

## Bundle Trust Board (Open Session) 29 September 2022

### Agenda attachments

#### ITEM 0 Trust Board Open Agenda 29 September 2022.docx

- 0 09:30 - OPENING ITEMS
- 1 Chair's welcome, apologies, and confirmation of quorum
- 2 Declarations of Interest  
*Are there any new declarations in addition to the standing declarations which are already noted on the Trust register.*
- 3 Minutes of last Meeting  
ITEM 3 Trust Board Minutes Open 28 July 2022 TM2.docx
- 4 Matters arising and action log  
ITEM 4 Action Log.docx
- 5 09:35 - Chair's report
- 6 09:45 - Chief Executive's Report  
ITEM 6 CEO REPORT TO TRUST BOARD 29 SEPTEMBER 2022 FINAL.docx
- 7 10:00 - Questions from the Public
- 8 10:10 - Staff Story
- 8.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 9 10:40 - Progress on Actions To Mitigate Avoidable Patient Harm  
ITEM 9 20220925\_Realtime Mitigations\_final.docx  
ITEM 9.1 Reducing Patient Harm Action Plan rm.docx
- 10 10:55 - Risk Management and Corporate Risk Register  
ITEM 10 Risk Management Report Trust Board 290922 v.2.docx
- 11 11:10 - Monthly Integrated Quality and Performance Report  
ITEM 11 MIQPR SBAR TB August 2022.docx  
ITEM 11.1 Annex 1 MIQPR TB August 2022.pdf  
ITEM 11.2 Top indicators MIQPR Dashboard TB August 2022.xlsx
- 12 11:25 - Financial Performance Month 5  
ITEM 12 Finance Report Month 5 - TB - FINAL.docx
- 12.1 11:40 - Comfort Break
- 13 11:50 - Integrated Medium Term Plan (IMTP) 2022-2025, Interim Quarter 2 Progress Report  
ITEM 13 Executive Summary - IMTP 2022-23 Delivery Tracker \_Board 220922 rm.docx
- 14 12:05 - Changes to WAST Dispatch Cross Reference Table  
ITEM 14 DCR REPORT TO TRUST BOARD 29 SEPTEMBER 2022 - FINAL.docx  
ITEM 14.1 DCRARP review and recommendations..docx  
ITEM 14.2 MEMO Call Code Changes - Aligning Wales to England.pdf
- 15 12:20 - Wellbeing of Future Generations Act  
ITEM 15 WBFGABoardSept22.docx  
ITEM 15.1 WASTWBFGAresponse-form\_0EVHSept22.docx
- 16 12:30 - Board Committee Reports  
16.1 *Quest Committee*  
16.2 *People and Culture Committee*  
16.3 *Audit Committee*  
16.4 *Finance and Performance Committee*  
ITEM 16.1 Quest Committee Highlight Report August 2022.docx  
ITEM 16.2 People and Culture Committee Highlight Report Sept 2022.docx  
ITEM 16.3 Audit Committee Highlight Report September 2022 v.3.docx  
ITEM 16.4 Finance and Performance Committee Highlight Report September 2022 v.2.docx

- 17 12:50 - Governance Report  
ITEM 17 Governance Report.docx
- 18 12:55 - Welsh Language Annual Report  
ITEM 18 SBAR Welsh Language Standards Annual Report 2021-22.docx  
ITEM 18.1 Welsh Language Standards Annual Report 2021-22.pdf  
ITEM 18.2 Adroddiad Safonau'r Gymraeg 2021-22.pdf
- 18.1 13:00 - CONSENT ITEMS  
*The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.*
- 19 Minutes of Board Committees  
19.1 *Quest Committee*  
19.2 *People and Culture Committee*  
19.3 *Audit Committee*  
19.4 *Finance and Performance Committee*  
ITEM 19.1 CONFIRMED QUEST OPEN MINUTES 12 May 2022 TM.doc  
ITEM 19.2 OPEN P and C mins 10 May 2022.docx  
ITEM 19.3 CONFIRMED Audit Committee OPEN Minutes 7 June 2022 CT.doc  
ITEM 19.4 CONFIRMED OPEN F and P Minutes 18 July 2022.doc
- 20 Reports from EASC and NWSSP and WHSSC  
ITEM 20 Joint Committee Update Report.docx  
ITEM 20.1 SSPC Assurance Report 21 July 2022.doc  
ITEM 20.2 WHSCC Joint Committee Briefing (Public) 6 Sept 2022.pdf
- 20.1 13:05 - CLOSING ITEMS
- 21 Any other business
- 22 Date and time of next meeting – 24 November at 09:30
- 23 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).
- 24 Acronyms  
ITEM 24 Acronyms.docx
- 25 Farewell To the Chair, Martin Woodford



## AGENDA

### MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 29 September 2022 from 09.30 to 13:10  
Meeting held in Cardiff Ambulance Station, Merton House, Coescadarn Close, Pontprennau,  
Cardiff. CF23 8H

No.	Agenda Item	Purpose	Lead	Format	Time
<b>OPENING ITEMS</b>					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Martin Woodford	Verbal	5 mins
2.	Declarations of interest	Information	Martin Woodford	Verbal	
3.	Minutes of last meeting	Approval	Martin Woodford	Paper	
4.	Matters arising and action log	Review	Martin Woodford	Paper	
5.	Chair's Report	Information	Martin Woodford	Verbal	10 mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 mins
7.	Questions from the Public	Information	Estelle Hitchon	Verbal	10 mins
<b>PATIENT/STAFF EXPERIENCE</b>					
8.	Staff Story	Information Discussion	Liam Williams	Verbal	30 mins
<b>ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION</b>					
9.	Progress on Actions To Mitigate Avoidable Patient Harm	Assurance	Jason Killens	Paper	15 mins
10.	Risk Management and Corporate Risk Register	Assurance	Trish Mills	Paper	15 mins
11.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 mins
12.	Financial Performance Month 5	Assurance	Chris Turley	Paper	15 mins
<b>COMFORT BREAK 10 MINS</b>					
13.	Integrated Medium Term Plan (IMTP) 2022-2025, Interim Quarter 2 Progress Report	Assurance	Rachel Marsh	Paper	10 mins
14.	Changes to WAST Dispatch Cross Reference Table	Approval	Jason Killens	Paper	15 mins
15.	Wellbeing of Future Generations Act	Approval	Estelle Hitchon	Paper	10 mins
16.	Board Committee Reports				
	16.1. Quest Committee	Assurance	Bethan Evans	Paper	5 mins
	16.2. People and Culture Committee	Assurance	Paul Hollard	Paper	5 mins
	16.3. Audit Committee	Assurance	Martin Turner	Paper	5 mins
	16.4. Finance and Performance Committee	Assurance	Kevin Davies/Bethan Evans	Paper	5 mins
17.	Governance Report	Approval	Trish Mills	Paper	5 mins
18.	Welsh Language Annual Report	Approval	Trish Mills	Paper	5 mins



No.	Agenda Item	Purpose	Lead	Format	Time
<b>CONSENT ITEMS</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.					
19.	Minutes of Board Committees 19.1 Quest Committee 19.2 People and Culture Committee 19.3 Audit Committee 19.4 Finance and Performance Committee	Information	Martin Woodford	Paper	5 mins
20.	Reports from EASC and NWSSP and WHSSC	Information	Martin Woodford	Paper	
<b>CLOSING ITEMS</b>					
21.	Any other business	Discussion	Martin Woodford	Verbal	5 mins
22.	Date and time of next meeting – 24 November at 09:30	Information	Martin Woodford	Verbal	
23.	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	Martin Woodford	Verbal	
24.	Acronyms	Information			
25.	Farewell To the Chair, Martin Woodford		Jason Killens Kevin Davies	Verbal	





Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

## Lead Presenters

Name of Lead	Position of Lead
Mr Lee Brooks	Executive Director of Operations
Prof Kevin Davies	Vice Chair of Trust Board, Chair of Academic Partnership Committee
Ms Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Ms Angie Lewis	Director of Workforce and Organisational Development
Ms Leanne Smith	Director of Digital
Mr Liam Williams	Executive Director of Quality and Nursing
Ms Estelle Hitchon	Director of Partnership and Engagement
Mr Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Mrs Ceri Jackson	Non-Executive Director, Chair of Charitable Funds Committee
Mr Jason Killens	Chief Executive Officer
Dr Brendan Lloyd	Medical Director
Ms Rachel Marsh	Executive Director of Strategy and Planning
Mrs Trish Mills	Board Secretary
Mrs Hannah Rowan	Non-Executive Director
Mr Andy Swinburn	Director of Paramedicine
Mr Chris Turley	Executive Director of Finance and Corporate Resources
Mr Martin Turner	Non-Executive Director; Chair of Audit Committee
Mr Joga Singh	Non-Executive Director
Mr Martin Woodford	Chair of Trust Board

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 28 JULY 2022  
MEETING HELD IN WREXHAM GLYNDWR UNIVERSITY, MOLD ROAD, WREXHAM, LL11 2AW, AND BROADCASTED VIA ZOOM**

**PRESENT:**

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Executive Director of Operations
Professor Kevin Davies	Non Executive Director and Vice Chair
Dr Catherine Goodwin	Interim Director of Workforce & Organisational Development
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Executive Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Leanne Smith	Interim Digital Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non Executive Director

Stephen Harrhy	Chief Ambulance Services Commissioner (Minute 73/22 only)
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Members of staff in attendance and viewers on Facebook: 12

**Apologies**

Bethan Evans	Non Executive Director
Hannah Rowan	Non Executive Director
Joga Singh	Non Executive Director

## **68/22 WELCOME AND APOLOGIES FOR ABSENCE**

### **Welcome and apologies**

The Chair welcomed all, particularly Leanne Smith who will be the Interim Digital Director from 1 August, to the meeting and noted that apologies had been received from Bethan Evans, Hannah Rowan and Joga Singh.

### **Declarations of interest**

It was noted that standing declarations were no longer being recorded separately in the meeting, henceforth as all declarations of interest were formally recorded on the Trust's declarations of interest register.

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

## **69/22 PROCEDURAL MATTERS**

**Minutes:** The Minutes of the Board meetings held on 26 May 2022 and 13 June 2022 were presented and confirmed as a correct record.

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

Action Number: 47/22 - The Hazardous Area Response Team 10 year anniversary, the Board asked for details in terms of how this was being publicised. A date had now been set (8 September 2022) to recognise the anniversary. Action closed.

Action Number: 49/22 – Staff story video, deferred from last meeting and was being shown at this meeting. Action Closed.

### **RESOLVED: That**

- (1) the Minutes of the meetings held on 26 May 2022 and 13 June 2022 were confirmed as correct records; and**
- (2) the update on the action log was noted.**

## **70/22 CHAIR'S REPORT AND UPDATE**

The Chair reported on the following updates and meetings/events he had recently attended:

1. The 4 year appointment of the new Chair, Colin Dennis was confirmed and will be effective from 1 October 2022.
2. Following an election on 30 June representation of Trade Union partners at the Board and Committees had been updated and these were detailed in the report. A note of thanks was recorded for Craig Brown for the support he had shown as Trade Union Representative at both Board and on Committees.

3. The achievements of staff had been formally recognised since the last meeting through 3 long service award ceremonies being held across Wales.
4. He had visited numerous ambulance stations in Wales and in spite of all the challenges the staff remained positive. He also visited the Wrexham Maelor hospital and recognised the pressures staff were facing whilst waiting outside Accident and Emergency Departments.
5. Since the last Board meeting, he had attended 2 Chairs peer group meetings, the North Wales Regional Leadership Board, the Association of Ambulance Chief Executive Officers meeting and also a meeting with politicians in the Gower area. The latter of which had raised concerns regarding the fire co-responding service.
6. Other meetings attended, which focused specifically on the service pressures included; the Health Minister, the Chair and Chief Commissioner of the Emergency Ambulance Services Committee (EASC) and the Director General of Health and Social Services.

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

## **71/22 CHIEF EXECUTIVE UPDATE**

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

1. Sickness absence, the overall sickness rate for the Trust in May 2022 was at 8.95%. The focus on managing attendance had resulted in a number of people being supported back to their substantive roles or helped to secure alternative roles within the Trust. Furthermore there had been a decrease in the number of long term absences.
2. A new project had been developed following a successful funding bid from the Bevan's Commission. The project will aim to evaluate suitability of equipment and quality of x-ray films in the pre-hospital setting and determine risk and governance implications, from a medical physics perspective, that reflect safety and suitability of mobile x-ray imaging within Ambulance Service and community contexts. The WAST team will commence operating in September/October 2022 for a period of six months, followed by a period of evaluation. The protocols and governance for its use were still being developed; needless to say the capability to deploy x ray in the field and in people's homes was a potential game changer in the way the Trust manages patients. Wendy Herbert added that this innovation was the first of its kind in the UK and the project was progressing positively.
3. The Trust, in collaboration with the University of Wales Trinity St David, hosted 'The Leadership Symposium' on 10 June. This event focused on all aspects of leadership and was aimed at both current and aspiring leaders/managers across the organisation. The all-day event was well attended with approximately 70 staff from both the Trust and the University having registered. Furthermore, in May the Clinical Directorate held 2 Advanced Clinical Practice Conferences (in North and South Wales), aimed at established advanced paramedics, clinicians

considering a career in advanced practice, and other members of the organisation interested in understanding more about the role of advanced practice. Andy Swinburn added there had been a significant amount of interest shown in the training of Advance Paramedic Practitioners; with over 100 people in attendance.

4. The Terms of Reference (TOR) for the UK Covid-19 Public Inquiry have been agreed and the inquiry team has commenced work. The TOR includes the response of health with respect to initial contact with official healthcare advice services such as 111 and 999. A Pandemic Governance Group had been established to focus on the Trust's preparation for any involvement in the public inquiry.
5. The Board acknowledged the sad passing of colleague Robin Parry Jones in June whose funeral took place in early July.

Comments:

1. In terms of the falls pilot schemes which were having a positive impact on conveyances, what were the opportunities for learning? Jason Killens explained that the scheme had been devolved over the last 2 years and had been funded directly by Commissioners. Wendy Herbert added there were local variances across Wales in terms of how the scheme operated. The falls teams were looking to build up community resilience with several models being considered. In respect of funding Rachel Marsh explained it was now part of the Trust's recurrent baseline budget.

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

## **72/22 STAFF EXPERIENCE**

The Board were shown a video which recalled the experience of 2 call handlers and the pressure, stress and relentless challenges they had faced during recent times. They both described in detail instances of their apprehension and upset knowing they were not able to send an ambulance to patients on some occasions. They both recognised that the Trust was trying its utmost to reach patients in a timely manner but felt that the overwhelming service pressures made it difficult to achieve this.

Comments:

1. The Board recognised the efforts of staff and the support mechanisms given to call handlers and other staff.
2. Lee Brooks explained that the support mechanisms in place were of the best he had experienced but this staff story brought to light the personal impact on staff. He stressed the importance of the management team being open to having conversations with staff and keeping people content and safe in work.
3. Members discussed the service pressures in more detail and stressed the importance of looking after and listening to staff; and to give feedback to staff in terms of how the Trust was mitigating the current pressures. The Board

recorded a note of thanks to the call handlers for their contribution and in relaying their experience.

## **73/22 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM**

1. Jason Killens explained that the sustained and extreme pressure across the Welsh NHS urgent and emergency care system had negatively impacted patient flow through all hospital sites. This pressure had led to a substantial growth in emergency ambulance handover lost hours. Also, these and several other factors had meant that response times had deteriorated significantly. The issues were discussed at the Trust's Committee's in May where they heard about the considerable impact on staff and patients as a result of the system pressures. The concerns of the Chairs of these Committees were escalated to the Trust Board and further to system stakeholders. Whilst such pressure was evident prior to the COVID-19 pandemic it has been most acute as we have emerged from the pandemic in late 2021 and into 2022. The situation continues today with no real improvement noted.
2. The purpose of this report was to review actions taken to date and decide what, if any, further actions were required to mitigate avoidable patient harm and death and improve the workplace experience for staff.
3. Staff have been under considerable stress leading to pressure on overall attendance rates beyond those routinely seen and as a consequence of COVID-19. In recent weeks there has been some improvement with organisational sickness absence levels falling to 9.3% in June 2022 from 12.44% in December 2021 at the height of winter and the Omicron wave. These levels of sickness absence impact on the number of hours that the Trust is able to produce. There was a real risk of harm to staff through moral injury (the inability of staff to carry out the work they had joined and trained for); this was adding pressure to the sickness management.
4. Jason Killens made reference to a graph in the report which demonstrated the correlation between lost hours and the worsening patient waiting times.
5. Since the last time this issue was discussed at the private Board meeting in May, there have been several meetings with system stakeholders whereby the Trust's concerns had been escalated. These were: 8 June, meeting with NHS Wales Chairs and Chief Executives chaired by the Director General of Health and Social Services. 23 June, the regular planned meeting with NHS Wales Chairs and CEO's hosted by the Minister for Health and Social Services. 1 July, meeting with the Chair of EASC and the Chief Ambulance Services Commissioner. 6 July, meeting with the Chief Executive of Health Improvement Wales.
6. In terms of the actions being taken, the report contained actions internally for WAST and those being undertaken by and with partners. Jason Killens drew the Board's attention to the following:
  - a. New arrangements had been agreed for immediate release directions. A commitment has been given by the CEO's across all Health Boards that ambulances will immediately be released from Emergency Departments to respond to red and amber one calls. Should a rejection of the direction to

release a vehicle occur, this will be escalated to on call Directors at the relevant health board. Performance data against compliance will be monitored to measure any improvements.

- b. A further £3m of additional non recurrent funding has been supported by Welsh Government for this year and will enable the recruitment of 100 front line staff who will be deployed through December/January 2023. It was hoped this funding would become recurrent in future years.
- c. A bid had been submitted to recruit and train additional Advance Paramedic Practitioners (APP); regrettably, confirmation has since been received that this bid has been rejected. The Trust was now unable to proceed on the recruitment of these additional 50 APP's.
- d. Roster reviews; the national roster review is due to commence from September in west Wales and rolled out across Wales from November. A note of thanks was recorded for Trade Union colleagues for their support with this.
- e. Discussions were continuing with the improvement of internal efficiencies, particularly around post production lost hours (PPLH). Some of the PPLH were legitimate and included the cleaning of vehicles, changing dirty uniforms and returning to base for restocking. There were other PPLH which required improvement and a task and finish group had been established to consider this. A particular frustration for staff were the high number of shift overruns.
- f. Consult and Close was currently running close to the internal target set at 15% and there was confidence this would be achieved. The recruitment of additional staff would assist in achieving this.
- g. With respect to Community First Responders, work was underway to recruit more volunteers particularly in rural areas.
- h. The Emergency Department cohorting still continued, although this was currently being evaluated to establish if it was still reasonable to continue with this initiative
- i. A plan had been submitted in December last year which had sought to recruit around a further 300 staff, this was yet to be formally endorsed by Commissioners. The Trust continued to utilise its recruiting forecasting capability to identify any gaps.

#### Comments:

1. Dr Brendan Lloyd advised Members that NHS medical directors had continued to meet on a frequent basis; in terms of the internal actions, WAST was comparable with other services across the UK. He added that the Health Minister had called for a series of hackathons to discuss ambulance delays.
2. Why was the bid for the 50 Advanced Paramedic Practitioners (APP) rejected? Jason Killens informed the Board that WAST only knew about the unsuccessful bid 2 days ago as well as other bids being rejected. He added that a conversation was required with Welsh Government in terms of how to access

funds to support transformational and organisational change and the need to better understand the funding streams. Chris Turley was seeking to understand further details in regards to the rejection of the bid for the 50 APP's and will explore this with the Chief Ambulance Services Commissioner (CASC) and Welsh Government.

3. What was delay the development of the fit to sit protocol? Wendy Herbert explained the delay was a cultural issue in developing an alternative pathway which was being addressed and it was expected to be resolved within the next few weeks. An update on progress would be provided at the next meeting.
4. It was queried why Actions 21 (NHS Wales reduces emergency department handover lost hours by 25%) and 22 (NHS Wales eradicates all emergency department handover delays in excess of 4 hours) had not been given a planned delivery date. Jason Killens explained that since the report had been written, improvement trajectories for each of the Emergency Departments had been agreed and endorsed by EASC. The Trust was now undertaking simulation modelling which when those improvements were combined with the Trust's improvements, patient experience and response performance will be evaluated. Further to this a 4 hour back stop had been agreed by Health Board Chief Executives; this would mean that no patient should wait in the back of an ambulance for longer than 4 hours outside Emergency Departments.
5. The Board recognised the report had been submitted as a result of the clear correlation between delayed access to emergency care and the slow response to the community which was causing patient harm. Was WAST treating this as a long term problem or as a temporary issue that will be resolved. Should it be a permanent situation what could the Trust do differently? Jason Killens stated it was a medium to long term issue; it must be about change transformation and doing things differently. In order to reach the stage of delivering the required level of improvement on a sustained basis, e.g. 15 Minute handovers or less at Emergency Departments; this was an extremely long timeline. The Action plan contained several transformative actions which were different to WAST's current service model.
6. Chris Turley updated the Board in terms of balancing the financial risk against the quality and safety to patients and staff. As referred to earlier the £3m funding to recruit and keep the 100 staff would need to be on a recurrent basis and in all likelihood would cost twice that going forward.
7. Andy Swinburn drew the Board's attention to the positive difference APP's had made to WAST which included less conveyance to hospital. He added that if the Trust continued to deliver as a conveyance response using traditional ambulances, the current situation will only worsen, the Trust must transform.
8. Lee Brooks mooted that should the Trust transform on a standalone basis, WAST would endure a further deterioration in timeliness and quality of delivery; to contemplate a worsening position from now was terrifying. Transformation must be developed on an all Wales basis with all partners working collaboratively in order to deliver the best possible service.



Stephen Harrhy commented on the action plan and highlighted the following:

1. He emphasised that the system needed to work together as a whole for the improvements to be achieved.
2. There were currently several action plans across the services and it was intended to draw all these together into one overall short term improvement plan; progress was being monitored on a fortnightly basis, and it was important to get Welsh Government signed up to it.
3. If the actions were not working then the plan would need to be reiterated collectively.
4. The actions that WAST was taking were the right actions, and these were being continued to be delivered at pace, in line with the deadlines committed to.
5. In terms of the trajectories, it has been agreed that by the end of October, Health Boards will be delivering on the 4 hour waits and the 25% reduction in handover lost hours. This will be reviewed and monitored going forward.
6. In respect of immediate release, and applying it close to the 4 hour wait, it was anticipated the system would gain in the region of 7,000 to 10,000 hours.
7. He was clear that if it could be demonstrated that transitional funding was being used sensibly, it tended to become recurrent should the case for it be strong enough.
8. There were occasions when balancing the risk on short term decisions will realise a long term ambition; the system needs to understand that level of risk and be open and transparent. He added that the biggest risk was complacency and hoped that the action plan would highlight the risks for patients and staff and be kept at the forefront.
9. The Board sought clarity in terms of clinical leadership on the actions going forward. Stephen Harrhy explained that Chief Medical Officers and Chief Nursing Officers were having discussions on this matter. Dr Brendan Lloyd added that changes had already occurred in that a lead had been selected to specifically look at the primary and community care system. Stephen Harrhy concluded that even though the short term actions were very important, the challenge was to ensure that the mechanisms in place which linked in to the six goals for emergency care were enabled.

#### **RESOLVED: The Board**

1. **Noted the contents of the paper and the actions taken to date and underway shown as Annex 2 to the report.**
2. **Discussed and agreed the totality of the actions taken and underway were necessarily sufficient, in all the circumstances, provided suitable assurance to the Trust Board that:**

- a. **WAST has taken or was taking all reasonable steps internally that it can to ameliorate the risk of avoidable harm to our patients and our people.**
  - b. **Sufficient escalation to Welsh Government, Commissioners, NHS Wales/Health Boards and other system stakeholders as appropriate has taken place detailing the extent, rate and frequency of avoidable harm concern that the Trust Board holds.**
3. **Discussed and agreed any further actions that WAST could reasonably take to further ameliorate the risk of avoidable harm to our patients and our people. Jason Killens agreed to advise the Board in terms of how WAST will generate and press forward regarding the conversations around transformation.**

## **74/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

1. Trish Mills pointed out that the report illustrated the outcome of the work that had been undertaken to date to strengthen and rearticulate the Trust's Corporate Risks including new titles, summary descriptions and scores which Members were asked to note.
2. Each Committee had reviewed and discussed the risks relevant to it during the last quarter and also the rationale behind any change to risk scores.
3. Members were reminded that a transitional Board Assurance Framework (BAF) had been developed which provided more detail in terms of the principal risks. The BAF had been reviewed at the last Audit Committee meeting and it was intended to present it to each of the Committees as a standing agenda item going forward.
4. The Board noted the new, nationally agreed Risk Scoring Matrices which had been developed in partnership across Health Boards and Trusts; this enabled alignment of the approach to Risk Management across the NHS in Wales wherever possible.
5. Members' attention was drawn to the risk reporting timetable which had been agreed at the last Audit Committee meeting. This gave details of the governance routes for the BAF.
6. The Trust's two highest scoring risks remained at a score of 25, Risk 223 (the Trust's inability to reach patients in the community causing patient harm and death) and 224 (significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service). The Board noted that the previous agenda item on avoidable harm contained actions in hand to further mitigate these risks. Due to the reporting period process these had not been articulated in the BAF but will be for the next reporting cycle.
7. Three other risks rated as high with a score of 20 were Risk 160 (High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service), 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) and Risk 201 (damage to Trust reputation following a loss of stakeholder confidence);

8. All of these risks, as well as the other high scoring risks, were reviewed on a monthly basis.
9. An internal audit review on Risk Management had recently been undertaken and this had resulted in a reasonable assurance rating.

**Comments:**

1. The Chair of Audit Committee, Martin Turner gave an overview of the discussion held at the Audit Committee whereby it considered which risks should be discussed in more detail at Board level. The upshot being that the Board should be more engaged and have a better understanding in terms of the higher rated risks, i.e. those of a score of 25. Having said that he acknowledged that the majority of Board Members would have seen the risk report at Committee level.
2. The Board held a discussion in which they considered the reporting process, noting that the risks were focussed on in detail at the relevant Committees. The Board recognised the merits of focusing time at Board to review the highest scoring risks (i.e. those with a rating of 25 and 20), acknowledging that the detail could be drawn out in the Executive Summary for its attention.

**RESOLVED: The Trust Board;**

**Considered and discussed the contents of the report and:**

- a. **Received the improved Board Assurance Framework.**
- b. **Noted that there were further actions outlined in the avoidable harm paper on the Trust Board agenda for this meeting that will further mitigate risks 223 and 224.**
- c. **Noted the adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors.**
- d. **Noted the 2022/23 Risk reporting timetable.**

**75/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Rachel Marsh drew the Board's attention to the following areas;

1. 111, whilst call handling times had improved, ring back times from a clinical perspective, especially concerning the lower acuity calls, had deteriorated. There were significant vacancies in the clinical field; an action plan was being developed to review and improve this issue.
2. Ambulance care - this continued to see good performance.
3. Sickness absence continued to be a significant risk, the Board were apprised of the initiatives being developed to improve sickness levels and the risk in the BAF and mitigating actions. It was also noted that the People

and Culture Committee will look at this in more detail at their next meeting.

4. A detailed explanation of the proposed changes to the performance metrics which had been reviewed by several forums was given, specific metrics will still be considered at the relevant Committee.

Comments:

1. Members were troubled with the current sickness levels and for future reporting would like to see the actions taken to address it and how the Trust compared with other ambulance services in terms of sickness levels. Following the Board's detailed deliberation in respect of sickness, it was agreed that a deep dive be conducted at a future Board Development Day.
2. From a Trade Union perspective, it was encouraging to note the assistance and support provided to staff.
3. Lee Brooks updated the Board on the following: Red performance thus far was better than the previous month, although it was still way off the target. One of the issues affecting performance was the delay in hospital handovers. This will remain a real challenge going forward. In terms of the Amber position there had been a slight improvement at the start of the month. Hand over lost times continued to be around 21,000 hours and will increase. The average patient wait outside Emergency Departments was 2 hours. Between 26 and 43% of shifts continued to run over; at least 25% of these were an hour over. The demand over the heatwave was contained, and it was anticipated that demand will continue and performance will endure at its current if not worse level.
4. A note of thanks was recorded to the Emergency Planning Team in their response to the ongoing and significant challenges.
5. On the transformational agenda, was it possible to identify the number of patients who, if more APPs were in the Trust would not have been taken to the Emergency Department. Rachel Marsh confirmed that this could be part of a modelling exercise going forward. Jason Killens commented that also as part of this modelling exercise, the Trust could consider other aspects of the transformational agenda.

**RESOLVED: That the Board considered the June 2022 Integrated Quality and Performance Report and actions being taken and determined that:**

- a) the report provided sufficient assurance;
- b) future reports should contain details of the actions taken to address staff sickness and how the Trust compared with other ambulance services in terms of sickness levels;
- c) further remedial actions were to be undertaken through Executives; and
- d) approved the proposed new metrics for reporting from the next period.

## **76/22 FINANCIAL PERFORMANCE AS AT MONTH 3 2022/23**

Chris Turley in providing an update drew the Board's attention to the following highlights:

1. The Trust was reporting a small revenue surplus (£2k) for the period to Month 3 2022/23.
2. In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust was currently forecasting to breakeven for the 2022/23 financial year.
3. In line with the financial plans that supported the Integrated Medium Term Plan, gross savings of £1.030m have been achieved against a target of £1.043m.
4. Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.5% for the number, and 97.2% of the value of non NHS invoices paid within 30 days.
5. The financial risks the Trust continued to face in terms of delivering financial balance this year were stated in the Welsh Government Monitoring Return at Month 3 and were set in line with the submitted Annual Plan and IMTP. These risks will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, as Board members will be aware, the Trust currently held a greater number (and value) of financial risk for the 2022/23 financial year.
6. In terms of the capital programme, an element of discretionary funding remained which was being prioritised for spend, recognising not all of that which was initially planned can be delivered in year now, due to a reduced level of funding from WG. A detailed update on this will be provided to the next F&PC.
7. Four Financial Sustainability work streams have been established in order to respond to the challenging financial environment. One of the areas these work streams will look at will be ways to generate effective individual savings schemes.

Comments:

1. The Chair of the Finance and Performance Committee (F and P), Professor Kevin Davies raised several points made at the last F and P Committee meeting in which the financial challenges going forward were recognised and the need to be agile and being prepared to exploit any emerging opportunities.
2. The Board recognised the existence of the ongoing challenges in terms of meeting financial balance and thanked the team for their work.

**RESOLVED: That the Board;**

- (1) Noted and gained assurance in relation to the Month 3 revenue and**

**capital financial position and performance of the Trust as at 30<sup>th</sup> June 2022 along with current risks and mitigation plans;**

- (2) Noted the Months 2 and 3 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by Welsh Government); and**
- (3) Noted the establishment of the Financial Sustainability Work streams.**

#### **77/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25**

- 1. Rachel Marsh reminded the Board that on 13 July 2022, the Minister for Health and Social Services formally confirmed her approval of WAST's 2022-2025 Integrated Medium Term Plan (IMTP). A number of accountability conditions have also been set out which Executives would review and report back to Board in the autumn.
- 2. Should further pressures continue Rachel Marsh advised the Board that some of the actions in the IMTP would be paused and these had already been identified.

Comments:

Was there a plan set out to further develop the partnership working with HEIW (Health and Education Improvement Wales) on the Faculty of Emergency Mental Health Practice? Wendy Herbert confirmed it was part of the actions included in the IMTP.

**RESOLVED: The Board:**

- (1) Noted the ministerial approval of the WAST IMTP;**
- (2) Noted the progress of IMTP delivery and headlines highlighted in the executive summary; and**

#### **78/22 DRAFT ENGAGEMENT FRAMEWORK 2022-2025**

- 1. Estelle Hitchon gave an overview of the framework explaining it was a revision that focused exclusively on the long term strategy; with certain requirements the Trust had to meet within the next 18 months.
- 2. The framework will be built based on the work to understand the level of engagement thus far and where the Trust should focus its energy going forward.
- 3. A detailed delivery plan will be developed following discussion with the Board of Community Health Councils in Wales and, in all likelihood, the Consultation Institute. The delivery plan will be presented to the November Board.

Comments:

- 1. The Board welcomed the ambitions and direction of travel set out in engagement framework which was critical to the Trust's transformation.

2. Jason Killens informed the Board that recent consultations had taken place with the Health Board Chief Executives and Community Health Councils.
3. Members recognised that in order to garner support and influence change it would be sensible to include the Trust's clinicians.
4. Rachel Marsh advised the Board that a metric around the Trust's standing and reputation from the stakeholders' perspective was being developed.

**RESOLVED: The Board approved the engagement framework.**

**78/22 AUDIT COMMITTEE HIGHLIGHT REPORT**

Martin Turner presented the report highlighting the limited assurance that was given on the waste management internal audit review which was a concern. Chris Turley added that an action plan had been put in place to address the issues raised and further details on the plan were provided to the Audit Committee.

**RESOLVED: The Board received the report.**

**78/22 FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT**

Kevin Davies presented the report, highlighting the significant lost hours as a concern.

**RESOLVED: That the report was received.**

**79/22 ACADEMIC PARTNERSHIP COMMITTEE HIGHLIGHT REPORT**

The report was presented by Kevin Davies who added that an update on the University status application was still awaited.

**RESOLVED: The Board received the report.**

**80/22 CHARITABLE FUNDS COMMITTEE (CFC) HIGHLIGHT REPORT**

Ceri Jackson drew the Board's attention to the fact that, due to current market volatility, the charity's investment had seen a dip in Quarter 1 of c£24k. Greater scrutiny on the fund performance had been put in place as a result and the CFC had been assured on the actions to manage the fund being taken.

**RESOLVED: The update was received.**

**81/22 REMUNERATION COMMITTEE HIGHLIGHT REPORT**

Martin Woodford presented the report and highlighted that attendance at these meetings had become varied of late since it had been expanded to all Non-Executive Directors.

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

## **82/22 GOVERNANCE REPORT**

Trish Mills reported that:

1. The Trust seal was applied to the following document on 22 June 2022:

Reference number: 0235 - Lease for new NEPTS Ambulance Care Hub Newport (Unit 3, Phoenix Park, Telford Street Newport NP19 0LW); License for alterations (minor works) same premises. Two seals were affixed; and

2. Decision made in private session - NHS Wales Microsoft License Renewal

On 26 May 2022, the Trust Board met in private session and approved the renewal of the Trust's element of the NHS Wales Microsoft Enterprise Agreement. The negotiated renewal price was a significant reduction compared to the previous associated costs and represented a substantial annual saving across the NHS in Wales.

**RESOLVED: The Board noted the above updates since the last meeting.**

## **83/22 MINUTES OF COMMITTEES**

**The Minutes of the following were received:**

Charitable Funds Committee, 5 May 2022

Academic Partnership Committee, 26 April 2022

Finance and Performance Committee, 16 May 2022

Audit Committee, 3 March 2022

Emergency Ambulance Services Joint Committee, 10 May 2022.

EASC Chair Summary, 12 July 2022.

NHS Wales Shared Services Partnership Committee (NWSSP), 19 May 2022

Welsh Health Specialised Services Committee (WHSSC), 10 May and 12 July 2022.

**RESOLVED: The Board received the above Minutes/Notes.**

## **84/22 ANY OTHER BUSINESS**

The Board thanked the following for their sterling contribution at Board meetings:

Wendy Herbert, who was stepping down as the Interim Director of Quality and Nursing and remaining with the Trust and Andy Haywood, Digital Director who was leaving the Trust.

**Date of next Open meeting: 29 September 2022**



Trust Board Action Log as at 25 August 2022

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
73/22a	28 July 2022	Actions to avoid patient harm	To provide an update on the fit to sit protocol	Liam Williams	29 September 2022	Update for 29 September The EASC led Fit2Sit Task and Finish Groups will be presenting a paper to the next Integrated Quality Planning and Delivery meeting with Welsh Government as it spans policy as well as practice. They will seek a view from Welsh Government on the approach to be taken (either through Emergency Ambulance Services Committee or 6 Goals).	Open
73/22b	28 July 2022	Actions to avoid patient harm	To advise the Board in terms of how WAST will generate and press forward regarding the conversations around transformation.	Jason Killens	29 September 2022	A verbal update will be provided on 29 September	Open
75/22	28 July 2022	Deep Dive on sickness	To be discussed at a future Board Development Day	Catherine Goodwin	29 September 2022	This action will now be undertaken at the People and Culture Committee as it was felt more appropriate in this forum	Complete



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

<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: 29 SEPTEMBER 2022

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 September 2022
<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 28<sup>th</sup> July 2022. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

### RECOMMENDATION

That Trust Board note the contents of this report.

### KEY ISSUES/IMPLICATIONS

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

### REPORT APPROVAL ROUTE

The Trust Board meeting held on 29<sup>th</sup> September 2022.

### REPORT APPENDICES

An SBAR is attached.

### REPORT CHECKLIST

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

## **SITUATION**

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 28<sup>th</sup> July 2022.

## **BACKGROUND**

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

## **ASSESSMENT**

### **CHIEF EXECUTIVE**

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, AACE, EASC and senior elected representatives.
- Participating in the appointment process for the Chief Executive post at Aneurin Bevan University Health Board.
- I chaired the quarterly joint Executive Management Team and Assistant Directors Leadership Team meeting when we considered our approach to IMTP planning for 2023/24
- I was delighted to present a CEO Commendation to recognise the immediately life saving CPR undertaken by a teenager in response to an elderly man who was thought to be suffering a cardiac arrest.
- A number of positive meetings with Trade Union partners have been held over recent months to discuss the possibility of increasing the EMT3 establishment with a revised scope of practice which would provide greater career development opportunities for our people.
- I was pleased to attend and present long service awards to our people at an event in Swansea on 8<sup>th</sup> September and Wrexham on 27<sup>th</sup> September 2022.
- HART celebrated its 10 year anniversary and I was delighted to unveil a plaque and learn more about their specialist capabilities.
- I attended the Ambulance Services Charity's (TASC) National Ambulance Memorial Service at the Arboretum, Staffordshire on 15<sup>th</sup> September.
- The Chair and I represented the Trust at the Service of Remembrance for Her Majesty the Queen at Llandaff Cathedral on 16<sup>th</sup> September and I also attended the Welsh national proclamation of King Charles III accession on Sunday 11<sup>th</sup> September and the state funeral for Her Majesty Queen Elizabeth II on Monday 19<sup>th</sup> September.

4. The Trust Board will wish to acknowledge and mark the sad death of the late Queen Elizabeth II on the first occasion the Board has met since her death on 8<sup>th</sup> September.

## **FINANCE AND CORPORATE RESOURCES**

### **Finance**

5. The Finance Department has been successful in obtaining ACCA Approved Employer status from the Association of Chartered Certified Accountants (ACCA). ACCA's standards are the same globally, achieving Approved Employer status provides our Finance Department with an accessible benchmark for our training and support. Awarding of the ACCA Approved Employer Programme recognises the Department's high standards of staff training and development, whilst also proving our organisation is committed to ensuring ACCA students, affiliates and members have the right skills, ethics and competences to add value and drive the business forward.

6. The Financial Capital Planning team has been working closely with the Fleet and Capital Planning teams to develop the Fleet BJC for 2023/24, including providing a detailed review of the benefits of the replacement programme to Welsh Government to help support our future BJC.

7. Following a key appointment within the Financial Business Intelligence of the Finance function, work has progressed in several areas to evaluate the use of automation along with progressing the development of the Patient Level Information Costing system (PLICs) now that the cloud security and the DPIA has been signed off internally.

8. The Trust's aim to achieve sustainable savings via the Financial Sustainability Workstreams (FSWs) continues via scheduled meetings. A programme based approach will be adopted to ensure delivery of agreed schemes.

9. A full audit of the Charitable Fund Accounts will take place later this year. As this will be the first full audit of the Charitable Fund Account carried out by Audit Wales, the Finance team are working with them to agree the supporting documentation required and timescales to ensure the audit runs as smoothly as possible.

### **Capital and Estates**

10. The following update is provided on the main Capital and Estates projects previously reported to Board:

- Aberaeron Ambulance Station - following the successful commissioning and operational opening of the facility in March 2022 and the official opening event which took place on the 7th July 2022, project closure activities are progressing.
- South East Fleet Workshop – the Project Board continues to meet and work is progressing at pace to confirm the design along with the preparation of the implementation plans and phasing of works. Initial works have started on site to progress with opportunities in advance of the construction work required for the final design.
- Vantage Point House - reconfiguration work is progressing at pace, with the completion of Phase 2 work on track for end of September 2022. Phase 3 and 4 programmes have been reviewed to ensure that overall programme completion can be achieved by early 2023. Opportunities have been provided within Beacon House for effective use of space in temporarily accommodating NEPTS colleagues whilst work completes on their designated spaces.

- Beacon House – following the successful commissioning and opening of the facility in April 2022, project closure activities are progressing and a User Group has been established to manage BAU actions going forward. The official opening of the facility is scheduled for October 2022.
- Cardiff Ambulance Station – the Ambulance Station is fully operational, with final snagging work and project closure activities underway. Work has completed on the Training School in Block B and training commenced on 5th September 2022.
- EMS Interim Solutions Programme – work continues on solutions for the Betsi Cadwaladr and Aneurin Bevan areas. Tenders based on revised designs in line with project budget have been received and are being considered with a view to work being progressed at Rhyl as quickly as possible. The Trust has taken possession of a unit on Phoenix Business Park, Newport and works have commenced.
- Ty Elwy – work on this programme has completed and the Integrated Clinical Contact Centre (ICCC) opened in August 2022. All other work on the building has been completed including Occupational Health space and the post room, ICT and CFR storage being improved on the site. As part of the ICCC space and a training suite being provided, the meeting room facilities have been restored to their original intended function.
- Work to establish Project Boards in support of the suite of business cases within the 2022/25 IMTP objectives has commenced. The Swansea Ambulance Station Project Board has been established and has met to begin the process of developing a Business Justification Case for All Wales Capital investment and discussions with NWSSP in support of site searches has commenced. Initial scoping meetings have also taken place for Newport and Llanelli Ambulance Stations and Project Board arrangements will be confirmed.

11. Additional updates of interest to Board members are included below:

- Bridgend NEPTS – The Trust obtained the Bennett St, Bridgend property via leasehold on 11th August 2022. NEPTS are currently occupying South Wales Police office space in Bocam Park until 30th November 2022. Following a tender exercise, it is anticipated that a contractor will be appointed in late September. The Project Board will be established to oversee completion of the project in line with the required timescales.
- Electric Vehicle Charging Infrastructure - The Trust is the only named organisation in the NHS Decarbonisation Strategic Delivery Plan with specific actions including a national network of electric vehicle charging infrastructure. Twenty eight electric vehicle (EV) chargers have been installed with a further 6 will be completed by the end of September 2022. Additional feasibility studies are required to ascertain the electrical capacity for the installation of further EV points. The Capital Development & Estates Teams have received Welsh Government funding totalling £60k to complete these studies.
- NHS Wales Decarbonisation Strategic Delivery Plan (NHS-DSDP) - Work is ongoing to deliver WG's Decarbonisation Plan for the NHS. A dedicated Project Manager has been appointed, alongside Officer Support for the Environment and Sustainability Manager, to target actions. This work will be overseen by decarbonisation programme management board arrangements.
- ISO 14001 – The Trust has been successful in retaining its ISO14001 (Environmental Management) accreditation for another year. WAST is the only Ambulance Service in the UK to hold this prestigious environmental accreditation and has done so for the last seven years

## **Fleet**

12. The delivery of the Vehicle Replacement Project for 2021/22 has not been straight forward owing to many global influencing factors, however, the entire 44 Emergency Ambulances (EA) from 2021/22 are in operational service. Ten NEPTS Ford Transit Customs have been converted into single wheel chair accessible vehicles and are going through the commissioning process with the first of them in service. Seventeen Renault Masters ordered for the 2021/2022 vehicle replacement program were affected by the world wide supply chain issue and they have only just been delivered to the nominated convertor. They will be converted into a mixture of double wheel chair accessible vehicles and stretcher bearing vehicles with all of the stretcher bearing vehicles equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads.

13. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) 2022/23, which was endorsed early by Welsh Government is now gaining momentum with 23 RRVs, built on Toyota plug-in petrol hybrids in operational service pan Wales after the above successful installation project of suitable charging infrastructure.

14. Fifty Mercedes Sprinter Emergency Ambulance chassis were ordered in April with the first tranche of 20 already delivered to the convertor and the rest to follow shortly so that they can be converted later in the year when are allocated build slots are available.

15. A small batch of 5 Ambulance Care transfer vehicles based on a 3.5 tonne MAN vehicles have been delivered to the preferred supplier for conversion.

16. Fifteen Ford Transit Customs have been ordered and will be converted into single wheel chair accessible vehicles.

17. As above, work progresses to conclude the 2023/24 Fleet BJC submission to Welsh Government, which is due to come to Trust Board for approval in November. This will include some further exciting decarbonisation and EV initiatives.

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

18. The Executive Director of Strategy Planning and Performance continues to drive forward work on strategy development, in particular shaping our organisational purpose. Following a good level of feedback from colleagues across the Trust, a draft purpose statement will be shared at the CEO Roadshows planned for next month and subsequently across the organisation to gather feedback from our people. A delivery structure for the programme has been set up alongside existing transformation programmes, reporting into Strategic Transformation Board. The Planning team has also been working with Director of Partnerships and Engagement to develop a case for change document for the further transformation of EMS services, pending a decision around the level of engagement required by the joint committee of Community Health Councils. Further work is due to take place with 111 and Ambulance Care around their strategic development plans in the context of the long term strategy.

19. The Planning and Transformation teams continue to support and lead IMTP delivery across the Trust, including the new Financial Sustainability programme, and its project manager is developing its programme plan to ensure there is traction on

work that will support financial stability and sustainability in the challenging few years ahead. There has been continued progress on the Working Safely Programme and successful recruitment to the permanent team who will continue to take the agenda forward as part of business as usual. Gateway to Care Transformation board, led by the Executive Director of Strategy Planning and Performance, has made progress on the CCC clinical review priorities including the increase in CSD clinicians, ECNS remote triage and the review of MPDS codes and progress has also been made in funding for 111 call handlers and a plan for recruitment of clinicians into the 111 service. EMS Operational Transformation, led by the Assistant Director of Commissioning and Performance, is delivering the recruitment and training of additional 100 FTEs into EMS as well as the partial delivery (due to funding) of the CHARU model.

20. The Planning Team tracks and is actively engaged in supporting Health Board strategic service changes. The number of strategic service changes is growing again as we emerge from the pandemic, coupled with the need for health boards to enact planned care recovery plans. The South East Vascular Network went live on 18th July with supporting pathways and transfers. Close collaborative working and monitoring continues with the South East Vascular network. The team is also working with Betsi Cadwalader Health Board around specific issues with inter hospital transfers, alongside the national project to develop a model and concept for an All Wales Transfer and Discharge (T&D) service. The T&D Project continues with underpinning work-streams to continue to develop the model based on engagement with partners prior to the pandemic supported by evidence base and analytics. Collaborative work led by the NCCU with Aneurin Bevan Health Board on the Grange University Hospital Transfer service continues with recommendations continuing to be implemented; including a new roster being put in place to better meet the patterns of demand that have emerged since opening, due to be implemented in September 2022. There has also been initial engagement with re-emerging work-streams including the development of regional Hyper Acute Stroke Units across Wales which will have an impact across our emergency stroke conveyances.

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

### **Serious Case Incident Forum Update (SCIF)**

21. The majority of patient safety incidents reviewed at SCIF continue to relate to patients being correctly categorised as Amber 1 priority calls and sadly deteriorating while waiting in the community for a response. We continue to find that many patients discussed at SCIF are identified as Recognition of Life Extinct (ROLED) at scene. Other cases discussed include harm caused to patients due to delays in the handover of care at Emergency Departments, with some patients waiting over 12 hours prior to being transferred into an acute hospital. The Patient Safety Team continue to work with health board colleagues and wider system partners as part of Welsh Government's Six Goals for Urgent and Emergency Care Programme.

### **Patient Experience & Community Involvement**

22. The PECl team have launched a Learning Disability e-Learning Module. The experiences and engagement themes captured from people with a learning disability have heavily influenced the e-Learning Module, which is also structured around the Learning Disability Educational Framework for Healthcare Staff in Wales (developed as an outcome of the Welsh Government's Improving Lives Programme).

23. The modules inform staff of information from carers/family, recognising and understanding pain and 'soft' signs of deterioration, as well as case studies. It includes hints and tips for colleagues across the organisation, including Call Handlers in 111 and 999, the Non-Emergency Patient Transport Service and Emergency Medical Services, to learn about the reasonable adjustments we can all make to start positively affecting health experiences and outcomes for people with a learning disability when accessing Welsh Ambulance Services NHS Trust services.

24. Discussions have commenced around a supplementary learning opportunity on different/atypical experiences and presentations of pain for those with autism as well as a learning disability. This will be in line with the Statutory Code of Practice published by the Welsh Government on the delivery of autism services last September, and places duties on health boards and local authorities to raise awareness and provide training for staff.

## **DIGITAL DIRECTORATE**

### **Robotic Process Automation (RPA)**

25. A number of pilot processes have been mapped across Workforce & Organisational Development, Operations, and Quality, Safety & Patient Experience teams. These processes are now being automated using robotic technology to reduce the administrative burden. One of the pilots in development has also considered "privacy by design" principles during implementation, which will strengthen our submission for the NHS Wales Information Governance Toolkit this year.

26. Following the national outage of the system used by NHS Wales GP Out of Hours, an alternative solution has been designed and rolled-out by DHCW in conjunction with the Trust's Digital and Operational teams, and health boards. This alternative solution automates file-management and secure data transfer, releasing 111 operational colleagues back to patient-facing duties instead of managing emails and folders (as per normal BCI procedures). This use case has demonstrated how RPA can be stood up quickly to increase efficiency, improve standardisation, and allow our experts to spend their time on higher value tasks. This particular solution will remain in place until GP OOH systems are fully back on-line in Wales.

### **Electronic Patient Care Record (ePCR)**

27. The ePCR programme is working through its final few projects, with a programme closure date of March 2023, as such, programme and service management arrangements are under review as we transition into BAU. In the meantime, recent achievements have seen the interface design with Welsh GP records completed, with the next stage exploring live data linkage and establishing a pilot. The Community First Responder (CFR) solution is ready for testing on pilot Android devices which will unlock the ePCR solution for our CFR colleagues.

### **Digital Workplace**

28. Building a digital workplace is one of four missions of our Digital Strategy. This involves a breadth of work around training and skills development for adopting new technology and organisational change. The latest progress saw a comprehensive Information Governance training module developed and delivered to colleagues within



People Services, helping to mitigate risk around localised personal data breaches. This training module is complemented by a video guide and was delivered virtually, allowing it to be shared with future WAST staff to ensure consistency in addressing and improving processes and meeting data protection compliance standards.

## **111.wales.nhs**

29. Following additional funding from the 6 Goals of Urgency & Emergency Care Board, continued work on the 111 national website has further improved the experience for patients, linking web guides and the DOS. However, a longer-term funding solution is required to secure a cross-disciplinary team and progress the work beyond March 2023 in line with the programme team and the Trust's strategy.

## **PARTNERSHIPS AND ENGAGEMENT DIRECTORATE**

30. As the service geared up for the busy summer months, Channel 5 cameras were given exclusive access to control and road crews in North Wales to better understand the system wide pressures.

31. August and September marked a series of rare and remarkable events in quick succession which required extensive and sensitive communications handling, including a six-day heatwave, a UK-wide computer system outage affecting NHS 111 Wales and the subsequent declaration of a weeks long business continuity incident, and, of course, the death of Her Majesty Queen Elizabeth II.

32. We hosted a further two Long Service Awards, which complete the series of six events in total held in 2022 at which more than 400 colleagues across the Trust were celebrated for their length of service.

33. Our engagement activity has continued in earnest, particularly as it relates to the Trust's longer term strategy, while political and stakeholder interest in the roster review work remains significant.

## **CLINICAL SERVICES DIRECTORATE**

### **ePCR Programme**

34. The Welsh GP Records interface has been designed and the next stage is to gain endorsement from General Practitioners Committee Wales to proceed with linking to live data and establishing a pilot. The technical design of the digital referrals solution approved at the Care Closer to Home Group, is nearing completion. The next steps are to begin testing and understand how the solution will be adopted operationally.

### **Flu Campaign 2022/23**

35. Updated planning has been undertaken for the 2022/23 flu campaign which launched on the 1<sup>st</sup> September 2022. The first Flu update meeting took place on 12<sup>th</sup> September 2022 to ensure all departmental and Locality Flu Leads were ready for this year's campaign.

36. The flu vaccines are scheduled to be delivered to four delivery points pan-Wales (Hensol, Ty Elwy, Caernarfon and Matrix One) from 16<sup>th</sup> September 2022. Peer Vaccinator and Occupational Health clinics commenced on 26<sup>th</sup> September 2022.

## **OPERATIONS DIRECTORATE**

### **Death of Her Majesty Queen Elizabeth II**

37. Following the announcement of the death of Her Majesty Queen Elizabeth II, Operation Dragon (the Queen's funeral arrangements) and Operation Spring Tide (King Charles III succession to the throne) were set in motion. There has been a significant directorate response to plan for these events. This includes the provision of mutual aid to London Ambulance Service in the form of Mobile Response Teams (MRTs) to support the state funeral held on 19th September, and joint working with partner agencies in preparation for the King's visit to Cardiff on 16th September.

### **EPRR and Specialist Operations**

38. The Hazardous Area Response Team (HART) celebrated its ten year anniversary in July 2022 and a successful awareness day took place on 8<sup>th</sup> September 2022. In August 2022, the Trust supported the Isle of Man Ambulance Service with our clinicians working with their staff at the Manx GP rally. This has built on the good relationship founded during the TT race deployment of WAST staff and staff found working on the island a rewarding experience. Following on from Exercise Celtic Consolidation, the EPRR team is in the process of planning a Wales wide, multi-agency exercise, to test the existing NHS Wales Mass Casualty Arrangements.

### **111 Press 2 (Mental Health)**

39. 111 Press 2 went live in Swansea Bay UHB on 2nd August 2022. The service, operated by the Health Board in collaboration with the Trust, connects callers requiring urgent mental health support to a specialist practitioner. Given the way this is hosted, we do not know the demand being managed by both Hywel Dda and Swansea Bay. We do however monitor the rates passed to 111 when these services are closed and to date these numbers are small.

### **111 Rostering**

40. In July 2022 the trials of new shift lengths and shift start times in 111 commenced pan-Wales. Following engagement with staff and staff support, on the 12th September 2022 the service will commence a 13-week fixed rota trial. It is anticipated that the outcome will be an increase to the amount of fixed working rotas to enable a more comprehensive baseline cover. This work reflects extensive staff engagement with a view to reduce absenteeism.

### **EMS Roster Review**

41. The first of the new Cymru High Acuity Response Unit (CHARU) rosters are now going live; Ceredigion Emergency Ambulance roster went live on 26th September 2022 with Cardiff Emergency Ambulance roster and the very first CHARU roster is scheduled to go live on 3rd October 2022.

## **CORPORATE GOVERNANCE**

42. Audit Wales have commenced their structured assessment work which will review the Trust's arrangements for supporting good governance and the efficient, effective

and economical use of resources. This work is set to conclude with a final report going to Audit Committee in December.

43. The WAST Partnership Team has met informally to review its terms of reference and operating arrangements before this advisory group is reconstituted.

44. Work has commenced on a Welsh Language Framework which will be driven by the Welsh Government's strategic framework for the Welsh language in health and social care, referred to in 'more than just words'. Its aim is to ensure the language needs of Welsh speakers are met and to demonstrate that language plays an important part in the quality of care and is not seen as an 'add on'. The more than just words plan 2022-27 was launched by the Minister for Health and Social Services on 2nd August.

45. The Trust Board induction programme has been finalised with the inclusion of the roles and responsibilities of Board members, a planned and staged 3 months induction of new members, and key documents. Bespoke inductions are being developed for members of the Finance and Performance Committee by the Finance team, and the Audit Committee with the support of Audit Wales.

## **WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE**

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

46. The Directorate is in the final phase of developing a power automate pre-Trac process flow to be piloted by the Operations directorate. This will help us achieve our ambition of automating some of our internal procedures and speeding up the recruitment process.

47. The recruitment of an additional 100 clinical FTEs (90 EMTs and 10 ACA2s) to be in post by the end of January 2023 continues at pace. A task and finish group has also commenced to pilot an ACA to ACA2 fast-track scheme where the Trust will pay for C1 training for successful candidates. The advert received over 500 applications, of which 224 candidates were shortlisted and will undertake driving assessments and interviews throughout September 2022.

48. The recruitment team continue to attend career events and engage with schools and colleges to promote careers within the Trust.

49. A recruitment plan has been developed to support the 111 service to fill 50 FTE clinical vacancies. This is part of a longer-term plan which includes developments including home working opportunities for staff.

### **Absence Sickness**

50. Sickness absence due to COVID increased in June and July. Overall sickness absence for July totalled 10.32% but reduced to 8.72% in August (5.71% LTS, 3.02% STS). EMS reported overall 10.21% with LTS at 6.78% and STS at 3.43%. Covid absence for August was 1.04% (LTS 0.49% and Short term absence is 0.56%).

51. July saw more long-term cases opening than closing (97 opening and 75 closing). A couple of hotspots have been identified; in one hotspot the cases are pregnancy related for 5 employees.

52. A focussed discussion continues to be held at EMT on a fortnightly basis about the Improving Attendance Project and progress to date.

### **Equality, Diversity and Inclusion Engagement**

53. The Equality, Diversity and Inclusion (EDI) team have been working closely with PEGI to link its work more directly. Monthly meetings have been established to review progress against the Strategic Equality Objectives, plan joint events and share intelligence.

54. Over 90% of our people have completed the Trust's mandatory Equality, Diversity and Inclusion, 'Treat Me Fairly' training. Using real-life stories it highlights how, as individuals, we can make a positive and inclusive difference to the experiences of our colleagues and patients. It reinforces the importance of placing inclusion at the heart of everything we do and providing the best possible service to patients.

55. Pride Cymru returned this year and the Trust, alongside colleagues from across NHS Wales was given the honour of leading the parade through Cardiff City Centre on Saturday 27th August. We also hosted a stall at the event, which included resources and materials to ensure that the Trust was seen as a great place work, volunteer, develop and grow.

56. The live Sexism & Sexual Safety at Work survey seeks to gain insight into our current climate. The Trust hasn't previously surveyed these questions and all staff are encouraged to give their views. Initial responses to the survey will be shared at the upcoming CEO Staff Roadshows.

57. A digital suggestion box has been set up for colleagues to share thoughts and ideas relating to the cost of living crisis. An engagement plan has been drafted to align our financial wellbeing offer, benefits package and focus on local community initiatives.

58. A variety of wellbeing initiatives continue to take place across the Trust, including a recent Virtual Reality trial, equine therapy, dog visits and Mind Over Mountains events. In August, 85 colleagues attended a Warm WAST Welcome session.

### **Education and Training**

59. After a successful volunteer Emergency Response Driving campaign all but 3 MEDSERVE/EMRTS responders have completed an Emergency Response Driving qualification in line with current legislative requirements. The outstanding volunteers have dates confirmed to complete the training.

60. The Education and Training team have embarked on a programme to offer all current Swansea University Paramedic Students the opportunity to secure ACA bank agreements with the Trust. This will be completed over the coming months with view to securing additional clinical resources during period of increased demand. The Education and Training team in partnership with Swansea University have agreed to amend the paramedic degree programme to give all future students the opportunity of placements within NEPTS & CCC.

## **Occupational Health**

61. The team blocked out specific days to commence the Hearing Surveillance programme, each Monday (from June 20th for 4 weeks) for CCC-Thanet House, also every Wednesday for Carmarthen CCC. The dates were advertised on Yammer and SIREN, the information was also sent to managers so that they could ensure staff would be available.

62. The team are using the OH/Wellbeing vehicle to visit stations/offices and A&E departments to promote the Wellbeing offer and provide help with accessing services. The OH team are offering vaccines and health checks (blood pressure checks) whilst visiting.

63. The Peer Support Network has been established across Wales following a review of membership and its terms of reference and the team are delivering REACT training to the 111 service and will be recruiting Peer Support members whilst training them. This network will be key in terms of disseminating information about our Wellbeing services to colleagues.

64. Two new cohorts of Chaplains have been recruited. Formal training has been scheduled, with the first session delivered on 23<sup>rd</sup> September and two more sessions planned for 30<sup>th</sup> September and 7<sup>th</sup> October. A Welcome Day has been designed specifically for the Chaplains, which will be held in the near future. Likewise, their terms of reference have been updated and a Chaplains Handbook designed. The revised service will be launched next month.

## **RECOMMENDATION**

65. That Trust Board note the contents of this report.



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

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

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

MEETING	Trust Board
DATE	29 <sup>th</sup> September 2022
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

**EXECUTIVE SUMMARY**

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

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

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

*These and a range of other factors have meant that response times have deteriorated significantly. Delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed have led to a growing number of cases of avoidable harm or death to patients.”*
- The report identified 26 actions, 20 for the Trust and six system stakeholder actions. This second iteration of the report identifies progress against these actions.
- Whilst good progress has been made on the actions that the Trust can control, the extreme system pressure continues unabated. In August 2022, over 24,000 hours were lost to hospital handover. The monthly sickness absence figure for August 2022 was 8.72%.
- 15 actions have been rated as Green (on target), six as Amber (off target), four as Red (substantially off target) and one Grey (stopped). Of the four Red actions three are system stakeholder actions and one is a Trust action. For this action the Trust has completed the action, but health board practice is at

variance with the action i.e. Immediate Release.

5. Based on experience from previous years, it is not unreasonable to assume that handover lost hours may increase during the winter period, if the various actions to reduce handover lost hours do not take effect.
6. The likelihood is therefore that these levels of avoidable harm will continue through the winter period.

## **RECOMMENDATIONS**

**Trust Board is asked to:**

- **NOTE** the report and the progress the Trust is making on “WAST Actions”.
- **NOTE** that handover lost hours remain extreme and could be further exacerbated as the health and social care system moves into the winter period
- **CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.

## **KEY ISSUES/IMPLICATIONS**

As outlined in the Executive Summary above.

## **REPORT APPROVAL ROUTE**

<b>Date</b>	<b>Meeting</b>
<b>29 September 2022</b>	<b>Trust Board</b>

## **REPORT APPENDICES**

**Appendix 1 – Action Plan Progress Update Status**

## **REPORT CHECKLIST**

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

Health and Safety	x	TU Partner Consultation	x
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## SITUATION

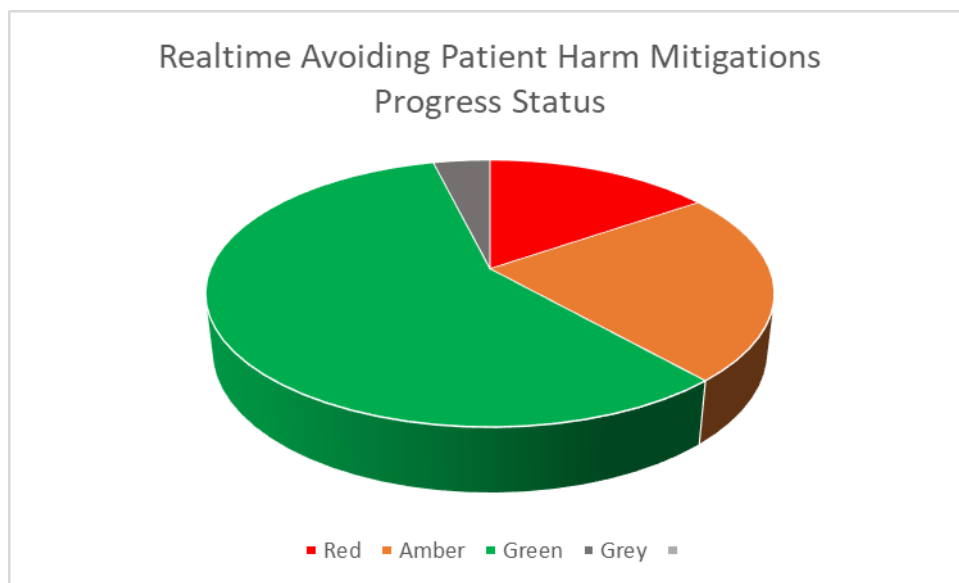
1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death.

## BACKGROUND

2. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm.
3. There were 26 actions set out, 20 of which were for the Trust and six for system stakeholders.

## ASSESSMENT

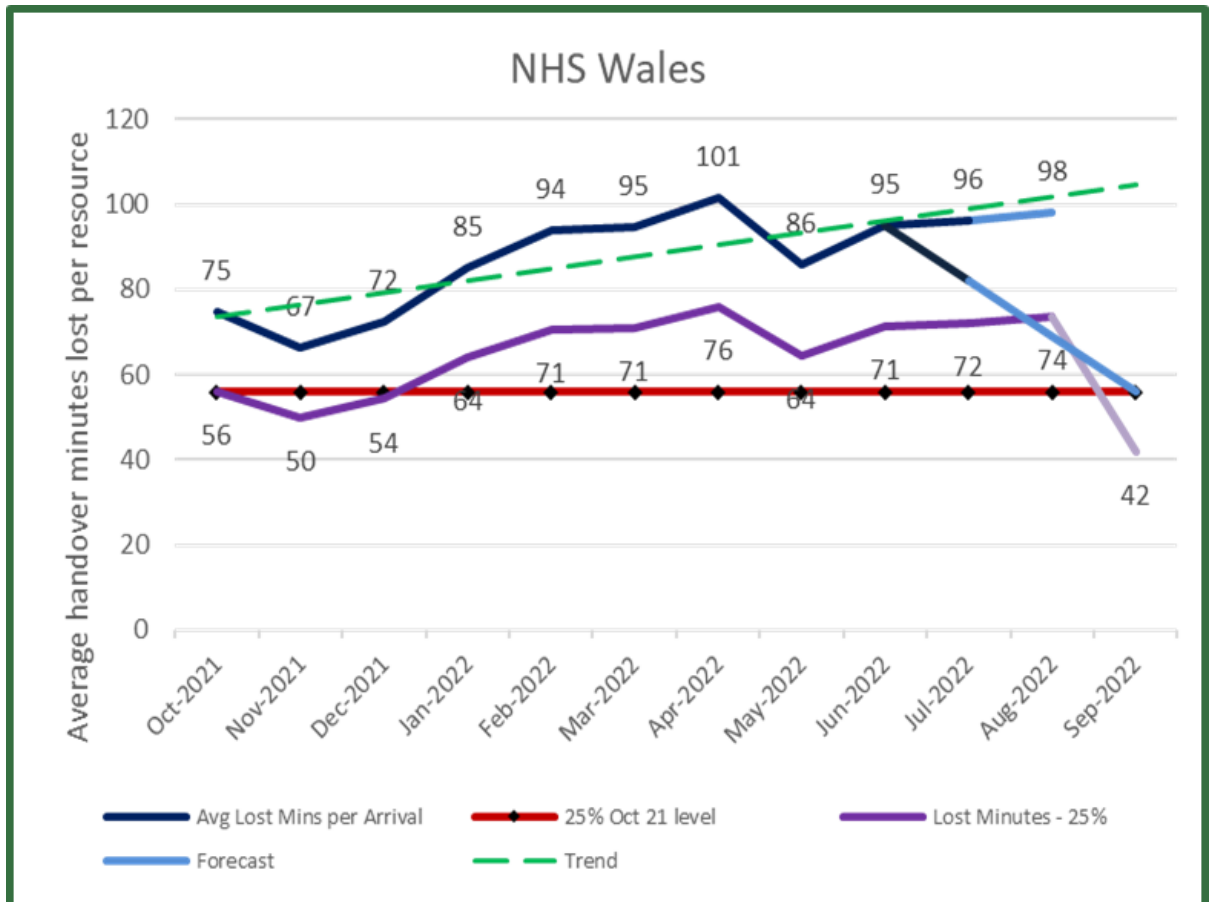
4. This RAG status of the 26 actions is as follows:-



5. Appendix 1 contains the action plan with a narrative update on each action.
6. The red (significantly off target) actions are:-
  - **Immediate Release (action 1):** whilst the approach and reporting has been agreed and is in place, practice on the ground is at variance. In August 2022 41 Red requests were not accepted and 399 Amber 1 requests were not accepted. It should however be noted that overall compliance with Immediate Release Directions has improved.
  - **25% reduction in minutes per handover (action 21):** rather than seeing a reduction in minutes per handover, there has been an upward trend since June 2022 with an average of 98 minutes per arrival in August 2022 against



a trajectory target of 72 minutes. The graph below shows the trajectory for improvement at an all Wales level together with the actual performance.



- **Eradication of handover waits of > 4 hours:** there were +2,000 >4 hour waits in August 2022; and
- **Creation of +1,000 beds capacity equivalent:** whilst there has been significant amounts of work and discussion across Wales, we understand that there is low confidence that the full 1,000 bed equivalent will be delivered in time for winter.

7. The key issues remains handover and the Trust's sickness absence levels.
8. The Trust lost 30% of its conveying capacity to hospital handover hours in August 2022. If the Trust is losing this level of hours during the Summer and based on previous pre-pandemic years' data it is not unreasonable to assume that handover lost hours may increase further during the winter period, if the various actions to reduce handover lost hours do not take effect. The Health Boards have all been required to develop action plans, which are monitored at their Integrated Quality and Delivery meetings by Welsh Government. Fortnightly meetings are held between the CASC, WAST and each health board to continue to discuss progress and remedial actions in this regard.
9. The Trust has a coherent and comprehensive work programme for management attendance and a reasonable chance of delivering the 2022-23 IMTP trajectory (8%), with sickness levels at 8.72% in August 2022. Maintaining this level through the remainder of the year however is not without material risk, especially

given that special arrangements continue to be in place nationally relating to management of COVID sickness absence that were not a feature of our original planning assumptions for the IMTP sickness improvement trajectory.

10. The table below sets out the modelling output from Optima Predict for March 2023. Both scenarios modelled include the growth of 100 FTEs. The first part (Imp-Normal) includes the 25% per minute handover reduction and the back stop of a maximum of four hours. The second part (No Imp – Normal) does not include any improvement in handover, but also assumes no worsening:-

Scenario	RED (%) < 8mins	AMBER1 Median	AMBER2 Median	AMBER1 95th	AMBER2 95th	Simulated Utilisation (%) EA/RRV/UCS	Abandoned Demand * (%)
<b>Imp - Normal</b>	<b>48%</b>	<b>1hr 38min</b>	<b>3hr 26min</b>	<b>11hr 25min</b>	<b>13hr 4min</b>	<b>70% (71% / 57% / 69%)</b>	<b>1%</b>
Imp - CSP3a	57%	45min	2hr 9min	8hr 57min	10hr 34min	64% (66% / 46% / 55%)	0%
Imp - CSP3b	59%	39min	1hr 50min	8hr 35min	10hr 14min	61% (64% / 43% / 49%)	0%
Imp - CSP4a	63%	28min	1hr 13min	7hr 31min	8hr 48min	53% (57% / 36% / 33%)	0%
Imp - CSP4b	68%	19min	#	5hr 17min	#	39% (44% / 24% / 13%)	0%
<b>No Imp - Normal</b>	<b>38%</b>	<b>5hr 31min</b>	<b>7hr 28min</b>	<b>20hr 51min</b>	<b>23hr 36min</b>	<b>77% (77% / 73% / 79%)</b>	<b>10%</b>
No Imp - CSP3a	43%	2hr 56min	4hr 56min	14hr 48min	16hr 45min	75% (76% / 65% / 76%)	3%
No Imp - CSP3b	46%	1hr 54min	3hr 56min	12hr 19min	14hr 27min	74% (75% / 60% / 72%)	2%
No Imp - CSP4a	57%	45min	2hr 9min	8hr 38min	10hr 35min	66% (68% / 47% / 55%)	0%
No Imp - CSP4b	64%	22min	#	5hr 19min	#	49% (53% / 31% / 25%)	0%

Colour coding:	Acceptable	Poor	Very Poor	Disastrous
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11. As can be seen in the modelling above, if handover lost hours continue at current levels, the modelling indicates that the Trust would have to operate at Clinical Safety Plan level 4a in order to keep Amber 1 median under one hour.
12. As outlined in the previous report to Board, in the light of the continued pressures, patient waiting times are likely to remain under significant stress. Delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed are likely to lead to a continuing number of cases of avoidable harm or death to patients. This situation will also continue to be one which is likely to have an adverse effect on our people.

## RECOMMENDATIONS

Trust Board is asked to:

- NOTE** the report and the progress the Trust is making on “WAST Actions”.
- NOTE** that handover lost hours remain extreme and could be further exacerbated as the health and social care system moves into the winter period.
- CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm given the patient safety modelling for the winter period.

REPORT APPROVAL ROUTE	
<b>Date</b>	<b>Meeting</b>
21 Sep-22	CEO & Director of Strategy, Planning & Performance
29 Sep-22	Trust Board

REPORT APPENDICES
Appendix 1 – Patient Harm Mitigation Action Plan

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

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
<b>WAST ACTIONS</b>				
1.	With respect to Red and Amber 1 immediate release directions: <ul style="list-style-type: none"> <li>1. Devise escalation protocol in the event of rejection</li> <li>2. Share weekly highlight data with Judith Paget and CEOs showing those directions made, accepted and rejected</li> </ul>	Lee Brooks Rachel Marsh	<ul style="list-style-type: none"> <li>NHS Wales CEOs and Chairs commit to Red and A1 rejection now being never event</li> <li>Escalation protocol implemented and weekly report now being provided to WG and CEOs.</li> <li>There were 972 requests made to Health Board EDs for immediate release of Red or Amber 1 calls. In the red category, 220 were accepted and released, 41 were not. In the amber 1 category, 312 were released but 399 were not.</li> <li>WAST actions completed but compliance remains problematic.</li> </ul>	31 July
2.	Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Catherine Goodwin	<ul style="list-style-type: none"> <li>Strong focus from Executives with detailed updates to EMT every two weeks.</li> <li>Good progress with pilot of payment of the C1 license proving particularly effective e.g. 524 applicants with 226 shortlisted. This mitigates previous difficulty in recruiting to ACA2 roles in particular.</li> <li>On-target for 23 January 2023 deadline i.e. 100 additional trained staff available to Operations.</li> </ul>	End of Q3 and into Q4
3.	Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Andy Swinburn	<ul style="list-style-type: none"> <li>Bid not successful.</li> <li>Feedback received from Welsh Government that will be incorporated into future bids.</li> <li>However Trust decision to proceed with 18 MSC places this month using internal resources – 10 starting in September with remainder to commence in new year</li> <li>RAG status reframed around the new timelines / programme</li> </ul>	Q4 2023/24

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
4.	Improve internal efficiency – roster review, providing performance gain equivalent of 72 WTE	Rachel Marsh	<ul style="list-style-type: none"> <li>National roster review on track to commencement implementation in a phase way from September concluding in November</li> <li>First new roster will go live on 26<sup>th</sup> September 2022.</li> <li>First new CHARU roster will go live on 03 October 2022.</li> <li>Some ongoing concerns from TU partners and external stakeholders</li> </ul>	Q3
5.	Improve internal efficiency – improve attendance in line with agreed trajectory	Lee Brooks Catherine Goodwin	<ul style="list-style-type: none"> <li>Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP</li> <li>Comprehensive action plan established</li> <li>Management of COVID related absence initially planned to return to routine management from 1 July, but the special arrangements are still in place in relation to CoVID-19 absence which are hampering efforts to bring sickness rates down.</li> <li>The monthly sickness absence figure for August 2022 was 8.72%, a decrease from July and in line with trajectory. Remains amber for RAG as we acknowledge ongoing risks in delivering on this target.</li> </ul>	See IMTP trajectory
6.	Improve internal efficiency – post production lost hours (PPLH) (6792 hours unavailable for all reasons in June 2022) <ol style="list-style-type: none"> <li>End of shift/rest break arrangements</li> <li>Other business/operational reasons</li> </ol>	Lee Brooks	<ul style="list-style-type: none"> <li>Discussions with TUs on a range of matters continue positively with progress initially made on changes to CPD hours. These discussions will continue through remainder of the year on end of shift and rest break arrangements</li> <li>Task and Finish group established within Ops Directorate to assess what improvements can be made to business/operational related PPLH. This work has identified six areas of focus, which will now be implemented (01 October 2022 to 31 December 2022).with a before and after comparison programmed.</li> </ul>	End of Q2

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
7.	Maximise the opportunity from Consult and Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	<ul style="list-style-type: none"> <li>The Clinical Support Desk and 111 achieved 11.7% in August 2022.</li> <li>The projection is to achieve 15% by December 2022.</li> <li>Good progress on expanded establishment of the Clinical Support Desk with the +36 Paramedics and 5 mental health professionals achieved (and low on-going vacancy factor).</li> <li>Initial review of consult and close suitable codes complete, in particular, use of Scottish Ambulance Service (SAS) codes with further work, linked to DCR table due for completion in October 2022.</li> <li>ECNS live with date for evaluation currently being determined.</li> <li>PTAS only live in three of seven health boards and activity levels low.</li> </ul>	Dec-22
8.	Senior system influencing	Jason Killens Martin Woodford	<ul style="list-style-type: none"> <li>CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for a. Specific discussions for example at recent Chief Executive Leadership team meeting around plans for winter to reduce harm</li> <li>Continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm</li> </ul>	Ongoing
9.	24/7 operational oversight by ODU with dynamic CSP review and system escalation as required	Lee Brooks	<ul style="list-style-type: none"> <li>Realtime management and escalation of risks and harm with system partners</li> <li>Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity</li> <li>Monitoring, escalation and reporting of extreme response or handover delays.</li> </ul>	On going

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
10.	Weekly REAP review by senior Operations Directorate team with assessment of action compliance	Lee Brooks	<ul style="list-style-type: none"> <li>Proactive and forward-looking weekly review of predicted capacity and forecast demand</li> <li>Deployment of predetermined actions dependant on assessed level of pressure</li> <li>Consideration of any bespoke response/actions plans in the light of what is expected in the coming week.</li> </ul>	On going
11.	Recruitment and deployment of new CFRs	Lee Brooks	<ul style="list-style-type: none"> <li>Unable to appoint to one trainer post so post needs to be re-advertised.</li> <li>Assistants expected to be both in post by November 2022.</li> <li>Induction and training will take the project into Q4.</li> <li>New CFR schemes expected now to go live in 2023/24 (original target was December 2022). Need to re-programme timeline.</li> <li>However, new CFRs will continue to join existing schemes, with 69 training places available before Christmas and a further 54 training places in Q4.</li> <li>The mileage rate has been reviewed and uplifted until Mar-23 with a further review planned.</li> </ul>	Q3 Needs to re-programme
12.	Sharing of potential case of serious avoidable harm/death with LHBs for investigation when response delay associated with ED congestion is the primary cause	Wendy Herbert	<ul style="list-style-type: none"> <li>Weekly SCIF to identify potential cases</li> <li>Appendix B reports shared as cases identified now with supporting notification letter to CEO</li> <li>Commitment given by CEOs and Chairs on 8/6 and again on 23/6 in meeting with Minister to investigate and close all historic and outstanding Appendix B's referenced in the DU review by end of September</li> <li>CNO and CMO plus peer group plus COOs regularly updated on volume of cases</li> <li>NRI and Appendix B cases routinely highlighted in provider report to EASC</li> <li>Task and finish group established by NCCU to review process of investigation and reporting</li> </ul>	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
13.	Evidence submission to Senedd Health and Social Care Committee	Jason Killens	<ul style="list-style-type: none"> <li>Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into <i>Hospital Discharge and its impact on patient flow through hospitals</i></li> <li>Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”</li> <li>Our evidence appears in the report from paragraph 57 through to 65.</li> </ul>	Q2 - Complete
14.	National 111 awareness campaign	Estelle Hitchon Andy Haywood	<ul style="list-style-type: none"> <li>The national awareness campaign is now in the campaign planning stage. Contract has been let. Goes live November through the end of the financial year.</li> <li>Work is continuing with a focus on ‘Planned Care’ to integrate with DHCW for surfacing planned care waiting time data on 111.Wales. Also, re-engineering the primary and secondary sections of the site to have a single style (i.e. NHS front-end standard).</li> <li>Only essential updates to existing symptom checkers are being undertaken while we await the new suite of Salus content/symptom checkers.</li> </ul>	Q3
15.	Emergency Department cohorting	Lee Brooks	<ul style="list-style-type: none"> <li>Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Swansea and GUH</li> </ul>	Stopped.



Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
16.	Third party additional capacity	Lee Brooks	<ul style="list-style-type: none"> <li>Contracted third party UCS equivalent capacity deployed where available and funded by commissioners</li> <li>Four vehicles a day 7 days a week currently secured.</li> <li>Further discussions with stakeholders on securing funding through to end of Quarter 4.</li> </ul>	Q3 and Q4 21/22
17.	Transition Plan	Jason Killens	<ul style="list-style-type: none"> <li>Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although non-recurring at this point in time.</li> <li>Also as above, funding for additional APPs not secured via Value Based Healthcare fund; however, decision of Trust to proceed with take up of 18 MSC places anyway.</li> <li>Further discussions with funders as part of IMTP 2023-2026 required and also possible rebasing of EMS Demand &amp; Capacity Review with increased system pressures built in, during 2023.</li> <li>Trust has met with BCU Exec colleagues to develop further actions around pathway development (e.g. mental health )</li> </ul>	Ongoing
18.	Overnight falls service extension	Wendy Herbert	<ul style="list-style-type: none"> <li>Scheme extension agreed to 31 March 2023.</li> <li>A Falls Utilisation Task and Finish Group has been set up.</li> <li>Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through January-March 2023.</li> <li>Utilisation of the Falls Assistant (FA) resources has increased substantially over the past year from 46% in July 2021 to 59% in July 2022.</li> <li>A national Falls Evaluation will be completed within Q3 to determine further opportunities for improvement. This evaluation will examine the impact of Level 1 and Level 2 falls resources across Wales.</li> </ul>	30 June

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
19.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Jason Killens	<ul style="list-style-type: none"> <li>Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support)</li> <li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.</li> <li>Audit Wales updated the Audit Committee on the Review of Unscheduled Care work they are undertaking at its meeting on 15 September.</li> </ul>	Q1 23/24
20.	Consideration of additional WAST schemes to support overall risk mitigation through winter	Lee Brooks	<ul style="list-style-type: none"> <li>Winter modelling (March 2023) complete. Currently working backwards to cover rest of winter period.</li> <li>Schemes identified and approved by EMT.</li> <li>Good progress on schemes which are being regularly reported through the Performance Improvement Plan (rolling tactical seasonal plan).</li> </ul>	Q3
<b>SYSTEM STAKEHOLDER ACTIONS</b>				
21.	<p>NHS Wales reduces emergency department handover lost hours by 25%</p> <p>Note: the target is -25% minute per arrival from the October 2021 baseline. The National Collaborative Commissioning Unit have calculated this target as 42 minutes per arrival.</p>	LHB CEOs	<ul style="list-style-type: none"> <li>Commitment made at EASC in October 2021.</li> <li>Commitment reaffirmed by Minister in CEO and Chair meeting on 23/6.</li> <li>For August 2022 the minutes per arrival was 98 minutes versus the target (to be achieved by September 2022) of 42 minutes.</li> </ul>	TBC

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
22.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	LHB CEOs	<ul style="list-style-type: none"> <li>Commitment made at EASC in October 2021</li> <li>Commitment reaffirmed by Minister in CEO and Chair meeting on 23/6.</li> <li>There were over 2,000 +4 hour patient handovers in August 2022, a slight decrease on the previous month.</li> </ul>	
23.	Alternative capacity equivalent to 1000 beds	LHB CEOs	<ul style="list-style-type: none"> <li>Led by CS on behalf of all CEOs this work emerging from a CEO away day held on 22 April seeks to establish alternative capacity equivalent to 1000 beds (roughly the number of medically fit for discharge patients nationally held in acute beds)</li> <li>As a shared/collaborative endeavour with Local Authorities who hold the statutory responsibility for the provision of social care local plans are being developed to boost step down beds, domiciliary care and so on.</li> <li>Low confidence that the 1000 bed equivalent will be delivered in time for winter, and additional meetings held with CEOs to consider additional actions that might be taken.</li> </ul>	Q3
24.	Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	<ul style="list-style-type: none"> <li>Acceptance at meeting of Chairs and CEOs led by JP on 8/6 that a national approach to Fit 2 Sit should be adopted</li> <li>Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit.</li> <li>Meetings brokered by National Collaborative Commissioning Unit. Attendance at meetings often in excess of 50 attendees.</li> <li>WAST proposed clinician guidance document circulated to all health boards.</li> <li>Challenges around universal patient criteria. Challenges around rapid handover with patient booking</li> </ul>	Q3

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> <li>self in.</li> <li>Challenges within some hospitals in infrastructure to host monitored area of fit2sit patients</li> </ul>	
25.	Implementation of Same Day Emergency Care services in each Health Board	NHS Wales	<ul style="list-style-type: none"> <li>Welsh Government funding provided to each Health Board to implement SDEC</li> <li>WAST has nationally agreed referral rights to these services enabling us to avoid the emergency department with suitable patients</li> <li>SDEC Implementation: Glangwili Hospital go live 20/06/22 and Prince Philip Hospital go live 01/08/22 (both with local variance from the agreed national criteria). Ongoing discussions with other Health Board to agree implementation plan.</li> </ul>	Q4 22/23
26.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> <li>Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales</li> <li>WAST is represented on the Clinical Reference Group by Andy Swinburn (not yet established though)</li> <li>WAST is continuing to map its connections into the programme at a national and local (health board) level. Feedback from 6 goals related work-streams are reported into Integrated Strategic Planning Group which then reports into Strategic Transformation Board. Further work to be undertaken to ensure grip across this programme from a WAST perspective and to support 6 goals leads across the country with the offers WAST can make to support the wider system.</li> </ul>	Ongoing



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

<b>AGENDA ITEM No</b>	<b>10</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

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

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 September 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk, Deputy Board Secretary
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### **EXECUTIVE SUMMARY**

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks. A summary of the 18 risks currently on the corporate risk register is set out at Annex 1, with fuller details of each risk in the board assurance framework (BAF) at Annex 2.
2. The BAF focusses on the principal risks that are mapped to the Integrated Medium Term Plan deliverables and which might compromise the achievement of the Trust's strategic objectives. Until such time as the Trust transitions to a more mature and strategic BAF during 2023/24 as part of the risk transformational programme, these principal risks are the drawn directly from the corporate risk register.
3. The BAF at Annex 2 gives the Board an opportunity to review the controls in place against each principal risk and the assurance provided against those control where applicable. This will assist the Board in evaluating current risk ratings. The gaps in controls and assurance are also set out separately, as are the actions planned to address those gaps. This detail gives the Board insight into the planned activity, as much as can be anticipated from time to time, to reduce the risk to a level of tolerance set by the target score. This format will continue to evolve during the risk transformation programme.
4. Risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) for escalation, movement in ratings, and new risks. Each Board Committee receives and discusses the risks relevant to their remit at every meeting, with any issues escalated in their Board highlight report.
5. At their meeting on 28 July the Board sought to have further detail at Board level on those high rated risks with scores of 25 and 20. This executive summary seeks to demonstrate that focus is maintained on management of these risks, not only as a result of risk discussions in various forums, but as a result of broader attention to planned mitigations. It draws together those broader discussions and signposts the Board accordingly.

6. **Risks 223** (the Trust's inability to reach patients in the community causing patient harm and death) and **risk 224** (Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients) are both rated 25:

6.1. The actions which were contained in the July 2022 Board paper on avoidable harm have been included in the action section of the BAF for both risks.

6.2. A separate agenda item update on the actions which were set out in that July Board paper is before the Board for this meeting. Given the risk management cycle for this quarter this more recent progress report will be used to further update the actions in the BAF. The Board will see there is momentum and progress on the Trust actions in particular.

6.3. The Quality, Patient Experience and Safety Committee (QUEST), at its meeting on 15 August, reviewed both risks and the highlight report from the Committee on today's agenda draws them out in the alert section.

6.4. The Monthly Integrated Quality and Performance Report (MIQPR) includes further analysis of performance, handover delays and post-production lost hours, together with remedial plans and improvement trajectories.

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

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

7.1. The People and Culture Committee's highlight report sets out that review of sickness levels and the improving attendance programme of work was a focus of their 5 September meeting. The Committee reviewed the well-being offerings for staff and support to return to work. A further review of this will take place in November.

7.2. The MIQPR sets out further analysis and remedial plans for sickness absence improvement.

8. **Risk 201** (damage to the Trust's reputation following a loss of stakeholder confidence) saw a rise in score at the July Board and is currently rated 20:

8.1. The Board approved the engagement framework at its meeting on 28 July and the delivery plan is in development and will be presented to the People and Culture Committee and the Board in the next quarter.

8.2. This risk was discussed at the People and Culture Committee on 5 September as it set out in their highlight report.

8.3. The MIQPR and the Chief Executive's report sets out the engagement work underway by the patient experience and community involvement teams.

8.4. The Chief Executive's report also notes engagement with the Community Health Councils on the case for change document for further transformation of the EMS services.

9. There are third line of defence assurances on the horizon which will provide a greater level of assurance against controls for some of these higher rated risks, and these will

come in the form of internal audit reviews on immediate release requests and sickness absence management. These will be reflected over the next quarter's cycle as those reviews are finalised.

