyda'n gilydd y gallwn ddechrau pilio'r haenau o anghydraddoldebau yn ôl**



Gwneud WAST yn sefydliad gwirioneddol gynhwysol





GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

# WORKFORCE EQUALITY MONITORING REPORT

## 2022/2023



Take  
ownership



Broaden our  
understanding



Respect  
others



Show belief  
in each other



Practice  
ethically



Continually  
improve  
our service



Be inclusive  
of the  
whole team

# Table of Contents

- Introduction
- Background
- Equality data of current workforce
- Equality data of people who have left the Trust



# Introduction

We are pleased to present the Welsh Ambulance NHS Services Trust's Workforce Equality Monitoring Report for 2022-2023.

This report provides equality monitoring data in line with the requirements of the Equality Act 2010 and the Public Sector Equality Duty.

## **Built on TeamWAST Cultural DNA:**

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

### **A Clear Purpose**

Pride in what we achieve

### **A Strong Community**

Commitment to each other

### **A Healthy Workplace**

Compassion and care for each other

### **A Professional Service**

Everyone able to play their part

### **A Developing Workforce**

Growth and opportunity for everyone

# Background

The Equality Act 2010 and Public Sector Equality Duty require all public bodies to produce an annual report by 31st March each year. Public bodies are should demonstrate in their annual reports to what extent they have been able to meet the three main objectives of the Duty. These are:

- To eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- To advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- To foster good relations between people who share a protected characteristic and people who do not share it

The annual report also provides public bodies with the opportunity to:

- Monitor and review progress;
- Monitor and review the effectiveness and appropriateness of arrangements;
- Review objectives and processes in light of new legislation and other new developments;
- Engage with stakeholders around these issues, providing partners and the public with transparency.

Welsh Ambulance Service NHS Trust has published its Equality Annual Monitoring Report report which outlines our achievements and the progress made towards meeting the objectives of the Public Sector Equality Duty. This report can be found on our website.

This report provides information on our workforce data. This allows us to look at the diversity of our workforce which can be used to identify gaps and areas for improvement. We recognise that in order to fully understand and meet the needs of our service users, our workforce needs to be reflective of the population we serve.



# EQUALITY DATA



The information in this report provides a breakdown of our workforce equality data in the following areas:

- Staff in post by their protected characteristic
  - All staff breakdown by grade
  - Each grade broken down by sex
- Working pattern broken down by sex
  - Employment assignment broken down by sex
- All staff breakdown upon leaving the Trust
  - Leavers by their protected characteristics

It is important to note that the data included in this report uses the data stored in our electronic staff record system. It is entirely voluntary for individual members of staff to choose whether they wish to upload this data to their personal records. Upon analysis of the data held on our system, we know that there are many members of staff who have not provided personal data on the equality monitoring section of their staff records.

Data capture is an area that has been identified for improvement. The Trust acknowledges that it must do more to increase employee confidence in providing this data and provide assurance to staff on how the data will be used and ensuring confidentiality.

The data provided in this report is based upon the total headcount of staff as at 31st March 2023 which was 4383.

# EQUALITY DATA

“

Staff from Black Asian and Minority  
Ethnic backgrounds increased from  
1.34% to 1.83%

”

“

Women increased  
from 48.2% to 49.2%

”

“

Staff with a disability  
increased from  
5.20% to 5.93%

”

“

Staff who identify as LGB+  
increased  
4.54% to 5.32%

”

**Please note:** The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity. The Trust has requested that any new systems are inclusive of all gender identities. Plans are already underway nationally to replace the current ESR system with a new one.

# Banding and Contracts by Gender

Further information on gender can be found in our Gender Pay Gap report 2022/2023

Pay band	Female %	Male %
Band 2	1.10%	1.32%
Band 3	16.70%	13.30%
Band 4	8.74%	10.40%
Band 5	5.61%	5.13%
Band 6	11.96%	12.64%
Band 7	3.01%	5.16%
Band 8A	1.03%	1.41%
Band 8B	0.52%	0.46%
Band 8C	0.21%	0.50%
Band 8D	0.14%	0.16%
Other	0.21%	0.30%

Contact Type	Female %	Male %
Unspecified	0.00%	0.00%
Part Time	13.12%	6.57%
Full Time	36.09%	44.22%

Flexible Working Pattern	Headcount	%
Other Flexible Working	2	0.05%
Unspecified	4,381	99.95%
Grand Total	4,383	100.00%



# Age

Age Band	Headcount	%	FTE
<=20 Years	45	1.03%	44.32
21-25	293	6.68%	283.77
26-30	477	10.88%	454.19
31-35	551	12.57%	518.77
36-40	442	10.08%	418.33
41-45	440	10.04%	414.48
46-50	597	13.62%	574.99
51-55	638	14.56%	605.28
56-60	535	12.21%	484.86
61-65	300	6.84%	247.34
66-70	59	1.35%	47.46
>=71 Years	6	0.14%	3.64
Grand Total	4,383	100.00%	4097.43

# Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	112	2.56%	105.85
Divorced	281	6.41%	259.43
Legally Separated	58	1.32%	54.17
Married	2,068	47.18%	1903.75
Single	1,510	34.45%	1443.07
Unknown	275	6.27%	257.65
Unspecified	54	1.23%	51.91
Widowed	25	0.57%	21.60
Grand Total	4,383	100.00%	4097.43

# Religion and Belief

Religious Belief	Headcount	%	FTE
Atheism	1,008	23.00%	956.14
Buddhism	13	0.30%	12.64
Christianity	1,923	43.87%	1785.27
Hinduism	3	0.07%	3.00
Islam	9	0.21%	9.00
Not Disclosed	841	19.19%	795.07
Other	460	10.50%	432.26
Sikhism	1	0.02%	1.00
Unspecified	125	2.85%	103.03
Grand Total	4,383	100.00%	4097.43



# People who have left the Trust

Between 1st April 2022 – 31st March 2023, 514 staff members left the Trust.

55.3% were  
female

5.7% identified  
as LGB+

2% were from  
Black, Asian  
Minority Ethnic  
background

6.8% had a  
disability.





GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

# ADRODDIAD MONITRO CYDRADDOLDEB Y GWEITHLU 2022/2023



Take  
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Show belief  
in each other



Practice  
ethically



Continually  
improve  
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Be inclusive  
of the  
whole team

# Tabl Cynnwys



Cyflwyniad



Cefndir



Data cydraddoldeb y gweithlu  
presennol



Data cydraddoldeb y bobl  
sydd wedi gadael yr  
Ymddiriedolaeth



# Cyflwyniad

Mae'n bleser gennym gyflwyno Adroddiad Monitro Cydraddoldeb y Gweithlu Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru ar gyfer 2022-2023.

Mae'r adroddiad hwn yn darparu data monitro cydraddoldeb yn unol â gofynion Deddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus.

## Seiliedig ar DNA Diwylliannol TîmWAST:

Trwy strategaeth effeithiol, cyfathrebu, ffyrdd o weithio ac ymddygiadau, dyma'r hyn yr ydym am ei ddatblygu'n barhaus yn ein diwylliant yn WAST.



Mae Deddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus yn ei gwneud yn ofynnol i bob corff cyhoeddus gynhyrchu adroddiad blynyddol erbyn 31 Mawrth bob blwyddyn. Dylai cyrff cyhoeddus ddangos yn eu hadroddiadau blynyddol i ba raddau y maent wedi gallu bodloni tri phrif amcan y Ddyletswydd. Sef:

- Cael gwared ar wahaniaethu anghyfreithlon, aflonyddu, erledigaeth ac unrhyw ymddygiad arall a waherddir gan y Ddeddf;
- Hyrwyddo cydraddoldeb cyfle rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt; a
- Meithrin perthnasoedd da rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt

Mae'r adroddiad blynyddol hefyd yn rhoi cyfle i gyrff cyhoeddus:

- Monitro ac adolygu cynnydd;
- Monitro ac adolygu effeithiolrwydd ac addasrwydd trefniadau;
- Adolygu amcanion a phrosesau yng ngoleuni deddfwriaeth newydd a datblygiadau newydd eraill;
- Ymgysylltu â rhanddeiliaid ynghylch y materion hyn, gan ddarparu tryloywder i bartneriaid a'r cyhoedd.

Mae Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru wedi cyhoeddi ei Hadroddiad Monitro Cydraddoldeb Blynyddol sy'n amlinellu ein cyflawniadau a'r cynnydd a wnaed tuag at gyflawni amcanion Dyletswydd Cydraddoldeb y Sector Cyhoeddus. Gellir dod o hyd i'r adroddiad hwn ar ein gwefan.

Mae'r adroddiad hwn yn rhoi gwybodaeth am ein data gweithlu . Mae hyn yn ein galluogi i edrych ar amrywiaeth ein gweithlu y gellir ei ddefnyddio i nodi bylchau a meysydd i'w gwella. Rydym yn cydnabod bod angen i'n gweithlu adlewyrchu'r boblogaeth yr ydym yn ei gwasanaethu er mwyn deall a diwallu anghenion ein defnyddwyr gwasanaeth yn llawn.





# DATA CYDRADDOLDEB



Mae'r wybodaeth yn yr adroddiad hwn yn rhoi dadansoddiad o'n data cydraddoldeb gweithlu yn y meysydd canlynol:

- Staff mewn swydd yn ôl eu nodwedd
  - Dadansoddiad o'r holl staff yn ôl graddfa gyflog
  - Pob graddfa gyflog wedi'i dadansoddi yn ôl rhywedd
- Patrwm gwaith wedi'i ddadansoddi yn ôl rhywedd
  - Aseiniad cyflogaeth wedi'i ddadansoddi yn ôl rhywedd
- Dadansoddiad o'r holl staff wrth iddynt adael yr Ymddiriedolaeth
  - Gadawyr yn ôl eu nodweddion gwarchodedig

Mae'n bwysig nodi bod y data a gynhwysir yn yr adroddiad hwn yn defnyddio'r data sydd wedi'i storio yn ein system cofnodion staff electronig. Mae'n gwbl wirfoddol i aelodau unigol o staff ddewis a ydynt am lanlwytho'r data hwn i'w cofnodion personol. Ar ôl dadansoddi'r data a gedwir ar ein system, rydym yn gwybod bod llawer o aelodau staff nad ydynt wedi darparu data personol yn yr adran monitro cydraddoldeb yn eu cofnodion staff.

Mae casglu data yn faes sydd wedi'i nodi ar gyfer gwella. Mae'r Ymddiriedolaeth yn cydnabod bod yn rhaid iddi wneud mwy i gynyddu hyder cyflogeion wrth ddarparu'r data hwn a rhoi sicrwydd i staff ynghylch sut y caiff y data ei ddefnyddio a sicrhau cyfrinachedd.

Mae'r data a ddarperir yn yr adroddiad hwn yn seiliedig ar gyfanswm nifer y staff ar 31 Mawrth 2023 sef 4383.

# DATA CYDRADDOLDEB



Cynyddodd y nifer o aelodau staff  
Du, Asiaidd a Lleiafrifoedd Ethnig o  
1.34% i 1.83%



Cynyddodd y nifer o  
fenywod o 48.2% i  
49.2%



Cynyddodd y nifer o  
staff ag anabledd o  
5.20% i 5.93%



Cynyddodd y nifer o staff  
sy'n nodi eu bod yn LHD+ o  
4.54% i 5.32%



**Noder:** Ar hyn o bryd nid oes gan y system ESR y meysydd data i ganiatáu ar gyfer casglu data ar ailbennu rhywedd neu hunaniaeth rhywedd. Mae'r Ymddiriedolaeth wedi gofyn i unrhyw systemau newydd gynnwys pob hunaniaeth o ran rhywedd. Mae cynlluniau eisoes ar y gweill yn genedlaethol i ddisodli'r system ESR bresennol gydag un newydd.

# Bandiau cyflog a Chontractau yn ôl Rhywedd

Ceir rhagor o wybodaeth am ryw yn ein hadroddiad Bwlch Cyflog rhwng y Rhywiau 2022/23

Band Cyflog	% o Fenywod	% o Ddynion
Band 2	1. 10%	1. 32%
Band 3	16. 70%	13. 30%
Band 4	8. 74%	10. 40%
Band 5	5. 61%	5. 13%
Band 6	11. 96%	12. 64%
Band 7	3. 01%	5. 16%
Band 8A	1. 03%	1. 41%
Band 8B	0. 52%	0. 46%
Band 8C	0. 21%	0. 50%
Band 8D	0. 14%	0. 16%
Arall	0. 21%	0. 30%

Math o Gontract	% o Fenywod	% o Ddynion
Amhenodol	0. 00%	0. 00%
Rhan amser	13. 12%	6. 57%
Llawnamser	36. 09%	44. 22%

Patrwm Gweithio Hyblyg	Nifer	%
Gweithio Hyblyg Arall	2	0. 05%
Amhenodol	4,381	99. 95%
Cyfanswm terfynol	4,383	100. 00%

# Oedran

Band Oedran	Nifer	%	Cyfwerth ag amser llawn
<=20 Oed	45	1.03%	44.32
21-25	293	6.68%	283.77
26-30	477	10.88%	454.19
31-35	551	12.57%	518.77
36-40	442	10.08%	418.33
41-45	440	10.04%	414.48
46-50	597	13.62%	574.99
51-55	638	14.56%	605.28
56-60	535	12.21%	484.86
61-65	300	6.84%	247.34
66-70	59	1.35%	47.46
>=71 Oed	6	0.14%	3.64
Cyfanswm	4,383	100.00%	4097.43

# Statws Priodasol

Statws Priodasol	Nifer	%	Cyfwerth ag amser llawn
Partneriaeth Sifil	112	2.56%	105.85
Wedi ysgaru	281	6.41%	259.43
Wedi gwahanu'n gyfreithiol	58	1.32%	54.17
Priod	2,068	47.18%	1903.75
Sengl	1,510	34.45%	1443.07
Anhysbys	275	6.27%	257.65
Amhenodol	54	1.23%	51.91
Gweddwr	25	0.57%	21.60
Cyfanswm terfynol	4,383	100.00%	4097.43

# Crefydd a Chred

Cred Grefyddol	Nifer	%	Cyfwerth ag amser llawn
Anffyddiaeth	1,008	23.00%	956.14
Bwdhaeth	13	0.30%	12.64
Cristnogaeth	1,923	43.87%	1785.27
Hindŵaeth	3	0.07%	3.00
Islam	9	0.21%	9.00
Heb ei datgelu	841	19.19%	795.07
Arall	460	10.50%	432.26
Sikhiaeth	1	0.02%	1.00
Amhenodol	125	2.85%	103.03
Cyfanswm terfynol	4,383	100.00%	4097.43



# Pobl sydd wedi gadael yr Ymddiriedolaeth

Rhwng 1 Ebrill 2022 a 31 Mawrth 2023, gadawodd 514 o aelodau staff yr Ymddiriedolaeth.

Roedd 55.3% yn fenywod

Roedd 5.7% yn nodi eu bod yn LHD+

Roedd 2% o gefndir Du, Asiaidd a Lleiafrifoedd Ethnig

Roedd gan 6.8% anabledd.





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<b>AGENDA ITEM No</b>	<b>18</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

## GOVERNANCE REPORT

<b>MEETING</b>	Trust Board
<b>DATE</b>	28 March 2024
<b>EXECUTIVE</b>	Trish Mills, Director of Corporate Governance/Board Secretary
<b>AUTHOR</b>	Trish Mills, Director of Corporate Governance/Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. This report sets out where applicable the **Chair's Action** taken since the last Board meeting and ratifications required, **use of the Trust Seal**, and **decisions made in private session**. There have been no decisions made by Chair's Action since the meeting of the Trust Board on the 25 January 2024.

#### Use of the Trust Seal

2. Three legal transactions were Sealed on the 25 January 2024 which follow the respective approvals sought at the Trust Board meeting on the same day. These were:
  - 2.1 The renewal Lease of Unit 1A Spring Meadow Business Park, Rumney, Cardiff, CF3 2ES. The parties to this Lease renewal are the Welsh Ambulance Services NHS Trust and Sunflower UK Logistics Propco (2002) Ltd;
  - 2.2 The disposal of land and buildings lying to the East of Y Gruffydd Road, Swansea (SA2 0GP) to Swansea Bay University Health Board and the need to execute as a deed the engrossment Transfer Deed;
  - 2.3 The execution of the WAST Control Centre Lease (for additional space) with the Dyfed Powys Police and Crime Commissioner. The parties to the agreement were the Trust and the Dyfed Powys Police and Crime Commissioner (Carmarthen Headquarters, Llangunnor, Carmarthen, SA13 2PF).



## Decisions in Private Session

3. At the closed Trust Board meeting on the 23 November the following decisions were made with respect to a funding proposal through Welsh Government for **Connected Support Cymru**: -

### *RESOLVED: The Trust Board*

- (1) Noted this update on the work completed and confirmed approval to the strategic direction in support of the Trust's Clinical Strategy; and*
- (2) Noted ongoing negotiations to secure sustainable funding for a commissioned service and the subsequent development of the Business Case for consideration and approval, prior to submission to Welsh Government.*

The business case to which this related was approved by way of Chair's Action on 12 January 2024 and ratified in closed session of the Trust Board on 25 January 2024.

4. At the closed Trust Board meeting on 8 December 2023 the Board were requested to consider options to be submitted to NHS Wales and Welsh Government on the **CAS replacement** system: -

### *RESOLVED: The Trust Board*

- (1) Endorsed the preferred option within the paper and approved our proposal being submitted to NHS Wales and Welsh Government for consideration, noting there will be further updates as indicated in the meeting; and*
- (2) Noted the significant risks associated with the current position and the increase in risk should approval for the programme be granted after 22 December 2023.*

5. At the closed Trust Board meeting on 25 January 2024 the Board received a briefing on the Home Office and Department for Health and Social Care **extension of Airwave Contracts**.

### *RESOLVED: The Trust Board*

- (1) Noted the unavoidable need to extend the Airwave Bundle;*
- (2) Noted and acknowledged that as a result of these extensions put in place by Home Office and DHSC, extension to contracts will need to be signed by the appropriate Director;*
- (3) Noted that a request to provide additional capital funding in 2023/24 for the extension has been made to Welsh Government;*
- (4) Note that a request has been made to Welsh Government to provide additional revenue funding on an annual basis through to 2029/30; and*
- (5) Provide delegated authority to the Chief Executive Officer where recurring capital / revenue charges associated with this contract exceed the spend control (£500k).*

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Not applicable.

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



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## QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

<b>Trust Board Meeting Date</b>	28 March 2024
<b>Committee Meeting Date</b>	8 February 2024
<b>Chair</b>	Bethan Evans

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. Lost hours due to handover delays were just under 27,000 hours in January and far in excess of what is acceptable. System pressures **continue to present patient safety risks and extended waits in the community**. The experience of Alison Cassidy in the patient story was a stark illustration of this. Themes from patient safety incidents continue to be timeliness to respond and handover of care delays, with 1,880 patients receiving a response or wait of over 12 hours in Quarter 3, with one patient waiting 45 hours. 231 of those waiting over 12 hours were for falls and the Committee heard of further work underway to look at clinical solutions and risk mitigations for this group of patients and engagement with care homes.

The ways in which the Trust is continually working with partners to influence system change ran through the agenda and the Trust Board will receive an update to the paper on the system actions to mitigate avoidable harm at its March meeting. Whilst risks 223 and 224 have not changed their risk rating, the Committee was assured that they are regularly reviewed, monitored, and updated to introduce mitigations wherever possible.

Members continue to challenge on any further actions that can be put in place by the Trust and its influence on system partner actions and raise the Trust's ongoing concerns in their respective forums.

2. The Committee raised an alert following their April meeting as to effect of the backlog and volume of concerns on the **Putting Things Right and Operational Quality teams**. The volume and breadth of issues ranging from concerns, national reportable incidents, joint investigations, policy and Coroner requests that the teams deal with remains substantial as set out in the assure section. Performance is concerning; however members were assured that good progress is being made on the appointment to key roles to drive and embed the improvement plan. The Committee will continue to monitor this until the teams are up to full establishment. Members also raised concerns over other teams where resourcing for important compliance and specialist functions is limited, and



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discussed mitigations.

3. The **Chair's Action** taken between meetings to approve the Infection Prevention and Control Policy was ratified.
4. Excellent focus on **Clinical Indicators** with the deep dive on Stroke, the HIW Stroke Pathways Report and Clinical Audit Plan.

## ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

5. **Alison Cassidy** recounted the experience of her daughter Emma, who has a rare genetic disorder, severe learning disabilities and epilepsy. She needed urgent dental care requiring general anesthetic at Glan Clwyd Hospital and was advised by Health Care Professionals in the Health Board to access the Non-Emergency Patient Transport Service (NEPTS) to take Emma to her appointment (she was unable to be transported safely due to seizure risk being elevated by the dental pain). NEPTS advised that at least 24 hours' notice was needed, and Alison was advised to ring 999 however due to system pressures at that time a 999 response was unavailable. After 28 hours Emma was sedated by LD Liaison nurses in the garden at her home, supervised by two North Wales Police officers who arranged a taxi to take Emma with her siblings to hospital.

During Emma's escalating distress she began exhibiting self-harming behaviour, and as such the call to 999 triggered an "attempted suicide" script from clinical contact center call-taker. Alison could not say that Emma was going to deliberately kill herself, but she may have taken a deliberate action but not mean to kill herself. Alison felt that the MPDS script does not effectively assess people with severe learning disabilities. Liam Williams noted that ordinarily the clinical support desk would review the calls and be able to intervene, however the service was under considerable demand pressure at the time of the call.

Members heard that Emma and her family's experience would be shown at the Betsi Cadwaladr University Health Board (BCUHB) Organisational Learning Forum and that actions to try and avoid this occurring again will be agreed in partnership with BCUHB including information on ordering and availability of vehicles. Mitigations discussed included the flagging on the record of complex cases coming through 999 not only for the address but also for the individual.

Members expressed their thanks to Alison for sharing her experience. The next steps, lessons learned, and mitigations will remain on the substantive agenda for forthcoming meetings so that the Committee is able to monitor resolutions.

6. The Committee received the **Quarter 2 Operational Update**, and the continued positive progress on the Manchester Arena Inquiry actions was noted, as was the focus and improvements on 111 and NEPTS calls being answered in Welsh.
7. The Committee reviewed progress on implementation of the **Quality Strategy**. The Board will recall that the strategy covers quality culture/duty of candour; quality management system; and integrating



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the citizen's voice. Whilst it was recognised that there were some areas where progress has been slower, a tremendous amount of work was acknowledged, and the newly appointed Quality Leads are central to taking this forward. The planning and engagement for a new Quality Plan will be developed during 2024/25 with the 2023/24 Quality Report informing some of this.

8. The **Healthcare Inspectorate Wales (HIW) Annual Report 2022-23** was reviewed and is attached at Annex 1. The Committee noted that the issues raised, including system pressures and safeguarding, are frequent areas of discussion and oversight at QUEST.
9. The **Data Protection Policy was approved**. This policy aligns to the requirements of the Data Protection Act 2018 and the UK General Data Protection Regulations. These cover the handling, security and confidentiality of personal information.
10. This was the last meeting for **Paul Hollard** whose tenure as a Non-Executive Director comes to an end on 31<sup>st</sup> March. Paul was thanked by the chair for his contribution to Quest where he consistently champions matters of patient safety, patient experience and quality. Paul commented that the Committee is valued for raising and discussing difficult issues with a focus on outcomes for patients.
11. Members' **reflections** on the meeting included that more time and a lunch break meant the meeting did not feel rushed; the patient story provoked both challenging and constructive discussion and it is important to continue to hear these and to allow time to do so.

## ASSURE

(Detail here any areas of assurance the Committee has received)

12. The **2023 Medicines Management Assurance Report** was reviewed by the Committee. This is the first report of its kind and content on future reports was discussed. Assurance was taken on this report, and it was good to see that the previous internal audit on medicines management was a good lever for change.
13. The Committee received assurance by way of the **Monthly Integrated Performance Report (MIQPR)** for December 2023 and the **Quarter 3 Putting Things Right (PTR) Report**. The organisational learning from clinical reviews was set out in the latter report. The Trust Board will note the escalation in the alert section regarding continued system pressures. The Committee noted that as follows:
  - 111 Calls answered within 60 seconds increased in January to 63%.
  - 111 Abandonment rates decreased in January to 4.4%.
  - Red 8-minute response times remained stable in January at 48.8%, even though demand decreased compared with December. The actual number of red 8-minute responses improved year-on-year, as they averaged 2,115 a month in 2023 compared with 1,921 a month in 2022.
  - Return of Spontaneous Circulation (ROSC) rates dropped after achieving over 22% in 3 of the past 4 months.
  - In the quarter the Trust received one (joint) Regulation 28 Report from a Coroner in South Wales Central and related to the causal significance, if any, of a delay of thirteen hours in the provision of an ambulance. The report was also sent to the Cardiff and Vale University Health Board and the



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Minister for Health and Social Services. The Trust is engaging with the Coroner on the initiatives it has in place and will continue to do so.

- 1,212 patient safety incidents were reported in Q3 with themes continuing to be timeliness to respond and handover of care delays. Whilst lower than the same time period in the previous 12 months, they remain extreme.
- There continues to be a number of overdue National Reportable Incidents investigations, with capacity the main reason and this is a focus at the Clinical Quality Governance Group and Senior Operations Team.
- With respect to concerns, 253 were received in Q3 with the five-day acknowledgement performance over the October to December period at 71%, 99% and 100% (100% target) which was a rise from the last quarter. The 30-day target achieved 21%, 38% and 58% respectively (75% target) which overall was a reduction from the previous quarter. The overwhelming themes and trends through the majority of concerns remains timeliness to responding to calls in the community. Themes related to Ambulance Care include those related to cancellation of transport.
- A continuing number of incidents are being reviewed at the Serious Case Incident Forum (SCIF) and Joint Investigations passed to Health Boards. General themes received from Health Boards following joint investigations are over-crowded emergency departments and wider system pressures resulting in hospitals being in very high levels of escalation.
- A significant ongoing increase in the number of clinical negligence claims (actual and potential) being received by the Trust, many of which stem from delayed responses to patients at a time of escalation.
- The Public Service Ombudsman responses are positive and of those that go on to an investigation the majority are upheld.

14. Organisational learning and improvement actions were reviewed as part of the PTR report and are drawn from a range of areas including clinical reviews and Welsh Risk Pool Learning from Events reports. These inform MIST training, discretionary training, and changes in clinical ways of working. The **Welsh Risk Pool Concerns Assessment** was also received and themes such as the PTR capacity and Datix Cymru were discussed.

15. During this meeting, the Committee focused on the **clinical indicator of Stroke**. Further progress has been made with improving the Clinical Indicator dashboard which now includes the time-based metric for stroke; 'call to scene', 'time on scene' and 'call to hospital door'. These are now reported on as part of the Ambulance Service Indicators to the Emergency Ambulance Services Committee. Electronic Patient Clinical Record (ePCR) user interface changes recommended from the stroke clinical audit were included in the updates implemented during December 2023. These are aimed at improving the usability for clinicians to input data and to improve compliance.

The importance of pre-alert reporting was emphasised, particularly given the changes to stroke call timing for specific therapies from five to twelve hours. A deep dive into the call to door metrics and pre-alerts will be included in the 2024/25 clinical audit plan and returned to the Committee. This was a clear presentation with improvement plans to include further engagement and support from Senior Paramedics. Excellent engagement was noted with the Stroke Network. The **HIW Review of Stroke Pathway report** was also provided, and the Committee was assured on the actions being taken by WAST in response to that report which they will monitor via the Audit Tracker.



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16. The **Clinical Audit Plan update for Q3** was received with no escalations. Audits completed in quarter include:

- ePCR clinical data assurance – end tidal carbon dioxide (EtCO<sub>2</sub>) Compliance
- Non-conveyance form images in ePCR
- Recognition of Life Extinct (ROLE) form images in ePCR
- Levetiracetam (Keppra) Potential use in convulsions

17. The **2024/25 (Q1) Clinical Audit Plan** was also agreed. The Board will note that it is not always possible to predict at the start of a financial year all of the topics that will require evaluation and therefore flexibility in setting a clinical audit plan was agreed, resulting in the annual plan being a dynamic document, updated quarterly.

18. The Committee was presented with the **Information Security and Information Governance Key Performance Indicators (KPIs)** and noted:

- Information Governance training compliance is at <72% which is an increase but remains below the 75% minimum expectation, which will rise to 85% for 2024/25.
- Despite steady progress there are a large number of Data Protection Impact Assessments for review
- Despite a significant increase in requests for records compliance rates are increasing due to individual support and improved processes.
- Compliance with the Freedom of Information Act remains challenging, recording rates of 47.1% in November against a target of 90%. A review of process including digital support is underway.

Members recognised the work being done by small teams which is raised in the alert section. The reasonable assurance **Records Management Internal Audit** reflected this in that some of the actions have longer lead times to ensure they are closed off appropriately.

19. An update was received on a revised **Audit tracker** with 12% of QUEST related management actions closed in the quarter and a number of historical actions revisited to open up discussions on potential revisions of management actions due to the passage of time.

20. The Committee's **annual effectiveness review** was conducted and the draft annual report and changes to terms of reference agreed. Priorities for 2024/25 were also agreed. Final reports will be presented to the Board in May 2024.

21. The Committee's **priorities for 2023/24** (implementation of the quality strategy, and the duty of quality and duty of candour) are progressing well. The Committee also reviewed its progress against its cycle of business and other than the QUEST related elements of the Integrated Medium Term Plan 2024-27 all is on track. It was agreed that the appropriateness of this coming to this Committee and the People and Culture Committee due to timing would be reviewed in the cycle for 2024/25.

## RISKS

**Risks Discussed:** There are two corporate risks assigned to the Committee which are rated as high risks with no changes to scores since the last review. **Risk 223:** the Trust's inability to reach patients in the





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community causing patient harm and death and **risk 224**: significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service are both rated at 25. Both have been reviewed in accordance with their schedules and the scores remain static. The theme of these risks arose throughout the agenda items discussed at this meeting and are part of the escalation section of this report.

Members were assured that these risks, whilst not moving in score, are dynamically reviewed regularly and are discussed at many of the Board's Committees as well as at internal forums.

**New Risks Identified:** Risks with respect to information governance and information security are being developed. These include Data Protection, records services and freedom of information requests.

The papers for this meeting can be found by following this [link](#) to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Operations Directorate Quarterly Report for Q3	Patient story	Putting Things Right Report Q3
Monthly Integrated Quality and Performance Report	IMTP QUEST elements	Quality Strategy Implementation
Spotlight on clinical indicators: Stroke	HIW National Review of Patient Flow (a journey through stroke the pathway) HIW Annual Report	Clinical Audit
Medicines Management Assurance Report 2023	Committee Annual Effectiveness Review	Risk Management and Board Assurance Framework Report
Policies for approval	Audit tracker and audit reports (Records Management audit)	Information Governance Report
Welsh Risk Pool Concerns Assessment		

COMMITTEE ATTENDANCE				
NAME	11 MAY 2023	10 AUGUST 2023	31 OCTOBER 2023	8 FEBRUARY 2024
Bethan Evans				
Kevin Davies			In chair for meeting	
Paul Hollard				
Ceri Jackson				
Liam Williams				
Andy Swinburn		Duncan Robertson		Duncan Robertson*
Lee Brooks	Steve Clinton		Sonia Thompson	Mark Harris
Leanne Smith	Jon Hopkins			
Jonny Sammut				Leanne Smith
Rachel Marsh			Hugh Bennett	Mark Thomas
Trish Mills				
Mark Marsden				
Hugh Parry				
Ian James				

Andy Swinburn in meeting between 11am and 1pm

	Attended
	Deputy attended



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	Apologies received
	No longer member

# Healthcare Inspectorate Wales Annual Report 2022-2023



Healthcare Inspectorate Wales (HIW) is the independent inspectorate of the NHS and regulator of independent healthcare in Wales.



#### Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

#### Our goal is

To be a trusted voice which influences and drives improvement in healthcare

#### Our values

We place people at the heart of what we do

#### We are

##### Independent

We are impartial, deciding what work we do and where we do it

##### Objective

We are reasoned, fair and evidence driven

##### Decisive

We make clear judgements and take action to improve poor standards and highlight the good practice we find

##### Inclusive

We value and encourage equality and diversity through our work

##### Proportionate

We are agile and we carry out our work where it matters most

We have set four strategic objectives through which we deliver our goal of influencing and driving improvement in healthcare.

## 01

We will focus on the quality of healthcare provided to people and communities as they access, use and move between services

## 02

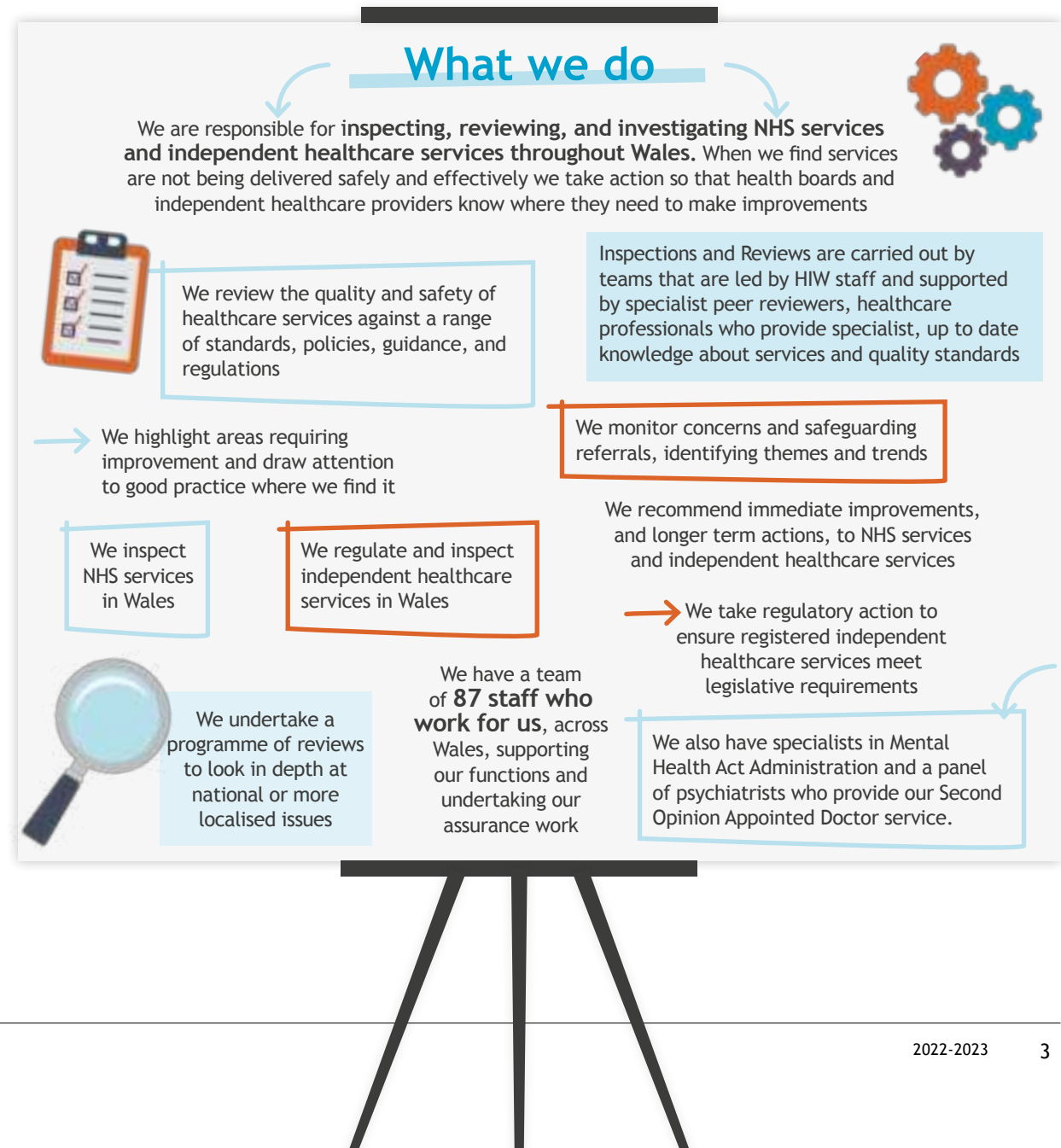
We will adapt our approach to ensure we are responsive to emerging risks to patient safety

## 03

We will work collaboratively to drive system and service improvement within healthcare

## 04

We will support and develop our workforce to enable them, and the organisation, to deliver our priorities



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# Foreword







Alun Jones  
Chief Executive

**Welcome to our Annual Report for 2022 - 2023. This Summer marked the 75th anniversary of the National Health Service (NHS), and most people living in Wales today will not have known a time without this institution.**

A key milestone this year was the introduction of [The Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020](#). The Act aims to strengthen the overall focus on delivering quality services, and improving engagement with the population across Wales, both in terms of better understanding their needs and improving openness and honesty when things do not go right. The key focus of HIW's work, is to provide an independent view and assessment of the quality and safety of healthcare services. During 2022 - 2023, we have aligned our approach to seeking assurance in preparation for taking account of how well healthcare services are embedding their responsibilities against the duties of the Act.

This report sets out our key findings from the regulation, inspection, and review of healthcare services in Wales. It outlines how we carried out our functions across Wales, seeking assurance on the quality and safety of healthcare services through a range of activities including inspections and review work in the NHS, and regulatory assurance work in the independent healthcare sector. It provides a summary of what our work has found, the main challenges within healthcare across Wales and provides our view on areas of national concern.

In providing an independent view of healthcare services, we seek to contribute to an understanding of the risks and challenges that are preventing services from operating effectively and impacting on the quality of care being delivered to patients.

This has once again been a turbulent year for healthcare services in Wales. Whilst there are initiatives in place to help support healthcare services cope with unrelenting demand,

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our work during this year did not find evidence of these making a clear and significant difference to services at the front line. Increasingly, we have needed to make in year changes to our programme of work to enable us to undertake inspections in the areas of highest risk. Whilst patients may well have been satisfied with the staff providing their care, they were not satisfied with the long waits and difficulty in getting treated by services in a timely manner. Whilst staff continued to describe their passion for working with people and supporting people with care, they were not satisfied with the immensely pressured environments of work they find themselves in on a daily basis.

Our role covers the regulation and inspection of independent healthcare services in Wales. These services represent an area of growing importance, where innovations in science and technology mean the frequent development of new treatment options and services, many of which are offered by the independent healthcare sector. Many of the specialist mental health care beds in Wales are provided by independent healthcare providers. The sector cares for some of the most vulnerable patients in Wales, dealing with high levels of risk and complex needs. Our work over this time has sought to challenge the sector to ensure that the standards and quality provided are in line with their regulatory responsibilities and provide a quality service to the patients they care for.

Our work within NHS acute hospitals has shown the intense daily pressure in patient admission areas and on inpatient wards. Within Emergency Departments across Wales, we have noted overcrowding, long waits for triage and long waits for treatment, plus ongoing delays in being admitted into the most appropriate beds. Our work over this period has also shown that within General Practice and Dentistry, access to NHS services remains a matter of real concern to patients. When we refer to access, we are describing the ability to source appointments and/or to be registered as a patient with either a GP or Dentist. Once patients are in direct receipt of care and treatment from the NHS, either within Primary or Secondary care services, they consistently told us how well they felt they were being cared for and recognised the professionalism of staff. Through our work we have once again seen a highly skilled and committed workforce, delivering care with compassion and innovation. The workforce of the NHS remains its biggest asset and building on the many positives, with staff, will remain central to navigating the challenges that lie ahead.

We have found one clear issue throughout our work, which is, that at any junction in the care and treatment pathway of a patient, there is huge potential for delay, a pause in treatment, and an overall introduction of risk that is not there at other times. Our work within mental health, for example, has found that this is the case when patients with a diagnosis and care and treatment plan are moving from one part of the service to another.



We have also continued to find that inefficiencies in record keeping and in record keeping systems introduce unnecessary risk into the continuity and quality of patient care.

Three key themes to have arisen from our concerns monitoring service, which takes calls and information from members of the public, are the difficulty in accessing a regular dentist and getting any dental care; difficulty in getting an appointment with a GP; and difficulty in accessing mental health services. This feedback from members of the public is highly concerning and is an early warning of future public health challenges which must be heeded.

Our objectives are ambitious and through them we aim to make a difference to the people of Wales by contributing to improvements in healthcare. In this report you will find some examples of how we have used our work to further this aim. I am proud of the organisation I lead, and the contribution we can make to healthcare in Wales.

Now, more than ever, healthcare in Wales needs continued innovation, and a vision and understanding of what works and what does not. We have a clear role in illustrating, through our work, what good quality looks like within services and where we find issues with quality we will continue to shine a light on these, pushing services to put them right.

If you have any questions, comments, ideas, or feedback on our work, please do get in touch with us - we would love to hear from you.

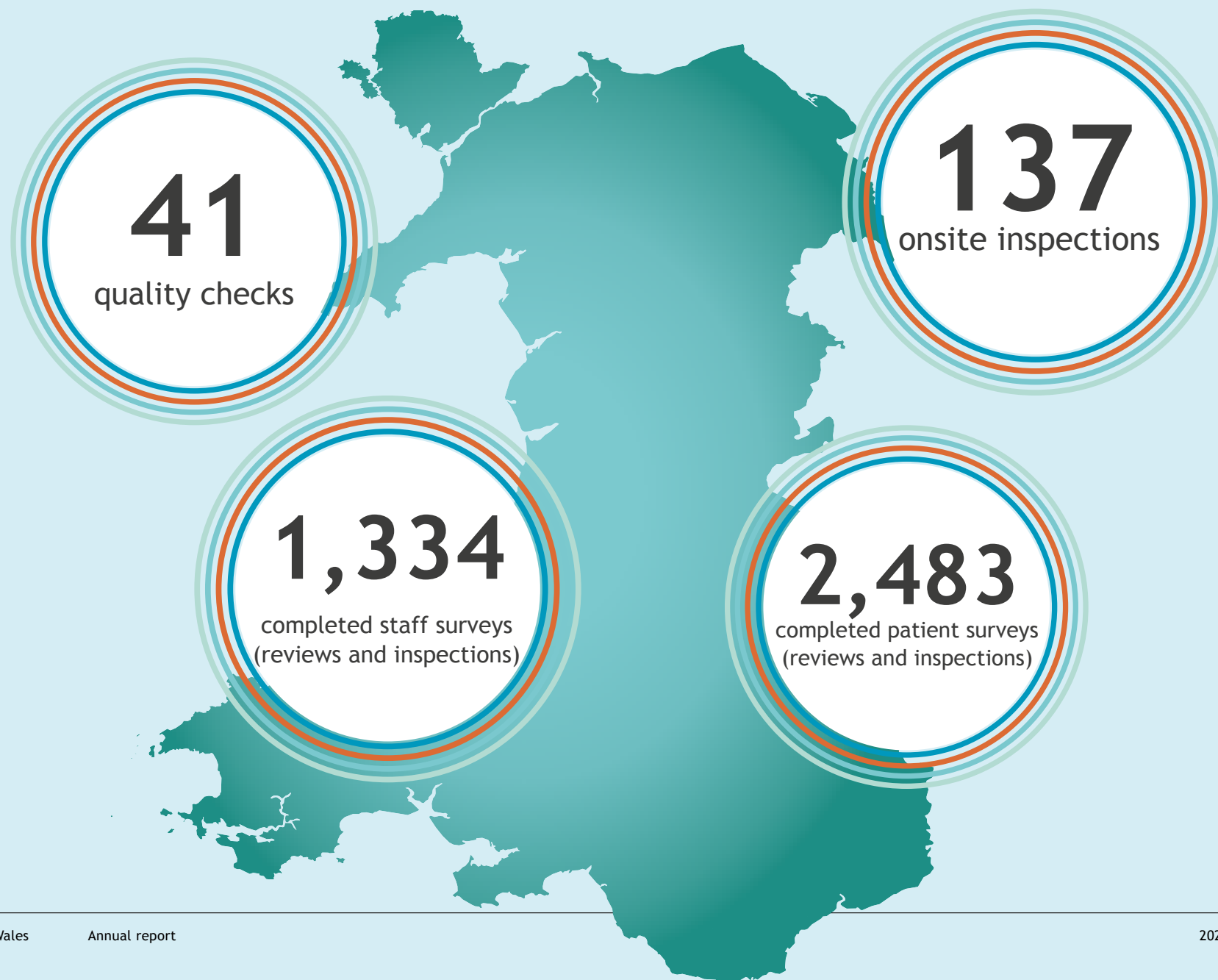
*Alun Jones*

Chief Executive  
Healthcare Inspectorate Wales

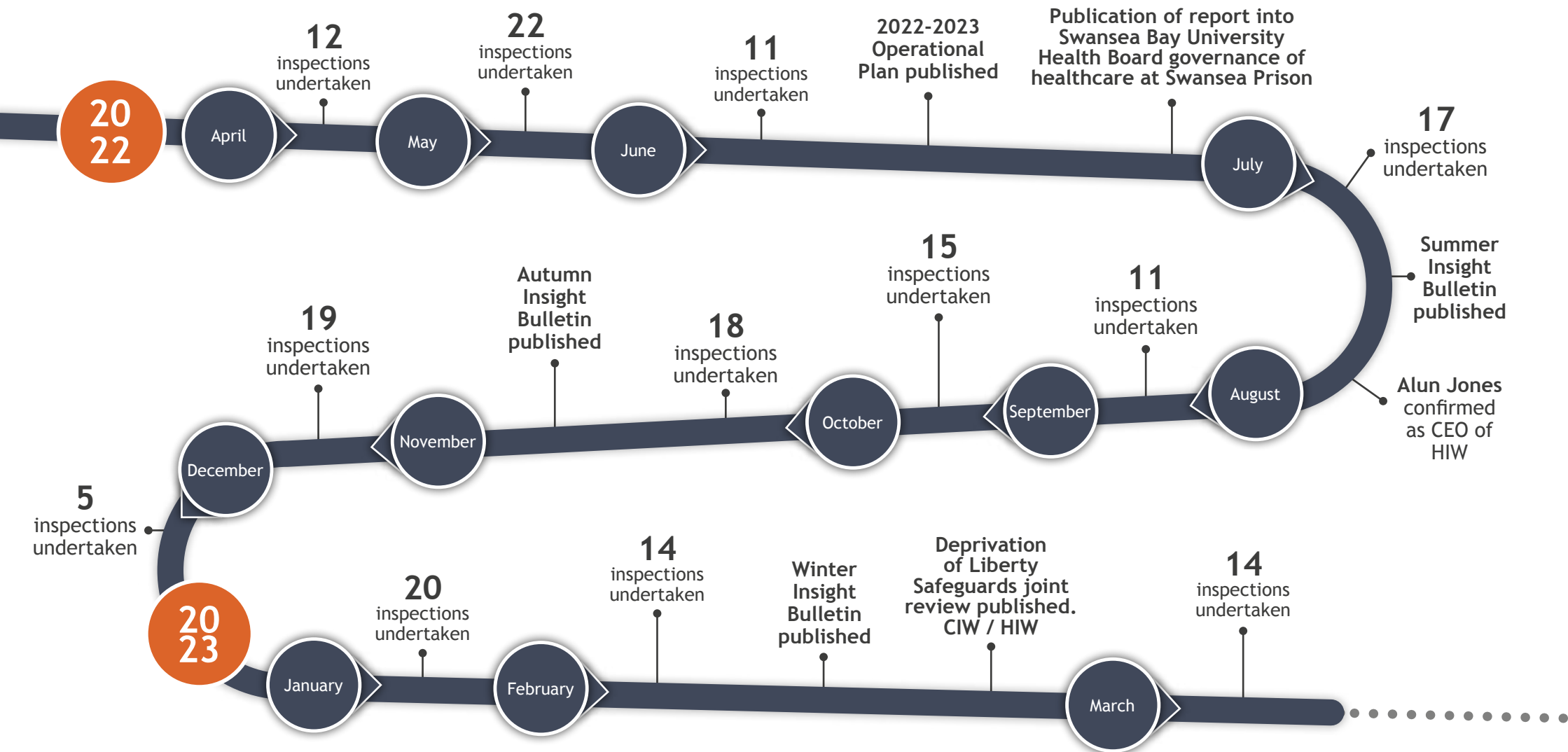


# HIW in Numbers





## Timeline of our work



# Engagement and Collaboration





## Engagement

**Speaking and listening to people who use healthcare services and who work within healthcare services is a key priority for us, and something that we are also committed to improving on. By listening to people who use and work in services, we can better understand what matters to people and can gain a greater understanding of the culture within a service and insight into the experience patients receive.**

Across our inspection, quality check and review work, 4,677 people gave us their views on the care they had received, or the service they were working within.

Of the 4,677 separate responses, 4,107 related to our inspection activity and 570 related to our review work.

We heard from:

**2,633 patients overall**

**1,826 staff overall**

**99 Carers / family members**

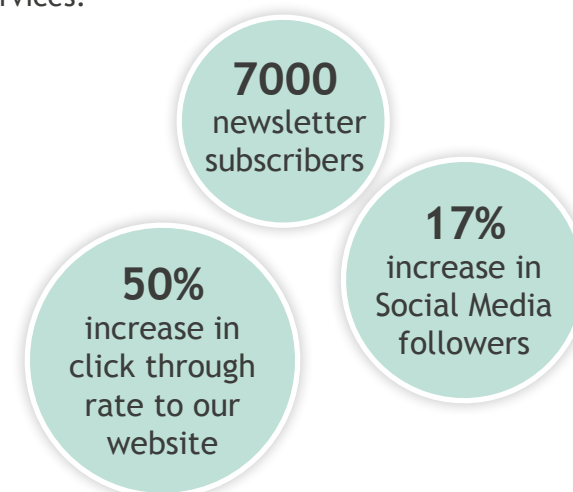
During our inspection and review work we ask patients to tell us about the care they receive by completing a short survey. When we are able to speak to patients in person during onsite visits, we gather views directly. We are also now using videos on our social media channels to help explain and promote our work.

In February 2022, we launched on LinkedIn and in our first year we have reached 7k users. This channel is providing a useful additional avenue for engagement with healthcare professionals. We have continued to use Twitter and Facebook to engage widely with social media users about our work, encouraging people to click through to our website where they can find out more about our work and role in Wales. We have seen a 50% increase in people clicking through to our website from our social media posts. We aim to post varied and interesting content across all three social media channels, posting 1.5k times during the year and seeing a 17% increase in our followers.

This is not our only means of engagement, in the spring of 2022, we launched our new Insight Bulletin. This is a quarterly update which we issue electronically to over 7000 subscribers on our mailing list. Within this we summarise our work from the quarter, and in summer 2022, added a new Learning and Insight section to the bulletin, providing us with a central area to share themes and learning emerging from our work.

We implemented a new approach to report writing in April 2022 which involves publishing a public summary and a full detailed report for the setting. We also updated our report writing style, removing duplication, and making the content easier to read.

In early 2022, we launched our HIW Stakeholder Advisory Group. Membership of the group is made up of a wide range of organisations who work with and represent people with protected characteristics. We are immensely proud of this group and it has continued to strengthen during the year. The group has influenced the way in which we ask patients for feedback during inspections and reviews and has challenged us to think more critically about the way in which our work is both designed and delivered so that we are able to capture as diverse a range of views as possible. The group is one of the ways in which we are working towards our strategic priority of better understanding the quality of healthcare being delivered to people and communities as they access, use and move between healthcare services.



## Collaboration

**We place considerable importance on collaboration and joint working with other organisations. The added insight and expertise we can draw on when we collaborate with others increases the impact of our work. The provision of healthcare is complex and sharing intelligence with partners enables us to gain insight and experiences that, with our organisational resources alone, we would not be able to achieve.**

During 2022-2023, we hosted two Healthcare Summits, attended by regulatory and improvement bodies for healthcare across Wales. Healthcare Summit meetings take place bi-annually to enable discussion between audit, inspection, regulation, and improvement bodies.

They provide an interactive forum for sharing intelligence on the quality and safety of healthcare services provided by NHS Wales. The meetings enable us to foster close working relationships, and share intelligence between participating organisations as we all play our respective roles in driving healthcare improvement in Wales.

During the year we continued to work closely with our partner, Care Inspectorate Wales (CIW). In February 2023 we jointly published our report into the use of [Deprivation of Liberty Safeguards \(DoLS\) in Wales](#). The Safeguards apply to people over the age of 18 in hospitals or care homes, who cannot consent to treatment or care.

Since 2019, we have been part of Joint Inspections of Child Protection Arrangements (JICPA), working alongside Care Inspectorate Wales (CIW) plus Estyn; Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service (HMICFRS) and Her Majesty's Inspectorate of Probation (HMI Probation) to carry out this work.

In 2022-2023, we continued this work and published our findings of a review of the multi-agency arrangements in Denbighshire for responding to cases of abuse and neglect.

The report outlines our findings about the effectiveness of partnership working and the work of individual agencies in Denbighshire.

In common with many areas across Wales, we found the challenges in recruitment and retention of staff across key agencies in Denbighshire was impacting on the arrangements for safeguarding children. This is made more difficult by the high levels of demand and increasing complexity of children's needs.

We found there are systems and relationships in place to facilitate effective partnership working where a child is at risk of harm. Partners are working to a shared ethos of safeguarding children at different levels of vulnerability. Organisational leaders have a shared vision with a positive approach to regional safeguarding arrangements.

This clear strategic commitment has resulted in the commissioning of a sufficient range of effective local services to support children and families.



# Assurance and Inspection Findings NHS Services



## Acute Hospital Inspections

**In 2022 - 2023, we carried out 19 acute hospital inspections across Wales.**

We visited all Health Boards and Trusts where inpatient care is provided.

Our work showed that in general, the demand for inpatient beds and having enough staff to manage the high number of patients was a significant challenge.

The numbers show that we did more of our work in unscheduled care areas compared to scheduled care. The reason we did this was because of the complexity and overall higher risk level in these areas. Across these pieces of work, we needed to use our Immediate Assurance process in 58% of the inspections (11 out of 19). This is a highly concerning figure and demonstrates that at present, acute inpatient healthcare carries the highest level of risk in services across Wales. This figure is currently higher than we found in our inspections of mental health services, an area of healthcare which historically tends to see very high levels of patient risk. This latest finding indicates that mental health services are tackling the risks they face more successfully and strongly suggests that within inpatient acute care, more needs to be done to tackle risk, and quickly.



In the previous year, we introduced our Service of Concern process for the NHS. In 2022 - 2023, we considered 13 NHS services through this process which involves increased scrutiny of the issues identified through inspection and intelligence. In May 2022, we designated the Emergency Department at Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board as being a Service Requiring Significant Improvement (SRSI) which is a service with the most significant levels of risk.

Our findings on a national level, from our assurance and inspection activity were:

Huge demand for services continues

Compliance with mandatory training remains mixed and in general, across Wales, there are challenges in ensuring the workforce keep this up to date

The quality of the discharge planning process needs to be improved

Reducing risks within the inpatient environment is something that needs to be improved on. For example, we continue to find medicines unsecured, harmful substances not locked away and equipment not maintained as regularly as needed.

In 2021-2022, our work found evidence of significant pressures in the emergency care system. In 2022-2023, our overall summary is the same and if anything, pressures have increased. These pressures mean that we have seen overcrowded emergency departments, delays in ambulance handover of patients, long waits for triage and long waits for treatment to start. This of course, is not the finding in all instances, but the cases where we saw delay represent the majority rather than the minority. The challenge for staff working at the front line within these emergency and urgent care areas is enormous and the impact on them is equally huge.

The challenge within planned care areas differs in that there are huge challenges in getting patients discharged to more appropriate placements, or back home with support. There are often delays in this due to shortages in social care staff and social workers to assess discharge needs. Patients frequently stay in hospital beds for a long time after they are medically fit to leave because of the unavailability of support services.

When patients are able to be seen and treated by emergency and urgent care services, then admitted and cared for as inpatients, and discharged as soon as they are medically fit, the outcomes for them are far more positive than when they are delayed at each stage of their journey. The delays being experienced lead to adverse patient outcomes in the form of deconditioning, higher risk of hospital acquired

infections, loss of social networks and, the initial assessment of support needs on discharge no longer being accurate and needing to be repeated due to a change in condition.



This year, once again, we found that in planned care areas, such as oncology and cardiac wards, where the staff have more control over admission and can provide more patient centred care, there were fewer areas requiring improvement.

Although responses we received to our staff questionnaires indicated low staff morale, particularly related to challenges around staffing numbers and high demand for services, this did not generally seem to impact on the experience patients had of staff. Patients told us staff were kind and compassionate.

Our inspections continued to note low levels of compliance with mandatory training for staff. Mandatory training plays a key role in ensuring staff can provide safe and effective care to patients.

The case studies demonstrate two of our pieces of work from 2022-2023 relating to acute hospitals in the NHS. This work, challenged services and health boards to look for different ways of doing things when outcomes for patients could be improved.

## CASE STUDY



### National Review of Patient Flow a journey through the stroke pathway

**Ineffective and inefficient patient flow can have a significant impact on the quality and safety of patient care. Our national review of Patient Flow continued during 2022 - 2023 to explore this.**

At a time when the NHS in Wales has continued to deal with significant pressure, staff shortages and huge demand for beds, the review explored the challenge of trying to provide timely care to confirmed stroke patients when resources are under such demand.

In order to assess the impact of patient flow challenges on the quality and safety of patients awaiting assessment and treatment, we elected to focus our review on the stroke pathway. National reviews are deep dive pieces of work which enable us to explore a service, care pathway, or department in depth.

During the period from April 2022 to the end of March 2023, we gathered evidence about the care and treatment provided to patients on the stroke pathway across Wales, undertaking nine site visits in total. The site visits involved our review team consulting with health boards in Wales including the Welsh Ambulance Service Trust (WAST), reviewing the processes in place from calling an ambulance to arrival at an emergency department, to admission when patients were receiving inpatient care and through to discharge.

The review found a high demand for inpatient beds and complexities involved in discharging medically fit patients from hospitals which led to the acute hospital system in Wales operating under extreme pressure. Unnecessarily long stays in hospital due to delayed discharge can place patients at risk of hospital acquired infections or deterioration whilst awaiting discharge. The bottleneck at the point of discharge has a knock-on impact on emergency departments, ambulance response times, inpatient care, planned admissions and overall staff wellbeing.



## CASE STUDY



## Inspection of Maternity Services, Glangwili Hospital, Hywel Dda University Health Board

**HIW completed an unannounced, onsite inspection of the maternity unit across three consecutive days in November 2022, this included the antenatal and postnatal wards, the midwifery led unit, the labour ward and the triage assessment area. Inspectors found the maternity care provided had improved since HIW's previous inspection in 2019, but there were still some areas which required attention.**

We found staff were committed to providing a high standard of care to patients. There were many examples where the inspection team witnessed staff being compassionate, kind and friendly to patients and their families. Most patients we spoke to told us they were happy and receiving good care at the hospital. Inspectors also noted that there were good arrangements in place to provide patients and families with bereavement support. We considered the quality of management and leadership, and the culture of the workforce, to be very good.

Staff were encouraged and supported to become involved in quality improvement projects to enhance the care provided, and to aid their ongoing development. Staff were positive about the support and leadership they received and described a positive culture around reporting and learning from incidents. Inspectors noted that the leadership team were visible, supportive, and very engaged with the staff. There was dedicated and passionate leadership displayed by the Head of Midwifery, who was described as energetic, approachable, supportive and visible. There was also a focus on staff wellbeing, including good welfare support and team building activities. Improvement had also been made to collaborate with other health boards effectively.

Some women on the post-natal ward indicated that when they required pain relief, it was not always given in a timely manner, or they were not given an explanation as to why they could not receive the medication. The health board must ensure that there is efficient, safe, and timely administration of pain relief for patients.

Inspectors evidenced improvements had been made regarding security measures to ensure babies were safe and fully protected within the hospital. However, on the first night of the inspection, inspectors noted that the cupboards containing patient records were unlocked and the doors were open. Inspectors immediately raised this with senior management and the cupboard doors were subsequently locked. Management must ensure staff are locking medication fridges and cupboards containing patient records when not in use. We also found that not all staff were compliant with mandatory training and that management needed to ensure rotas are reviewed to ensure there is sufficient resourcing.

Some staff we spoke with raised a concern in relation to the variance of responsiveness of consultants to an emergency when requested by junior doctors and midwives. This was also echoed by comments made in the staff survey we undertook.

We found that there had been significant improvements made since our previous inspection in 2019. There were well-defined systems and processes in place to ensure that the hospital focussed on continuously improving its services. This was achieved through a rolling programme of audit and an established governance structure, which enabled key/nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

Ongoing improvements need to focus on staff compliance with the clinical room processes, such as medication fridges being consistently locked when not in use and cupboards containing patient records being always locked.





## General Practice

During 2022-2023 we carried out 20 pieces of assurance work to GP practices across Wales. nine of these used our remote Quality Check methodology and 11 were onsite inspections. We needed to use our immediate assurance process in 30% of these inspections (6 out of 20 pieces of work).

This inspection year marked our first using our newly refreshed General Medical Practice (GP) methodology. The updated methodology considers the wider primary care landscape including referrals and signposting to other services.

GP practices are under significant pressure and are facing unprecedented demand. Long wait times at Emergency Departments and on long waiting lists for treatment are increasing the pressure on GP services. We used our immediate assurance process, reflecting high risk to patients, on more occasions during 2022 - 2023 compared to the previous year.

We found a range of issues such as:

- Incomplete safeguarding records and poor follow up of concerns
- Checks of emergency equipment and drugs not completed
- No DBS checks on staff including administrative and reception staff
- Medicines not safely stored
- Medication fridge temperature checks not completed
- Poor compliance with mandatory training including safeguarding, CPR and infection prevention and control
- Out of date equipment including sterile sutures, sterile gloves, urine sample collection packs, minor surgical operations packs and needles, some of which were dated 2006.

20  
pieces of  
assurance  
work

11  
Onsite  
Inspections

9  
Quality  
Checks

Our patient experience surveys regularly conclude that staff treat patients with dignity and respect, but around a quarter of patients tell us they struggle to access an urgent appointment.

Difficulty in accessing GP appointments was one of three clear themes to come out of our HIW Concerns service during 2022-2023.

The effects of delayed appointments on patients encompass physical health, emotional well-being, and overall healthcare experiences.

Delayed access to medical care can lead to worsened health conditions. Conditions that could have been treated effectively with timely intervention might deteriorate, resulting in prolonged suffering, increased complications, and potential long-term consequences. Chronic conditions may worsen, requiring more complex interventions and leading to avoidable hospitalisations.

Patients who struggle to obtain appointments often experience heightened anxiety and stress. The uncertainty of not knowing when they can see a doctor can exacerbate existing mental health conditions or trigger new ones. This emotional toll can further impact their ability to cope with health issues and make informed decisions about their care.

Frustrated by the inability to secure timely appointments, some patients may resort to using emergency services for non-urgent issues. This strains emergency departments and diverts resources away from patients with genuine emergencies.

It is crucial that leaders within this area consider the repeated concern from patients who are unable to access the service and consider what else can be done to alleviate the pressure on GP services.



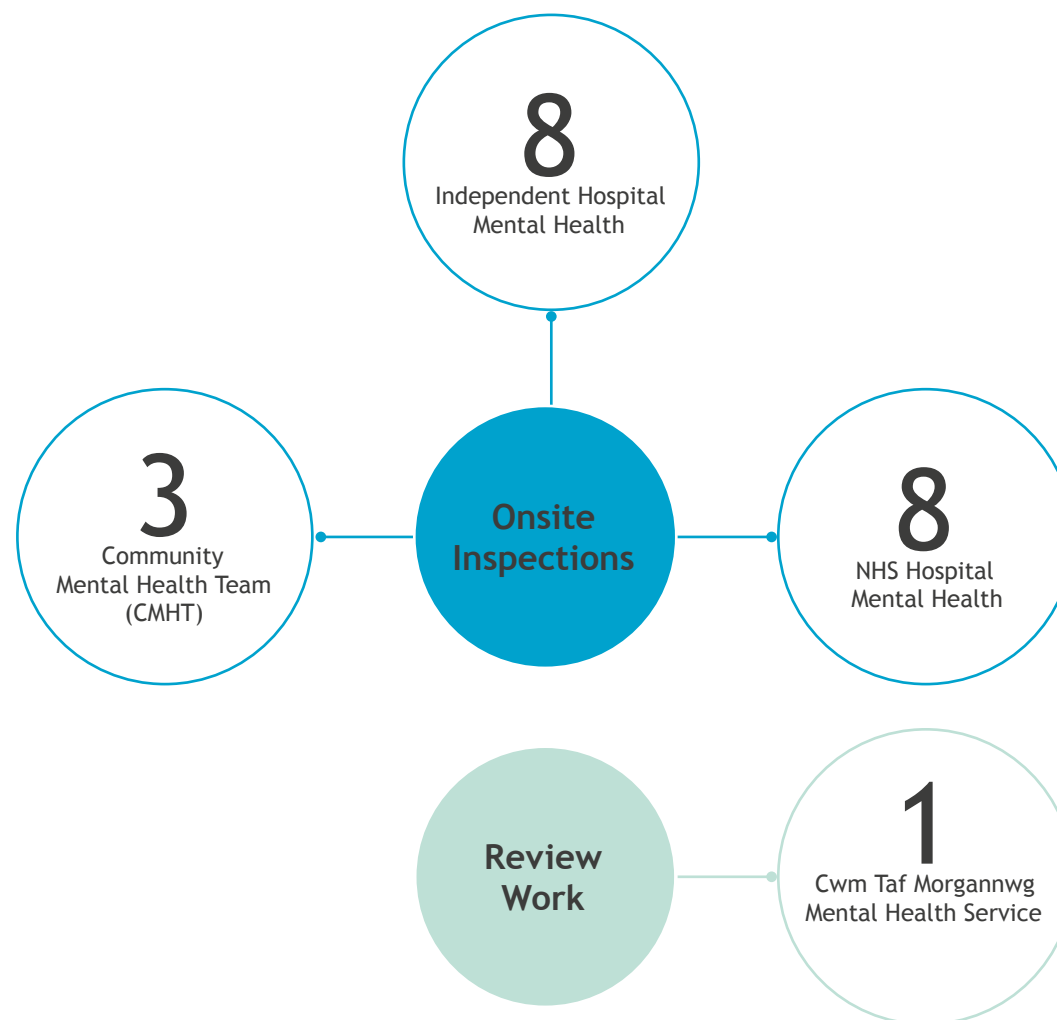
## Mental Health

We look at how NHS mental health and independent mental health care services meet and comply with a range of professional standards and guidance, including the **Mental Health Act 1983** and the **Independent Healthcare (Wales) Regulations 2011**.

During 2022 - 2023 we undertook 20 pieces of work to mental health care services across Wales. Out of these, 16 were onsite inspections to inpatient units, 3 inspections of Community Mental Health Teams (CMHT's) and one larger piece of review work to Cwm Taf Morgannwg Mental Health service. Across these 20 pieces of work, we used our immediate assurance process on seven occasions, this represents 35% of the work where issues found at inspection and review carried the most immediate risk to patients.

A positive area across the majority of our inspections was the quality of staff and patient interaction. Our staff observed patients being engaged in a positive manner with an appropriate level of explanation to ensure patients understood the care and treatment they were receiving.

Patients who are in an acute and/or challenging phase of their illness may require a degree of effective observation to ensure that their safety and the safety of others is protected. Staff must deliver a holistic plan of care in the least



restrictive way, balancing this with a risk-based approach. In four of our visits to hospitals, within health boards, we identified a lack of managing aggression/physical intervention training for staff, including bank staff. This is a significant issue because well trained staff decrease the incidents of patients and staff being injured during a restraint.

We found that patient records did not always evidence episodes of patient restraint accurately, and observational charts were not always being kept up to date.

There was also lack of staff training and guidance in this area, and during one inspection, a complete lack of any patient engagement for extended periods of time.

We found little improvement to the following areas, despite raising these in 2021-2022:

workforce challenges - issues with recruitment and retention of staff

medicines management - a range of issues with the storage, administration and audit

patient observations - lack of effective recording, training of staff and the timely review of policies/procedures

patient information - lack of information available for patients on key topics

risk assessments and care planning documentation - including risk assessments not completed and lack of a timely review

environment of care - a lack of audits and the management of environmental ligature risks

governance - a lack of audit and oversight of key areas including training.

Difficulty accessing mental health services was a key theme to emerge from our HIW Concerns team which hears directly from members of the public. We repeatedly heard of the difficulty in getting support from mental health services and of the poor outcomes for patients who have not received the level of support that was needed.

The inability to access mental health services can lead to the deterioration of mental health conditions. Individuals grappling with anxiety, depression, bipolar disorder, or other mental health issues may experience worsening symptoms in the absence of proper care and

support. This deterioration can impact all aspects of life, from work and relationships to physical health.

Without timely intervention, individuals facing mental health challenges are at a higher risk of experiencing crisis. Delayed access to mental health services can extend recovery times for individuals dealing with mental health disorders. Early intervention is often crucial in managing and alleviating symptoms. Protracted delays in receiving treatment may prolong suffering and hinder the individual's ability to regain stability and functioning. Mental health challenges affect not only the individual but also their families and communities.





## Review of Discharge Arrangements for Adult Patients from Inpatient Mental Health Services in Cwm Taf Morgannwg University Health Board

**We reviewed the discharge arrangements for adult inpatients on mental health wards in Cwm Taf Morgannwg University Health Board (CTMUHB) from adult (18-65) inpatient mental health units. The decision to undertake the review was made as a result of intelligence indicating significant concerns about the health board's mental health services. This included serious incidents, issues identified through previous HIW inspections, and concerns reported to HIW by patients, the public and staff whistle-blowers.**

The review focussed on the quality and safety of discharge arrangements for adults discharged from inpatient mental health units into the community. The review considered the relevant policies and procedures in place, an evaluation of patient records, and information gained through interviews with a range of staff who worked within the health board's mental health services.

As a result of the review, HIW made 40 recommendations for improvement. Some patient safety concerns were of such

significance, the health board was issued with an immediate assurance letter, following which, it was required to submit an immediate improvement plan to HIW.

We found evidence of highly complex systems which made the delivery of timely and effective patient care more challenging. As with our National Review of Patient Flow, a common thread was that at the point a patient moves from the care of one team or department to another, there is a significant impact on how timely and well co-ordinated their care is.



## Learning Disability Services

HIW undertook three inspections of facilities providing learning disability services. Within these inspections, we noted a range of positive findings including, staff interacting and engaging with patients appropriately and patients being treated with respect and dignity. In addition, there was a range of suitable community-based activities available for the patient group. However, we did find that staffing numbers were not always at a level which met patient needs.

Although this was a small number of inspection visits, we did find issues of concern in one of the three services inspected. There were risks to patient safety within this unit due to ligature risks not being managed appropriately.

3  
Onsite  
Inspections





## Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)

**Medical ionising radiation is used in many healthcare settings, including dental practices and widely within hospital care. It is used to diagnose injuries and illnesses as well as being a form of treatment, for example x-rays and radiotherapy treatment.**

It is a highly technical area of healthcare, that used carefully and in accordance with the regulations has huge benefits but there is potential for harm if it is not used safely.

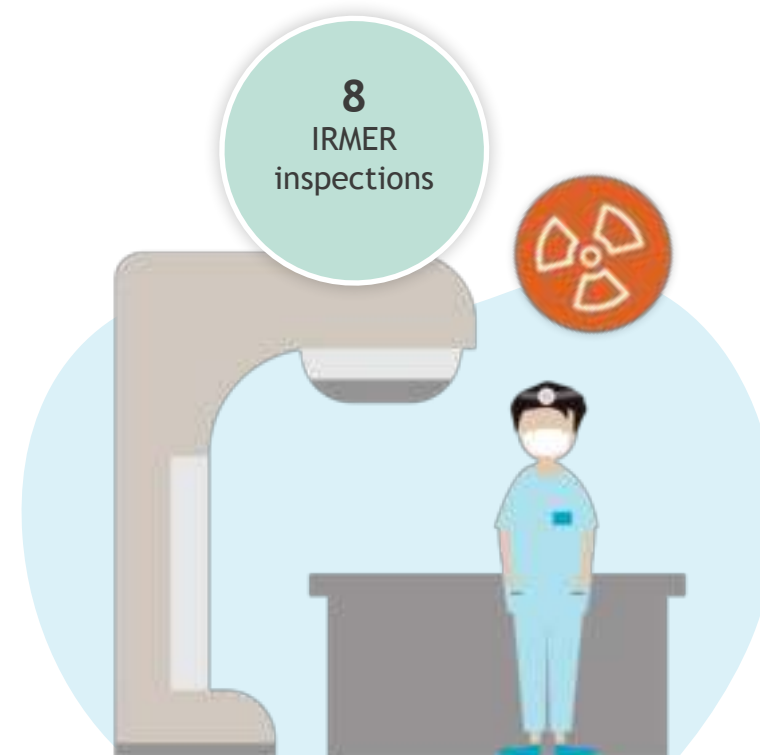
HIW is responsible for monitoring compliance against the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). The regulations are intended to protect people from hazards associated with ionising radiation and they set out the responsibilities of those undertaking the procedures which use ionising radiation. Within the regulations, these individuals are called duty holders and will comprise of the employer, referrer, IR(ME)R practitioner and operator. Their responsibilities are to meet safety standards and ensure radiation protection, for example, minimising unintended, excessive, or incorrect medical exposures.

During 2022-2023 HIW completed eight IR(ME)R inspections, covering the three modalities of medical exposures. These inspections also covered both NHS and independent hospitals.

HIW was assisted in these inspections by a member of the Medical Exposures Group (MEG), which is part of the UK Health Security Agency (UKHSA), acting in an advisory capacity. All the inspections were undertaken onsite. As part of the process, we asked providers to undertake a full self-assessment and then we held discussions with staff about the content of the self-assessments and the supplementary evidence provided to support the self-assessment. Whilst onsite we also reviewed clinical and other relevant records as well as observing the environment in which services were delivered. We also requested patient and staff feedback through online surveys.

Feedback from patients was overwhelmingly positive with patients confirming that they had been treated with dignity and respect and had been helped to understand the risks and benefits of the procedure they were receiving. Radiology areas were good at letting patients know of waiting times and any delays in being seen, patients told us they appreciated this. During our IR(ME)R assurance activity we continued to meet experienced and committed teams of professionals, with a good team working ethos. Overall, staff we spoke with demonstrated a good awareness of their responsibilities under IR(ME)R. There was a need to improve the written procedures governing the use of ionising radiation and required against the regulations in this area.

We heard from some staff who felt there were insufficient numbers of them to do their job well and to achieve a good work-life balance. We also heard that they did not always feel listened to by management when they raised this. Although more generally, staff told us they felt very well supported in their work by senior management and the wider organisation.





## Dental Practices

During 2022-2023, we undertook 74 pieces of assurance work to dental practices across Wales. Out of these, 44 pieces of work were conducted onsite at the practices, where a HIW team including a qualified dentist working as HIW dental peer reviewer, spent time examining the practices, policies and procedures which governed the way each practice was run. We also conducted 30 quality checks which are our remote method of seeking assurance, first developed at the height of the COVID-19 pandemic. The composition of work represented a huge shift back to our teams carrying out onsite inspection work. The 44 onsite pieces of work in 2022-2023 compares to just 9 undertaken onsite in 2021-2022.

Difficulty in accessing dental appointments and securing a regular dentist was one of three key themes to emerge from our HIW Concerns service this year. Securing timely access to dental care is a critical component of overall health and well-being, yet the difficulty in obtaining dental appointments has become a pressing concern with far-reaching consequences. Factors such as limited availability of dental providers, high demand for services, and changes to dental contracts have all impacted patients' ability to access timely dental care and treatment.

Evidence clearly identifies that delayed or infrequent dental appointments can lead to the

progression of oral health issues. What might initially be a minor dental concern could develop into a more complex problem, requiring more invasive and costly treatments. Oral health is closely interconnected with overall health. Dental issues such as gum disease have been linked to systemic conditions like heart disease, diabetes, and respiratory problems.

Delayed access to dental care can result in prolonged discomfort and pain for patients. Toothaches, gum sensitivity, and other oral pain can significantly impact daily life, affecting eating, speaking, and even sleeping. The physical discomfort can also contribute to emotional stress and reduced quality of life.

Frustration over delayed dental appointments can lead some patients to seek relief through emergency dental services or hospital emergency departments. This not only strains healthcare resources but often also results in only temporary measures rather than comprehensive treatment.