10. The Audit Committee highlight report notes the elevated levels of focus on the detailed BAF and a maturing risk culture.

#### **RECOMMENDATION:**

11. **Members are asked to consider and discuss the contents of the report and:**
- a) **Note that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 are described as further mitigations against Risks 223 and 224.**
  - b) **Note the closure of Risk 303 from the Corporate Risk Register.**
  - c) **Note the decrease in score of Risk 199 from 20 to 15.**
  - d) **Note the decrease in score of Risk 311 from 16 to 12.**
  - e) **Note the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15.**
  - f) **Note the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15.**
  - g) **Review the Board Assurance Framework.**

#### **KEY ISSUES/IMPLICATIONS**

The key issues and implications are set out in the executive summary above.

#### **REPORT APPROVAL ROUTE**

The report has been considered by:

- ADLT – 8<sup>th</sup> August 2022
- ADLT – 22<sup>nd</sup> August 2022
- EMT – 24<sup>th</sup> August 2022

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

- a) **People & Culture Committee** (5<sup>th</sup> September 2022)
- b) **Quality, Safety & Patient Experience** (11<sup>th</sup> August 2022)
- c) **Finance & Performance Committee** (18<sup>th</sup> July 2022)

#### **REPORT ANNEXES**

- SBAR report.
- Annex 1 - Summary table describing the Trust's Corporate Risks.
- Annex 2 - Board Assurance Framework

#### **REPORT CHECKLIST**

**Confirm that the issues below have been considered and addressed**

**Confirm that the issues below have been considered and addressed**

EQIA (Inc. Welsh language)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA



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

### **SITUATION**

1. The purpose of this report is to provide an activity update in relation to the Trust's Corporate Risks.
2. A summary report describing each of the corporate risks as of 30<sup>th</sup> August 2022 is detailed in Annex 1.
3. The Board Assurance Framework (BAF) report is included in the paper in Annex 2.

### **BACKGROUND**

4. The Risk Management Transformation Programme was included in the IMTP (2022/2) with the immediate priority to undertake a detailed review of the Trust's 5 highest scoring risks initially with the remaining corporate risks to follow. The programme of work has been completed to strengthen the articulation of the corporate risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
5. The Assistant Directors Leadership Team (ADLT) continue to review the risk assessments, which have been approved by the Risk Owner, on all new risks in addition to reviewing any changes to existing risks and mitigating actions, reporting activity to the Executive Management Team (EMT), Board Committees and Trust Board.

### **ASSESSMENT**

6. There are currently 18 Corporate Risks on the register which are described in the summary table in Annex 1. The table sets out the rearticulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.
7. The EMT has approved the rearticulation of each of the Corporate Risks and the activity described in this paper.

#### Corporate Risks

8. The full detail of each Corporate Risk, including controls, assurances, gaps and mitigating actions form part of the improved Board Assurance Framework (BAF) detailed in Annex 2.
9. Members are asked to note that the inclusion of actions outlined at the last meeting which will mitigate real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service which seek to further mitigate the Trust's highest scoring risks 223 and 224.

## Closure and De-Escalation of Risks

10. One risk has been closed from the CRR and de-escalated to the Medical & Clinical Directorate Register since the last meeting in July 2022.

11. **Risk 303** - *Delayed administration of chest compressions to patients as part of resuscitation*

**IF** there is no universal guidance issued in relation to the level of PPE required when administering chest compressions and no reduction in infection rates of Covid-19

**THEN** there is a risk of delayed administration of chest compressions to patients as part of resuscitation due to WAST ambulance crews continuing to wear level 3 PPE

**RESULTING IN** potential patient harm and damage to the Trust's reputation

12. The Risk Owner and ADLT recommended the risk be closed from the CRR as all actions have been completed and the score reduced to target. This was approved by the EMT in August 2022.

## Transfer of Risks

13. Risk 199 has transferred to the People & Culture Committee for oversight given that the Health & Safety function and programme of work are now included in the Terms of Reference and cycles of business for that Committee.

## Changes to Risk Scores

14. There have been two changes to risk scores since the last meeting in July 2022.

15. **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.*

**IF** there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance

**THEN** there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments

**RESULTING IN** death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation

16. The Risk Owner and ADLT recommended the risk score be reduced from 20 (4x5) to 15 (3x5) having undergone a significant review which was approved by the EMT in August 2022.

17. This reduction in score was a result of the implementation of the Working Safely Programme across the organisation which has had an impact on the application of health and safety.
18. In addition, there has been a significant improvement in the health and safety governance arrangements within the Trust. The Health and Safety Workforce has undergone a review and additional resources allocated to the team.
19. The introduction of the Compliance Register and the ongoing assessment supports the Trust to more effectively map and comply with relevant legislation which supports the mitigation of the risk.
20. Further, the approval of the Health and Safety Management System sets out a process to review health and safety culture within the Trust.
21. **Risk 311** - Inability of the Estate to cope with the increase in FTEs  
  
*IF the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed*  
  
*THEN there is a risk that the Estate will not be able to cope with the increase in FTEs*  
  
*RESULTING IN potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust*
22. The Risk Owner and ADLT recommended the risk score be reduced from 16 (4x4) to 12 (3x4) which was approved by the EMT; however, further work will be undertaken in the next cycle of reporting with a view to close this risk relating particularly to the Demand & Capacity review and establish a new Estates capacity risk.

#### New Corporate Risks

23. Two new risks have been assessed and approved for inclusion on the CRR as follows:
24. **Risk 543** - Major disruptive incident resulting in a loss of critical IT systems  
  
*IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems*  
  
*THEN there is a risk of a loss of critical IT systems*  
  
*RESULTING IN a partial or total interruption in WAST's effective ability to deliver essential services.*
25. The Risk Owner and ADLT recommended the inclusion of the risk on the CRR at a score of 15 (3x5) which was approved by the EMT.
26. **Risk 558** - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences

*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*

27. The Risk Owner and ADLT recommended the inclusion of the risk on the CRR at a score of 15 (3x5) which was approved by the EMT.

#### Development of New Risks

28. **Risk 538** - A risk has been developed to reflect the possible consequence of a further delay to the implementation of the new Integrated Information System (Salus); however, due to ongoing commercial discussions and a delay to some delivery milestones, the detail of this risk will need to be reviewed and finalised to capture the emerging position and differentiate it from any realised issues. An update is expected from the Programme team and the supplier mid-September 2022 that will shape the final risk assessment ahead of presentation to Trust Board at the end of September 2022.

29. **Risk 542** - *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan*

This risk has been fully articulated and is navigating Trust risk governance processes. It is expected that this will be included on the CRR during the next reporting cycle.

#### Further Review of Risks

30. Work is ongoing to consider and develop potential new Risks for inclusion on the CRR and consideration will be given during the coming weeks to the following:
- *Patient Safety/Putting Things Right Team*
  - *Supply Chain Issues – Digital Equipment*
  - *Business Continuity Risks*
  - *Securing Stakeholder Support to Deliver the Strategy and IMTP*
  - *Capacity to deliver change (IMTP)*
  - *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP)*

#### Board Assurance Framework

31. The BAF is included at annex 2 which focusses the Board on the key risks that are mapped to the IMTP deliverables and that might compromise the achievement of the Trust's strategic objectives. Until such time as the more mature and strategic BAF is developed during 2023/24 as part of the risk transformational programme, these key risks are the corporate risks due to their relationship to the IMTP delivery and their risk ratings.



## **RECOMMENDED**

32. **Members are asked to consider and discuss the contents of the report and:**
- a. Note that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 are described as further mitigations against Risks 223 and 224.**
  - b. Note the closure of Risk 303 from the Corporate Risk Register.**
  - c. Note the decrease in score of Risk 199 from 20 to 15.**
  - d. Note the decrease in score of Risk 311 from 16 to 12.**
  - e. Note the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15.**
  - f. Note the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15.**
  - g. Review the Board Assurance Framework.**



## 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>
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	<p><b>IF</b> the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations</p> <p><b>THEN</b> there is a risk of a loss of stakeholder confidence in the Trust</p> <p><b>RESULTING IN</b> damage to reputation and increased external scrutiny</p>	Director of Partnerships & Engagement	<p><b>20</b> <b>(4x5)</b></p> <p>➔</p>

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p><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><b>16</b> <b>(4x4)</b></p> 
244 FPC	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service	<p><b>IF</b> the Trust is unable to increase accommodation capacity</p> <p><b>THEN</b> there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives</p> <p><b>RESULTING IN</b> EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience</p>	Director of Operations	<p><b>16</b> <b>(4x4)</b></p> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
245 FPC	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	<p><b>IF</b> CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident</p> <p><b>THEN</b> there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p><b>RESULTING IN</b> potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	<p><b>16</b> <b>(4x4)</b></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> 



## CORPORATE RISK REGISTER


RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
199 PCC	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	<p><b>IF</b> there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p><b>THEN</b> there is a risk of a potential breach in compliance with the requirements of the Health &amp; Safety at Work etc. Act 1974 and associated regulations and other statutory instruments</p> <p><b>RESULTING IN</b> death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation</p>	Director of Quality & Nursing	<p><b>15</b> <b>(3x5)</b></p> <p>↓</p> <p><b>New Score Reduced from 20 (4x5)</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> <p><b>THEN</b> there is a risk of a significant information security incident</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	<p><b>15</b> <b>(3x5)</b></p> <p>→</p>
<b>NEW 543</b> <b>FPC</b>	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	<p><b>15</b> <b>(3x5)</b></p>

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
<b>NEW 558</b> <b>PCC</b>	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	<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 & OD	<b>15</b> <b>(3x5)</b>
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	<p><b>IF</b> WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p><b>THEN</b> there is a risk of a delay or failure to receive funding and support</p> <p><b>RESULTING IN</b> a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	<b>12</b> <b>(3x4)</b> ➔
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	<p><b>IF</b> the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained</p> <p><b>THEN</b> there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p><b>RESULTING IN</b> a negative impact on colleague experience and/or services to patients.</p>	Director of Workforce & Organisational Development	<b>12</b> <b>(3x4)</b> ➔

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
283 FPC	Failure to implement the EMS Operational Transformation Programme	<p><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><b>12</b> <b>(3x4)</b></p> <p>➡</p>
311 FPC	Inability of the Estate to cope with the increase in FTEs	<p><b>IF</b> the cumulative impact on the estate of the EMS Demand &amp; Capacity Review and the NEPTS Review is not adequately managed</p> <p><b>THEN</b> there is a risk that the Estate will not be able to cope with the increase in FTEs</p> <p><b>RESULTING IN</b> potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust</p>	Director of Finance & Corporate Resources	<p><b>12</b> <b>(3x4)</b></p> <p>↓</p> <p><b>New Score reduced from 16 (4x4)</b></p>
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	<p><b>IF</b> resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p> <p><b>THEN</b> there is a risk that there is insufficient capacity to deliver the IMTP</p> <p><b>RESULTING IN</b> delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing</p>	Director of Strategy Planning and Performance	<p><b>12</b> <b>(3x4)</b></p> <p>➡</p>

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
303 CLOSED  QuEST	Delayed administration of chest compressions to patients as part of resuscitation	<p><b>IF</b> there is no universal guidance issued in relation to the level of PPE required when administering chest compressions and no reduction in infection rates of Covid-19</p> <p><b>THEN</b> there is a risk of delayed administration of chest compressions to patients as part of resuscitation due to WAST ambulance crews continuing to wear level 3 PPE</p> <p><b>RESULTING IN</b> potential patient harm and damage to the Trust's reputation</p>	Director of Paramedicine	<p><b>10</b> <b>(2x5)</b></p> 


**Annex 2 – Board Assurance Framework**

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		07/09/2022		TREND	25 (5x5)
				Date of Next Review:		06/10/2022		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	5	5	25		
				Target	2	5	10		
IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
CONTROLS				ASSURANCES					
1. Patient Flow Co-Ordination based in the Grange University Hospital				Internal Management (1 <sup>st</sup> Line of Assurance) 1. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU					
2. Regional Escalation Protocol				2. Daily conference calls to agree RE levels in conjunction with Health Boards					
3. Immediate release protocol				3. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)					
4. Resource Escalation Action Plan (REAP)				4. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.					
5. 24/7 Operational Delivery Unit (ODU)				5. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.					
6. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans				6. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.					
7. Limited Alternative Care Pathways in place				7. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.					
8. Consult and Close (previously Hear and Treat)				8. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance)					
9. Advanced Paramedic Practitioner (APP) deployment model				9. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required					
10. Clinical Safety Plan				10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group					
11. Recruitment and deployment of CFRs				11. Volunteers are another resource for response, Volunteer					
12. ETA scripting				12. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data					
13. Clinical Contact Centre (CCC) emergency rule				13. CCC Emergency Rule is policy that has been signed off by Execs.					
14. National Risk Huddle				14. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
15. Handover Improvement Plans agreed between Health Boards and WAST				15. Improvement plans are reviewed by EAST					
16. Summer/Winter initiatives				16. Monitoring through SLT and STB					
17. CHARU implementation				17. Monitored via the EMS project Board					
18. National Transfer & Discharge Model				18. Task and Finish Group established					

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				Inherent	4	5	20		
				Current	5	5	25		
				Target	2	5	10		
19. Conveyance Reduction			19. This is part of the weekly performance review and aligned to Care Closer to Home Programme						
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals			20. This forms part of the handover improvement plans in place with Health Boards						
21. Mental Health Practitioners in cars			21. Part of the Care Closer to Home workstream						
22. Roll out of ECNS			22. Reported through QuEST						
23. Clinical Model and clinical review of code sets			23. Reported through QuEST						
24. Remote Clinical Support Strategy			24. Strategic Transformation Board – IMTP deliverable						
25. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)			25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			None immediately identified but subject to continual review						
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow									
3. Covid capacity streaming									
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding									
5. Local delivery units mirroring WAST ODU									
6. Handover delays link to risk 224									
7. Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issues									
8. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.									
9. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration									
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST									
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.			Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	31.12.22					
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)			ADLT Sub-Group	30.09.22 - Paused					
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters			Assistant Director of Operations EMS	Extended from 30.09.22 to 31.12.22					
4. Transition arrangements post pandemic			Executive Pandemic Team	Complete 30/08/22					
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]			TBA	TBA					
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]									
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]								18	
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I)									

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		07/09/2022		TREND	25 (5x5)
				Date of Next Review:		06/10/2022		➡	
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				Inherent	4	5	20		
				Current	5	5	25		
				Target	2	5	10		
Source: Action Plan presented to Trust Board 28/07/22]									
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]									
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]									
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]									
12. External Controls detailed within the Action Plan presented to Trust Board on 28/07/22: a. Audit Wales’s investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b. Consideration of additional WAST schemes to support risk mitigation through winter (I) c. NHS Wales educes emergency department handover lost hours by 25% (E) d. NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e. Alterative capacity equivalent to 1000 beds (E) f. Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E) g. Implementation of Same Day Emergency Care services in each Health Board (E) h. National Six Goals programme for Urgent and Emergency Car (E)									



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:		08/09/2022	TREND	25 (5x5)	
				Date of Next Review:		07/10/2022			
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35									
EXECUTIVE OWNER		Director of Quality & Nursing			ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
CONTROLS					ASSURANCES				
					Internal Management (1 <sup>st</sup> Line of Assurance)				
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Delivery Unit under the <i>Framework for the Investigation of Patient Safety Serious Incidents (SIs)</i> V2.2, dated July 2019.					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 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 commended in August 2022.					2. Workshop with system partners in place with executive directors of nursing attendance – next meeting 08.09.2002 – plan to finalise revised approach to Appendix B process by November 2022.				
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))					3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.				
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).					4. NEWS data now available via ePCR and escalation system in place. Learning from incident reporting processes.				
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership.  WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWAS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.					5. Monthly Integrated Quality and Performance Report				
6. Hospital Ambulance Liaison Officer (HALO) (Some health Boards).					6. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU.				
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP).					7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.				
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.					8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process				
9. 24/7 Operational Delivery Unit (ODU) escalating handover delays / patient condition to Health Board colleagues.					9. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays				
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.					10. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end.				
11. Escalation forums to discuss reducing and mitigating system pressures.					11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.				
12. WAST Education and training programmes include deteriorating patient (NEWSs), tissue viability, dementia awareness, mental health.					12. Integrated Quality and Performance Report (June 85% target met)				
13. Clinical audit programme					13. Clinical audit programme with oversight from the Clinical Quality Governance Group. 20				



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:		08/09/2022	TREND	25 (5x5)	
				Date of Next Review:		07/10/2022	➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
				Inherent		5	5	25	
				Current		5	5	25	
				Target		3	2	6	
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.				14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting.					
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government.  Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”				15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board and Board sub-committee oversight and escalation.					
				External Sources of Assurance Management (1 <sup>st</sup> Line of Assurance)					
				1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC) and Joint Executive Team meeting Welsh Government (I&E).					
				2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and CASC					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
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.				1. Strengthen and triangulate patient safety metrics and look back data at ED, service and corporate level for baseline data for improvement projects and WAST reports.					
2. Inconsistent review of potentially serious / catastrophic patient safety incidents in line with the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019 (frequently referenced as ‘Appendix B’ Reports) by Health Boards pan NHS Wales and lack of ownership of system risks. Lack of whole system approach to handling patient safety incidents resulting from system pressures*.				2. Implementation of revised process, engagement and outcome and improvement measures at system level – to be confirmed.					
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.				3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours from c6000 hours per month at the end of 2018 to in excess of 22000 hours per month during Q4 21/22 and Q1 22/23. This scale of lost emergency ambulance capacity has peaked at 30% per month of the entire emergency ambulance fleet..					
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.				4. Strengthen patient safety reports and audit processes as system embeds.					
5. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*.				5. 15-minute handover target is not being achieved pan-Wales consistently.					
5. (b) Protracted timescales in the Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 ‘Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point’. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.									

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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:		08/09/2022		TREND	25 (5x5)
				Date of Next Review:		07/10/2022		➡	
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						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
6. Variation pan Wales / England as position not implemented across all emergency departments*.				6.					
7.				7.					
8. Variation pan Wales / England as position not implemented across all emergency departments*.				8. Health & Care Standards self – assessment in progress.					
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				9.					
10.				10.					
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				11.					
12.				12.					
13. Transition to ePCR impacting on data temporarily				13.					
14. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.				14. HIW approve and sign off WAST elements of recommendations.					
15.				15.					
				External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators					
				2. Lack of collective system response to HIW ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ Report. Meetings cancelled x 2 in May 2022. WAST has representation on the working group*					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone			Progress Notes:	
1. Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026 – Goal 4: Rapid response in physical or mental health crisis.				CEO	WAST is represented on the Clinical Reference Group by the Director of Paramedicine			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	
2. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project				WAST QI Team (QSPE)	Review Q4 2022/3			Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF)	
3. Implement nationwide approach to emergency department ‘Fit 2 Sit’				CMO/CNO	Acceptance at meeting of Chairs and CEOs led by Director General for Health and Social Services and the NHS Wales Chief Executive on 08.06.2022 that a national approach to Fit 2 Sit should be adopted. Chief Medical Officer and Chief Nursing Officer to champion development through peer groups			Emergency Department Quality & Delivery Framework final version drafted for consultation / approval. Q4 2022/23	
4. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.				Assistant Director of Quality & Nursing	Checkpoint Q4 2022/23			Incremental improvements to quality and safety data and information to enable triangulation. Access to ePCR data (NEWS) now available.	
5. Continued Health Board interactions – my next patient, patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.				Director of Quality & Nursing	Monthly			Monthly meetings continue to be held.	
6. HIW Improvement Plan / Workshop– WAST inputs / influencing improvements 7. Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ which links to Fundamentals of Care.				Assistant Director of Quality & Nursing	• August 2022 in progress • Review outputs Q4 2022/23				
8. Participation in the CASC led workshop to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.				Assistant Director of Quality & Nursing	• Workshop in progress August 2022			Planned to be concluded by November 2022	

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				Current	5	5	25
				Target	3	2	6
9. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation		Director of Workforce & Organisational Development	<ul style="list-style-type: none"><li>Recruitment decision made at EMT on 15.06.2022 for 100 WTE with offers already made to ACA2s and EMTs on hold list</li><li>Courses to commence in Q2 2022/23 with first new deployments in Q3 2022/23</li><li>Offers also made to all 61 NQPs from “Big Bang” event</li><li>Correspondence to CASC confirming action taken sent 21.06.2022 with request for recurrent funding source set out</li></ul>	End of Q3 and into Q4 2022/23			
10. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	<ul style="list-style-type: none"><li>Bid to Value Based Healthcare Fund made for up to 50 WTE APPs to commence fulltime education for 12 months from January 2023</li></ul>	Q4 2023/24			
11. Senior system influencing		Trust Chair Chief Executive Officer	<ul style="list-style-type: none"><li>Ensure that system safety and avoidable harm remain a live topic of discussion in all relevant fora</li><li>Seize opportunities as they emerge that can contribute to mitigating avoidable harm</li><li>JESG forum used to raise awareness amongst Emergency Service Chief Officers who have written twice to NHS Wales Chief Executive to convey the impact of our inability to respond to incidents in the community on their core service provision</li></ul>	Ongoing			
12. Emergency Department cohorting		Director of Operations	<ul style="list-style-type: none"><li>Provide additional clinical staff and suitable space for patients arriving by ambulance to be held at the emergency department awaiting admission enabling the ambulance to be released</li><li>In place at Morriston and The Grange</li></ul>	Ongoing			
13. Transition Plan		Chief Executive Officer	<ul style="list-style-type: none"><li>Formally submitted to Commissioners in December 2021 and subsequently subject to a part year funding request of Welsh Government on 24 May 2022 this plan sought to grow our establishment to a further 294 WTE having forecast the challenges currently being seen</li><li>Around two thirds of the growth was to deploy additional response capacity (now provided in part by 4 above) whilst the system took action to reduce emergency department handover delays</li><li>Around one third of the growth was to accelerate the transition to a new model of service delivery (inverting the triangles) – also now subject to a separate bid as in 5 above</li></ul>	Ongoing			
14. Overnight falls service extension		Director of Quality & Nursing	<ul style="list-style-type: none"><li>Review current extension to falls scheme that has temporarily been running on night duty</li><li>Benefit derived but further improvement in utilisation and overall volume of work undertake are necessary in the next 3 months</li><li>Scheme extension agreed to 31 March 2023</li></ul>	30 June 2022			
15. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		Chief Executive Officer	<ul style="list-style-type: none"><li>Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support)</li><li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities</li></ul>	Q1 2023/2024			
16. Consideration of additional WAST schemes to support overall risk mitigation through winter		Director of Operations	<ul style="list-style-type: none"><li>Summer performance forecast complete and winter underway imminently</li></ul>	Q3 2022/23			

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:		08/09/2022		TREND	25 (5x5)
					Date of Next Review:		07/10/2022		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score	
						Inherent	5	5	25	
						Current	5	5	25	
						Target	3	2	6	
			<ul style="list-style-type: none"><li>Discussions underway during Q2 to create new/further schemes to support operational delivery through winter</li></ul>							
17. National 111 awareness campaign		Director of Partnerships and Engagement Director of Digital	<ul style="list-style-type: none"><li>National public awareness campaign funded by Welsh Government to promote appropriate use of services (111 as an alternative to 999/ED where appropriate)</li><li>Upgrade to 111 website and symptom checkers also underway</li></ul>	Q3 2022/23						

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:		08/08/2022		TREND	20 (5x4)
				Date of Next Review:		07/10/2022		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity		RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	5	4	20
						Target	3	4	12
IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34									
EXECUTIVE OWNER		Director of Workforce & Organisational Development		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Managing Attendance at Work Policy/Procedures in place				1. (a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness					
2. Respect and Resolution Policy				2. Policy reviews to ensure policies and procedures are fit for purpose					
3. Raising Concerns Policy				3. Policy reviews to ensure policies and procedures are fit for purpose					
4. Health and Wellbeing Strategy				4.					
5. Operational Workforce Recruitment Plans				5.					
6. Roster Review & Implementation				6.					
7. Return to Work interviews are undertaken				7.					
8. Training				8.					
9. Directors receives monthly email with setting out ESR sickness data				9.					
10. Operational managers receive daily sickness absence data via GRS				10.					
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme				11.					
12. WAST Keep Talking (mental health portal)				12.					
13. Suicide first aiders				13.					
14. TRiM				14.					
15. Peer Support network				15.					
16. Coaching and mentoring framework				16.					
17. Staff surveys				17.					
18. Stress risk assessments				18.					
19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC				19. Sickness forms part of Workforce Scorecard to People & Culture Committee					
20. External agency support e.g. St John Ambulance, Fire and Rescue				20.					
21. Strategic Equality Objectives				21.					
22. Volunteers				22.					
23. Monthly reviews of colleagues on Alternative duties				23. Action plans arising from meetings with colleagues implemented through monthly diarised meetings					
24. Manager guidance on managing Alternative duties				24.					
25. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee				25. Minuted meetings and action logs for EMT & People & Culture Committee					
				External Management (2nd Line of Assurance)					
				1a. All Wales review of All Wales Attendance at Work Policy					
				Independent Assurance (3 <sup>rd</sup> Line of Assurance)					
				1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24)					
				2. Audit Wales – Taking Care of the Carers report in October 2021 (controls 1 - 24)					
				25					
GAPS IN CONTROLS				GAPS IN ASSURANCE					



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:		08/08/2022		TREND	20 (5x4)
				Date of Next Review:		07/10/2022		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	5	4	20		
				Target	3	4	12		
1. (a) Consistency and Application in Managing Attendance at Work Policy (b) Education and communication with managers about resources available and how to implement it e.g. stress risk assessments			1. There are other factors that impact on sickness which can’t be controlled						
4a. Wellbeing policy currently being produced 4b. There is no steering group for Health and Wellbeing – there are plans to restart the group			8. Reporting on training compliance						
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received			9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers						
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments									
			External Gaps in Assurance None identified at the present moment						
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Implementation of Improving Attendance project			Deputy Director of Workforce & OD	30.09.23					
2. Implementation of Behaviours Refresh Plan			Assistant Director – Inclusion, Culture and Wellbeing	31.10.22					
3. Long term sickness absence deep dive			Deputy Director of Workforce & OD	31.07.23	Underway and ongoing				
4 . Develop guidance for line managers to support addressing challenging conversations and change			Deputy Director of Workforce & OD	31.07.22	Training written rollout underway				
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)			Freedom to Speak Up Arrangements Task & Finish Group	Extended from 31.07.22 to 30.11.22	Pushed out date in terms of project plans				
6. Strengthen Freedom to Speak Up Arrangements policy and advice			Deputy Director of Workforce and OD	31.05.23					
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements			Deputy Director of Workforce and OD	31.05.23					
8. Accountability meetings with senior ops managers			Deputy Director of Workforce & OD	30.09.22					
9. Attendance Management training for managers			Deputy Director of Workforce & OD	31.12.22					
10.PADR review including wellness questions			Assistant Director – Inclusion, Culture and Wellbeing	31.05.22					
11.Restart the Health and Wellbeing Steering Group			Assistant Director – Inclusion, Culture and Wellbeing	Extended from 31.05.22 to 30.05.23					
12. Roll out of meta data compliance policy solution			Senior ICT Security Specialist	31.12.22					

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		22/08/2022		TREND	20 (4x5)
				Date of Next Review:		21/09/2022		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust		RESULTING IN damage to reputation and increased external scrutiny			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	3	5	15
IMTP Deliverable Numbers: 2,18, 26, 34, 38									
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders				1. Agendas, minutes and documents of engagement events					
2. Challenging of media reports to ensure accuracy				2. Programme of daily media engagement					
3. Media liaison to ensure relationships developed with key media stakeholders				3. Programme of daily media engagement					
4. Engagement Framework approved by the Board July 2022				4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.					
5. Engagement Framework Delivery Plan									
6. Engagement governance and reporting structures are in place				5. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g. EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs					
7. Escalation procedure for issues to the Board				6. Minuted meetings, action logs and Board papers					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Inability to control external environment				1.					
2. Dependency on Commissioners’ decisions				2.					
3. Unpredictable external environment affecting the way the Trust operates				3.					
4.				4.					
5. Engagement Framework Delivery Plan in development and due to be considered by the Board in November 2022				5. Engagement Framework Delivery Plan in development and due to be considered by Board in November 2022					
6. Lack of resilience in the function – team is very small so any absences would have an impact on ability to respond				6.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner			By When/Milestone		Progress Notes:	
1. Submit refreshed Board Engagement Framework to Trust Board for approval			Director of Partnerships & Engagement			26.05.22 Complete		Approved July 2022	
2. Report progress on Engagement Framework Delivery Plan to the People and Culture Committee			Director of Partnerships & Engagement			30.12.22		To be considered by PCC and Board in quarter 3.	
3. Monitoring internal Quality and Performance of Trust			Executive Management Team Finance and Performance Committee Quality, Safety and Patient Experience Committee People and Culture Committee Audit Committee			31.03.23 Checkpoint Date			
4. Engaging with internal and external stakeholders to develop confidence			CEO & Director of Partnerships & Engagement			31.03.23 Checkpoint Date			
5. Monitoring external factors that may affect the Trust			CEO & Director of Partnerships & Engagement			31.03.23 Checkpoint date			

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		15/08/2022	TREND	16 (4x4)
				Date of Next Review:		14/09/2022	➡	
<b>IF</b> the Trust does: <ul style="list-style-type: none"><li>not achieve financial breakeven and/or</li><li>does not meet the planning framework requirements and/or</li><li>does not work within the EFL and/or</li><li>fails to meet the 95% PSPP target and/or</li><li>does not receive an agreement with commissioners on funding (linked to 458)</li></ul>		<b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
				Inherent	3	4	12	
				Current	4	4	16	
				Target	2	4	8	
IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38								
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee		
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 F&P and a report is submitted bi-monthly to Trust Board				
2. Financial policies and procedures in place				2.				
3. Budget management meetings				3. Diarised dates for budget management meetings				
4. Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place				4. Diarised dates for EFG and FPC and monthly reports				
5. Welsh government reporting				5.				
6. Monthly review of savings targets				6. ADLT monthly review				
7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.				7.				
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.				8. Diarised dates for ICMB meetings with regular monthly report				
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications				9. Regular PSPP communications (Trust wide) on Siren				
10. Forecasting of revenue and capital budgets				10. (a) Monthly monitoring returns to ADLT, EFG, EMT and FPC (b) Reliance on available intelligence to inform future forecasting.				
11. Business cases and benefits realisation (both revenue and capital)				11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.				
				External Assurances Management (1 <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				

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Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		15/08/2022		TREND	16 (4x4)
				Date of Next Review:		14/09/2022		➡	
<b>IF</b> the Trust does: <ul style="list-style-type: none"><li>not achieve financial breakeven and/or</li><li>does not meet the planning framework requirements and/or</li><li>does not work within the EFL and/or</li><li>fails to meet the 95% PSPP target and/or</li><li>does not receive an agreement with commissioners on funding (linked to 458)</li></ul>		<b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)		<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
				9. Regular P2P meetings diarised (bi-monthly)					
				10. Monthly monitoring returns into Welsh Government					
				<b>Independent Assurances (3<sup>rd</sup> Line of Assurance)</b>					
				1-10 Internal audit reviews covering					
				1-10 External audit reviews					
<b>GAPS IN CONTROLS</b>				<b>GAPS IN ASSURANCE</b>					
<ul style="list-style-type: none"><li>Lack of formalised service contracts between Commissioner and WAST as a commissioned body</li></ul>				None identified					
<b>Actions to reduce risk score or address gaps in controls and assurances</b>				<b>Action Owner</b>		<b>By When/Milestone</b>		<b>Progress Notes:</b>	
1. Continuing negotiations with Commissioners				Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance		31/03/23 – Checkpoint Date			
2. Embed a transformative savings plan and ensure organisational buy in				ADLT and Savings subgroup		31/03/23 – Checkpoint Date			
3. Embed value-based healthcare working through the organisation				Executive Management Team and Value Based Healthcare Group		31/03/23 – Checkpoint Date			
4. WIIN support for procurement, savings and efficiencies				WAST Improvement and Innovation Network group		31/03/23 – Checkpoint Date			
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales				Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership		31/03/23 – Checkpoint Date			

Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre’s (CCC) ability to provide a safe and effective service			Date of Review:		03/05/2022		TREND	16 (4x4)
				Date of Next Review:		30/05/2022		➡	
IF the Trust is unable to increase accommodation capacity		THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score		
				Inherent	5	4	20		
				Current	4	4	16		
				Target	3	4	12		
IMTP Deliverable Numbers: 1,5,9, 10,18, 28, 30, 34									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Temporary call handling provision in Carmarthen				1. Monitoring of Performance standards for call handling (daily) and dispatch (weekly) to identify impacts on service with further investigation on a monthly basis					
2. Maximum use of space at the Bryn Tyrion site				2. All desks have been realigned to 2m physical distancing as part of covid preparations					
3. Maximum use of space at the Vantage Point House (VPH) site				3. Review of VPH undertaken – November 2021 Staffing levels are managed according to maximum desk space on each centre. In VPH, because of agile working there is capacity for non-dispatch functions.					
4. Prioritisation of space utilisation for each shift by CCC management team and alignment to priorities associated with safe service delivery				4. Business continuity tracker for staffing levels updated daily					
				External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Call handling provision is a short-term solution and not fully resilient				1. Carmarthen solution for call handling is temporary					
2. Lack of resilience in temporary accommodation may trigger risk if business continuity plans are invoked				2. Reconfiguration work reviewed by architects during pandemic preparation and earlier have yet to be delivered.					
3. Current social distancing plans for EMS CCC do not provide solutions for the dispatch environment in Carmarthen				3. Agile working solution would be compromised in an ICT outage and paper-based approach would be used					
4. Current social distancing plans for EMS CCC provide limited solutions for call handling and dispatch in Bryn Tyrion									
5. Current social distancing plans for EMS CCC provide limited solutions for dispatch environment in VPH.									
6. Estates Strategy is silent on risk associated with CCC environment									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Review current estate to identify moderate workplans to maximise available capacity within existing estate.				Assistant Director of Operations – Integrated Care		30.09.22 – Checkpoint Date			
2. Develop digital solutions for remote supervision and clinical support to maximise virtual network of CCC reducing capacity required in existing sites.				EMS CCC Area Manager		30.06.22 Complete			
3. Option appraisal required to review options for increasing CCC capacity. This should be aligned to the HIW review recommendation for the North CCC estates strategy and expanding this to support the pan-Wales estates position.				Assistant Director – Capital & Estates		31.12.22 – Checkpoint Date			
4. Based on modelling data under D&C review explore any efficiencies that can be gained in CCC estates through revised dispatch models maximising use of digital technology				CCC SE Manager		30.06.22 Checkpoint Date	Checkpoint review complete. Project change is being developed and revised action/date to be added.		

Risk ID 245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations			Date of Review:		03/05/2022		TREND	16 (4x4)
				Date of Next Review:		26/05/2022		➡	
IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident		THEN there is a risk that EMS CCCs cannot utilise other CCC’s space, accommodation and facilities		RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)			Likelihood	Consequence	Score
						Inherent	3	5	15
						Current	4	4	16
						Target	2	4	8
IMTP Deliverable Numbers: 1, 5, 9									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Trust Business Continuity Procedure and Incident Response Plan				1. Debrief from significant business continuity incidents which are put into organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. This is currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing					
2. National EMS CCC Business Continuity Plan (reviewed in March 2021)				2. Business Continuity Plan is up to date and has been reviewed and is currently waiting sign off. Business continuity exercise undertaken on 9.03.22.					
3. Clinical remote working arrangements				3. SOP in place with respect to Clinical Remote Working – this is being reviewed at present moment					
4. Single instance CAD allowing virtualisation which enables staff to work anywhere				4. CAD alerts if there are systems issues					
5. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts. This is used on a daily basis				5. Monitoring undertaken locally at least weekly					
				External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
• If CAD is not functional then any impact of current controls would be negated by need to move physical staff				• Business continuity plan requires increased duties for existing staff as a result of lack of physical accommodation (link to risk 244)					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
TBC									

Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services		Date of Review:		14/08/2022		TREND	16 (4x4)
			Date of Next Review:		13/09/2022		➡	
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.		THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients.	RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		Likelihood	Consequence	Score	
				Inherent	3	4	12	
				Current	4	4	16	
				Target	2	4	8	
IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38								
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Financial governance and reporting structures in place				1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board				
2. Financial policies and procedures in place				2.				
3. Setting and agreement of recurrent resources				3.				
4. Budget management meetings				4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.				
5. Budget holder training				5. Diarised dates for budget holder training				
6. Annual Financial Plan				6. Submission to Trust Board in March annually				
7. Regular financial reporting to EFG & FPC in place				7. Diarised dates for EFG and FPC with full financial reports				
8. Regular engagement with commissioners of Trust’s services				External Management (1 <sup>st</sup> Line of Assurance) 1. Accountability Officer letter to Welsh Government e.g. November 2021 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised 9. Monthly monitoring returns				
9. Welsh Government reporting on a monthly basis				Independent Assurance (3 <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.				Deputy Director of Finance		31.12.22		
1. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.				Deputy Director of Finance		31.12.22		

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation			Date of Review:		22/08/2022	TREND	15 (3x5)	
				Date of Next Review:		21/09/2022	↓		
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	2	5	10
IMTP Deliverable Numbers: 1, 7, 9, 12, 16, 17, 24, 25, 26, 33, 35, 38									
EXECUTIVE OWNER		Director of Quality and Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Systematic review and assessment of Health and Safety arrangements and Governance (Health & Safety Management system)				1. Assessment criteria set for management system (all Wales system)					
2. Health & Safety Governance and reporting arrangements e.g. committees and sub-groups				2. Monthly H&S report to ADLT, quarterly report and annual report to ADLT, H&S committee, EMT, PCC					
3. Provision of dedicated health and safety expertise and advice				3. Working Safely team in place until end of September 2022					
4. Health & Safety Policy and procedures				4. H&S Policy approved in 2018					
5. Mandatory Health and Safety training				5. Quarterly statistics available from ESR and this forms part of Head of Health and Safety’s quarterly report					
6. Scheduled H&S visits and inspections				6. Head of Health and Safety’s monthly report to ADLT					
7. Risk assessments (including local risk assessments -Covid 19, workplace risk assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments)				7. Workplace risk assessments are undertaken by local management teams, reviewed by H&S team and monitored by BCRT. Other risk assessments and SOPs are held on Sharepoint and have been submitted					
8. Working Safely Programme Board, Dynamic Delivery Action Group & Programme Manager to provide oversight of Working Safely Action Plan				8. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored fortnightly through Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved.					
9. IOSH Managing Safely for Managers training in place				9. Attendance and competency figures provided in a monthly report to ADLT and quarterly report to committees and above					
10. IOSH Leading Safely for Directors and Senior Managers training in place				10. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis					
11. Board development day covering Health & Safety Management and Culture training occurred in April 2022				11. Diarised meeting					
12. Health and Safety Management system has been approved. This includes the recognised document approval routes for health and safety documentation.				12. Minuted at ADLT meeting in May 2022					
				External Independent Assurance (3 <sup>rd</sup> Line of Assurance) 13. Internal Audit to be undertaken in Q4 22/23 (controls 1– 10) 14.					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. (a) Baseline audit for (a) not to be commenced till Q1 2022 ( <i>being addressed in Actions 1 &amp; 7</i> ) (b) Lack of cultural baseline to demonstrate H&S awareness (covering control a) ( <i>being addressed in Action 5</i> )				1. Capacity issues in assessing management system					
2.				2. Subgroups of H&S committee currently under review					
3. 3 live vacancies within H&S department are being advertised. These will need to be filled ( <i>being addressed in Action 4</i> )				3. After September 2022, uncertainty over capacity to deliver to the Working Safely programme					
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Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:		22/08/2022		TREND	15 (3x5)
			Date of Next Review:		21/09/2022		↓	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	4	5	20	
				Target	2	5	10	
4. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q1 2022 in Q1 2022 ( <i>being addressed in Action 1</i> )			4. (a) Review of H&S Policy is due at end of Q1 2022 (b) Workforce Transformational change will influence content within H&S policy					
5. Poor uptake in statutory and mandatory H&S training ( <i>being addressed as part of Actions 2 – 3</i> )			5.					
6.			6. Developing schedule for H&S inspections and visits. Once this is undertaken, metrics to be developed					
7.			7. (a) Current copies of risk assessments and SOPs are not available at all stations (b) Do not know how many SOPs are required until baseline audit completed					
8. Operational pressures on service impacting on Working Safely Programme delivery (covering control h) (being addressed in Action 1)			8.					
9. Staff availability to attend training ( <i>being addressed in Action 4</i> )			9.					
10. Effective learning from events to be documented ( <i>being addressed in Action 1</i> )			10. (a) H&S team in discussions with best way of monitoring Personal safety commitments (b) Do not have a schedule of training in place but expecting to complete this in Q1 2022					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)			Head of Health & Safety	31.09.22				
2. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)			Head of Health & Safety	31.12.22				
3. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)			Head of Health & Safety	31.12.22				
4. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)			Head of Health & Safety	31.03.22 Completed	Completed H&S Workforce report was presented and discussed at EMT on 6.04.22. Director of Finance and Corporate Resources would be formulating a paper for discussion at the ADLT/EMT meeting on 13.04.22 to discuss the issue of investment in Corporate Services based on the evidence provided in H&S Workforce report.			
5. Culture survey to all members of staff (forms part of WSAP)			Head of Health & Safety	30.09.22				
6. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)			Working Safely Programme Manager	30.06.22 Completed				
7. An initial assessment will provide assurance on how we are complying with the legislation.			Working Safely Programme Manager	Assurance - 30.06.22  Rolling programme of audits – 31.12.22 (Checkpoint date)				

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:	22/08/2022		TREND	15 (3x5)
				Date of Next Review:	21/09/2022		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
IMTP Deliverable Numbers: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38								
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 <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.				
14. Security alerts				14. Daily alerts are received. Anti-virus alerts received as and when threat discovered				
				External Independent Assurance NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14				
GAPS IN CONTROLS				GAPS IN ASSURANCE				

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:		22/08/2022		TREND	15 (3x5)
				Date of Next Review:		21/09/2022		➡	
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			
1. Not all information security procedures are documented		1. No regular Cyber/Info Security KPIs are reported to senior management committees							
2. Lack of understanding and compliance with policy and procedures by all staff members		2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly							
3. No organisational information security management system in place									
4. IT Disaster Recovery Plan does not include a cyber response									
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1.Establish Cyber and Information Security KPIs		Director of Digital Services	31.08.22	Toolsets have been obtained to allow us to define & measure KPIs. These have not yet been implemented.					
2.Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	31.08.22 – Checkpoint Date	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	31.12.22						
4.Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22						
5.Formalise Cyber Incident Response Plan		Head of ICT	31.12.22 – Checkpoint Date						
6.Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	31.12.22 – Checkpoint Date						



Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems			Date of Review:		22/08/2022		TREND	15 (3x5)
				Date of Next Review:		21/09/2022		➡	
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:									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
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.					
8. Robust security architecture and protocols				8.					
9. Diverse IT network (both data and voice) delivery at key operational sites				9.					
10. Regular routine maintenance and patching				10.					
11. Environmental controls				11.					
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements				12. Via email and webinars					
				External Independent Assurance <ul style="list-style-type: none"><li>2021_16 Internal Audit review of IM&amp;T Control Assessment – baseline exercise</li><li>2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance</li><li>NIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)</li></ul>					
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 Checkpoint date			
2. Exercise template report which shows recommendations to be created				North Resilience Manager		31.12.22 Checkpoint date			
3. Cyber Essentials assessment to be completed				Head of ICT		31.12.22 Checkpoint date			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		22/08/2022		TREND	15 (3x5)
				Date of Next Review:		21/09/2022		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Workforce & OD		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS				ASSURANCES					
				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.					
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme				2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.					
3. Self-referrals or managerial referrals to Occupational Health				3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.					
4. Wellbeing support and training for line managers				4. Diarised meetings, webinars and workshops in place through a rolling programme.					
5. Development of range of wellbeing resources for staff and line manager				5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E , CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.					
6. Peer support network forum				6. Agendas and minutes of meetings produced for each meeting.					
7. WAST Keep Talking (mental health portal)				7. Available on intranet for staff to access easily.					
8. TRiM				8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place. Information in TRim Teams folder.					
9. Coaching and mentoring framework				9. Information on intranet on Learning launch pad available to all staff.					
10. Acting on results of staff surveys relating to staff experience				10. Each Directorate has developed their own action plan to address staff surveys.					
11. HSE stress risk assessments				11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.					
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity				12. Received at WOD Business Meetings monthly.					
13. Wellbeing drop-in sessions for CCC and 111 staff				13. Diarised sessions in place as part of the programme.					
14. Fast track physiotherapy				14. Regular review meetings with physiotherapy provider and monthly monitoring information received at WOD Business meetings.					
15. Specialist trauma counselling service				15. Same as 15.					
16. Regular psycho-educational sessions with managers and staff				16. Diarised sessions					
17. Compassionate leadership training sessions				17. Same as 17 in place as part of the programme.					
18. Chaplaincy programme				18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.					
19. Occupational Health team inclusion in sickness and absence meetings				19. Diarised meetings in place.					
				External Independent Assurance Audit Wales – Taking Care of the Carers report in October 2021					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. There is no steering group for Health and Wellbeing – there are plans to restart the group				4. Reporting on wellbeing training take up					
11. Need to increase the education and communication with managers about stress risk assessments				● Lack of awareness about staff wellbeing services38					

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:		22/08/2022		TREND	15 (3x5)
				Date of Next Review:		21/09/2022		➡	
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		
			• Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services						
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	30.09.22 Checkpoint Date					
2. Increase the education and communication with managers about stress risk assessments			Assistant Director – Inclusion, Culture and Wellbeing	31.12.22 Checkpoint Date					

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:		09/08/2022		TREND	12 (3x4)
				Date of Next Review:		08/11/2022		➡	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support		RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34									
EXECUTIVE OWNER		Director of Strategy Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal & External Management (1 <sup>st</sup> Line of Assurance)					
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings				1. Minutes of meetings and a standard agenda item					
2. EASC and its 2 sub-committees established as a forum to discuss WAST’s strategy				2. Minutes of meetings and a standard agenda item					
3. Weekly catch up between CASC/CEO				3. Meetings are diarised every week					
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme				4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.					
5. Monthly CASC Quality and Delivery Meeting established				5. Formal meeting with agendas, minutes and action logs available.					
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced				6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholders fortnightly					
7. Programme structure has been established for ‘inverting the triangles’ including EASC				7. It exists and has had its first meeting					
				External Management (1 <sup>st</sup> Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. EASC meetings focus largely on EMS and cursory note of NEPTS				1. Health Boards are not sending Patient Safety Incidents that are National Reportable Incidents to the Delivery Unit (identified within a Delivery Unit audit)					
2. Governance coordination between NCCU and WAST to be improved.				2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface					
3.				7. This is a new structure that has been established and is yet to be embedded and tested for assurance					
Xx WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility)									
Xx Funding does not flow in a manner to balance demand with capacity (this is outside of WAST’s control)									
				Action Owner		By When/Milestone	Progress Notes:		
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST				CEO WAST		30.09.22 – Checkpoint Date			
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours				CEO WAST		30.09.22 – Checkpoint Date			
3. Increased understanding of NEPTS by EASC				Director of Strategy Planning and Performance		30.09.22 – Checkpoint Date			
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface				Assistant Director Commissioning & Performance		30.09.22 – Checkpoint Date			
5. Utilising the engagement framework to engage with the stakeholders				Director of Partnerships & Engagement AD Planning & Transformation		30.09.22 Checkpoint date			

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Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		22/08/2022		TREND	12 (4x3)
				Date of Next Review:		21/11/2022		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score		
				Inherent	5	3	15		
				Current	4	3	12		
				Target	4	3	12		
IMTP Deliverable Numbers: 2, 4, 6, 11, 20, 34									
EXECUTIVE OWNER		Director of Workforce and Organisational Development		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (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 as a result of TU partner buy in					
5. Monthly Informal Lead TU representatives and Chief Executive meetings				5. Diarised meetings					
6. Staff representative management in Task & Finish Groups				6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference					
7. Fortnightly TUP Cell meetings				7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.					
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team				8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings					
9. Quarterly Report on TU activity to People and Culture Committee				9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes					
				External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Need to move back to business-as-usual footing				None identified					
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Clarify the formal and informal consultation and engagement framework and definitions				Deputy Director of Workforce & Organisational Development		Extended from 31.05.22 to 31.12.22	Formal engagement framework is defined with the re-establishment of the WASPT model. Further work is being done on the engagement model below WASPT through SLT and SOT. TU cell will be stood down. Shadow WASPT Board scheduled for 22 <sup>nd</sup> September		
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing				Deputy Director of Workforce & Organisational Development		31.10.22	Underway and good progress now being made		
3. Proposed externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree				Deputy Director of Workforce & Organisational Development		31.10.22	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.		

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		22/08/2022		TREND	12 (4x3)
				Date of Next Review:		21/11/2022		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients			Likelihood	Consequence	Score
						Inherent	5	3	15
						Current	4	3	12
						Target	4	3	12
						Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt.			
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).				Deputy Director of Workforce & Organisational Development		Extended from 30.09.22 to 31.10.22			



Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		09/08/2022	TREND	12 (3x4)	
				Date of Next Review:		08/11/2022	➡		
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters		RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
IMTP Deliverable Numbers: 3, 7, 17, 18, 19, 20, 27									
EXECUTIVE OWNER		Director of Strategy Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <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				1. Minutes and papers of Implementation Programme Board					
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place				2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board					
3. Programme Manager and Programme support office in place (for delivery of the programme)				3. Same as 2					
4. Programme risk register				4. Highlight reports showing key risks reported to STB every 6 weeks					
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks				5. Highlight reports presented to STB every 6 weeks					
6. Programme budget in place (including additional £3m funding for 22/23)				6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23					
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report				7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.					
8. Regular engagement with the Commissioner and Trade Unions and representation				8. Commissioner and TU participation at the Implementation Programme Board					
9. Management of external stakeholder and political concerns				9. Communications and Engagement Plan sets out WAST’s arrangements for engagement with stakeholders					
10. Secured specialist consultancy to support decision making				10. Reports and contractual compliance					
11.				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					
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)				2. No prompts from STB for programme PID or risk register updates					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Increase in engagement on the specifics of change through facilitation mechanisms				Assistant Director – Commissioning & Performance		31.09.22 – Checkpoint Date			
2. More capacity requested (transition plan)				Assistant Director of Planning & Transformation		31.12.22 – Checkpoint Date	43		

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		09/08/2022		TREND	12 (3x4)
				Date of Next Review:		08/11/2022		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters		RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
3. Engage with key stakeholders to reduce handover delays				CASC		31.09.22 – Checkpoint Date	Ongoing		
4. Reduce abstractions in particular sickness absence				Deputy Director of Workforce & OD		30.08.22 – Checkpoint Date			
5. Engage with Assistant Director of Planning and Transformation on process for PID updates				Assistant Director – Commissioning & Performance		30.09.22 Checkpoint Date	HoT recruited awaiting start date		



Risk ID 311	Inability of the Estate to cope with the increase in FTES			Date of Review:		22/08/2022		TREND	12 (3x4)
				Date of Next Review:		21/11/2022		↓	
IF the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed		THEN there is a risk that the Estate will not be able to cope with the increase in FTEs		RESULTING IN potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	3	9
						Target	2	3	6
IMTP Deliverable Numbers: 1,3, 9, 10, 17, 18, 28, 30, 34									
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <sup>st</sup> Line of Assurance)					
1. Programme governance and reporting structures in place e.g. Estates SOP Delivery Group and EMS Operational Transformation Programme Board, Integrated Strategic Planning Group Technical subgroup				1. Highlight report goes to Estates SOP Delivery Group every other month, report to EMS Operational Transformation Programme Board every 6 weeks, Technical Group meet monthly and there is an agenda, minutes and an action log					
2. “Mega” spreadsheet combining all information into total cumulative impact on estate (and fleet) held by Assistant Director, Commissioning and Performance				2. Information is sense checked by AD Commissioning and Performance and reviewed by Integrated Technical Planning Group					
3. Programme risk register sits with EMS Programme Board.				3. On agenda of meetings of Board					
4. Risk logs held with respect to delivery of aspects of the project				4. Regional meetings are held regularly, and projects are discussed					
5. Project Manager in place (for delivery of the solutions identified)				5. This resource is allocated to projects					
6. Interim estates solution project				6. Regional meetings are held regularly, and projects are discussed					
7. Finance and Corporate Resources directorate delivery plan				7. Reports go every 6 weeks to the Strategic Transformation Board					
				External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. NEPTS D&C Review – Ambulance Care Programme Board				1. Information is received in an ad hoc and fragmented manner as opposed to a regular method from Operations					
2. NEPTS Covid recovery planning									
3. Finance may be a constraint to delivery of solutions when problem is identified									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
2. NEPTS and EMS – confirmation required from Operations functions about current and future numbers				Senior Management within Operations, Workforce & OD, Strategy Planning & Performance		31.12.22 – Checkpoint Date			
TBC									

Risk ID 424	Resource availability (capital) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)			Date of Review:		09/08/2022		TREND	12 (3x4)
				Date of Next Review:		08/11/2022		➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score			
			Inherent	4	4	16			
			Current	3	4	12			
			Target	1	4	4			
IMTP Deliverable Numbers: 5,9,10, 17, 28									
EXECUTIVE OWNER		Director of Strategy Planning & Performance		ASSURANCE COMMITTEE		Strategic Transformation Board and Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 <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 and programme management framework				6. PowerPoint pack detailing PPM					
7. Regular engagement with key stakeholders				7. Stakeholder Engagement Framework					
				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. Head of Transformation vacancy				2. Benefits have not been fully linked to benefits realisation					
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Recruit a Head of Transformation				Assistant Director of Planning		30.09.22 – Checkpoint Date	Recruited 02.08.22 awaiting start date		
2. Review the PPM				Head of Transformation		31.03.23 – Checkpoint Date			
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework				Assistant Director of Planning/Assistant Director, Commissioning & Performance		30.09.22 – Checkpoint Date			
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)				Deputy Director of Finance		31.12.22			

## IMTP Deliverable Key

No.	IMTP Deliverable
1	We will recover our systems of working and implement new ways of working developed during the pandemic as we learn to live with COVID-19
2	We will engage with a range of stakeholders, developing genuine Pan-Wales representation on partnership structures and delivering strong political and media relationships across the spectrum
3	We will develop and deliver a collaborative programme of work to design and implement new models within EMS (Inverting the Triangles)
4	We will work with partners to promote and expand use of 111 across Wales
5	We will increase the capacity and capability of the clinical teams for 111 and 999 callers, increasing clinical information available to them and we will create one integrated national team
6	We will work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations
7	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
8	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice
9	We will increase and balance response capacity and capability across urban and rural area of Wales
10	We will increase skill levels and resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients
11	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover
12	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
13	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand
14	We will develop and implement with partners an-All Wales transfer and discharge service
15	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-usual approach to service delivery
16	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
17	We will improve resource availability, tackling absence and recruitment challenges to deliver improved performance
18	We will effectively manage risk, governance and compliance to promote and protect colleague and patient safety, and ensure a safe, productive and fair work environment
19	We will purposefully shape our future People and Culture Strategy to equip our people to thrive in a changing environment
20	We will foster a culture of belonging and wellbeing where our people can engage, feel supported and represented
21	We will improve access to, and availability of services via the 111 Wales website and other digital channels (NHS Wales app)
22	Improved signposting to the most appropriate service
23	Improved digital tools and services to empower our teams to do their best
24	We will use modern technology to reduce repeat tasks and improve processes
25	Standardised information architecture and common approach to data and analytics across the organisation

26	We will deliver greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation
27	Improved resilience, flexibility and interoperability for the 999-call platform
28	We will provide an improved financial plan to support our ambitions
29	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation
30	We will deliver the Estates Strategic Outline Plan
31	We will implement the Environmental and Sustainability Strategy
32	Deliver the Fleet SOP
33	We will secure and implement Quality Management and control systems
<b>No.</b>	<b>IMTP Deliverable</b>
34	We will transform the way we work and engage with people
35	We will revisit and implement the Public Health Plan
36	We will implement the Clinical Strategy to support developments across our service ambitions
37	We will deliver a values-based approach
38	We will deliver strong risk management processes and embed a Trust-wide risk culture that embeds the principles of good governance



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Gwasanaethau Ambiwylans Cymru  
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AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

## MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – August 2022

MEETING	Trust Board
DATE	29 <sup>th</sup> September 2022
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Commissioning & Performance Officer
CONTACT	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Nicola.Quiller@wales.nhs.uk">Nicola.Quiller@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **August 2022**.
2. This Report contains information on 24 key indicators. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust can provide to patients. There are however some areas of improving performance within the Trust’s control, such as the decrease in levels of sickness absence in August and the improving levels of PADRs completed.

### RECOMMENDATION

Trust Board is asked to: -

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

KEY ISSUES/IMPLICATIONS	
3.	As set out in exec summary

REPORT APPROVAL ROUTE	
<b>Date</b>	<b>Meeting</b>
22 September 2022	Assistant Director of Commissioning & Performance
28 September	Executive Management Team
29 September	Trust Board

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

## SITUATION

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

## BACKGROUND

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

## ASSESSMENT

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

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. 999 answering times have been challenged through significant increases in demand. The median and 65<sup>th</sup> percentile performance remain good, the call answering tail decreased in August 2022 to 36 seconds, however, this remains higher than the Trust would want.
7. There is no additional funding secured into 2022/23 for 999 call handlers. Forecasting and modelling has been completed and fed into the EMS Co-ordination Reconfiguration project with a re-rostering project planned for completion by March 2023.
8. 111 call answering performance remains poorer than we would want. Recent negotiations with commissioners suggest that the Trust has broadly the commissioned and funded number of call handlers in post, however, further work is required to reduce capacity lost through sickness absence, align capacity with

demand and improve efficiency of use of resource. A recent demand & capacity review of 111 by Operational Research in Health (ORH) was presented formally to EMT on 03 August 2022 and agreed.

9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, we know that the waits for a clinical ring back for most patients are too long. Some improvements were recorded in August 2022. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies currently. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions.
10. **Ambulance Response** (safety / patient experience): Red response times declined into August 2022 despite a reduction in patient demand. In comparison Amber saw improvements in performance across the percentiles; however, the Amber 1 tail (95<sup>th</sup> percentile) remains at unacceptable levels, at five hours 56 minutes. These long response times have a direct impact on outcomes for many patients. This was the focus of the discussion during the last committee cycle where Non-Executive Directors expressed considerable concern at the levels of avoidable harm to patients and impact on staff well-being. Actions within the Trust's control include:

Capacity:

- Recruitment: the Trust has recently received an additional £3m in 2022/23 which will allow the Trust to recruit 100 FTEs over and above the existing establishment. There are clear plans to deliver this uplift by 23 January 2023. This increased establishment will leave a relief gap of 64 FTEs, against the FTE requirement for the re-rostered position, including full roll out of the Cymru High Acuity Response Units (CHARUs).
- Winter modelling: the Trust has completed winter modelling (March 2023) based on the delivery of the 100 FTEs and the Ministerial direction for hospital handovers to have a four hour backstop and a 25% reduction in minutes per handover. Whilst indicating an improved position for performance/patient safety, Red 65% and Amber 1 30 minutes are not modelled as being achieved. The Trust has updated its rolling tactical seasonal plan (Performance Improvement Plan) with a range of additional actions to improve patient safety as the Trust starts to move into the winter period.

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

- The Ambulance Response roster review is on target for go live between September 2022 and November 2022. This will have the equivalent performance impact of 72 FTEs.
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. This is planned to reduce sickness absence in line with a trajectory included in the IMTP, and improvements have been seen in August.



- Further discussion continues constructively with trade union partners on a range of other potential workforce efficiencies and staff-well-being.

#### Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now in place. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate by December 2022, an increase in the previous target of 10.2% which has been delivered.
11. One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 24,295 hours were lost in August which represents 30% of the total number of conveying resource hours produced for the month. The levels are so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Urgent and high level discussions have taken place between the Trust, Health Board CEOs and the CEO of NHS Wales. A number of mitigating actions have been agreed and a target of no >4 hour waits and a reduction of 25% in minutes per ambulance arrival (from Oct. 21 baseline.) Whilst this is a target and trajectories are in place, improvements have not yet been seen.
  12. **Ambulance Care (formally NEPTS) (Patient Experience):** Performance was above target for enhanced renal patient arrivals prior to appointment in August 2022 and has improved for patients requiring discharge; however, overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. EASC (10<sup>th</sup> May 2022) had a "focus on" development session on NEPTS, which included looking at the imbalance of demand and capacity and options for resolving this. The feedback from the "focus on" session with EASC indicated a need to look at NEPTS changing demand and the capacity to support this. In the short term a capacity management plan is in place whilst pre-work is being undertaken on a potential roster review next year. A more efficient management of demand is another line of enquiry.
  13. **National Reportable Incidents (NRIs) / Concerns Response:** The Trust reported 10 NRIs to the Delivery Unit in August 2022, compared to two in July 2022; and 10 serious patient safety incidents were referred to health boards in August 2022 under the "Appendix B" arrangement, compared to 26 in July 2022. In August 2022 complaint response times improved slightly to 24%, failing to meet the 75% target. In the main, many of these incidents will be because of continued longer response times and the actions outlined above therefore are key.
  14. **Clinical outcomes:** The Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with the CAD and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 78.60% in August 2022, below the 95% performance target. The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care

provided to patients. Work is ongoing on the new call to door time-based metrics for STEMI and Stroke using the following roll out plan:

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

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

15. **Hours Produced:** 112,672 Ambulance Response ambulance unit hours were produced in August 2022. The emergency ambulance unit hours production (UHP) was 95% in August 2022 and RRV UHP was 75%. Key to the hours produced are roster abstractions which remain high.
16. **Response Abstractions:** Abstraction levels increased in August 2022 to 40% but are significantly improved from the high in March 2022 of 49%, however, they remain much higher than the 30% benchmark. COVID-19 has had a significant impact on abstractions with sickness abstractions being 10% in August 2022 (benchmark 5.99%).
17. **Trust Sickness absence:** The Trust's overall sickness percentage was 8.72% in August 2022 which represents an improvement. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.
18. **Staff training and PADRs:** Stat / Mand training compliance rates have been improving and hit the target of 85% for the first time in nearly 2 years. PADR levels are also improving steadily although remain below target.
19. **Equality, Diversity and Inclusion:** Work is ongoing to agree the indicators to be used at this level to demonstrate progress in this area.

#### Finance and Value

20. **Financial Balance:** The Trust has reported outturn performance for August 2022 with a deficit of £2,000, but has a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.
21. **Post-production lost hours:** The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base meal breaks. The Trust and TU partners continue to work together on options for change.

#### Partnerships/ System Contribution

22. **Shift left:** Much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 11.8% in August 2022, compared to the benchmark of 10.2%, which was exceeded during 2021/22.
23. The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both consult and close and see & treat, a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and 5 FTE mental health professionals. The Trust is also implementing new clinical triage software (now live) and working with health boards on how they can support remote demand management. There is a revised ambition of 15% for consult and close into 2022/23 (for December 2022).
24. The Trust **conveyed** 33% of patients to emergency departments in August 2022, but this figure needs to be treated with significant caution as analysis shows that conveyance rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In August, over 12,000 patients cancelled their ambulance and the Trust was unable to send an ambulance due to application of CSP levels to approximately 600 callers. In the longer term, as we know, we are clear that the system needs to transform if it is to become more sustainable. A formal programme to take forward "inverting the triangle" has been established. A bid was submitted to Welsh Government to start to increase numbers of APPs being trained; this was not successful, but the Trust has decided to proceed with the option of an additional 10 MSC places from September 2022 and a further 8 later in the year.
25. **Handover lost hours:** 24,295 hours were lost in August 2022. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours through various efficiencies, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government. Fortnightly meetings have been established with each health board by the CASC, which WAST attends, which are designed to focus on action plans and trajectories for improvement. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022. Ministerial direction indicates that the Immediate Release Directions should be accepted and an escalation procedure has been agreed nationally and implemented from the 25<sup>th</sup> July 2022; however, practice on the ground is at variance with the direction.

### Summary

26. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides to patients. Patient demand across the 111 and EMS services decreased in August 2022, however, other factors such as the continuation of the CoVID-19 variants,

levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continue to impact on the Trust, in particular, the EMS. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited as the fiscal position becomes much tighter. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however, for EMS the Trust cannot take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result, all three committees have expressed serious concern about the impact of handover lost hours on patient safety and staff well-being. The Trust has received further funding (£3m) for +100 FTEs into EMS, which is welcome, but it remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation.

## **RECOMMENDATIONS**

**Trust Board is asked to: -**

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

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

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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



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Welsh Ambulance Services  
NHS Trust

# Monthly Integrated Quality & Performance Report

## July/August 2022

### Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Aug-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience					
111 Abandoned Calls	< 5%	18.60%	12.6%		R
111 Patients called back within 1 hour (P1)	90%	94.00%	94.7%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	00:36		R
999 Red Response within 8 minutes	65%	55.2%	50.7%		R
999 Amber 1 Median	00:18:00	01:10:33	1:16:10		R
Stroke Patients with Appropriate Care	95%	TBD	78.60%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	77%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	86%		A
National Reportable Incidents reports (NRI)	Reduction Trend	5	10		R
Concerns Response within 30 Days	75%	61%	24%		R

In-Month RAG Indicators =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Aug-22	2 Year Trend	RAG
Our People					
Capacity					
EMS Abstraction Rate	29.92%	42.00%	40%		R
Hours Produced for Emergency Ambulances	95%	95.0%	95%		G
Health and Wellbeing					
Sickness Absence (all staff)	5.99%	10.48%	8.72%		R
EMS Operations Sickness Rates	5.99%	7.76%	9.87%		R
Staff Turnover Rate	TBD	8.71%	11.50%		R
Frontline CoVID-19 Vaccination Rates	Reduction Trend	3913	4,284		-
Statutory & Mandatory Training	>85%	82.3%	85.44%		G
PADR/Medical Appraisal	>85%	60%	73.66%		R
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	8,582	7175:52:30		A
Partnerships / System Contribution					
111 Consult and Close	Improve	7,843	14,729		G
Combined 999 & 111 Consult & Close	15.0%	10.4%	11.8%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	11.99%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	24,283		R







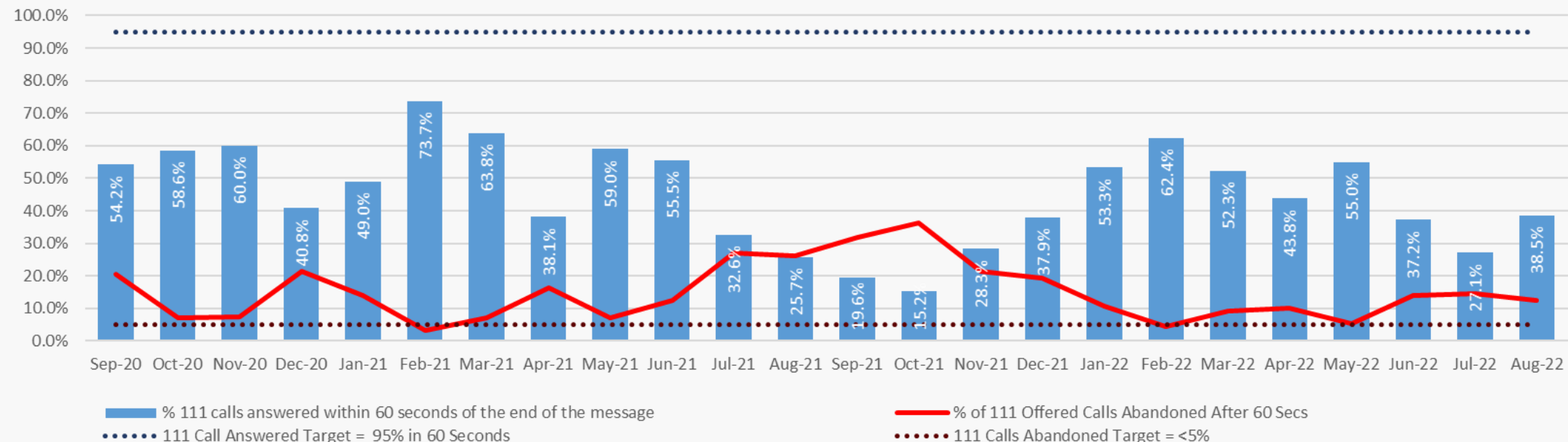
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators



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

111 Calls Answered vs Calls Abandoned within 60 Seconds



#### Analysis

111 call abandonment is a key patient safety indicator for the service. August 2022 saw an abandonment rate of 12.6%, therefore failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message improved in August 2022 to 38.5%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a poor patient experience.

111 call demand decreased in August 2022 compared to the previous month.

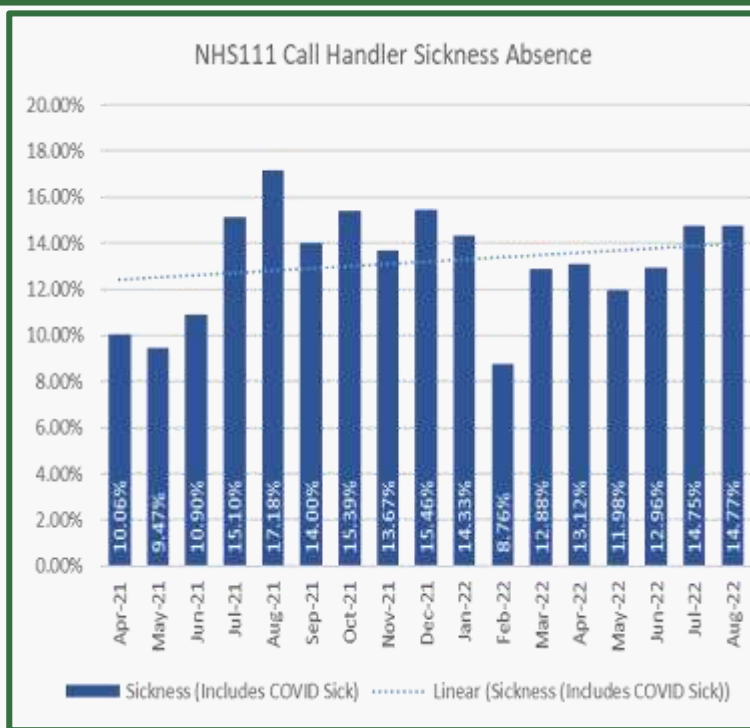
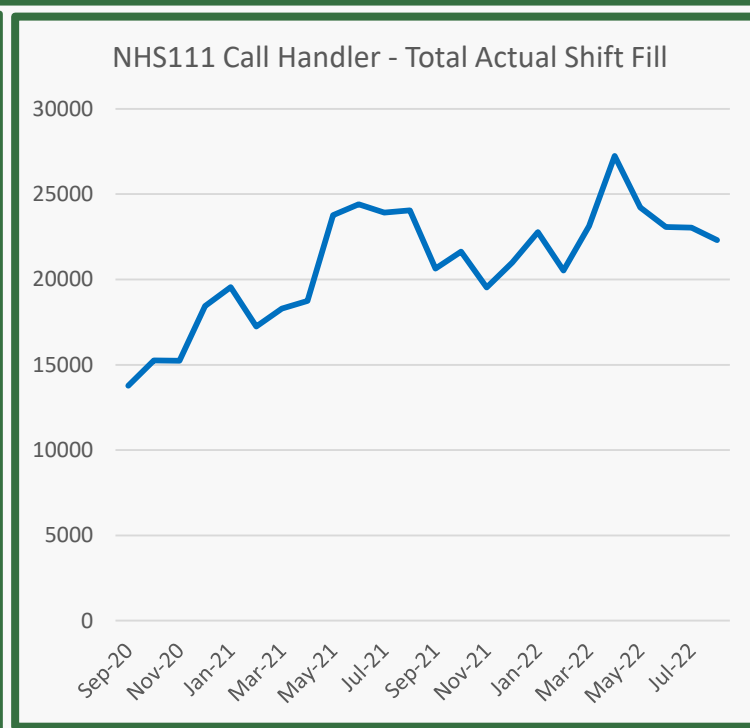
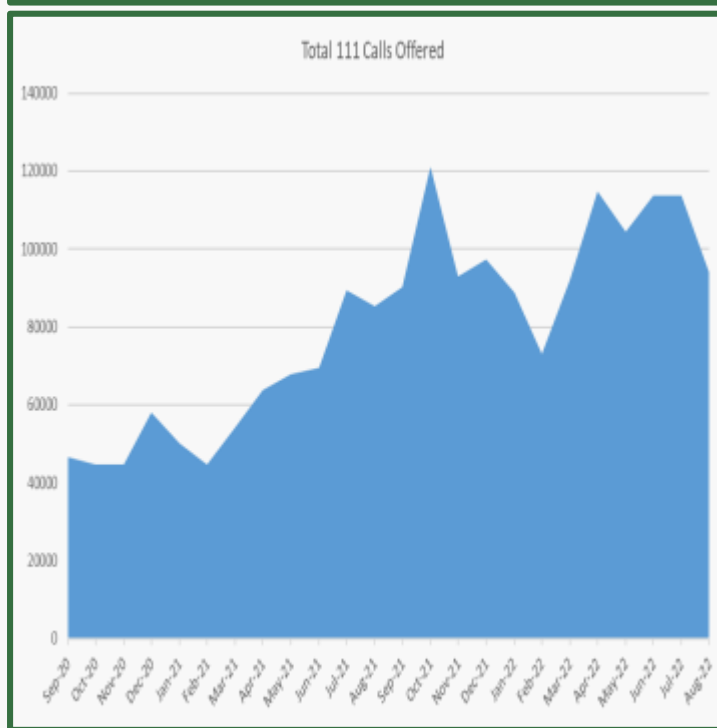
Capacity (staff hours) has generally been increasing in line with the roll-outs and as planned; however, this is impacted by sickness absences for Call Handlers (which includes COVID-19 Sickness) which remain high at 14.77% in August 2022. Demand has fallen therefore but so has capacity which is why performance has remained relatively stable this month. It is worth noting that in response to the ongoing Business Continuity incident as a result of the Adastra outage, additional Call Handlers have been necessary to support manual processes as the Trust is unable to pass calls to Health Boards electronically.

#### Remedial Plans and Actions

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

#### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

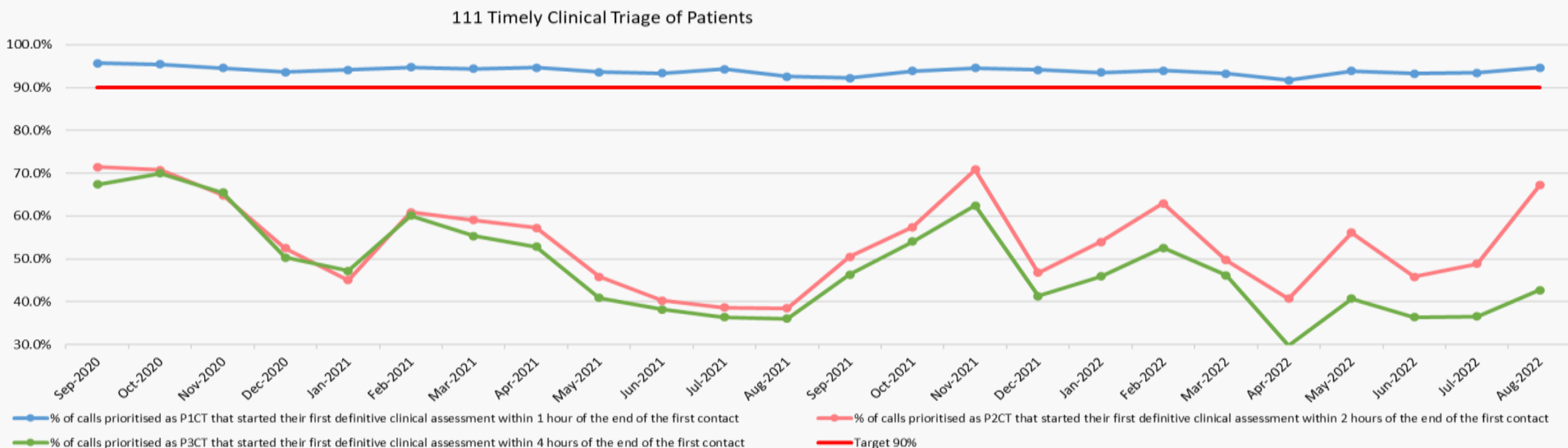
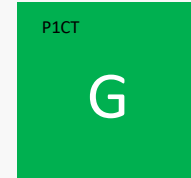




# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



#### Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment remains a challenge, with the continuing exception of the highest priority calls.

The highest priority calls, P1CT, continue to receive a timely response which has continuously achieved the 90% target over the last 2 years.

For lower category calls the Trust is still not meeting the 90% target, although, in August 2022 improvements were seen in every category.

Demand for the service has grown significantly, although call volumes reduced in August 2022 call volumes remain high, which affects performance, but in addition, recruitment and retention of clinical staff also remains problematic.

13,415 Hours were filled by Clinicians in August 2022 a reduction when compared to 14,840 in July 2022, and below the commissioned level of 21,217 hours. Clinician sickness absence was 8.87% in August 2022, which is a very significant reduction over the last few months. At present there are 100.1 (FTE) nurses and paramedics employed within NHS111 and 39.1 FTE Vacancies (data correct as of 16/09/22 and therefore subject to change).

#### Remedial Plans and Actions

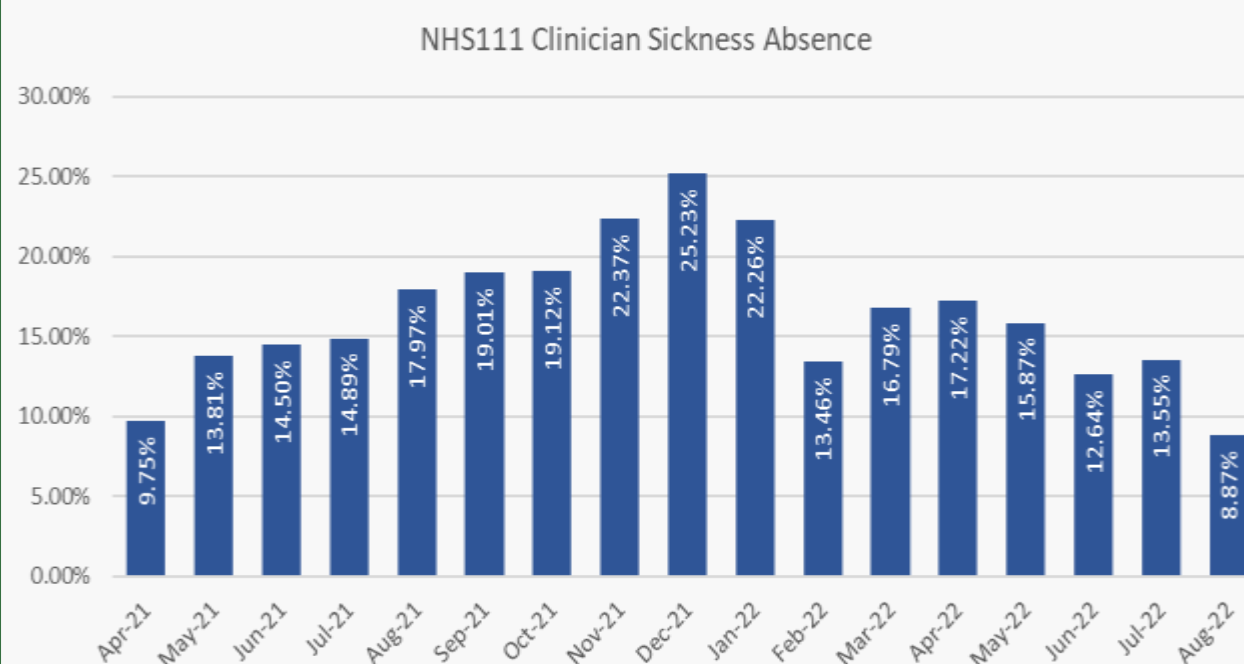
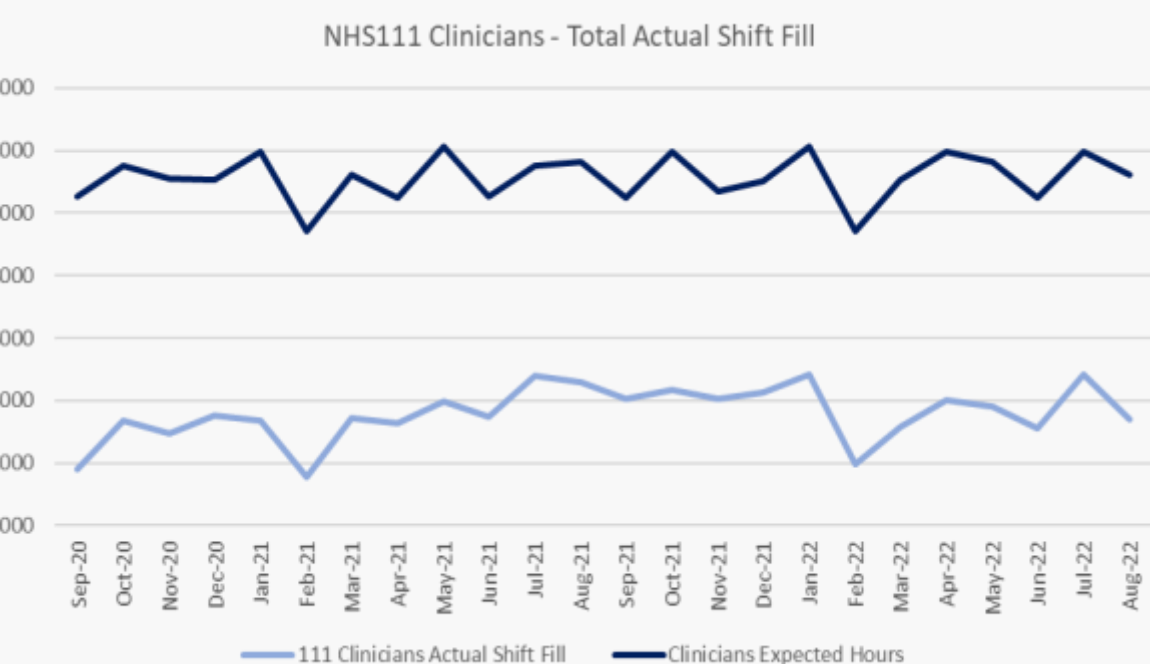
The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. At present there are significant numbers of clinical vacancies. Urgent actions are in place now to increase recruitment this winter, including:

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

NB: Future iterations of this report will include Clinician FTE numbers and vacancies.

#### Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Although urgent actions are in play as set out above, performance is likely to be poorer than the Trust would want until these bear fruit into Q4.



(Responsible Officer: Lee Brooks)

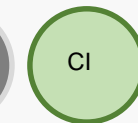
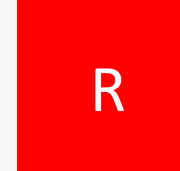
Welsh Ambulance Services NHS Trust



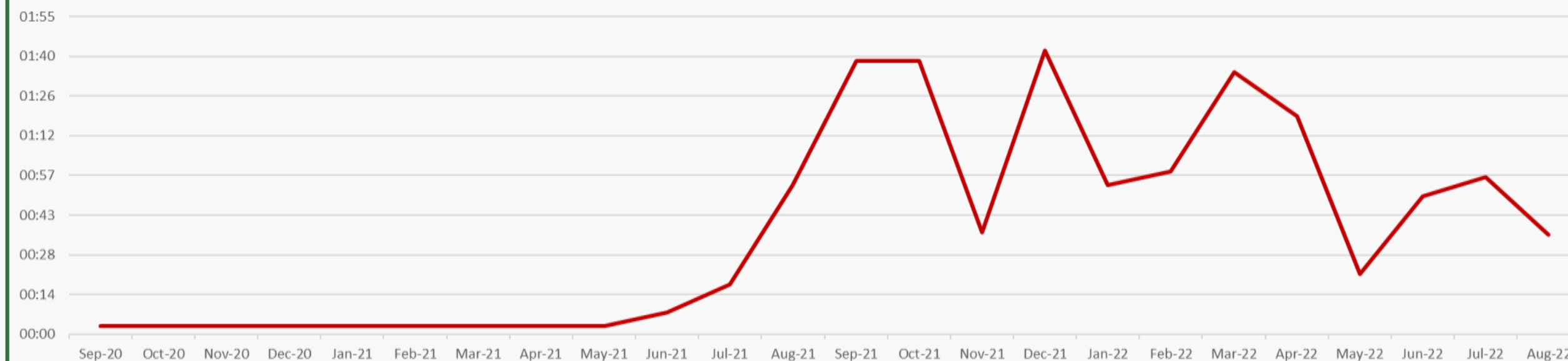
# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

### Influencing Factors – Demand and Hours Produced



95th Percentile 999 Call answer times



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance improved in August 2022 to 36 seconds, compared to 57 seconds July 2022. Delays in call answering times are a significant concern in relation to patient safety. 91.4% of calls were answered within 6 seconds in August 2022.

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

The Trust received 45,867 emergency 999 calls in August 2022, a decrease compared to July 2022. August 2022 saw a reduction in sickness absences, in line with the planned trajectory.

Continuing high call volumes could be as a result of repeat callers, as a direct results of long wait times, prompting people to call back or conditions to deteriorate.

#### Remedial Plans and Actions

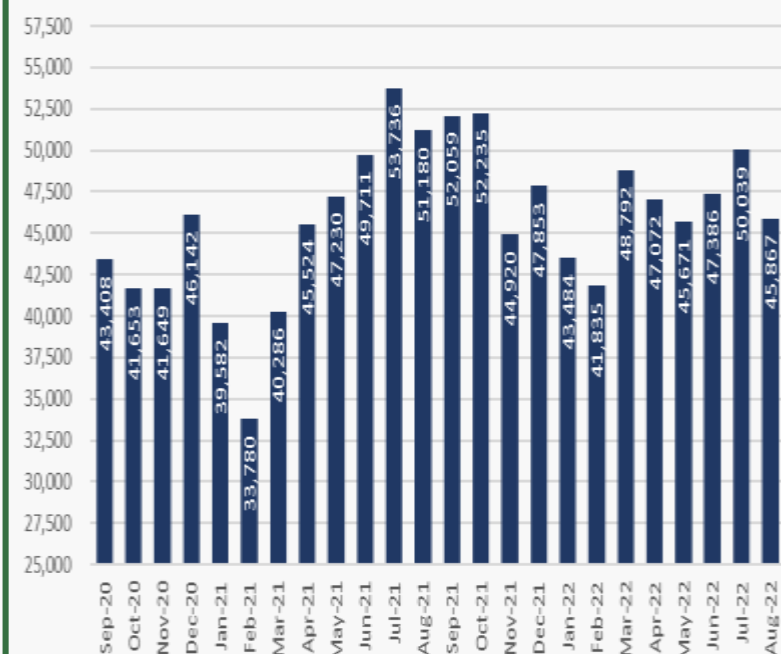
- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7-day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- Additional funding original approved has been withdrawn this fiscal year and as such EMD establishment will remain at baseline demand levels within the financial envelope for EMS Coordination.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.
- There are currently 73 FTEs (94.81%) Clinical Support Desk staff in post of the overall 77 FTE establishment, 3 of these people are in training. Therefore, there are currently 4 FTE Vacancies.