Regular dental appointments provide opportunities for oral health education and preventive guidance. When patients are unable to access these appointments, they miss out on valuable information about maintaining proper oral hygiene, which can further contribute to deteriorating oral health.

Across all 74 pieces of work, we used our Immediate Assurance process on 6 occasions. This means that in 8% of our work to dental practices in 2022-2023, we came across concerns which had the highest level of risk to patient safety and therefore needed action to be taken and assurance of this action provided to HIW within 48 hours.

We also made a substantial number of recommendations for improvement. The key themes emerging from our dental inspections are described below:



## We identified a number of key themes through our dental inspection and assurance activity:

### Environmental:

- A poor standard of cleanliness in decontamination areas. In some practices HIW Inspectors uncovered ineffective decontamination processes, including inadequate cleaning of instruments and ineffective use of 'dirty/clean' pathways.
- We reported inappropriate storage of items in clinic and decontamination rooms such as food and cleaning materials, including high numbers of clinical fridges containing non-clinical items such as food and out of date medication. Practices should ensure there are procedures in place to reduce the risk of contamination and to support good standards of infection prevention and control.
- There were numerous examples of practices not undertaking audits of their work. Audits offer an opportunity to review the consistency and quality of care and treatment that is provided to patients, and they are a quality improvement tool, which can provide many benefits and support better practice.

- A number of practices did not have a system in place which ensured all risk assessments were being kept up to date. We noted that some fire risk assessments were out of date and fire drills were not being carried out and evidenced. Risk assessments are an important management tool, which help to keep patients and staff safe and should be reviewed and updated regularly to reduce risks.
- During some inspections, we highlighted the poor maintenance of first-aid kits, emergency drugs and resuscitation equipment - some included out of date items posing a significant risk to patients.

### Staffing:

- The majority of dental practices needed to improve their documentation when recording staff training and evidencing that all staff had completed mandatory training sessions.
- Annual appraisals, clinical supervision and staff meetings were often overlooked. We recognise these aspects have been challenging to maintain at times during the COVID-19 pandemic, but practices must continue to prioritise this to support their staff.

### General:

- Through our assurance work, inspectors did note practices had out of date or incorrect information on informative literature including patient care leaflets. Practices should conduct regular audits of materials to ensure the information available to patients and staff is relevant and accurate.



# Assurance and Inspection Findings Independent Healthcare



**HIW's role in the independent healthcare sector in Wales is to register and regulate independent healthcare services. The independent healthcare sector encompasses a huge variety of services, from acute hospitals, mental health hospitals, to independent clinics and laser services. Many dental practices in Wales are also independent healthcare services, providing private dental healthcare, or a mix of NHS and private dentistry.**

Independent healthcare services must register with HIW, and once they are successfully registered, they will be subject to ongoing regulation which is done through inspections and checks that providers are meeting the requirements of their registration, complying with the relevant regulations and providing a safe service.

During 2022 - 2023, HIW registered 53 independent healthcare providers. This number included new dental practices and new laser clinics. In total, we had 21 additional services registered with us by the end of the year.

Once registered, any changes a service intends to make to their conditions of registration, requires an application to vary what they are registered to provide. An application to vary a registration will not automatically be approved. Each application involves scrutiny by HIW as to the appropriateness of the proposed changes. During 2022-2023, HIW processed and approved a total of 24 registration variations.

In addition to this, all independent healthcare services have a manager who goes through a registration process to enable them to run a service. In 2022-2023, HIW processed and approved 88 new managers of independent healthcare services.

Registration activity:

**53****new providers registered****24****variations of registration approved****88****new registered managers approved**

During the 2022-2023 period, we responded to intelligence which suggested there were 24 unregistered providers, across a range of different service types, operating services they were not registered to provide. We followed up each of these cases, requiring the provision of services was stopped until a registration with HIW had been successfully processed.

Where inspections or intelligence indicate serious concerns in registered services, we monitor them through our Service of Concern process. We monitored 26 independent healthcare services through this process during 2022-2023. Whilst not all of these were designated as a Service of Concern, they were all subject to increased scrutiny which triggered follow up assurance and inspection work as required.

In order to check that registered services are continuing to meet the requirements of their registration, and providing a safe, quality service to patients, HIW undertakes a programme of inspection work each year.

In 2022 - 2023, we undertook a total of 31 individual pieces of assurance work to independent healthcare settings. This figure can be broken down further into:



Eight inspections to independent mental health services and 74 dental practice inspections were completed. These are discussed elsewhere in the report.

Our Immediate Assurance process was used in two of seven inspections to independent clinics, a rate of 29%. Improvements required included carrying out a health and safety risk assessment; ensuring evidence of cleaning schedules is recorded, and improving infection, prevention and control arrangements. Recommendations were also made at some independent clinics to improve the feedback process with patients, ensuring that feedback is actively sought and reviewed, and ensuring that complaints procedures are up to date and readily available in the event patients need to use them.

We carried out one inspection to a non-acute independent hospital. This was to PCP Cardiff, a drug and alcohol detoxification and rehabilitation service providing residential treatment on a private basis. Patients receiving treatment there were very complimentary of the staff and the care they were receiving. We found that the service was not adequately managing the risk of ligature and needed to improve medicines management procedures. We issued a non-compliance notice, requiring remedial action within 48 hours of our inspection in order to rectify this. The service was receptive to our findings and complied with the urgent improvements required.

## Hospices

**Hospices provide care to adults, young people and children who have a terminal illness or a long-term condition that cannot be cured.**

During 2022 - 2023, we completed:

3

Onsite inspections to hospices in Wales comprising both adult only hospices and one hospice providing care to children. All three are provided by the independent healthcare sector.

Overall, our assurance and inspection work of hospices throughout the year was positive with evidence that services provided safe and effective care.

Without exception, we found evidence of positive interactions between staff, patients and their families and carers. The care provided was tailored and clearly person centred. Care plans were updated regularly and evidenced changes in condition and any treatment changes. Families and carers who provided us with feedback were very positive about the experience of care being provided, and the support they were being given.

We did find across all three inspections, that the equipment and medication kits for dealing with medical emergencies needed to be better maintained and kept updated. These kits are used in for example, an adverse reaction to medication. All three services were highly receptive to our findings and have addressed this.



## Treatment using a Class 3B/4 laser or Intense Pulsed Light (IPL)

**During the year 2022-2023, we conducted 19 onsite inspections to laser and IPL registered providers across Wales.**

From these 19 inspections we identified non-compliance with relevant regulations in six cases. This means that in 32% of these inspections, we found laser and IPL providers were not meeting all the requirements they need to comply with in order to meet the requirements of their registration. The issues we found required us to use our Immediate Assurance process and request urgent action.

These included, using machines which they were not registered to use, treating patients outside of the age range they were licensed to treat and having no first aider.

The regulations under which laser and IPL providers are required to operate are specific and require them to comply with a number of areas in order to demonstrate their fitness to provide these services. We found a number of areas where we were repeatedly making recommendations for improvement through these inspections. In general, these related to the governance arrangements for these services. Good governance helps to ensure services are safe for the public to receive. Laser and IPL providers should therefore ensure they are familiar with their responsibilities against the regulations. The themes from our work during

this time are set out below and providers should use these as learning points, considering whether they can make any improvements based on what we have found and recommended.

In a number of cases we found that the correct documentation, such as written policies and procedures were not available, or were not kept up to date. Staff training records and recruitment records also needed improving in some cases. The provision of a first aider, appropriately trained first aiders and an up to date first aid kit were also recommendations made in a number of these inspections.

**19**  
onsite  
inspections





# Findings from Concerns, Investigations and Notifications



## Three key themes have come through our concerns:

Access to GP appointments

Access to dental appointments /  
care and treatment

Mental Health appointments  
and access to services

Complaints play a crucial role in identifying issues and fostering improvement within the healthcare sector. Feedback, often conveyed through complaints, provides valuable insights into areas of concern, inefficiencies, and lapses in quality. These grievances shed light on both systemic and individual problems, ranging from administrative processes to clinical care standards. By addressing and analysing complaints, healthcare organisations can pinpoint recurring patterns, root causes, and potential risks.

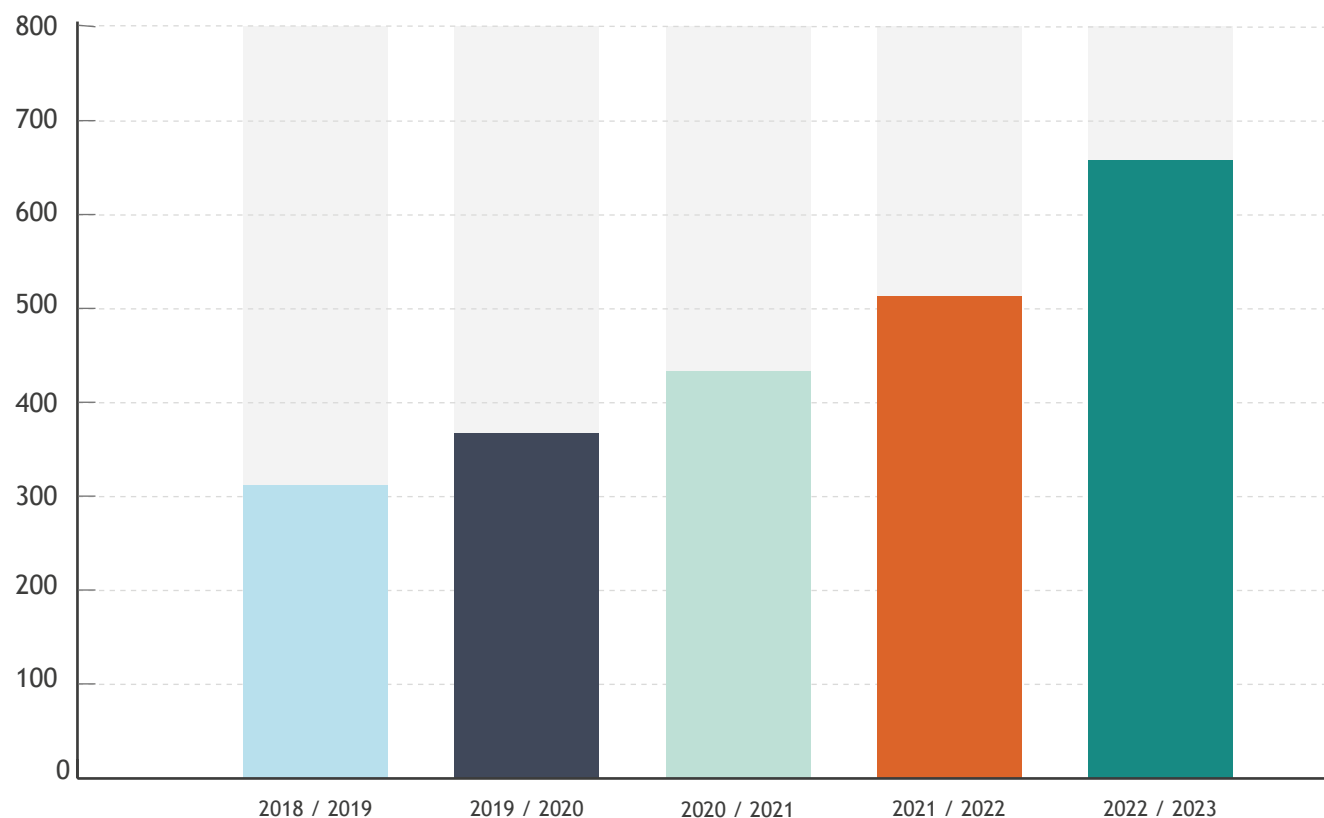
The concerns we receive provide an important opportunity to identify problems within a healthcare service. The intelligence received from these concerns enables an evaluation of risks to be identified and conceptualised. Consequently, HIW places significant importance

on the intelligence received from concerns and uses it to drive its inspection and assurance activities.

As an organisation HIW is committed to managing concerns fairly, efficiently, and effectively. In total we received 659 concerns from 1st of April 2022 to 31st of March 2023. This represents

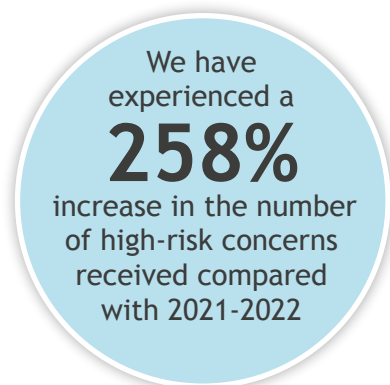
an increase of 145 concerns compared to the previous year which equates to a 28% increase in the number of concerns received. Over the last 5 years we have seen a 111% increase in the number of concerns received.

The last 5 years of numbers of concerns

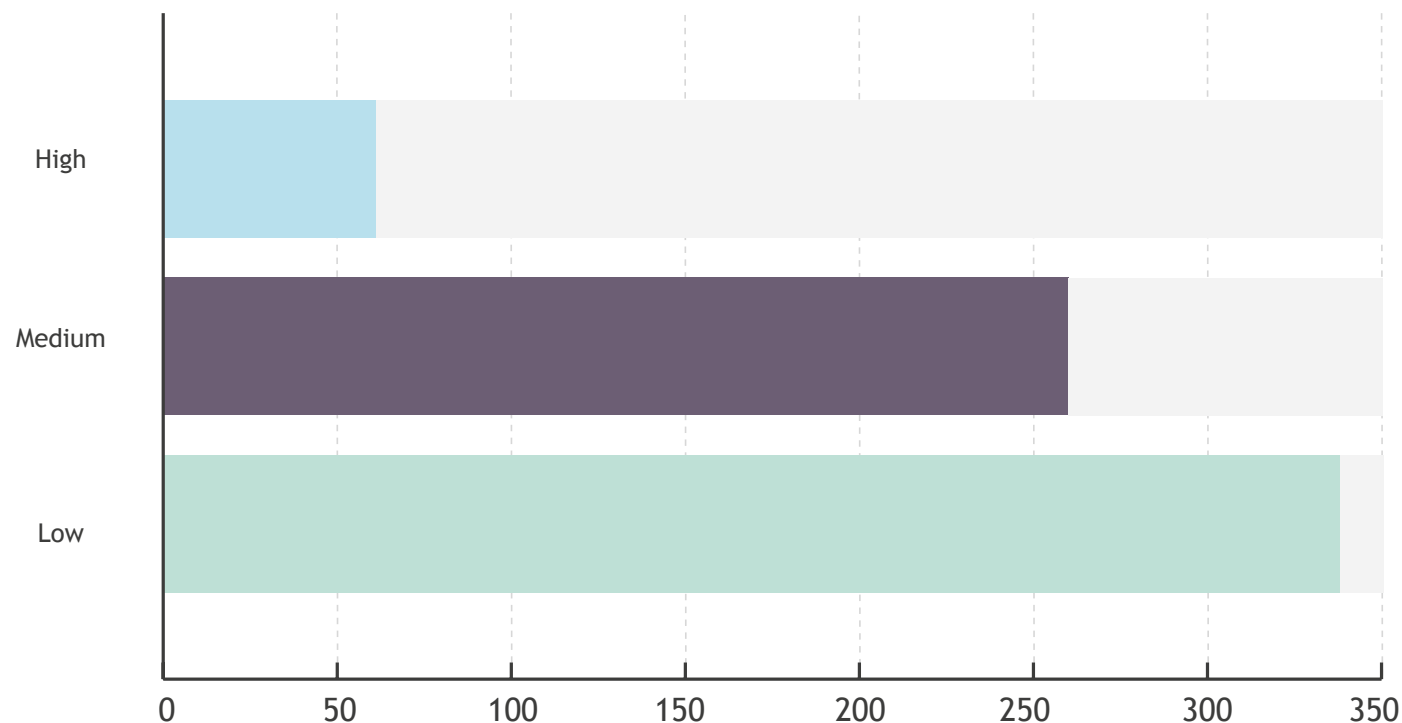


High-risk concerns require immediate action and response within 2 working days, either by HIW or another agency. Medium-risk concerns may require more direct HIW input, and responses should be actioned within 5 working days. Low-risk concerns are those concerns that are generally dealt with by way of signposting towards NHS Putting Things Right processes or the respective local complaints process for independent health providers, with responses being actioned within 7 working days.

The number of high risks concerns received has increased considerably over recent years.



## Risk level of concerns received



HIW responds immediately to all high-risk concerns. This can be in the form of immediate escalation to the health boards / trusts or independent healthcare settings. In addition, some high-risk concerns require the immediate intervention via safeguarding structures or the police.

### Abbreviations

**ABUHB**  
Aneurin Bevan University Health Board (UHB)

**BCUHB**  
Betsi Cadwaladr UHB

**CVUHB**  
Cardiff and Vale UHB

**CTMUHB**  
Cwm Taf Morgannwg UHB

**HDdUHB**  
Hywel Dda UHB

**IHC Settings**  
Independent Healthcare Settings

**PTHB**  
Powys Teaching Health Board

**SBUHB**  
Swansea Bay UHB

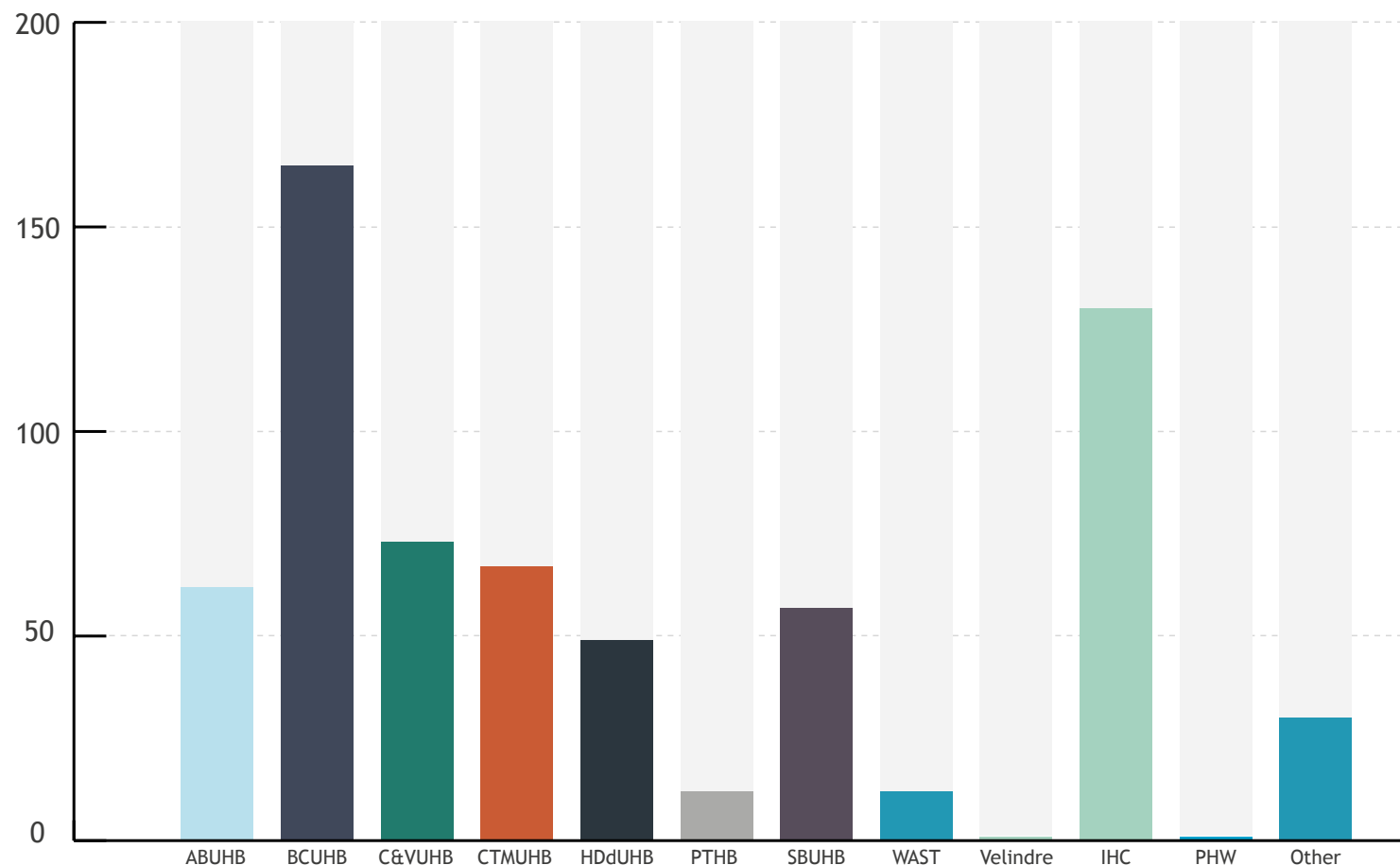
**PHW**  
Public Health Wales

**Velindre**  
Velindre University NHS Trust Welsh

**WAST**  
Ambulance Services NHS Trust

**IHC**  
Independent Healthcare

### Location of concerns



## Whistleblowing Concerns

**25** received for 2019-2020

**100** received for 2020-2021

**61** received for 2021-2022

**133** received for 2022-2023,  
an **85% increase** compared  
to previous year.

### What is whistleblowing?

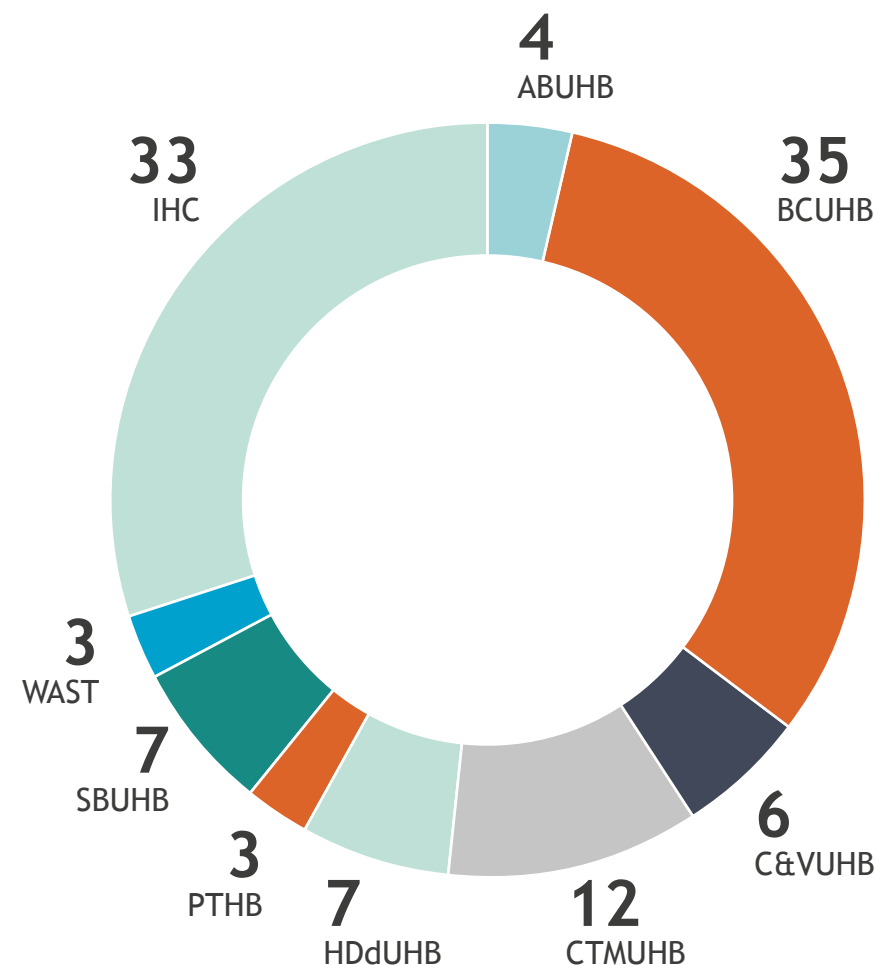
Whistleblowing is the term used when someone who works in or for an organisation wishes to raise concerns about malpractice, wrongdoing, illegality, or risk in the organisation. These concerns can affect patients, the public, other staff, or the organisation itself.

Whistleblowing applies to raising a concern within the organisation as well as externally, such as to a regulator like HIW. HIW has a special role for people who are thinking about “blowing the whistle” about

concerns they have about wrongdoing in healthcare in Wales. HIW is a “prescribed body” under the whistleblowing laws, so employees, former employees, temporary agency staff or contractors who bring us concerns about their employer’s activities can have some protection for their employment rights.

All healthcare professionals must follow their professional code of conduct and we would always recommend that they raise their concern within their own organisation first. However, if they feel unable to do this, or have already gone through this route, we will listen to the concern and explain how we can help. We may need to pass on the information they give us to another organisation or regulatory body if it is more appropriate for them to investigate the concern.

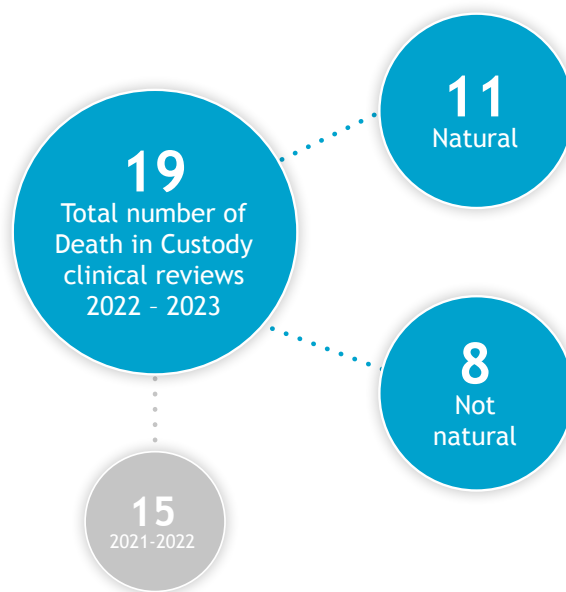
### Location of Whistleblower 22/23



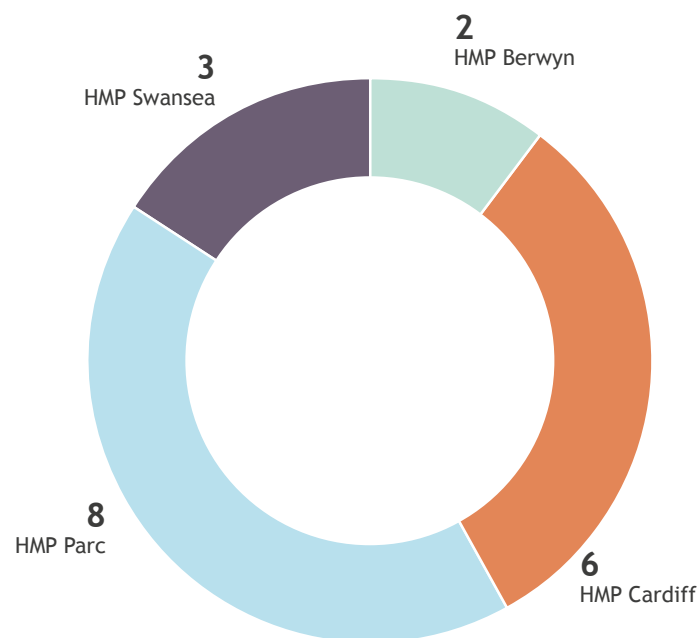
## Death in Custody

Every death that takes place in a prison or other authorised location in Wales is subject to an examination by the Prisons and Probation Ombudsman (PPO). HIW assists these inquiries by conducting a clinical review of each death that occurs in a Welsh prison or other authorised location.

The fundamental goal of our clinical reviews is to assess and evaluate the level of care and medical treatment given to inmates while they in a prison or other authorised location. We aim to evaluate whether the care and treatment provided was equitable to what a person in the community could expect to receive.



### Location of death:



## Common Theme

A common theme identified in our reviews is the failure of prison healthcare staff to record a full set of baseline observations (vital signs) during the very early healthcare screening appointment that prisoners will have on, or shortly after arrival.

Having a comprehensive set of observations for a prisoner at the start of their incarceration is crucial. These measurements offer important insights into the body's functioning, helping healthcare professionals detect any changes. When a prisoner becomes unwell, regular clinical observations also need to be taken so that abnormalities can be spotted, and deterioration can be recognised and acted on. When this does not happen, there can be poor outcomes for patients.

## Notifications

Independent healthcare providers are required to inform us of significant events and developments in their service submitting notifications against Regulation 30/31 of the Independent Healthcare (Wales) Regulations 2011.

The total number of regulatory notifications received in this reporting period is 1,847. This figure includes notifications against the following set of regulations:

Independent Healthcare Regulations (IHC)

Private Dentistry Regulations (DR)

IRMER Regulations

A breakdown of the grand total shows the following number of notifications against each of the regulations:

IHC  
Regulations  
1,713

Private Dental  
Regulations  
32

IRMER  
Regulations  
102





Each regulation has its own reporting threshold. IHC Regulation 30/31 includes the following categories:

**Death in Hospice**

**Death of a patient excluding hospice**

**Unauthorised Absence**

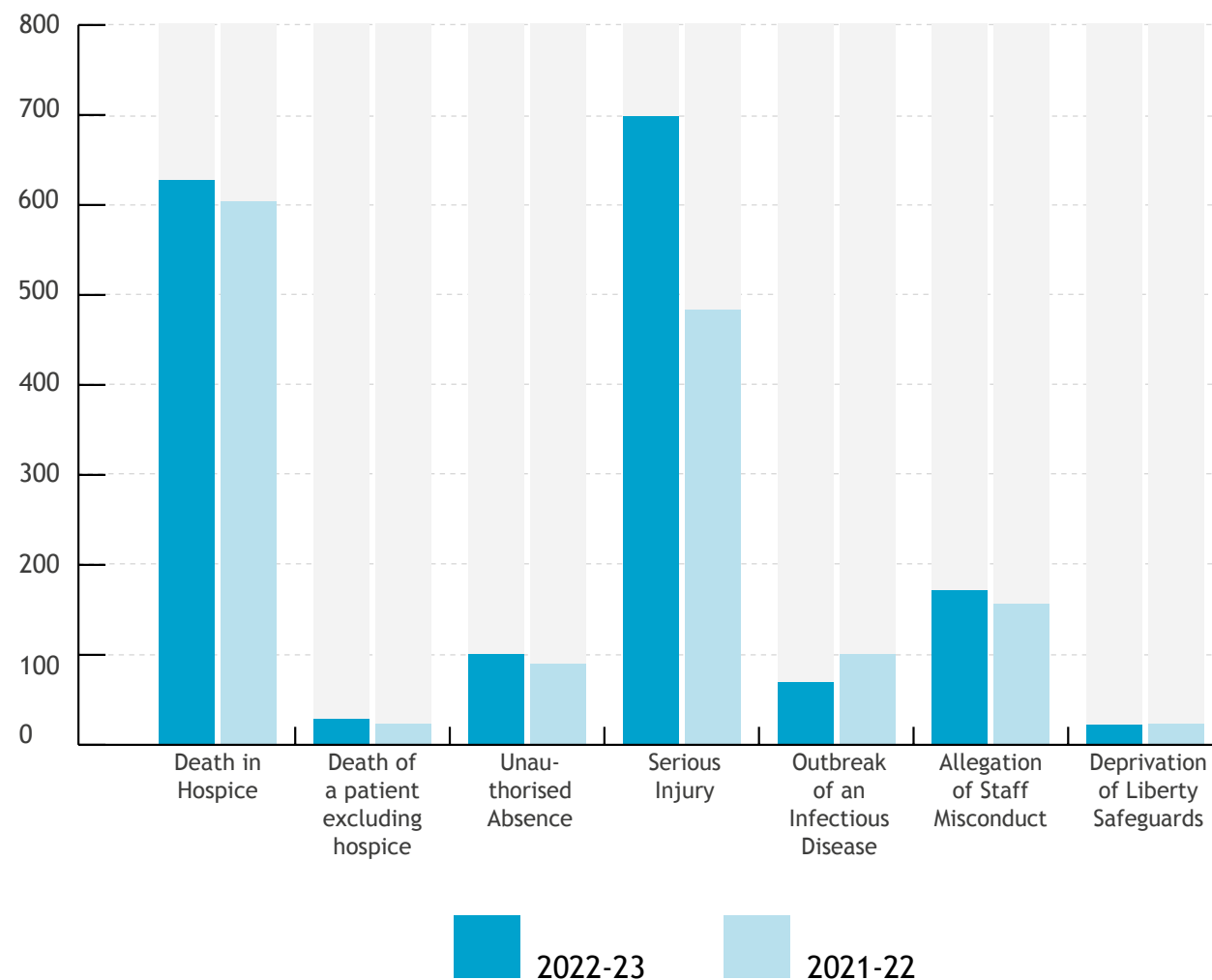
**Serious Injury**

**Outbreak of an Infectious Disease**

**Allegation of Staff Misconduct**

**Deprivation of Liberty Safeguards**

The graph shows a breakdown of the number of notifications received against each category and provides a comparison to the same reporting period last year.



## Private Dentistry Regulation

Includes the following categories,

Serious Injury

Outbreak of Infectious Disease

Allegation of Staff Misconduct

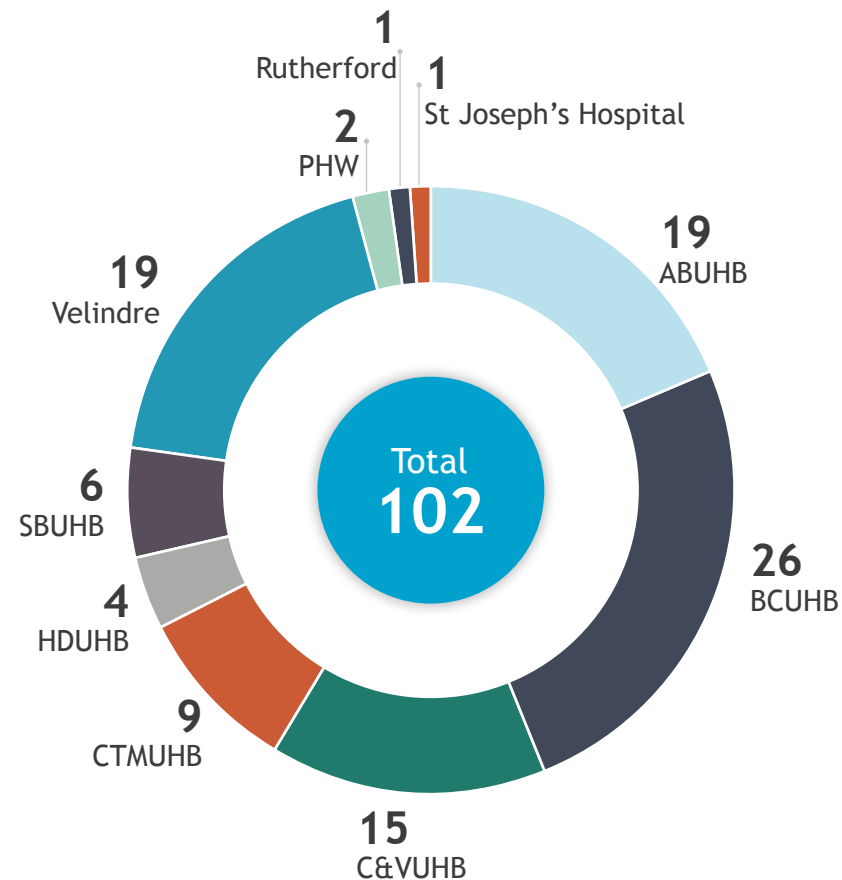
Death of a Patient

Category	2022-23	2021-22
Serious Injury	2	6
Outbreak of an infectious disease	30	147

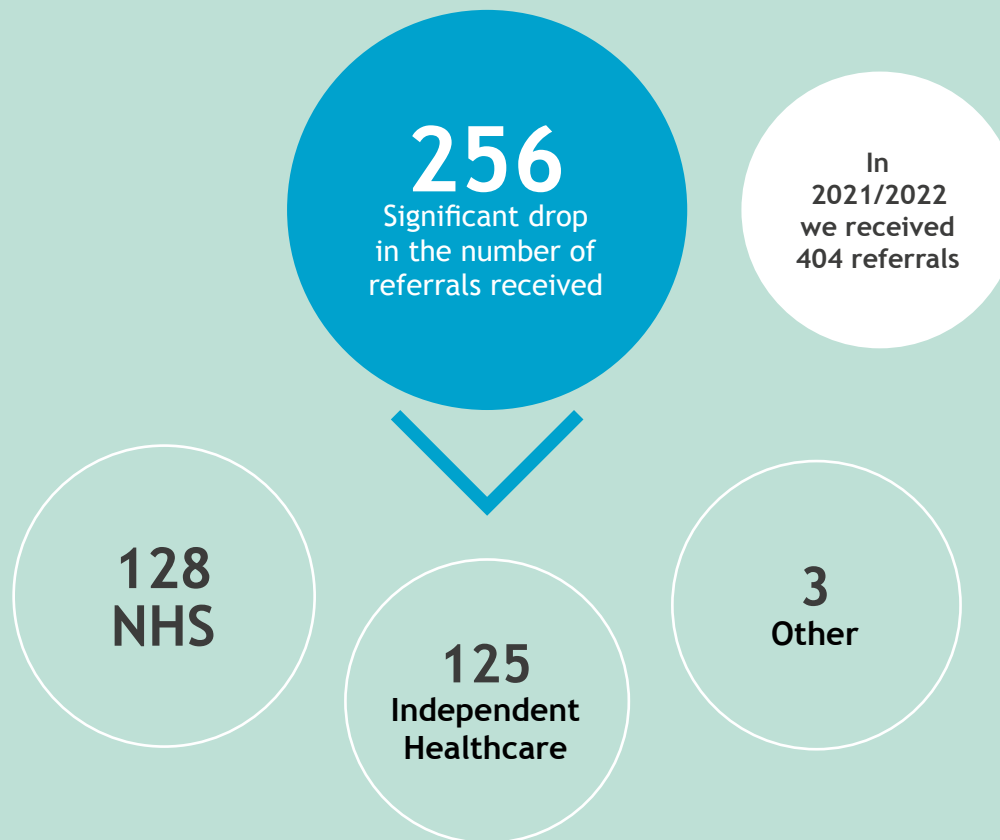
There has been a significant reduction in the number of notifications received, mainly in the number of outbreaks of infectious diseases reported. This significant drop in the number of Outbreaks of infectious diseases is due to the COVID-19 pandemic.

## IRMER

The chart below shows a breakdown of the number of notifications received against the IRMER regulations for this reporting period.



## Safeguarding



## NHS

	Financial Abuse	Neglect	Physical Abuse	Psychological / Emotional Abuse	Sexual Abuse	Grand Total
Aneurin Bevan University Health Board		11	4			15
Betsi Cadwaladr University Health Board	2	25	13	2	3	45
Cardiff and Vale University Health Board		2				2
Cwm Taf Morgannwg University Health Board		24	8	3		35
Powys Teaching Health Board		6	7		4	17
Swansea Bay University Health Board		7	2			9
Welsh Ambulance Service NHS Trust		5				5
<b>Total</b>	<b>2</b>	<b>80</b>	<b>34</b>	<b>5</b>	<b>7</b>	<b>128</b>



## Independent Healthcare

	Financial Abuse	Neglect	Physical Abuse	Psychological / Emotional Abuse	Sexual Abuse	Grand Total
Aberbeeg Hospital			1			1
Aderyn					1	1
Cefn Carnau Hospital		3	7			10
Coed Du Hall			2			2
Heatherwood Court Hospital		7	1	1	1	10
Hillview Hospital		4	4	3		11
Llanarth Court		11	13	6	4	34
New Hall			1	2		3
Nuffield Health The Vale Hospital		1				1
Rushcliffe Independent Hospital (Aberavon)			1			1
St Peter's Hospital		5	11	3	1	20
Ty Cwm Rhondda				2		2
Ty Grosvenor	1	14	7			22
Ty Gwyn Hall	2		4	1		7
<b>Total</b>	<b>3</b>	<b>38</b>	<b>51</b>	<b>17</b>	<b>6</b>	<b>125</b>

Three of the referrals were in relation to settings not regulated or inspected by HIW.



## Review of Treatment (Section 61)

Following the authorisation of a treatment plan by an authorised medical practitioner (SOAD) that has been appointed by HIW, a report on the treatment and the patient's condition must be provided by the responsible clinician in charge of the patient's treatment and given to HIW. The designated form is provided to the Mental Health Act Administrators office for all local health boards and independent settings for the Responsible Clinician to complete. For the seventh consecutive year HIW undertook an audit of these forms to ensure that adequate patient safeguards were in place. The treatments are routinely reviewed by our lead SOAD for Wales on a monthly basis. There was a delay in the timeliness of the review of treatments in 2022-23, this was due to a vacant Lead SOAD position. However, all cases have now been reviewed with appropriate action taken where applicable.

There remain very few instances where discrepancies are identified by the reviewer. Further improvements from our previous report continue in relation to the following areas:

- There continues to be minimal occasions where more medication is listed under the treatment description than is authorised on the CO3<sup>1</sup> form. In these instances, the reviewer highlights the need for a SOAD request to be submitted by the setting.
- There were a few instances where T3 forms were being utilised instead of the appropriate CO forms, due to temporary methodology guidance implemented during the COVID Pandemic. These have now been rectified and refreshed guidance has been issued.

<sup>1</sup> The Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 are the principle regulations dealing with the exercise of compulsory powers in respect of persons liable to be detained in hospital or under guardianship, together with community patients, under the Mental Health Act 1983.

The Regulations prescribe the forms that are to be used in the exercise of powers under the Act, and these are set out in Schedule 1 of the Regulations. These Regulations (and the prescribed forms) came into force on 3 November 2008 and include CO forms.





# Our Resources



The table shows the number of full or part time posts in each team within HIW during 2022-2023.

Team	Posts
Senior Executive	3
Inspection, Regulation and Concerns	39
Partnerships, Intelligence and Methodology	14
Clinical Advice (including SOAD service)	6
Corporate Services (including business support)	18
Strategy, Policy and Engagement	7
<b>Total</b>	<b>87</b>

For 2022-2023 we had a budget of approximately £4.3m.

We have posts equivalent to approximately 87 full-time equivalent staff. We currently have a panel of over 200 specialist peer reviewers with backgrounds including specialist and general nurses, GPs, dentists, anaesthetists, and GP practice managers. We also have specialists in Mental Health Act Administration and a panel of psychiatrists who provide our Second Opinion Appointed Doctor (SOAD) service. We have 44 Patient Experience Reviewers and Experts by Experience.



## Finance

The table shows how we used the financial resources available to us in the last financial year to deliver our work in 2022-2023.

HIW staff continue to be our most important resource. A programme of learning and development opportunities has once again been designed and delivered in accordance with feedback from staff. We have refreshed our internal People Forum which provides a strong and valuable source of feedback to senior HIW managers on staff matters and organisational development.

We have continued to recruit into specialist peer reviewer roles, and increased our pool of patient experience reviewers. This has strengthened our access to up to date clinical expertise and provided additional resource who can engage directly with patients during inspection work.

Our electronic Customer Relationship Management (CRM) system is now well established and providing valuable data supporting the work of all teams across HIW.

£000'S	
HIW Total Budget £	£4,372,000
Expenditure	
Staff costs	4,176,468
Travel and Subsistence	26,225
Learning & Development	29,854
Non staff costs	80,210
Translation	59,834
Reviewer costs	405,761
ICT Non CRM costs	16,810
Depreciation of assets	8,000
Total expenditure (a) £	4,803,162
Income	
Total income from Independent Healthcare (b) £	528,239
Total Net Expenditure (a-b) £	4,274,923

## Contact us

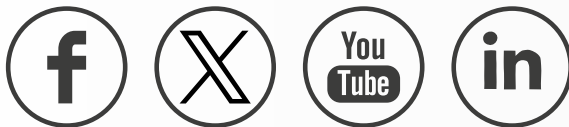
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## PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this [link](#) to the Committee page on the Trust website.

<b>Trust Board Meeting Date</b>	20 February 2024
<b>Committee Meeting Date</b>	28 March 2024
<b>Chair</b>	Paul Hollard

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. No alerts from this meeting, however the meeting had a deliberate focus on **equality, diversity and inclusion (EDI)**, with the first part of the meeting exclusively given over to this important topic. The Chair welcomed other Board members to the meeting for this spotlight.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. There was a package of information at the meeting that **focused on EDI** and its importance in the People and Culture Plan.
  - (a) The Committee heard of progress which included active bystander and allyship training, policy development, governance changes, leading on sexual safety, and carers passport were highlighted. The final **Strategic Equality Plan 2024-2028** was presented to the Committee and is before the Board at its March meeting for approval. **The Committee endorsed the plan** and reiterated the need to ensure implementation includes SMART actions and is outcome-focused to demonstrate the impact of the initiatives to the lives of our people. It was noted that the performance reporting on cultural themes and workforce KPIs will draw out that impact and the themes, but that work is required to ensure they are connected in a way that the Committee and the Board can see progress of these important initiatives. The role of Non-Executive Directors (NEDs) as champions was also discussed and Hannah Rowen, EDI NED champion sought to have more guidance on how she and other NEDs might most appropriately support initiatives throughout the year, over and above monitoring the plan.



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Gwasanaethau Ambulans Cymru  
Welsh Ambulance Services  
NHS Trust

- (b) The **Annual Workforce Equality Monitoring Report for 2022/23** and the annual **Gender Pay Gap Report 2022/23** were presented and are before the Board at its March meeting.
- (c) **The Anti-Racist Wales Action Plan** update was received. The report gave assurance to the Committee on the progress made to date and further actions required and their management within the People & Culture Directorate. Going forward, Welsh Government expect the Trust to provide bi-annual updates on progress against the ARWAP with the Strategic Equality Plan, as part of the NHS Wales Performance Framework Policy Assurance reporting.
- (a) The Welsh Government's annual report on the **More Than Just Words Action Plan for 2022/23** was presented to the Committee. Updates were also received on the Welsh Language plan for the IMTP 2024-27 and progress on initiatives in 2023/24. Members commended the work and the focus on Welsh language.
3. Key progress was celebrated with the **Director of People and Culture** and the **Quarterly Operations Directorate updates**. The Committee noted:
- A joint WAST and NWSSP Legal and Risk session was held recently on sexual safety to over 140 colleagues across NHS Wales and other organizations. Angela Lewis highlighted the importance of culture and psychological safety in light of the recent publication of the ambulance services in England culture review. WAST has been shortlisted for the CIPD Wales Awards for Equality and Diversity in relation to this work.
  - Angela Lewis attended a CPD day for student paramedics at Glendale University and was impressed by their positive feedback and support from WAST colleagues.
  - A recent Trade Union and management colleagues' workshop was positive.
  - HEIW have funded a Retention Lead role for two years which has been filled and they will look to understand the trends of why people are leaving the service, and link this back to initiatives to mitigate that.
  - The recruitment of a resourcing, rostering systems manager who will help to improve the workplace experience for staff and managers by working on the electronic solutions for timesheets and interfaces was welcomed.
  - The introduction of the five week roster and the possibility of moving to six weeks in the future.
  - The reconfiguration of EMS coordination and the creation of a career structure from band 3 to band 8B, with the support of additional budget.
  - The recognition of EMSC staff through the EMD of the year process, with many shortlisted and some winners.
4. **Darren Anthony** joined the meeting to share his story. Darren is a newly qualified EMT 2 who joined WAST in September 2020 after working in various private and public sector jobs, including the leisure industry. Darren had applied to WAST 13 years ago but had to decline the offer due to family reasons. He was always interested in working for the service and was delighted to get another opportunity. Darren completed the Level 4 diploma for Associate Ambulance Practitioners, which is an accredited education program for EMT 2 roles. He was determined to excel on the course and achieved the highest marks. He also won the Skills for Health Apprentice of the Year Award for his achievement.



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NHS  
Wales

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Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

Darren enjoyed the course and praised the tutors, the resources, and the venue. He suggested that more practical work on site would have been beneficial, especially for such a high-profile job. Darren told members that he is happy to work for WAST and appreciates the policies, procedures, development, and support that the organization offers. He is also applying for the paramedic qualification, which he did not expect to have a chance to do.

The committee members congratulated Darren on his achievements and asked him some questions about his experience and challenges. They also thanked him for his time, determination, commitment, and enthusiasm.

5. The people and culture elements of the **IMTP 2024-27** were reviewed with members requesting a focus on evaluating impact of initiatives and the markers of success.
6. The **draft Health and Well-being Plan 2025-2029** was received for comment. The draft plan set out the principles for the approach to improving the health and well-being of our people and to provide strategic leadership to the Trust's health and well-being activities. The Committee noted that a consultation process with various stakeholders is planned to inform its development, and that a holistic approach to the plan will be taken as opposed to focusing just on individual well-being support initiatives. The Committee asked that the Well-being Team consider the accessibility of the document to ensure it's easy to understand and apply.
7. The Committee held its **annual effectiveness review for 2023/24** and agreed changes to its terms of reference and focus for 2023/24. The annual report and proposed changes will be reviewed by the Audit Committee in April and the Board in May.
8. The Committee were pleased to **approve two policies**, those being the All Wales Flexible Working Policy and the Homeworking Policy.
9. **Reflections** on this hybrid meeting included the fact that this was the Chair's (Paul Hollard) last People and Culture Committee meeting. Angela Lewis and others thanked Paul for his support of them personally, but also the attention and focus he has given people and culture issues, noting that he had been instrumental in the establishment of the Committee. Paul himself commented on the changes he has seen and the inclusion now of the impact of our culture and behaviours. Osian Lloyd, Head of Internal Audit, also joined the meeting in person which was welcomed.

## ASSURE

(Detail here any areas of assurance the Committee has received)

10. The **metrics** proposed to measure the impact of the **People and Culture Plan** were presented under the Plan's headings of Culture, Capacity and Capability giving a holistic evaluation of the Plan's effectiveness in enhancing organisational culture, fostering a sense of belonging and optimizing the capabilities of our people. The themes reflected the Plan's goals of improving organisational culture, creating a sense of belonging and developing the skills of our people. Members commended the approach and noted that whilst what our people are telling us is sometimes difficult to hear, it is important that we show we are listening and responding. Members highlighted the progress made in the last 18 months, such as:





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- Having richer and more frequent feedback from staff and students through surveys and roadshows.
- Increasing the awareness and reporting of employee relations issues, such as culture reviews and grievances, and supporting people to come forward and raise concerns.
- Engaging the executive leaders in regular discussions and actions on people and culture metrics and challenges.
- Applying compassionate practices for individuals affected by organisational changes or employee relations processes.
- Reducing sickness absence rates in some regions and learning from their best practices.
- Promoting proactive health surveillance and addressing the main causes of absence, such as mental health and musculoskeletal problems.

The report also acknowledged the areas where more work was needed, such as:

- Building trust and confidence among staff and students to speak up and share their views.
- Ensuring that all colleagues feel safe and respected in the workplace.
- Achieving the target of 6% sickness absence by April and maintaining it.
- Continuing to monitor and improve the impact of the People and Culture Plan on organisational performance and wellbeing.

11. The **Monthly Integrated Quality and Performance Report** ("MIQPR") and the **Q3 Quarterly Workforce KPIs** show that continued system pressures including handover delays remain a significant pressure on our people. The Committee noted a welcomed increase in PADR (Personal Annual Development Review) and the focus of the senior leaders on improving statutory and mandatory training compliance. It was noted that sickness absence in 111 is high and that there is a cultural review underway to look at this. Low vaccination rates among patient-facing staff was a concern. Members noted good performance on unit hours produced and abstraction rates. An action was raised for the Quality, Patient Experience and Safety Committee to look at the way in which CHARU is mobilized given the utilization rates.

12. **WASPT highlight report** was received following their meeting on 15 December 2023, with members noting discussions related to:

- The EMS establishment with an agreement that emergency ambulance lines would not be taken down but that a one off relief gap created.
- Detailed discussion following a report with the results of air monitoring for diesel exhaust emissions at seven emergency departments in Wales and the actions taken to reduce exposure and the risk to staff.
- Agreement on an approach to the IPC Policy with regard to carrying snacks, as well as other IPC related issues.
- The actions agreed in partnership with ACAS in 2022 are on track.
- The sub-structures establishes to report into WASPT are doing so with escalations making their way through where appropriate.

13. In private session the Committee reviewed progress on four **suspensions over four months** (an increase from the previous quarter) and two cases lodged with the **Employment Tribunal** (a decrease



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from the previous quarter). Members were assured on actions in place to manage these cases and an action was raised to ensure a consistent approach on payment during suspension.

14. The **Audit Tracker** was reviewed, and the Committee noted good progress in closing off items.
15. The reasonable assurance **Retention of Staff Internal Audit** report was received, with key matters arising including finalisation and ratification of the 'Moving on Interview' process, with a clear timetable for its roll out; and evaluation of the effectiveness of the initiatives that have recently been introduced to improve staff retention. The roll out of moving on interviews was welcomed.
16. The Committee's **cycle of business** is on track with no escalations required.

## RISKS

**Risks Discussed:** The four risks within the remit of this Committee were reviewed as below:

**160** – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remains at a rating of 20 (5x4). Whilst good progress is being made to reduce sickness absence, a decision has been made to keep the risk rating under review. The controls and assurances have been strengthened and a suite of new mitigating actions have been identified during the last review.

**201** – Damage to the Trust's reputation following a loss of stakeholder confidence remains at 20 (4x5). Whilst the score remains unchanged and remains high, the risk has been strengthened to describe the difficulties in progressing the Trust's long term strategic ambition because of lack of stakeholder confidence and support. Additional controls and mitigations have been articulated to support this change.

**163** – Maintaining effective and strong Trade Union partnerships increased remains at a score of 16 (4x4). Additional mitigating actions reflecting the WASPT effectiveness review, the new ToR and operating arrangements for the group were discussed and it was noted that the actions detailed in the ACAS action plan will be aligned to this risk in the next review.

Risk **558** (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains unchanged and scores 15 (3x5).

The Committee discussed risks **223 and 224** and noted the dynamic and consistent review of these risks across the Trust ensuring synergy between both.

**New Risks Identified:** No new risks identified at this meeting.

## COMMITTEE AGENDA FOR MEETING

Director of People and Culture Development Update and Operations Quarterly Report	Staff Story	Strategic Equality Plan
Annual Workforce Reports (Equality Monitoring Report 22/23 and Gener Pay Gap 22/23)	Anti-racist Wales Action Plan	WG More than just words annual report



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Workforce priorities related to IMTP	People and Culture Plan metrics (to include cultural themes – priorities for 24/25)	Workforce scorecard and MIQPR
Risk management and BAF	Health and wellbeing plan	Annual effectiveness review
Audit tracker and Retention of staff internal audit	All Wales Flexible Working Policy	Homeworking Policy
WASPT Highlight report	Cycle of business monitoring report	

COMMITTEE ATTENDANCE				
Name	9 MAY 2023	8 AUGUST 2023	16 NOVEMBER 2023	20 FEBRUARY 2024
Paul Hollard				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis	Liz Roberts			
Chris Turley				
Lee Brooks	Judith Bryce			
Estelle Hitchon				
Andy Swinburn				
Jonathan Turnbull-Ross	Liam Williams	Liam Williams		
Alex Crawford	Hugh Bennett			
Trish Mills				
Damon Turner				
Paul Seppman	Hugh Parry			Hugh Parry
Ian James				
Tim Chalané				
	Attended			
	Deputy attended			
	Apologies received			
	No longer member			



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## AUDIT COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this [link](#) to the Committee page on the Trust website.

<b>Trust Board Meeting Date</b>	28 March 2024
<b>Committee Meeting Date</b>	1 March 2024
<b>Chair</b>	Peter Curran

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. The reasonable assurance rated Vehicle Replacement Programme Internal Audit raised an **issue of compliance with the Standing Orders**, that being the approval of individual contracts by the Board in accordance with the Scheme of Reservation and Delegation (SoRD). The audit noted that the Board had approved the business justification case (BJC) to which this matter related and associated procurement values, however it was reported that contractual arrangements were made subsequently, and that approval of the BJC did not represent approval of specific contracts. This was the only limited assurance finding in the overall reasonable assurance report, which also noted the vehicle replacement refresh to be a mature process with good understanding of the key factors determining refresh frequency and a substantial assurance rating on strategic planning and approvals.

Whilst this finding related to vehicle procurement (where there are long-term contractual partnering arrangements in place due to the specialist nature of the fleet) it has application more generally. A governance practice note has therefore been developed and shared with auditors to provide clarity on the practical application of the SoRD with respect to awards of contracts by the Board and logistics that flow from that. The governance practice note and amendments to the SoRD to address the internal audit findings will be reviewed by the Committee at its April meeting.

2. The **Risk Management Policy** was endorsed and is before the Board for **approval** today in line with the Scheme of Matters Reserved to the Board under the Standing Orders.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. The Audit Committee chair held a **pre-meet** with Internal Audit and Audit Wales before the meeting in



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line with best practice.

4. The **2024/25 Internal Audit Plan** was approved and includes audits on the following areas:

- Risk Management & Assurance
- Follow Up Action Tracker
- Procurement and Contract Management
- Vehicle Accident Management
- Integrated Quality and Performance Management Framework
- Seasonal Forecasting and Modelling
- Exposure to Fumes
- Public Engagement & Community Involvement
- Rollout of Pentrox
- Overtime Controls
- Start of Shift Procedure
- Emergency Nurse Comm System Implementation
- 111 Wales Website
- 111 Digital Operations
- Data Quality
- Rostering Policy
- Occupational Health & Wellbeing Support
- Speaking up safely
- Capital Systems
- Energy Management
- Annual Governance Statement

5. The **Internal Audit Charter and fee** for 2024/25 was also approved.

6. The **2023/24 annual filings** update was provided for the accounts and annual report.

- (a) With respect to the **accounts planning and emerging** issues, the audit certification deadline is 15<sup>th</sup> July 2024, which is 16 days shorter compared to 31<sup>st</sup> July last year. Audit Wales have increased their audit fee by an average of 6.4% for the audit of the 2023/24 accounts for all NHS Wales organisations. The Committee were informed that this was in line with industry practice and Audit Wales will provide further information to the Committee in this regard.
- (b) Areas of potential focus in the 2023/24 audit include that driven by the NHS Wales (Health Boards) control total position of £123m, accruals and expenditure around year end, standards of governance and financial management, remuneration report & payment of executive salary over and above defined salary point determined by the WG.
- (c) A new issue has arisen that may affect the remuneration report with respect to the pay of very senior managers across NHS in Wales for 23/24. This is because of the late payment of this pay award which was approved on 1 March 2024. The payment dates are not yet clear, and whilst this is not financially significant it may impact on the availability of pension costs for very senior managers in the **Remuneration Report**. This is the same for all NHS Wales bodies.
- (d) The annual filings task and finish group has been set up again to lead the planning and



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implementation of the **annual report for 2023/24**. That group involves all the relevant people who are involved in the performance and the accountability report sections. The new deadline for certifying the accounts will necessitate extraordinary Audit Committee and Board meetings to approve the annual report and audited accounts. The Committee approved the timetable and the proposal for holding extraordinary meetings.

7. The **Local Counter Fraud Policy** was received and approved.
8. Members welcomed Peter Curran to his first meeting at the Trust and as Chair of the Audit Committee and reflected that the meetings was very well chaired and thanked him for his engagement with members ahead of the meeting over papers. Other **reflections** included:
  - Excellent standard of papers from internal and external colleagues.
  - System of internal control is very good.
  - Key themes include the need to delineate what is in our control and the increased scrutiny and transparency on this was welcomed.
  - There is enormous progress on risk and the audit tracker.
  - A number of attendees who both observed the meeting and responded to the internal audits on the agenda were welcomed.
  - The hybrid approach worked well with part members in the room in Cardiff and others joining remotely.
  - The importance of this Committee triangulation information and how that was maturing was apparent.
  - Good to be able to focus discussion on the key points in the audits.
9. Notes from the **All Wales Audit Committee Chairs** meeting from 20 November were received for information.

## ASSURE

(Detail here any areas of assurance the Committee has received)

10. Bethan Evans, Chair of the Quality, Patient Experience and Safety (Quest) Committee provided assurance by way of a AAA report that the **clinical audit plan for 2024/25** had been reviewed and approved by that Committee when it met on 8 February. Monitoring of the plan takes place at each meeting.
11. The Board will recall previous AAA reports from this and other Committees noting that the number of **Policies** within their review date fell below reasonable levels during the Covid-19 pandemic as the policy work plan was largely paused and efforts directed to support the response. This meant that most policies have passed their review date; however, it is important to note that these remain our extant policies, they are in use and have not expired. The Committee has oversight of the work plans to review and update these policies and were assured that this was on track for the prioritised policies in 2023/24 and 2024/25.
12. Progress against the **2023/24 Internal Audit Plan** was received and changes to the plan approved. Committee noted the large number of audits presented today due to the progress of audits starting slightly late in 2023/24. The following four **Internal Audits** reviews were completed during the



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quarter and presented to the Committee:

- **Decarbonisation** – limited assurance. The Committee noted that this review is being conducted across all NHS Wales Health Bodies and that all have been given a limited assurance rated, therefore WAST is not an outlier. The significant work the Trust has been undertaking to address the requirements of the Decarbonisation Strategic Delivery Plan were recognised. However, the overall rating reflects the complexity and range of risks associated with this area which, along with the financial shortfalls, impacts on the Trust's ability to deliver on the wider decarbonisation agenda. Other matters include completion of the risk register, at both Programme and Corporate level, and ongoing regular review, and review of the membership and attendance at the Decarbonisation Programme Board. The disappointment of the WAST team in receiving this report, despite the good work underway, was noted in terms of this being a WAST audit, as opposed to an all Wales audit. It was felt by members that there was little more the team can do in this area without the funding issues being resolved. This report will be reviewed at the Finance and Performance Committee in March and a summary report will be prepared by Internal Audit to share with Welsh Government.
- **Vehicle Replacement Programme** – reasonable assurance with key matters arising including compliance with Standing Orders for Trust Board approval of contracts (see alert section above); enhance reporting and review of the procurement strategy to ensure best value; ensure procurement and contractual arrangements obtain best value from strategic partnering; detail variances to programme at business cases; demonstrate optimal vehicle procurement numbers; and to better align the project management and business case processes with best practice. This will be reviewed by the Finance and Performance Committee in March.
- **ePCR Clinical Compliance** – reasonable assurance with key matters arising including Oversight of training completion and limitations and accuracy of reporting. This will be reviewed by Quest in May.
- **Serious Adverse Incidents Joint Investigation Framework** – reasonable assurance with key matters arising including areas of non-compliance with Section 4 (Joint Investigation Process) of the NHS Wales National Policy, noting which a review of the internal policy should be undertaken. It was noted that there had now been investment in the team with a view to increase capacity and strengthen leadership. Learning from the incidents was being applied and the trust was considering what that meant for the clinical operating model and the clinical governance framework. This will be reviewed by Quest in May.
- **Strategy Development** – reasonable assurance with key matters arising including delays to the Engagement Framework Delivery Plan; and opportunities to improve how the Trust measures and reports progress. This will be reviewed at the Finance and Performance Committee in March.
- **Retention of Staff** – reasonable assurance with key matters arising including finalisation and ratification of the 'Moving on Interview' process, with a clear timetable for its roll out; and evaluation of the effectiveness of the initiatives that have recently been introduced to improve staff retention. The importance of regular staff reviews and contact with managers was emphasised as vital for retention. This was reviewed by the People and Culture Committee in



February.

- **111 Commissioning.** This is an advisory report with key matters arising include clarity over roles and responsibilities within the National Collaboration Agreement; develop a mechanism to enable post-implementation learning of benefits and impact to service delivery; enhancements to governance arrangements to strengthen oversight; opportunities to strengthen reporting of the commissioning arrangements; and review of risk registers. The advisory was reviewed by the Finance and Performance Committee in January.

13. The **Audit Wales Update** was received as was the **WAST 2023 Structured Assessment**. The Board will be aware that Fflur Jones, Audit Wales, presented the Structured Assessment to the Trust Board meeting in January given the timing of the release of the report. Members noted the positive report and the improvements year on year, and thanked all teams involved.

Planned work for 2024 includes a national deep dive into financial efficiencies (scope agreed with report anticipated to May Audit Committee) and a follow up of the Review of Quality Governance Arrangements will begin in March 2024.

14. The **losses and special payments** made during the period 1<sup>st</sup> April to 31<sup>st</sup> January 2024 amounted to £522.94K net payments. The rationale for the reporting will be reviewed, noting it is required under the Standing Financial Instructions.
15. In private session the committee received the counter fraud update 01<sup>st</sup> November 2023 to 31<sup>st</sup> January 2024 as well as the report on **tenders and single tender waiver requests**. The **Local Counter Fraud Service (LCFS)** provided an update on its work including continuing to promote fraud awareness by delivering content across service areas. The LCFS has secured the Counter Fraud Awareness eLearning as a mandatory course for the Trust, with approximately three thousand staff having already completed training. There are currently 27 recorded ongoing investigations by LCFS. The Committee discussed the themes and trends observed regarding the cases, which include potential offences including working whilst sick, retaining overpayments and secondary employment.
16. An update was received on the revised **Audit Tracker** with 18% of all management actions closed in the quarter (compared to 30% for Quarter 2). It was noted that reporting of the audit tracker is developing to enable the Audit Committee to monitor overall progress in a more meaningful way.
17. The **Committee's cycle of business** was reviewed and is on track.

## RISK MANAGEMENT

The Committee is responsible for the review of the risk management framework and is not assigned individual risks for oversight. Specific updates were provided in relation to the movement in scores on Risks 139, 594 and 163 and the strengthening of Risk 201. It is expected that Risks 594 and 163 will reduce in score again in the next reporting period.

The Chair noted that the capital risk should be drawn through more explicitly at this time given the implications of a delayed fleet replacement policy, the decarbonisation agenda, and the condition of the estate.



The Committee reviewed progress against the risk management transformation programme. Areas of focus for 2024/25 are to deliver a strategic BAF that reflects more closely the Trust's strategic objectives against its long-term strategy – Delivering Excellence: Vision 2030. Additionally, work will be undertaken to develop a series of strategic risks and risk appetite statements and will see the roll out of a programme of education and training across the Trust in support of the Risk Management Framework.

The **Risk Management Policy** was endorsed for approval at Trust Board.

#### COMMITTEE AGENDA FOR MEETING

2023/24 accounts planning and emerging issues	2023/24 annual filings schedule	Internal Audit Report and 24/25 plan
Audit Wales Update and 2023 Structured Assessment	Risk Management and Board Assurance Framework Risk Management Policy	Q3 Audit Tracker Update
QUEST Highlight Report re clinical audit plan	Losses and special payments	Policy Report Counter Fraud, Bribery and Corruption Policy
Committee Priorities and cycle of business monitoring report.		

#### COMMITTEE ATTENDANCE

Name	20 April 2023	25 July 2023	14 Sept 2023	30 Nov 2023	1 Mar 2024
Martin Turner					
Peter Curran					
Paul Hollard					Kevin Davies
Joga Singh					
Ceri Jackson					
Chris Turley					
Lee Brooks		Judith Bryce	Judith Bryce		
Judith Bryce					
Liam Williams	Duncan Robertson				Part
Angie Lewis					
Osian Lloyd (IA rep)					
Audit Wales rep		Andrew Doughton	Fflur Jones	Fflur Jones	Fflur Jones
Paul Seppman					Christian Fox
Damon Turner					
Trish Mills					
Carl Window					

	Attended
	Deputy attended
	Apologies received
	No longer member



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## 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.

Meetings of the Remuneration Committee are held in private session.

<b>Trust Board Meeting Date</b>	28 March 2024
<b>Committee Meeting Date</b>	8 March 2024
<b>Chair</b>	Colin Dennis

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Key issues/risk for the Board's attention)

1. No alerts from this meeting.

#### ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. The Committee approved one **Voluntary Early Release Scheme (VERS) application**. Approval will now be sought from Welsh Government for this payment to be made.
3. 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. Because 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. The Executive Senior Pay (ESP) salary variance from the UK ambulance sector as compared to WAST poses issues with respect to recruitment/attraction, retention, fairness, and potential strength of candidates when UK counterparts pay more, with particular risk posed for bespoke ambulance sector roles.

Welsh Government initially started formal evaluations in tranches, with the first undertaken in December 2022 and the outcome of the first tranche was reported to the Board in June 2023. A revised approach was agreed with Welsh Government whereby they would adopt a more holistic approach and assess all Executive Leadership Team roles at the same time, thus providing a broader context and understanding of how the roles relate to each other.

The outcome of the evaluation by Welsh Governments is the following banding changes effective 6



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December 2023:

- (a) The Director of Partnerships and Engagement changed from ESP Band 7 to ESP 8.
- (b) The Executive Director of Paramedicine in the context of the Medical Director retiring and the medical aspects being covered by the two Associate Medical Directors reporting into the role changed from ESP Band 10 to ESP 11

All other Director roles remain in their current banding. The CEO's job description has been resubmitted to Welsh Government following some clarifications raised.

The title of the Board Secretary has been amended to Director of Corporate Governance/Board Secretary in line with others across the NHS in Wales.

Notwithstanding the review by Welsh Government of job descriptions, the Committee were concerned that the comparators used were other NHS organisations in Wales as opposed to ambulance services outside of Wales (where the sizeable gap in salaries identified in the initial benchmarking by AACE remains), and that the current civil service job evaluation process is not fit for purpose for the NHS. The Committee will make representations to NHS Employers regarding this issue as well as the discrepancy between top of range agenda for change salaries and those of ESP 7-9 salaries. Both pose similar risks and issues as set out above.

## ASSURE

(Areas of assurance the Committee has received)

- 4. The Committee noted that the **5% ESP pay award for 2023/24** which was delayed following the pay award for Agenda for Change colleagues earlier in the year, has now been approved by Welsh Government.
- 5. The Committee conducted its annual **effectiveness review for 2023/24** and the annual report will now be presented to the Audit Committee in April and the Board in May.

## RISKS

**Risks Discussed:** Risks related to the VERS application were discussed, as was the retention and recruitment risk with respect to Director salaries. Consideration will be given to adding this to a wider workforce retention risk.

Re-evaluation of CEO/Director job descriptions and salary benchmarking	Executive Senior Pay – Pay Award Update 2023/24	Voluntary Early Release Application
2023/24 Effectiveness Review		



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COMMITTEE ATTENDANCE				
Name	5 June 2023	July 2023	8 March 2024	TBC
Colin Dennis				
Prof. Kevin Davies				
Bethan Evans				
Paul Hollard				
Ceri Jackson				
Hannah Rowan				
Joga Singh				
Martin Turner				
Peter Curran				
Hugh Parry				
Damon Turner				
Jason Killens	*			
Trish Mills				
Angie Lewis				

\*Recused from discussions on relevant agenda items

	Attended
	Sent Deputy
	Apologies
	No longer a member.



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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.

<b>Trust Board Meeting Date</b>	28 March 2024
<b>Committee Meeting Date</b>	19 March 2024
<b>Chair</b>	Joga Singh

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. No alerts for the Board from this meeting.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The **Integrated Medium Term Plan (IMTP) and Financial Plan for 2024-27** were presented, with the Committee noting it had received a report on progress and direction of travel in January, and at the Board Development session in February. **The IMTP was endorsed by the Committee**, noting some amendments will be made before it is presented for approval to the Board at the March meeting.

The Committee noted the IMTP was accompanied by a balanced financial plan that requires a £6.4 million savings target, so was not without risk and significant work to deliver it. The Committee was assured there was confidence the 3.67% revenue uplift would be passed through from Commissioners, and that they would support the plan.

The IMTP demonstrated an ambition over three years that was more aligned to the long-term strategy 'Delivering Excellence'. The plan also moves the Trust towards a new clinical response model that integrates 111 and 999 remote clinical teams, expands face to face care and see and treat options, with the intention of reducing conveyance to Emergency Departments. The stretching aspirations were noted as were some concerns about the Trust's resources and the reliance on external factors to deliver, which the Committee will monitor throughout 2024/25.

Members praised the plan for being clear, coherent, and ambitious, and reflecting the strategic direction of the trust. However, management were urged to continue to push the boundaries on patient engagement for the IMTP in 2025.



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3. The Initial **2024/25 Revenue Budget** was received and **endorsed by the Committee**. It will be received by the Board at its March meeting. The budget is consistent with the IMTP financial plan, but there may be some changes as the plan is finalised and endorsed. Through Q1 the Executive Director of Finance and Corporate Resources and the Chief Executive Officer will meet with Directors to confirm and sign off their directorate budgets.
4. A verbal update was received on progress with the **Strategic Demand and Capacity Review**. The timeframe for this to be presented at the Emergency Ambulance Services Committee (EASC) had changed given their transition to new Joint Commissioning Committee and a full update will be provided to this Committee later in the year. The Committee were reassured that work was ongoing on the review in the meantime.
5. This was the first meeting for Peter Curran and members welcomed him to the Committee.

**Reflections** on the meeting included:

- Welcomed scrutiny, challenge, and support on the financial position.
- Internal Auditors and Audit Wales were present at the meeting which was appreciated.
- The quality of papers was good which allows members to scrutinise and question, and responses from management were clear.
- From a financial perspective the papers were clear and transparent, and the answers were well made, so members were assured that the outturn for this year and next year's budget have been fully thought out.
- Good to see a pragmatic approach to closing down audit actions when nothing further can be advanced by the Trust.
- KPIs for digital will be moved up the agenda following the MIQPR item for future meetings.
- The focus on our people was welcomed as being considered alongside the financial and performance aspects.
- Members were thanked for their flexibility as some attendees needed to leave meetings for other unavoidable commitments.

## ASSURE

(Detail here assurance items the Committee receives)

6. The Committee received a presentation on the **financial position for Month 11 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 its March meeting. The cumulative year to date revenue position is an underspend against budget of £0.108m, with the year-end forecast being one of break even, based on the assumptions presented. The capital plan is being progressed and current planned expenditure of £22.6m is forecast to be fully spent by the end of the financial year. The trust is still waiting for confirmation from the Welsh Government on the funding for the fleet replacement business case, which has been submitted for £24 million. The high capital spend planned for March was due to the new 111 CAS replacement, the fleet build slots, the timing of receipt of some defibrillators and some updated times following the tender process for some of the EFAB schemes. It was also noted that the trust is still waiting for confirmation from the Welsh Government on the funding for the 2024/25 fleet





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replacement business case, which has been submitted for £24 million.

7. An update was provided on the **Financial Sustainability Programme** (FSP) with significant progress made. In line with the savings plan that supports the IMTP, gross savings of £6.08m have been achieved against a year-to-date target of £5.462m. Whilst the challenge of finding cumulative costs year on year was recognised, the real achievements in terms of a collective response from across the organisation to drive efficiency was celebrated. The income generation workstream is looking at market options and viability for income generation with a presentation this week at the Executive Leadership Team away day with the outcomes reported to the next meeting. The work on income generation and commercialisation is critical to take the financial sustainability programme to the next level and the support of Trade Union Colleagues with this work was also recognised. It was agreed that this would be a priority area for the Committee in 2024/25.
8. The update against progress on the **IMTP 2023-26** was received as at an interim Q3/4 position with exception reporting were applicable. Progress was discussed and areas marked as 'red' will be drawn out in the report to the Trust Board. Many of the enabling actions are reported through the main IMTP delivery programmes and will be managed within directorates. Despite many ongoing challenges this was a positive report with areas marked red related to lack of resources the cause of our inability to address them.
9. The **Digital KPIs** relating to data and analytics, ICT systems, service provision and the IMPT for the period 1 January to 31 March 2024 were reviewed by exception. The Committee noted:
  - The Mobile Data Vehicle Solutions project has been tested and will be deployed across all vehicle types in Q2 2024.
  - 999 telephony platform upgrade aims to go live mid-April 2024 following testing.
  - National Data Resource programme support is at risk as longer term funding has not yet been confirmed as expected in 2024/25.
  - NADEX Integration – single sign and digital experience of staff is currently at risk as work on hold due to CAS replacement programme taking priority.
  - Digital literacy skills – development of accredited and non-accredited education programmes is underway with the expansion of Learning Launchpad content.
  - The Data Linkage project is progressing with focus on the Out-of-Hospital Cardiac Arrest dataset which will be consumed via the National Data Resource (NDR) analytics platform and shared with the NHS Wales Executive / Cardiac Network and national registry.
  - Staffing and resourcing continue to be under pressure, particularly in the areas of Information Governance, Records Services, analytics, web development and ICT engineering which presents a risk to existing and planned projects.
10. The **Monthly Integrated Quality and Performance Report (MIQPR) for January/February 2024** was presented. This report will also be presented to the Trust Board in March. Members discussed the performance which is within the gift of the Trust to influence such as PADR, and statutory and mandatory training and were reassured that whilst performance is not where we would want it to be, given the pressured time of the year the reporting covered and abstractions due to CAS replacement work and training, it was somewhat anticipated. The point was made that the establishment for 111 is not sufficient currently to meet the out of hours demand which impacts on call abandonment rates.