**\*\*NB: FTE Data correct as of 21/07/2022**

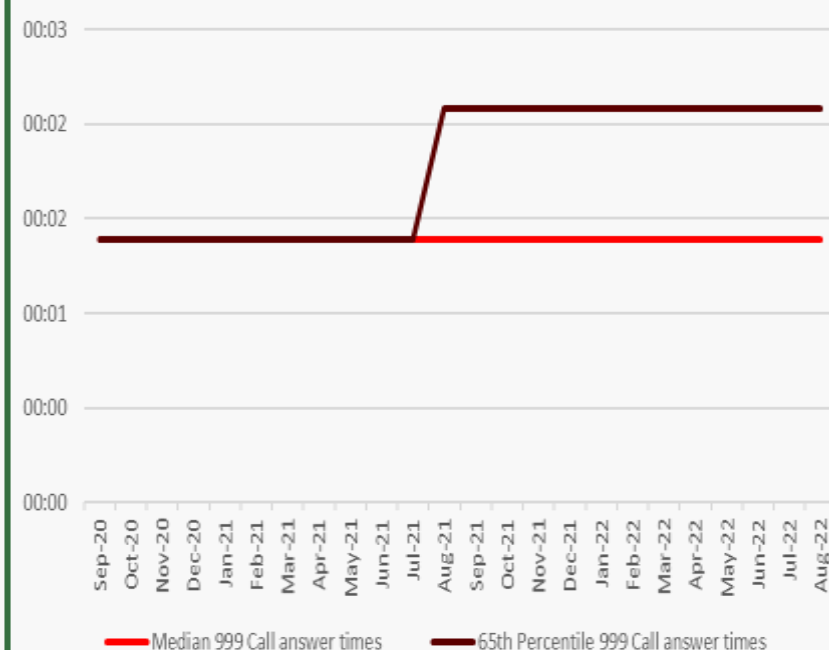
#### Expected Performance Trajectory

Performance is expected to continue to be difficult with demand forecasted to increase throughout the fiscal year. EMS Coordination continue to focus on proactive recruitment to mitigate the impact of current attrition rates

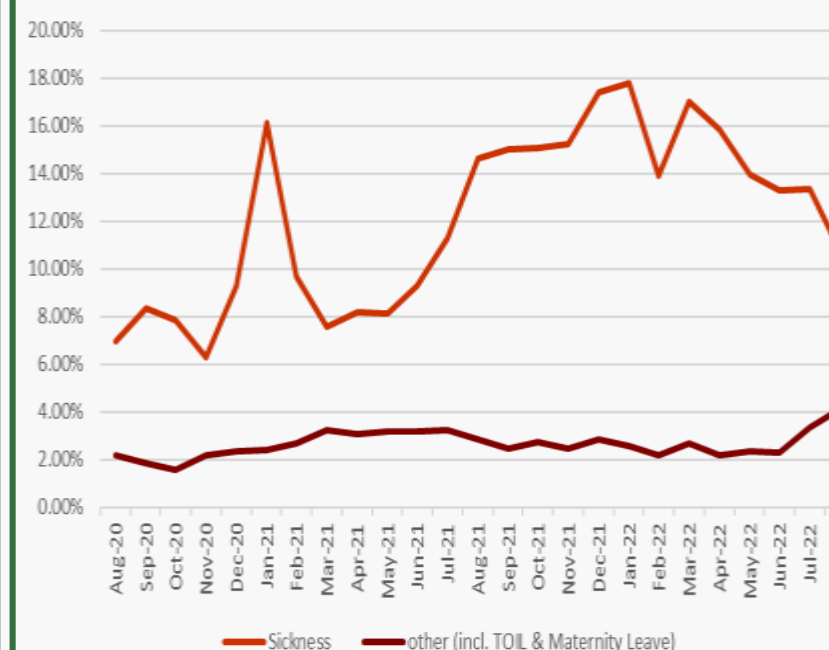
999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



Pan Wales CCC Abstraction Hours - Sickness and Other Abstractions



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

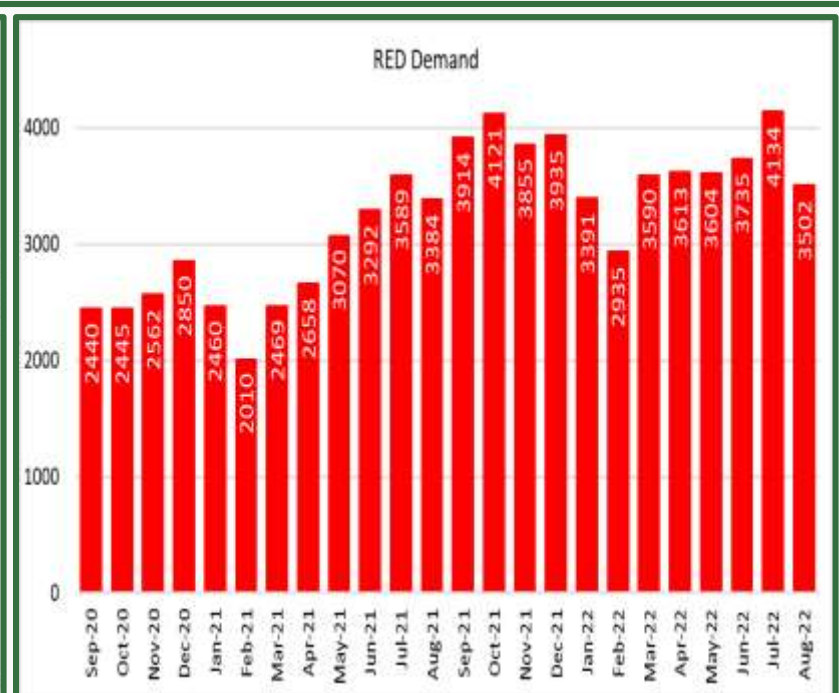
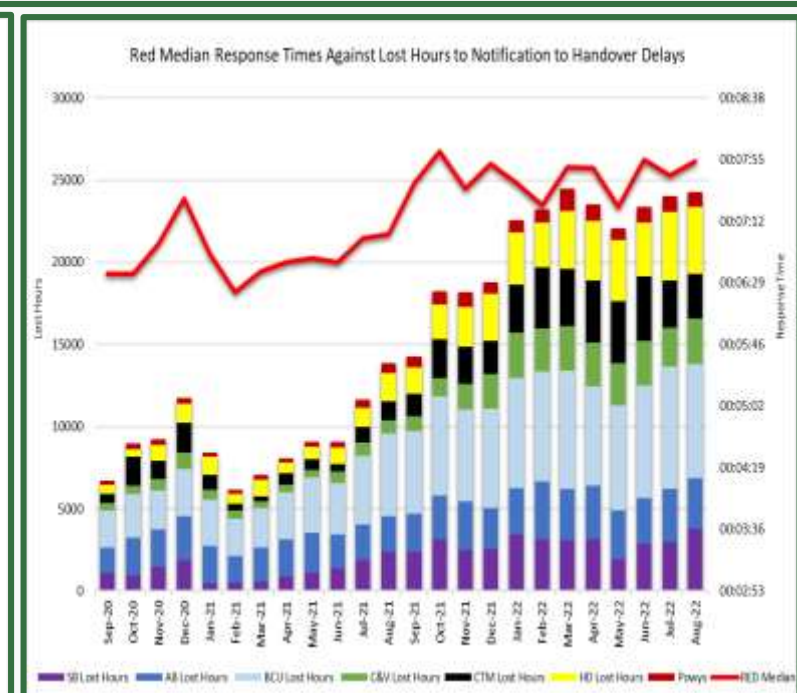
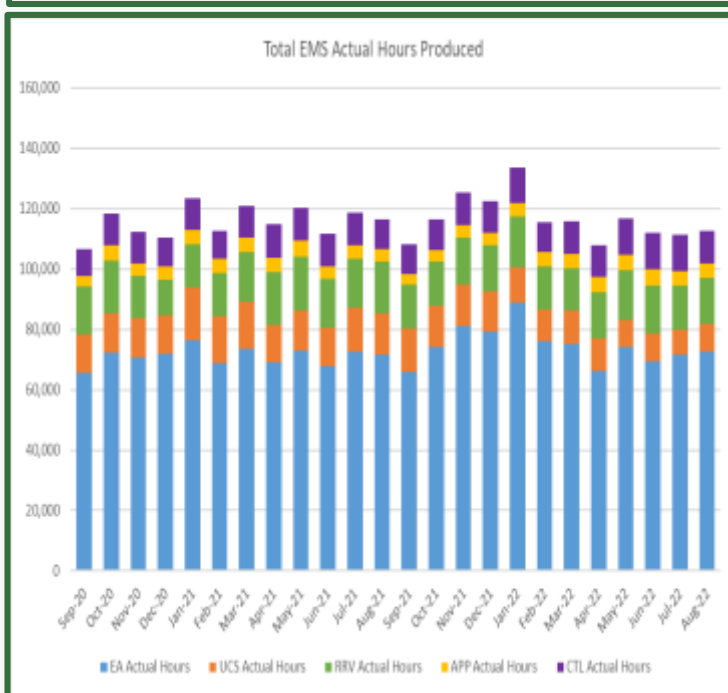
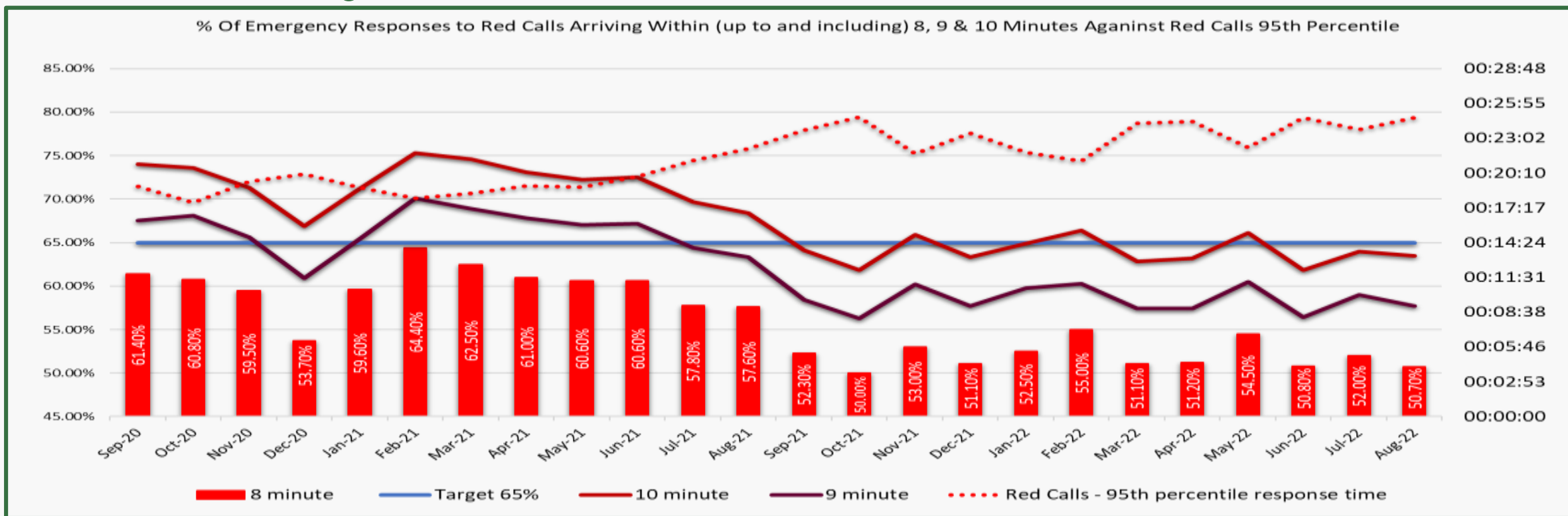
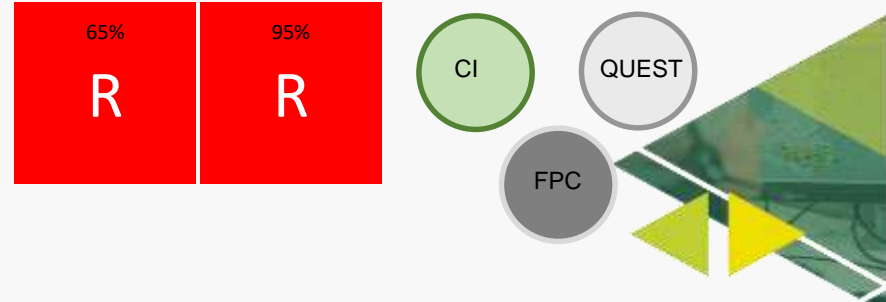




# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



### Analysis

**Red performance declined in August 2022; remaining significantly lower than the 65% target;** the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieving the 65% target. A continuing level of poor performance was forecast in the spring plan based on predictions of demand, lost hours and hours produced. Red 10-minute performance was 63.5% in August 2022.

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

Red demand in the last 2 years has seen a particular increase, outside of normal expected variation which is impacting on response times. Demand is not expected to decrease, and the current levels have been built into forecasting and modelling work.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours, with extreme levels of losses continuing to be seen with 24,295 hours lost in August.

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

### Remedial Plans and Actions

The main improvement actions are:

- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23 (on target for all operational by end of Jan 2023)
- Reduce hours lost through sickness absence through managing attendance programme – trajectory for improvement in place as part of IMTP.
- Increasing capacity through modernisation of practices and supporting staff well-being. This is under discussion with TU partners currently.
- Working with partners to reduce hours lost at hospital. Handover reduction plans and trajectories are currently being developed by health boards facilitated by the NCCU. Agreement on immediate release and fit to sit, together with commitment to no >4 hour waits and a reduction in 25% overall.
- Improving efficiency – new rosters to be implemented September – November. Equivalent of 72 WTE additional staff. Plan on track
- Implementation of CHARU service as part of new rosters will positively impact on red performance in particular. It is only partially funded however.
- A deep dive of red performance by Health Informatics has concluded with further actions to investigate increased time spent on scene and consideration of dispatch volumes and locations.
- CSAM Optima have undertaken work to investigate red variation summarising that red variation on any given day can be difficult to impact due to the +20 factors that affect red response times.

### Expected Performance Trajectory

Modelling through the summer forecasts continued poor red response times, if no reduction in hospital handover delays are seen in particular.



(Responsible Officer: Lee Brooks)

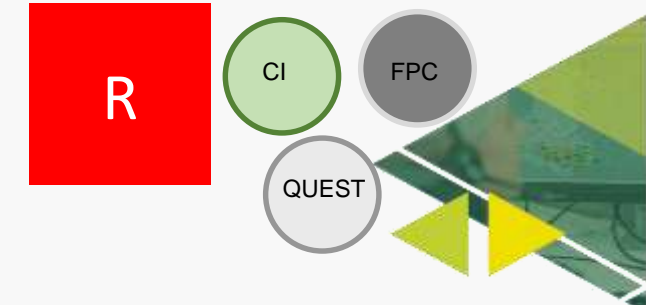
Welsh Ambulance Services NHS Trust



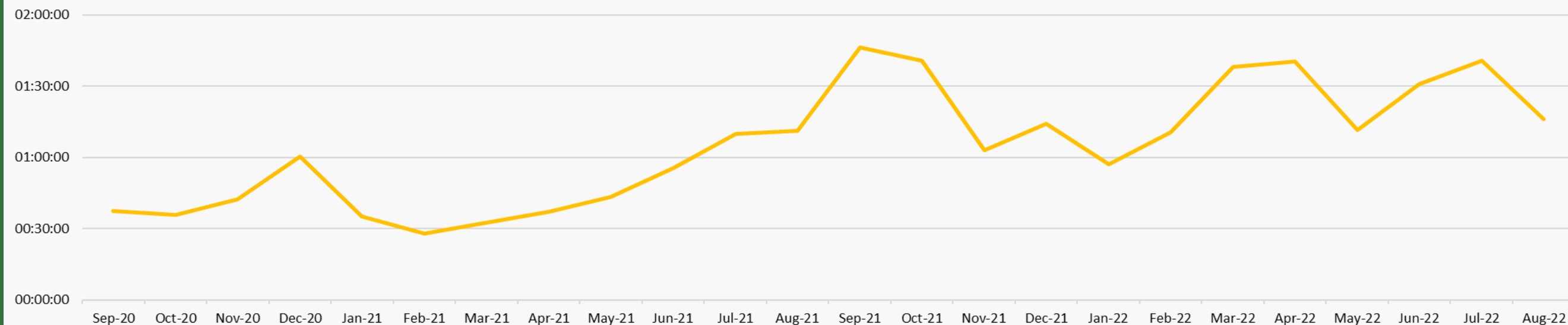
# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

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



Amber 1 - Median Percentile



#### Analysis

Amber response times improved across the percentiles in August 2022. However, there were still some very long patient waits (see below). The ideal Amber 1 median response time is 18 minutes, in August 2022 the Trust recorded median response times of 1 hour 16 minutes.

In July 2022, 733 patients (all categories, not just Amber) waited over 12 hours, a decrease when compared to July 2021, continuing to represent a very poor quality and experience of service. 625 of these patients were in the Amber category.

Amber demand decreased slightly in August 2022 although has been broadly stable.

There is strong correlation between Amber performance and lost hours due to notification to handover delays. The number of hours lost to notification to handover delays in August 2022 increased to 24,295, although this was lower than the worst recorded in March 2022 of 24,479, but still higher than the Trust would like. Prior to August 2021 the worst handover levels recorded were in December 2019 (13,820).

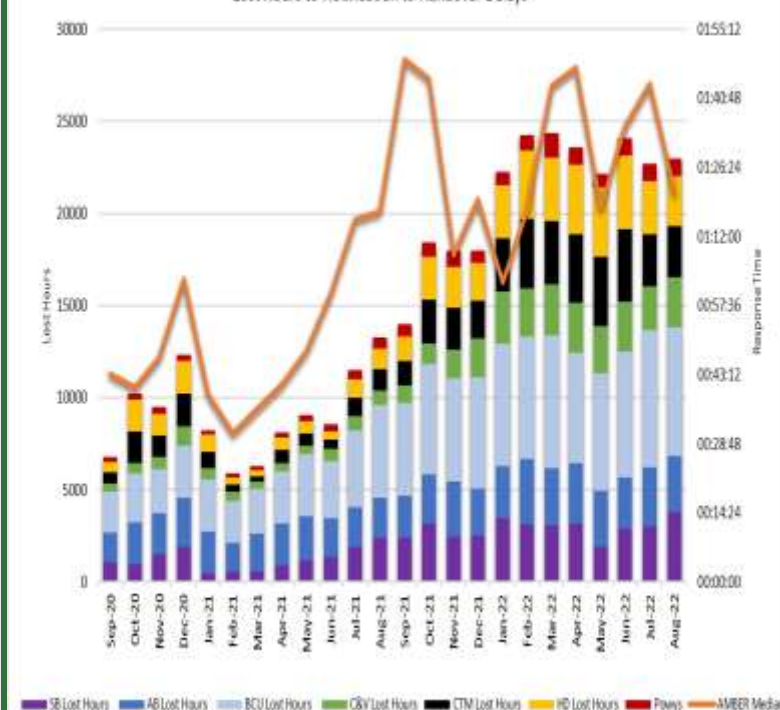
#### Remedial Plans and Actions

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

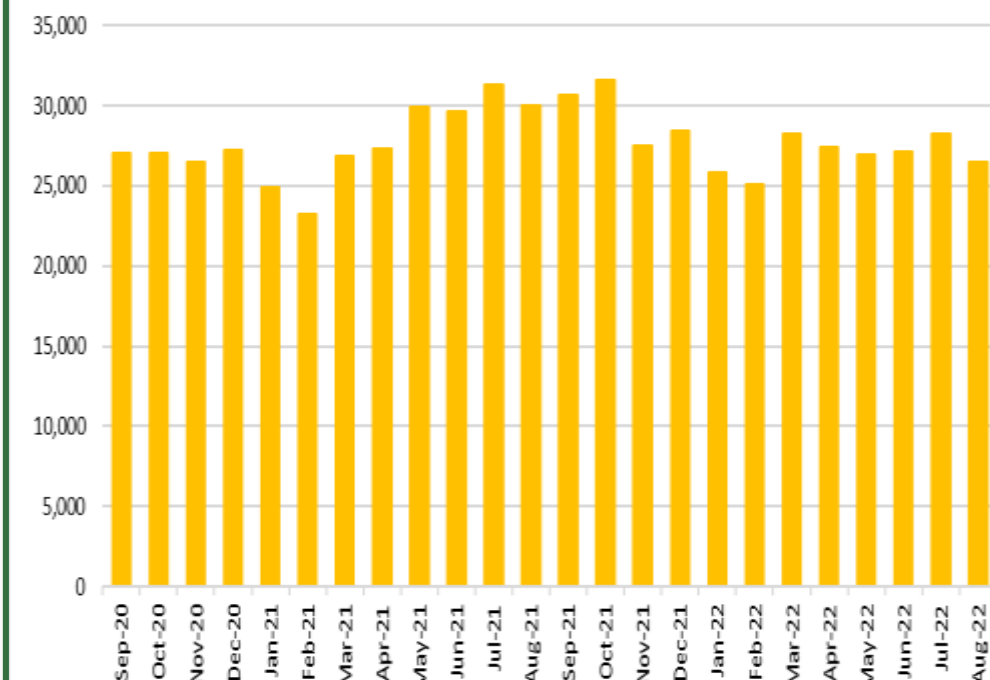
#### Expected Performance Trajectory

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

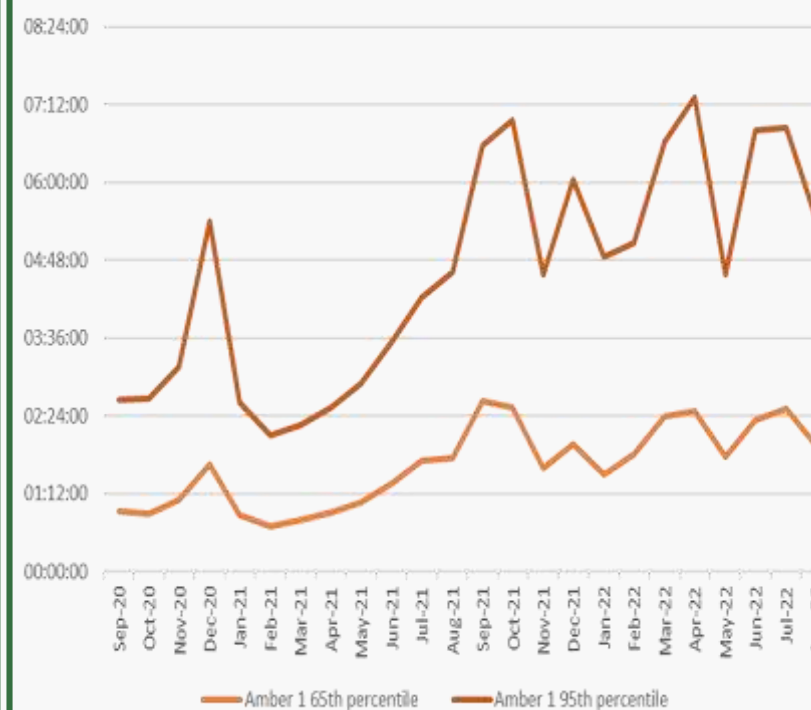
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 65th and 95th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

## Clinical Outcomes Indicators

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

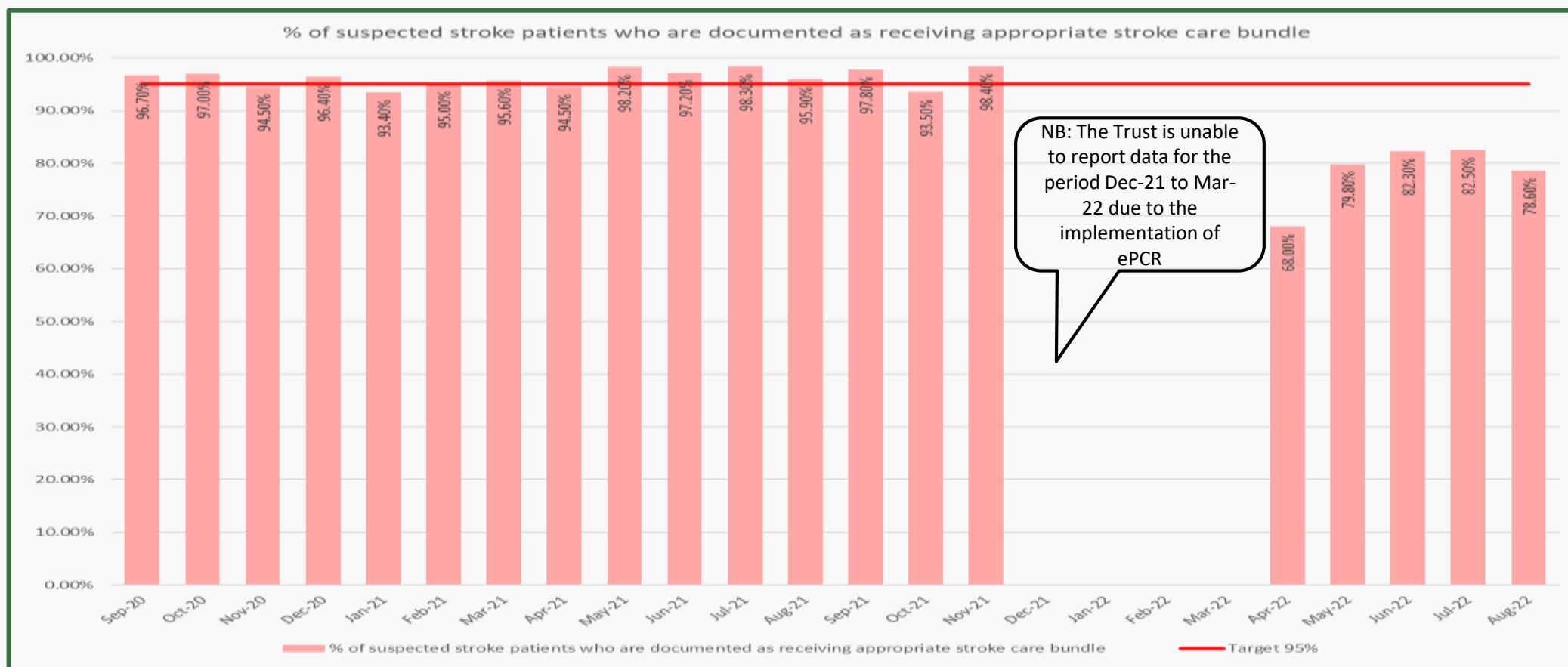
Stroke/ROSC/  
Sepsis &  
Febrile Con.  
**G**

Hypoglycaemic, (STEMI)  
Acute Coronary & Hip  
fracture  
**A**

QUEST

Self Assessment:  
Strength of Internal  
Control: Moderate

Next reporting cycle Mortality Reviews: Jul-Sept-22 due Oct-22



### Analysis

The Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with CAD and quality assure metrics.

Clinical Indicator for Stroke has seen a 3.9% drop in care bundle compliance between July and August 2022 data, from 82.53% to 78.71%. From the chart, the key factor for improving care bundle compliance is the recording of a pre-alert, or a justified exception. In addition, the number of recorded (or with a documented justified exception) blood glucose reading has also dropped, which has contributed to the overall score.

It is likely that as the system continues to embed within clinical practice, that users are still getting used to an adjusted workflow and data points might be missed. An improvement approach has been taken and a series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on a deep dive audit conducted and reported through the Clinical Intelligence Assurance Group. In addition, the deep dive audit is contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application. Each Clinical Indicator is subject to a deep dive audit owing to the changes in how data flows to generate the CI report.

### Remedial Plans and Actions

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

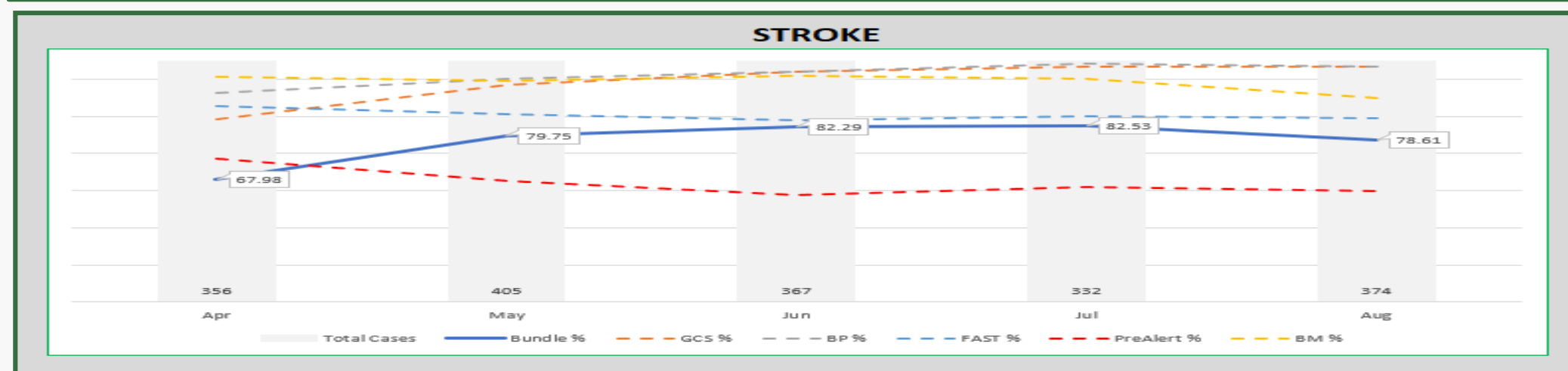
The new agreed indicator for this year (commissioning intention) is the call to door time for STEMI and Stroke. There is a lot of work required to agree and then report on this indicator, with the following roll out plan:

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

The Trust cannot currently report on ROSC rates. However, based on previous data, it is recognised that these are lower than the Trust would like. The Trust's response is the introduction of the Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will commence in October 2022 in some areas.

### Expected Performance Trajectory

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




Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Andy Swinburn)

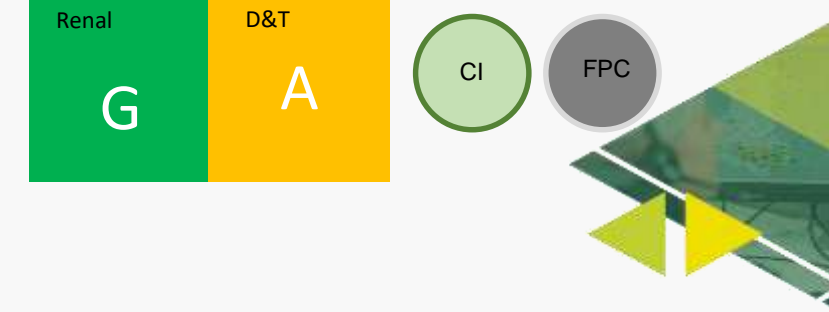
Welsh Ambulance Services NHS Trust



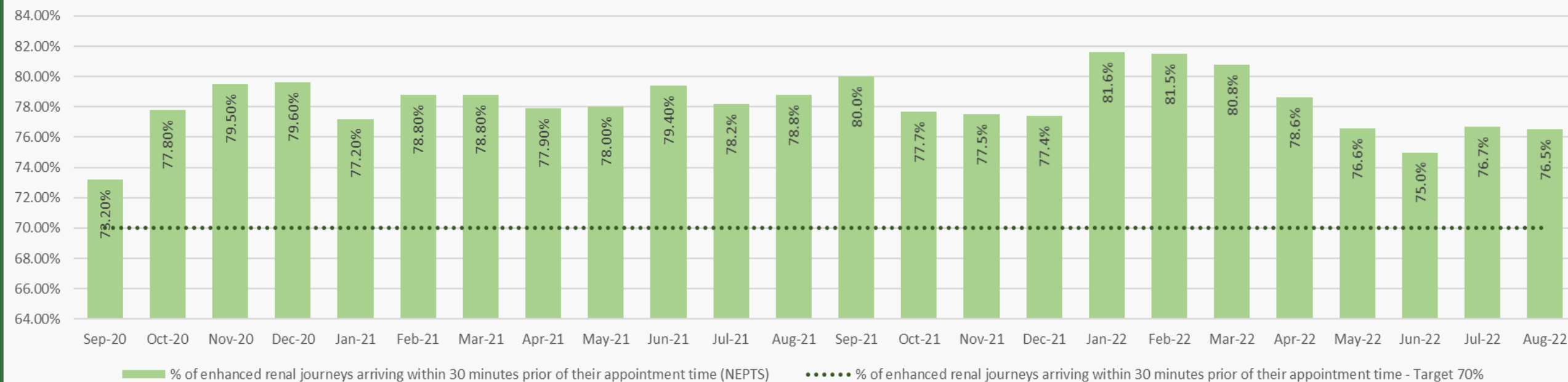
# Our Patients: Quality, Safety & Patient Experience

## Ambulance Care Indicators

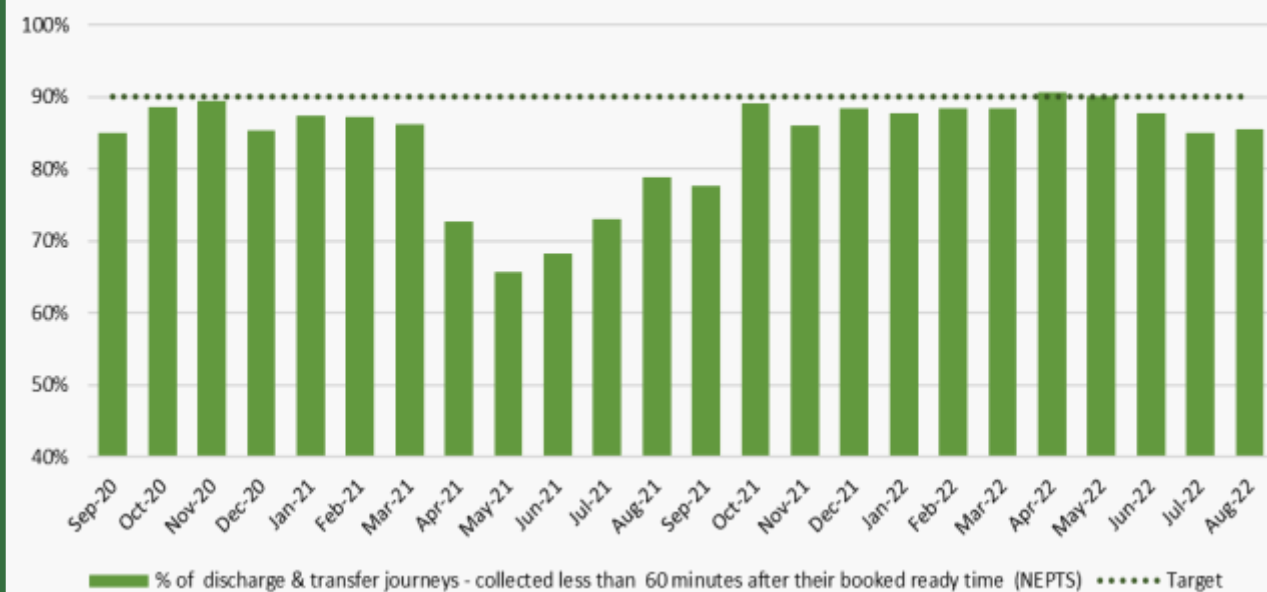
### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



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



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



#### Analysis

**Ambulance Care has seen a stabilisation of areas of service delivery affecting patient experience.** 76.5% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target In August 2022.

85.6% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, therefore not achieving the 90% target and a decline compared to July 2022 (85.0%).

Key factors affecting these indicators are demand and capacity:

- **Capacity** continues to be adversely affected by other factors such as sickness absence levels, although these are seeing improvements and following a decline in July 2022 improved in August to 10.77%, however, Annual Leave exceeded the 20% cap at 20.52%.
- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is “re-set” it is anticipated that further demand increases could be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

#### Remedial Plans and Actions

- **Re-rostering NEPTS Transport:** Service managers have attended meetings and an alternative to the ORH roster keys is being developed for testing v the ORH keys on Cleric Training Package. A business case/PID will be produced in Quarter 3. 2022/23
- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** In the absence of additional funding, the service has implemented a capacity management plan to assist it in ensuring it remains within budget and prioritises resources for those most in need
- **Capacity:** discussions with EASC on options for balancing demand and capacity.

#### Expected Performance Trajectory

At present, the uncertainty around demand and future impacts of the pandemic and system recovery means that it is difficult to forecast performance; however, it is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

SCIF.  
A

Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

Health & Care  
Standard  
Health - Safe Care /  
Timely Care



### Analysis

The **percentage of responses to concerns improved marginally in August 2022 to 24%** against a 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and timely response to requests for information from key parties. The number of total concerns decreased in August 2022 (110) when compared to July 2022 (123).

**There were 8 SCIF forums held in August 2022, during which 38 cases were discussed, 10 of these cases were reported to the Delivery Unit and 10 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.**

**Year on year the overall volumes of NRIs remains on an increasing trend.** In August 2022 there were 0 NRIs relating to Red calls, 6 relating to Amber calls and 1 in relation to Green calls. There were 3 NRIs as a result of calls prioritised Amber which should have been Red.

*At present it is not possible to report on the number of cases within the Complex Case Panel and Redress due to the implementation of the new Once for Wales Datix RL system.*

As reported earlier, in August 2022, 733 patients waited over 12 hours for an ambulance response, a decrease month on month, but an increase when compared to 464 in August 2021 and 148 in August 2020.

41 Compliments were received from patients and/or their families in August 2022, a slight decrease compared to the previous month (37).

### Remedial Plans and Actions

A range of actions are in place:-

- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- WAST is working closely with the Delivery Unit and with Health Boards to agree a new approach to Joint investigations across organisational boundaries.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing and regular meetings are held between the Trust and respective Health Boards.
- The key strategic action is the EMS Operational Transformation Programme.

*NB: Remedial plans and actions in relation to complaint response times will be included in future iterations.*

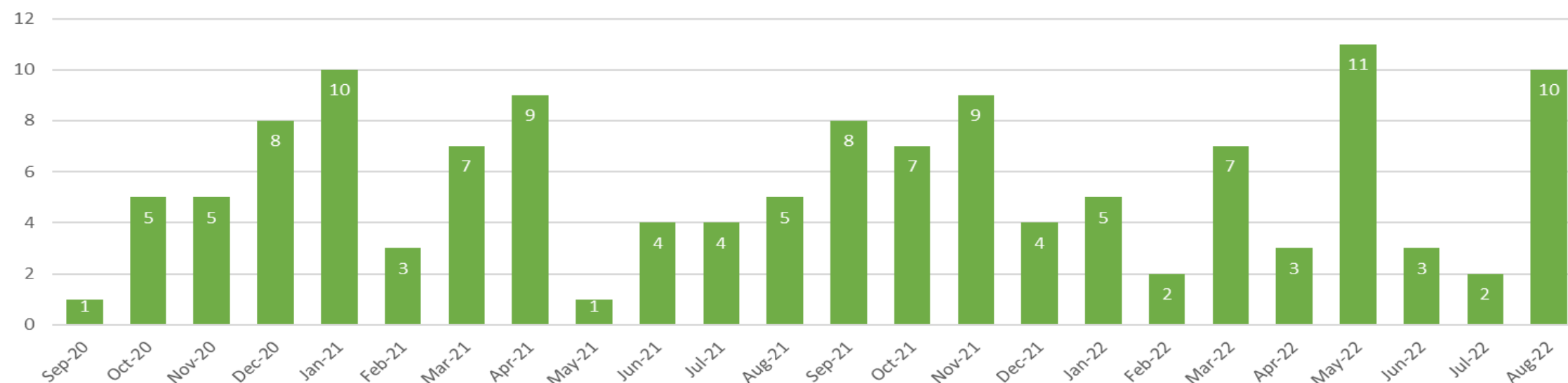
### Expected Performance Trajectory

The Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge.

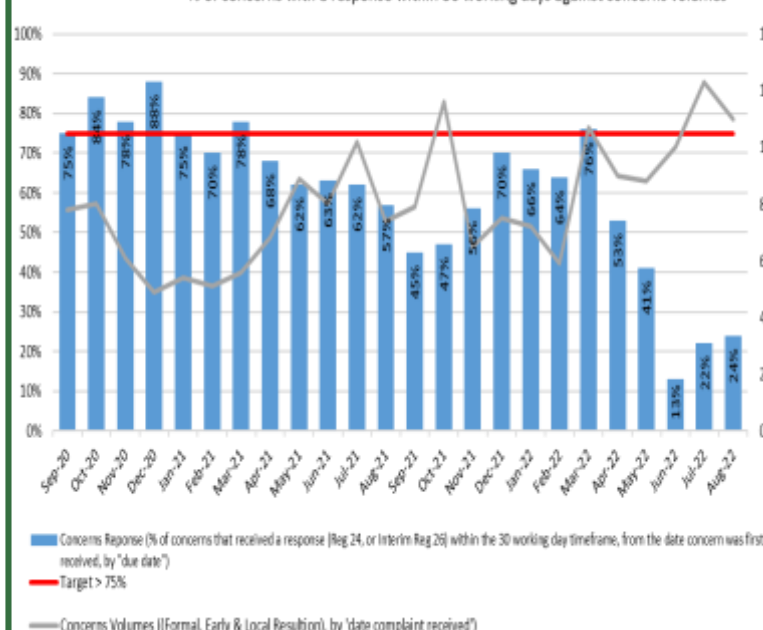
**\*NB: August 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change. At present reporting accurate data is not possible due to implementation of the Once For Wales Datix RL system.**

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

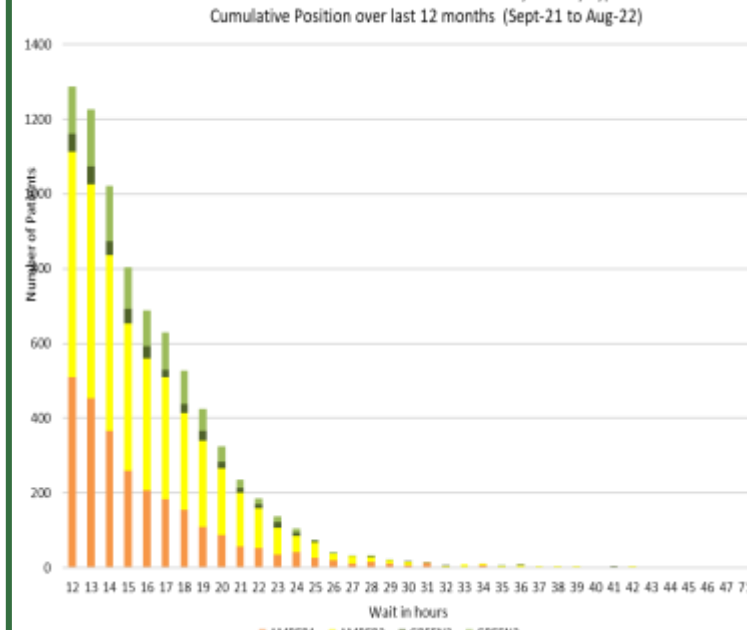
Number of SCIF cases reported as National Reportable Incidents (NRI) By Date Reported to the Delivery Unit by WAST



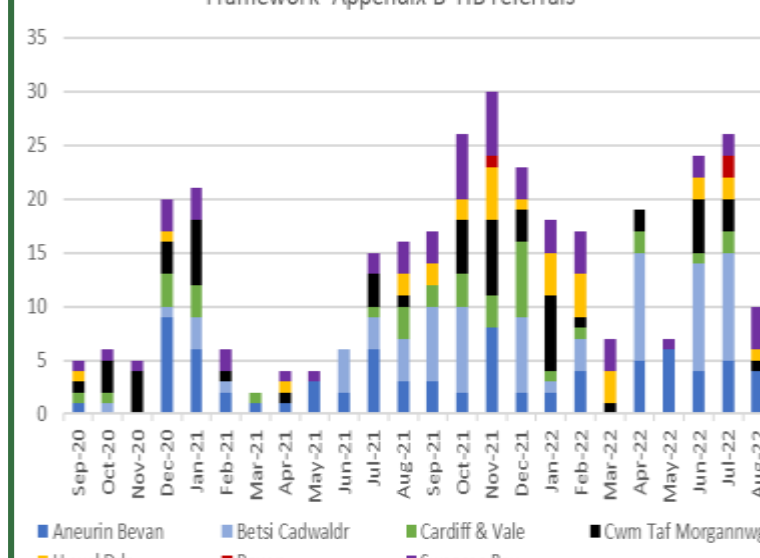
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type Cumulative Position over last 12 months (Sept-21 to Aug-22)



Number of National Reportable Incident cases agreed to refer to Health Board reported as Serious Incident Framework 'Appendix B' HB referrals



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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

## Patient Safety Indicators

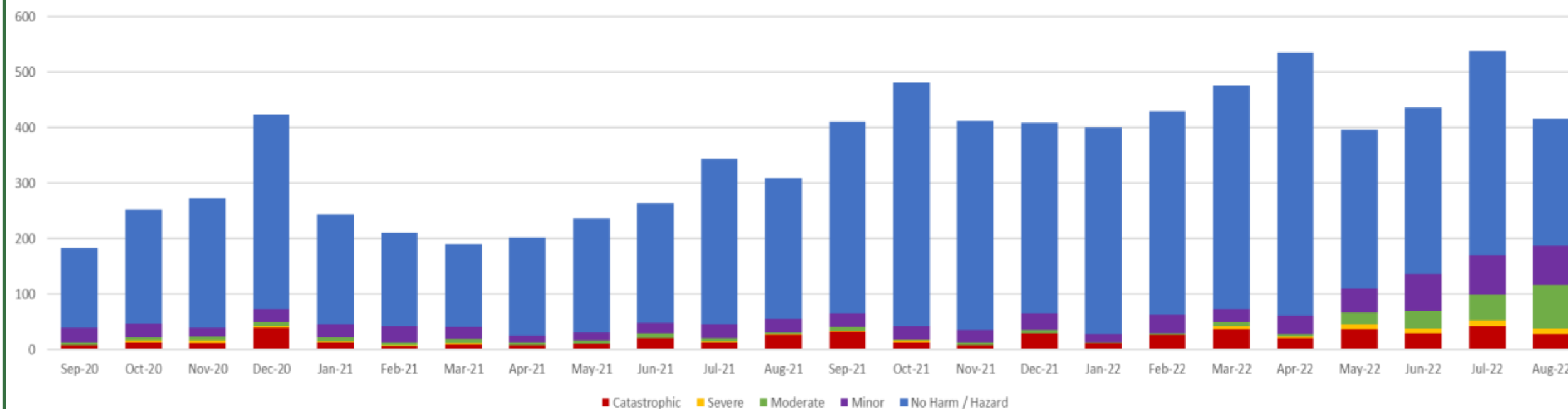
Self Assessment:  
Strength of Internal  
Control: Moderate

PCC

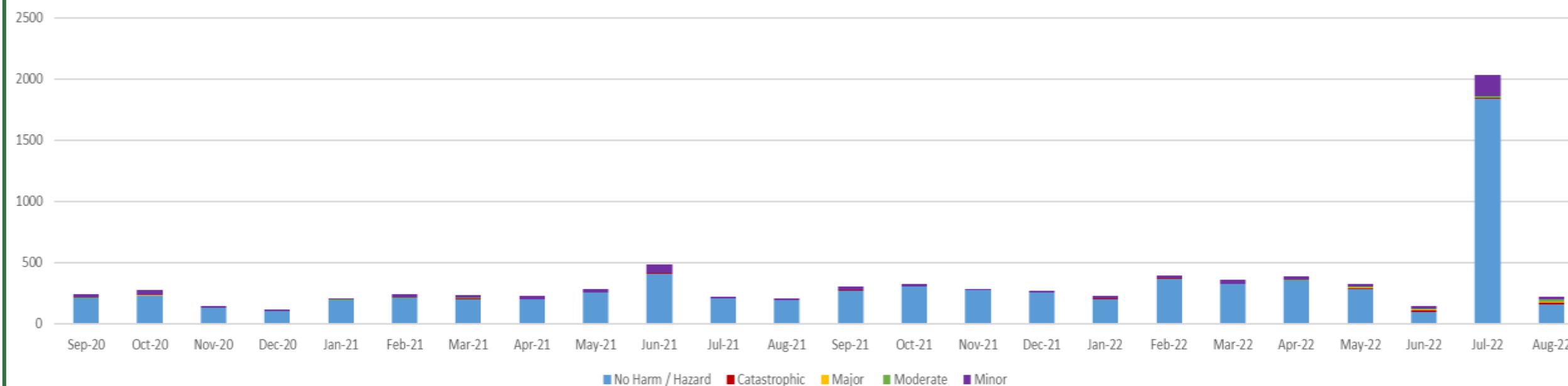
Health & Care  
Standard  
Health – Safe Care



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



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



### Analysis

**Patient Safety:** The number of patient safety adverse incidents volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and CCC within August 2022 decreased to 416 when compared to 538 in July 2022. The 416 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 228
- Minor harm – 71
- Moderate harm - 79
- Severe Outcomes - 10
- Catastrophic - 28

Once cases are investigated by the Patient Safety or Clinical team, (or for instances where serious harm has occurred referred to SCIF for review) they are closed; 221 cases were closed in August 2022. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example; 2 crews submitting the same incident), however the increase in incident volumes is attributed to the current rise in hospital handovers.

The spike seen in the number of cases closed in July 2022 is largely attributed to the transition from Datix Web to Datix Cymru.

### Remedial Plans and Actions

**Patient Safety:** Capacity issues have impacted the ability of some teams in their ability to support investigations due to ongoing operational pressures related to the continued pandemic.

### Expected Performance Trajectory

The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.

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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

## Coroners and Ombudsmen Indicators

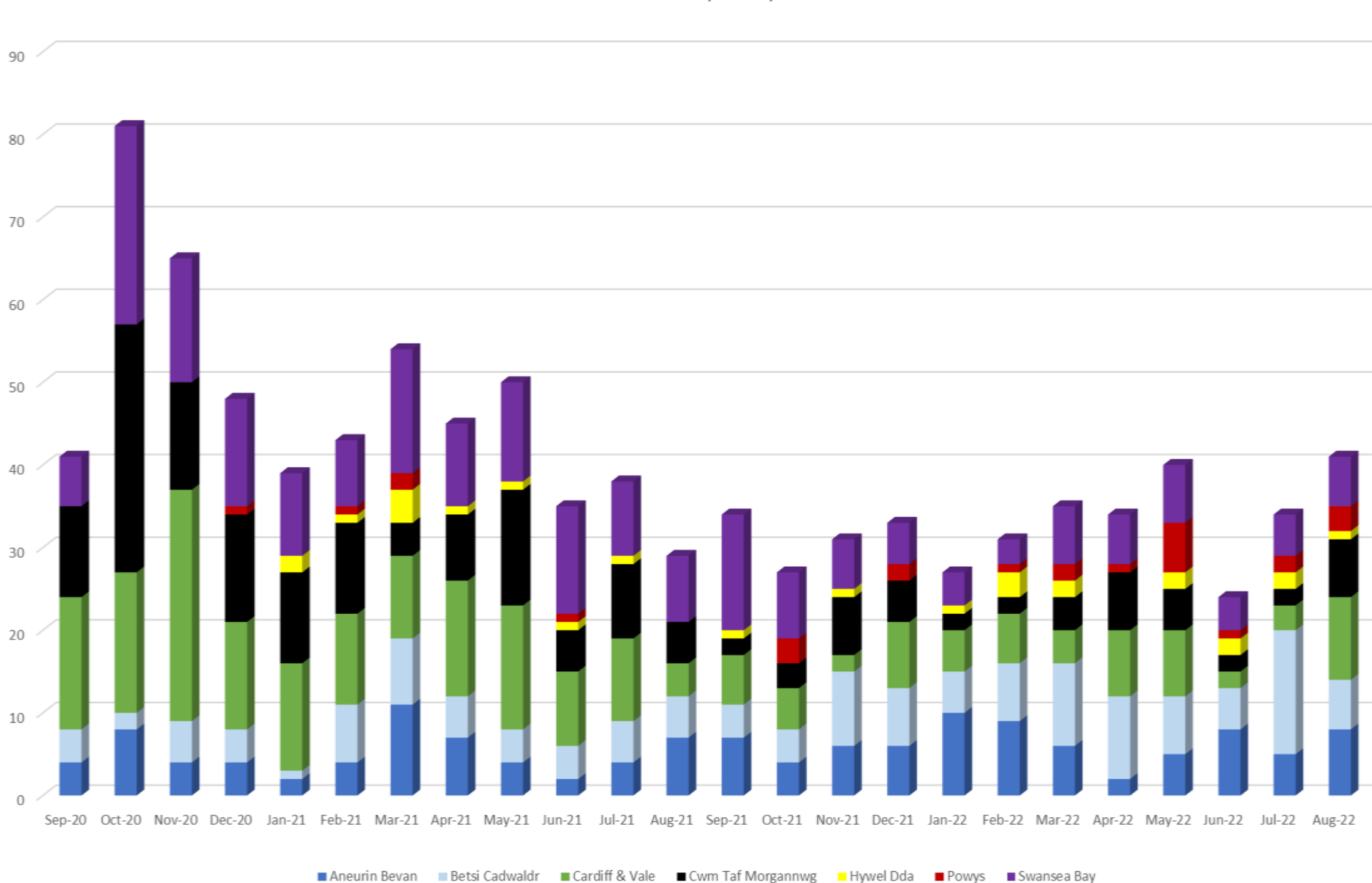
Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care



Number of Coroner Requests by Health Board



### Analysis

**Coroners:** In August 2022, The number of in month requests continue to be increased from pre-pandemic requests. The timeliness of the Trusts response and unexpected deaths continues to be the main themes. There continues to be a marked increase in the BCUHB area.

At the end of August 2022 there are 399 claims open; these relate to Personal Injury (72 Claims); Personal Injury - Road Traffic Accidents (45 Claims), Clinical negligence (107 claims); Road Traffic Accident (151 claims) and Damage to Property (24 claims).

**Ombudsman:** There are currently 16 open Ombudsman cases in August 2022. At present cases are not being investigated, which supports the Trusts actions.

### Remedial Plans and Actions

**Coroners:** Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are being arranged for September - December 2022 at this time.

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

### Expected Performance Trajectory

**Coroners:** The Trust continues to focus on the learning from our investigations and report these via the Patient Safety Highlight report, which is presented to the Executive Management Team and Trust Board.

In addition to this, learning from our investigations continues to be presented to the Patient Safety, Learning and Monitoring Group and our Scrutiny Panels.

Individual learning it also a huge focus across the organisation with significant attention on both clinical and CCC areas of business.

We also continue to engage with our Health Board colleagues where we have utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

**Ombudsmen:** The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

Health & Care  
Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

NB: Next Public Engagement update (Jul-Sep 2022) Due October 2022

### Analysis

**Safeguarding:** In August 2022 staff completed a total of 114 Adult at Risk Reports, an increase compared to July 2022 when 110 were reported. 88% of these were processed within 24 hours.

There have been 161 Child Safeguarding Reports in August 2022, an increase from July 2022 when 149 reports were made. In August 2022 91% were sent within 24 hours.

**Data Governance:** In August 2022 there were 29 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, an increase when compared to both June and July 2022. Of these 34 breaches, 7 related to Information technology, 6 Confidentiality, 6 records/information, 4 medication/IV fluids, 2 communication, 1 safeguarding, 1 equipment / Devices, 1 admission or access issues and 1 was as a result of assessment, diagnosis, investigations.

**Public Engagement:** For the first time since 2019 the PECI Team have re-started and proactively engage with people and communities in person, by attending community events, open days, school visits and other forums. This face-to-face engagement permits meaningful conversations with people about using the services we provide; helping communities feel listened to and empowered to drive change. There were 66 engagement events held in Quarter 1, allowing engagement with 2,472 people. 71 NHS 111 Wales website surveys were returned, 80 people completed a survey about their experience of calling NHS 111 Wales. We continue working with NEPTS colleagues to promote patient experience surveys for users, surveys are sent direct via post, text and online. 280 NEPTS surveys were completed in this quarter. In this quarter we made a 999-patient experience survey available for the first time, this was completed by 30 people who shared their views on recent experiences of calling 999. More work will be done to further promote these surveys and capture more patient feedback. 117 compliments were also logged and processed; these positive experiences are also celebrated every Thursday on our social media channels using the #ThankYouThursday hashtag.

### Remedial Plans and Actions

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

**Data Governance:** During the reporting period, of the 29-information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). One incident from April which was reported to the ICO has now been closed with no further action to be taken against the Trust. The ICO may pursue individual action against the individual concerned and have requested further information.

**Public Engagement:** Though we continued to engage with communities across Wales throughout the coronavirus pandemic, this was done in a much more digital way, holding online events and joining online forums and meetings. Whilst this online engagement was crucial and allowed us to maintain connections, it was widely acknowledged that for many, online engagement was a barrier, and some felt excluded from participating in online activities in general. A return to in person community engagement is very welcome and allows to re-start having rich conversations with people about their experiences and expectations. It is acknowledged that coronavirus cases in the community are rising again, the PECI Team will continue to take measures to ensure staff and communities safety during engagement events.

### Expected Performance Trajectory

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

**Data Governance:** An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence-based assessment consisting of 255 items; will continue to be utilised to measure the Trust against National Information Governance and Security Standards. The NHS Wales IG Toolkit is undergoing further developments within the national Service Management Board and a change to the evidence-based assessment questions is due to undergo Health Board and Trust consultation during October 2022. Any change to the IG Toolkit requirements will continue to be monitored and actioned by the IG Team in readiness for the next submission date.

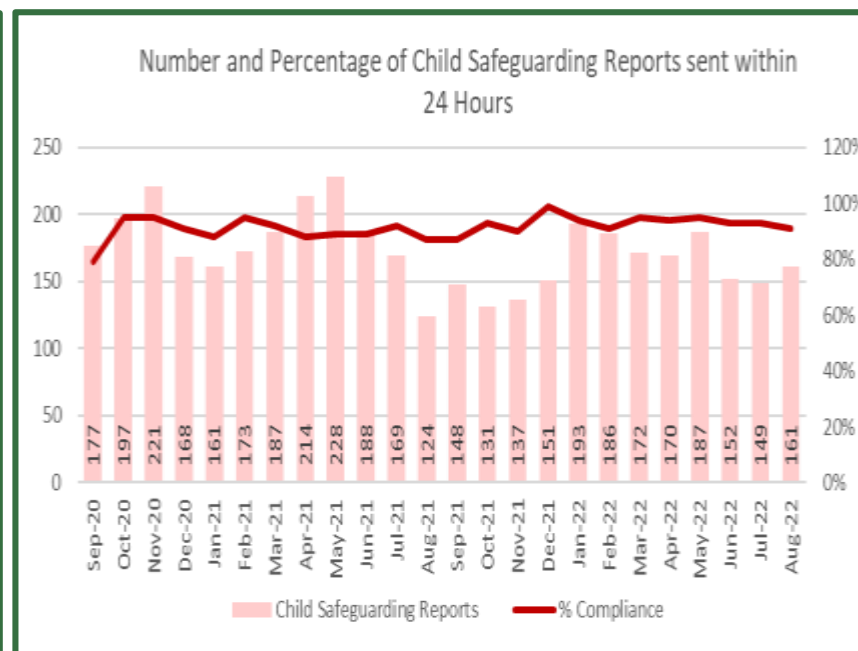
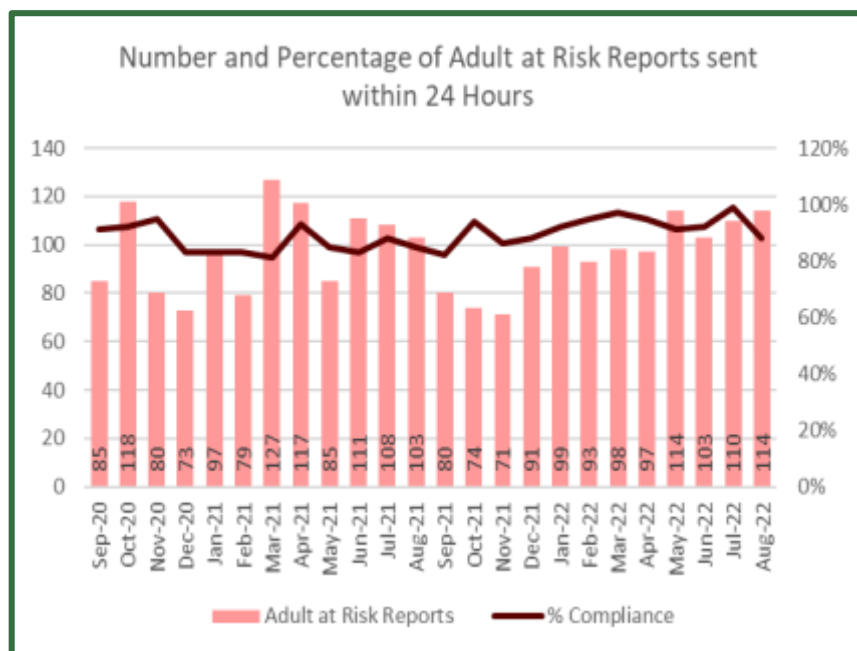
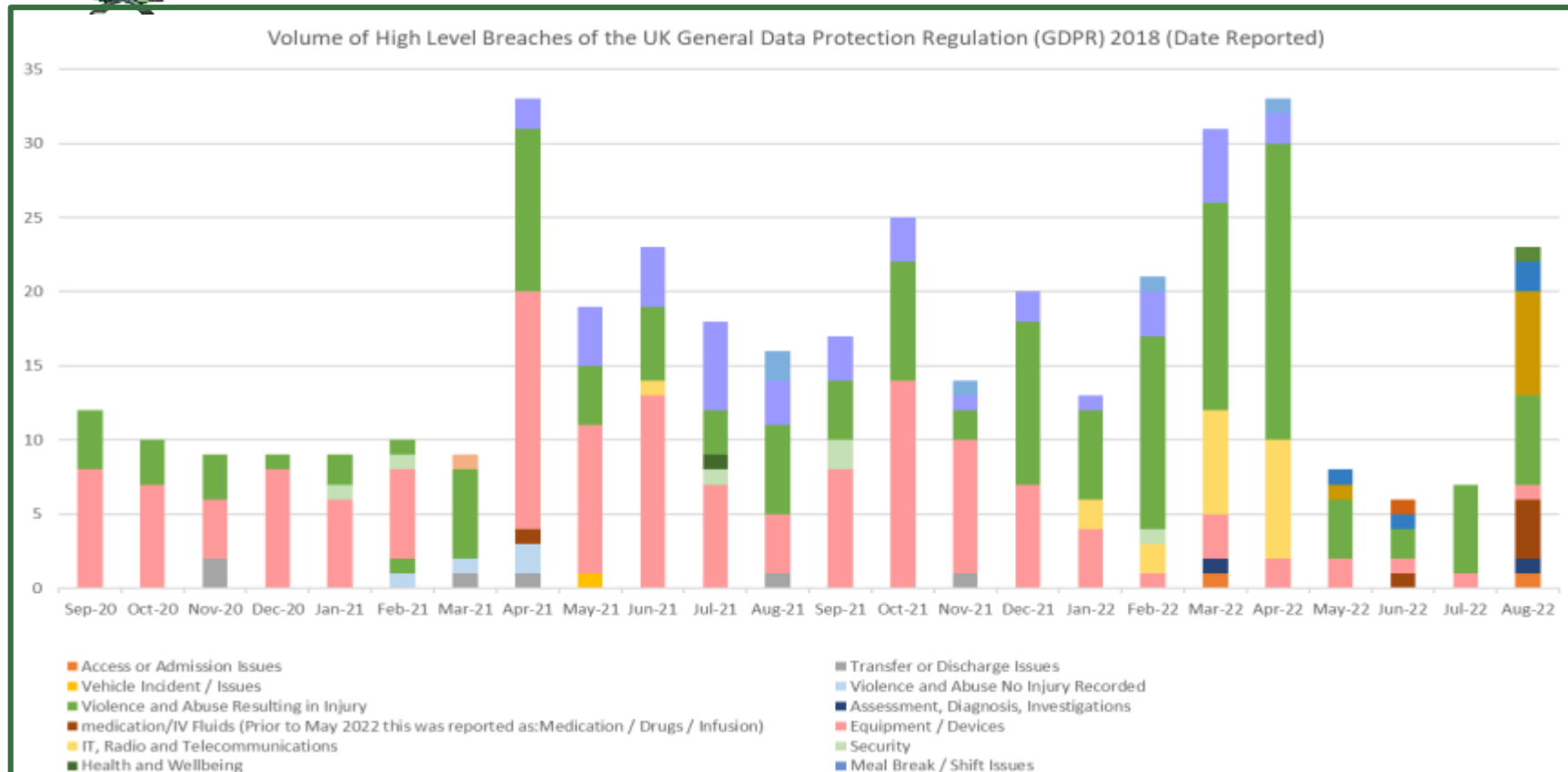
**Public Engagement:** Outcomes of our engagement with people and communities across Wales remain consistent to those previously reported. With people continuing to tell us that long waits and delays remain their primary concern; though the transport, care or treatment they ultimately receive is good. This theme is repeated across all services delivered by the Welsh Ambulance Service - 999 emergency care, Non-Emergency Patient Transport and NHS 111 Wales. The PECI Team will continue engaging with communities, proactively communicating with people and communities, sharing important information regarding Trust services and appropriate use of these during the current period of increased demand. Learning from our engagement will be shared with partners, stakeholders and colleagues and will be used to help influence quality improvement.

Safeguarding Data source: Doc Works

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

(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust





# Our Patients: Quality, Safety & Patient Experience

## Health & Safety (RIDDORS) Indicators

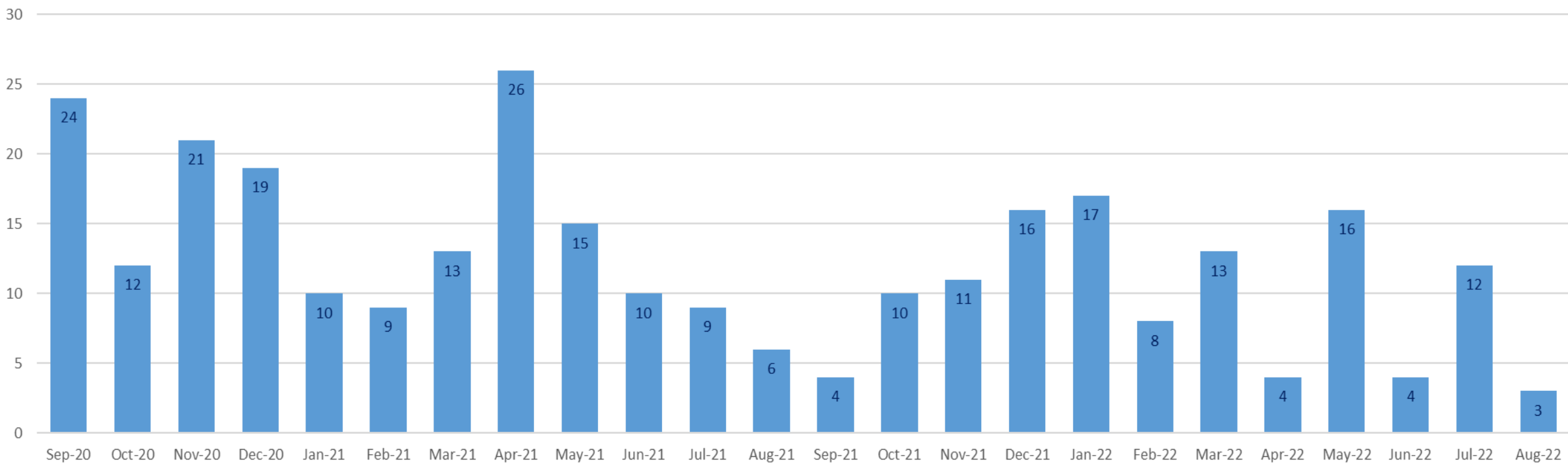
Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

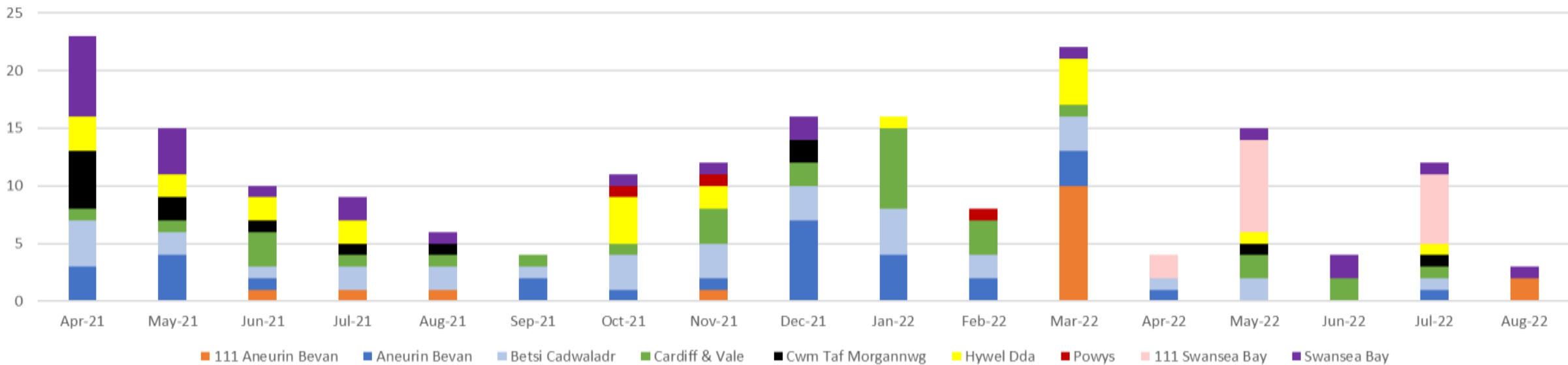
Health & Care  
Standard  
Health – Safe Care



Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



### Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around incident reporting times or handlers confirming staff sickness absence to the H&S function are impacting on the timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). In August 2022 there were 3 RIDDORS reported. As shown in the bottom graph, 111 ABUHB accounted for 2 and SBUHB accounted for 1 report.

Risk 199 has been subject to review with the risk rating reduced from 20 to 15. This is as a result of work undertaken via the Working Safely Programme and approval and funding to implement the Workforce review.

### Remedial Plans and Actions

The two recently appointed Health and Safety Managers require authorisation to access details from the Electronic Staff Record (ESR) which assist in provide timely access to staff's key details in relation to RIDDOR reporting increasing the efficiency of reporting.

The Working Safely Programme (IMPT deliverable) 'Pump Prime' phase ceases September 2022. A closure report is to be presented to the Working Safely Strategy Board in Q3 2022

### Expected Performance Trajectory

The significant funding allocated to increase the H&S function with the new structure coming into force on 3rd October 2022. This will allow for the transition from the Working Safely Pump Prime phase to Working Safely actions being incorporated into the Trusts Annual H&S Improvement Plan.

Increased focus by the Health and Safety Managers in relation to RIDDOR reporting performance should additionally improve the Trusts RIDDOR performance by 30% during Q3 2022.

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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



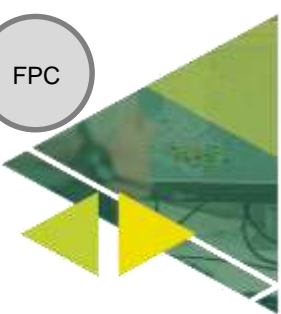


# Our Patients: Quality, Safety & Patient Experience

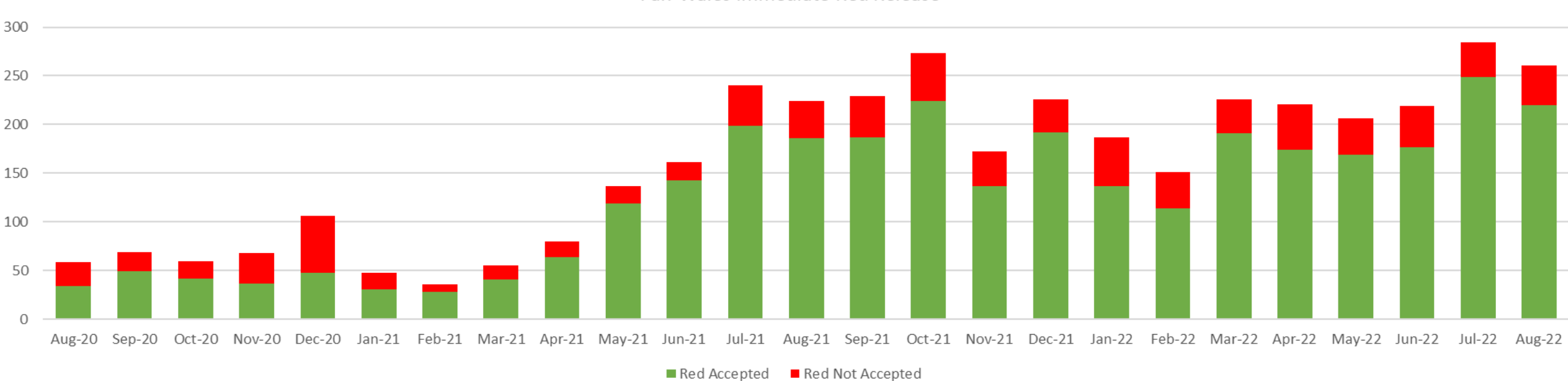
## Escalation and Patient Experience

TBD

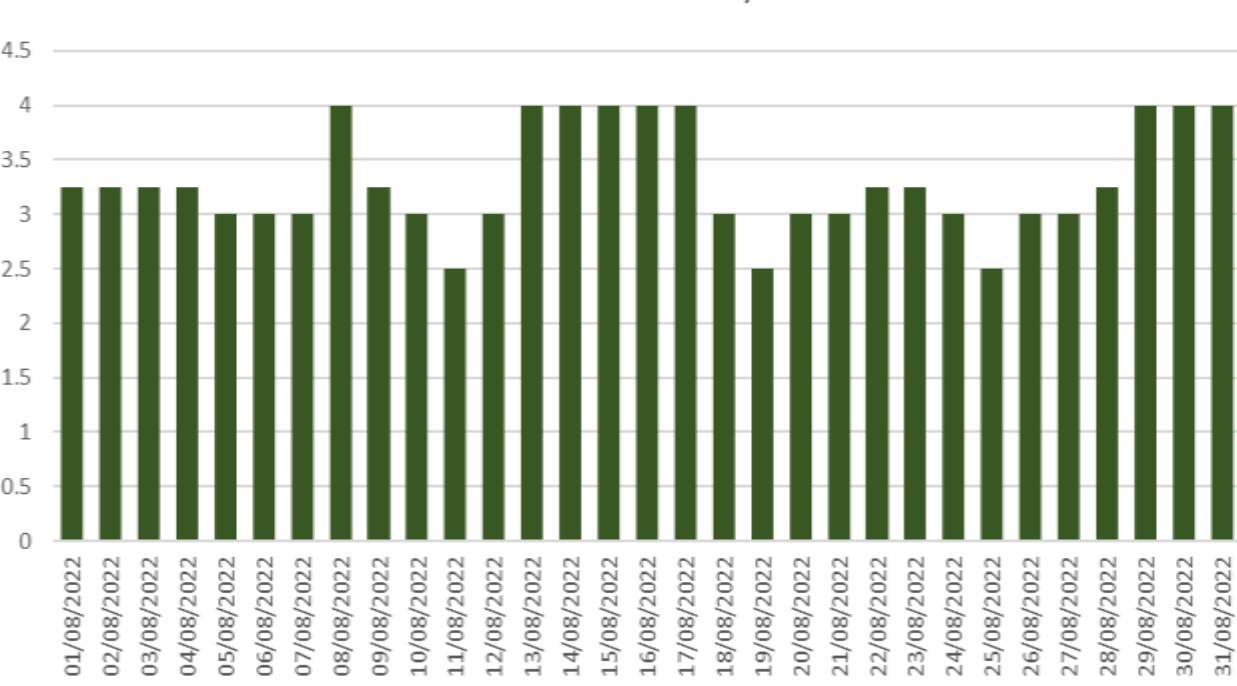
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Pan-Wales Immediate Red Release

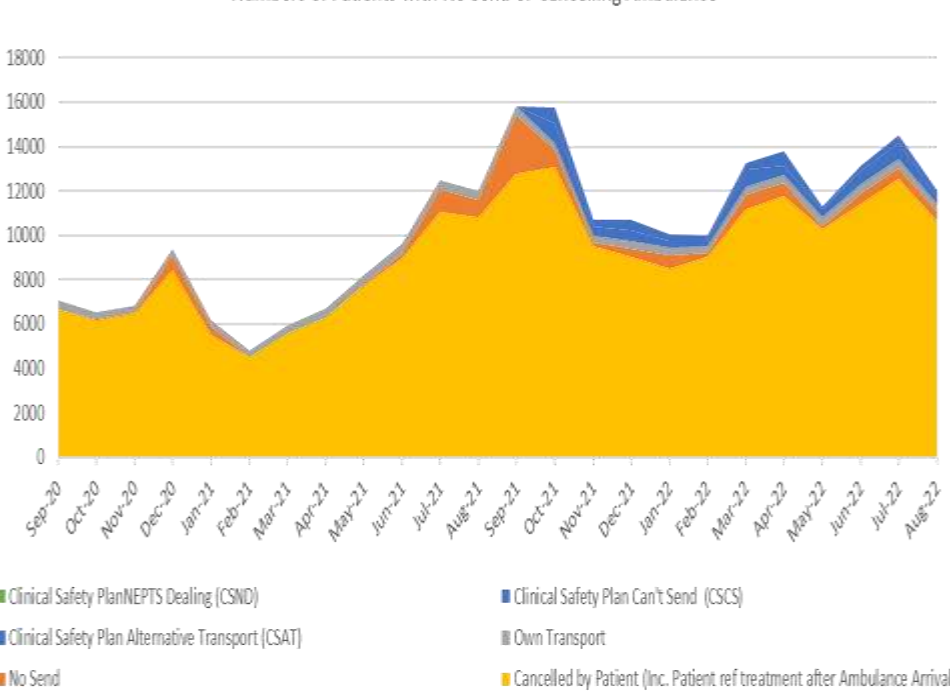


Maximum Daily CSP Level



Key		
CSP 1		1
CSP 2a		2
CSP 2b		2.25
CSP 2c		2.5
CSP 3a		3
CSP 3b		3.25
CSP 4a		4
CSP 4b		4.25

Numbers of Patients with No Send or Cancelling Ambulance



### Analysis

There were 972 request made to Health Board EDs for immediate release of Red or Amber 1 calls. Of this 220 were accepted and released in the red category, 41 were not accepted. In conjunction to this, 312 ambulances were released to respond to Amber 1 calls, but 399 were not.

During August 2022, the Trust has not seen any days at CSP level 1, Business as Usual (BAU) or CSP 2a or 2b; 9 days were spent at Clinical Safety Plan (CSP) level 4a, resulting in clinical screening of Amber 1 calls and the Trust being unable to respond to calls in the Amber 2 and Green categories advising these patients to contact their GP, 111 Online or make their own way to a Minor Injury Unit (MIU), those callers within the HCP category are advised to make their own way to hospital. 8 days were spent at CSP level 3b, therefore seeing the Trust only being able to respond to Red and in some exceptions, Amber 1 calls, with Amber 2 calls being clinically screened and the Trust unable to respond to Green and HCP calls. 11 Days were spent at CSP level 3a and again resulting in the Trust only responding to Red calls and in some exceptions Amber 1 and 2 calls. 3 days were spent at CSP 2c seeing the Trust respond to Red calls and only those calls with exception in the remaining categories.

In August 2022, 255 ambulances were stopped due to CSP alternative transport and 358 were as a result of CSP Can't send options. In addition, 10,665 ambulances were cancelled by patients (including patients refusing treatment at scene) and 320 patients made their way to hospital using their own transport.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand.

Winter pressures will impact the Trust and seasonal planning is being used to prepare for this.



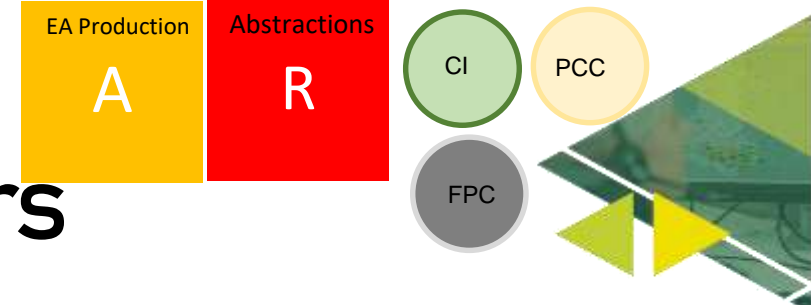
(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust

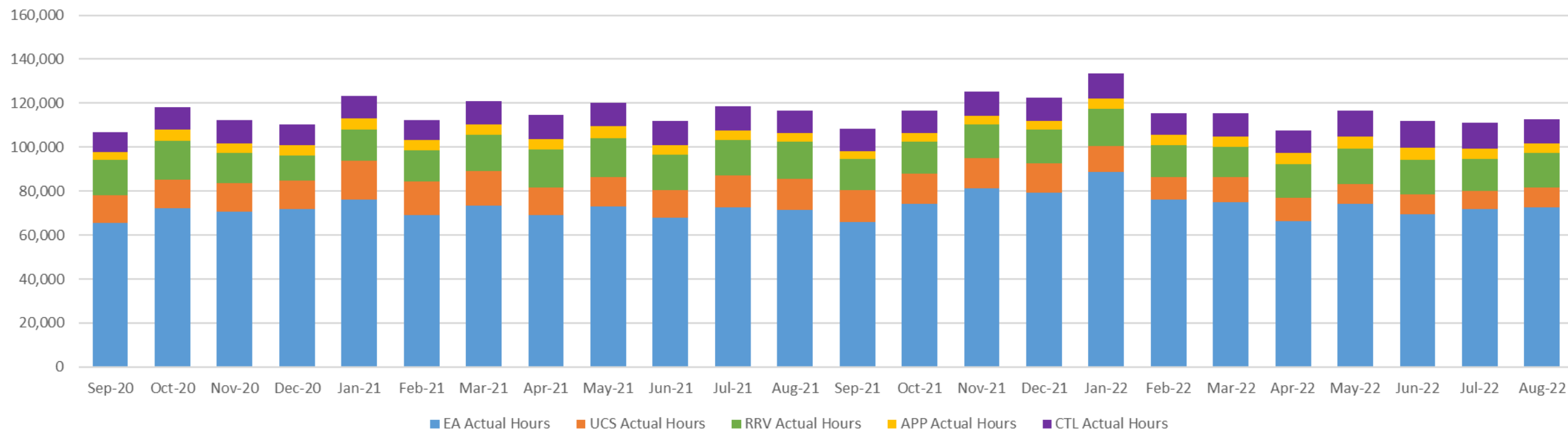


# Our People

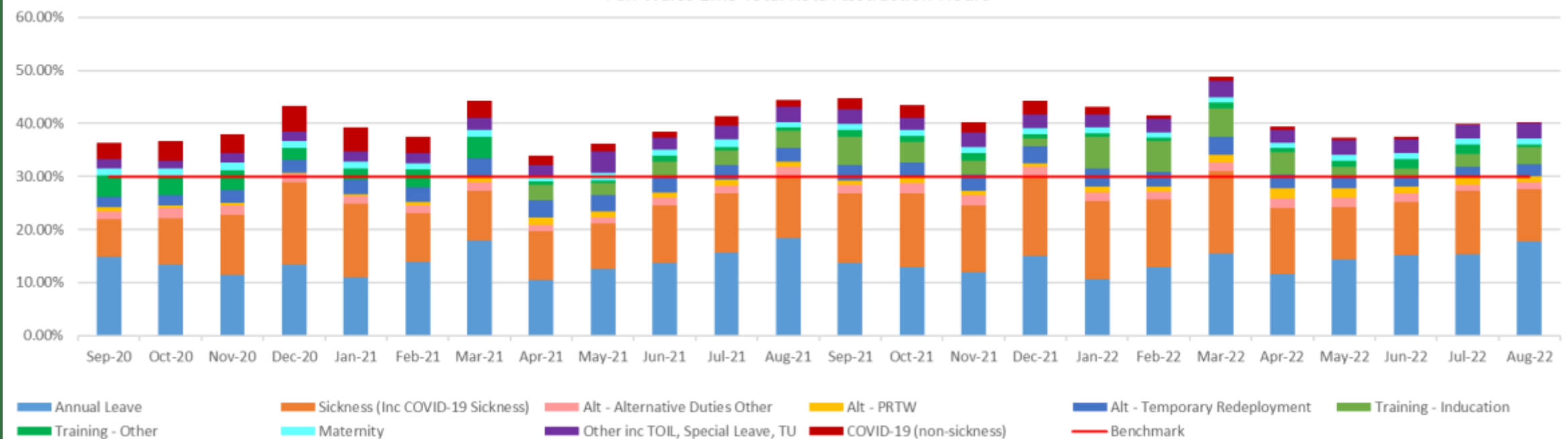
## Capacity - Ambulance Abstractions and Production Indicators



Total EMS Actual Hours Produced



Pan Wales EMS Total Rota Abstraction Hours



### Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In August 2022, total abstractions stood at 40.19%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 17.69% and sickness at 9.87%. Sickness abstractions for August 2022 were lower when compared to the previous year (9.87%) and COVID-19 (non-sickness) related abstractions decreased again in August 2022 when compared to the previous month and to the same period last year accounting for 0.20% of overall abstractions.

**Emergency Ambulance Unit Hours Production (UHP) was 95% in August 2022** (72,644 Actual Hours), therefore achieving the 95% benchmark. In comparison, RRV UHP achieved 75% (15,396 Actual Hours) compared to 71% in July 2022. The total hours produced is a key metric for patient safety. The Trust produced 112,672 hours in August 2022, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hours produced has not risen sustainably.

The Demand and Capacity Roster review for EMS has concluded and new rosters will be rolled out across the Trust, commencing in September 2022.

### Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks. In future months, we will include a graph in this pack of performance against the agreed trajectory.

The Trust has a budgeted establishment of 1,654 FTEs for 2022-23; this will allow an increased response capacity of 100 FTEs to maximise UHP to 100% where possible.

The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year.

Following completion by localities of new roster rollout, the Trust will report 2 levels of UHP commissioned vs ORH demand key once all rosters are live; implementation of rosters commenced in September 2022

### Expected Performance Trajectory

Subject to the longer-term impact of COVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%. The Trust is proposed, as part of the Transition Plan, that a higher level of abstractions (and relief) is used.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust





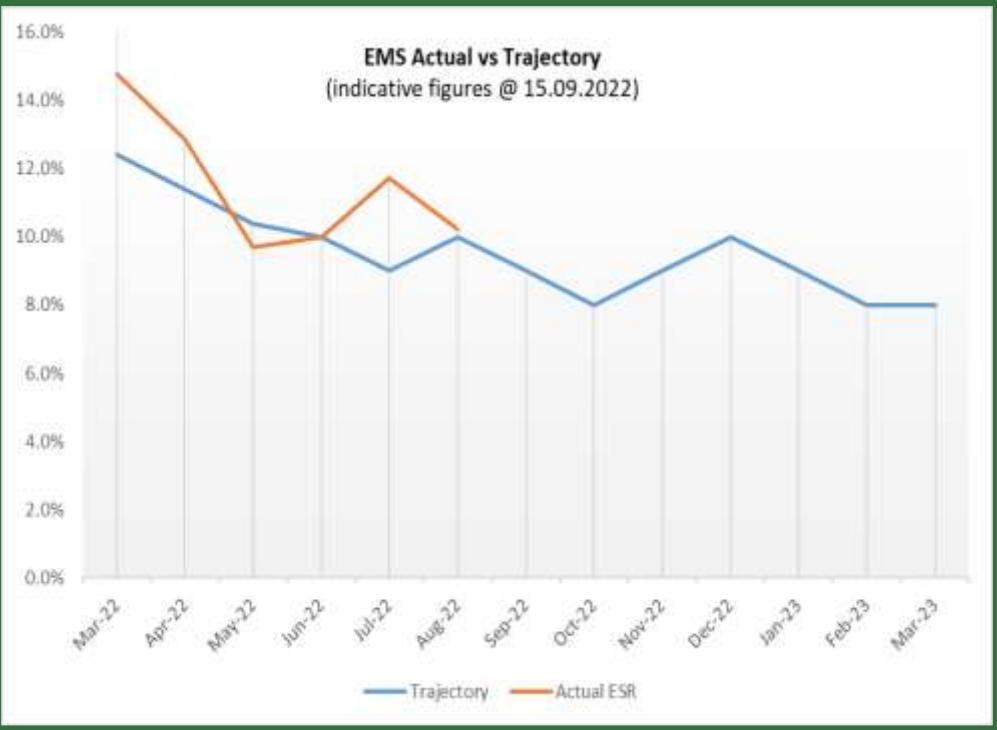
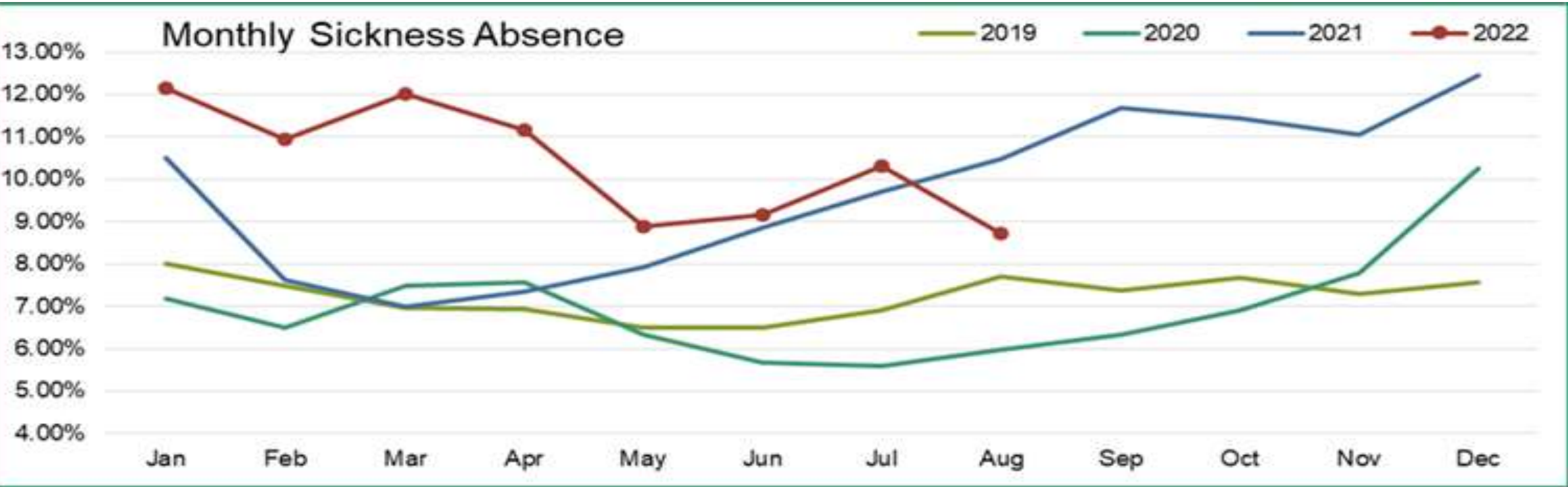
# Our People

## Health & Wellbeing – Sickness Absence Indicators

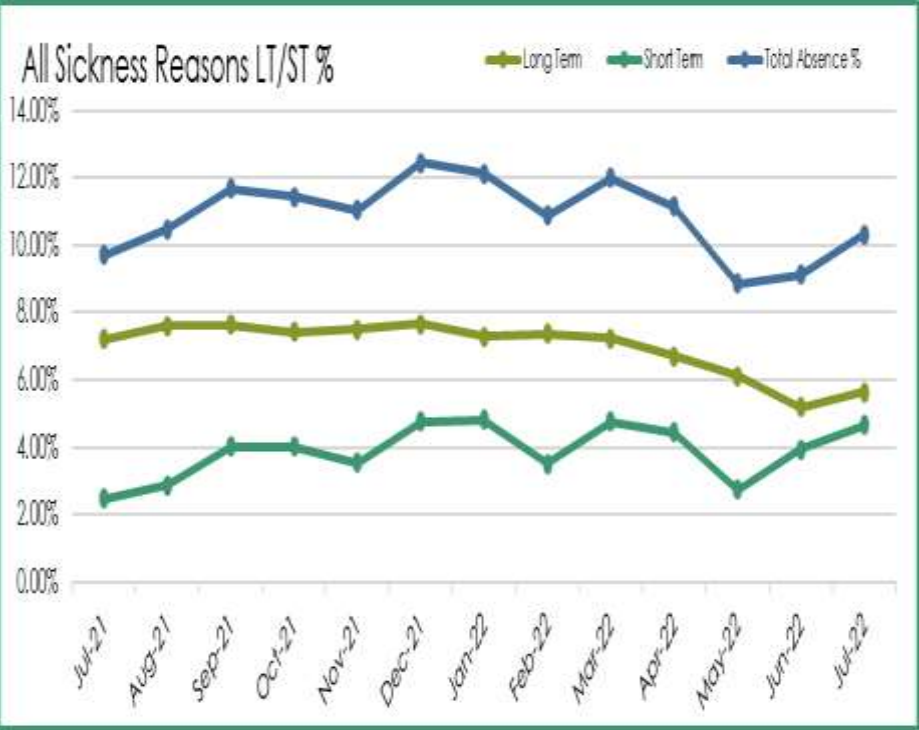
R

CI

NB: Sickness data will always be reported one month in arrears



Average working days lost per FTE (Annual)	
25.00 days	
Single month Absence %	
10.33%	
Long Term	Short Term
5.65%	4.67%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.36%	(excluding Back) 1.04%
July 2022	



### Analysis

The monthly sickness absence figure for August 2022 was 8.72% (as per sickness glidepath and subject to change), a decrease of 1.59% from last month.