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Management will continue to make the case for a demand and capacity review in this area.

11. The **Value Based Healthcare Report** was received and detailed the activities of the Value Based Healthcare Working Group (VBHC) and the key workstreams within its portfolio. This Working Group is the vehicle for reporting on value-based change within the Trust. The workstreams within its the VBHC portfolio are Patient Recorded Outcomes Measures (PROMS), Patient Data Linkage, Patient Recorded Experience Measures (PREMS), Patient Level Information and Costing System (PLCIS), Revenue Business Case Process, Evaluation Framework & Methodology, and Benchmarking. All workstreams are progressing well. Work is ongoing to identify potential workstreams and priorities which could fall within the remit of 'value-based' activity, and a revised view of the associated governance structures may be taken if considered necessary.
12. Upcoming **changes to waste legislation** in Wales requires the Trust to robustly recycle waste into additional segregated waste streams. New contractual arrangements and internal communications to staff are in place to meet these requirements. These changes include civil action for non-compliance.
13. The Committee held its **annual effectiveness review** and approved its annual report for review by the Audit Committee in April and the Board in May. It also approved revisions to its Terms of Reference.
14. The following **internal audits** were discussed with all, other than ICT Contract Management, having been received by the Audit Committee on 1 March:
  - **Decarbonisation** - limited assurance. The Committee noted that this review is being conducted across all NHS Wales Health Bodies and that all have been given a limited assurance rated, therefore WAST is not an outlier. The significant work the Trust has been undertaking to address the requirements of the Decarbonisation Strategic Delivery Plan were recognised. However, the overall rating reflects the complexity and range of risks associated with this area which, along with the financial shortfalls, impacts on the Trust's ability to deliver on the wider decarbonisation agenda.
  - **Vehicle Replacement Programme** - reasonable assurance with key matters arising including compliance with Standing Orders for Trust Board approval of contracts (included in alert section of the Audit Committee AAA); enhance reporting and review of the procurement strategy to ensure best value; ensure procurement and contractual arrangements obtain best value from strategic partnering; detail variances to programme at business cases; demonstrate optimal vehicle procurement numbers; and to better align the project management and business case processes with best practice.
  - **Strategy Development** - reasonable assurance with key matters arising including delays to the Engagement Framework Delivery Plan; and opportunities to improve how the Trust measures and reports progress.
  - **ICT Contract Management** – reasonable assurance with key matters arising related to the contract register, evidence of contract performance monitoring, and evidence of contract end of term review and assessment process.



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15. The **Committee priorities** for 2023/24 are on track as is the cycle of business.

16. In **closed session** members received an update on the CAS replacement programme with the Committee receiving assurance that the programme is on track for go live on 30<sup>th</sup> April 2024. The level of commitment demonstrated by the team working on this was recognised by the members and they were thanked for their intense focus. Cyber KPIs were also presented with results of recent phishing exercises discussed and initiatives to address the outcomes of that.

## RISKS

**Risks Discussed:** There are no material changes to the eight principal risks within the remit of this Committee and all scores remain static as at 7 February 2024. The Committee were assured of the comprehensive review of each risk and received further assurance from the Chair of the Audit Committee on the wide discussion which took place on 1 March 2024.

**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 20 (4x5) despite Chief Operating Officers agreeing a framework for the release of ambulances in the event of a major incident.

**Risks 424** (prioritisation or availability of resources to deliver the Trust's IMTP) and **Risk 458** (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) remain static at 16 (4x4); however, scores will be reviewed in the next review in line with mitigating actions.

**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). It is foreshadowed that there may be a reduction in the risk score on 543 given achievement of mitigating actions.

## COMMITTEE AGENDA FOR MEETING

Operations Update	IMTP 2023-26 Delivery and Assurance	IMTP 2024-27 Final Version with Financial Plan
Initial 2024/25 Revenue Budget	Financial Position for Month 11	Financial Sustainability Programme
MIQPR	Strategic Demand and Capacity Review	Value Based Healthcare
Annual Committee Effectiveness Review	Fire safety compliance January 2024	Waste Management Update
Risk Management and BAF	Decarbonisation Internal Audit	Vehicle Replacement Programme Internal Audit
Strategy Development Internal Audit	ICT Contract Management Internal Audit	Digital Reporting

## 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	Left at 12.00			
Peter Curran						



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Chris Turley		Navin Kalia				
Rachel Marsh		Hugh Bennett			Left 11-12	Hugh Bennett <sup>1</sup>
Lee Brooks	Sonia Thompson	Judith Bryce <sup>2</sup>	Judith Bryce		Jon Edwards	
Liam Williams	Wendy Herbert			J Turnbull-Ross		Left 11.30 <sup>3</sup>
Angie Lewis	Liz Rogers					Left 11.30
Jonny Sammut						
Leanne Smith			Aled Williams			
Hugh Parry						From 10.00am
Damon Turner						
Trish Mills				Julie Boalch		

	Attended
	Deputy attended
	Apologies received
	No longer member

<sup>1</sup> Rachel Marsh in attendance for IMTP 24-27 item

<sup>2</sup> Lee Brooks in attendance for EPRR item

<sup>3</sup> Returned for closed session

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 31 OCTOBER 2023 VIA TEAMS**

**Meeting started at 09:30**

#### **PRESENT:**

Bethan Evans	Non-Executive Director and Chair
Professor Kevin Davies	Vice Chair of the Board and Non-Executive Director (Chaired Meeting)
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

#### **IN ATTENDANCE:**

Hugh Bennett	Assistant Director, Commissioning and Performance
Louise Colson	Head of Infection Prevention and Control
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Fflur Jones	Audit Wales
Alison Kelly	Business and Quality Manager
Mark Marsden	Trade Union Partner
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner (Left meeting during Item 55/23)
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Felicity Quance	Deputy Head of Internal Audit, NWSSP
Duncan Robertson	Assistant Director of Clinical Development
Jonny Sammut	Director of Digital Services
Andy Swinburn	Director of Paramedicine
Sonia Thompson	Assistant Director of Operations EMS (Left meeting during Item 55/23)
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing

#### **Apologies:**

Kate Blackmore	Senior Quality Governance Lead
Lee Brooks	Executive Director of Operations

Julie Boalch	Head of Risk/Deputy Board Secretary
Ian James	Trade Union Partner
Mark Jones	Consultant Mental Health Nurse
Brendan Lloyd	Executive Medical Director Executive
Osian Lloyd	Head of Internal Audit
Rachel Marsh	Director of Strategy, Planning and Performance
Caroline Miftari	Head of Quality Assurance

## **49/23 PROCEDURAL MATTERS**

**The meeting was chaired by Professor Kevin Davies with Bethan Evans in attendance.**

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Kate Blackmore, Lee Brooks, Julie Boalch, Ina James, Mark Jones, Brendan Lloyd, Osian Lloyd, Rachel Marsh, and Caroline Miftari.

### **Declarations of Interest**

There were no further declarations of interest to those already listed in the register.

### **Minutes**

The Minutes of the meeting held on 10 August 2023 were confirmed as a correct record subject to amending the job title of Andrew Clement to Visual Design Specialist.

### **Action Log**

The action log and the Committee Highlight AAA report from the last Quest meeting was considered:

Action 16/23: Agreed that a meeting be coordinated with the Quest Committee and the People and Culture Committee to discuss the situation regarding the challenges faced by the Putting Things Right (PTR) Team. Liam Williams advised, further to the update given at the last Quest Committee meeting that PTR investment had been approved by the Executive Leadership Team, also noting that the Organisational Change Process (OCP) was nearing completion. The Committee were assured that the risk of not currently having the full establishment in place was being managed. Action Closed.

Action 34/23: PTR reports, Future reports to indicate whether any external issues and factors that have contributed to delays. Liam Williams advised Members that the report on the agenda contained the relevant information. Going forward, there would be more thematic analysis with future reports continuing to develop. Action closed.

Action 34/23a: Spotlight on Clinical Indicators. As work developed beyond the five indicators currently reported on, ongoing updates would be provided. A presentation on Return of Spontaneous Circulation (ROSC) rates was on the agenda. Action closed.

Action 38/23: Internal Audit tracker, Update on how the Trust was dealing with historical actions. Details were included in the report on the agenda. Action closed.

Action 43/23: Policy report, Details of the current number of policies outside their review date be captured within the alert section of the AAA report. Information included in the report on the agenda. Action Closed.

### **Committee AAA report dated 10 August 2023**

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the Committee's last meeting on 10 August 2023. Attention was drawn to the two items in the alert section: risks around patient safety and the PTR response times.

#### **RESOLVED: That**

- (1) Apologies were recorded for Kate Blackmore, Lee Brooks, Julie Boalch, Mark Jones, Brendan Lloyd, Osian Lloyd, Rachel Marsh and Caroline Miftari.**
- (2) The Minutes of the Open meeting held on 10 August 2023 were confirmed as a correct record subject to amending the job title of Andrew Clement to Visual Design Specialist; and**
- (3) Consideration was given to the Action Log and the AAA report as described above.**

### **50/23 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022-23 Q2**

Sonia Thompson introduced the Operations Quarterly Report as read, and drew attention to the following pertinent elements within it:

Progress in completing the actions from the Manchester Arena Inquiry continued at pace. There were 71 recommendations which were relevant to the Trust; nine had been completed with 17 being assessed as they required national guidance. Monitoring and completing of the remaining actions were ongoing. Members noted that Commanders in the Trust were mandated to undertake Marauding Terrorist Attack (MTA) training.

The EMS Coordination (EMSC) Culture Programme has commenced with meetings chaired by the Director of People and Culture. Senior Leaders in the EMSC team have met with Trade Union Partners to discuss culture, behaviours, and concerns to design an action plan for improvement. This has been a great opportunity for staff to share their experiences of working in EMSC.

Following the Sexism and Sexual Safety at Work Survey and WAST Voices, action plans have been implemented across the four territories to raise awareness and to positively influence behaviour and culture within the Trust.



In terms of Ambulance Care, the system has been improved which now prioritises eligible patients over non-eligible patients transport requests.

A pilot in the Clinical Service Desk has been implemented to engage with South Wales Police looking to broaden the Remote Clinical Support to Police when they are waiting with patients for an ambulance response.

Comments:

Following a query in terms of the Trust's preparation for Winter regarding resources, Sonia Thompson explained that the Trust would be implementing a whole system escalation process which will include exercises with partners in November to test this, with any lessons learned being implemented. Members also acknowledged the ongoing work on the national whole system escalation framework, emphasising the importance of gaining a comprehensive system-level understanding of clinical risk and enhancing the management of the population's needs.

Members were keen to understand the EMS CSD reconfiguration following the outcome of the new Demand and Capacity review which was currently underway. It was understood the final draft would be ready for the Quest meeting in February 2024 and agreed that Hugh Bennett would arrange for it to be included at the meeting.

The Committee discussed and welcomed the MTA training being undertaken by Commanders.

In respect of the Non-Emergency Patient Transport Services (NEPTS) Eligibility matrix, the Committee requested an update to see if there had been any push back from Local authorities and Welsh Government in the way the matrix was being applied and whether people had been disadvantaged due to the adjusted service criteria. Liam Williams added that people would be disadvantaged if they did not meet the eligibility criteria.

**RESOLVED: That the report was received.**

## **51/23 EMS CLINICAL CONTACT CENTRE HEALTH INSPECTORATE WALES UPDATE**

Sonia Thompson explained that the paper provided a summary and overview of the progress made on the actions agreed in response to the Health Inspectorate Wales (HIW) EMS Clinical Contact Centre (CCC) Patient Safety Review.

There were two actions which remained open, and progress was underway through workstreams that were incorporated in the IMTP. While there have been delays, the Committee can be assured that management remains focussed on full conclusion of all recommendations and continue to monitor progress. Details of the outstanding actions were given below:

**Action 21.1: Complete the North Wales EMS CCC estate strategy and identify opportunities for improvements.** A project board has been set up with project

support allocated with all interested parties including TU partners invited to the inaugural meeting with a view to develop the Organisational Change Process (OCP) of relocation staff from Bryn Tirion to alternative site(s). The ambition is to have the majority of this in place by the end of this financial year.

**Action 12.1 Continue with the work of the Computer Aided Despatch (CAD) Phase 3 project to realign workloads within the EMSCCC for more efficient operation.** As a result of securing updated data from ORH in relation to EMSC activity, it has been decided to reinvigorate and review the original EMT paper regarding resources and reconfiguration of work including boundaries and workloads. Initial conversations with TU partners have taken place and a proposed structure will go through operational governance processes over the forthcoming months.

**RESOLVED: The Committee:**

- (1) Noted the update provided for the status update of the actions detailed in this paper and in the appended tracker;**
- (2) Confirmed its assurance that whilst actions 12.1 and 21.1 are overdue, progress is underway in structured workstreams; and**
- (3) Agreed that further update be provided to Committee either on completion, or if there are further impediments to completion.**

**52/23 PATIENT STORY**

Prior to hearing the story Members were reminded of the distress and anxiety and the impact on families these patient stories caused. Liam Williams added that the narrative and context of the story was seen throughout the agenda.

Steven Parsons recounted his distressing experience of being unable to get an ambulance for his grandfather, who he thought was suffering a stroke. On this particular day, Steven's grandfather called him asked to come over to the house as he wasn't feeling well. Initially Steven called 111 that night and was told by a Doctor that as long as his grandfather ok he could wait and see the GP in the morning. A short time later, Steven's grandfather collapsed, and he called 999 but was told there were no ambulances available at that time because of the system pressures. Believing it was a stroke, Steven decided to transport his grandfather to the hospital himself. Upon arrival Steven began to assist his grandfather and on arrival at reception his grandfather collapsed. His grandfather was rushed to A&E and Steven was advised that he was in cardiac arrest. Fortunately, he was resuscitated in the Emergency Department.

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

Whilst he understood that the NHS was understaffed and overworked, Steven emphasised that the ordeal his grandfather and his family endured should not have happened and expressed a desire to share his experience to help others understand that impact. The Patient Experience and Community Involvement (PECI) team were working with Steven and his family addressing some of the issues that arose, and Jason Killens has had an opportunity to meet with Steven and his sister as part of the Trust's duty of candour and putting things right process.

## Comments

Leanne Hawker added that Patient Experience and Community Involvement (PECI) team were working with Steven and his family addressing some of the issues that arose, and Jason Killens has had an opportunity to meet with Steven and his sister as part of the Trust's Duty of Candour and Putting Things Right process. It was at this meeting that Steven expressed his desire to share this experience to highlight the effects of handover delays on patients and their families.

Leanne Hawker informed Members that this incident was a consistent theme emerging from the system pressures on Health Boards. Wendy Herbert added that Steven wanted the system to recognise the harm in the community because of the pressure. Of note and after this story, Steven's grandfather has required to access 999 on several occasions with more positive outcomes. It was also noted this story will be shared at Trust Board in November.

Liam Williams assured Members that managing the clinical risk was a key area of focus across all the health boards with a recognition that harm was occurring across the system. He added it was important to provide the necessary support to families following events of this nature when their needs have not been met.

Wendy Herbert raised the issue of families making the best decision under these circumstances, i.e. taking the patient to hospital or not. The emotional impact on families was extremely difficult to manage. She added that it was also very difficult and challenging to explain to loved ones that an ambulance was not available due to the pressures on the system.

Liam Williams advised the Committee that these stories were shared extensively with Health Boards who were able to use them as required.

Following a query as to why Steven was on the phone to 111 for three hours, Liam Williams informed Committee that this incident occurred when the 111 and 999 services were under a level of pressure hitherto not experienced. Call waits were extended beyond acceptable levels. He assured Members that the Trust's ability to escalate 111 calls to 999 calls was extremely effective.

With reference to the urgent and emergency care review in progress by Audit Wales (AW) it was asked whether AW received such stories to inform their work and understand the full impact of system pressures. Fflur Jones explained that stories like

this would be considered when completing part two of the review.

It was highlighted that the Operational Delivery Unit have informed the Stroke Association that they were conducting an Audit on self-presentation to emergency departments. Liam Williams agreed this would be reported through to Quest if there was a material consideration.

The Committee recognised that the issues raised in this story were constantly discussed at this meeting and the Board. Merged into these discussions was the constant reference to the Trust's two highest risks. Risk 223: (the Trust's inability to reach patients in the community causing patient harm and death) and risk 224: (significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service) both rated at 25. The Committee also acknowledged the avoidable harm to patients that continued as a result of the system pressures.

Members, whilst acknowledging that everything possible was being done to improve the system suggested if anything different could be done, for example implement something jointly with health boards.

**RESOLVED: That the Patient story was noted.**

## **53/23 PUTTING THINGS RIGHT (PTR) REPORT QUARTER 2, JULY – SEPTEMBER 2023**

Wendy Herbert presented the report and drew the Committee's attention the following areas:

There continued to be a high level of risk of harm to our patients in the community and patients delayed outside of emergency departments.

There was a sustained increase in the number of concerns, and a backlog remains at the processing stage for September 2023.

A continuing high volume of incidents were being reviewed at the Serious Case Incident Forum (SCIF). During this reporting period there were 16 SCIF meetings held, with 73 incidents discussed. 10 incidents have been reported as Nationally Reportable Incidents (NRIs) to the NHS Wales Executive, and 39 incidents were referred under the Joint Investigation Framework to the respective Health Boards. It was noted that no incidents linked directly to the refusal of immediate release requests were identified.

The Trust received three Regulation 28 reports (reports to prevent future deaths) during this period. The number of approaches received from Coroners has increased during the reporting period. The complexity of the requests being received continues to be high, resulting in more statements per approach, together with increased legal complexity, requiring extensive disclosure, attendance at Pre-Inquest Hearings and multiple witnesses, Interested Parties and day inquest hearings

The Trust continued to receive a constant number of concerns with 253 received during this reporting period. The PTR Organisational Change Process (OCP) commenced on 25 September 2023 with the aim of increasing staff resource to improve compliance and meet the current demand.

During this period a total of 1,000 patient safety incidents were reported; 386 in July, 329 in August, and 285 in September. It must be noted that the harm grading may change subject to the outcome of any investigation.

In terms of long waits, 186 of the patients waiting over 12 hours had experienced a fall, with the longest waiting patient being 39 hours and 59 minutes.

The Patient Safety Team were working with tissue viability colleagues nationally to explore the contribution from the Trust in providing data and information to inform investigations of patients who have developed pressure damage in the back of ambulances.

There has been an increase in concerns regarding NEPTS activity regarding cancellation of some transport due to a change in the transport eligibility criteria, particularly in the Aneurin Bevan University Health Board area.

The Trust continues to learn lessons from the investigations it conducts and details of these were shared through informative notices across the organisation for the benefit of colleagues.

Comments:

Liam Williams referred to the compliance table within the report which illustrated that the Trust, whilst not fully compliant with the timelines in responding to families, was complying with the Duty of Candour.

Members expressed their concern with the increase in the number of concerns regarding NEPTS, particularly in the South East. Wendy Herbert advised that the Trust was monitoring activity in the North and Central and West, as there were fewer concerns in those areas, and to see what could be done differently to improve the situation.

The Committee raised concern in respect of the upward trend in the number of coroner's requests for information particularly in the North Wall area. Wendy Herbert assured Members that the Trust was engaging with the coroner on initiatives in place to address this trend.

The Committee wished to understand the detail behind one particular patient who had waited almost 40 hours for an ambulance response. It was agreed that context around this would be provided in the next update report.

Members discussed the levels of harm to patients, and it was noted that following investigation into a particular case the level of harm may be readjusted from its initial

assessment. Liam Williams informed Members that the SCIF process initially identified the severity of harm.

The Committee sought clarity on when the timelines to responding to concerns would start to improve. Wendy Herbert advised that part of the OCP would see the additional appointments of senior clinical leadership and administrators, and it was anticipated by January 2024 these posts would be filled. Liam Williams added that once these were in place it would be possible to consider a performance improvement plan, and the associated activity would be fed back to the Committee. . He added that further efficiencies will be made through the appropriate digitisation of administration.

The Committee expressed concern in terms of the risk to patients with pressure relieving devices in temporary environments and were keen to see evidence going forward. Liam Williams explained that when any deterioration occurs while the patient was awaiting hospital transfer, it was the Health Board's responsibility.

Andy Swinburn assured the Committee that the pressure relieving mattresses were being considered as a wider means to support older more frail patients, and not as a means to normalise handover. If the Trust went ahead with this mitigation, roll out would be part of a package of learning and not just a simple 'issue and forget' approach.

**RESOLVED: The Committee received the report.**

## **53/23 QUALITY IMPACT ASESSEMENTS**

Liam Williams explained that Quality Impact Assessments (QIA) have been developed as part of a revised process to ensure that the Trust was able to meet the Welsh Government requirement to maximise financial efficiency opportunities. He then gave an overview of the governance route the QIA's took in order to guarantee the correct scrutiny and monitoring. During the scrutiny process, if there was a need the QIA would be escalated to the Board, especially if there was any reputational impact.

The following QIAs were presented to the Committee who noted that the Executive Leadership Team (ELT) would be reviewing them at its next meeting.

### **Financial Savings – Non-Emergency Patient Transport Service (NEPTS) Capacity Management Plan**

This QIA was undertaken to implement a revised approach to the application of the Non-Emergency Patient Transport Service (NEPTS) eligibility criteria and a revised Capacity Management Plan.

### **Financial Savings – Mid and West Wales Fire and Rescue Services**

This QIA was undertaken for the decommissioning of Mid and West Wales Fire and Rescue Services (M&WWF&RS) support to the Welsh Ambulance Services NHS Trust (WAST) emergency responses.

Comments:

Clarity was sought on the actual financial savings compared to the level of risk. Liam Williams explained the report to Committee focused on the quality and clinical risk while the report to ELT contained the financial detail. Going forward this detail would be included in future QIA reports for the Committee.

Members queried that if there was a reputational risk whether the Board would be made aware, particularly with the Mid and West Wales Fire and Rescue service. Liam Williams advised that any high level of reputational risk, would be escalated to the Board if identified at ELT.

Members sought assurance that the ELT considered the Service change in respect of the changes to the eligibility criteria particularly from a disability perspective which would affect patient mobility. Liam Williams assured the Committee that dependant on the person's disability, it was likely to be under the eligibility criteria. However, in cases where the patient is not eligible, the Commissioners would need to be advised as the Trust was servicing a contracted requirement.

Trish Mills advised that work was ongoing to develop an integrated assessment signposting document which will go to the Audit Committee when it's finalised, which will bring together all the EQIA and QIA's in one place.

**RESOLVED: That the Committee:**

- (1) Noted the Non-Emergency Patient Transport Service (NEPTS) Capacity Management Plan QIA and the approval by WAST Executive Leadership Team to implement the commissioned NEPTS eligibility criteria; and**
- (2) Noted the contents of the Mid and West Wales Fire and Rescue Services (M&WWF&RS) QIA and the Executive Leadership Team decision to approve the decommissioning of M&WWF&RS.**

#### **54/23 SPOTLIGHT ON CLINICAL INDICATORS - RETURN OF SPONTANEOUS CIRCULATION (ROSC) RATES**

Duncan Robertson gave a presentation on the Return of Spontaneous Circulation in which he pointed out the following details:

The Trust measures the numbers of cardiac arrest cases which include a documented resuscitation attempt and that includes relevant sections completed on the ePCR or where the diagnostic code for Cardiac Arrest is used. These cases were measured at hospital, not in the community.



A deep dive audit was carried out last year as with all the clinical indicators and the ePCR narrative was reviewed where the cardiac arrest was documented but not complete enough for the relevant sections. Following this review a clinical indicator dashboard was introduced and the ROSC rate trend was starting to move upwards. There were roughly 250 to 300 attempted resuscitations per month.

Notable improvements included the implementation of CHARU (Cymru High Acuity Response Unit), the introduction and ongoing enhancements of ePCR, increased participation in Good Sam (with a record of over 10,000 sign-ins across Wales in a single Friday evening), Mandatory in Service Training (MIST), an expanded deployment of public access defibrillators (now exceeding 8,000), and a series of public messaging and events.

Comments:

Following a query in terms of how data was produced, Duncan explained that there several methods used and these were reviewed through the clinical intelligence and assurance group. The Trust, going forward will be able to capture data on the patients who leave hospital following a ROSC, which will enable positive feedback to be shared with all those involved in the ROSC.

Duncan Robertson commented that whilst the data did not explicitly indicate that CHARU was directly involved in the increase of ROSC rates, however it has played a key part in managing cardiac arrests. Andy Swinburn added that work was underway to look at the utilisation of CHARU against the code set determined.

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

## **55/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT**

Hugh Bennett updated the Committee on the MIQPR and drew their attention to the following points:

In terms of system pressure, this continued to be on the rise, hours lost to handover at hospitals was just under 20,000 in September with December likely to be in the region of 25,000.

Continued achievement of the clinical call back time target for the highest priority 111 Wales calls, while the priority 2 and 3 call back times also achieved the 90% performance target in July.

999 call answering continued to be challenging, in the second half of the calendar year the 95<sup>th</sup> percentile has began to worsen; in August 2023 it was 31 seconds with a small improvement to 28 seconds in September 2023.

The increase in Clinical Support Desk capacity has meant that the Trust was able to increase its consult and close rate through last year, however, it has declined in recent months, achieving 12.6% in September 2023, with an increased ambition of 17% in

2023/24 (quarter 4). Action plans were in place within the service, but there were some risks emerging in terms of delivery.

The Wales Immediate Release figures for September 2023 were: Red 156 accepted and 5 declined; and Amber 1, 156 accepted and 291 declined.

The return to spontaneous circulation (ROSC) rate dropped to 22.1% in September 2023 compared to 23.8% in August 2023.

Response Abstractions: EMS abstraction levels decreased to 33.59% in September 2023, but remained above the 30% benchmark. EMS Response sickness abstractions stood at 9.5% (benchmark 5.99%).

Trust sickness absence: the Trust's overall sickness percentage was 9.22% in August 2023, a deterioration from the 8.23% recorded in July 2023. Actions within the Integrated Medium Term Plan (IMTP) concentrate on staff well-being with an aim to start to reduce this level.

Staff training and PADRs: PADR rates did not achieve the 85% target in September 2023 (70%), while compliance for Statutory and Mandatory training increased slightly to 76.21%.

Comments:

The Committee queried if there was any data regarding call to door times for strokes. Andy Swinburn informed Members that the information would be in the MIQPR going to Trust Board in November.

Following a query into the outcomes of patients with strokes or acute coronary syndrome, Andy Swinburn advised that the data collection had moved from paper to ePCR. The ePCR now allows users to identify any areas where there is missing information in the respective care bundle. Further information regarding this was contained in the update on Clinical Indicators item.

**RESOLVED: To Consider the August/September 2023 Integrated Quality and Performance Report was considered which provided sufficient assurance for the Committee.**

## **56/23 LEARNING FROM MORTALITY REVIEWS UPDATE**

Wendy Herbert presented the report to the Committee and highlighted several areas:

The Trust has adopted the NHS Wales Learning from Mortality Reviews Framework (the Framework) (2022) which outlines the new approach in NHS Wales to undertaking Mortality Reviews.

The Government in England confirmed in September 2023 that it was launching a statutory inquiry into the Countess of Chester Hospitals NHS Foundation Trust, with the Health Secretary stating that the inquiry will 'examine the cases' wider circumstances', including 'the conduct of the wider NHS and its regulators'.

The Medical Examiner Service is hosted by NHS Wales Shared Services Partnership and will provide independent scrutiny of all deaths in Wales that are not investigated by the Coroner. One of the key functions carried out by the Medical Examiner was to provide bereaved families with greater transparency and opportunities to raise concerns. The Medical Examiner Service will be a statutory function by April 2024. Currently the focus was on secondary care and the Trust was working with the Medical Examiner to bring this service into Communities. The concerns raised by families to the Medical Examiner included; enhanced waiting times for an ambulance and handover of care delays and poignantly following today's patient story, families taking sick relatives to hospital by car.

The Trust is part of the National Mortality review Group which is hosted by NHS Wales Executive. One of the group's responsibilities is the development and updating of the Duty of Candour arrangements.

Members were advised of the next steps in terms of the Trust's learning from deaths which included the establishment of a learning from deaths forum. Part of the learning will also look at Speaking up Safely reporting,

Comments:

Liam Williams informed the Committee that as part of the CEO roadshows next week, there will be a presentation that will be highlighting the Trust's desire to create a culture in an environment where people always feel able to raise concerns.

It was queried the how the Medical Examiner became involved. Wendy Herbert advised that when the Medical Examiner Service was fully functional it will review every single death apart from those being considered by the Coroner.

Duncan Robertson explained that the Medical Examiners will, through ePCRs be able to extract the necessary clinical data; however, it may not necessarily prevent requests for additional data. The Trust can work with them to make access more self-serve rather than the Trust providing them with the data.

The Committee raised their concerns that the workload for staff from the Trust required to assist the Medical Examiner could be significant going forward.

**RESOLVED: The Committee discussed the Forward Plan for Mortality Reviews and outputs from the Medical Examiner Service and highlighted any further assurance requirements.**

## **57/23 DUTY OF QUALITY/DUTY OF CANDOUR IMPLEMENTATION**

Liam Williams updated the Committee on progress.

The appointment of the Senior Quality Governance Lead and bespoke implementation plan has increased capability and capacity to support full implementation. The current impact of this has been a review of arrangements which has led to some previously reported good progress being revised on the current WG report.

A Highlight Report is submitted monthly by WAST to Welsh Government using a centralised 'Road Map' to track progress against deliverables. The Highlight Report for August 2023 (submitted in September 2023) RAG rated progress as Yellow; this is defined as 'organisation has identified that delivery is at risk but manageable or behind schedule but within tolerance'. The Road Map includes detailed requirements of the legislation, and it is to be expected that the Highlight Report will continue to be expanded as additional deliverables approach milestones.

**RESOLVED: The Committee noted the report and took assurance on the progress made to deliver the Duty of Quality and Duty of Candour.**

## **58/23 MENTAL HEALTH AND DEMENTIA ANNUAL REPORT**

Wendy Herbert asked the Committee to note the commendable efforts of the Mental Health and Dementia Teams, highlighting their significant and diverse contributions to the well-being of our service users, as highlighted in the comprehensive and impactful annual report.

It was emphasised that both teams received separate funding from the Welsh Government, underlining the importance of securing this funding for the 2024/25 period, given the significant positive impact they have on patients.

The education and training packages that the team have provided has been delivered on a national basis and a number of different platforms. The training has been tailored to respond to any cultural changes and meet the needs of patients. This training was key in delivering an excellent service for patients.

It was interesting to see the changing and emerging themes and trends post pandemic and what the team were responding to and/or experiencing.

It was clearly evidenced throughout the annual report, the importance of working with stakeholders such as Welsh Government and Health Boards, and more importantly service users.

There were several quality improvement initiatives the teams were considering which will form part of the three year Dementia Plan.

The Committee should acknowledge the significant amount of work undertaken by the team and the considerable positive impact in the more vulnerable parts of the population. This work was endorsed by Liam Williams who added that the Trust was not a mental health provider but a good interface for those people in a mental health crisis. In terms of the 111, press 2 service (callers are transferred to a dedicated member of the mental health team), he added that work was ongoing to maintain this health service provision.

#### Comments

The Committee acknowledged the comprehensive report and commended the team for their continued value in the work they do, albeit under challenging circumstances. It was noted that the report would be presented to the Board appended to the Committee highlight report for their information.

The Committee discussed the sustainability of funding for these two teams underlying the importance of securing funding for 2024/25, given the positive impact they have on patients. It was further discussed whether funding could be sourced from the Trust's Charity, should public sector funding not be given.

**RESOLVED: The Committee noted developments of the Mental Health & Dementia Team and progress to date.**

#### **59/23 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) BI- ANNUAL (APRIL – SEPTEMBER 2023) REPORT**

Leanne Hawker presented the report which illustrated the engagement with the public noting that the report focused on the experience of patients. In terms of key points from the report they were highlighted as follows:

There was a need to increase the volume of patient experience returns and work to improve this included improved integration through the Civica (a company that provides public sector software) patient experience system. This would enable patients to receive surveys as opposed to patients looking for them through SMS text messaging. Another key feature allows for patients to directly record and upload stories themselves onto the system

The Learning Disabilities Ministerial Advisory Group continues to make key progress to meet the needs of people with learning disabilities.

The overall experience of Ambulance Care (formerly NEPTS) from patients was reported as very good.

The Peci team continued to work with Llais (Citizens Voice Body), and share good practice across the sector and grow the people and community network, who will be involved in the refresh of the national Patient Reported Experience Measures (PREM).

Since the introduction of the Civica patient experience system, there have been some

information governance issues in relation to surveying patients who call 999. Further information and feedback is awaited from the Director of Legal and Risk. The Trust's information governance team have also escalated the issues. Formal guidance from the ambulance information governance group has advised the Trust to cease surveys until such time their guidance has been issued. The Trust continues to seek a viable solution to this complex issue.

Comments:

The Committee welcomed the report and queried if there were further opportunities the team could engage in to acquire further feedback from patients. Leanne explained that the Bevan Commission has commenced activities to gather insight from the public by hosting workshops which has been fully supported by the PECl team. The feedback has been very interesting with the public desire for radical changes in the NHS. Liam Williams added there was a need, as the proportion of feedback was relatively small, to establish a greater understanding of people's experiences by opening up the gateway to a broader population and getting a greater understanding of their experiences particularly when experiences were poor.

In terms of Information Governance, the Committee noted the significant challenges and safeguarding issues since the introduction of the Civica patient experience system. Leanne Hawker explained that the issues concerned the surveying of 999 calls being made by patients. The Trust's Information Governance Team was awaiting further clarification from the Director of Legal and Risk at the Welsh Risk Pool. She added that the Trust was aware of an England NE Ambulance service who were surveying patients through the use of Data Protection Impact Assessments and have since been strongly advised by the Ambulance Information Governance Group to cease this process. The Trust have also been advised to stop these surveys until formal guidance on how to conduct them has been received. There were some sensitivities around who was actually being surveyed and once the issue has been resolved, the Trust can continue to survey patients ensuring that all safeguarding procedures would be adhered to. It was agreed that the Committee would be updated once further clarity on the implications for the Trust was known.

#### **RESOLVED: The Committee**

- (1) Noted the activities to date and acknowledged that PECl Reports will be shared publicly through the Trust's People & Community Network; and**
- (2) Received the report and accepted the assurances that the Trust was meeting its statutory duties/responsibilities to consult; engage and involve the public/patients in its work.**

#### **60/23 CLINICAL AUDIT PLAN 2023-2024 MONITORING REPORT - QUARTER 2**

Duncan Robertson gave an update on the clinical audit plan advising there were no issues to report to Committee.

**RESOLVED: The update was noted.**

## **61/23 INFORMATION GOVERNANCE REPORT**

Jonny Sammut in presenting the report drew out the following highlights for the Committee's attention:

Data Protection breaches, there had been 28 Datix incidents recorded in August, and this has been reduced in September and October

An analysis had recently been conducted on password which has revealed that around 1,000 were considered to be fairly weak, work was ongoing to improve this.

Compliance with the Freedom of Information Act remains challenging, recording rates of 41% in August and 45% in September against a target of 90%. However, a review of the process and digital support was expected to lead to improvements in compliance. It should also be noted that some of the requests were becoming more complex in nature.

In terms of mandatory training, this was falling short of compliance on Data Protection and Information Governance. Work was ongoing in the background to communicate to staff that this training where applicable required completion.

A simulated phishing attack had recently been carried out in the Trust. The results, having being reviewed, illustrated there were some users who required further education in this area to avoid answering phishing e mails.

Comments:

Trish Mills commented that as mentioned in the update the Trust was looking to automate the FOI process to increase efficiency.

**RESOLVED: The update was noted.**

## **62/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT**

Trish Mills reminded the Committee of 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 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).

Having listened to the patient experience, the report from the PTR team and the information in the MIQPR, these risks clearly were to remain at a score of 25.

The Trust Board, at its meeting in November will be receiving a revised paper around the actions to mitigate avoidable harm with a refresh on some of the narrative in these two highest scoring risks particularly around the context elements.



Members were assured that the two risks, whilst not moving in score, were reviewed regularly and discussed at many of the Board's Committees.

#### Comments

Liam Williams commented that these two risks were dynamically updated through several Committees and through to the Board following a robust governance process. He added that the risks had and continue to be escalated to Welsh Government.

**RESOLVED: The contents of the report were noted.**

### **63/23 POLICIES FOR APPROVAL/ADOPTION**

The following policies were presented to the Committee for their adoption/approval:

**The All-Wales Aseptic Non-Touch Technique Policy was adopted.**

Trish Mills added there will be a chairs action to approve the Infection Prevention and Control policy plus another policy.

**Medicines Management Policy** – Andy Swinburn advised there was nothing specific to draw out and it was approved.

**Information Security Policy** - Jonny Sammut explained there was nothing of substantial note to be drawn out, subject to clarification on the hyperlinks at paragraph 7.10 the policy was approved.

**RESOLVED:**

**(1) The Aseptic Non-Touch Technique Policy was adopted; and**

**(2) The Medicines Management Policy and Information Governance Policy (subject to the clarification stated) were approved.**

### **64/23 AUDIT TRACKER UPDATE**

Trish Mills gave an update on the revised Audit tracker explaining there had been some good engagement with Internal Audit and Audit Wales, advising the Committee that an audit process handbook had been presented at the last Audit Committee meeting.

Overall, of all the audit recommendations about 30% in this cycle have been closed, with a higher proportion of closed items for this Committee.

The report was continually maturing and the Committee were advised that work was underway with Digital Health and Care Wales (DHCW) to find a SharePoint solution to improve overall reporting.

There was also a focus now to close off the more historical audit actions particularly those from 2021/22, with two which require further work to be closed off.

An update was also given on the Audit Wales actions which included the Quality Governance review and the Structured Assessment with four of the actions closed.

**RESOLVED: The Committee:**

- (1) Noted the management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue);**
- (2) Noted the proposal for closer scrutiny of the impact of actions in response to audit recommendations; and**
- (3) Noted that the Records Management and Senior Paramedic internal audits are nearing completion and will be presented to the next meeting.**

**65/23 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT**

The report was presented for information.

**RESOLVED: The Committee noted the report.**

**66/23 PATIENT STORY UPDATES**

The report was presented for noting.

**RESOLVED: The update was noted.**

**67/23 KEY MESSAGES FOR BOARD**

Trish Mills would draft the update which will be presented to the Board via the Committee's AAA highlight report.

**68/23 REFLECTIONS & SUMMARY OF DECISIONS & ACTIONS**

The Chair reflected it was quite remarkable with the size of the agenda that the meeting only ran over by 23 Minutes.

**69/23 ANY OTHER BUSINESS**

There was no other business.

**Date of Next meeting: 8 February 2024**

**Meeting concluded at 13:23**

## **CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 16 NOVEMBER 2023**

**Chair: Paul Hollard**

**Members:**

Paul Hollard	Non-Executive Director and Chair
Bethan Evans	Non-Executive Director
Hannah Rowan	Non-Executive Director

**Prescribed Attendee:**

Lee Brooks	Executive Director of Operations
Tim Cahalane	Trade Union Partner
Alex Crawford	Assistant Director of Planning and Transformation
Estelle Hitchon	Director of Partnerships and Engagement
Angie Lewis	Director of People and Culture Services
Trish Mills	Board Secretary
Paul Seppman	Trade Union Partner
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality
Damon Turner	Trade Union Partner

**Attendee:**

Julie Boalch	Head of Risk/Deputy Board Secretary
Sarah Davies	People and Culture Directorate Business Manager
Colin Dennis	Trust Chair
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Osian Lloyd	NWSSP Internal Audit
Caroline Jones	Corporate Governance Officer
Fflur Jones	Audit Wales (attended for item 97/23)
Kathryn Coble	Head of Inclusion and Engagement
Sara Mills	Head of Culture and OD
Alex Payne	Corporate Governance Manager
Liz Rogers	Deputy Director of People and Culture

**APOLOGIES:**

Joga Singh	Non-Executive Director
Ian James	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

## **83/23 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the hybrid meeting of the People and Culture Committee noting that some members, including the Trust Chair and the Executive Lead were in the room, with others attending via Teams.

Apologies were recorded from Joga Singh, Ian James and Liam Williams.

## **84/23 DECLARATIONS OF INTEREST**

No new declarations were made in addition to the standing declarations which were already noted on the Trust Register of interests.

**RESOLVED: That no new declarations were received.**

## **85/23 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT**

The Minutes of the Open meeting held on 17 August 2023 were considered and agreed as a correct record.

There were no actions to be reviewed at this meeting.

The highlight report from the August 2023 meeting had been received by the Board and there were no comments on the report.

**RESOLVED: That the minutes of the meeting held on 17 August 2023 were approved.**

## **86/23 DIRECTOR OF PEOPLE AND CULTURE DIRECTION UPDATE**

The Director of People and Culture highlighted some areas from the report which included the NHS staff survey with the position reported at a 19.94% response rate; which as an organisation was higher than Health Boards, but not as high as other Trusts. The deadline had been extended by two weeks and a last push to encourage staff to participate would be needed. It was hoped that NHS Wales as a whole would achieve a 30% response rate. Trade Union Partners confirmed they were engaging with members. It was also confirmed that the results would be broken down into staff groups.

Recognition was given to the 100 colleagues who had attended the leadership symposium, building on the work that had already taken place regarding insights colour preferences and thinking about the broader impact, with the development programs continuing. There had also been a recent development session between

the Executive Team and Trade Union partners to build on the insights preferences as part of the commitment to enhance partnership working.

The Director of People and Culture encouraged members to look at Business Goose, a tool to help people navigate some of the digital tools used within WAST and was designed by a colleague in the Learning and Development Team, and also highlighted the training on LMS 365 around newborn thermoregulation which was delivered via the ipads.

The Director of People and Culture requested that colleagues book onto the active bystanders and allyship training sessions if they hadn't already done so.

Also referenced within the report were challenges and risks with winter pressures a significant issue, and the financial landscape still challenging. The Head of Culture and OD asked that Laura Stephen be recognised for winning the Inspiring Others award, whilst the Director of People and Culture confirmed that Darren Anthony had also won an award and would be invited to the next meeting of the Committee to share his apprenticeship experience.

**RESOLVED: That the update from the Director of People & Culture was noted.**

**87/23**

## **OPERATIONS QUARTERLY REPORT**

Condolences were extended to Michelle Perry's family, a colleague who recently passed away, recognising that this would also be a difficult time for staff who had known Michelle throughout her time with the Trust.

Exercise Dollhouse was undertaken in July with representatives from across the Trust participating. The exercise tested the Trust's response to a Manchester Arena style attack and our collaboration with multiagency colleagues using the Joint Emergency Service Interoperability Programme (JESIP). Overall, the exercise showed that our Commanders had a robust understanding of the need to deploy front line staff quickly but safely in the event of a Marauding Terrorist Attack environment to save lives.

Two volunteer conferences had been held and were a huge success. The Director of Volunteering Delivery from Volunteering Matters, provided the keynote, and was extremely complementary in terms of the Trust's approach to volunteering in the organisation.

An increase in the sickness rates for EMS coordinations was reported which had previously been down to 8% however the long term sickness rates had pushed the figures up.

It was reported that there would be some change within the EMSC Department for

the North, which would be an unsettling period for the staff, as remaining at the current site was not an option. The Project Board would be making progress in the coming weeks.

A need to engage on the single allocator model would alter the ways in which work was undertaken but needed to be included in the structure for EMSC.

The structure of the department was an issue in terms of capacity for supervision, and support and work was underway to do more on the structure with what was currently available.

System pressures had worsened in recent weeks culminating in an incident declaration in October. The Executive Director of Operations spoke at the recent roadshows of the impact on our people which influenced the business continuity decisions that were made.

From meetings with other Directors of Operations, it was recognised that the lower take up of overtime during the summer months was not unique to the Trust, and despite the tighter spending controls that were in place for a period of time, the forecast for going into Winter was improved.

Positive feedback was received in relation to 111 conversations in 111 which had opened up two way conversations with simple changes being made to make life easier for staff.

During a levelling exercise delivered by the International Academy of Emergency Dispatch (IAED), it was identified that there was a widespread issue relating to the compliance of audits relating to breathing problems. Auditors had been over-auditing breathing problems and marking them as non-compliant due to ineffective breathing descriptors, which was now recognised to be incorrect. The Director of Paramedicine confirmed the complexity around this issue and the difficulties faced in trying to navigate it and welcomed the the deep dive to see what could be done.

The demand for coroner's statements across Wales continued to remain high with 18 statements currently with Operations Quality that required completion. The due date had lapsed for 13 of these. The team had been supported by wider Operations Team colleagues to complete these statements, which had resulted in an improved position from over 40 outstanding at the end of 2022/23 Q4.

It was confirmed, in response to a query raised in relation to having the correct staffing levels, that committed additional investment for managing concerns was in place across both the Operations and Nursing Directorates; however due to the current operational pressures generating much activity, there remained a shortage of resources. Coroners were not issuing extensions therefore some of the simpler cases in terms of our involvement and what the issue was, were sent to EMS Managers to complete.

**RESOLVED: That the Operations Quarterly Report was noted.**

**88/23**

**STAFF STORY – CEO ROADSHOWS – STAFF FEEDBACK**

Approximately 400 colleagues who attended and participated in the recent Roadshows were thanked by the Director of People and Culture. Each table was facilitated by a member of the Executive Team or Assistant Director Leadership Team. A survey had been issued to provide feedback, not only from those who attended, but to look at the barriers for those who weren't able to attend in order to widen accessibility as much as possible. With varying numbers of operational staff attending the roadshows it was acknowledged that more operational attendance would be welcomed.

At the events, staff were asked to participate in an immediate feedback survey and asked how they were feeling in terms of stress levels. 53% of the respondents at the Roadshows positioned themselves in the 'highly' or 'very highly' stressed zone with workload, competing priorities, cultural conditions and insufficient resource being cited as stressors. It was hoped that with a baseline now to work from that in six months there would be a positive shift in terms of the key stressors.

The most popular themes on the question about "hopes for the future" included support, safety, progression, improvement, and stability. Furthermore, 70 questions were asked during the Roadshows, some of which were answered on the days with others being finalised and which would be published shortly.

It was felt that staff were more open at the roadshows and were willing to disclose issues of concern to senior members of staff, and work needed to continue to provide confidence to staff that they were being listened to. It was also recognised that conversations that were had during the breaks provided significant feedback and genuine interest in future plans. It was identified that table work and networking time which allowed staff the opportunity to connect could be increased during the next round of Roadshows, with a less focussed approach to format.

Trade Union Partners had not attended the roadshows as they felt that the flow of information from the Chair of the Trust and other senior staff on a routine basis was sufficient.

**RESOLVED: That the experience and feedback from the roadshows was noted.**



## **ENGAGEMENT FRAMEWORK DELIVERY PLAN AND ASSOCIATED ENGAGEMENT ACTIVITIES**

The report provided an update on engagement activities, including engagement on the Trust's longer term strategy as outlined in the Engagement Framework Delivery Plan, approved by Trust Board in January 2023. The Engagement Framework differed from previous iterations in that it focused almost exclusively on the organisation's strategy and what had previously been described as inverting the triangle, and looking at how stakeholder support could be secured.

The widening of the Engagement Plan would begin in February 2024 but was not yet systemised. A significant amount of engagement on an informal basis had been ongoing around inverting the triangle, and now needed to test the broader piece of work.

Representation at the Regional Partnership Boards (bar one) was undertaken by the Director of Partnerships and Engagement or the Director of Strategy and Planning, which gave rise to identifying partnership opportunities.

The reputation audit conducted in the latter part of 2022/23 provided a mixed reception dependent upon the stakeholders. There were some very positive comments, similarly there were some that felt there was more work to be done. The reputation audit was revisited in quarter four of 2023/24, with results coming to Committee and to Board Development to understand the position with colleagues on reputation, as it would have an impact on the discussion outcomes.

In relation to Risk 201 – damage to trust reputation and loss of stakeholder confidence - it had been static (risk score of 20) for some time, and given the sustained pressures across the system and the patient experience, it was not deemed necessary to escalate. However, it could not be de-escalated either. Increased political scrutiny was likely to be elevated in the Winter.

A number of external stakeholder meetings were due to take place over the coming weeks, as well as an updated stakeholder briefing being developed for the Minister of Health and Social Services.

With regards to the pilot provision of a mental health vehicle, the Director of Paramedicine updated colleagues on discussions held with South East Coast Ambulance Service on their mental health vehicle whereby due to shortfalls within existing community provision in their area, it was actually driving activity and the vehicle had been rescinded. It was asked that learning be reviewed prior to moving forward with a similar provision. An evaluation would need to be provided to the Regional Partnership Board to warrant further investment.

**RESOLVED: That**

- 1) the contents of the report were noted; and**
- 2) the Committee would continue to be apprised of progress in the stakeholder engagement arena on at least a six-monthly basis.**

**90/23 HEALTH AND CARE PROFESSIONAL COUNCIL REGISTRATION AND NURSING AND MIDWIFERY COUNCIL REVALIDATION 2023**

The report set out the process for the ensuring all paramedic and allied health professionals (temporary, permanent, bank and voluntary) continued to maintain their professional obligations to the Health and Care Professions Council (HCPC) and all Registered Nurses and Midwives maintained their professional registration obligations with the Nursing and Midwifery Council (NMC).

Under the Health Professions Order 2001 it is the responsibility of the Paramedic to maintain their registration. In order to be registered with the NMC to practise in the UK, every nurse is expected to uphold a set of professional standards and act in line with the Code.

The process identified two cases which were investigated and addressed, which provided assurance to the Committee that registration requirements for all colleagues affected had been reviewed and any issues highlighted/addressed.

**RESOLVED that the People and Culture Committee received this report and confirmed assurance was taken from the processes in place to ensure that all Paramedic and Allied Health Professionals (temporary, bank and voluntary) continue to maintain their professional registration obligations to the HCPC and that all Registered Nurses and Midwives maintain their professional registration obligations with the NMC.**

**91/23 PEOPLE AND CULTURE ELEMENTS OF 2024-2027 IMTP**

The report updated the People and Culture Committee with an initial and draft overview of year two of the 2023-2026 IMTP and our People and Culture Plan, along with our Workforce Plan.

The delivery of the year one objectives was well underway. Monthly monitoring of progress and updating of the Directorate Plan was completed by the team. Key items were reported through either Executive Leadership Team, Strategic Transformation Board or through the Committees of the Trust Board.

Year two activities would be updated shortly as the 2024-27 round of the IMTP developed. Headlines of proposed activities were included in the report. The

development of the Strategic Workforce Plan was underway with significant consultation across the organisation.

Members welcomed the ambition of the People and Culture Team, but sought to ensure that these were focused on key activities and priorities, aligned to our principal risks, financial envelope, and capacity.

**RESOLVED: That**

- 1) The report was noted; and**
- 2) The proposed priorities were commented on and discussed.**

**92/23**

**HEALTH AND SAFETY UPDATE AND POLICY**

This item was considered earlier in the meeting than scheduled to provide discussion time.

Jonathan Turnbull-Ross outlined key areas from the report which included training compliance, fumes, road traffic collisions and seat belts. Diesel fumes continued to be an issue and continue to raise the issue with counterparts. Assurance on the installation of shorelines nationally has been received from the Operations Management Team, which was not a solution, but would help the situation. It was recommended that incidents were logged accurately by way of a diesel register. Trade Union Partners warned not to take assurance on lower reporting as the problem would increase over the winter when heaters would be required more often.

Risk 199 – The Trust Corporate Health and Safety risk, as reviewed recently and would be reduced to the target score of ten, previously 15, with the rationale being presented in the report to Trust Board.

The cultural journey of Health and Safety in the organisation was discussed, recognising that health and safety advisors were supporting more with working safely as opposed to a tick box exercise working with front line and locality managers. The workplace compliance position was that four out of five sites had a risk assessment with a rolling programme, which Health and Safety advisors were supporting.

The growing confidence of the team and improvements in areas such as RIDDOR compliance which had substantially improved to 82%, was highlighted.

The recent internal audit provided confidence that progress was being made and made recommendations to areas that required more work.

Reference was made to the injuries sustained due to the way staff exited an ambulance with an Ergonomist working with the team to improve the experience for staff.

It was also noted that the Executive Director of Operations wrote to staff members who had been the victim of an assault, which was appreciated by those colleagues; however due to an issue around notification, this had not happened since July 2023.

The next Health & Safety report would focus on violence and aggression and manual handling.

#### Health and Safety Policy

The Health and Safety Policy was approved and would be presented to the next Trust Board meeting.

#### **RESOLVED: That**

- 1) The report was noted; and**
- 2) The Policy was approved and would be presented to the next Trust Board meeting for ratification (as required by the Trust Standing Orders).**

**93/23**

#### **STRATEGIC EQUALITY PLAN**

Under the requirements of the Equality Act 2010: The Public Sector Equality Duty, the Trust is required to publish a Strategic Equality Plan (SEP) and a set of objectives by 31 March 2024 which will demonstrate how the Trust will:

- eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

The Head of Inclusion and Engagement presented the draft SEP as part of the consultation process, which was still ongoing. It was confirmed that many people had already been consulted both internally and externally. It was recognised that the Plan needed to be embedded across the Trust, so it would take time to see the progress made.

The four overarching Strategic Equality Objectives were:

- Designing Equitable Services;
- Leading by Example;
- Being an Employer of Choice;
- Creating Allyship.

It was noted that some Operational staff found it difficult to attend some of the training sessions due to the continued pressures faced by the service. It was intended that the Committee would receive the plan again in February ahead of its approval by the Trust Board in March 2024.

**RESOLVED: That the**

- 1) Committee discussed and noted the progress made on the Strategic Equality Plan; and**
- 2) Strategic Equality Plan would return to the Committee in February 2024 ahead of its approval by the Trust Board in March 2024.**

**94/23**

**SPEAKING UP SAFELY FRAMEWORK**

The Speaking up Safely Framework was designed to support individuals in speaking up safely and confidently within the NHS in Wales. It outlined the principles and expectations for employees, line managers, NHS boards, and executive leads.

The Framework document provided guidance on how to raise concerns, what support was available, and how concerns would be investigated. It emphasised that individuals did not need absolute proof of wrongdoing to raise a concern and that they would not be responsible for investigating the concern.

The Framework highlighted the importance of confidentiality and protection from retaliation for those who spoke up and overall, the Speaking up Safely framework aimed to create a culture of openness and transparency within the NHS in Wales. The Framework was to be considered alongside the slightly revised NHS Wales Raising Concerns Procedure and summarised the revisions that brought the procedure in line with the Framework, and the recommendation by Welsh Government that all NHS Wales organisations adopt the slightly revised version.

As part of the launch of the Framework, Welsh Government wrote to all NHS Wales Chief Executives requesting a response to the self-assessment in section six of the Framework. The self-assessment to Welsh Government demonstrated how much progress has been made by the the Trust in respect of speaking up safely.

Freedom to Speak Up month was in October and a Hive survey had been issued to understand how this campaign had been received.

**RESOLVED: That the Committee adopted the All Wales Framework in line with Welsh Health Circular dated September 2023 and noted that it would be presented to the next Trust Board meeting for ratification.**

**95/23**

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

The report showed the risks that were presented to the September meeting of the Trust Board. The current updates were navigating Trust governance processes and further updates to risks will be presented to the November meeting of the Trust Board.

The risks within the remit of this Committee were reviewed. The three highest risks for this Committee are set out below:

**160** – high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remains at a rating of 20 (5x4) as of July 2023. Despite positive movement in sickness rates, it was agreed that it was premature to reduce the score at this stage.

**201** – damage to the Trust's reputation following a loss of stakeholder confidence remains at 20 (4x5). This score has not changed. The bi-annual partnerships and engagement report was discussed as was the likelihood and consequence ratings, noting that appetite for questions in the Senedd regarding WAST was low.

**163** – maintaining effective and strong Trade Union partnerships increased in score from 12 (3x4) to 16 (4x4). Whilst the national pay dispute had ended for most Trade Unions, relationships with Trade Union Partners needed to be approached sensitively. There were a range of issues that required engagement and partnership working, alongside the full implementation of all aspects of the WAST annex.

Updates were provided to risks **199** (failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with health and safety statutory legislation – score of 15). As noted the recent internal audit on health and safety received a reasonable assurance rating.

Risk **558** (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains static at a score of 15.

The Committee also reviewed risks 223 and 224 and agreed that the newly added commentary box for all risks was useful to provide rationale and context.

**RESOLVED: That the contents of the report were discussed and considered.**

**WORKFORCE CHALLENGES**

The report shared with People and Culture Committee includes the headlines from the Audit Wales NHS Workforce data briefing produced in September 2023. The document highlighted the growing workforce pressures in the NHS across Wales.

The Trust's performance against other Health Boards and Trusts was strong in terms of agency spend and vacancy numbers, mid table for turnover and low for sickness absence. However, the report noted how the Trust compared with the ambulance sector rather than health organisations across Wales.

It was noted that the West Midlands Ambulance Service had lower absences rates than other ambulance services and this was due to calculation of sickness which varied from other services. It was agreed that exit interview themes and trends would be brought back to the next meeting of the Committee.

**RESOLVED: That the Committee recognised the challenges and noted the report.**

**WORKFORCE PLANNING AUDIT**

The feedback from the Workforce Planning audit undertaken by Audit Wales was presented. This included audits across the Health Boards and Trusts in NHS Wales to review approaches to workforce planning given the concerns about the sustainability of the NHS Workforce.

The audit outcome was positive with the Trust being in a good place, with no significant risks or urgent actions identified.

A lot of effort, energy and investment had gone into workforce planning with the Trust able to demonstrate areas of control, good improvements, responding to some of the immediate operational challenges, and diversity and recruitment challenges. The biggest challenge was how to approach implementing the strategic changes on a large scale and at pace in the current climate.

The Auditor thanked everyone for their time and expressed the positive experience of working with the Trust. The report would be presented to the Audit Committee at the end of November.

The Committee requested a couple of minor changes to the report prior to its publication, one in relation to cohorting spend not being typical agency spend and the second related to an amendment of a job title.

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



## **98/23 PEOPLE AND CULTURE PLAN METRICS**

The report was the first quarterly update against the metrics which were signed off in August, with focus on quantitative data, qualitative data would be presented to the February meeting, which would include the information gathered from HIVE, but also some high level information from the NHS staff survey.

There was an overall downward trend in terms of turnover whilst appreciating there were some areas within the organisation that had shown an increase. A forthcoming audit in relation to staff retention was due to be undertaken which would provide further insight and enable improvement.

The Executive Leadership Team would be sighted on cultural metrics, looking at trends every eight weeks.

**RESOLVED: That the progress was noted and the report was received.**

## **99/23 CULTURE REVIEW TOOL**

The report set out to provide a high level overview of the tools designed to support and enable managers to develop and improve culture within teams and be able to identify and make recommendations for the next steps.

Both Welsh Government and Health Education and Improvement Wales (HEIW) had shown an interest in this work and whether the tools could be applied in other parts of the NHS in Wales.

It was recognised that managers would be critical in shaping the future culture of the organisation and the toolkit was designed to make culture feel more manageable and to set out a process that managers could follow with support and practical tools.

The toolkit would be piloted with some operational teams in order to develop it, then offer it more widely to managers of teams. It was hoped that areas that were doing well together with those where more work and improvement was needed, would be included in the pilot.

Cultural Early Warning Signs (CEWS) the diagnostic tool to help diagnose cultural issues within a team, had been shared with Trade Union Partners who had provided some useful feedback. This would create a score which would give a baseline measure to work from.

It is on Hive, a survey that uses our WAST behaviours and asks staff to rate the extent to which they're observing or experiencing those behaviours within the teams they're looking across the team.

**RESOLVED: That the approach was endorsed as outlined.**

**100/23**

## **PEOPLE AND CULTURE PERFORMANCE SCORECARD**

The report provided an overview of the key people and culture performance data and trends and associated improvement actions. Key areas were Improvements against "time to shortlist" KPI and a deep dive into PADRs.

Sickness absence saw a blip in August but was now on a continuing downward trajectory with October looking good. There was a triangulation of other data as well, looking at things like missed meal breaks as well as violence and aggression cases, the muscular skeletal injuries to identify issues.

Corporate staff should be encouraged to complete their statutory and mandatory training. The Committee were asked to receive and comment on the reported performance and associated actions.

**RESOLVED: That the report was received and commented on.**

**101/23**

## **MIQPR**

The indicators used at this high-level showed an increase of system pressure (and warning signs for Winter), in particular, with increased handover lost hours and therefore worsening quality and performance for the Emergency Medical Service (EMS). 111 was 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 had been stable, but with demand (with the exception of outpatients) increasing to pre-Covid levels, performance had 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 were system dependencies e.g., handover lost hours.

It was acknowledged that much of the work done in this Committee would be crucial over the next few months with the impact of the increasing handovers expected during Winter and the correlation of stress on staff.

**RESOLVED: That assurance was gained from the report**

## **102/23 PULSE SURVEY**

In order to effectively establish the views and opinions of colleagues in a fast and responsive way, a product called Hive had been purchased. This would provide feedback quickly and enable a "you said, we did" environment.

The first survey was due to close imminently which entailed seven questions; four around freedom to speak up and how confident people were to raise a concern, with the remaining questions on advocacy, loyalty and pride. Currently there was approximately 11% return rate on the survey.

The People Science Team from Hive have a team of Occupational Psychologists who would work with the Trust to look at areas that required focus. It was recognised that pulse surveys were the direction of travel to respond quickly to rapidly changing environments.

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

## **103/23 WASPT HIGHLIGHT REPORT**

The report confirmed that lots of issues had been discussed and that the two meetings that had been held since the last Committee meeting had been constructive. It was noted that the conversations at these meetings was now back to pre-pandemic levels and that a huge amount of good work was being done in partnership, which needed to be promoted.

The WASPT specific insights training had taken place and was well received. The Corporate Partnership Forum had been set up which would provide a good forum for discussion alongside the operational forums. Members noted that despite industrial action there was a lot of good work to celebrate and capture.

**RESOLVED: That the report and progress was noted.**

## **104/23 AUDIT TRACKER and SENIOR PARAMEDIC ROLE INTERNAL AUDIT REPORT**

Trish Mills advised that the current version of the Audit Tracker was named 2.0 and would be moving to 3.0 SharePoint solution shortly. Members of the People and Culture Team were thanked for their engagement in closing down 30% of their recommendations in the quarter. The historical action 496 relating to the EDI group terms of reference was also going to be closed.

It was reported that there were no 2021/22 open actions which was very positive, with constructive conversations held with auditors in reaching solutions to closing actions. Where there were revised date presented against management actions these were indicated in blue text within the Tracker.

There had been some scrutiny, concern, and challenge to focus on the impact of actions that had been closed, and it was suggested that some recommendations from the internal audits be brought back to the Committee in 12 or 18 months' time to review what the impact has been.

#### Senior Paramedic Role Internal Audit Report

The reports gave a positive review with a reasonable assurance rating and would be reviewed by the Audit Committee later this month. Some actions identified had already been completed and was recognised as a fair and balanced report by the Trust.

#### **RESOLVED: That**

- 1) the report was noted;**
- 2) the audit report was recognised as a positive report; and**
- 3) the Senior Paramedic Role Internal Audit report was received.**

#### **105/23 STAFF STORY DIAGRAM**

The feedback loop recognised the closure of the actions and was welcomed, which was recognised as being due to the calibre of management that the Volunteer Team now had.

#### **106/23 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT**

The priorities and cycle of business monitoring report was noted.

#### **107/23 KEY MESSAGES FOR BOARD**

Any messages for Trust Board would be picked up within the highlight report from the Committee.

#### **108/23 ANY OTHER BUSINESS**

None raised.

#### **109/23 DATE OF NEXT MEETING**

The date of the next meeting is 20 February 2024.



## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 30 NOVEMBER 2023 VIA TEAMS**

**Meeting Commenced at 09:30**

#### **PRESENT:**

Martin Turner	Non-Executive Director and Committee Chair
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

#### **IN ATTENDANCE:**

Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Judith Bryce	Assistant Director of Operations
David Butler	Internal Audit, NWSSP (left after Item 55/23)
Colin Dennis	Chair of the Trust Board
Eifion Jones	Internal Audit, NWSSP (left after Item 55/23)
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Olaide Kazeem	Project Accountant Financial Services
Angela Lewis	Director of People and Culture
Martyn Lewis	Internal Audit, NWSSP
Greg Lloyd	Assistant Director of Clinical Delivery Operations (Item 55/23 only)
Osian Lloyd	Head of Internal Audit, NWSSP
Rachel Marsh	Executive Director of Strategy, Planning and Performance (Item 53/23 only)
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Felicity Quance	Deputy Head of Internal Audit, NWSSP
Duncan Robertson	Assistant Director for Clinical Development
Jonny Sammut	Director of Digital Services

Paul Seppman  
Chris Turley  
Damon Turner  
Carl Window

Trade Union Partner  
Executive Director of Finance and Corporate Resources  
Trade Union Partner  
Counter Fraud Manager

**APOLOGIES:**

Joga Singh  
Liam Williams

Non-Executive Director  
Executive Director of Quality and Nursing

**52/23 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and advised that it was being audio recorded.

Members noted that any declarations of interest were contained within the Trust's Register of Interests.

**Minutes:**

The Minutes of the Audit Committee meeting held on 14 September 2023 were approved.

**Action Log**

Action Number 48/23: Board/Committee Induction programme. To liaise with Paul Seppman to consider retrospective induction particularly for TU partners who are members of the Board and its sub-Committees. Trish Mills proposed this action was extended to the 1 March 2024 meeting for update. Agreed.

Action Number 50/23: Policy report. Policy review extension criteria. Was there any other risk that could be captured within the 6 criteria points, i.e., whether a policy review should be delayed. Action complete and details have been included in the criteria list. Action Closed.

**Audit Committee AAA report dated 14 September 2023**

The Committee AAA report dated 14 September was presented for information noting the two alerts: Amendments to the Trust's Standing Orders and a change of prescribed Committee attendees.

**RESOLVED: The Committee;**

**(1) Noted the apologies from Joga Singh and Liam Williams;**

**(2) Approved the Minutes of 14 September 2023;**

**(3) Considered the action log noting that reference number 50/23 was closed. The other action, number 48/23 was agreed to be deferred to the March meeting; and**

**(4) Received the AAA report.**

## **53/23      QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK UPDATE**

A verbal update was provided by Rachel Marsh in which the Committee were reminded that the framework consisted of five building blocks which set out the requirements to deliver quality and performance improvements. The building blocks contained aspirational and ambitious objectives for the Trust.

A steering group to oversee implementation of the framework has been established, which, particularly in relation to the Health and Social Care Act, has reviewed and amended the framework slightly. Further work to clarify how this Act aligns with the framework was underway, part of which was to revise and update the terms of reference for the steering group. A self-assessment has been completed at an organisational level against the requirements with a work plan going forward agreed.

The Committee recognised there was still further work to be carried out and it was anticipated with some additional capacity that the framework would be progressed with alacrity.

Comments:

Members acknowledged the substantial progress in refining the terms of reference and the work plan. The close monitoring of the implementation was crucial to ensuring a smooth flow with the organisation; recognising the framework will be reviewed at other Board Committees going forward as part of its implementation and development. Paul Hollard emphasised the importance of other Board Committees receiving assurance about the oversight of the Duty of Quality.

**RESOLVED: The update was noted.**

## **54/23      POLICY REPORT**

Julie Boalch explained that the purpose of the report was to provide the Committee with an update on the status of the Trust's Policies as outlined on the work plan for the next two years. A priority programme of work was being established to bring the organisation's key policies up to date during 2023/24 with a further work plan agreed for 2024/25.

The work plan for 2023/24 which identified those policies for review was on schedule, with policies being reviewed at monthly policy group meetings. The Committee should note the



proactive approach being taken to consider any potential challenges such as winter pressures which may impede on the plan.

The Trust is in the process of undertaking a light touch review of the 'Policy on Policies'. Early next year this process will be strengthened further. Members also noted that the Trust was considering an electronic solution to support improvements going forward.

#### Comments:

Clarity was sought on some of the review dates in the workplan for 2024/2025, for example occupational health showed a review date of 2014. Julie Boalch explained this was a not an error but that the Occupational Health Policy had been issued in 2013 and had been due for review since January 2014.

It was noted that 14 policies had been identified as Standard Operating Procedures (SOP). An explanation on the rationale of when a policy becomes an SOP was sought. Julie Boalch explained there was a set of criteria that differentiated between SOPs and policies. Each document was assessed individually to consider whether it aligned with the criteria after which an approach was agreed.

Following discussion it was agreed that - given policies were reviewed regularly by the Policy Group and the Executive Leadership Team (ELT) - it was agreed that a concise report focussing on policy status without the need for detailed information could be prepared for future Committee meetings.

Paul Seppman commented that from a Trade Union perspective he was assured that the Policy Group had effectively streamlined the process, eliminating unnecessary high-level discussions. The current approach ensure that policies undergo the correct and efficient channels for approval.

#### **RESOLVED: The Committee:**

- (1) Noted the updates to the policy work plans established to mitigate risk and review policies in line with appropriate review dates.**
- (2) Received assurance on the prioritisation and progress being made to review Policies; and**
- (3) Noted the next steps as outlined in the update and that future reports contain less detailed information.**

## 55/23 INTERNAL AUDIT ITEMS

The Head of Internal Audit (HoIA), Osian Lloyd presented the reports which consisted of his update and three Internal Audit (IA) Reports.

Good progress was being made against the 2023/24 Internal Audit Plan; of the 20 reviews, four had been finalised, two were in draft, seven were in progress and seven had not been started. The Committee noted there were no changes being proposed to the plan, and the most recent submission of the KPIs were noted.

The following Internal Audit reports were received:

**Senior Paramedic Role** – The Internal Audit (IA) opinion was reasonable.

Felicity Quance explained that the purpose of the report was to assess the extent that Senior Paramedics (SP) were achieving their key role objectives.

The review found that while roles and responsibilities were generally clear, there were inconsistencies in how shifts were being tracked. There were also some challenges impacting on the SP's ability to provide sufficient supervision to Paramedics and Emergency Medical Technicians within their teams. It was noted that whilst the contribution to patient care was thorough, there was a need for consistent observation during ride-outs.

Further work was required to ensure that the feedback received from SPs was reviewed and reported accordingly. Appropriate training was available to SPs to enable them to undertake their role and appropriate support and supervision was being provided to them by management. Additional work was required to ensure that the required skill enhancements were provided in order for their expectations to be met. Furthermore, management has accepted the recommendations, and the Audit Team thanked all those involved with producing this report.

The Committee noted there was an inconsistency between the limited assurance on governance arrangements and the management recommendations and sought clarification on that point. Felicity Quance explained it was limited due to the limited reporting being undertaken on the effectiveness and efficiency of the SP role. Overall, due to the many positive aspects in the broader areas of the report and the good elements being undertaken within the wider localities, it was not considered appropriate to downgrade the report from a reasonable opinion. Greg Lloyd added that the Trust was committed to evaluating the evolution of the role and learning lessons from the audit process. From a governance perspective, the Committee recognised that the audit recommendations would be monitored through the People and Culture Committee (PCC) via the Audit Tracker.

**Records Management** – The IA opinion was reasonable.

Martyn Lewis advised the Committee that the Trust can take reasonable assurance with its records management. The aim of the audit was to evaluate the arrangements and processes in place for records management within the Trust.

The key objectives with the review were to review the guidance in place, review the capacity of the records management team, and to look at processes to ensure the availability of records. The review also considered the storage of records and ensuring an appropriate disposal of archiving records along with the transition to enabling a digital service. Records were currently being held in a storage facility leased from Denbighshire County Council.

However, there were some challenges to overcome which included outdated policies, a small and compliance focused team which lacked resilience, and there was no comprehensive improvement plan. There were legal implications in that the NHS records being stored did not have a structured digital record deletion process which could pose a GDPR breach risk. The management were conscious that addressing these issues was crucial for future effectiveness.

Jonny Sammut, Director of Digital Services, explained that some of the resourcing issues had been historic as it was an exceedingly small team that looked after the records. Part of the management action plan was to bolster that with temporary resources from January 2024, to review the storage of records.

The Committee were surprised to see the report was given a reasonable assurance opinion when the review had assessed three limited objectives, and there were also some legal issues relating to records management. Martyn Lewis explained that the audit team were confident, following discussions with staff responsible for holding the records, that they were following the correct procedures and guidance. The current storage facility although lacking a formal legal basis, was deemed secure and that the NHS records were kept separate from Council records. The assurance lay within the balance of these factors tipping the scale towards a reasonable assurance opinion. Another important factor to understand was the significant move with digitisation of records.

Osian Lloyd added that another important factor considered was the significant move with digitisation of records. The majority of records in use at the Trust, particularly patient records, are in digital form, and most issues raised within the report related to the physical records.

**Estates Condition** – The Internal Audit opinion was Limited Assurance.

Eifion Jones explained that a review on the estate of all Health Boards and Trusts had been conducted across Wales. The aim was to assess the specific challenges faced by NHS Wales in relation to the estates. The review found there were several themes including risk

management, data quality, accuracy of survey information and the challenges with funding for any work required. The goal of the review was to raise the profile of estates issues. Recent discussions with Welsh Government have indicated there should be a common approach in resolving the estates issues. Currently, all the reports across the Health Boards and Trusts were of a limited assurance. Going forward, an All-Wales summary report will be produced and shared with UHBs/Trusts, WG and NWSSP:SES on common themes, best practice and future actions. We understand that NWSSP:SES have already started looking at one common theme i.e. how the data collected could be more accurate and consistent.

David Butler emphasised that the key driver within the report was the scale of the backlog across Wales. It was estimated this was in the order of three times the amount of capital funding and this had clearly posed significant risks to addressing the estates condition. The Trust had aimed to eliminate the backlog over a 10-year period. While the backlog has reduced in recent years, the Trust faced challenges disposing of sites due to stalled capital programs and a lack of recent investment. As a result, higher risk backlog was increasing, and the outlook was for further increase as the estate aged. The review highlighted there were also data quality issues and inconsistent assessments. While many areas were positively assessed, the absence of a funded strategy has led to an overall limited assurance in addressing the estate's condition. Particularly recognising that the associated risk does ultimately rest with the Trust.

Chris Turley assured the Committee that a number of discussions had been held with IA over the report and the resulting overall assurance rating when compared with much of the rest of the NHS in Wales. In this he had questioned the consistency of the rating and the methodology of the audit and suggested that the report was more of an all-Wales report rather than a Trust specific one; expressing disappointment it had been identified as a limited assurance for the Trust. There were several factors beyond the Trust's control, which included funding and the consistency of reporting. He added that the backlog maintenance has significantly reduced over the last few years compared to the rest of Wales. In terms of the management recommendations contained within the report he underlined that the Trust could only action those which were within its control. He added that traditionally, a limited assurance would need to be followed up quickly, and this would need consideration going forward.

Eifion Jones explained the rationale for the rating and the shared challenges faced by all Health Boards and Trusts in Wales and acknowledged the positive aspects of the Trust's management approach and governance arrangements. He advised that in conducting the review, organisations were benchmarked when determining the overall opinion for each audit. Whilst some other organisations across Wales were much further limited, it was felt limited was a fair assessment of the Trust. It was acknowledged that some of the recommendations were jointly owned with for example Welsh Government (WG) and Specialist Estates Services (SES), but the review has tailored those recommendations to make them implementable.

David Butler stated that across Wales there was a lack of funded strategy to eliminate the backlog adding there was a huge disparity between Health Boards in terms of what funds they had available and their backlog figures. Furthermore, whilst the Trust does have a backlog the historical context and positive aspects were acknowledged within the report.

The Committee expressed their concern that this audit had resulted in being limited, especially considering the constraints upon the Trust. It was felt that the report should have been identified as reasonable, as the review illustrated several positive aspects and recognising that a lot of the constraints were at WG and SES level.