July 2022 Sickness: There has been a small increase in all overall absence levels which is predominantly due to the sharp increase in short term Covid absence

- Long term sickness levels as been reducing month on month and this trend continues
- Physiotherapy: 27 referrals were received in July 2022.
- Average Length of Time from Referral to First Contact: 0.6 days
- Average Length of Time from Referral to Televid Clinical Assessment: 2.2 days
- Average age of those referred is 44 years, with back issues being the main reason for referral.
- Health Assured- EAP: Call summary- In July 2022 42 calls
- Thrive App July 2022 – Total of 606 staff signed onto App with 56 Active Users in the month

### Remedial Plans and Actions

- Comprehensive training and support resource are being rolled out across WAST
- The sickness absence management programme is being adopted across CCC as a result of the improvements seen across EMS
- Considerable focus has been directed on colleagues undertaking alternative roles as a direct result of sickness absence (RTW), Health and Wellbeing and COVID
- Proactive engagement with Occupational Health has been strengthened to aim to support colleagues back to work and avoid absence
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences
- Regular meetings are held to discuss complex cases
- Case reviews have been undertaken to agree next steps for colleagues that are on LTS due to COVID so that comprehensive RTW plans are developed
- Local training to embed ESR and Business Intelligence reports to support attendance at work is being rolled out

### Expected Performance Trajectory

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



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

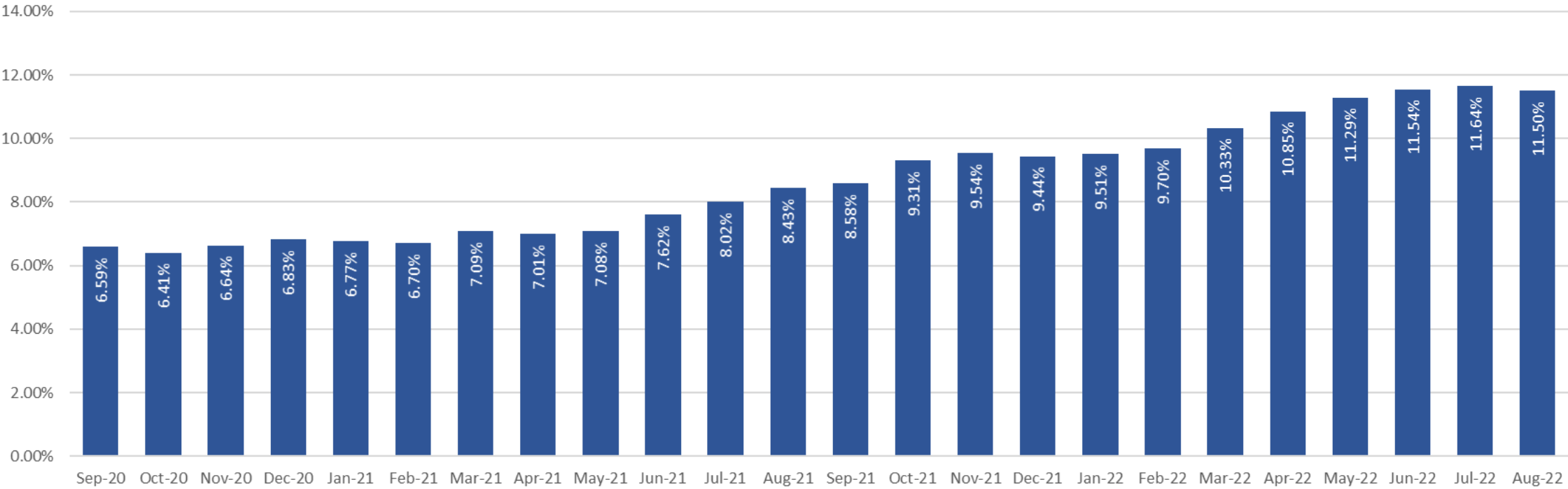


# Our People

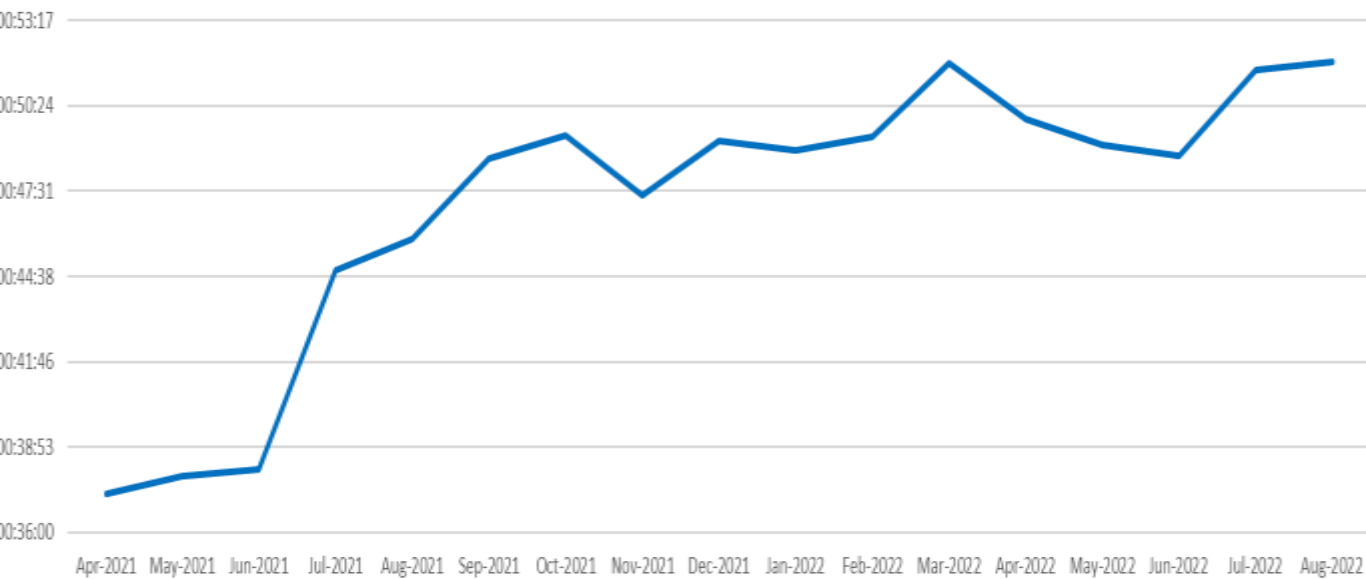
## Health and Wellbeing - Turnover



Staff Turnover Rate FTE (12m)



Total Shift Overrun Time (All Resource Types)



		FTE by Month		
Org L4		2022 / 06	2022 / 07	2022 / 08
020 Ambulance Care L4 (NX10)		699.52	836.86	837.03
020 Emergency Medical Services L4 (DX04)		1,867.65	1,719.72	1,727.01
020 Integrated Care L4 (DX03)		439.80	436.77	436.38
020 National Operations & Support L4 (DX02)		188.09	165.89	161.77
020 Resourcing & EMS Coordination L4 (DX05)		347.56	342.80	338.01
Grand Total		3,542.62	3,502.04	3,500.21
Ambulance Response:				1,482.24 *

Note a reduction of 144.92FTE compared to the previous month due to ACA2s moving to ambulance care as of 01/07/22

### Analysis

Staff turnover rates in August 2022 were 11.50%, increasing month on month. In comparison Staff turnover rates were 6.28% in July 2021. As highlighted in the Staff & Wellbeing deep Dive presented to People and Culture Committee in August 2022 the number of staff leavers has increased over the last 3 years and were lower pre-pandemic. As identified in the Staff Wellbeing deep dive presented to People & Culture Committee on 06<sup>th</sup> September 2022, staff leave the Trust for a variety of reasons including promotions, relocations and due pressures of NHS working.

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

Wellbeing levels remain low for a range of reasons such as wider system challenges, COVID and population issues (cost of living crisis), the Trust continues to address these circulating communication for wellbeing opportunities and groups, such as women's health and events such as Mind over Mountains on 28<sup>th</sup> August 2022

### Remedial Plans and Actions

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

- A direct survey was undertaken with colleagues across the Trust in November 2020 which identified that colleagues would like to see improvements in:
- Improved training and development opportunities
- Managers who listen more
- More focus on staff wellbeing
- An end to bullying and harassment
- Increased professionalism and positive behaviours

The results of a staff survey undertaken in partnership with Swansea University into staff Wellbeing at the Trust are due to be received in September 2022.

The next Mind Over Mountains, climbing Sugar Loaf Mountain event is planned for Saturday 08<sup>th</sup> October 2022.

### Expected Performance Trajectory

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

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



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

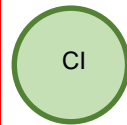
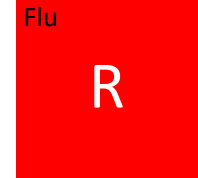




# Our People

## Staff Vaccination Indicators

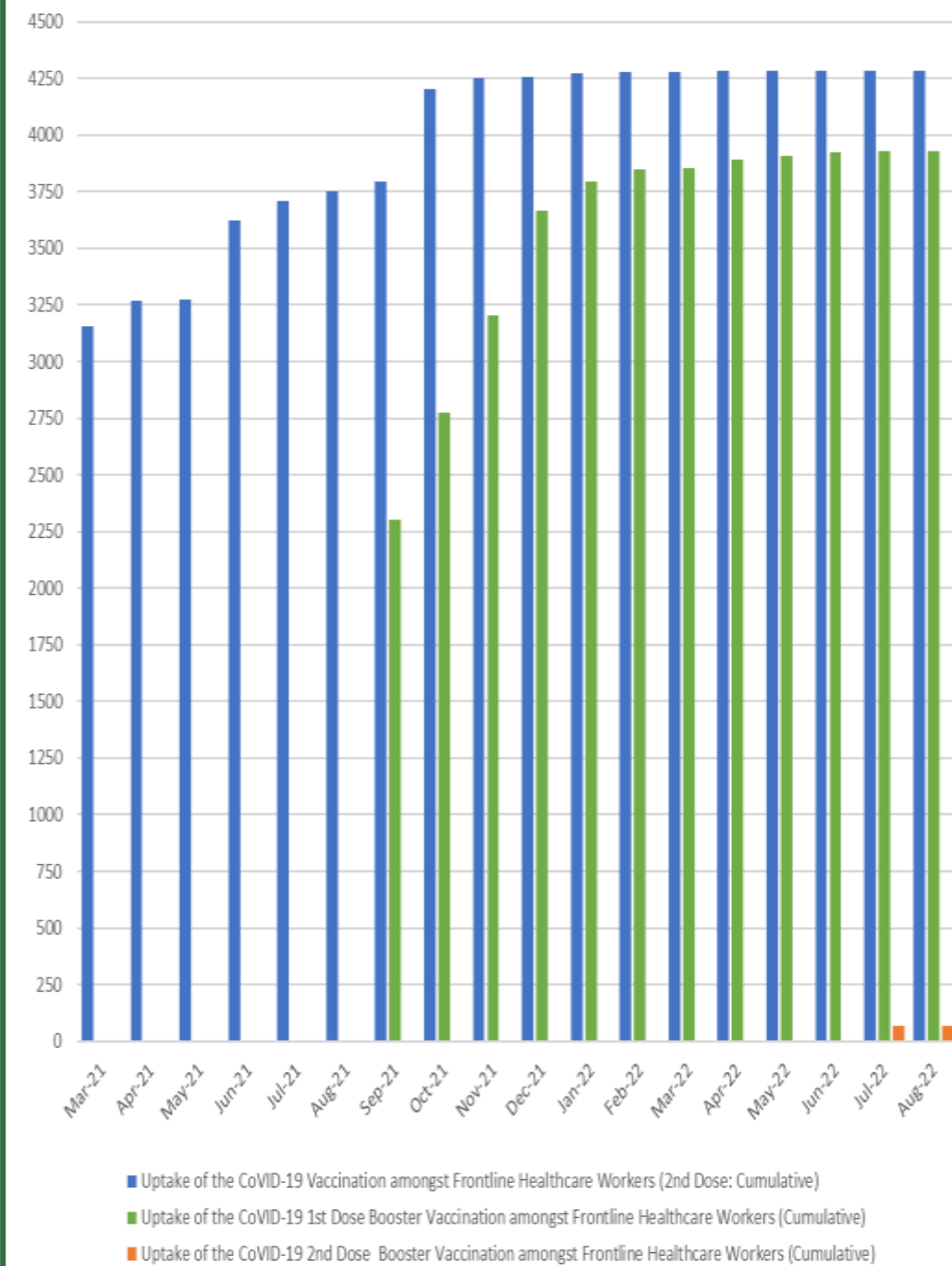
Self Assessment:  
Strength of Internal  
Control: Moderate



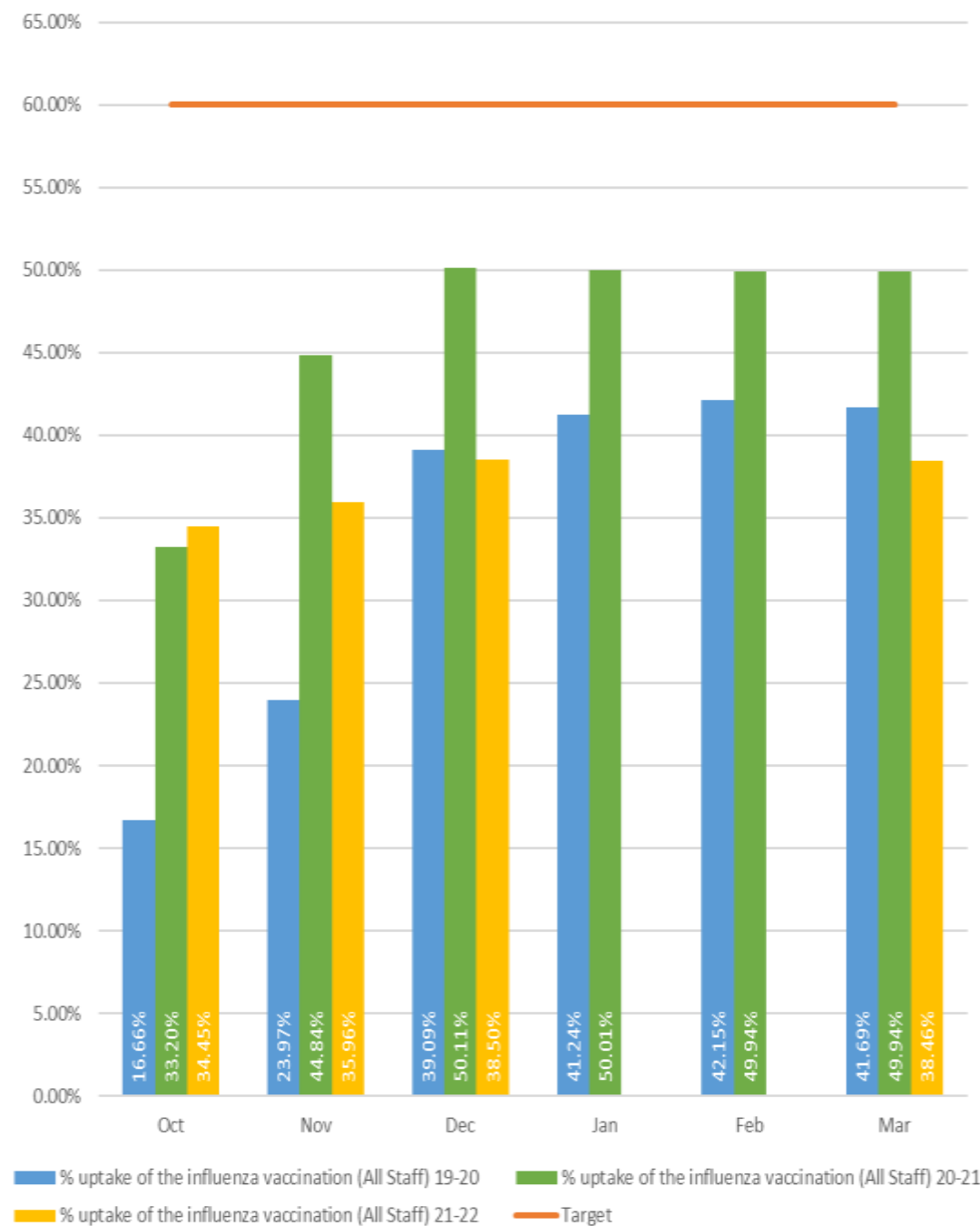
Health & Care  
Standard  
- Health (PPI)

NB: Next Reporting Flu Campaign October 2022

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



% Uptake of the Influenza Vaccination amongst Healthcare Workers who have Direct Patient Contact



### Analysis

The Trust is preparing to launch the 2022-23 flu campaign, flu leads, and peer vaccinators have been identified. 2,000 vaccines are due for delivery mid-September 2022 in preparation for vaccinations will commence on 26 September 2022, and data will be reported from October 2022.

There was no change month on month in the reporting of COVID vaccinations. As of end-August 2022 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose COVID-19 vaccination, 95% (4,283) have received a second dose and 87% (3,925 Staff) have received a booster vaccination. In addition, 94% of volunteers have received a first dose vaccination, 93% have received a 2<sup>nd</sup> dose and 88.5% have received a booster vaccination.

### Remedial Plans and Actions

- Staff are required to complete mandatory training for flu through Flu One e-learning modules via ESR.
- Planning has commenced earlier than ever for the 2022/23 campaign, with 48 Flu Leads (across all EMS localities and all Directorates, unlike previous years) being appointed in July 2022.
- Monthly Flu Update meetings (with Flu Leads) commenced earlier than ever too, with the first taking place on Monday 12<sup>th</sup> September to ensure all are ready for the delivery of the flu vaccines
- Vaccines are being delivered from 16<sup>th</sup> – 21<sup>st</sup> September all in a bulk order to 4 delivery points (Matrix One, Ty Elwy, Hensol and Caernarfon), as opposed to being delivered over several months and therefore, preventing vaccine supply issues that have occurred in previous years
- The Flu Siren page has launched, with all details of clinics, Flu Leads, Peer Vaccinators.
- The I.T. Department is currently creating an online booking page for staff to directly book flu vaccinations with the Occupational Health Department (this is a new idea, as previously if staff wish to have their flu vaccine with OH, they have had to phone a booking line)
- The Trust aim to have 146 signed off and competent Peer Vaccinators for the 2022/23 campaign as opposed to (Approx.) 50 in previous years
- The flu consent / opt-out form has been simplified with fewer questions in a bid to encourage the staff who do not wish to have the flu vaccine or have had the vaccine elsewhere to let us know, which will hopefully increase engagement across the Trust.

### Expected Performance Trajectory

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

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

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



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust





# Our People

## Health and Wellbeing – PADR and Training Rates Indicators

R

Self Assessment:  
Strength of Internal  
Control: Strong

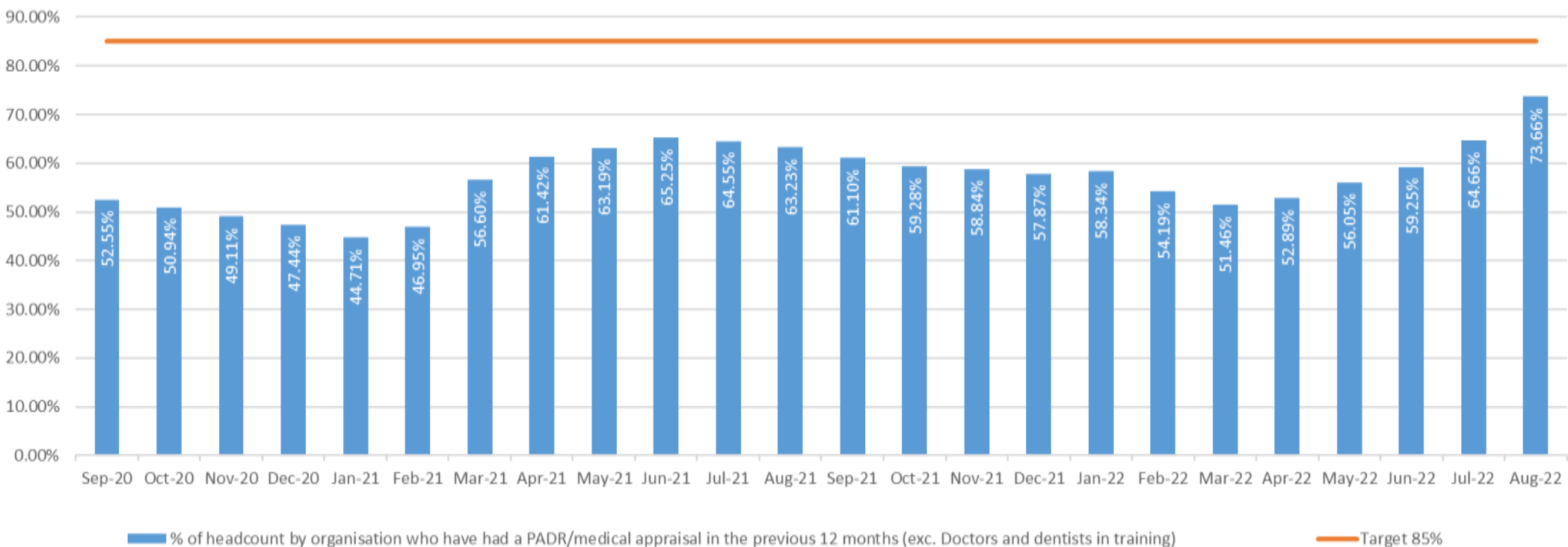
CI

PCC

Health & Care  
Standard  
Health – Staff &  
Resources



% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



### Analysis

PADR rates for August 2022 improved for the sixth consecutive month to 73.66% and are on an upward trajectory, however they continue to remain well below the 85% target.

August 2022 Statutory & Mandatory Training rates increased by 0.27% from the July 2022 figure, once again achieving the 85% target for the fourth consecutive month. Fire Safety (68.10%) and Equality & Diversity (79.84%) failed to achieve the 85% target; however, Moving & Handling (85.30%), Information Governance (85.52%) Dementia Awareness (88.42%) and Safeguarding Adults (88.75%) achieved the target in August 2022.

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

### Remedial Plans and Actions

Since the onset of CoVID the Learning and Development team have moved the Trust towards a more blended model of education. All staff are actively encouraged to take ownership of their e-learning through self-identification of topics they are required to update. This is done through logging into ESR and reviewing individual compliance. Where e-learning is appropriate staff log in and complete this in a timely manner. This then negates the need for colleagues to attend classroom based CPD days where it is not necessary. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via Yammer.

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
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

A campaign is underway to 'mop up' last years non-compliance and is due for completion shortly. A presentation to SOT and SESG in July 2022 will outline proposals for 22-23 CPD topics and structure. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor.

A series of deep dives into PADR rates resulted in a refresh process, phase 1 of which is now complete. Phase 2 involves development and launch of a manager toolkit to support colleagues and managers through the PADR process and subsequently improve completion rates. Phase 3 will involve transfer of this form to ESR, enabling PADR data and information to be fully reportable to inform organisational training and intervention plans. It is envisaged that the ESR version of the form will be live by November 2022.

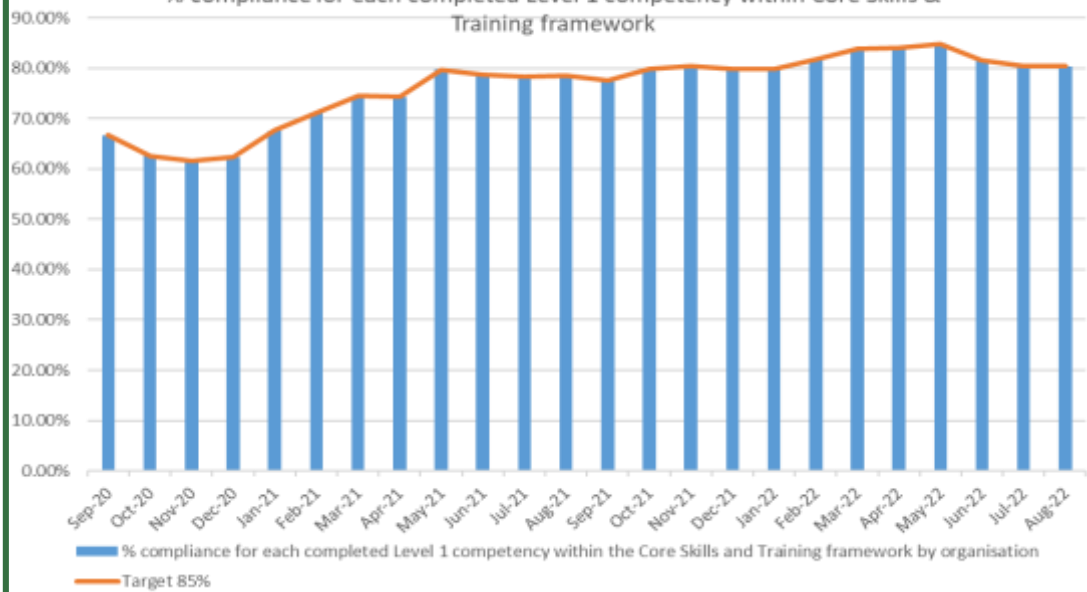
### Expected Performance Trajectory

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

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



% compliance for each completed Level 1 competency within Core Skills & Training framework



Data source: ESR



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

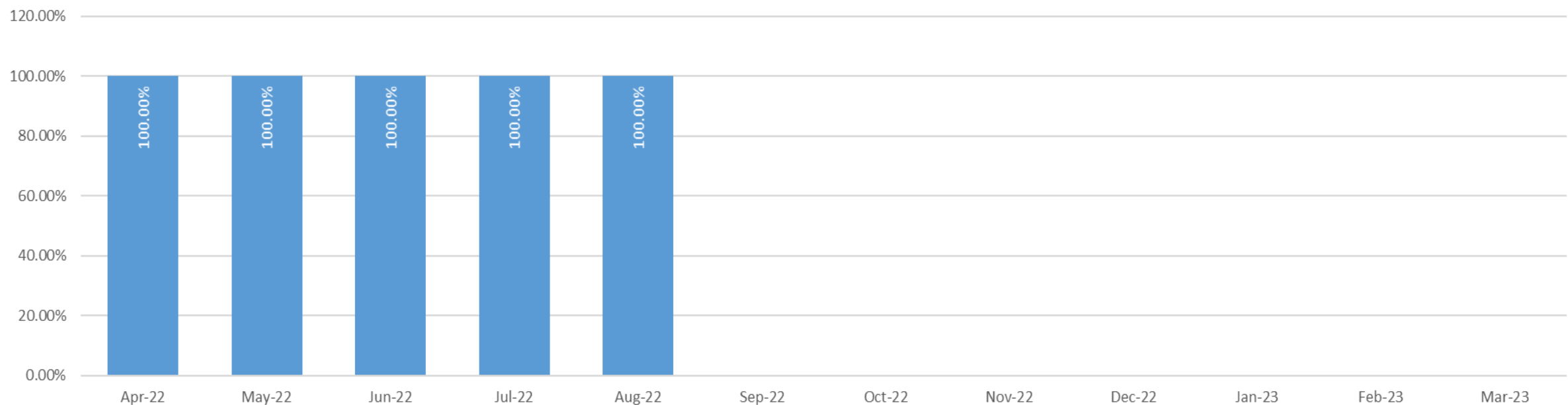


# Finance, Resources and Value

## Finance Indicators



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



### Analysis

The reported outturn performance at month 5 is a deficit of £2,000, with a forecast to the yearend of breakeven.

For month 5 the Trust is reporting planned savings of £1.799m and actual savings of £1.880m, an achievement rate of 104.5%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of August 2022 was 97.0% against a target of 95%.

As of August 2022, the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

### Remedial Plans and Actions

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

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

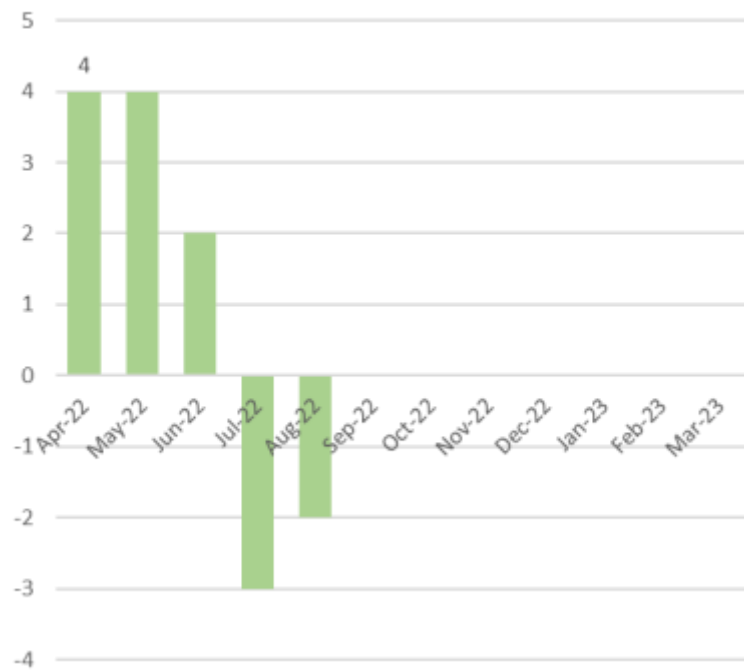
Key specific risks to the delivery of the 2022/23 financial plan include:

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

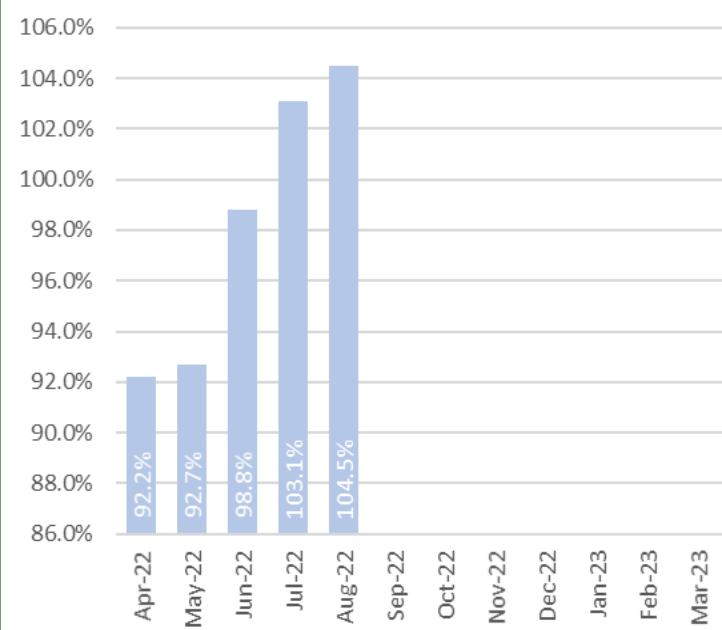
### Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2022/23.

Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust



# Finance, Resources and Value

## Resource and Value Indicators

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Slide Under Development: Emissions data and Green Vehicle Fleet to be reported from September

### Analysis

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

As demonstrated in the bottom left graph, average job cycle decreased in August 2022 for Advanced Paramedic Practitioners (APP), but increased for RRV, UCS and EA calls. EA calls averaged 2 hours and 8 minutes in August 2022 and have been on an increasing trajectory.

There was a decrease seen in agency spend in August 2022 from the July 2022 position likely attributed to the end of cohorting facilities at Hospital EDs in ABUHB and SBUHB

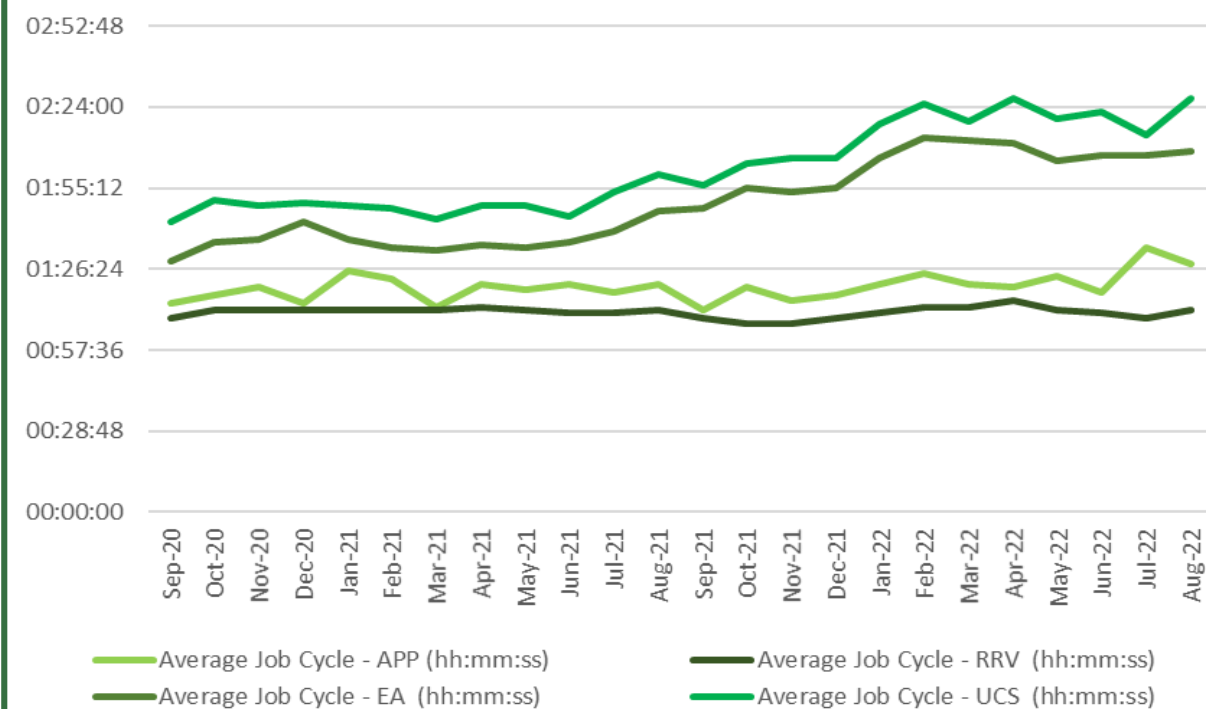
### Remedial Plans and Actions

In terms of physical infrastructure, WAST Information Communications Technology (ICT) is heavily involved in both the expansion of Fleet and Estates. All new buildings require fitting out with the latest ICT equipment, networking, and audio-visual equipment to enable hybrid working, whilst the Trust continues to modernise the digital offer within both EMS and NEPTS fleet to provide connected workspaces wherever our people need to be. In terms of digital infrastructure, there is also a constant requirement to ensure that our critical services are supported by modern, resilient, and secure technology.

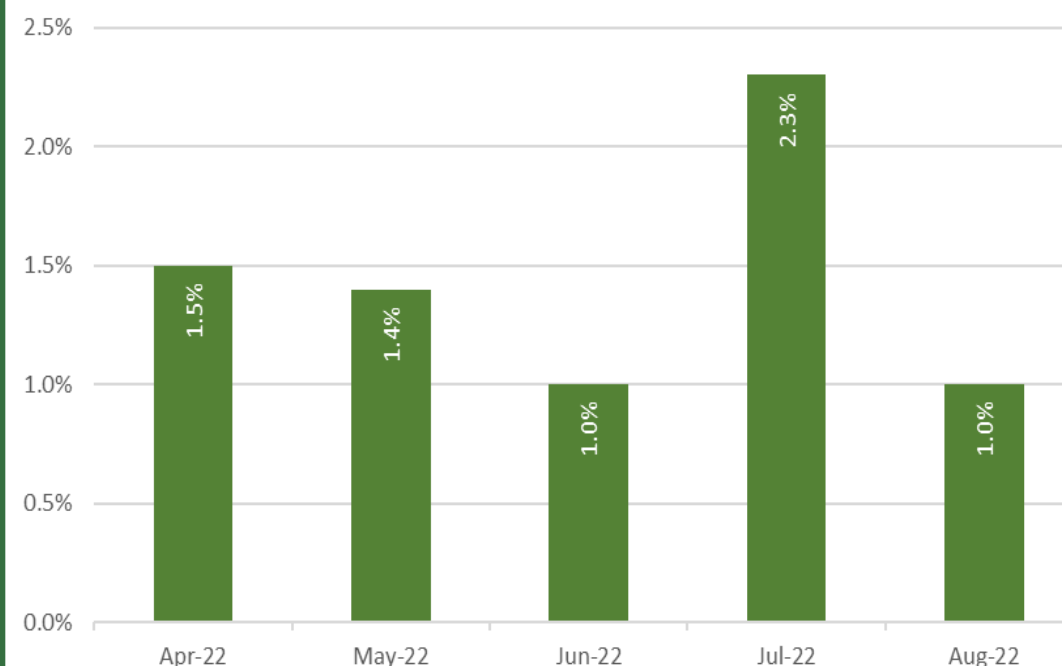
### Expected Performance Trajectory

The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for WAST. In response to this, a key action over the next year will be to develop our Sustainability and Infrastructure Strategic Outline Programme, which will outline the financial and resource implications for the move to a carbon-neutral ambulance Trust. This will need significant input from our colleagues across the Trust and will require additional investment within the Finance and Corporate Resources Directorate to manage this. The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment.

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



Agency/Locum (premium) spend as a percentage of the total bill (£'000)



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust





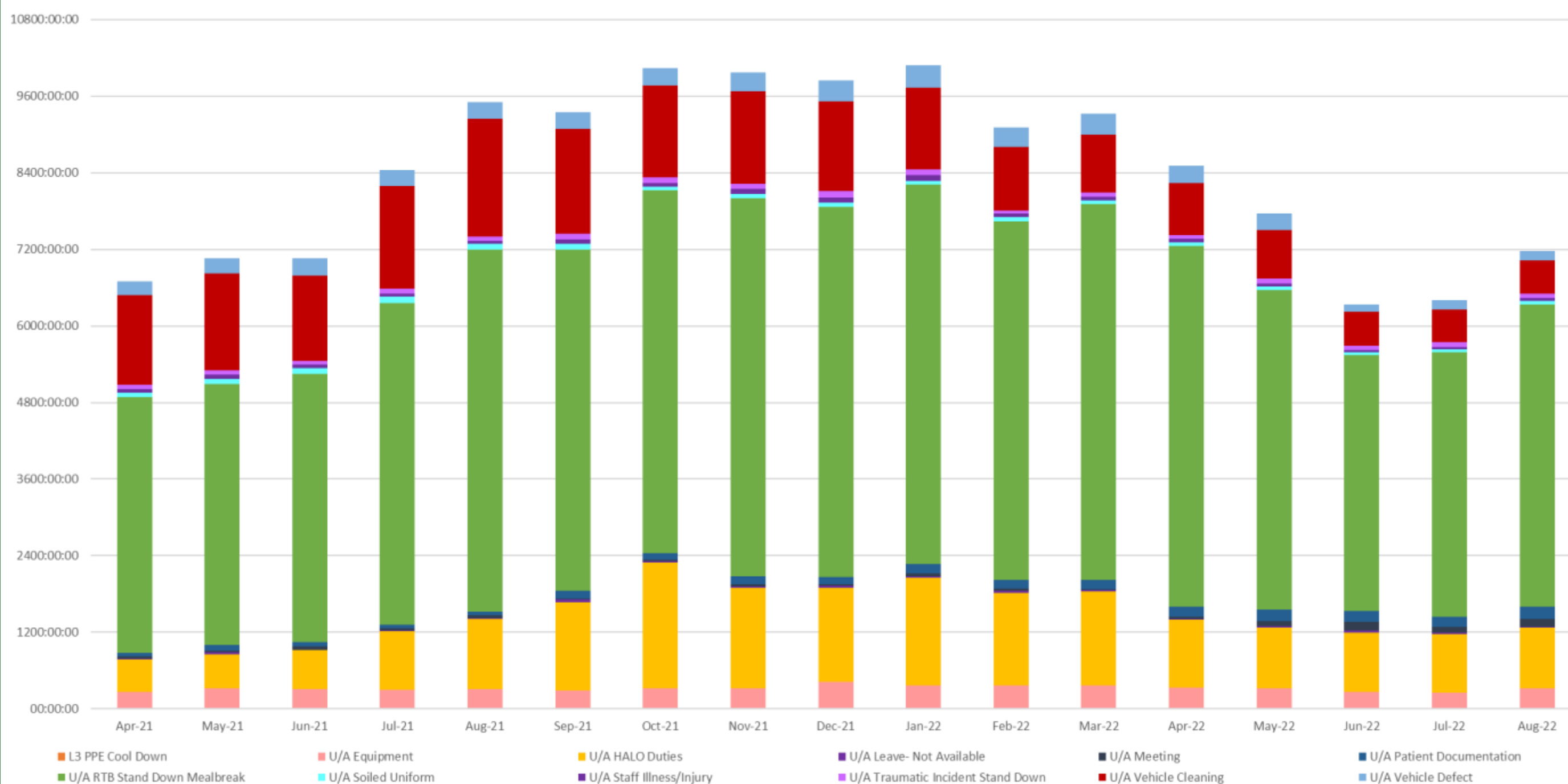
# Value / Partnerships & System Contribution

## EMS Utilisation & Postproduction Lost Hours Indicators



NB: Revised data reported based on amendments in QlikSense and refinements applied to improve accuracy in reporting

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



### Analysis

There were 7,175 post production lost hours (PPLH) across EA, RRV & UCS vehicles in August 2022; an increase when compared to July 2022 (6,399).

In August 2022 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (4,741 Hours), HALO duties (947 hours) and Vehicle Cleaning (520 Hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

### Remedial Plans and Actions

This continues to be an area of focus via a series of workshops with TU Partners and is scrutinized weekly at Operation Performance Meetings.

### Expected Performance Trajectory

The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favorably with two other ambulance services, but less so with a third. Contact is being sought with this third service. A deep dive on was presented to May-22 F&P Committee.

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution

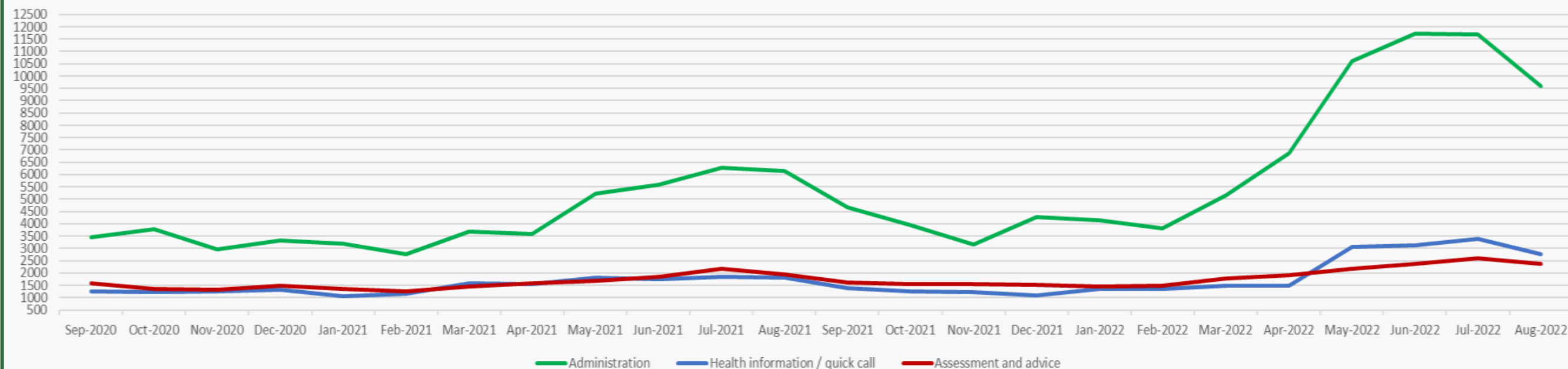
## NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

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111 Consult and Close



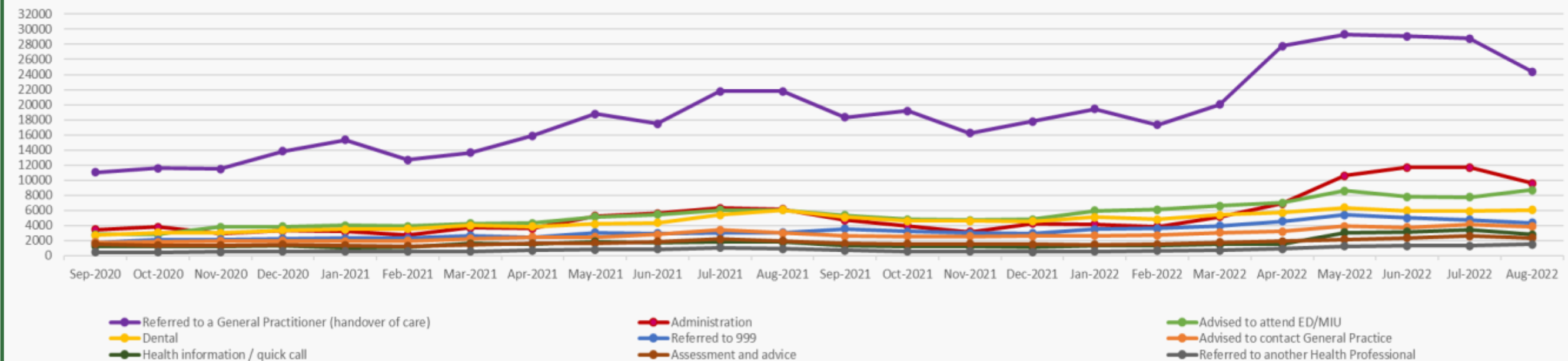
### Analysis

The top graph depicts the outcomes for calls handled through NHS111 Consult and Close with administration calls (those calls resulting in no action) accounting for the highest volume (9,589 calls); callers requiring health information accounted for 2,780 calls and callers requiring assessment and advice accounted for 2,360 calls.

**In August 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 38% of calls.**

In August 2022 63,553 calls were received in the 9 categories displayed in the bottom graph, a decrease when compared to 70,265 in July 2022; but a significant increase when compared to 30,871 in August 2020 and 50,712 in August 2021.

111 Calls By Final outcome



### Remedial Plans and Actions

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

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

### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

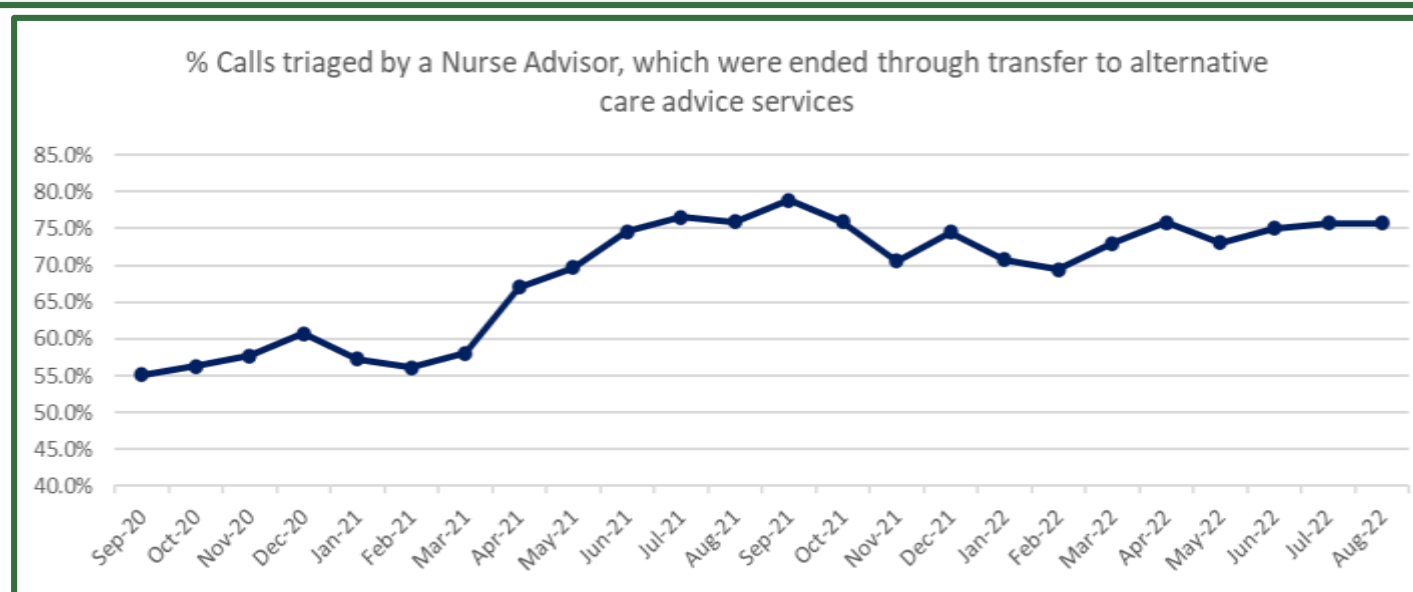
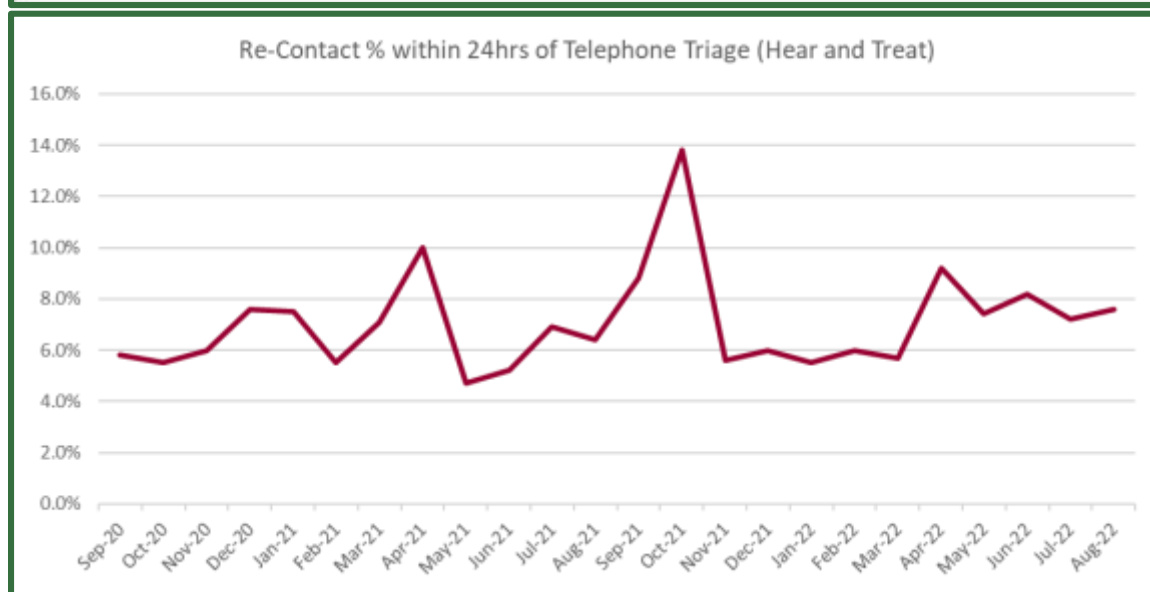
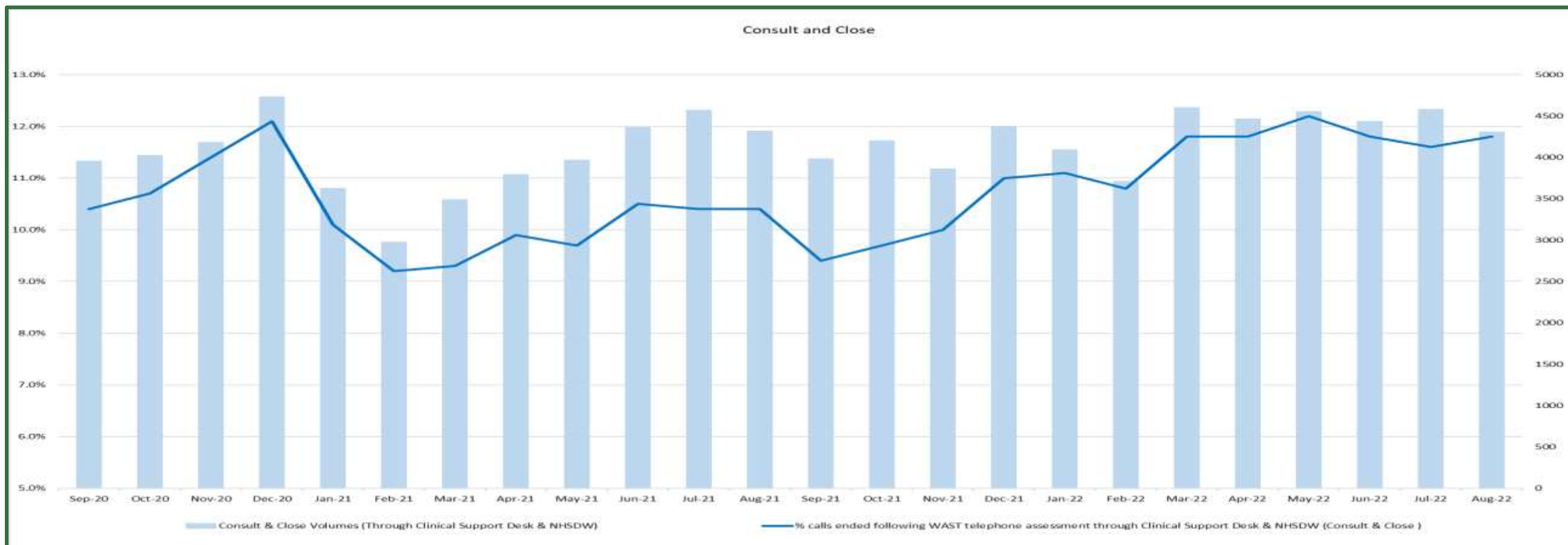
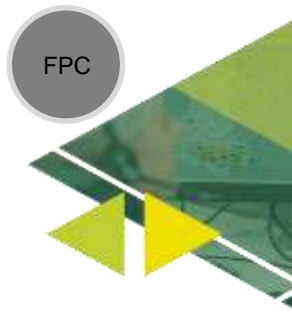
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Consult & Close Indicators

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## Analysis

The **Clinical Service Desk (CSD) and NHS111 (Consult & Close)** achieved 11.8% performance in August 2022, therefore continuing to achieve the historical 10.2% target for the ninth consecutive month and remaining stable, however it continues to fall short of the new target of 15%.

8.3% of consult & close volumes were achieved by the CSD in August 2022. In comparison, 3.5% of consult & close was by NHS111.

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

**Re-contact rates in August 2022 were 7.6%** an increase compared to 7.2% in July 2022, this is also an increase compared to 6.4% in August 2021.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased month on month to 75.7% in August 2022; by comparison, this figure was higher in August 2021 at 75.9%.

## Remedial Plans and Actions

- Funding has been agreed to double the size of the CSD, including introduction of 5 mental health practitioners. In the first few months of the year, the staff have been onboarded and have been training on the new ECNS system. It is likely therefore that we will start to see the full effect into Q2 / Q3.
- The team are also undertaking detailed process maps of the work that they do in order to identify where improvements can be made.
- The revised establishment is 96 FTEs with current in post 90 FTEs.

## Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust





# Partnerships / System Contribution Conveyance to ED Indicators

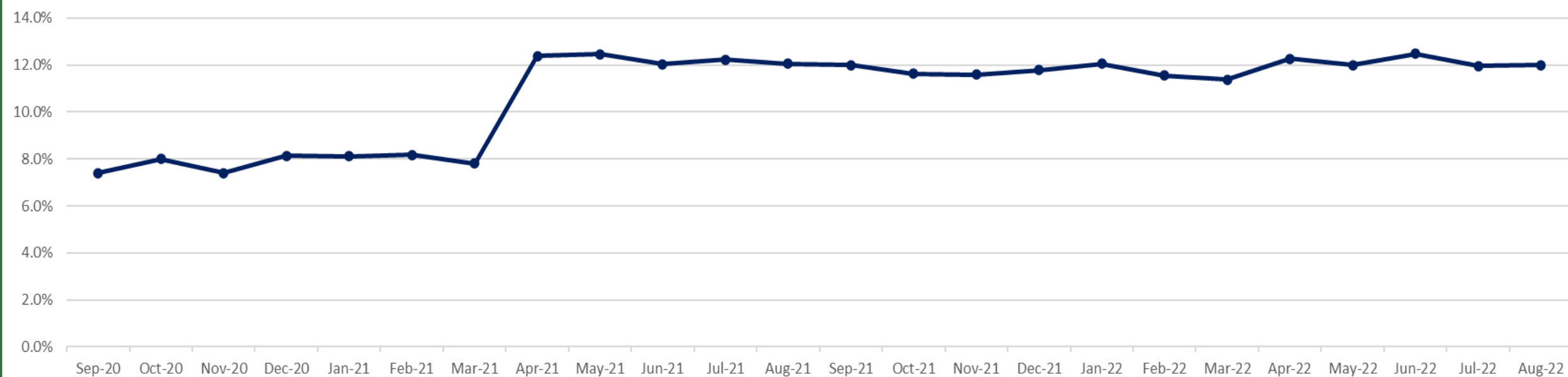
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Ministerial Measure



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



## Analysis

**Although not shown here, the percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year.** In August 2022 conveyance to EDs as a proportion of total verified incidents was 29.76% (compared to 35.41% in July 2021). In addition, 12.0% of patients (1,625) in August 2022 were conveyed to a service other than a Type One ED.

The combined number of incidents treated at scene and referred to alternate providers decreased again in August 2022 when compared to July 2022. 1,728 incidents were referred to alternative providers in August 2022 and 2,281 incidents were treated at scene; however, a review of other outcomes (see graph) shows that there are a number of incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

## Remedial Plans and Actions

This indicator captures the impact of all “shift left” activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. The initial results of this modelling are expected w/c 24 January 2022 (received).

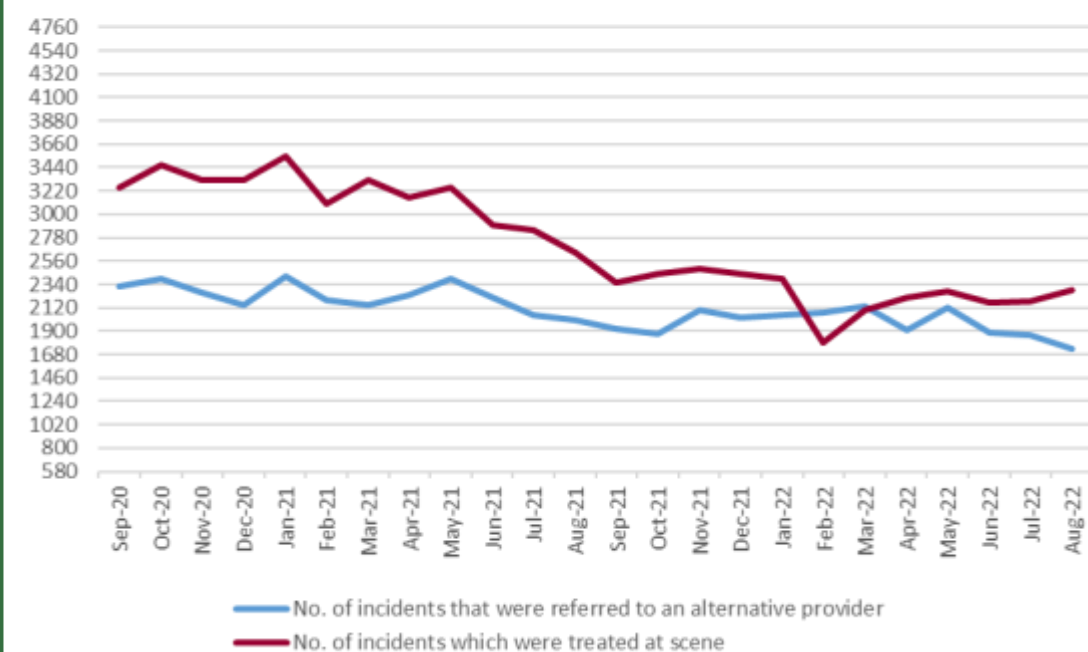
One of the Trust’s commissioning intentions is to develop an optimising conveyance strategy, which will bring forward clearer proposals linked to further work on the EMS Demand & Capacity Review.

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

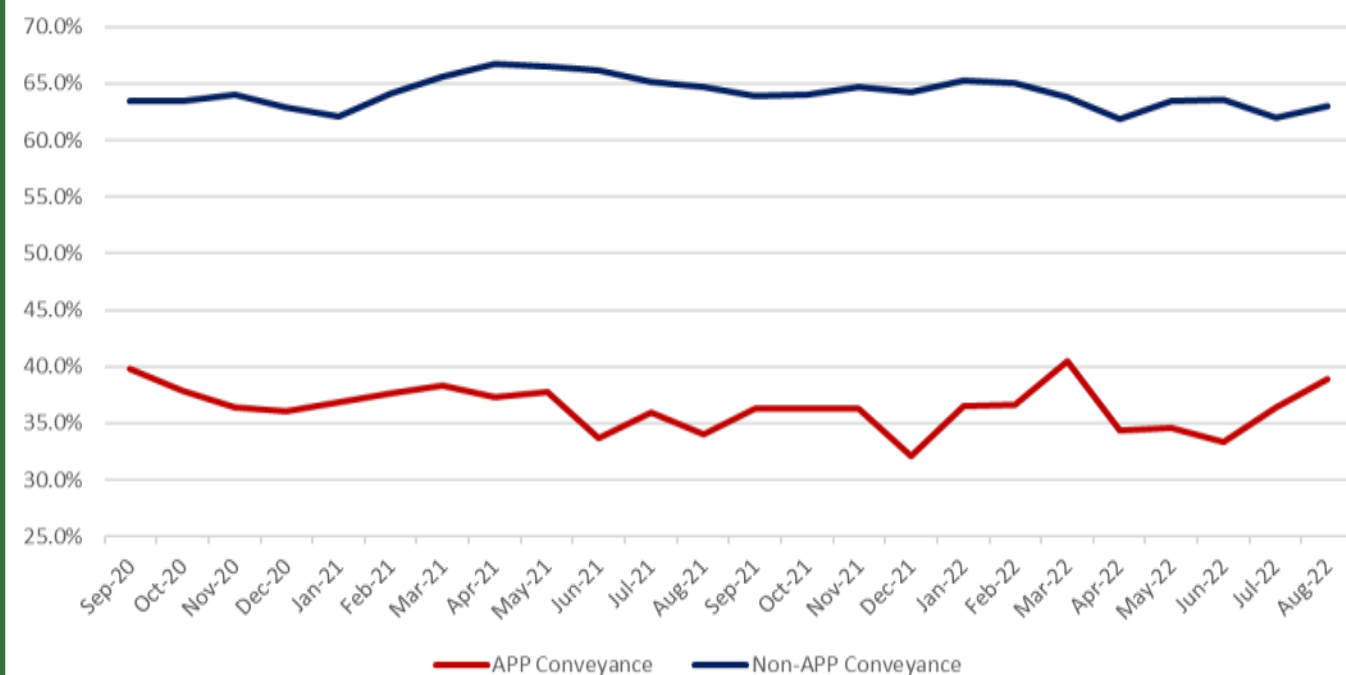
## Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well.

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



APP vs Non-APP Conveyance Rates



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



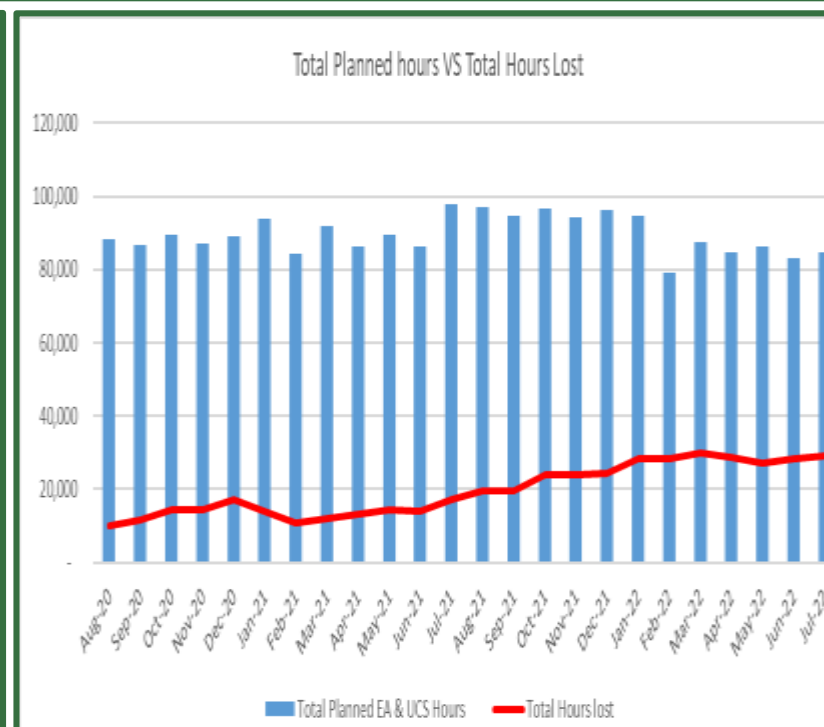
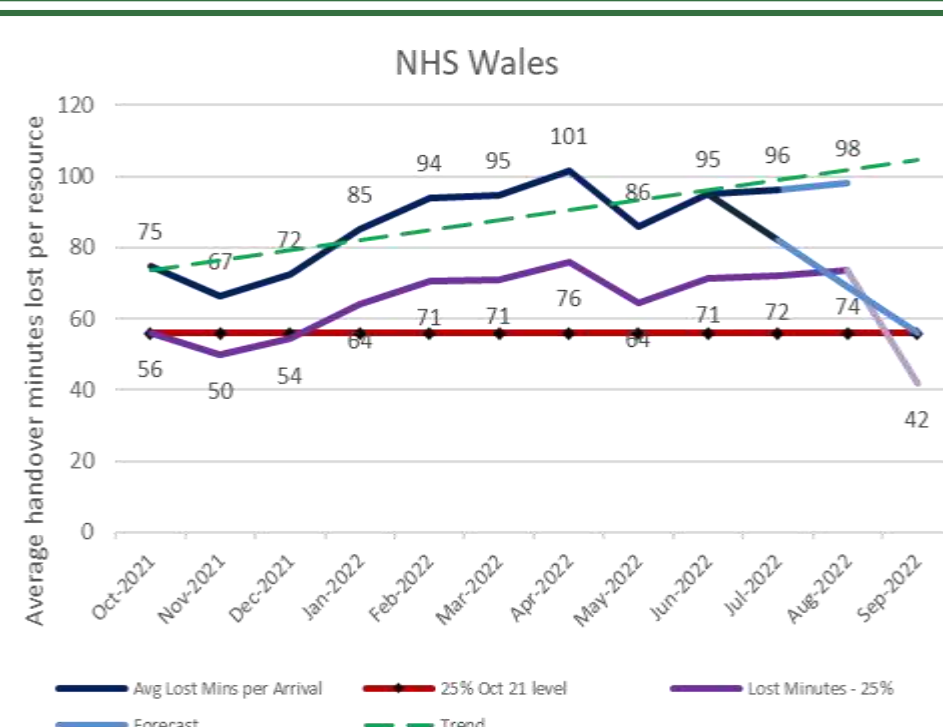
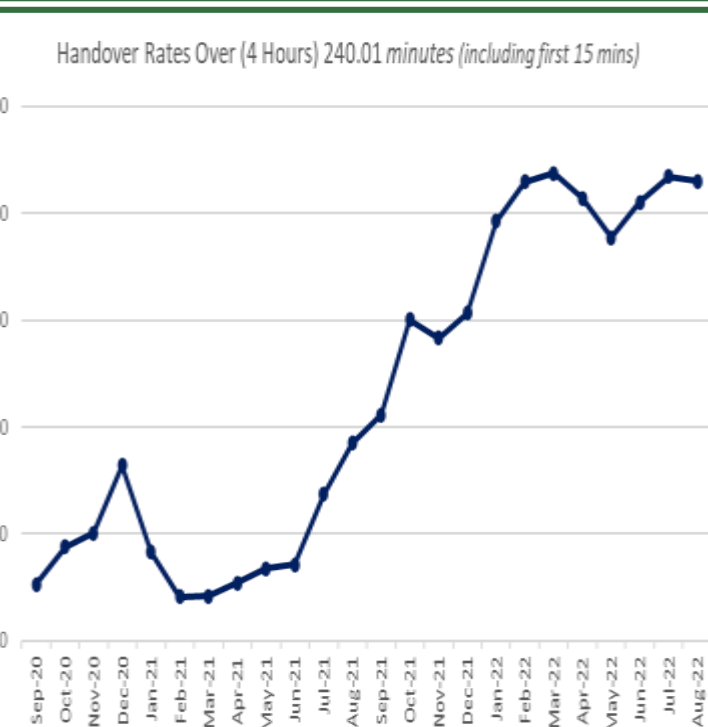
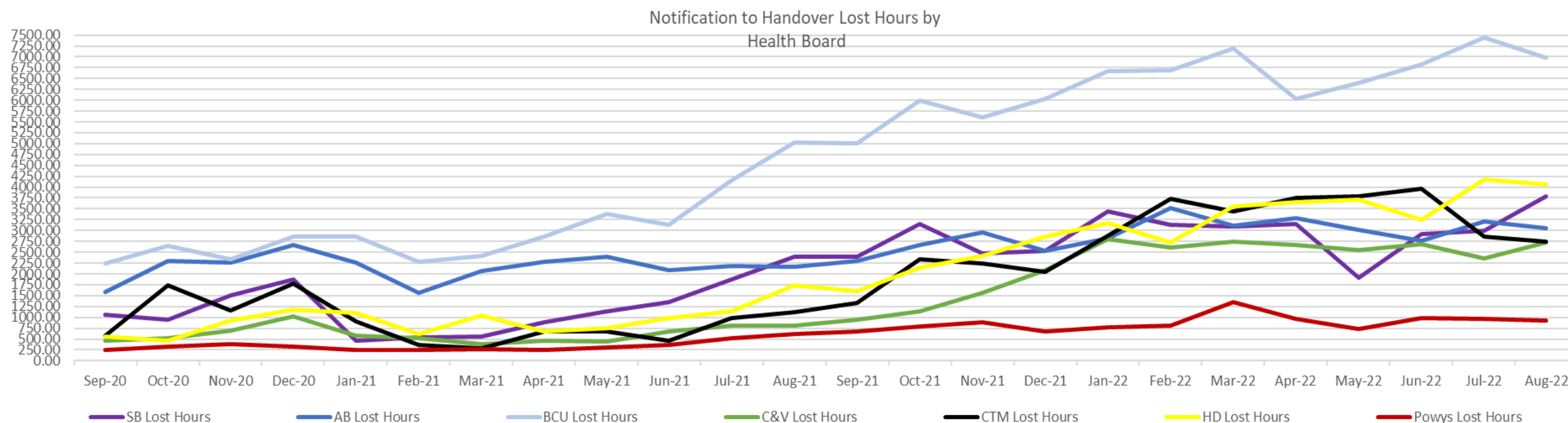
# Partnerships / System Contribution Handover Indicators

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NB: August 2022 data unavailable as AQIs not published



## Analysis

256,789 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 110,126 in same period a year ago (September 2020 to August 2021). 24,283 hours were lost in August 2022, a 43% increase compared to 13,887 lost hours in August 2021. The hospitals with highest levels of handover delays during August 2022 were Morriston Hospital (SBUHB) at 3,827 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,136 lost hours, the Grange University Hospital (ABUHB) at 2,743 lost hours, and the University Hospital of Wales (CVUHB) at 2,722 lost hours.

Notification to handover lost hours averaged 783 hours a day in August 2022.

In August 2022 the Trust could have responded to approximately 7,660 more patients if handovers were reduced.

## Remedial Plans and Actions

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

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

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

## Expected Performance Trajectory

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



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust



# Definition of Indicators

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



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













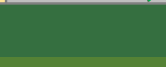






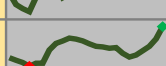

GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



Welsh Ambulance Services NHS Trust  
Integrated Performance Report  
2020/21



Top Monthly Indicators			Target 2022/23	Baseline Position (2021/22)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience																		
NHS111 Abandoned Calls	< 5%	18.60%	31.9%	36.3%	21.5%	19.3%	10.8%	4.6%	9.2%	10.2%	5.4%	14.0%	14.6%	12.6%		R		
999 Call Answer Times 95th Percentile	95% in 00:00:05	0:52	1:39	1:39	0:37	1:43	0:54	0:59	1:35	1:19	0:22	0:50	0:57	0:36		R		
999 Red Response within 8 minutes	65%	55.2%	52.3%	50.0%	53.0%	51.1%	52.5%	55.0%	51.1%	51.2%	54.5%	50.8%	52.0%	50.7%		R		
999 Amber 1 Median	00:18:00	01:10:33	1:46:14	1:40:53	1:02:51	1:14:09	0:57:01	1:10:26	1:38:16	1:40:16	1:11:30	1:30:47	1:40:37	1:16:10		R		
Stroke Patients with Appropriate Care	95%	TBD	97.80%	93.50%	98.40%	-	-	-	-	68.00%	79.80%	82.30%	82.50%	78.60%		R		
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	80%	78%	78%	77%	82%	82%	81%	79%	77%	75%	77%	77%		G		
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	78%	89%	86%	88%	87%	88%	88%	91%	90%	87%	85%	86%		A		
National Reportable Incidents reports (NRI)	Reduction Trend	5	8	7	9	4	5	2	7	3	11	3	2	10		R		
Concerns Response within 30 Days	75%	61%	45%	47%	56%	70%	66%	64%	76%	53%	41%	13%	22%	24%		R		
Our People																		
Capacity																		
EMS Abstraction Rate	29.92%	42.00%	45%	43%	40%	44%	43%	42%	49%	39%	37%	37%	40%	40%		R		
Hours Produced for Emergency Ambulances	95%	95.0%	82%	90%	103%	96%	109%	110%	98%	90%	96%	94%	94%	95%		G		
Health and Wellbeing																		
Sickness Absence <i>(all staff)</i>	5.99%	10.48%	11.67%	11.45%	11.05%	12.44%	12.14%	10.93%	12.04%	11.18%	8.88%	9.15%	10.33%	8.72%		R		
EMS Operations Sickness Rates	5.99%	7.76%	13.06%	13.92%	12.71%	15.04%	14.89%	12.76%	15.47%	12.54%	9.90%	10.07%	11.98%	9.87%		R		
Staff Turnover Rate	TBD	8.71%	8.58%	9.31%	9.54%	9.44%	9.51%	9.70%	10.33%	10.85%	11.29%	11.54%	11.64%	11.50%		R		
Frontline CoVID-19 Vaccination Rates	Reduction Trend	3913	3,796	4,197	4,248	4,258	4,270	4,278	4,279	4,282	4,283	4,283	4,283	4,284		-		
Statutory & Mandatory Training	>85%	82.3%	81.78%	82.63%	82.82%	82.06%	82.23%	83.34%	84.15%	84.64%	85.24%	85.13%	85.17%	85.44%		G		
PADR/Medical Appraisal	>85%	60%	61.10%	59.28%	58.84%	57.87%	58.34%	54.19%	51.46%	52.89%	56.05%	59.25%	64.66%	73.66%		R		
Value																		
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		G		
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	8,582	9341:23:32	10033:24:04	9970:00:57	9845:16:42	10077:49:44	9110:03:08	9322:46:28	8508:42:55	7766:22:58	6335:05:27	6399:49:31	7175:52:30		A		
Partnerships / System Contribution																		





<b>AGENDA ITEM No</b>	<b>12</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## Financial Performance as at Month 5 2022/23

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 <sup>th</sup> September 2022
<b>EXECUTIVE</b>	Chris Turley (Executive Director of Finance & Corporate Resources)
<b>AUTHORS</b>	Edward Roberts (Head of Financial Business Intelligence & Capital Planning) Jason Collins (Head of Financial Management) Joanne Williams (Head of Capital Development)
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

### EXECUTIVE SUMMARY

1. This paper presents to the Board the Financial Performance Report of the 2022/23 financial year, as at Month 5 (August 2022). This was also considered at the meeting of the Finance & Performance Committee (F&PC) on 20<sup>th</sup> September, which also included a more detailed update on the 2022/23 Capital Programme and the first detailed reporting of the 2022/23 savings plan.
2. The Board is asked to review, comment, note and receive assurance on the financial position and 2022/23 outlook and forecast of the Trust, and the risks of continuing to deliver this.

### KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a very small revenue deficit (£2k) for the period to Month 5 2022/23. This is after funding has been assumed for all of the exceptional cost impacts that Welsh Government (WG) have indicated will be funded centrally as we go through the 2022/23 financial year;
- In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust is currently forecasting to breakeven for the 2022/23 financial year, with risks of not doing so increasing but fully described within this paper along with mitigating actions;
- Capital expenditure is forecast to be fully spent in line with updated plans;
- In line with the financial plans that support the IMTP, gross savings of £1.880m have been achieved against a target of £1.799m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.0% for the number, and 97.4% of the value of non NHS invoices paid within 30 days.

## REPORT APPROVAL ROUTE

- EMT – 7<sup>th</sup> & 4<sup>h</sup> September 2022 – verbal updates on position
- F&PC – 20<sup>th</sup> September 2022
- Trust Board – 29<sup>th</sup> September 2022

## REPORT APPENDICES

## REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	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 5 2022/23**

**INTRODUCTION**

1. This report provides the Board with a summary of the financial performance of the Trust as at 31<sup>st</sup> August 2022 (Month 5 2022/23). This was also considered in some detail at the meeting of the Finance & Performance Committee (F&PC) on 20<sup>th</sup> September 2022.

**BACKGROUND**

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for M05 2022/23** (1<sup>st</sup> April 2022 – 31<sup>st</sup> August 2022) are that:
  - The cumulative revenue financial position reported is a small **overspend against budget of £0.002m**, after assuming additional funding from WG for exceptional cost pressures. The underlying year-end forecast for 2022/23 currently remains a balanced position.
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £1.880m have been achieved against a target of £1.799m, thus a slight **over achievement to date against the phasing plan set at the opening of the financial year**.
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.0% for the number, and 97.4% of the value** of non-NHS invoices paid within 30 days.
3. The financial risks the Trust continues to face in terms of delivering financial balance this year are included in the Welsh Government Monitoring Return at Month 5 and are set in line with the submitted Annual Plan and IMTP. As we go through the coming months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, as Board members will be aware, we do currently hold a greater number (and value) of financial risk for the 2022/23 financial year. This area is covered in greater detail later within this paper. Reviews of the current level of risk reported on the Trust's Corporate Risk Register in relation to finance have also recently been undertaken as a result and were also discussed at F&PC.
4. Given the current challenging operational environment that the Trust is working in it should be noted that whilst a YTD balanced financial position has been reported, with the future phasing of savings especially around a reduction in overtime saving scheme (which was in part linked to expected reductions in sickness absence), which is planned to take effect, and has therefore been phased in, from Quarter 2 onwards, continuation of a balanced position from M06 remains at risk. This is currently being further put at risk by the continuing operational pressures, further spikes of Covid affecting staff absences, some other emerging cost pressures which were not expected (to the level now being experienced – see risks below) at the start of the financial year and, to a lesser financial value, other schemes such as the fuel savings scheme as prices at forecourts continue to rise.
5. Whilst an element of some of these risks may have reduced slightly in M05, others, from a cost perspective, have now also emerged; an update against which will be further provided to Board.



## REVENUE FINANCIAL PERFORMANCE

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

Revenue Financial Position for the period 1st April - 31st August				
	Annual Budget £000	Year to date		
		Budget £000	Actual £000	Variance £000
<b>Income</b>	-272,855	-112,751	-112,025	726
<b>Expenditure</b>				
Pay	188,790	78,537	76,773	-1,764
Non-pay	58,779	23,678	24,808	1,130
<b>Total pay &amp; non-pay expenditure</b>	247,569	102,215	101,581	-634
<b>Depreciation &amp; Impairments / interest payable &amp; receivable</b>	25,286	10,536	10,446	-90
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>

### Treatment of Covid-19 spend

7. Due to the Covid-19 pandemic, and that which has been indicated by WG that will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to the Month 5 position totalling **£0.585m**, of which **£0.172m** are pay costs, and **£0.413m** are non-pay costs. This is somewhat less than the figure estimated in the submitted financial Annual Plan within the IMTP, however work continues to ensure these costs best reflect the costs being incurred. Full additional funding for this is therefore assumed to cover these elements of cost, as was the case in 2020/21 and 2021/22.
8. A summary of the Covid-19 revenue costs reported in the Month 5 financial position is shown in the table below, including an update of the full year forecast:

<b>Covid-19 Revenue Costs</b>	<b>YTD £'000</b>	<b>FYF £'000</b>
Total Pay	172	802
Total Non Pay	413	1,614
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>585</b>	<b>2,416</b>

### Other exceptional cost pressures

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

		Actual YTD £'000	Annual Forecast £'000
1	Expected Other C-19 Response Costs	374	1,400
2	Total Energy Costs	4,072	10,061
3	Total National Insurance Costs	792	1,900
4	Total Real Living Wage Costs	0	0

10. A number of the elements that make up these costs, especially in relation to the forecasted values and in particular those relating to energy (electricity, gas, fuel, etc) remain volatile and subject to change as we move through the financial year, including as a result of recent national government announcements. The process by which we will be able to recover these costs, confirmation of the actual spend bases on which we do so and the baseline against which this is set continues to be worked through across NHS Wales, as we move through this financial year. This is to ensure that all organisations are able to recover the correct and relevant levels of funding required for these exceptional pressures and which will be in line with guidance received from WG as part of the 2022/23 financial planning and IMTP finalisation process. Until this funding is secured however it must still be considered as at risk.

### Income

11. Reported Income against the initial budget set to Month 5 shows an underachievement of **£0.726m**.
12. As above, within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures of additional National Insurance costs, energy, utilities, and fuel.
13. There does however remain one income stream contained within our IMTP which is currently not assumed within the M05 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. Whilst this is the cost of backfilling these with A&C Band 4 EMTs (EMS technicians), as detailed within the financial plan within the IMTP, this is currently being managed by holding a number of ACA (Band 3) vacancies within our front line operational workforce in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed.
14. It is however now very likely that a realignment of both the income and delegated expenditure budgets will now be undertaken, to offset variances in both, at least for in year financial reporting purposes.
15. In addition, there is a further item of income not currently within the Month 5 position, the Trust has recently received confirmation from Welsh Government of an additional £3m amount of funding for emergency ambulance capacity. We are currently working with the Commissioner and team to agree the drawdown mechanisms for this and to ensure that we are making the best use of this funding to support the system.

### Pay costs

16. Overall, the total pay variance at Month 5 is an underspend of **£1.764m**. Much of this is to offset the above current known underachievement of income.

17. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.172m**.

### **Non-pay Costs**

18. The overall non-pay position at Month 5 is an overspend of **£1.130m**, this is due to overspends, some of which are planned given staffing vacancies and underspend, on medical & surgical consumables, fleet maintenance costs and some taxi spend.

19. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 5 totalled **£0.413m**. Areas of additional spend included:

- PPE - £0.208m;
- Cleaning Standards - £0.166m.
- Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) £0.039k

### **Savings**

20. As Board members will recall, the 2022/23 financial plan identifies that a minimum of **£4.300m** of savings and cost containment measures are required to achieve financial balance in 2022/23. This is a significant increase in that which has been able to be achieved in the recent past, and especially over the last couple of years.

21. As at Month 5 for the financial year 2022/23 the Trust has achieved total savings of £1.880m against a target of £1.799m, an over achievement against the target of £0.081m.

22. **Appendix 1** provides an overview of Month 5 performance by thematic and organisational / directorate levels.

23. On top of this, a series of highlight reports have again been developed that provide detail of savings delivery at thematic levels. The highlight reports present financial information which is supported by a narrative that denotes progress and identifies actions for the full delivery of our savings plans. F&PC received the first suite of these for 2022/23, with the key points drawn from these below:

- Workforce efficiencies and transformation has achieved savings / cost containment of £0.596m, over-achieving cumulative target by £0.032m;
- Fleet savings totalling £0.0067m has been achieved, under-achieving cumulative target by £0.027m;
- Through management of non-operational vacancies £1.068m has been saved which exceeds the cumulative target to date by £0.161m;
- Some fuel savings totalling £0.016m have been able to be achieved, under-achieving cumulative target by £0.004m;
- There are a number of local schemes in directorates, some of which are attracting additional income rather than reducing costs and savings totalling £0.075m has been achieved, under-achieving cumulative target by £0.061m.

- Estate savings totalling £0.194m has been achieved, under-achieving cumulative target by £0.021m

24. The delivery of savings continues to be regularly reported via internal financial reporting and detailed in our Monitoring Returns to Welsh Government. This ensures that progress is being made in the delivery of the identified saving schemes and to identify and agree mitigating actions as appropriate.

## Financial Performance by Directorate

25. Whilst there is a small deficit reported at Month 5 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. Overall these are fairly minor in nature, but will continue to be closely monitored.

Financial position by Directorate @ 31st August	Annual Budget £000	Year to date			
		Budget £000	Actual £000	Variance £000	%
<b>Directorate</b>					
Operations Directorate	142,032	60,014	59,281	-733	-1.2%
Chief Executive Directorate	1,806	752	810	57	7.6%
Board Secretary	470	192	164	-28	-14.7%
Partnerships & Engagement Directorate	556	247	235	-12	-4.8%
Finance and Corporate Resources Directorate:					
Finance Department (inc Depn, Impairments & L&SP)	18,034	7,563	7,387	-176	-2.3%
Estates Department	7,598	3,141	3,331	190	6.1%
National Fleet Department	6,919	2,896	3,093	197	6.8%
Planning and Performance Directorate	2,014	900	831	-69	-7.7%
Quality, Safety and Patient Experience Directorate	5,150	2,162	2,080	-82	-3.8%
Digital Directorate	12,564	4,452	4,464	12	0.3%
Workforce and OD Directorate	4,433	1,870	1,764	-106	-5.7%
Medical & Clinical Services Directorate	2,854	973	945	-28	-2.9%
Trust Reserves	6,444	246	225	-21	-8.6%
Trust Income (mainly WHSSC)	-210,873	-85,408	-84,606	802	-0.9%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	

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

- Chief Executive – Variances due to unachieved savings target due to limited vacancies, overlap of an Executive Director position and executive recruitment costs;
- Board Secretary – Funded vacancies against establishment as well as some non-pay savings;
- Planning and Performance - Funded vacancies against establishment offset by some non-pay overspends;
- Workforce and OD – additional income greater than plan received in June 22;
- Reserves – small underspend due to some accruals released from the 2021/22 financial year and over-recovery of income;
- Operations Directorate – as noted above, underspend due to ‘hold’ on vacancies to support continuing costs of the development and increasing WTEs of clinicians in the Clinical Contact Centre environment which is offset by a current reported under achievement of income from EASC not currently able to confirm the funding within the IMTP and financial plan for this.
  - Ambulance Care .... Transfer of UCS (ACA2) moved in M4 into Ambulance Care from EMS Response and hence £218k of this in month Ambulance Care underspend is due to net ACA2 vacancies.
  - Integrated Care ..... in month was overspent by £25k is mainly due to cost pressures on the CSD / Trauma / Mental Health desks.