**RESOLVED: The Committee received the following reports: IA Reports: Senior Paramedic role, Records Management and Estates condition; and the IA progress report.**

## **56/23     AUDIT WALES REPORTS**

The Committee received an update report from Fflur Jones who advised that Audit Wales was actively engaged in various initiatives, including the independent examination of the Charity annual report and accounts for 2022-23, and the ongoing work on unscheduled care audit and the annual Structured Assessment. A follow up review will also be undertaken on the quality governance work that was conducted in 2022.

The Good Practice Exchange Team's recent activities were highlighted in the report, which included the NHS Wales workforce data briefing and a report on approaches to achieving net zero carbon.

The Committee queried whether, in relation to the workforce planning report, that mental health and well-being were considered when conducting the audit, especially in relation to strategic planning and workforce management. Fflur Jones commented that this topic was not extensively explored and recognising the importance, agreed to provide further information on the extent to which this was considered.

### **National Workforce Report and Workforce Data Briefing**

Fflur Jones gave an overview on the key points from the National Workforce Report on NHS Wales. The report has identified that NHS Wales was facing significant challenges regarding vacant positions.

Despite an increase in the workforce of 27% since 2012 and with some areas increasing more than in others, this has led to vacancies with a reliance on agency staff being required to fill these gaps. There has also been an increase in NHS Wales workforce costs of 66% since 2017. Although the increase in staff generally aligns with the national referral demand with certain specialities, as an example, issues with Ophthalmology has increased by 56% since 2012, with the medical workforce in that area having decreased by 2%.

Moreover, staff turnover at a national level has increased in recent years, especially with certain staff groups such as nursing and midwifery. According to data, there were 6,800 vacant positions in NHS Wales as of March 2022. Other factors affecting the workforce include absenteeism due to sickness, with records indicating that for the year 2022/23, 1.4 million working days were lost.

### **Review of Workforce Planning Arrangements - WAST**

Fflur Jones explained that the fieldwork for this report was undertaken between June and August 2023. It comprised of data analysis, interview and observations of meetings including this Committee.

It was concluded that the Trust has taken effective steps to mitigate the current workforce challenges and clarify its long-term strategic vision. Generally, the Trust, for those issues within its control, had plans to address the issues particularly in relation to the more immediate operational challenges. The strengths in staff engagement, robust oversight arrangements at Committee and Board level, and innovative solutions like homeworking for nurses were particularly noteworthy. There were six recommendations within the report for which there are management responses.

Angela Lewis welcomed the report and found it very useful that it was in the context of the wider NHS challenges. She gained reassurance from it that the Trust was on the right trajectory and acknowledged there were still areas that required addressing.

The Committee noted that the report had been discussed at the last People and Culture Committee (PCC) meeting and that it had received positive feedback. The main concern highlighted at the PCC meeting was the issue around clarification of agency spend, which had now been addressed and the report updated accordingly with a footnote to give context to the spend.

**RESOLVED: The Committee received the Audit Wales update report, the workforce report and the workforce data briefing.**

**57/23**

### **RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch explained that the purpose of the report was to provide the Committee with updates and details of the activity in relation to the Trust's principal risks. The principal risks were updated as of 15 November 2023 and each of the risks have been reviewed during this reporting period in line with the agreed schedule. Focus has been given to the risk ratings, controls, assurances, gaps and the mitigating actions identified and taken to ensure

risks achieve their target score.

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

Future reviews anticipate a reduction in score of risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) but an increase in 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).

The Committee noted that the Risk Management Policy was currently undergoing a governance review and was due to be presented to the Committee in March 2024.

Trish Mills reminded the Committee that all the risks have been reviewed by their respective Committees with the more top-rated ones, by the Board along with the avoidable harm report. A focus going forward was the development of the Board assurance Framework and aligning the risks to the strategic objectives. Further, the Trust will continue to progress and develop the risk improvement programme.

**RESOLVED: The Committee:**

- (1) Noted the review of each principal risk including ratings and mitigating actions;**
- (2) Noted the de-escalation of Risk 199 from the Corporate Risk Register to the Directorate Risk Register as this has reached its target score of 10 (2x5);**
- (3) Noted the update on the Risk Management Policy; and**
- (4) Noted the update on the Risk Management Transformation Programme.**

**58/23 QUARTER 2 TRACKER UPDATE**

Trish Mills advised that the update provided the Committee with the current position with respect to management actions for overall and within the purview of the Committee. Since the last meeting, significant progress had been made in managing the Tracker. Discussions with Internal Audit colleagues have led to the closure of around 30% of all audit recommendations in Quarter two.

Discussions have also taken place with Internal Audit and audit owners on historical actions, and those where management actions may need to be amended in view of the current



operating context. There has been some traction with these, and discussions will continue into Quarter three with a view to closing or revising as many as possible.

The current version of the Tracker was now open for Directorate review for actions due in October, November, and December, and will be reported in the January and February Committee cycles. Members also noted that plans were underway for a richer reporting system using a new digital software system.

In September 2023 the Audit Committee approved the Audit Process and Reporting Handbook ('Handbook'). The Handbook has been further revised to include Audit Wales content and version 2.0 was included in the update for approval by the Committee. To support agility as the revised audit process embeds, the Committee was asked to confirm it was comfortable for non-material changes to be approved by the Executive Leadership Team (ELT).

**RESOLVED: The Committee:**

- (1) Approved the changes to the Audit Process and Reporting Handbook v2.0 (at Annex 1) and agreed that non-material changes will be approved by the Executive Leadership Team; and**
- (2) Received assurance that the management actions for the audits within the purview of this Committee (at Annex 2), and overall (at Annex 3), were being effectively and appropriately managed and closed off in quarter; and**
- (3) Noted the proposal for closer scrutiny of the impact of actions in response to audit recommendations.**

**59/23 LOSSES AND SPECIAL PAYMENTS**

Chris Turley presented the report to the Committee which received no additional commentary.

**RESOLVED: The Losses and Special Payments Report for the period 1 April 2023 to 31 October 2023 were received and noted.**

**60/23 SPEAKING UP SAFELY UPDATE (WHISTLEBLOWERS)**

Paul Hollard, Chair of the People and Culture Committee (PCC), updated Members of discussions held at the last PCC meeting concerning the Speaking Up Safely programme. The All-Wales Speaking Up Safely Framework was adopted by PCC and ratified by the Trust Board at its meeting last week. A self-assessment as requested by Welsh Government has been completed. The Committee also noted that several guardians have been appointed for confidential reporting.

Angela Lewis emphasised the importance of encouraging colleagues to use formal channels, adding that the collaboration in this area with TU colleagues has proved invaluable. The appointment of Paul Hollard as the NED champion for Speaking Up Safely has added significant support to this initiative.

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

**61/23 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND PRIORITIES REPORT**

The report was presented for information.

**RESOLVED: The Committee Cycle of Business Monitoring Report and Priorities Report was noted.**

**62/23 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS**

Key messages for the Board would be captured in the AAA report.

**RESOLVED: The above was noted.**

**63/23 AOB**

Acknowledging this was Martin Turner's last meeting as the Chair of the Audit Committee, Chris Turley expressed his gratitude over the years and the significant contribution he has made to the Trust and the NHS. He will leave a lasting impact on the organisation and colleagues alike and was thanked for his valuable support and leadership. These sentiments were echoed by Paul Hollard, who expressed his thanks on behalf of all the Non-Executive Directors and wished him well for any future endeavours.

**Meeting concluded at: 11:00**

**Date of Next Meeting: 5 March 2024**

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 15 JANUARY 2024 VIA TEAMS**

**Meeting started at 09:30**

### **PRESENT:**

Joga Singh	Non-Executive Director and Chair of Committee
Professor Kevin Davies	Vice Chair of the Board and Non-Executive Director
Bethan Evans	Non-Executive Director
Martin Turner	Non-Executive Director

### **IN ATTENDANCE:**

Julie Boalch	Head of Risk/Deputy Board Secretary
Colin Dennis	Chair of the Trust Board
Jonathan Edwards	Assistant Director of Operations – Resourcing and EMS Coordination (Deputising for Lee Brooks)
Emma Giles	Audit Wales
Navin Kalia	Assistant Director of Finance and Corporate Resources
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit NWSSP
Rachel Marsh	Executive Director of Strategy, Planning and Performance (Left meeting at 11am returned at 11:30am)
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

### **APOLOGIES:**

Lee Brooks	Executive Director of Operations
Damon Turner	Trade Union Partner

## **01/24      PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests. He added that the agenda order was being adjusted to prioritise the presentation of items from Rachel Marsh who needed to leave during the meeting.

### **Apologies**

Apologies were recorded for Lee Brooks and Damon Turner.

### **Minutes**

The minutes of the open session held on 13 November 2023 were considered by the Committee and confirmed as a correct record.

### **Action Log**

The Action log was considered, and the following actions were recorded as follows:

Action Number: 71/23 – To provide an update on the Financial Plan for 2024/25 with a report presenting the approach and assumptions for budget setting for 2024/25. This specific action was marked as closed as it was being addressed under minute number 09/24.

### **Committee Highlight Report – 13 November 2023**

The Committee highlight report from the 13 November 2023 Committee meeting was presented for the Committee's attention.

### **RESOLVED: The**

- (1) Minutes of the meeting held on 13 November 2023 were confirmed as a correct record;**
- (2) Action log was considered and updated as described; and**
- (3) Committee highlight report dated 13 November 2023 was presented for information.**

## **02/24      OPERATIONS QUARTERLY UPDATE**

Jonathan Edwards presented the report and drew the Committee's attention to the following points:

The work on the Manchester Arena Inquiry (MAI) recommendations has now been ongoing for six months, and a mid-year review was completed in December. This reviewed progress and scope and subsequently recategorised some of the recommendations, all of which have been approved through the Senior Leadership Team governance process as supported by the Executive Leadership Team. It was noted that 27 of the 68 recommendations were complete with several others nearing completion. Work was now focussed on the completion of the assessment of the Trust's capacity to respond to an incident and the subsequent outline resource case to the Commissioner which specifically connects to one of the recommendations. One of the recommendations from the MAI was the introduction of two new triage tools for mass casualty incidents. Ten Second Triage (TST) is designed to be used by anyone responding to a major incident to provide care to casualties prior to the arrival of clinicians on scene, and the Major Incident Triage Tool (MITT) is for use by NHS Responders at scene. Work has been ongoing to introduce this new tool within the Trust with the UK Ambulance Services go-live date set for 1 April 2024.

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

The **Resource Escalation Action Plan (REAP)**. This plan provides the ability to manage the Trust's response in situations where demand or other significant factors within the service see an increase, and any challenge to the capacity to manage these demands. The **Incident Response Plan (IRP)**. Following several incidents, changes to key pieces of national guidance, and the release of the Manchester Arena Inquiry reports alongside learning from internal debriefs, the IRP underwent a significant rewrite rather than a simple refresh. It was approved by the ELT and will be presented to the F&P Committee in its usual annual assurance.

The **Clinical Safety Plan (CSP)**; the CSP provides a framework for the Trust to respond to situations where the demand for emergency services is greater than the available resources. This update was a relatively minor update reflecting evolutionary change to CSP with a wider review planned for 2024. A more thorough review of the CSP will be undertaken to consider earlier clinical review to the Clinical Service Desk to manage the calls more effectively.

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

On 9 October 2023, the inaugural Bryn Tirion Project Board was held to explore options available to relocate staff from the Bryn Tirion site. It has been broadly accepted that the site is not fit for purpose and as a consequence, funding had been set aside from this year's Discretionary Capital budget to relocate staff to a more suitable premises. At the Project Board on the 16 November 2023 an options appraisal of three options for potential new locations was undertaken, with Ty Elwy being selected as the preferred relocation site. It is acknowledged that the actual relocation of staff from Bryn Tirion is unlikely to happen before June / July 2024 as there is work required to ensure the space set aside in Ty Elwy meets the specific requirements.

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 19,119 hours were lost in July, 19,240 in August, 19,602 in September, 23,222 in October, 20,126 in November, and 22,756 hours in December. In addition to the multiple challenges, the Trust declared a Business Continuity Incident (BCI) and moved to Resource Escalation Action Plan (REAP) 4 in early January for a relatively short period, as a result of the significant and continued pressures.

Comments:

The Committee acknowledged the ongoing system pressures and challenges recognising the efforts of all staff in addressing and their endeavours in relieving these issues.

Members were eager to know if any lessons were learned from the recent visit by the Joint Emergency Services Interoperability Programme (JESIP) and whether there had been any repercussions on the Trust's finance, performance, and interoperability across the other emergency services. Jonathan Edwards explained that any feedback would be contained in a report yet to be published, and this will identify any key lessons learned from a multi-agency approach. Details, once known, will be provided in an update to the Committee.

The Committee sought additional details on the functionality and effectiveness of the Community Welfare Responders (CWR). Liam Williams clarified that the role of the CWR would be below a Community First Responder (CFR) with an emphasis on diagnostic feedback rather than full CFR functionality. CWRs undergo training similar to CFRs, notably though the CWR does not conduct assessments independently; instead, feedback is provided to clinicians at the Clinical Support Desk for further action.

A pilot programme involving CFRs has been underway to explore the effectiveness of the new role. Liam Williams added that the Trust has engaged with Age Alliance who have expressed their enthusiasm for supporting the CWR. The intention is to create a community-oriented initiative with volunteers providing a friendly presence as well as conducting basic clinical observations.

Members noted the positive achievements contained in the report such as progress with the MAI recommendations and improvements in Welsh language performance. Notwithstanding this, two concerns were raised, further information relating to the paramedic recruitment challenges in Powys and the ambitious goal of increasing the number of volunteer car drivers. Clarification was therefore sought on the level of risk in Powys and the feasibility of achieving the volunteer car driver target. Jonathan Edwards was optimistic that the target of 51 additional volunteer car drivers would be achieved by the end of February and agreed to provide further details regarding this during the meeting. In terms of the resourcing of newly qualified paramedics in Powys, although the risk involved has been flagged, it has not manifested itself as a significant concern for the Senior Leadership Team (SLT) at this point. Continuous monitoring will be necessary to address any potential challenges as they arise.

The Committee sought assurance that the ongoing system pressures, coupled with overtime controls in EMS, were not exacerbating the Trust's capacity and ability to respond to emergency requests. Concerns were raised about the potential implications of reducing overtime availability amid persistent system pressures. Jonathan Edwards reminded the Committee that the overtime controls were initially implemented as part of the Trust's savings plan to meet financial obligations. However, with additional funding becoming available since November, there is now flexibility to increase the overtime budget. The Trust ensured there was sufficient and safe ambulance coverage but recognised the need of implementing overtime constraints to meet financial obligations. In addition to the comments made by Jonathan Edwards, Rachel Marsh added that currently staff numbers were very strong with around 97% in post. As well as focusing on managing overtime, the Trust continues to reduce sickness levels. She added that the Trust's resource allocation aligns with commissioning expectations, and commissioners are content with the level of resources dedicated to fulfilling the commissioned responsibilities.

**RESOLVED: The update was noted.**

## **03/24 INTEGRATED MEDIUM TERM-PLAN (IMTP) 2023- 2026 – Q3 DELIVERY AND ASSURANCE**

Rachel Marsh presented the report, which included an overview of programmes which had been given a red, amber, or green (RAG) status. It was hoped that the Committee had the opportunity to review the reports and the detailed appendices. The mix of red, amber, and green indicated there was lots of ongoing work and overall, the achievements aligned with the goals for the year.

In preparation for next year, and as highlighted in the Trust's Structured Assessment, the IMTP deliverables with expected outcomes will be linked to the MIQPR. This will ensure a more comprehensive assessment of the initiatives and metrics undertaken going forward.

Comments:

Members sought an update on the ambulance care eligibility criteria. Rachel Marsh advised that further information would be available following the Strategic Transformation



Board meeting on 15 January 2024 and this would be provided to Members. Jonathan Edwards added that the aim was to balance the numbers by promptly resolving eligible cases initially. Maintaining the balance was crucial, considering there were patients who may not be eligible but still required transportation to appointments and had no other means of getting there, particularly those in more rural areas. He further stated that stricter application of the eligibility criteria would be applied for the current resources to meet the demand more effectively.

The Committee were interested in the likelihood of progress regarding the specific action relating to the quality management system, despite the ongoing system pressures. Liam Williams said that progress was being made although there was room for improvement. The formation of the Quality Management Framework Group was playing a crucial role in enhancing the pace and quality of advancements. Work was underway to enhance alignment and coordination at system level. This involved aligning various initiatives within the Trust like service, quality, and operational improvements to better interface with Health Boards. Implementing this consistent methodology will enhance tracking of performance and highlight any variations amongst Health Boards.

**RESOLVED: That the Finance & Performance Committee:**

- (1) Noted the overall delivery of the IMTP detailed in this paper: and**
- (2) Noted the update against the ministerial priorities that are relevant to WAST in Appendix 1.**

**04/24 INTEGRATED MEDIUM-TERM PLAN (IMTP) 2024-27 – PROGRESS IN DEVELOPING THE PLAN**

Rachel Marsh presented the report and drew the Committee's attention to the following: That further to the last Committee update, planning guidance had now been received from Welsh Government which sets out the Trust's and other Health Boards Ministerial priorities.

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

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

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

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

The Trust is actively developing the plan through engaging with various stakeholders including the public, patients, Trade Union colleagues and commissioners and key partners to identify any emerging priorities. Moreover, the process has involved staff discussions at Chief Executive roadshows throughout the year.

Commissioning intentions for the 111 service and EMS have been received. The Trust was looking to ask for further challenge from the Commissioners which they have agreed to reflect upon and will consider redrafting the intentions going forward. Rachel outlined the key governance routes and timelines of the plan as detailed in the report noting that final submission to Welsh Government (WG) was on 28 March 2024.

#### Financial Plan and Key Budget Setting Assumptions

Chris Turley presented the financial aspect of the report and drew attention to the following:

1. The NHS Wales Health Board Allocation Letter for the 2024/25 financial year was issued by the Minister for Health and Social Services in Wales on 21 December 2023, providing some key insights to the levels of funding our Commissioners will be receiving in the coming financial year. Whilst we are not directly funded through this allocation, being a commissioned organisation our funding is then agreed via (currently) the Emergency Ambulance Services Committee (EASC); it does provide some key assumptions for our 2024/25 financial plan.
2. The main headlines within the Health Board (HB) allocations were as follows:
  - a. An additional £330m being allocated to HBs for 2024/25, on top of that recurrently provided part way through the 2023/24 financial year;
  - b. This includes the recurrent impact of current year forecast energy costs being fully funded. This does include an amount for WAST of c£450k;
  - c. On top of this the recurrent costs of the 2023/24 pay award, plus that to be agreed for 2024/25, plus the recently announced changes to the minimum and real living wage (RLW) values will be separately and fully funded to all NHS Wales organisations;

- d. This all results in a residual general uplift for inflationary and other cost pressures for 2024/25 of 3.67%;
- e. An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.

One of the key things to note is that the Trust ensures that the uplift as mentioned is passed on to the Trust by the Commissioners in full and applies to all the funding streams. Work will now continue over the coming weeks to translate the expected impact of the HB funding allocations on that expected to be applied to our financial plan, including:

- a. Ensuring that, as previously indicated and in line with previous financial years, the general uplift for 2024/25, now agreed at 3.67% is fully passed on to us by Commissioners. To help with this the covering narrative which accompanied the allocation tables states *"Health Boards and the Welsh Health Specialised Services Committee are expected to pass on an appropriate level of funding for relevant non-pay inflationary cost increases in the Healthcare Agreements for services provided by other Boards and NHS Trusts, equivalent to the additional funding provided to commissioners"*;
- b. Ensuring such uplifts are applied to all of the Trust's funding streams, including those for NEPTS and 111;
- c. Ensuring that identified within the HB allocations as energy funding for WAST is similarly passed on in full, and
- d. Ensuring in year that the actual costs incurred for pay awards and RLW impacts is funded in full.

Whilst the likely settlement and funding increase for the coming financial year is therefore greater than may have been expected, no financial plan is risk free and there inevitably remains several risks and challenges that will need to be worked through over the coming weeks in order to finalise the financial plan and budget for 2024/25.

There is a finance touchpoint meeting with WG and HB colleagues on 2 February 2024 and should the Trust consider itself to not be in a position to balance for 2024/25 then the Trust must write to WG via an Accountable Officer letter by 16 February to explain the position. Chris Turley added there was a clear expectation for the Trust and other NHS Wales organisations to present a balanced financial plan for next year. Despite the uplifts, some work remains to achieve this goal.

#### Comments:

The Committee sought clarity on the percentage of feedback from received from staff following the engagement sessions. Rachel Marsh explained there were several mechanisms for staff to provide feedback including MS Forms, and whilst the one used in the report provided relatively low numbers (MS Forms) other mechanisms such as roadshows, provided higher numbers.

Members were keen to understand, as the Trust was funded via a commissioning framework, whether there would be an impact on the Trust if this framework changed.

Rachel Marsh explained that EASC will continue to develop the plan for next year, however from 1 April 2024, a new Joint Commissioning Committee will come in to effect. As yet there is no further information on the structure of this committee.

The Committee queried if there had been any progress on broadening the groups engaged with by the Patient Experience and Community Involvement (PECI) Team as part of the engagement and consultation for the new IMTP. Rachel Marsh explained that the Trust was in the process of widening the groups being contacted through the Civica platform.

In terms of feedback from the targeted engagement that had been undertaken with patients and the public, Members asked for an update and what the targeted engagement related to. Rachel Marsh explained that the Trust was looking to use Civica as the platform to increase feedback from a larger percentage and patient and the public who use the trust's services. Liam Williams added that there was an issue in terms of Information Governance with the Civica platform which was being addressed and once resolved will improve the overall process.

#### **RESOLVED: The Committee**

- (1) Noted the overall progress in developing the IMTP;**
- (2) Noted the financial and budget setting assumptions following issuing of the Health Board allocation letters for 2024/25;**
- (3) Noted the approach and timelines set out in the report; and**
- (4) Advised of any further assurance required during the final stages of the planning cycle.**

#### **05/24 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

The Monthly Integrated Quality and Performance Report (MIQPR) for November 2023 was presented by Rachel Marsh who drew the Committee's attention to the following points:

111 call answering was improving, with the call abandonment target of <5% being achieved again in November 2023 (3.9%) and 61.6% of calls being answered within 60 seconds, although this still remains significantly below target (95%). Negotiations with Commissioners have indicated that funding is available for 198 call handlers this year and recruitment has been underway to secure this number, but there remain a number of vacancies.

With regards to Demand Management the increase in Clinical Support Desk (CSD) capacity has meant that the Trust has been able to increase its consult and close rate over the last 12 months, however, it has declined in recent months, with an upturn to 14% in November (IMTP ambition 17% by quarter 4). The Trust has been asked by senior external stakeholders what it can focus through the winter, with the Trust identifying the 17%

ambition as key, along with ambulance production (linked to targeted overtime and reduced abstractions).

In terms of the December data, Rachel Marsh updated the Committee through a PowerPoint presentation and raised the following.

Demand for 111 as expected has increased and had an impact on performance with the calls abandonment rate going above 5% for the first time in a number of months. The numbers of patient calls answered within 60 seconds had decreased but were much better than this time last year. In terms of response times from clinicians, due to demand, call back times in the two lower priority groups did not meet the target.

With regards to the 8 minutes red performance this was slightly under 50% and similarly there was a slight dip in the Red 9 and 10-minute performance targets.

22,756 hours were lost in December due to hospital handover delays which was an increase from November. In terms of the amber 1 median times, again these had increased slightly in December as a result of both the increases in demand and hospital handover times.

Comments:

The Committee acknowledged that whilst the Red immediate release requests had improved, there was still a concern with the significant number of amber 1 requests being declined by Health Boards.

Members sought an update on the progress of the planned supportive action to address concerns about the welfare of the Putting Things Right (PTR) team. Liam Williams added that with the challenging nature and the high volume of work, the team was still experiencing significant duress. The Organisational Change Policy (OCP) was now complete, with some staff applying for promotion opportunities.

The Trust was focussing on recruiting more staff to work for the team at all levels which would lessen the burden on the team currently. The goal was to have two senior roles in the PTR team filled by March 2024. In terms of the CCC colleagues, changes were being made which would align to the quality work.

**RESOLVED: The Committee considered the November 2023 Integrated Quality and Performance Report and actions being taken and determined that it report provided sufficient assurance and noted the update on the December position.**

## **06/24 FINANCIAL POSITION FOR MONTH NINE**

Chris Turley provided the Committee with a PowerPoint presentation on the financial position for month nine. Of note for the Committee's attention the following points were mentioned:

- The month nine reports were submitted to Welsh Government (WG) on Friday 12 January 2024.

- The cumulative year to date revenue financial position was an underspend against budget of £0.108m.
- The Income and Expenditure forecast for 2023/24 was one of breakeven.
- The Capital plan was being progressed and current planned expenditure of £21.1m was forecast to be fully spent by the end of the financial year.
- In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £5.181m have been achieved against a target of £4.574m.
- Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.2% for the number, and 98.5% of the value of non-NHS invoices paid within 30 days.

In terms of key assumptions/risks which underpinned the year-to-date financial performance, these were as follows:

- The level of funding for the additional 100 front line Whole Time Equivalents (WTE) was now in line with that being received.
- Full delivery of c£6m identified savings now assumed and forecast to deliver this as a minimum in 2023/24.
- Full impact of the residual pay award for 2022/23 and 2023/24 and any recurrent impact for 2023/24 of the 2022/23 elements were assumed to be fully funded by WG.
- Updated estimates submitted for some technical items – impairments and depreciation. The key here being that WG were sighted on any variations as quickly as possible.
- Airwave contract extension fully funded in year (capital requirement). Work was ongoing to confirm how the funding will flow in this area, from a WG perspective.

There are a number of risks that have materialised and have had to be managed in year in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, this has however been reduced in month to £0.200m. Also included in line with the current financial climate is a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions, this has again however been reduced in month to £0.400m.

In terms of the savings performance, the Committee were provided with details of the current schemes. Savings to date had been overachieved by £607k.

With regards to capital, the Trust was online to deliver its capital plan for this year. At Month nine, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is £21.139m. This includes £16.818m of All Wales Approved schemes and £4.321m for Discretionary schemes.

Whilst the above values are now fully committed to Month nine, the Trust has expended £6.481m against the current All Wales capital scheme full year budget of £16.818m and £3.471m against the discretionary budget of £4.321m.

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

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

The 2024/25 Fleet Business Justification case was submitted in November asking for just short of £25m for over 150 new vehicles; this was still subject to WG scrutiny and an outcome was expected soon. However recent indications have anticipated that this level of funding will not be agreed in full.

Chris Turley further added that WG colleagues have circulated an e mail across NHS Wales to consider what could be spent quickly in a capital sense between now and the end of March 2024, should money be available with however no guarantees that it would be.

Comments:

The Committee acknowledged the Trust's outstanding financial performance over the years, giving credit to the finance team and managers for their hard work in identifying and delivering savings schemes, especially those requiring immediate action within the year.

Members inquired about the Trust's preference for purchasing vehicles over leasing and sought an explanation for this decision. Chris Turley explained that leasing was indeed an option, and the Trust does currently lease a small number of vehicles on a shorter-term basis. Going forward, the Trust may consider more leasing, however this is not always an option for all vehicle types.

Historically, from a WG perspective, vehicle replacements were through a capital programme rather than revenue costs. One of the challenges going forward is due to the size of the fleet and the ability of the trust to replace and modernise vehicles bearing in mind the need to improve decarbonisation.

**RESOLVED: The month nine financial update was noted.**



## 07/24 FINANCIAL SUSTAINABILITY PROGRAMME

Angela Lewis presented the Committee with an update on the Financial Sustainability Programme (FSP) which set out the current position as at the end of Q3 2023/24. The Committee's attention was drawn to the following areas: Several short-term savings opportunities and schemes were coming to fruition and these included efficiencies on fuel costs and consumable waste.

**Service and Provision Reviews:** This area looks to provide an evidence-base for long-term efficiency across the organisation by undertaking an audit of Administrative and Support Staff provision, and an audit of service provision across the organisation which will establish the basis for an annual review process. The 22 actions as a result of these reviews were being progressed via the Assistant Director Leadership Team (ADLT). The service review will be reported on by mid-April and this was crucial in identifying any gaps and highlighting areas where the Trust may be exceeding its service expectations.

**Income Generation:** On 6 December 2023, a session was conducted during the Executive Team Away Day, which included a proposal paper outlining four potential commercial options, and a case study presented by North East (NE) Ambulance Service. The case study shared insights into the NE Ambulance Services commercialisation journey and in response the ELT has asked that additional expertise be sought to assess potential markets and options. The aim being to assess the viability of advancing income generation with a more commercial mindset.

Comments:

Members suggested that spectacular success in income generation for a commissioned organisation like the Trust may pose a risk to the commissioning process by potentially affecting funding arrangements. Rachel Marsh acknowledged there would be a slight risk associated with income generation but believed that Commissioners would see income generation as a positive move in helping the Trust, particularly in the absence of any additional funding from Health Boards.

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

## 08/24 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley presented the report as read and highlighted the following points for the Committee's attention:

Regular review continues on the action plan in response to the generic all NHS Wales report Internal Audit which took place during October 2022. A second Internal Audit started on the 06/07/2023 and the draft report has been received by the Trust. Comments and further documentation are being provided back to the audit team currently in support of the draft review exercise. It is anticipated that the final audit report will be received by the Audit Committee at its 1 March 2024 meeting.

Capital Investment – Estates and Facilities Advisory Board (EFAB) Funding: Delivery is ongoing against a range of WG Estates Funding Advisory Board (EFAB) schemes for

2023/24 and planning has commenced for 2024/25 schemes. As previously noted, the Trust was awarded a proportionally significant amount of the total funding available, with a 30% contribution by WAST within the Capital Expenditure Limit. Schemes range across decarbonisation and infrastructure and an update by scheme is provided below:

- a. AFSRC Wrexham – Decarbonisation: a tender specification for a scheme including PV arrays is now out to tender and closes on 8<sup>th</sup> December. Previous discussions had also referenced the ability to bid for Asset Collaboration Funding for this scheme given the shared site nature with North Wales Fire Service. Further consideration will be given to this once the costs are received.
- b. Blaenau Ffestiniog Decarbonisation: this scheme is now underway, with a contractor appointed and pre-start meetings having taken place on site.
- c. Cardiff Ambulance Station Decarbonisation: a tender specification for this scheme including PV array is now out to tender and closes in late December.
- d. Glynneath – infrastructure and decarbonisation: a tender specification for this scheme including re-roofing and PV array is out to tender and closes in late December.
- e. Bryncethin – infrastructure: this re-roofing scheme is out to tender and closes in late December.

Chris Turley added that financial constraints will pose challenges in the Trust implementing further initiatives in the Decarbonisation Action Plan (DAP).

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

## **09/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch explained that the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically the eight risks that are relevant to Committee's remit for oversight and additionally the Trust's two highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight. The following highlights from the report were brought to the Committee's attention:

In terms of the Trust's two highest scoring risks, 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service), these were constantly being reviewed by the risk leads to ensure there was synergy between the two risks and that the actions from the avoidable harm paper were reflected.

Furthermore, the Trust was seeking consultant advice to assist in the Trust being able to apply the risk appetite methodology for a more efficient internal risk management approach. Risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation). This risk has successfully reached its target score of eight, down from 16 in the reporting period. While it will persist at an elevated level in the current financial

climate, it will be consistently monitored on the Corporate Risk Register (CRR) and subject to regular reviews as scheduled.

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). This risk has increased in score from 15 to 20, primarily as a result of Health Boards where plans for releasing ambulances in mass casualty exercises were untested. Additionally, it takes into account the fact that the Trust was unable to meet a recommendation from the Manchester Arena Inquiry (MAI) which attributed to ambulances being delayed outside hospitals and Health Boards unable or unwilling to release them.

Risk 424 (Prioritisation or Availability of Resources to Deliver the Trust's IMTP). The title has been amended to factor in revenue, capital and staff capacity related to the IMTP. Ongoing efforts during this reporting period will address these changes.

Comments:

The Committee sought clarification whether the Trust would face a penalty should it be in breach of risk 594, breach how does that risk. Trish Mills confirmed there was no financial penalty for any breaches of the Civil Contingencies Act in terms of risk 594. Jonathan Edwards confirmed that this risk has been raised at Chief Executive level at each Health Board and has been agreed to be incorporated into their policies. The Executive Director of Operations will be emphasising to Health Boards the importance of including the requirement to release ambulances into their internal policies.

The Committee queried why risk 594 was not given a higher score from the current score of 20, as the outcome of the risk was similar to risks 223 and 224 which were given scores of 25. Trish Mills explained that the scoring matrix identified risk 594 as the likelihood being that it will probably happen/recur but would not be a persisting issue as opposed to risks 223 and 224 which will undoubtedly happen/recur, maybe frequently. She added that the Board would still have sight of risks that scored 20. Liam Williams added that in the event of a major incident there is an expectation that the Trust would receive a more effective response from Health Boards in releasing ambulances compared to when operating under normal system pressures.

In terms of risk 223 and specifically in relation to access to Same Day emergency Care (SDEC) for paramedic referral, the Committee noted noting that less than 1% of paramedic referrals were accepted, which seemed very stark. Rachel Marsh clarified that it was not 1% of referrals but 1% of demand. Current modelling suggests that projected demand suitable for SDEC was 4% when in actual fact it was less than 1%.

**RESOLVED: The considered the contents of the report and:**

- (1) Noted the reduction in risk score of Risk 139 to the target score of 8:**
- (2) Noted the increase in risk score of Risk 594 from 15 to 20; and**

**(3) Noted the amendment to the title of Risk 424.**

**10/24 AUDIT RECOMMENDATION TRACKER**

Trish Mills presented the report which provided the Committee with the current position in respect of the management actions for audits within the purview of the Committee.

The Audit Tracker has been updated in Quarter three following its complete revision in Quarter two again there has been excellent engagement from Directorates. Around 17% of audit recommendations are presented as closed in quarter in this report and there are actions with a change in date proposed, many of which are due to be closed in Quarter four or Quarter one of 2024/25.

Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these, and discussions will continue into Q4 with a view to closing down or revising as many as possible.

Good progress was being made on Tracker 3.0 with Digital Health and Care Wales (DHCW). The positive engagement also with Internal Audit colleagues, especially regarding historical actions is a valuable part of the overall process.

There were two Internal Audit reports being presented to the Committee for their consideration:

**1. Estates Condition Internal Audit**

Chris Turley explained that the report had been discussed in some detail at the last Audit Committee meeting whereby assurance was gained that the recommendations within it had been accepted by management and that progress on the actions were on track. There were some actions that were not wholly under the Trust's control and once those elements that are within the Trust's control that part of the action will be closed off from the Trust's perspective.

**2. WAST 111 Commissioning Final Advisory Report**

Rachel Marsh explained that the advisory audit, which did not include a score rating, examined the Trust's commissioning arrangements for 111. The Trust has control over certain aspects as a provider, but there are other elements which are affected by the mechanisms and processes implemented by Commissioners. The actions and recommendations have been agreed by management.

**RESOLVED: The Committee:**

- (1) Received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were: -**

- **Estates Assurance – Estates Condition;**
- **111 Service Commissioning Arrangements (advisory);**

**(2) Noted the management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).**

## **11/24 DIGITAL REPORTING: 1 APRIL 2023 TO 30 NOVEMBER 2023**

Jonny Sammut provided the following key highlights for the Committee's attention:

Mobile Data Vehicle Solution (MDVS) rollout for EMS is on track and approximately 25% complete, with the NEPTS pilot commencing in January (slightly later than planned).

Automation was not separately funded in 2023/24, and as such, progress has been limited to smaller requests. However, it is likely that a more detailed plan along with dedicated resources, will feature in the 2024/25 WAST plan, allowing for faster paced progress. A further update will be provided to the Committee at its March Meeting.

The Data Linkage project has progressed following receipt of a letter from Welsh Government stating support for the sharing of information between Health Boards and Trusts and DHCW. The first WAST use case for the National Data Resource (NDR) is the Out-of-Hospital Cardiac Arrest dataset which will be consumed via the NDR analytics platform by the NHS Wales Executive on behalf of the Cardiac Network.

The 999 Upgrade, as agreed, is now scheduled for late February 2023 and on track for this revised plan.

The Digital Experience initiative has made small improvements this year (slower pace is largely linked to the lack of resourcing support for automation), however, will be considered as part of the Digital Plan Refresh and likely feature more heavily and realistically in the 2024/25 IMTP.

The Digital Plan refresh is expected by end of Q4 2023/24. This will refresh the existing Digital Plan and align it with the Digital Strategy and this will enhance the Trust's digital initiatives for more effective outcomes.

Staffing/resourcing continues to be under pressure, particularly in the areas of Information Governance, Records Services, analytics, web development and ICT engineering. This results in risk to existing/planned projects as new in-year tasks materialise.

Additionally, the closure of 111 Integrated Information Solution (IIS) programme (aka SALUS) and initiation of the CAS replacement project has adjusted Q4 Digital priorities.

There has been some significant progress being made responses to request for information.

**RESOLVED: The Finance & Performance Committee noted the contents of the accompanying report and the trends in metrics presented.**

## **12/24 FIRE SAFETY COMPLIANCE – JANUARY 2024**

Chris Turley explained that the report provided the Committee with an update on the work being undertaken in support of ensuring and significantly improving fire safety compliance across the Trust's estate, including since the appointment of a more dedicated facilities team, focussing specifically on this. It is the first of what will now be planned to be annual reports on such matters to Committee.

This report has been developed in part as a result of previous internal audit reviews and recommendations to provide a minimum of an annual update of compliance to the appropriate fire group and onward to the Committee, for which such issues are devolved from the Trust Board.

For the Committee's attention the following points were raised:

Emergency lighting is provided to illuminate evacuation routes should the main building lighting fail. Chubb Fire are our appointed contractor to maintain the Emergency Lighting systems throughout Wales at all premises, where it falls within our statutory obligation to maintain. It is noted that in the past remedial works for some of our premises had not previously been fully completed, leaving, at some times in the past, up to 2/3rds of sites without fully adequate provision of emergency lighting. However, as of November 2023, it is pleasing to report that all the remedial works have been completed across all sites.

Fire risk assessments have been carried out to assist the site 'Responsible Person' of the Trust's statutory obligations. It also seeks to address relevant issues relating to business, property and environmental protection.