- EMS response ..... in month position overspent by £171k (less than M4 which was £256k). As noted above this position continues to exclude the ACA2 vacancies which was supporting this position in months 1 to 3. Overspend is due to overtime higher than budget (sickness etc). In month we did see a favourable variance in enhancements which did impact on variance reduction compared to last month.
- National Operations and response ..... in month position overspent by £14k (M4 underspent by £6k). Mostly due to continued pressure on FALLS services provided via Mid-West Fire and some recharges for sports events.
- Resourcing & EMS coordination .... in month position underspent by £51k (M4 underspent by £16k) so increase in surplus. Variances are due to vacancies in core CCC centres and resource departments and hence surpluses. Pressures do continue on non-pay elements of taxi and meal break provisions.

## Financial Sustainability Workstreams

27. Finance and Performance Committee received a paper at its meeting on 18<sup>th</sup> July 2022 on the establishment of a significant new workstream under the auspices of the Strategic Transformation Board.

28. In order to respond to the challenging financial environment and outlook that we continue to operate in, and to seek to ensure we can continue to produce and deliver balanced financial plans in the future in a more sustainable way, the Trust has established a transformative financially sustainable savings programme, through four Financial Sustainability Workstreams (FSW) which have been set up covering the areas of Benchmarking Value, Achieving Efficiency, Income Generation and Best Practice.

29. The purpose of each of these Workstreams is to:

- Work through in detail the specific savings ideas generated following the ADLT / EMT Leadership discussion;
- Generate effective individual savings schemes project plans with projected timelines and milestones identifying who is the lead on delivering the specific saving scheme and what are the key milestones and actions required to ensure delivery of the specific scheme;
- Manage the flow of intelligence and information from across the organisation and externally to inform the savings plan;
- Bring together operations, workforce, finance, revenue, and capital planning (estates, fleet and digital) as required to ensure appropriate ownership and delivery of a particular saving scheme with the relevant directorate.

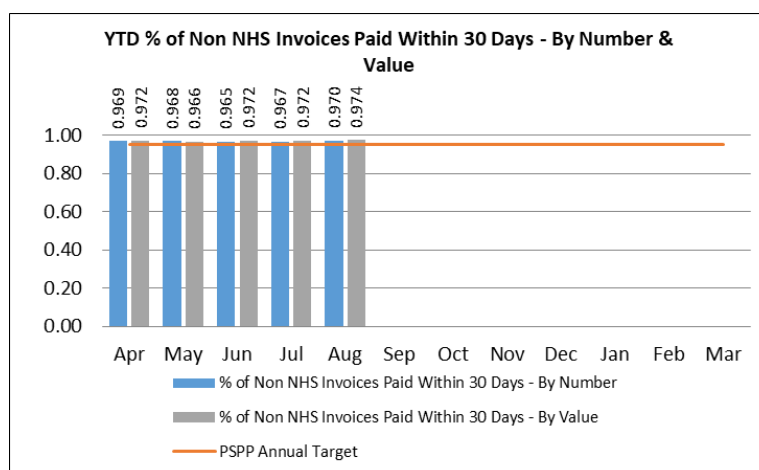
30. Whilst not exclusive, the initial focus for each of the four workstreams established will include the following:

Benchmarking Value	Achieving Efficiency	Income generation	Best Practice
<ul style="list-style-type: none"> <li>➤ Review Carter report</li> <li>➤ Review AW Blue light report</li> <li>➤ Benchmarking</li> <li>➤ Review of benefits realisation of recent investments</li> </ul>	<ul style="list-style-type: none"> <li>➤ Admin Review</li> <li>➤ Other workforce / skill mix opportunities</li> <li>➤ Fleet maintenance</li> <li>➤ Estates</li> <li>➤ Outsourcing opportunities</li> </ul>	<ul style="list-style-type: none"> <li>➤ Apprenticeships</li> <li>➤ Provision of services</li> <li>➤ Alternative funding sources</li> <li>➤ Commercial opportunities</li> </ul>	<ul style="list-style-type: none"> <li>➤ All other opportunities from initial and future reviews</li> <li>➤ Existing ADLT savings group</li> <li>➤ Savings tracking</li> </ul>

31. Whilst much of the focus of this work is for 2023/24 onwards, with many of the areas of focus likely to have a more medium to longer term outlook, it is possible that further delivery from some of these areas will be able to contribute to mitigating some of the financial challenges and risk later in this financial year and it is also through these workstreams now that the more enhanced monitoring and reporting of the current savings plans for 2022/23 has been able to be done.
32. Work continues in these areas to deliver on the scope of the groups, however some initial progress has been slower than hoped in the past few months due to attendance at meetings linked to both operational pressures but also annual leave; it is however hoped that in the next month or so, momentum will increase significantly.

## PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

33. Public Sector Payment Policy (PSPP) compliance up to Month 5 was **97.0%** against the **95%** WG target set for non-NHS invoices by number and **97.4%** by value.



## RISKS AND ASSUMPTIONS

34. It currently remains that there are no specific individual high likelihood risks that the Trust is reporting and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.
35. At this stage of this financial year there are however a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP. These are described below, along with a value currently placed on these risks, as required by WG as well as the current assessed level of risk.
36. Non delivery of in year saving schemes identified in this financial year have been included at **£0.5m**. This has been reduced in month following confirmation of funding through EASC and also the current overachievement on savings. Whilst considered a **low risk**, this is due to the inability to currently identify additional recurrent replacement schemes as the organisation has been responding and focusing on COVID 19 activities as well as extreme service pressures.
37. Given the pressures the Trust feels every winter, the Trust has included a figure of **£0.5m** to cover any unfunded winter pressures; this has been deemed as a **low risk**, based on support provided from Commissioners over recent years.



38. A **medium risk** is included of at least **£1.5m** for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This risk has also been reviewed in month and reduced by £0.500m following confirmation of funding for elements of this risk. This includes some of the ED cohorting that was put in place last winter and some continued support earlier in the financial year from St Johns Cymru. Further discussions also continue with the commissioner in relation to any potential further funding available via EASC for any continuation of such spend through winter.
39. In Month 3 the £6.8m medium risk relating to 'WG exceptional cost pressures and Covid funding' was reduced by £1m to £5.8m as we have excluded the anticipated income of £1m relating to Covid PPE, as this has been confirmed by WG. Again, once all funding routes for these costs are fully confirmed, this risk will also be able to be removed.
40. A **low risk** is also included for PIBS (Permanent Injury Benefit Scheme) of **£1m**. Matched funding for this highly volatile area is provided by WG on an annual basis but is routinely flagged as a risk until received.
41. One emerging cost pressure that the Trust is experiencing relates to NHS Pension Control invoices. Since March 2022 the Trust has received a significant increase in the number and value of such invoices which is beginning to cause concern. WAST Finance & HR representatives have recently met with our local pension's experts at NWSSP, to assist in liaising with the NHS Pensions Business Services Authority, in order to allow WAST to produce a potential forecast of future pension control notice invoice costs. This information is to be worked through however our colleagues at NWSSP have advised that we are unlikely to see further material invoices as the recent invoices had been generated due to a set of unique circumstances namely the McCloud judgement increasing the volume of retirement applications across Wales, as well as a number of Paramedics in the 1995 Pensions scheme progressing from bands 5 to band 6 grades over the last few years.
42. On top of the above, as per all guidance received, it is also continued to be assumed that the impact of IFRS16 as well as the 2022/23 pay award will be fully funded by WG.
43. Whilst there are currently no individually assessed high financial risks as we progress through the financial year, the number and total value of financial risks described is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality, and experience, it is clear that, as expressed within the IMTP, this will likely be a challenging financial year, despite the initial continued good financial performance in Month 5.
44. Alongside and as a result of some of the above, as Board members will recall, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

## **2022/23 CAPITAL PROGRAMME**

45. At Month 5 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£25.256m**. This includes **£20.818m** of All Wales Approved schemes and **£4.438m** for Discretionary schemes.

46. To date, the Trust has expended **£2.688m** against the current All Wales capital schemes full year budget of **£20.818m** (as detailed below), and **£1.158m** against the discretionary budget of **£4.438m**, per the table below.

	Actual £'000	Plan £'000
<b>Discretionary:</b>		
I.T.	21	249
Equipment	187	255
Statutory Compliance	0	0
Estates	903	3,278
Other	47	180
Unallocated Discretionary Capital	0	476
<b>Sub Total</b>	<b>1,158</b>	<b>4,438</b>

47. A summary capital programme for 2022/23 was included in the IMTP approved by Trust Board in March. This had an element of discretionary capital funding (c£1.2m) unallocated at this point. A recent presentation to Executive Management Team (EMT) outlined a range of proposals against this remaining discretionary capital allocation which was also presented to F&PC on 20<sup>th</sup> September.
48. Within the capital planning exercise undertaken to support and underpin the development of the IMTP were three operational estates schemes requiring funding from the Trust's discretionary capital funding. These three schemes comprise two additional facilities for NEPTS to initially accommodate COVID distancing requirements and then subsequently implications of the EMS D&C expansion at Bennett St, Bridgend and Crosshands. The third reflects a strategic priority for the organisation with development of a scheme at Dolgellau to address poor estate condition. It was acknowledged at this point that the three schemes would be equal to or greater than the total outstanding balance and therefore some prioritisation in year would be required.
49. In addition to the above, emerging and increasing pressure surrounded a number of other sites (Amlwch and Monmouth in particular), some of which arose from the CEO Roadshows undertaken in March 2022. These schemes have been further evaluated, and their positioning in the revised prioritised programme tested.
50. The result of all this was presented in some detail to F&PC, including that which is now proposed for progression from the remaining discretionary capital available this financial year and any proposed alternative solutions for those which are not. This is following a proposed approach to delivering an updated programme for these agreed by Capital Management Board and EMT
51. Given the current climate, it is also necessary to flag and stress at this stage the risk to all capital schemes, given the pressure the current economic situation is having on both inflation and also the availability of raw materials that whilst schemes are tightly controlled, as the Trust has experienced over the past 12 months or so, costs are increasing and as such this risk needs to be noted and a contingency needs to continue to be held within the capital plan for cost increases outside of the Trust's control.
52. Given the outlook above in relation to limited resources, those schemes not identified for immediate delivery above will also be developed into business cases to ensure that, should further monies become available from WG, that the Trust has business cases which have

been through the appropriate governance channels and ready to go. This will still need to take into consideration prioritisation, to ensure best value for money and ensure what funding the Trust receives is spent where the greatest benefit can be demonstrated.

53. This enhanced process also gives the Trust the governance required to respond internally to explain why funding has not necessarily been allocated and where these schemes sit with regards to all the Trust's competing priorities, in the likely event that this ends up being the case.
54. It should also be noted that within the IMTP are a series of ambitious decarbonisation commitments which do not as yet have capital and revenue funding streams. There will be a need as we progress through 2022/23 and into 2023/24 to consider the capital investment requirements of schemes in support of this. This was also picked up separately in the Decarbonisation and Sustainability update provided to F&PC.
55. A summary of the **potential** updated discretionary capital programme for 2022/23 is therefore provided below. However, other than the recent approval by EMT (within the revised delegated approval limits) of the business case to complete the Bennett Street project, the rest will be subject to further business case approvals, costs and affordability. Further updates on this will be provided in due course.

	2022-23 £000s	2023-24 £000s
Balance remaining at outset of financial year	1,196	
Bennett Street, Bridgend - Complete works	-440	
Monmouth - Fees, roof, start internal work*	-180	-170
Dolgellau - Fees and stripping out, making building water tight**	-100	-250
Contingency - retained (short term) given inflationary pressures	-450	
Remaining budget	26	

\* Assumed that the Monmouth project will be phased over two financial years, with internal and heating elements being completed in 23-24

\*\* Assumed that the Dolgellau project will be phased over two financial years, with the internal reconfiguring and external works being completed in 23-24

## All Wales Capital Programme

56. The following provides some brief details in relation to the current All Wales Capital Programme funding for 2022/23, as per the table below. Further updates to the values of some of these schemes will continue to be agreed with WG, most notably in relation to the 111 SALUS system and the revised expected cashflow of spend on this scheme in 2022/23. This has already been reduced due to the continuing delays in the implementation of this, with any values not incurred this financial year expected to be required in 2023/24.

	Actual £'000	Plan £'000
<b>All Wales Capital Programme:</b>		
<b>Schemes:</b>		
ESMCP – Control Room Solution	49	443
111 Project Costs	129	3,629
DPIF -EPCR	222	1,150
MDVS	0	2,000
GUH transfer vehicles	(87)	694
Ambulance Replacement Programme 21-22	816	1,916
Ambulance Replacement Programme 22-23	412	9,564
Phone First	780	1,040
EFAB	79	92
WAST- Make Ready Depot - Cardiff	290	290
<b>Sub Total</b>	<b>2,688</b>	<b>20,818</b>

57. Discussions during 2020/21 and 2021/22 informed the refreshed 10 year Estates Strategic Outline Programme which was endorsed by Welsh Government in 2021 and which identify a range of large, longer term All Wales Capital Programme schemes which will be progressed as priorities in this financial year and beyond, namely the development of business cases for:

- Swansea Ambulance Station
- Newport Ambulance Station
- Llanelli Ambulance Station
- Llandrindod Wells Ambulance Station, and
- Bangor Fleet Workshop.

58. In addition, following the purchase of a site in Merthyr Tydfil for the SE Fleet Workshop, this remains the priority for securing further funding to support the implementation of the facility. Whilst the priority remains to consider the workshops and commissioning only at this stage, there may be scope for further accommodation depending on requirements at a later date, following completion of the Phase 1 workshop project.

#### **RECOMMENDED that the Board:**

- a) **Notes** and gains **assurance** in relation to the Month 5 revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> August 2022 along with current risks and mitigation plans;
- b) **Notes** the updated 2022/23 capital programme for the Trust;
- c) **Notes** the establishment and continuing work of the Financial Sustainability Workstreams.

## Appendix 1

[illegible]



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

AGENDA ITEM No	13
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

## Integrated Medium Term Plan (IMTP) 2022-2025 Interim Quarter 2 Progress Report

MEETING	Trust Board
DATE	29 September 2022
EXECUTIVE	Rachel Marsh- Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation
CONTACT	Alexander.Crawford2@wales.nhs.uk

### EXECUTIVE SUMMARY

1. The purpose of this paper is to update the Board on the progress and delivery of actions in the IMTP 2022-23 to the end of quarter 2.

#### RECOMMENDED: That the Board:

- (1) Notes the update against WAST's IMTP Accountability Conditions;
- (2) Notes the overall delivery of the IMTP detailed in this paper;
- (3) Agrees to a closed session on Health Board service changes at next Trust Board meeting in November.

### KEY ISSUES/IMPLICATIONS

2. The WAST IMTP for 2022-25 was approved by Welsh Government on 13 July 2022 with the following conditions set out in a subsequent accountability letter dated 22 July 2022:
  - Six Goals for Urgent and Emergency Care – requirement to articulate how our actions relating to the six goals programme will translate into improved outcomes and performance;
  - Value Based HealthCare – strengthen our approach to Value Based HealthCare;
  - Minimum Data Set (MDS) – further expansion of the data provided through the MDS quarterly refreshes;
  - Improvement of sickness and absence rates;



- Delivery of workforce efficiencies, notably the delivery of the EMS roster review project.

3. Progress against these specific conditions are as follows:

<b>Six Goals</b>	A mapping exercise has been undertaken to understand WAST linkages into the programme at both a national and local health board level. Through these mechanisms we would aim to determine the value, outcomes and benefits to the system of WAST deliverables that are linked to the Six Goals programme. We will measure the outcomes through our Quality and Performance Management Framework.
<b>Value Based Healthcare</b>	<p>Finance and Performance Committee received an update on Value Based Healthcare with a focus on Patient Level Information and Costing (PLIC) at its September meeting.</p> <p>The Value Based Healthcare working group has establish a programme of work with project support now in place. Progress has been made on the PLICs implementation. Furthermore, it has been agreed with Aneurin Bevan University Health Board to pilot Patient Reported Experience Measures (PREMs) relating to the Grange Hospital Transfer Service.</p> <p>Our bid through the Value Based Healthcare Fund from Welsh Government for additional APPs was not funded. A key issue is WAST's ability to demonstrate Patient Reported Outcome Measures (PROMs) and WAST is seeking to work with Value in Health colleagues to consider how PROMs can be applied to emergency services.</p>
<b>Minimum Data Set</b>	This is now being refreshed quarterly with the required data applied.
<b>Improvement in sickness absence</b>	The Managing Attendance programme is working through the actions required to address absences with regular reporting through EMT and assurance provided at People and Culture Committee. This will also be a key metric at Board level through the Monthly Integrated Quality and Performance Report.
<b>Delivery of workforce efficiencies</b>	The EMS Roster Review project remains on track for delivery by end of November.

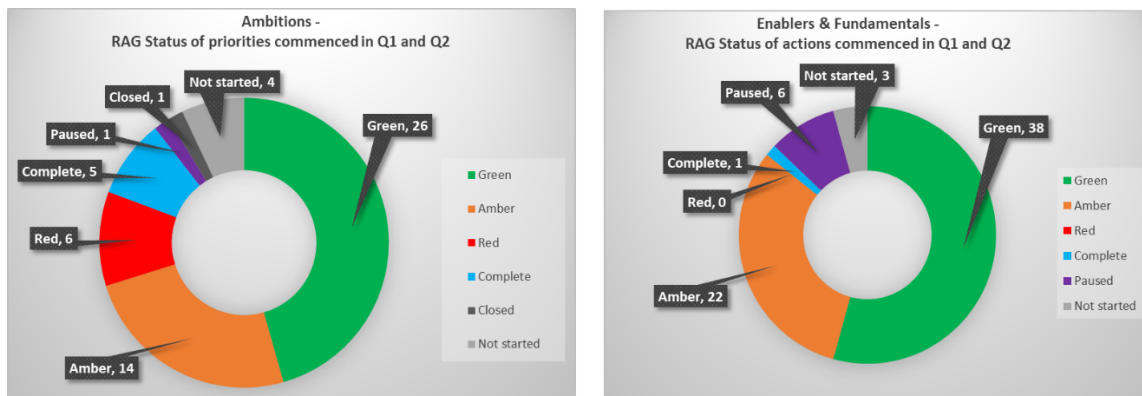
4. **Strategic Transformation Board** (1<sup>st</sup> September 2022) and **Finance and Performance Committee** (20<sup>th</sup> September 2022) have received a full assurance report which provided detailed information about transformation and enabling programme activity which commenced in quarter one and quarter two and any risks going into future quarters, covering:

- Programme Governance;
- IMTP Delivery;
- Achievements;

- Escalation of barriers and challenges to Strategic Transformation Board (STB);
  - Key risks to delivery in line with strategic risks that will be raised and monitored through the Corporate Risk Register;
  - Remedial actions against any deviation from IMTP delivery timescales.
5. An IMTP delivery tracker is also in place which maps back all 2022-23 priorities into the agreed transformation and enabling programmes established within the IMTP delivery structure.
- **Emergency Medical Services (EMS) Operational Transformation** – delivers key projects to improve performance and transform operational service delivery in EMS. It also addresses commissioning intentions under the Emergency Ambulance Services Committee (EASC) EMS Commissioning Framework;
  - **Ambulance Care** – incorporates the implementation of the Non-Emergency Patient Transport Services (NEPTS) D&C Review, ongoing NEPTS transformation projects and a key strategic ambition around developing a Transfer and Discharge model for Wales, again in line with commissioning intentions;
  - **Gateway to Care** – brings together transformative projects around 111 and the CCC clinical review, including the ambitions for an Integrated Clinical Hub, including elements of 111 digital programme;
  - **Clinical Transformation** – has been established to drive forward both the Clinical Strategy and our ambitions for the clinical transformation of EMS services, care closer to home and mental health.
6. “Enablers & Fundamentals” relate to the deliverables associated with:
- **Enabling workstreams** – Our People (including the comprehensive programme of work to improve our sickness absence rates), Innovation and Technology, estates, fleet and our wider strategic partnerships.
  - **Fundamentals** – the key programmes and pieces of work required to ensure that WAST is a quality driven, clinically led and value focussed organisation, including the programmes of work to transform health and safety by establishing a culture of working safely and a value based approach to service delivery, transformation and evaluation.
7. This year in recognition of the challenges facing both WAST and the wider NHS, STB has established three further important workstreams/programmes:
- **Financial sustainability** – established with 4 workstreams (Best Practice, Efficiency, Income Generation and Benchmarking & Value) to address the current financial challenges to enable the Trust not only to meet its statutory requirement for breakeven but also to establish the financial space to deliver further strategic development and transformation;
  - **Inverting the Triangles - Transformation Steering and Assurance Group** – a senior forum with oversight of the wider programme of work to deliver on our “Inverting the Triangles” ambitions, focussing strongly on partnerships and engagement required to bring this ambition to reality;

- **Risk Improvement Programme** – a comprehensive programme to enhance and develop our risk management and assurance processes to ensure that risk drives organisational transformation and improvement at a strategic level.

8. The following dashboard sets out the current position of IMTP delivery priorities that commenced in quarter one and quarter two.



9. This is an interim position pending end of quarter reconciliation following the end of quarter (end September 2022). There is good progress, despite ongoing operational challenges across the system.

10. However, **six (6) priorities are rated Red** (Urgent Attention Required):

- **Re-roster of NET centre staff** (due Q4) - Timeframes for delivery have not yet identified. A performance recovery plan in place, but performance is poor and not improving at this stage.
- **Implement the new 111 system; SALUS** (due Q4) – User Acceptance Testing (UAT) entry milestone was missed, and knock-on effect to delivery plans are yet to be fully understood – awaiting update from supplier.
- **Additional 50 APPs to commence training** (subject to EMS Transition Plan Funding agreed – due Q4) - Outcome to the Value Based Health Care Bid received, no funding has been allocated. Education funding agreed internally to put 18 people through a full time MSc starting in 2022/23.
- **Work in partnership with HEIW on developing a Faculty of Emergency Mental Health Practice** (due Q4) – awaiting decision on funding, which is unlikely to be received by Q3.
- **Pilot use of Mental Health Practitioners in Response Cars** (due Q4) – awaiting decision on funding, which is unlikely to be received by Q3.
- **Scope opportunities for and benefits of eReferral mechanisms for frontline patient facing clinicians** – formal change control request and capacity within Health Informatics required.

11. There are a further **36 Amber** (in progress, off track) rated priorities. For these amber rated actions, a proportion are delayed due to external factors and/or funding/approval decisions. Finance and Performance Committee received a detailed extract from the IMTP delivery tracker setting out the progress, status and remedial actions in place for these Amber rated priorities. The Committee

did not report any concerns at this stage. These priorities will be continually monitored by the relevant programme board and STB.

12. Board and subcommittees may receive specific updates/ “deep dives” on projects or programmes as determined by the relevant committee or by Finance and Performance Committee where further assurance is needed.

### **Risks and benefits**

13. Risks to delivery continue to be developed and escalated to the corporate risk register where they are identified as strategic risks, via ADLT and EMT.
14. The focus for development of the transformation structures in 2021/22 was product delivery and establishing reporting mechanisms to track delivery via the transformation programme boards. In 2022/23, working with the Performance Team to ensure synergy with the IQPR process and in line with the Quality and Performance Management Framework, the focus within the programmes should include benefits realisation and value to establish the impact that transformation is having for our people, patients, quality and the system. A new Head of Transformation will be joining WAST in November and this will be a focus for that role.

### **Health Board Service Changes**

15. STB received an update on 1<sup>st</sup> September 2022 detailing some of the live strategic service changes that WAST is engaged in with Health Boards, which impact across EMS and Ambulance Care primarily. These are tracked through Integrated Strategic Planning Group and the EASC commissioning team is establishing a method for capturing further operational and strategic service change through its revised commissioning frameworks.
16. A number of service changes and regionalisation of certain pathways and health board service provision will likely result in additional transfer and repatriation activity. There therefore needs to be read across between local plans and the development of a concept and model for an All Wales Transfer and Discharge Service, which is developing through the Ambulance Care Transformation Programme.
17. It is recommended that the Board agrees to receive a report in Closed session (on the basis that some plans in Health Boards may require further public engagement and/or consultation) at next Trust Board in November, to receive an update on this work.

### **IMTP Planning Cycle 2023-26**

18. The planning team has received feedback on the planning process that has been adopted over the last two planning cycles, the latest resulting in the approved plan for 2022-25. Generally feedback on the process is positive, however it is recognised that due to circumstance of the pandemic the plan has been developed in more of a “top down” manner. Therefore engagement is seen as a crucial element of the plan this year. The change in focus will be asking stakeholders for their views on the challenges we face and some of their

thoughts on medium term solutions to run alongside our strategic development programme. It will also be important this year to ensure that we undertake relevant impact assessments, including those that consider equality diversity and inclusion, foundational economy and socio economic duty, earlier in the planning process.

19. The planning team is currently finalising internal IMTP planning guidance and timelines, pending the receipt of the NHS Planning Framework and EASC Commissioning Intentions. It is expected that the deadline for submission will be end of January 2022, which is a challenging timeframe, not least because financial allocations are not normally known before the end of December.
20. Key areas of engagement therefore over the coming weeks will be:
  - Ongoing PEI engagement with the public, using a one-page summary poster that has been developed in English and in Welsh setting out our current plans.
  - CEO Staff Roadshows. These have been postponed to October, but will give us valuable opportunities to gather staff views from all levels of the organisation.
  - Collaborative Planning Workshop. A collaborative workshop with EMT, ADLT, Heads of Service and key external stakeholders.
  - Welsh Government IMTP touchpoint meetings.
  - Touchpoint meetings with the EASC commissioning team and regular meetings between the CEO and the CASC.
  - Board Development.
21. A further update will be brought to the next Trust Board meeting.

#### REPORT APPROVAL ROUTE

**Strategic Transformation Board 1 September 2022 (dashboard and programme updates provided by exception)**  
**Finance and Performance Committee 20 September 2022**

#### REPORT APPENDICES

#### REPORT CHECKLIST

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

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





Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans 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>One</b>

## **CLINICAL RESPONSE MODEL (CRM) AND THE CATEGORISATION OF THE MEDICAL PRIORITY DISPATCH SYSTEM (MPDS) CODES WITHIN THE DISPATCH CROSS REFERENCE (DCR) TABLE**

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 September 2022
<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. The purpose of this report is to provide Trust Board with an update on key issues affecting the Clinical Response Model (CRM), and specifically, to seek approval to make the clinically approved changes to the categorisation of the Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table.

### **RECOMMENDATIONS**

**APPROVE** the following changes to the WAST DCR Table, namely:

- (1) An overall total of 164 codes (including suffices) proposed for change to clinically update the WAST DCR Table for 2022
- (2) Of these 164 (including suffices) code, the specific code sets that will represent most of the call volume that will adjust priority (or, categorisation):
  - 12D02 (continuous/multiple fitting) and 21D03 (serious haemorrhage & not alert) to change from AMBER-1 to RED priority.
  - 23D02 (overdose/poisoning & unconscious) to change from RED to AMBER-1 priority.
  - 10C03 (chest pain, breathing normally), to move from AMBER-1 to AMBER-2 priority

**NOTE** the operational implications of the proposed changes to the DCR Table – forecasted to go-live by 3rd October 2022.

**DISCUSS** any further actions or resources required to mitigate the impact of this change.

### **KEY ISSUES/IMPLICATIONS**

2. That Trust Board approve the proposed changes to the categorisation of the Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table

REPORT APPROVAL ROUTE	
3.	Emergency Ambulance Services Committee (EASC) meeting held on 6 <sup>th</sup> September 2022 and the Trust Board meeting held on 29 <sup>th</sup> September 2022.

REPORT APPENDICES	
4.	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)	Yes
Health Improvement	Yes	Socio Economic Duty	Yes
Health and Safety	N/A	TU Partner Consultation	N/A

## Annex 1

### SITUATION

1. The purpose of this report is to provide Trust Board with an update on key issues affecting the Clinical Response Model (CRM), and specifically, to seek approval to make changes to the categorisation of the Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table.

### BACKGROUND

2. The Clinical Response Model was introduced in October 2015 and represented a very significant shift from the previous model, both in terms of time-based targets, and with the introduction of clinical indicators as a primary marker of care quality. Response priorities are determined locally by the Dispatch Cross Reference Table, which maps individual call codes to an appropriate priority (e.g. Red/Amber1). Pre-Determined Attendance (PDA) codes are assigned to each MPDS Code which define the type of resource/response that it will receive.
3. Following the introduction of the CRM in Wales, NHS England introduced the Ambulance Response Programme (ARP) in 2016. It is recognised that the Trust's DCR Table and the ARP DCR Table differ, both in terms of possible response 'outputs' and relative priorities.
4. To ensure that the Trust maintains a clinically safe response to patients, the Clinical Prioritisation and Assessment Software Group (CPAS) undertakes regularly scheduled reviews of both WAST's DCR Table and that of England's ARP DCR Table. Any updates and priority differences are reviewed and discussed. A decision is then made on whether to match ARP or set a different priority. The decision is a clinical one supported by activity data. This data includes the number

of incidents, number of conveyances, Hear & Treat percentage, and See & Treat percentage.

5. The Clinical Prioritisation Assessment Systems (CPAS) was asked by the Executive Management Team (EMT) to undertake an exercise to map out the differences between the DCR Tables utilised by the Trust and England and scope out the implications of updating the WAST DCR Table.
6. All 999 calls received are processed through Medical Priority Dispatch System (MPDS). MPDS is an internationally validated system, in widespread use across the UK, Western Europe and North America. Each call will generate an MPDS code and this is then mapped against the locally determined DCR Table, the output of which is a priority reflected in WAST as a colour (Table 1) and a suggested Pre-Determined Attendance (PDA) code. This determines the type of resource/response the call will get, for example Emergency Ambulance, Rapid Response Vehicle (RRV), Advanced Practice Paramedic (APP) or Clinical Telephone Assessment.
7. A fundamental difference between the Trust's DCR Table and England's ARP is the name given to the call categories. These are illustrated below in Table 1:

Table1: WAST CRM & ARP England

WAST CRM	ARP England
RED	Category 1
AMBER1	Category 2
AMBER2	Category 3
GREEN2	Category 4
GREEN3	Category 5

8. The 2015 DCR Table was constructed and continues to be maintained based on data supplied by the Trust's Health Informatics and consensus opinion using a multi-disciplinary panel of internal subject matter experts, with colleagues from a clinical and operational background, along with MPDS experts, supported by clinical and operational staff-side representation.
9. During DCR reviews, each individual code is considered, in terms of the types of patients who should be within that category, as well as historical data on call volume, conveyance rates, adverse incidents, and where available, data on success rates of secondary triage, etc. Crucially, this is a similar process to the one used to determine priorities and outcomes in the English ARP model. The Trust's Assistant Medical Director participates in the advisory group which considers the codes for ARP.

## ASSESSMENT

10. When mapping calls between the Trust's CRM and the English ARP models, a comparison of the codes is undertaken to identify any differences in the priorities set out in each Table. In the mapping exercise, particular attention was paid to ARP Categories 1 and 2, which map to WASTs RED and AMBER1 categories

respectively. These are the highest clinical priorities in both DCR Tables. Any difference in priority (higher or lower) are discussed within the review and a clinical rationale reached when deciding its priority.

11. A DCR review was undertaken on 31 August 2021 where a number of codes were considered and discussed. The detail of this is contained in the Annexes of this paper. Each code was considered comparing the WAST DCR with ARP and outcome data from 2019 and 2020. A recommendation and clinical rationale is offered for each code change proposal.
12. The Trust can provide a clinical rationale for the priorities assigned in the WAST DCR Table. When reviewing the specific codes where differences exist, it is evident that ARP includes codes in the highest priority which are potentially very serious, but where it could be argued that higher priority calls still exist. Following this review on 31 August 2021, CPAS has identified a clinical rationale for each code where a difference has been identified. In total, there are 164 codes (including 10 suffices) that are proposed for change. These codes are illustrated in Appendix 1, together with clinical rationale and data activity for each proposed code change.
13. Of these clinically recommended changes there are code sets (main code + some or all suffixes) that represent the vast majority of call volume which would change priority. These are **12D02** (continuous/multiple fitting) and **21D03** (serious haemorrhage & not alert) which are proposed to change from AMBER-1 to RED priority; **23D02** (overdose/poisoning & unconscious) which is proposed to change from RED to AMBER-1 priority; and **10C03** (chest pain, breathing normally), which is proposed to move from AMBER-1 to AMBER-2.
14. 12D02 and suffixes represent patients with seizures, who are noted to be having multiple fits without recovery between, or who are continuing to have seizure activity. This is the predominant code by call volume in the proposed changes, representing over 5,000 unique 999 calls in 2019. This is a unique code in WAST, as it starts as an AMBER-1 priority, but re-categorises to RED after 20 minutes of seizure activity. This change was introduced around 2016, when other services re-categorised this as a category 1 call.
15. Critically, the upgrade process to RED is a manual one, which requires action by the Emergency Medical Dispatcher. This process cannot be automated, so if the Emergency Medical Dispatch (EMD) forgets to manually upgrade (or if the call is taken by another service on behalf of WAST), then it will remain erroneously at AMBER 1.
16. Continuous or multiple seizure activity is a medical emergency which can have serious and long-term consequences for patients. Traditionally, the point at which such seizures were considered to be 'continuous' was if they persisted for 20 minutes. This clinical guidance changed in 2021, with a diagnosis of 'status epilepticus' requiring just 5 minutes of seizure activity. If the Trust was to continue to code as AMBER-1, but upgrade after 'x' minutes, this time would need to drop

from 20 minutes to 5 minutes. Pragmatically therefore, virtually 100% of these calls would end up a RED priority.

17. For 21D03 (serious haemorrhage/not alert) consideration was given to the clinical rationale used in ARP to prioritise this as a category 1 (RED) call. This is evidence of a high level of intervention to control major haemorrhage, as well as clinical risk & harm in this code. Additionally, 21D04 (dangerous haemorrhage) is already categorised as RED, and this is a code which can require manual intervention by the EMD to reach 21D04 if the patient is also “not alert” (as MPDS can then generate the 21D03 code, which the Trust treats as a lower priority). A review of outcomes shows a high level of conveyance & significant clinical intervention in this code set.
18. For 23D02 (overdose/poisoning – unconscious), the proposal is to move from RED to AMBER 1. This is a high-volume code (1,200 to 1,300 calls per year). Under ARP this was recategorised as a category 2 call, due in part to a relatively low level of clinical intervention by crews, and a high ‘refusal of treatment’ rate at scene. Furthermore, other ‘protocol 23’ codes were felt to be a higher clinical priority, including a new 23 ‘echo’ code (23E01 - RED) for patients who are not breathing. While ‘unconsciousness’ is a concerning clinical feature, and serious consideration was given to keeping this as RED priority, it was felt by CPAS that they could support the ARP position, with 23D02 code not representing as high a clinical priority as 23E01. In the context of 23D02, the call is from a 3<sup>rd</sup> party with the patient (as the patient is unconscious) so monitoring can continue, and the patient must also be breathing normally.
19. 10C03 is one of the ‘lower’ priority chest pain calls. The Trust has traditionally had this at AMBER-1 priority along with the vast majority of the chest pain (protocol 10) Charlie & Delta codes; however, in view of the evidence from England, and a clinical review of the types of patients held within this code (who, by definition, need to have normal breathing, normal colour, normal conscious level, and no shortness of breath), it was felt appropriate from the clinical standpoint that 10C03 sit at a lower priority than the 10‘D’ codes which comprise chest pain plus an additional feature of concern. It was also noted by CPAS that 10C03 is used for patients over 35 years of age. The same symptom set in a patient under 35 years of age is a GREEN-3 code (Category 5 in England) and passed to 111 without concerns.
20. Table 2 below illustrates the number of MPDS codes within the current WAST DCR Table categories versus the number of codes in the proposed/updated Trust categories: -

Table 2: Current &amp; Proposed DCR by CRM Category

Category	Current DCR	Proposed DCR
<b>RED</b>	366	392
<b>AMBER1</b>	582	604
<b>AMBER2</b>	589	568
<b>GREEN2</b>	99	84
<b>GREEN3</b>	273	261

21. An analysis of the Trust's operational period 01 January 2022 to 30 June 2022 provides an illustration of the actual activity (WAST current DCR Table) and how it would shift (proposed WAST DCR Table). This comparison (shift) is shown in Table 3 and Table 4:

Table 3:

Current DCR Table				
Priority	Count of MPDS Determinants	% Distribution of MPDS Determinants	No of Verified Incidents Jan – Jun 22	% Distribution of Verified Incidents Jan – Jun 2022
<b>Red</b>	366	19.17%	20,868	9.31%
<b>A1</b>	582	30.49%	118,663	52.93%
<b>A2</b>	589	30.85%	41,969	18.72%
<b>G2</b>	99	5.19%	10,313	4.60%
<b>G3</b>	273	14.30%	32,355	14.43%
	1,909		224,168	

Table 4:

Proposed DCR Table				
Priority	Count of MPDS Determinants	% Distribution of MPDS Determinants	No of Verified Incidents Jan – Jun 22	% Distribution of Verified Incidents Jan – Jun 2022
<b>Red</b>	392	20.53%	23,838	10.63%
<b>A1</b>	604	31.64%	116,692	52.06%
<b>A2</b>	568	29.75%	43,539	19.42%
<b>G2</b>	84	4.41%	9,511	4.24%
<b>G3</b>	261	13.67%	30,588	13.65%
	1,909		224,168	

22. Based upon the analysis of the shift illustrated above in Tables 4 and 5, it is possible to show the variance between the proposed DCR Table versus the current DCR Table. As shown below in Table 5:



Table 5:

Variance Between Proposed DCR Table vs Current DCR Table				
Priority	Count of MPDS Determinants	% Distribution of MPDS Determinants	No of Verified Incidents Jan – Jun 22	% Distribution of Verified Incidents Jan – Jun 2022
<b>Red</b>	26	1.36%	2970	1.32%
<b>A1</b>	22	1.15%	-1971	-0.88%
<b>A2</b>	-21	-1.10%	1570	0.70%
<b>G2</b>	-15	-0.78%	-802	-0.36%
<b>G3</b>	-12	-0.63%	-1767	-0.79%

23. Furthermore, as highlighted in points 14 and 15 of this paper, code 12D02 had been identified as requiring further analysis. As a result of a review during the same operational period as Tables 4, 5, and 6, illustrates that of the 3034 12D02 codes only 376 (12% of total activity for this code) were responded to within the recognised clinical safety timeline of 20 minutes. An assumption can be made, therefore, that 88% (n = 2427) of the current 12D02 (AMBER 1) codes were upgraded to a RED response via the manual process (as described above in points 14 and 15 of this paper).

24. On the 22 September 2021, the original DCR/ARP Comparison Review paper recommended that consideration was given to modelling being undertaken to scope out a transition from the current WAST DCR Table to match the ARP DCR Table. A more recent modelling exercise was complete for the calendar year 2021, and period of 01 January 2022 to 31 May 2022. The findings of this updated data is attached to this paper as an ANNEX. Summary findings are shown in Table 6:

Table 6 – Performance Impact of ARP Alignment

	RED performance (% < 8 min)	AMBER1 median (minutes)	AMBER2 median (minutes)	AMBER1 95 <sup>th</sup> pctl (minutes)	AMBER2 95 <sup>th</sup> pctl (minutes)	Utilisation** EA+RRV+UCS (average, %)	Simulation Abandoned (%)
<b>2021 (Jan - Dec)</b>	47%	57	108	548	618	70%	0.5%
<b>- with call codes aligned to England</b>	49% (+2%)	66 (+9 min)	116 (+8 min)	580 (+32 min)	641 (+23 min)	70% (<1%)	0.5%
<b>2022 (Jan - May)</b>	44%	85	160	621	715	82%	0.6%
<b>- with call codes aligned to England</b>	45% (+1%)	95 (+10 min)	173 (+13 min)	633* (+12 min)	734* (+19 min)	83% (+1%)	0.8%
* = defined as Busy Unit Hours / (Shift Hours minus Meal Break Hours).							
** = the impact has been limited by to the incident abandonment logic (see Introduction).							

## Conclusions

25. It should be noted that both CPAS and Clinical Quality Governance Group (CQGG) have approved the changes to the DCR Tables from a clinical perspective.

26. There is ongoing urgent work reviewing the feasibility/potential to develop a separate DCR Table, which can be activated when the Trust is in high levels of escalation (REAP 4). A key issue emerging from this key work is the need to refresh and update the business as usual (BAU) WAST DCR Table, as described in detail within this paper. Providing a separate DCR table for high levels of escalation that is not based upon clinical updates agreed for the BAU DCR Table (within this paper), will introduce far too much risk to patients.
27. Potential deployment of these changes has been considered operationally and clinically. On 10 August 2022, WASTs EMT reviewed these clinical and operational recommendations for change and approved that the updated DCR Table will be implemented by 3<sup>rd</sup> October 2022. This affords sufficient time to manage system change and testing, provide communication to our workforce, formally advise stakeholders (including EASC) of the necessary adjustments and their consequences, and also consequently time the change to commence at the start of Q3 (which makes for 'cleaner' performance/data reporting).
28. Based upon the clinical review undertaken it has been identified that patients prioritised as 12D02 (continuous/multiple fitting) and 21D03 (serious haemorrhage & not alert) are at risk of significant harm, if not responded to as RED calls.
29. As per Table 6 modelling impact above, it is indicated that AMBER 1 MEDIAN (minutes) will increase by 10 minutes with the implementation of the revised DCR Table.
30. As a result of the impact on response times, consideration will need to be given to further action or resource that is required to mitigate this impact, likely through the IMTP discussions in coming months.
31. The Trust requires this update to the business as usual DCR Table, before any other work can be completed to develop a high level escalation REAP 4 DCR Table, which can be utilised during severe pressures within the NHS Wales' Unscheduled Care System.

## RECOMMENDATIONS

32. **APPROVE** the 164 (including 10 suffices) code changes to the WAST DCR Table, and specifically the high-volume code sets that will change prioritisation categorisation, namely:
- 12D02 (continuous/multiple fitting) and 21D03 (serious haemorrhage & not alert) to change from AMBER-1 to RED priority.
  - 21D03 (serious haemorrhage & not alert) to change from AMBER-1 to RED priority.
  - 23D02 (overdose/poisoning & unconscious) to change from RED to AMBER-1 priority.
  - 10C03 (chest pain, breathing normally), to move from AMBER-1 to AMBER-2.
33. **NOTE** the operational implications of the proposed changes to the DCR Table – forecasted to go-live by 3<sup>rd</sup> October 2022.

34. **DISCUSS** any further actions or resources required to mitigate the impact of this change.

**ANNEXES:**

DCR/ARP review and recommendations.

**Attached**

Pre-Determined Attendance (PDA) matrix:

<b>PDA</b>	<b>UCS</b>	<b>EA</b>	<b>RRV</b>	<b>Specialist</b>	<b>APP</b>
<b>60</b>	✓	✓	✓	✓	✓
<b>61</b>		✓	✓		
<b>62</b>		✓	✓	✓	
<b>63</b>		✓			
<b>64</b>		✓		✓	
<b>65</b>			✓		
<b>66</b>			✓	✓	
<b>67</b>					✓
<b>68</b>	<b>No response attached PDA 68. Column Q (PDA key) within the DCR Table cannot be left blank. In instances where a PDA is not required PDA 68 is enter (e.g., codes suitable for NHSDW/CSD).</b>				

OPTIMA DCR Table implications report.

**Attached**

CPAS recommend aligning to the ARP categorisation priorities where appropriate:

- From a clinical governance perspective (e.g. organisational position when challenged at inquests).
- To ensure all patients accessing 999 in wales receive an equitable service (e.g. cross boundary calls from England and vice versa).
- If data/evidence and clinical rational neither support/ nor support remaining/upgrading/downgrading the categorised of a code.

English Trust do not automatically transfer to NHS Direct/111 as WAST do currently for GREEN3. ARP Category 5 is signposted to English Trust's Clinical Support Desks (CSD) therefore is equivalent to WAST GREEN2 Hear & Treat. It is envisaged in the future that WAST GREEN2 codes (with the exception of codes that fall under the exclusion criteria) will be categorised as suitable for CSD hear & treat.

Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
12D02	CONTINUOUS or MULTIPLE fitting	AMBER1	Category1	RED	60	Call volume: 5061 Conveyed: 3295	Call volume: 3489 Conveyed: 2384	Recommended codes are upgraded to RED & PDA 60 to align to ARP.	Code 12D02 & 12D02E generated 3489 calls in 2020. Code 12D02 is upgraded to RED if not responded to within 20 minutes. National guidance has also changed advising if paediatrics are fitting for 5 minutes or more this is now classed as life threatening.
12D02E	CONTINUOUS or MULTIPLE fitting - Epileptic or Previous diagnosis of fitting	AMBER1	Category1	RED	60	Treated at scene: 410 Referred/pathway: 356 Hear & treat: 48 Managed by Fire/Police: 50 Stood down: 899 Role: 3	Treated at scene: 366 Referred/pathway: 278 Hear & treat: 48 Managed by Fire/Police:36 Stood down:373 Role: 4		
21D03M	Not alert - MEDICAL	AMBER1	Category1	RED	60	Call volume: 2622 Conveyed: 1867	Call volume: 1846 Conveyed: 1195	Recommended codes are upgraded to RED & PDA 60 to align to ARP.	21D03M & 21D03T 65% conveyance rate. Both codes 21D02T (Unconscious - TRAUMA) & 21D04T (DANGEROUS haemorrhage – TRAUMA) categorised as RED. To change to code 21D04T will be a manually change. Risk identified this may be missed & remain an AMBER1 if not picked up. Recommended 21D05T is also upgraded for this reason.
21D03T	Not alert - TRAUMA	AMBER1	Category1	RED	60	Treated at scene: 144 Referred/pathway: 154 Hear & treat: 45 Managed by Fire/Police: 60 Stood down: 347 Role: 5	Treated at scene: 164 Referred/pathway: 127 Hear & treat: 47 Managed by Fire/Police: 51 Stood down: 260 Role: 2		
21D05T	Abnormal breathing - TRAUMA	AMBER1	Category1	RED	60	Call volume: 295 Conveyed: 158 Treated at scene: 39 Referred/pathway: 15 Hear & treat: 17 Managed by Fire/Police: 6 Stood down: 60	Call volume: 262 Conveyed: 138 Treated at scene: 32 Referred/pathway: 12 Hear & treat: 16 Managed by Fire/Police: 3 Stood down: 61		
25D04	DANGEROUS haemorrhage	AMBER1	Category1	RED	60	Call volume: 35 Conveyed: 17	Call volume: 276 Conveyed: 129	Recommended codes are upgraded to RED & PDA 60 to align to ARP.	Dangerous Haemorrhage is defined as blood spraying from neck, armpit or groin. Very few alternative pathways. High conveyance rate. 22% of calls in 2020 managed by police/fire.
25D04B	Both Violent & Weapons	AMBER1	Category1	RED	60	Treated at scene: 1 Referred/pathway: 3 Hear & treat: 2	Treated at scene: 14 Referred/pathway: 5 Hear & treat: 9		
25D04V	Violent	AMBER1	Category1	RED	60	Managed by Fire/Police: 1 Stood down: 11	Managed by Fire/Police: 61 Stood down: 58		
25D04W	Weapons	AMBER1	Category1	RED	60				

Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
25D05	Near hanging strangulation or suffocation (alert with difficulty breathing)	AMBER1	Category1	RED	60	Call volume: 11 Conveyed: 3 Treated at scene: 1 Hear & treat: 1 Managed by Fire/Police: 4 Stood down: 2	Call volume: 78 Conveyed: 39 Treated at scene: 7 Referred/pathway: 3 Hear & treat: 3 Managed by Fire/Police: 18 Stood down: 8		
25D05B	Both Violent & Weapons	AMBER1	Category1	RED	60				
25D05V	Violent	AMBER1	Category1	RED	60				
25D05W	Weapons	AMBER1	Category1	RED	60				
19D05	Just resuscitated &/or defibrillated (external)	AMBER1	Category1	RED	60	Call volume: 16 Conveyed: 14 Referred/pathway: 1 Stood down: 1	Call volume: 9 Conveyed: 6 Referred/pathway: 1 Hear & treat: 1 Stood down: 1	Recommended codes are upgraded to RED & PDA 60 to align to ARP.	Low call volume but high conveyance rate. CPAS recommend aligning to the ARP.
14D05	Not alert	AMBER1	Category1	RED	60	Call volume: 102 Conveyed: 48 Treated at scene: 11 Hear & Treat: 2 Managed by Fire/Police: 17 Stood down: 22 Role: 2	Call volume: 120 Conveyed: 56 Treated at scene: 13 Referred/pathway: 6 Managed by Fire/Police: 18 Stood down: 27	Recommended codes are upgraded to RED & PDA 60 to align to ARP.	CPAS recommend aligning to the ARP.
14D05D	Not alert - DIVING injury (not underwater)	AMBER1	Category1	RED	60				
14D05F	Not alert - Floodwater rescue	AMBER1	Category1	RED	60				
14D05I	Not alert - Ice rescue	AMBER1	Category1	RED	60				
14D05S	SCUBA accident (not underwater)	AMBER1	Category1	RED	60				
14D05W	Not alert - SWIFT water rescue	AMBER1	Category1	RED	60				
17D01	EXTREME FALL (? 30ft/10m)	AMBER1	Category1	RED	60	Call volume: 62 Conveyed: 52 Treated at scene: 1 Referred/pathway: 2 Managed by Fire/Police: 4 Stood down: 3	Call volume: 43 Conveyed: 38 Treated at scene: 1 Hear & treat: 1 Stood down: 3	Recommended codes are upgraded to RED & PDA 60 to align to ARP.	CPAS recommend aligning to the ARP.
17D01A	Accessibility concerns/difficulty	AMBER1	Category1	RED	60				
17D01E	Environmental problems (rain heat cold)	AMBER1	Category1	RED	60				
17D01G	On the ground or floor	AMBER1	Category1	RED	60				
17D01J	Jumper (suicide attempt)	AMBER1	Category1	RED	60				
17D01P	Place (street car park market)	AMBER1	Category1	RED	60				
14C02D	Decompression sickness (the bends) DIVING	AMBER1	Category1	RED	60	No calls	No Calls	Recommended codes are upgraded to RED & PDA 60 to align to ARP.	No calls received 2019 or 2020. CPAS recommend aligning to the ARP.
14C02S	Decompression sickness (the bends) SCUBA	AMBER1	Category1	RED	60				
13D01	Unconscious	AMBER1	Category1	RED	60	Call volume: 277 Conveyed: 114 Treated at scene: 50 Referred/pathway: 64 Hear & treat: 1 Stood down: 46 Role: 2	Call volume: 251 Conveyed: 107 Treated at scene: 49 Referred/pathway: 58 Hear & treat: 2 Managed by Fire/Police: 1 Stood down: 34	Recommended codes are upgraded to RED & PDA 60 to align to ARP.	In 2020 code 13D01 had a 43% conveyance rate & 20% treat at scene rate. Hypoglycaemia unconsciousness likely to be immediately life threatening.
13D01C	Combative or aggressive	AMBER1	Category1	RED	60				

Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
27D06G	Multiple victims - Gunshot	AMBER1	Category1	RED	60	Call volume: 1 Managed by Fire/Police: 1	Call volume: 3 Conveyed: 2 Managed by Fire/Police: 1	Recommended code are upgraded to RED & PDA 60 to align to ARP.	Potentially immediately life threatening injuries. Low call volume. CPAS recommend aligning to the ARP.
27D06I	IMPALED currently	AMBER1	Category1	RED	60				
27D06P	Penetrating wound (not IMPALED now)	AMBER1	Category1	RED	60				
27D06S	Stab	AMBER1	Category1	RED	60				
27D06X	Self-inflicted GSW (intentional)	AMBER1	Category1	RED	60				
27D06Y	Self-inflicted knife/stab wound (intentional)	AMBER1	Category1	RED	60				
25D06	Jumped Now	AMBER1	Category1	RED	60	No calls	No calls	Recommended codes are upgraded to RED & PDA 60 to align to ARP	Jump now means the caller jumped while on the call & doesn't specify how far. No calls received 2019 or 2020.
25D06B	Both violent & weapons	AMBER1	Category1	RED	60				
25D06V	Violent	AMBER1	Category1	RED	60				
25D06W	Weapons	AMBER1	Category1	RED	60				
15D05E	EXTREME FALL (? 30ft/10m) - Electrocuton	AMBER1	Category1	RED	60	No calls	No calls	Recommended codes are upgraded to RED & PDA 60 to align to ARP	CPAS recommend aligning to the ARP.
15D05L	EXTREME FALL (? 30ft/10m) - Lightning	AMBER1	Category1	RED	60				
23D02	Unconscious	RED	Category2	AMBER1	61	Call volume: 1211 Conveyed: 883 Treated at scene: 57 Referred/pathway: 5 Managed by Fire/Police: 36 Stood down: 228 Role: 2	Call volume: 1345 Conveyed: 973 Treated at scene: 60 Referred/pathway: 11 Managed by Fire/Police: 40 Stood down: 259 Role: 2	Recommended codes are downgraded to AMBER1 to align to ARP. PDA changed to 61	In 2020 14% of patients refused treatment. Vast majority conveyed. Noted there is a new ECHO code in Protocol 23 for narcotics arrest & this may be the reason why ARP have downgraded these codes. Noted 23D03 is ineffective breathing. CPAS recommend aligning to the ARP.
23D02A	Accidental	RED	Category2	AMBER1	61				
23D02C	Carefentanyl	RED	Category2	AMBER1	61				
23D02D	Accidental & Fentanyl	RED	Category2	AMBER1	61				
23D02E	Accidental & Carfentanyl	RED	Category2	AMBER1	61				
23D02F	Fentanyl	RED	Category2	AMBER1	61				
23D02G	Intentional & Fentanyl	RED	Category2	AMBER1	61				
23D02H	Intentional & Carfentanyl	RED	Category2	AMBER1	61				
23D02I	Intentional	RED	Category2	AMBER1	61				
23D02Q	Violent or Combative & Fentanyl	RED	Category2	AMBER1	61				
23D02R	Violent or Combative & Carfentanyl	RED	Category2	AMBER1	61				
23D02S	Weapons & Fentanyl	RED	Category2	AMBER1	61				
23D02T	Weapons & Carfentanyl	RED	Category2	AMBER1	61				
23D02V	Violent or combative	RED	Category2	AMBER1	61				
23D02W	Weapons	RED	Category2	AMBER1	61				
03D04	Chest or Neck injury (with difficulty breathing)	RED	Category2	AMBER1	60	Call volume: 7 Conveyed: 7	Call volume: 5 Conveyed: 3 Treated at scene: 2	Recommended codes are downgraded to AMBER1 to align to ARP. No change in PDA.	Low call volume. Number of other chest or neck injury codes categorised as AMBER1.



Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
12C04	Not fitting now & effective breathing verified (> 6 confirmed no fitting disorder)	AMBER2	Category2	AMBER1	67	Call volume: 2406 Conveyed: 1509 Treated at scene: 184 Referred/pathway: 135 Hear & treat: 130 Managed by Fire/Police: 10 Stood down: 708	Call volume: 2581 Conveyed: 1218 Treated at scene: 233 Referred/pathway: 168 Hear & treat: 179 Managed by Fire/Police: 11 Stood down: 770 Role: 2	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Approximately 2500 calls a year. 10% upgraded to RED/AMBER1. 5% of patients deteriorated. Approximately 50% conveyance rate.
21B01M	POSSIBLY DANGEROUS haemorrhage - MEDICAL	AMBER2	Category2	AMBER1	63	Call volume: 2045 Conveyed: 1228 Treated at scene: 112 Referred/pathway: 129 Hear & treat: 150 Managed by Fire/Police: 13 Stood down: 413	Call volume: 1797 Conveyed: 997 Treated at scene: 137 Referred/pathway: 119 Hear & treat: 180 Managed by Fire/Police: 10 Stood down: 354	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Code 21B02 is seriously haemorrhage categorised as AMBER1. Would need to manually override to upgrade which is identified as a clinical risk.
21B01T	POSSIBLY DANGEROUS haemorrhage - TRAUMA	AMBER2	Category2	AMBER1	63				
29D02K	HIGH MECHANISM (k through t) - All-terrain/Snowmobile	AMBER2	Category2	AMBER1	66	Call volume: 1216 Conveyed: 574 Treated at scene: 120 Referred/pathway: 5 Hear & treat: 15 Managed by Fire/Police: 166 Stood down: 335 Role: 1	Call volume: 901 Conveyed: 353 Treated at scene: 95 Referred/pathway: 3 Hear & treat: 10 Managed by Fire/Police: 117 Stood down: 323	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Approximately 45% conveyed. Approximately 10% treated at scene. CPAS recommend aligning to the ARP.
29D02L	Vehicle v. bicycle/Vehicle v. motorcycle	AMBER2	Category2	AMBER1	66				
29D02O	Personal watercraft	AMBER2	Category2	AMBER1	66				
29D02P	Rollovers	AMBER2	Category2	AMBER1	66				
29D02Q	Vehicle off bridge/height	AMBER2	Category2	AMBER1	66				
29D02S	Sinking vehicle/Vehicle in floodwater	AMBER2	Category2	AMBER1	66				
17B02	SERIOUS haemorrhage	AMBER2	Category2	AMBER1	61	Call volume: 524 Conveyed: 291 Treated at scene: 41 Referred/pathway: 40 Hear & treat: 28 Managed by Fire/Police: 6 Stood down: 118	Call volume: 450 Conveyed: 258 Treated at scene: 41 Referred/pathway: 34 Hear & treat: 29 Managed by Fire/Police: 3 Stood down: 85	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Low call volume. CPAS recommend aligning to the ARP.
17B02A	Accessibility concerns/difficulty	AMBER2	Category2	AMBER1	61				
17B02E	Environmental problems (rain heat cold)	AMBER2	Category2	AMBER1	61				
17B02G	On the ground or floor	AMBER2	Category2	AMBER1	61				
17B02J	Jumper (suicide attempt)	AMBER2	Category2	AMBER1	61				
17B02P	Public place (street car park market)	AMBER2	Category2	AMBER1	61				
12B01	Effective breathing not verified < 35	AMBER2	Category2	AMBER1	61	Call volume: 505 Conveyed: 199 Treated at scene: 30 Referred/pathway: 41 Hear & treat: 18 Managed by Fire/Police: 15 Stood down: 202	Call volume: 258 Conveyed: 97 Treated at scene: 19 Referred/pathway: 23 Hear & treat: 14 Managed by Fire/Police: 9 Stood down: 96	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	CPAS recommend aligning to the ARP.
12B01E	Epileptic or Previous diagnosis of fitting	AMBER2	Category2	AMBER1	61				
07C01	Fire with persons reported inside	AMBER2	Category2	AMBER1	62	Call volume: 236 Conveyed: 32	Call volume: 254 Conveyed: 22	Recommended codes are upgraded to AMBER1 to	2 patients rolled therefore does not fit in the AMBER2 category.

Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
07C01E	Explosion	AMBER2	Category2	AMBER1	62	Treated at scene: 21 Referred/pathway: 4 Hear & treat: 2 Managed by Fire/Police: 102 Stood down: 72 Role: 3	Treated at scene: 17 Referred/pathway: 3 Hear & treat: 2 Managed by Fire/Police: 100 Stood down: 107 Role: 3	align to ARP. No change in PDA.	
07C01F	Fire present	AMBER2	Category2	AMBER1	62				
07C01W	Fireworks	AMBER2	Category2	AMBER1	62				
29D05	Trapped victim	AMBER2	Category2	AMBER1	66	Call volume: 236 Conveyed: 140 Treated at scene: 30 Referred/pathway: 1 Hear & treat: 4 Managed by Fire/Police: 27 Stood down: 34	Call volume: 192 Conveyed: 101 Treated at scene: 26 Referred/pathway: 3 Hear & treat: 1 Managed by Fire/Police: 16 Stood down: 45	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Low call volume. 52% conveyed in 2020. Approximately 15% treated at scene. CPAS recommend aligning to the ARP.
29D05U	Unknown number of patients	AMBER2	Category2	AMBER1	66				
29D05V	Multiple patients	AMBER2	Category2	AMBER1	66				
29D05X	Unknown number of patients & Additional response required	AMBER2	Category2	AMBER1	66				
29D05Y	Multiple patients & Additional response required	AMBER2	Category2	AMBER1	66				
07C03	Burns? 18% body area	AMBER2	Category2	AMBER1	62	Call volume: 165 Conveyed: 103 Treated at scene: 11 Referred/pathway: 6 Hear & treat: 7 Managed by Fire/Police: 1 Stood down: 37	Call volume: 114 Conveyed: 64 Treated at scene: 10 Referred/pathway: 2 Hear & treat: 9 Managed by Fire/Police: 2 Stood down: 27	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Low call volume. Approximately 50% conveyed. CPAS recommend aligning to the ARP.
07C03E	Explosion	AMBER2	Category2	AMBER1	62				
07C03F	Fire present	AMBER2	Category2	AMBER1	62				
07C03W	Fireworks	AMBER2	Category2	AMBER1	62				
29B02	SERIOUS haemorrhage	AMBER2	Category2	AMBER1	66	Call volume: 63 Conveyed: 34 Treated at scene: 4 Hear & treat: 1 Managed by Fire/Police: 9 Stood down: 15	Call volume: 43 Conveyed: 17 Treated at scene: 1 Managed by Fire/Police: 8 Stood down: 17	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Noted bleeding could be from any part of the body including fingers & toes. High volume of calls manged by police.
29B02U	Unknown number of patients	AMBER2	Category2	AMBER1	66				
29B02V	Multiple patients	AMBER2	Category2	AMBER1	66				
29B02X	Unknown number of patients & Additional response required	AMBER2	Category2	AMBER1	66				
29B02Y	Multiple patients & Additional response required	AMBER2	Category2	AMBER1	66				
19C01	Firing of A.I.C.D.	AMBER2	Category 2	AMBER1	61	Call volume: 31 Conveyed: 20 Treated at scene: 2 Referred/pathway: 2 Hear & treat: 1 Stood down: 6	Call volume: 21 Conveyed: 12 Treated at scene: 3 Hear & treat: 2 Stood down: 4	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Low call volume. CPAS recommend aligning to the ARP.
07C02	Difficulty breathing	AMBER2	Category2	AMBER1	62	Call volume: 23 Conveyed: 13 Treated at scene: 1 Hear & treat: 2 Managed by Fire/Police: 2 Stood down: 5	Call volume: 23 Conveyed: 9 Treated at scene: 1 Hear & treat: 4 Managed by Fire/Police: 1 Stood down: 8	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Low call volume. CPAS recommend aligning to the ARP.
07C02E	Explosion	AMBER2	Category2	AMBER1	62				
07C02F	Fire present	AMBER2	Category2	AMBER1	62				
07C02W	Fireworks	AMBER2	Category2	AMBER1	62				

Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
16D01	Not alert	AMBER2	Category2	AMBER1	67	Call volume: 12 Conveyed: 1 Treated at scene: 3 Hear & treat: 5 Managed by Fire/Police: 1 Stood down: 2	Call volume: 18 Conveyed: 7 Treated at scene: 1 Referred/pathway: 1 Hear & treat: 1 Stood down: 8	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Low call volume. CPAS recommend aligning to the ARP.
14C01	Alert with abnormal breathing	AMBER2	Category2	AMBER1	67	Call volume: 15 Conveyed: 7 Treated at scene: 1 Hear & treat: 1 Managed by Fire/Police: 1 Stood down: 5	Call volume: 9 Conveyed: 1 Treated at scene: 3 Managed by Fire/Police: 4 Stood down: 1	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA	Very low call volume. CPAS recommend aligning to the ARP.
14C01D	DIVING injury (not underwater)	AMBER2	Category2	AMBER1	67				
14C01F	Floodwater rescue	AMBER2	Category2	AMBER1	67				
14C01I	Ice rescue	AMBER2	Category2	AMBER1	67				
14C01S	SCUBA accident (not underwater)	AMBER2	Category2	AMBER1	67				
14C01W	SWIFT water rescue	AMBER2	Category2	AMBER1	67				
14D02	Underwater (SPECIALISED rescue)	AMBER2	Category2	AMBER1	64	Call volume: 10 Conveyed: 3 Managed by Fire/Police: 3 Stood down: 3 Role: 1	Call volume: 3 Conveyed: 2 Managed by Fire/Police: 1	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Previously reviewed & agreed to remain as AMBER2 due to intelligence response based on rescue time. Low call volume but highly specialised.
26C03	Sickle cell crisis/Thalassaemia	AMBER2	Category2	AMBER1	61	Call volume: 1 Stood down: 1	Call volume: 2 Conveyed: 1 Stood down: 1	Recommended codes are upgraded to AMBER1 to align to ARP. No change in PDA.	Low call volume. CPAS recommend aligning to the ARP.
26C03C	Sickle cell crisis/Thalassaemia - Suspected coronavirus illness	AMBER2	Category2	AMBER1	61				
10C03	Breathing normally? 35	AMBER1	Category3	AMBER2	61	Call volume: 6602 Conveyed: 4274 Treated at scene: 601 Referred/pathway: 634 Hear & treat: 168 Managed by Fire/Police: 17 Stood down: 907 Role: 1	Call volume: 4449 Conveyed: 2592 Treated at scene: 560 Referred/pathway: 474 Hear & treat: 153 Managed by Fire/Police: 13 Stood down: 656 Role: 1	Recommended codes are downgraded to AMBER2. No change in PDA	10C01 abnormal breathing is an AMBER1 & 10C03 is normal breathing. To get to this code the patient would need to be completely alert with no shortness of breath or change in colour. This code is a No Send at DMP5. Under 35 breathing normally is categorised as GREEN3 therefore age is weighting factor.
04D04T	Stun gun	AMBER1	Category3	AMBER2	63	No calls	No calls	Recommended codes are downgraded to AMBER2. No change in PDA	CPAS recommend aligning to the ARP.
17A02A	NOT DANGEROUS PROXIMAL body area - Accessibility concerns/difficulty	GREEN3	Category 3	AMBER2	68	Call volume: 6676 Conveyed: 1816 Treated at scene: 960 Referred/pathway: 453 Hear & treat: 2175 Managed by Fire/Police: 32	Call volume: 6908 Conveyed: 2153 Treated at scene: 1442 Referred/pathway: 623 Hear & treat: 1378 Managed by Fire/Police: 25	Recommended codes are upgraded to AMBER2 to align to ARP. Remove NHSDW call taker prompt & change PDA to 63 for the following codes:	CPAS recommend aligning to the ARP.
17A02E	Environmental problems (rain heat cold)	GREEN2	Category 3	AMBER2	63				
17A02G	On the ground or floor	GREEN2	Category 3	AMBER2	63				

Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
17A02J	Jumper (suicide attempt)	GREEN3	Category 3	AMBER2	68	Stood down: 1237 Role: 3	Stood down: 1282 Role: 5	<ul style="list-style-type: none"> <li>17A02A</li> <li>17A02J</li> <li>17A02P</li> </ul> Discuss with Mike Brady whether these codes would be suitable for CSD.	
17A02P	Public place (street car park market)	GREEN3	Category 3	AMBER2	68				
17A01	Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity	GREEN2	Category 3	AMBER2	63	Call volume: 1610 Conveyed: 1067 Treated at scene: 73 Referred/pathway: 25 Hear & treat: 180 Managed by Fire/Police: 8 Stood down: 416 Role: 3	Call volume: 1405 Conveyed: 755 Treated at scene: 95 Referred/pathway: 37 Hear & treat: 187 Managed by Fire/Police: 6 Stood down: 325	Recommended codes are upgraded to AMBER2 to align to ARP. CSD call taker prompt to remain & no change to PDA.	Approximately a quarter of calls conveyed. Noted in DMP4/5 this code is a No Send.
17A01A	Accessibility concerns/difficulty	GREEN2	Category 3	AMBER2	63				
17A01E	Environmental problems (rain heat cold)	GREEN2	Category 3	AMBER2	63				
17A01G	On the ground or floor	GREEN2	Category 3	AMBER2	63				
17A01J	Jumper (suicide attempt)	GREEN2	Category 3	AMBER2	63				
17A01P	Public place (street car park market)	GREEN2	Category 3	AMBER2	63				
17A03A	NON-RECENT (? 6hrs) injuries except DISTAL body area (without priority symptoms) - Accessibility concerns/difficulty	GREEN3	Category 3	AMBER2	63	Call volume: 979 Conveyed: 279 Treated at scene: 34 Referred/pathway: 48 Hear & treat: 569 Managed by Fire/Police: 2 Stood down: 56	Call volume: 1070 Conveyed: 602 Treated at scene: 107 Referred/pathway: 66 Hear & treat: 199 Managed by Fire/Police: 2 Stood down: 94	Recommended codes are upgraded to AMBER2 to align to ARP. Remove NHSDW call taker prompt & change PDA to 63 for the following codes: <ul style="list-style-type: none"> <li>17A03A</li> <li>17A03J</li> <li>17A03P</li> </ul> Discuss with Mike Brady whether these codes would be suitable for CSD.	CPAS recommend aligning to the ARP.
17A03E	Environmental problems (rain heat cold)	GREEN2	Category 3	AMBER2	63				
17A03G	On the ground or floor	GREEN3	Category 3	AMBER2	67				
17A03J	Jumper (suicide attempt)	GREEN3	Category 3	AMBER2	63				
17A03P	Public place (street car park market)	GREEN3	Category 3	AMBER2	63				
07B02	Unknown status/Other codes not applicable	GREEN2	Category 3	AMBER2	66	Call volume: 614 Conveyed: 32 Treated at scene: 22 Referred/pathway: 3 Hear & treat: 49 Managed by Fire/Police: 262 Stood down: 240	Call volume: 562 Conveyed: 33 Treated at scene: 25 Referred/pathway: 1 Hear & treat: 10 Managed by Fire/Police: 277 Stood down: 216	Recommended codes are upgraded to AMBER2. No change in PDA.	Significantly different to ARP. Low conveyance rate. High number of cancelled/ stood down calls. Reason maybe Fire Services ring before a crew get there.
07B02E	Explosion	GREEN2	Category 2	AMBER2	66				
07B02F	Fire present	GREEN2	Category 3	AMBER2	66				
03B01	POSSIBLY DANGEROUS body area	GREEN2	Category 3	AMBER2	63	Call volume: 42 Conveyed: 38% Treated at scene: 5% Hear & treat: 12% Managed by Fire/Police: 5% Stood down: 40%	Call volume: 43 Conveyed: 30% Treated at scene: 4% Hear & treat: 33% Stood down: 33%	Recommended codes are upgraded to AMBER2 to align to ARP. No change in PDA.	Confirmed 03B02 relates to bleeding below elbow or below knee. Protocol 21 serious haemorrhage is categorised AMBER1 or higher. Noted there was a serious adverse incident & inquest in

Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
03B02	SERIOUS haemorrhage	GREEN2	Category2	AMBER2	63	Call volume: 73 Conveyed: 21 Treated at scene: 2 Hear & treat: 31 Stood down: 19	Call volume: 49 Conveyed: 15 Treated at scene: 1 Hear & treat: 18 Managed by Fire/Police: 1 Stood down: 14		London in relation to Protocol 30 & 21. There are a small number of DELTA codes that would be categorised lower which would result in a manual override & for this reason it is recommended both 03B01 & 03B02 are upgraded.
18C02	Abnormal breathing	GREEN2	Category2	AMBER2	61	Call volume: 75 Conveyed: 21 Treated at scene: 2 Referred/pathway: 2 Hear & treat: 21 Stood down: 29	Call volume: 65 Conveyed: 17 Treated at scene: 4 Referred/pathway: 4 Hear & treat: 24 Stood down: 16	Recommended codes are upgraded to AMBER2. Change PDA to 61. Discuss with Mike Brady whether this code should continue to be suitable for CSD.	Low call volume. CPAS recommend aligning to the ARP.
18B01	Unknown status/Other codes not applicable	GREEN2	Category 3	AMBER2	67	Call volume: 44 Conveyed: 14 Treated at scene: 3 Referred/pathway: 4 Hear & treat: 14 Stood down: 9	Call volume: 52 Conveyed: 22 Treated at scene: 3 Referred/pathway: 3 Hear & treat: 12 Stood down: 12	Recommended codes are upgraded to AMBER2. CSD call taker prompt to remain. No change in PDA.	Low call volume. CPAS recommend aligning to the ARP.
18C01	Not alert	GREEN2	Category2	AMBER2	60	Call volume: 33 Conveyed: 11 Treated at scene: 1 Referred/pathway: 2 Hear & treat: 10 Stood down: 9	Call volume: 31 Conveyed: 12 Treated at scene: 4 Referred/pathway: 2 Hear & treat: 7 Stood down: 6	Recommended codes are upgraded to AMBER2. Change PDA to 60.  Discuss with Mike Brady whether this code should continue to be suitable for CSD.	Suffixes for this code are all AMBER2 therefore it is recommended to align the parent code.
27B02P	Known single PERIPHERAL wound - Penetrating wound (not IMPALED now)	GREEN3	Category3	AMBER2	61	Call volume: 7 Hear & treat: 6 Stood down: 1	Call volume: 3 Hear & treat: 3	Recommended codes are upgraded to AMBER2 to align to ARP. Remove NHSDW call taker prompt. Change PDA to 61 (EA/RRV)	Low call volume. CPAS recommend aligning to the ARP.
07B01	Blast injuries (without priority symptoms)	GREEN2	Category3	AMBER2	61	Call volume: 1 Conveyed: 1	Call volume: 1 Conveyed: 1	Recommended codes are upgraded to AMBER2. CSD call taker prompt to be removed. No change in PDA.	Only 1 call per year. CPAS recommend aligning to the ARP.
07B01E	Explosion	GREEN2	Category3	AMBER2	67				
07B01F	Fire present	GREEN2	Category3	AMBER2	66				
07B01W	Fireworks	GREEN2	Category3	AMBER2	67				
28C07E	Sudden vision problems - PARTIAL evidence of stroke (Unknown hours)	GREEN3	Category3	AMBER2	63	No calls	No calls	Recommended codes are upgraded to AMBER2. Remove NHSDW call taker	CPAS recommend aligning to the ARP.

Codes Recommended to be upgraded/downgraded									
Code	Description	WAST Category	ARP Category	Recommended Category	Recommended PDA	Outcome Data 2019	Outcome Data 2020	Recommendation	Clinical Rational
28C08E	Sudden onset of severe headache - PARTIAL evidence of stroke (Unknown hours)	GREEN3	Category3	AMBER2	63	No calls	No calls	prompt. Change PDA to 63.	
20B01C	Change in skin colour - Cold exposure	AMBER2	Category5	GREEN2	65	Call volume: 29 Conveyed: 2 Treated at scene: 3 Referred/pathway: 1 Hear & treat: 4 Managed by Fire/Police: 4 Stood down: 15	Call volume: 17 Conveyed: 5 Treated at scene: 2 Hear & treat: 2 Stood down: 8	Recommended codes are downgraded to GREEN2. CSD call taker prompt to remain. No change in PDA.	Low call volume & conveyance rate. CPAS recommend aligning to the ARP.
20B01H	Change in skin colour - Heat exposure	AMBER2	Category5	GREEN2	65				
20B02C	Unknown status/Other codes not applicable - Cold exposure	AMBER2	Category5	GREEN2	65				
20B02H	Unknown status/Other codes not applicable – Heat exposure	AMBER2	Category5	GREEN2	65				
17A04	PUBLIC ASSISTANCE (no injuries & no priority symptoms)	GREEN3	Category3	GREEN2	65	Call volume: 3218 Conveyed: 599 Treated at scene: 692 Referred/pathway: 290 Managed by Fire/Police: 6 Hear & treat: 894 Stood down: 737	Call volume: 2718 Conveyed: 488 Treated at scene: 701 Referred/pathway: 291 Hear & treat: 672 Managed by Fire/Police: 6 Stood down: 560	Recommended codes are unchanged or upgraded to GREEN2 CSD suitable.  Discuss with Mike Brady whether these codes would be suitable for CSD.	Noted vast majority of patients only require to be picked up. Call suitable for transfer to NHSDW often come back to 999 requesting one hour pick up.
17A04A	Accessibility concerns/difficulty	GREEN3	Category3	GREEN2	68				
17A04E	Environmental problems (rain heat cold)	GREEN3	Category3	GREEN2	68				
17A04G	On the ground or floor	GREEN3	Category3	GREEN2	65				
17A04J	Jumper (suicide attempt)	GREEN3	Category3	GREEN2	68				
17A04P	Public place (street car park market)	GREEN3	Category3	GREEN2	68				
21A02M	Nosebleed (? 35 or < 35 with SERIOUS haemorrhage) - MEDICAL	GREEN2	Category5	GREEN3	65	Call volume: 210 Conveyed: 61 Treated at scene: 27 Referred/pathway: 20 Hear & treat: 45 Stood down: 57	Call volume: 159 Conveyed: 45 Treated at scene: 20 Referred/pathway: 6 Hear & treat: 44 Managed by Fire/Police: 1 Stood down: 43	Discuss with Mike Brady whether these codes would be suitable for CSD or should be downgraded to GREEN3.	Currently GREEN2 NHSDW suitable. Queried whether both codes should remain GREEN2 NHSDW OR should be GREEN2 CSD or GREEN3 NHSDW.
21A02T	TRAUMA	GREEN2	Category5	GREEN3	65				
07B02W	Unknown status/Other codes not applicable - Fireworks	GREEN2	Category5	GREEN3	66	No calls	No calls	Recommended code is downgraded to GREEN3. No change in PDA.	CPAS recommend aligning to the ARP



Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
01A02	Testicle or groin pain (male)? non traumatic testicle or groin pain (male)	AMBER1	Category5	61	Call volume: 877 Conveyed: 690 Treated at scene: 50 Referred/pathway: 75 Hear & treat: 94 Managed by Fire/Police: 1 Stood down: 33	Call volume: 859 Conveyed: 603 Treated at scene: 50 Referred/pathway: 63 Hear & treat: 29 Managed by Fire/Police: 1 Stood down: 113	High conveyance rate.
01C03	Fainting or near fainting? 50	GREEN2	Category 3	65	Call volume: 1151 Conveyed: 349 Treated at scene: 32 Referred/pathway: 37 Hear & treat: 351 Stood down: 380 Role: 2	Call volume: 840 Conveyed: 302 Treated at scene: 29 Referred/pathway: 37 Hear & treat: 282 Stood down: 190	CSD suitable. No clinical rational or evidence to upgrade.
01C04	Females with fainting or near fainting 12–50	GREEN2	Category 5	65	Call volume: 2775 Conveyed: 1054	Call volume: 2207 Conveyed: 813	WAST GREEN2 aligns to ARP Category5.
01C05	Males with pain above navel? 35	GREEN2	Category 5	65	Treated at scene: 49 Referred/pathway: 85	Treated at scene: 65 Referred/pathway: 53	
01C06	Females with pain above navel? 45	GREEN2	Category 5	65	Hear & treat: 884 Managed by Fire/Police: 2 Stood down: 701	Hear & treat: 780 Managed by Fire/Police: 2 Stood down: 494	
02B01	Unknown status/Other codes not applicable	GREEN2	Category2	65	Call volume: 19 Conveyed: 8	Call volume: 23 Conveyed: 4	No clinical rational or evidence to upgrade.
02B01I	Injection administered or advised	GREEN2	Category2	65	Treated at scene: 2 Hear & treat: 3	Treated at scene: 4 Referred/pathway: 1	
02B01M	Medication administered or advised	GREEN2	Category2	65	Managed by Fire/Police: 1 Stood down: 5	Hear & treat: 5 Stood down: 9	
02C01	Difficulty breathing or swallowing	AMBER1	Category 1	61	Call volume: 744 Conveyed: 377	Call volume: 724 Conveyed: 316	In 2020 10% managed by CSD. Conveyance rate over 40%. Over 25% treated at scene / alternative pathway. If upgraded to RED CSD may not have a chance to review. Recommend to remain an AMBER2 but patient to call back if symptoms worsened.
02C01I	Injection administered or advised	AMBER1	Category 1	61	Treated at scene: 115 Referred/pathway: 76	Treated at scene: 128 Referred/pathway: 66	
02C01M	Medication administered or advised	AMBER1	Category 1	61	Hear & treat: 36 Managed by Fire/Police: 1 Stood down: 139	Hear & treat: 60 Managed by Fire/Police: 1 Stood down: 153	
02C02	History of severe allergic reaction	AMBER2	Category1	61	Call volume: 254 Conveyed: 87	Call volume: 197 Conveyed: 60	
02C02I	Injection administered or advised	AMBER2	Category1	61	Treated at scene: 36 Referred/pathway: 22	Treated at scene: 32 Referred/pathway: 19	
02C02M	Medication administered or advised	AMBER2	Category1	61	Hear & treat: 25 Stood down: 84	Hear & treat: 31 Stood down: 57	
02D04	Snakebite	RED	Category2	61	Call volume: 7 Conveyed: 4	Call volume: 5 Conveyed: 3	No calls in 2019/2020 for suffix I or M. No clinical rational or evidence to downgrade.
02D04I	Injection administered or advised	RED	Category2	61	Treated at scene: 2 Stood down: 1	Stood down: 2	
02D04M	Medication administered or advised	RED	Category2	61			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
03B03	Unknown status/Other codes not applicable	GREEN2	Category 5	65	Call volume: 28 Conveyed: 8 Hear & treat: 7 Managed by Fire/Police: 5 Stood down: 8	Call volume: 20 Conveyed: 6 Hear & treat: 4 Treated at scene: 2 Managed by Fire/Police: 3 Stood down: 5	WAST GREEN2 aligns to ARP Category5.
03D08	MAULING or multiple animals	AMBER1	Category3	63	Call volume: 6 Conveyed: 3 Hear & treat: 2 Managed by Fire/Police: 1	Call volume: 10 Conveyed: 6 Treated at scene: 1 Hear & treat: 2 Managed by Fire/Police: 1	Low call volume & could potentially be very serious.
03D09	Attack in progress	AMBER1	Category3	61	Call volume: 7 Conveyed: 5 Stood down: 2	Call volume: 6 Conveyed: 4 Stood down: 2	
04A01A	Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity - Assault	GREEN2	Category3	65	Call volume: 48 Conveyed: 11	Call volume: 44 Conveyed: 16	Average conveyance rate 25%. Suitable for CSD.
04A01S	Sexual assault	GREEN2	Category3	65	Treated at scene: 2 Hear & treat: 7	Treated at scene: 3 Hear & treat: 3	
04A01T	Stun gun	GREEN2	Category3	65	Managed by Fire/Police: 9 Stood down: 19	Managed by Fire/Police: 5 Stood down: 17	
04A02T	Unknown status/Other codes not applicable - Stun gun	GREEN2	Category5	65	No calls	No calls	WAST GREEN2 aligns to ARP Category5.
04B01A	POSSIBLY DANGEROUS body area - Assault	GREEN2	Category3	63	Call volume: 1982 Conveyed: 425	Call volume: 1188 Conveyed: 265	High volume approximately 100 per month. High number stood down. 15% managed by CSD.
04B01S	Sexual assault	GREEN2	Category3	63	Treated at scene: 104 Referred/pathway: 9	Treated at scene: 83 Referred/pathway: 8	
04B01T	Stun gun	GREEN2	Category3	65	Hear & treat: 301 Managed by Fire/Police: 404 Stood down: 739	Hear & treat: 200 Managed by Fire/Police: 247 Stood down: 385	
04B02A	SERIOUS haemorrhage - Assault	AMBER2	Category1	63	Call volume: 408 Conveyed: 88	Call volume: 499 Conveyed: 144	Only were 20% conveyed. High number stood down or managed by Fire/Police.
04B02S	Sexual assault	AMBER2	Category1	63	Treated at scene: 13 Referred/pathway: 1	Treated at scene: 20 Referred/pathway: 4	
04B02T	Stun gun	AMBER2	Category1	65	Hear & treat: 48 Managed by Fire/Police: 102 Stood down: 156	Hear & treat: 43 Managed by Fire/Police: 133 Stood down: 155	
04B03A	Unknown status/Other codes not applicable - Assault	GREEN2	Category5	65	Call volume: 376 Conveyed: 49	Call volume: 265 Conveyed: 41	WAST GREEN2 aligns to ARP Category5.
04B03S	Sexual assault	GREEN2	Category5	65	Treated at scene: 13 Referred/pathway: 5	Treated at scene: 12 Hear & treat: 61	
04B03T	Stun gun	GREEN2	Category5	65	Hear & treat: 75 Managed by Fire/Police: 107 Stood down: 124	Managed by Fire/Police: 78 Stood down: 73	
04D03A	Not alert - Assault	AMBER2	Category2	63	Call volume: 829	Call volume: 644	No clinical rational or evidence to

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
04D03S	Sexual assault	AMBER2	Category2	63	Conveyed: 12 Treated at scene: 36 Referred/pathway: 4 Hear & treat: 55 Managed by Fire/Police: 167 Stood down: 320	Conveyed: 300 Treated at scene: 35 Referred/pathway: 2 Hear & treat: 57 Managed by Fire/Police: 118 Stood down: 132 Role:	upgrade.
04D04A	Chest or Neck injury (with difficulty breathing) - Assault	AMBER2	Category2	63	Call volume: 140 Conveyed: 50 Referred/pathway: 2 Hear & treat: 14 Managed by Fire/Police: 20 Stood down: 54	Call volume: 118 Conveyed: 35 Treated at scene: 12 Hear & treat: 14 Managed by Fire/Police: 19 Stood down: 38	Low conveyance rate. Only default to this code if patients does not fit any other criteria.
04D04S	Sexual assault	AMBER2	Category2	63			
04D05A	Multiple victims - Assault	AMBER2	Category2	63	Call volume: 169 Conveyed: 30 Treated at scene: 6 Referred/pathway: 1 Hear & treat: 17 Managed by Fire/Police: 55 Stood down: 60	Call volume: 98 Conveyed: 25 Treated at scene: 2 Referred/pathway: 1 Hear & treat: 12 Managed by Fire/Police: 37 Stood down: 21	
04D05S	Sexual assault	AMBER2	Category2	63			
04D05T	Stun gun	AMBER2	Category2	63			
05C03	Fainting or near fainting? 50	AMBER1	Category 3	63	Call volume: 705 Conveyed: 443 Treated at scene: 71 Referred/pathway: 99 Hear & treat: 24 Stood down: 68	Call volume: 595 Conveyed: 362 Treated at scene: 64 Referred/pathway: 107 Hear & treat: 15 Managed by Fire/Police:	High conveyance rate. No clinical rational or evidence to upgrade.
06C01	Abnormal breathing	GREEN2	Category 5	65	Call volume: 2305 Conveyed: 792 Treated at scene: 137 Referred/pathway: 171 Hear & treat: 613 Managed by Fire/Police: 21 Stood down: 569 Role: 2	Call volume: 1144 Conveyed: 50 Treated at scene: 114 Referred/pathway: 82 Hear & treat: 345 Managed by Fire/Police: 17 Stood down: 148	WAST GREEN2 aligns to ARP Category5. No clinical rational or evidence to upgrade.
06C01O	Other lung problems	GREEN2	Category 3	67			
06C02	Tracheostomy (no obvious distress)	AMBER2	Category 5	67	Call volume: 7 Conveyed: 5 Treated at scene: 1 Stood down: 1	Call volume: 2 Conveyed: 100%	No clinical rational or evidence to downgrade.
06D04	Clammy or cold sweats	AMBER2	Category 2	61	Call volume: 3454 Conveyed: 1718 Treated at scene: 349 Referred/pathway: 347 Hear & treat: 208 Managed by Fire/Police: 8 Stood down: 823 Role: 1	Call volume: 1184 Conveyed: 487 Treated at scene: 221 Referred/pathway: 126 Hear & treat: 86 Managed by Fire/Police: 3 Stood down: 260 Role: 1	Recently raised at SCIF. High p1/p2 back up requests. 10% deteriorated & upgraded before call responded to. Recommend this code is discussed further at SOT.
06D04A	Asthma	AMBER2	Category 2	61			
06D04E	COAD (Emphysema/Chronic bronchitis)	AMBER2	Category 2	61			
06D04O	Clammy or cold sweats - Other lung problems	AMBER2	Category 2	61			
07A02	Fire alarm (unknown situation)	AMBER2	Category 5	65	Call volume: 18	Call volume: 19	No clinical rational or evidence to

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
07A02E	Explosion	AMBER2	Category 5	65	Conveyed: 1 Treated at scene: 1 Managed by Fire/Police: 11 Stood down: 5	Treated at scene: 3 Managed by Fire/Police: 6 Stood down: 10	downgrade.
07A02F	Fire present	AMBER2	Category 5	65			
07A02W	Fireworks	AMBER2	Category 5	65			
08D04	DIFFICULTY SPEAKING BETWEEN BREATHS	AMBER1	Category 1	62	Call volume: 49 Conveyed: 23 Treated at scene: 11 Referred/pathway: 1 Hear & treat: 1 Managed by Fire/Police: 2 Stood down: 11	Call volume: 50 Conveyed: 17 Treated at scene: 13 Referred/pathway: 2 Hear & treat: 6 Stood down: 12	Previously reviewed in 2019. Scene safety issues reviewed.
08D04B	Biological	AMBER1	Category 1	62			
08D04C	Chemical	AMBER1	Category 1	62			
08D04G	Smell of gas/fumes	AMBER1	Category 1	62			
08D04M	Carbon monoxide	AMBER1	Category 1	62			
08D04N	Nuclear	AMBER1	Category 1	62			
08D04R	Radiological	AMBER1	Category 1	62			
08D04S	Suicide attempt (only carbon monoxide)	AMBER1	Category 1	62			
08D04T	Suicide attempt (other toxic substances)	AMBER1	Category 1	62			
08D04U	Unknown	AMBER1	Category 1	62			
08D06	Unknown status/Other codes not applicable	AMBER2	Category 2	66	Call volume: 145 Conveyed: 26 Treated at scene: 23 Referred/pathway: 5 Hear & treat: 12 Managed by Fire Police: 31 Stood down: 45	Call volume: 104 Conveyed: 19 Treated at scene: 20 Referred/pathway: 5 Hear & treat: 2 Managed by Fire Police: 28 Stood down: 30	No roles. Low call volume and conveyance rate. Over 15% treated at scene.
08D06B	Unknown status/Other codes not applicable - Biological	AMBER2	Category 2	66			
08D06C	Chemical	AMBER2	Category 2	66			
08D06G	Smell of gas/fumes	AMBER2	Category 2	66			
08D06M	Carbon monoxide	AMBER2	Category 2	66			
08D06N	Nuclear	AMBER2	Category 2	66			
08D06R	Radiological	AMBER2	Category 2	66			
08D06S	Unknown status/Other codes not applicable - Suicide attempt (only carbon monoxide)	AMBER2	Category 2	66			
08D06T	Unknown status/Other codes not applicable - Suicide attempt (other toxic substances)	AMBER2	Category 2	66			
08D06U	Unknown status/Other codes not applicable - Unknown	AMBER2	Category 2	66			
09B01A	OBVIOUS DEATH unquestionable (a through h) - Cold & stiff in a warm environment	GREEN2	Category 3	65	Call volume: 1487 Conveyed: 14 Treated at scene: 6 Referred/pathway: 24 Hear & treat: 5 Managed by Fire/Police: 46 Stood down: 29 Role: 1363	Call volume: 1580 Conveyed: 17 Treated at scene: 6 Referred/pathway: 9 Hear & treat: 6 Managed by Fire/Police: 61 Stood down: 22 Role: 1459	WAST GREEN2 aligns to ARP Category5. No clinical rational or evidence to upgrade.
09B01B	Decapitation	GREEN2	Category 3	65			
09B01C	Decomposition	GREEN2	Category 3	65			
09B01D	Incineration	GREEN2	Category 3	65			
09B01E	NON-RECENT death	GREEN2	Category 3	65			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
09B01F	Severe injuries obviously incompatible with life	GREEN2	Category 3	65			
09B01G	Condition g (user-defined)	GREEN2	Category 3	65			
09B01H	Condition h (user-defined)	GREEN2	Category 3	65			
09O01X	EXPECTED DEATH unquestionable (x through z) - Terminal illness	GREEN2	Category 5	65	Call volume: 692 Conveyed: 23 Treated at scene: 2 Referred/pathway: 42 Hear & treat: 11 Managed by Fire/Police: 6 Stood down: 42 Role: 566	Call volume: 627 Conveyed: 18 Treated at scene: 3 Referred/pathway: 42 Hear & treat: 25 Managed by Fire/Police: 6 Stood down: 42 Role: 491	
09O01Y	DNR (Do Not Resuscitate) Order	GREEN2	Category 5	65			
09O01Z	Condition z (user-defined)	GREEN2	Category 5	65			
10A02	Breathing normally < 12 (drugs or medications taken)	GREEN2	Category 5	67	Call volume: 16 Conveyed: 2 Stood down: 6	Call volume: 12 Conveyed: 2 Treated at scene: 1 Hear & treat: 6 Stood down: 3	Low call volume. Usually end up a delta as patients is clammy, has breathing difficulties, nausea or vomiting.
10C02	Cocaine	AMBER1	Category 3	61	Call volume: 20 Conveyed: 12 Treated at scene: 1 Hear & treat: 2 Managed by Fire/Police: 2 Stood down: 3	Call volume: 9 Conveyed: 6 Stood down: 3	
12A01E	Not fitting now & effective breathing verified (known fitting disorder) - Epileptic or Previous diagnosis of fitting	GREEN3	Category 3	65	Call volume: 1494 Conveyed: 261 Treated at scene: 78 Referred/pathway: 88 Hear & treat: 849 Managed by Fire/Police: 6 Stood down: 212	Call volume: 1355 Conveyed: 224 Treated at scene: 84 Referred/pathway: 70 Hear & treat: 759 Managed by Fire/Police: 6 Stood down: 212	17% covered. 1% upgraded to RED. 1% upgraded to AMBER1. Over 50% managed by NHSDW/111. 20% managed CSD.
12A04E	FOCAL/ABSENCE fit (alert) - Epileptic or Previous diagnosis of fitting	GREEN3	Category 3	65	Call volume: 90 Conveyed: 9 Treated at scene: 4 Referred/pathway: 1 Hear & treat: 64 Managed by Fire/Police: Stood down: 12	Call volume: 76 Conveyed: 16 Referred/pathway: 3 Hear & treat: 50 Stood down: 7	High number managed by NHSDW/111. Low conveyance rate.
12D04	Effective breathing not verified ? 35	AMBER1	Category 1	61	Call volume: 1087 Conveyed: 9	Call volume: 706 Conveyed:	No clinical rational or evidence to upgrade.
12D04E	Effective breathing not verified ? 35 - Epileptic or Previous diagnosis of fitting	AMBER1	Category 1	61	Treated at scene: 113 Referred/pathway: 97 Hear & treat: 129 Managed by Fire/Police: 34 Stood down: 150 Role: 3	Treated at scene: 114 Referred/pathway: 70 Hear & treat: 6 Managed by Fire/Police: 19 Stood down: 187 Role: 2	
13C01	Not alert	AMBER2	Category 2	61	Call volume: 1605	Call volume: 1303	Less than 50% conveyed. Nearly 30%

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
13C01C	Combative or aggressive	AMBER2	Category 2	61	Conveyed: 602 Treated at scene: 183 Referred/pathway: 262 Hear & treat: 97 Managed by Fire/Police: 7 Stood down: 453 Role: 1	Conveyed: 498 Treated at scene: 157 Referred/pathway: 186 Hear & treat: 92 Managed by Fire/Police: 7 Stood down: 361 Role: 2	treated at scene or alternative pathway. 20 cancelled pre arrival low no's dealt with by CSD. Nearly 30% stood down.
13C02	Abnormal behaviour	AMBER2	Category 2	61	Call volume: 488 Conveyed: 198	Call volume: 364 Conveyed: 156	
13C02C	Combative or aggressive	AMBER2	Category 2	61	Treated at scene: 60 Referred/pathway: 49 Hear & treat: 41 Managed by Fire/Police: 8 Stood down: 132	Treated at scene: 41 Referred/pathway: 39 Hear & treat: 24 Managed by Fire/Police: 1 Stood down: 103	
13C03	Abnormal breathing	AMBER2	Category 2	61	Call volume: 267 Conveyed: 129	Call volume: 274 Conveyed: 141	
13C03C	Combative or aggressive	AMBER2	Category 2	61	Treated at scene: 25 Referred/pathway: 26 Hear & treat: 23 Stood down: 64	Treated at scene: 26 Referred/pathway: 22 Hear & treat: 23 Stood down: 62	
14A01	Alert & breathing normally (no injuries & out of water)	AMBER2	Category 5	65	Call volume: 12 Conveyed: 2	Call volume: 16 Conveyed: 7	No clinical rational or evidence to downgrade.
14A01S	SCUBA accident (not underwater)	AMBER2	Category 5	65	Treated at scene: 1 Referred/pathway: 1 Hear & treat: 3 Stood down: 5	Treated at scene: 1 Referred/pathway: 1 Hear & treat: 3 Managed by Fire/Police: 1 Stood down: 3	
14B02	OBVIOUS DEATH (submersion ? 6hrs)	GREEN2	Category 3	65	Call volume: 3 Managed by Fire/Police: 2 Role: 1	Call volume: 2 Role: 2	No clinical rational or evidence to upgrade.
15C01L	Alert and breathing normally - Lightning	GREEN2	Category 5	67	No calls	No calls	WAST GREEN2 aligns to ARP Category5.
16B01	SEVERE eye injuries	GREEN3	Category 3	68	Call volume: 61 Conveyed: 3 Treated at scene: 2 Referred/pathway: 1 Hear & treat: 52 Managed by Fire/Police: 1 Stood down: 2	Call volume: 70 Conveyed: 9 Referred/pathway: 1 Hear & treat: 50 Stood down: 10	NHSDW/111 suitable. High hear & treat. No clinical rational or evidence to upgrade.
17A03	NON-RECENT (? 6hrs) injuries except DISTAL body area (without priority symptoms)	GREEN2	Category 5	63	Call volume: 697 Conveyed: 100 Treated at scene: 13 Referred/pathway: 15 Hear & treat: 527 Managed by Fire/Police: 2 Stood down: 40	Call volume: 829 Conveyed: 445 Treated at scene: 81 Referred/pathway: 41 Hear & treat: 164 Managed by Fire/Police: 1 Stood down: 97	WAST GREEN2 aligns to ARP Category5.



Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
17B03	Fall down (not on) stairs	AMBER2	Category 5	61	Call volume: 259 Conveyed: 79 Treated at scene: 47 Referred/pathway: 21 Hear & treat: 17 Managed by Fire/Police: 16 Stood down: 79	Call volume: 161 Conveyed: 90 Treated at scene: 12 Referred/pathway: 4 Hear & treat: 12 Managed by Fire/Police: 1 Stood down: 42	No clinical rational or evidence to downgrade.
17B04	Unknown status/Other codes not applicable	AMBER2	Category 5	61	Call volume: 303 Conveyed: 77 Treated at scene: 53 Referred/pathway: 30 Hear & treat: 30 Managed by Fire/Police: 2 Stood down: 111	Call volume: 1515 Conveyed: 398 Treated at scene: 378 Referred/pathway: 177 Hear & treat: 108 Managed by Fire/Police: 18 Stood down: 436	No clinical rational or evidence to downgrade.
17B04A	Unknown status/Other codes not applicable - Accessibility concerns/difficulty	AMBER2	Category 5	61			
17B04E	Unknown status/Other codes not applicable - Environmental problems (rain heat cold)	AMBER2	Category 5	61			
17B04G	Unknown status/Other codes not applicable - On the ground or floor	AMBER2	Category 5	61			
17B04J	Unknown status/Other codes not applicable - Jumper (suicide attempt)	AMBER2	Category 5	61			
17B04P	Unknown status/Other codes not applicable - Public place (street car park market)	AMBER2	Category 5	61			
18C01D	Not alert - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 2	63	Call volume: 218 Conveyed: 102 Treated at scene: 15 Referred/pathway: 16 Hear & treat: 30 Stood down: 55	Call volume: 178 Conveyed: 95 Treated at scene: 18 Referred/pathway: 18 Hear & treat: 14 Stood down: 33	WAST categorisation based on stroke evidence: <ul style="list-style-type: none"><li>Within 5 hrs AMBER1.</li><li>Outside 5hrs &amp; low probability of stroke AMBER2.</li></ul>
18C01E	PARTIAL evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C01G	Greater than T hours since the symptoms started	AMBER2	Category 2	63			
18C01H	STRONG evidence of stroke (> T hours)	AMBER2	Category 2	63			
18C01I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C01K	CLEAR evidence of stroke (> T hours)	AMBER2	Category 2	63			
18C01M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C01U	Unknown when the symptoms started	AMBER2	Category 2	63			
18C01X	No test evidence of stroke (< T hours)	AMBER2	Category 2	63			
18C01Y	No test evidence of stroke (>T hours)	AMBER2	Category 2	63			
18C01Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C02D	Abnormal breathing - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 2	63	Call volume: 109 Conveyed: 13 Treated at scene: 21 Referred/pathway: 18 Hear & treat: 13 Stood down: 44	Call volume: 165 Conveyed: 67 Treated at scene: 21 Referred/pathway: 22 Hear & treat: 18 Stood down: 37	
18C02E	PARTIAL evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C02G	Greater than T hours since the symptoms started	AMBER2	Category 2	63			
18C02H	STRONG evidence of stroke (> T hours)	AMBER2	Category 2	63			
18C02I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C02K	CLEAR evidence of stroke (> T hours)	AMBER2	Category 2	63			
18C02M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
18C02U	Unknown when the symptoms started	AMBER2	Category 2	63			
18C02X	No test evidence of stroke (< T hours)	AMBER2	Category 2	63			
18C02Y	No test evidence of stroke (> T hours)	AMBER2	Category 2	63			
18C02Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C03E	Speech problems - PARTIAL evidence of stroke (Unknown hours)	AMBER2	Category 2	63	Call volume: 2 Treated at scene: 2	Call volume: 10 Conveyed: 3 Treated at scene: 5 Stood down: 2	
18C03I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C03M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C03U	Unknown when the symptoms started	AMBER2	Category 2	63			
18C03Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 2	63	Call volume: 21 Conveyed: 13 Referred/pathway: 1 Stood down: 7	Call volume: 21 Conveyed: 10 Treated at scene: 3 Referred/pathway: 2 Hear & treat: 2 Stood down: 4	
18C04E	Sudden onset of severe pain - PARTIAL evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C04I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C04M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C04U	Unknown when the symptoms started	AMBER2	Category 2	63	Call volume: 2 Conveyed: 1 Stood down: 1	Call volume: 7 Conveyed: 1 Treated at scene: 1 Referred/pathway: 2 Stood down: 3	
18C04Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C05E	Numbness - PARTIAL evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C05I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C05M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63	No calls	No calls	
18C05U	Unknown when the symptoms started	AMBER2	Category 2	63			
18C05Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C06E	Paralysis - PARTIAL evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C06I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63	Call volume: 23 Conveyed: 9 Treated at scene: 6 Referred/pathway: 1 Hear & treat: 2 Stood down: 5	Call volume: 12 Conveyed: 4 Treated at scene: 1 Referred/pathway: 4 Stood down: 3	
18C06M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C06U	Unknown when the symptoms started	AMBER2	Category 2	63			
18C06Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C07E	Change in behaviour(? 3hrs) - PARTIAL evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C07I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C07M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
18C07U	Unknown when the symptoms started	AMBER2	Category 2	63			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
18C07X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			
18C07Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63			
18C07Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63			
19C04	Cardiac history	AMBER2	Category 2	61	Call volume: 585 Conveyed: 421 Treated at scene: 51 Referred/pathway: 48 Hear & treat: 23 Stood down:88	Call volume: 576 Conveyed: 300 Treated at scene: 79 Referred/pathway: 53 Hear & treat: 38 Managed by Fire/Police: 1 Stood down: 108	Just under 50% conveyed in 2020. Calls needs to go through delta determinants prior to getting to this code.
24A02	Confirmed STILLBIRTH situation (>=6 month/24 weeks & no complications)	AMBER2	Category 5	63	No calls	No calls	No clinical rational or evidence to downgrade.
24A02M	Multiple Birth	AMBER2	Category 5	63			
24B01	Labour (delivery not imminent ? 6 months/24 weeks)	GREEN2	Category 5	63	Call volume: 66 Conveyed: 35 Treated at scene: 4 Referred/pathway: 1 Hear & treat: 4 Stood down: 22	Call volume: 55 Conveyed: 29 Treated at scene: 1 Hear & treat: 7 Stood down: 18	WAST GREEN2 aligns to ARP Category5. No clinical rational or evidence to downgrade.
24B01M	Multiple birth	AMBER2	Category 5	63			
24B02	Unknown status/Other codes not applicable	GREEN2	Category 5	63	Call volume: 60 Conveyed: 32 Treated at scene: 1 Referred/pathway: 2 Hear & treat: 9 Managed by Fire/Police: 1 Stood down: 15	Call volume: 43 Conveyed: 17 Treated at scene: 3 Referred/pathway: 2 Hear & treat: 11 Managed by Fire/Police: 1 Stood down: 9	
24B02M	Multiple birth	AMBER2	Category 5	63			
24C04	Baby born (no complications)	AMBER2	Category 2	63	Call volume: 143 Conveyed: 67 Treated at scene: 21 Referred/pathway: 39 Stood down: 16	Call volume: 138 Conveyed: 58 Treated at scene: 22 Referred/pathway: 40 Hear & treat: 1 Managed by Fire/Police: 1 Stood down: 16	Call takers do not downgrade to this code unless entirely sure the baby is fine.
24C04M	Multiple birth	AMBER2	Category 2	63			
24D05	HIGH RISK complications	RED	Category 2	60	Call volume: 822 Conveyed: 769 Treated at scene: 19 Referred/pathway: 18 Managed by Fire/Police: 1 Stood down: 15	Call volume: 846 Conveyed: 777 Treated at scene: 27 Referred/pathway: 14 Managed by Fire/Police: 1 Stood down: 27	High number of calls from HCP. Previously upgraded as a result of concern
24D05M	Multiple birth	RED	Category 2	60			
25B03	THREATENING SUICIDE	AMBER2	Category 5	67	Call volume: 4949 Conveyed: 1330 Treated at scene: 276 Referred/pathway: 195 Hear & treat: 797 Managed by Fire/Police: 1045 Stood down: 1304 Role: 2	Call volume: 4448 Conveyed: 1286 Treated at scene: 320 Referred/pathway: 186 Hear & treat: 752 Managed by Fire/Police: 889 Stood down: 1015	No clinical rational or evidence to downgrade.
25B03B	Both Violent & Weapons	AMBER2	Category 5	63			
25B03T	Self-Immolation	AMBER2	Category 5	63			
25B03V	Violent	AMBER2	Category 5	63			
25B03W	Weapons	AMBER2	Category 5	63			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
25B06	Unknown status/Other codes not applicable	AMBER2	Category 5	67	Call volume: 2588 Conveyed: 491 Treated at scene: 160 Referred/pathway: 106 Hear & treat: 373 Managed by Fire/Police: 644 Stood down: 814	Call volume: 2516 Conveyed: 518 Treated at scene: 208 Referred/pathway: 105 Hear & treat: 404 Managed by Fire/Police: 570 Stood down: 709 Role: 2	No clinical rational or evidence to downgrade.
25B06B	Both Violent & Weapons	AMBER2	Category 5	63			
25B06V	Violent	AMBER2	Category 5	63			
25B06W	Weapons	AMBER2	Category 5	63			
25D02	Unconscious	RED	Category 2	60	Call volume: 120 Conveyed: 66 Treated at scene: 6 Referred/pathway: 6 Hear & treat: 4 Managed by Fire/Police: 17 Stood down: 21	Call volume: 86 Conveyed: 68 Treated at scene: 5 Managed by Fire/Police: 5 Stood down: 8	Usually dealt with in overdose codes hence the low numbers although clinical risk identified symptoms may be missed if this code is reached.
26A01	No priority symptoms – 3rd party (complaint conditions 2–12 not identified)	GREEN2	Category 5	67	Call volume: 917 Conveyed: 299 Treated at scene: 122 Referred/pathway: 64 Hear & treat: 150 Managed by Fire/Police: 27 Stood down: 255	Call volume: 662 Conveyed: 234 Treated at scene: 108 Referred/pathway: 40 Hear & treat: 111 Stood down: 169	WAST GREEN2 aligns to ARP Category5.
26A01C	Suspected coronavirus illness	GREEN2	Category 5	67			
26C02	Abnormal breathing	AMBER2	Category 5	61	Call volume: 5153 Conveyed: 2611 Treated at scene: 381 Referred/pathway: 561 Hear & treat: 479 Managed by Fire/Police: 20 Stood down: 1099 Role: 2	Call volume: 2896 Conveyed: 1367 Treated at scene: 381 Referred/pathway: 300 Hear & treat: 253 Managed by Fire/Police: 11 Stood down: 583 Role:1	No clinical rational or evidence to downgrade.
26C02C	Suspected coronavirus illness	AMBER2	Category 5	61			
27B03G	SERIOUS haemorrhage - Gunshot	AMBER2	Category 2	61	Call volume: 7 Conveyed: 3 Treated at scene: 1 Stood down: 3	Call volume: 10 Conveyed: 3 Hear & treat: 3 Managed by Fire/Police: 1 Stood down: 3	No clinical rational or evidence to upgrade.
27B03I	IMPALED currently	AMBER2	Category 2	61			
27B03P	Penetrating wound (not IMPALED now)	AMBER2	Category 2	62			
27B03S	Stab	AMBER2	Category 2	61			
27B03X	Self-inflicted GSW (intentional)	AMBER2	Category 2	61			
27B03Y	Self-inflicted knife/stab wound (intentional)	AMBER2	Category 2	61			
27B04G	Unknown status/Other codes not applicable - Gunshot	AMBER2	Category 2	65	Call volume: 12 Conveyed: 3 Treated at scene: 2 Hear & treat: 2 Managed by Fire/Police: 1 Stood down: 4	Call volume: 12 Conveyed: 1 Treated at scene: 1 Referred/pathway: 1 Hear & treat: 1 Managed by Fire/Police: 5	No clinical rational or evidence to upgrade.
27B04I	IMPALED currently	AMBER2	Category 2	65			
27B04P	Penetrating wound (not IMPALED now)	AMBER2	Category 2	65			
27B04S	Stab	AMBER2	Category 2	65			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
27B04X	Self-inflicted GSW (intentional)	AMBER2	Category 2	65	Call volume: 2 Role: 2	Stood down: 3  Call volume: 2 Managed by Fire/Police: 1 Role: 1	No clinical rational or evidence to upgrade.
27B04Y	Self-inflicted knife/stab wound (intentional)	AMBER2	Category 2	65			
27B05G	OBVIOUS DEATH - Gunshot ? OBVIOUS DEATH UNQUESTIONABLE - Gunshot	GREEN2	Category 3	65			
27B05I	IMPALED	GREEN2	Category 3	65			
27B05P	- Penetrating wound(not IMPALED now)	GREEN2	Category 3	65			
27B05S	Stab	GREEN2	Category 3	65			
27B05X	Self inflicted GSW (intentional)	GREEN2	Category 3	65			
27B05Y	Self-inflicted knife/stab wound (intentional) ? OBVIOUS DEATH UNQUESTIONABLE	GREEN2	Category 3	65			
28A01D	Breathing normally < 35 - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63	Call volume: 19 Conveyed: 14 Hear & treat: 2 Stood down: 3	Call volume: 7 Conveyed: 6 Treated at scene: 1	Stroke tool used if caller mentions stroke. WAST categorisation based on stroke evidence: <ul style="list-style-type: none"><li>Within 5 hrs AMBER1.</li><li>Outside 5hrs &amp; low probability of stroke AMBER2.</li></ul>
28A01G	Greater than T hours since the symptoms started	AMBER2	Category 5	63			
28A01I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28A01M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28A01U	Unknown when the symptoms started	AMBER2	Category 5	63			
28C01D	Not alert - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 2	63	Call volume: 2060 Conveyed: 1359 Treated at scene: 125 Referred/pathway: 193 Hear & treat: 67 Managed by Fire/Police: 9 Stood down: 307	Call volume: 2124 Conveyed: 1270 Treated at scene: 186 Referred/pathway: 213 Hear & treat: 105 Managed by Fire/Police: 9 Stood down: 337 Role: 4	
28C01E	PARTIAL evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C01G	Greater than T hours since the symptoms started	AMBER2	Category 2	63			
28C01H	STRONG evidence of stroke (> T hours)	AMBER2	Category 2	63			
28C01I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C01K	CLEAR evidence of stroke (> T hours)	AMBER2	Category 2	63			
28C01M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C01U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C01X	No test evidence of stroke (< T hours)	AMBER2	Category 2	63			
28C01Y	No test evidence of stroke (> T hours)	AMBER2	Category 2	63			
28C01Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C02D	Abnormal breathing - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63	Call volume: 282 Conveyed: 137 Treated at scene: 23 Referred/pathway: 27 Hear & treat: 20 Stood down: 75	Call volume: 425 Conveyed: 19 Treated at scene: 41 Referred/pathway: 42 Hear & treat: 40 Stood down: 110	
28C02I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C02M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C02X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
28C02Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63	Call volume: 551 Conveyed: 313 Treated at scene: 35 Referred/pathway: 54 Hear & treat: 32 Stood down: 117	Call volume: 540 Conveyed: 272 Treated at scene: 51 Referred/pathway: 55 Hear & treat: 43 Managed by Fire/Police: 1 Stood down: 117 Role: 1	
28C02Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63			
28C03D	Sudden speech problems - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C03I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C03M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C03U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C03X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			
28C03Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C03Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63	Call volume: 493 Conveyed: 253 Treated at scene: 39 Referred/pathway: 66 Hear & treat: 32 Stood down: 103	Call volume: 553 Conveyed: 298 Treated at scene: 54 Referred/pathway: 50 Hear & treat: 49 Managed by Fire/Police: 1 Stood down: 100 Role: 1	
28C04D	Sudden weakness or numbness (one side) - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C04I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C04M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C04U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C04X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			
28C04Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C04Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63			
28C05D	Sudden paralysis or facial droop (one side) - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63	Call volume: 151 Conveyed: 80 Treated at scene: 17 Referred/pathway: 14 Hear & treat: 9 Managed by Fire/Police: 1 Stood down: 30	Call volume: 151 Conveyed: 80 Treated at scene: 17 Referred/pathway: 17 Hear & treat: 8 Stood down: 29	
28C05I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C05M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C05U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C05X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			
28C05Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C05Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63			
28C06D	Sudden loss of balance or coordination - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63	Call volume: 229 Conveyed: 128 Treated at scene: 17 Referred/pathway: 29 Hear & treat: 14 Managed by Fire/Police: 1 Stood down: 40	Call volume: 243 Conveyed: 121 Treated at scene: 29 Referred/pathway: 36 Hear & treat: 14 Stood down: 43	
28C06I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C06M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C06U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C06X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			



Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
28C06Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C06Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63			
28C07I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C07M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63	Call volume: 16 Conveyed: 10 Treated at scene: 3 Referred/pathway: 1 Stood down: 2	Call volume: 26 Conveyed: 14 Treated at scene: 3 Referred/pathway: 1 Stood down: 8	
28C07U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C08I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C08M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63	Call volume: 14 Conveyed: 11 Referred/pathway: 2 Stood down: 1	Call volume: 10 Conveyed: 2 Referred/pathway: 1 Hear & treat: 2 Stood down: 5	
28C08U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C09D	STROKE history - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C09I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63	Call volume: 99 Conveyed: 57 Treated at scene: 8 Referred/pathway: 7 Hear & treat: 6 Managed by Fire/Police: 1 Stood down: 20	Call volume: 63 Conveyed: 38 Treated at scene: 5 Referred/pathway: 9 Hear & treat: 1 Stood down: 10	
28C09M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C09U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C09X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			
28C09Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C09Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63	Call volume: 65 Conveyed: 31 Treated at scene: 11 Referred/pathway: 10 Hear & treat: 3 Stood down: 10	Call volume: 52 Conveyed: 21 Treated at scene: 8 Referred/pathway: 6 Hear & treat: 5 Stood down: 12	
28C10D	TIA (mini-stroke) history - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C10I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C10M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C10U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C10X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			
28C10Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C10Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63	Call volume: 198 Conveyed: 113 Treated at scene: 20 Referred/pathway: 16 Hear & treat: 10 Managed by Fire/Police: 1 Stood down: 38	Call volume: 147 Conveyed: 87 Treated at scene: 12 Referred/pathway: 15 Hear & treat: 8 Stood down: 25	
28C11D	Breathing normally ? 35 - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63			
28C11I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C11M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63			
28C11U	Unknown when the symptoms started	AMBER2	Category 2	63			
28C11X	No test evidence of stroke (< T hours)	AMBER2	Category 5	63			
28C11Y	No test evidence of stroke (> T hours)	AMBER2	Category 5	63			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
28C11Z	No test evidence of stroke (Unknown hours)	AMBER2	Category 5	63			
28C12D	Unknown status/Other codes not applicable - PARTIAL evidence of stroke (> T hours)	AMBER2	Category 5	63	Call volume: 38 Conveyed: 25	Call volume: 29 Conveyed: 19	
28C12I	STRONG evidence of stroke (Unknown hours)	AMBER2	Category 2	63	Treated at scene: 2 Referred/pathway: 1	Treated at scene: 2 Hear & treat: 1	
28C12M	CLEAR evidence of stroke (Unknown hours)	AMBER2	Category 2	63	Managed by Fire/Police: 1	Managed by Fire/Police: 2	
28C12U	Unknown when the symptoms started	AMBER2	Category 2	63	Stood down: 9	Stood down: 5	
29B04	LOW MECHANISM (1st or 2nd party caller)	AMBER2	Category 5	65	Call volume: 5 Conveyed: 4 Stood down: 1	Call volume: 4 Conveyed: 4	No clinical rational or evidence to downgrade.
29B04U	Unknown number of patients	AMBER2	Category 5	65			
29B04V	Multiple patients	AMBER2	Category 5	65			
29B04X	Unknown number of patients & Additional response required	AMBER2	Category 5	65			
29B04Y	Multiple patients & Additional response required	AMBER2	Category 5	65			
30A01	Marked (*) NOT DANGEROUS PROXIMAL or DISTAL body area with deformity	GREEN2	Category 5	68	Call volume: 1063 Conveyed: 479 Treated at scene: 32 Referred/pathway: 13 Hear & treat: 163 Managed by Fire/Police: 13 Stood down: 363	Call volume: 855 Conveyed: 444 Treated at scene: 39 Referred/pathway: 4 Hear & treat: 125 Managed by Fire/Police: 9 Stood down: 234	WAST GREEN2 aligns to ARP Category5.
30B01	POSSIBLY DANGEROUS body area	AMBER2	Category5	61	Call volume: 4276 Conveyed: 2224 Treated at scene: 485 Referred/pathway: 217 Hear & treat: 248 Managed by Fire/Police: 95 Stood down: 1007	Call volume: 3412 Conveyed: 1633 Treated at scene: 453 Referred/pathway: 157 Hear & treat: 281 Managed by Fire/Police: 65 Stood down: 823	30B01 approximately 50% conveyance rate. No clinical rational or evidence to downgrade.
30B02	SERIOUS haemorrhage	AMBER2	Category2	61	Call volume: 462 Conveyed: 190 Treated at scene: 32 Referred/pathway: 14 Hear & treat: 38 Managed by Fire/Police: 7 Stood down: 181	Call volume: 467 Conveyed: 189 Treated at scene: 37 Referred/pathway: 15 Hear & treat: 57 Managed by Fire/Police: 9 Stood down: 160	40% conveyance rate. No clinical rational or evidence to upgrade.
31A02	Fainting episode(s) and alert < 35 (with cardiac history)	GREEN2	Category5	65	Call volume: 136 Conveyed: 33 Treated at scene: 4 Hear & treat: 30 Managed by Fire/Police: 5 Stood down: 64	Call volume: 88 Conveyed: 17 Treated at scene: 4 Hear & treat: 20 Managed by Fire/Police: 5 Stood down: 42	WAST GREEN2 aligns to ARP Category5

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
32B02	Community Alarm notifications (no patient information)	AMBER2	Category5	65	Call volume: 2947 Conveyed: 237 Treated at scene: 789 Referred/pathway: 121 Hear & treat: 113 Managed by Fire/Police: 84 Stood down: 1602 Role: 1	Call volume: 3295 Conveyed: 243 Treated at scene: 1085 Referred/pathway: 125 Hear & treat: 142 Managed by Fire/Police: 50 Stood down: 1646 Role: 4	High volume of calls treated at scene. No clinical rational or evidence to downgrade.
32B03	Unknown status/Other codes not applicable	GREEN2	Category3	65	Call volume: 710 Conveyed: 114 Treated at scene: 58 Referred/pathway: 13 Hear & treat: 73 Managed by Fire/Police: 129 Stood down: 308 Role:15	Call volume: 672 Conveyed: 68 Treated at scene: 75 Referred/pathway: 28 Hear & treat: 231 Managed by Fire/Police: 99 Stood down: 151 Role: 20	No clinical rational or evidence to upgrade.
31C03	Females 12–50 with abdominal pain	AMBER2	Category 5	61	Call volume: 336 Conveyed: 143 Treated at scene: 30 Referred/pathway: 27 Hear & treat: 28 Managed by Fire/Police: 2 Stood down: 106	Call volume: 269 Conveyed: 112 Treated at scene: 29 Referred/pathway: 19 Hear & treat: 27 Managed by Fire/Police: 2 Stood down: 80	No clinical rational or evidence to downgrade.
31D02	Unconscious - Abnormal Breathing	RED	Category 2	60	Call volume: 2692 Conveyed: 1631 Treated at scene: 170 Referred/pathway: 147 Hear & treat: 21 Managed by Fire/Police: 176 Stood down: 529 Role: 18	Call volume: 1917 Conveyed: 1151 Treated at scene: 166 Referred/pathway: 128 Managed by Fire/Police: 91 Stood down: 317 Role: 64	Agreed to remain RED based on data/evidence.
32D01	LIFE STATUS QUESTIONABLE	AMBER1	Category 3	60	Call volume: 1026 Conveyed: 195 Treated at scene: 97 Referred/pathway: 25 Hear & treat: 17 Managed by Fire/Police: 174 Stood down: 470 Role: 48	Call volume: 948 Conveyed: 173 Treated at scene: 116 Referred/pathway: 24 Hear & treat: 9 Managed by Fire/Police: 156 Stood down: 438 Role: 32	WAST downgraded from RED to AMBER1 Jan-19 to align to ARP. ARP downgraded to Category 3 May-19. Recommended the code remains AMBER1 based on the number of patients rolled.
33A01P	ACUITY I (no priority symptoms) - Palliative Care	GREEN3	Category 4	68	No calls	No calls	Currently not used in WAST.
33A01T	ATransfer/Interfacility	GREEN3	Category 4	68			
33A02P	ACUITY II (no priority symptoms) - Palliative Care	GREEN3	Category 4	68	No calls	No calls	
33A02T	Transfer/Interfacility	GREEN3	Category 4	68			
33A03P	ACUITY III (no priority symptoms) - Palliative Care	GREEN3	Category 4	68	No calls	No calls	
33A03T	Transfer/Interfacility	GREEN3	Category 4	68			

Codes recommended to remain the same (different to ARP)							
Code	Description	WAST Category	ARP Category	PDA	Outcome Data 2019	Outcome Data 2020	Clinical Rational
33C01P	Not alert (acute change) - Palliative Care	AMBER2	Category 2	68	No calls	No calls	
33C01T	Transfer/Interfacility	AMBER2	Category 2	68			
33C05P	Possible acute heart problems or MI (heart attack) - Palliative Care	AMBER2	Category 2	68			
33C05T	Transfer/Interfacility	AMBER2	Category 2	68			
34D01H	HIGH MECHANISM (h through n) - Vehicle v. bicycle	AMBER2	Category 2	68	No calls	No calls	Currently not used in WAST.
34D01I	Vehicle v. motorcycle	AMBER2	Category 2	68			
34D01J	Vehicle v. pedestrian	AMBER2	Category 2	68			
34D01K	Ejection	AMBER2	Category 2	68			
34D01L	Trapped	AMBER2	Category 2	68			
34D01M	Rollover	AMBER2	Category 2	68			
34D01N	Vehicle off bridge/height	AMBER2	Category 2	68			
36C03S	Chest pain/discomfort ? 35 with single flu symptom - Level 0 (surveillance only)	AMBER1	Category 3	63	No calls	Call volume: 996 Conveyed: 648 Treated at scene: 121 Referred/pathway: 102 Hear & treat: 25 Managed by Fire/Police: 1 Stood down: 99	Currently note used in WAST.
36C04S	Chest pain/discomfort ? 35 with multiple flu symptoms - Level 0 (surveillance only)	AMBER1	Category 3	63	No calls	Call volume: 1510 Conveyed: Treated at scene: 224 Referred/pathway: 183 Hear & treat: 34 Managed by Fire/Police: 2 Stood down: 169	
36D01C	INEFFECTIVE BREATHING with flu symptoms - Level 3 (high triage)	AMBER1	Category 1	63	No calls	No calls	

# MEMO

## CALL CODE CHANGES: ALIGNING WALES TO ENGLAND

WELSH AMBULANCE SERVICE TRUST

Version: -  
27 June 2022



Created by: Tef Jansma  
Optima Predict version: 22.4.0.54394

*To protect the environment, please do not print this document unless necessary.*

# 1 INTRODUCTION

WAST has asked CSAM Optima to re-run simulations for an earlier report called *"Priority Category Changes For Certain Call Codes (2021 Data)"*, 25 April 2022. That report covers the impact of changing the call priority of certain AMPDS codes so that they are aligned with those in England.

In the meantime, the model has been updated as follows:

- WAST has supplied a new dataset for both 2021 and 2022, in which some data has been repaired. For example, the earlier extract missed CSD responses for certain date ranges.
- CSAM Optima has updated the call import to not filter out incidents with 'extreme' durations when importing data. For example, transported incidents with hospital durations above 6 hours were previously filtered out during call import, whereas now they are retained.
- The simulation model has now been loaded with planned shifts (rotas) instead of estimated actual shifts. The planned shifts in the model are turned into actual shifts by randomly 'dropping' (not running) some shifts occasionally. The shift dropping is informed by WAST UHPs, which have been calibrated in the model by region and by time and have proven to be more accurate than previous shifts.
- The 'business logic' has been updated in the model, which improved the baseline match with historical response durations, travel durations, number of dispatches by area, etc.
- 'Incident abandonment logic' has been implemented. When incidents have been queued for more than 12 hours, there is a very small chance every minute that the incident never gets responded to. This enables the model to keep running where previously it would become unresponsive. For example, when the workload is so high that the backlog of lower priority queued incidents in the model keeps lingering on for several days.

**Due to the new data, the updated call import and the updated model, the 2021 results in this report are different than the previous report.**



## 2 SIMULATION RESULTS

The table below shows the results over 2021 data (1 January – 31 December) and 2022 data (1 January – 31 May).

	RED performance (% < 8 min)	AMBER1 median (minutes)	AMBER2 median (minutes)	AMBER1 95 <sup>th</sup> pctl (minutes)	AMBER2 95 <sup>th</sup> pctl (minutes)	Utilisation** EA+RRV+UCS (average, %)	Simulation Abandoned (%)
<b>2021 (Jan - Dec)</b>	47%	57	108	548	618	70%	0.5%
<b>- with call codes aligned to England</b>	49% (+2%)	66 (+9 min)	116 (+8 min)	580 (+32 min)	641 (+23 min)	70% (<1%)	0.5%
<b>2022 (Jan - May)</b>	44%	85	160	621	715	82%	0.6%
<b>- with call codes aligned to England</b>	45% (+1%)	95 (+10 min)	173 (+13 min)	633* (+12 min)	734* (+19 min)	83% (+1%)	0.8%
* = defined as Busy Unit Hours / (Shift Hours minus Meal Break Hours).							
** = the impact has been limited by to the incident abandonment logic (see Introduction).							

The results suggest that the impact in 2022 is similar as in 2021.

The previous report (using 2021 data) showed small performance losses across all performance metrics. In this report, there is a very small improvement in RED performance, but the impact on AMBER1 and AMBER2 response durations is larger. One reason for the stronger AMBER1/2 impact is that the updated model closely resembles the utilisation patterns for all months during 2021 and 2022, whereas the former model had slightly under-utilised resources in some months due to small data changes and modelled shift changes.

**The conclusion remains the same: changing the call code priorities so that they align with those in England has a limited impact on RED performance, but a negative impact on AMBER1/2 response durations.**



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NHS Trust

<b>AGENDA ITEM No</b>	<b>15</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

**Welsh Government Consultation on Extending Well-being Duty  
Well-being of Future Generations (Wales) Act 2015 to Additional  
Public Bodies: Proposed Response Welsh Ambulance Services  
NHS Trust**

<b>MEETING</b>	Board
<b>DATE</b>	29 September 2022
<b>EXECUTIVE</b>	Director of Partnerships and Engagement
<b>AUTHOR</b>	Director of Partnerships and Engagement
<b>CONTACT</b>	estelle.hitchon2@wales.nhs.uk

**EXECUTIVE SUMMARY**

1. Welsh Government is consulting on a proposal to extend the Well-being of Future Generations (Wales) Act 2015 to a number of additional public bodies, including the Welsh Ambulance Services NHS Trust.
2. This would extend the well-being duty to those bodies (i.e. the statutory requirement to work in line with the provisions of the Act) although would not confer automatic right of membership of Public Service Boards.
3. The Well-being of Future Generations Act places a duty on each public body to carry out sustainable development.
4. Public bodies subject to the duty must, when they are carrying out sustainable development, set and publish their well-being objectives. The well-being objectives must be designed to maximise the contribution of the public body to achieving each of the well-being goals.
5. Certain public bodies will have greater capacity and capability to contribute to achieving some or all of the well-being goals than others. However, the duty relates to the contribution that a public body can make. The Act gives flexibility to public bodies when setting well-being objectives to do so in a way that suits their role and functions.
6. Public bodies are required to take all reasonable steps (in the exercise of their functions) to meet the well-being objectives they set. There will always be a limit to the amount of finance, people, time, and assets that are available to take the necessary action. However, the consideration of these factors needs to be reviewed through the five ways of working provided by the sustainable development principle, balanced with the contribution made by the well-being objectives.

7. Public bodies must consider the well-being goals as an integrated set to ensure the fundamental links between improving the economic, social, environmental, and cultural well-being of Wales are recognised. Where it appears that a course of action is consistent with one goal but may not be consistent with other goals, applying the sustainable development principle will help to find a solution which strikes an appropriate balance between the goals and other relevant factors.
8. In following the sustainable development principle, public bodies must follow the five ways of working by taking account of the factors described in the Act (the five ways of working).
9. A public body's duty to take account of the importance of those ways of working does not dictate the decision they must reach in any given situation: it sets out factors they must consider before making a decision to which the well-being duty applies.
10. Public bodies taking such decisions need to ensure they have a clear documentary record of their considerations, setting out a narrative of how the factors were considered and the conclusions the bodies reached, having weighed up the factors against each other and any other factors relevant to the decision. Failure to take account of these factors may lead to a judicial review challenge on the grounds that the public body failed to take relevant considerations into account.
11. The consultation closes on October 20, 2022. Welsh Government has provided a pro-forma template for completion, which is included under this agenda item.

#### KEY ISSUES/IMPLICATIONS

1. It is proposed that the well-being duty is extended to WAST
2. If supported, the duty would be extended from April 2023
3. The Trust would be required to identify its well-being objectives and associated plan in its IMTP from 2024 onwards
4. Welsh Government will offer support to new bodies covered by the Act, although the detail of this is yet to be fully understood
5. The extension of the well-being duty will not confer automatic membership of Public Service Boards

#### REPORT APPROVAL ROUTE

**EMT: 21/09/22**  
**Board: 29/09/22**

#### REPORT APPENDICES

Appendix 1: Response pro-forma

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	TBC

# Consultation Questions

**Name:** Estelle Hitchon, Director of Partnerships and Engagement

**Organisation (if applicable):** Welsh Ambulance Services NHS Trust

**Email address:** [estelle.hitchon2@wales.nhs.uk](mailto:estelle.hitchon2@wales.nhs.uk)

## General

1. What are your views on extending the well-being duty to the additional public bodies listed in this consultation document?

Given that the Wellbeing of Future Generations (Wales) Act 2015 has now been in place for some seven years, coupled with the imminent appointment of a new Commissioner, it is appropriate that the range of bodies subject to the provisions of the Act is reviewed.

In the main, the additional bodies proposed were not extant at the time the Act was passed. In the case of the Welsh Ambulance Services NHS Trust, it was notably absent from the original legislation and, therefore, the opportunity to address that omission is welcomed.

The substantive matter for those bodies to which the well-being duty will be extended is likely to be how they manage relationships with those bodies already covered by the duty, given that membership of Public Service Boards is not statutorily conferred as a result of the extension of the duty.

If the fundamental purpose of the Public Service Boards across Wales is to ensure that those bodies to which the duty applies work collaboratively to ensure their collective actions are in the interests of, or as a minimum not harmful, to future generations, then it is important that those additional bodies are able to work effectively with the original 44 to deliver sustainable and progressive services for the people of Wales.

In reality, like the Welsh Ambulance Services NHS Trust, those additional bodies to which this consultation applies will already be working in the spirit of the Act, and will have established strong partnerships with a range of organisations which reflect that continued commitment to collaboration and innovation.

That said, the absence of a legal right to representation at Public Service Board tables remains an untidy and moot point in respect of these proposals.

## Questions for the proposed additional public bodies

2. What guidance and support would you need in preparing for, and discharging, the well-being duty in your organisation?

The Welsh Ambulance Services NHS Trust has, since the inception of the Wellbeing of Future Generations (Wales) Act 2015, committed to working within the spirit of the Act, despite not being formally covered by it.

At the time, the Trust was disappointed to have been omitted from the bodies covered by the Act and some thought was given as to how the organisation's commitment to the Act could be evidenced.

Statutory partnerships, notably representation at Regional Partnership Boards which, of course are partnership vehicles governed by the Social Services and Well-being (Wales) Act 2014, lie within the portfolio of the Director of Partnerships and Engagement, while the Executive Director of Strategy, Planning and Performance, the Executive Director of Operations and the Executive Director of Quality and Nursing all have active stakeholder involvement in the partnership arena.

The Trust has regularly continued to reflect its commitment to the principles of the Wellbeing of Future Generations (Wales) Act 2015 in its three-year Integrated Medium Term Plan (IMTP), which is refreshed annually. In addition, the organisation's long-term strategy, [Delivering Excellence](#), is built implicitly on the tenets of the WBFGA.

On this basis, the core guidance and support necessary will be clarity of expectation from both Welsh Government and the incoming Commissioner as to the substance of what is expected, how this will need to be evidenced and in what timescale, recognising objectives will need to be set by 2024.

In addition, it will be important to articulate how interfaces with the existing 44 bodies named in the Act should be managed without an expectation that new bodies become members of Public Service Boards. It is notable that the proposed new bodies to be covered by the well-being duty are pan-Wales in nature, as is the Welsh Ambulance Service.

While it would be impossible to service the 19 PSBs in Wales, it will be important for the contribution of new partners, including this organisation, to be recognised by the existing 44 and, moreover, to ensure that opportunities for collaboration, or areas of potential duplication, are not missed.

3. What do you anticipate the resource implications will be in preparing for, and discharging, the well-being duty in your organisation?

Given the legal obligations placed on the Welsh Ambulance Service by virtue of the well-being duty, it is likely that current resources, particularly in the realm of partnership and sustainable development, will be insufficient to satisfactorily review, consolidate, further develop and deliver the actions required to properly discharge the provisions of the duty.

The Trust will need to review its arrangements and work closely with its commissioners and Welsh Government to ensure adequate people resourcing is made available to ensure its legal obligation to discharging the duty can be met.

## Questions for existing public bodies – learning from others

We are keen to use this consultation to gather insight on the experience of public bodies in embedding the WFG Act in their day-to-day work.

4. What are your key lessons learned in both preparing for, and discharging, the well-being duty that you would want to share with new public bodies subject to the WFG Act?
5. What guidance and support did you find helpful in carrying out sustainable development?
6. What are the opportunities for sharing experiences between bodies currently listed in the WFG Act and those proposed to be included?

## Welsh language

7. We would like your views on the possible effects that extending the WFG Act's well-being duty could have on the Welsh language, specifically on:
  - opportunities for people to use Welsh
  - on treating the Welsh language no less favourably than English

The status of Welsh and its provision in our services is already well covered by the Welsh Language Standards and, indeed, the Welsh Language Act (1993), much of which remains in force. The Welsh Ambulance Service already complies with its statutory obligations in these matters together with the implementation of Welsh Government's More Than Just Words Action Plan and, as such, it is unlikely that the obligation to discharge the well-being duty will materially affect support for the Welsh language, save perhaps to further highlight its importance for our staff and patients.

Please also explain how you think extending the WFG Act's well-being duty could be undertaken so as to have:

- positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language
- no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language

It is highly unlikely that the extension of the well-being duty will in any way have an adverse effect on the use or treatment of the Welsh language. Indeed, the Board of the Welsh Ambulance Services NHS Trust is not aware of any evidence from those bodies already covered by the duty which would suggest that it has had any deleterious impact.



In terms of positive impact, as outlined above, the importance of support for the Welsh language and the positive impact its use has both on existing and future Welsh speakers, be they staff or patients, is acknowledged.

8. Do you have any other views on extending the WFG Act's well-being duty in relation to Welsh language considerations?

No.

## **Other**

9. Do you have any other comments on extending the WFG Act's well-being duty to the proposed bodies listed in the consultation?

The extension of the well-being duty to a full range of public bodies is broadly welcomed as it provides parity of statutory duty. The issue outstanding will be the future of Public Service Boards as the delivery vehicle for the WBFGA and the status of newly included organisations outwith them.

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box: ☐



## QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO 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.

<b>Trust Board Meeting Date</b>	29 September 2022
<b>Committee Meeting Date</b>	11 August 2022
<b>Chair</b>	Bethan Evans

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

- The Patient Safety Highlight Report, Quarterly Quality Report and the Monthly Integrated Quality and Performance Report (MIQPR)** demonstrated the level and depth of increasing risk and harm to individuals as a result of the system wide pressures. The Committee noted:
  - A continued increase in the number of concerns being received and correspondingly a reduction in compliance with both the 2-day acknowledgment and 30-day formal response target across the quarter. Timeliness to respond to calls remaining the main theme.
  - A continued increase in the number of incidents being reviewed at the Serious Case Incident Forum (SCIF).
  - An increase in the number of Appendix B incidents passed to Health Boards. Health Board Chief Executives and Health Care Inspectorate Wales (HIW) also receive details of the Appendix B incidents directly.
  - An increase in the number of Nationally Reportable Incidents (NRIs) identified.
  - An increase in Coroner's requests for information.
  - The Trust has received 2 Regulation 28 (Prevention of Future Deaths) Reports from Coroners during this period relating to timelines.
  - Whilst, during the quarter, 47.3% of immediate release directives were declined, there has been an improving position in for red releases in July. A process is in place to investigate those declined.
  - The Patient Experience and Community Involvement Team continue to receive concerns on response times across geographies and demographics.
- Risks 223 and 224** remain at scores of 25. The next iteration of the Board Assurance Framework (BAF) will reflect the actions in place and planned which were discussed at the July Trust Board and in this meeting. Further information appears in the risk section of this report.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

- The Committee heard from Sue Last** who attended the Committee and shared the experience of her husband John's fall in June and the wait they had before an ambulance arrived and took John to Glan



Clwyd Emergency Department. Sue recognised there were whole system pressures which contributed to the long waiting times and wanted to hear both what WAST was doing to mitigate these and what learning could be taken from her experience, particularly for patients with dementia. Lee Brooks and Andy Swinburn set out some of the actions in place to mitigate avoidable harm including pursuing alternative pathways as part of our transformation programme, aiming to equip first responders to administer pain relief, reviewing rosters to ensure capacity meets demand, sickness absence management, and additional resources coming online. Sue suggested that Clinical Support Desk might better support carers of patients with dementia by asking questions which take their condition into account, particularly as it relates to signs of delirium. Wendy Herbert took an action to work with Sue and Alison Johnson, Dementia Lead, to review this, and also to provide Sue with information on our community falls response. The Committee thanked the Quality Lead from Betsi Cadwaladr University Health Board - Sue Jones and Carol Jones - for attending the Committee and recognised the value of working collaboratively with Health Boards on system improvements.

4. Implementation of the **Quality Strategy Implementation Plan** commenced in April 2022. The plan had been delayed because of the Trust's response to the pandemic, and whilst work has commenced, including the establishment of the quality management system due to start in August, the Committee was again apprised of resourcing issues for the planned senior quality leads' roles, which has delayed progress. Opportunities for internal funding and organisational change processes continue to be explored over the coming weeks with the Executive Management Team, recognising that we are operating within a tight financial environment. It was noted that quality improvement is the responsibility of all staff and the Committee reiterated that the model must reflect this. Contributions from all aspects of the service and each level of staff needs to be mapped out as to how they contribute to driving quality forward.
5. The Committee received the quarterly **Operational Update** as a standing agenda item. This report provides helpful context for the Committee in its oversight role for quality, patient experience and safety. The Committee was updated on the Business Continuity Incident declared as a result of the cyber incident and that at that stage there were no patient safety issues reported.
6. The **Clinical Audit and Outcome Review Plan 2122/23** was received and the Q1 clinical audit programme approved. The Committee will provide assurance to the Audit Committee that the plan meets the standards set for NHS Wales, in line with their terms of reference.
7. The Committee was updated on **progress against the actions from the 2019/20 HIW** report on how patients were managed by EMS Coordination, and were assured that the overdue actions, of which there are two, were in hand.
8. The Committee welcomed Liam Williams, Executive Director Quality and Nursing who joined for his first meeting. Also in attendance and welcomed were Peter Hindley from the Community Health Council and Chris Stott from Internal Audit.
9. The Chair and Committee thanked Wendy Herbert for her support and input during her role as Interim Executive Director Quality and Nursing; acknowledging that Wendy has continued to champion Patient Safety and Experience at a time of significant pressures across the NHS system in Wales.

## ASSURE

(Detail here any areas of assurance the Committee has received)

10. The **Infection Prevention and Control Annual Report 2021/22** was received by the Committee.
11. The **Monthly Integrated Performance Report (MIQPR)** and **Quarterly Quality Report** were



received and reviewed in detail. The areas of alert are set out above and the Trust Board will receive the MIQPR at its September meeting. Clinical outcome metrics deep dives and reviews were discussed, and regular assurance reports will come to the Committee on these.

12. The **Patient Experience and Community Involvement (PECI)** quarterly report for April to June 2022 was received. The Committee was assured that through the Continuous Engagement Model the Trust is appropriately engaging with patients and the community, capturing their experiences, and reporting back to them to give them confidence they are being listened to and the Trust is acting upon. There is a focus on digital exclusion and the need to make reasonable adjustment for disabilities for members of our community. The Committee took time to recognise the positive impact compliments can have on colleagues during time of extreme pressure. The Committee also noted the need to consider how the PECI team can further support the IMTP through population and community level engagement.
13. The **audit tracker** was reviewed for audits within the remit of the Committee. The Committee also reviewed the Respiratory Protective Equipment Internal Audit which received a rating of reasonable assurance.
14. Progress against the **Committee Priority** for 2022/23 was reviewed.

## RISKS

**Risks Discussed:** There are three corporate risks assigned to the Committee, two of which are rated as high 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 are both rated at 25. The Committee noted there were a number of actions outlined at the July 2022 Trust Board meeting which will mitigate real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service. In addition to those listed in the BAF for these risks, these actions will further mitigate the risks and will be incorporated into the BAF during the August reviews of these risks. A further review of the effect on the risk ratings of these actions will be reviewed in the next quarter. Mitigating actions were also discussed via a number of other papers on the agenda.

**Risk 199** related to health and safety has been transferred to the People and Culture Committee as they have oversight of this from 1 April.

**New Risks Identified:** The need to include the continuing risk of further Regulation 28 reports was recognised. A new risk related to response times for concerns is being developed.

### COMMITTEE AGENDA FOR MEETING

Patient experience	Operations Directorate Quarterly Report for Q1	Risk Management and Board Assurance Framework Report
Monthly Integrated Quality Performance Report	Quality Highlight Report Q1	Patient Safety Report Q1
Coroner Regulation 28 reports	Patient Experience and Community Involvement Report	Quality Strategy Highlight Report Q1
Internal Audit Tracker	Update on Website (Symptom Checkers)	NHS Wales National Clinical Audit and Outcome Review Plan 2022/23
Patient Story Driver Diagram	Committee Priorities Update	Infection Prevention and Control Annual Report 2021/22



COMMITTEE ATTENDANCE				
Name	12 May 2022	11 August 2022	10 November 2022	9 February 2023
Bethan Evans				
Kevin Davies				
Paul Hollard				
Ceri Jackson				
Hannah Rowan				
Wendy Herbert		In attendance		
Liam Williams		First meeting		
Andy Swinburn				
Lee Brooks				
Andy Haywood				
Leanne Smith		First meeting		
Rachel Marsh	Hugh Bennett			
Trish Mills				
Angela Roberts				
Hugh Parry				
Craig Brown				
Ian James		First meeting		

	Attended
	Deputy attended
	Apologies received
	No longer member



## PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	29 September 2022
Committee Meeting Date	5 September 2022
Chair	Paul Hollard

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. This Committee heard during the meeting of the continued **significant impact on staff and patients as a result of system pressures**, and particularly as a consequence of delays in handover at Emergency Departments. The staff story illustrated how the delays are manifesting in frustration from patients and their families. KPIs are being developed for staff wellbeing. Financial advice and support opportunities also being explored. Further detail on staff well-being and the themes and trends for high staff turnover will be reviewed at the next meeting.
2. The Trust's final uptake of staff receiving the **flu vaccination** for 2021-22 was 38.46% which is a decrease of 11.4% from last year's campaign. For the second year the Covid-19 pandemic has continued to influence the success of the campaign. This, compounded with a variety of other influencing factors, impacted the delivery and uptake of the vaccination. Following a review of the campaign, recommendations have been devised that are based upon some of the key areas of learning and improvement for 2022-23. A new flu lead and communications support are in place for the 2022-23 campaign which starts the week commencing 19 September.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. The **staff story** at this meeting was from Joanna (Jo) Paskell, Emergency Medical Technician, who was assaulted by a patient she had taken to hospital. Jo told the Committee of the significant effect the assault has had on her and the journey she took to be able to work. Jo was supported throughout by her Director, Line Manager and the Violence and Aggression Manager, and emphasized that this was a major factor in enabling her to return to work. Jo shared with the Committee her suggestions for improving the process and support offered to staff more generally. The Committee thanked Jo for her courage both in seeing the case through to a successful prosecution, but also in sharing her experience with the Committee and more widely. All members expressed their support for the #WithUsNotAgainstUs campaign.
4. The **quarterly updates** from the Interim Director of Workforce and Organisational Development and the Director of Operations were received.
5. WAST and other NHS Wales colleagues led the **Pride Cymru** parade in August and a Virtual Pride



event was held during the month that was well attended.

6. Preparations are in hand to welcome over 250 new Ambulance Care Assistant, Newly Qualified Paramedic and Trainee Emergency Medical Technician recruits into all three of our Workforce Development Centres as we **grow our ambulance response and ambulance care workforces by 100 during 2022/23**. The Committee was informed that the new Workforce Education and Development Centre in Cardiff is now operational.
7. The **Cycle of Business** for the Committee was approved, noting that this will mature over the next 12-18 months. It was agreed that the Committee would not form any sub-committees to report into it for the time being.
8. The **Welsh Language Annual Report**, which is before the Board for approval today, was endorsed by the Committee. The Committee noted the significant increase in demand for 111 services from Welsh speakers and sought to have further detail in future meetings on how this was being addressed.
9. The **Health and Safety Annual Report** was reviewed by the Committee. The significant changes made to the health and safety team were recognised and the Committee will continue to receive regular reporting at each meeting.
10. An update was received on the development of the **Raising Concerns Framework** which is being developed by a task and finish group. The framework will be supported by a speaking up in confidence digital platform, with roll-out expected early in 2023/24. In the meantime, it was noted that staff can continue to raise concerns through a number of established avenues, including line management, a dedicated email address, and a newly established function in Datix.
11. The **Pay Progression Policy** which was issued by NHS Wales Employers in June 2022 was approved.
12. The Committee welcomed **Liam William**, Executive Director Quality and Nursing, who attended his first meeting of the Committee. This was **Catherine Goodwin's** last meeting as Interim Director of Workforce and Organisational Development, and the Committee thanked her for her stewardship of the directorate and support to the Committee ahead of Angie Lewis joining WAST on 12 September.

## ASSURE

(Detail here any areas of assurance the Committee has received)

13. The MIQPR and workforce KPIs were reviewed. The MIQPR is before the Board for its September meeting. The Committee noted:
  - 13.1. **Sickness absence levels** saw an increase in July to 10.3% (from 8.88% in May 2022 which was the last reporting period for the Committee), mainly due to short term Covid-19 sickness which is also reflected in community figures. This looks to have reduced significantly in August, however. The Committee noted the end of year target for sickness is 10%.
  - 13.2. **Staff turnover rates** in July 2022 were 11.64% and details of trends and themes would be a focus of the next meeting.
  - 13.3. The **Improving Attendance** programme of work which is in place to address the sickness absence levels was reported as being on schedule against the plan, with progress being made in terms of reducing sickness absence overall with a reduction in long term sickness absence and the number of cases. Short term sickness is also moving in the





GIG  
CYMRU  
NHS  
WALES

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Welsh Ambulance Services  
NHS Trust

right direction but has been subject to a rise in Covid-19 absences in June and July, however this was significantly reduced at the start of August. The Committee, as well as the Executive Management Team, will continue to closely monitor progress against the programme, as well as trends and themes. The Committee noted the considerable amount of collaborative work across directorates to equip managers to manage sickness.

- 13.4. **PADR** (Personal Annual Development Review) rates improved for the fifth consecutive month to 65.18% however they continue to remain below the 85% target. The Committee commended the new PADR form and heard of the development of a manager toolkit and ESR improvements to be in place by November 2022.
- 13.5. **Statutory and Mandatory Training** rates decreased slightly to below target in July to 83.45% from 85.13%.
- 13.6. WAST's **recruitment timelines** have continued to exceed the All Wales national target of 71 calendar days since last Summer.
14. The Committee reviewed the **audit tracker** and the **internal audit advisory review report on Organisational Culture – a Learning Organisation** dated May 2022.
15. In private session the Committee reviewed progress on **suspensions over four months** and were assured on actions in place to manage these.
16. The **2022/23 Committee Priorities** were reviewed, with good progress being made.

## RISKS

**Risks Discussed:** The following corporate risks were discussed:

**160** – high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service, which has a risk rating of 20 (5x4). See the assure section regarding the improving attendance programme which it is intended will go to mitigate this risk.

**201** – damage to the Trust's reputation following a loss of stakeholder confidence has increased in score (as reported to Trust Board in July) since the last meeting of the Committee in May. It is now rated at 20 (4x5) from its previous score of 15 (3x5).

**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 remained static from the last meeting at a score of 20 (4x5) however it was noted that that had reduced in the current review cycle due to mitigations in place.

**New Risks Identified:** No new risks identified

## COMMITTEE AGENDA FOR MEETING

Director of Workforce and Organisational Development Update	Operations Quarterly Report	Staff Story – Violence and Aggression
Corporate Risk Register	Improving Attendance Project Progress Update	Health and Safety Update including Annual Report
Monthly Integrated Quality and Performance Report	Workforce Performance Scorecard Report	Cycle of Committee Business and Committee Priorities
Welsh Language Annual Report	Amended Pay Progression Policy	Internal Audit Reports and Tracker
Seasonal Influenza Campaign and End of Season Flu Report 21/22	Raising Concerns Framework	WASPT Advisory Group Update



COMMITTEE ATTENDANCE					
Name	10 MAY 2022	06 SEPT 2022	29 NOV 2022	21 FEB 2023	[insert date]
Paul Hollard					
Bethan Evans	From 10.50am				
Joga Singh					
Hannah Rowan					
Catherine Goodwin					
Chris Turley					
Lee Brooks					
Estelle Hitchon					
Andy Swinburn					
Wendy Herbert					
Liam Williams					
Alex Crawford	Hugh Bennett	Hugh Bennett			
Trish Mills					
Angela Roberts					
Paul Seppman		Hugh Parry			
Craig Brown					
Ian James					

	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.

<b>Trust Board Meeting Date</b>	29 September 2022
<b>Committee Meeting Date</b>	15 September 2022
<b>Chair</b>	Martin Turner

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of escalation)

1. The **Audit Wales Quality Governance Report** was received. The report is an extension to the Trust's structured assessment and considers the structures, information and assurance flows that support quality governance. In overall terms Audit Wales found that whilst many facets of the Trust's quality governance arrangements are working well, improvements are required in a number of key areas. The Trust also needs to play its part in the improvements that are required to serious incident reporting across organisational boundaries (Appendix B reporting). The Committee noted that the Quality, Patient Experience and Safety Committee (QUEST) will review the report at their November meeting, and that issues raised in the report such as mortality reviews, clinical audit and the implementation of the Quality Strategy have been the subject of recent and ongoing focused discussions at QUEST.

Noting the recent focus of QUEST on these issues this is not an escalation to the Board for action, but to note that the Audit Committee has requested an update from QUEST, and where appropriate the People and Culture Committee, in six months on progress.

#### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The **Cycle of Business** for the Committee was approved, noting that this will mature over the next 12-18 months. It was agreed that the Committee would not form any sub-committees to report into it for the time being.
3. There is good progress against the **2022/23 internal audit plan**, with one review (decarbonisation) deferred from Q1 to Q3, at the request of Internal Audit.
4. The Committee received an update on the **Covid-19 Public Inquiry** which was opened on 28 June 2022. The Inquiry will be grouped into modules, with teams based across the UK to investigate each one, largely working in parallel. Preliminary hearings for each module are due to take place this year and public hearings will commence in late Spring 2023 for module 1. The modules are:
  - Module 1 will consider the extent to which the risk of a Coronavirus pandemic was properly



identified and planned for and whether the UK was ready for that eventuality.

- Module 2 will look at core political and administrative governance and decision-making for the UK. Separate modules will follow this for Wales, Scotland and Northern Ireland.
- Module 3 will examine the impact of Covid, and of the governmental and societal responses to it, on healthcare systems generally and on patients, hospital and other healthcare workers and staff.

Given the specific inclusion in the inquiry terms of reference to initial contact with official healthcare advice services such as 111 and 999 following consultation, consideration is being given to applying for core participant status for module 3 when it opens later in the year. A pandemic governance group has been formed to steer inquiry preparations.

5. **The Committee welcomed** Ceri Jackson (Non-Executive Director), Angie Lewis (Director of Workforce and Organisational Development), and Liam Williams (Executive Director of Quality and Nursing) to their first meeting of the Committee.

## ASSURE

(Detail here any areas of assurance the Committee has received)

6. Two **Internal Audits** reviews were completed during the quarter and presented to the Committee. They were Fleet Maintenance (reasonable assurance), and Major Incidents (reasonable assurance). The reviews will also be presented to the Finance and Performance Committee in September for assurance.
7. Audit Wales updated the Committee on the **Review of Unscheduled Care** work they are undertaking. This work will examine various aspects of the unscheduled care system and will include analysis of national data sets to present a high-level picture of how the unscheduled care system is currently working. An assessment of workforce risks that NHS bodies are experiencing currently and are likely to experience in the future will commence in late Autumn 2022. The work will be carried out and reported on in parts by Audit Wales and the Committee will receive regular updates. The issues of primary and social care and its links to this review were discussed.
8. The overarching **tracker for internal and external audit** was reviewed. Board Committees have reviewed recommendations relevant to their remit, and overdue recommendations were in hand and with agreed revised dates.
9. The QUEST confirmed they had approved the annual **clinical audit plan** at their August meeting and that they will review the outcomes of clinical audits in line with the plan.
10. The **schedule of losses and special payments** made during the period 1 April to 31 August 2022 amounted to small negative spend of £0.009m, after recoveries from the WRP were factored in.
11. In **private session** the committee received the counter fraud update, as well as the tender update report and single tender waiver requests.
12. The **2022/23 Committee Priorities** were reviewed, with good progress being made.

## RISK MANAGEMENT

**Risks Discussed:** The corporate risks and board assurance framework (BAF) were reviewed. There are currently 18 risks on the register. Reporting on these risks also appears on the agenda for the September



## Trust Board meeting.

The Committee noted that risks 223 and 224 remain at a rating of 25 and now include the actions set out in the July Board paper on avoidable harm. The health and safety risk number 199 has reduced in score from 20 to 15 as a result of a number of initiatives being completed to mitigate the risk.

The risk transformation programme is on track and is reported through the IMTP. A crucial piece of work relates to the risk management policy which has now been circulated to the policy group for initial stakeholder input. The policy will set out the roles and responsibilities of the Board, Committees, risk owners and other forums such as EMT and ADLT and, with the procedure, education and training programmes, and introduction of the All-Wales Datix platform, will form the basis of the risk management framework.

The Committee noted the increased level of information in the Board Assurance Framework which points to a maturing risk culture.

**New Risks Identified:** New risks related to a major disruptive incident resulting in the loss of critical IT systems (risk 543), and deterioration of staff health and wellbeing in the fact of continued system pressures as a consequence of workplace experiences (558) were added to the register.

In the closed session, the local counter fraud service also advised that fraud-specific risks are also being developed.

## COMMITTEE AGENDA FOR MEETING

Committee cycle of business	Internal audit updates and reports	Audit Wales reports
Update on waste management actions following limited review	Risk management and board assurance framework	Losses and special payments
Audit tracker	Covid-19 Public Inquiry update	Report from QUEST re clinical audit
Committee priorities update		

## COMMITTEE ATTENDANCE

Name	7 June 2022	15 Sep 2022	1 Dec 2022	2 March 2023	[insert date]
Martin Turner					
Paul Hollard					
Joga Singh					
Ceri Jackson					
Chris Turley					
Lee Brooks					
Wendy Herbert	J Turnbull-Ross				
Liam Williams		First meeting			
Catherine Goodwin					
Angie Lewis		First meeting			
Osian Lloyd (IA rep)					
Audit Wales representative	Mike Whitley	Fflur Jones			
Paul Seppman					
Damon Turner					
Trish Mills					
Carl Window					

	Attended
	Deputy attended
	Apologies received
	No longer member



## 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>	29 September 2022
<b>Committee Meeting Date</b>	20 September 2022
<b>Chair</b>	Bethan Evans (for Prof Kevin Davies)

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of escalation)

1. The Committee received a detailed paper on the **financial position for Month 5 2022/23**. The Board has the financial position before it for the September meeting and will note the forecast for 2022/23 is currently one of breakeven despite a very small overspend as at month 5.

The Committee reviewed risks 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) and whilst neither risk currently exceed a rating of 16, the number and total value of financial risks is clearly greater than in recent financial years, which in itself raises the overall risk comfort level. When this is then considered alongside continuing significant service and seasonal pressures and forecasted national overspends, this will likely be a challenging financial year despite the initial continued good financial performance year to date. The Committee will continue to keep a close eye on this but raise it here for the Board from an 'horizon scanning' perspective. Mitigations to reduce the risk and anticipate what may be ahead of us in 2022/23 and into 2023/24 were discussed and the Committee received a detailed report on the savings plan and progress with initiatives as a result of this. The teams were commended for this work and for the slight over-achievement in the savings plan against target. The Committee also received a detailed update on the 2022/23 Capital Programme, in particular updated plans and recent approvals made against the Trust's discretionary capital funding for this financial year.

2. The **Monthly Integrated Quality and Performance Report** was reviewed for August 2022 with some of the revised indicators agreed at Board in July being developed for the following meeting. Similar concerns were raised as those set out in the Quality, Patient Experience and Safety Committee and the People and Culture Committee highlight reports so are not repeated here. The indicators show a continued poor picture in terms of the quality and safety in many areas.

Patient demand across the 111 and EMS services decreased in August 2022, however other factors including continuation of Covid-19, high levels of sickness (including Covid-19 related absence) and extreme handover lost hours continue to impact on the Trust, in particular, EMS. For 111 and Ambulance Care (NEPTS) the Trust can and is looking to take a range of actions to optimise the balance between patient demand and capacity.





An analysis by Optima of Red performance is underway. This will look at the range of complex factors that feed into performance including response time of day, day of the week, geographical location, job cycle times etc. The Trust has received further funding (£3m in year) for +100 FTEs into Ambulance Response, which is welcome. Notwithstanding this and any improvements to Red performance, it remains the case that it is not possible to offset the handover lost hours (24,000 lost in August) which is a significant patient safety issue. System action to address this remains crucial.

EASC, Welsh Government and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited as the fiscal position becomes much tighter. Anxiety over system preparedness for winter was raised and the fact that reports of flu are coming through already together with a combination of Covid-19 still circulating in the community.

## ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

3. The Director of Operations provided an **operations update**. The Committee congratulated the team for its handling of the recent visit of King Charles III to Cardiff and the multi-agency response to that visit.
4. The **Cycle of Business** for the Committee was approved, noting that this will mature over the next 12-18 months. It was agreed that the Committee would not form any sub-committees to report into it for the time being.
5. The Committee received a detailed update on the **WAST Decarbonisation Action Plan**, developed in response to Welsh Government's NHS Wales Decarbonisation Strategic Delivery Plan. The plan has a range of actions which frame the Trust's decarbonisation response. An internal review is underway to provide a more objective overall rating of the programme, however action against the plan is reported at a high level to be red/amber overall. Risks to its success predominantly include funding and resource constraints. Without the support of Welsh Government, the wider NHS and partners, and the associated financial support, it will not be possible for WAST to deliver on expectations within the plan, nor on the specific actions agreed by the Trust for delivery of our own action plan. Discussions are continuing with Welsh Government for potential support, and WAST will shortly present to the NHS Wales Decarbonisation Board, which will be a further opportunity to discuss the plan.

Notwithstanding the challenges with the decarbonisation action plan, the Trust was reaccredited for ISO14001 following their annual audit, and recently rolled out 23 hybrid rapid response vehicles. WAST is the only UK ambulance trust with ISO14001 status, and the small team were commended for their excellent work in this area. A further development session to build on the work done by the Board on this topic last November will be planned so the Board is fully aware of the issues.

6. The Committee received a presentation on **Value-Based Healthcare** with a focus on Patient Level Information and Costing (PLICs) which affords us an opportunity to look at financial and non-financial data to inform the best use of resources, and to improve patient experience and outcomes. This work will not only provide national benchmarking to improve services, but crucially regional and local benchmarking to enable the Trust to reduce variations. Reporting and assurance for value-based healthcare is developing and the Committee will draw this element out of the finance heading in its terms of reference at the next effectiveness review to ensure it strikes the right balance of finance/value for money, and quality.





## ASSURE

(Detail here assurance items the Committee receives)

7. The **Integrated Medium Term Plan interim Quarter 2** position was reported. The Committee noted six priorities rated red (urgent attention required) with plans in place. The planning team is currently finalizing internal IMTP planning guidance and timelines for 2023-26, pending the receipt of the NHS Planning Framework and EASC Commissioning Intentions. It is expected that the deadline for submission will be end of January 2023, which is a challenging timeframe, not least because financial allocations are not normally known before the end of December.
8. Whilst there were some overdue **audit recommendations**, the majority were in hand to be completed. The finalized internal audits in relation to Fleet Maintenance (reasonable assurance) and Major Incidents (reasonable assurance) were reviewed.
9. The **2022/23 Committee Priorities** were reviewed, with good progress being made.

## RISKS

**Risks Discussed:** The transitional BAF was reviewed, which included the 9 risks relevant to the Committee. The highest rated risks are 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning) both rated at a score of 16. Further discussion on the financial risks the Trust continues to face in terms of delivering financial balance this year were had when the Committee reviewed the financial position for month (see paragraph 1 above)

**New Risks Identified:** There is one new risk on the register being number 543 which relates to a major disruptive incident resulting in the loss of critical IT systems and is scored at 15 (based on 3 for likelihood and 5 for consequence). Two further risks are in development and going through the risk governance processes. They are risk 538 related to Salus and 542 related to decarbonisation. The risks to the decarbonisation action plan were discussed in some detail in the standalone agenda item at this meeting (see paragraph 5 above).

### COMMITTEE AGENDA FOR MEETING

Operations Quarterly Report	Financial position for month 5	Monthly Integrated Quality and Performance Report
Integrated Medium Term Plan Delivery Update	Risk Management and Corporate Risk Register	Decarbonisation and sustainability update
Internal Audit tracker report and reviews	Committee cycle of business	Delivery of value-based healthcare via patient level information costing system

### COMMITTEE ATTENDANCE

Name	16 May 2022	18 July 2022	20 Sep 2022	14 Nov 2022	16 Jan 2023	20 March 2022
Kevin Davies						
Bethan Evans						
Joga Singh						
Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks						
Andy Haywood						



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Leanne Smith						
Wendy Herbert	J. Turnbull-Ross					
Liam Williams						
Liz Rogers	Catherine Goodwin					
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlsans 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>0</b>

## GOVERNANCE REPORT

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 September 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Trish Mills, Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. This report sets out the use of the Trust Seal

**Recommendation: The Trust Board is requested to note the update.**

### 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	Y
Environmental/Sustainability	NA	Legal Implications	Y
Estate	Y	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

## **GOVERNANCE REPORT**

### **1. Use of Trust Seal**

**The Trust seal was applied to the following document on 1 August 2022:**

Reference number: 0236 - to affix the Trust Seal to a lease agreement between the Trust and Zurich Assurance Limited for the lease of Unit 34, Bennet Street, Bridgend Industrial Estate, Bridgend.

**Recommended: That the Board notes the use of the Trust Seal.**



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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>1</b>

## WELSH LANGUAGE STANDARDS ANNUAL REPORT 2021-22

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 September 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Melfyn Hughes, Welsh Language Services Manager
<b>CONTACT</b>	Melfyn Hughes <a href="mailto:Melfyn.Hughes@wales.nhs.uk">Melfyn.Hughes@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. On 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011.
2. The Trust must demonstrate how it fulfils its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards via its Statutory Compliance Notice (click [here](#) to view notice). The annual report must be published on the Trust's website during September 2022.
3. The annual report is an opportunity for the organisation to publish its own evaluation of how it has promoted and facilitated opportunities to use the Welsh language and ensure that the Welsh language is not treated less favourably than the English language.

### RECOMMENDATION

4. **The Trust Board is requested to approve the annual report.**

### KEY ISSUES/IMPLICATIONS

5. The 111 service has seen a sharp increase in Welsh language demand due mainly to the last two Health Boards integrating into 111 Wales. Despite answering more calls in Welsh as a result of this, the percentage of calls dropped by 24.3% compared to 2020/21.

6. There has been a steady drop over the past 3 years in the compliance on the number of staff recording their Welsh Language Skills on ESR, however this appears to be a NHS Wales Trac issue that we are addressing.
7. A Welsh Language Framework is being developed for inclusion in the 2023-26 IMTP. This will include the actions to improve Welsh Language Standards compliance and to align strategically to the Welsh Government's Welsh Language Strategy *More Than Just Words*. Its aim is to ensure the language needs of Welsh speakers are met and to demonstrate that language plays an important part in the quality of care and is not seen as an 'add on'.

### REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Welsh Language Advisory Group	8 July 2022	For comments and feedback
Assistant Directors Leadership Team	8 August 2022	For comments and feedback
Executive Management Team	17 August 2022	Approval for People and Culture Committee meeting 5 <sup>th</sup> September 2022
People and Culture Committee	5 September 2022	Note and endorse
Trust Board	29 September 2022	Approve

### REPORT APPENDICES

Annex 1: Welsh Language Standards Annual Report 2021 - 2022

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

## SITUATION

1. On 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011. As a result, the Trust has started to implement actions for compliance with its [Statutory Compliance Notice](#) from the Welsh Language Commissioner.
2. The Trust must demonstrate how it fulfils its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards.
3. The annual report is an opportunity for the organisation to publish its evaluation of how it has promoted and facilitated opportunities to use the Welsh language and ensure that the Welsh language is not treated less favourably than the English language.

## BACKGROUND

4. The Compliance Notice indicates specific timescales for compliance against each standard. The Welsh Language (Wales) Measure 2011 creates a system for setting duties for organisations in the form of Welsh Language Standards. These duties apply to delivering services in Welsh, considering the impact of policy decisions on the Welsh language and promotion of the Welsh language.
5. The combined effect of the Compliance Notice and standards is that greater compliance will be required by all Trust services and unless addressed it will leave the Trust at considerable risk of incurring civil penalties which may be up to £5,000 per breach.

## ASSESSMENT

6. Delivering care through the language of choice is a matter of clinical need for some and a matter of good practice for all who wish to receive services through the medium of Welsh.
7. The Welsh Language Standards are categorised as follows:
  - A **service delivery standard** will be a type of duty imposed to promote or facilitate the use of the Welsh language or to ensure that the Welsh language is treated no less favourably than English when persons that are subject to the standard deliver services to others, or when they deal with others in connection with the delivery of those services.
  - A **policy making standard** will be a type of duty which will require persons to consider the effect of their policy decisions upon opportunities for other persons to use the Welsh language, or upon treating the Welsh language no less favourably than English.



- An **operational standard** will be a type of duty imposed to promote and facilitate the use of the Welsh language in relation to the carrying out by a person of their functions, business or other undertaking.
- A **record keeping standard** will be a duty imposed in respect of keeping and maintaining details regarding compliance with the other four standards as well as any other complaints concerning the language.
- **Supplementary Standards** deal with various matters including the production of an annual report, monitoring arrangements and the provision of information to the Commissioner

## 8. 111 Service

The 111 service has seen a sharp increase in Welsh language demand. This is mainly due to the last two Health Boards integrating into 111 Wales.

**NHS Wales 111 Service Welsh Language Calls 2021- 2022**

Welsh Language Demand	Total Answered Calls for 111	Welsh Calls Offered	Total calls answered in Welsh	% of Calls answered
01/04/21 – 31/04/22	680 161	15341	6949	45%
01/04/20 – 31/04/21	580 457	5436	3788	69.7%

111 answered 3161 more calls in Welsh during the 2021/22 financial year than the previous year (2020/21). This equated to answering 82% more calls in Welsh than the previous year. However, there is a drop in the actual percentage rate of 24.3% in Welsh calls answered compared to calls answered from the previous year.

9. Improvements targeted to improving this in 2022/23 are set out in the Annual Report and will be incorporated into the Welsh Language Framework for 2023/24.

## 10. Recording staff Welsh Language Skills on ESR

There has been a steady drop over the past 3 years in the compliance on the number of staff recording their Welsh Language Skills on ESR:

2019/20: 96.27%

2020/21: 91.32%

**2021/22: 87.23%**

The issue may lie with the links between NHS Trac and the Electronic Staff Record with Trac not being able to record anyone with '0 – No skills' in ESR. This is being pursued with NHS Wales Shared Services.

## 11. RECOMMENDATION:

**The Trust Board is requested to approve the annual report.**



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**WELSH AMBULANCE SERVICES  
NHS TRUST**

**WELSH LANGUAGE  
STANDARDS  
ANNUAL REPORT  
2021-2022**

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

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## Foreword

### **Croeso! Welcome!**

**As Chair and Chief Executive of the Welsh Ambulance Services NHS Trust, we are delighted to present our third report on implementing the Welsh Language Standards.**

The Welsh Language (Wales) Measure 2011 sets out a legal framework which imposes a duty on the Welsh Ambulance Services NHS Trust, along with other public institutions, to comply with the Standards relating to the Welsh language and provides an opportunity to reinforce the requirements and to improve the quality and availability of services through the medium of Welsh.

There is a clear commitment from the Board in implementing the Standards and during 2021/22 we have continued to raise awareness of the requirements of the Standards by including Welsh language requirements in staff induction sessions together with promoting the online module 'Croeso Cymraeg Gwaith' which has been key to supporting staff who are at the beginning of their journey to learn Welsh. In addition, Welsh language social media accounts for Facebook and Twitter have been set up to improve our communication with the Welsh speaking public.

In addition to the new Welsh language recruitment assessment form that was introduced to all managers to complete prior to posts being released for advert, we have introduced a guidance/process flow chart to assist managers in preparing adverts prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers.

This Annual Report sets out our compliance with the Standards and is supported by data for the reporting period 1 April 2021 to 31 March 2022. We recognise that we have made progress, but further improvements are planned to improve the provision of our Welsh language services. To achieve these improvements, we have been working closely with the Welsh Language Commissioner to establish solutions that meets our operational needs and ensures the rights of Welsh language speakers.



**Martin Woodford**  
Chair



**Jason Killens**  
Chief Executive

## 1. Introduction

This is the third Annual Report of the Welsh Ambulance Services NHS Trust's work showcasing how the Welsh Language Standards have been implemented.

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011.

The Trust has continued to respond positively to the Welsh Language Standards as it provides an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh. Additional guidance on how to comply with the Standards have been developed and made available to staff on a new Welsh Language Standards Intranet page.

## 2. About us

We are a team of over 4,000 people serving the 3.1 million people of Wales, along with the invaluable support of Community First Responders (CFRs), and volunteer car drivers who transport patients from their homes to hospital appointments and back again.

We provide thousands of patients a year with advice, support and signposting to the right services through our Consult and Close services. This includes the NHS 111 Wales Service, which is an amalgamation of NHS Direct Wales (a 24-hour health advice and information service for the public) and the front-end call handling and clinical triage elements of the GP out-of-hours services and our Clinical Desk. We take hundreds of thousands of patients to a place of care, or home, every year through our Non-Emergency Patient Transport Service (NEPTS).

Our Call Handlers and Clinical Contact Centre staff deal with more than half a million calls every year, 24/7 and 365 days a year and we are at the frontline of service delivery, making sure that patients get the right advice and help.

## 3. Background to the Welsh Language Standards

Under the Welsh Language (Wales) Measure 2011, all public service organisations in Wales are required to comply with language duties, which ensure that the Welsh language is not treated less favourably than the English language. The duties encourage promotion of the Welsh language, the use of Welsh within internal administration and require that provision is made for the accessibility of Welsh to the public.

Section 44 of the 2011 measure permits the Welsh Language Commissioner to issue a compliance notice, requiring a body to comply with one or more standards specifically applicable to it. The Welsh Language Standards (No.7) Regulations 2018 were then introduced to the health sector organisations in Wales.

In accordance with section 44 of the 2011 measure, the purpose of the Welsh Language Standards is to provide:

- Clarity for organisations on the Welsh language
- Clarity for Welsh speakers on what services they can expect to receive in Welsh
- Greater consistency in Welsh language services and improvement of quality for users

## **4. Accountability and Support**

### **Welsh Language Leads and Champions**

Alongside the Trust's Welsh Language Services Manager, the Trust's Board Secretary is the executive lead for the Welsh language. In addition, the Trust Board has a Non-Executive Director who is the Board's Welsh Language Champion.

### **Welsh Language Advisory Group**

The Welsh Ambulance Services NHS Trust has established a Welsh Language Advisory Group. This Group provides a mechanism for reviewing all aspects of the Welsh Language Standards and to ensure that a satisfactory service is maintained for all patients and members of the public who use the services of the Trust.

### **Assistant Directors Leadership Team**

The Trust's Assistant Directors Leadership Team (ADLT) are responsible for supporting the Trust's Executive Management Team on developing and delivering strategic plans and objectives, financial targets and compliance with legislation requirements, standards, and practices. A Welsh Language Standards Compliance Tracker has been developed which provides a RAG rating for compliance against each standard and is reviewed quarterly.

### **People and Culture Committee**

The Trust's People and Culture Committee provides assurance to the Board of its leadership arrangements and monitors progress and seeks assurance that the Trust is discharging its statutory responsibilities in relation to the Welsh Language Standards.

### **Trust Board**

The final part of the of the governance route of the Trust's Welsh Language Standards Annual Report following its approval route via the Trust's

Welsh Language Advisory Group, ADLT, Executive Management Team and the People and Culture Committee will be for the Trust Board to review and discuss the progress made in complying with the Standards.

### **Complaints Procedure**

Concerns received in relation to compliance with the Trust's Welsh Language Standards, are addressed under the Putting Things Right Regulations.

If a member of the public has a concern regarding a recent experience of using Trust services, they can register their concern in a number of ways which is best suited to them: email the concerns team: [Amb\\_PuttingThingsRight@wales.nhs.uk](mailto:Amb_PuttingThingsRight@wales.nhs.uk) or complete an online form: [Online Concerns Submission Form](#)

## **5. Compliance with the Service Delivery Standards (Standards 1 – 77)**

This set of standards identifies how the Trust is required to use the Welsh language in different situations so that Welsh speakers can have unhindered access to Welsh language services; for example, when sending correspondence, dealing with telephone calls, providing on-line or face-to-face services.

### **Correspondence (Standards 1 – 7)**

The Trust has applied a consistent approach in relation to use of headed paper and email signatures and requires all staff to use the bilingual headed paper of the Trust. We have also actively encouraged all staff to include a message on email signatures noting that the individual 'welcomes correspondence in Welsh or English'.

### **Telephone Calls (Standards 8 – 20)**

The Welsh Language Standards as imposed upon the Trust places no legal requirement to answer 999 calls in Welsh.

For other calls, staff will give a bilingual greeting when answering the telephone and when the Trust establishes telephone contact with a service user for the first time, the service user will be asked if they would prefer to receive future calls from the Trust in Welsh or English. That language preference will be noted and respected. Calls to 111 and NEPTS offer a language option for callers.

### **111 Service Review**

During 2021/22 the 111 Service had seen significant challenges in relation to increased demand as well as an increase in staff absenteeism due to the pandemic. This had an impact on the performance of both English and Welsh language calls that were presented to the service.



In addition, the service saw a sharp increase in Welsh language demand. This was mainly due to the last two Health Boards that were integrated into 111 Wales.

The table below shows the 2021/2022 Welsh Language call demand and answer rate:

#### **NHS Wales 111 Service Welsh Language Calls 2021- 2022**

<b>Welsh Language Demand</b>	<b>Total Answered Calls for 111</b>	<b>Welsh Calls Offered</b>	<b>Total calls answered in Welsh</b>	<b>% of Calls answered</b>
<b>01/04/21 – 31/04/22</b>	<b>680,161</b>	<b>15,341</b>	<b>6,949</b>	<b>45%</b>
<b>01/04/20 – 31/04/21</b>	<b>580,457</b>	<b>5,436</b>	<b>3,788</b>	<b>69.7%</b>

In June 2021 Betsi Cadwaladr University Health Board merged with 111 Wales followed in March 2022 by Cardiff & Vale University Health Board. These are two of the largest Health Boards in Wales that contain the highest percentage of the country's Welsh speaking population. The demand during 2021/22 for Welsh language calls increased by 9,905 from that of the previous year 2020/21. This equated to a 182% increase in Welsh demand to the 111 service.

111 answered 3,161 more calls in Welsh during the 2021/22 financial year than the previous year (2020/21). This equated to answering 82% more calls in Welsh than the previous year (2020/21). However, there was a drop in the actual percentage rate of 24.3% in Welsh calls answered compared to calls answered from the previous year (2020/21).

It is fair to say the service has seen substantial and sustained demand pressure during this time with a significant increase in call demand / staff absenteeism due to the pandemic which influenced the overall answer rate for all calls to 111. During the last year following the integration of the service to two new Health Boards in a very short time frame, recruitment campaigns were carried out to support the additional demand.

**111 Service Improvements related to the Welsh Language 2021-2022** (these are in addition to established process)

1. In November 2021 the 111 service introduced a new Interactive Voice Recorder (IVR) facility. The IVR is the messaging and options that callers will listen to and then select when calling 111 Wales. This new IVR is offered in both English and Welsh.
2. The new Welsh IVR has been further improved with scripts validated by a commissioned Welsh language translator.
3. Further work is ongoing within the IVR with a soon to be offered bilingual text facility option that will refer callers to the 111 website in English or Welsh dependant on the language selection made by the caller.
4. A significant innovation that has helped with the identification and pick up of Welsh language calls was the introduction of the preannouncement facility. The call handler will be given a voice message in their headphones a few seconds before

the call is presented announcing which selection the caller has chosen within the IVR. E.g., “Welsh Dental” or “Welsh existing call” etc. This has improved pick up rates for Welsh calls.

5. Training has been developed with the use of interactive videos for staff detailing skills and tips on managing Welsh language requested calls.
6. Currently with support from the Patient Engagement Team within the Trust the 111 Service is developing a quality initiative involving public volunteers to conduct targeted calls to 111 and to audit user experience and quality. Accessing the Welsh language service will be a key review area within this initiative. The initial review will be focused on the IVR and access into the service and will be launched in early Autumn 2022.

### **Meetings (Standards 21 – 30)**

When the Trust arranges a meeting with a member or members of the public, attendees will be asked if they wish to use the Welsh language at the meeting. Where individuals express a desire to use Welsh at a meeting, the Trust will respect and accommodate that preference. Board meetings have a non-executive director and governance officer who speak Welsh and all meetings of the Board are livestreamed via Zoom which has the functionality for Welsh (and other language) subtitles.

### **Public Events (Standards 31 – 32)**

In relation to face to face services offered at the event, the event’s invitation or advertisement will ask persons to inform us if they wish to use the Welsh language. There is no requirement to provide a translation service if no-one has informed the organiser that they wish to use Welsh at the event.

### **Documents and Forms (Standards 36 - 38)**

Any form that is to be completed by members of the public are available in Welsh. Documents produced by the Trust for the public are made available in Welsh if the subject matter of the document suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh. If separate Welsh language versions are required, the English language version will state that the document or form is also available in Welsh.

### **Publicity and Advertising Material (Standards 33 – 34)**

The Non-Emergency Patient Transport Service takes medically eligible patients from across Wales to and from their medical appointments at clinics and hospitals. In order for patients to see if they meet an eligibility criterion based on their medical need the following poster and information leaflet were produced then distributed across Wales to GP’s, hospitals and medical facilities.

**Gwasanaeth Cludiant Cleifion Di-frys**

**Gallech fod yn gymwys i gael cludiant i apwyntiadau ysbyty**

Mae'r Gwasanaeth Cludo Cleifion mewn achosion nad ydych chi ddiolgu i'w cludo cleifion o bob cer o Gymru nad ydych chi gallu am resymau meddygol, i wneud eu ffordd eu hunan i mewn ac allan o'u hapwyntiadau ysbyty. Os nad ydych chi gymwys, gallwch roi gwybod i chi am ddulliau trafnidiaeth angen sy'n fwy addas i'ch anghenion.

I gael rhagor o wybodaeth a gweld a ydych chi gymwys, ewch i [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk) neu ffonwch **0300 123 2303**

**Gallech fod yn gymwys i gael cludiant i apwyntiadau ysbyty**

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

**Ydych chi neu rywun rydych yn ei adnabod yn cael trafferth teithio i apwyntiadau ysbyty?**

**Os ydych, gallech chi neu nhw fod yn gymwys i gael help gyda cludiant.**

Mae'r Gwasanaeth Cludiant Cleifion Di-frys yn mynd â chleifion sy'n gymwys yn feddygol o bob rhan o Gymru i ac o'u hapwyntiadau meddygol mewn clinigau ac ysbytai. Mae hyn yn cynnwys:

- Apwyntiadau cleifion allanol;
- Triniaeth dialysis ac oncolleg;
- Canolfannau ddydd a chlinigau psycho-geriatric;
- Derbyniadau a gynllunir i'w rhyddhau, gan gynnwys trosglwyddo rhwng ysbytai.

Dim ond i gleifion sy'n bodoni meiri prawf cymhwysedd ar sail eu hangenion meddygol y mae'r gwasanaeth hwn ar gael.

Os nad ydych chi bodoni'r meiri prawf cymhwysedd, gallwch roi gwybod i chi am ddulliau teithio angen, sy'n fwyaf addas i'ch anghenion er mwyn eich galluogi i wneud eich ffordd eich hun ar gyfer eich apwyntiad.

**Gallech fod yn gymwys i gael cludiant i apwyntiadau ysbyty**

**Gallech fod yn gymwys i gael cludiant i apwyntiadau ysbyty os:**

- eich bod yn cael dialysis neu driniaeth cancer yn rheolaidd;
- angen streisiau ar gyfer y daith;
- Mae angen osgion amoch ar gyfer y daith;
- Mae angen i chi deithio yn eich cadair olwyn eich hun;
- Nad ydych chi gallu cerdded heb gymorth parhaus;
- Yn methu â dehyddio trafnidiaeth gyhoeddus oherwydd bod gennych gyflwr meddygol a fyddai'n periglu eich urddas;
- Mae gennych anawsterau cysathrebu difrifol neu;
- Byddwch yn profi sgl-effectiau o ganlyniad i'r driniaeth neu eich cyflwr.

Os credwch y gallech fod yn gymwys, ffonwch ein linell archebu ar 0300 123 2303 i chi dderbyn eich llythyr apwyntiad ysbyty ar **0300 123 2303**

**Canslo Trafnidiaeth**

Mae hyd at 100,000 o siwmsau Cludo Cleifion Di-frys bob blwyddyn lle nad yw'r claf yn teithio neu ddim ar gael pan gyhoeddodd ein cniaw i'w casglu. Mae canslo cludiant os nad oes ei angen bellach yn bwyys iawn ac yn caniatáu i ni gymryd y gwasanaeth i glaf arall. Os oes angen i chi ganslo archebu ffonwch ni ar **0300 123 2303** i roi gwybod i ni neu ewch i'n gwefan.

**I gael gwybod mwy am sut mae'r gwasanaeth yn gweithio, ac os ydych chi yn gymwys am ein cludiant neu am ba gymorth arall y gallech fod â hawl iddo ewch i [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)**

## Websites and Online Services (Standards 39 – 43)

The Trust operates two websites: a [Corporate website](http://www.111.wales.nhs.uk) that has been redeveloped with a facility to switch between the two languages, and the NHS Direct Wales website which was rebranded in May 2020 to GIG 111 Cymru [www.111.wales.nhs.uk](http://www.111.wales.nhs.uk).

**GIG 111 Cymru**

**37 (32<sup>1</sup>)** bilingual online symptom checkers which provide help and advice to the public on how they can manage their symptoms.

**NHS 111 Wales**

During the reporting period the website received **4,187,031 (4,300,241)** visits of which **33,664 (0.80%) (26,979 (0.62%))** visits were to the Welsh language website.

Pregnancy, travel, and COVID-19 sections were updated and available bilingually.

From the launch of the newly branded NHS 111 Wales website, the website has been operating its own Welsh and English social media Twitter accounts @GIG111Cymru with **81 (56)** followers and @NHS111Wales with **7,022 (6,702)** followers.

<sup>1</sup> Orange figures/percentages represent the 2020/21 reporting period

## Publishing Apps (Standard 44)

### Blue Light Hub app



As the pandemic continued to prevent engagement at schools and in community settings, we wanted to ensure that important information was still being shared with our next generation of callers.

In July we launched a new bilingual gaming app, the 'Blue Light Hub', which aims to help children and young people understand what to do in an emergency in a fun and engaging way.

Aimed predominately at 7–12-year-olds, the Trust's Blue Light Hub app boasts four games and teaches users about what happens when they call 999 and the appropriate use of emergency 999 services,

## Social Media (Standards 45 – 46)

Developments have included the setting up of Welsh language social media accounts for Facebook and Twitter. **See Appendix 1** for social media data.

## Signs and Notices (Standards 47 - 49)

All new or replacement signage is produced bilingually with the Welsh positioned so that it is likely to be read first. During the reporting period new external and internal signage was produced for the Trust's new state-of-the-art ambulance station in Cardiff.



### **Reception Services (Standards 50 - 53)**

The online module 'Croeso Cymraeg Gwaith' is available to staff working in reception areas in order to develop their Welsh language skills and be able to greet visitors bilingually.

### **Awarding Contracts (Standards 57 - 59)**

Invitations to tender will be published bilingually if the subject matter of the invitation to tender suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the text should be produced in Welsh. Tenders may be submitted in Welsh, and a tender submitted in Welsh will be treated no less favourably than a tender submitted in English.

No requests for tenders or contracts were issued in Welsh and none were received in Welsh during this reporting period.

### **Education Courses (Standard 63)**

Any education course that we offer to the public we invite the audience to let us know their language preference of either Welsh or English for participating in the course. 'Shoctober' is an annual, month-long awareness campaign that runs every October and is designed to engage, educate, and inform primary school age learners about appropriate use of 999 services and vital lifesaving skills. Schools are asked for their audience language preference in order to deliver the sessions in either Welsh or English.

## **6. Compliance with the Policy Making Standards (Standards 69 – 77)**

All new policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA). As part of this assessment, staff formulating new or revised policies are asked to consider the positive and/or negative impacts that could result from that policy for the Welsh language. Support from the Welsh Language Services Manager is available to any colleague completing an EqIA and is a standard procedure for all new and revised policies.

From April 2017, the Trust established a revised Trust wide policy process which ensures there is a robust structure in place within which to review existing or develop new policies.

During the reporting period, the Trust Board and its associated committees approved **5** policies (inclusive of new and revised policies). 100% went through the process of EqIA of which Welsh language is a standard equality strand. No policy required amending in relation to the Welsh language following the EqIA.



## **7. Compliance with the Operational Standards (Standards 79 – 114)**

The set of Operational Standards deals with the way the Trust uses the Welsh language internally and gives employees the right to receive Human Resources services in their chosen language.

### **Policy on the Internal Use of Welsh (Standard 79)**

A policy to promote the use of the Welsh language within the Trust has been developed for the formal and social use of Welsh amongst our workforce through regular learning and greater participation in a variety of formal and informal language networks and events. Part of this work was the introduction of a Welsh Language Award as one of the categories for the Trust's annual Staff Awards. The award is to recognise staff who have helped to promote the Welsh Language and improve bilingual provision in healthcare. During the reporting period, Dylan Vining, NHSDW/111 Call Handler received the award for his skill and proficiency as a Welsh speaking call handler.

Dylan's nomination said: *Dylan amazes me whenever I work with him and when he takes a Welsh call, he reads the algorithms in English and translates them so quickly to Welsh when speaking to the patients. He's then seeking advice from the 111 Clinical Advice Line in English then back to the patient in Welsh again super quickly and without hesitation.*

### **Employment Documents (Standards 80 – 81)**

We have not been asked by any member of staff for any employment related documents to be supplied in Welsh i.e., documents that outline training needs or requirements; documents that outline performance objectives; documents that outline or record a career plan; forms that record and authorise annual leave; forms that record and authorise absences from work and forms that record and authorise flexible working hours.

We have ensured that the following documents: change of hours letters, secondment extensions and contract of employment have been translated should any member of staff wish to receive them through the medium of Welsh. Where NHS Wales Shared Services Partnership (NWSSP) issues contracts of employment (via the recruitment process within TRAC), these are sent in both Welsh and English.

### **Recruiting and Appointing (Standards 106 – 109)**

Guidance/process flow charts are used to assist managers prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers. A translation Service Level Agreement with Betsi Cadwaladr University Health Board has been established to support the Trust's translation needs.

The assessment form we introduced for all managers to complete to help assess Welsh language requirement for posts continues to be utilised. This forms part of a number of other check points, prior to a post being released for advert.

### Assessing and Recording Welsh Language Skills across the Workforce (Standards 96 and 116)

From a total of **4,283** members of staff **3,736 (87.23%) 3,705 (91.32%)** of the Trust's workforce have self-assessed and recorded their Welsh language skills on ESR.

The numbers of staff recording their Welsh language skills has increased, however, the percentage has reduced due to an expanded workforce during the reporting period. In order to increase the number of staff recording their Welsh language skills on ESR, Workforce have created a link to a form to capture any missing competencies. A monthly report will then be run to check which members of staff are missing any of the competencies. An email will then be sent to staff members with a link to the form, asking them to fill it in with a deadline of a month's time.

Welsh language listening/speaking skills recoded on ESR per directorate:

DIRECTORATE	Assignment Count	Required	Achieved	Compliance %
Board Secretary	5	5	5	100%
Chief Executive Directorate	18	18	17	94.44%
Digital Directorate	56	56	47	83.93%
Finance & Corporate Resources Directorate	86	86	86	100%
Medical & Clinical Directorate	52	52	49	94.23%
Operations Directorate	3831	3831	3306	86.30%
Partnerships & Engagement Directorate	17	17	16	94.12%
Quality, Safety & Patient Experience Directorate	120	120	116	96.67%
Strategy, Planning & Performance Directorate	11	11	10	90.91%
Workforce & OD Directorate	87	87	84	96.55%



## New and Vacant Posts (Standard 117)

The table below confirms posts advertised between 1 April 2021 and 31 March 2022:

Total number of posts advertised: **456 (270)**

Category	Number of posts categorised	Percentage of posts advertised
Essential	8 (10)	1.7% (3.71%)
Desirable	441 (255)	97% (94.44%)
Needs to be learned	0 (0)	0% (0%)
Not necessary	6 (5)	1.3% (1.85%)

Welsh essential posts advertised include:

- Emergency Medical Service (EMS) Call Taker
- Non Emergency Patient Transport Service (NEPTS) Call Taker
- Professional Practice Educator, 111 Service
- Health Information Adviser, 111 Service
- Control Administrative Assistant, 111 Service

## Training (Standard 97)

We are aware of our obligation to offer the following training through the medium of Welsh:

- recruitment and interviewing
- performance management
- complaints and disciplinary procedures
- induction
- dealing with the public
- health and safety

We have not undertaken training for Performance Management or Complaints and Disciplinary Procedures during the period that this report covers. Generally, training for these areas is conducted when a key change in policy and/or procedure is agreed, and where we would have to ensure that managers are aware of the change and its implication on their management of staff through one of these processes.

We can however confirm that should training in these areas be necessary, candidates will be asked if they would like the training in Welsh. A session through the medium of Welsh (number dependent) would be arranged or via the use of a simultaneous translation service.

## Training carried out during the reporting period

Type of Training	Number who attended the Welsh version	Number who attended the English version	Percentage that attended the Welsh version
<b>Recruitment and Interviewing</b>	None delivered	None delivered	
<b>Performance Management</b>	None delivered	None delivered	
<b>Complaints and Disciplinary Procedures</b>	None delivered	None delivered	
<b>Induction</b>	No one requested for our induction to take place in Welsh, however, the induction workbook is routinely offered to all attendees in Welsh.	Total: <b>340 (383)</b>	<b>0% (0%)</b>
<b>Dealing with the Public</b>	None delivered	None delivered	
<b>Health and Safety</b>	This is an internationally delivered IOSH accredited training course, and not available in Welsh.	Total: <b>30 (10)</b>	<b>0% (0%)</b>

## Training to Improve Welsh Language Skills (Standards 99 - 101)

The online module 'Croeso Cymraeg Gwaith' has been key to the Trust in supporting staff who are at the beginning of their journey to learn Welsh and **294 (284)** members of staff have registered onto the Welsh language beginners e-learning module facilitated by the National Centre for Learning Welsh with **97** having completed the course.

## Welsh Language Awareness Training (Standards 102 – 103)

The Trust's 'Welcome days' includes Welsh language awareness and a total of **340 (383)** staff undertook this training during the reporting period.

## Promoting the Welsh Language

The 7<sup>th</sup> of December 2021 marked Welsh Language Rights Day which is the date on which the Welsh Language (Wales) Measure, the legislation that made the rights possible, was passed by the Senedd. The Trust supported Welsh Language Rights' Day on its social media platforms in promoting to our service users what they are entitled to through the medium of Welsh. In addition, advice, and guidance to Trust staff on how they can comply with the Welsh language standards was also promoted.

## 8. Complaints (Standard 115)

### Complaints received in 2021/22

Below, is a list of complaints received during 2021/22 along with a summary of the actions taken. Three complaints were received:

	Complaint	Response and action
	<b>Service Delivery Standard</b>	
1	Complaint received via <a href="mailto:PTR_Concern@wast.uk">PTR_Concern@wast.uk</a> from member of the public regarding failure by the NHS Wales 111 Service to deal with their telephone call in Welsh. Caller had requested for a Welsh language service but as there was no Welsh speaking person to answer their call, the system did not route the call to a non-Welsh speaking call handler.	Individual was contacted by telephone explaining that the service had experienced technical issues with regards to the routing of Welsh language calls.  Technical issue was resolved.
2	Complaint received via <a href="mailto:PTR_Concern@wast.uk">PTR_Concern@wast.uk</a> from member of the public regarding failure by the NHS Wales 111 Service to deal with their telephone call in Welsh.	Complaint resolved through explanation to complainant via telephone call. It was explained to the complainant that all attempts are made to route Welsh calls to the appropriate Welsh speaking call handlers and that not all the call handlers are Welsh speakers, and there are times that Welsh calls are routed to a non-Welsh speaking call handler due to patient safety and to prevent a potential delay in urgent care.
3	Complaint received from member of the public via Welsh Government regarding the quality of the Welsh language recorded messaging to callers on the 111 Service.	Following a thorough review of the 111 Service messaging it was identified that a few words on the recorded scripts were not pronounced correctly as detailed in the feedback. During the pandemic the 111 Service had to modify in a relatively quick manner considerable changes to the voice scripts recordings.  The 111 service has now been upgraded to a newer and robust Cisco telephone platform with new messaging for callers at the front end of the service.  A new quality monitoring process has been developed that will ensure that both Welsh and English language front end messaging are clear, accurate and of a high professional standard.

## Priorities for 2022-2023

In order to reach the long-term outcome of the delivery of an “Active Offer” that takes the responsibility off the service user to ask for a service through the medium of Welsh, the Trust will continue to progress with its work in improving its services for its Welsh speaking patients in their language of choice as an integral part of service delivery.

Focus will be on developing work in the following areas:

- **Development of a Welsh Language Framework**  
To ensure there is structure, rigour, governance, and consistency in the implementation of a framework for the development of the Welsh language throughout the Trust.
- **More than just words 2022-2027 plan**  
Implement the new 5 year plan for *More than just words* to address the key issues that emerged as part of the independent evaluation of the *More than just words* framework.
- **Consultation on the draft code of practice for the Welsh Language Standards (No.7) Regulations 2018**  
The Trust to respond to the Welsh Language Commissioner on the draft practical guidance on the requirements of the Welsh language standards in which the Trust are required to comply with.
- **Centralisation of translation service**  
In order to meet the increasing demand and cost for translation and to provide a well-rounded and more strategic outlook, a case has been prepared for the Trust to have a centralised translation service that would provide value for money, quality and speed of service to the Trust.

## Appendix 1

### Bilingual Social Media Accounts: Statistics from 1 April 2021 – 31 March 2022

#### Twitter

	@Ambiwlans_Cymru	@WelshAmbulance
New followers	65 (134)	1,906 (3,059)
Total amount of Tweets	430 (572)	572 (753)
Total impressions	191,100 (249,011)	4,806,500 (7,106,000)
Profile visits	14,318 (4,041)	239,200 (117,993)
Retweets	309 (499)	6,210 (10,800)
Likes	366 (691)	16,188 (30,300)

- Series of 'Emergency' demand posts created in Welsh and English as a result of messages being requested out of hours via a non-Welsh speaking on-call Communications Officer. **(See pages 19 – 21)**

\*Note: the total amount of Tweets differs between both accounts for the following reasons:

- 'Tweets' include quoted Tweets which are published more frequently on our English account due to other agencies such as other UK ambulance services not putting out content in Welsh.
- 'Tweets' also include replies to comments (e.g. complaints, thank you notes, general conversations) which are rarely received on the Welsh accounts. Over the busy winter period, we are frequently replying to complaints/feedback directed at us on our English Twitter account.

#### Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services NHS Trust
New followers	59 65	4,647 7,546
New page likes	28 59	2,237 6,815
Total post engagement	1,564	433,529
Total page views	744	67,856
Total reach	136,237 12,612	9,792,474 2,135,600

	English Post	English Caption	Welsh Post	Welsh Caption
1	We are currently extremely busy For those who are less seriously ill or injured, there are other options available	Think carefully before dialling 999. If it is not an emergency, then use the:  @NHS111Wales symptom checkers  Your local pharmacy  Minor Injuries Unit  111 for urgent medical concerns only	Rydym yn hynod brysur ar hyn o bryd I'r rheiny sydd ddim mor ddifrifol wael neu wedi eu hanafu y mae opsiynau eraill ar gael	Meddyliwch yn ofalus cyn deialu 999. Os nad ydyw yn argyfwng yna defnyddiwch:  gwiriwr symtomau @NHS111Wales  Eich fferyllfa leol  Uned Mân Anafiadau  111 am faterion meddygol brys yn unig
2	Our emergency call handlers are very busy and doing everything they can to arrange help for those who need us	Please help us by only dialling 999 if it is a serious or life-threatening emergency. For urgent advice please use @NHS111Wales, your local pharmacy or Minor Injuries Unit	Mae ein gweithredwyr galwadau brys yn brysur iawn ac yn gwneud popeth o fewn eu gallu i drefnu cymorth i'r rheiny sydd ein hangen	Os gwelwch yn dda helpwch ni drwy ddeialu 999 os ydyw yn fater difrifol neu'n argyfwng sy'n peryglu bywyd yn unig. Am gyngor brys, os gwelwch yn dda defnyddiwch @GIG111Cymru, eich fferyllfa leol neu'r Uned Mân Anafiadau
3	The service is experiencing a very high demand	If it's urgent but it's not a serious or life-threatening emergency, please consider other options. In times of extremely high demand, some patients may wait longer for our help. If you need medical help fast but it's not an emergency, try our @NHS111Wales symptom checkers for advice and next steps  <a href="https://bit.ly/3hQf6XK">https://bit.ly/3hQf6XK</a>	Mae galw mawr iawn am y gwasanaeth	Os ydyw yn fater brys, ond nad yw'n argyfwng difrifol neu'n peryglu bywyd, ystyriwch opsiynau eraill os gwelwch yn dda. Ar adegau pan fo galw mawr iawn, fe all rhai cleifion aros yn hirach am ein cymorth. Os ydych angen cymorth meddygol yn gyflym ond nad yw'n argyfwng, cysylltwch â'n gwirwyr symtomau @NHS111Wales am gyngor a'r camau nesaf  <a href="https://bit.ly/3hQf6XK">https://bit.ly/3hQf6XK</a>
4	Our <b>NHS 111 Wales</b> service is experiencing a very high volume of calls	Demand on our 111 service means that some people may have problems getting through to us. If you do need us urgently, please keep trying or use our	Mae'r gwasanaeth <b>GIG 111 Cymru</b> yn profi nifer uchel iawn o alwadau	Mae pwysau ar ein gwasanaeth 111 yn golygu y gall rhai pobl gael problemau yn dod drwodd atom. Os ydych ein hangen ar frys, daliwch i alw os gwelwch yn dda neu defnyddiwch ein

		website for information, advice, and other services available to help you 📄 <a href="https://bit.ly/3K0FB8P">https://bit.ly/3K0FB8P</a>		gwefan am wybodaeth, cyngor a gwasanaethau eraill ar gael i'ch helpu chi 📄 <a href="https://bit.ly/3K0FB8P">https://bit.ly/3K0FB8P</a>
5	All our services remain extremely busy	In times of extremely high demand, some patients may wait longer for our help. Our staff over the phone and on the road are doing everything they can to help you. Please work #WithUsNotAgainstUs and respect ambulance workers	Mae ein holl wasanaethau yn parhau yn hynod brysur	Ar adegau pan fo galw mawr iawn, fe all rhai cleifion aros yn hirach am ein cymorth. Mae ein staff sy'n gweithio dros y ffôn ac ar y ffordd yn gwneud popeth o fewn eu cyrraedd i'ch helpu chi. Os gwelwch yn dda byddwch #GydaNiNidYnEinHerbyn a pharchwch y staff
6	Our 999 and 111 services are experiencing extremely high demand today	#HelpUsHelpYou by 📞 Only calling 999 for a serious or life-threatening emergency 🕒 Not calling 999 for an ETA 📞 Only calling back if the patient's condition worsens or they no longer need our help 📱 Using the @NHS111Wales symptom checkers 🏥 Taking yourself to the Emergency Department or Minor Injuries Unit	Mae ein gwasanaethau 999 ac 111 yn profi galw mawr iawn heddiw	📞 Alw 999 yn unig ar gyfer argyfwng difrifol neu'n peryglu bywyd 🕒 Peidio galw 999 am amcan amser cyrraedd 📞 Galw yn ôl dim ond os ydyw cyflwr y claf yn gwaethygu neu nad ydynt mwyach angen ein cymorth 📱 Defnyddio gwirwyr symptomau @NHS111Wales 🏥 Mynd i'r Adran Achosion Brys neu'r Uned Mân Anafiadau
7	Please only call 999 for the most serious life threatening injuries or illness and help keep our emergency vehicles free for those who desperately need us	We are experiencing very high levels of demand this evening across [INSERT AREA]. Please only call 999 for life threatening injuries or illness and make alternative arrangements to get to hospital to keep our emergency vehicles free for those who desperately need us	Ffoniwch 999 am yr anafiadau neu'r salwch mwyaf difrifol sy'n bygwth bywyd a helpwch i gadw ein cerbydau argyfwng yn rhad ac am ddim i'r rhai sydd ein hangen yn ddirfawr	Yr ydym yn profi lefelau uchel iawn o alw heno ar draws y [INSERT AREA]. Ffoniwch 999 am anafiadau neu salwch sy'n bygwth bywyd a gwnewch drefniadau amgen i gyrraedd yr ysbyty i gadw ein cerbydau brys yn rhad ac am ddim i'r rhai sydd eu hangen yn ddirfawr
		<b>English Hashtags</b>	<b>Welsh Hashtags</b>	



		#HelpUsHelpYou	#HelpwchNiHelpuChi	
		#BeWiseSaveLives	#ByddwchDdoethdAch ubwchFywydau	
		#StaySafe	#Arhoswch yn ddiogel	
		#WithUsNotAgainstUs	#GydaNiNidYnEinHerb yn	
		<b>English Area Names</b>	<b>Welsh Area Names</b>	
		South East	Y De-ddwyrain	
		South West	Y De-orllewin	
		South Wales	De Cymru	
		North East	Gogledd Ddwyrain	
		North West	Gogledd Orllewin	
		North Wales	Gogledd	
		Mid Wales	Y Canolbarth	
		East Wales	Dwyrain Cymru	
		West Wales	Gorllewin Cymru	

## **Further Information**

For further information on the Welsh Language Standards please contact:

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GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

**YMDDIRIEDOLAETH GIG  
GWASANAETHAU AMBIWLANS CYMRU**

**ADRODDIAD BLYNYDDOL  
SAFONAU'R GYMRAEG  
2021-2022**

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## Rhagair

### **Croeso!**

Fel Cadeirydd a Phrif Weithredwr Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru, mae'n bleser gennym gyflwyno ein trydydd adroddiad ar weithredu Safonau'r Gymraeg.

"Mae Mesur y Gymraeg (Cymru) 2011 yn nodi fframwaith cyfreithiol sy'n gosod dyletswydd ar Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru, ymhlith sefydliadau cyhoeddus eraill, i gydymffurfio â'r Safonau sy'n ymwneud â'r Gymraeg. Mae'r Ymddiriedolaeth wedi ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu'r gofynion ac i wella ansawdd ac argaeledd ein gwasanaethau drwy gyfrwng y Gymraeg.

Mae ymrwymiad clir gan y Bwrdd i weithredu'r Safonau yn 2021/22. Rydym wedi parhau i godi ymwybyddiaeth o ofynion y Safonau drwy gynnwys gofynion y Gymraeg mewn sesiynau sefydlu staff ynghyd â hyrwyddo'r modiwl ar-lein 'Croeso Cymraeg Gwaith' sydd wedi bod yn allweddol i gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg. Yn ogystal, mae cyfrifon cyfryngau cymdeithasol Cymraeg ar gyfer Facebook a Twitter wedi'u sefydlu i wella ein cyfathrebu â'r cyhoedd sy'n siarad Cymraeg.

Yn ogystal â'r ffurflen asesu recriwtio iaith Gymraeg newydd a gyflwynwyd i'r holl reolwyr i'w chwblhau cyn i swyddi gael eu hysbysebu, rydym wedi cyflwyno siart llif canllawiau/proses i gynorthwyo rheolwyr i baratoi hysbysebion cyn i unrhyw swydd gael ei hysbysebu. Mae'r broses yn rhoi manylion am wasanaethau cyfieithu yn ogystal â rhywfaint o eiriad hysbysebu safonol a disgrifiadau swyddi i gynorthwyo rheolwyr.

Mae'r adroddiad hwn yn nodi ein cydymffurfiaeth â'r Safonau'r Gymraeg ar gyfer y cyfnod adrodd rhwng 1 Ebrill 2021 a 31 Mawrth 2022. Rydym yn cydnabod ein bod wedi gwneud cynnydd ond bod angen gwelliannau o hyd er mwyn gwella'r ddarpariaeth o'n gwasanaethau Cymraeg. Er mwyn cyflawni'r gwelliannau hyn, mae'r Ymddiriedolaeth wedi bod yn gweithio'n agos gyda'r Comisiynydd Iaith i sefydlu atebion sy'n diwallu ein hangen gweithredol yn ogystal â sicrhau hawliau siaradwyr Cymraeg.



**Martin Woodford**  
Cadeirydd



**Jason Killens**  
Prif Weithredwr

## 1. Cyflwyniad

Dyma drydydd adroddiad blynyddol gwaith Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru sy'n arddangos sut mae Safonau'r Iaith wedi cael eu gweithredu.

Ar 30 Mai 2019, symudodd yr Ymddiriedolaeth o weithredu ei Chynllun Iaith Gymraeg o dan Ddeddf yr Iaith Gymraeg 1993 i weithredu Safonau'r Gymraeg fel rhan o Fesur y Gymraeg (Cymru) 2011.

Mae'r Ymddiriedolaeth wedi ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu a gwella ansawdd ac argaeledd ei gwasanaethau drwy gyfrwng y Gymraeg. Datblygwyd canllawiau ychwanegol ar sut i gydymffurfio â'r Safonau ac maent ar gael i staff ar dudalen fewnrwyd newydd Safonau'r Gymraeg.

## 2. Amdanom ni

Rydym yn dîm o dros 4,000 o bobl sy'n gwasanaethu 3.1 miliwn o bobl yng Nghymru, ynghyd â chefnogaeth amhrisiadwy Ymatebwyr Cyntaf yn y Gymuned, a Gyrwyr Ceir Gwirfoddol sy'n cludo cleifion o'u cartrefi i apwyntiadau ysbyty ac yn ôl.

Rydym yn rhoi cyngor, cymorth a chyfeirio ein defnyddwyr gwasanaeth i'r gwasanaethau cywir i filoedd o gleifion bob blwyddyn drwy ein gwasanaethau ymgynghori. Mae hyn yn cynnwys Gwasanaeth 111 sy'n gyfuniad o Galw Iechyd Cymru (gwasanaeth cyngor a gwybodaeth iechyd 24 awr i'r cyhoedd), ac elfennau trin galwadau rheng flaen, elfennau brysbennu clinigol y gwasanaethau meddygon teulu y tu allan i oriau a'n Desg Glinigol. Rydym yn cludo cannoedd o filoedd o gleifion i fannau gofal, neu i'w cartref bob blwyddyn drwy ein Gwasanaeth Cludo Cleifion Di-frys (NEPTS).

Mae ein derbynwyr galwadau a staff y ganolfan gyswllt clinigol yn delio â mwy na hanner miliwn o alwadau bob blwyddyn, 24/7 a 365 diwrnod y flwyddyn. Rydym ar y rheng flaen o ran darparu gwasanaethau, gan sicrhau bod cleifion yn cael y cyngor a'r cymorth cywir.

## 3. Cefndir y Safonau Iaith

O dan Fesur y Gymraeg (Cymru) 2011, mae'n ofynnol i bob sefydliad gwasanaeth cyhoeddus yng Nghymru gydymffurfio â dyletswyddau iaith, sy'n sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg. Mae'r dyletswyddau'n annog hyrwyddo'r Gymraeg, defnyddio'r Gymraeg o fewn gweinyddiaeth fewnol ac yn ei gwneud yn ofynnol i ddarpariaeth gael ei gwneud ar gyfer hygyrchedd y Gymraeg i'r cyhoedd.

Mae adran 44 o Fesur 2011 yn caniatáu i Gomisiynydd y Gymraeg gyhoeddi hysbysiad Cydymffurfio, sy'n ei gwneud yn ofynnol i gorff gydymffurfio ag un neu ragor o safonau sy'n benodol gymwys iddo. Yna cyflwynwyd Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 i sefydliadu iechyd yng Nghymru.

Yn unol ag adran 44 o fesur 2011, diben Safonau'r Gymraeg yw darparu:

- Eglurder i sefydliadau ar y Gymraeg
- Eglurder i siaradwyr Cymraeg ynghylch pa wasanaethau y gallant ddisgwyl eu derbyn yn Gymraeg.
- Mwy o gysondeb mewn gwasanaethau Cymraeg a gwella ansawdd i ddefnyddwyr

## **4. Atebolrwydd a Chefnogaeth**

### **Arweinwyr a Hyrwyddwyr y Gymraeg**

Ochr yn ochr â Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth, mae Ysgrifennydd Bwrdd yr Ymddiriedolaeth sy'n arweinydd gweithredol dros y Gymraeg. Mae gan Fwrdd yr Ymddiriedolaeth Gyfarwyddwr Anweithredol sy'n Hyrwyddwr yr Iaith Gymraeg.

### **Grŵp Cyngori'r Gymraeg**

Mae Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru wedi sefydlu Grŵp Cyngori ar y Gymraeg. Mae'r Grŵp hwn yn darparu mecanwaith ar gyfer adolygu pob agwedd ar Safonau'r Gymraeg ac i sicrhau bod gwasanaeth boddhaol yn cael ei gynnal ar gyfer pob claf ac aelod o'r cyhoedd sy'n defnyddio gwasanaethau'r Ymddiriedolaeth.

### **Tîm Arweinyddiaeth Cyfarwyddwyr Cynorthwyol**

Mae'r Tîm Arweinyddiaeth Cyfarwyddwyr Cynorthwyol yr Ymddiriedolaeth yn gyfrifol am gefnogi'r Tîm Rheoli Gweithredol yr Ymddiriedolaeth ar ddatblygu a chyflawni cynlluniau ac amcanion strategol, targedau ariannol a chydymffurfio â gofynion safonau ac arferion deddfwriaeth. Datblygwyd Traciwr Cydymffurfio â'r Safonau'r Gymraeg ac fe'i hadolygir bob chwarter.

### **Y Pwyllgor Pobl a Diwylliant**

Mae'r Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth yn rhoi sicrwydd i'r Bwrdd o'i drefniadau arwain ac yn monitro gallur Ymddiriedolaeth i gyflawni ei chyfrifoldebau statudol mewn perthynas â Safonau'r Gymraeg, lechyd, Diogelwch a Lles, Cydraddoldeb ac amrywiaeth, a gofynion perthnasol y Safonau Gofal lechyd.

### **Bwrdd yr Ymddiriedolaeth**

Rhan olaf y llwybr llywodraethu'r Adroddiad Blynyddol Safonau'r Gymraeg yr Ymddiriedolaeth yn dilyn y llwybr cymeradwyo'r adroddiad drwy'r Grŵp Cyngori'r Gymraeg, Tîm Arweinyddiaeth Cyfarwyddwyr Cynorthwyol, Tîm Rheoli Gweithredol a'r drwy'r Pwyllgor Pobl a Diwylliant fydd i Bwrdd yr



Ymddiriedolaeth i'w adolygu a thrafod y cynnydd a wnaed o ran cydymffurfio â'r Safonau.

## **Gweithdrefn Gwyno**

Mae'r pryderon a dderbyniwyd ynglŷn â chydymffurfio â Safonau Iaith yr Ymddiriedolaeth, yn cael sylw o dan y Rheoliadau Gweithio i Wella.

Os oes gan y cyhoedd bryder ynglŷn â phrofiad diweddar o ddefnyddio gwasanaethau'r Ymddiriedolaeth, gallant dderbyn a chofrestru eu pryder drwy: e-bostio'r Tîm Pryderon: [Amb\\_PuttingThingsRight@wales.nhs.uk](mailto:Amb_PuttingThingsRight@wales.nhs.uk) neu drwy lenwi ffurflen ar-lein: [Ffurflen Gyflwyno Pryderon Ar-lein](#)

## **5. Cydymffurfio â'r Safonau Cyflenwi Gwasanaethau (Safonau 1 – 77)**

Mae'r set hon o Safonau yn nodi sut y mae'n ofynnol i'r Ymddiriedolaeth ddefnyddio'r Gymraeg mewn gwahanol sefyllfaoedd er mwyn i siaradwyr Cymraeg gael mynediad di-rwystr i wasanaethau Cymraeg; er enghraifft, wrth anfon gohebiaeth, delio â galwadau ffôn, darparu gwasanaethau ar-lein neu wyneb yn wyneb.

### **Gohebiaeth (Safonau 1 – 7)**

Mae'r Ymddiriedolaeth wedi defnyddio dull cyson o ran defnyddio llofnodion e-byst a phapur pennawd ac mae'n ofynnol i'r holl staff ddefnyddio papur pennawd dwyieithog yr Ymddiriedolaeth. Rydym hefyd wedi mynd ati i annog yr holl staff i gynnwys neges ar lofnodion e-bost gan nodi bod yr unigolyn yn 'croesawu gohebiaeth yn Gymraeg neu Saesneg'.

### **Galwadau Ffôn (Safonau 8 – 20)**

Nid yw Safonau'r Gymraeg fel y gosodwyd ar yr Ymddiriedolaeth yn gosod unrhyw ofyniad cyfreithiol i ateb galwadau 999 yn Gymraeg.

Ar gyfer galwadau eraill bydd staff yn rhoi cyfarchiad dwyieithog wrth ateb y ffôn a phan fydd yr Ymddiriedolaeth yn sefydlu cyswllt dros y ffôn â defnyddiwr gwasanaeth am y tro cyntaf, gofynnir i'r defnyddiwr gwasanaeth a fyddai'n well ganddynt dderbyn galwadau gan yr Ymddiriedolaeth yn Gymraeg neu yn Saesneg yn y dyfodol. Caiff y dewis iaith hwnnw ei nodi a'i barchu. Mae galwadau i Gwasanaeth 111 a NEPTS yn cynnig dewis iaith i alwyr.

### **Adolygiad o Wasanaeth 111**

Yn ystod y flwyddyn ddiwethaf mae Gwasanaeth 111 wedi gweld heriau sylweddol o ran cynnydd yn y galw yn y gwasanaeth yn ogystal â chynnydd yn nifer absenoldeb staff o ganlyniad y pandemig. Mae hyn wedi cael effaith ar berfformiad y gwasanaeth i ateb galwadau Cymraeg a Saesneg.

Yn ogystal â hynny, mae'r gwasanaeth wedi gweld cynnydd mawr yn y galw am y Gymraeg. Mae hyn yn bennaf o ganlyniad i'r ddau Fwrdd Iechyd olaf integreiddio i 111 Cymru.

**Mae'r table isod yn dangos data Galwadau Cymraeg Gwasanaeth 111 GIG Cymru 2021- 2022:**

Cyfnod Amser	Cyfanswm o alwadau a atebwyd ar gyfer gwasanaeth 111	Galwadau Cymraeg a gynigwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd
01/04/21 – 31/04/22	680,161	15,341	6,949	45%
01/04/20 – 31/04/21	580,457	5,436	3,788	69.7%

Ym Mis Mehefin 2021 unodd Bwrdd Iechyd Prifysgol Betsi Cadwaladr gyda Gwasanaeth 111 ac ym mis Mawrth 2022 unodd Fwrdd Iechyd Prifysgol Caerdydd a'r Fro. Dyma ddau o fyrddau iechyd mwyaf Cymru sydd â'r canran uchaf o siaradwyr Cymraeg ymlith poblogaeth Cymru. Bu cynnydd o 9,905 am alwadau Cymraeg a'r flwyddyn flaenorol 2020/21. Mae hyn yn cyfateb i gynnydd o 182% yng ngalwadau Cymraeg i Wasanaeth 111.

Atebodd Gwasanaeth 111 3,161 mwy o alwadau yn y Gymraeg yn ystod blwyddyn ariannol 2021/22 na'r flwyddyn flaenorol (2020/21). Roedd hyn yn gyfystyr ag ateb 82% fwy o alwadau yn Gymraeg na'r flwyddyn flaenorol (2020/21). Er hynny mae cwmp o 24.3% yn nifer y galwadau Cymraeg gafodd eu hateb o'i gymharu â galwadau gafodd eu hateb o'r flwyddyn flaenorol (2020/21).

Mae'n deg dweud bod y gwasanaeth wedi gweld pwysau sylweddol a pharhaus yn ystod y cyfnod hwn gyda chynnydd sylweddol yn y galw am alwadau / absenoldeb staff oherwydd y pandemig a ddylanwadodd ar y gyfradd ateb gyffredinol ar gyfer pob galwad i 111. Yn ystod y flwyddyn ddiwethaf yn dilyn integreiddio'r gwasanaeth i ddau Fwrdd Iechyd newydd mewn cyfnod byr iawn, bu ymgyrchoedd recriwtio ar gyfer cefnogi'r galw ychwanegol.

**Gwelliannau i Wasanaeth 111 sy'n ymwneud â'r Gymraeg 2021-2022** (mae'r rhain yn ychwanegol at y broses sefydledig)

1. Ym mis Tachwedd 2021 cyflwynodd y Gwasanaeth 111 gyfleuster Recordydd Llais Rhyngweithiol newydd. Y Recordydd Llais Rhyngweithiol yw'r negeseuon a'r opsiynau y bydd galwyr yn gwrando arnynt ac yna'n eu dewis wrth ffonio 111 Cymru. Mae'r Recordydd Llais Rhyngweithiol newydd hwn yn cael ei gynnig yn Gymraeg a Saesneg.
2. Mae'r Recordydd Llais Rhyngweithiol Cymraeg newydd wedi'i wella ymhellach gyda sgriptiau sydd wedi'u dilysu gan gyfieithydd Cymraeg.

3. Mae gwaith pellach yn mynd rhagddo o fewn y Recordydd Llais Rhyngweithiol i gynnig opsiwn cyfleuster testun dwyieithog a fydd yn cyfeirio galwyr at wefan 111.
4. Datblygiad arwyddocaol sydd wedi helpu staff i adnabod galwadau Cymraeg yn y system yw'r cyfleuster rhagrybudd. Bydd y sawl sy'n trin yr alwad yn derbyn neges yn eu clustffonau ychydig eiliadau cyn i'r alwad chael ei chyflwyno, yn cyhoeddi i'r derbynnydd galwadau pa opsiwn mae'r galwr wedi'i ddewis o fewn y Recordydd Llais Rhyngweithiol. E.e., "Deintyddol Cymraeg" neu "Galwad sydd eisoes yn bodoli". Mae hyn wedi gwella ein perfformiad ar gyfer ateb galwadau Cymraeg.
5. Datblygwyd hyfforddiant i staff drwy fidio rhyngweithiol ar sut i ddelio a galwadau Cymraeg.
6. Gyda chefnogaeth gan y Tîm Ymgysylltu â Chleifion o fewn yr Ymddiriedolaeth mae Gwasanaeth 111 yn datblygu menter sy'n cynnwys aelodau o'r cyhoedd a fydd yn gwirfoddoli i wirio safon y galwadau i Wasanaeth 111 ac i archwilio profiad defnyddwyr o ddefnyddio'r gwasanaeth. Fe fydd mynediad defnyddwyr at wasanaeth Cymraeg yn faes adolygu allweddol o fewn y fenter hon. Bydd yr adolygiad yn cael ei lansio yn ystod Hydref 2022.

### **Cyfarfodydd (Safonau 21 – 30)**

Pan fydd yr Ymddiriedolaeth yn trefnu cyfarfod gydag aelod neu aelodau o'r cyhoedd, gofynnir i'r rhai sy'n bresennol a ydynt yn dymuno defnyddio'r Gymraeg yn y cyfarfod. Pan fydd unigolion yn mynegi awydd i ddefnyddio'r Gymraeg mewn cyfarfod, bydd yr Ymddiriedolaeth yn parchu'r dewis hwnnw. Mae gan gyfarfodydd bwrdd gyfarwyddwr anweithredol a swyddog llywodraethu sy'n siarad Cymraeg. Mae holl gyfarfodydd y Bwrdd yn fyw dros Zoom gydag opsiwn is-deitlau Cymraeg (ac ieithoedd eraill).

### **Digwyddiadau Cyhoeddus (Safonau 31 – 32)**

O ran y gwasanaethau wyneb yn wyneb a gynigir yn y digwyddiad, bydd gwahoddiad neu hysbyseb y digwyddiad yn gofyn i bersonau roi gwybod i ni os ydynt am ddefnyddio'r Gymraeg. Does dim gofyniad i ddarparu gwasanaeth cyfieithu os nad oes neb wedi rhoi gwybod i'r trefnydd eu bod am ddefnyddio'r Gymraeg yn y digwyddiad.

### **Dogfennau a Ffurflenni (Safonau 36 - 38)**

Mae unrhyw ffurflen sydd i'w llenwi gan aelodau o'r cyhoedd ar gael yn Gymraeg. Mae dogfennau a gynhyrchir gan yr Ymddiriedolaeth ar gyfer y cyhoedd ar gael yn Gymraeg os yw pwnc y ddogfen yn awgrymu y dylid ei chynhyrchu yn Gymraeg, neu os yw'r gynulleidfa ddisgwyliedig, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r ddogfen yn Gymraeg. Os oes angen fersiynau Cymraeg ar wahân, bydd y fersiwn Saesneg yn nodi bod y ddogfen neu'r ffurflen hefyd ar gael yn Gymraeg.

## Deunydd Hysbysebu a Chyhoeddusrwydd (Safonau 33 – 34)

Mae'r Gwasanaeth Cludiant Cleifion Di-frys yn cludo cleifion sy'n gymwys yn feddygol o bob rhan o Gymru i'w apwyntiadau meddygol mewn clinigau ac ysbytai. Er mwyn i gleifion wirio a ydynt yn bodloni maeni prawf ar sail eu hangen meddygol cynhyrchwyd y poster a'r daflen wybodaeth ganlynol sydd wedi eu dosbarthu ledled Cymru mewn meddygfeydd, ysbytai a chyfleusterau meddygol.

**Gwasanaeth Cludiant Cleifion Di-frys**

**Gallech fod yn gymwys i gael cludiant i'r ysbyty os:**

- eich bod yn cael dialysis neu driniaeth canser yn rheolaidd;
- angen streksar ar gyfer y daith;
- Mae angen osgen amoch ar gyfer y daith;
- Mae angen i chi deithio yn eich cadair olwyn eich hun;
- Nod ydych yn gallu cerdded heb gymorth parhaus;
- Yn methu â defnyddio trafnidiaeth gyhoeddus oherwydd bod gennych gyflwr meddygol a fyddai'n peryglu eich urddas;
- Mae gennych anawsterau cyffwrdd difrifol neu;
- Byddwch yn profi sgîl-efethiau o ganlyniad i'r driniaeth neu eich cyflwr.

**Os trodych y gallech fod yn gymwys, ffônwch ein llinell archebu ar 81 i chi dderbyn eich llythyr apwyntiad ysbyty ar 0300 123 2303**

**Canslo Trafnidiaeth**

Mae hyd at 100,000 o swmerau Cludo Cleifion Di-frys bob blwyddyn lle nad yw'r claf yn teithio neu ddim ar gael pan gyrrhaeddodd ein oriau i'w casglu. Mae canslo cludiant os nad oes ei angen bellach yn bwyas iawn ac yn caniatáu i ni gymryd y gwasanaeth i glaf arall. Os oes angen i chi ganslo archeb ffônwch ni ar 0300 123 2303 i roi gwybod i ni neu ewch i'r gwetan.

**I gael gwybod mwy am sut mae'r gwasanaeth yn gweithio, ac os ydych yn gymwys am ein cludiant neu am ba gymorth arall y gallech fod â hawl iiddo ewch i**

**www.ambulance.wales.nhs.uk**

## Gwefannau a Gwasanaethau ar-lein

Mae'r Ymddiriedolaeth yn gweithredu dwy wefan, sef gwefan [Corfforaethol](https://www.corfforaethol.wales.nhs.uk) sydd wedi ailddatblygu gyda chyfleuster i newid rhwng y ddwy iaith a gwefan Galw lechyd Cymru a ailfrandiwyd ym mis Mai 2020 i GIG 111 Cymru [www.111.wales.nhs.uk](https://www.111.wales.nhs.uk).

**GIG 111 Cymru**

**37 (32)** gwirwyr symptomau dwyieithog ar-lein sy'n rhoi cymorth a chynngor i'r cyhoedd ar sut y gallant reoli eu symptomau.

**NHS 111 Wales**

Yn ystod y cyfnod adrodd fe dderbyniodd y wefan 4,187,031 (4,300,241) o ymweliadau gyda **33,664 (0.80%) (26,979 (0.62%))** yn ymweliadau i'r wefan Gymraeg.

Mae adrannau gwybodaeth ar beichiogrwydd, teithio a COVID-19 wedi'u diweddarau ac maent ar gael yn ddwyieithog.

Ers lansiad gwefan newydd GIG 111 Cymru, mae GIG 111 Cymru wedi bod yn gweithredu ei gyfrifon Twitter cyfryngau cymdeithasol Cymraeg a Saesneg ei hun @GIG111Cymru gyda **81 (56)** o ddilynwyr a @NHS111Wales gyda **7,022 (6,702)** o ddilynwyr.

## Cyhoeddi Apiau (Safon 44)

### Ap Hwb Golau Glas



Wrth i'r pandemig barhau ac yn atal i ni ymgysylltu mewn ysgolion ac mewn lleoliadau cymunedol, roeddem am sicrhau bod gwybodaeth bwysig yn dal i gael ei rhannu gyda'n cenhedlaeth nesaf o alwyr.

Ym mis Gorffennaf fe lansiodd ap gemau dwyieithog newydd, 'Hwb Golau Glas', sy'n ceisio helpu plant a phobl ifanc i ddeall beth i'w wneud mewn argyfwng mewn ffordd hwyliog a diddorol.

Wedi'i anelu at bobl ifanc 7-12 oed, mae ap Hwb Golau Glas yr Ymddiriedolaeth yn cynnwys pedair gêm sy'n dysgu defnyddwyr am yr hyn sy'n digwydd pan fyddant yn galw 999 a'r defnydd priodol o wasanaethau brys.

### Cyfyngau Cymdeithasol

Mae datblygiadau wedi cynnwys sefydlu cyfrifon cyfyngau cymdeithasol Cymraeg ar gyfer Facebook a Twitter. **Gweler Atodiad 1** ar gyfer data cyfyngau cymdeithasol.

### Arwyddion a Hysbysiadau (Safonau 47 - 49)

Mae arwyddion newydd ac y rhai sydd wedi'i hadnewyddu cael eu cynhyrchu'n ddwyieithog gyda'r Gymraeg yn debygol o gael ei darllen yn gyntaf. Yn ystod y cyfnod adrodd cafodd arwyddion allanol a mewnol eu cynhyrchu ar gyfer gorsaf ambiwlans newydd Caerdydd:





## **Gwasanaethau Derbynfeydd (Safonau 50 - 53)**

Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' ar gael i staff sy'n gweithio mewn derbynfeydd er mwyn datblygu eu sgiliau Cymraeg a gallu cyfarch ymwelwyr yn ddwyieithog.

## **Dyfarnu Contractau (Standards 57 - 59)**

Bydd gwahoddiadau i dendro yn cael eu cyhoeddi'n ddwyieithog os yw pwnc y gwahoddiad i dendro yn awgrymu y dylid ei gynhyrchu yn Gymraeg, neu os yw'r gynulleidfa ddisgwyliedig, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r testun yn Gymraeg. Gellir cyflwyno tendrau yn Gymraeg, ac ni chaiff tendr a gyflwynir yn Gymraeg ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg.

Nid oes unrhyw geisiadau am dendrau na chontractau wedi'u cyhoeddi yn Gymraeg ac ni dderbyniwyd unrhyw geisiadau yn Gymraeg yn ystod y cyfnod adrodd hwn.

## **Cyrsiau Addysg (Safon 63)**

Byddem yn gwahodd y gynulleidfa i roi gwybod i ni am eu dewis iaith ar gyfer cymryd rhan mewn cwrs. Mae 'Shoctober' yn ymgyrch addysg flynyddol sy'n rhedeg bob mis Hydref ac sydd wedi'i gynllunio i ymgysylltu a phlant cynradd i'w haddysgu a hysbysu am ddefnydd priodol o wasanaethau 999 yn ogystal ag addysgu sgiliau achub bywyd hanfodol. Gofynnir i ysgolion am ddewis iaith yn gynulleidfa er mwyn cyflwyno'r sesiwn yn Gymraeg neu Saesneg.

## **6. Cydymffurfio â'r Safonau Llunio Polisi (Safonau 69 – 77)**

Mae pob polisi a weithredir gan yr Ymddiriedolaeth yn destun asesiad o'r effaith ar Gydraddoldeb. Fel rhan o'r asesiad hwn, gofynnir i staff sy'n llunio polisïau neu ddiwygio polisïau ystyried yr effeithiau cadarnhaol a/neu negyddol a allai ddeillio o'r polisi hwnnw ar gyfer y Gymraeg. Mae cymorth ar gael gan Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth i unrhyw gydweithiwr sy'n cwblhau asesiad cydraddoldeb ac sy'n weithdrefn safonol ar gyfer polisïau newydd a diwygiedig.

Ers mis Ebrill 2017, sefydlodd yr Ymddiriedolaeth broses bolisi diwygiedig ar draws yr Ymddiriedolaeth sy'n sicrhau bod strwythur cadarn ar waith i adolygu polisïau presennol neu ddatblygu polisïau newydd.

Yn ystod y cyfnod adrodd cymeradwyodd Bwrdd yr Ymddiriedolaeth a'i bwyllgorau cysylltiedig 5 polisi (gan gynnwys polisïau newydd a diwygiedig). Aeth 100% drwy'r broses ar gyfer Asesiadau o'r Effaith ar Gydraddoldeb a'r Gymraeg. Nid oedd angen diwygio unrhyw bolisi mewn perthynas â'r Gymraeg yn dilyn asesiad.

## 7. Cydymffurfio â'r Safonau Gweithredol (Safonau 79 – 114)

Mae'r set o Safonau Gweithredol yn delio â'r ffordd y mae'r Ymddiriedolaeth yn defnyddio'r Gymraeg yn fewnol ac yn rhoi'r hawl i weithwyr dderbyn gwasanaethau Adnoddau Dynol yn eu hiaith ddewisol.

### Polisi ar Ddefnydd Mewnol o'r Gymraeg

Datblygwyd polisi i hyrwyddo'r defnydd o'r Gymraeg o fewn yr Ymddiriedolaeth drwy ddefnydd ffurfiol a chymdeithasol o'r Gymraeg ymhlith ein gweithlu drwy ddysgu rheolaidd a chyfranogiad mewn amrywiaeth o rwydweithiau a digwyddiadau iaith ffurfiol ac anffurfiol. Rhan o'r gwaith hwn oedd cyflwyno'r Gwobr Iaith Gymraeg fel un o'r categorïau ar gyfer Gwobrau Staff blynyddol yr Ymddiriedolaeth. Mae'r wobwr yn cydnabod staff sydd wedi hyrwyddo'r Gymraeg a gwella darpariaeth ddwyieithog mewn gofal iechyd. Yn ystod y cyfnod adrodd, derbyniodd Dylan Vining, Derbynydd Galwadau Galw Iechyd Cymru/111 y wobwr am ei fedrusrwydd a'i hyfedredd fel Derbynydd Galwadau Cymraeg.

Enwebiad Dylan: *Mae Dylan yn fy rhyfeddu pryd bynnag rwy'n gweithio gydag ef pan mae'n cymryd galwad Cymraeg. Wrth siarad â'r cleifion mae'n darllen yr algorithmau yn Saesneg ac yn eu cyfieithu mor gyflym i'r Gymraeg. Mae o wedyn yn gofyn am gyngor oddi wrth y Llinell Gyngor Clinigol 111 sy'n Saesneg, wedyn mae o'n mynd yn ôl at y claf yn Gymraeg heb oedi.*

### Dogfennau sy'n Gysylltiedig â Chyflogaeth (Safonau 80 – 81)

Nid oes aelod o staff wedi gofyn i ni am unrhyw ddogfennau sy'n ymwneud â chyflogaeth yn Gymraeg. Fodd bynnag, rydym wedi sicrhau bod yr holl ddogfennau perthnasol (e.e. llythyrau newid oriau, estyniadau secondiad, contract cyflogaeth) wedi'u cyfieithu a'u bod yn barod i'w defnyddio pe bai unrhyw aelod o staff yn dymuno eu derbyn drwy gyfrwng y Gymraeg. Lle mae'r Partneriaeth Cydwasanaethau GIG Cymru (NWSSP) yn cyhoeddi contractau cyflogaeth (drwy'r broses recriwtio o fewn TRAC), anfonir y rhain yn Gymraeg ac yn Saesneg.

### Recriwtio ac Apwyntio (Safonau 106 – 109)

Rydym wedi cyflwyno siart llif canllawiau/proses i gynorthwyo rheolwyr cyn i unrhyw swydd gael ei hysbysebu. Mae'r broses yn rhoi manylion am wasanaethau cyfieithu yn ogystal â chynnwys rhestr o eiriad safonol ar gyfer hysbysebion a disgrifiad swyddi i gynorthwyo rheolwyr.

Sefydlwyd Cytundeb Lefel Gwasanaeth cyfieithu gyda Bwrdd Iechyd Prifysgol Betsi Cadwaladr a chaiff ei ddefnyddio i gefnogi anghenion cyfieithu'r Ymddiriedolaeth. Mae'r ffurflen asesu a gyflwynwyd gennym ar gyfer pob rheolwr ei chwblhau er mwyn asesu gofynion y Gymraeg am swyddi, yn parhau i gael ei defnyddio. Mae hyn yn un rhan o nifer o bwyntiau gwirio eraill, cyn i swydd gael ei rhyddhau ar gyfer ei hysbysebu.



## Asesu a Chofnodi Sgiliau Cymraeg ar draws y Gweithlu (Safonau 96 a 116)

O gyfanswm o **4,283** aelod o staff mae **3,736 (87.23%)** **3,705 (91.32%)** o weithlu'r Ymddiriedolaeth wedi hunanasesu ac wedi cofnodi eu sgiliau Cymraeg ar y Cofnod Electronig Staff (ESR). Mae nifer y staff sy'n cofnodi eu sgiliau wedi cynyddu, ond fe wnaeth y ganran ostwng o ganlyniad i gynydd yn y nifer o staff yn y cyfnod adrodd.

Er mwyn cynyddu'r nifer y staff sy'n cofnodi eu sgiliau Cymraeg ar Cofnod Electronig y Staff (ESR). Mae'r adran y Gweithlu wedi creu dolen at ffurflen i gasglu gwybodaeth colledig. Bydd adroddiad misol yn cael ei redeg i wirio pa aelodau o staff sydd heb gofnodi'r data angenrheidiol. Yna bydd e-bost yn cael ei anfon at yr aelodau staff gyda dolen i'r ffurflen yn gofyn iddynt ei lenwi o fewn mis o dderbyn yr e-bost.

Dadansoddiad o sgiliau gwranddo/siarad Cymraeg staff sydd wedi'i cofnodi ar y Cofnod Electronig Staff (ESR) fesul cyfarwyddiaeth:

Cyfarwyddiaeth	Nifer	Angen	Cyrhaeddiad	Cydymffurfiaeth %
Ysgrifennydd y Bwrdd	5	5	5	100%
Cyfarwyddiaeth y Prif Weithredwr	18	18	17	94.44%
Cyfarwyddiaeth Digidol	56	56	47	83.93%
Cyfarwyddiaeth Cyllid ac Adnoddau Corfforaethol	86	86	86	100%
Cyfarwyddiaeth Feddygol a Chlinigol	52	52	49	94.23%
Cyfarwyddiaeth Gweithrediadau	3831	3831	3306	86.30%
Cyfarwyddiaeth Gweithrediadau	17	17	16	94.12%
Cyfarwyddiaeth Ansawdd, Diogelwch a Phrofiad Cleifion	120	120	116	96.67%
Cyfarwyddiaeth Strategaeth, Cynllunio a Perfformiad	11	11	10	90.91%
Cyfarwyddiaeth y Gweithlu a Datblygiad Sefydliadol	87	87	84	96.55

## Swyddi Newydd a Gwag (Safon 117)

Mae'r tabl isod yn cadarnhau swyddi a hysbysebwyd rhwng 1 Ebrill 2021 a 31 Mawrth 2022:

Cyfanswm nifer y swyddi a hysbysebwyd: **456 (270)**

Categori	Nifer y swyddi ymhob categori	Canran y swyddi a hysbysebwyd
Hanfodol	8 (10)	1.7% (3.71%)
Dymunol	441 (255)	97% (94.44%)
Angen dysgu	0 (0)	0% (0%)
Ddim yn angenrheidiol	6 (5)	1.3% (1.85%)

Swyddi Cymraeg hanfodol a hysbysebwyd:

- Derbynnydd Galwadau, Gwasanaeth Meddygol Brys
- Derbynnydd Galwadau, Gwasanaeth Cludiant Cleifion Di-frys (NEPTS)
- Addysgwr Ymarfer Proffesiynol, Gwasanaeth 111
- Cynghorydd Gwybodaeth Iechyd, Gwasanaeth 111
- Cynorthwydd Gweinyddol, Gwasanaeth 111

## Hyfforddiant (Safon 97)

Rydym yn ymwybodol o'n rhwymedigaeth i gynnig yr hyfforddiant canlynol drwy gyfrwng y Gymraeg:

- Recriwtio a chyfweld
- Rheoli perfformiad
- Gweithdrefnau cwyno a disgyblu
- Ymsefydlu
- Delio â'r cyhoedd
- Iechyd a diogelwch

Nid ydym wedi darparu hyfforddiant ar gyfer Rheoli Perfformiad, Gweithdrefnau Cwynion a Disgyblu ac Ymdrin â'r Cyhoedd yn ystod y cyfnod adrodd. Yn gyffredinol, caiff hyfforddiant ar gyfer y rhain ei gynnal pan gytunir ar newid allweddol mewn polisi a/neu weithdrefn a lle mae angen i ni sicrhau bod rheolwyr yn ymwybodol o'r newidiadau a'i oblygiadau ar eu rheolaeth o staff drwy un o'r prosesau hyn.

Nid ydym wedi cael yr angen i ymchwilio i hyfforddiant yn y meysydd hyn yn ystod y cyfnod adrodd hwn. Fodd bynnag, gallwn gadarnhau, pe bai angen hyfforddiant yn y meysydd hyn, gofynnir i ymgeiswyr a hoffent dderbyn yr hyfforddiant yn Gymraeg, naill ai byddai sesiwn ar wahân drwy gyfrwng y Gymraeg neu drwy gynnig cyfieithydd ar y pryd.

## Hyfforddiant a wnaed yn ystod y cyfnod adrodd

Math o Hyfforddiant	Nifer a fynychodd y fersiwn Gymraeg	Nifer a fynychodd y fersiwn Saesneg	Canran a fynychodd y fersiwn Gymraeg
<b>Recriwtio a chyfweld</b>	Ni chynhaliwyd hyfforddiant	Ni chynhaliwyd hyfforddiant	
<b>Rheoli Perfformiad</b>	Ni chynhaliwyd hyfforddiant	Ni chynhaliwyd hyfforddiant	
<b>Cwynion a gweithdrefnau disgyblu</b>	Ni chynhaliwyd hyfforddiant	Ni chynhaliwyd hyfforddiant	
<b>Sefydlu</b>	Ni ofynnodd aelod o staff am unrhyw un o'r cyrsiau ymsefydlu yn Gymraeg, ond cynigir y llyfr gwaith ymsefydlu yn Gymraeg fel mater o drefn i bawb sy'n bresennol.	Cyfanswm: <b>340 (383)</b>	<b>0% (0%)</b>
<b>Delio gyda'r cyhoedd</b>	Ni chynhaliwyd hyfforddiant	Ni chynhaliwyd hyfforddiant	
<b>Iechyd a Diogelwch</b>	Mae hwn yn gwrs hyfforddi rhyngwladol sydd wedi'i achredu gan IOSH ac nid yw ar gael yn Gymraeg.	Cyfanswm: <b>30 (10)</b>	<b>0% (0%)</b>

## Hyfforddiant i Wella Sgiliau yn y Gymraeg (Safonau 99 - 101)

Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i ni fel Ymddiriedolaeth i gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg ac mae **294 (284)** o aelodau staff wedi cofrestru ar y modiwl e-ddysgu i dechreuwyr Cymraeg a hwylusir gan y Ganolfan Dysgu Cymraeg Genedlaethol gyda **97** wedi cwblhau'r cwrs.

## Hyfforddiant Ymwybyddiaeth o'r Gymraeg (Safonau 102 – 103)

Mae 'Diwrnodau Croeso' i'r Ymddiriedolaeth yn cynnwys ymwybyddiaeth o'r Gymraeg a mynychodd **340 (383)** o staff yr hyfforddiant hwn yn ystod y cyfnod adrodd.

## Hybu'r Gymraeg

Roedd 7 Rhagfyr 2021 yn nodi Diwrnod Hawliau'r Iaith Gymraeg sef y dyddiad pan gafodd Mesur y Gymraeg (Cymru), y ddeddfwriaeth a wnaeth yr hawliau yn bosibl, ei basio gan y Senedd. Fe gefnogodd yr Ymddiriedolaeth Ddiwrnod Hawliau'r Gymraeg ar ei llwyfannau cyfryngau cymdeithasol wrth hyrwyddo i'n defnyddwyr yr hyn y mae ganddynt hawl ei wneud trwy gyfrwng y Gymraeg. Yn fewnol, hyrwyddwyd cyngor a chanllawiau i'n staff ar sut y gallant gydymffurfio â safonau'r Gymraeg.

## 8. Cwynion (Safon 115)

### Cwynion a dderbyniwyd yn 2021/22

Isod, ceir rhestr o'r cwynion a dderbyniwyd yn ystod 2021/22 ynghyd â chrynodeb o'r camau a gymerwyd. Derbyniwyd tri chwyn:

	Cwyn	Ymateb a gweithredu
	<b>Safon Cyflenwi Gwasanaethau</b>	
1	Derbyniwyd cwyn drwy <a href="mailto:PTR_Concern@wast.uk">PTR_Concern@wast.uk</a> gan aelod o'r cyhoedd ynglŷn â methiant Gwasanaeth 111 Cymru i ddelio â'u galwad ffôn yn Gymraeg.	Cysylltwyd â'r unigolyn dros y ffôn gan egluro bod y gwasanaeth wedi profi problemau technegol o ran llwybro galwadau Cymraeg.  Materion technegol wedi'u datrys.
2	Cwyn a dderbyniwyd drwy <a href="mailto:PTR_Concern@wast.uk">PTR_Concern@wast.uk</a> gan aelod o'r cyhoedd ynghylch methiant Gwasanaeth 111 Cymru i ymdrin â galwad ffôn yn Gymraeg.	Yn dilyn ymchwiliad eglurwyd i'r achwynydd fod pob ymgais yn cael ei wneud i gyfeirio galwadau Cymraeg i'r derbynnydd galwadau Cymraeg priodol o fewn y gwasanaeth. Gan nad yw'r holl staff sy'n delio â galwadau yn Wasanaeth 111 Cymru yn siaradwyr Cymraeg, mae'n adegau pan gyfeirir galwadau Cymraeg at dderbynnydd galwadau Di-Gymraeg o ganlyniad i ddiogelwch cleifion ac er mwyn atal oedi posibl mewn gofal brys.
3	Cwyn a dderbyniwyd gan aelod o'r cyhoedd trwy Lywodraeth Cymru ynglŷn â safon iaith y negeseuon Cymraeg i alwyr ar Wasanaeth 111.	Yn dilyn adolygiad trylwyr o negeseuon 111 sylwyd nad oedd rhai geiriau yn cael eu hynganu'n gywir fel y manylir yn yr adborth. Yn ystod y pandemig bu'n rhaid i Wasanaeth 111 addasu mewn modd cymharol gyflym i newidiadau sylweddol i'r sgriptiau llais.  Mae Gwasanaeth 111 bellach wedi'i uwchraddio i system ffôn Cisco newydd sy'n cynnwys negeseuon newydd i alwyr.  Datblygwyd proses monitro ansawdd newydd a fydd yn sicrhau bod negeseuon Cymraeg a Saesneg yn glir ac yn gywir.

## Blaenoriaethau 2022-2023

Er mwyn cyrraedd canlyniad hirdymor o ddarparu'r "Cynnig Gweithredol" fel rhan annatod o ddarparu gwasanaethau, bydd yr Ymddiriedolaeth yn symud ymlaen â'i gwaith o wella ei gwasanaethau i'w chleifion Cymraeg eu hiaith yn eu dewis iaith.

Canolbwyntir ar waith datblygu yn y meysydd canlynol:

- **Datblygu Fframwaith Iaith Gymraeg**  
Er mwyn sicrhau fod yna strwythur, trylwyrdd, llywodraethant a chysondeb ar waith yn natblygiad y Gymraeg drwy'r Ymddiriedolaeth.
- **Cynllun Mwy na geiriau 2022-2027**  
Gweithredu'r cynllun 5 mlynedd newydd ar gyfer *Mwy na geiriau* i fynd i'r afael â'r materion allweddol a ddaeth i'r amlwg fel rhan o werthusiad annibynnol y fframwaith *Mwy na geiriau*.
- **Ymgynghoriad ar god drafft Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018**  
Ymateb i Ymgynghoriad Comisiynydd y Gymraeg ar ganllawiau ymarferol drafft ar ofynion safonau'r Gymraeg lle mae'n ofynnol i'r Ymddiriedolaeth gydymffurfio â nhw.
- **Canoli gwasanaeth cyfieithu**  
Er mwyn bodloni'r galw a'r gost gynyddol am gyfieithu ac i ddarparu rhagolwg mwy strategol, mae achos wedi ei baratoi i'r Ymddiriedolaeth i ganoli gwasanaeth cyfieithu a fyddai'n rhoi gwerth am arian ac ansawdd i'r Ymddiriedolaeth.

## Atodiad 1

### Cyfrifon Cyfryngau Cymdeithasol dwyieithog: Ystadegau o 1 Ebrill 2021 – 31 Mawrth 2022

#### Twitter

	@Ambiwlans_Cymru	@WelshAmbulance
Dilynwyrr newydd	65 (134)	1,906 (3,059)
Cyfanswm Trydar	430 (572)	572 (753)
Cyfanswm Argraffiadau	191,100 (249,011)	4,806,500 (7,106,000)
Ymweliadau proffil	14,318 (4,041)	239,200 (117,993)
Ail-drydar	309 (499)	6,210 (10,800)
Hoffi	366 (691)	16,188 (30,300)

- Mae cyfres o negeseuon Cymraeg a Saesneg wedi'i baratoi o flaen llaw o ganlyniad i'r angen am gyhoeddi negeseuon y tu allan i oriau drwy swyddog cyfathrebu Di-Gymraeg ar alwad. (Gweler tudalennau 19 - 21)

\*Noder: mae cyfanswm y Trydar yn wahanol rhwng y ddau gyfrif am y rhesymau canlynol:

- Mae 'Trydar' yn cynnwys Trydar a ddyfynnir a gyhoeddir yn amlach ar ein cyfrif Saesneg oherwydd nad yw asiantaethau eraill fel gwasanaethau ambiwlans eraill y DU yn rhoi cynnwys yn Gymraeg.
- Mae'r 'Trydar' hefyd yn cynnwys ymateb i sylwadau (e.e. cwynion, diolchiadau, sgorsiau cyffredinol) nad ydynt yn cael eu derbyn yn aml ar y cyfrif Cymraeg. Dros gyfnod prysur y gaeaf, rydym yn aml yn ymateb i gwynion a gyfeiriwyd atom ar ein cyfrif Twitter Saesneg.
- Mae 'Trydar' yn ymwneud ac argyfwng yn cael eu postio ar unwaith yn Saesneg. Os bydd trydar argyfwng yn mynd allan yn ystod oriau gwaith, byddwn bob amser yn ceisio eu hanfon i'w gyfieithu. Fodd bynnag, gofynnir i nifer o'n negeseuon argyfwng cael eu cyhoeddi y tu allan i oriau drwy swyddog cyfathrebu Di-Gymraeg ar alwad.

#### Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwllans Cymru	Welsh Ambulance Services NHS Trust
Dilynwyrr newydd	59 65	4,647 7,546
Hoffi tudalennau newydd	28 59	2,237 6,815
Cyfanswm ymgysylltu â'r post	1,564	433,529
Cyfanswm ymweliadau â'r dudalen	744	67,856
Cyfanswm cyrhaeddiad	136,237 12,612	9,792,474 2,135,600

	English Post	English Caption	Welsh Post	Welsh Caption
1	We are currently extremely busy For those who are less seriously ill or injured, there are other options available	Think carefully before dialling 999. If it is not an emergency, then use the:  @NHS111Wales symptom checkers  Your local pharmacy  Minor Injuries Unit  111 for urgent medical concerns only	Rydym yn hynod brysur ar hyn o bryd I'r rheiny sydd ddim mor ddifrifol wael neu wedi eu hanafu y mae opsiynau eraill ar gael	Meddyliwch yn ofalus cyn deialu 999. Os nad ydyw yn argyfwng yna defnyddiwch:  gwiriwr symptomau @NHS111Wales  Eich fferyllfa leol  Uned Mân Anafiadau  111 am faterion meddygol brys yn unig
2	Our emergency call handlers are very busy and doing everything they can to arrange help for those who need us	Please help us by only dialling 999 if it is a serious or life-threatening emergency. For urgent advice please use @NHS111Wales, your local pharmacy or Minor Injuries Unit	Mae ein gweithredwyr galwadau brys yn brysur iawn ac yn gwneud popeth o fewn eu gallu i drefnu cymorth i'r rheiny sydd ein hangen	Os gwelwch yn dda helpwch ni drwy ddeialu 999 os ydyw yn fater difrifol neu'n argyfwng sy'n peryglu bywyd yn unig. Am gyngor brys, os gwelwch yn dda defnyddiwch @GIG111Cymru, eich fferyllfa leol neu'r Uned Mân Anafiadau
3	The service is experiencing a very high demand	If it's urgent but it's not a serious or life-threatening emergency, please consider other options. In times of extremely high demand, some patients may wait longer for our help. If you need medical help fast but it's not an emergency, try our @NHS111Wales symptom checkers for advice and next steps  <a href="https://bit.ly/3hQf6XK">https://bit.ly/3hQf6XK</a>	Mae galw mawr iawn am y gwasanaeth	Os ydyw yn fater brys, ond nad yw'n argyfwng difrifol neu'n peryglu bywyd, ystyriwch opsiynau eraill os gwelwch yn dda. Ar adegau pan fo galw mawr iawn, fe all rhai cleifion aros yn hirach am ein cymorth. Os ydych angen cymorth meddygol yn gyflym ond nad yw'n argyfwng, cysylltwch â'n gwirwyr symptomau @NHS111Wales am gyngor a'r camau nesaf  <a href="https://bit.ly/3hQf6XK">https://bit.ly/3hQf6XK</a>
4	Our <b>NHS 111 Wales</b> service is experiencing a very high volume of calls	Demand on our 111 service means that some people may have problems getting through to us. If you do need us urgently, please keep trying or use our	Mae'r gwasanaeth <b>GIG 111 Cymru</b> yn profi nifer uchel iawn o alwadau	Mae pwysau ar ein gwasanaeth 111 yn golygu y gall rhai pobl gael problemau yn dod drwodd atom. Os ydych ein hangen ar frys, daliwch i alw os gwelwch yn dda neu defnyddiwch ein



		website for information, advice and other services available to help you 📄 <a href="https://bit.ly/3K0FB8P">https://bit.ly/3K0FB8P</a>		gwefan am wybodaeth, cyngor a gwasanaethau eraill ar gael i'ch helpu chi 📄 <a href="https://bit.ly/3K0FB8P">https://bit.ly/3K0FB8P</a>
5	All our services remain extremely busy	In times of extremely high demand, some patients may wait longer for our help. Our staff over the phone and on the road are doing everything they can to help you. Please work #WithUsNotAgainstUs and respect ambulance workers	Mae ein holl wasanaethau yn parhau yn hynod brysur	Ar adegau pan fo galw mawr iawn, fe all rhai cleifion aros yn hirach am ein cymorth. Mae ein staff sy'n gweithio dros y ffôn ac ar y ffordd yn gwneud popeth o fewn eu cyrraedd i'ch helpu chi. Os gwelwch yn dda byddwch #GydaNiNidYnEinHerbyn a pharchwch y staff
6	Our 999 and 111 services are experiencing extremely high demand today	#HelpUsHelpYou by 📞 Only calling 999 for a serious or life-threatening emergency 🕒 Not calling 999 for an ETA 📞 Only calling back if the patient's condition worsens or they no longer need our help 📱 Using the @NHS111Wales symptom checkers 🏥 Taking yourself to the Emergency Department or Minor Injuries Unit	Mae ein gwasanaethau 999 ac 111 yn profi galw mawr iawn heddiw	📞 Alw 999 yn unig ar gyfer argyfwng difrifol neu'n peryglu bywyd 🕒 Peidio galw 999 am amcan amser cyrraedd 📞 Galw yn ôl dim ond os ydyw cyflwr y claf yn gwaethygu neu nad ydynt mwyach angen ein cymorth 📱 Defnyddio gwirwyr symptomau @NHS111Wales 🏥 Mynd i'r Adran Achosion Brys neu'r Uned Mân Anafiadau
7	Please only call 999 for the most serious life threatening injuries or illness and help keep our emergency vehicles free for those who desperately need us	We are experiencing very high levels of demand this evening across [INSERT AREA]. Please only call 999 for life threatening injuries or illness and make alternative arrangements to get to hospital to keep our emergency vehicles free for those who desperately need us	Ffoniwch 999 am yr anafiadau neu'r salwch mwyaf difrifol sy'n bygwth bywyd a helpwch i gadw ein cerbydau argyfwng yn rhad ac am ddim i'r rhai sydd ein hangen yn ddirfawr	Yr ydym yn profi lefelau uchel iawn o alw heno ar draws y [INSERT AREA]. Ffoniwch 999 am anafiadau neu salwch sy'n bygwth bywyd a gwnewch drefniadau amgen i gyrraedd yr ysbyty i gadw ein cerbydau brys yn rhad ac am ddim i'r rhai sydd eu hangen yn ddirfawr
		<b>English Hashtags</b>	<b>Welsh Hashtags</b>	

		#HelpUsHelpYou	#HelpwchNiHelpuChi	
		#BeWiseSaveLives	#ByddwchDdoethdAch ubwchFywydau	
		#StaySafe	#Arhoswch yn ddiogel	
		#WithUsNotAgainstUs	#GydaNiNidYnEinHerb yn	
		<b>English Area Names</b>	<b>Welsh Area Names</b>	
		South East	Y De-ddwyrain	
		South West	Y De-orllewin	
		South Wales	De Cymru	
		North East	Gogledd Ddwyrain	
		North West	Gogledd Orllewin	
		North Wales	Gogledd	
		Mid Wales	Y Canolbarth	
		East Wales	Dwyrain Cymru	
		West Wales	Gorllewin Cymru	

## Gwybodaeth Bellach

Am fwy o wybodaeth ar Safonau'r Gymraeg cysylltwch â:

Melfyn Hughes  
Rheolwr Gwasanaethau'r Gymraeg

Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru  
Tŷ Elwy  
Ffordd Richard Davies  
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## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 12 May 2022 VIA TEAMS**

#### **PRESENT:**

Bethan Evans	Non Executive Director and Chair
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director

#### **IN ATTENDANCE:**

Julie Boalch	Head of Risk and Deputy Board Secretary
Hugh Bennett	Assistant Director, Commissioning and Performance
Craig Brown	Trade Union Partner
Lee Brooks	Executive Director of Operations
Mark Cadman	Head of Patient Safety
Andrew Clement	Visual Design Specialist
Wendy Herbert	Interim Director of Quality and Nursing
Peter Hindley	Community Health Council
Fflur Jones	Audit Wales
Gerallt Jones	Health Inspectorate Wales
Lee Joseph	NHS Wales Delivery Unit
Alison Kelly	Business and Quality Manager
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Jane Palin	Assistant Director of Quality and Nursing
Hugh Parry	Trade Union Partner
Angela Roberts	Trade Union Partner
Duncan Robertson	Assistant Director of Research, Audit and Service Improvement (North)
Chris Scott	Internal Audit
Andy Swinburn	Director of Paramedicine
Gareth Thomas	Patient Experience and Community Involvement Manager
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

#### **Apologies:**

Professor Kevin Davies	Non Executive Director
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Hannah Rowan	Non Executive Director

#### **16/22 PROCEDURAL MATTERS**

The Chair extended a warm welcome to everyone. Attendees were advised that the

meeting was being audio recorded. The Chair referred the Committee to the standing declaration of interest of Ceri Jackson as a Trustee of the Stroke Association.

## **Minutes**

The minutes of the meeting held on 17 February 2022 were confirmed as a correct record subject to amending the correct title of Leanne Hawker to read Head of Patient Experience and Community Involvement.

The action log was considered:

Action Number 16/21: Viability of Community First Responders to administer pain relief. Brief update was provided by Andy Swinburn. Further update to be provided at 11 August meeting.

Action Number F and P 1/21-22: Focused review of performance related to clinical outcome metrics. Andy Swinburn commented that the Commissioner has indicated there may be amendments to the quality indicators which required measuring going forward. Duncan Robertson added that further deep dives on several clinical indicators were being undertaken. More updates will be provided at the 11 August meeting.

Action Number 20/21a: Update on improving functionality of symptom checkers on the Website. Update deferred to 11 August meeting.

Action Number 09/22: Provide more clarity on the interpretation of Post Production Lost Hours. Detail was included in later Agenda item. Hugh Bennett added that a PPLH deep dive was being presented to the Finance and Performance Committee next week. It was agreed that the presentation would be circulated to Quest members following that meeting.

Action Number 12/22: Was there a capacity in the CSD to focus on the categorisation of ineffective breathing as a major issue? Lee Brooks advised that agenda Item 9 would provide further analysis. Action Closed

## **RESOLVED: That**

- (1) the Minutes of the Open meeting held on 17 February 2022 were confirmed as a correct record subject to the minor amendment as described;**
- (2) the standing declarations of Ceri Jackson as a Trustee of the Stroke Association were noted; and**
- (3) consideration was given to the Action Log as described above.**

## **17/22 PATIENT EXPERIENCE**

1. Gareth Thomas introduced the patient experience which was a video showing Mr Martin Hughes who had started a Go Fund Me page to raise money to buy a Mangar Elk lifting chair. Mr Hughes' mother suffered a series of falls where she was thankfully uninjured. On one occasion, after a six hour wait for the ambulance to arrive only to get his mother on her feet again after 10 minutes using the chair.
2. Following this episode he decided to purchase a chair for use in the community and to reduce the strain on the ambulance service in circumstances where someone who has had a fall was uninjured.
3. The chair was purchased with money raised and has been used three times since last

November. Mr Hughes added that should these chairs be in use in the community it would be of great benefit and free up more ambulance resources.

4. Andrew Clement added there was approximately 700 lifting chairs allocated to care homes across Wales. Wendy Herbert agreed to take forward an action to look into the availability of lifting chairs in care homes and the possibility of their use in the community via the Older Person's Steering Group.
5. Whilst it was recognised that these chairs should be used with caution, particularly where a patient may be injured, the Committee commended Mr Hughes for his actions and thanked him for sharing his story.
6. Bethan Evans thanked Mr Hughes for sharing his story with the Committee.

**RESOLVED: That**

- (1) the patent experience was noted; and**
- (2) it was agreed Wendy Herbert would update the Committee at its next meeting on the availability of lifting chairs in care homes.**

**18/22 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT HIGHLIGHT REPORT**

1. Gareth Thomas updated the Committee on the contents Patient Experience and Community Involvement (PECI) quarterly report for January to March 2022. The Committee was assured that through the Continuous Engagement Model the Trust was appropriately engaging with patients and the community, capturing their experiences and reporting back to them to give them confidence they were being listened to. He drew the Committee's attention to the following highlights:
2. The Team had continued to receive many compliments on the care received; and also feedback was received for areas in which the Trust could improve.
3. The majority of Covid restrictions had ended which allowed the Team to restart several face to face engagements in the community; which included refugee groups and the development of 'A welcome to Wales' pack which had been translated into several languages.
4. The annual defibrillator campaign was again a great success which was partly online and in person. Going forward the Team was considering ways to implement training on defibrillators and CPR for the sight loss community
5. The blue light hub app continues to be really successful with a lot more people downloading and using it with their children; further development of the app continued to be explored with Cardiff University and primary schools in Cardiff.
6. Surveys on the experience of patients continued and in particular the feedback received from the Non-Emergency Patient Transport Service (NEPTS) survey scored 8 out of 10 or higher.

**Comments:**

1. Members thanked the Team for the very comprehensive report appreciating the work involved in producing it.
2. The Committee considered the overall approach to accessibility, commenting it would

be useful to explore the possibility of adding audio visual description to future communications.

3. Bethan Evans read out the comments from the report which related to a palliative care patient and the experience of the wish ambulance service. A note of thanks for the staff involved and their sterling work on the wish ambulance was recorded which was fully endorsed by all Members. Andy Swinburn commented that the staff conducted this work voluntarily and personally praised them for their efforts.

**RESOLVED: That the Committee noted the findings and that the report would be shared with external stakeholders.**

## **19/22 COMMITTEE PRIORITIES**

1. Trish Mills explained that the Committee's priorities had been set earlier in the year which had been designed to embed the duty of quality and the duty of candour in all that it does.
2. In order In order to provide clarity, the Committee's priorities for 2022/23 were amended to read "to further embed oversight of patient safety, openness and transparency, the Committee will monitor the Trust's readiness for the introduction of the Duty of Quality and Duty of Candour when the Health and Social Care (Quality and Engagement) (Wales) Act comes in to force in the Spring of 2023". The Committee will review progress quarterly.
3. Bethan Evans added that the Committee should be transparent and following a discussion at the Chairs Working Group meeting agreed on the elongated version of the Committee's priorities which was felt would be more user friendly for members of the public and provide more clarity.

Comments:

The Committee supported this version of the Committee's priorities

**RESOLVED: That the Committee agreed the revised wording as described.**

## **20/22 OPERATIONS CURRENT/FORWARD LOOK**

The Committee received the quarterly Operational Update from Lee Brooks as a standing agenda item. The following highlights were brought to the Committee's attention:

1. The number of staff sickness relating to Covid continued to decrease; as of today this was below 60.
2. The Resource Escalation Action Plan (REAP), whilst still at a high level had been reduced to 3 from 4.
3. It was anticipated that the Emergency Communication Nurse System (ECNS) would go live very soon.

Comments:

Following a query in terms of the benefits for the Reset, Lee Brooks apprised the Committee where extending schemes such as the pilot of the Advance Paramedic Practitioner navigator role had been beneficial.



The Committee noted the expansion of the Clinical Support Desk and the roll out of the 111 service across the whole of Wales.

The Mobile Testing Unit (MTU) was due to end by the end of June 2022; were there any risks in terms of the exit strategy? Lee Brooks advised the Committee of the potential opportunities for MTU staff within WAST and didn't anticipate any risks going forward.