Fire Marshalls: A suitable number of persons should be trained in order to ensure that adequate cover is provided in the event of an evacuation for "every operational hour" and available 24 hours a day. A full list of trained site-specific Fire Marshal's should be prominently displayed on site. As has been noted previously however given the spread, size, occupancy, and type of some of the Trust's buildings this is always going to be challenge to evidence 100% coverage at all times (and in some instances there is little or no need for such coverage in this way). Whilst there was good coverage of fire marshals in the higher risk sites, the Trust will be ensuring that there was coverage of the lower risk sites when required.

### **Comments**

The Committee agreed and recognised the progress being made in fire safety compliance and were mindful that the work completed had not been a strain on the Trust's finances.

**RESOLVED: The Committee:**

(1) **NOTED** contents of the report;

(2) **NOTED** the update and progress made since the appointment of a more dedicated facilities team to progress with the improvement of fire safety compliance across all WAST sites;

(3) **NOTED** the appointment of a new Fire safety advisor, namely Anolex Fire, and

(4) **NOTED** the changes made to the training of fire marshals through Thomas Carroll Management Services.

**13/24 CYCLE OF BUSINESS MONITORING REPORT AND REVIEW OF COMMITTEE PRIORITIES**

The report was noted for information.

**RESOLVED: The Committee noted the report.**

**14/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

The Committee recognised this was the last meeting that Martin Turner would attend and a note of thanks was recorded for his contribution throughout.

Martin Turner recalled some of his experiences during his time with the Trust and noted the positive progress that had been made in the organisation. He thanked the Chair and other Members for their support.

The Chair thanked the Committee for being flexible with the changes to the agenda.

**15/24 ANY OTHER BUSINESS**

None

**Meeting concluded at 12:35**

**Date of Next Meeting: 19 March 2024.**



## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	18 January 2024

#### **Summary of key matters including achievements and progress considered by the Committee and any related decisions made.**

##### **Chair's Report**

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. These included:

- Meeting with Ministers in December where there was some unsolicited positive reflections from Judith Paget on the role of NWSSP, particularly in helping to support NHS Wales in meeting the challenges of the financial climate;
- NHS Wales Chairs' meeting in January which is always helpful in terms of being kept informed on developments and risks; and
- Attending the Velindre University Trust Board at the end of November with the Managing Director to provide updates on development within NWSSP and progress with the IMTP.

The Committee **NOTED** the update.

##### **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- The recent JET meeting with Welsh Government colleagues covering performance, governance, quality, and workforce planning was very positive with Welsh Government acknowledging the significant role that NWSSP plays within NHS Wales;
- The significant involvement in the response to the industrial action taken in the week of the 15<sup>th</sup> January and particularly the impact on the NWSSP Payroll Division with the need to amend the pay of those on strike;
- An incident was noted immediately prior to Christmas that led to a number of staff, primarily employed in BCUHB, not receiving their pay as expected.

Although NWSSP received the calls relating to this issue, the delay was caused by the Health Board's flexible pay arrangements provider. This incident has led to an acknowledgement of the need to revisit the respective responsibilities for this arrangement and Workforce Directors are meeting to discuss this;

- The TUPE process for the Cwm Taf laundry staff is underway and we are also supporting Hywel Dda UHB in the meetings with the staff affected by the planned closure of their laundry and the associated creation of a laundry hub; and
- Advanced negotiations with the landlord are on-going for the fit-out of the building on the Nantgarw estate that will be used to house staff moving from both Companies House and our current HQ in Nantgarw. The expected date for us to move into this accommodation will be in the latter part of 2024.

The Committee **NOTED** the update.

### **Items Requiring SSPC Approval/Endorsement**

#### **IMTP 2024-27**

The draft IMTP was submitted for approval. The Ministerial Priorities for 2024-25 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver their services. The financial allocation letter for 2024-2027 was published by the Welsh Government in late December and our financial plan has been revised to reflect this.

The draft IMTP was endorsed by SLG in December and has been developed in collaboration with all our divisions who have written underpinning divisional plans for the next three years. In line with the direction from the Minister for Health and Social Care, we recognise the need to focus on a smaller number of priorities for 2024-25 which are as follows:

- Doing the basics well;
- Financial sustainability;
- Duty of Quality; and
- Staff Wellbeing.

It was noted that NWSSP did not receive the 3.67% core uplift provided to other NHS organisations which has limited the ability to deliver certain service developments and initiatives that would benefit NHS Wales. The Committee acknowledged that there was a need to uplift the services provided by NWSSP under a SLA. The achievement of the financial plan for 2024-27 will be challenging and there are several significant financial risks to be managed to achieve this aim.

The plan was well received by Committee members who emphasised the need for a co-ordinated approach to ensure that all NHS Wales organisations were working to support each other in the light of the financial challenges that all organisations

currently face. The Plan would be reviewed at touch point meetings scheduled for February.

The Committee **APPROVED** the IMTP for submission to Welsh Government subject to any further significant changes being brought back for review.

### **Mamhilad Lease**

The renewal of the lease for the part of Mamhilad House occupied by the NHS Wales Counter Fraud Service was presented to the Committee for approval.

The Committee **APPROVED** the renewal of the Lease.

### **All-Wales Overpayments Procedure**

The procedure was submitted to the Committee for approval. Over recent years the number and value of overpayments has risen substantially and operating with 13 separate overpayment policies across NHS Wales hinders attempts to comprehensively address this issue which has been a regular finding in internal audit reports. Despite a number of attempts to introduce a once-for-Wales approach, this has not been achieved, and so the Directors of Finance tasked the Deputy Directors of Finance to establish a Task and Finish Group to take this forward. The Group included representation from Payroll, Counter Fraud, Internal Audit and Finance. The group had consulted widely and taken on board an extensive range of comments and produced a number of iterations and were currently on version 10 of the procedure. Presentations had been made to the All-Wales Deputy Directors of Finance forum and the All Wales Directors of Workforce forum. The outcome of the Group was the procedure that was presented to Committee for approval, and which generated significant discussion. Members acknowledged the significant amount of work that had gone into producing the draft procedure and welcomed the progress made in producing an All-Wales procedure. A number of constructive comments were made which would be incorporated in the final version of the procedure. Although this is a procedure rather than a policy, it was thought helpful for the document to be reviewed at the Business Committee of the National Partnership Forum.

**It was therefore agreed to further update the procedure to reflect the comments of Committee members and to bring it back for approval in March. It was also agreed that the procedure should be considered by the National Partnership Forum Business Committee.**

### **Commercial Storage and Distribution**

The renewal of the contract for the commercial storage of medical consumables was presented to the Committee. The proposed renewal represents a saving on the current contract as less storage space is required.

The Committee **APPROVED** the renewal of the Contract.

## Radiopharmacy Clean Room

The closure of legacy facilities in the Cardiff area makes the case for development of an alternative facility an urgent priority. The SSPC approved the business case for the Radiopharmacy service at the November meeting and were now presented with a proposal for the design and build of a Clean Room. Funding for this development has been approved, but the work will be undertaken in phases with each phase being dependent on the satisfactory conclusion of the previous stage. A formal tender exercise has been undertaken and contract award is dependent upon SSPC and then the Velindre University Trust Board approval.

The Committee **APPROVED** the Clean Room Proposal.

## Finance, Performance, People, Programme and Governance Updates

**Finance** – NWSSP is reporting a break-even outturn position for 2023/24. The 2023/24 forecast is currently being reviewed which may lead to an increase in the £1.6m distribution identified in August 2023. The Welsh Risk Pool forecast was £135.929m which requires £26.494m to be funded under the Risk Share Agreement. NWSSP is on track to fully utilise its capital allocation.

**People & OD Update** – Sickness absence rates have reduced further to 2.89% (against a target of 3.3%) for the 12 months to 31 December 2023. Statutory and Mandatory training compliance is above 96% although this figure excludes the Single Lead Employer staff.

**Performance** – The report covered the period to 30<sup>th</sup> November. Of the 42 KPIs reported 37 were on target. The targets that were off track covered recruitment services (2) and audit and assurance (3).

**Project Management Office Update** – All projects are on track with the exception of the TRAMs programme and the Primary Care Workforce Intelligence System. The TRAMs programme has been hit by the lack of available capital funding, but good progress is now being made with the Radiopharmacy Unit. The Primary Care system has been impacted by a six-week delay in receiving key information from the supplier.

**Corporate Risk Register** – The number of red-rated risks has reduced from seven to five covering industrial action, financial climate, TRAMs programme, Brecon House, and the COVID-19 Public Inquiry.

The Committee **NOTED** the above Reports.

## Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Months 8 and 9).

<b>AOB</b>	
<b>N/a</b>	
<b>Matters requiring Board/Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.</li> </ul>	
<b>Matters referred to other Committees</b>	
N/A	
<b>Date of next meeting</b>	21 March 2024

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 30 JANUARY 2024**

The Welsh Health Specialised Services Committee held its latest public meeting on 30 January 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:

[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee/)

### **1. Minutes of Previous Meetings**

The minutes of the meetings held on the 21 November 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. Integrated Commissioning Plan (ICP)**

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members (1) **Noted** the report and presentation; and (2) **Discussed** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further discussion be undertaken with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The plan should then be brought back to an extraordinary Joint Committee for approval in February 2024.

### **4. Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales**

Members received a report and a presentation providing an update on the Advanced Therapy Medicinal Product (ATMP) landscape highlighting the additional implications that are associated with them, and to set out a proposed ATMP commissioning framework that will inform implementation plans.

Members (1) **Noted** the presentation, (2) **Noted** the report, (3) **Noted** the current and future Advanced Therapy Medicinal Product (ATMP)

positions and implementation progress to date, (4) **Noted** that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities, (5) **Noted** the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers, (6) **Noted** the proposed ATMP Commissioning Framework (Appendix 1), (7) **Noted** the development of an ATMP Commissioning Strategy for Wales; and (8) **Supported** that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.

## 5. Chair's Report

Members received the Chair's Report and **noted**:

- **Key Meetings attended.**

Members **noted** the report.

## 6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **The increased thrombectomy access for Welsh patients in Bristol** - North Bristol NHS Trust have informed WHSSC that from 15 January 2024 they are able to offer access to thrombectomy for Welsh patients from 6.00am to 12.00am, with the last referral being accepted at 9.00pm in order that procedures can be completed by 12.00am. Currently the service accepts patients at 8.00am. Access to thrombectomy is increasing in south Wales with an average between December 2023 to June 2024 of 3.3 patients per month and for July to November 2023 an average of 6.0 patients per month. However, the overall annual rate is 2.18% of stroke patients accessing thrombectomy which is still well below the target of 12.5%; and
- **NHS Wales Joint Commissioning Committee Implementation** WHSSC were informed at the National Commissioning Review Oversight Board that it is unlikely that the Organisational Change Policy (OCP) process will be complete by 1 April 2024 and therefore a transitional model will be put in place. Development of the model will be undertaken by Welsh Government with 'sign off' by the Director General of NHS Wales. This work will be completed in the next few weeks.

Members **noted** the report.

## 7. Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)

Members received a report seeking approval to establish phase 1 of a regional Mechanical Thrombectomy (MT) centre in South Wales.



Members (1) **Noted** the report, (2) **Noted** the financial framework to support the development of a Mechanical Thrombectomy centre for South Wales, (3) **Noted** the benefits and risks associated with the investment, (4) **Approved** the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the Integrated Commissioning Plan (ICP) 2024/25; and (5) **Approved** the proposal for a post-implementation commissioning evaluation for Phase 1 of the commissioned service.

## **8. WHSSC Cardiac Review – Outcomes of Phase 1**

Members received a summary on the outcomes of Phase 1 of the WHSSC Cardiac Review, which sought to: re-baseline the South Wales Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contracts to ensure that they better reflect potential demand; and assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite. In January 2023 the Joint Committee agreed that Phase 1 of the review would be completed by the end of Q3 2023/24, and that it would be followed by a second phase focussed on the future configuration of WHSSC commissioned TAVI and cardiac surgery.

Members (1) **Noted** the findings of Phase 1 of the WHSSC Cardiac Review, (2) **Noted** that the proposed revised Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contract baselines be used as the basis for negotiations with Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB), (3) **Noted** the finding that the current WHSSC TAVI Commissioning Policy remains both adhered to and apposite; and (4) **Noted** the work ongoing to clarify and reduce TAVI valve costs.

## **9. Mental Health Specialised Services Strategy for Wales 2024/25-2028/29**

Members received a report presenting the final WHSSC Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29 and to outline the governance structure for the implementation programme.

Members (1) **Noted** the report; and (2) **Approved** the WHSSC Mental Health Specialised Services Strategy for Wales 2024/25-2028/29.

## **10. All Wales PET Programme Progress Report**

Members received a report providing an update on several issues facing the Projects within the All Wales Positron Emission Tomography (PET) Programme.

Members (1) **Noted** the proposed actions regarding escalation to the Sponsor (Section 3.3.4), (2) **Noted** the issues and risks facing the projects; and (3) **Noted** the progress made by the Work streams and other enabling activities.

## **11. Business Continuity Risks Related to the Establishment of the Joint Commissioning Committee**

Members received a report outlining the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee on 1 April 2024.

Members (1) **Noted** the report; and (2) **Noted** the risks associated with the implementation of the new NHS Wales Joint Commissioning Committee, and noted that the WHSSC Corporate Risk Assurance Framework (CRAF) will be updated to include the risks to specialised service business continuity.

## **12. Corporate Risk Assurance Framework (CRAF)**

Members received a report presenting WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2023, (2) **Approved** the CRAF as at 31 December 2023; and (3) **Noted** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings.

## **13. WHSSC Integrated Performance Report – November 2023**

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

## **14. Financial Performance Report – Month 9 2023-2024**

Members received the financial performance report setting out the financial position for WHSSC for month 9 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 9 for WHSSC (excluding EASC) was an underspend against the ICP financial plan of (£5.018m), the forecast year-end position is an underspend of (£10.416m).

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

## 15. South Wales Trauma Network Delivery Assurance Group

Members received a report providing a summary of the Quarter 2 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members (1) **Noted** the report; and (2) **Received assurance** that the Major Trauma Network's delivery and outcomes are being scrutinised by the Delivery Assurance Group (DAG).

## 16. 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

## 17. 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; and
- Welsh Kidney Network (WKN).

## 18. Any Other Business

- **Farewell to CEO Hywel Dda UHB**– members noted that it would have been Steve Moore, CEO Hywel Dda UHB's last Joint Committee meeting following his appointment to a new role. Members thanked him for his contribution and commitment to developing specialised commissioning in Wales and wished him every success in future; and
- **Farewell to Assistant Director of Finance, WHSSC** – members noted that it was James Leaves, Assistant Director of Finance, WHSSC's last meeting and members thanked him for his hard work and commitment and wished him well in his new role with CVUHB.



<b>Reporting Committee</b>	<b>Emergency Ambulance Services Committee</b>
<b>Chaired by</b>	Chris Turner
<b>Lead Executive Directors</b>	Health Board Chief Executives
<b>Author and contact details.</b>	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
<b>Date of last meeting</b>	30 January 2024

**Summary of key matters including achievements and progress considered by the Committee and any related decisions made.**

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/current-and-past-papers/january-2024/>

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 21 December 2023.

The Chair wished to place on record his personal and the Committee's thanks and best wishes to Steve Moore who would be leaving Hywel Dda UHB at the end of the month to take up a new post.

**PATIENT STORY FROM THE WELSH AMBULANCE SERVICES NHS TRUST (WAST)**

Jason Killens introduced a video with a patient story (Steven's story).

Members noted:

- the patient story had been presented at the WAST Quality and Safety Committee and Trust Board
- the 999 call and the indicated delayed ambulance response
- the decision to convey Steven's grandfather by private transport, bypassing Nevill Hall Hospital and attending the Grange University Hospital
- at the Emergency Department it was confirmed that Stephen's grandfather had suffered a cardiac arrest
- a 'Putting Things Right' concern was submitted, WAST had investigated and responded
- WAST colleagues had since met with the family to discuss the concern and the impact of this event.

Noted:

- the importance of learning from this patient story and Jason Killens agreed to share with Members the investigation and summary of contact made with the family
- ABUHB would also consider this experience with staff and their Board in order to learn lessons
- the opportunity to use the story as motivation to improve services
- the need to always ensure that the commissioning approach undertaken has the patient experience at its centre.

The Chair thanked Jason Killens for introducing a very sobering story that reflected the pressure across the system and for agreeing to share further details to ensure learning across the system.

On behalf of the Committee, the Chair also thanked Steven for sharing the story to aid understanding and further recognition of system pressures and the impact on patients and their families.

## **PERFORMANCE REPORT**

The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- 999 call volumes in December 2023 were 19.3% lower than December 2022
- 7.5% reduction in incidents in December 2023 compared to October 2022
- Hear and Treat levels were 0.7% higher in December 2023 compared to December 2022
- Red incidents in December 2023 were 10.7% higher compared to December 2022 but decreased by 8.9% between December 2022 and December 2023
- Amber incidents in December 2023 were 29.8% higher compared to December 2022.
- Ambulance handover lost hours in December 2023 were 29.1% lower compared to December 2022. Some improvements had been made on a number of metrics, the percentage of patients handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between October 2023 and December 2023 there had been a 1.98% increase in handover lost hours.

Noted:

- The significant challenges in relation to handover hours lost and that work had commenced to compare English handover delays, this would be presented to a future meeting
- Improvements were seen in November but performance has since deteriorated
- A number of business continuity incidents had been declared during January
- Targeted actions relating to the Integrated Commissioning Action Plan (ICAPs) were being taken forward via the weekly Chief Operating Officer's meeting and monitored by Welsh Government
- A bespoke dashboard had been developed to monitor progress against the ICAP priorities.

Nick Wood, Deputy Chief Executive of NHS Wales drew Members' attention to the impact of this increased focus on priority areas in South and South East Wales. He expressed disappointment at the lack of progress regarding the use of some of the specialist pathways, including for patients with fractured neck of femur and frailty, in some health board areas. As a key part of the Six Goals for Urgent and Emergency Care Programme (Six Goals), this would continue to be closely monitored over the winter period.

Members noted:

- The lack of improvement in red performance as a result of a reduction in handover hours lost

- A chart prepared by WAST was shared in the Teams 'chat' showing an increasing number of red incidents responded to within 8 minutes against increasing total red demand
- The need to understand what was behind the increase in red demand, and whether opportunities to better respond / manage that increasing demand profile were available. It was stated that WAST had made changes to reflect the coding of patients in England and that this had increased acuity levels
- That WAST monitor and check their call categorisation and, while the red percentage had increased, this remained lower than in NHS England
- That although there was variation, there were positive signs in terms of improvements in amber performance
- WAST had been asked to undertake a deep dive into performance in the Cardiff and Vale (CVUHB) area, this work would be reported as soon as available in order that lessons would be shared
- There was a need to be more specific in the commissioning approach around data linking and that work was being undertaken around areas of deprivation and the impact of this
- It was important that the ICAP process be incorporated into the work of the new Joint Commissioning Committee once established
- That a range of actions were underway and that there was an expectation of an improvement in performance.
- **AGREED THE NEXT STEPS**
  - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.

## **QUALITY AND SAFETY REPORT**

The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- The significant challenge in WAST for complainants to receive a reply within 30 days, and the need to improve their performance against the 75% target in coming months, currently at 38%
- 22 cases identified by WAST as requiring joint investigation in November 2023. The joint process had been implemented in the last 12 months and would be reviewed in 2024 (Legacy)
- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 77.9%
- Work had commenced on data outcomes and the data linking work would accelerate this; work to link to the deprivation index was also continuing and more information would be provided to Members, including the variation in services
- The return of spontaneous circulation (ROSC) rates had increased to 22.2% which was believed to reflect the impact of the Cymru High Acuity Response Unit (CHARU) service
- The continued large number of patients that self-presented at ED with a high triage category, with 574 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention) in November.

Noted:

- That this was a slightly shorter update due to the close proximity to the previous meeting
  - The challenge for the WAST team to respond to concerns within 30 days and the additional resource that had been put in place with a view to improving the position
  - Winter funding had been provided in many previous years to support the work of WAST's 'Putting Things Right' team in order to improve the response during this period and to ensure that there was no backlog, but this funding had not been available this year
  - The work being undertaken with WAST and Digital Health Care Wales linking data on patient outcomes, this was in progress for cardiac arrest patients initially with other patient groups to follow including major trauma and stroke
  - The number of patients self-presenting at ED and that these present a different challenge to the department than those patients conveyed by ambulance (with their immediate care needs addressed)
  - New systems and processes are being tested by WAST to reduce the number of patients self-presenting at ED, this work had just commenced and included input from WAST senior clinicians, an update would be provided at the next meeting
  - The detailed work being undertaken by concern group in order to continue to learn from data relating to clinical outcomes
  - The request from the Chief Ambulance Services Commissioner (CASC) for comments from members to support the further development of the Quality & Safety Report
  - The action to work with HM Coroners to ensure a consistent national understanding and approach and a meeting was being sought
  - The action to work with Hywel Dda UHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.
- **AGREED THE NEXT STEPS**
    - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first substantive agenda items at each meeting of the Emergency Ambulance Services Committee.
    - The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances
    - Specific work with Hywel Dda UHB would continue.

## **EASC COMMISSIONING UPDATE**

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- The EASC Team had held discussions with WAST and the Emergency Medical Retrieval and Transfer Service (EMRTS) regarding the draft Commissioning Intentions, these would be presented at a future meeting for approval
- The Committee had approved the enactment of the work to develop a new long term vision for Non-Emergency Patient Transport Services (NEPTS) that reflected health board planned services changes. Therefore, following the development of each organisation's Integrated Medium Term Plans (IMTPs) for 2024-27, the EASC Team would hold a workshop in April 2024 (Legacy).



- Members noted the importance of ensuring that representatives from health boards be in attendance, the EASC Team would be confirming the details of the workshop and seeking nominations shortly
- The growth in demand of renal and oncology patients already impacting significantly on NEPTS capacity and resulting in increased levels of corresponding demand relating to the service, with further growth expected
- With the commencement of the new Joint Commissioning Committee (JCC) in April 2024, a review would be undertaken of the structure of the ICAPs to ensure they are aligned to all commissioning and system requirements (Legacy)
- The EASC team would take a pragmatic approach to the development of the 2024-27 IMTP, recognising that 2024/25 in particular would be a transition year for the team and the committee with the establishment of the new arrangements
- With the responsibility for commissioning of 111 and 111 Press 2 services to the new Joint Commissioning Committee the plan would also explore the opportunities for these services moving forward
- That work would be undertaken with health boards to ensure that there was a regional focus where required when developing Commissioning Intentions and the IMTP.

Members agreed that the plan would assume that the financial allocation and uplift would be in line with that received by Health Boards. Work would be undertaken with Directors of Finance and Directors of Planning to ensure this would be transacted.

#### • **AGREED THE NEXT STEPS**

The EASC Team would:

- Facilitate the NEPTS Vision Workshop in April 2024
- Undertake a review of the ICAP format
- Strengthen the draft Commissioning Intentions 2024-25 for endorsement by sub groups before being presented to Committee for approval
- Continue to work with Members to enact the priorities of the Committee for their populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system using the different elements of the collaborative commissioning approach including:
  - EASC Commissioning Frameworks
  - Integrated Commissioning Action Plans
  - EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker).

#### **UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW**

This section of the minutes will be presented in a different way to the normal EASC minutes. This is due to the increased interest in this agenda item. The recording of the meeting (held in public) is available at (starting at 1hr 09 minutes and 3 seconds)

<https://www.youtube.com/watch?v=cHHcmDagkOk&feature=youtu.be>

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave a short overview of work to date in line with the phased approach.

#### Members Noted:

- The update provided to EASC on 21 December 2023 where it was agreed that a third and final phase of engagement would be held in February 2024
- That discussions and considerations continued with Llais
- The work undertaken in preparation for the Phase 3 engagement
- That the EASC Team was grateful for the support from engagement leads within health boards particularly in view of the short timescales involved
- The Options Appraisal Workshop had taken place on 12 January with representatives from health boards and NHS Trust, which included clinical, operational, planning and engagement staff
- That Llais had continued to advise and support the development of the Phase 3 process and the team was grateful for their support
- Phase 3 was planned go live on 1 February 2024 and conclude on 29 February with a report to the next EASC on 19 March 2024
- The risks identified within the report.

Stephen Harray, Chief Ambulance Services Commissioner (CASC) responded to the overview of the report and:

- Reiterated that the work with Llais had been continued (including helpful comments on draft documents) and also with engagement colleagues in health boards
- Explained that further development of the Equality Impact Assessment (EIA) had taken place after receiving comments to take account of the current user profile of EMRTS patients
- Explained that an engagement document was being developed as well as the 'Easy read' version
- Re-emphasised that a recommendation or a decision had not yet been made, highlighting the importance of Phase 3 to be able to listen further to the public on the options identified.
- That he would be interested in members views about the approach to the Options Appraisal Workshop, the impact of the workshop and the opportunity for the public to comment on option A and B identified.
- Highlighted the additional actions which could be taken, as a perfect option had not yet been identified
- Recognised that there continued to be a lot of public interest in the work and the team are keen to gather feedback and comments from the public
- Assured Members that the EASC team would work with everyone on a health board by health board basis to provide subject matter expertise or additional information or presentations as required
- Understood that Health Boards would want to discuss the feedback and information from the formal engagement process prior to decision at EASC
- Suggested that the EASC meeting scheduled for 19 March 2024 may not align with HB meetings and suggested the meeting of EASC be rearranged to allow opportunity for consideration at health boards before a final decision at EASC.

Hayley Thomas (Powys) responded by:

- Thanking the CASC for the update and welcomed the strengthening of the Equality Impact Assessment (EIA) including impacts and mitigation
- Highlighting that for the decision making process it would need a strong assessment and costing of the mitigations proposed

- Welcoming that an easy read version would be available and the assurance from the CASC regarding liaison with Llais
- Agreeing that there was substantial public interest. Some people would want all of the information whilst others would only want a summarised version to engage with.
- Raising that of the options discounted that adequate information would be provided including the costs and reasons
- Raising concern about whether the timeline at the end of the engagement period would allow sufficient time to consider in view of the potential scale of the responses and to ensure that health boards properly consider everything prior to any decision making.
- Recognising the amount of work undertaken by the CASC and the EASC team.

Stephen Harrhy responded by

- Agreeing to share the information shared at the Option Appraisal Workshop and how options were ordered including the affordability and value for money considerations
- Agreeing that in order that HBs could respond adequately to issues raised, would want sufficient information for their consideration but if this became an issue this would be discussed broadly and members would be notified
- Identifying some mitigating actions which would support the analysis of the feedback from the public. This would include continuing the work with HB engagement leads as well as Llais and the Team would provide a weekly update report ensuring ongoing analysis from day one
- Making a commitment to meeting the deadlines already identified.

Phil Kloer (Hywel Dda) supported the issues raised by Hayley Thomas and:

- Welcomed the additional information provided as had identified similar concerns in relation to the time for analysis at the end of the engagement period
- Raised concerns over 'digital accessibility' for some people, as there was considerable interest in the engagement process and noted the EASC Team were in regular contact with Hywel Dda UHB staff.

The CASC thanked the HBs for the support already received from each area and assured members that additional information would be provided by the EASC team during the engagement process for people requiring specific information.

Nerissa Vaughan (SBUHB) also supported the information raised by Hayley Thomas and raised concerns on:

- Whether the revised documentation sent yesterday had been shared with Llais and the importance that they should have an opportunity to comment and make suggestions or changes
- Seeking assurance that HBs had the opportunity to consider the proposals within their own governance processes and timescales (outside of the work of EASC).

The CASC responded:

- Support for changing the timescales to ensure health boards could properly consider the responses received in line with their governance arrangements
- The ongoing work with Llais and taking into account and considering all feedback received on the engagement documents and assured members of his commitment to continuing this with Llais
- Agreed to update Llais following the meeting .

Carol Shillabeer (BCUHB) supported previous colleagues and asked (to check her understanding):

- Whether Llais had reviewed the documents and given their comments?
- In relation to the ideas and views from members of the public and groups which had previously been received, sought confirmation that an explanation of why options had been discounted and not included in the shortlisted options was available within the engagement documentation. Furthermore, whether supplementary communication would be required for this matter?
- To confirm in relation to the timescales for the engagement process would start on 1 February and close on 29 February. The date for reviewing and analysing including financial and non-financial aspects would be moved to the end of March to ensure the analysis could be considered by each health board to understand their view and come forward for decision making with their preferred way forward.

The CASC confirmed:

- That Llais were reviewing the documents and had given some comments and this work was continuing
- That the EASC meeting would be moved to ensure health boards had the opportunity to consider the feedback from the engagement process prior to decision making
- In relation to the engagement documents that clarity was provided on how the shortlisting process was undertaken and it would be important to take into account the views the public would want to address in order to make the best recommendation possible.

Carol Shillabeer raised an additional question in relation to the variation in the feedback and comments for different health board areas and the mechanisms to work through these.

The CASC confirmed that as much support as possible would be provided to health boards (of subject matter expertise) depending on individual health boards requirements. The aim was to continue to meaningfully engage with the public, analyse responses and share information with members in line with the other phases of the engagement process.

Nerissa Vaughan raised a query related to the practicalities of the approach depending on what health boards required and how this would be synthesised into a final decision.

The CASC responded by accepting this was a challenge but would continue with the collaborative approach and ensure no surprises for members (health boards).

Nerissa Vaughan made a plea that Llais were fully involved in the work and the CASC gave a further assurance that this was the case and explained the approach in liaising with the national officers.

The CASC also understood that health boards would have local links with Llais and would be happy to provide further support if required on this matter.

The Chair asked for any further comments or questions before summarising the resolution:

- **Approving** the material we are going to engage on
- Had some questions and reassurance in relation to the involvement of Llais

- Needing to work very closely with HBs (an absolute must)
- Would move the March date of EASC to allow for health board consideration of the engagement materials.

At this point, Nerissa Vaughan commented on behalf of Swansea Bay to say that they were happy with the documentation subject to Llais having a look at the documents and explained that she did not believe that this was the case at Llais. She felt it was important that Llais had sight of the documents and been able to make the amendments that they would want to make and this was a request from the engagement lead at SBUHB.

The CASC responded and offered that if there was anything more that the HB would like the team to do with Llais locally that they should contact the team. The CASC again assured members that work was continuing with the Llais national team and assumed that the onward communication internal to the organisation would take place but would be happy to further support health boards.

Phil Kloer asked whether there was confidence to deliver the go live date for the engagement following the discussion at the meeting. The CASC responded that there was and he was confident that all issues could be taken on board to deliver to the deadline agreed.

The Chair confirmed and Members **RESOLVED** to:

- **APPROVE** the start the phase 3 engagement on 1 February 2024 and end on 29 February 2024
- **NOTE** that a period of analysis would then take place
- **NOTE** that the EASC meeting would be moved in March to allow health boards consideration although recognising that there was a risk associated with the end of March and the development of the new Joint Commissioning Committee which would have new members. The risk to the Charity was also identified and therefore he believed there was an obligation on EASC Members to try and conclude the work and finalise the process. The new date for the EASC meeting would be sought and shared in due course.

## **WELSH AMBULANCE SERVICES NHS TRUST PROVIDER REPORT**

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received with Members noting that the key headlines of the report had already been covered in earlier discussions.

Members noted:

- The consult and close rate of 14.1% in December 2023 (WAST ambition to achieve 17% by the start of Quarter 4) with a corrective action plan in place. This was more consult and close activity than had previously been delivered
- That consult and close required staff to utilise different skills in order to undertake remote assessment of patients, work was being undertaken to explore a bespoke qualification for this
- The need to better understand the themes within the alternative transport outcome arising from consult and close activity on a health board footprint

- Good performance (74% with a target of 70%) against enhanced renal journeys that arrived within 30 minutes prior to their appointment time in December 2023; further work required regarding advanced discharge & transfer journeys collected within 60 minutes of their booked ready time (78% against a target of 90%)
- Members recalled the discussion on the recommendations arising from the Manchester Arena Inquiry, work had been undertaken internally on this and a first draft would soon be considered by the WAST Executive Team, this will be reported via EASC governance processes in coming months
- There was the equivalent of an Integrated Commissioning Action Plan (ICAP) in place for WAST with more and more emphasis on remote clinical working and local initiatives including mental health and stroke services.
- **AGREED THE NEXT STEPS**
  - WAST would continue to focus on tactical actions in support of winter systems resilience
  - ORH to complete the independent and collaborative strategic EMS Demand & Capacity Review in Quarter 4
  - EASC Team and WAST to collaborate on finalising their respective 2024-27 IMTPs to ensure they are aligned
  - WAST to continue to develop its strategic response to treating demand at the earliest point in the five step Emergency Medical Services (EMS) ambulance care pathway, aligning to the Six Goals for Urgent and Emergency Care Programme
  - Health Boards to continue focus on handover lost hours reduction.

## **FOCUS ON – TRANSITION TO NEW JOINT COMMISSIONING COMMITTEE**

Stephen Harrhy presented slides to aid discussion on the work to transition to the new Joint Commissioning Committee utilising the commissioned services lens.

Members noted:

- Opportunities for EASC commissioned services including NHS Wales 111 services, Major Trauma and Neonatal/Paediatric Transport
- The Welsh Government Policy view regarding the need to maintain an ambulance commissioning team as described in the EASC Regulations and Directions
- Risks for EASC commissioned services identified included:
  - maintaining the profile (of ambulances) within the larger Joint Commissioning Committee responsibilities
  - lack of engagement from the existing 111 programme team
  - capacity of the ambulance commissioning team
  - dilution of role and function of Chief Ambulance Services Commissioner (CASC) and ambulance commissioning team
  - loss of the existing integrated collaborative commissioning team approach
- The existing integrated and flexible approach of the National Collaborative Commissioning Unit.

## **CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT**

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen Harrhy. The report highlighted key areas which included:

- Winter Ambulance Improvement Plan

- Connected Support Cymru
- Data Linking
- Transfer of 111 Services.

Members particularly noted:

- Connected Support Cymru - This service enabled individuals to get support in their home and avoided unnecessary hospital visits. This had been extended until the end of March 2023. Monthly reports continue to show the positive impact of the service and a detailed report on delivery, outcomes and next steps for the service would be brought to a future meeting.

## **FINANCE REPORT MONTH 9**

The EASC Financial Performance Report at Month 9 in 2023/24 was received. Stacey Taylor presented the report and Members noted that there were no variances within the plan; the position showed £21k underspend.

## **EASC GOVERNANCE**

The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:

- EASC Risk Register
- EASC Assurance Framework
- EASC Key Organisational Contacts
- Arrangements for the new Joint Commissioning Committee.

Noted that:

- The Risk Register had recently been reviewed (January)
- The EASC Assurance Framework had been updated in line with the changes above to the risk register, the framework utilised the host body's risk management approach and assurance framework
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups to ensure correct representation at meetings
- Getting the right contacts was highlighted as being very important, this was reflected in the recent Option Appraisal Workshop for the EMRTS Service Review held on 12 January, the level of input and collaboration from health board and Trust colleagues from a broad range of disciplines was very helpful, resulting in a very successful meeting. The Chair thanked all colleagues for their support and participation
- Arrangements to create a new National Joint Commissioning Committee continued, this included recruitment of the Chair and Lay Members and developing the supporting governance arrangements
- Legislation had been drafted and would be laid before the Senedd in early February
- Potential delays to some timelines particularly in relation to the completion of the Organisational Change Process (OCP) for the Tier 1 and Tier 2 posts
- The work was underway to develop a comprehensive legacy statement which would be presented at the next meeting.



## **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 monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process

### **Matters requiring Board level consideration**

- At the Health Board meeting in March 2024, boards will be asked to consider the feedback from the EMRTS Service Review Phase 3 engagement
- To acknowledge the continued significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive

### **Forward Work Programme and Annual Business Plan**

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>19 March 2024</b>			

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 27 FEBRUARY 2024**

The Welsh Health Specialised Services Committee held an extraordinary public meeting on 27 February 2024. 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. Integrated Commissioning Plan (ICP)**

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members (1) **Noted** the report and presentation; and (2) **Discussed** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further work be undertaken. It was suggested that a further presentation is provided to NHS Wales Directors of Finance peer group and other colleagues in the context of the 3.67% allocation uplift, savings and choices, and that the plan be brought back to the Joint Committee meeting in March 2024 for approval.



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Welsh Ambulance Services  
NHS Trust

## Acronyms (WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AC	Audit Committee
AMPDS	Advanced Medical Priority Dispatch System
APC	Academic Partnerships Committee
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BAU	Business as Usual
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAMHS	Child and Adolescent Mental Health Services
CAS	Clinical Assessment Software
CC	Charity Committee
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CPAS	Clinical Prioritisation Assessment Software Group
CHARU	Cymru High Acuity Response Unit
D&C	Demand and Capacity
DOM	Duty Operations Manager



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Abbreviation	Term
DOS	Directory of Services
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EMSC	Emergency Medical Service Coordination
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ERADI	Emergency Response Ambulance Driving Instruction
ESMCP	Emergency Services Mobile Communications Programme
FPC	Finance and Performance Committee
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
ITT	Inverting the Triangle
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
HEIW	Health and Education Improvement Wales
HoS	Head of Service
HCS	Health Courier Services
IAED	International Academies of Emergency Despatch
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MIST	Mandatory In-Service Training
MRD	Make Ready Depot
MTS	Manchester Triage System
MDS	Minimum Data Set
MDT	Mobile Data Terminal
MDT	Multi-Disciplinary Team
MTU	Mobile Testing Unit



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Abbreviation	Term
NCCU	National Collaborative Commissioning Unit
NEPTS	Non-Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NED (s)	Non-Executive Director (s)
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PADR	Personal Appraisal Development Review
PCC	People and Culture Committee
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PID	Project Initiation Document
PLIC	Patient Level Information and Costing system
PPLH	Post Production Lost Hours
PRINCE2	Projects in a Controlled Environment (methodology)
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
PTaS	Physician Triage and Streaming
QuEST	Quality, Patient Experience and Safety Committee
REAP	Resource Escalation Action Plan
RemCom	Remuneration Committee
RITA	Reminiscence Therapy Interactive Activities
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team



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Abbreviation	Term
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
TU	Trade Union
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government
WHC	Welsh Health Circular
WTE	Whole Time Equivalent