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

## **21/22 RED REVIEW ACTIVITY**

1. Lee Brooks explained that the report considered in detail the drivers for increased red demand and the actions the Trust has undertaken to comprehend and respond to the situation.
2. The Committee were reminded of the change applied to the Medical Priority Despatch System (MPDS) (introduction of the code: unconscious patients with abnormal breathing) back in 2019, and since then audits had been undertaken to gain assurance on call handler compliance. Whilst there has been an increase in ineffective breathing, particularly in red calls, the audits have given assurance that the process has been applied as intended by the International Academy of Emergency Despatch.
3. An analysis was undertaken on the top 10 red priority protocols in terms of activity;
  - a. Breathing Problems (Protocol 6)
  - b. Cardiac/Respiratory Arrest (Protocol 9)
  - c. Unconscious/Fainting (Protocol 31)
  - d. Overdose/Poisoning (Protocol 23)
  - e. Pandemic Flu (Protocol 36)
  - f. Pregnancy/Childbirth/Miscarriage (Protocol 24)
  - g. Falls (Protocol 17)
  - h. Running Call (Override)
  - i. Convulsions Fitting (Protocol 12)
  - j. Allergies/Envenomation (Protocol 2)
4. In terms of breathing problems as a chief complaint, there had been an increase in the number of incidents referred to by other healthcare professionals. There would be further focused audits relating to unconscious/fainting and trauma; this work was underway. In respect of convulsions and fitting the Committee were advised that, should the patient be fitting for a period of more than 20 minutes, this would be upgraded to red.
5. Lee Brooks summarised it was unlikely that in the immediate term, red activity demand would decrease.

### **Comments:**

1. Was there an update on the increase in demand correlating to other services? Lee Brooks that the same issues, themes and demands were being experienced across the UK.
2. Was there any further information in terms of allergic reactions? Lee Brooks explained that this was subject to a clinical review and the output of this was awaited.
3. How would the findings of the clinical audits be linked into Public Health Wales? Lee

Brooks advised that should these findings provide a positive change in population health, this would be considered.

**RESOLVED: The Committee:**

**(1) Noted the outcome of the analysis of the red activity review, including some additional work including:**

- a. 111/QSPE undertake further review of the origins and outcomes for 0-4yrs demand to understand any learning or systems changes that could better address this increasing Red emergency demand.**
- b. A clinical review of Red demand was commissioned to understand increased incidents associated with allergic reaction and to identify any trends in allergy triggers or clinical outcomes.**
- c. Emergency Medical Services Coordination continued to use focussed audit to explore areas identified for potential Emergency Medical Dispatch learning; and**

**(2) Noted there was no indication as a result of this review, save for some seasonal shifts for breathing problems, that red activity was likely to reduce to levels seen pre-International Academy of Emergency Despatch process change in 2019.**

**22/22 QUALITY HIGHLIGHT REPORT QUARTER 4 (JANUARY –MARCH 2022) and MONTHLY INTEGRATED PERFORMANCE REPORT**

Jonathan Turnbull-Ross gave an outline of the Quality Highlight Report for Quarter 4 report and drew the Committee's attention to the following areas:

1. 104 cases had been discussed at 18 Serious Case Information Forums (SCIF); 42 of these cases were referred to the respective Health Board.
2. 2 Coroners cases resulting in a Regulation 28 (Prevention of Future Deaths) had been received during the quarter.
3. Handover hours lost this quarter were approaching 25,000; the Trust continued to meet with other health board colleagues to seek improvements in this area.
4. In terms of the Clinical and Quality Governance Group activity, updates were given on the Physician response Unit and the process of the management of expected deaths.
5. In response to a query at the last meeting regarding Post Production Lost Hours (PPLH) to provide more analysis, Jonathan Turnbull-Ross described in detail how PPLH were accounted for and the reasons for the lost hours. 83% of PPLH were attributed to 3 main reasons; Return to Base Stand Down Meal Break, Hospital Ambulance Liaison Officer Duties and Operations Manager Duties. These 3 categories accounted for over 12,910 PPLH. Going forward further work was being undertaken to understand in more depth the expected number of hours lost.

Hugh Bennett updated the Committee on the details within the Monthly Integrated Quality Performance report and drew out the following points:

1. The demand on the 111 service was expected to stabilise as the pandemic eased.
2. Call answering performance remained an issue; the Trust was addressing this by way

of improving the technical side.

3. There had also been issues with the call answering in respect of the Non Emergency Transport Service and further recruitment as one of the solutions to address this was being considered. Having said this the call answering performance remained above the target.
4. In terms of EMS, the benchmark for hear and treat has been exceeded, the roster review was due to be implemented, staff absence and abstractions had remained high.
5. The Trust was not in receipt of the investment for the transition plan which would have offset the levels of handover delays. Hugh Bennet explained that the mitigations in place by the Trust to offset the levels of handover was not enough to reduce it.

#### Comments:

1. Lee Brooks gave an overview of the Trust's position in relation to its ability to respond; red performance continued to be unsatisfactory. The last two months, March and April had been extremely challenging for the Trust. It was noted that in some regions in Wales, a no send policy was used 60% of the time. Delays in response have resulted in some patients dying before an ambulance could reach them. This does not necessarily indicate that the delay in response was directly attributable as the primary cause of death but was obviously a massive worry for the Trust. Call handlers, as they were dealing at the front end of the calls, were finding the current situation extremely disconcerting. He further commented on other areas of concern for the Trust which included staff sickness and PPLH. The former was currently at around 11%, the target was around 6%. PPLH would never be zero and would normally be around 6-7% as there were always unavoidable factors affecting this figure.

Currently, due to handover delays, the Trust was experiencing a 30% loss in conveying capacity. He added that at this precise moment, 40% of the Trust's ambulances were outside an Emergency Department. For the Trust to respond to patients in the Community in a timely manner was therefore almost impossible. Unless there was seismic shift in improving the lost hours, the Trust will not be able to reach patients in time.

2. The impact on the Trust's ability to respond to patients in the Community due to the handover delays was of grave concern. There were areas where the Trust had implemented various initiatives to improve the situation but clearly this was not enough and urgent remedial action was required. The Committee recognised it was a system wide problem and that the Trust was part of the system.
3. Members were deeply concerned with the overwhelming lost hours due to handover delays which were not only having a profound impact on patient safety but also on all staff in terms of their wellbeing, stress and anxiety.
4. The Committee were assured that the Trust was doing everything possible to alleviate the situation but were still staggered by the incredible number of hours being lost due to hand over delays.
5. The Trade Union Partners recognised the work the Trust was undertaking to improve staff welfare and the support given to them and thanked the Committee for its help

and appreciation.

6. The Committee discussed the possibility of compiling a combined escalation report to the Board which would be generated from this Committee, the People and Culture Committee and the Finance and Performance Committee, given the continuing and increasing Patient Safety concerns. It was agreed to discuss this further on in the meeting.

**RESOLVED: That the Committee considered, noted and discussed the contents of the reports**

## **23/22 QUALITY STRATEGY PROGRESS REPORT**

1. Jonathan Turnbull-Ross explained that the plan had been delayed due to the Trust's response to the pandemic, and whilst work has commenced, the Committee were apprised of resourcing issues for the planned senior quality leads' roles, which may delay progress.
2. The key intentions of the strategy was around responsiveness, making it more local and bringing expertise to the local leadership structures. Funding for the latter however will not be provided on a recurrent basis. Opportunities for internal funding were being explored and the Committee would review this in more detail at their next meeting.

Comments:

1. The Committee recognised that the lack of funding to recruit the senior lead quality posts would have an overall impact on the strategy and welcomed the work being undertaken to address this through other internal avenues.
2. It was agreed that the progress report at the next meeting would include further details on the delivery of the strategy.
3. Furthermore, the practical elements of promoting and integrating the Quality Strategy into everyone's role be a topic of discussion on future Board development day

**RESOLVED: That the Committee noted the report, including the financial challenge that directly affected the delivery of the strategy.**

## **24/22 DELIVERY UNIT, ANALYSIS OF THE JOINT INVESTIGATION FRAMEWORK (APPENDIX B)**

1. Lee Joseph, the Quality and Safety Manager in the Delivery Unit presented the Delivery Unit's Analysis of Appendix B report which covered the period 14 June to 30 November 2021. He noted that the Delivery Unit and Welsh Government receive copies of the Appendix B referrals, but they did not form part of any assessment by the Delivery Unit, with only the numbers being tracked and with responsibility on the Health Boards to receive, analyze and assess if a patient incident occurred. However the Delivery Unit noted the lack of translations of these referrals to patient safety incidents and that is what triggered the audit.
2. The analysis had focused on identifying any trends and themes of potential patient harm caused by the Trust's inability to respond to calls due to NHS Wales's system pressures.
3. The Delivery Unit reviewed 85 Appendix B reports received in the timeframe and the

following findings were identified:

- a. Outcome was death: 71
  - b. Recognition of life extinct on arrival (ROLE): 61
  - c. Initial grading Red: 3
  - d. Initial grading Amber 1: 64
  - e. Total number upgraded following patient deterioration: 57
  - f. Number upgraded to red following patient deterioration: 46
  - g. WAST operational contributory factors identified: 0
4. At the time of the report none of the 85 referrals had been converted to National Reportable Incidents by Health Boards, and as at today's meeting that number is two. Lee Joseph indicated that following their own review it is possible that 16 of the 85 referrals could be classified as National Reportable Incidents.
  5. It was noted that the average response time for the patients in the Amber 1 category was 6 hours 29 minutes and the average response time once upgraded to red was 6.5 minutes.
  6. There was clear evidence that the majority of patients had been given the appropriate response of Amber 1; however there were cases where the target response time was not being met and patients were deteriorating in the community.
  7. Cross analysis of the Appendix B's, with nationally reported patient safety incidents, indicates the high likelihood that incidents of avoidable patient safety harm and death were not being adequately investigated and reported nationally.
  8. The Delivery Unit has formalised several recommendations which include the setting of a task and finish group by the Emergency Ambulance Services Committee (EASC) to revisit the Framework to ensure the reporting process was fit for purpose improved upon, and working with the Health Boards to ensure the Appendix B referrals are reviewed.
  9. WAST has a healthy and open reporting culture and when there are contributory factors from the Trust they are reported routinely and in a timely way. Lee Joseph indicated he has also attended the Serious Case Incident Forum (SCIF) meetings and has observed the ways in which incidents are discussed and reported.

#### Comments:

1. Lee Brooks sought, in the absence of some events not being reported, what was the understanding of system risk? Lee Joseph explained that since this report has been published, there has been a slight increase in Appendix B reports being submitted by the Health Boards as they consider their reporting arrangements. In terms of understanding the risk there was a need to clearly identify where the harm or avoidable harms were occurring and what the impact was i.e. rather than the issue being about Appendix B referrals, it is about the risk of patient safety incidents due to system pressures.
2. Following a query in terms of regulatory requirement, Lee Joseph explained that once the incident was reported it was at that point it became a regulatory requirement to follow a sequence of events where it was investigated appropriately. His opinion was currently, as the evidence may suggest, some Appendix B reports being sent were not being appropriately assessed to determine whether it was a patient safety incident. Health Boards are therefore not fulfilling their regulatory requirements to undertake

these investigations. At the moment the Joint Investigation Framework is not policy and is based on goodwill in terms of following it and is inherently a culture issue.

3. Will the recommendations in the report really deliver the change that will reduce the levels of patient harm and what were the timescales in achieving them? The report has identified the problem and has suggested the appropriate mechanism to reduce harm through those recommendations. A timeline was yet to be confirmed but there will be continued liaison with EASC to identify membership of the task and finish group.
4. Given the length of time since the report was delivered and the timespan of the audit, had the report been considered by Health Boards? Lee Joseph explained that the report had been shared with Nurse Directors and they were required to assure the Delivery Unit that they will submit a return having made their assessment and updated with their input. Once this was received the Delivery Unit would recommend it is shared with the Health Boards' quality committees, however he was unaware as to whether the relevant committee/Board had seen the report, but would seek that information from Health Boards. In the meantime, Lee Joseph confirmed that Welsh Government colleagues are aware of the contents of the report.
5. Serious concern was expressed by the Committee that health boards were not reviewing these reports and the clear consequences of patient safety as a result. The Delivery Unit had identified 16 out of 85 referrals under Appendix B as potentially being National Reportable Incidents, however as the referrals had increased from November 2021 to date, potentially there are a similar number not yet reported. It was agreed that the issue would be escalated to the Board as a matter of urgency.
6. Wendy Herbert explained that the Trust had, in collaboration with the Delivery Unit and Welsh Government developed the Joint investigation framework. Whilst the process can be changed, the problem was the impact on patients should an investigation not be carried out. She encouraged an urgent piece of work, across all health boards, be carried out to improve the current situation as at the moment patients were coming to harm.

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

## **25/22 QUARTER 4 PATIENT SAFETY REPORT**

Wendy Herbert updated the Committee and drew attention to the following points:

1. The number of patient safety incidents had increased significantly in those that had initially been categorised as catastrophic and continued to do so.
2. Timeliness to respond to concerns under Putting Things Right Regulations has increased in the quarter, ending with the target of 75% within 30 days being exceeded in March.
3. Coroners requests for further information has increased markedly, the Team were currently working on around 170 cases; the majority of these were in respect of timeliness to respond. In North Wales, the senior coroner has requested the Trust complete an individual organisational statement which may result in the Chief Executive being called to and inquest in the next few months.
4. A continued increase in levels of hospital handover delays has also seen an increasing number of nationally reportable adverse incidents with hospital handover delays being the root cause of not providing a timely response.
5. Patients were continuing to wait longer for an Amber response and this had an

impact on the Red categorisation.

6. During this quarter, a total of 1,346 patient safety incidents were reported, 407 in January, 440 in February and 499 in March. This was a significant increase in comparison to the same period last year where there were 750 incidents reported.
7. There were a total of 1,623 Immediate Release Requests made to Health Boards. Of these, 882 were accepted (54.3%) and 741 were declined (45.7%).
8. The Putting Things Right (PTR) Department continued to receive a steady number of concerns within this reporting period (238). This was an increase in comparison to the same reporting period last year where 163 concerns were received.
9. This quarter has seen a decrease in the number of political concerns being received. Of the 28 new concerns, 9 related to an issue other than the timeliness of EMS responses.
10. 14 incidents had been reported as National Reporting Incidents to the Delivery Unit; the main themes and trends were identified as call categorisation

**Comments:**

1. The Committee acknowledged with grave concern the stark situation against the backdrop of hospital handover delays and unrelenting red and amber pressure, with particular concern voiced over the approval rates for Immediate Release requests.
2. Following a query on the funding for Patient Safety Manager, Wendy Herbert confirmed that they had been recruited and also 2 Band 3 administrators had been appointed into the Team.
3. In response to a question regarding catastrophic incidents being very high and significantly above that of the previous quarter. Wendy Herbert explained that Patient safety incidents classed as 'catastrophic' have increased significantly in Quarter 4, totalling 75 compared to 52 in Quarter 3, and up by more than 50% on the same time last year when the number was 29. Whilst the Committee understood that the classification of 'catastrophic' given at the outset may change as a result of an investigation, this upward trajectory nevertheless highlighted an increase in patient safety incidents.

**RESOLVED: That the report was received for assurance and discussion.**

**26/22 RESPONSE TO CORONER – REGULATION 28, PREVENTION OF FUTURE DEATHS**

Wendy Herbert explained that the report informed the Committee that the Trust had received 2 Regulation 28 Prevention of Future Deaths Reports. These Reports were issued to the Trust alone and did not include the Health Boards. The Committee recorded its condolences to the families affected. The Trust has provided responses and Improvement Plans to the respective Coroners. The improvement plan was monitored through the Assistant Directors Leadership Team.

**RESOLVED: That the report was received.**

**27/22 COMMITTEE ASSURANCE REPORT**

Julie Boalch drew the following key highlights for the Committee's attention:

1. There were currently 4 of the 16 corporate risks assigned to the Quest Committee for



overview. Each of these risks had been rearticulated as part of the risk transformation programme.

2. No new risks had been escalated to the Corporate risk register; however one risk had been closed which was reported to Trust Board in March 2022 (ID 316 (Potential for a high volume of personal injury claims due to work acquired Covid infection))

Comments:

1. Should 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) be transferred to the People and Culture Committee for oversight, given that responsibility for Health and Safety had now moved to the People and Culture Committee. Yes, this would be transferred.
2. Trish Mills explained that work continued to rearticulate the risks particularly the higher scoring risks ensuring the appropriate governance procedures were carried out. Furthermore, the Trust will liaise with other health boards on a reciprocal basis to advise on how to mitigate risks going forward. Part of the risk management programme will increase risk maturity.
3. Does the Trust have sight of the top risks presented to Health Boards? It was agreed to share this, it had been presented recently to EMT

**RESOLVED: The Committee received assurances on the report and specifically noted:**

- a. The rearticulating of the 4 Corporate Risks assigned to the Committee for oversight as part of the risk transformation work programme.
- b. The closure of Risk 316, reported to Trust Board in March 2022.
- c. The pause of the Board Assurance Framework (BAF) for 3 months.

## **28/22 INTERNAL AUDIT TRACKER REPORT**

1. Julie Boalch explained that the purpose of the report was to provide the Committee with an update in relation to recommendations resulting from Internal Audit reviews and also give the Committee sight of the Internal Audit plan activity.
2. One high priority recommendation was overdue (Role of the Advanced Paramedic Practitioner) and one medium priority recommendation which was still outstanding from 2019/2020 which related to the Trust's risk appetite statement that formed part of the transformation programme which was currently underway.

**RESOLVED: That the Committee:**

- a. Noted and consider the contents of the report.
- b. Considered the Internal Audit Plan activity.
- c. Received one current Internal Audit Report relevant to the Committee.
- d. Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates.

## **29/22 PATIENT EXPERIENCE DRIVER DIAGRAM**

**Resolved: This Item was received for information.**

**30/22 PRACTICAL OBSTETRIC MULTI-PROFESSIONAL TRAINING (PROMPT)**

**Resolved: This Item was received for information.**

**31/22 KEY MESSAGES TO BOARD**

The Chair and Trish Mills would review and finalise this after the meeting and gave a brief overview of the expected content. Clearly, the key message was the level of concerns voiced by this Committee around patient safety, patient harm and avoidable harm, as well as staff welfare.

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

**30/22 ANY OTHER BUSINESS**

1. The Committee held a discussion which focused on how to escalate the issues regarding the current service pressures discussed, to the Board. There needed to be wider group of people to discuss broader escalation.
2. It was suggested that a combined escalation report following this Committee's, the People and Culture Committee, and the Finance and Performance Committee discussions on the overall situation be articulated and submitted.
3. From a Trade Union perspective, the seriousness of the concerns reflected on patients and staff and that the Committees were taking the issue extremely seriously was welcomed. It was suggested that a message be circulated to staff to articulate the current situation and, whilst the Trust was unable to resolve it, it was trying its best to improve. It must be a collaborative response from the Committees. Trade Union Partners strongly supported this.
4. The issues presented around Appendix B reports and the non-compliance of the framework must be part of the escalation report going forward. Furthermore, what were the opportunities for deep dives and what was the evidence around immediate release. This should also link in with the other key messages for the Board
5. One of the key points to raise must be around how we can communicate and engage collaboratively with our colleagues in Health Boards, so that we can discuss and identify system wide solutions.
6. The comments, concerns and points raised throughout the meeting would be escalated to the Chair of the Trust Board and the Chief Executive in the first instance and feedback would be provided to the Committee in due course.

**Date of Next meeting: 11 August 2022**

## **CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 10 May 2022**

**Chair: Paul Hollard**

### **PRESENT:**

Paul Hollard	Non Executive Director and Chair
Hugh Bennett	Assistant Director, Commissioning & Performance
Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Andrew Challenger	Assistant Director, Professional Education & Training
Sarah Davies	Workforce and OD Business Manager
Bethan Evans	Non Executive Director
Dr Catherine Goodwin	Interim Director of Workforce and OD
Wendy Herbert	Assistant Director of Quality & Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Officer
Ian James	Trade Union Partner
Paula Jeffery	Regional Clinical Lead
Fflur Jones	External Audit
Jo Kelso	National Ambulance Training College
Trish Mills	Board Secretary
Donna Morgan	Principal Auditor, NWSSP
Lisa O'Sullivan	Senior Paramedic (Staff Story)
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Angela Roberts	Trade Union Partner
Liz Rogers	Deputy Director of Workforce and OD
Hannah Rowan	Non Executive Director
Paul Seppman	Trade Union Partner
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources

### **APOLOGIES:**

Rachel Marsh	Executive Director of Strategy and Planning
Jeff Prescott	Corporate Governance Officer
Alex Crawford	Assistant Director of Planning

## **22/22 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Rachel Marsh, Jeff Prescott and Alex Crawford.

## **23/22 DECLARATIONS OF INTEREST**

No new declarations were made in addition to the standing declarations which were already noted on the Trust register.

## **24/22 MINUTES OF PREVIOUS MEETING AND ACTION LOG**

The Minutes of the Open meeting held on 22 February 2022 were considered and agreed as a correct record. The Action log was considered, reviewed and updated.

**RESOLVED: That the Minutes of the meeting held on 22 February 2022 were AGREED.**

## **25/22 DIRECTOR OF WORKFORCE & OD UPDATE**

Dr Catherine Goodwin presented the Workforce and OD update and gave a brief overview on highlights within the Directorate. Dr Goodwin drew Members attention to the ongoing work and progress around the PADR process and also the very welcome investment in people services. Other highlights on the report included the behaviours launch, where the Trust had launched the new behaviours at the CEO Roadshows in March 2022, the Allyship programme, which Since its launch at Board Development Day in December 2020, had seen over 100 colleagues attend an Allyship Programme workshop and Occupational Health and Wellbeing, where the TRiM Lead had visited all A&E departments weekly in South Wales, helping Staff understand the Wellbeing offered within the Trust.

Finally, Members offered their congratulations and sincere thanks to Andrew Challenger, Assistant Director of Professional Education and Training, who would soon be retiring from the Trust after 35 years' service, with Jo Kelso taking over leadership of the Education and Training Team. Members noted and acknowledged the contributions and wealth of experience he had brought to the Education and Training department during his many years of service.

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

## **26/22 OPERATIONS QUARTERLY REPORT**

Lee Brooks introduced the Operations Quarterly Report as read and gave a brief overview and update on some of the main areas covered within the report. These included the welcome reduction from REAP 4, which after a month, had now gone to REAP 3 and while this was an easing of the pressure, it still represented significant strain upon the service.

Members attention was also drawn to the withdrawal of Military support, which the Trust had so far managed well with minimal impact upon resourcing. However, Covid related absences remained high and sickness rates, particularly in the EMS field were very high, with a clear trend toward lower resourcing at weekends do to these absences.

Other areas of note were the Training of CSD staff in the new Emergency Communication Nurse System (ECNS), which had commenced alongside other areas of the project. A go live date was being honed by the Project Board with a view to this happening during May.

Fianlly, the rept noted that Cardiff and Vale core 111 and '111 First' service had gone live on 16th March 2022. This marked the culmination of a six-year programme of roll out, as a result 111 was now live across Wales. This national platform provided the basis for 111 to continue towards the organisational ambition of 111 representing the 'Gateway to Care' in Wales.

Members received the report and queried how the roll out of the 111 service within the Cardiff and Vale Health Board area had gone in terms of teathing issues or technical problems. Lee Brooks confirmed that the roll out had gone well with no areas of concern or technical issues to report.

Members then commented on the high sickness absence rates, particularly in the EMS and CCC settings and observed that a deep dive into these absences may be required in order to better understand the reasons for the high rates compared to other areas of the Trust.

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

## **27/22 STAFF STORY – SENIOR PARAMEDIC ROLE**

Andy Swinburn introduced Lisa O'Sullivan, a Senior Paramedic (SP) based in the Cardiff and Vale locality. Lisa O'Sullivan talked to Members about her career in the Trust, the journey which had led to her becoming an SP and what the role meant to her.

Members heard about the typical working week for an SP and what that would generally entail, including some of the specialist skills that the SP's were able to offer to patients as well as when supporting colleagues. These included essential skills in cases of cardiac arrest, including CPR and intubation with figures showing that cardiac incidents attended by an SP had a Return of Spontaneous Circulation (RoSC) in 40% of cases compared with just 8.5% when an SP was not on scene.

Lisa O'Sullivan then spoke to Members about the challenges of the role and the way in which this impacted her directly, noting that sometimes she would be the only SP within the area, which could result in being asked travel relatively large distances, attend one critical incident after another.

Lisa O'Sullivan also informed Members that it was apparent that some staff within the Clinical Contact Centres did not fully understand the role of an SP, with some tasks being allocated to Duty Operations Managers when it would have been more suitable for it to be attended by an SP.

Members thanked Lisa O'Sullivan for discussing her experiences with the Committee and asked whether the current, lengthy handover delays were affecting her ability as an SP to offer effective clinical support to colleagues. Lisa O'Sullivan confirmed that the delays were a significant issue which meant that colleagues within her team were unable to attend as many calls as they would ideally like to. In turn, this reduced the opportunity for them to be observed and for them to receive clinical advice or feedback when dealing with patients.

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

**28/22**

## **CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch presented the Corporate Risk Register and Board Assurance Framework report as read, drawing out highlights for the Committees attention. The purpose of the report was to provide the Committee with an update in respect of the corporate risk activity since the previous meeting in February.

The report showed that there were 3 of 17 Corporate Risks currently assigned to the Committee for overview, namely Risk 160 – High Absence Rates, Risk 163 – Maintaining Strong and Effective Trade Union Partnerships and Risk 201 - Damage to Trust reputation following a loss of stakeholder confidence. Each of these 3 risks had been reviewed as part of the transformation programme of work and had been rearticulated and approved by the Executive Management Team.

Members were informed that two of the risks had increased in score since the last meeting. These were Risk 160 and Risk 163, with the latter being escalated to the Corporate Risk Register and subsequently, reported to the Trust Board.

Members received the report and welcomed the increase in score for Risk 160 as high sickness absence rates remained a key issue for the Trust. Members also noted the importance of maintaining strong and effective Trade Union Partners as this had been positive and beneficial to the Trust and TU partners previously.

**RESOLVED: That**

- 1. The re-articulation of the 3 Corporate Risks assigned to the Committee for oversight as part of the risk transformation work programme were NOTED.**
- 2. The increase in score of Risk 160 from 16 to 20 were NOTED.**
- 3. The escalation of Risk 163 to the Corporate Risk Register was NOTED.**
- 4. The suspension of the Board Assurance Framework (BAF) for 3 months was NOTED.**

29/22

## **ABSENCE MANAGEMENT ACTION PLAN**

Liz Rogers introduced a reports on the project plan to support the reduction of sickness absence levels within the Trust. The purpose of the report was to provide the Committee with an update on progress, findings and outcomes while also giving assurance and information on any areas of risk.

The report showed that in order to address the high levels of absence, a project plan had been developed with a range of workstreams tackling various challenges, including support to managers, building on the wellbeing offer and interventions for supporting colleagues off on long term sick.

Members were informed that the delivery of the project plan was in the mobilisation phase with some pilots already underway, including a pilot project for employees calling in sick to contact their line manager rather than the Resourcing Team. In addition, Occupational Health and Wellbeing Team activities, including working with the 111 team on the wellbeing offer to employees was well underway, ensuring people knew what support was available and how this could be accessed.

Members heard how there was a strong focus on supporting managers to undertake their role in terms of managing attendance within their team and for them to access the data they needed to make decisions. To facilitate this, the Deputy Director of Workforce and OD was working with the Assistant Director of EMS on operational support for managers across the business with the proposal to utilise two Locality Managers or one Locality Manager and two Duty Operations Managers to support in the reduction of absence across operations teams. Training would be mandated and will be delivered through short sessions, focussing on a particular element of sickness management such as the return to work conversation, getting the best results from Occupational Health and supporting colleagues with an underlying health condition.

Members received the report and commented on the importance of early intervention when reducing the overall length of time a person was off sick, particularly when support and help was available but staff may not necessarily be aware of it. Members agreed that good communication was important in making sure that staff were aware of the available support and that working in partnership with Trade Unions would be beneficial to all parties when spreading the message.

**RESOLVED: That the Committee COMMENTED on the report and the contents were NOTED.**

30/22

## **TU PARTNERSHIP ARRANGEMENT UPDATE**

Dr Catherine Goodwin and Paul Seppman gave an update and feedback on the Trade Union Partnership arrangements. Members were informed that they were in the process of agreeing the terms of reference and would provisionally look to convene every six weeks with the group consisting of several decision making members.



The TU Partnership would be focussing on strategic initiatives with a more operationally focussed group meeting in between. It was recognised that the Trade Union Cell, which had been important throughout the pandemic was not sustainable and conversely, the arrangements seen previously with the WASPT group would not be suitable for the current needs, aims and ambitions of the TU Partnership.

Members welcomed the update and acknowledged that the organisation was now in a different place to where it was pre-pandemic. Given this, it would not be suitable to go back to the old arrangements and the new TU Partnership arrangements represented a very positive step which would be beneficial to all parties moving forward.

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

**31/22**

## **MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Hugh Bennett gave an update on the Monthly Integrated Quality and Performance Report (MIQPR). Members were informed that in many areas, the indicators showed a continued poor picture in terms of the quality and safety of the service that the Trust provided to patients. Demand across all areas of the service increased in Mar-22, this coupled with other factors such as the continuation of the Omicron and Deltacron CoVID-19 variants, high levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continued to impact on the Trust.

During this reporting period, the Emergency Ambulance Services Committee, Welsh Government and the 111 Programme Board had been very supportive of the Trust through the pandemic, supporting a range of mitigations. However, whilst the patient safety concerns were set to increase in 2022/23 as system pressure remained high, most short term in year non-recurrent mitigations, such as military support were due to end on 31 March 2022. In addition, recurrent and increased funding for more permanent patient safety initiatives into 2022/23 looked unlikely at this point in time.

Members received the report and expressed concerns over the impact that such high pressure would have upon staff, the public and stakeholders given the declining ability to reach patients within the community. It was noted that many of these problems were being exacerbated by events which were largely beyond the Trust's control such high sickness absence levels, excessive handover delays and a sharp increase in post production lost hours.

After considering the report, Members felt that there was not currently sufficient assurance around performance and that further information was required, possibly following the deep dive into Post Production Lost Hours at the upcoming Finance and Performance Committee. In addition, further remedial actions may become apparent after the next meeting of the Quality and Patient Safety Committee.

**RESOLVED: That**

- 1. Whether the Mar-22 Integrated Quality and Performance Report and actions being taken provided sufficient assurance;**
- 2. Whether further information, scrutiny or assurance is required, or**
- 3. Whether further remedial actions are to be undertaken through Executives was CONSIDERED.**

**32/22**

**WORKFORCE PERFORMANCE SCORECARD REPORT (INCLUDING PADR PERFORMANCE AND 22/23 APPROACH)**

Dr Catherine Goodwin and Liz Rogers updated Members on the Workforce Performance Scorecard. The purpose of the report was to provide an overview of the key workforce performance data and trends as of March 2022 along with the associated improvement actions. The Committee's attention was drawn to two main areas, namely plans to address PADR completion and progress around Employee Relations, with a view to reducing existing disciplinary cases and to ensure any new allegations were dealt with appropriately at the initial assessment stage of the disciplinary process.

Members were informed that over the last three months, People Services have led the way in raising the issue of PADR completion at every meeting they had attended. Requests to increase completion of PADRs within portfolios and teams had been made at each management level from Executive Management Team, ADLT, SOT and throughout the Trust using traditional digital communication channels. However, this had not yet resulted in a significant rise in completion rates.

In terms of employee relations, the report showed that substantial progress has been made over the last 12-month period to reduce existing disciplinary cases and to ensure any new allegations were dealt with appropriately at the initial assessment stage of the disciplinary process. As a result, there has been a decrease from 46 disciplinary cases recorded in April 2021 to 19 cases recorded in March 2022.

However, formal requests for resolution, in accordance with the Respect and Resolution Policy, which was introduced in June 2021, had seen a substantial increase in number with 16 cases recorded in March 2022. Further work was now needed to gain a greater understanding of why concerns are unable to be dealt with and concluded at the informal stage of the Respect and Resolution process.

Members received the report and commented on the progress and actions being undertaken, particularly around PADR's and employee relations. Members welcomed the reduction in disciplinary cases but expressed concern over the rise in formal requests for resolution in accordance with the Respect and Resolution Policy. It was observed that the Roster Review and the changes this would bring to certain areas of the Trust was a likely driver for the increase in these applications.

**RESOLVED: That the Committee RECEIVED and COMMENTED on the reported performance and associated actions.**

## **33/22 WORKING SAFELY PROGRAMME INTRODUCTION**

Wendy Herbert provided a brief overview of the changes to reporting arrangements for the Health and Safety function from May 2022, with the People and Culture Committee now overseeing the Trust's health and safety provision and performance on behalf of the Trust Board. Previously, this function was undertaken the Quality, Patient Experience and Safety Committee (QuEST).

The report outlined the recent history of the function, providing context for the transformational efforts currently underway. Additionally, the report provided advice to the Committee on key matters for consideration, and priority areas for scrutiny and support, with the Health and Safety Annual Report 2021-22 being provided to the People and Culture Committee at the next available meeting.

Members were informed that over recent years, the Trust had identified a high corporate risk (Ref: 199) in regard to health and safety compliance. Over the pandemic, and into the post pandemic period, the risk had been broadened to include the safety culture of the organisation. The Committee was asked to note the significant improvement work undertaken over 2021, which had enabled the Trust to ascertain the level and significance of the improvement actions required, and to commence action.

The report showed that over the next 12 months, the Trust expected to see further positive change implemented within the health and Safety function and Committee members were requested to positively challenge, seek assurances, and support efforts in driving the transformational agenda forward.

Members received the report and welcomed the transition of health and safety reporting to the People and Culture Committee, particularly in aligning matters with the wider reports received by the Committee such as Occupational Health and Wellbeing and the Committees focus upon staff, patients, partners and contractors.

**RESOLVED: That the report was NOTED.**

## **34/22 COMMITTEE PRIORITIES**

Trish Mills informed Members that discussions had previously taken place around what the Committee should be prioritising and focussing upon. While these priorities were yet to be confirmed, it was becoming increasingly clear from earlier discussions and agenda items, which areas would likely be priorities moving forward.

Paul Hollard confirmed that during earlier discussions, a number of priorities were identified within the IMTP and that the Committees focus should remain in that area.

Trish Mills informed members that these priorities would be circulated and discussed at the next People and Culture Committee meeting along with the Cycle of Business.

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

## **35/22 INTERNAL AUDIT FOR COMMITTEE**

Julie Boalch provided the Committee with an update in relation to the outstanding recommendations from Internal Audit reviews. In addition, the paper set out the Internal Audit plan activity and included copies of current and relevant Audit Reports that provided a fundamental line of assurance to the Committee.

Members were informed that currently, there were two internal audit reports relevant to the Committee which formed part of the 2021/22 Internal Audit Plan. These were the report on recruitment practices – Equality, Diversity & Inclusion and the report on Organisational Culture – A Learning Organisation.

In addition, there were two internal audit reviews relevant to the Committee on Sickness Absence Management and Trade Union release time. Both of these were included in the 2022/23 Internal Audit Plan. While no high priority recommendations were showing as overdue, there were three lower priority recommendations that were showing as overdue. Therefore, the Governance team continued to seek assurance from Senior Management relating specifically to each report that recommendations had been considered and completed within agreed timeframes and that all was being done to ensure that the follow up of recommendations would not result in further Limited or No Assurance rated reports.

Members received the update and questioned the Recruitment Practices - Equality, Diversity & Inclusion report, querying whether this contained any provision to ensure the recruitment of Welsh Language skills across the organisation. Members commented that the Trust was committed to ensuring, promoting and strengthening the use of Welsh language skills across the organisation and that this commitment was documented at paragraph 2.2 within the report.

**RESOLVED: That:**

- 1. the contents of the report were CONSIDERED and NOTED.**
- 2. the Internal Audit Plan activity was CONSIDERED.**
- 3. the two current Internal Audit Reports relevant to the Committee were RECEIVED.**
- 4. the Trust's proposals to address each recommendation with the inclusion of revised completion dates were CONSIDERED; and**
- 5. any specific items that the Committee wished to see raised to Senior Management and Audit Committee were AGREED.**

**WELSH LANGUAGE ADVISORY GROUP REPORT**

Melfyn Hughes gave an update on developments within the Welsh Language advisory group and advised Members that there had been a significant increase in demand and costs for translations to meet compliance with the Standards. A business case for centralising translation services and having the bulk of translations done by an in-house translator had been developed on an invest to save model and it was anticipated that this would be considered by the Executive Management Team in May 2022.

In addition, the Board Secretary had informed members of the Welsh Language Advisory Group that one of her objectives for next year under her PADR was to develop a Welsh language Framework that would pull together all areas of work involving the Welsh language rather than have a single Welsh language strategy.

Members were then informed of the outstanding effort and assurance being provided by the 111 Service on work carried out to improve service delivery for Welsh speaking service users, including focused staff CPD training on how to deal with Welsh calls and weekly Welsh language provision service analysis.

Members received the update and noted the current developments, querying when the Committee would be able to get a first look at the Welsh Language Framework being developed by the Board Secretary. Melfyn Hughes confirmed that this would be available to the Committee at the next scheduled meeting, due to take place in September 2022.

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

**LEARNING FROM RECENT DISCIPLINARY CASES**

Liz Rogers introduced a report which focused on the learning identified from recent disciplinary cases, bringing into consideration the recommendations from those cases which could be adopted by the Trust. The recommendations were designed to reflect ways in which the Trust could improve how future cases were managed

The report also considered the learning in the framework of 'just culture' principles and how the Trust could explore and take forward these principles in partnership with Trade Union colleagues. Some of the main recommendations included:

- Introducing a stage prior to the investigation of fact to consider if the formal initial assessment of fact (IAF) was appropriate in exceptional cases.
- Ensuring there was a robust IAF for a case prior to an investigation being triggered which should be completed by an independent manager outside of the line management chain
- Taking a pause to reflect on the IAF findings

- Increasing WOD team engagement in the process to improve support to investigating officers and increase the pace
- Prioritising the completion of investigations to avoid unnecessary delays
- Preparing witnesses in advance on what to expect and have clarity on questioning processes.

These recommendations recognised that each case was different and that in each case there were people at the heart of the process. Dealing with allegations which resulted in the triggering of an investigation was challenging for those at the centre of the allegations and as such, these would always need to be handled with sensitivity and care.

Members received the report and agreed that the resolution of disciplinary cases in the most efficient and least disruptive manner was in the best interests of all concerned. However, it was observed that in order for this to happen, some flexibility would be required from both the Trust and Trade Union Partners to achieve this goal.

Members also noted the need for guidance on referrals to professional regulatory bodies such as the Health and Care Professions Council (HCPC) and the Royal College of Nursing (RCN) to be incorporated into the process in order to tie in with the Trust's Professional Regulation Policy.

**RESOLVED: That the report was NOTED and the recommendations contained within were APPROVED.**

## **38/22 TUP ANNUAL REPORT**

The TUP Annual report was received by the Committee. Members noted the contents and commented that although the report was presented as read, it provided significant assurance to the Committee in regards to the partnership activity being undertaken.

**RESOLVED: That the contents of the report were NOTED.**

## **39/22 MINUTES OF SUB-GROUPS**

The Minutes of the sub-groups were presented as read and for information purposes only.

## **40/22 ISSUES TO BE RAISED AT BOARD**

The Chair informed Members that discussions with Trish Mills would take place outside of the meeting to determine which items would be taken forward and raised at Board.

**41/22      ANY OTHER BUSINESS**

There was no other business

**42/22      DATE OF NEXT MEETING**

The date of the next meeting was scheduled for 05 September 2022.



## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON TUESDAY 7 June 2022 VIA TEAMS**

#### **PRESENT :**

Martin Turner	Non Executive Director and Chair
Joga Singh	Non Executive Director

#### **IN ATTENDANCE :**

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Judith Bryce	Assistant Director of Operations
David Butler	Audit and Assurance NWSSP
Rhian Davies	Graduate Trainee HEIW
Simon Cookson	Internal Audit NWSSP
Jill Gill	Financial Accountant
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Mike Whitely	Audit Wales
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Wendy Herbert	Interim Executive Director of Quality and Nursing
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Fflur Jones	Audit Wales
Damon Turner	Trade Union Partner

#### **27/22 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and advised that it was being audio recorded.

### **Declarations of Interest**

No declarations of interest were recorded.

### **Minutes**

The Minutes of the open session of the Audit Committee meeting held on 3 March 2022 were confirmed as a correct record subject to adding Paul Seppman to the apologies list.

### **Action Log**

The Committee considered the action log: The one action, 14/22 – Amendment to the Committee's Terms of Reference (amend paragraph 4.6 to read: Chief Executive will be invited to attend annual) was completed and therefore marked as closed.

### **RESOLVED: That**

**(1) the Minutes of the meeting held on 3 March 2022 were confirmed as a correct record subject to the above.**

**(2) the action referred to in the action log were considered and actioned as necessary.**

## **28/22 ANNUAL ACCOUNTS 2021/22**

The audited Annual Accounts for 2021/22 were considered and reviewed by the Committee. Chris Turley gave a PowerPoint presentation and drew Committee members attention to the following areas:

1. The draft accounts had been submitted to Audit Wales and Welsh Government (WG) on 29 April 2022; the Trust had a retained surplus of £0.260m which when adjusted to take into account a donated asset of £0.185m was £0.075m for performance reporting purposes.
2. Income for the year for Patient care activities was £262m, an increase of £29m from the previous year, with the vast majority coming from the Emergency Ambulance Services Committee - £186m. Other operating income was £15m which was an increase of £6m. The total increase in income from the previous year was £35m. In terms of expenditure this consisted of pay costs £192m, and non pay and other costs of £84m.
3. As in previous years, there was an additional 6.3% employers pension cost which equated to £7.8m.
4. .
5. In term of the continuing impact of Covid 19 on the Trust's finances, the funding and further comprehensive details of costs were contained within the report.

6. The Committee noted the uncorrected misstatement which was not material and has arisen due to a very late update received by WG from the District Valuer in March 2022, in relation to property indexation. Given the way this one has arisen, this will be the same across all NHS Wales organisations.
7. The Public Sector Payment Policy, in terms of paying invoices within 30 days had been met every month during the year.
8. The Capital in year spend had been delivered to WG against the Capital Expenditure Limit.
9. In terms of tangible fixed assets, the net book value (NBV) as at 1 April 2021 was £89m, taking into account adjustments throughout the year the NBV as at 31 March 2022 was £96m.
10. The cash and bank balances were broadly consistent with the previous year; creditors had increased by £7m and borrowings had decreased by £1m.
11. In terms of next steps, the accounts, following recommendation from the Committee with any minor amendments today would be presented to the Board on 13 June, with a deadline submission to WG by 15 June 2022.

### **Audit Wales, Audit of Accounts Report**

The draft Audit Wales Audit of Accounts Report (ISA260) was presented by Mike Whitely who apprised the Committee of the following:

1. In respect of payroll testing, further information was still awaited; however no issues were anticipated.
2. With regards to the property, plant and equipment work there were a number of assets still recorded in the asset register with a nil NBV; work was ongoing to determine if these assets were still in use at year end. It was anticipated this work would be completed prior to circulation of the Trust Board agenda papers.
3. It was the intention of the Auditor General for Wales to issue an unqualified certificate and report on the 2021/22 financial statements, citing that they provided a true and fair view of the Trust's finances in the 2021/22 financial year.
4. Audit Wales commended the finance team for providing good quality accounts and working papers and for their timely responses to enquiries.
5. In terms of the unadjusted misstatement as referred to earlier the Committee were advised that further detail was outlined in the Letter of Representation; the reason for not being amended was carried out following the technical guidance from Welsh Government.
6. With regards to the summary of any corrections made, the Committee noted there was no overall impact on the Trust's financial position.

7. There was a recommendation linked to last year's ISA 260 whereby, due to the tagging system (RFID, Radio Frequency ID) not being live, it was an issue identifying the exact location and existence of some defibrillators which were not part of the main maintenance records. Once the tagging system goes live this will resolve the issue.

Comments:

The Committee endorsed the thanks expressed by Audit Wales and recommended the Annual Accounts for approval by the Trust Board at today's meeting, subject to changes, if any, being highlighted at that report.

**RESOLVED:**

**The Committee, subject to there being no material changes to the accounts, and should there be any these will be clearly highlighted for the Board's attention, recommended that the Board approve the accounts**

## **29/22 ANNUAL REPORT**

Trish Mills outlined details of the report and drew Committee's attention to the following:

1. Comments from both Audit Wales and Welsh Government have been incorporated into the final Annual Report and were for the Committee to review and endorse.
2. The draft Annual Report was considered by the Executive Management Team on 27 April and circulated to the Audit Committee on 28th April. The Remuneration Committee reviewed the Remuneration Table on 21st April.
3. An Annual report and Accounts highlights document has been prepared into an easy read report for the public and stakeholders.
4. The Annual Report and 'foreword' section of the Financial Accounts was in the process of Welsh language translation, as was the Highlights document and they will be available for the Annual General Meeting on 14 July 2022. The full financial accounts have not been translated. This was due to the complexity of the document where translation of complex excel workbooks poses risk of errors and a significant workload from the finance and audit teams.

Comments:

1. Estelle Hitchon explained that the highlight report was slighter shorter than in previous years and contained several hyperlinks – it would be presented at the AGM along with a presentation.
2. In terms of the average days lost as indicated in the highlight report, Estelle Hitchon agreed to cross reference with the original document to ensure the correct figure was illustrated.

**RESOLVED: That the 2021/22 Annual report was recommended for formal approval by the Trust Board**

### Head of Internal Audit Annual Report and Opinion

Osian Lloyd outlined the report which set out the results of the work performed by internal audit during the year and audit performance. It gave an overall opinion for 2021/22, which was one of reasonable assurance. The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas were under review, were suitably designed and applied effectively. Some matters required management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved. The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed

### Internal Audit Reviews

Osian Lloyd presented each of the internal audit reviews as follows:

1. **Risk management & assurance** – Reasonable Assurance; the purpose of the review was to provide assurance that the Trust had a robust risk management and assurance framework in place. It was noted that the corporate arrangements for risk management were firmly embedded and the Trust had identified key priorities within risk management. The Trust was embarking on an ambitious improvement plan linked to its Integrated Medium Term Plan. It was noted that the Board Assurance Framework (BAF) had been assigned a limited assurance; the BAF has been paused to allow for a transitional BAF to develop, and this had already been approved by the Committee. In terms of the findings there was one high priority finding which related to the inconsistencies in the review and management of risks within the operations directorate. There were 2 medium findings which related to arrangements to support the completeness of registers and the other finding was around risk management training and guidance. The findings have been accepted and the Committee noted the ongoing work.
2. **Network and Information Systems (NIS) Directive** – Reasonable assurance, the purpose of the review was to look at the implementation of the directive including the cyber assessment framework improvement plan an overarching governance. There were 3 medium priority findings which related to no retention of supporting information, an improvement action plan was yet to be developed and there was insufficient oversight of security matters by appropriate governance committees. Management have accepted the findings

Andy Haywood explained this was the first organisation in NHS Wales to carry out this particular audit, the risk has been elevated to the Corporate Risk Register. The Trust continued to work on the Key Performance Indicators and all recommendations were accepted by management.

3. **Respiratory protective equipment** – Reasonable assurance, the purpose of this review was to ensure there was adequate arrangements in place for the provision of such equipment. There was 1 high priority finding and this related to gaps identified

in local records for fit testing and device maintenance. Internal Audit were content with the response from management. Jonathan Turnbull-Ross confirmed that the high priority recommendation had been completed.

4. **Service reconfiguration** – Reasonable assurance, the purpose of the review was to provide assurance that the relationship between the Trust and Commissioner was effective in ensuring expected operational outcomes in its support of health board service changes. The audit focused on the sharing of information and engagement around the Grange University Hospital (GUH) inter-site transport service. There were 4 medium priority findings; it had taken time to finalise and agree the full commission agreement, limited evidence that performance of the inter-site transport activity received sufficient management oversight, GUH inter-site transport journeys should be subjected to spot checks for quality and scrutiny review and the collaborative GUH project meeting documentation should be improved. The response to the recommendations and actions had been accepted by management.
5. David Butler presented the **Waste Management Audit report** - Limited Assurance, the purpose of the review was to assess the Trust's compliance with relevant waste management legislation and guidance, and progress towards agreed national and local waste reduction targets. This includes both domestic and clinical waste. There were several issues which gave rise to 5 high priority findings and 2 medium priority findings. Whilst the review found that operational waste management gave rise to substantial assurance, the 5 high priority findings concerned improvements to waste process documentation, there should be an executive lead assigned to clinical waste related matters, arrangements for the transfer of clinical waste required review, and other improvements in overall documentation of waste related matters.

Chris Turley commented that waste management was a collective responsibility, he provided additional assurance that the Trust had also completed a significantly detailed action plan which supported delivery of the recommendations. The management response was being considered across all directorates and will feed into the Audit Tracker. He added that an update on actions completed would be provided at the September Audit Committee meeting.

Comments:

In terms of non-compliance will this lead to any financial penalties? Chris Turley explained that, given the level and type of non-compliance highlighted within this review, the risk of fines were low and should not therefore be of significant financial concern.

6. **Follow up review – Final Internal Audit review** – The purpose of this follow up review was to assess whether the Trust had implemented the internal audit recommendations in relation to: Job evaluation process, fire safety and ICT disaster recovery. A sample of 10 findings were focussed on and the review resulted in a substantial overall rating highlighting that the Trust had effective arrangements in place to track progress in relation to audit and review findings.
7. **Organisational culture – a learning organisation.** This was an advisory review which resulted in a positive report and reflected learning activities in a number of areas. There were several recommendations to strengthen and improve

organisational learning including the recording and progress on staff/patient stories.

Comments:

1. In response to a query, Chris Turley explained that all audit reports were presented at EMT as required.
2. In terms of staff/patient stories it would be useful to document any feedback and messaging that any lessons learned were being implemented

**RESOLVED: That the updates were noted.**

## **31/22 AUDIT WALES REPORTS**

Mike Whitely updated the Committee on the following:

### **Audit Wales Update Report**

The main highlight to report was that the Charitable Funds Committee had requested a full audit of the Charitable funds accounts from 2021/22. The findings from this will be reported to the next Audit Committee meeting. Other areas to report on included details around the performance audit update, planned work not yet commenced and NHS related national studies.

### **Emergency Services Collaborative Report**

The key areas to note from this report were;

- a) The recommendations in the report were for the attention of the Joint Emergency Service Group to respond to.
- b) In terms of the future planned work consultation, the Trust's main observation was to receive a follow up report going forward.
- c) A self-assessment checklist was included in the report and this had been designed for the strategic collaboration board's attention.
- d) The Board will also consider this report at future Board Development Day.

### **Audit Wales Audit Plan 2022**

This had previously been circulated to the Committee following the March Audit Committee meeting. The main issue was the risk in connection with the audit of financial statements; however this had mainly been completed. There were no other risks for the Committee's attention. Other areas of planned work included the structured assessment and the all Wales thematic work. In terms of fees, it was noted this had increased from the previous year.

Comments:

1. In terms of the unscheduled care work the Committee recognised this was a national audit, promulgation of the review was not yet confirmed; an update would be provided at the September Committee meeting.
2. Data sharing, will the upgrades from the Trust be compatible with other health



boards and emergency services? Andy Haywood explained that for example, the replacement of the airwave radio was national and will be interoperable with other blue light services. Further details regarding this and the implications and governance around data sharing was due for discussion at the next Board Development Day.

**RESOLVED: That the Committee noted the update:**

### **32/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

1. Trish Mills explained that the purpose of the report was to provide an update to the Audit Committee in respect of activity relating to the Trust's Corporate Risks.
2. A review of each Corporate Risk score has been undertaken by mapping each control to related assurances and by identifying any gaps in these as well as any actions that can be taken to further mitigate the risk. As a result of this, 3 scores had increased in score: Risk 160 (High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service), Risk 201, (Damage to Trust reputation following a loss of stakeholder confidence) and Risk 245 (Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations).
3. The Committee were reminded that reporting on the Board Assurance Framework (BAF) had been paused to enable for a transitional BAF to be developed. It was noted that risk reporting continued at Board Committees.
4. The two highest risks with a score of 25 still remain to be 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)
5. The Committee recognised the significant amount of work being undertaken in developing the BAF and thanked the team for their efforts.
6. A new Risk Matrix, which was being used on all Wales basis had been adopted, and was recommended for approval by the Committee. Trish Mills gave further details of the contents of the matrix; aligned to this was a reporting timetable.
7. Members were updated on the risk transformation programme project plan which would be reported through the Strategic Transformation Board and included as part of the Integrated Medium Term Plan (IMTP) deliverables.
8. The Committee also noted that the risk management and assurance internal report was given a reasonable assurance and thanks were recorded for the internal audit team for their support in the transition to the new reporting system.

Comments:

1. Members welcomed the new reporting system which provided for more relevant information in terms of the result of the risk.

2. Does the Trust benchmark against other ambulance services in terms of the risk scoring matrix, Trish Mills explained that ambulance services followed something similar; and was more around the consequence and likelihood. Furthermore, as the Trust developed its policies and procedures it would also follow best practice and adopt the all Wales approach.
3. Does the Trust share risks with other health boards on a regular basis? Trish Mills explained that risks on patient harm were shared. Julie Boalch added that the reporting of risks was being standardised as part of the maturity journey going forward.
4. The Committee discussed in detail how the high risk issues, score of 20 and above should be part of routine reporting to the Board. It was suggested that going forward a clear plan and understanding in terms of what the Trust was doing to mitigate the higher scoring risks; perhaps in a closed Board meeting.
5. Clarity was sought on the Executive ownership of risks. Trish Mills explained the new Transformational BAF would be updated to include accountability by each Committee meeting.
6. Trish Mills added that the Risk Transformation Programme project plan report outlined the high level headlines.

**RESOLVED: That Members considered and discussed the contents of the report and:**

- a. Received the improved Board Assurance Framework;
- b. Approved the adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors;
- c. Noted the Risk Transformation Programme project plan and reporting arrangements; and
- d. Agreed the 2022/23 Risk reporting timetable.

### **33/22 AUDIT TRACKER**

1. Julie Boalch informed the Committee there were a total of 89 current internal audit recommendations on the tracker. There were 6 high priority recommendations currently showing as overdue. They had all been reviewed internally and by EMT prior to the meeting, with the majority due for completion in July.
2. 27 recommendations had been added to the tracker resulting from 5 Internal Audit Reports which were presented to the Audit Committee in March 2022.
3. There were 3 recommendations showing as overdue from 19/20 reports, all of which were of medium priority. One related to the Trust's Risk Appetite Statement from the Risk Management and Assurance review which formed part of the Risk Transformation programme currently underway. This will not be completed until approximately June 2023.

**RESOLVED: That the**

1. **Members received and discussed the contents of the report and:**
  - a) **Noted the audit activity since the last Audit Committee in March 2022.**

- b) Considered the proposals to address each recommendation particularly those that have been further extended beyond agreed deadlines.

**34/22 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1ST APRIL 2021 TO 31ST MARCH 2022 & 1ST APRIL 2022 TO 30TH APRIL 2022**

1. Chris Turley explained that the report updated the Committee of Losses and Special Payments made during the twelve months from 1st April 2021 to 31st March 2022 and one month to 30 April 2022.
2. The total net Losses and Special Payments made during the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 amounted to £1.849 million and the one month to 30<sup>th</sup> April 2022 amounted to £0.109m

**RESOLVED: That the Committee noted the contents of this report**

**35/22 KEY MESSAGES FOR BOARD**

Trish Mills would draft this report for the Chair's consideration.

**RESOLVED: That Trish Mills would provide this update for the Board.**

**36/22 ANY OTHER BUSINESS**

**Date of Next Meeting: 15 September 2022**

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 18 July 2022 VIA TEAMS**

**Chair: Professor Kevin Davies**

### **PRESENT :**

Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director

### **IN ATTENDANCE:**

Lee Brooks	Executive Director of Operations
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Director of Quality and Nursing
Philippa Fido	Internal Audit NWSSP
Jonathan Jones	Internal Audit NWSSP
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Liz Rogers	Deputy Director of Workforce and Organisational Development
Leanne Smith	Assistant Director for Digital and Analytics
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

### **APOLOGIES**

Julie Boalch	Head of Risk and Deputy Board Secretary
Navin Kalia	Deputy Director of Finance and Corporate Resources
Joga Singh	Non Executive Director

## **43/22 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interests in respect of Professor Kevin Davies as a Trustee of St John Ambulance Cymru and Ceri Jackson as a Trustee of the Stroke Association were noted. Apologies were received from Julie Boalch, Navin Kalia and Joga Singh.

### **Minutes**

The minutes of the open session held on 16 May 2022 were considered by the Committee and agreed as a correct record.

## Action Log

The action log was considered:

Action Number F&P 1/21-22, the Quality, Patient Experience and Safety Committee (Quest) to undertake a focused review of performance related to clinical outcome metrics at their 17 February 2022 meeting. This action had been transferred to the Quest Committee; an update will be given to the Finance and Performance Committee following completion of the action by Quest.

Action Number: 34/22a, Post Production Lost Hours - Deep Dive report, presentation to be given to the Commissioners. Action now closed.

Action Number 34/22b, PPLH Benchmarking, further details on the best performing service and their reporting process. Rachel Marsh advised that a comparison was being made with one of the English ambulance services who appeared to have a lower PPLH than the Trust's; a further update would be provided at the next meeting.

### **RESOLVED: That**

- (1) the Minutes of the meeting held on 16 May 2022 were confirmed as a correct record; and**
- (2) the declaration of interests and apologies as stated were noted.**

## **44/22 OPERATIONS QUARTERLY REPORT**

In the absence of Lee Brooks (who attended late due to operational pressures at the time) the report was presented as read and the Committee made the following comments:

1. The Trust recognised the prolonged Resource Escalation Action Plan (REAP) levels and should be wary not to normalise these periods of escalation.
2. It would be of interest, from an operational perspective, to note the handover times at Emergency Departments in England as a consequence following correspondence from the Chief Medical Officer and the Chief Nursing Officer to Health boards in England.
3. In terms of the 111 press 2 mental health service, what was the level of activity/usage during operational hours? Rachel Marsh explained this had been discussed at the last Executive Management Team (EMT) meeting and that the data was captured by Health Boards. The Trust captured the data whereby calls had failed and came back into the 111 service.

### **RESOLVED: That the Committee noted the report.**

## **45/22 FINANCIAL POSITION MONTH 3**

Chris Turley gave an overview of the report and brought the following highlights to the Committee's attention:

1. The year to date month 3 revenue financial position reported a small underspend against budget of £0.002m.

2. The forecast for 2022/23 was currently one of a breakdown taking into account increasing risks.
3. Capital expenditure was forecasted to be fully spent. Work was ongoing to establish cash flows which reflected the profiles of projects noting that schemes were progressing well.
4. In terms of financial performance by directorate, there were some variances, but broadly speaking they were on target.
5. The Trust was assuming significant income in the region of £7m which would fund in the main exceptional cost pressures, including utilities and fuel, and the continuation of Covid spend. It had not been confirmed at present that Welsh Government would cover these funds but were still to be assumed, and was still a risk.
6. Other financial risks included costs associated with winter pressures and the under achievement of savings. Further risks had emerged through quarter 1 including a significant increase in final pension costs due to a large number of staff retiring at this time. Other costs related to the further extension of the airwave contract. In light of the impact of the overall cost pressures across the UK, the Trust will continue to consider areas of spend which could be curtailed.
7. Members noted that the Trust's final accounts and annual report for 2021/22 had been submitted by Audit Wales to Welsh Government on 15 June 2022.

Comments:

1. Should the Trust recognise the financial risk against the non delivery of the transformation plan; if funding was not secured? Rachel Marsh explained that the transformation would take time and was very mindful should the funding not happen.
2. In terms of the increase in pension costs was there any data to suggest the reason for the dramatic increase. Liz Rogers advised in the absence of any evidence to hand, it was suggested that the likely cause was due to the change in the pension rule which was financially advantageous to some.

**RESOLVED: The update was noted.**

## **46/22 FINANCIAL SUSTAINABILITY WORK PROGRAMME**

1. Chris Turley explained that the Trust was required to produce a robust and balanced financial plan, underpinned by a savings and efficiency plan, a key deliverable of the Integrated Medium-Term Plan (IMTP).
2. In order to support delivery of a transformative financially sustainable savings programme, four Financial Sustainability Workstreams (FSW) have been set up covering the topics of Benchmarking Value, Achieving Efficiency, Income Generation and Best Practice. These will report, as a separate programme of work, into the Strategic Transformation Board.
3. These workstreams were underpinned but a robust governance structure.

Comments:

1. The Committee discussed the Trust's appetite for risk in terms of the financial performance; noting that exceptional financial management had been achieved throughout the years. Chris Turley added that the Trust was well aware of the risks affecting financial performance and going forward was looking to mitigate the risks, especially those within the Trust's own gift.
2. The Committee recognised that Value based healthcare overlapped across the workstreams; Chris Turley explained this was kept separate deliberately from the workstreams as there was a number of specific areas being focused on it.

**RESOLVED: That the Committee noted the establishment of the FSWs and the detailed points within the Terms of Reference for the Financial Sustainability Workstreams.**

**47/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

1. Rachel Marsh outlined the contents of the report noting that in many areas there was a continued poor picture in terms of the quality and safety of the service that the Trust can provide, and concerns were raised again as to the significant impact this had on patients and staff.
2. It remains critical to patient safety and staff morale that handover lost hours – 23,000 hours lost in June - were reduced. It was recognised the Committee would continue to monitor the actions in place to address this as set out in the separate paper from the Chief Executive to the Board at this meeting.
3. The Committee also noted that discussions around summer modelling suggested that this position would not improve in the short term and the patient safety risks would continue to be carried by the Trust.
4. Members also considered the annual review of the metrics which formed the MIQPR. There was a series of changes proposed following agreement at the last Executive Management Team meeting. The Committee were given details of these which included new indicators on the stroke compliance bundle. Other proposed changes to metrics focussed on amalgamating the factors that affected production and capacity. Further work would also look at the conveyance rate metric in more detail. These were supported by the Committee and the Chair of the Quality, Patient Experience and Safety Committee, and would be finalised following discussions with the Chair of the People and Culture Committee.

Comments:

1. The Committee remained gravely concerned regarding the 23,000 hours lost in June. Rachel Marsh added that the Chief Ambulance Services Commission (CASC) had agreed with health boards to set their hand over trajectories to 25% less than they were last October, which was still significant. The Trust remained ambivalent as to whether this would happen by the end of the year.
2. Clarity was sought on the increase in patient safety incidents in June in terms of the numbers for each of the health boards. Wendy Herbert advised that these details



would be contained in a report going to the next Quest Committee. There was however a focus on Cwm Taf and BCU health boards.

3. In terms of the summer and winter modelling was there any information that could be shared. Rachel Marsh commented it was anticipated performance would not improve in the summer months.
4. Lee Brooks updated the Committee on the current position, Red performance was at 51.9% which was still a long way from the target of 65%. The median Amber month to date was at 1 hour and 58 minutes, which if it remained this figure to the end of the month would constitute the worst on record. The median green position was at 1 hour and 53 minutes and should this remain it would be the second worst month on record. The lost ambulance hours were still generally between 5,600 and 5,800 a week. The average handover delay in July was around 2 hours and was higher than May and June.
5. In terms of the summer modelling, he expressed serious concern that red performance had the potential to worsen going forward. There were several initiatives in hand which were designed to improve performance but unless the handover delays were eradicated these initiatives would be futile. The Committee discussed in which forum the summer modelling would be discussed and it was agreed it would be presented in the private session of the Board.
6. The Committee were particularly distressed at the data being presented and collectively voiced their anxiety and concern with the ever worsening situation. Lee Brooks reiterated the unrelenting challenges and his deep sorrow on how the current performance was personally affecting him and the impact on staff and patients alike. The Chair agreed to escalate these messages and concerns to the Chair of the Board.
7. Members suggested it would be useful to understand the amount of prolonged overrun hours sustained by staff which could end up with staff working a 14 hour or longer shift and the Board be apprised of this. Rachel Marsh explained this information would be contained within the overall suite of metrics and agreed to discuss this particular metric with the Chair of the People and Culture Committee going forward.
8. Following a query in respect of urgent hospital transfers, and whilst there were no specific metrics to measure this, Rachel Marsh advised that work was being undertaken as part of the strategy to include this as a metric for next year.
9. In terms REAP levels the Committee were reminded by Lee Brooks that this was an indication of the pressure being sustained by the Trust at any given time. He added that REAP level 4 was an extraordinary position, noting that the Trust, during Covid remained at that level for a significant amount of time.

**RESOLVED: The Committee considered the May/June 2022 Integrated Quality and Performance Report and actions being taken and determined whether:**

**a) the report provided sufficient assurance;**

**b) whether further information, scrutiny or assurance was required, or**

- c) further remedial actions were to be undertaken through Executives; and
- d) considered the proposed new metrics and endorsed for onward approval to the Board.

#### **48/22 INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE**

Rachel Marsh presented the report as read and gave an update on the actions and assured the Committee there were no major risks at this stage in terms of delivery

Comments:

What was meant by Robotic Process Automation? Andy Haywood explained it was a computer programme that used artificial intelligence to log on to any system and run tasks assigned to it such as repeatable processes.

**RESOLVED: That the Committee noted the IMTP Delivery Assurance Report and the headlines highlighted in the executive summary;**

#### **49/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

1. Trish Mills informed the Committee there were currently 16 Corporate Risks on the register, 9 of which were assigned to FPC for oversight, and these were described in the summary table appended to the report. The table also illustrated the re-articulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.
2. Of the 9 risks assigned to the Committee, 6 were in higher scoring category and 1 which had increased in score from 15 to 16, Risk ID (245 Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations)
3. The Committee were briefed on the risk reporting timetable which gave details of when the risks would be reported to the relevant Committee

Comments:

In terms of Risk ID 260, (A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems) Andy Haywood updated the Committee on how the Trust liaised with other organisations such as Digital Health Care Wales.

**RESOLVED: The Committee considered the contents of the report and:**

- (1) Discussed the risks relevant to Committee;**
- (2) Noted the improved Board Assurance Framework;**
- (3) Noted the adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors; and**

**(4) Noted the 2022/23 Risk reporting timetable.**

## **50/22 ENVIRONMENT AND SUSTAINABILITY UPDATE**

The Committee were updated by Chris Turley who drew their attention to the following areas:

1. A more detailed reporting mechanism in terms of delivery against each of the decarbonisation action plan was being finalised and should be in place for the next meeting.
2. A bid had been submitted to WG for funding to support some of the Trust's delivery on these actions, but as yet had not been agreed.
3. An internal NHS Wales wide audit on the preparedness and delivery of decarbonisation will be conducted this year.
4. The first batch of plug in hybrid rapid response vehicles would be going live imminently.

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

## **51/22 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS**

1. Trish Mills, in introducing the report advised there were 3 completed internal audit reports; Network and Information Systems (NIS) Directive, Service Reconfiguration and Waste Management attached to the report and had been presented to the Audit Committee in June.
2. There were 16 internal audit reviews relevant to the FPC which were included in the 2022/23 Internal Audit Plan
3. At the time of issuing the paper, there were a total of 95 current internal audit recommendations on the tracker. 27 recommendations were marked as complete at the June 2022 Audit Committee and removed from the tracker.

Comments:

In terms of the taking care of the carers national audit, it was agreed Trish Mills would have this reviewed and update the reasons against it for the next meeting.

**RESOLVED: The Committee;**

- (1) Noted and considered the contents of the report,**
- (2) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC;**
- (3) Agreed any specific items that the Committee wished to see raised to Senior Management and Audit Committee; and**

**(4) Received the 3 Internal Audit Reports that were presented to the Audit Committee in June 2022.**

**52/22 BUSINESS CONTINUITY ASSESSMENT JUNE 2022**

Lee Brooks drew the Committee's attention to the following points:

1. Business continuity was the ability of an organisation to continue the delivery of services to a pre-agreed level following disruption. The Trust is commissioned to provide certain services, but it is also a requirement of the Civil Contingencies Act (Cabinet Office, 2004) and the Welsh Government 'Emergency Planning Core Guidance' (2015) that the Trust have the ability to continue to deliver these core services and activities.
2. The Business Continuity Steering Group has continued to meet and this group monitored and managed the ongoing activity; however during Covid the capacity to hold this was somewhat constrained.
3. An e learning package has been shared with business continuity leads and a task and finish group has been established to consider wider training.
4. Exercises have taken place to test plans, notably Pandemic Flu (now Pandemic) plan at the start of COVID, Winter/Seasonal planning, and Exercise Fuchsia Flamingo which looked at staff abstraction based on pandemic planning assumptions.
5. Scoping started in September 2021 leading to Exercise Joshua in March 2022. This exercise gave structure to the proposed Critical ICT Disruption plan which will be tested in Exercise Joshua 2 in July 2022.
6. There had been some recommendations for business continuity software and how that could aid and support the Trust; this continued to be looked at.
7. A tracker was being developed to monitor business continuity plans in each directorate.

**RESOLVED: The Committee**

- (1) **NOTED the review of the Trust Business Continuity Management System to assist in identifying and mitigating risks through a structured process and putting robust plans in place;**
- (2) **NOTED the review of the business case to support the implementation of Business Continuity software (initially costed at £100,000 revenue cost for a 5 year package or £22k per annum); and**
- (3) **NOTED the system mapping to identify priority digital infrastructure and systems and strengthening cross-department working to highlight interdependencies.**

**53/22 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR). DOCUMENT TRACKER**

1. Members were advised by Lee Brooks that the EPRR team maintained a register of the plans it had produced to mitigate the risks presented to the Trust. This register does not include Trust plans, procedures or policies managed by other departments within the Trust. This register only covers the plans that the EPRR team were responsible for maintaining.
2. The EPRR team was responsible, in line with the Civil Contingencies Act 2004, for assessing the risks presented to the Trust and for putting in place measure and procedures to mitigate the identified risks.
3. Lee Brooks added that his team was awaiting the output from the Manchester Arena Enquiry to see how the Trust would need to respond to it. The Committee looked forward to receiving this update.

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

## **55/22 KEY MESSAGES**

The Chair advised that the Board would be apprised of, but not limited to the following:

1. Impact on patients and staff
2. Reality of the financial risk which might impact on the transformational agenda
3. Risk appetite and how the Trust should look at risk
4. Decarbonisation

**Date of next meeting: 19 September 2022**



<b>AGENDA ITEM No</b>	<b>20</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## NHS WALES JOINT COMMITTEE UPDATE REPORT

<b>MEETING</b>	Trust Board
<b>DATE</b>	29 September 2022
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Steve Owen
<b>CONTACT</b>	<a href="mailto:Steven.owen2@wales.nhs.uk">Steven.owen2@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.
2. Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
3. Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.
4. This report provides an update to Trust Board in respect of the following recently held meetings:
  - NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 21 July 2022
  - Welsh Health Specialised Services Committee (WHSSC) meeting of 6 September 2022
5. The minutes, agendas and additional reports from EASC, NWSSP and WHSSC meetings are available from each Committee's websites via the following links

<https://easc.nhs.wales/> <https://whssc.nhs.wales/> <https://nwssp.nhs.wales/>

**RECOMMENDED: That the Minutes in respect of recent, WHSSC and NWSSP meetings are received.**

KEY ISSUES/IMPLICATIONS
Not Applicable

REPORT APPROVAL ROUTE
Not Applicable

REPORT APPENDICES
<p>Annex 1: NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 21 July 2022</p> <p>Annex 2: Welsh Health Specialised Services Committee (WHSSC) meeting of 6 September 2022</p>

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



## 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>	21 July 2022
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Matters Arising – Procurement Update</u></b>	
<p>Jonathan Irvine, Director, Procurement Services, provided an update on the New Operating Model for Procurement. This built on an initial presentation given to the Committee in January of this year, and particularly focused on the perspective of NHS Wales organisations as customers of the service.</p> <p>The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert procurement resource more effectively. Progress will be monitored through a revised suite of KPIs.</p> <p>The Committee <b>NOTED</b> the update.</p>	
<b><u>Matters Arising – Recruitment Update</u></b>	
<p>Gareth Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal overview on progress with the modernisation plan for Recruitment. There has been effective dialogue with Workforce Directors, leading to the establishment of a Programme Board to oversee the development of the plan. Moves to implement technology to facilitate more effective checking of ID is still on track for August and is awaiting final Government sign-off.</p> <p>The Committee <b>NOTED</b> the presentation.</p>	
<b><u>Chair's Report</u></b>	
<p>The Chair updated the Committee on the activities that she had been involved with since the May meeting. These have included:</p> <ul style="list-style-type: none"> <li>• Attending a development session with the Velindre Trust Board on 28 June</li> </ul>	

to update Board members on recent developments within NWSSP and to assess how the Trust and NWSSP can work more effectively together;

- Continuing to meet with NWSSP Directors and undertaking a further visit to IP5; and
- Attending the Audit Committee and the Welsh Risk Pool Committee during July.

The Chair also had two papers as part of her presentation as follows:

- The first related to the re-negotiation of the contract for the Microsoft Licences for NHS Wales where the work had been led by DHCW. This included the financial allocations for all NHS Wales organisations, and due to the need to agree this by the end of May, the paper had been approved previously via a Chair's Action. The Committee ratified the action taken and endorsed the paper;
- The second paper concerned the proposal for the Committee to have a development session(s) in the autumn to provide time for Committee members to debate how it can be more effective in its role for the benefit of all NHS Wales organisations. The paper suggested the option of either a full-day session or a number of half-day sessions. There was universal support for the session(s) but mixed views on which option to select. It was hoped that the sessions would be in person and further work would be undertaken outside the meeting to progress this.

The Committee **NOTED** the update and **Endorsed** the Chair's Action.

### **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- The recent Joint Executive Team meeting with Welsh Government was very constructive with positive feedback provided on progress to date and future plans;
- The proposal for Welsh Government to take back the revenue savings resulting from the purchase of Matrix House did however come as a surprise and will adversely impact the NWSSP financial position;
- The risk-sharing agreement on the Welsh Risk Pool will be invoked again this year and is forecast to be £25m;
- We continue to work with the Chief Pharmacists Peer Group to develop the product ranges being developed through the Medicines Unit in IP5. The validation of the new automated filling equipment is going well and should become available for use in the next few weeks; and
- The expansion of SMTL services within IP5 is also going well, with the new equipment being validated and an expectation that additional testing facilities and methodology will be in place by August.

The Committee **NOTED** the update.

## Items Requiring SSPC Approval/Endorsement

### Laundry Outline Business Case

The Programme Business Case for the Laundry Service concluded that a total of three units would be required in the future to serve Wales as follows:

- A new build facility in South-West Wales to replace the laundries at Glangwili Hospital and Llansamlet;
- A new build facility in North Wales to replace Glan Clwyd Laundry;
- A refurbishment of Green Vale to upgrade the existing laundry facility and to allow closure of Church Village Laundry.

Following feedback the Welsh Government required the new facilities in South-West Wales and North Wales to proceed as Outline Business Cases, whereas the refurbishment at Green Vale is subject to a separate Business Justification Case.

The paper presented to the Committee concerned only the Outline Business Cases for South-West and North Wales. Governance of the Transformation Programme is through the Laundry Programme Board who approved these outline business cases on the 22<sup>nd</sup> of June. The outline business cases have also been subject to two Gateway reviews and an assessment by Internal Audit.

The main benefits in taking over the Laundries was to ensure that the Laundries were compliant with relevant standards and legislation and not to deliver a cheaper service although efficiencies would be made. There has been a lack of investment in Laundry services for a very long time and the three business cases require capital investment of £77m. NHS Wales is hugely dependent on the laundries – as an example the two current sites in South-West Wales process over 9m items per annum. The outline business cases, whilst undoubtedly requiring capital investment, do make sound economic sense and they tick all the environmental boxes, and provide the workforce with much better working conditions. The All-Wales capital position may mean that Welsh Government may not be able to afford to fund the business cases concurrently, so NWSSP will need to explore the options with them.

The Committee **APPROVED** the Outline Business Cases to proceed to Full Business Cases to enable formal requests for funding from Welsh Government to be submitted.

### Patient Medical Record Accommodation Business Case

The Patient Medical Records Store in Brecon House, Mamhilad, has now reached maximum capacity and consequently no additional records are able to be accommodated without additional space being procured. In practice this means that not only will no additional GP practices be able to take advantage of this service, which frees up space for additional clinical services, but NWSSP will also be unable to take additional medical records from GP Practices who already use the service, from deceased patients, patient movements or practice mergers for example.

A number of options for expansion of the scheme have been explored in the business case but the preferred option is the acquisition of a further warehouse on a 10-year lease providing a further 75,000 square feet of storage space. Whilst this acquisition provides some funding challenges, these will be met through the generation of additional income; savings resulting from moving PPE from commercial storage facilities to this new warehouse (until capacity is reached on the PMR scheme) and internal savings on the Primary Care budget.

Questions were raised by Committee members as to whether future plans should focus more on digitisation rather than acquiring more space to store paper records. AB confirmed that this is the aspiration for the longer-term, but for the time being GP Practices are requesting that paper records continue to be stored, and the costs of digitisation are very substantial.

The Committee **APPROVED** the Business Case.

### **Annual Review 2021/22**

The Annual Review for the 2021/22 financial year was reviewed by Committee members who commented favourably on both the content and presentation and suggested that this should be shared more widely where possible.

The Committee **APPROVED** the Annual Review.

### **Audit Committee Terms of Reference**

The Audit Committee Terms of reference were reviewed and approved by the Partnership Committee.

The Committee **APPROVED** the Terms of Reference.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – The Month 3 financial position is a cumulative non-recurrent underspend of £1.338m after anticipating £0.943m of WG funding for the 1.25% NI increase, Covid recovery support costs and energy pressures. This funding can only be anticipated at risk at present – the financial position would have been £0.395m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. The position also does not reflect the claw back of £176k of funding from WG in respect of Matrix House, notified in July 2022. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales. The forecast outturn remains at break-even with the assumption of exceptional pressures funding from Welsh Government. £10.277m Welsh Risk Pool expenditure has been incurred to 30<sup>th</sup> June 2022. A high-level review of cases due to settle in 2022/23 indicates that the £134.8m included in our IMTP remains within the forecast range, requiring £25.3m to be funded under the Risk Share Agreement in 2022/23. The 2022/23 risk share apportionment has been revised to reflect the updated cost driver information

from the 2021/22 outturn position. This has resulted in some changes to the contributions from organisations as a result of movements in the actual 2021/22 data. The updated shares are being reported to the Welsh Risk Pool Committee on 20<sup>th</sup> July 2022 and will be subsequently shared with Directors of Finance. Our current Capital Expenditure Limit for 2022/23 is £1.473m. The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to £0.457m from £0.6m and the IP5 discretionary allocation reduced from £0.25m to £0.19m. Capital expenditure to Month 3 is £0.297m. A review of all discretionary capital funding requests is being undertaken which includes any capital funding requirements identified in the IMTP and any new requests flagged by our Services. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service. Attached to the report were the Audit Wales Management Letter and review of Nationally Hosted Systems that both provided positive opinions on the integrity of NWSSP systems and procedures.

**IMTP Q1 Update** – The first formal quarterly update against the IMTP was presented to the Committee. 2022/23 is a year of transition as new measures of performance are developed. The update looks at how NWSSP adds value in terms of quality and socio-economic benefit alongside cost reductions and savings. At the end of Quarter 1, 1% of divisional objectives have been 'completed and closed', 76% of objectives are 'on track' to be completed, 15% are 'at risk of being off track', 4% are 'off track for delivery' and 4% have 'not yet started'. The Committee were also asked to feedback on the content and format of the report.

**Performance** – 34 KPIs are reported of which 31 are rated as green and three as amber. Two of these relate to the number of calls handled which should be at 95% but this is not being met in either Payroll (73%) or Student Awards Services (92%). The remaining amber indicator is in Recruitment where the average time to create an unconditional offer from first creating the vacancy should be no more than 71 days and this is currently measuring 91 days. Work is on-going to address all these areas and improvements are already being noted. The report also included an assessment of Professional Influence Benefits to NHS Wales which are calculated at £35m for the first quarter of the financial year.

**Project Management Office Update** – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. NWSSP are currently undertaking a procurement exercise to source a replacement system

**People & OD Update** – The report is in a new dashboard format which was commented on favourably by Committee members. Sickness absence rates continue to be very low, but improvement is needed in the timeliness of reporting absence. PADR rates continue to improve but still require more work – a particular focus recently has been on Laundry Services where compliance was initially very low but is now at 73%. Headcount is now nearly at 5,300 following

the transfer of the final cohorts of the Single Lead Employer Scheme. Questions were asked on how NWSSP can undertake research to look at better facilitation of apprenticeships and new ways of working to make NHS Wales an attractive employer in the future. This is something that will be considered going forward.

**Corporate Risk Register** – there remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group. There is one new risk that has been added relating to the reputational risks associated with NWSSP’s role in helping to establish the Citizens’ Voice Body. The risks associated with the replacement of the GP Payments system in Primary Care Services, and the upgrade of CLERIC in Health Courier Systems, have both been removed from the Corporate Risk Register as the new systems are working successfully in both cases.

**Declarations of Interest** – the Committee reviewed a report summarising the recent declarations of interest exercise within NWSSP. This has now been extended to all staff on the basis that they complete a lifetime declaration which only needs updating if circumstances change. However, Directors and Independent Members will be required to continue to provide an annual Declaration and an appendix containing details of their most recent declarations was included in the report.

#### **Papers for Information**

The following items were provided for information only:

- Decarbonisation Action Plan;
- Annual Governance Statement 2021/22;
- Health & Safety Annual Report 2021/22
- Finance Monitoring Returns (Months 2 and 3)

#### **AOB**

**N/a**

#### **Matters requiring Board/Committee level consideration and/or approval**

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

#### **Matters referred to other Committees**

N/A

#### **Date of next meeting**

22 September 2022

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 6 SEPTEMBER 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 6 September 2022. 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 at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 12 July 2022 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. Major Trauma Presentation**

Members received an informative presentation on the South Wales major trauma network, which was launched in September 2020. Members noted the comprehensive evaluation process which was underway to review the effectiveness of the network over the last 18 Months.

Members **noted** the progress made.

### **4. Specialised Services Strategy Presentation and Report**

Members received a report and a presentation on the planned development of a ten year strategy for specialised services for the residents of Wales, and to describe the proposed approach to communication and engagement with key stakeholders to support its development.

Members **approved** the overall approach to developing a ten year strategy for specialised services and provide feedback on the key documents presented.

### **5. Recovery Update Paediatrics – Presentation**

Members received a presentation providing an update on recovery trajectories for paediatric services across NHS Wales, following a request from the JC on the 12 July 2022.



Members **noted** the presentation.

## 6. Chair's Report

Members received the Chair's Report and **noted**:

- Chair's Action taken to appoint James Hehir, Independent Member (IM), CTMUHB as the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel,
- The recruitment process to appoint two new WHSSC IM's,
- Attendance at the Integrated Governance Committee 9 August 2022; and
- Key meetings attended.

Members (1) **noted** the report; and (2) **Ratified** the Chairs action taken.

## 7. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- The Integrated Commissioning Plan (ICP) 2022-2025 being accepted by the Minister for Health & Social Services,
- A letter received from Welsh Government concerning a review of Secure Services and consideration of a Single Commissioner for Mental Health Services,
- the Managing Director of WHSSC being designated as the Senior Responsible Officer (SRO) for an All-Wales Molecular Radiotherapy (MRT) Programme,
- That feedback on the Mental Health Specialised Services Strategy for Wales 2022-2028 will be presented to the Joint Committee in November 2022,
- WHSSC receiving approval through the Value in Healthcare Bid – for an Advanced Therapy Medicinal product (ATMP) and for the Welsh Kidney Network (WKN) to provide an all Wales Pre-habilitation Programme to support kidney patients to choose and commence the treatment that offers them the best outcomes,
- Work being undertaken to monitor TAVI (Transcatheter aortic valve implantation) activity increases; and
- The appointment of an interim Director of Mental Health & Vulnerable Groups.

Members **noted** the report.

## 8. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG).

Members (1) **Noted** the report, (2) **Noted** the update on the progress of the implementation of the Neonatal Transport Operational Delivery Network (ODN); and (3) **Received assurance** that the Neonatal

Transport service delivery and outcomes is being scrutinised by the Delivery Assurance Group (DAG).

### **9. Specialised Paediatric Services 5 year Commissioning Strategy**

Members received a report providing an update on the Specialised Paediatric Services 5 year Commissioning Strategy which was recently issued for a stakeholder feedback for a period of 4 weeks. The Joint Committee were requested to note the comments received, the WHSSC responses and the updated strategy for final publication.

Members (1) **Noted** the report, (2) **Approved** the proposed final version of the strategy; and (3) **Supported** the proposed next steps.

### **10. South Wales Cochlear Implant and BAHA Hearing Implant Device Service**

Members received a report presenting an update on discussions with the Management Group regarding the process and outcome of a recent review of the South Wales Cochlear Implant and BAHA Hearing Implant Device Service. The report also presented the proposed next steps including a period of targeted engagement on the future configuration of the Service.

Members noted that on the 28 July 2022 the Management Group discussed the preferred commissioning options as the basis of engagement/consultation and had supported the preferred commissioning option of a single implantable device hub for Cochlear and BAHA for both children and adults with an outreach support model.

Members noted that a report would need to be submitted to HB Board meeting in September 2022 to seek support from Boards on engagement with Health Board residents (each report will include CHC views from the relevant HB area).

Members (1) **Supported** the management group recommendation, (2) **Agreed** the process to be followed (as advised by the Board of CHCs), (3) **Agreed** the content of the engagement materials as the basis of targeted engagement, (4) **Advised** on processes for individual Health Boards; and (5) **Noted** the EQIA.

### **11. Designation of Provider Framework**

Members received a report seeking approval to adopt the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of Health Care Providers to become a designated provider of Highly Specialised and Specialised Services.

Members noted that the Designation of a Provider of Specialised Services Framework had been developed as part of the WHSSC Commissioning Assurance Framework (CAF).

Members (1) **Noted** the report and (2) **Approved** the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of health care providers.

## **12. Individual Patient Funding Requests (IPFR) Governance Update**

Members received a report providing an update on discussions with Welsh Government (WG) regarding the All Wales Independent Patient Funding Requests (IPFR) Policy and the work undertaken to update the terms of reference (ToR) of the WHSSC IPFR Panel. The report asked for support to undertake an engagement process on updating the ToR and a specific and limited review of the All Wales IPFR policy.

Members (1) **Noted** that Welsh Government (WG) had confirmed that as the All Wales Independent Patient Funding Requests (IPFR) Panel is a sub-committee of the WHSSC Joint Committee, it is within its authority to update and approve the terms of reference (ToR), (2) **Noted** that Welsh Government had confirmed that WHSSC could embark on an engagement process with key stakeholders to update the WHSSC IPFR Panel Terms of Reference (ToR) and to engage on a specific and limited review of the All Wales IPFR Policy, (3) **Approved** the proposal for WHSSC to embark on an engagement process with key stakeholders, including the All Wales Therapeutics and Toxicology Centre, IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, Directors of Public Health and the Board Secretaries of each of the Health Boards (HBs) and Velindre University NHS Trust (VUNT), to update the WHSSC IPFR Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy; and (4) **Noted** that the revised documents will need to be supported by the Joint Committee prior to referral to the Health Boards for final approval; and as requested in the letter of 28th July the revised documents will be shared with Welsh Government.

## **13. WHSSC Annual Report 2021-2022**

Members received the WHSSC Annual Report 2021-2022.

Members **approved** the WHSSC Annual Report 2021-2022.

## **14. COVID-19 Period Activity Report for Month 3 2022-2023 COVID-19 Period**

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

## **15. Financial Performance Report – Month 4 2022-2023**

Members received the financial performance report setting out the financial position for WHSSC for month 4 2022-2023. The financial position was reported against the 2022-2023 baselines following approval

of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £12,693k.

Members **noted** the current financial position and forecast year-end position.

## 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

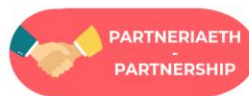
Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel.



GIG  
CYMRU  
NHS  
WALES

Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team





Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

## Acronyms (WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AMPDS	Advanced Medical Priority Dispatch System
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BAU	Business as Usual
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAS	Clinical Assessment Software
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CPAS	Clinical Prioritisation Assessment Software Group
CHARU	Cymru High Acuity Response Unit
D&C	Demand and Capacity
DOM	Duty Operations Manager
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team



Abbreviation	Term
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ESMCP	Emergency Services Mobile Communications Programme
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
HEIW	Health and Education Improvement Wales
HoS	Head of Service
HCS	Health Courier Services
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MRD	Make Ready Depot
MTS	Manchester Triage System
MDT	Mobile Data Terminal
MDT	Multi Disciplinary Team
MTU	Mobile Testing Unit
NEPTS	Non Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NEDs	Non Executive Directors
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PPLH	Post Production Lost Hours
PRINCE2	Projects in a Controlled Environment (methodology)
PTaS	Physician Triage and Streaming
REAP	Resource Escalation Action Plan
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



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

Abbreviation	Term
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
TU	Trade Union
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government
WHC	Welsh Health Circular
WTE	Whole Time Equivalent